

Nigeria Findings and Insights (2020)

Executive summary

January 2021



FP CAPE takes a systems perspective to evaluating the complex, constantly changing portfolio of grantees

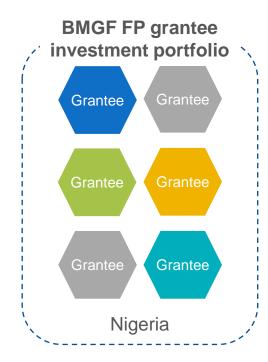
Active for six years (2016–2021), FP CAPE analyzed multiple rounds of quantitative and qualitative data to understand <u>how</u> and <u>why</u> the BMGF Nigeria FP portfolio may be driving changes.

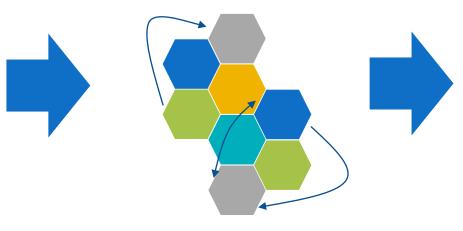
BMGF's FP grantees support Nigeria in reaching the FP2020 goals towards increased mCPR.

Grantees form an interrelated and dynamic portfolio to evaluate, as they interact in an ever-changing system.

Simple evaluation approaches are not sufficient to understand the portfolio of grantees at a country level.

The Family Planning Country Action Process Evaluation is a systems-aware, realist, theorybased evaluation that synthesizes many kinds of real-time evidence on how and why the portfolio may be driving change, from 2016 to the present.

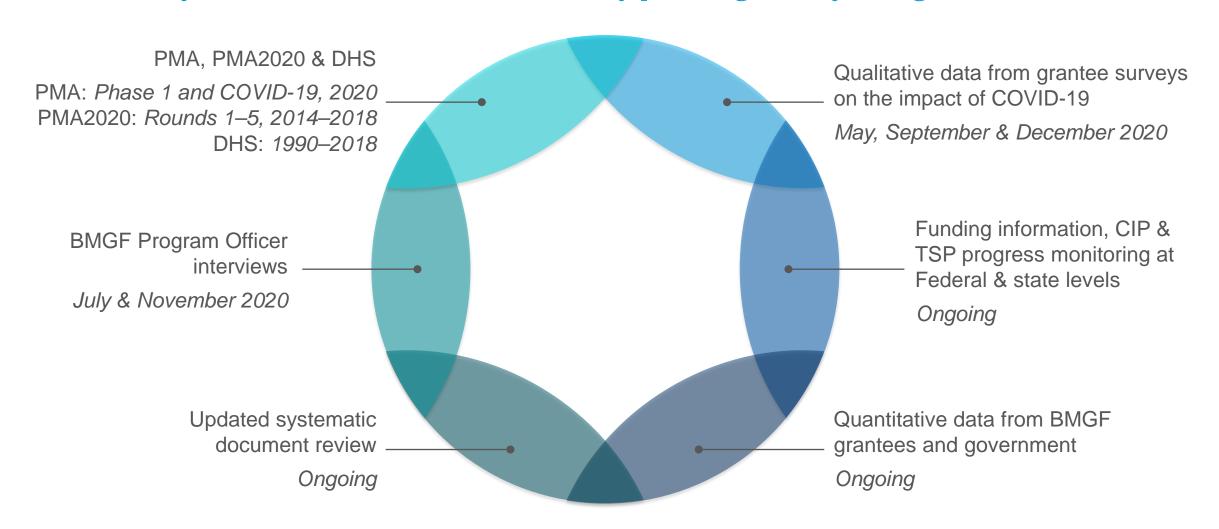






FP CAPE synthesizes a variety of Nigerian data sources

We utilize qualitative and quantitative information, including our own data-collection activities to add to the body of evidence on BMGF-funded family planning activity in Nigeria.



Investment Portfolio

Theory of Change: BMGF Nigeria investment portfolio

FP CAPE's research questions are based on a Theory of Change that defines and monitors causal linkages, starting with portfolio investments and moving to increased national mCPR.

National/state-level development

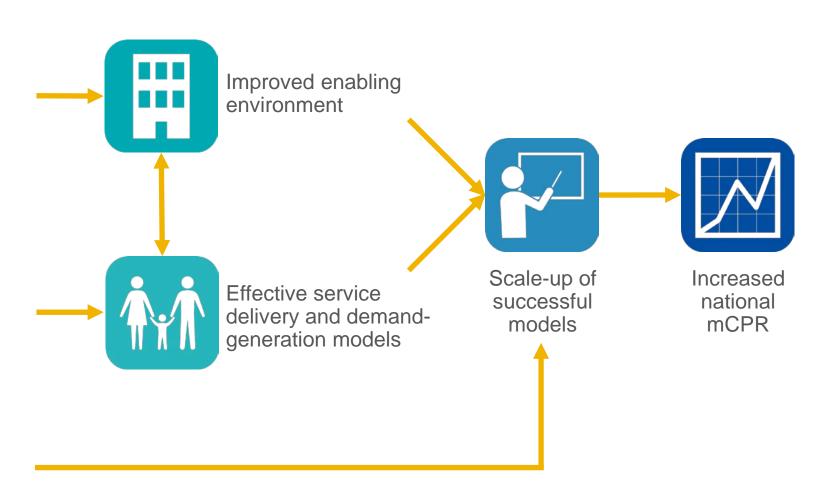
- Advocacy
- Government of Nigeria capacity
- Data generation and use

Model testing and learning

- Demand-generation models
- Primary health care service delivery models
- DMPA-SC through the private sector

Replication & scale-up

- Scale up of successful models
- Scale up of DMPA-SC



BMGF Nigeria FP grantees, by Theory of Change area

National/state-level development

Advocacy













Government of Nigeria capacity





Data generation and use







Model testing and learning

Demand generation models









Service delivery models













R E F U G E E

DMPA-SC

Nigerian Urban Reproductive **Health Initiative**







Replication and scale-up

Scale-up of successful models



Scale-up of **DMPA-SC**





Nigeria investment portfolio: Critical assumptions

FP CAPE's research agenda is driven by explicit critical assumptions underlying the portfolio Theory of Change (ToC).

Project area	Critical assumptions			
Enabling environment	 Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of family planning (FP) Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing Policy (TSP) Targeted support to FMoH/SMoH strengthens donor coordination and CIPs Strong measurement drives performance 			
Effective service delivery and demand generation models	 Demand generation models result in large scale social norm change PHC service delivery models increase quality and access to services Introduction of new methods generates new demand for services, especially among youth The Task-Shifting & Task-Sharing Policy increases access to FP 			
Scale up of successful demonstration models	 Contributing to national conversation on FP enables successful adoption of models Strong CIPs and donor coordination support model scale-up High quality data influences scale-up decisions Demonstration models seen as relevant and feasible models by other states Matching funds and TA will incentivize scale-up of effective demonstration models 			
Increased national mCPR	► Model programs remain effective when scaled up by others in new context			

Summary dashboard: Enabling environment

2020 brought progress in TSP roll-out across states and a robust response to COVID-19 in FP policies and guidelines. However, the pandemic has exacerbated the low national FP funding release and impeded the CIP progress.

2020 release of FP funds

S0

Federal disbursement \$392,200

State-level disbursements

FMoH/SMoH staff increasingly use data to track performance, plan FP activities, inform strategies, and generate presentations and reports.

Data use

states completed revising CIPs for 2019-2023 (Kaduna & Lagos)

states have CIPs or are in the 30/36 process of implementing CIPs

FMoH completed the revised National FP Blueprint. However, the state CIP progress has been delayed due

CIP progress 2016–2020

states have CIPs that have already expired in 2019 or 2020

TSP progress 2017–2020

As of December 2020.

- states adopted and operationalized TSP
- states adopted but pending operationalization of TSP
- states have advocacy work ongoing for TSP
- TSP adopted and operationalized
- SP adopted, pending operationalization
- Advocacy work ongoing for TSP



COVID-19 **Impacts**

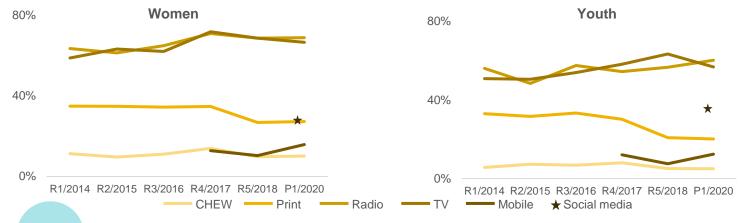
to COVID-19.

Grantees faced multiple challenges to advocate for FP in a COVID-19 environment as attention focused on the pandemic. However, FMoH/SMoHs responded quickly to address COVID-19 in FP policies and guidelines.

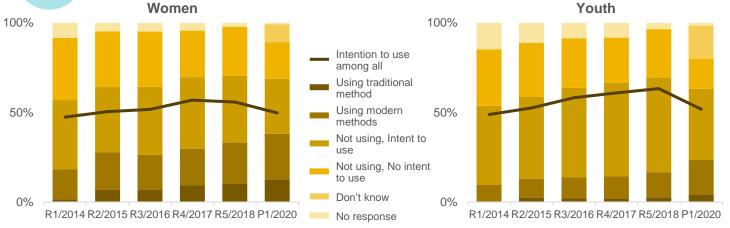
Summary dashboard: Demand generation model testing

There have not been substantial increases in exposure to FP messages or intention to use FP among non-users in the last year in Lagos.

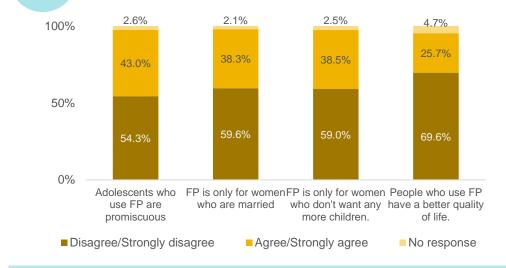
FP media exposure



Intention to use FP



FP beliefs and values





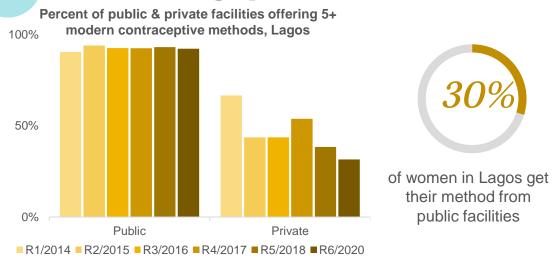
Demand generation activities that rely on face-to-face interactions, such as outreaches and social mobilizations, reported disruptions. However, activities that take place online & over the phone continued and were expanded.

Source: PMA2020 data (R1-R5 and P1, Lagos), FP CAPE's grantee surveys, PO interviews, and document review

Summary dashboard: Service delivery model testing

In Lagos, most public facilities offer at least 5 modern methods. Use of implants is increasing but use of DMPA-SC remains low. Service statistics suggest users adapted their FP source during lockdown.

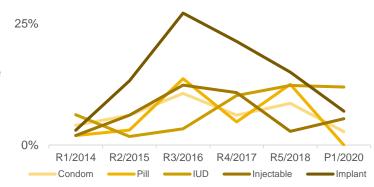
Access to FP through public clinics



Stockout

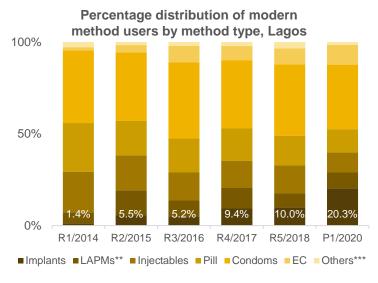
Lagos's public facilities recently reported a decline in stockouts of most methods, especially implants and pills.

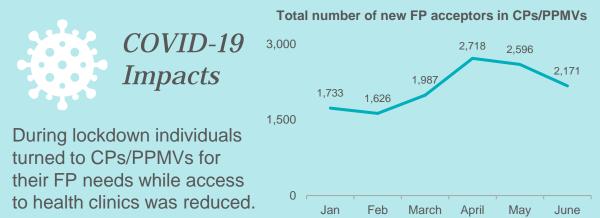
Percent of public facilities with stockouts in the last 3 months by method, Lagos



Distribution of modern method use

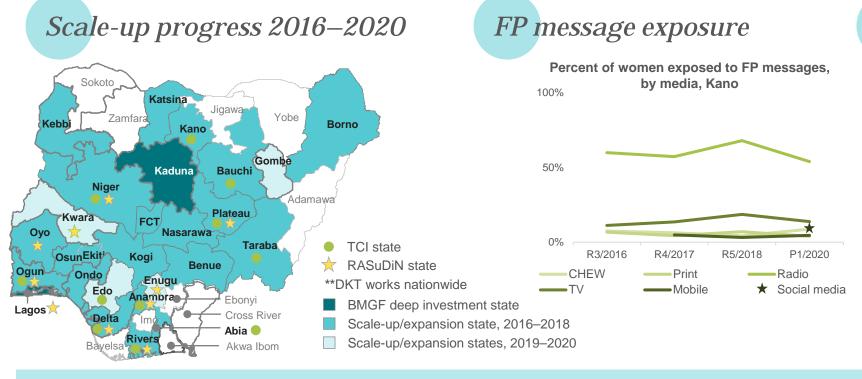
Implant use continues increasing steadily while use of injectables, pills and condoms is declining.



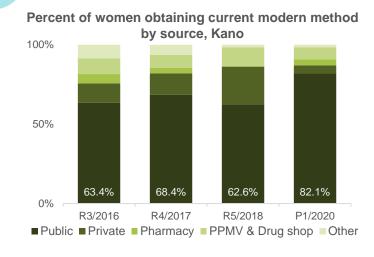


Summary dashboard: Replication and scale-up

In Kano, radio remains the dominant channel for women's exposure to FP message though its reach fell in 2020. There has been a shift from private to public facilities as a source of FP services.



Source for FP services





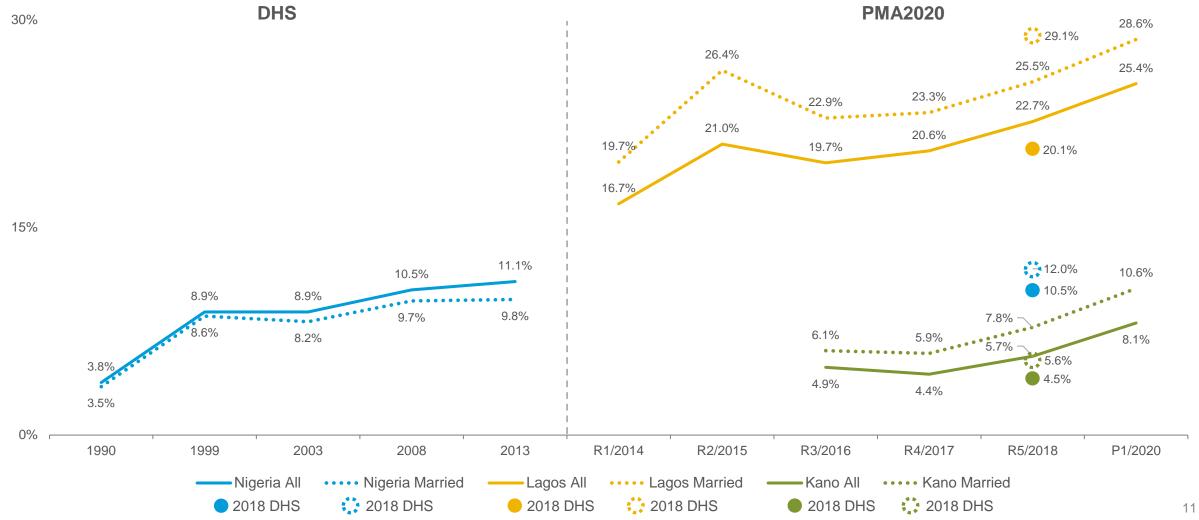
Government counterpart funding for FP was threatened due to health funding deficits and realignment of priorities. Across TCI states, there was a decrease in women obtaining FP in public facilities during lockdown, but the provision of FP quickly rebounded after lockdown was lifted.

Total # of FP acceptors of any method across all TCI states



Summary dashboard: Impact

mCPR is trending upwards for all women and married women in both Lagos and Kano. Although FP use is still low in Kano, the mCPR has almost doubled since 2017 when TCI started implementation in the state.



Overall portfolio progress

Positive Mixed Negative







ToC segment		Area	Status	Details
Enabling environment		National		 COVID-19 exacerbated low funding releases and delayed CIP revisions TSP roll out continuing and rapid response to COVID-19 in policies and guidelines
Model testing (Lagos)	•<•	Demand generation		 Flat exposure to FP messages and intention to use Social media and mobile phones emergent FP media channels
		Service delivery		 Declines in stock outs of most methods, especially pills and implants Diverse sources of FP allowed users to adapt their FP source during lockdown
Scale-up (Kano)		Demand generation		 Decline in exposure to FP messages on radio Flat intention to use among women and youth
		Service delivery		 Increased availability of 5+ methods in public facilities Increases in counseling on side effects and other items High stockouts of implants and injectables
Impact		Lagos		 mCPR is increasing No drop in mCPR due to COVID-19
		Kano		 mCPR is increasing No drop in mCPR due to COVID-19