



FP CAPE

Family Planning
Country Action Process Evaluation

NURHI 2 Midterm Learning Evaluation

Overarching question:

- 1. How has NURHI 2 adapted the model from NURHI 1?*
- 2. Has NURHI 2 achieved its intended results?*

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Evaluation objectives and overarching questions

NURHI 2 Midterm Learning Evaluation

Evaluation objectives and overarching questions

*The NURHI 2 Midterm Learning Evaluation focuses on **three objectives** by addressing several questions grouped into three overarching research questions.*

The NURHI 2 Midterm Learning Evaluation has three objectives:

Target audience	NURHI 2	Bill & Melinda Gates Foundation (BMGF)	Larger learning agenda
Evaluation objectives	Provide information to course correct program implementation and planning moving forward; including areas to change, strengthen or reduce	Provide information to assess how well NURHI 2 is achieving intended results	Support scale and sustainability to inform BMGF's Accelerate Country Action Initiative and its grants, including TCI

This evaluation answers three overarching research questions:

How has the model that emerged from NURHI 1 been adapted and evolved within NURHI 2?



Has NURHI 2 achieved its intended results? What have been its strengths and weaknesses and why have these occurred?



Where, how, and with what results has NURHI 2 contributed to replication, scale-up, and systems improvements/sustainability?



Data sources

Quantitative and qualitative data

Data sources: Quantitative

The evaluation used secondary data sources for all quantitative analyses. A combination of data sources were utilized.

The majority of quantitative analysis was conducted using the following sources:

Data source	Wave	Coverage
PMA2020 data	2015 and 2018	Kaduna, Lagos
PMA2020 data	2017	Oyo
Measurement and Learning Evaluation (MLE) study	2015	Oyo
NURHI 2's Omnibus data	2017 and 2018	Kaduna, Lagos, Oyo
Demographic and Health Surveys (DHS)	2013 and 2018	Kaduna, Lagos, Oyo
NURHI 2 monitoring data	2015 – 2019	Kaduna, Lagos, Oyo

Data sources: Qualitative

Together with document reviews, qualitative data from multiple stakeholders enhanced quantitative findings and filled in data gaps.

1. Systematic document reviews
2. Qualitative data: Key informant interviews (KIIs) and focus group discussions (FGDs) conducted at the Federal and state levels.

Participant	Sample size
NURHI 2 staff	24 KIIs*
Government staff	24 KIIs
Advocacy Core Group (ACG) members	14 KIIs
Scale-up partners	26 KIIs**
Health facility staff	47 KIIs
Community health extension workers (CHEWs)	22 KIIs
Social mobilizers	12 FGDs
Women†	18 FGDs
TOTAL	187 KIIs and FGDs

* Included 7 interviews conducted by Lisa Cobb (JHU)

** Included 2 interviews conducted by Lisa Cobb (JHU)

† Women for FGDs were recruited through snowball sampling

Strengths and limitations

NURHI 2 Midterm Learning Evaluation, which used multiple sources of existing data and methods, had some strengths as well as limitations.

Strengths

- ▶ The utilization of secondary data was maximized by combining available sources for all quantitative data analyses
- ▶ Qualitative data were rich and specific to NURHI 2
- ▶ Application of mixed methods provided a more in-depth understanding of the NURHI 2 program

Limitations

- ▶ Unable to fully address some specific evaluation questions due to lack of quantitative data that either are specific to NURHI or have good quality
- ▶ Qualitative data reflects opinions of informants only
- ▶ Unable to inform mid-course correction for NURHI 2 program due to timing of the start of the evaluation and time needed to analyze large volume of qualitative data.



Overarching question 1

How has the model that emerged from NURHI 1 been adapted and evolved within NURHI 2?

Why NURHI 2 adapted

NURHI 2 adapted and adjusted to incorporate a sustainability focus and limited resources compared to NURHI 1. Data collected during phase 1 was noted as a key factor supporting the program adjustments during phase 2.



Program intent

- ▶ NURHI 2 was designed to scale up effective approaches that was tested and proven in NURHI 1 in order to hand them over to government and other implementing partners.



Fewer resources

- ▶ NURHI 2 received less funds based on the expectation that it would implement fewer evidence-based interventions and focus more on sustainable scale-up.



Data use

- ▶ Use of data and lessons learned from NURHI 1 supported the adjustment and addition of certain program components.



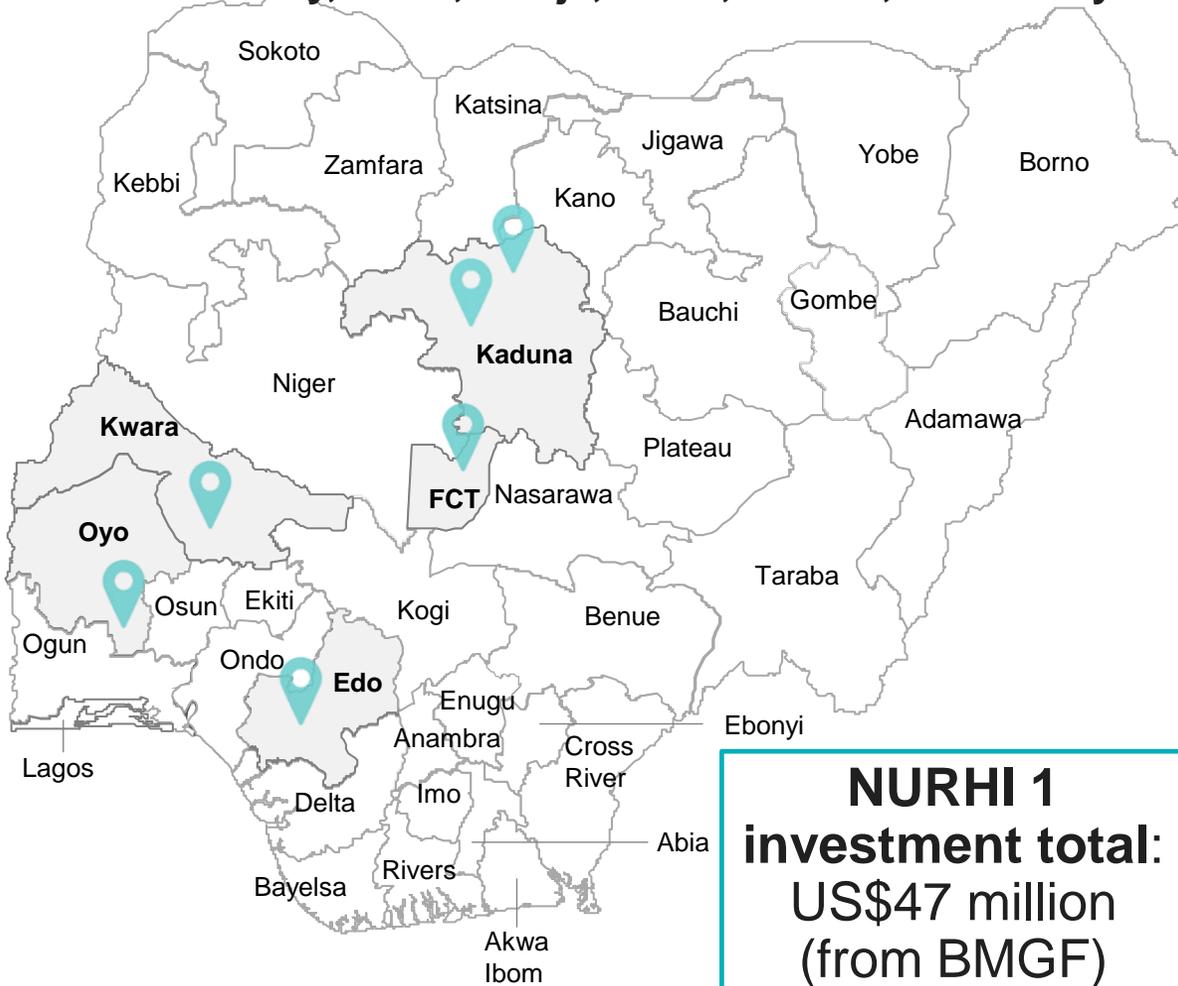
“NURHI 2 was purposely designed for scale-up, for institutionalization of NURHI 1’s best practices and models... So, it’s about two projects that were designed [so] that the first one established the best practices while the second one is about scaling up and sustainability.” – NURHI 2 staff, Headquarter

NURHI 1 vs. NURHI 2: Geography and resources

NURHI 1 was implemented across 5 states in 6 urban cities. NURHI 2 is being implemented statewide in 3 states, notably with an addition of the mega-urban Lagos State.

NURHI 1 cities:

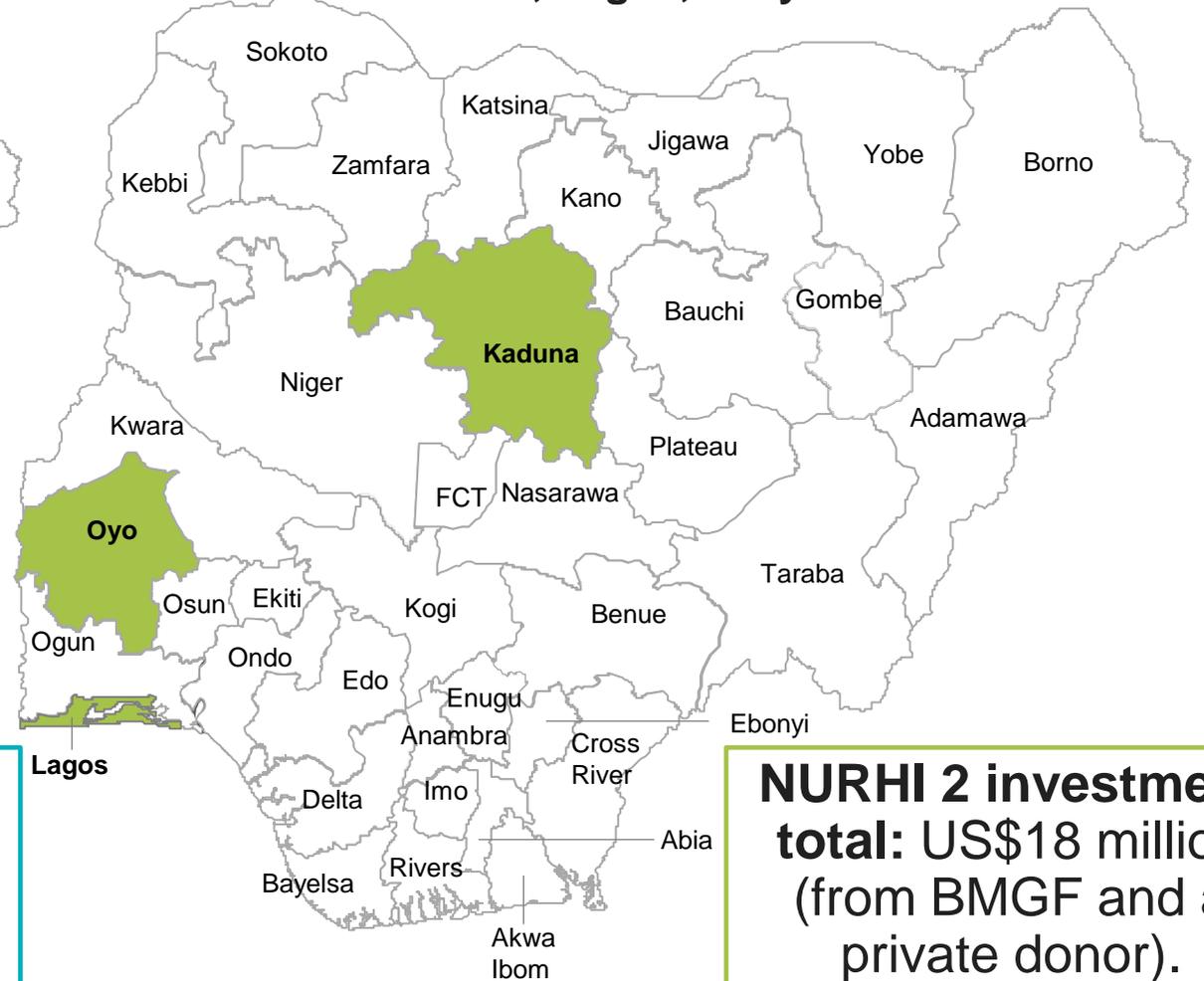
Kaduna City, Zaria, Abuja, Ilorin, Ibadan, Benin City



**NURHI 1
investment total:
US\$47 million
(from BMGF)**

NURHI 2 states:

Kaduna, Lagos, & Oyo

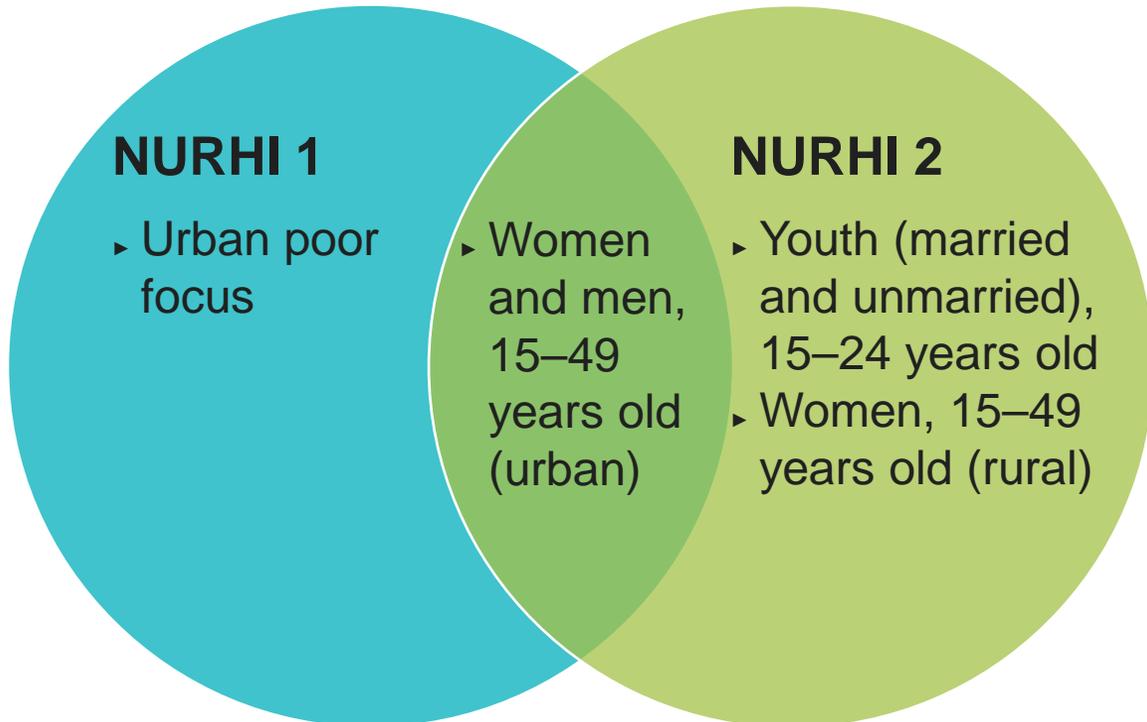


**NURHI 2 investment
total: US\$18 million
(from BMGF and a
private donor).**

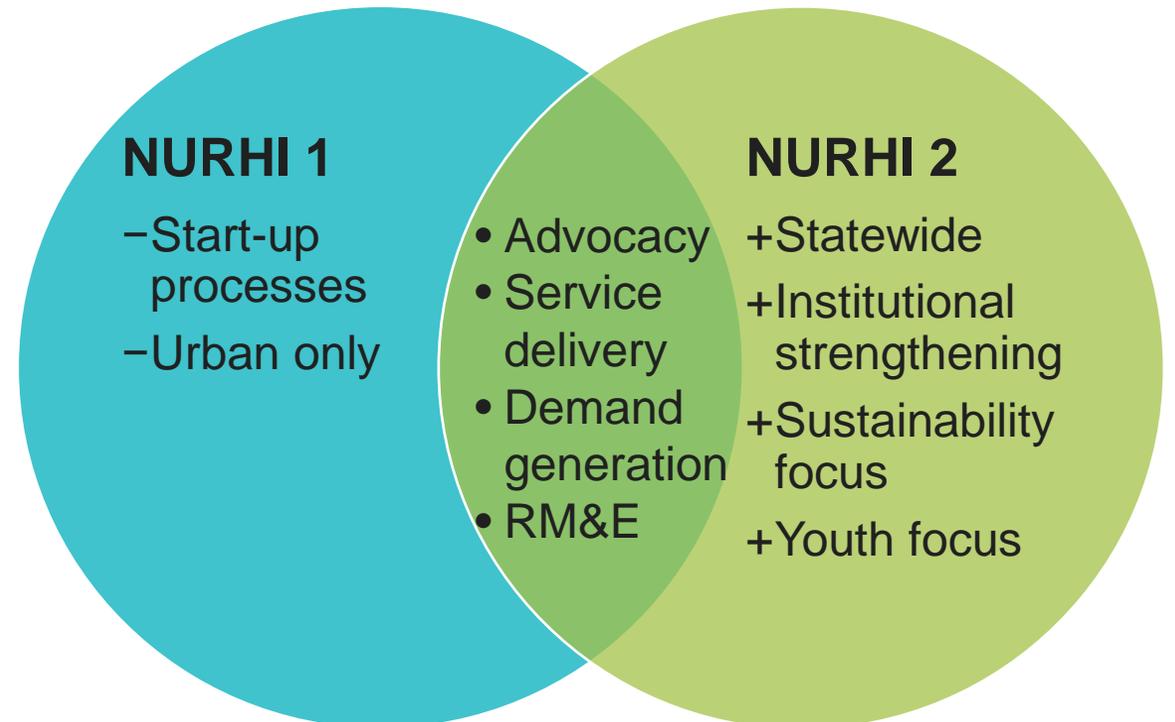
What was adapted from NURHI 1?

NURHI 2 has generally expanded upon the scope of NURHI 1. Target populations have increased, and new geographical contexts have been added. The activity areas were broadly kept the same from NURHI 1 to NURHI 2, with a major addition of the Life Planning for Adolescents and Youth (LPAY).

Target populations



Activity adaptations



How NURHI 2 adapted

NURHI 2 took into account the 'sustainability' elements in its adaption process, which included shifting direct program implementation from NURHI to government partners, addressing socio-cultural differences, and engaging FP partners and stakeholders at every level.



Learn

- ▶ Used data to make decisions on what to adapt and adjust



Refine

- ▶ Tweaked and added program components as needed based on the findings from data



Adapt

- ▶ Increased attention to political and socio-cultural nuances to facilitate adaptation to new geographies



Sustain

- ▶ Enhanced multi-level partnerships with government and partners, and gradually handed over program responsibilities to them



"...they were using the Islamic perspective [on family planning], and in NURHI 2, we found out the Christians will say, 'You have Islamic perspective, what about us? We have our questions too.' So in NURHI 2, we now developed the Christian perspectives." – NURHI 2 staff, Headquarter



Overarching question 2

Has NURHI 2 achieved its intended results? What have been its strengths and weaknesses, and why have these occurred?

Theory of change for NURHI 2 program strategy

*NURHI 2 uses **theory-led, data driven approaches** in advocacy, demand generation and service delivery together to achieve its outcomes.*

NURHI 2 activities

Intermediate outcomes

Primary outcomes

Advocacy

Advocacy Core Groups, Interfaith forums

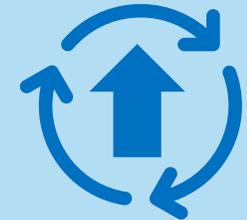
Demand generation

Media, Social mobilization

Service delivery

Access expansion, Quality improvement

- ▶ Increased support by key stakeholders for FP at State- and LGA-levels.
- ▶ Increased demand for FP by women and men
- ▶ Increased demand for FP knowledge and services among adolescents and youth
- ▶ Expanded equitable access for women to FP services through new and existing service channels
- ▶ Improved quality of FP service provision at NURHI intervention sites



Positive shift in FP social norms



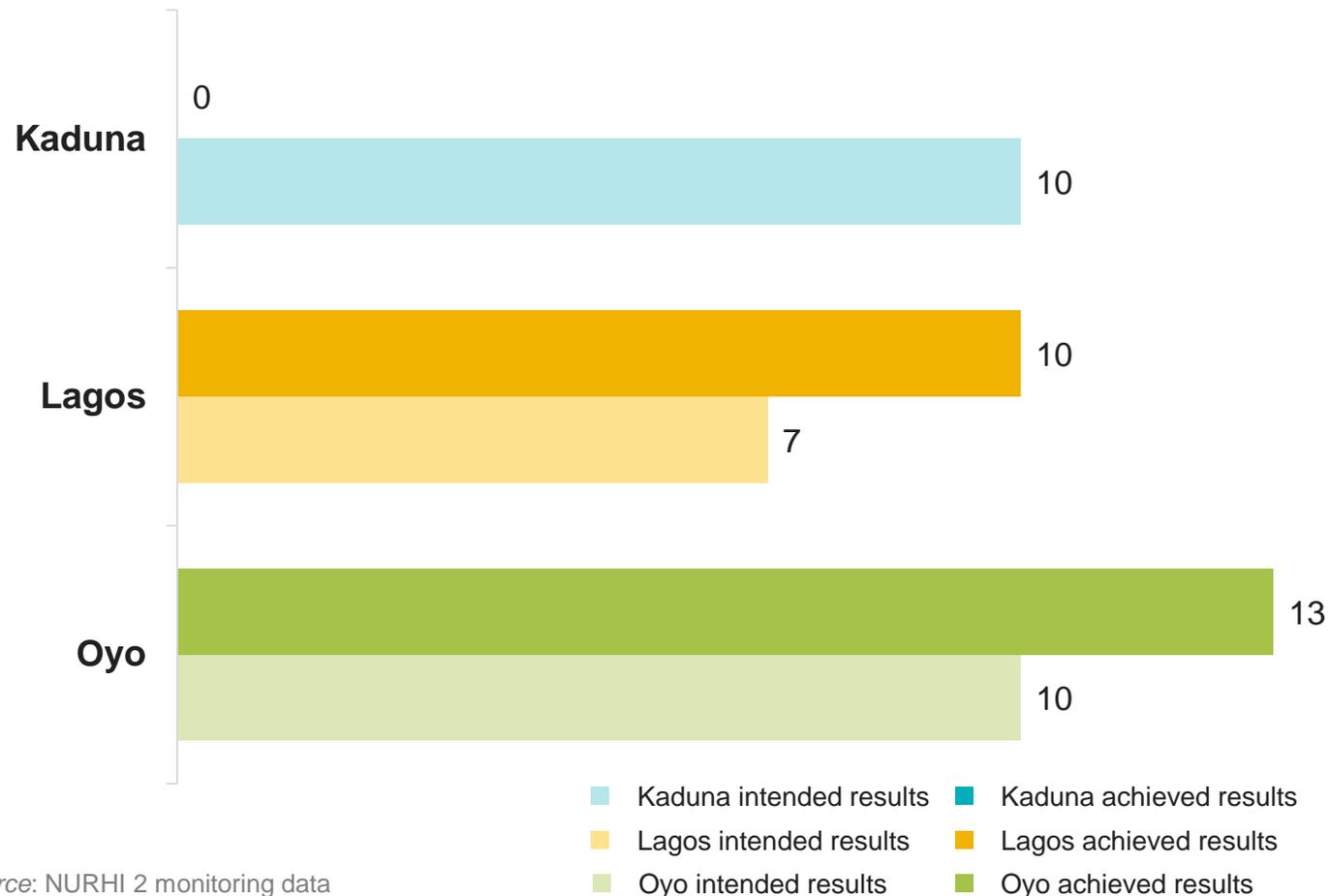
Has NURHI 2 achieved its intended results?

Overarching question 2

Intermediate outcomes: Advocacy

NURHI 2's monitoring data and key informants indicated that its advocacy efforts contributed to the creation of budget lines for FP.

Number of LGAs that funded family planning with regular budget lines (2015 – 2019)

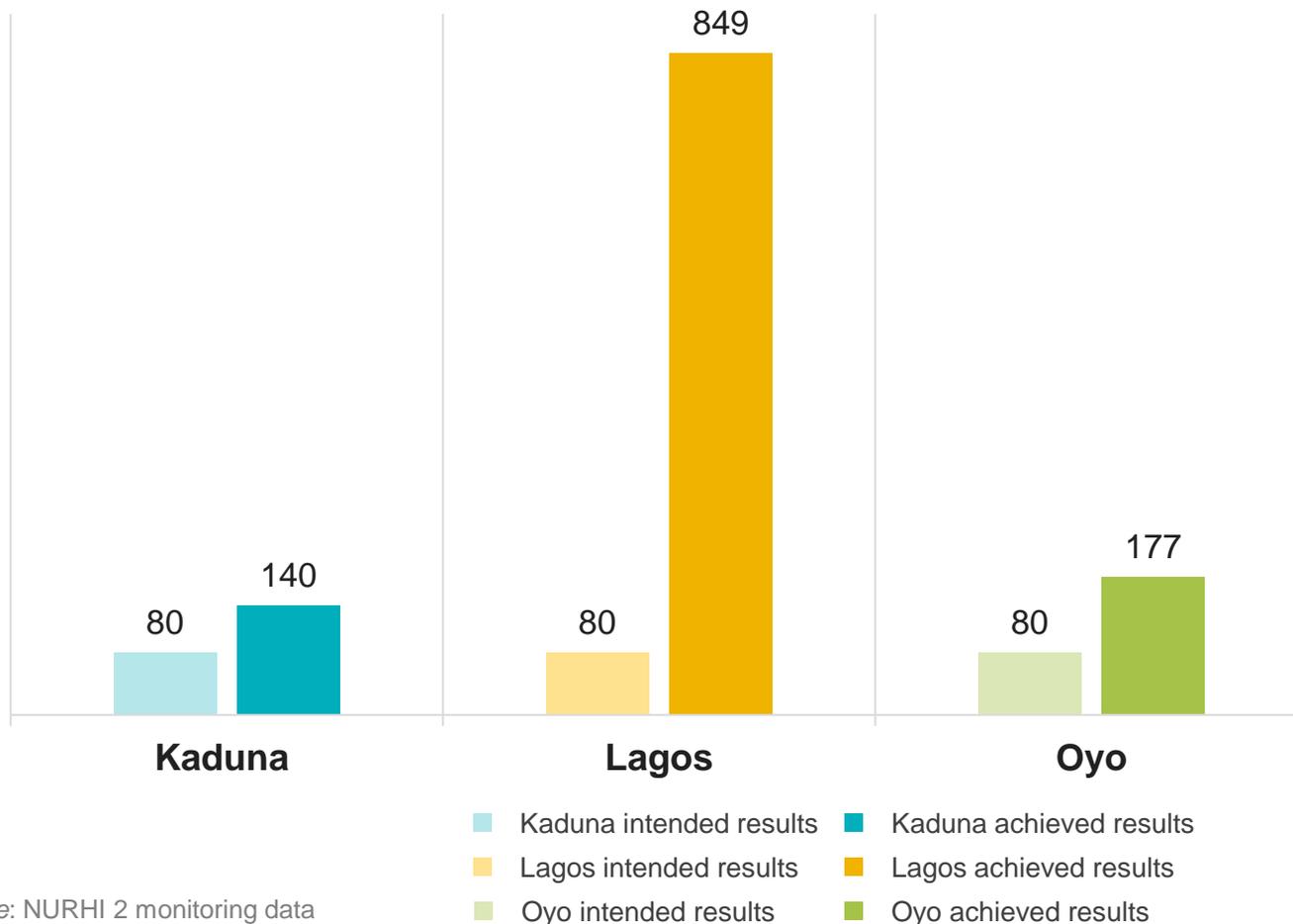


 *“Now, Federal Government is talking family planning. Even Buhari is talking family planning. You would never have heard that from any of the presidents or vice-presidents or any of the ministers in time past... Federal Government has done everything from Blueprint development to CIPs... We have been able to engage the religious groups, the Catholics... and the Muslims, and we are talking about family planning.” – **Federal ACG member***

Intermediate outcomes: Advocacy

NURHI 2's monitoring data and key informants indicated that its advocacy efforts contributed to increased support of stakeholders at state- and LGA-levels to family planning.

Number of public statements supporting FP by religious, community, and traditional leaders (2015 – 2019)



I: So, overall do you think that NURHI's intervention have been effective or not?

R: I feel it's been quite effective in a way that it's been able to raise the talk. I'll say the profile of family planning in country, not only for NURHI but for across board. That's one thing I figure they've done." – *Federal scale-up partner*

Intermediate outcomes: Demand generation

Exposure to FP thru radio, TV, and facilities has increased across all geographies in NURHI 2.

FP exposure from NURHI 2 baseline to midpoint

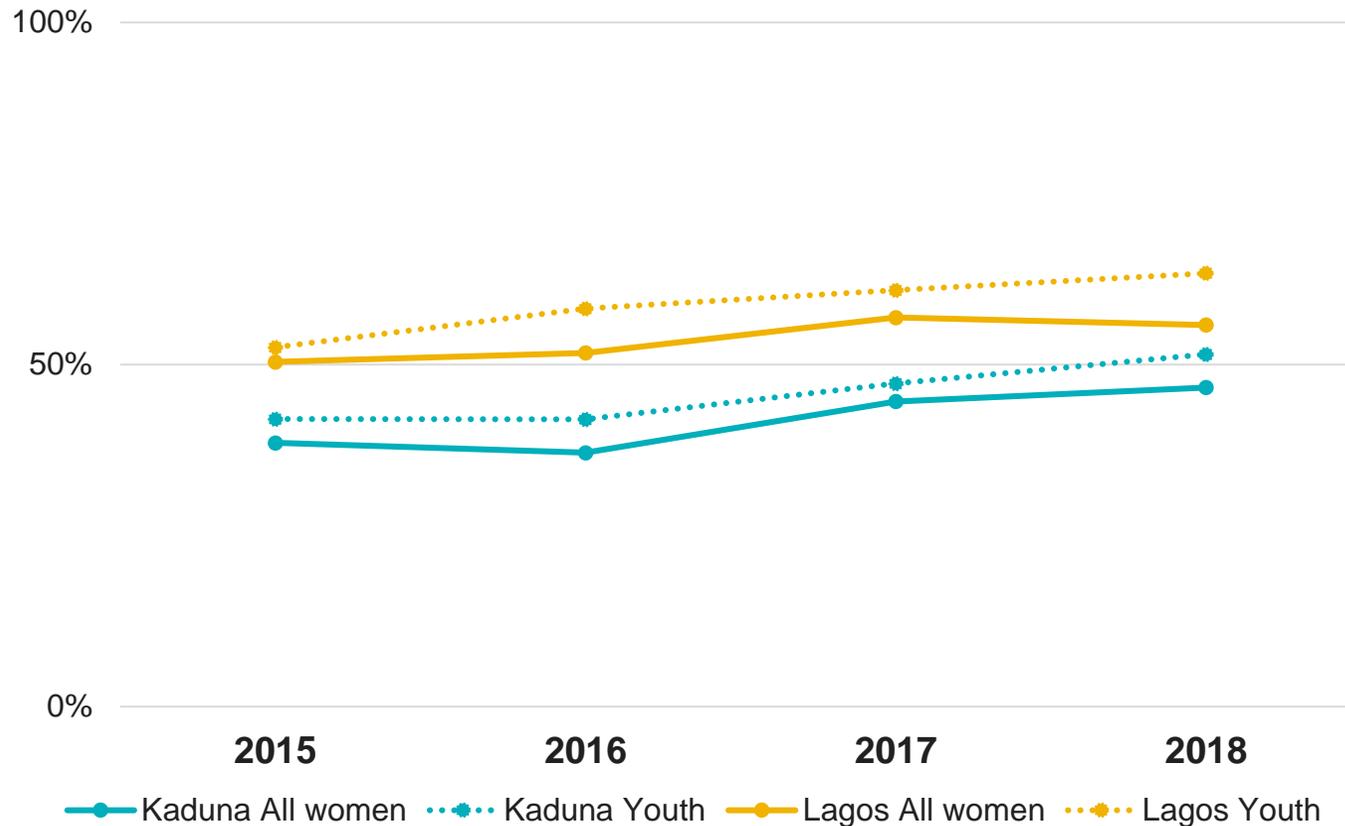
	Kaduna		Lagos		Oyo	
	Urban	Rural	Urban	Rural	Urban	Rural
Radio	↑	↑	↑	↑	↑	↑
TV	↓	↑	↑	↑	↑	↑
Facilities	↑	↑	↑	↓	↓	↓

 *“It benefits me... especially the radio Jingles [on FP programs]. I do listen to it several times. If I pick up my phone now, and I tune to the station,... I will hear about it. Then I also hear about it in the hospital when something takes me to the hospital. And even in my area where I stay, they always ring it into my hearing. People do talk about it a lot. When we are discussing amongst ourselves, we also talk about it. It gives me a peace of mind.” –
Woman, rural Oyo*

Intermediate outcomes: Demand generation

Intention to use FP among non-users in Kaduna and Lagos has increased.

Intention to use FP by age, youth 15–24 vs. all women*

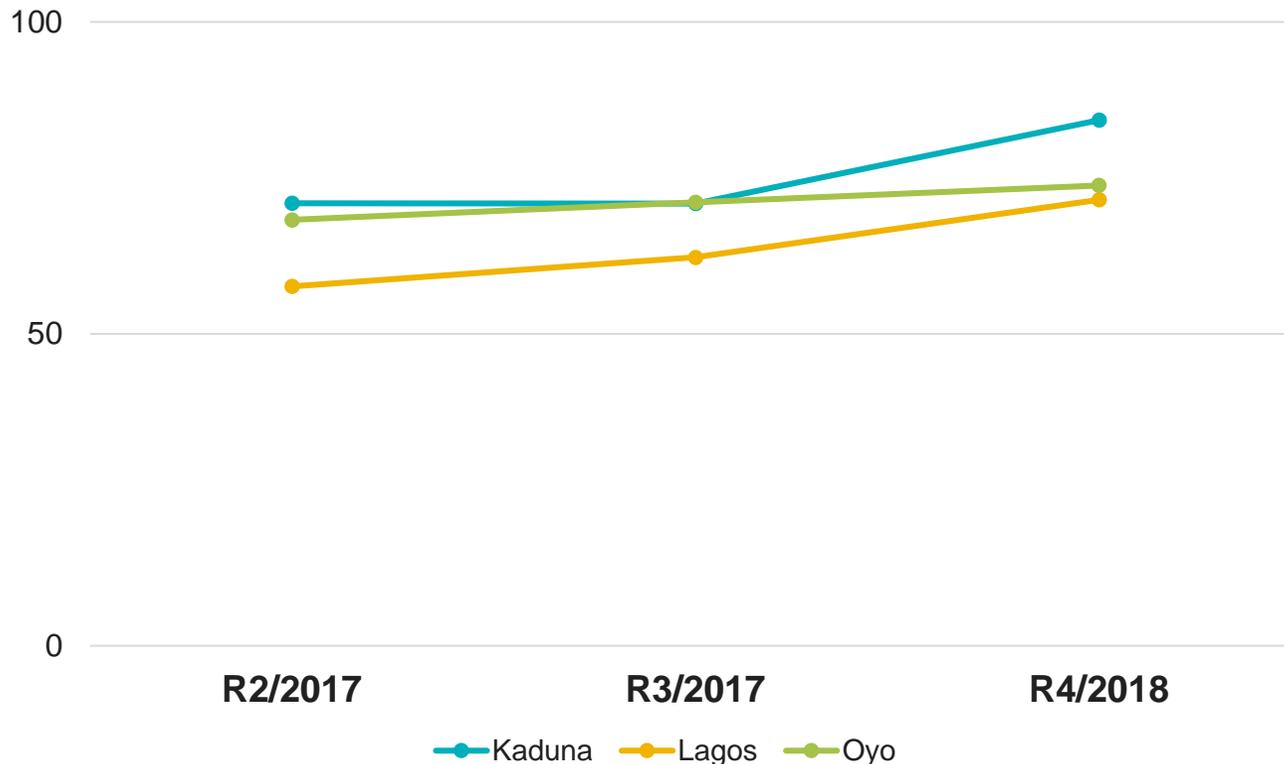


“Family planning – I heard in the radio, and I also always hear about it, I watch it on television. So, when I got pregnant of my first born, where I gave birth to was Kola Health Centre. They tell us...it is good to do family planning... And it was made clear that any time we want to give birth to another child, it’s what can be removed, and we give birth.” – *Woman, Lagos*

Primary outcomes: Family planning social norms

Both quantitative and qualitative data indicated that there has been a positive shift in several family planning beliefs and social norms at the community level in NURHI 2 implementation states.

Percentage of women who did not believe that “contraceptives are dangerous to your health”



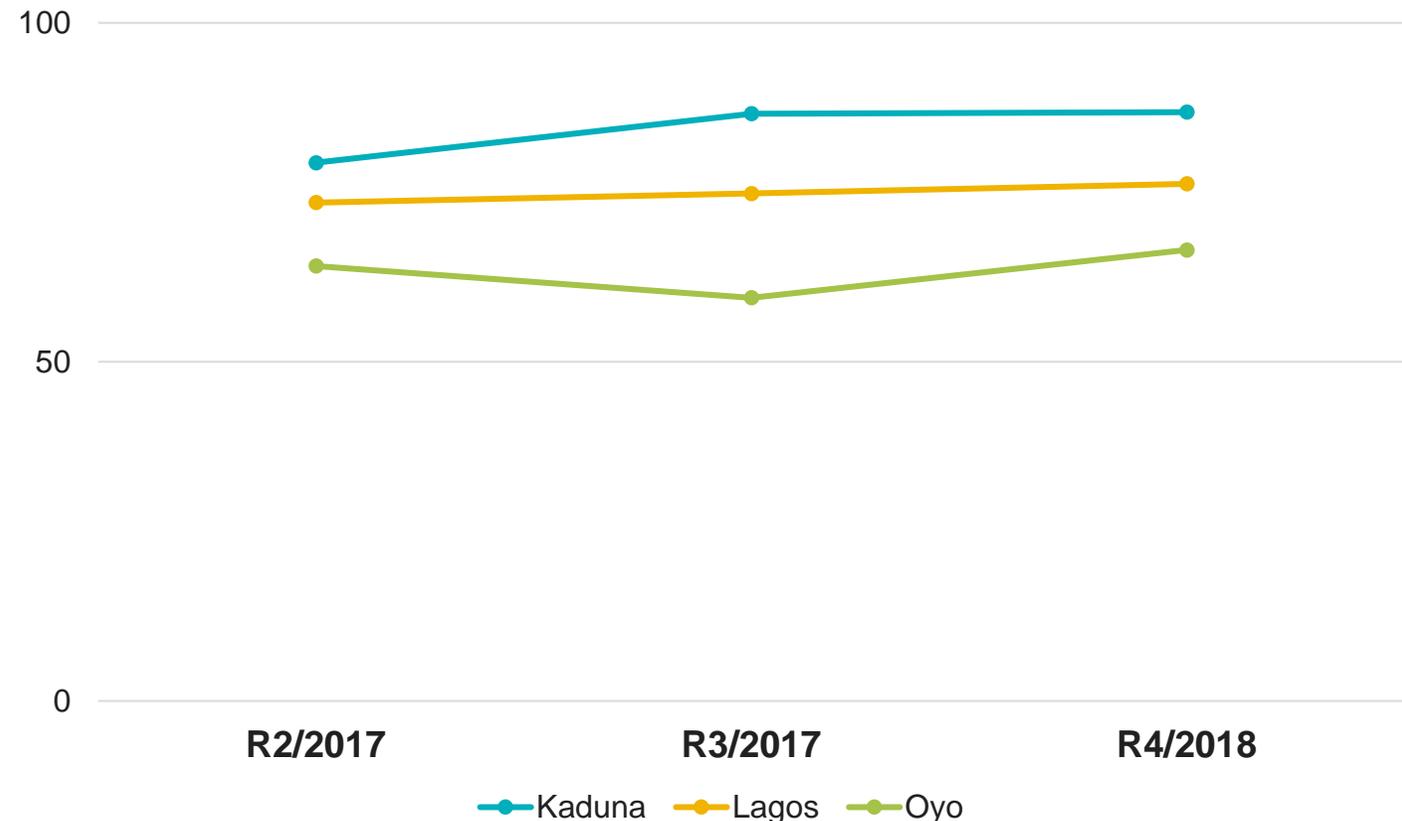
 “You see when family planning service arrived, like we youth, I first felt is not necessary because we are still young. We felt it might cause damage to our body. But when we started using it, and we saw it was successful and it will also help us whenever we are ready to use it.” – *A woman, Oyo State*

Primary outcomes: Family planning social norms

Both quantitative and qualitative data indicated that there has been a positive shift in several family planning beliefs and social norms at the community level in NURHI 2 implementation states.

 *“Among my relatives and friends that I relate with, they use a method of child spacing to give an interval of four years each between births before having another child, and by the grace of God after four years, they will give birth to another child. We have seen the impact of this thing.” – A woman, Kaduna State*

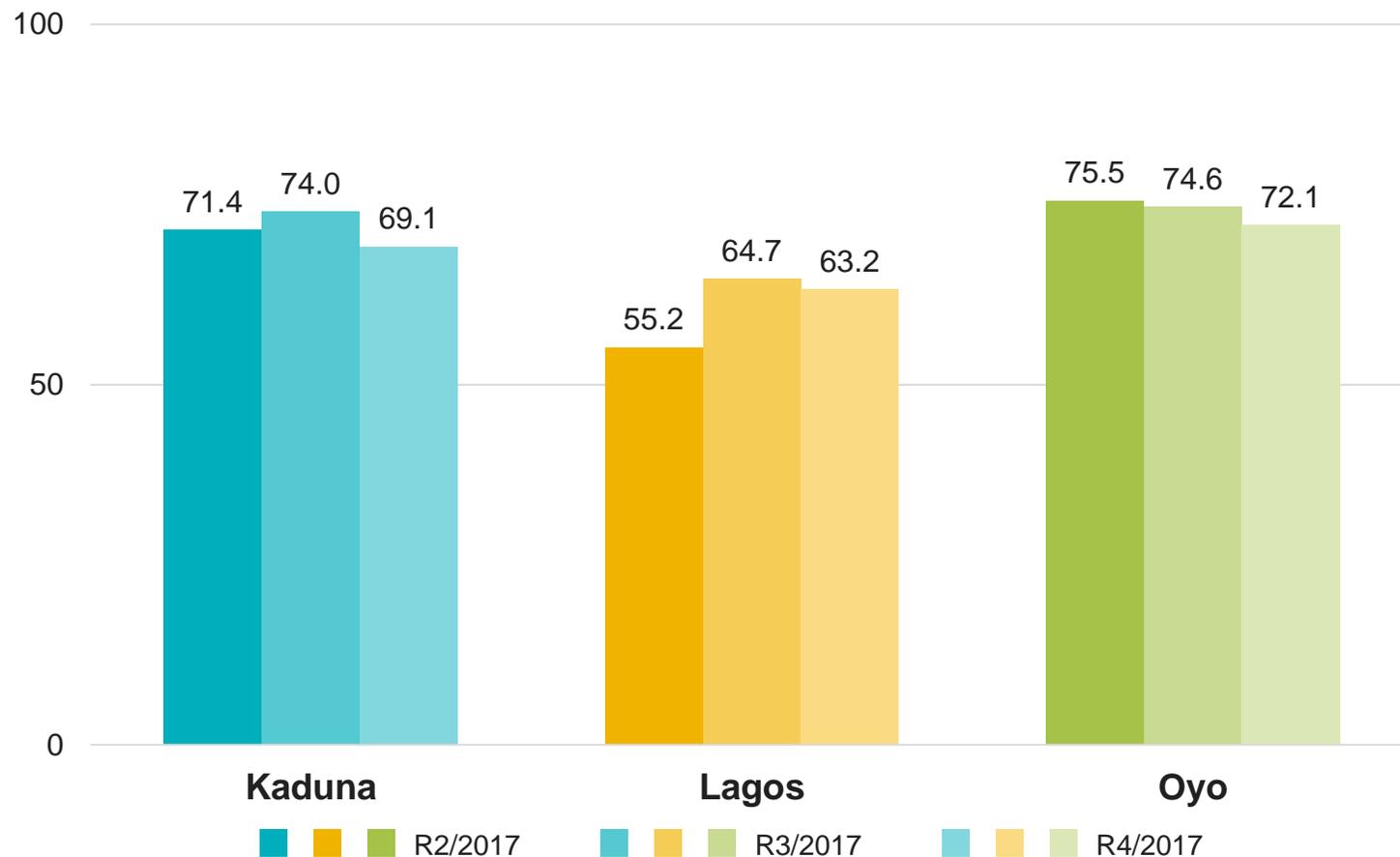
Percentage of women who did not believe that “women who use FP may become promiscuous”



Primary outcomes: Family planning social norms

However, picture on perceived self-efficacy in using family planning among women is still unclear.

Percentage of women, ages 18–49, who believed that “they would need someone’s permission to use an FP method”



“You know this [group of] people they don’t believe in family planning. They have a lot of children. Even a woman decides not to have a baby they will marry another woman. And some may tell [us] (CHEW): “Mummy, I don’t want my husband to know.” So, we will counsel and do it for them.” – *CHEW, Lagos*

Determinants of FP awareness, demand, and use

Qualitative data indicate that awareness, demand, and use of family planning by women and men in communities are influenced by environmental and personal determinants.

Environmental factors



Social: Social support/ family support



Organizational: FP application procedure, health facility/ staff

Personal factors



Individual perception:
Perceived susceptibility



**Observational learning/
outcome expectation**



Self-efficacy



Emotional coping

*Age, personality,
education,
socioeconomics*

Modifying factors



- ▶ Awareness of family planning
- ▶ Demand for family planning
- ▶ Use of family planning

Determinants of FP awareness, demand, and use

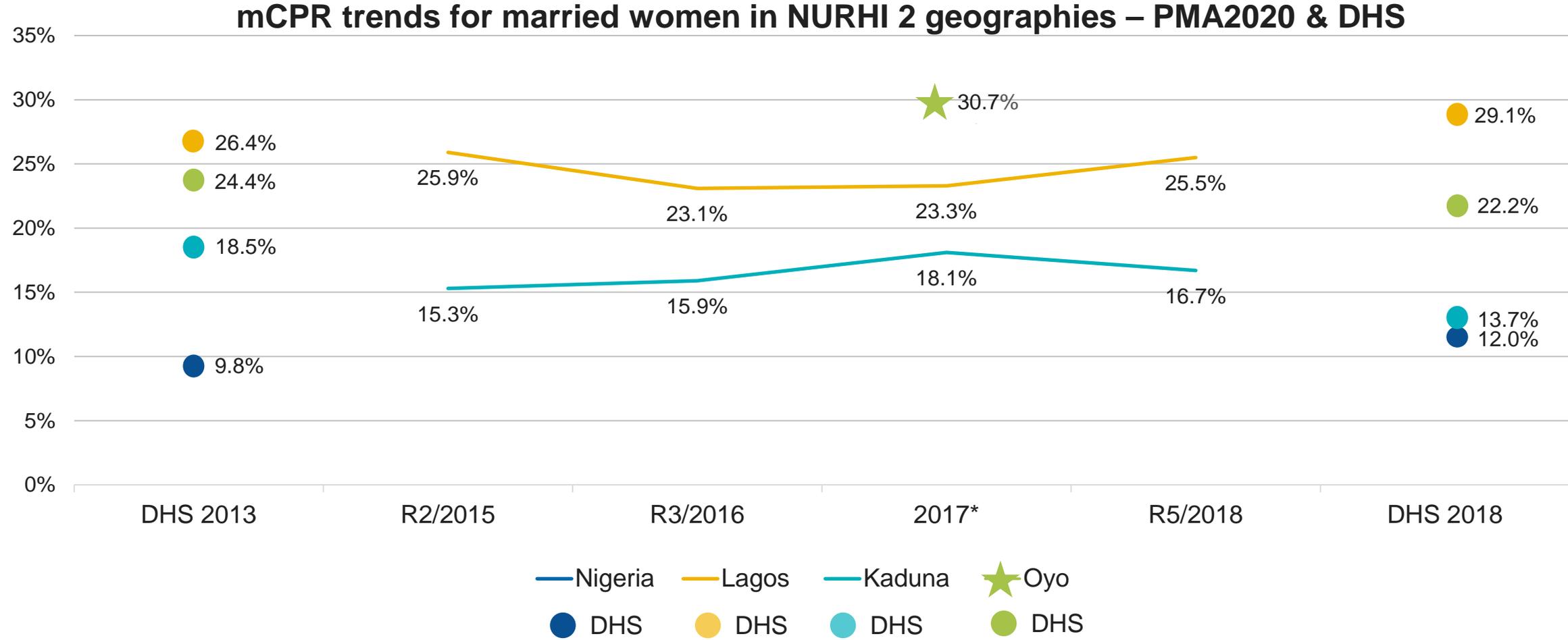
Key informants and focus groups discussed determinant of FP awareness, demand, and use.

 *“Some people took the information [about child spacing] the wrong way, but with the help of our religious leaders who came out and explained to the people that child spacing has existed since the time of our prophets. This enlightened women and thank God they have embraced it... In my own case, now it’s about seven years since I gave birth. I understand that there is a lot of benefits in child spacing, you will feel better and healthy.” – [Woman, Kaduna](#)*

 *“When I was at Ibadan, I hated it [FP] a lot because when some persons receive it, they will say it made the person to grow fatter. They can say some persons couldn't give birth anymore. But when I could see that ‘Yes!’ Some person [embraced] it, and the person was normal beside me.’ When I came to this town, I went for family planning. In fact, I'm feeling fine. I didn't give birth to children more than my strength, so I like it.” – [Woman, Lagos](#)*

Trends in mCPR in NURHI 2 geographies

Does overall mCPR change throughout the lifespan of NURHI 2?



Source: PMA2020 data (R1-R5 Kaduna & Lagos *R4/2017 Kaduna & Lagos, R1/2017 Oyo)
 DHS 2013, 2018

How does FP messaging impact mCPR?

FP messaging through radio, television and facilities are associated with increased mCPR for NURHI 2, as was found for NURHI 1.

Marginal effects of general FP messaging on mCPR (%) at midpoint NURHI 2*

	Kaduna		Lagos		Oyo	
	<i>Urban</i>	<i>Rural</i>			<i>Urban</i>	<i>Rural</i>
Radio	—	—	✓ + 5.5%		—	✓ + 8.4%
TV	—	✓ + 12%	—		✓ + 9.7%	—
Facility	✓ + 10%	✓ + 5.6%	✓ + 5.9%		—	—

How does FP messaging impact contraceptive uptakes?

Qualitative data suggests that social mobilization and service delivery activities may have contributed to women's increased intention to use FP in all 3 states.



“M: Did you notice anyone that started using family planning after... community activities?”

R1: We've seen many like that when they [social mobilizers] came to the community, they explained to them. They [women] later went again to the hospital to get more information about it. They started using immediately they got there.

R2: ... when I saw the mobilizers during community activities, I wanted to know more about other [FP] methods.”

– Women, Lagos



“R1: [The health facility] has been renovated; it is not like it was before...”

M: Do you think these renovations have encouraged people to go or discourage them?”

R2: It has made more people come, there are better changes than before.”

– Women, Kaduna



What have been NURHI 2's strengths and challenges?

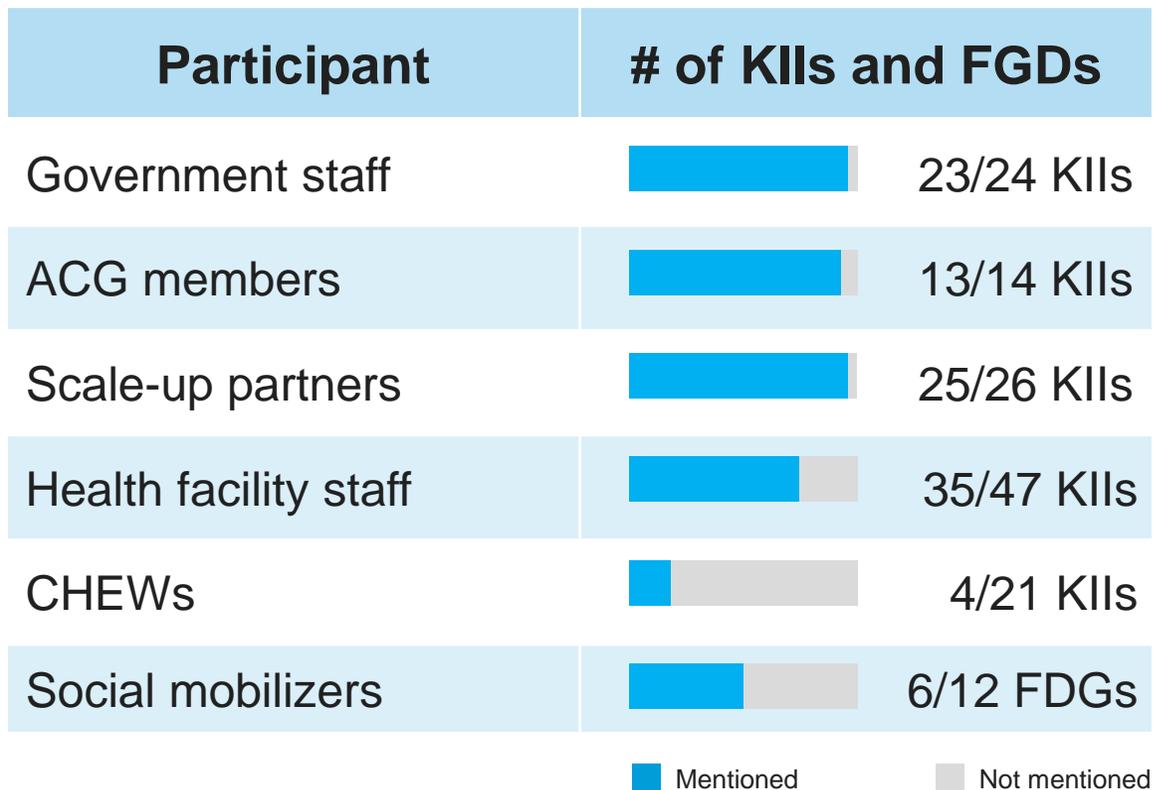
Overarching question 2

How has NURHI 2 performed?

Although NURHI's performance was not discussed explicitly in CHEW and social mobilizer groups, some key informants and FGDs expressed their positive impression about its FP programs.

“They do a lot on demand generation, and that actually manifested greatly in Kaduna state when at the time, they were able to contribute to the modern CPR doubling within a short period of time... They also focus on adolescents in that, and even as part of their demand generation activity, they engage in advocacy. They also do a lot of social and behavioral change activities. Then, they also work with us at the federal level to support some system strengthening.” – *Federal government staff*

Reported positive impression about NURHI 2's performance mentioned by KIIs and FGDs



What have been NURHI 2's strengths?

Strengths

Have three-pronged approach where advocacy, demand generation, and service delivery activities are “interlocked”.

NURHI staff and leadership is exceptional and has been described as “passionate, well-connected, strategic, committed.”

Use data and evidence as “oil” to design, implement, keep track of, and tweak program activities.

Localize program activities based on geographic and cultural nuances instead of having one size fits all.

Use “sustainability lens” for every component of program activities.

Involve/engage community members, including youth, in various activities (e.g., framing FP messages, 72-hour makeover)

Use various communication platforms to gather and engage various implementation partners/groups (e.g., WhatsApp).

 *“...because the leadership of NURHI itself... [she] knows where the bottlenecks are, and she will [be] – is – was able to diagnose effectively and manage these different problematic areas. That can give us a good mileage and a lot of strategic programming. You have an objective and you give targets..., with empirical evidence and you are able to plan, strategize and implement your programs” – **Federal government staff***

What have been NURHI 2's challenges?

Challenges

The costs of some components of NURHI 2 interventions, including those involving media airing, may have negative implications for sustainability.

Gaps in NURHI 2's engagement with government (e.g., “not government driven,” “rushing handing NURHI over to government”).

Nature of NURHI 2 “being an implementation program” with short timeline which may constrain the impact and sustainability within the government system, particularly in new geographic areas added in NURHI 2 (e.g., Lagos and rural Kaduna and Oyo).

 “[Deficiencies of NURHI as a program], I think the timeline is short. For a system that wasn't even well organized like family planning, now they're trying to hand it over but coming about like a bit of a rush. And I'm concerned about sustainability... Their ability to see those things through is another problem that can be envisaged in engaging too. — *Government staff, Lagos*



Thank You!