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## DEMAND INVESTMENTS

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UNIVERSITY OF WASHINGTON START CENTER AND BUERK CENTER FOR ENTREPRENEURSHIP

NIGERIA DONOR RESEARCH SUMMARY TO THE BILL & MELINDA GATES FOUNDATION

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## COUNTRY OVERVIEW

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The Nigeria Family Planning Blueprint (Scale-Up Plan) is the Federal Government of Nigeria's strategic approach to address the most pressing gaps in service provision, with the goal of reaching a contraceptive prevalence rate of 36 percent by 2018 (1). The five main objectives of the plan are to ensure: comprehensive knowledge of family planning (FP) to generate demand, adequate State-level funding for family planning, adequate staff capacity in every facility, strong logistic management systems, and improved data management systems (1). The first objective, demand generation, is a key focus and will target high-priority populations, such as unmarried individuals and adolescents, through the use of multimedia, the establishment of family planning champions, integration into school systems, and the development of partnerships with media stations that will promote family planning messaging (1).

Through a variety of programs targeting health policy, community-based service delivery, and the private sector, the United States Agency for International Development (USAID) aims to make family planning options more widely available to underserved populations. USAID has a strong focus on youth and rural and remote populations and prioritizes informed choice and voluntarism. The social and behavioral change aspect of USAID's strategy places a strong emphasis on working with community groups to address social norms and individual behavior (2). With a \$21.3 million fiscal year 2015 budget on family planning & reproductive health, USAID's strategy in Nigeria focuses on improving access to family planning by increasing awareness of contraceptive options and improving service delivery. USAID is tackling social and behavioral change in Nigeria through mass media, interpersonal communication approaches, and community empowerment (3).

The Department for International Development (DFID) significantly increased its spending in Nigeria in the past 15 years. The family planning budget for DFID Nigeria program for 2015 was \$9.1 million USD (4). The Nigeria program ranks as DFID's second largest program in Africa and DFID's third largest program worldwide (5). DFID's strategy in Nigeria is to help the Nigerian government better use its own resources. The large expansion of DFID's work in northern Nigeria – doubling the number of states in which DFID focuses its work – is delivering more direct support to poor people and helping to change the lives of girls and women. In the North East, DFID supports local peacebuilding organizations and provides technical support to federal government programs to address underlying socio-economic issues (6). DFID doesn't have a specific FP strategy in Nigeria, the FP related projects pertain girls and women empowerment, access to FP commodities and prevention of maternal death.

The Canadian International Development Agency (CIDA) has two strategies, the Child and Youth Strategy and the Health and Rights of Women and Children commitment (budget \$3.5 million from 2015 – 2020), that align with Nigeria's national and state level priorities and impact family planning in Nigeria (7). Nigeria is considered a partner country with CIDA and benefits from bilateral aid programs with a geographic focus in Cross River and Bauchi states (8). The 2015 official development assistance for family planning for CIDA to Nigeria was \$176,000 USD (4). Additionally, CIDA's policy on gender equality aims to work across all programs and projects to stimulate behavior change by engaging with both men and women (9).

## FAMILY PLANNING & BEHAVIOR CHANGE PROGRAMMING

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Utilizing the Integrated Delivery Team's demand-side framework, recent/current projects funded by USAID, DFID, and CIDA are categorized by the three types of demand interventions: Enabling demand, growing demand or assuring access. This provides a country-level perspective on current programming and lessons learned.

### **USAID: Evidence to Action (E2A)**

One of the main efforts of the E2A program is on a current research study assessing uptake, safety, and necessary training involved in task-shifting the provision of contraceptive implants to community health extension workers. This program **enables demand** because the study aims to support a governmental policy shift that would allow for these health workers to provide implants (10).

### **USAID: Health Communication Capacity Collaborative (HC3)**

Leveraging the previous work of the Nigerian Urban Reproductive Health Initiative, the HC3 program focuses on demand generation, improved service delivery, and advocacy in order to improve family planning access and uptake in Nigeria (11). This program **grows demand** by promoting contraception through radio broadcasts and is testing alternative promotion through videos, discussion guides, brochures, and posters. It also **grows demand** by addressing social norms through engaging in discussions with community and religious leaders and other stakeholders.



TABLE 1: FAMILY PLANNING PROJECTS FUNDED BY USAID, DFID, AND CIDA.

Donor Name	Project Name	Enable Demand	Grow Demand	Assure Access
USAID	<b>Evidence to Action (12)</b>	X		
USAID	<b>Health Communication Capacity Collaborative (13)</b>		X	
USAID	Health Policy Project (14)	X		X
USAID	Expanded Social Marketing Project in Nigeria (15)		X	
USAID	Strengthening Health Outcomes through the Private Sector (SHOPS) project (16)		X	X
USAID	PROGRESS (17)	X		
USAID	The Evidence Project (18)	X		X
DFID	Maternal, Newborn, and Child Health Programme (MNCH2) (19)	X	X	X
DFID	<b>Access to Family Planning Commodities (20)</b>	X	X	X
DFID	<b>Voices for Change: Empowering Women and Adolescent Girls Programme (21)</b>	X	X	
DFID	Health: Prevention of Maternal Deaths (PMD) (22)	X	X	X
DFID	Health Insurance Programme (23)			X
CIDA	<b>Bauchi Opportunities for Responsive Neonatal and Maternal Health (24)</b>	X		X
CIDA	<b>Protecting Adolescent Health and Rights (25)</b>	X		
CIDA	Accelerating the Reduction of Maternal and Newborn Mortality (26)		X	
CIDA	Support for Responsive Newborn and Maternal Health (24)	X		X

**DFID: Access to Family Planning Commodities**

This project aims to ensure that women and men have access to a mix of quality contraceptives by providing £3 million annually to centrally procure FP commodities over 6 years, through improvement of supply chain management and by using pre-qualified vendors to ensure the highest quality standards. It aims to **enable demand** through the pre-service

education on long acting reversible contraceptives (LARC) and **grow demand** by partnering with religious and traditional leaders to create an enabling environment that allows open discussions on FP and thus, enhance the acceptance of family planning especially in the North. Also, it aims to **assures access** by implementing a policy of free FP services in Nigeria and a government commitment on FP for the first time (20).

**DFID: Voices for Change (V4C): Empowering Women and Adolescent Girls Programme**

The V4C project targets 120,000 adolescent girls and women to achieve greater gender equity in political and governance processes and improved use of evidence in policy and practice. It focuses on three areas: violence against women and girls, women in leadership, and women's role in decision-making. The project **enables demand** and **grows demand** by utilizing new media like WhatsApp group (Purple Amazons) to talk about career and life in general, developing an optional parenting skills module in the Purple Spaces curriculum targeting married men and women, and creating spaces/groups like Purple Spaces and Purple Club to let people discuss their problems on gender equality. An additional goal is to reach out to key influencers to improve attitudes to girls and women (21).

**CIDA: Bauchi Opportunities for Responsive Neonatal and Maternal Health (BORN)**

This project aims to improve utilization of maternal/neonatal health and sexual reproductive health services and to increase knowledge of family planning among women of reproductive age and male community members. Through a "gender transformative approach" this project targets women, girls, men, and boys by **enabling demand** and **assuring access**. It does this by addressing barriers to care, by improving skills and capacity of health service providers, and by ensuring sustainability through engagement with health governance groups (24).

**CIDA: Protecting Adolescent Health and Rights**

This project formed adolescent health and youth action groups to improve healthy behaviors among adolescents by discussing reproductive health rights, conducting outreach via dramas and street rallies, and advocacy visits to promote adolescent health rights (25). There are also parent groups that have similar dialogue sessions. For youth that are out of school, career and financial training or support for micro enterprise is provided. This project **enables demand** through community mobilization and empowerment of youth through education and economic development.

**CONCLUSION**

There is a wide array of demand-generating family planning projects across donor strategies, however most successful programs require community engagement, in-country buy-in, and a health system capable of supporting a larger volume of family planning users. Multi-faceted improvement measures, including community engagement, provider training, media outreach, and policy and quality improvements, demonstrate some of the largest and most sustainable gains (13, 27, 28). Current grants from the Foundation fulfill each of these aspects in isolation, however the highest impact projects complement each other to achieve the ultimate objective of increasing uptake and access to FP in Nigeria.



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