

Scaling-Up Proven-to-Work (PTW) Family Planning Package of Interventions: The Nigerian Urban Reproductive Health Initiative (NURHI) Experience.

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Background: Some FP programs that have been proven to be both successful and cost effective fail to scaled up. Though individual cases exist of successful scale-up in which widespread uptake occurs, or have been described, integrated and practical replicable proven-to-work scale-up that may be applicable to varying context and geographies is lacking. The NURHI Project has demonstrated proven-to-work (PTW) model of family planning intervention, in low resource environment, with an average of about 11.5 percentage point increase in contraceptive prevalence rate – across all interventions sites in varying geographies (north and south of Nigeria). NURHI had also tested the effectiveness of its PTW model in new geographies, over a two-year period, using horizontal scale-up approaches that produced similar result in Benin and Zaria. The NURHI model recognizes that the barriers to, and successful strategies for, satisfying all demand for modern contraceptives are heavily influenced by context, and works to stimulate the environment, and successfully overcoming such to increase the uptake of family planning services.

Objective: To share NURHI integrated and practical model of scale-up that synthesizes experiences of family planning PTW interventions.

Methodology: In order to strengthen service provision systems for the delivery of context-specific, equity-focused family planning services, the Urban Reproductive Health Initiative (URHI) was designed with scaling up in mind. NURHI combines supply, demand and advocacy with the goal of replicating success using a prove-of-concept investment (PCI) approach. The evidence for replication was generated mid-term in Phase I (2009-2015) and the PTW model was tested in two expansion sites in the last three years of the project using the ExpandNet 9 Steps to effective scale up and adopting the horizontal scale-up approach. Robust evidence and knowledge is now available to inform future FP/RH initiatives. NURHI Phase II (2015-2020) design is based on this evidence. The PTW scale-up package of intervention is simplified based on a review of how intervention could be more efficiently implemented or support leveraged, what adaptations were needed, and which were sustainable; and intervention were aligned with existing structures and institutions rather than creating parallel processes.

Results: Evidence for the PTW was generated from a robust evaluation among a longitudinal sample of WRA, and a longitudinal sample of NURHI's service delivery points over a four-year period. Results showed attribution between NURHI intervention models at demand and supply levels. Overall, scale-up sites achieved CPR increase of 15.7 percentage point in Zaria and 7.0 in Benin while Abuja, Ibadan, Ilorin, and Kaduna averaged 11.5 percentage point. Findings suggest that successful scale-up occurs within a complex adaptive system, characterized by interdependent parts, multiple feedback loops and several potential paths to achieve intended outcomes, involving: (1) data driven program design, (2) innovating to fit user receptivity, (3) developing partnerships (4) engaging user groups and (5) devolving efforts for spreading innovation/institutionalizing processes.

Conclusion: Evidence has shown that PTW from this proof of concept can significantly improve CPR in with varying adaptability in different geographies. The PTW interventions model could be adapted in parts or as a whole.

Oral Presentation

Keywords: Family planning, Evidence-based planning, Scale-up, Proven-to-work model, NURHI, ExpandNet