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MEASUREMENT, LEARNING & EVALUATION PROJECT
FOR THE URBAN REPRODUCTIVE HEALTH INITIATIVE

SUMMARY OF LESSONS FROM THE NURHI 1 SUSTAINABILITY STUDY

FEBRUARY 28, 2020

Background, Objectives and Study Design



Why is Sustainability Important?

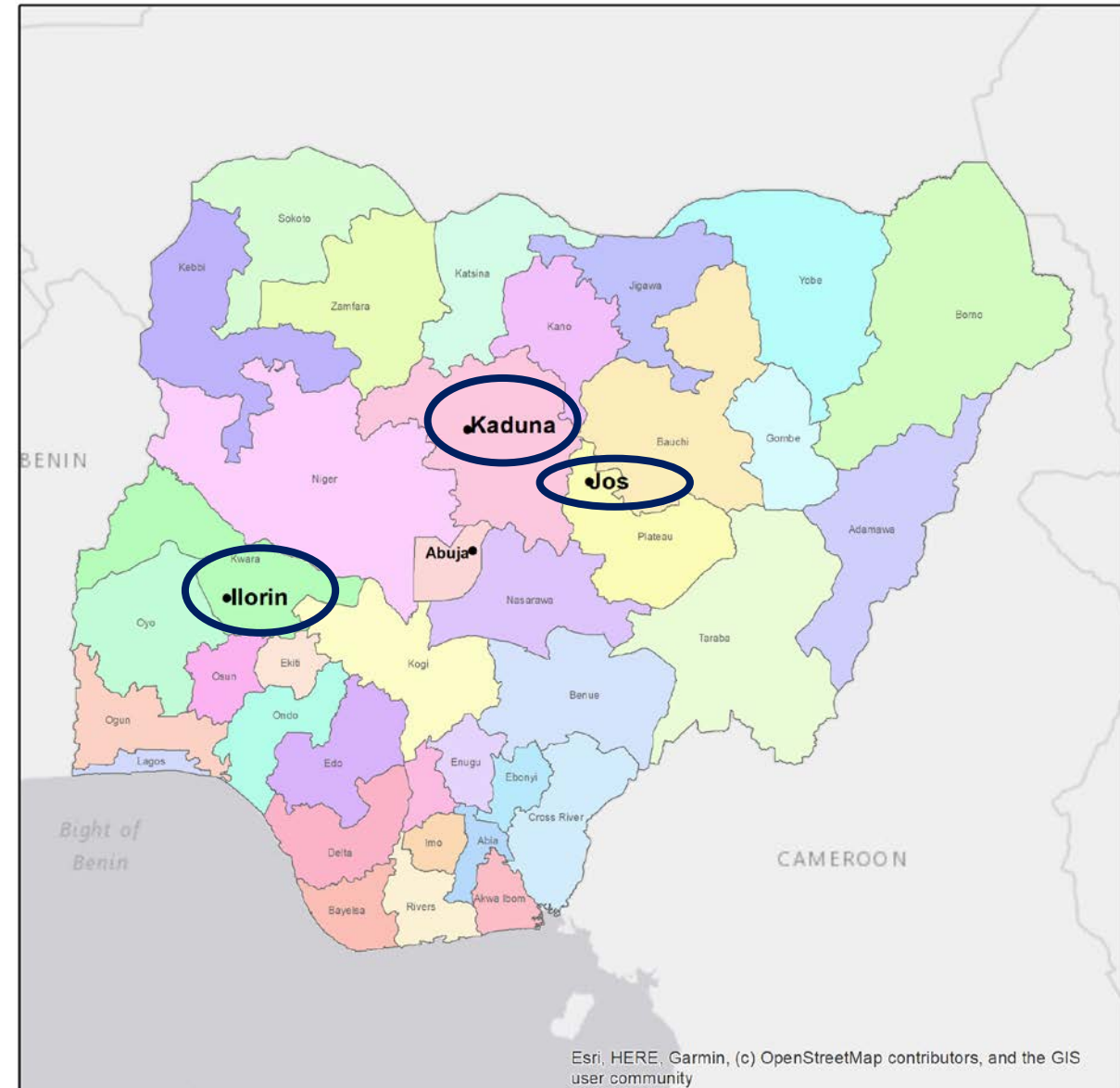
- Sustainability – *determination if program components and outcomes developed and achieved in an earlier phase are maintained after the initial or focused funding ends* (Scheirer, 2005)
 - Also called:
 - Institutionalization
 - Maintenance
 - Durability
 - Continuation
 - Often examined at the program level (e.g., processes and outputs maintained)
 - Less is known about whether behaviors are sustained post-program



How does this study inform our learning about sustainability?

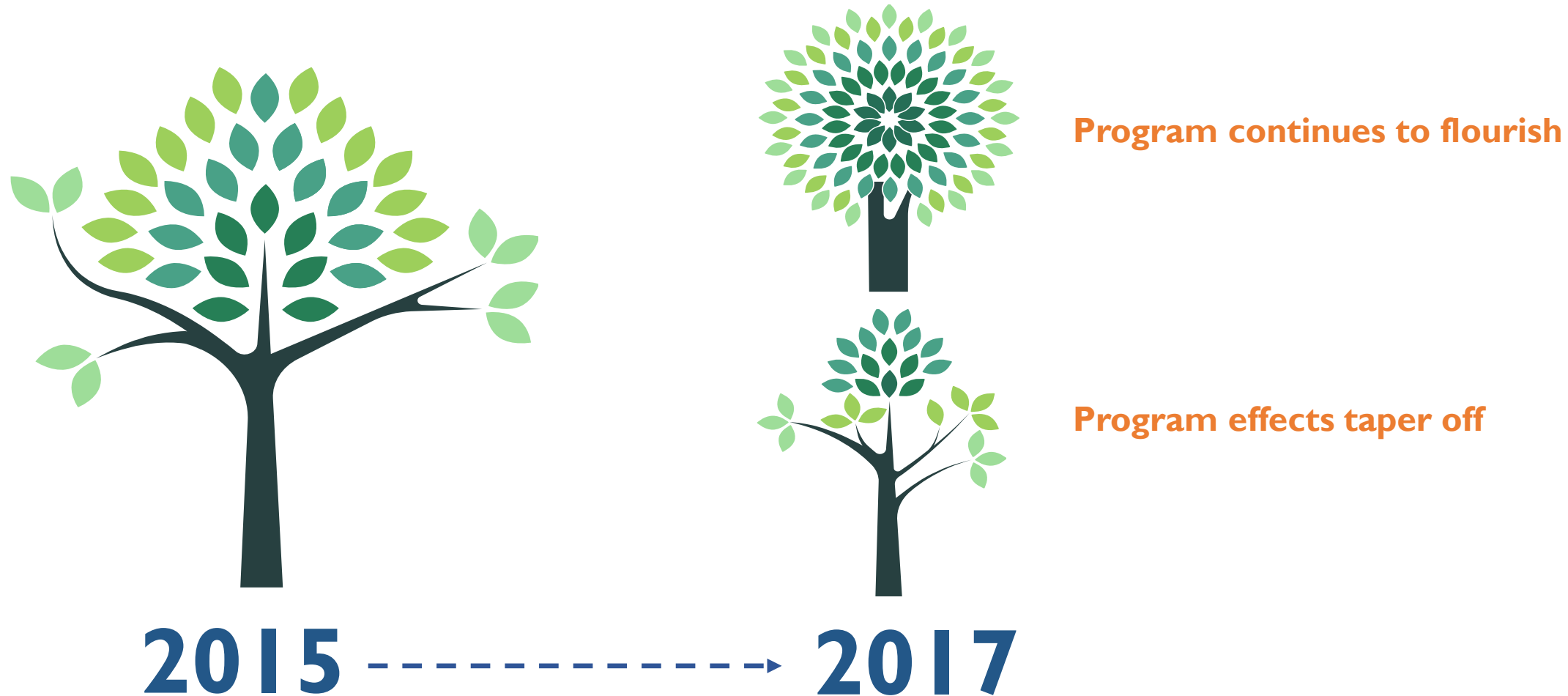
- Natural experiment in Nigeria where NURHI Phase I ended in 2015 and NURHI Phase 2 began
- Ilorin activities ended in March, 2015
- Kaduna city (and state) activities continued in Phase 2
- Jos, a city where NURHI had never worked, was included as a comparison site.

Unique opportunity to examine what happens when funding ends.



In 2015, the program was flourishing in Kaduna and Ilorin; by 2017, there are different possible scenarios for Kaduna and Ilorin given that the program ended in Ilorin but not in Kaduna

POSSIBLE SCENARIOS FOR ILORIN AND KADUNA



Objectives of NURHI Sustainability Study

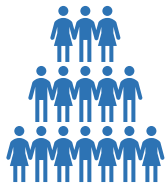
- To employ an **innovative study design** to examine sustainability at multiple levels two-years after NURHI 1.
- To **make recommendations of sustainable strategies** to The Challenge Initiative (TCI).
- To provide inputs for the global community on family planning program approaches that are sustained beyond the life of a project.

We employed a mixed method study design with quantitative data from households, women, and facilities and qualitative data from women, providers, and stakeholders

Study design

Household and women surveys

2015



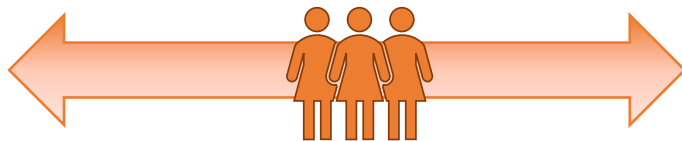
X-sectional
sample

2017



X-sectional
sample

2015-2017



Longitudinal
sample

Facility-level surveys

2014



X-sectional
sample health
facilities

2017



X-sectional
sample health
facilities

2011, 2014, 2017



Longitudinal
sample

Qualitative data collection

2017



Interviews with
women, family
planning providers,
and government
stakeholders

Research Questions of NURHI Sustainability Study

1. Are program effects at the facility level in terms of availability and quality of FP services sustained?
2. Do family planning social norms in the three cities indicate sustained program effects?
3. Are individual level effects, including exposure to program messages and family planning outcomes such as modern contraceptive use, intentions to use, and attitudes, sustained?

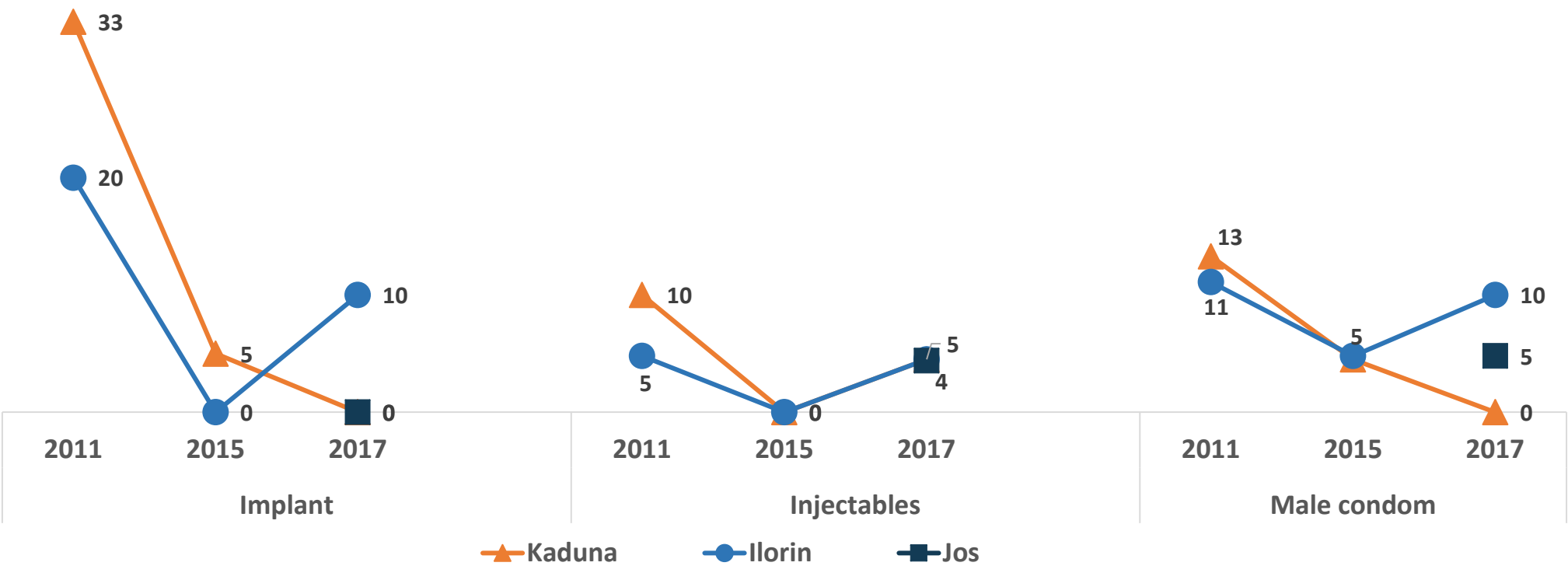
**Are program effects
at the facility level in
terms of availability
and quality of FP
services sustained?**



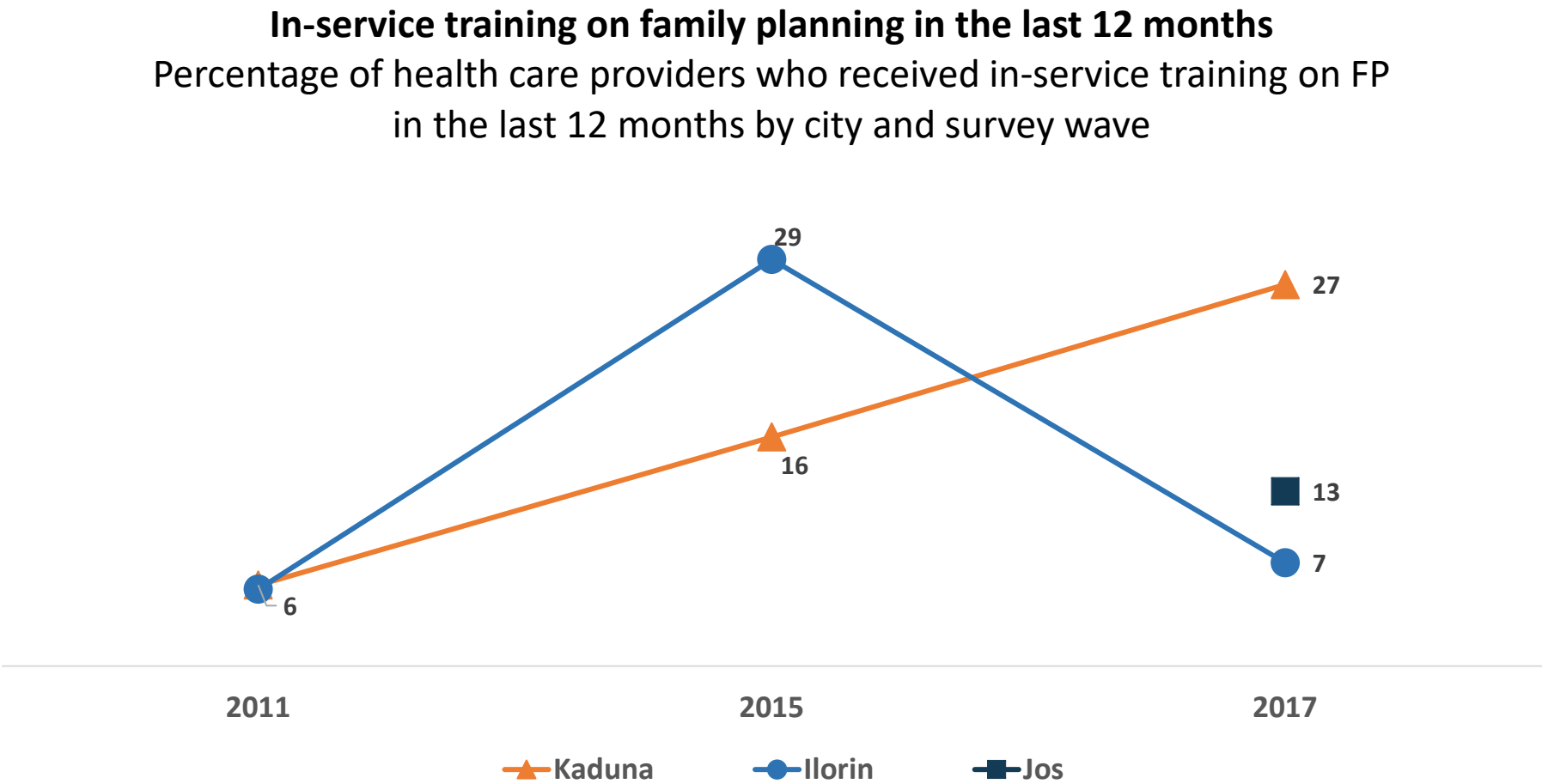
Stock-outs of implants and male condoms increased in the period between 2015-2017 in Ilorin; in both Kaduna and Ilorin, a small number of facilities had a stock out of injectables in 2017.

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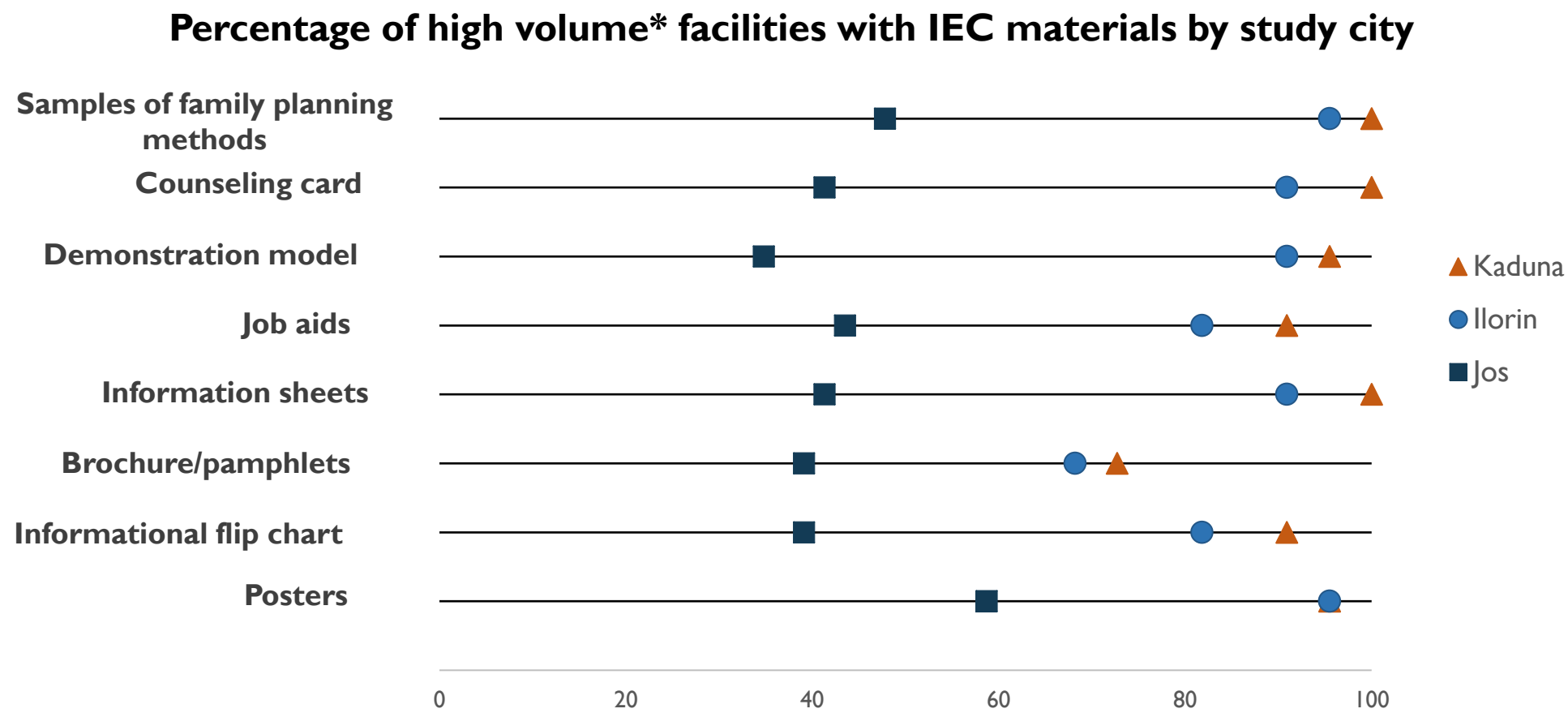
Stock outs of family planning methods in the last 30 days at high volume facilities
Percentage of high volume facilities with a stock out of select family planning methods in the last 30 days by city and survey wave



In Kaduna, provider training increased through 2017; in Ilorin, there was a decline in the percentage of providers trained from 2015 to 2017.



High-volume* facilities in Kaduna were the most likely to have IEC materials in 2017; this was closely followed by high-volume facilities in Ilorin.



*In Kaduna and Ilorin, high volume facilities are NURHI facilities

- **Multivariate analyses find that while in 2011 Ilorin had higher quality than Kaduna, this quality advantage was reversed by 2017.**
- **NURHI facilities have higher quality than non-NURHI facilities and private facilities have lower quality than public.**
- **Multivariate analyses find that over time, the number of new acceptors of FP is lower in Ilorin than Kaduna.**
- **NURHI facilities have a higher number of new accepters than non-NURHI facilities and private facilities have a lower number than public.**

Components of Quality



Perspectives of providers in Ilorin on changes since the end of NURHI I

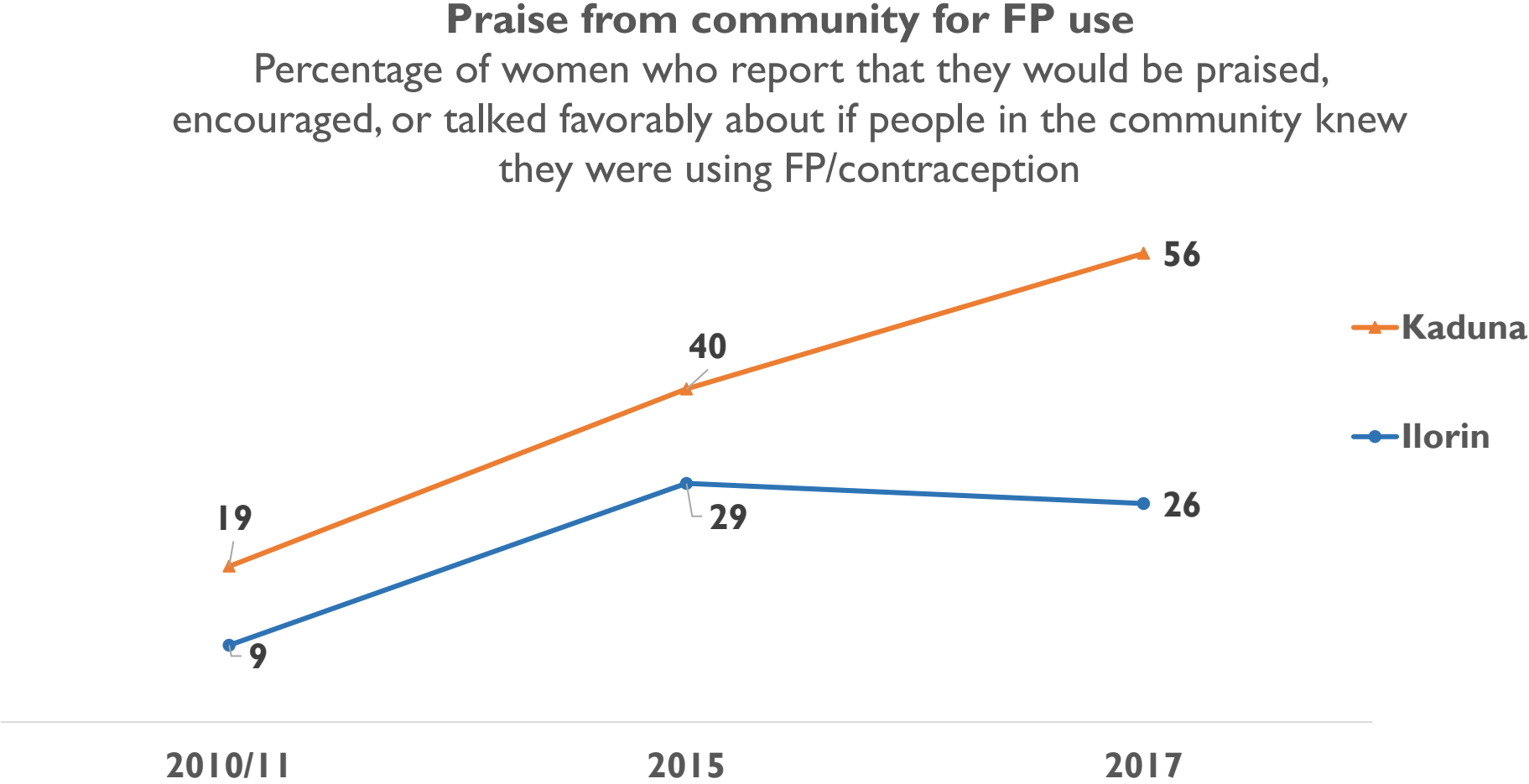
- Shortages lead to need to charge clients for consumables.
- Less active community engagement and demand generation to bring in new clients results in reduced client volume.
- Gaps in staff training to maintain high quality services – other NGOs sometimes help to fill that gap.

*“Unlike before when they [NURHI] were on ground, the mobilizers will go around the town, they invite people, they give them cards to come into this facility **but now that NURHI has left, nothing like that again.**”*

**Do family planning
social norms in the
three cities indicate
sustained program
effects?**



Most information on social norms comes from focus group discussions.
One indicator on whether women felt they would be praised by community members for using FP continued to increase in Kaduna and declined in Ilorin



Injunctive and Descriptive Norms

- **Injunctive norms:** beliefs about what other people think one should do
- **Descriptive norms:** beliefs about what other people do
- **Scenarios:**
 - A young, unmarried woman who was sexually active and wanted to use contraception to avoid a pregnancy
 - A 21-year-old mother with a six-month old baby who wanted to space her next child, but the husband wanted another child immediately
 - A 28-year-old woman with four children who wanted to avoid future pregnancies

Norms for young, unmarried, sexually active woman

- Injunctive norm: young woman should not have sex (and use contraception) - in all FGDs.
- Descriptive norm: She will use contraception to meet her intentions.
- Acceptability of descriptive norm higher in Kaduna.

“I don’t think that with respect to FP her age should be an issue since it is not a bad thing to do. If it was in the past when people were ignorant, today, at least, people are knowledgeable about it. If a young girl cannot abstain, that will be the way to go for her.”

(Kaduna-FGD-Married 25-39, Muslim)

Across groups and scenarios, there was a general sense that there is greater approval for family planning over time.

“Yes it has changed. Why do I say so? Because if she does that [use contraceptives] people would see her as someone who is taking care of her children and they are in good health and so she is and she is taking care of them as she should and that would attract them to what she is doing.”

(Kaduna-FGD-Married 25-39, Christian)

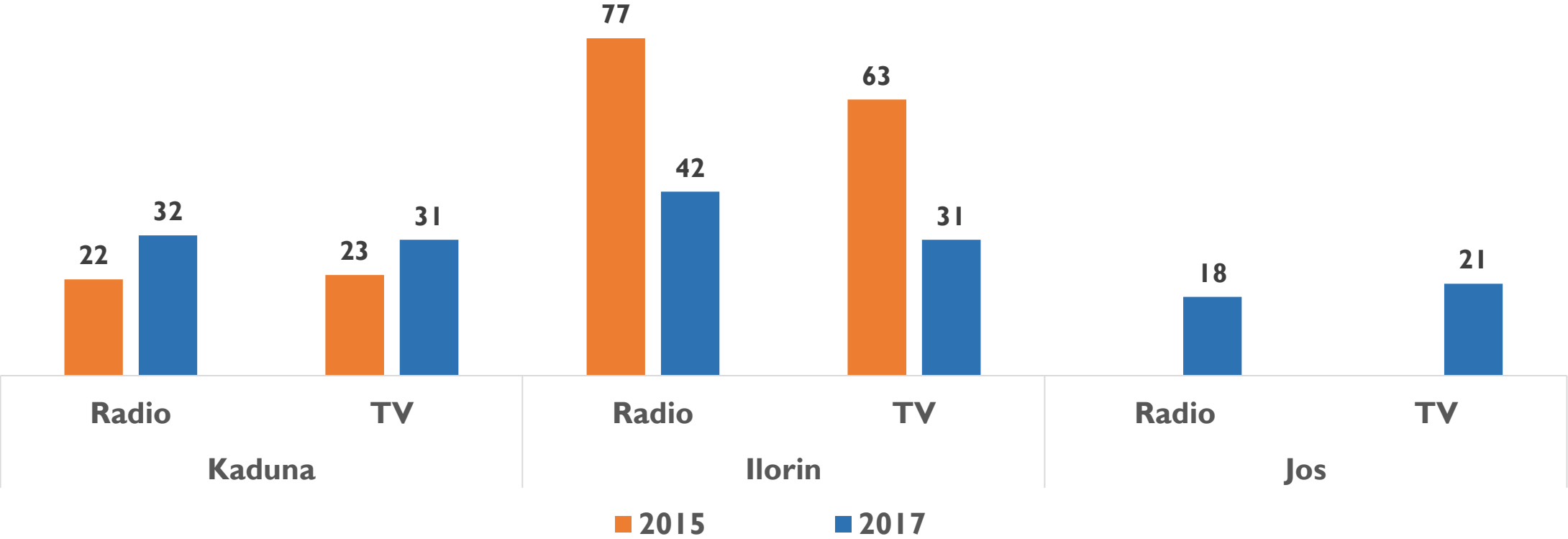
The discussions on influencing factors revolved around messages heard on the radio or television in Kaduna and Ilorin whereas in Jos, participants mentioned the role of churches and the government on affecting fertility and family planning norm changes.

**Are program messages
and family planning
outcomes sustained?**



Exposure to FP messages on the radio and television was higher in Ilorin compared to Kaduna in 2015. By 2017, declines are seen in Ilorin while increases are seen in Kaduna.

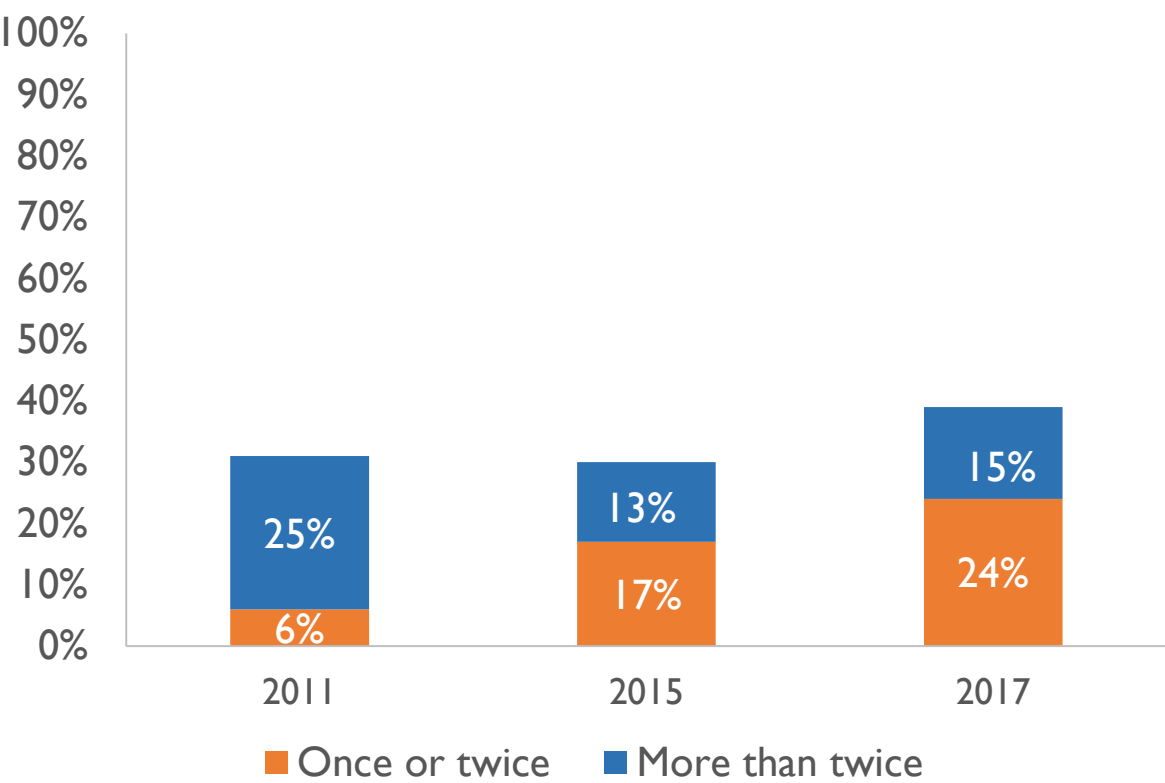
Percentage of women who report exposure to radio and television spots with couple talking about FP in 2015 and 2017



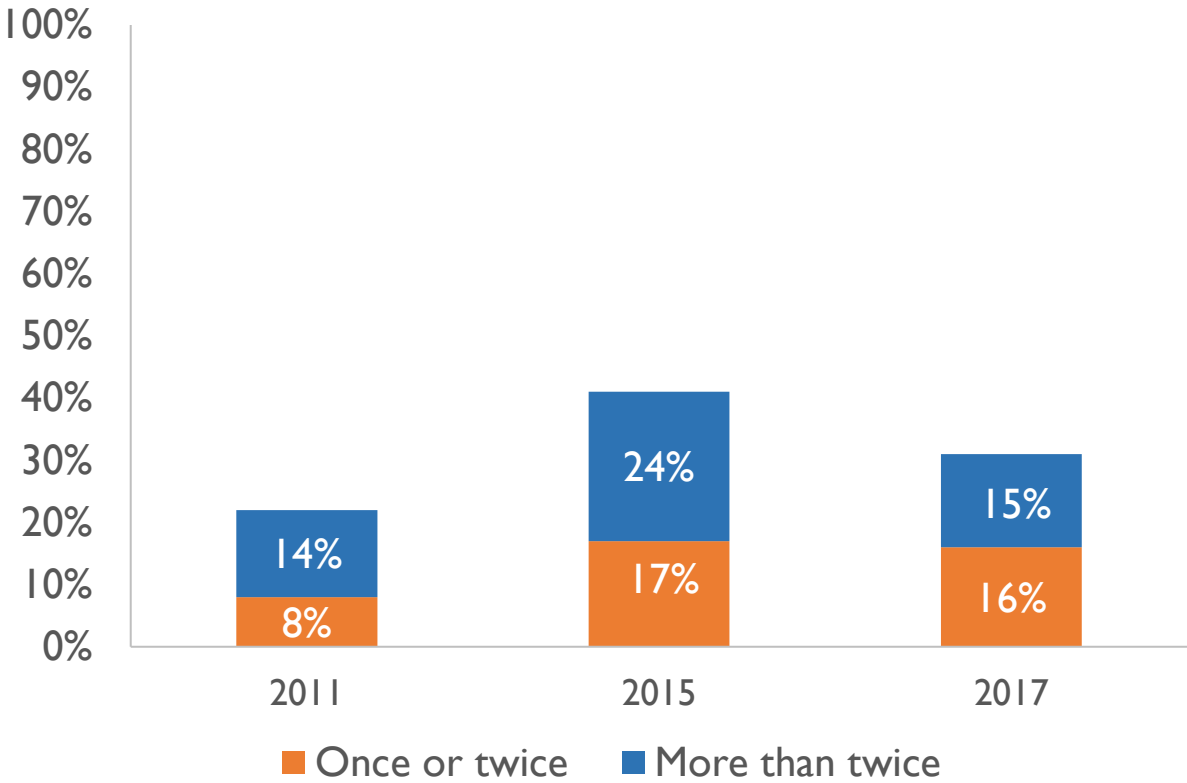
Discussion of FP with spouse continued to increase in Kaduna but declined somewhat in Ilorin.

Percentage of women in union by frequency of spousal discussion about family planning in last 6 months

Kaduna



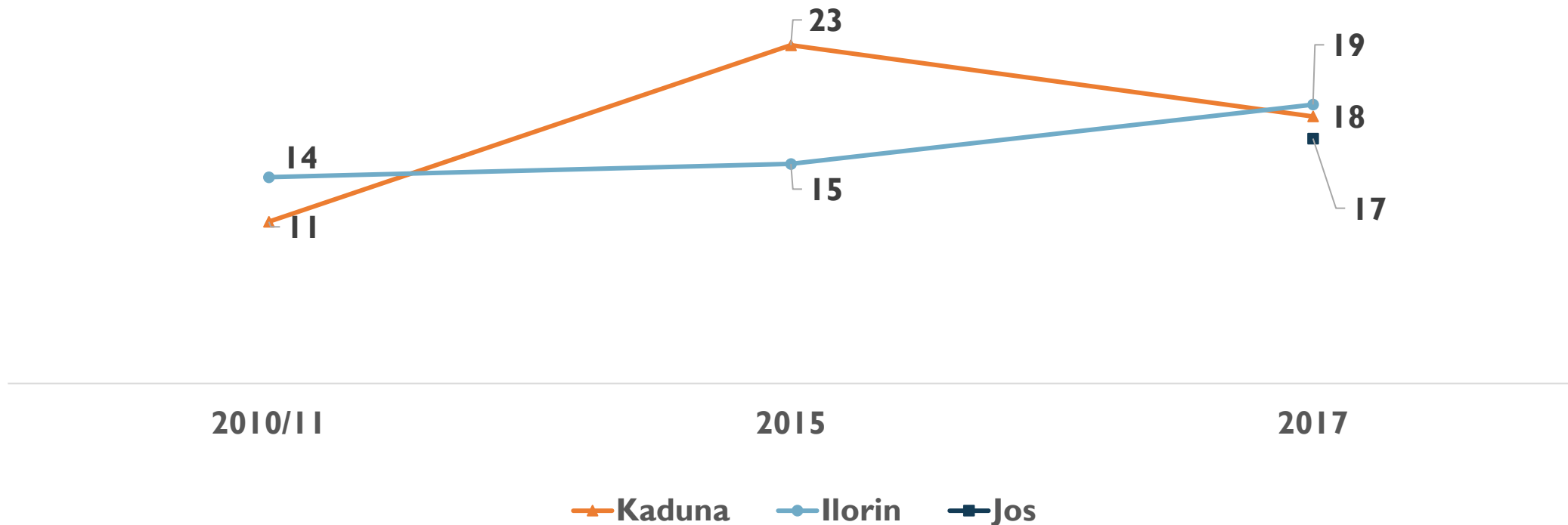
Ilorin



Intention to use among non-users declined in Kaduna but continued to increase in Ilorin.

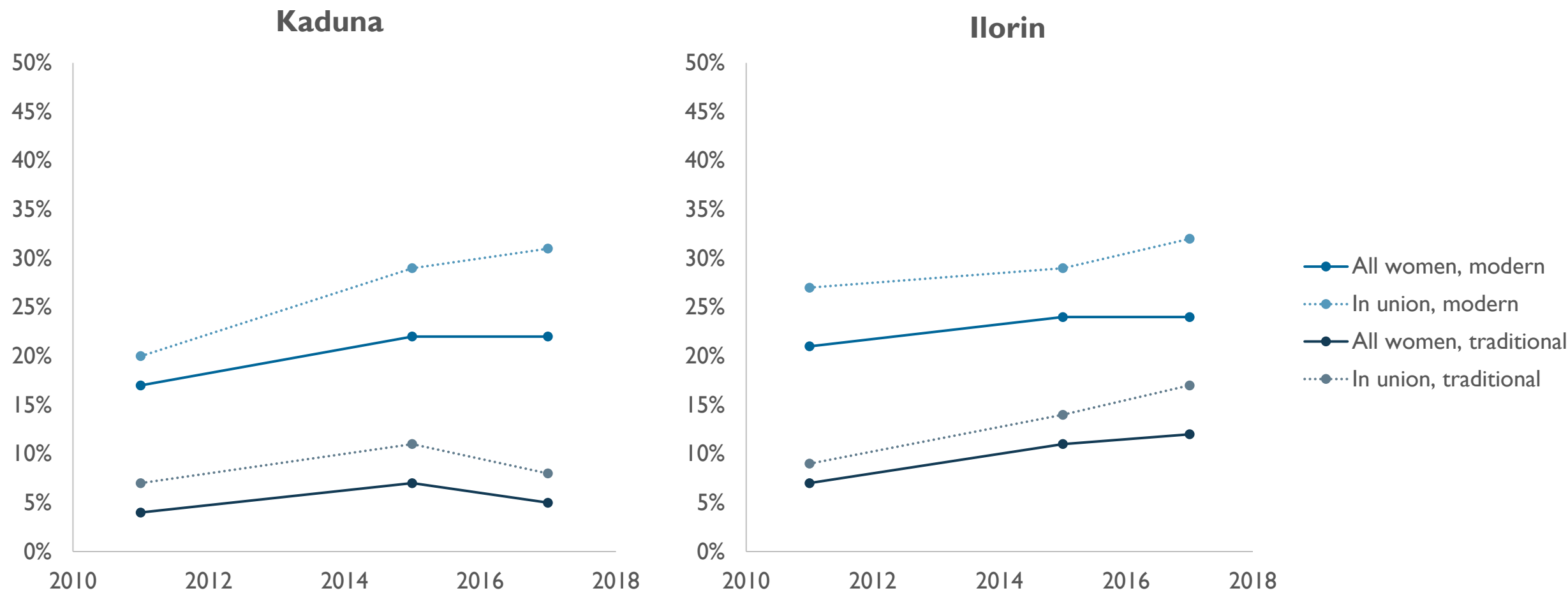
Intention to use FP among non-users

Percentage of women not using contraception with future intention to use contraception by city and survey wave

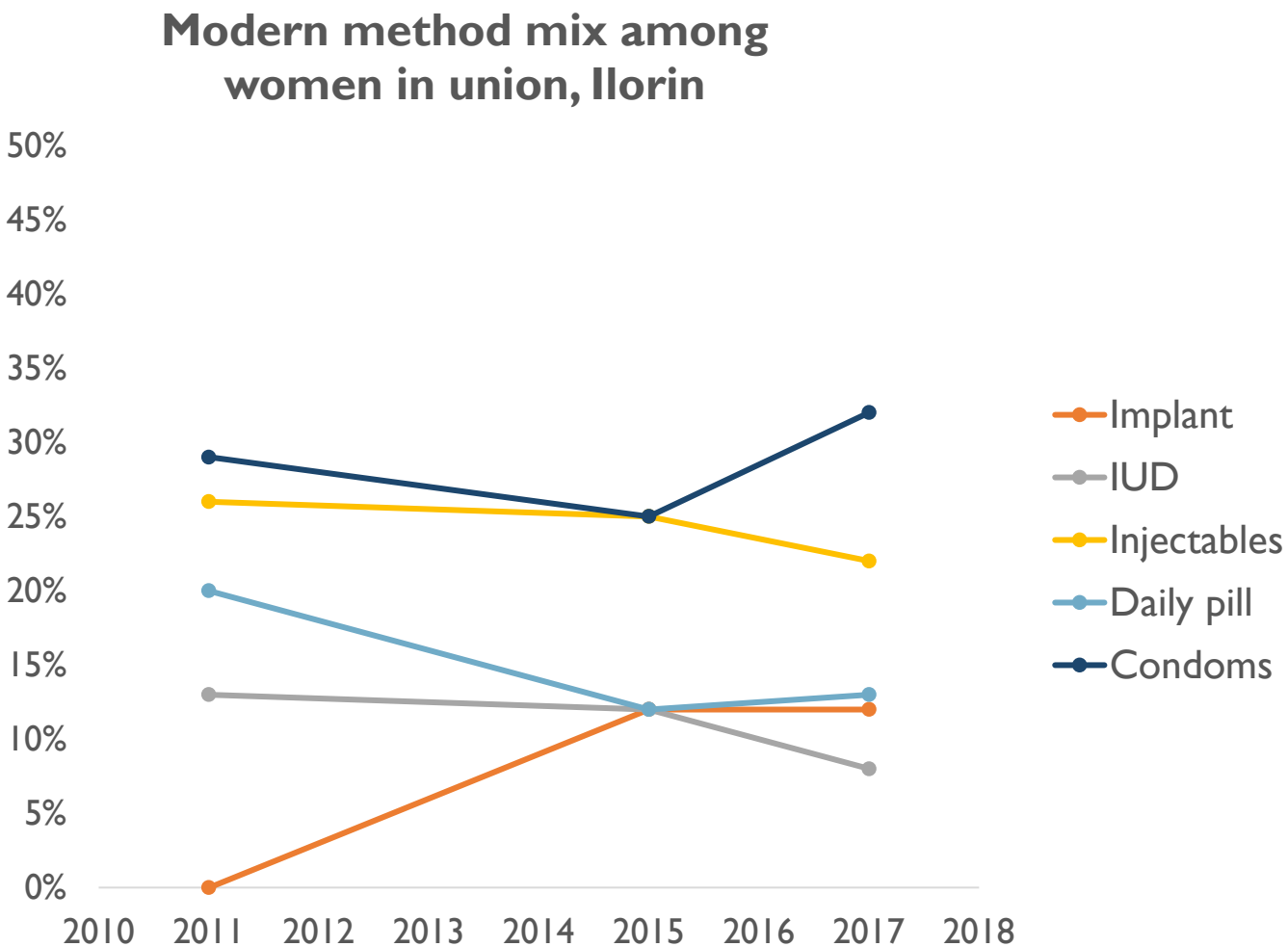
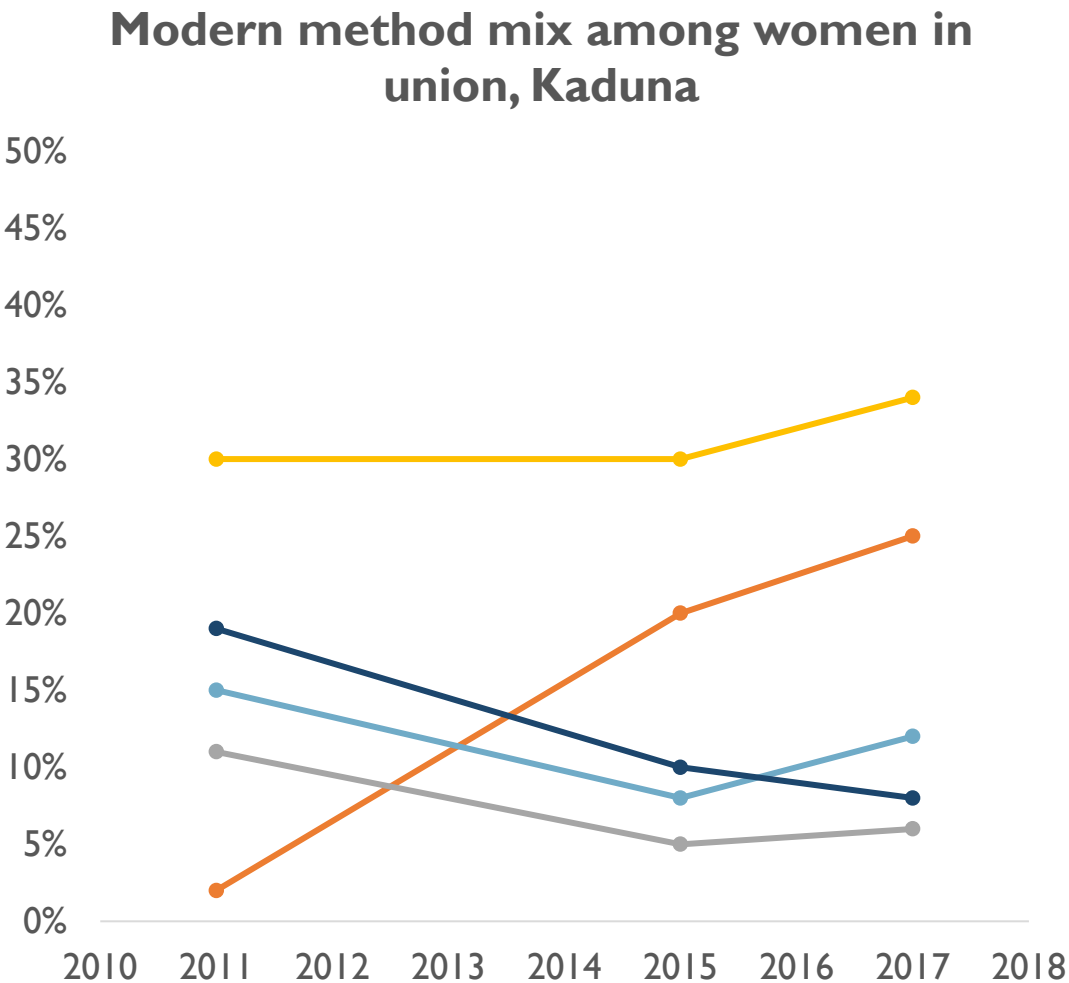


Among all women, modern method use was similar across both cities in 2017; in Ilorin and Kaduna, there was a continued increase of use among women in union since 2015

Current use of contraception among all women and women in union

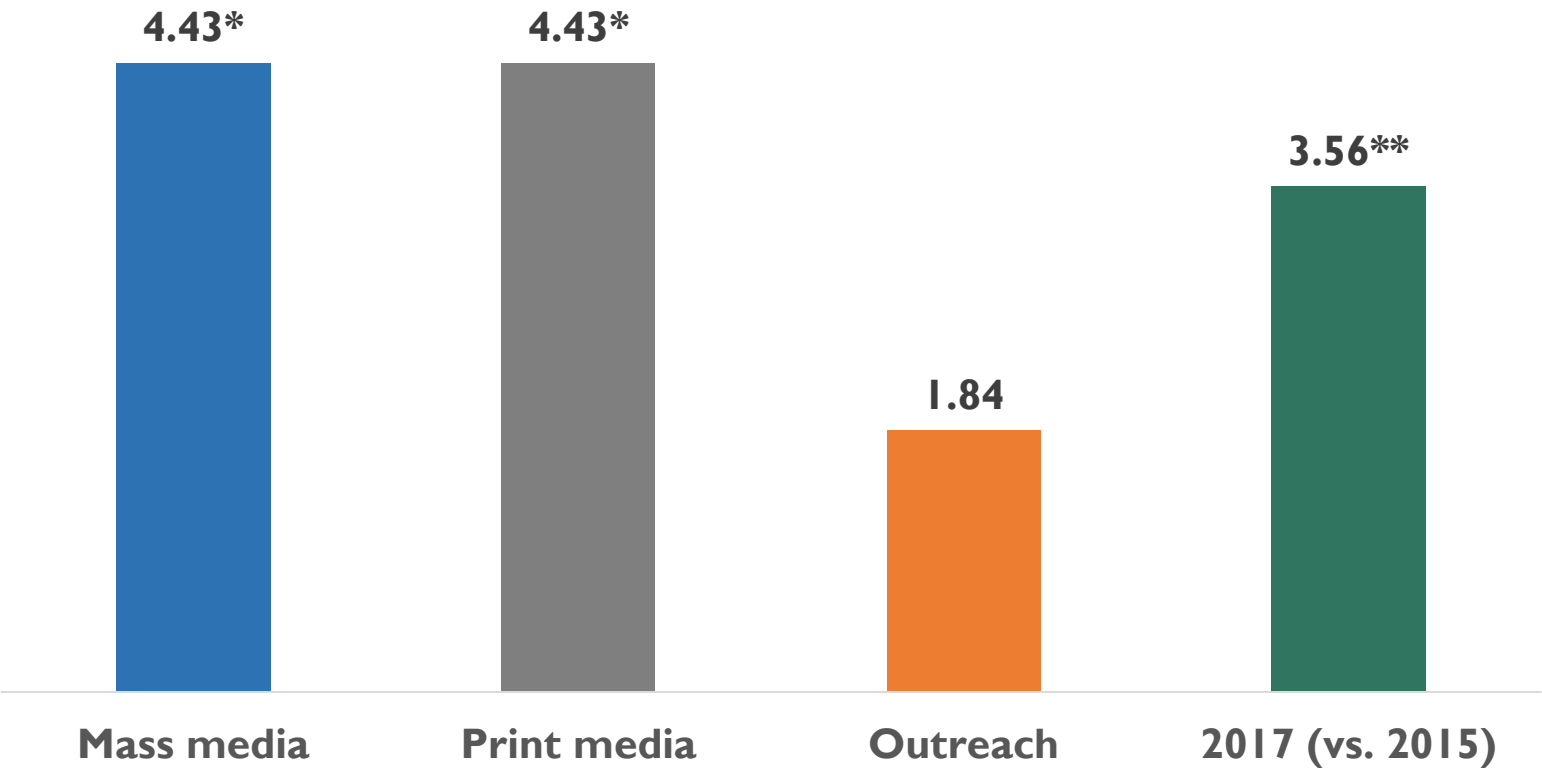


The contribution of LARCs to method mix in Kaduna increased over time, while the share of short acting method use increased over time in Ilorin.



In the longitudinal sample, significant effects of program exposure continued in both cities in 2017, with no difference by city.

Marginal effects of grouped NURHI program variables on modern contraceptive use[†] in 2015-2017 longitudinal sample



Note: Media represents exposure to NURHI TV and/or NURHI radio programs or advertisements; Outreach includes presentations promoting FP at life events including naming ceremonies, and/or receiving SMS promoting FP; Print media includes recall of viewing the NURHI logo on billboards, NURHI message cards, or provider badges.

[†]mCPR, without LAM (from MV paper)
*p≤0.05; **p≤0.01

LESSONS LEARNED



Lessons learned on sustainability from NURHI I

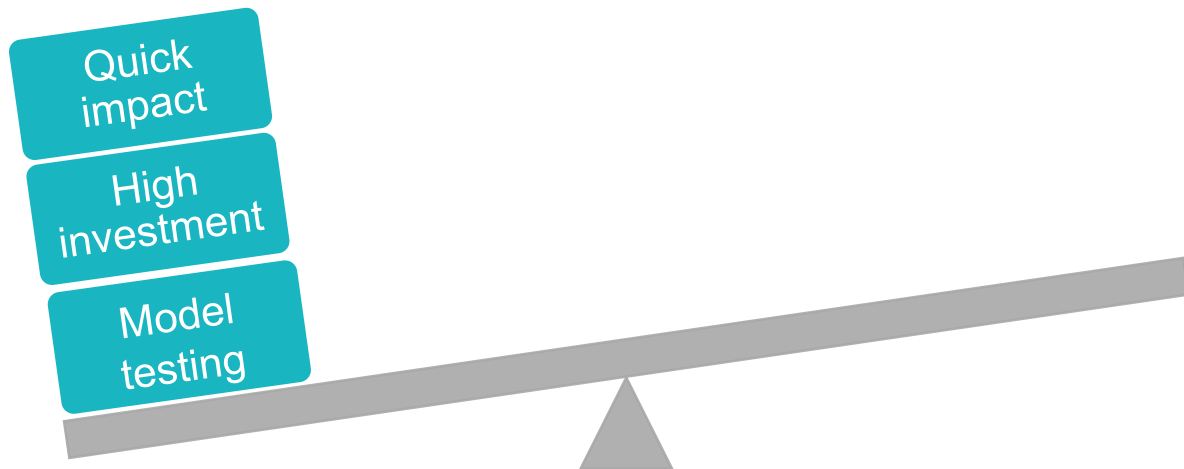
- mCPR increased slightly in Ilorin and Kaduna and was at a similar level in Jos in 2017.
 - Kaduna may reflect diminishing returns or increased attention on state-wide programming.
- Social norms around contraceptive use and provider motivation sustained in Ilorin, even after the program left. However, improvements were greater in Kaduna where the program continued.
- Need to engage the government and public sector throughout program design and implementation as done under NURHI Phase 2 and as part of The Challenge Initiative programming.
- Engage local-level stakeholders (e.g., religious leaders; CHWs) to promote positive family planning messages through interpersonal channels that can sustain post-program

Lessons learned on sustainability from NURHI 2

- Deliberate attention to early and frequent stakeholder engagement, embedding practices within existing structures, and transferring ownership of NURHI practices to other institutions are important foundations for sustainable change.
- A realistic resource plan needs to be part of preparing for sustainability. There also needs to be sufficient time to fully establish nascent practices and to diversify the resource base to support activities.
- There are trade-offs between implementing in a way to achieve rapid mCPR change and implementing in a way to achieve sustainable system change, which takes time.

Lessons learned: Sustainability programming trade-offs

Tradeoffs need to be made between rapid impact and increased sustainability in programs.



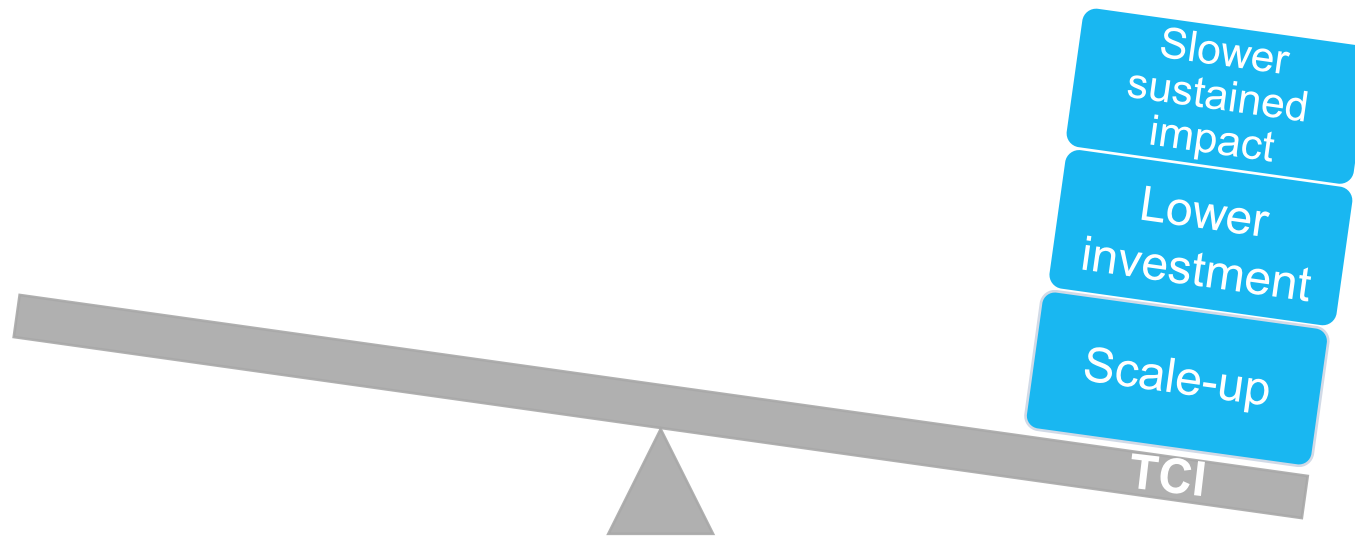
- ▶ NURHI I was a high intensity project with large resource investment.
- ▶ NURHI I contributed to significant increases in mCPR in the six cities where it was implemented.
- ▶ However, several components of the program were unsustainable without continued funding.

Lessons learned: Sustainability programming trade-offs



- ▶ NURHI 2 aimed to scale up the success of NURHI 1, while focusing on sustainability
- ▶ NURHI 2 achieved progress in several precursors to increased contraceptive use and sustainability but we did not see the rapid gains in mCPR observed in NURHI 1.

Lessons learned: Sustainability programming trade-offs



- ▶ TCI scales up NURHI models to boost awareness, access, and acceptability of FP in order to increase mCPR.
- ▶ TCI relies on existing government systems to fund and oversee these FP projects.

References



References

1. Speizer IS, Guilkey DK, Escamilla V, Lance PM, Calhoun LM, Ojogun OT, et al. (2019). On the Sustainability of a Family Planning Program in Nigeria When Funding Ends. *PLoS ONE* 14(9):e0222790.
<https://doi.org/10.1371/journal.pone.0222790>
2. Speizer IS, Calhoun LM, McGuire C, Lance PM, Heller C, and Guilkey DK (2019) Assessing the Sustainability of the Nigerian Urban Reproductive Health Initiative Facility-Level Programming: Longitudinal Analysis of Service Quality. *BMC Health Services Research* (2019) 19:559. (2019) 19:559. <https://doi.org/10.1186/s12913-019-4388-3>

THANK YOU

