

NURHI 2 Midterm Learning Evaluation Highlights.

Overview

The Nigeria Urban Reproductive Health Initiative (NURHI 2) midterm learning evaluation was designed and conducted by the Family Planning Country Action Process Evaluation (FP CAPE) project to generate evidence on progress against project objectives and capture learnings from the scale-up experience.

Phase 1 of NURHI was implemented in six cities across Nigeria from 2009–2014: Kaduna City (Kaduna State), Zaria (Kaduna State), Abuja FCT, Ilorin (Kwara State), Ibadan (Oyo State), and Benin City (Edo State). NURHI 1 focused on eliminating supply and demand barriers to contraceptive use to increase the Contraceptive Prevalence Rate (CPR) by 20 percentage points, specifically in urban poor populations.

NURHI 2 (2015-2020) shifted toward “statewide” implementation in Kaduna, and Oyo and scale-up in Lagos. The focus was to scale-up effective program components that had proven successful in NURHI 1 and ensure their Sustainability so that family planning use becomes a social norm.

Findings

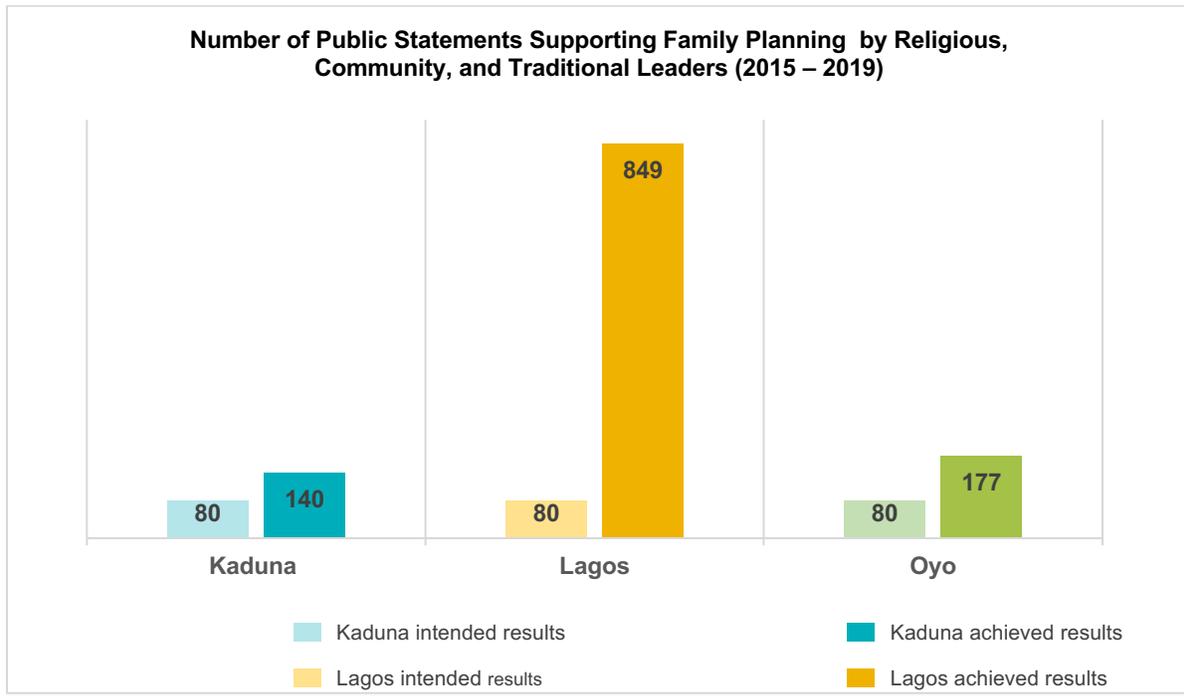
NURHI 2’s intermediate outcomes include increased support from stakeholders for FP at all levels, increased demand for FP knowledge and services, particularly among youth, and improved access to and quality of FP services for women. These intermediate outcomes will contribute to a “positive shift in FP social norms at the structural, service, and community levels that drive increases in mCPR” (NURHI 2 proposal narrative).

NURHI 2 program activities have created a positive trajectory in changing the family planning landscape in Nigeria. From positively influencing attitudes and behaviors of women and health providers to supporting institutional changes in FP programs, policies, and implementation.

A triangulation of document review, qualitative and existing quantitative data was carried out to answer the evaluation questions related to NURHI 2’s achievement of some intermediate outcomes from its program activities in the area of advocacy, service delivery, and demand generation.

Advocacy.

NURHI’s advocacy efforts elevated and expanded the conversation around FP at Federal, State, and LGA levels through working with religious, community/traditional leaders, policymakers, and the media. Advocacy outcomes contributed to an increase in domestic funding for FP as well as visibility of FP across Nigeria.

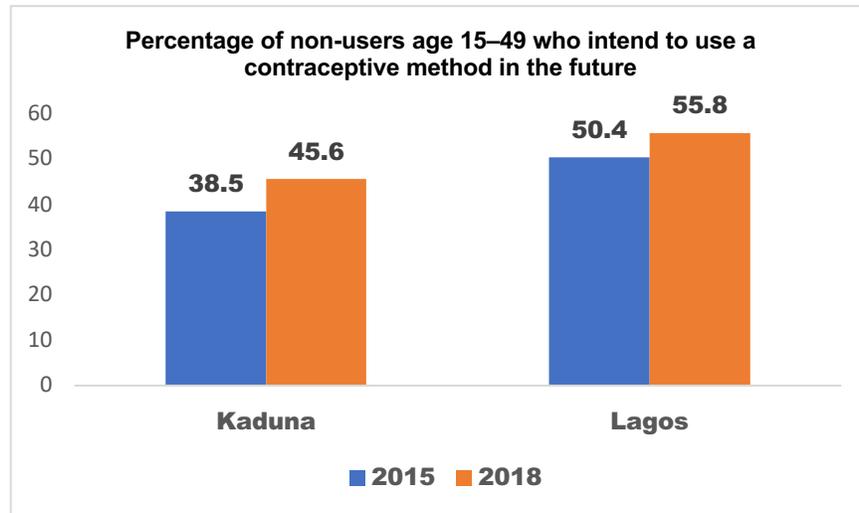


Number of LGAs that funded family planning with regular budget lines



Demand generation.

Exposure to FP messages through radio, TV, and health facilities has generally increased across both rural and urban geographies during the NURHI 2 period. Qualitative data collected from women and health providers found that women frequently discussed how exposure to FP messages through NURHI 2 activities influenced their beliefs about FP, allayed concerns, and encouraged them to adopt an FP method.

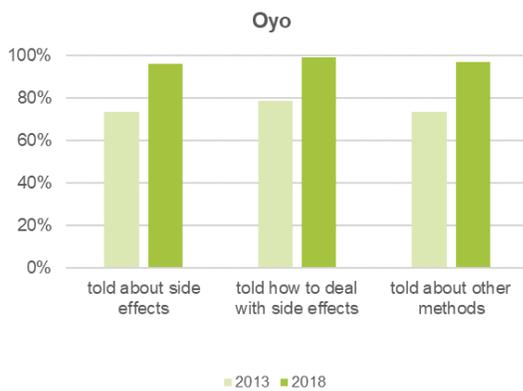
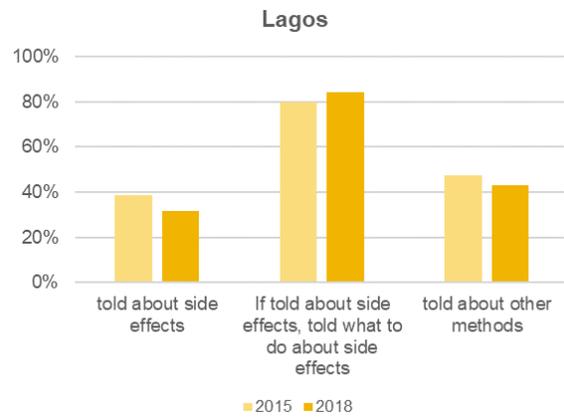
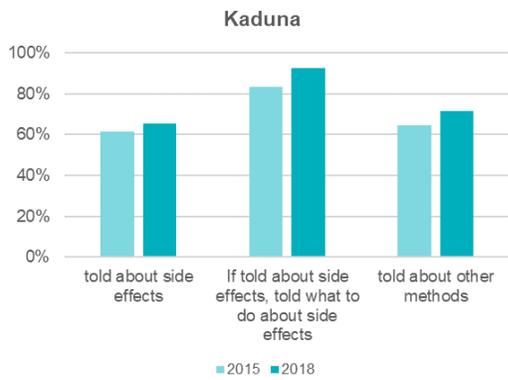


Source: NURHI 2's Omnibus (R2-3/2017 and R4/2018)

Service delivery

Quality of care played a role in increasing clients' confidence in the services provided. Women expressed reassurance by the readiness of a facility to provide FP services and appropriate management of side effects

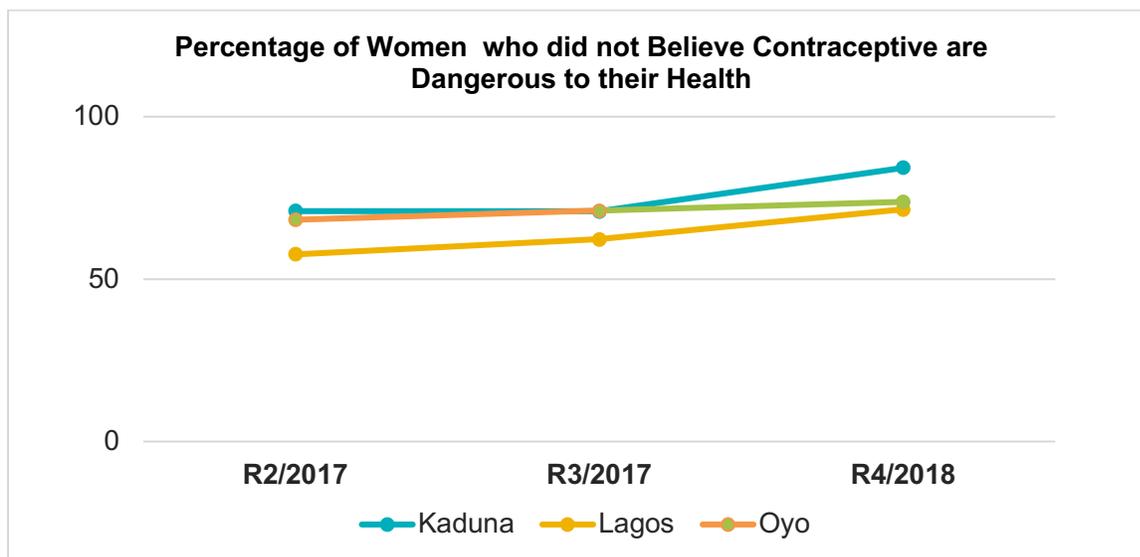
Figure 1: Quality of care indicators among women using modern methods in three NURHI 2 states.



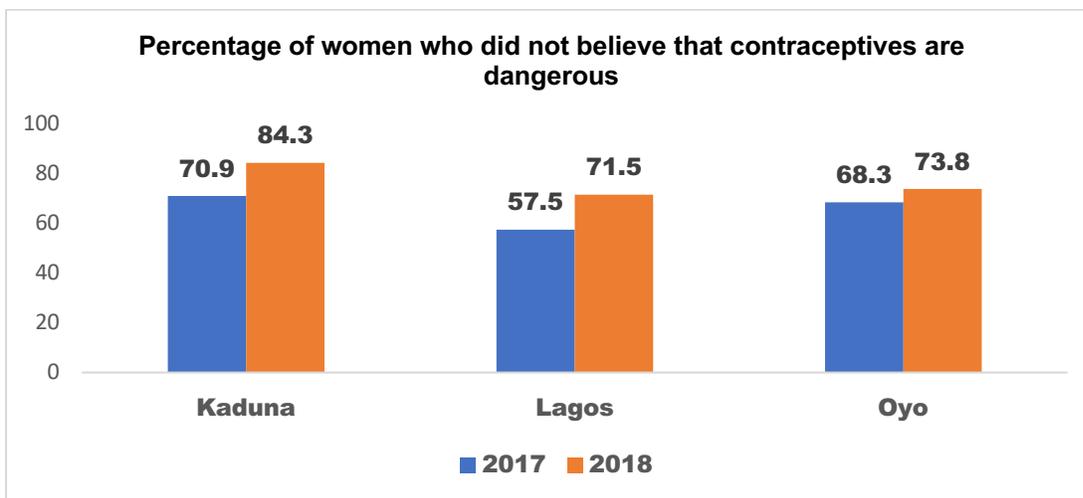
Source: PMA2020/2015 – 2018 for Kaduna and Lagos; and DHS 2013 and 2018 for Oyo

Positive Shift in Family Planning Beliefs and Social Norms

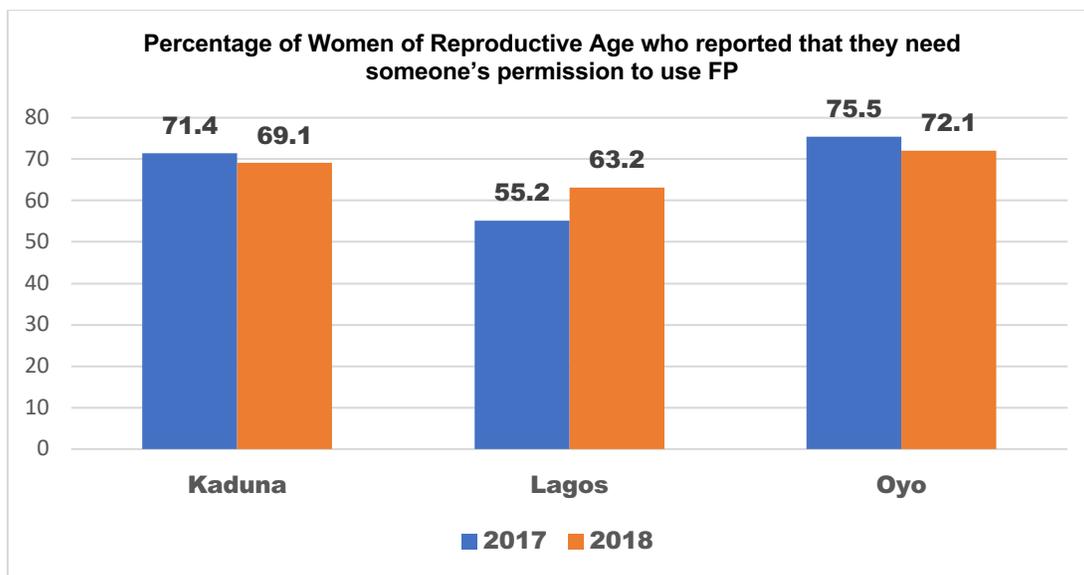
NURHI 2 program activities contributed to positive changes in several FP beliefs and social norms at community and service levels in Kaduna, Lagos, and Oyo.



Source: NURHI 2's Omnibus (R2-3/2017 and R4/2018)



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Systems improvements and Sustainability.

NURHI 2 embedded its practices to improve access to and quality of FP services in facilities through trainings/capacity building, tool sharing, and technical support. In particular, NURHI 2's 72-hour makeover intervention utilized local artisans and resources and involved facility staff and the community.

The best practices institutionalized within Government, and civil society FP activities include Advocacy Core Groups and the Interfaith platforms becoming civil society organizations (CSOs) and operating as coalitions of FP advocates. The adoption of the Budget Tracking tool by the Government for tracking FP budget performance and NURHI family planning messaged integrated into social mobilization activities conducted by the National Orientation Agency.

Scale-up of NURHI 2 programming

The Government has embedded NURHI 2's approaches in the Task-Shifting and Task-Sharing policy (TSP), Cost Implementation Plans (CIPs), and the National Family Planning Communication Plan (2017–2020).

Definition of terms

For the evaluation, FP CAPE defined the following terms as follows:

Institutionalization: The process of adopting FP practices or activities, incorporating them into a system, and establishing them as routine or the standard method of the order within the existing NURHI sites at the government level.

Sustainability: The ability for program components or interventions to continue without support from NURHI 2 within the existing NURHI sites and through national policies.

Scale-up/ replication: The process in which implementing partners or Government conduct a large-scale application of NURHI practices, beyond NURHI 2's original scope or states.