

NURHI 2 Midterm Learning Evaluation

Overarching Question 3: Where, how, and with what results has NURHI 2 contributed to replication, scale-up, and systems sustainability?

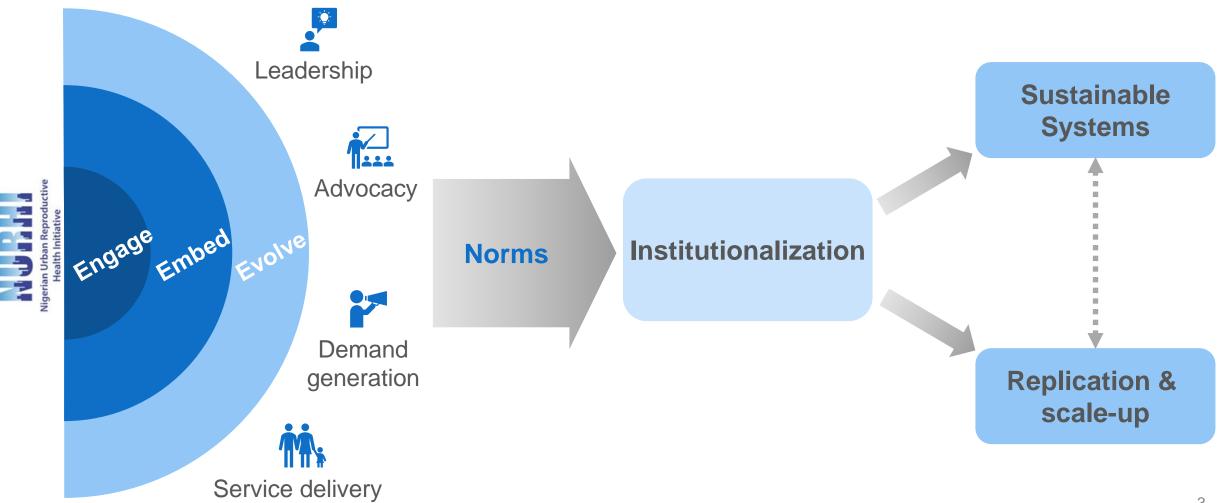
February 28, 2020



How we define these NURHI 2 goals

	Institutionalization	Sustainability	Replication/ Scale-up
Definition	 Adopting practices or activities Incorporating them into a system Establishing them as routine or standard practice 	 Program components or interventions continue without support from NURHI 2 	 Implementing partners or government conduct a large-scale application of NURHI activities
Focus	 Within existing NURHI sites at the government level 	 Within the existing NURHI sites and through national policies 	 Beyond NURHI 2's original scope

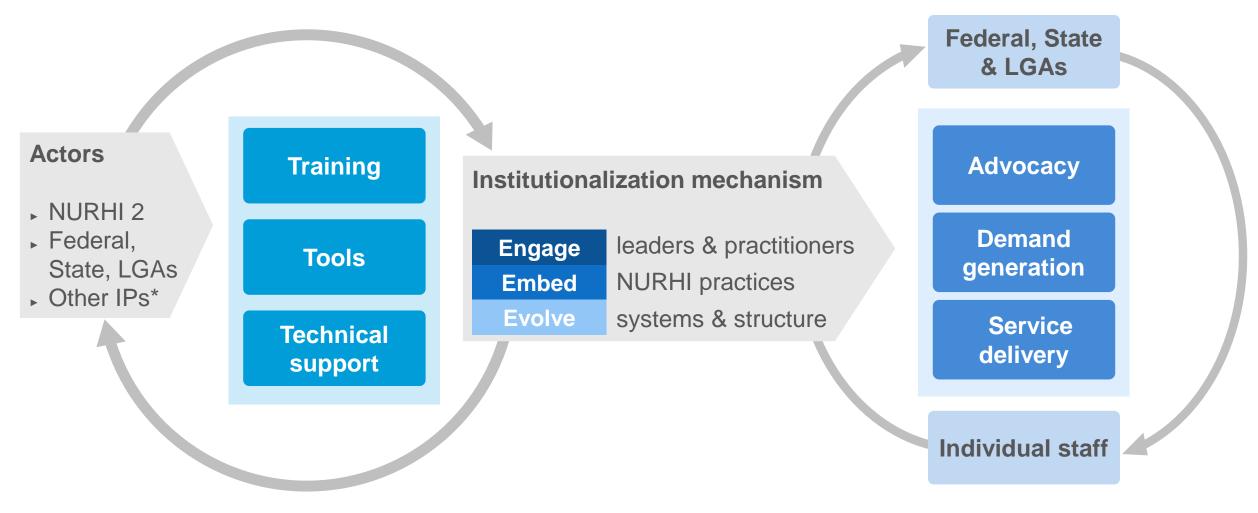
How we address the evaluation questions





Has NURHI 2 contributed to institutionalization?

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Institutionalization at government agencies

- Engaged and involved stakeholders/government staff in any discussions related to FP programs
- Acted as technical advisor (instead of implementer) in setting up the platform and implementing activities

Institutionalization	Replication/ Scale-up	Sustainability
"Even before they embarked on this visitation to town hall meetings, we had a lot of training by NURHI." – ACG member, Kaduna	"the Post-Partum Family Planning Manual and Guideline have been approved. NURHI played a key part in the successful development, piloting, and finalization." – Federal government staff	"…[NURHI] made us realize that look, whether big or small we have to start somewhere. So, we started outreaches. We started our own in the form of town hall meetings, and we are still keeping up with it… It has been helping." – State

Facilitators for government agencies

Facilitators

Positive results of NURHI 1 and 2 drew policymakers' interest in adopting NURHI programs

NURHI's consistent efforts to strengthen capacity and provide TA to government staff/activities.

NURHI's "Engage, Embed and Evolve" **strategy enabled government's buy-in** and transformation of FP activities

Strong partnership with government, religious leaders and partners enabled the engagement process

Setup of information about NURHI's interventions as an **open resource** make it more accessible

Challenges for government agencies

Challenges

Strong resistance on part of stakeholders

during engagement process (e.g., religious and traditional leaders)

Government's lack of relevant resources (e.g., financial and human resources) to sustain the institutionalized skills and FP activities

High cost of programs (e.g., 72-hour makeover), and government's uncertainty around funding to FP and procurement protocol may limit adoption of FP activities

Lack of coordination among the implementation partners in institutionalization process

Technical support provided to government agencies sometimes was not perceived to be aligned with government's agenda

Institutionalization at health facilities



- 72-hour makeover utilized local artisans/resources and involved facility staff and community members, promoting interaction, enhancing ownership and responsibility
- Trained, engaged and involved every member of health facility to act as FP advocator
- Used various communication platforms (e.g., WhatsApp) to gather and engage health providers in any FP-related conversations

Institutionalization	Replication/ Scale-up	Sustainability
"the NURHI people, they used to come foron site training. So the gardener, the security, all the departments are involved." – Health facility staff, Oyo	trainingmy thinking has really change Is everybody that is agrees to accept family planning	"there's a thing that said, 'teach a child how to fish, not how to eat the fish', so I will be able to do it on my own. I've been taught how to fish. So even though they arenot there, I will keep fishing." – Health facility staff, Kaduna

Facilitators for health facilities

Facilitators

Step-down trainings diffuse knowledge and skills to providers who would otherwise not receive NURHI trainings

Human centered design and values clarification interventions help decrease provider biases for youth and unmarried individuals

Government has taken up provider trainings for LARC methods

Healthcare providers buy-in and appreciate supportive supervision and trainings

Challenges for health facilities

Challenges

Changing mindsets and long-standing behaviors takes time

CHEWs variable provision of a full range of contraceptive methods, dependent on geography and needs of the local clinic

Concerns about sustainability of the ability to provide a full range of contraceptive methods based on future lack of free consumables and commodities available



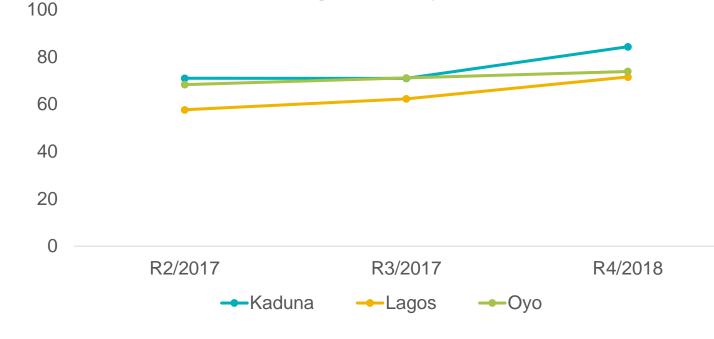
Has NURHI 2 contributed to sustainability?

NURHI 2's contributions to FP landscape sustainability



- Positive changes in awareness and acceptance of FP among general population
- Stakeholders felt there was a general increase in mCPR, but results from quantitative data are mixed

% of women who do not believe that contraceptives are dangerous to your health



"...let us just say that it's **no** longer taboo for you to say, as a Northern woman, that you would like to access [child spacing] services, or totally impossible for you to talk to your husband about [it]... Before it was a total 'no...no,'... you couldn't even approach the man of the house to talk about child spacing. But now, at least... it's not considered something unholy." – ACG member, Kaduna

NURHI 2's contributions to FP government sustainability



- FP funding, policy, and coordination has generally been on a positive trajectory
- Government's commitment and political will to support FP

	2016	2017	2018	2019
Kaduna	\$ 0 allocated \$ 0 released	\$ 308,500 allocated \$ 138,800 released	\$ 304,800 allocated \$ 304,800 released	\$ 411,700 allocated \$ 0 released
Lagos	\$ 94,000 allocated \$ 0 released	\$ 267,600 allocated \$ 86,700 released	\$659,900 allocated* \$134,200 released	\$ 256,200 allocated \$ 200 released
Оуо	\$ 25,400 allocated \$ 0 released	\$ 18,500 allocated \$ 50,900 released	\$109,000 allocated \$33,600 released	\$ 101,000 allocated \$ 0 released

"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 vicepresidents or any of the ministers in time past... Funding... Federal Government has done everything from Blueprint development to CIP..." – Federal ACG member

Source: Pathfinder AFP data.

Note: Currency conversion using average annual rate. Numbers rounded to nearest hundred.

*Lagos 2018 allocated amount also includes Saving One Million Lives FP allocations.

NURHI 2's contributions to FP healthcare providers



- Decline in provider bias
- Clients generally satisfied with the quality of service from their providers

"You know, formerly we say that if you are not married, you cannot do family planning, but when NURHI come, they enlighten us that if you are not married, you can do family planning. It's better to do family planning than to get pregnant and go to do the evacuation. And doing the family planning cannot prevent you from becoming pregnant, since the hormones that was inside those methods is also inside us..." – Health facility staff, Oyo

"Well before if I see a youth, a youth that comes in for family planning, **I won't** do family planning for youth, for a newly couple, and before I'm asking for partner consent. But this has been changed after the training at NURHI that a youth that walks in for family planning that means she knows the best for herself." -Health facility staff, Oyo

Source: Pathfinder AFP data.

Note: Currency conversion using average annual rate. Numbers rounded to nearest hundred. *Lagos 2018 allocated amount also includes Saving One Million Lives FP allocations.

What program components do government and IPs think will be sustainable? Why?

Stakeholders had diverse opinions on what program components would remain once NURHI ends. There was less consistency in what partners believe will be sustainable versus what will be unsustainable.

Sustainable Components		
Advocacy efforts through the ACGs, and Interfaith forums	The high quality of services from healthcare providers	
Dedicated FP messaging and outreaches to adolescents and youth through the NYSC	The capacities built and resources developed over the span of NURHI 2	

What program components do government and IPs think will be sustainable? Why?

Facilitators to sustainability

NURHI building the capacity of local systems by embedding the knowledge, strategies, and materials, and interventions established over the course of NURHI 1 and NURHI 2 to government and implementing partners.

NURHI establishes a "solid foundation" from which government and other partners can build upon.

Continued funding from both outside sources and government.

What program components do government and IPs think will be unsustainable? Why?

Program components that involve significant costs were seen to be the least sustainable aspects of NURHI, as were interventions that would require consistent motivation and supervision on the part of government.

Unsustainable		
The 72-hour clinic makeover	Certain demand generation components such as: TV/radio spots, Green Dot campaign, and Get It Together	
Proactive government approaches to improve the FP landscape	M&E and data collection and use	

What program components do government and IPs think will be unsustainable? Why?

Barriers to sustainability

Lack of funding – this was by far the most common theme when government and scale-up partners were asked about sustainability Lack of clarity and accountability for who should be responsible for certain program components

Lack of reliable, high quality data for decision making

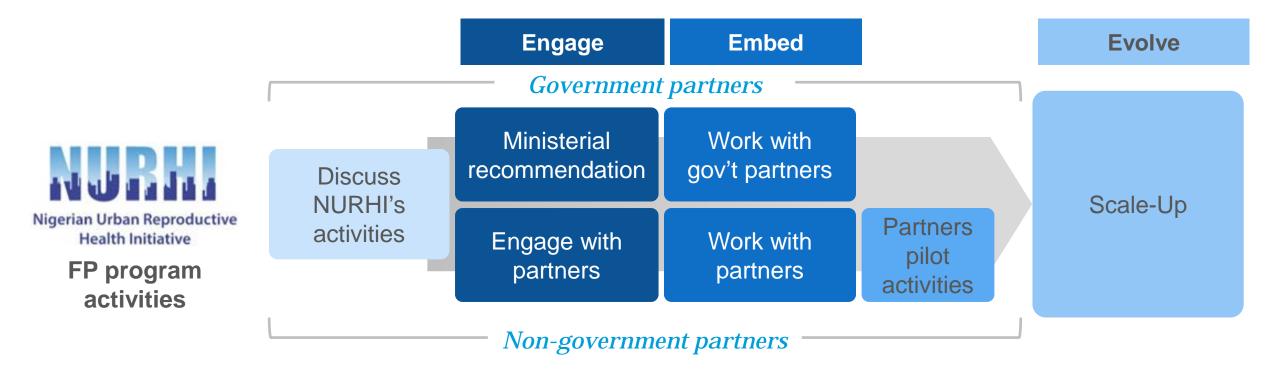
Not enough time for the government to prepare to take over program components

Government still relies heavily on implementing partners to carry out programs



Has NURHI 2 contributed to replication and scale-up?

Scale-up process of NURHI 2 programing



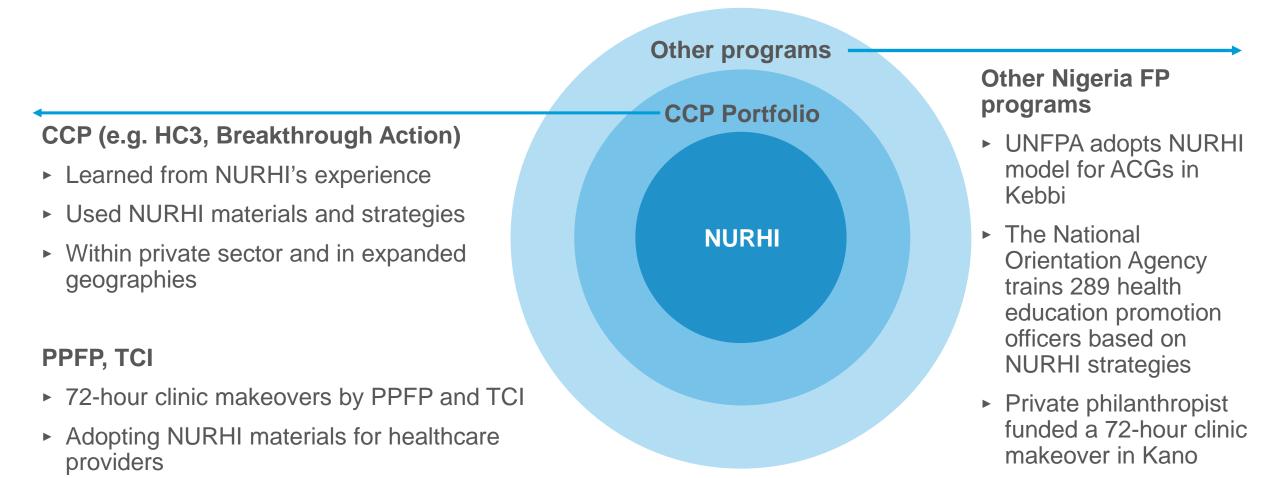
Steps NURHI has taken to position for scale-up:

- Conducted formative research to support scale-up process
- Designed flexible and adjustable program activities/tools that enable partners to adjust as needed
- Advocated to get government and partners to buy-in

- Embedded and engaged government members
- Provided partner technical assistance and capacity building
- Promoted knowledge management to create technical knowledge package for partners & stakeholders

What aspects of NURHI have been adopted and replicated?

NURHI appears to create a ripple effect, beginning within the Center for Communication Programs (CCP) portfolio.



LPAY interventions

Facilitators of scale-up

Facilitators

Positive outcomes of NURHI programs drew partners' interest in scale-up

Advocacy effort, technical support, and resources provided by NURHI and partners

Strong partnership with government and partners enabled the engagement process

Flexibility of NURHI models enabled the adjustment for scale-up

Availability of data for planning and making decision about scale-up (e.g., PMA2020)

Challenges of scale-up

Challenges

Limited funding and human resources to implement the scale-up

Weak M&E and reporting system that limited the planning and monitoring among scale-up partners

Disagreement in selecting programs for scaleup among policymakers and stakeholders **Policy hindrance** that limited the scale-up (e.g., FP for adolescents)

Lack of transparency and accountability of government partners in scale-up process at LGA level



Thank You!