



# FP CAPE

Family Planning  
Country Action Process Evaluation

*Insights Deck – Nigeria*

January 2021

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# **Executive summary**

*Nigeria findings and insights (2020)*

# Overall portfolio progress



<i>ToC segment</i>		<i>Area</i>	<i>Status</i>	<i>Details</i>
Enabling environment		National		<ul style="list-style-type: none"> <li>▶ COVID-19 exacerbated low funding releases and delayed CIP revisions</li> <li>▶ TSP roll out continuing and rapid response to COVID-19 in policies and guidelines</li> </ul>
		Demand generation		<ul style="list-style-type: none"> <li>▶ Flat exposure to FP messages and intention to use</li> <li>▶ Social media and mobile phones emergent FP media channels</li> </ul>
Model testing (Lagos)		Service delivery		<ul style="list-style-type: none"> <li>▶ Declines in stock outs of most methods, especially pills and implants</li> <li>▶ Diverse sources of FP allowed users to adapt their FP source during lockdown</li> </ul>
		Demand generation		<ul style="list-style-type: none"> <li>▶ Decline in exposure to FP messages on radio</li> <li>▶ Flat intention to use among women and youth</li> </ul>
Scale-up (Kano)		Service delivery		<ul style="list-style-type: none"> <li>▶ Increased availability of 5+ methods in public facilities</li> <li>▶ Increases in counseling on side effects and other items</li> <li>▶ High stockouts of implants and injectables</li> </ul>
		Demand generation		<ul style="list-style-type: none"> <li>▶ Decline in exposure to FP messages on radio</li> <li>▶ Flat intention to use among women and youth</li> </ul>
Impact		Lagos		<ul style="list-style-type: none"> <li>▶ mCPR is increasing</li> <li>▶ No drop in mCPR due to COVID-19</li> </ul>
		Kano		<ul style="list-style-type: none"> <li>▶ mCPR is increasing</li> <li>▶ No drop in mCPR due to COVID-19</li> </ul>

# 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

**\$0**

Federal disbursement

**\$392,200**

State-level disbursements

## Data use

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

## CIP progress 2016–2020

FMoH completed the revised National FP Blueprint. However, the state CIP progress has been delayed due to COVID-19.

**2**

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

**30/36**

states have CIPs or are in the process of implementing CIPs

**16**

states have CIPs that have already expired in 2019 or 2020

## TSP progress 2017–2020

As of December 2020,

**19**

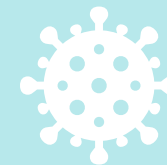
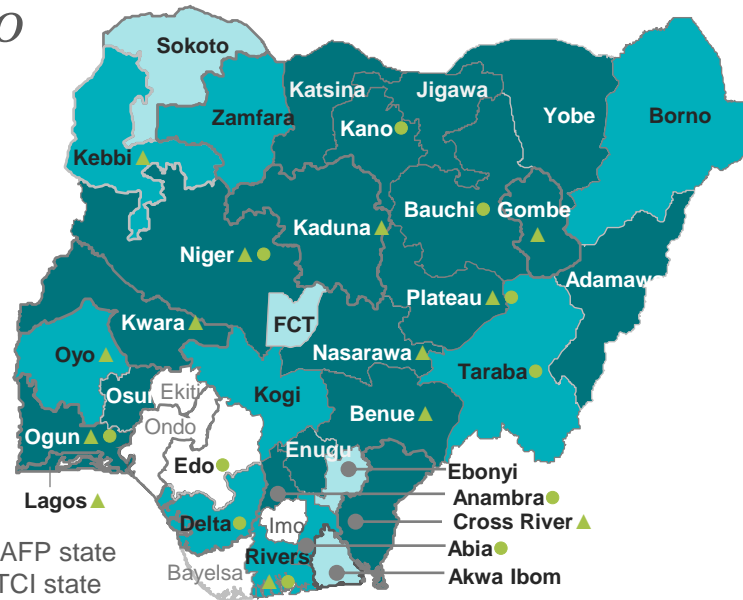
states adopted and operationalized TSP

**9**

states adopted but pending operationalization of TSP

**4**

states have advocacy work ongoing for TSP



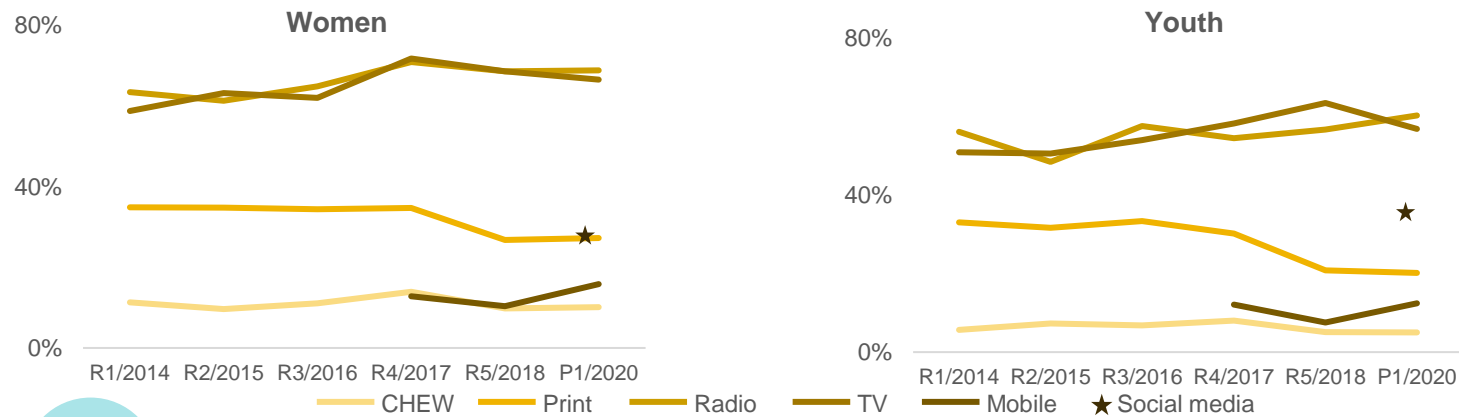
## COVID-19 Impacts

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.

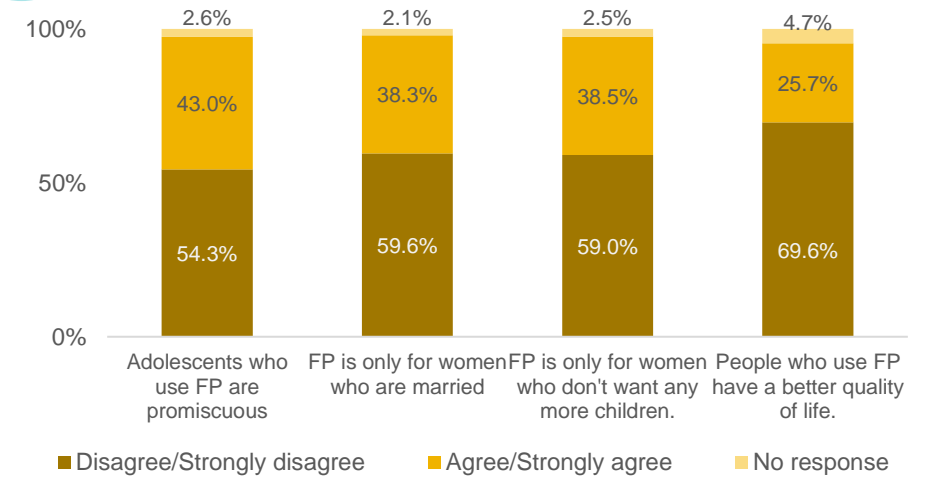
# Summary dashboard: Demand generation model testing

*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.*

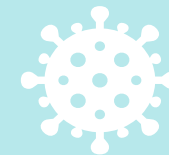
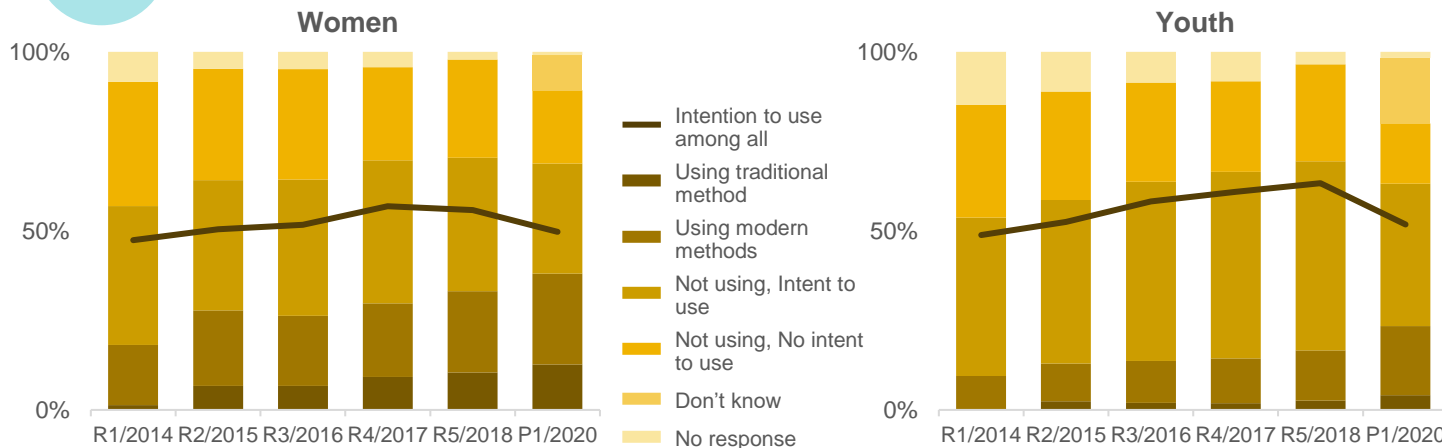
## FP media exposure



## FP beliefs and values



## Intention to use FP



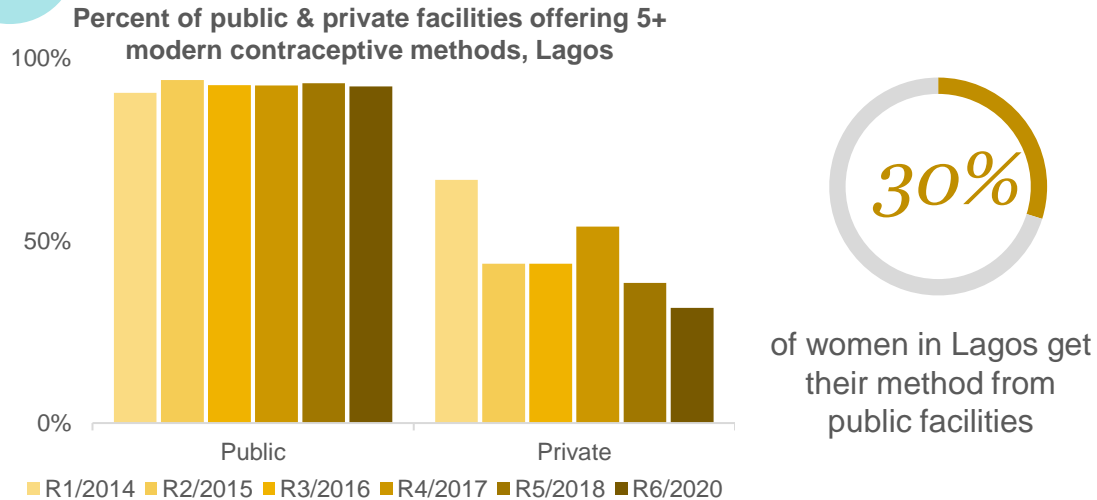
## COVID-19 Impacts

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.

# Summary dashboard: Service delivery model testing

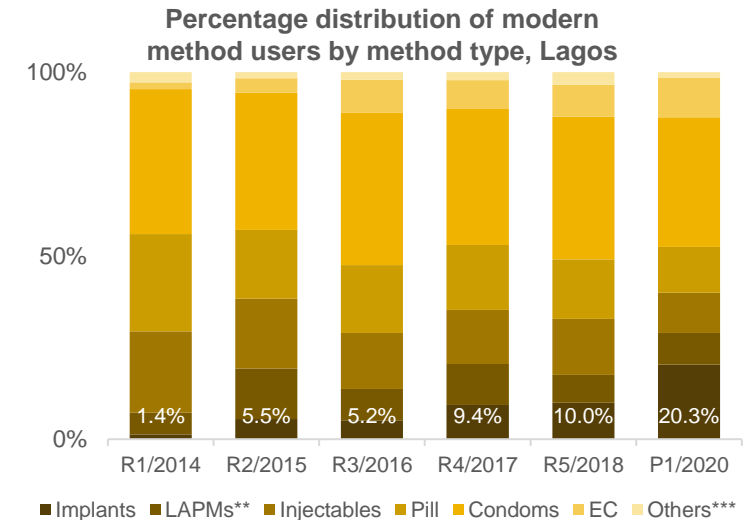
*In Lagos, most public facilities offer at least 5 modern methods. Use of implants is increasing but use of DMPA-SC remains low. Service statistics suggest users adapted their FP source during lockdown.*

## Access to FP through public clinics



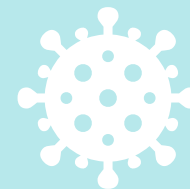
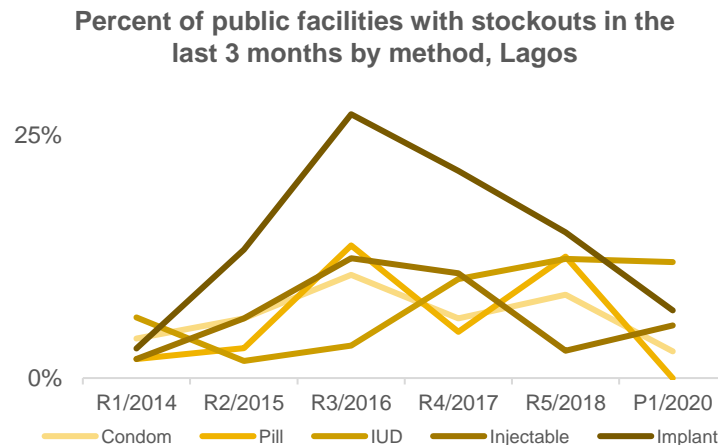
## Distribution of modern method use

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



## Stockout

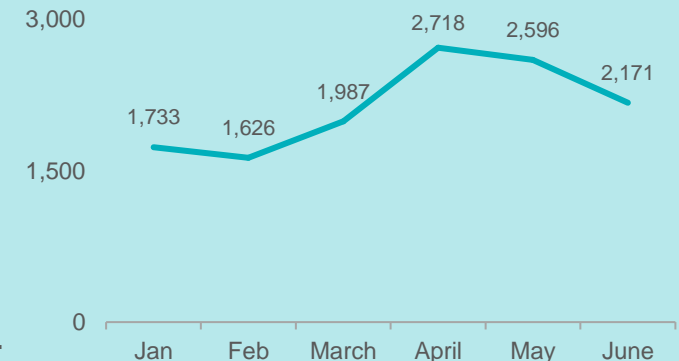
Lagos's public facilities recently reported a decline in stockouts of most methods, especially implants and pills.



## COVID-19 Impacts

During lockdown individuals turned to CPs/PPMVs for their FP needs while access to health clinics was reduced.

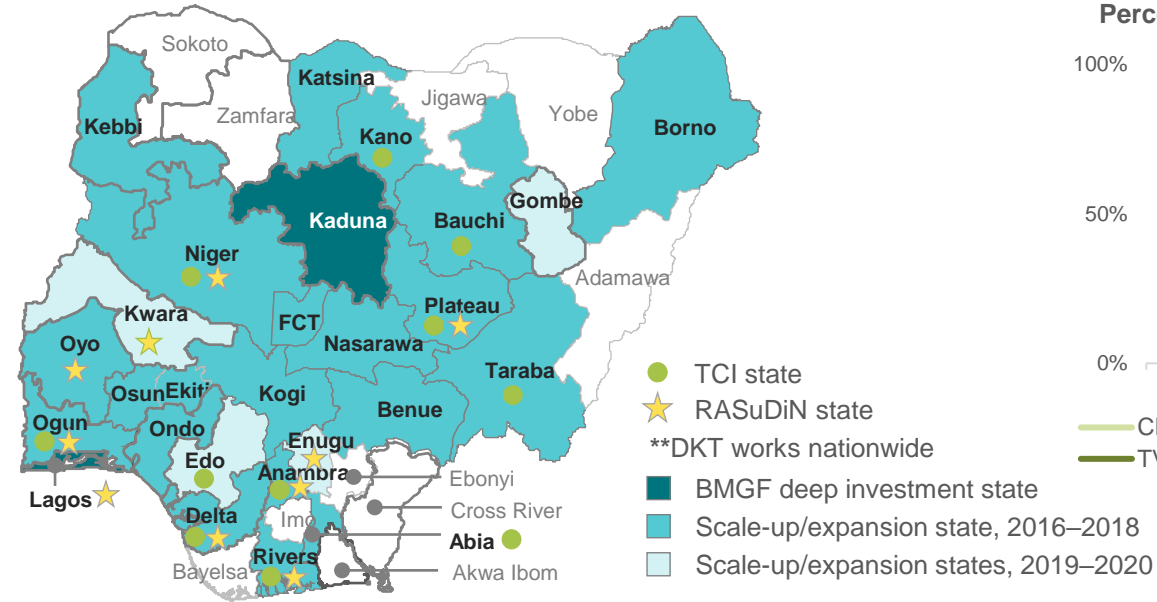
### Total number of new FP acceptors in CPs/PPMVs



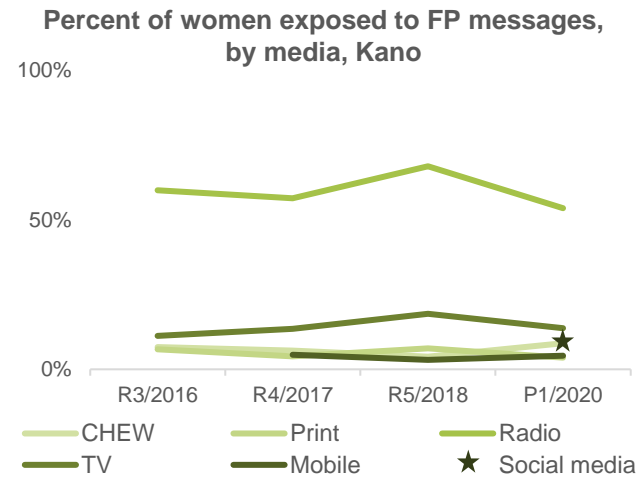
# Summary dashboard: Replication and scale-up

*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.*

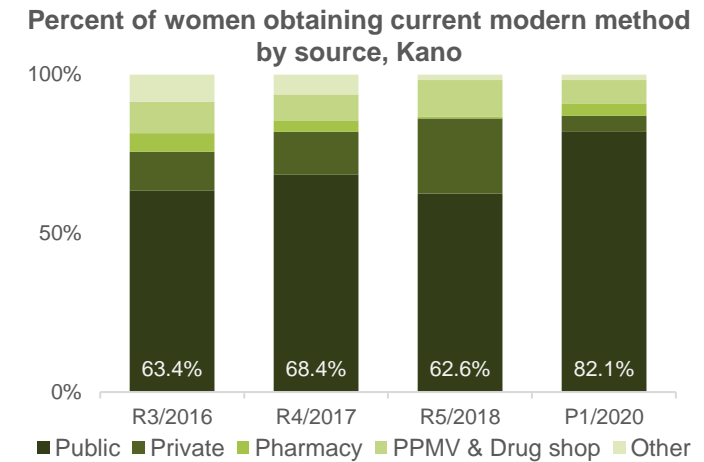
## Scale-up progress 2016–2020



## FP message exposure



## Source for FP services

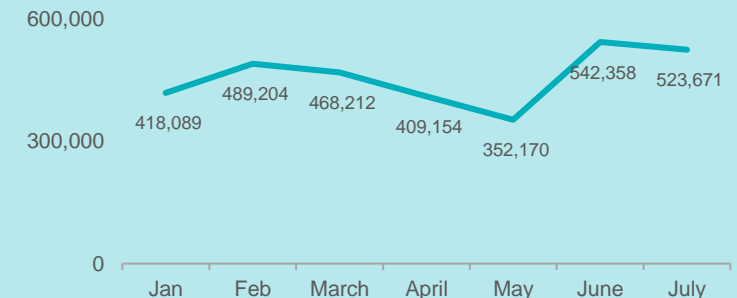


## COVID-19 Impacts

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.

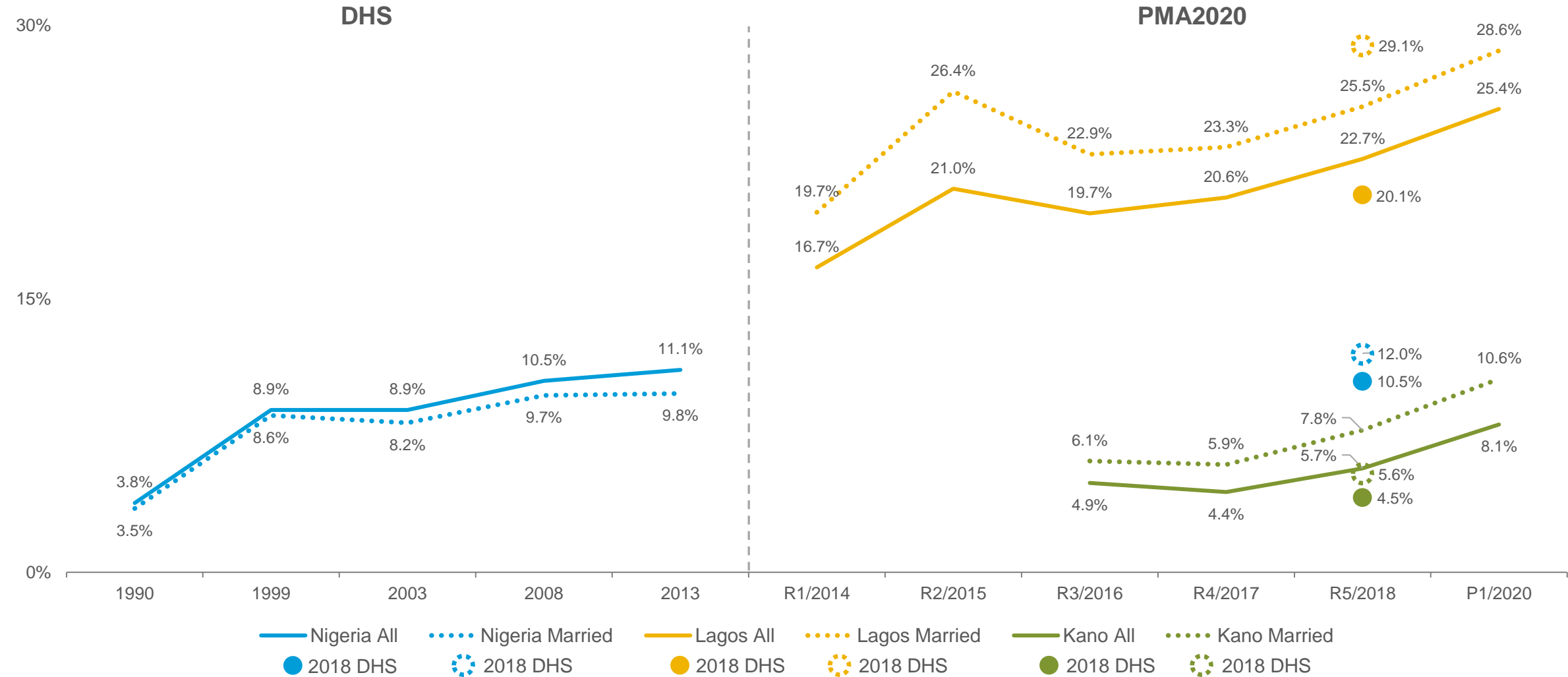
Total # of FP acceptors of any method across all TCI states





# 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.*



Source: PMA2020 data (R1-R5 and P1, Kaduna & Kano); DHS 1990, 1999, 2003, 2008, 2013, 2018



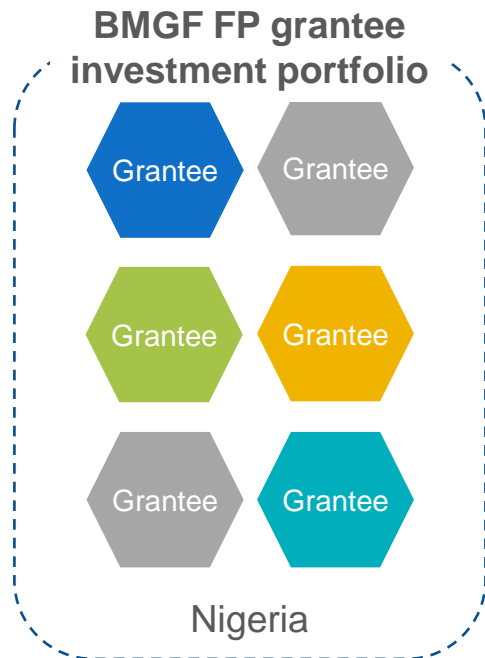
# FP CAPE overview and Nigeria portfolio theory of change

*A portfolio evaluation*

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

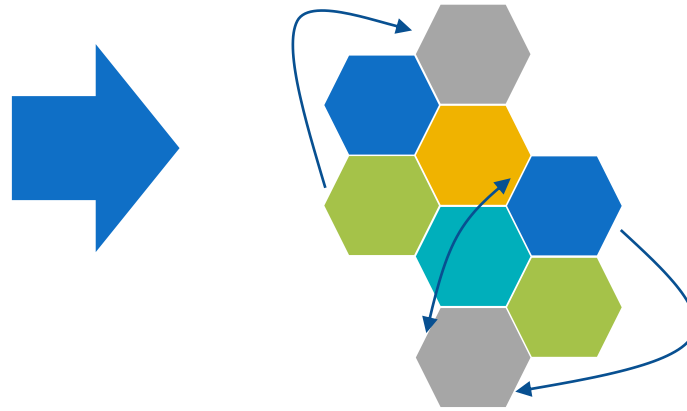
*Active for six years (2016–2021), FP CAPE analyzed multiple rounds of quantitative and qualitative data to understand how and why the BMGF Nigeria FP portfolio may be driving changes.*

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, theory-based evaluation that synthesizes many kinds of real-time evidence on how and why the portfolio may be driving change, from 2016 to the present.

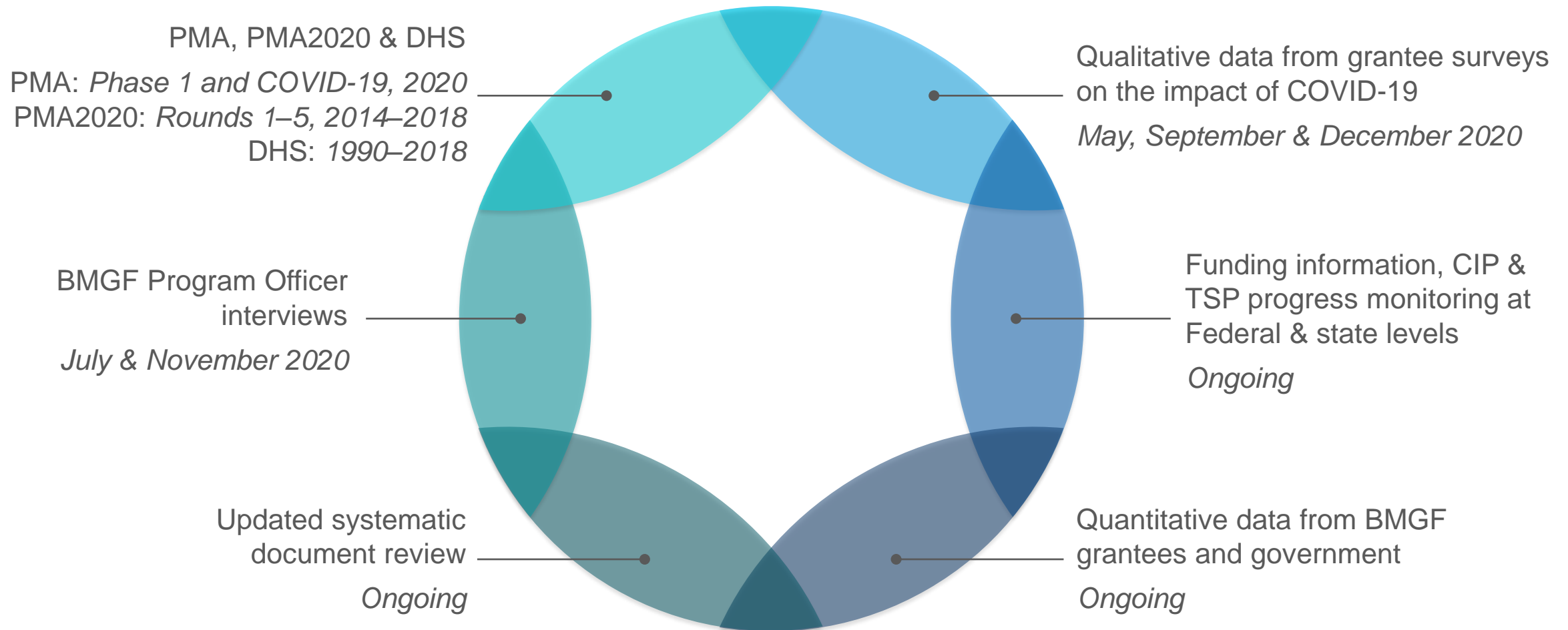


**FP CAPE**

Family Planning  
Country Action Process Evaluation

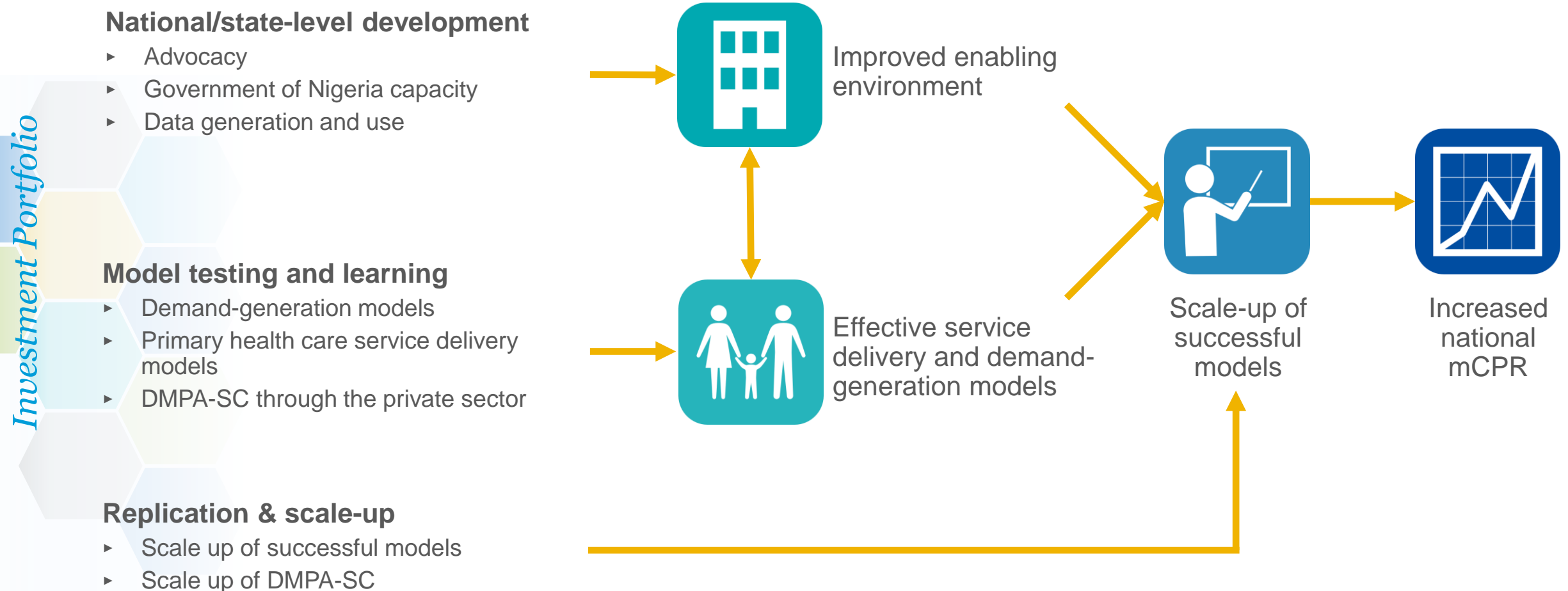
# FP CAPE synthesizes a variety of Nigerian data sources

*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.*



# 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.*



# 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



### DMPA-SC



## 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).*

 <i>Investment Portfolio</i>	Project area	Critical assumptions
	Enabling environment	<ul style="list-style-type: none"><li>▶ Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of family planning (FP)</li><li>▶ Advocacy efforts lead to the operationalization of Task-Shifting &amp; Task-Sharing Policy (TSP)</li><li>▶ Targeted support to FMoH/SMoH strengthens donor coordination and CIPs</li><li>▶ Strong measurement drives performance</li></ul>
	Effective service delivery and demand generation models	<ul style="list-style-type: none"><li>▶ Demand generation models result in large scale social norm change</li><li>▶ PHC service delivery models increase quality and access to services</li><li>▶ Introduction of new methods generates new demand for services, especially among youth</li><li>▶ The Task-Shifting &amp; Task-Sharing Policy increases access to FP</li></ul>
	Scale up of successful demonstration models	<ul style="list-style-type: none"><li>▶ Contributing to national conversation on FP enables successful adoption of models</li><li>▶ Strong CIPs and donor coordination support model scale-up</li><li>▶ High quality data influences scale-up decisions</li><li>▶ Demonstration models seen as relevant and feasible models by other states</li><li>▶ Matching funds and TA will incentivize scale-up of effective demonstration models</li></ul>
 <i>Outcomes</i>	Increased national mCPR	<ul style="list-style-type: none"><li>▶ Model programs remain effective when scaled up by others in new context</li></ul>



## **Nigeria findings**

*Targeted evaluation findings and new results*



# Timeline of COVID-19 outbreak in Nigeria

*The GoN has taken numerous health & social measures to cushion the impact of COVID-19. The three states with the highest number of confirmed cases are Lagos, FCT and Oyo.*



## February 2020

- ▶ **27<sup>th</sup>: First case of COVID-19 confirmed in Lagos**

## March

- ▶ **9<sup>th</sup>:** Presidential Taskforce for COVID-19 commissioned
- ▶ **18<sup>th</sup>:** Lagos & Ogun ban gatherings of 50+ people
- ▶ **19<sup>th</sup>:** Schools are closed
- ▶ **23<sup>rd</sup>: International flights banned**
- ▶ **30<sup>th</sup>: Lockdown in FCT, Lagos & Ogun states**

## April\*

- ▶ **2<sup>nd</sup>-27<sup>th</sup>:** Lockdown in Bauchi & multiple states
- ▶ **20<sup>th</sup>: Domestic flights banned**
- ▶ **21<sup>st</sup>:** Nine COVID-19 testing facilities set up & operated in 6 states
- ▶ **30<sup>th</sup>:** Lockdown in Delta relaxed

## May

- ▶ **2<sup>nd</sup>: Nationwide overnight curfew**
- ▶ **4<sup>th</sup>:** Mandatory face masks in public
- ▶ **6<sup>th</sup>: International & domestic flight ban extended**
- ▶ **18<sup>th</sup>:** Nationwide curfew and lockdown in Kano extended

## June\*

- ▶ **1<sup>st</sup>:** Lockdown in Kano relaxed
- ▶ **21<sup>st</sup>: Domestic flights resumed**
- ▶ **29<sup>th</sup>:** Interstate travel ban lifted

## July

- ▶ **1<sup>st</sup>:** Schools for graduating students reopened

## August\*

- ▶ **10<sup>th</sup>:** 62 COVID-19 testing facilities set up & operated nationwide
- ▶ **29<sup>th</sup>: International flights resumed**

## September

- ▶ **25<sup>th</sup>:** Nigeria CDC (NCDC) donated its Treatment Center to FCT, Abuja, for management of cases

## October

## November

- ▶ **11<sup>th</sup>:** NCDC and UNICEF launched an SMS-based interactive chatbot to provide timely & accurate information on COVID-19

## December\*

- ▶ **18<sup>th</sup>:** Partial curfew in Lagos
- ▶ **29<sup>th</sup>: Provisional quarantine protocol for travelers from the UK & South Africa issued**

## January 2021

- ▶ **10<sup>th</sup>: Nigeria reaches “100,000 cases milestone”**
- ▶ **11<sup>th</sup>:** Partial curfew in Ekiti state
- ▶ **18<sup>th</sup>:** Primary & secondary schools resumed in person



## Enabling environment

*Nigeria findings*

# Enabling environment

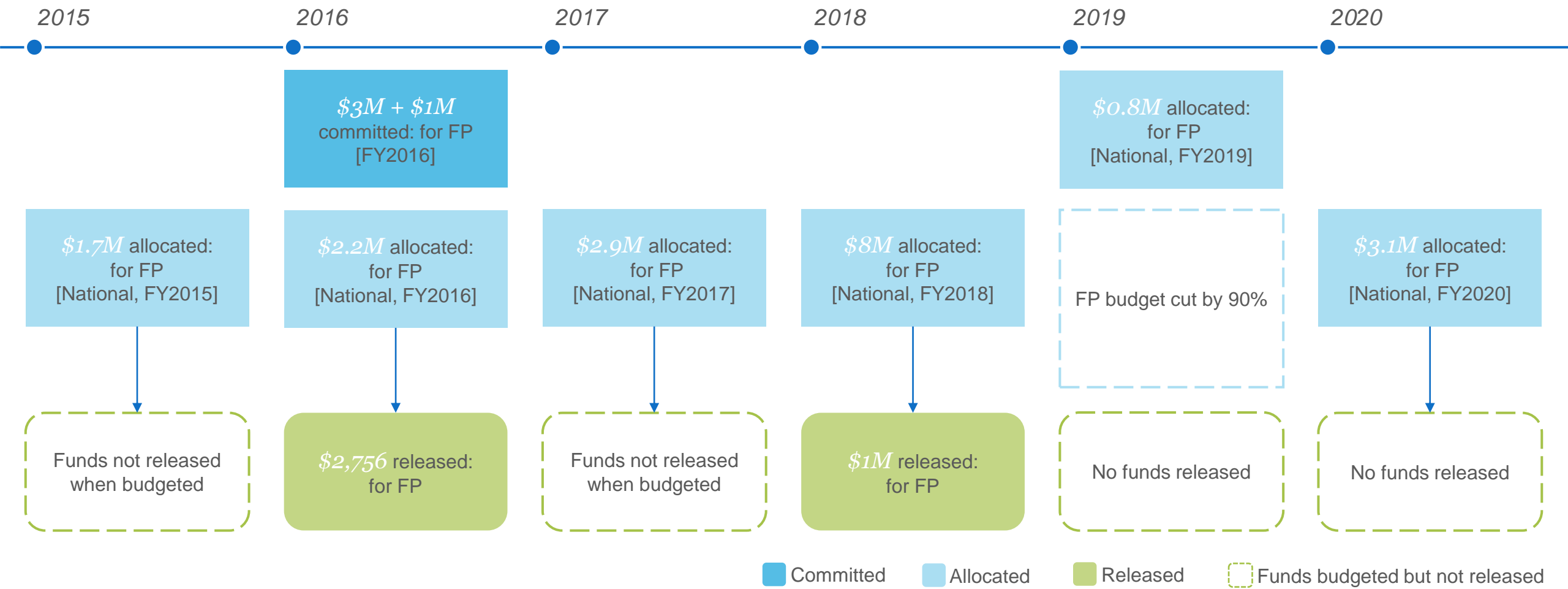
Critical assumptions	Expected changes	Sentinel indicators
<i>Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of FP</i>	FP visibility increases	<ul style="list-style-type: none"> <li>▶ FP2020 Government commitments</li> </ul>
	Increased government financial resources for FP	<ul style="list-style-type: none"> <li>▶ FP as a % of the national health budget (No new data)</li> <li>▶ Government FP funding commitments, allocations and disbursements (USD)</li> </ul>
<i>Advocacy efforts lead to the operationalization of Task-Shifting &amp; Task-Sharing Policy (TSP)</i>	TSP is operationalized across states	<ul style="list-style-type: none"> <li>▶ # of states taking steps to operationalize TSP and status</li> </ul>
<i>Targeted support to FMoH/SMoH strengthens donor coordination and costed implementation plans (CIPs)</i>	Donor coordination increases	<ul style="list-style-type: none"> <li>▶ # of reproductive health technical working group (RHTWG) meetings held</li> <li>▶ # of organizations/partners in attendance at RHTWG meetings</li> </ul>
	CIPs are strengthened	<ul style="list-style-type: none"> <li>▶ # of CIPs initiated/completed, and where</li> </ul>
<i>Strong measurement drives performance</i>	Data used to make decisions	<ul style="list-style-type: none"> <li>▶ Qualitative data on instances of data use at Federal and state levels</li> </ul>

# Nigeria government FP funding status (national)

More than \$3.1M was promised for national FP programs in 2020; however, there were no releases. The FMoH has recently submitted memos requesting for both the 2019 and 2020 releases.

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP



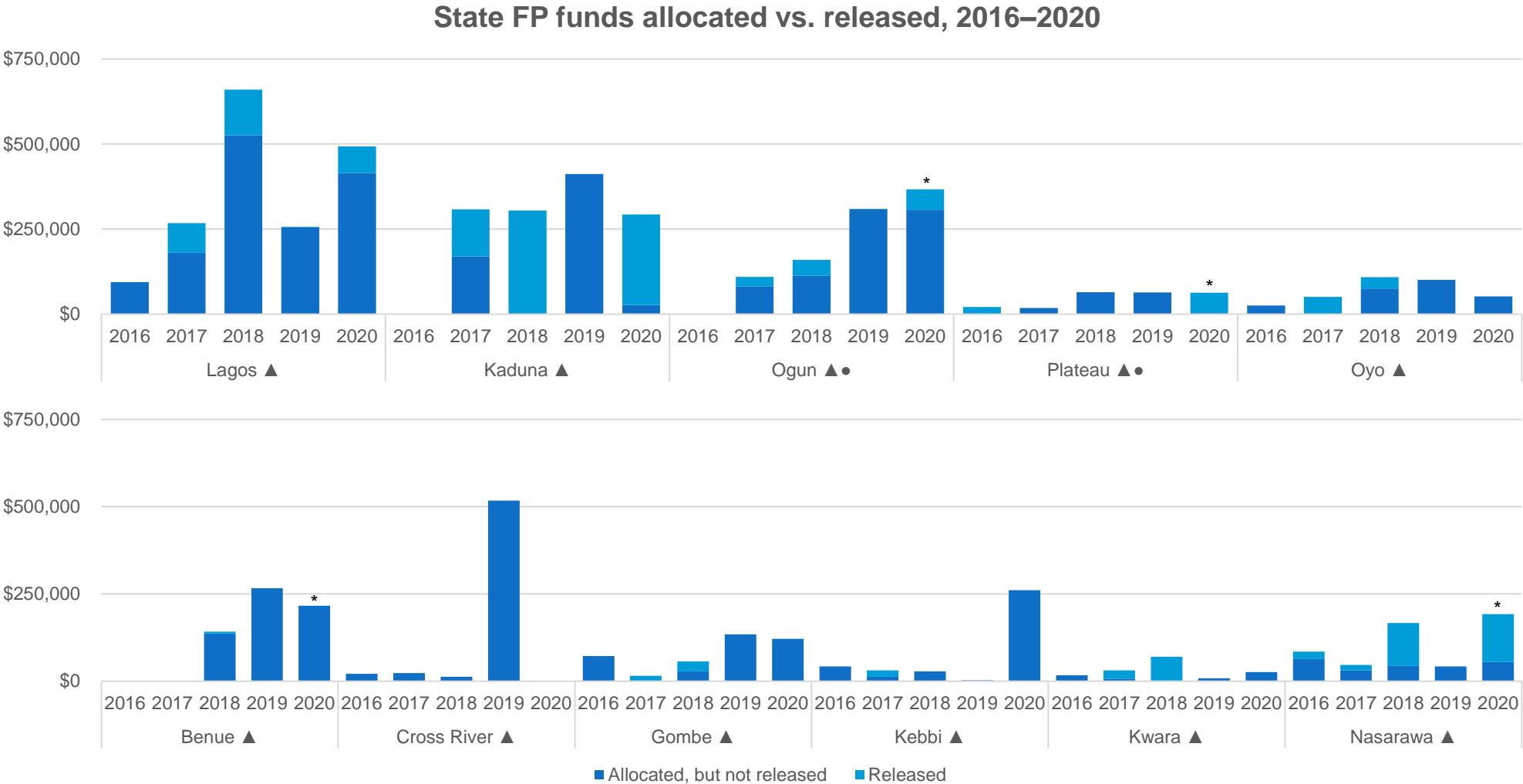
# State funding status, 2016–20

Over the last five years of tracking state funding data, we find that some states (Kaduna, Nasarawa) have improved at releasing allocated funds.

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP

- For FP focus states (upper chart), we generally see greater release of funds:
  - Deep investment: Lagos, Kaduna
  - TCI: Ogun, Plateau
  - NURHI: Oyo
- For other AFP states (lower chart), allocations and releases are generally lower.
- However, Nasarawa has improved at releasing funds over the years.

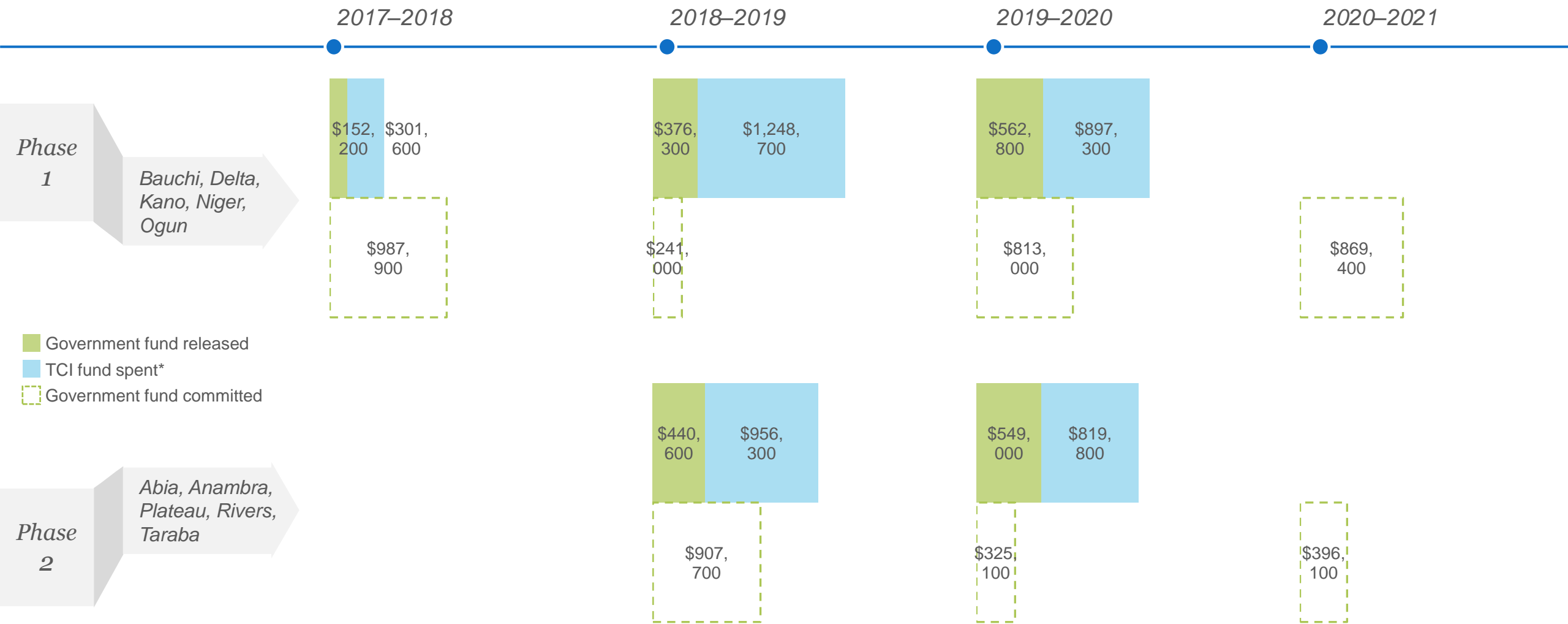


# TCI state matching fund: Committed vs. released

By June 2020, 10 TCI states released \$2.1 million out of \$3.3 million committed for FP programs. Plateau is only state that has met and exceeded its total commitment to date.

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP



\*TCI's total spend refers to fund released for field implementation of interventions from the state workplan. It does not include other TA, HR, advocacy and social mobilization activities.

Currency conversion (if not converted in grantee documentation) was converted at average annual rate. Numbers rounded to nearest hundred.

# Comparison of TCI fund and state FP investment


























**ToC critical assumption**

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP

2017–2018

2018–2019

2019–2020

	2017–2018			2018–2019			2019–2020		
	TCI	State	State % of total funding	TCI	State	State % of total funding	TCI	State	State % of total funding
Abia ●				\$179,500	\$40,100	 18%	\$159,200	\$85,300	 35%
Anambra ●				\$248,500	\$54,800	 18%	\$181,700	\$83,600	 32%
Bauchi ●	\$36,000	\$13,100	 27%	\$184,000	\$85,100	 32%	\$177,100	\$172,400	 49%
Delta ●	\$67,200	\$22,500	 25%	\$209,400	\$85,100	 29%	\$169,100	\$67,500	 29%
Kano ●	\$99,000	\$49,600	 33%	\$241,600	\$123,400	 34%	\$216,000	\$47,100	 18%
Niger ●▲	\$25,100	\$7,300	 22%	\$308,600	\$29,300	 9%	\$174,400	\$203,500	 54%
Ogun ●▲	\$74,400	\$59,800	 45%	\$306,000	\$53,500	 15%	\$160,900	\$72,400	 31%
Plateau ●▲				\$111,600	\$198,600	 64%	\$160,400	\$200,700	 56%
Rivers ●▲				\$256,300	\$122,200	 32%	\$174,800	\$82,900	 32%
Taraba ●				\$160,500	\$24,400	 13%	\$143,800	\$96,600	 40%

▲ AFP state ● TCI state

Source: TCI documentation

Below target

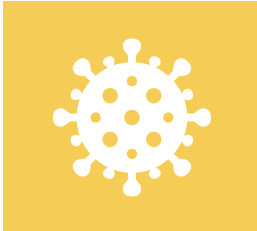
Progressive

Exceeds target

Terms used to assess whether a state meets a co-financing benchmark were defined by TCI.

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

# Coordination with FMoH/SMoHs during COVID-19



Grantees are actively advocating and working with the Federal and state governments to respond to the pandemic, while ensuring FP issues stay in the spotlight.

## Inclusion of FP as an essential service during COVID-19

### Actions



Federal

- ▶ Designated RH/FP as essential service, and sustained reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH+N) information and services (including RH/FP) during the COVID-19 pandemic.
- ▶ Developed an action plan for RMNCAH+N service provision for inclusion in the national and state-level COVID-19 Response Plan of Action.
- ▶ Strengthened community-based FP programs to ensure that FP clients receive services and commodities within their immediate communities.
- ▶ Revised policy documents to reflect COVID-19 response considerations, including the National FP Blueprint 2020–2024.



State

- ▶ Categorized FP as an essential service across state facilities during the pandemic (e.g., Katsina, Nasarawa, Rivers states).
- ▶ Maintained the provision of FP and MNCH services at health facilities during the lockdown (e.g., Kaduna, Kano, Lagos, Nasarawa, Niger, Rivers).
- ▶ Issued guidelines/protocols on COVID-19 prevention and FP/MNCH service provision at health facilities during the pandemic, including recommendation on prioritizing LARCs over other short-acting methods (e.g., Katsina, Lagos, Nasarawa).
- ▶ Leveraged public service announcements (e.g., radio, social media, WhatsApp) to promote FP messages and availability of FP service at facilities (e.g., Lagos).

## RHTWG meetings continued in 2020



Most reproductive health technical working group (RHTWG) meetings moved online.

During the meetings, the government called on implementing partners to support the revision of expired CIPs, in addition to pandemic FP issues.

4 RHTWG meetings held in 2020 (including 1 in-person and 3 online)

30 organizations or implementing partners attended the meetings (including over 80 participants, mostly from FMoH)



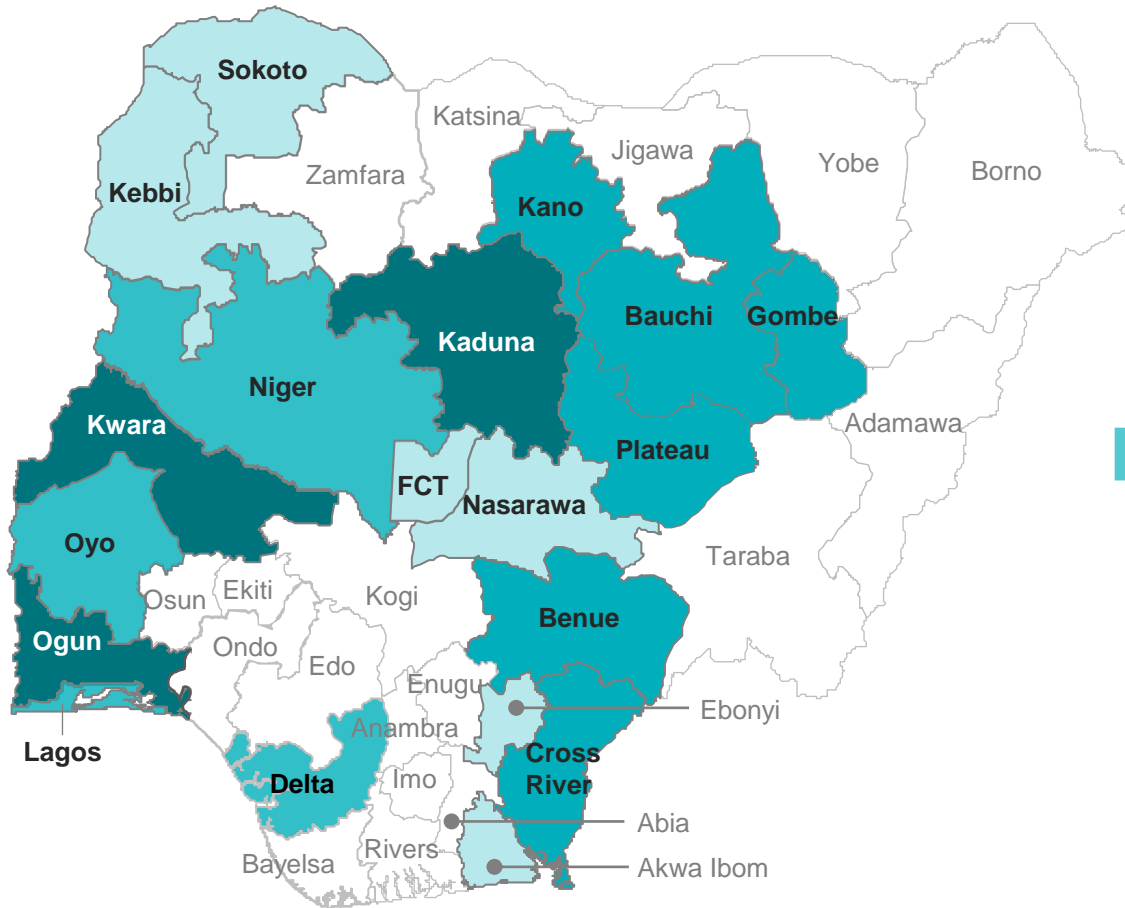
# TSP operationalization across states

*In 2020, there are five additional states engaged in the Task-Shifting Task-Sharing policy (TSP) process, making a total of 27 states that have adopted or operationalized the policy. The TSP was introduced in 4 out of 9 states that have not yet adopted it.*

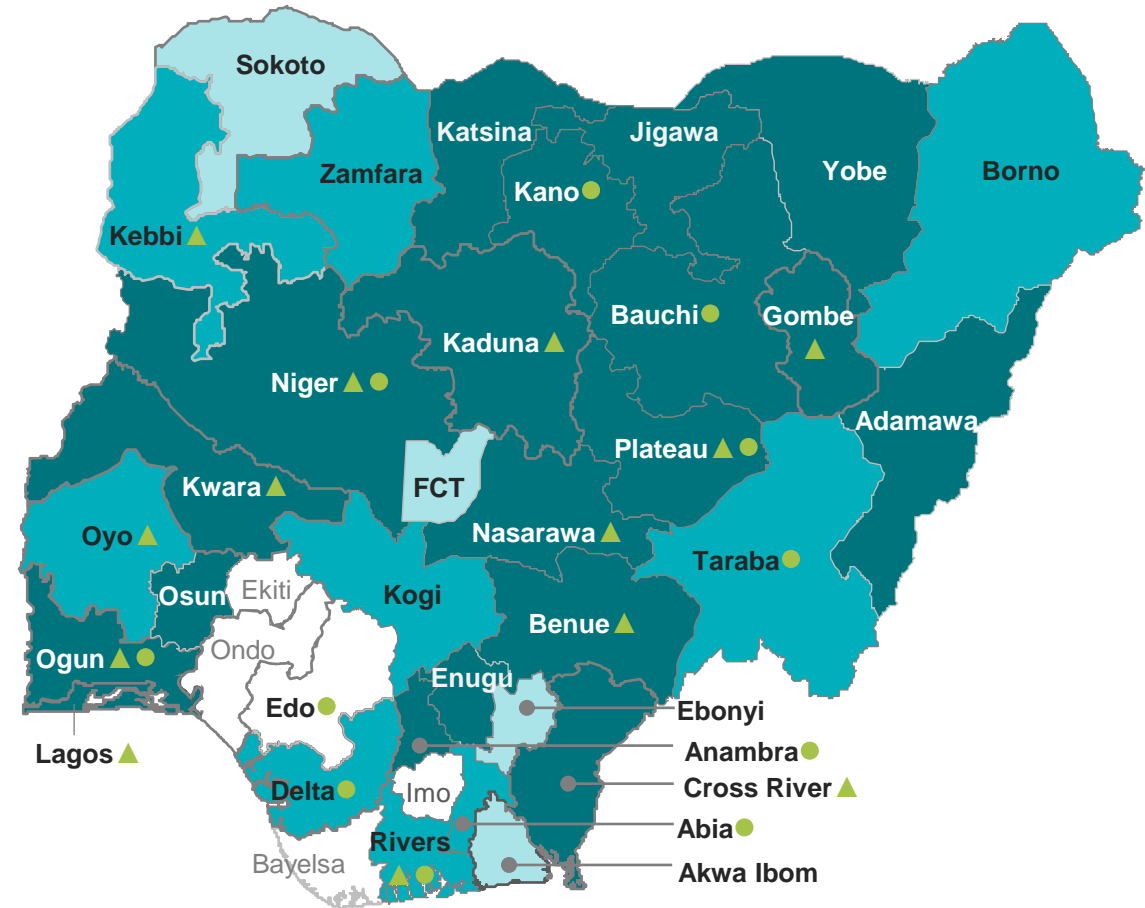
## ToC critical assumption

Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy (TSP)

TSP as of December 2017



TSP as of November 2020



# CIPs progress updates

*The FMoH completed the revision of the National FP Blueprint. However, there have been delays in the CIPs progress due to COVID-19, availability of consultants & funding. Kaduna & Lagos are the only two states that have completed CIPs for 2019–2023 .*

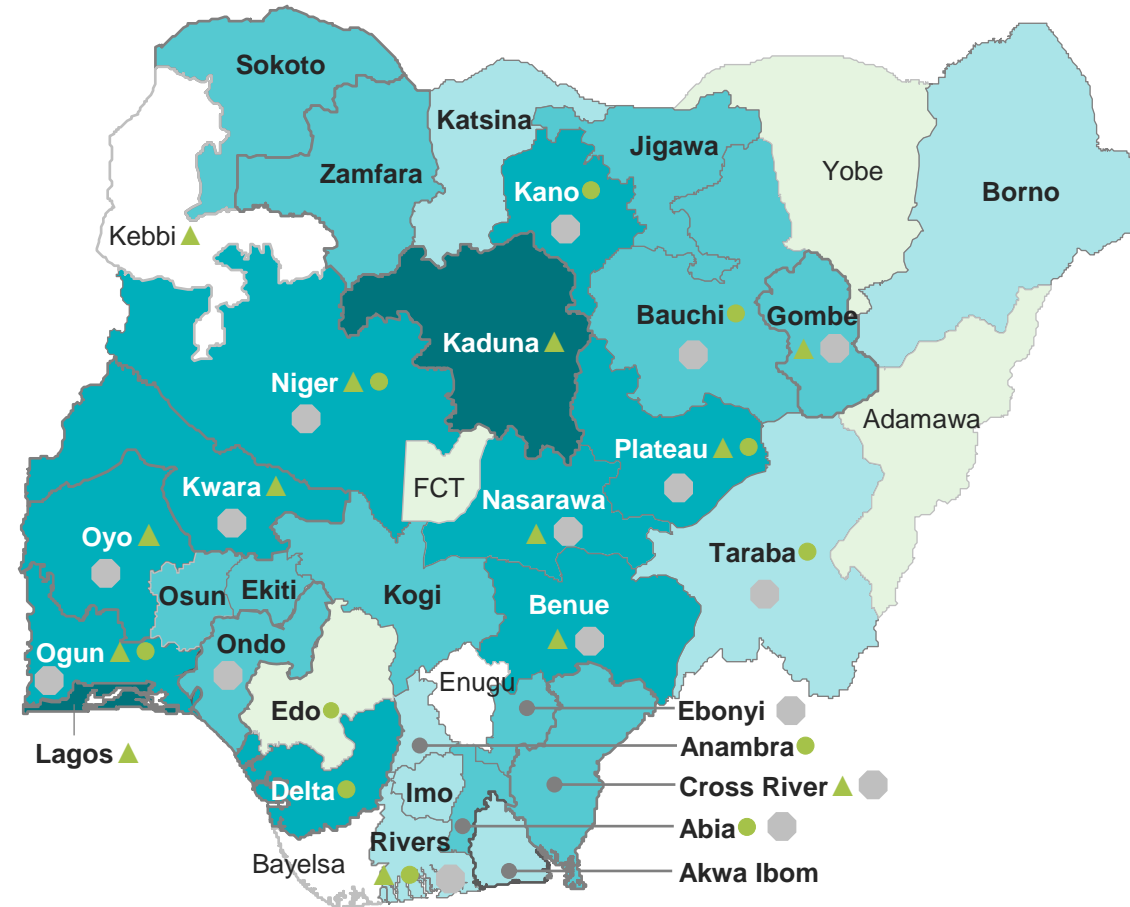
ToC critical assumption

Targeted support of FMoH/SMoH strengthens donor coordination and CIPs

CIPs as of December 2016



CIPs as of December 2020



■ CIP completed (BMGF deep investment state)  
■ CIP scaled by other donors

■ CIP completed  
■ CIP started

■ State plans to have CIP, and has partners' support indicated  
● CIP expired in 2019 or 2020

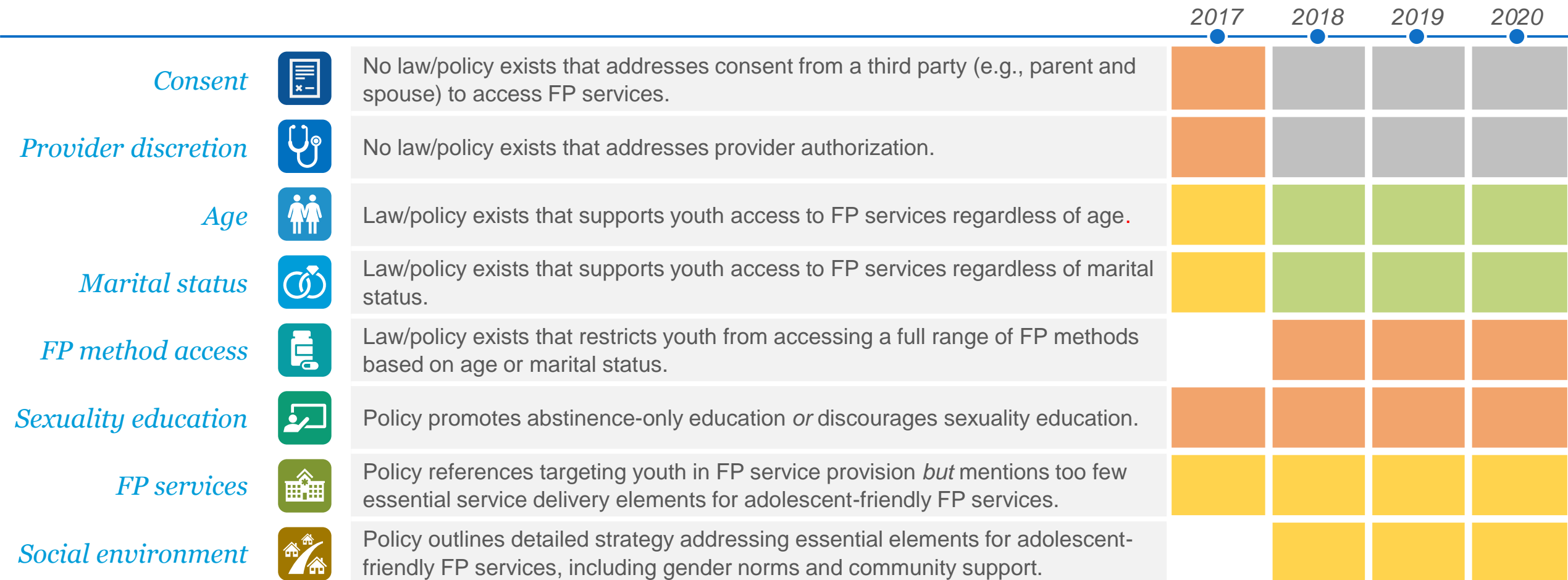
▲ AFP state  
● TCI state

# Youth FP policy progress

*Despite progress in legal frameworks to reduce restrictions on access to FP services based on age or marital status, full access to contraceptives by youth continues to be limited by gaps and ambiguity in applicable laws and policies.*

ToC critical assumption

Advocacy efforts lead to the operationalization of TSP policy and other access-enabling policies



Data unavailable for the indicator

Strong policy environment

Policy environment impedes youth from accessing & using FP

Promising policy environment but room for improvement

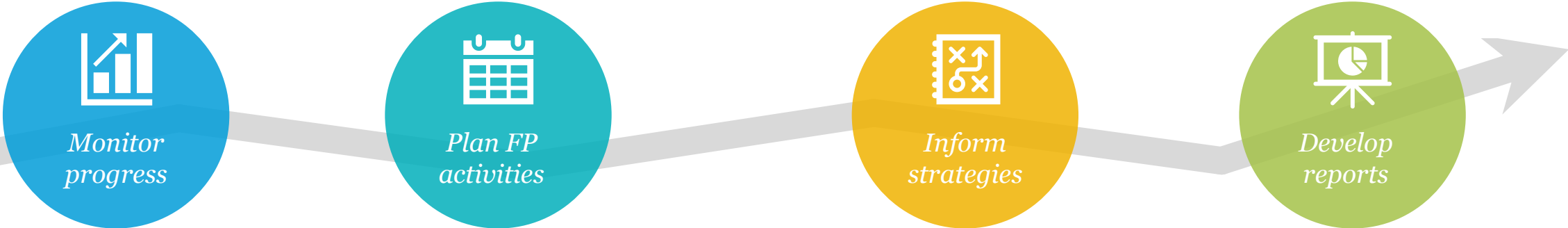
Policy addressing the indicator does not exist



# Data use for monitoring and making decisions

*There is growing demand and capacity for data use at both Federal and state levels as FMoH/SMoH staff increasingly use data to track progress, plan and improve FP activities, inform strategies/policies, and generate meeting presentations & reports.*

ToC critical assumption

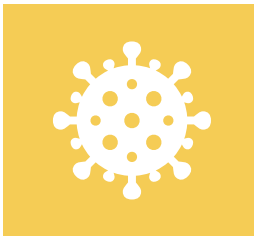
Strong measurement drives performance



	National FP Dashboard and Track20 data were increasingly used to:			
<div> Federal</div>	<ul style="list-style-type: none"><li>▶ Track overall progress and measure program outcomes.</li></ul>		<ul style="list-style-type: none"><li>▶ Draft the National Hormonal-IUS Strategic Plan and the FP2020 Annual Commitment Questionnaire.</li></ul>	<ul style="list-style-type: none"><li>▶ Develop discussion points and decks/presentations at federal TWG meetings and Nigeria FP conferences.</li></ul>
<div> State</div>	<ul style="list-style-type: none"><li>▶ Monitor and evaluate facility performance and track FP commodity stockout (e.g., Kaduna, Katsina, Nasarawa, Rivers states).</li></ul>	<ul style="list-style-type: none"><li>▶ Identify gaps and plan activities related to FP commodities availability and human resource skill and capacity, including:<ul style="list-style-type: none"><li>– Tracking stockouts &amp; quantifying consumables &amp; referral cards needed for FP facilities.</li><li>– Identifying and allocating LARC trainings needed for FP facilities.</li><li>– Allocating healthcare staff among facilities to bridge LARC service provision gaps.</li></ul></li></ul>	<ul style="list-style-type: none"><li>▶ Develop and revise the CIPs (e.g., Kaduna and Rivers states).</li><li>▶ Inform the development of Kano state's Quality of Care strategy.</li></ul>	<ul style="list-style-type: none"><li>▶ Generate FP scorecard and reports (e.g., Rivers state's 2020 PHCMB Annual Report and Lagos FP scorecard).</li><li>▶ Develop discussion topics and presentations at state TWG meetings.</li></ul>

# COVID-19 impact: Enabling environment

*Due to the pandemic, grantees had to suspend face-to-face advocacy activities. However, meetings and events were transitioned to online platforms when possible.*



March

June

September



*Stopped activities*

- ▶ **Face-to-face meetings & FP advocacy visits with government stakeholders** (e.g., meetings with TWGs & FP coordinators)
- ▶ **Technical assistance (TA) activities**, including TA to FMOH to validate the National FP Advocacy Strategy for RMNCAH+N and the *Knowledge Management Guideline*
- ▶ **In-person capacity building workshops**, including trainings on National FP Dashboard use
- ▶ **Data collection activities** that involved physical presence

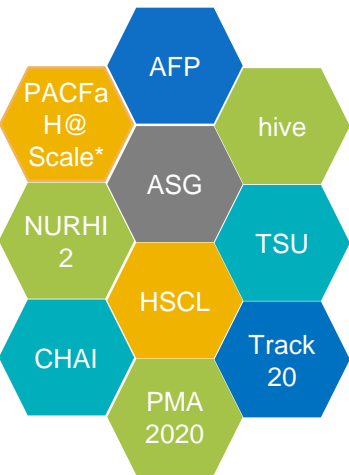
- ▶ **Face-to-face disseminations of PMA survey results** in Lagos and Kano states



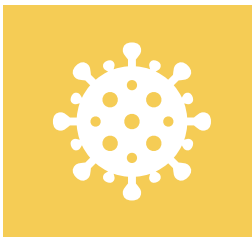
*Continuing activities*

- ▶ **Meetings and FP advocacy were shifted to virtual** (e.g., meetings/engagements with key stakeholders & FP coordinators)
- ▶ **TA to FMOH and SMOHs were moved to virtual**, including finalization of National FP Blueprint, and the Kaduna and Lagos CIPs, 2020 FP Annual Operation Plans, use of National FP Dashboard data
- ▶ **FP budget tracking**, particularly development of 2019 state FP budget performance scorecards
- ▶ **Capacity building to government went virtual**, including coaching on leadership and strategic communication for state managers, policymakers, and mentoring on data use for Budget Tracking teams

- ▶ **Grantees continued conducting data collection.**



# COVID-19 impact: Enabling environment

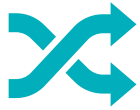


*Grantees, particularly those in advocacy, faced multiple challenges to promote FP in a COVID-19 environment. However, they have been able to establish hybrid formats for their activities.*

March

June

September



*Adaptations*

- ▶ **Moved face-to-face meetings, workshops, engagements, and trainings, etc. to virtual format when possible**
- ▶ **Adapted FP advocacy messages** to policy makers to include FP as part of essential health service within COVID-19 response, and to ensure availability of commodities and personal protective equipment for health workers
- ▶ **Incorporated FP into COVID-19 materials and media coverage**, including weekly influencer briefing and virtual discussions with influencers on the impact of COVID-19 on women and girls
- ▶ **Integrated questions about COVID-19 knowledge into phone follow-up interviews** of PMA's household survey

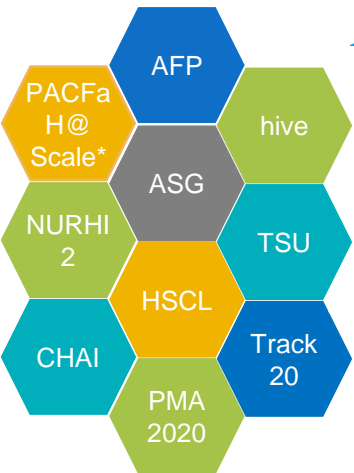
- ▶ **Incorporated COVID-19 safety into FP messaging**
- ▶ **Redesigned in-person trainings** to align with the National Infection Prevention and Control (IPC) standards for face-to-face meetings (e.g., few participants per class)

- ▶ **Suspension or delay in face-to-face activities** (e.g., meetings, trainings on data collection) due to social distancing guidelines prohibiting gathering of more than 10 people
- ▶ **Less reporting of FP in media** due to focus on COVID-19 stories
- ▶ **Difficulty or delay in communication and engagement with government officers and IPs** due to evolving and competing priorities stakeholders/partners are facing amid the pandemic
- ▶ **Inability to complete site visits** means reduced ability to assess progress
- ▶ **Poor internet connection and irregularity of electricity** among grantees, government stakeholders, etc.

- ▶ **Difficulty to advocate for FP** as entire attention has been put on COVID-related interventions
- ▶ **Challenge to cultivate new FP champions virtually**



*Challenges*





# 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

**\$0**

Federal  
disbursement

**\$392,200**

State-level  
disbursements

## Data use

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

## CIP progress 2016–2020

FMoH completed the revised National FP Blueprint. However, the state CIP progress has been delayed due to COVID-19.

**2**

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

**30/36**

states have CIPs or are in the process of implementing CIPs

**16**

states have CIPs that have already expired in 2019 or 2020

## TSP progress 2017–2020

As of December 2020,

**19**

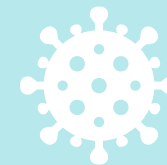
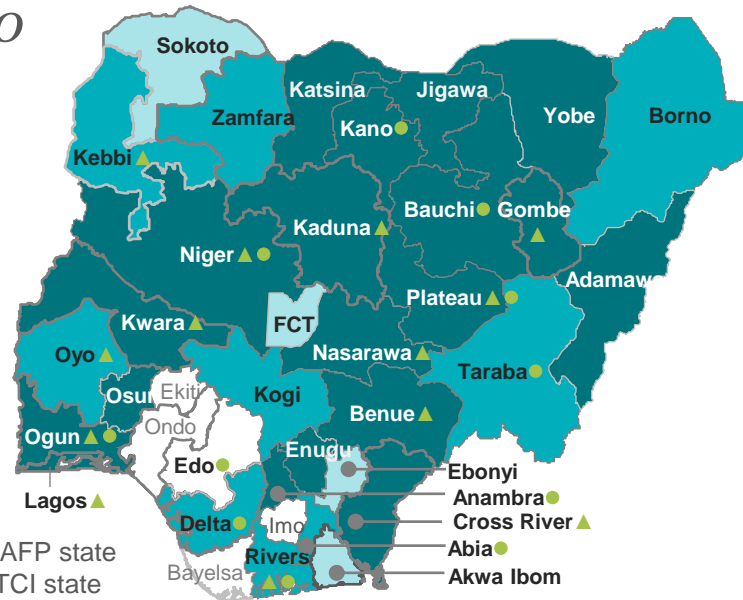
states adopted and operationalized TSP

**9**

states adopted but pending operationalization of TSP

**4**

states have advocacy work ongoing for TSP



## COVID-19 Impacts

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.



## **Model testing and learning**

*Nigeria findings*



# Grantees testing FP models in Lagos

*PMA's Phase 1 data are only available for Lagos and Kano states; we analyze Lagos data to assess performance of model testing and learning program activities.*





## **Model testing: Demand generation**

*Nigeria findings*

# Demonstration models: Demand generation

Critical assumptions	Expected changes	Sentinel indicators	Progress (Lagos)
<i>Demonstration models result in large scale social norms change</i>	Increased exposure to FP messages in focus states	▶ % of women exposed to FP messages by media channel	▼
		▶ % of youth exposed to FP messages by media channel	▲
		▶ % of women who hear a community, religious or government leader speak favorably about FP (no new data)	
	Increased intention to use FP	▶ % of all women who are not using a FP method who intend to use a method in the future	▼
		▶ % of youth (15–24) who are not using a FP method who intend to use a method in the future	▼
	Social norms change in focus states	▶ % of women agreeing or disagreeing with selected statements on FP	N/A
		▶ % of women who think most, some or few people in their community having selected opinions about FP	N/A



No change



Increasing



Decreasing

N/A

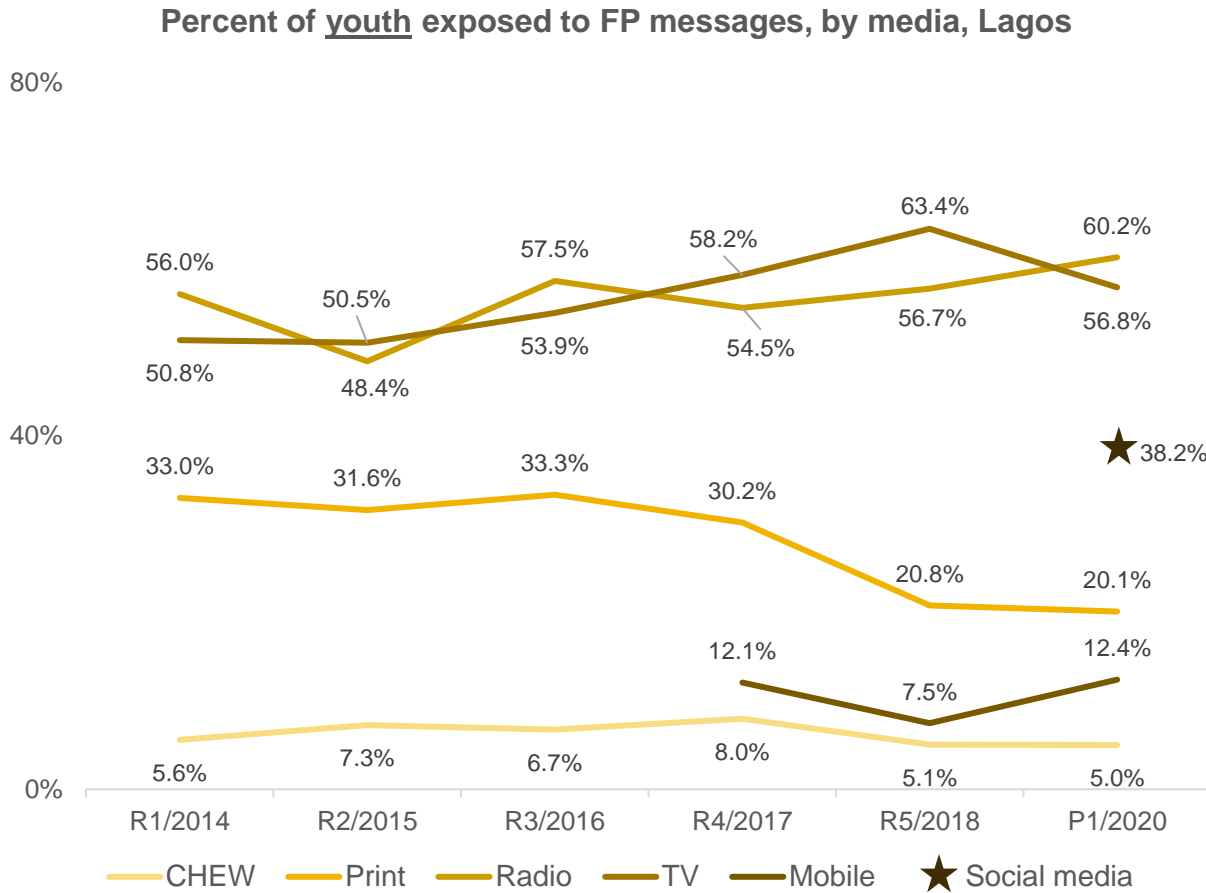
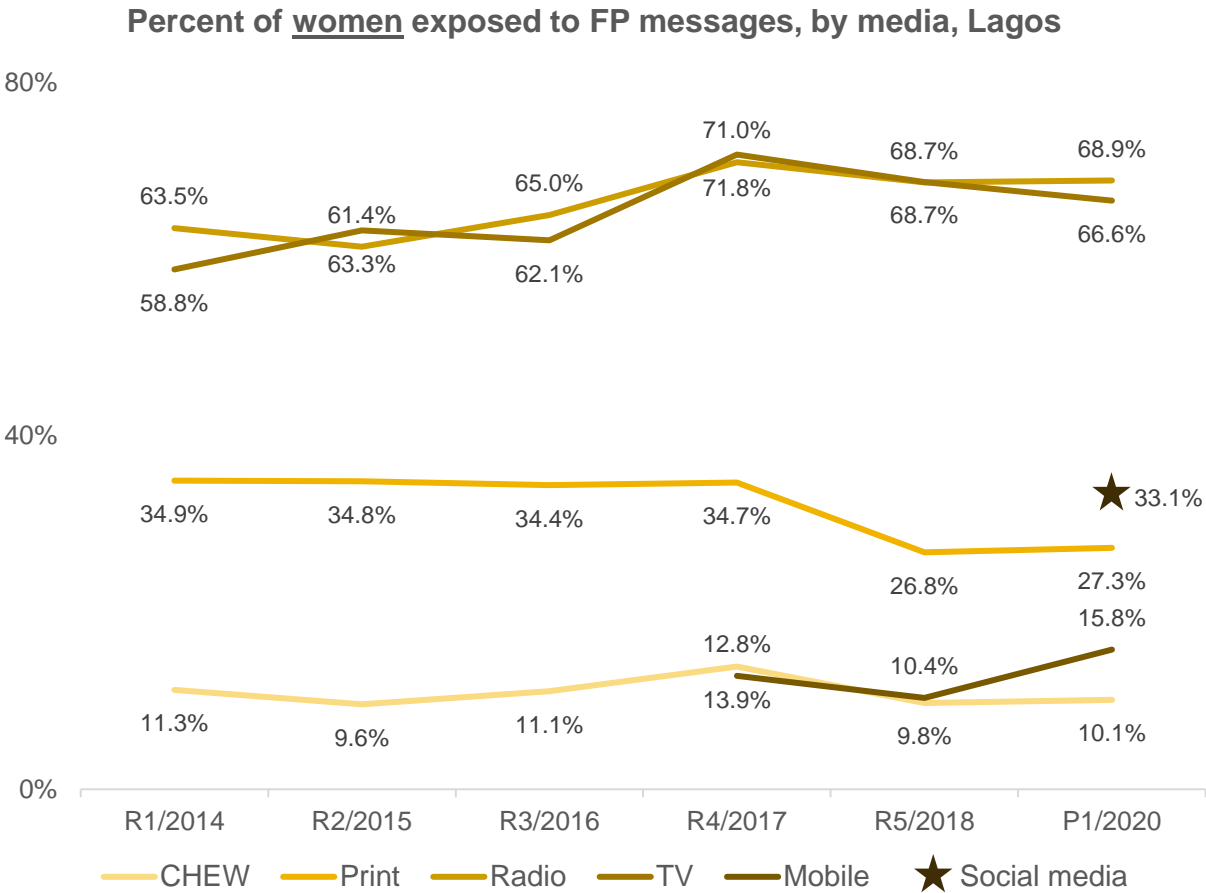
Not available (only one data point)

# Exposure to FP messages by media source

*In Lagos, women's exposure to FP messages from most sources has been stable or declining slightly since 2017. Among youth, exposure to FP messages through radio is increasing but is stable or declining for other media. Mobile devices and social media are emergent sources of FP messages for both groups.*

ToC critical assumption

Demonstration models result in large scale social norms change

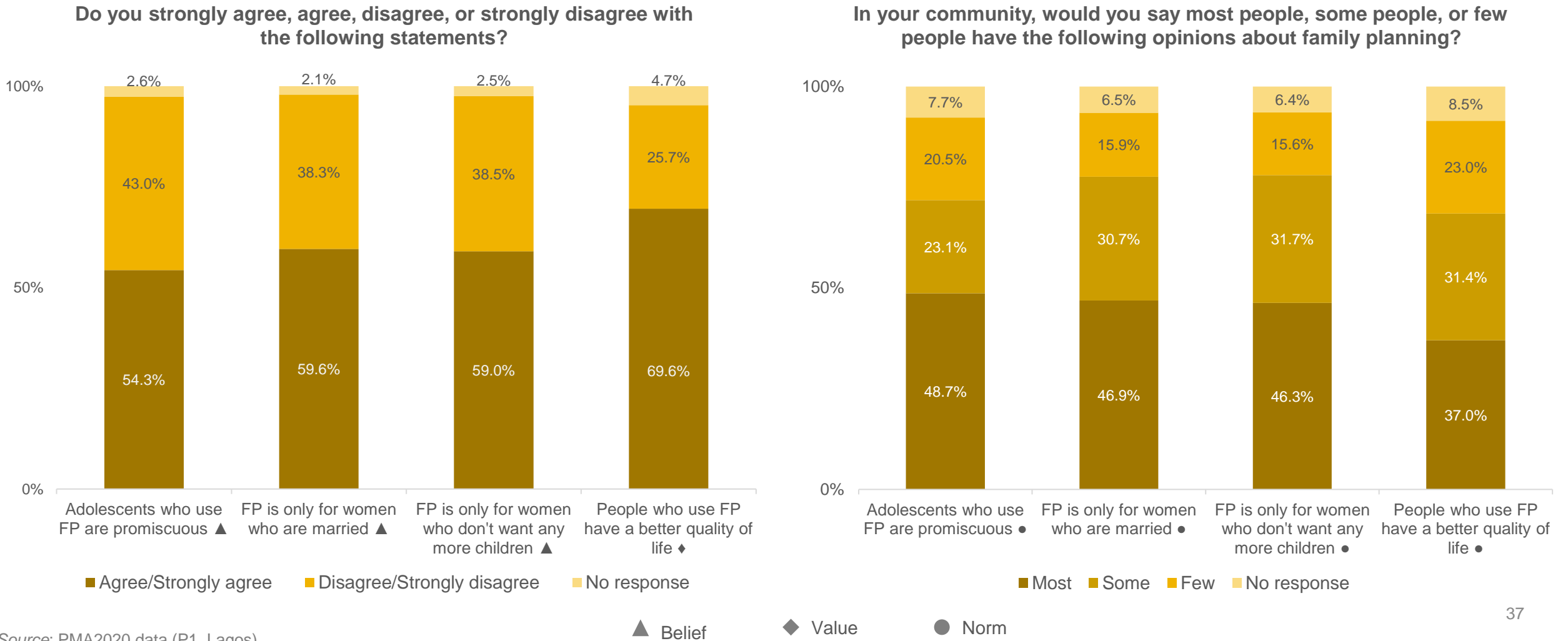


# FP beliefs, values and norms

Generally, less than half of Lagos women report positive beliefs and values about FP. A little under half of women think that most women in their community hold negative beliefs and values about FP.

ToC critical assumption

Demonstration models result in large scale social norms change



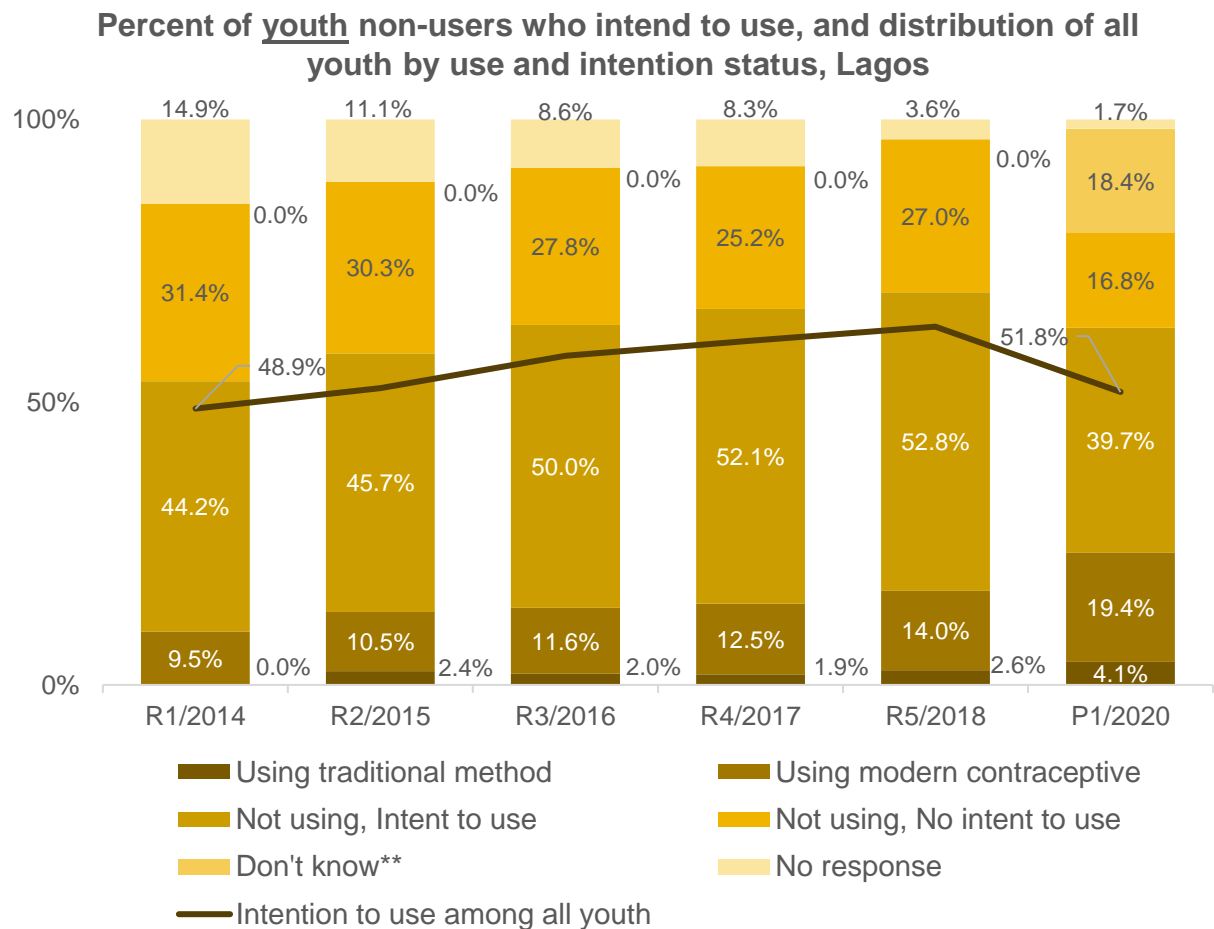
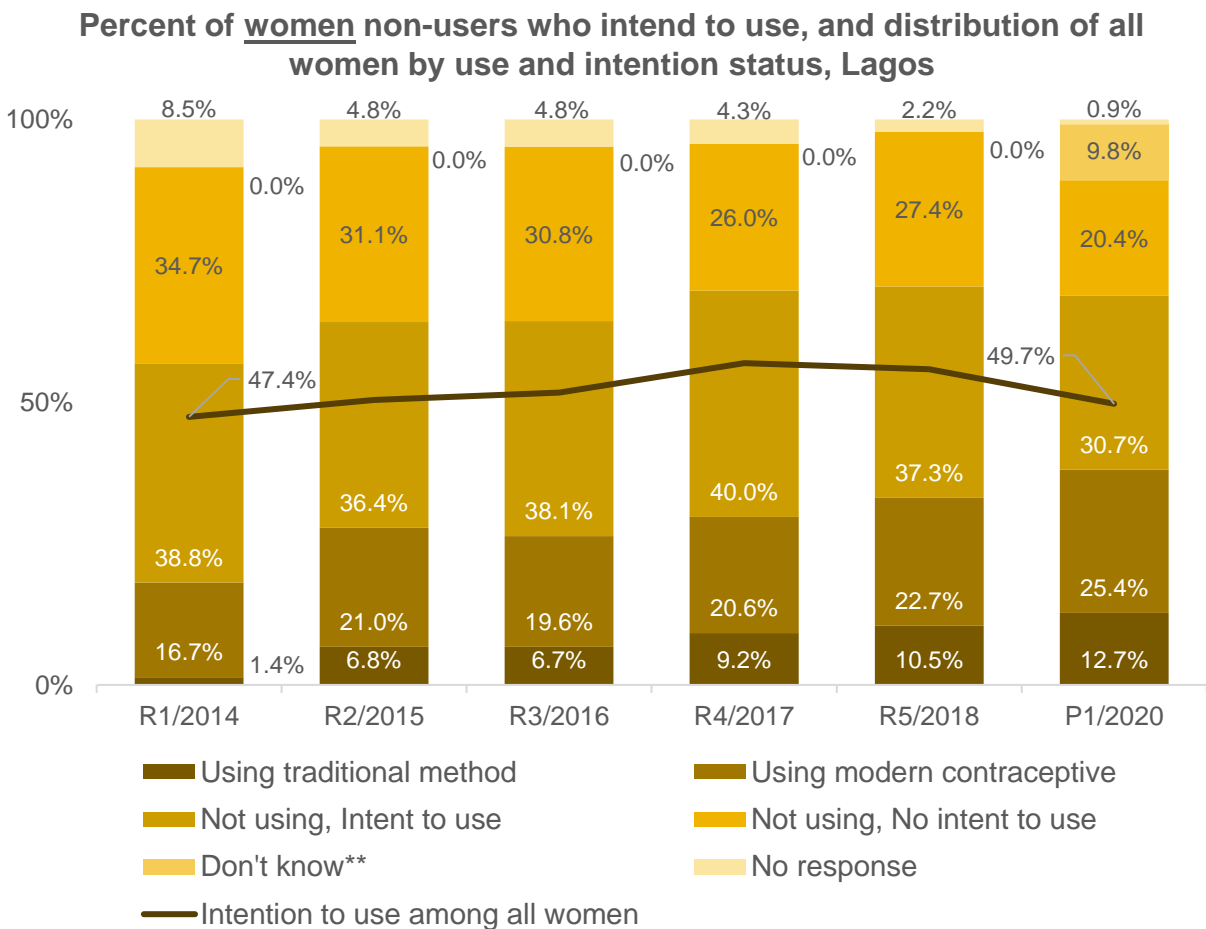
Source: PMA2020 data (P1, Lagos)

# Intention to use FP among all women and youth

*Intention to use FP among non-users appears to be declining among all women and youth; however, a higher percent of respondents, especially youth, reported that they don't know if they will use FP in the future in 2020\*\*.*

ToC critical assumption

Demonstration models result in large scale social norms change



\*\*In P1/2020, PMA added a "don't know" category to the response for intention to use. About 10% and 18% of women and youth responded "don't know" respectively. This change will affect the trend in the intention to use indicator.

# COVID-19 impact: Demand generation

*Grantees reported a disruption in demand generation activities that rely on face-to-face interactions. However, activities that take place over the phone and online continued.*



March

June

September



*Stopped activities*

- ▶ **Outreach events and other in-person demand generation activities** (e.g., Life, Love and Health Skill Building classes 9ja Girls programs, Life, Family and Health mentorship classes for Matasa Matan Arewa [MMA], and Moms sessions)
- ▶ **Recording sessions and in-person screening of MTVShuga's *Naija* show**
- ▶ **Outbound calls and SMS message** to callers and doctors for client referral
- ▶ **In-person trainings on FP messaging** for peer-educators and volunteers

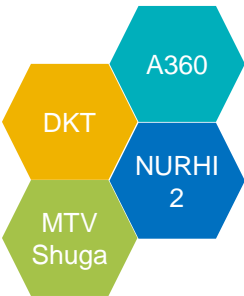
▶ *No new stopped activities*



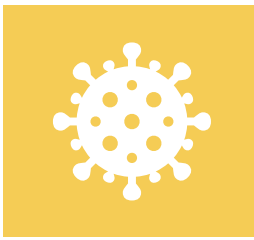
*Continuing activities*

- ▶ **One-on-one mobilization** continued in all A360 sites of MMA and 9ja Girl programs
- ▶ **Peer education sessions** co-organized by MTVShuga ad Society of Family Health continued in smaller groups (<20 people)
- ▶ **Life Planning for Adolescents and Youth (LPAY) program** continued coaching and mentoring young people on FP via WhasApp platform, and disseminating FP information via social media
- ▶ **All other DKT's call center-related activities** continued (e.g., FP information, referral for LARC services)

▶ **Airing of FP radio programs and distribution of FP demand generation materials** continued at health facilities



# COVID-19 impact: Demand generation

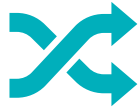


*Many face-to-face demand generation activities, such as social mobilization, have been suspended during lockdowns. Grantees adjusted by shifting their activities to virtual formats.*

March

June

September



## Adaptations

- ▶ **Alternated face-to-face FP trainings and meetings with virtual format**, including adapting training materials to fit with the online format
- ▶ **Increased demand generation activities through social media**, particularly for youth (e.g., 9jaGirlNow via Facebook, and female mentors for MMA site via WhatsApp)
- ▶ **Issued 'clearance' letters/emails/SMS messages to clients**, so they could present to law enforcement officers to allow them to visit a clinic to obtain a LARC method.

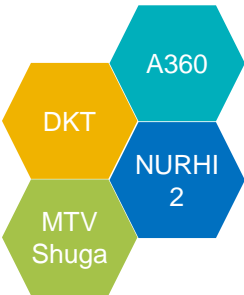
- ▶ **Integrated the essence of obtaining FP during COVID-19** into social media campaigns and call scripts
- ▶ **Redesigned in-person meetings** to align with Infection Prevention and Control (IPC) standards (e.g., having fewer people each meeting, measuring temperature)



## Challenges

- ▶ **Suspension or delay in face-to-face activities** due to social distancing guidelines prohibiting gathering of more than 10 people
- ▶ **Community anxiety and fear of contacting COVID-19 at health facilities** restricted their access to FP services
- ▶ **Fewer available DKT call agents for the call center**, resulting in longer client waiting time and more abandoned calls
- ▶ **Poor internet connection, irregularity of electricity, and challenge to achieve work-life balance** among grantees, government stakeholders, etc.

- ▶ *No new challenges*

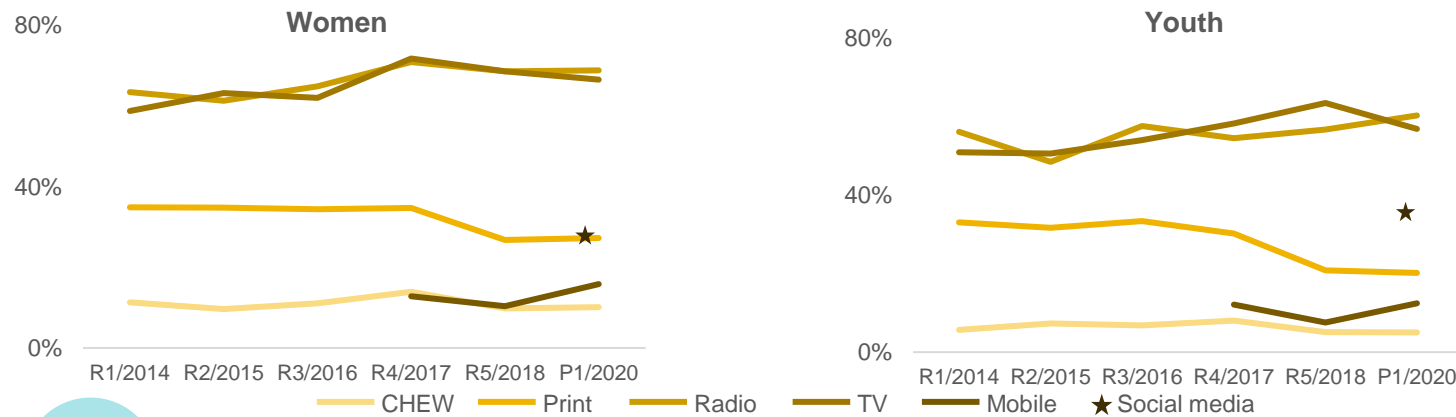




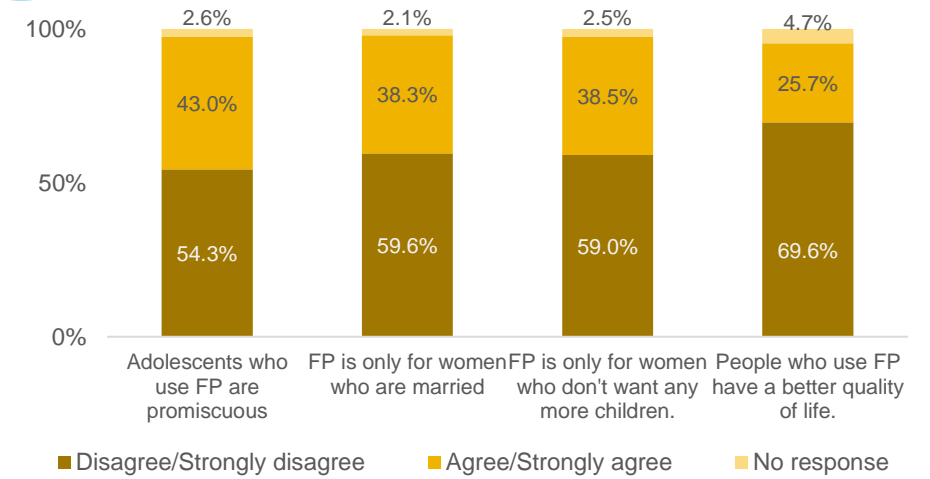
# Summary dashboard: Demand generation model testing

*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.*

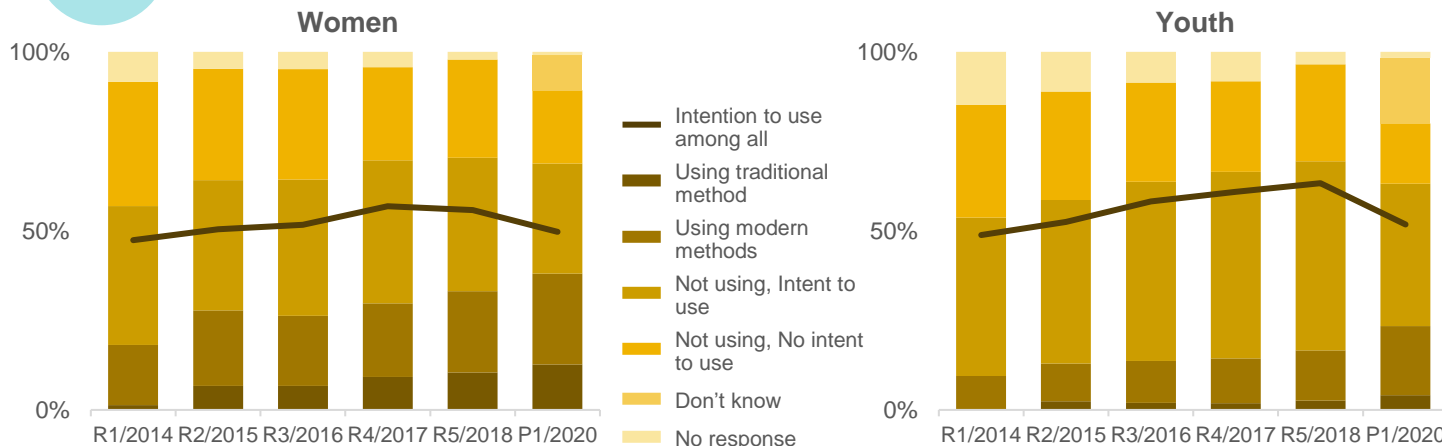
## FP media exposure



## FP beliefs and values



## Intention to use FP



## COVID-19 Impacts

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.



## **Model testing: Service delivery**

*Nigeria findings*

# Demonstration models: Service delivery

Critical assumptions	Expected changes	Sentinel indicators	Progress (Lagos)
<i>PHC service-delivery models increase quality and access to services</i>	Access to services is increased in focus states	▶ % of facilities offering at least five modern contraceptive methods	⊘
		▶ % of PPMVs offering modern FP methods	▲
		▶ % of public facilities with CHEWs that provides FP	▲
		▶ % of women visited by community health workers for FP	⊘
		▶ % of women who obtained their most recent method by source (public sector facilities)	▲
		▶ % distribution of modern FP users by method type (implants)	▲
		▶ % of public facility with stockouts in the last 3 months, by method	▼
	Quality of services increased in focus states	▶ % of women counseled on side effects for current modern methods	▲
		▶ % of women using modern methods who received counseling components during FP visit	▲
<i>Introduction of new methods generates new demand for services, especially among youth</i>	Increased demand for DMPA-SC, especially among youth	▶ % of women using DMPA-SC (among all women and youth ages 15–24)	▼

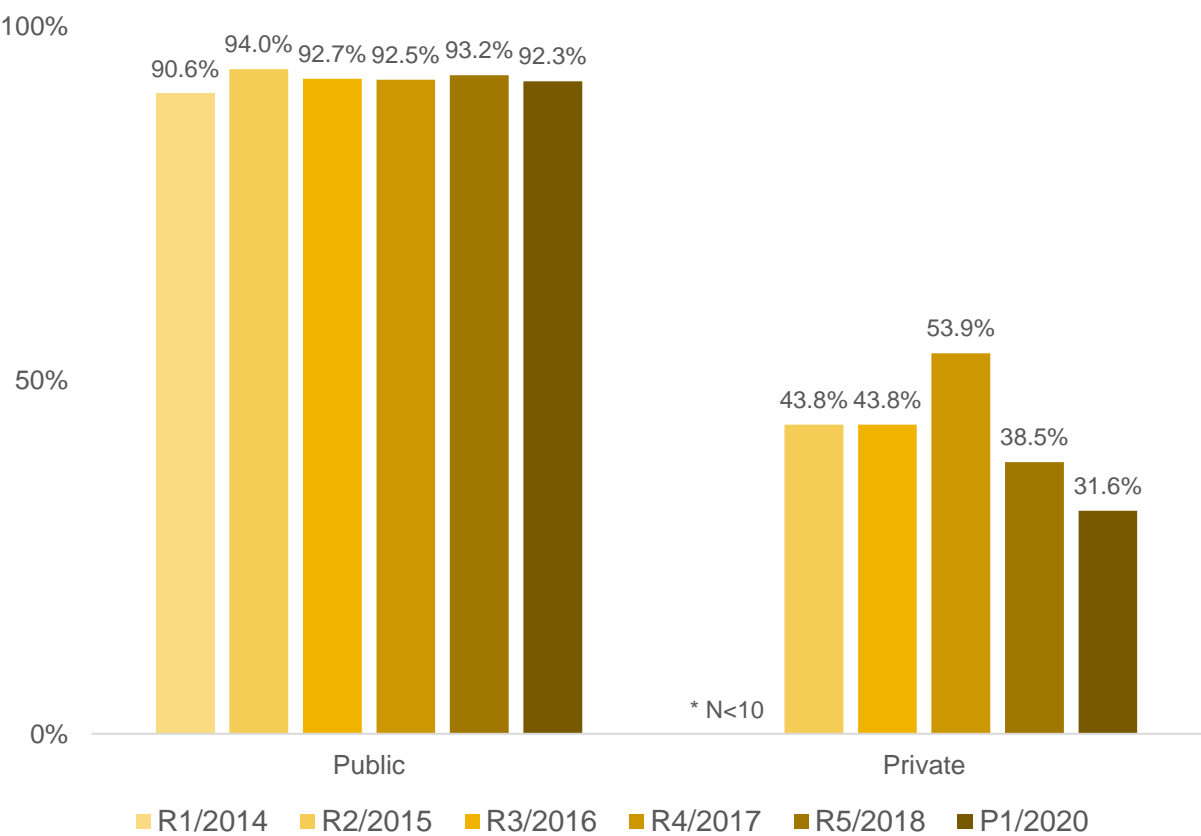
# Availability of FP services at facilities and PPMVs

*Availability of FP at public facilities and PPMVs in Lagos is generally high and fairly stable. However, there is a recent decline in the availability of five or more methods at private facilities.*

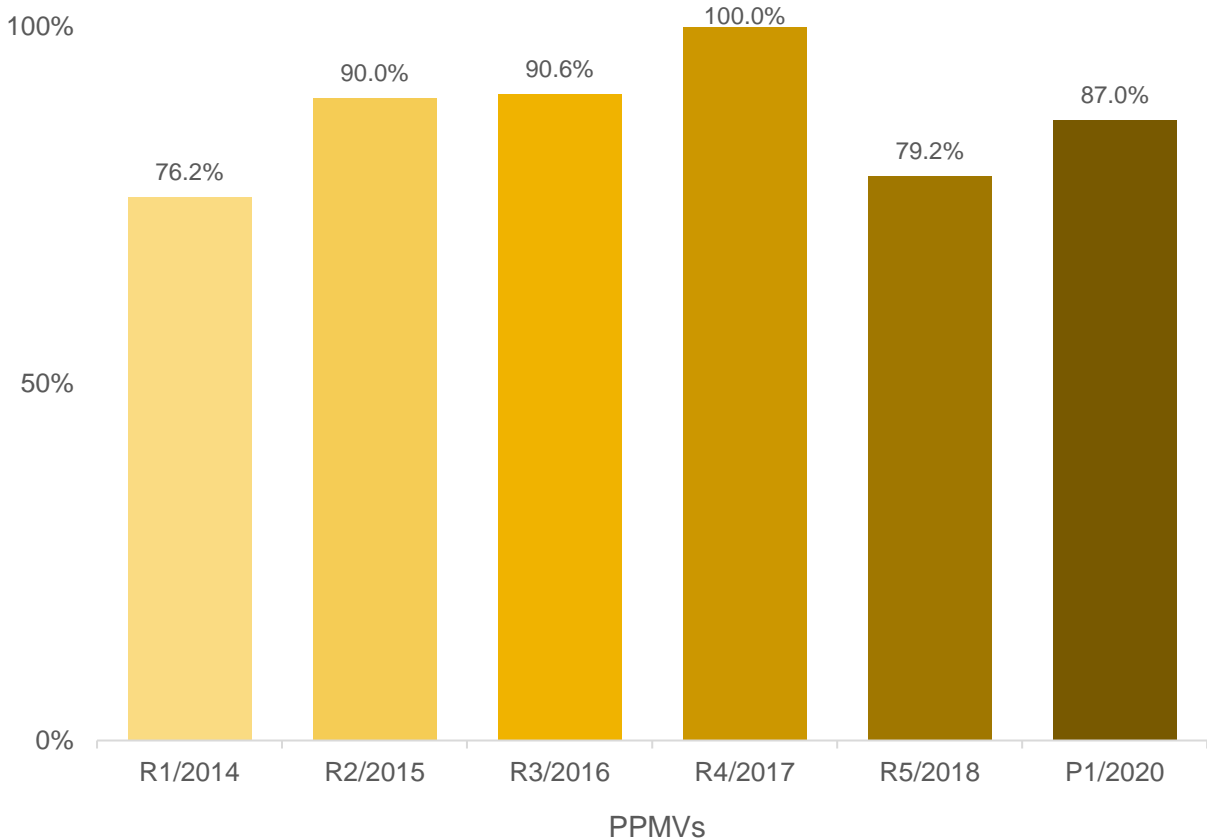
ToC critical assumption

PHC service-delivery models increase quality and access to services

Percent of facilities offering at least five modern FP methods, Lagos\*



Percent of PPMVs & chemists offering modern FP methods, Lagos\*\*



Source: PMA2020 data (R1-R6, Lagos)

\*N ranges from 13 private facilities in 2017 to 78 public facilities in 2020.

\*\*N ranges from 21 PPMVs in 2014 to 32 in 2016.

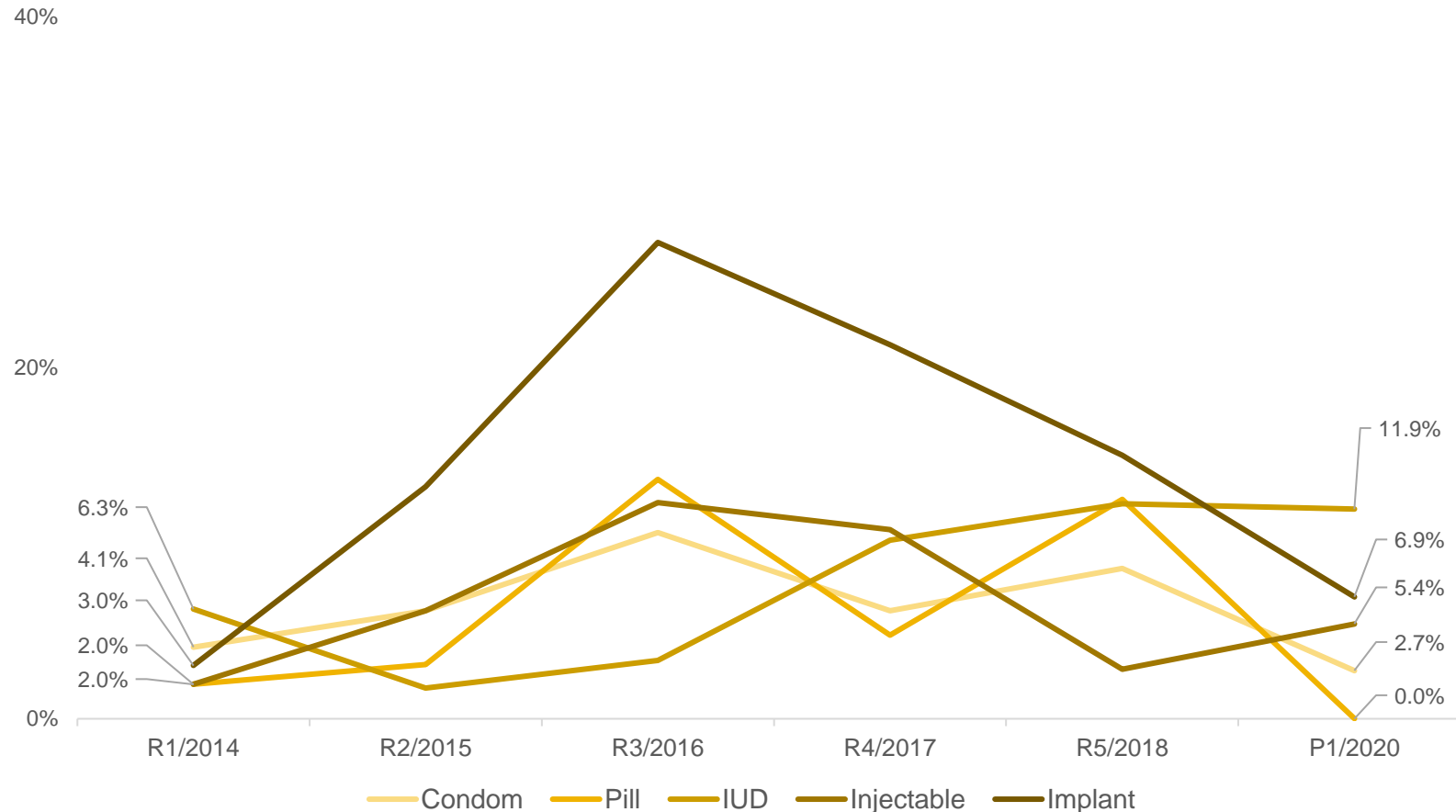
# Access to services: Method stockouts

The most recent PMA surveys indicate a decline in stockouts of most methods in Lagos, especially for implants and pills.

ToC critical assumption

PHC service-delivery models increase quality and access to services

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



\*\*N ranges from 33 for implants in 2014 to 74 for pills and injectables in 2020.



“The stockout we used to have is implants. But now, that would not be a serious [problem]... Before the next month, you must analyze what are your usage and your balance. Once you’re really doing it, you won’t have stockouts except if we don’t have the commodities from the State.” – Health facility staff, Lagos



“When you have a little of commodities, maybe two or three balance, and you don’t have more, you can request from other facilities that have more than what you have. So it will not make your facility to stock out of anything once you order on time.” – Health facility staff, Lagos

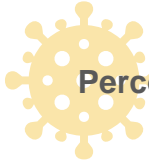
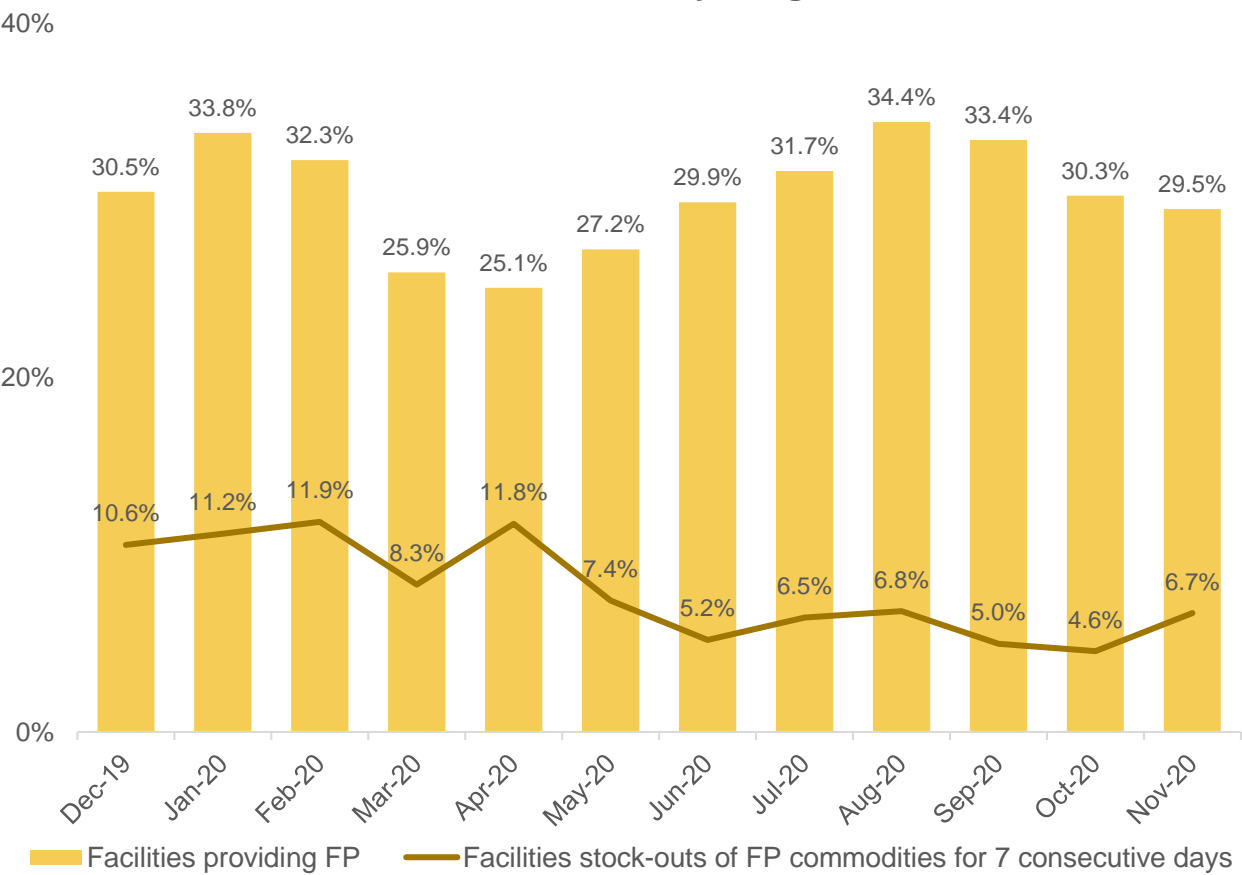
# Access to services: Method stockouts

*In Lagos, percent of facilities reporting stockouts of FP commodities for 7 days was lower in the second half of 2020 than the first half. CHAI PopCare data show an increase in LARC commodity stockouts during lockdown but a decrease in June & July.*

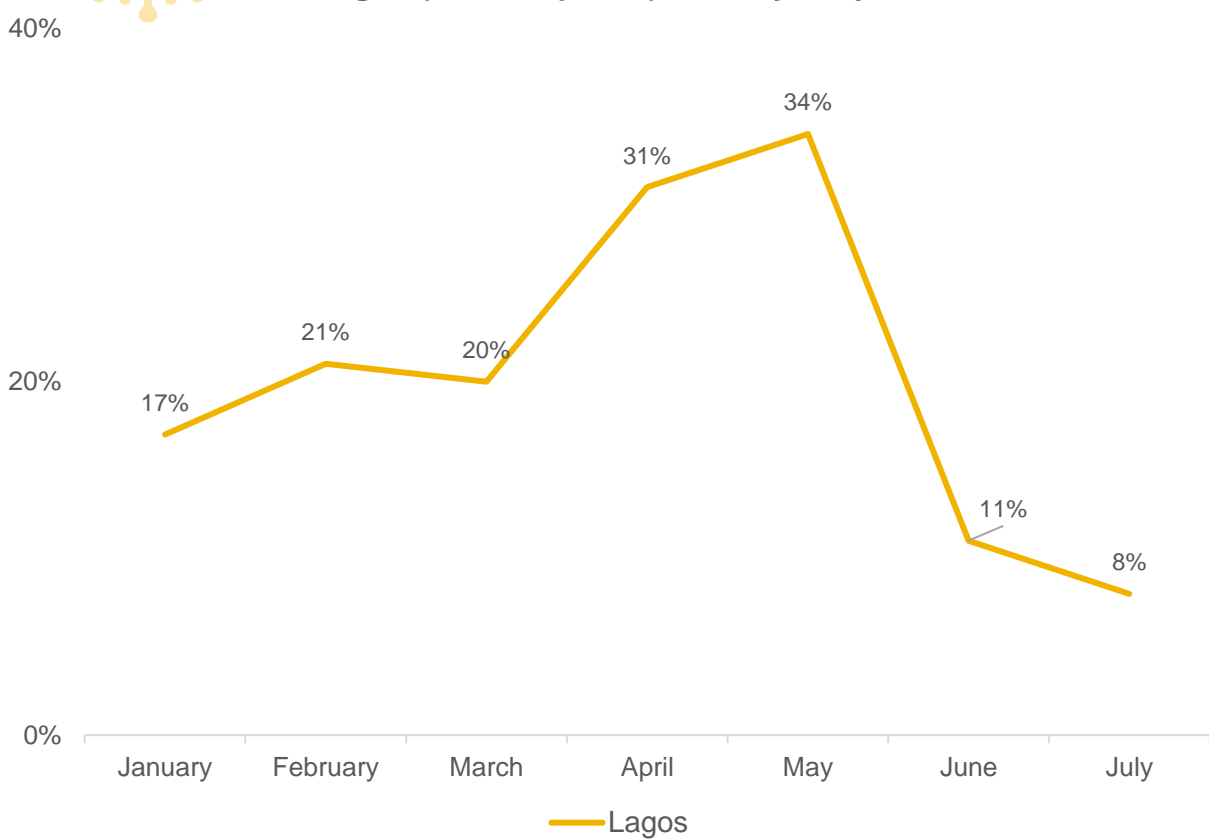
ToC critical assumption

PHC service-delivery models increase quality and access to services

Percent of FP facilities reporting stockouts of any FP commodities for 7 consecutive days, Lagos



Percent of facilities reporting stockouts of LARC commodities in Lagos (CHAI PopCare) January–July 2020



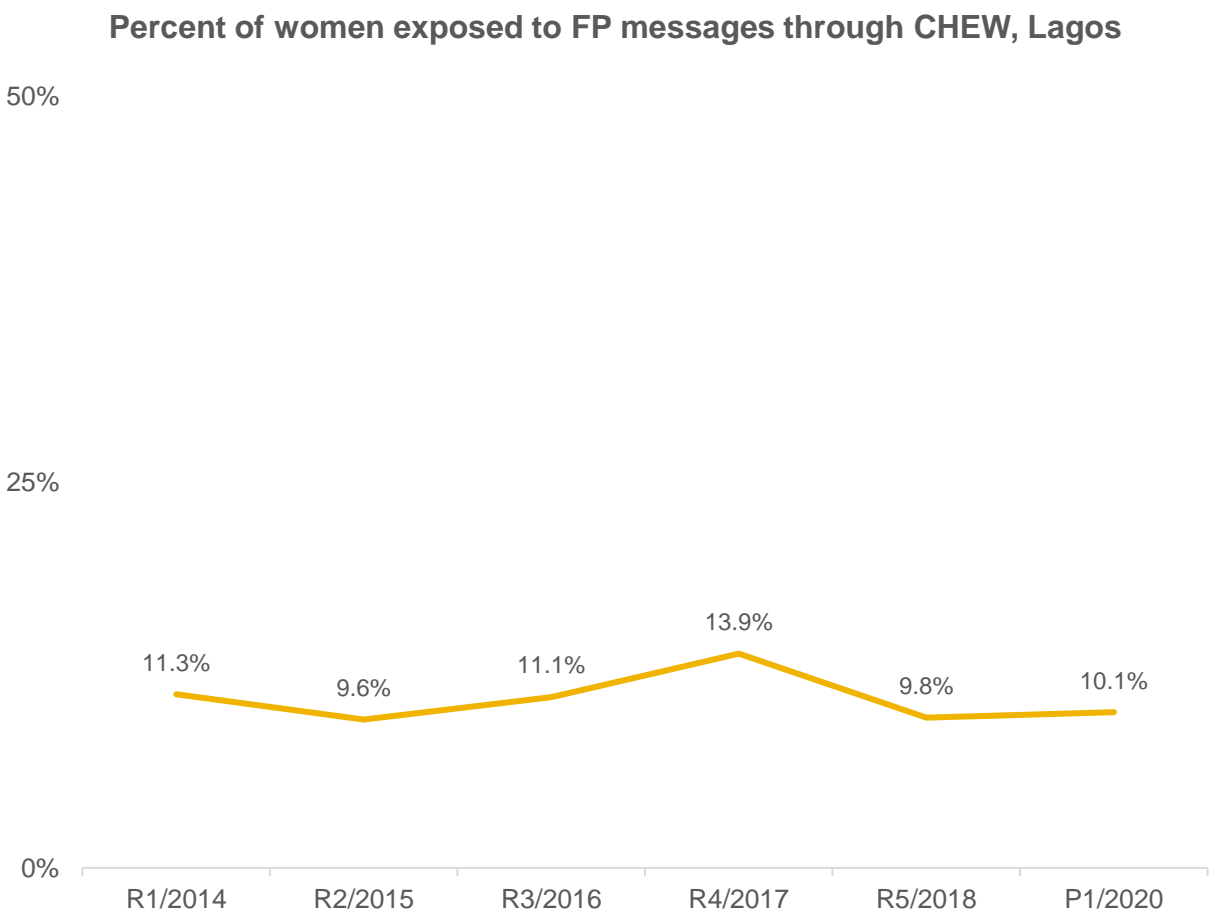
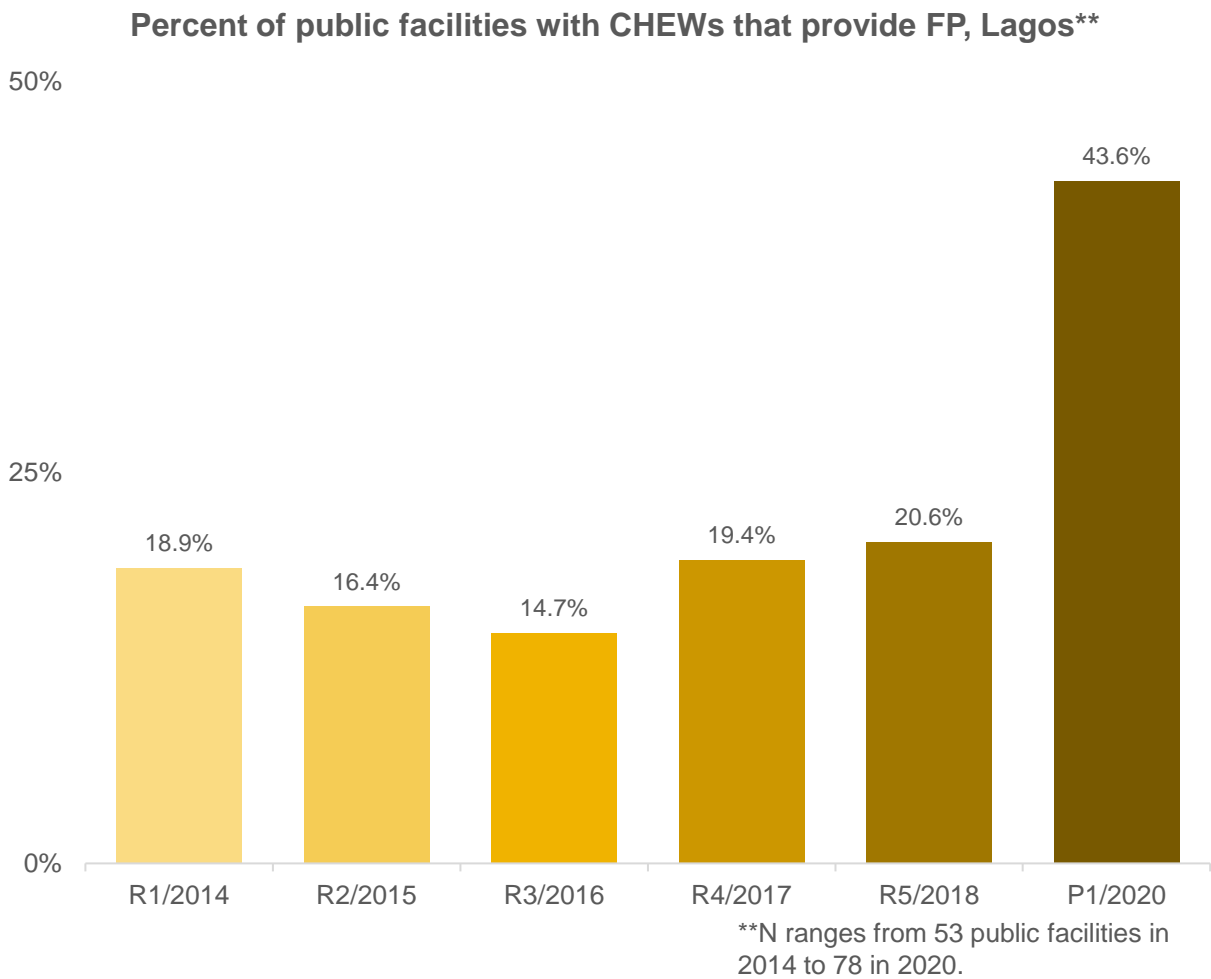
Source: National FP Dashboard, CHAI PopCare monitoring data

# Access to services through CHEWs

*The percent of facilities with CHEWs that provide FP jumped in 2020 after a long flat trend, while exposure to FP messages through CHEWs remains low and flat.*

ToC critical assumption

PHC service-delivery models increase quality and access to services

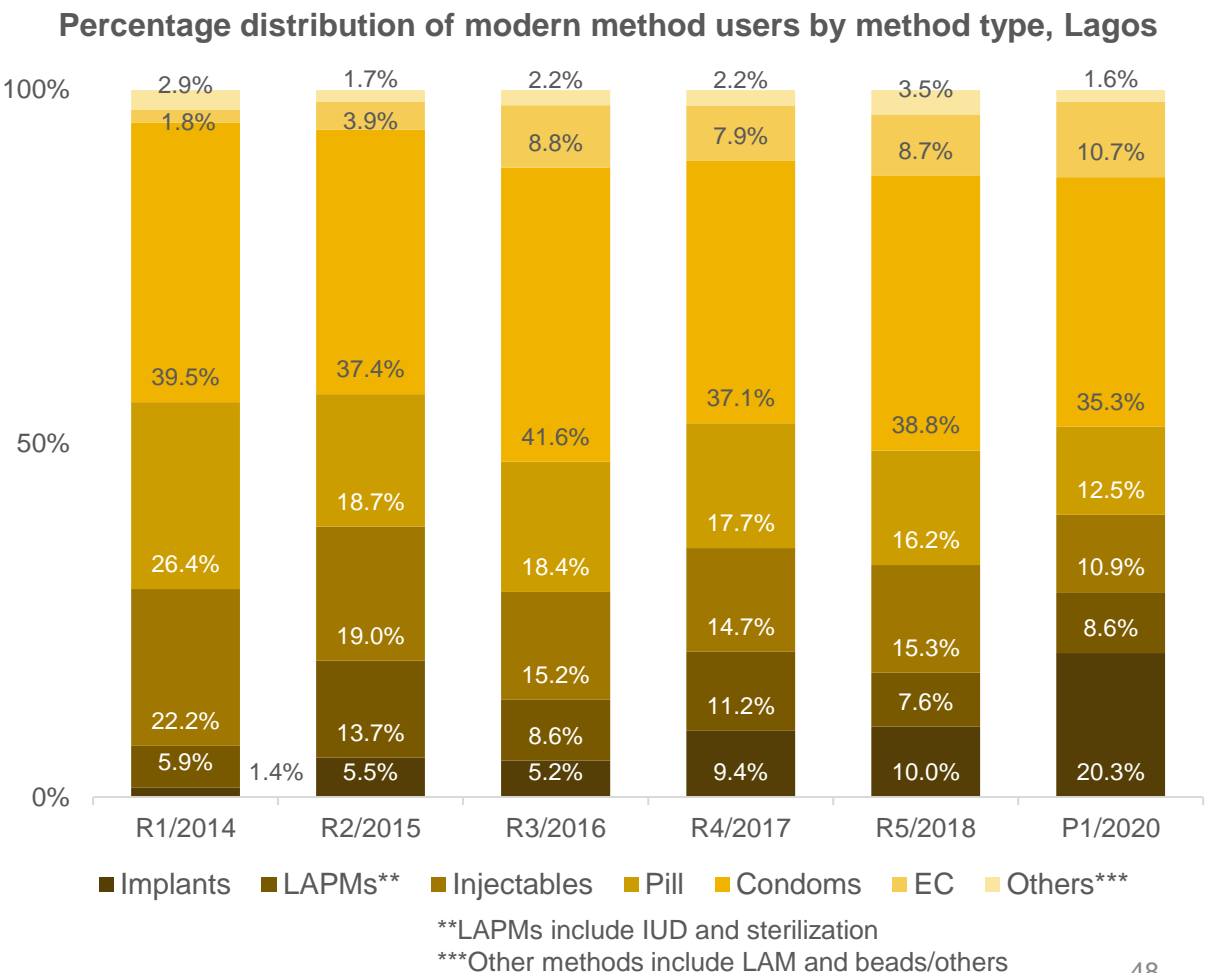
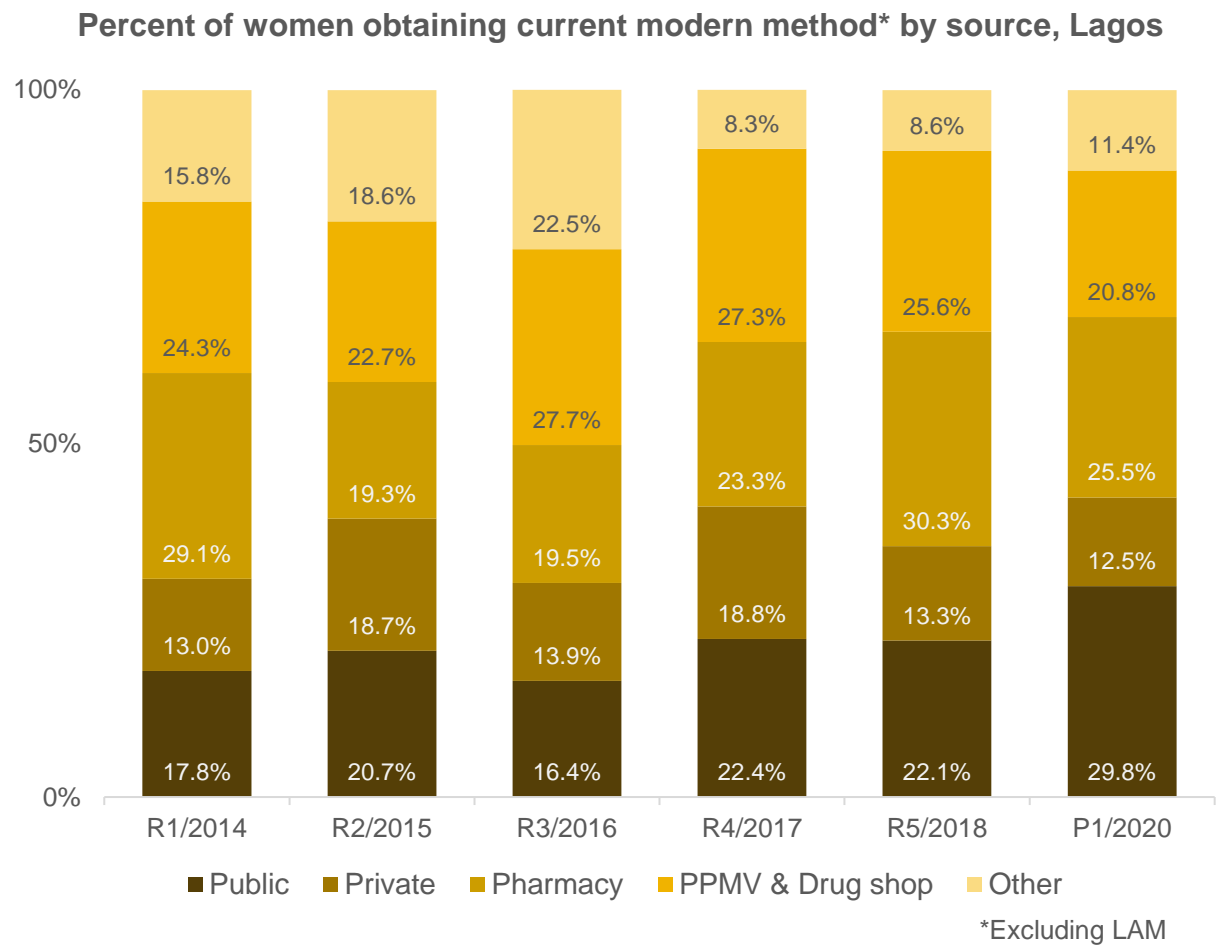


# Where women get their methods

*In Lagos, there has been a notable shift in the percentage of women getting their methods from public facilities rather than pharmacies and PPMVs. This trend tracks with the recent increase in use of implants, which are obtained from facilities.*

**ToC critical assumption**

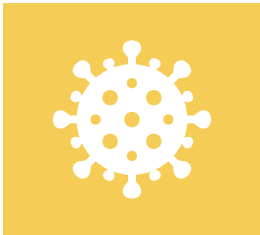
PHC service-delivery models increase quality and access to services



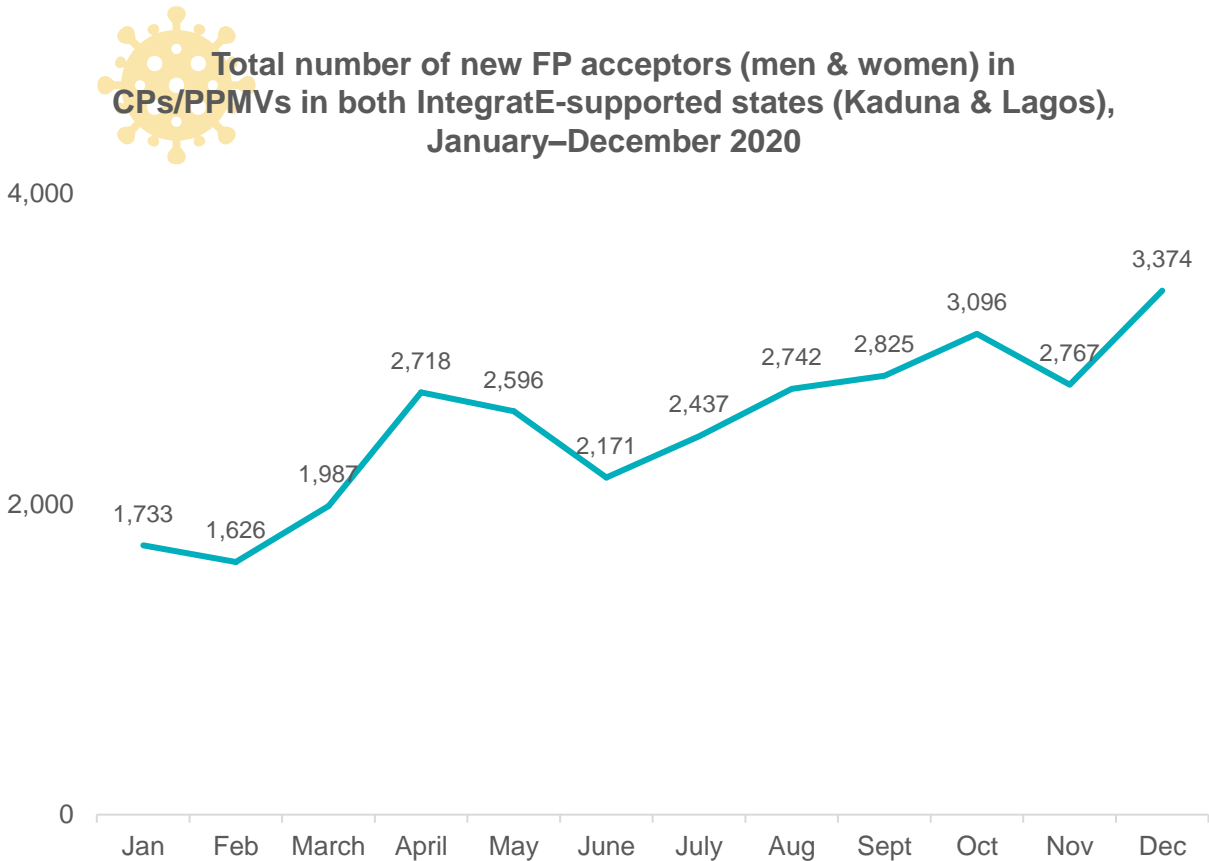
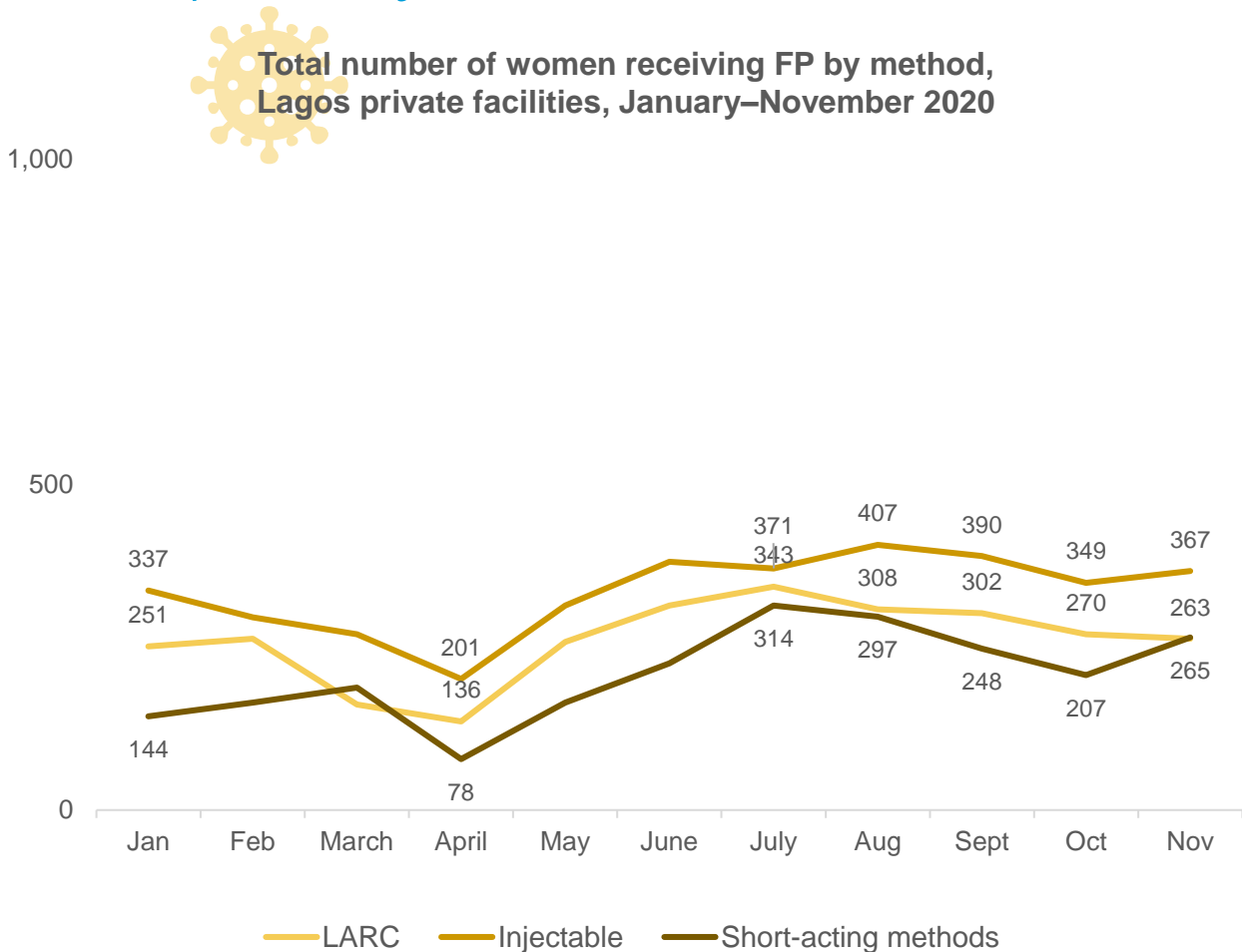
Source: PMA2020 data (R1-R5 and P1, Lagos)



# FP uptake at private facilities during COVID-19



*In private PPFP facilities, the provision of all method types dropped in April but has increased since lockdown ended. An uptick in FP provision in community pharmacies (CPs) and PPMVs during lockdown, and a slight decline in June suggests that individuals turned to CPs/PPMV for their FP needs while unable to visit health clinics.*

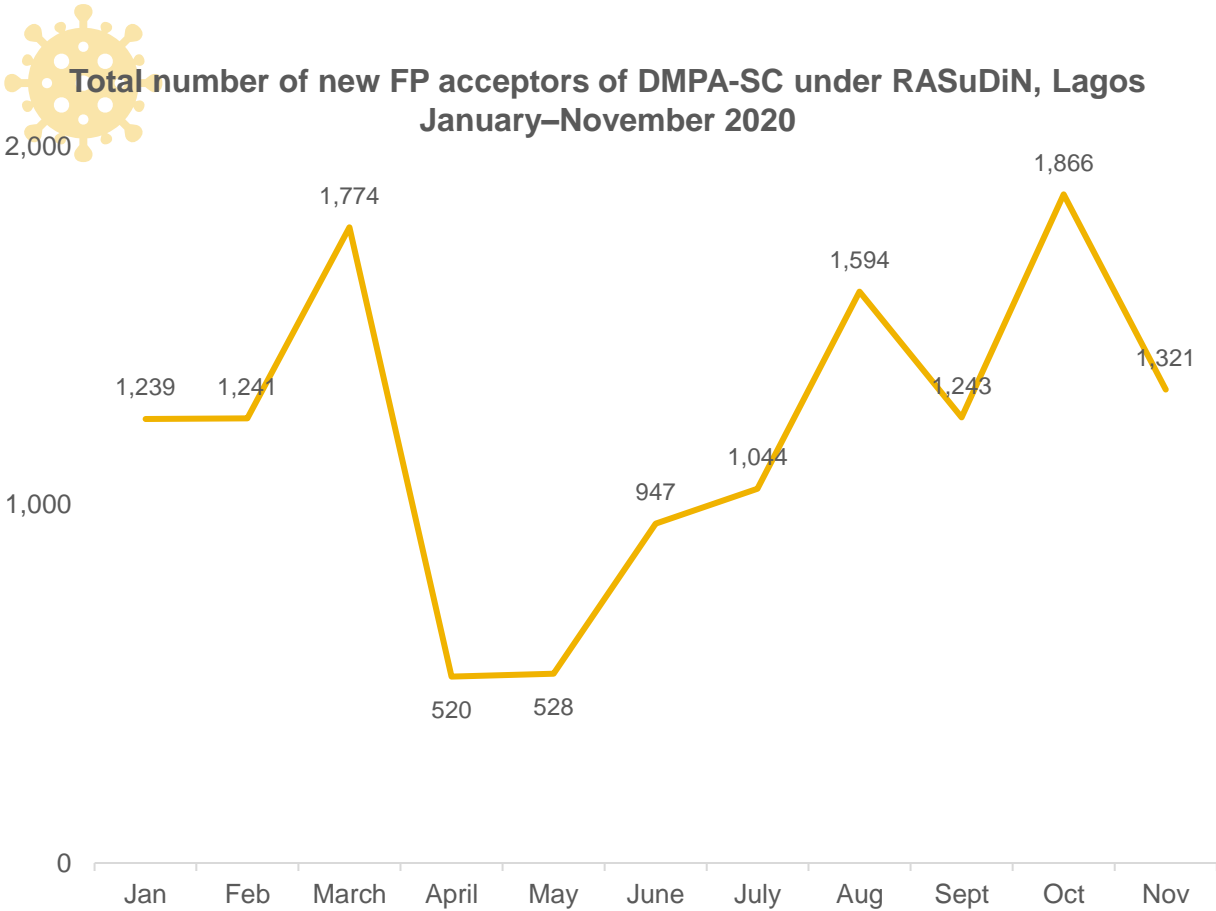
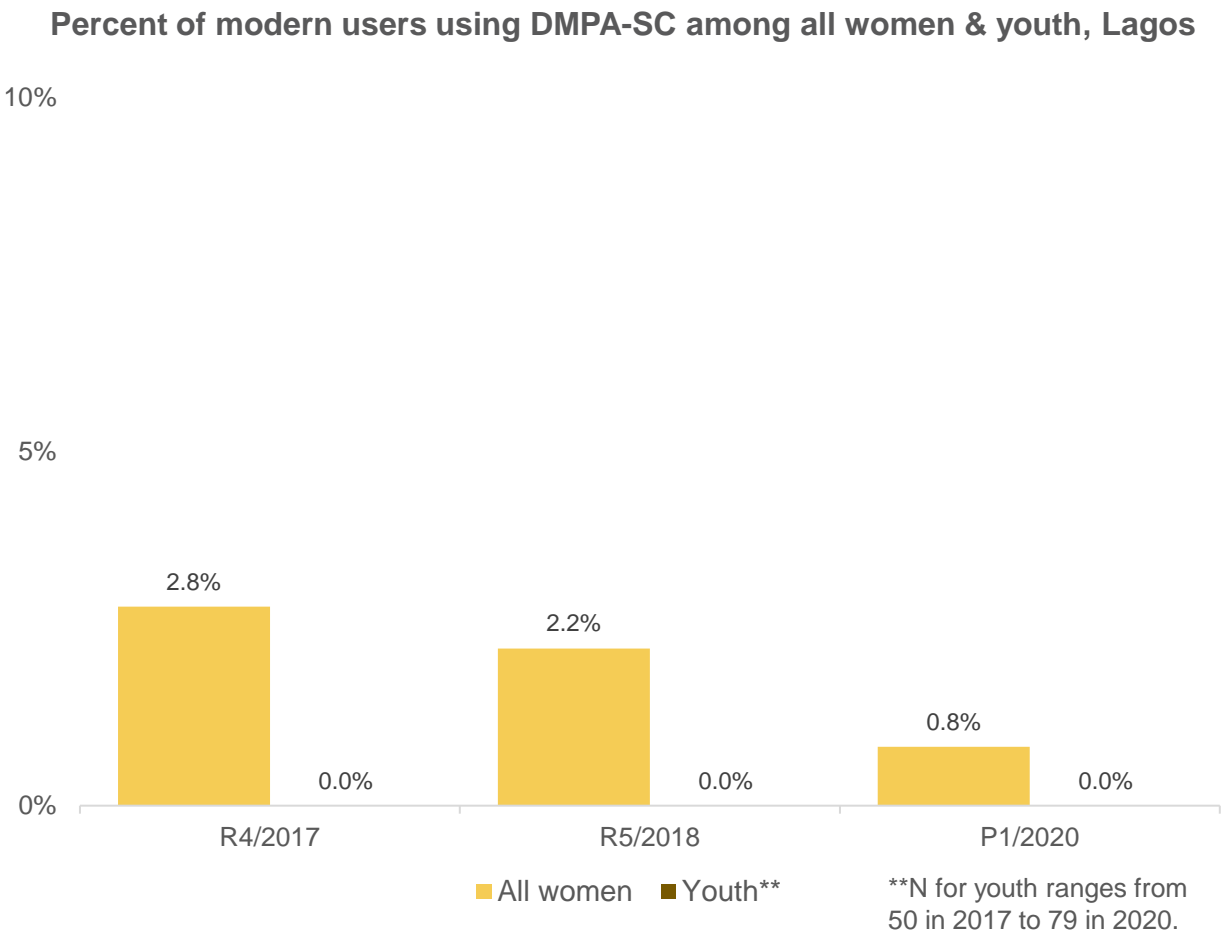


# Use of DMPA-SC

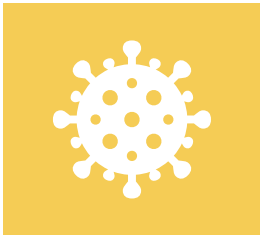
*In Lagos, use of DMPA-SC decreased among all women while no youth surveyed reported using DMPA-SC. The state reported a steep drop in new users during lockdown; however, use slowly increased to close to pre-COVID-19 levels by August.*

ToC critical assumption

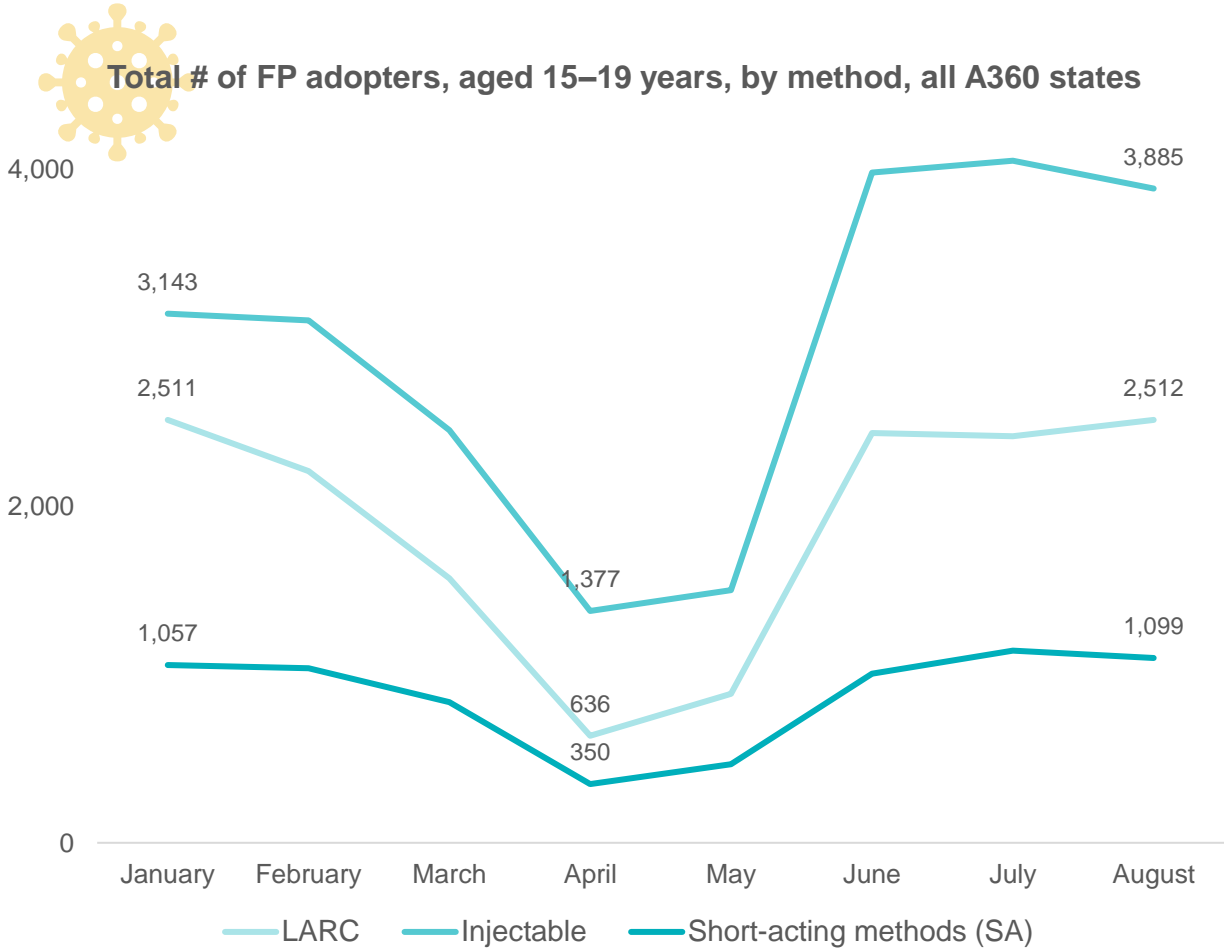
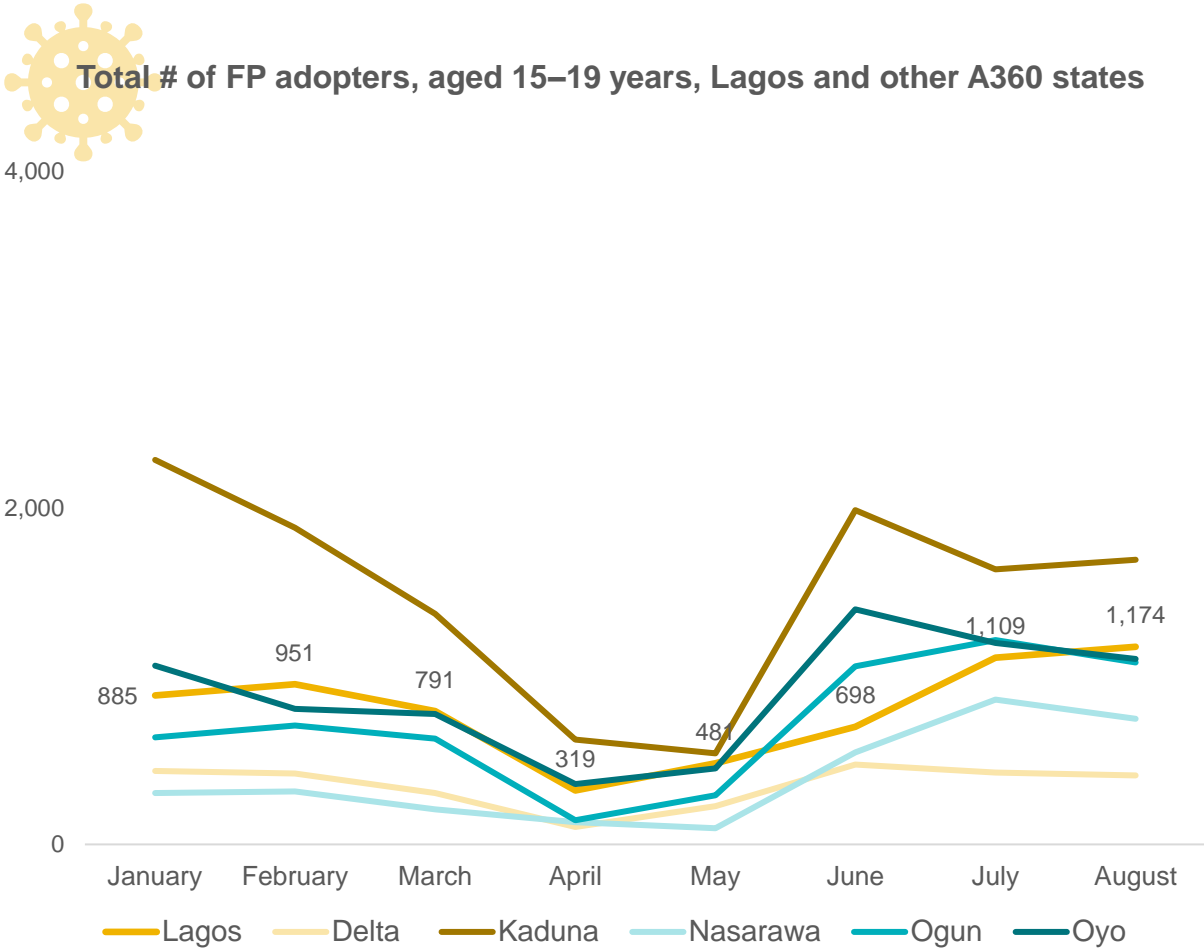
Introduction of new methods generates new demand for services, especially among youth



# FP uptake among youth during COVID-19



*In A360 states, FP adoption by youth decreased sharply during lockdown; however, youth rapidly adopted methods after lockdown. This V-shaped pattern was less pronounced for short-acting methods than for LARCs or injectables.*

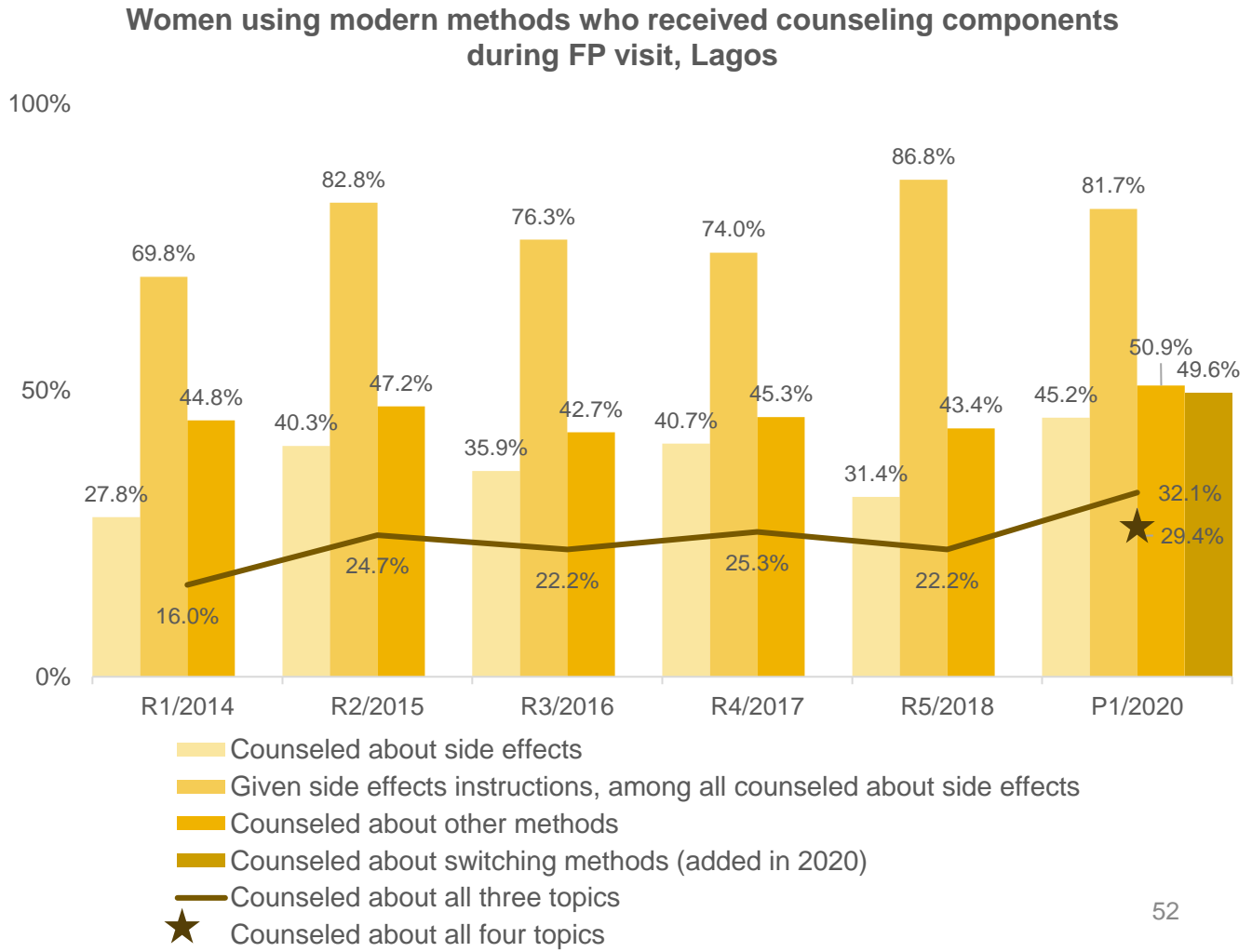
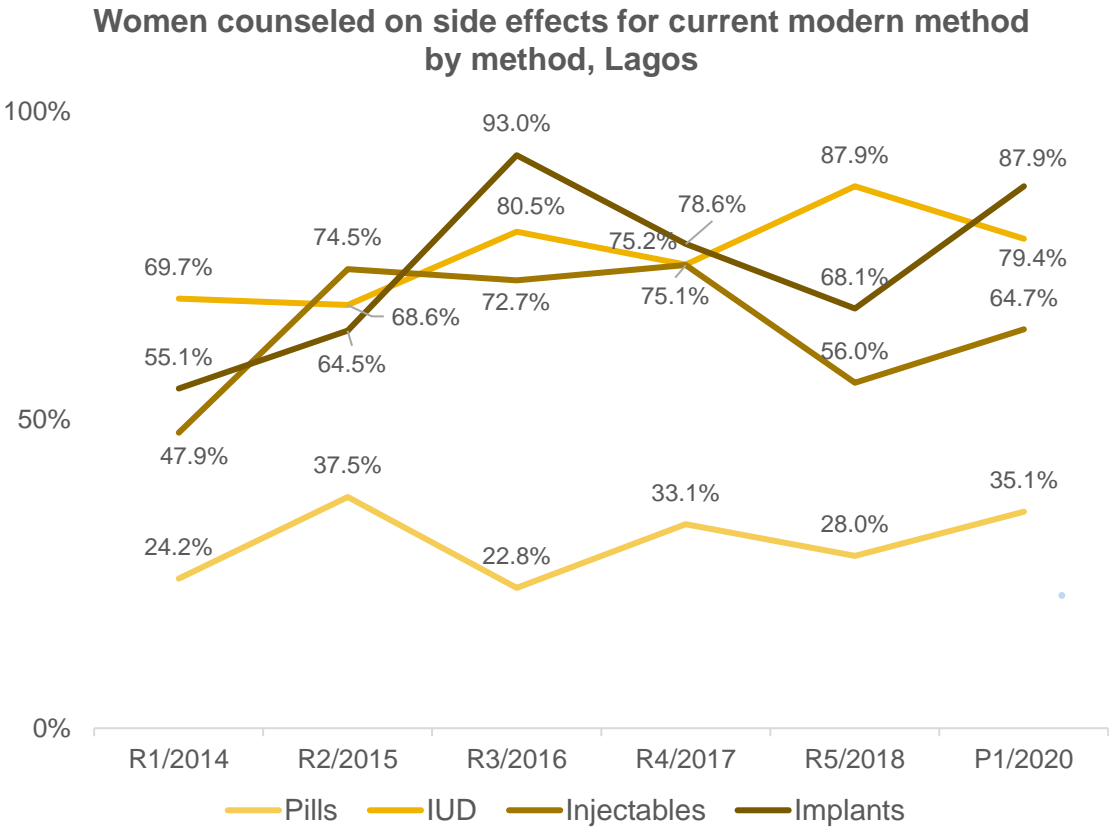


# Service delivery quality: Side-effect counseling

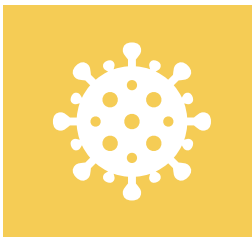
*In Lagos, the percentage of users counseled about side effects has fluctuated around a general modest upward trend for IUD and implants. There is a small upward trend in users receiving multiple components of counseling, but the level is still relatively low.*

ToC critical assumption

PHC service-delivery models increase quality and access to services



# COVID-19 impact: Service delivery



*During state lockdowns, in-person outreaches, FP trainings & supportive supervision were paused. However, grantees were able to continue FP service provision and TA to facilities.*

March

June

September



*Stopped activities*

- ▶ **Community health extension worker (CHEW) outreaches**
- ▶ **Distribution of consumables & instruments to BMGF project-supported facilities** in lockdown states
- ▶ **Commodity and consumable stock assessments**
- ▶ **Face-to-face meetings, engagements, and trainings** (e.g., trainings on FP counseling, referral & methods, and data collection & reporting for traditional birth attendants [TBAs], health providers, community pharmacists [CPs], and PPMVs)
- ▶ **Onsite & integrated supportive supervision activities** for quality assurance for CPs, PPMVs, TBAs, and health facilities

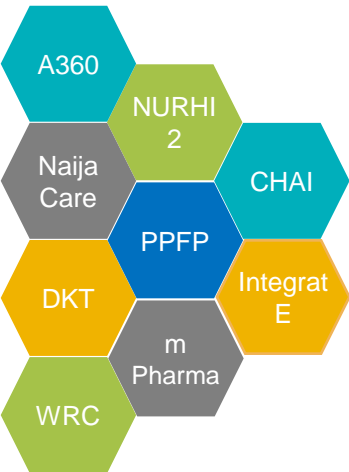
▶ *No new stopped activities*



*Continuing activities*

- ▶ **FP service provision** continued, including village health worker visits in LGAs
- ▶ **Technical support to CPs, PPMVs, facilities and state partners** continued through various platforms (e.g., online Community of Practice platform to support CPs & PPMVs, WhatsApp to track FP service uptake, online TA to strengthen supply chain)
- ▶ **Distribution of consumables & instruments to BMGF project-supported facilities** continued in non-lockdown states
- ▶ **Engagements** with health facilities, CPs, PPMVs & local stakeholders were held virtually to prioritize FP services in project states
- ▶ **Data collection & analysis of service statistics for FP program M&E** continued via virtual platforms

- ▶ **Trainings and supportive supervision** for health providers & facilities, CPs, PPMVs, continued through various formats
- ▶ **Need assessment and data quality assessment** at health facilities continued



# COVID-19 impact: Service delivery

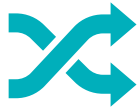
*Facilities reported a reduced client flow due to anxiety of contracting COVID-19, and stockouts of some FP commodities as resources were invested in the pandemic.*



March

June

September



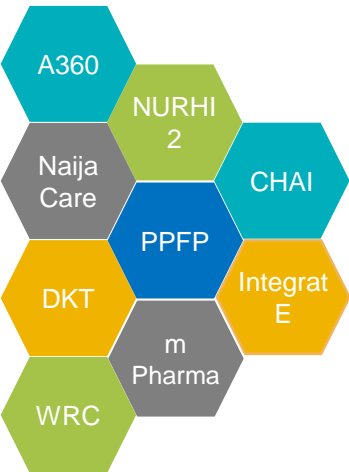
## Adaptations

- ▶ **Updated training protocols on FP counseling & service provision** for providers, community-based distributors, CPs & PPMVs with focus on COVID-19 prevention & protection
- ▶ **Moved face-to-face engagements & meetings with stakeholders, and FP trainings, supportive supervision & technical support to health facilities to virtual format** (e.g., trainings on FP practice, online data collection, supportive supervision via WhatsApp)
- ▶ **Adjusted supportive supervision checklist** that can be used virtually rather than in-person at clinics
- ▶ **Used e-copies of referral cards** instead of paper cards to track service counseling and referrals
- ▶ **Redesigned in-person meetings & trainings** to align with IPC rules
- ▶ **Incorporated topic on COVID-19 response into FP trainings**
- ▶ **Collected data virtually** during the lockdown period



## Challenges

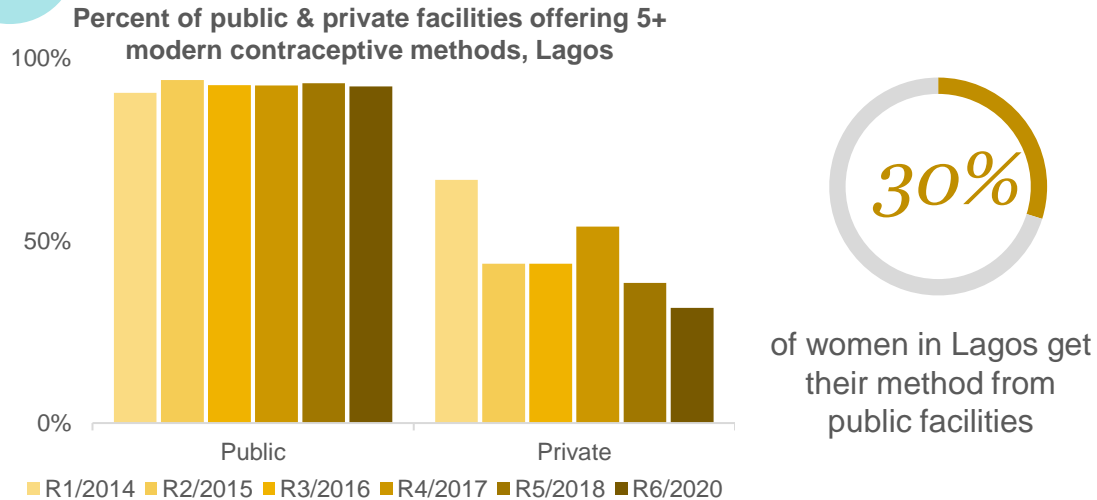
- ▶ **Suspension or delay in face-to-face activities** due to social distancing regulations shifted grantees' implementation timelines
- ▶ **Reduced client flow at FP and antenatal care facilities** due to community anxiety of contacting COVID-19 at the facilities
- ▶ **Stockout of some FP commodities** (e.g., LARCs) due to non-distribution of commodities by the FMOH, lack of transportation
- ▶ **Inability to assess clinical skills** for quality assurance of service provision
- ▶ **Limited capacity of stakeholders, LGA reproductive health supervisors & providers** to participate in virtual activities
- ▶ **Poor internet connection and irregularity of electricity**
- ▶ **Difficulty to engage and recruit new PPMVs** due to lockdown
- ▶ **Staff attrition at health facilities** causing a gap in FP service provision
- ▶ **Low turnout rate** due to absence or adjustment to online trainings



# Summary dashboard: Service delivery model testing

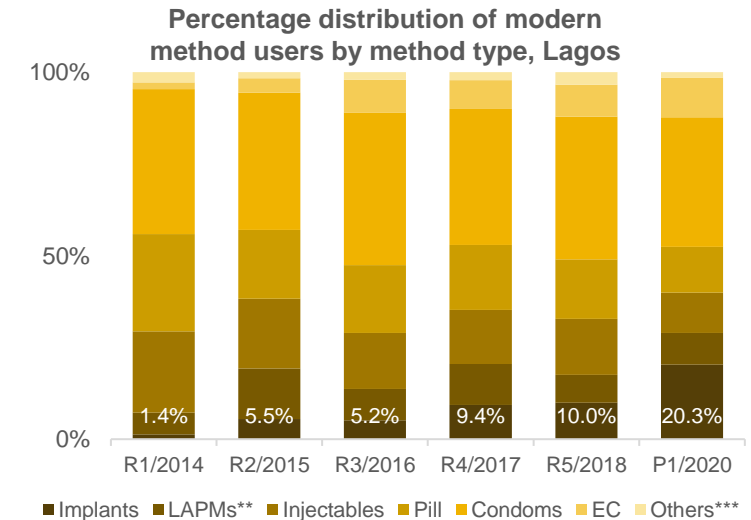
*In Lagos, most public facilities offer at least 5 modern methods. Use of implants is increasing but use of DMPA-SC remains low. Service statistics suggest users adapted their FP source during lockdown.*

## Access to FP through public clinics



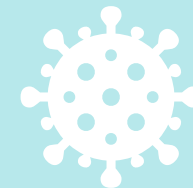
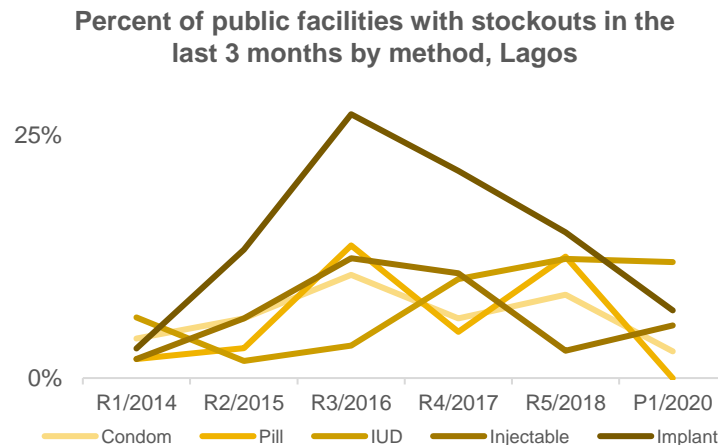
## Distribution of modern method use

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



## Stockout

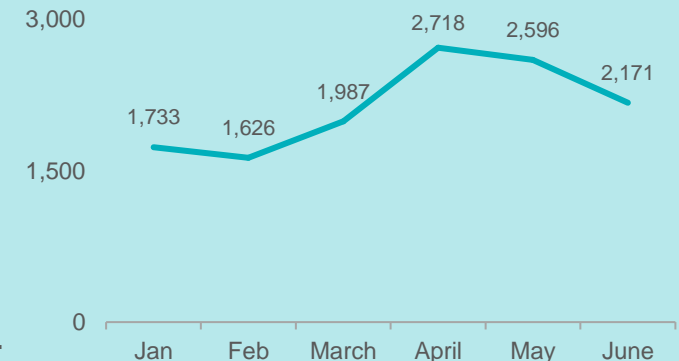
Lagos's public facilities recently reported a decline in stockouts of most methods, especially implants and pills.



## COVID-19 Impacts

During lockdown individuals turned to CPs/PPMVs for their FP needs while access to health clinics was reduced.

### Total number of new FP acceptors in CPs/PPMVs





# Replication and Scale-up

*Nigeria findings*



# Replication and scale-up

Critical assumptions	Expected changes	Sentinel indicators	Progress (Kano)
<i>Matching funds and TA will incentivize scale-up of effective demonstration models.</i>	Successful models are adopted, and replicated or scaled-up	<ul style="list-style-type: none"> <li>▶ Qualitative data on the instances of states scaling up elements of demonstration projects</li> </ul>	
<i>Model programs remain effective when scaled up by others in new contexts</i>	Demand generation	▶ % of women exposed to FP messages by media channel	▼
		▶ % of youth exposed to FP messages by media channel	▼
		▶ % of all women who are not using a FP method who intend to use a method in the future	⊘
		▶ % of youth (15–24) who are not using a FP method who intend to use a method in the future	▼
		▶ % of women agreeing/disagreeing with selected statements on FP	N/A
		▶ % of women who think most, some or few people in their community having selected opinions about FP	N/A

# Replication and scale-up (cont.)

Critical assumptions	Expected changes	Sentinel indicators	Progress (Kano)
<i>Model programs remain effective when scaled up by others in new contexts</i>	Service delivery	▶ % of facilities offering at least five modern contraceptive methods	▲
		▶ % of PPMVs offering modern FP methods	▼
		▶ % of women who obtained their most recent method by source (public sector facilities)	▲
		▶ % distribution of modern FP users by method type (implants)	▲
		▶ % of public facility with stockouts in the last 3 months, by method	▲
		▶ % of women using DMPA-SC	▼
		▶ % of women counseled on side effects for current modern methods	▲
		▶ % of women using modern methods who received counseling components during FP visit	▲



No change

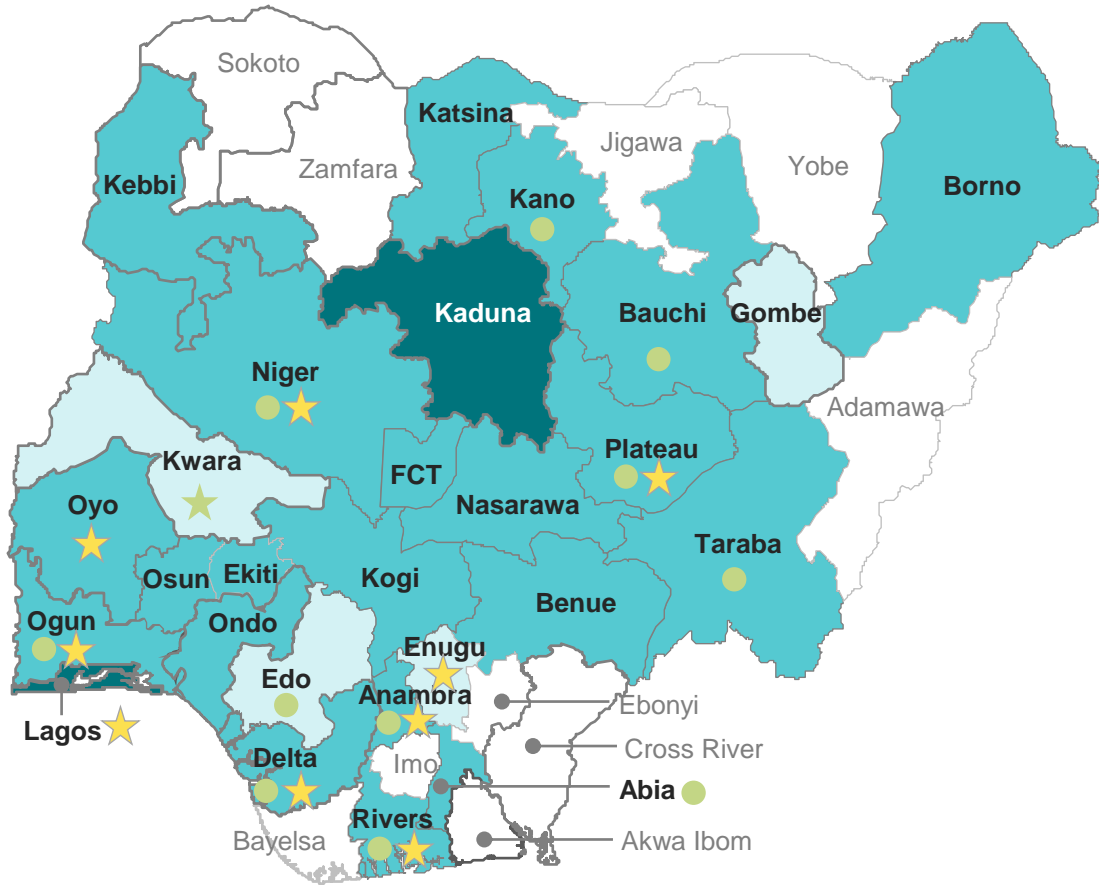


Increasing



Decreasing

# Scale-up and BMGF expansion



■ BMGF deep investment state

■ Scale-up/expansion state, 2016–2018

■ Scale-up/expansion states, 2019–2020

● TCI state

★ RASuDiN state

\*\*DKT works nationwide



## Enabling environment

- ▶ RASuDiN supported the FMOH to print & distribute the revised Nat'l Health Management Information System tools to the 10 project-supported states.



## Demand generation

- ▶ Society for Family Health conducted MTV Shuga Naija Peer Education sessions in Kaduna, Lagos and Kano.
- ▶ RASuDiN leveraged mass media/social media to promote demand for DMPA-SC & other FP methods (e.g., the airing of *Who I Go Ask* radio show, and engaging with young people via social media about DMPA-SC/self-injection).



## Service delivery

- ▶ With the support from PAS, Kaduna became the first and only state in Nigeria that has permission to directly procure FP commodities.



## Scale-up of successful models

- ▶ UNFPA funded the scale-up of MTV Shuga Naija's TV drama in Pidgin language which will be distributed in Akwa Ibom state.
- ▶ Through technical support from TCI, Nasarawa adopted the TCI's facility assessment model.
- ▶ TCI scaled up in Edo state, and expanded its support to additional 28 LGAs across its 10 existing supported states.

# Grantees scaling up FP models in Kano

*We analyze PMA's Phase 1 data for Kano state to assess the replication and scale-up of program activities.*



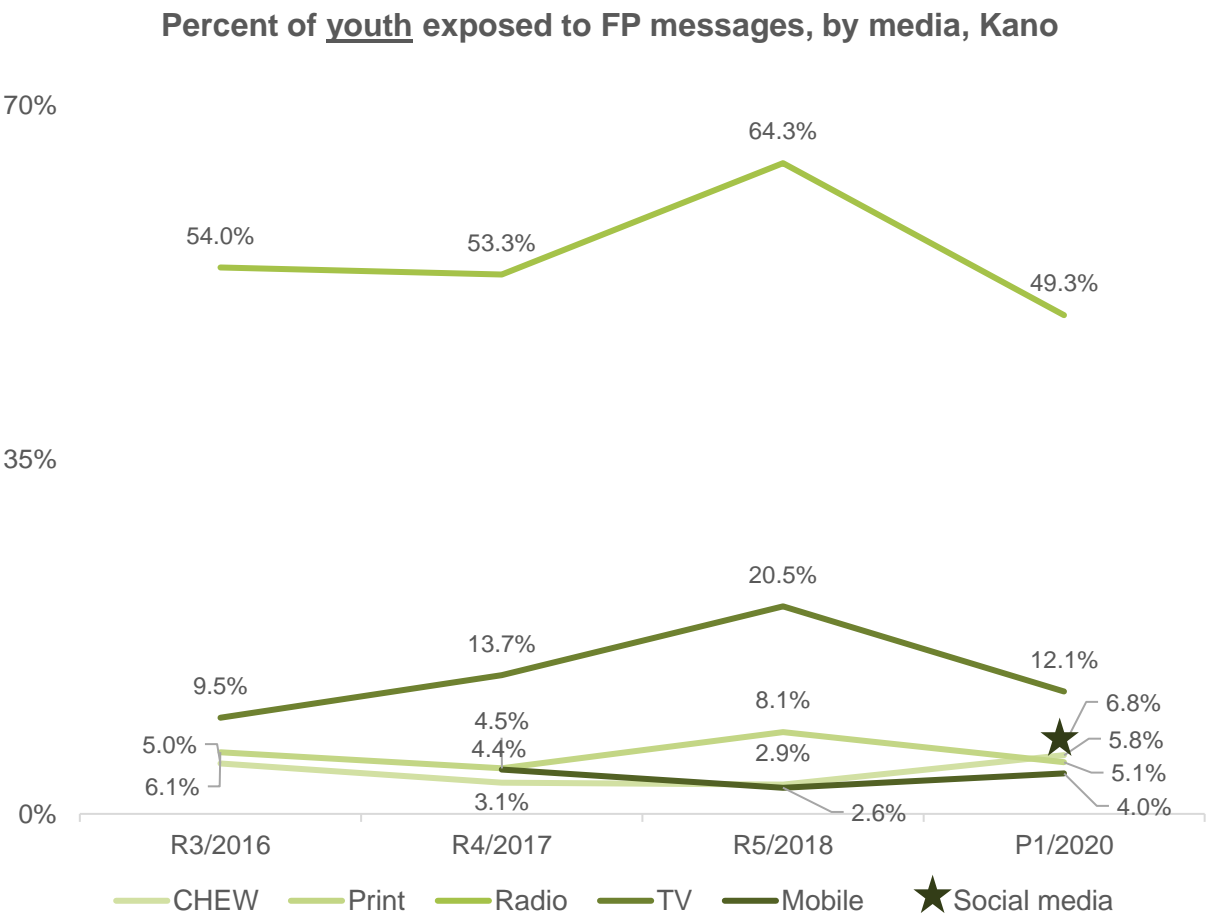
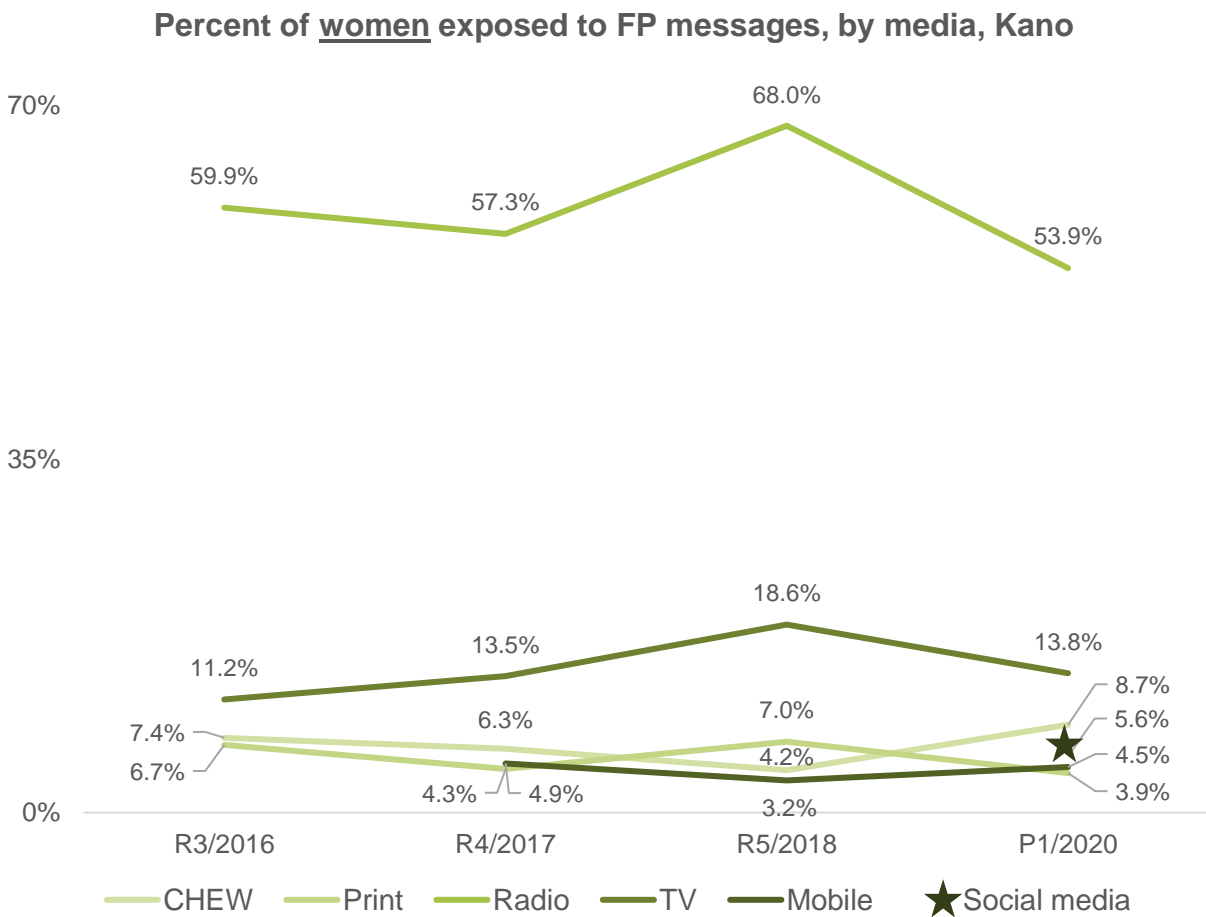
*\*\*Kano is one of MTV Shuga's radio drama focus states (together with Kaduna and Lagos)*

# Scale-up: FP message exposure

*In Kano, radio remains the dominant channel for women & youth's exposure to FP messages although reach of radio messages fell in 2020. FP exposure through other channels is low.*

**ToC critical assumption**

Model programs remain effective when scaled up by others in new contexts

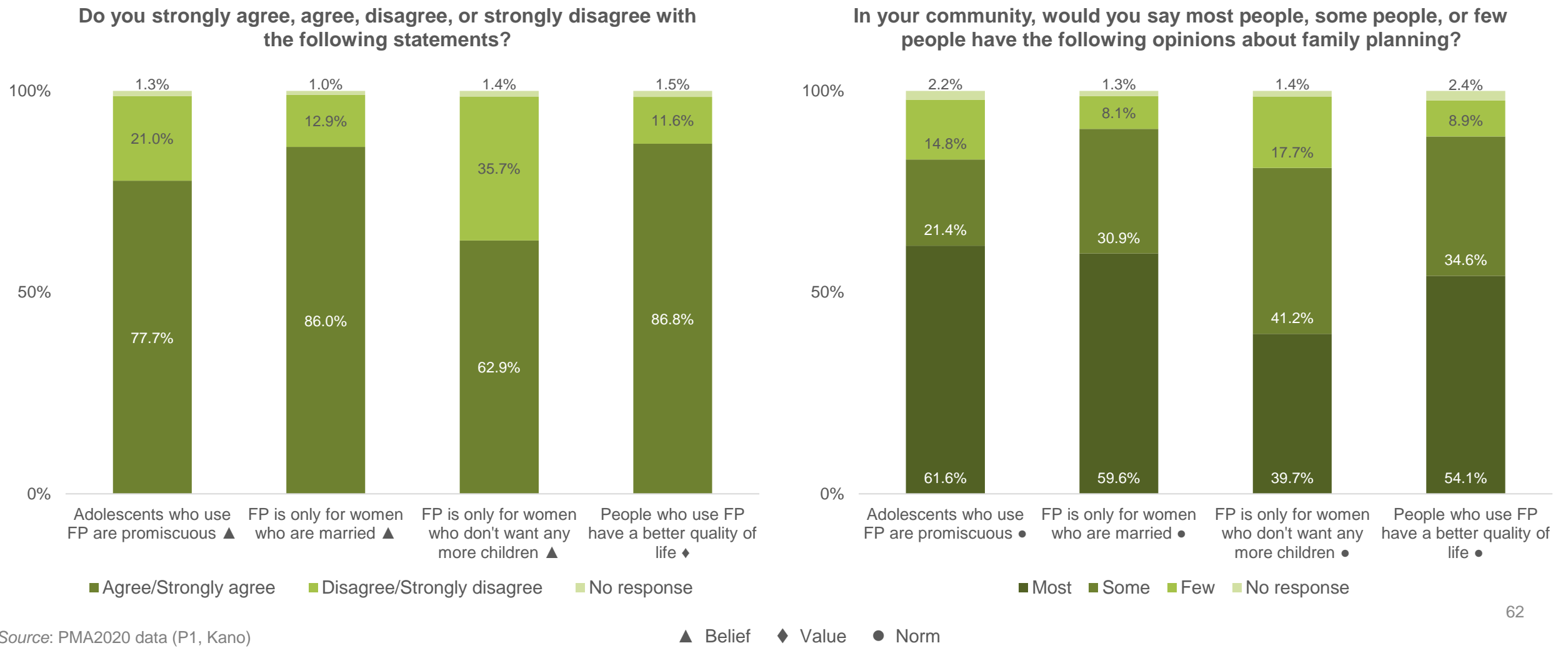


# Scale-up: FP beliefs, values and norms

Generally, less than 35% of Kano women report positive beliefs and values about FP. More than half of women think that most women in their community have negative beliefs about using contraceptives though many of them hold positive values about FP.

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

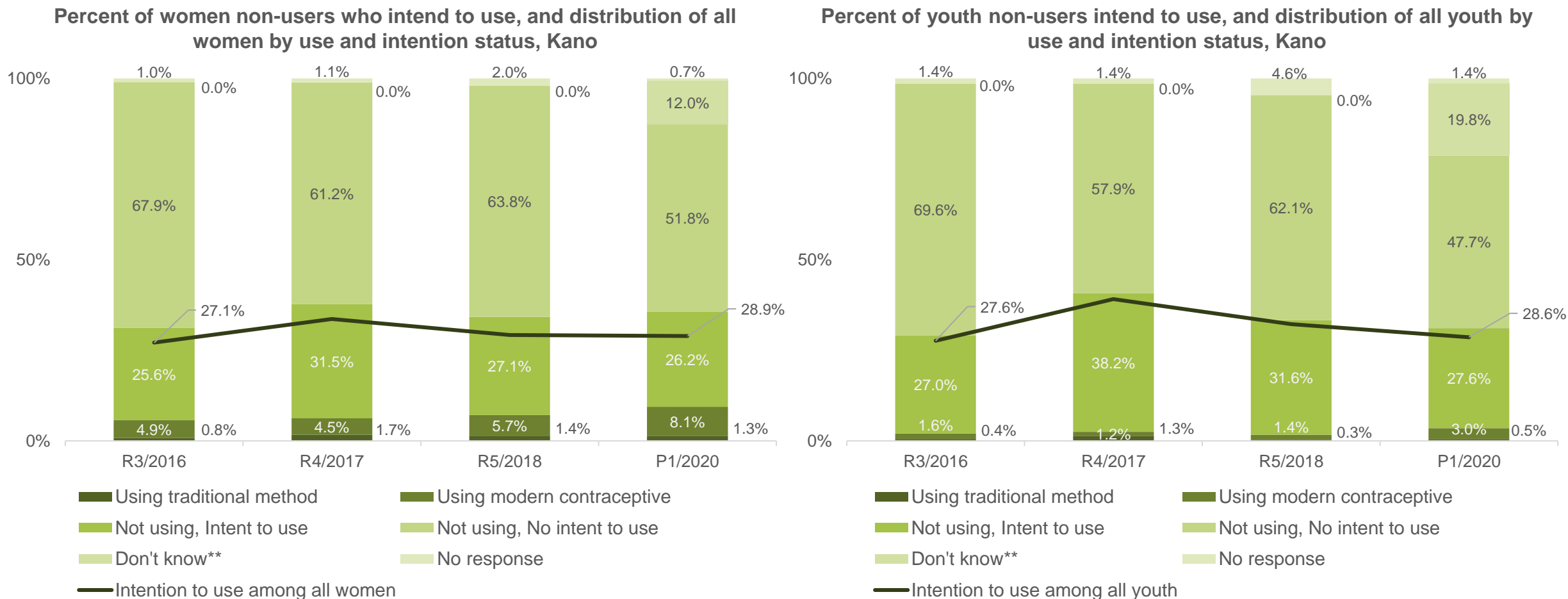


# Scale-up: Intention to use FP: women and youth

*Intention to use among all non-users in Kano is stable and quite low. Intention to use among youth is decreasing slowly; however, a higher percent of respondents, especially youth, reported that they don't know if they will use FP in the future in 2020\*\*.*

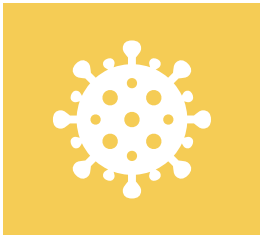
**ToC critical assumption**

Model programs remain effective when scaled up by others in new contexts

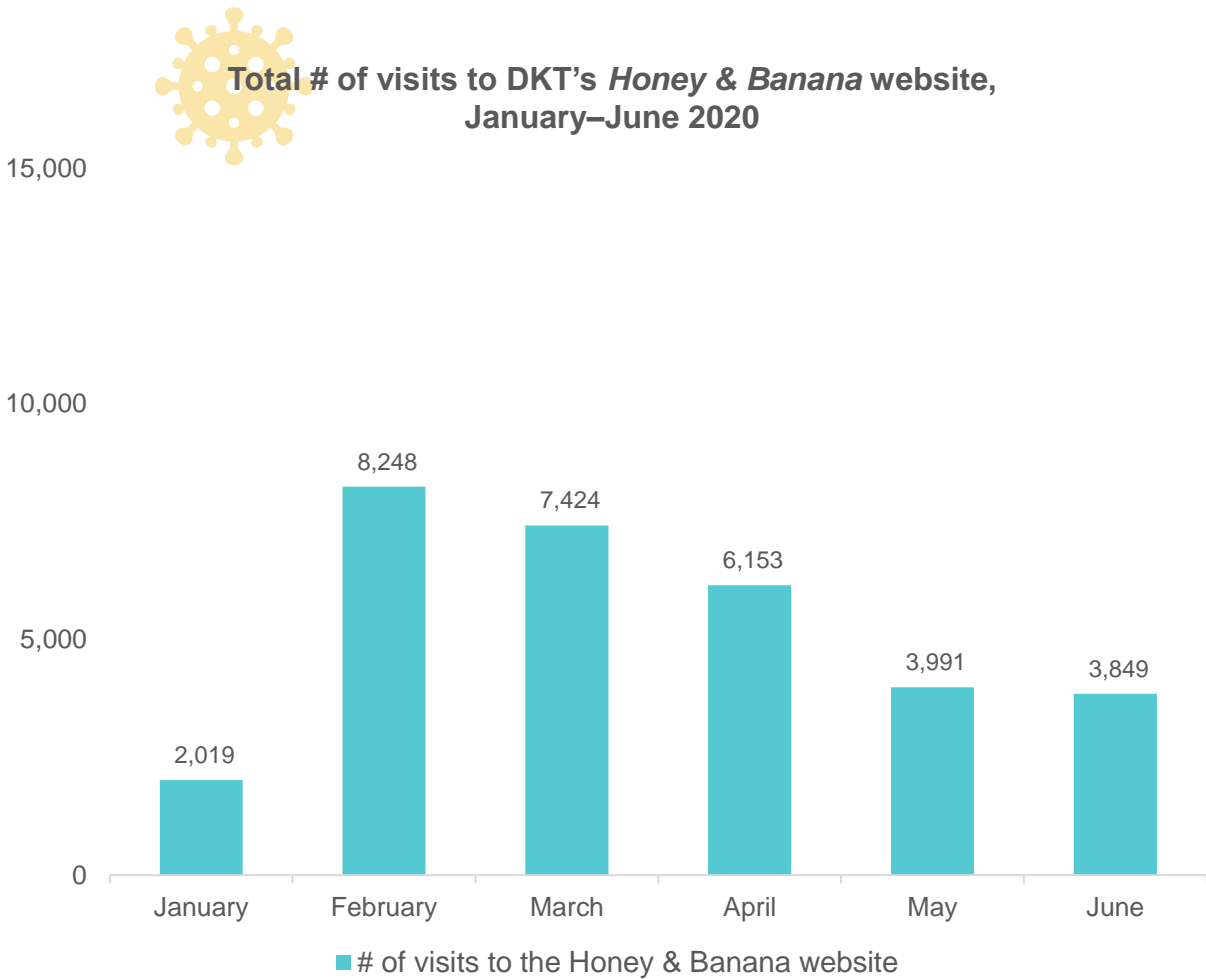
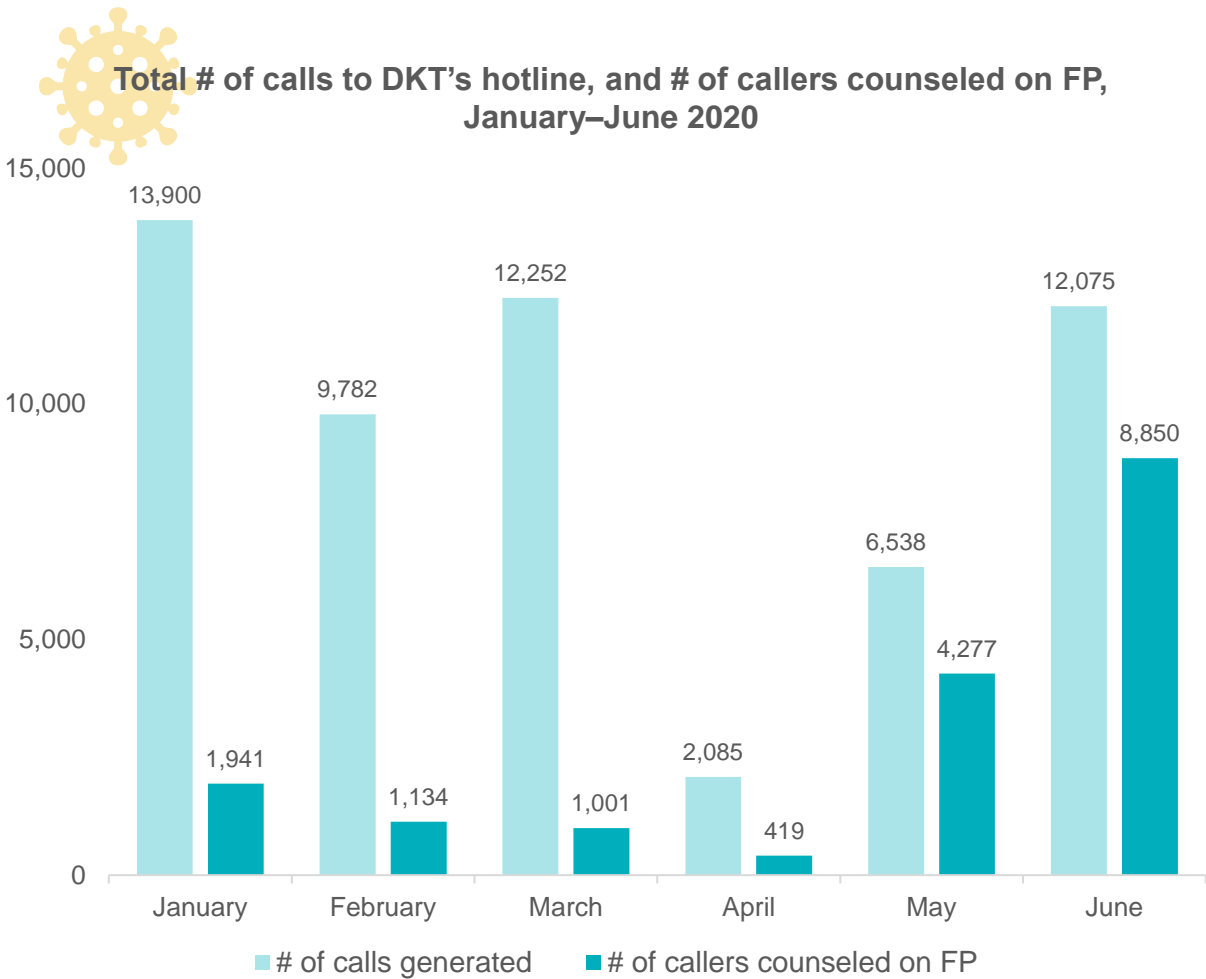


\*\*In P1/2020, PMA added a “don't know” category to the response for intention to use. About 12% and 20% of women and youth responded “don't know” respectively. This change will affect the trend in the intention to use indicator..

# DKT's FP demand generation during COVID-19



*Calls to DKT's hotline dropped substantially in April during the lockdown period but rebounded in May and June with higher levels of counseling. However, visits to the Honey & Banana website dropped steadily from a peak in February.*



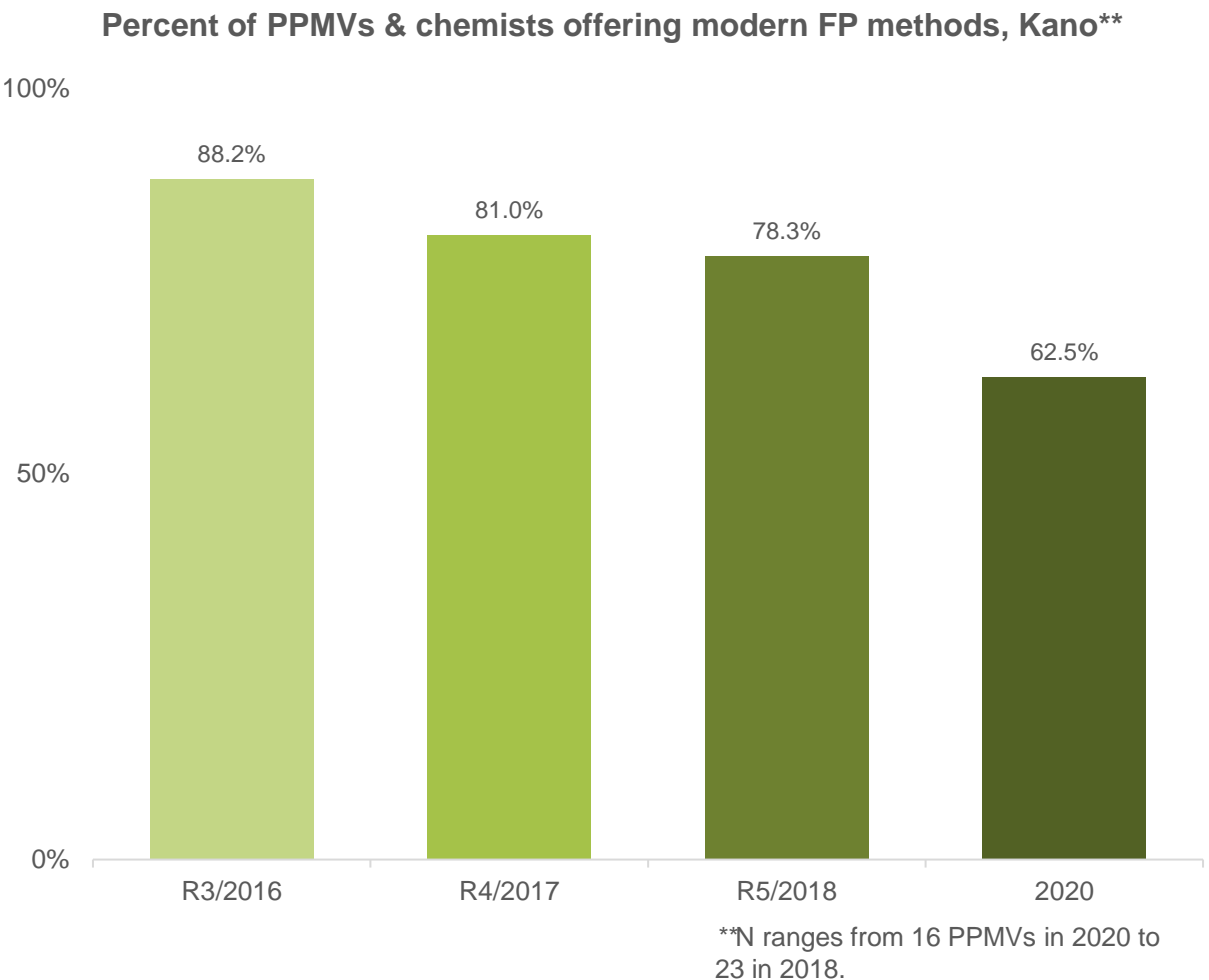
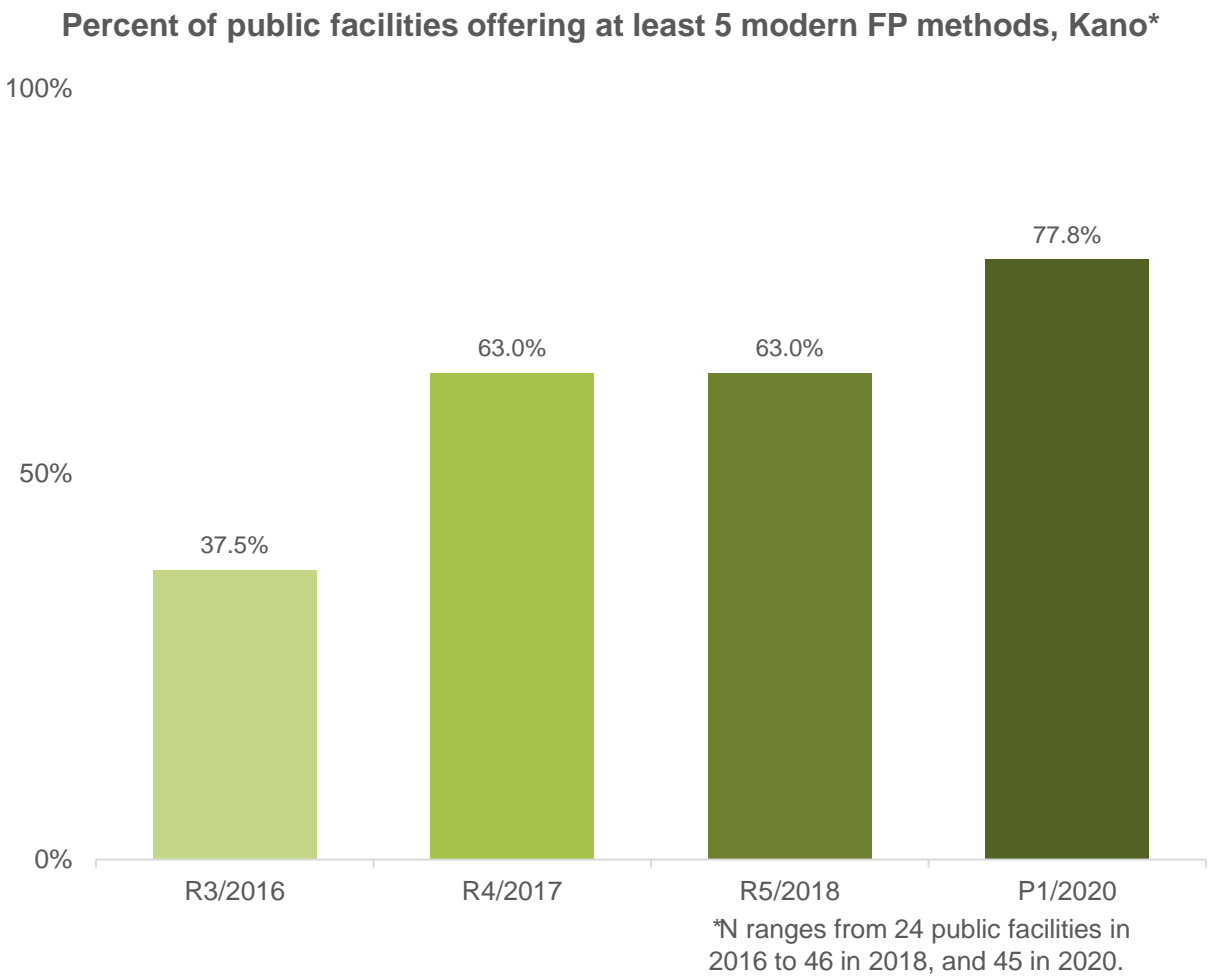


# Scale-up: Availability of FP services

*More public facilities in Kano are offering five or more FP methods in 2020. However, there has been a decline in PPMVs and chemists offering modern FP methods.*

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

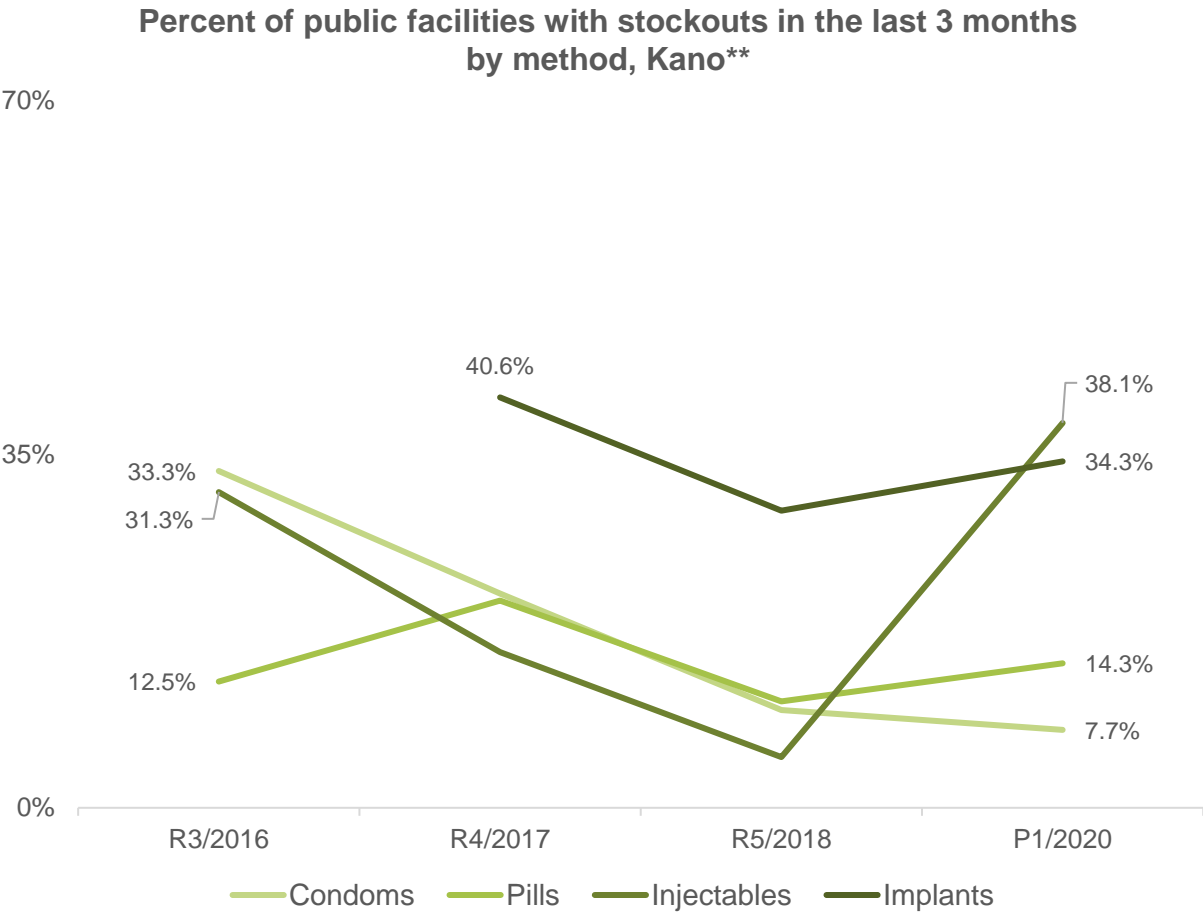


# Scale-up: Method stockouts

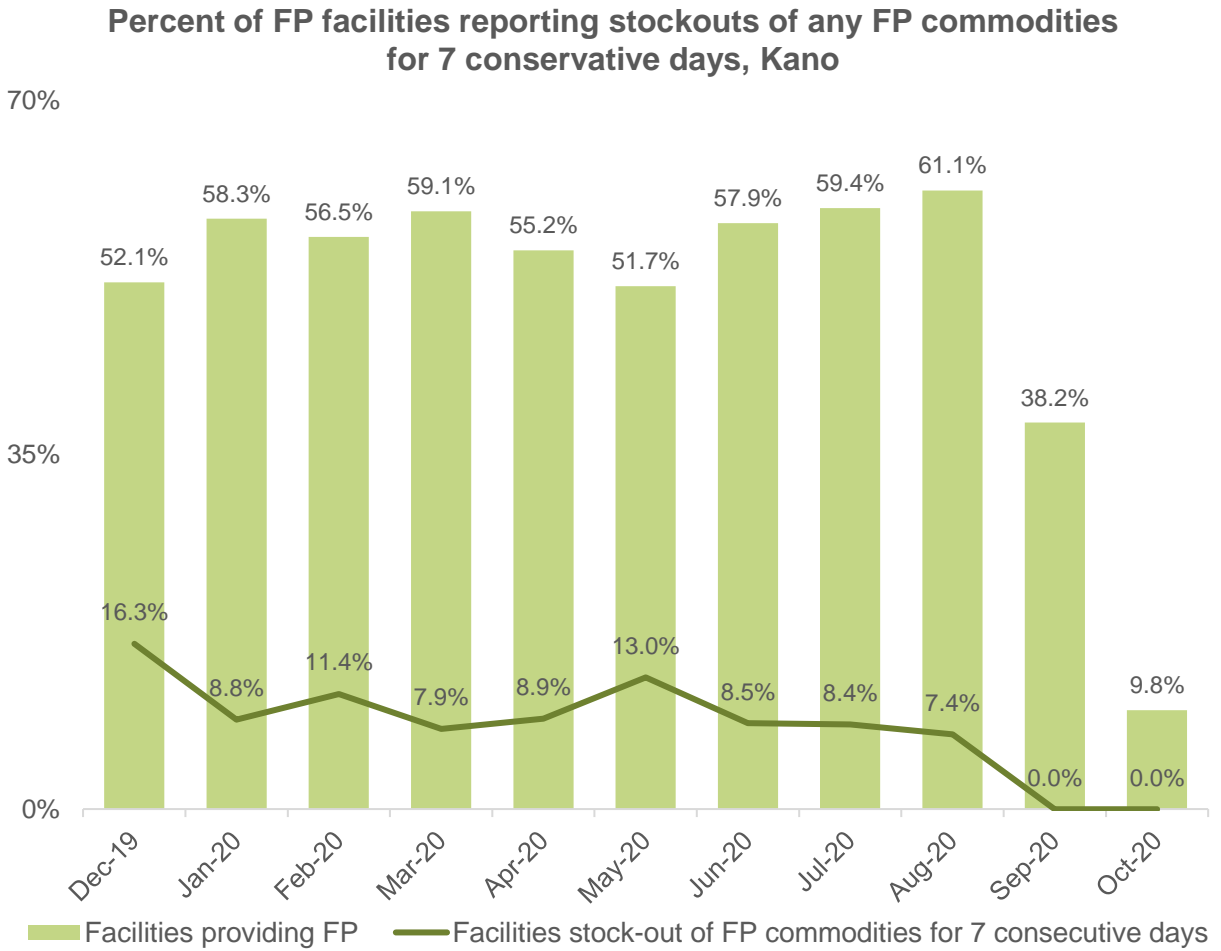
*PMA data show more than one in three public facilities reported a recent stock out of injectables and implants in 2020. In Sept. and Oct., no facility reported stockouts of any FP commodities for 7 days.*

**ToC critical assumption**

Model programs remain effective when scaled up by others in new contexts



\*\*N ranges from 12 for condom in 2016 to 42 for pill and injectable in 2020.

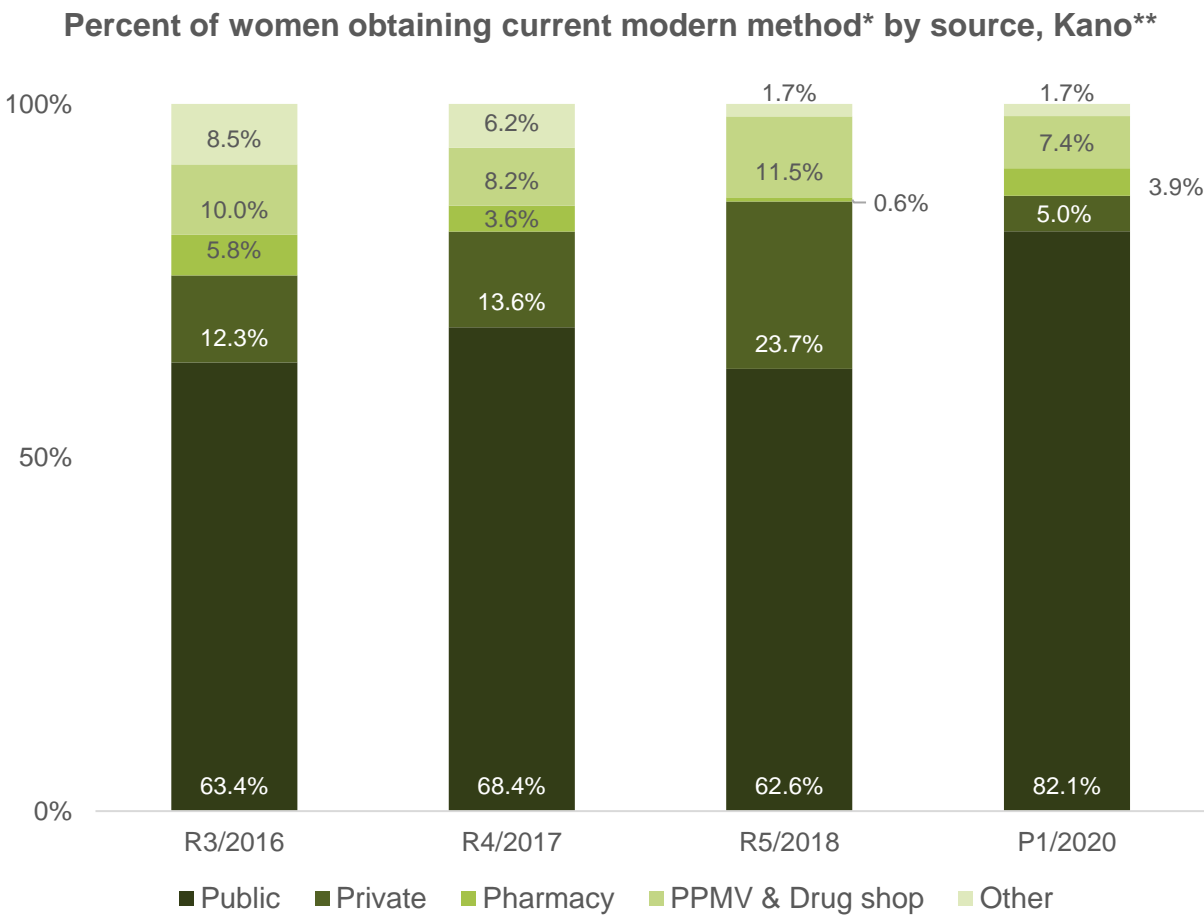


# Scale-up: Where women get their methods

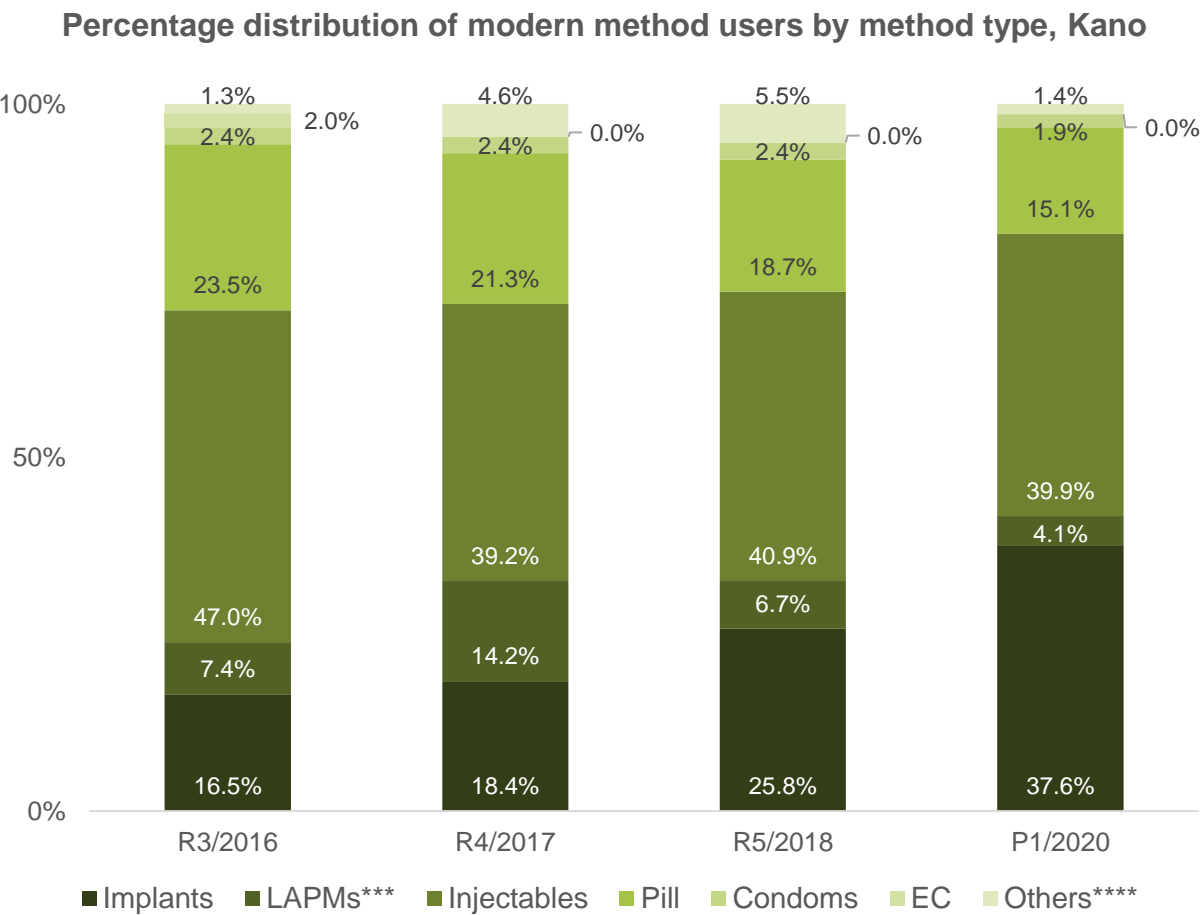
*In Kano, public facilities are the dominant source for FP services, and there has been a shift from private facilities to public facilities in 2020. There has been an increase in use of implants, which are obtained from facilities.*

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

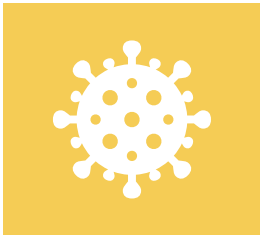


\*Excluding LAM  
\*\*N for women ranges from 68 in 2017 to 91 in 2020.



\*\*\*LAPMs include IUD and sterilization  
\*\*\*\*Other methods include LAM and beads/others

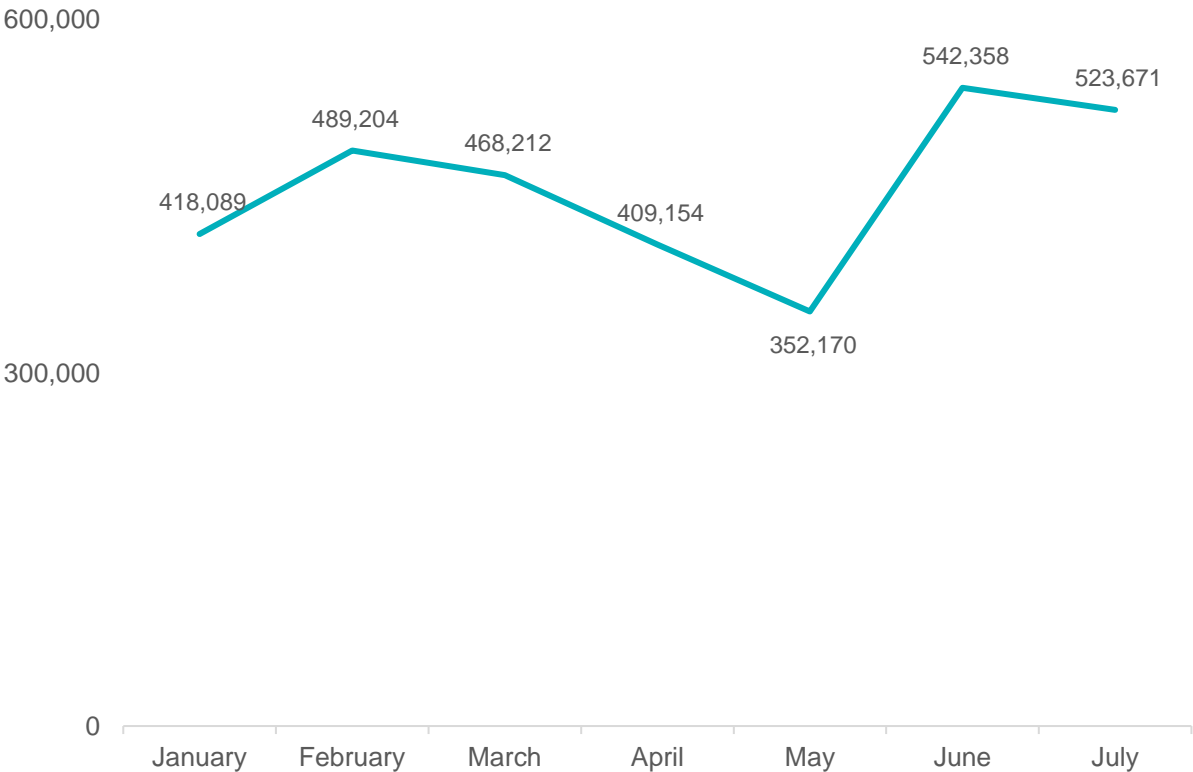
# FP use during COVID-19 in TCI states



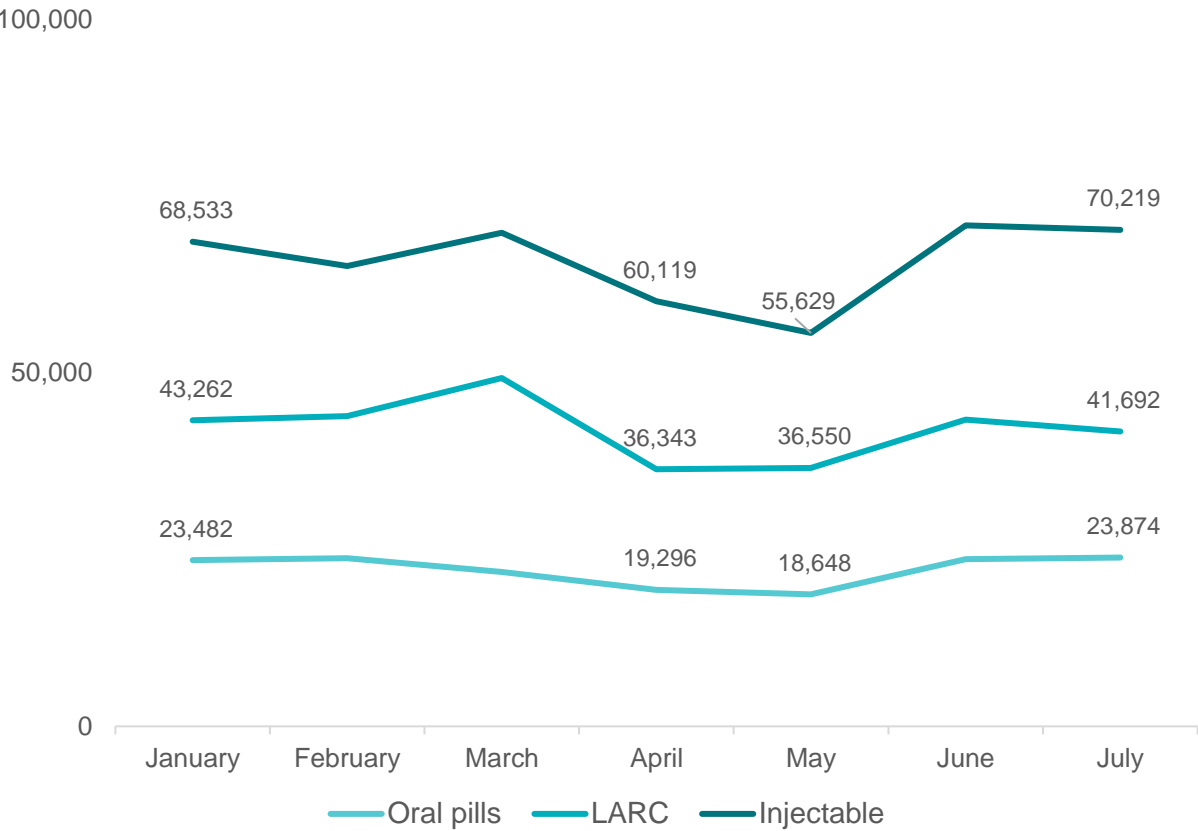
*Across TCI states, there was a decrease in women obtaining FP in public facilities during lockdown, but the provision of FP quickly rebounded after lockdown was lifted. The V-shaped pattern can be seen for all FP methods to varying degrees.*



Total number of FP acceptors of any method across all TCI states, January–July 2020



Total number of FP acceptors by method across all TCI states, January–July 2020



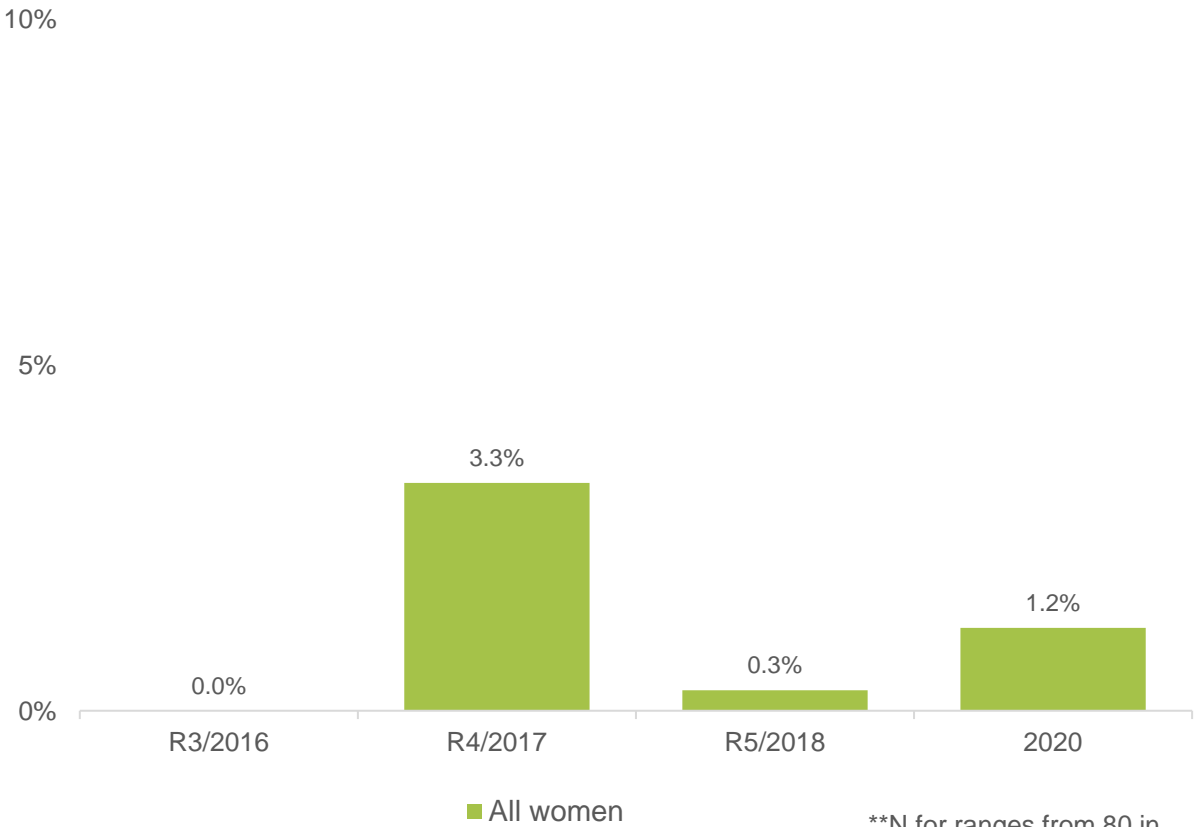
# Scale-up: DMPA-SC use

*In Kano, reported use of DMPA-SC is very low among women and youth except in 2017. RASuDiN data show increases in acceptors of DMPA-SC in most of their states in 2020 including during the lockdown months.*

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

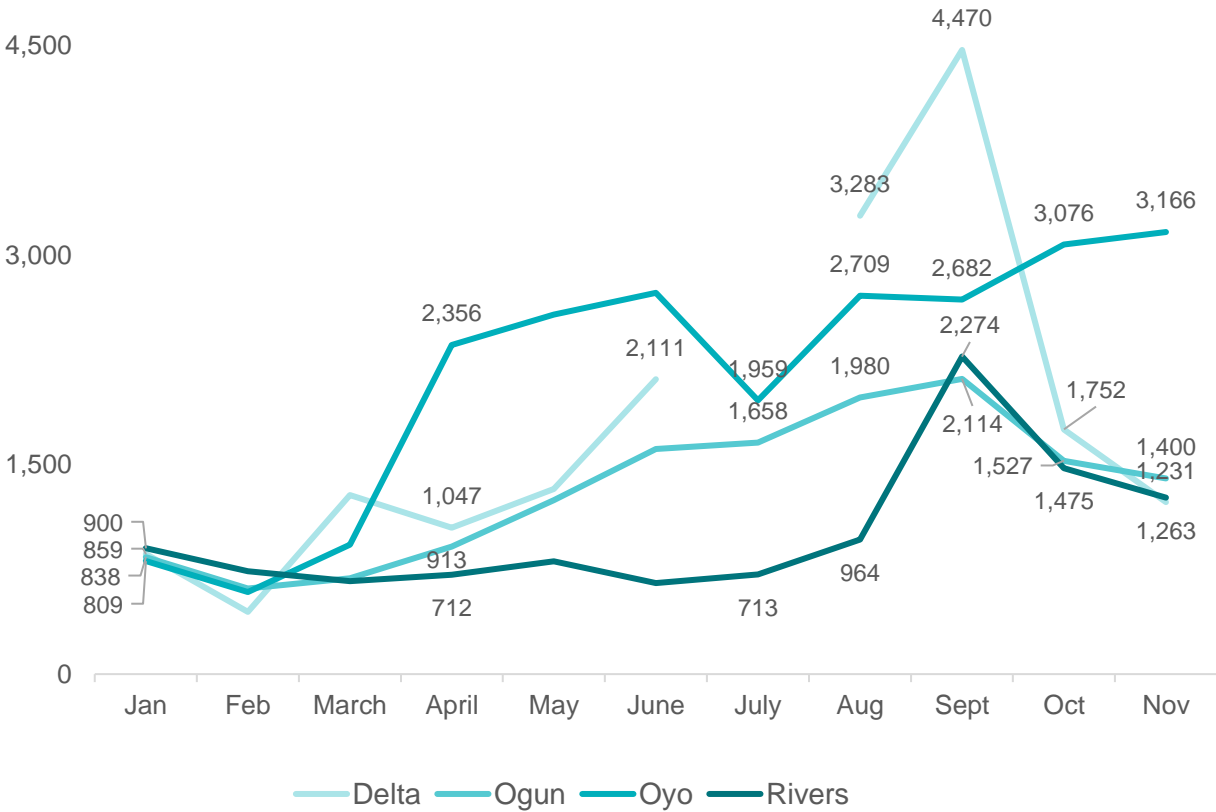
Percent of modern users using DMPA-SC among all women Kano\*\*



\*\*N for ranges from 80 in 2017 to 106 in 2020.



Total number of new FP acceptors of DMPA-SC in RASuDiN states, January–November 2020

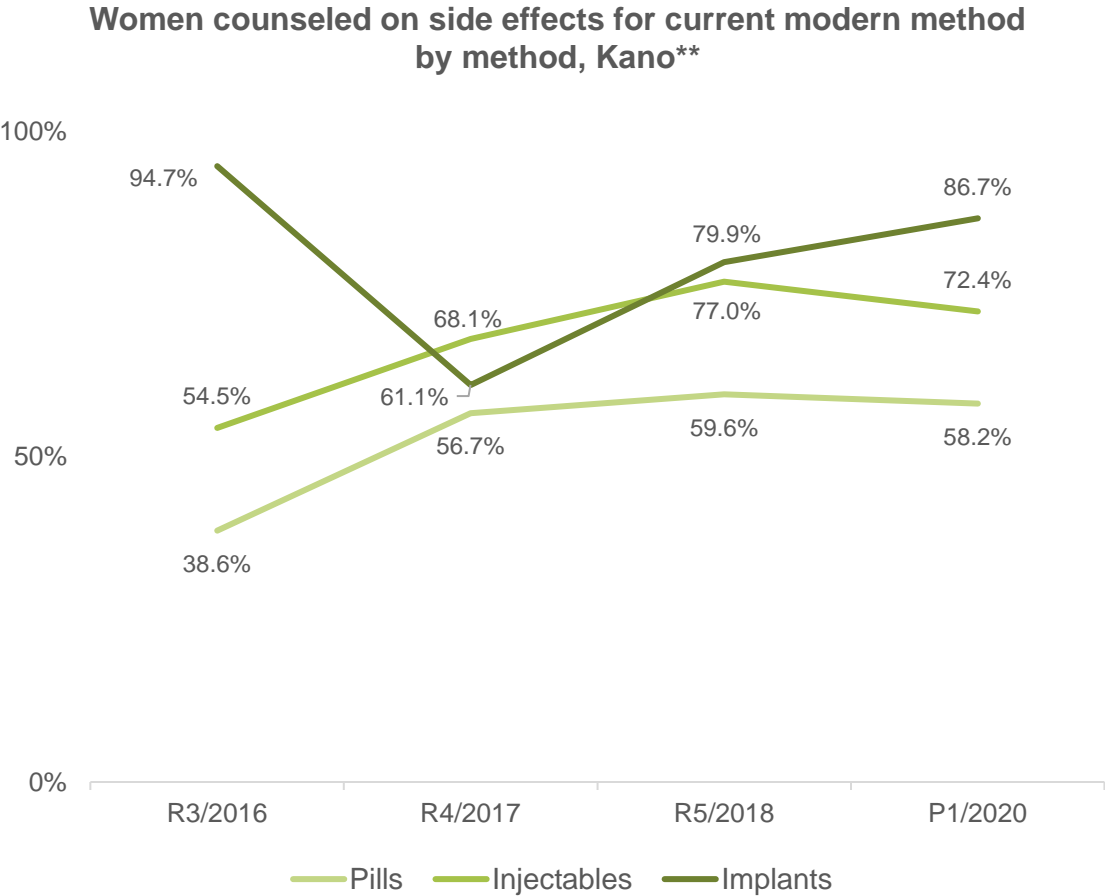


# Scale-up: FP counseling

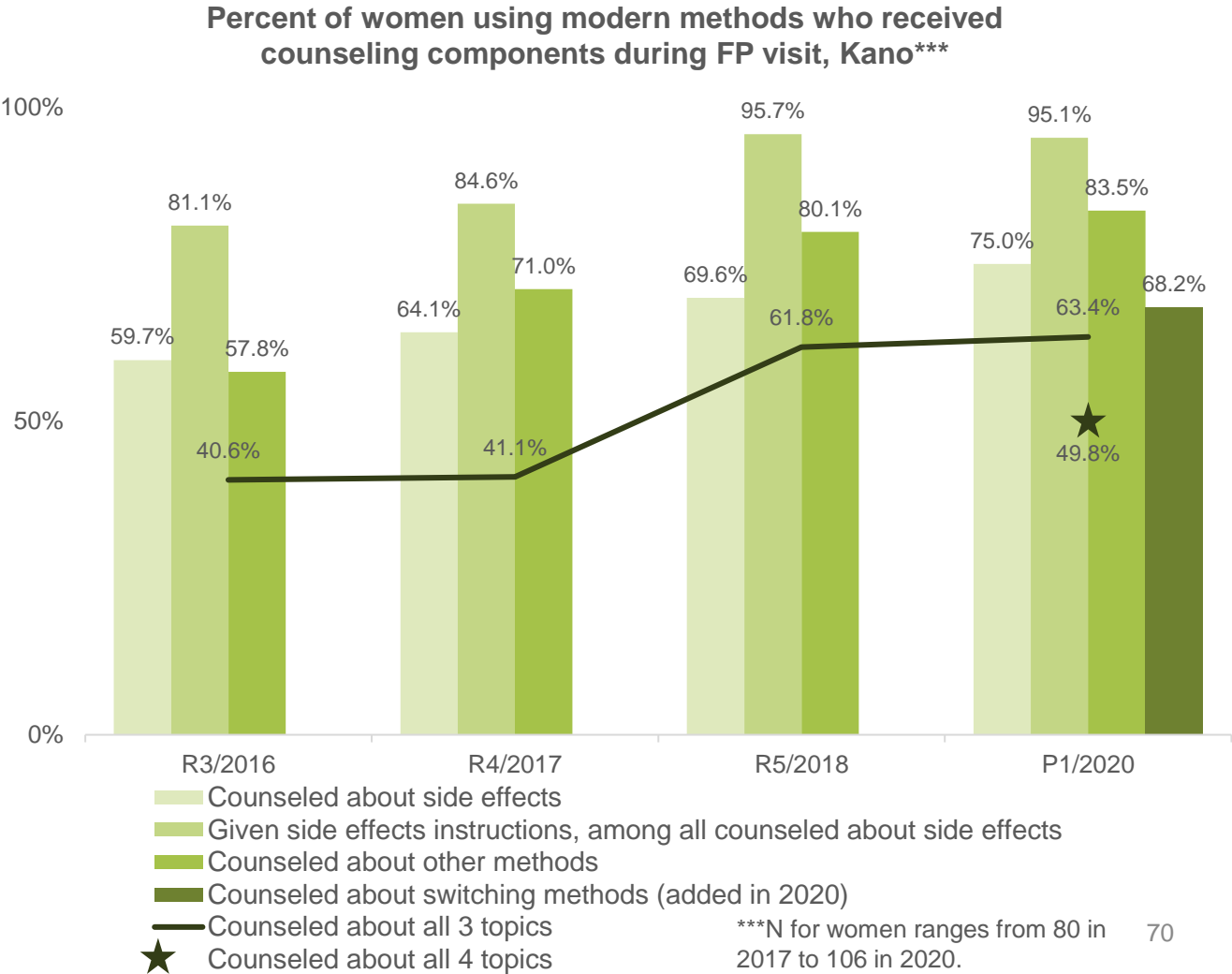
*In Kano, the percent of users counseled about side effects has generally been increasing since 2016. There is an upward trend in users receiving multiple components of counseling.*

**ToC critical assumption**

Model programs remain effective when scaled up by others in new contexts

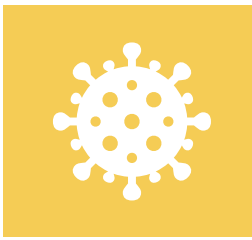


\*\*N ranges from 14 for implant in 2016 to 44 for injectable in 2020.



\*\*\*N for women ranges from 80 in 2017 to 106 in 2020.

# COVID-19 impact: Scale-up



*In-person activities, such as social mobilization, outreaches and 72-hour clinic makeovers, were interrupted due to lockdowns; however, TA & FP trainings for facilities and PPMVs continued.*

March

June

September



*Stopped activities*

- ▶ **Face-to-face meetings, workshops & engagements with government agencies**
- ▶ **Social mobilization & outreach activities** (e.g., Key Life events, Community Dialogue meetings, neighborhood campaigns)
- ▶ **FP radio programs** in Anambra, Plateau & Rivers states
- ▶ **72-hour clinic makeovers** in few FP clinics and maternal, newborn & child health units in Taraba state
- ▶ **Onsite & in-person support** to facility-level interventions and community-level activities (e.g., whole site orientations, capacity building activities, routine coordination & joint-reviewing meetings)

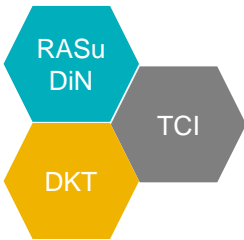
▶ *No new stopped activities*



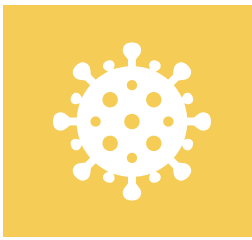
*Continuing activities*

- ▶ **Engagements & meetings with government stakeholders** continued virtually, including meetings to update FP-related issues
- ▶ **Technical coaching & support to FMOH & SMOH** continued virtually (e.g., finalizing CIPs & FP strategic documents)
- ▶ **One-on-one integrated sensitization & administration of DMPA-SC/SI** continued in TCI and RASuDiN program states
- ▶ **Community volunteers (CVs) continued demand generation activities** within their neighborhoods
- ▶ **Dissemination of FP messages** via mass media & social media platforms continued (e.g., radio program *Who I Go Ask?*)
- ▶ **Provision of FP services**, including DMPA-SC/SI sensitization, continued in RASuDiN states, excluding Lagos and Ogun

- ▶ **Service quality improvement activities** continued
- ▶ **TA & FP trainings for providers, PPMVs & CVs** continued
- ▶ **Reflection in Action to Improve Self-Reliance & Effectiveness assessment** continued in TCI program states
- ▶ **Data collection, analysis & improvement activities** continued



# COVID-19 impact: Scale-up



*As resources have been prioritized to COVID-19, government's funding for FP was threatened. Also, the shift of engagements to online format caused delays in transferring capacity to states.*

March

June

September



## Adaptations

- ▶ **Moved face-to-face engagements & meetings** with government stakeholders, and **FP trainings, supportive supervision, technical support** to health facilities to virtual format
- ▶ **Conducted one-on-one demand generation activities** in states with total lockdowns to abide with COVID-19 guidelines
- ▶ **Integrated the essence of obtaining FP methods during lockdown** into one-on-one outreaches, radio programs
- ▶ **Shifted group data validation activities into one-on-one activities**
- ▶ **Worked with FMoH to adapt DMPA-SC priorities** for COVID-19 context (e.g., actions related to DMPA-SC shipment & stock)

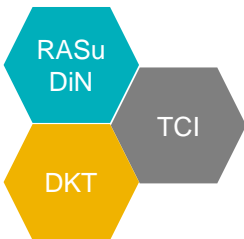
▶ *No new adaptations*



## Challenges

- ▶ **Government's counterpart funding for FP was threatened** due to health funding deficits and realignment of priorities
- ▶ **Difficulties to schedule meetings that involved stakeholders** because the attention of FMoH and SMoHs had been diverted to the urgent COVID-19 situation
- ▶ **Delays in transferring capacity to states** because the face-to-face coaching model was shifted to an online format
- ▶ **Decrease in the capacity of state staff & systems to implement FP activities** due to competing demands of the COVID-19 outbreak (e.g., delays in reconciliation and finalization of monthly monitoring reports)

▶ *No new challenges*

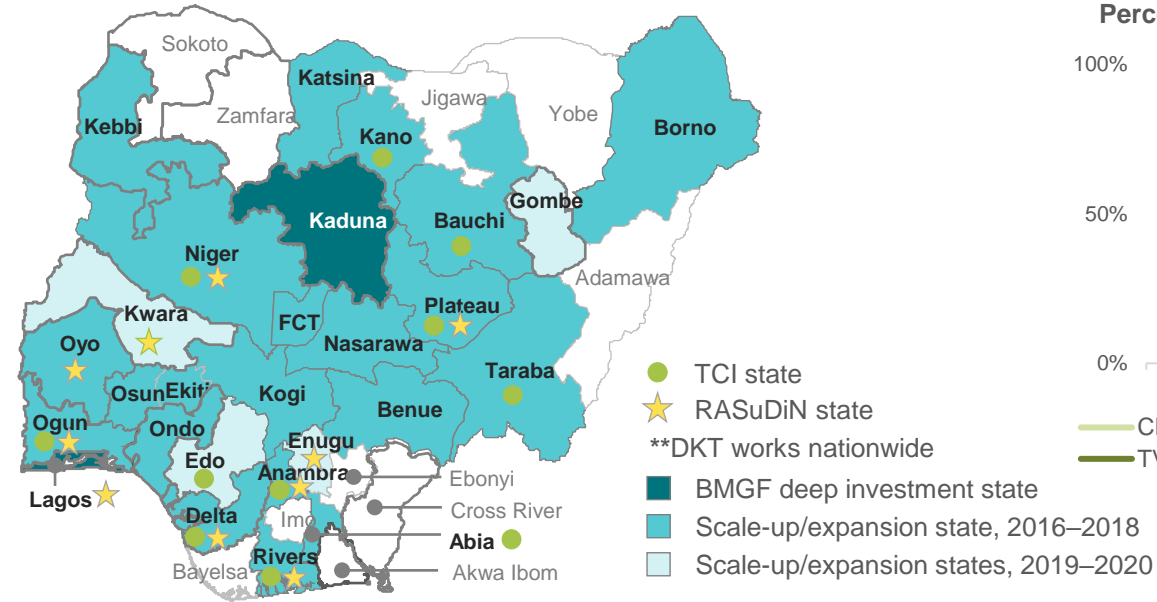




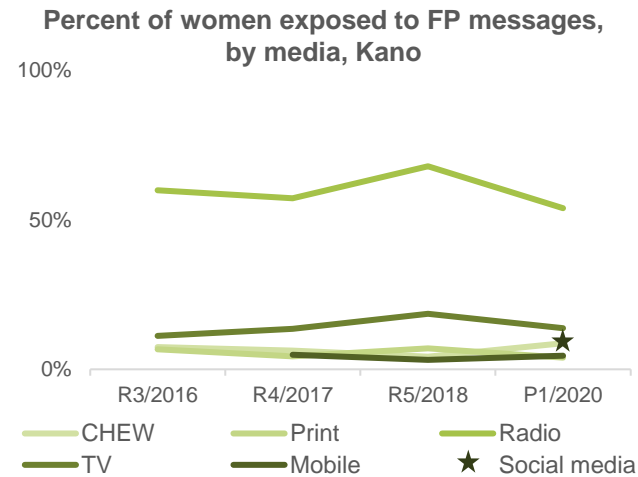
# Summary dashboard: Replication and scale-up

*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.*

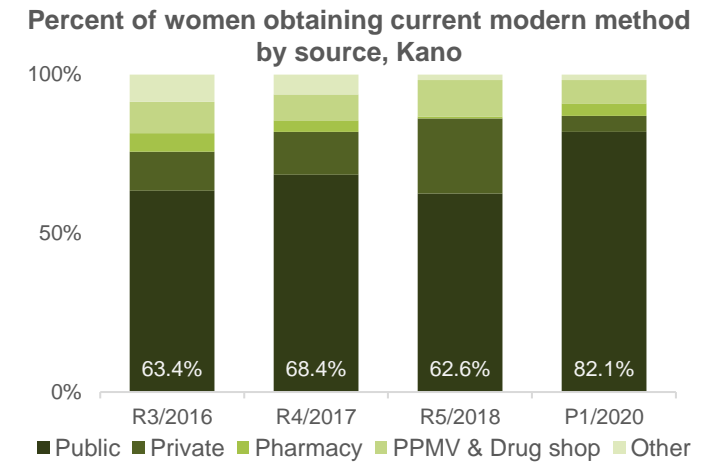
## Scale-up progress 2016–2020



## FP message exposure



## Source for FP services

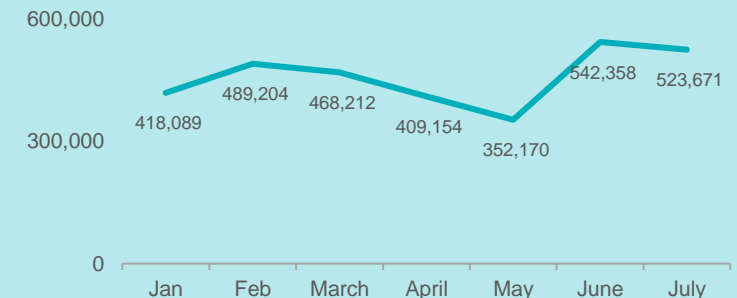


## COVID-19 Impacts

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





## **Impact**

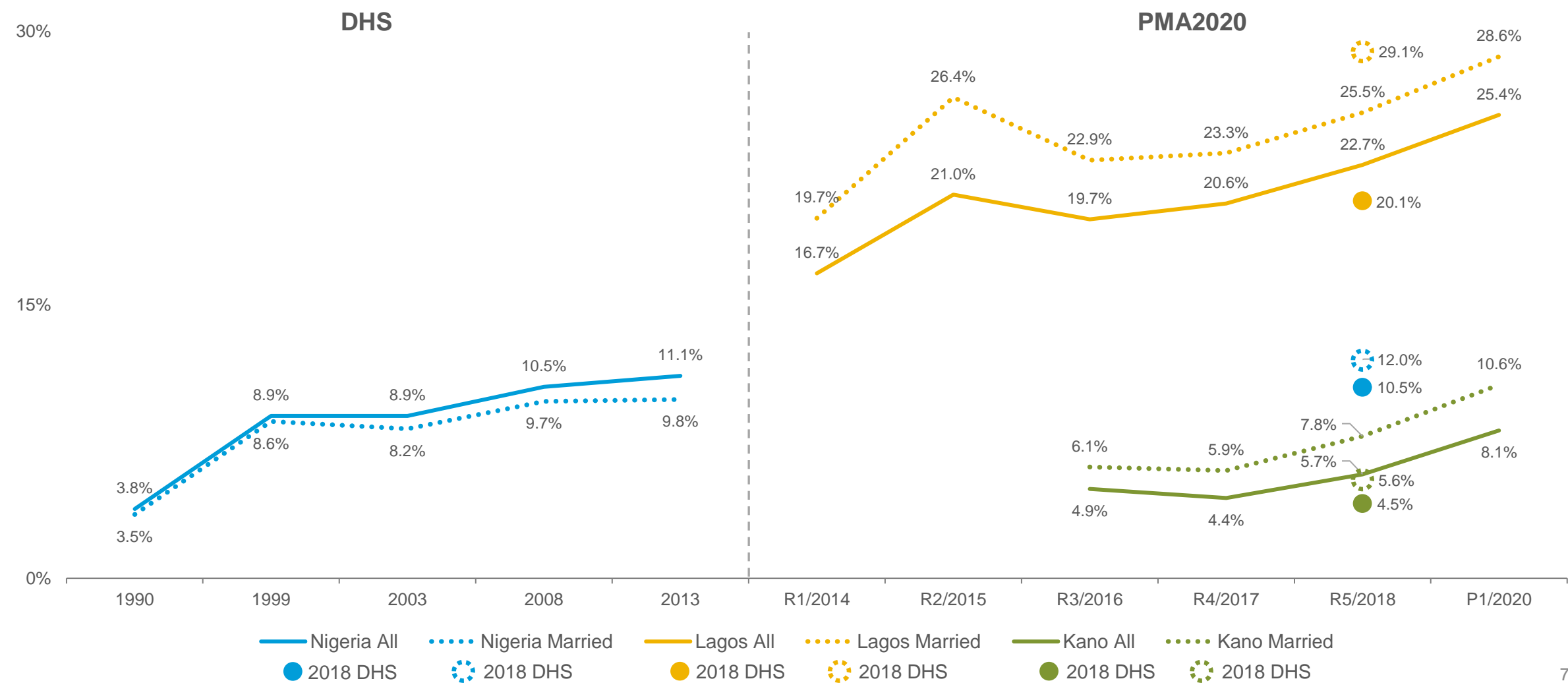
*Nigeria findings*

# Overall impact

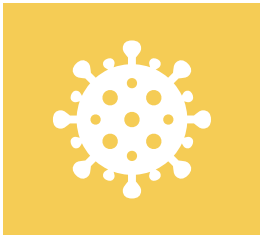
Critical assumptions	Expected changes	Sentinel indicators	Progress
<i>Model programs remain effective when scaled up by others in new contexts</i>	Successful models are adopted, and replicated or scaled-up	▸ National mCPR (no new data)	
		▸ mCPR in Lagos	▲
		▸ mCPR in Kano	▲

# 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.*

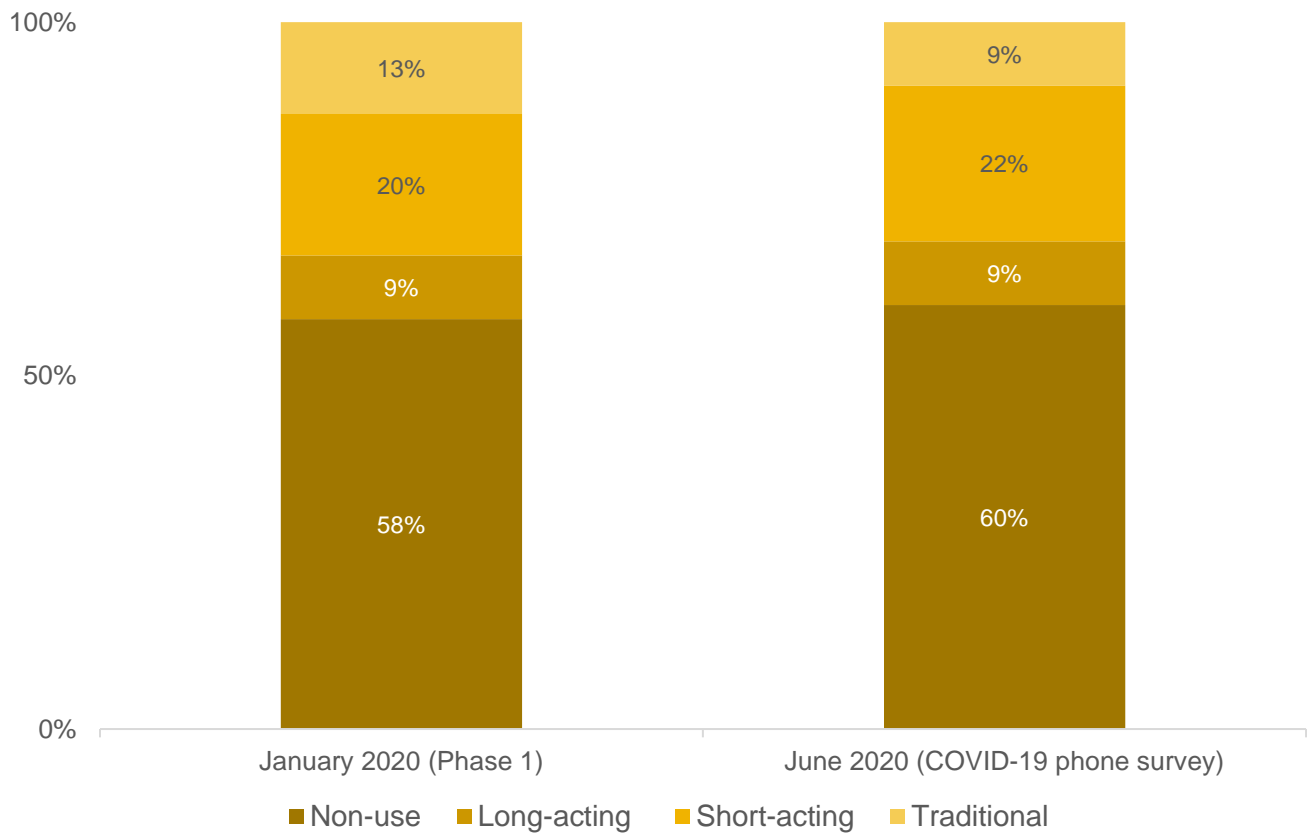


# Change in FP use during COVID-19: Lagos

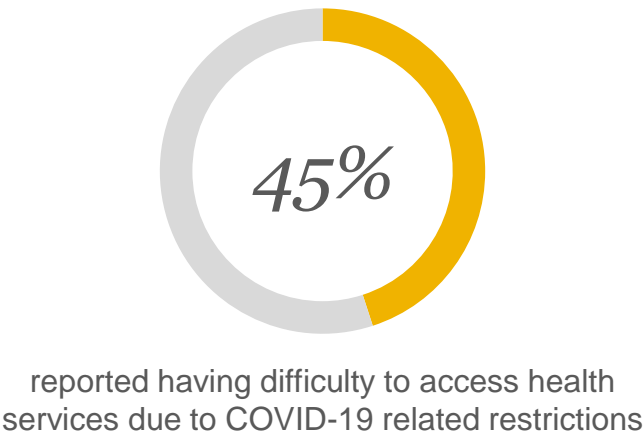


*Although 45% of women who needed to visit a health facility reported difficulty in accessing one due to COVID-19, there was no significant change in contraceptive method use among all women in Lagos since the onset of the pandemic.*

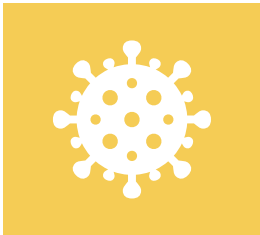
Percent distribution of women by contraceptive method use  
Lagos, January–June 2020



Among those women who needed to visit a health facility  
in Lagos,

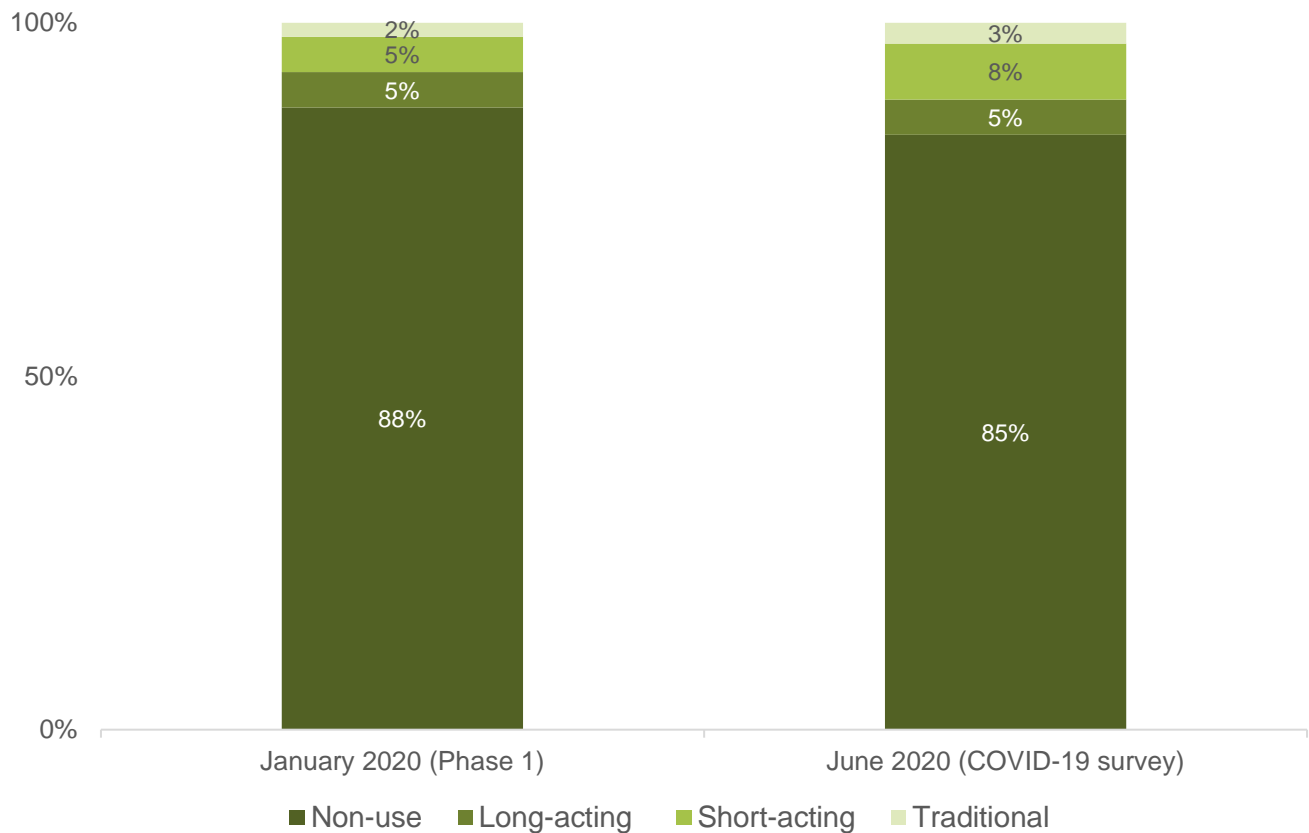


# Change in FP use during COVID-19: Kano

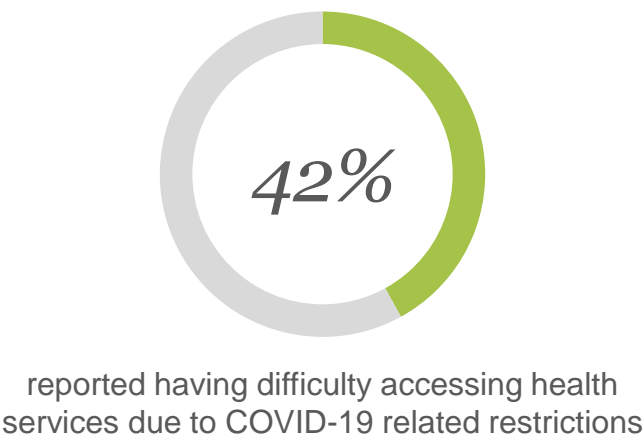


*In Kano, 42% of women who needed to visit a health facility reported difficulty in accessing one since the onset of COVID-19 restrictions. However, there was a small increase in short-acting method use, and a slight decrease in non-use between January and June 2020.*

Percent distribution of women by contraceptive method use, Kano, January–June 2020



Among those women who needed to visit a health facility in Kano,





## Appendix

# The purpose of FP CAPE

*FP CAPE takes a complex systems look at BMGF family planning investment portfolios in Nigeria and Democratic Republic of the Congo towards achieving national mCPR goals.*

## *Mechanisms of action*

A clear **Theory of Change** identifies critical assumptions on drivers of family planning use.

By testing theorized processes, FP CAPE generates evidence how and why each mechanism can achieve sustained change.

## *Context & interaction*

A **portfolio-level evaluation** independently assesses family planning investments in DRC and Nigeria.

By observing how multiple activities work together, rather than focusing on individual grants, FP CAPE detects interactions and synergies between programs.

## *Design features*

A **prospective design** documents change, issues, and learning concurrently with implementation. This allows FP CAPE to test critical assumptions in real time.

**Realist, theory-based models** define and test theoretical assumptions, use realist evaluation techniques, to adapt portfolio theories of change (ToC) in response to FP CAPE findings.

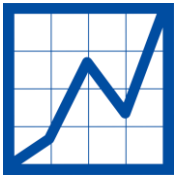




# FP CAPE evaluation toolkit

*FP CAPE uses quantitative, qualitative and mixed-methods approaches to consider the complexity inherent in evaluating diverse program activities across different socio-political contexts.*

## Sentinel indicators



- ▶ Select indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.
- ▶ Sentinel indicators are updated every 12 months, depending on the indicator and availability of new data.
- ▶ Changes are tracked across the portfolio over time.

## Bottom-up inquiry process



System  
support  
mapping



Program  
Officer  
interviews



Grantee  
interviews



Systematic  
document  
review



### Themes of inquiry

- ▶ Activities
- ▶ Facilitating factors
- ▶ Desired changes
- ▶ Proximate indicators
- ▶ Needs
- ▶ Barriers/challenges
- ▶ Cross-grantee coordination
- ▶ Sentinel indicators



Validate or adjust  
critical  
assumptions and  
potentially change  
our ToC

# Bottom-up inquiry methodology

*FP CAPE synthesized four separate streams of data that comprise the bottom-up inquiry.*



## System support mapping (SSM)\*\*

- ▶ Participatory qualitative data collection activity (2016–2018)
- ▶ Collect data on factors of implementation and context that influence program success
- ▶ Includes physical map of themes, audio and video recordings of SSM facilitation sessions



## Program officer (PO) interviews

- ▶ Conducted quarterly using a structured interview guide
- ▶ POs identify notable changes and updates to the FP portfolio and environment in their home countries
- ▶ POs are also in a unique position to identify work with private sector entities and innovations in FP



## Systematic document review

- ▶ Review of grantee documentation allows for understanding of established FP infrastructure and policies
- ▶ Looked at grantees documents, including grantee proposals, annual/quarterly progress reports, findings reports, concept notes, newsletters, and other publication on the grantees' websites



## Grantee interviews\*\*

- ▶ Periodic structured interviews with grantees to identify facilitators and barriers to their FP work in Nigeria
- ▶ Allowed for analysis of how and why expected changes happened

\*\*SSM and grantee interviews were not conducted every year. SSM has not been done since 2018, and grantee interviews are conducted when needed to fill in gaps. Specifically, in 2017, we interviewed grantees to supplement SSM data. In 2020, we conducted grantee surveys for COVID-19 impact, and conducted targeted interview with TCI and other scale-up grantees.

# List of abbreviations

<b>A360</b>	Adolescent360	<b>mCPR</b>	Modern contraceptive prevalence rate
<b>AAFP</b>	Association for the Advancement of Family Planning	<b>M&amp;E</b>	Monitoring and evaluation
<b>AFP</b>	Advance Family Planning	<b>MEO</b>	Monitoring and Evaluation Officer
<b>ASG</b>	Albright Stonebridge Group	<b>MNCH</b>	Maternal, newborn and child health
<b>ARFH</b>	Association for Reproductive and Family Health	<b>NAPPMED</b>	Nigerian Association of Patent and Proprietary Medicine Dealers
<b>BMGF</b>	Bill & Melinda Gates Foundation	<b>NDHS</b>	Nigeria Demographic and Health Survey
<b>BSPHCDA</b>	Bauchi State Primary Health Care Development Agency	<b>NHMIS</b>	National Health Management Information System
<b>CCRHS</b>	Centre for Communication and Reproductive Health Services	<b>NURHI2</b>	Nigerian Urban Reproductive Health Initiative
<b>CHAI</b>	Clinton Health Access Initiative	<b>PACFaH</b>	The Partnership for Advocacy in Child and Family Health
<b>CHEW</b>	Community health extension worker	<b>PHC</b>	Primary Health Care
<b>CIP</b>	Costed Implementation Plan	<b>PMA2020</b>	Performance Monitoring and Accountability 2020
<b>CP</b>	Community pharmacist/pharmacy	<b>PO</b>	Program Officer
<b>CSO</b>	Civil society organization	<b>POM</b>	Prescription-only medicine
<b>CSR</b>	Corporate social responsibility	<b>PPFP</b>	Post-partum family planning
<b>DHIS2</b>	District Health Information System 2	<b>PPMV</b>	Proprietary patent medicine vendors
<b>DHS</b>	Demographic and Health Survey	<b>PSN</b>	Pharmaceutical Society of Nigeria
<b>DKT</b>	DKT International	<b>RASuDiN</b>	Resilient & Accelerated Scale-up of DMPA-SC/Self-Injection in Nigeria
<b>DMPA-SC</b>	Depot-medroxyprogesterone acetate (Sayana®Press)	<b>RHTWG</b>	Regional Health Technical Working Group
<b>dRPC</b>	Development Research and Projects Centre	<b>RMNCAH+N</b>	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
<b>EC</b>	Emergency Contraception	<b>SI</b>	Self-injection
<b>EML</b>	Essential Medicines List	<b>SM</b>	Social mobilization
<b>FMoH</b>	Federal Ministry of Health	<b>SMART</b>	Specific, Measurable, Attainable, Relevant, and Time-bound
<b>FP2020</b>	Family planning 2020	<b>SMoH</b>	State Ministry of Health
<b>FP</b>	Family planning	<b>SOGON</b>	The Society of Gynaecology and Obstetrics of Nigeria
<b>FPBP</b>	Family Planning Blueprint	<b>SP</b>	Sayana® Press
<b>FP CAPE</b>	Family Planning Country Action Process Evaluation	<b>SSM</b>	System Support Mapping
<b>FPDB</b>	Family Planning Dashboard	<b>TA</b>	Technical Assistance
<b>HMIS</b>	Health management information system	<b>TCI</b>	The Challenge Initiative
<b>HSCL</b>	Health Systems Consult Limited	<b>TCI-U</b>	The Challenge Initiative University
<b>IP</b>	Implementing partner(s)	<b>ToC</b>	Theory of Change
<b>IPC</b>	Infection Prevention and Control	<b>TSP</b>	Task-shifting/task-sharing policy
<b>IPCC</b>	Interpersonal Counseling and Communication Skills	<b>TSTS</b>	Task-shifting, task-sharing
<b>IUD</b>	Intrauterine device	<b>TSU</b>	Technical Support Unit
<b>LAM</b>	Lactational Amenorrhea Method	<b>ToC</b>	Theory of Change
<b>LARC</b>	Long-acting reversible contraceptive	<b>ToT</b>	Training of trainers
<b>LGA</b>	Local government area	<b>UNFPA</b>	United Nations Population Fund