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DEMAND INVESTMENTS FINAL REPORT

UNIVERSITY OF WASHINGTON START CENTER AND BUERK CENTER FOR ENTREPRENEURSHIP

REPORT TO THE BILL & MELINDA GATES FOUNDATION

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EXECUTIVE SUMMARY

The University of Washington's Strategic Analysis, Research, and Training (START) was tasked by the Bill & Melinda Gates Foundation's (BMGF) Integrated Delivery Program Strategy Team to investigate the landscape of demand generating activities in family planning throughout Sub-Saharan Africa. The focus of the project was on two countries, Nigeria and the DRC, and on five key topic areas: new media, adolescents and youth, the private sector (including delivery channels, patent proprietary medicine vendors (PPMVs), and consumer perceptions), injectable contraception with a focus on Sayana Press, and contraceptive discontinuation. Within these five areas, the START team conducted a peer-reviewed literature review of 90 articles, a gray literature review of 86 items, and performed a series of 10 interviews with topic experts. The team also produced two one-pagers that summarized the country-specific donor landscapes, in addition to highlighting key programs in each country. Ultimately, the START team aimed to answer three overarching questions to inform the Integrated Delivery team and corresponding PSTs:

- What has been done by other donors throughout sub-Saharan Africa to encourage behavior change in family planning?
- What is the BMGF currently doing to generate demand in family planning in DRC and Nigeria?
- What should be done, according to findings from the literature, to accelerate family planning uptake and knowledge?

Findings from the literature reviews and interviews are detailed in this report.

- There is very limited evidence on the effectiveness of new media, such as social media and SMS campaigns. The evidence that does exist is largely contained in pilot studies or in higher income countries outside of Africa.
- Regarding adolescents and youth, there is evidence to show that barriers to FP uptake by youth can be overcome through individual and community-based empowerment, education, and livelihood training and skills development. Interventions should target both girls and boys in a convenient and confidential manner.
- The private sector has potential to improve the landscape of family planning demand generation through task-shifting, developing public-private partnerships, and integrating the private and public sectors. However, there are barriers such as poor quality of care and counseling in the private sector, antiquated policies and laws that prohibit private sector access, and supply issues. Issues with drug shops can be mitigated through integrated, multi-pronged training programs and formal integration into the health system. Consumers embrace independence and confidentiality when it comes to FP use, and the opportunity to utilize Sayana Press as a self-injection is enticing but requires training for injection, disposal and storage and accessibility.
- Results on injectable contraceptives show that these are an effective choice for women, and it is feasible to have them administered by a wide range of health professionals. However barriers to uptake must be addressed such as traditional policies that prohibit administration by the private sector, and also prohibit individuals from performing self-injection.
- In regard to contraceptive discontinuation, this often occurs with first-time contraceptive users shortly after initiation, due to insufficient counseling, cost, and deeply rooted social norms. Counseling and education can dispel the myths and misconceptions around contraception.

In conclusion, the START team has found strong evidence to support the consideration of a multi-pronged approach to demand generation, the consideration of cultural, regional, and socioeconomic disparities and barriers in a demand generation strategy, investment in the supply side, and the engagement of the private sector. Research gaps exist for the effectiveness of new media, in addition to quantitative studies on very young and vulnerable adolescent populations.

The START team presented its methodology and results to the Integrated Delivery team and other aligned PSTs in a series of regular meetings from January 2017 to May 2017. Final deliverables included a report and a final presentation with a slide deck.

ACRONYMS

AFP.....Advance Family Planning
BMGF.....Bill & Melinda Gates Foundation
CBD.....Community Based Distribution
CIDA.....Canadian International Development Agency
CHW.....Community Health Workers
DFID.....Department for International Development
DMPA.....Depot Medroxyprogesterone Acetate
DRC..... Democratic Republic of Congo
DSO..... Drug Shop Operators
FP.....Family Planning
LCS.....Licensed Chemical Sellers
mCPR.....Modern Contraceptive Prevalence Rate
MSI..... Marie Stopes International
NGO..... Non-Governmental Organization
PPMV..... Patent Proprietary Medicine Vendors
PSI.....Population Services International
PST..... Program Strategy Team
SMS..... Short Message Service
SRH.....Sexual and Reproductive Health
SRH.....Sexual and Reproductive Health
START.....Strategic Analysis, Research, and Training
STI.....Sexually Transmitted Infection
USAID.....United States Agency for International Development

TABLE OF CONTENTS

INTRODUCTION

The START team was tasked with assessing the landscape of demand generating activities in family planning (FP) in sub-Saharan Africa. The following three questions were answered through a targeted research process:

- What has been done by other donors throughout sub-Saharan Africa to encourage behavior change in family planning?
- What is the Bill & Melinda Gates Foundation (BMGF) currently doing to generate demand in family planning in DRC and Nigeria?
- What should be done, according to findings from the literature, to accelerate family planning uptake and knowledge?

Our research strived to identify successes, barriers, and best practices in FP behavior change being utilized both within the Foundation and by other donors (United States Agency for International Development (USAID), United Kingdom's Department for International Development (DFID), Canadian International Development Agency (CIDA)). The literature search, focused on sub-Saharan Africa across 7 topic areas, is detailed in the methodology section below.

The START team developed two one-pagers that summarized the country-specific donor landscapes in Nigeria and the Democratic Republic of the Congo (DRC), as requested by BMGF. In addition to synthesizing country-specific strategies of USAID, DFID, and CIDA, we highlighted key programs funded by each donor and discussed notable aspects in generating demand through social and behavioral change.

The FP program strategy team (PST) aims to accelerate country action in priority countries Nigeria and DRC to achieve FP 2020 goals. The six areas of focus include: 1) accelerate country action, 2) strengthen policy and advocacy, 3) monitor performance and promote accountability, 4) build evidence to improve service delivery, 5) invest in new contraceptive methods, and 6) incorporate the needs of youth. Our research objective to inform future demand generating activities aligned with each of the FP PST's areas of focus. The structure of the report is organized using the Integrated Delivery PST's demand generation framework (enable demand, grow demand, and assure access) in subsequent sections.

METHODOLOGY

The START Team employed a multifaceted methodology consisting of a peer-reviewed literature review, a gray literature review, and a series of interviews with key informants. While researching within the realm of demand generation and behavioral change in family planning, we focused on five key areas, as requested by the BMGF:

- New media
- Adolescents and youth
- ~~the p~~Private sector (including delivery channels, patent proprietary medicine vendors (PPMVs), and consumer perceptions)
- Injectable contraception with a focus on Sayana Press
- Contraceptive discontinuation

During the peer-reviewed literature phase, we applied a variety of search terms related to the five key areas in PubMed, Google Scholar, and Web of Science to identify literature within the most recent five years. Additionally, snowball search methodology identified additional relevant references. We supplemented the peer-reviewed literature with gray literature to capture additional evidence through the review of documents such as non-governmental organizations' (NGO) program reports, one-pagers, and meeting/convening/convention reports. ~~A total of~~ From January to May 2017, 90 peer-reviewed articles, 86 gray literature items, and 10 interviews were reviewed~~/completed. from January to May 2017~~. A total of 61 articles/items are included in the following review.

SYNTHESIS OF FINDINGS

BMGF FP STRATEGY

BMGF continues to intensify its engagement in prioritized countries like DRC and Nigeria to accelerate progress towards two goals: making family planning accessible to an additional 120 million women without coercion or discrimination by 2020 and ensuring universal access to voluntary family planning beyond 2020.

BMGF IN DRC

In the DRC, the BMGF prioritizes three strategic areas to support national FP goals: national system strengthening, policy, and advocacy, assessing the impact of select interventions, and achieving impact through private sector channels. Funded projects cover various FP initiatives including:

- Community-based distribution (CBD) of contraceptives
- Scale-up of successful interventions
- Assurance of access to FP services
- Improving data collection
- Surveys
- Technical assistance
- Topics associated with youth and adolescents
    - Research early adolescent sexual health
    - Social norms
    - Targeted social marketing

BMGF IN NIGERIA

Nigeria is committed to its national FP goals by increasing funding for FP and working to improve service delivery by expanding training of frontline health workers at the country level. Main initiatives prioritized by the BMGF include:

- Political and financial advocacy
- Supply chain management innovation
- Public and private donors' engagement
- Method mix expansion through the private sector
- Demand generation
- Monitoring & evaluation
- Improvement in contraceptive uptake among youth.

The priority on demand generation is to overcome key barriers for non-use, including fear of side effects and contraceptive myths and misconceptions.

LITERATURE REVIEW FINDINGS

Evidence from both peer-reviewed and gray literature exists for effective strategies to generate demand for contraception and the implications of barriers and facilitators for contraceptive uptake. However, no one method works in isolation; rather, as reflected in the BMGF FP strategy, the most successful approaches are multi-pronged and are comprised of law, policy, and multifaceted communication programs that involve community leaders and members to educate and create supportive norms for the use of contraception. The evidence from the literature can be categorized using the Integrated Delivery's downstream demand-side framework: enable demand, grow demand, and assure access.

ENABLE DEMAND

Addressing social norms through community engagement continues to be a successful approach to improving FP uptake. *Tékponon Jikuagou* was a social network intervention in Benin that utilized influential community members and community groups to encourage community dialog regarding family planning. Study participants who perceived that family planning was approved of within their community were up to 4.5 times more likely to take steps toward obtaining family planning information or services or talk with their spouse about family planning, and between 2 and 3 times more likely to use a modern family planning method and report met need for family planning (1).

Altering health policy to allow for task-shifting of contraceptive provision is an approach to effectively enable demand for family planning. In a study done to assess the feasibility of task-shifting the provision of injectables to matrons and community health workers (CHWs) in Senegal, a total of 1,078 clients were served over the seven-month study period; data collected from client interviews indicated that 64% of clients were new contraceptive users and 84% were counseled on side effects (2). This indicates that service delivery of injectables by CHWs is feasible and shows potential for adequate provision of counseling.

Community based distribution (CBD) of Sayana Press for self-injection can be impeded by the lack of autonomy for women and by financial and structural barriers for training women. It can also be impeded by lack of funding to transport contraceptives to communities, and the difficulty of storing injectables at home (3, 4). Establishing a structured training program provided for women by trusted CHWs provides evidence for acceptability of self-injection for women (5). Women's empowerment, especially the involvement of male partners and spousal communication, is effective for FP adoption (6). There is a positive correlation between women's empowerment and the use of dual protection in Zimbabwe (7). In a study in rural Western Kenya, discussion of FP with a spouse was found to be the strongest predictor of the use of FP methods, and a significant variable relating to knowledge about the impact on both the child and mother (8). In general, socio-economic status, education level, women's empowerment, and discussion with a spouse, are the most common positive associates with modern contraceptive prevalence rate (mCPR). Women saw an advantage in birth spacing and limiting the number of children, but cited husband's disapproval, religion, and fear of side effects as impediments to FP adoption (9-12).

Youth empowerment and engagement enables demand.

A direct approach to increasing FP uptake by adolescents is to utilize school-based or community-based education to ensure knowledge of FP products and services available (13). FP uptake can be limited by access and/or health-related policies barring the use of contraceptives by minors. Some providers refuse provision of long acting reversible contraceptives (LARCs) for youth without consent or prioritize distribution of contraceptives to older women. Meanwhile, providers in Uganda cited lack of competency to provide intrauterine devices or implants to youth (14). Ethiopia raised the adolescent mCPR by 20% between 2000-2013 by training and employing an additional 30,000 community health care workers. An additional focus on different methods to reach ages 15-24 should be considered, as age-disaggregated studies demonstrate lower use of FP in younger women (15-17).

Child marriage creates barriers to access FP for many young women due to pressures to prove fertility and lack of confidence with older partners (18). Age of marriage may be indirectly delayed through engagement in education, skills development, and available "safe spaces" for girls by providing other pathways to transition into adulthood than marriage and/or childbirth (13). For those girls who are married early, individual educational and community mobilization efforts can improve FP uptake. Through economic empowerment and sexual and reproductive health activities, (education on health services, support networks, community engagement, and financial and livelihood training) contraception use increased by 15% in Ethiopia among child brides 10 –19 (19). However, programs addressing adolescents should target both girls and boys to promote youth development (mentoring/tutoring to discuss development, educational/occupational aspirations) to appeals to their overall well-being, rather than specifically targeting family planning (20).

GROW DEMAND

EFFECTIVE METHODS TO GROW DEMAND

Mass media campaigns such as radio serial dramas and community-based education have been shown to open dialogue around the use of contraception and subsequently shift social norms to allow for acceptance of family planning methods. For example, a radio drama series in Ethiopia called *Yeken Kignit* improved use of modern methods among listening married women by 28.3%, but only 18.2% among non-listeners (21). Also, in Nigeria approximately 55%-67% of new clients seeking reproductive health and family planning services cited a radio drama series called *Ruwan Dare* as the motivating factor to seek services and this series reached 72% of population in which it aired (22). Use of radio, film, interpersonal communication, and community-based distribution provide wider reaching communication opportunities, including effectively reaching underserved groups (23). For example, in Burkina Faso in December 2011, among clients of all ages reached by Marie Stopes International's (MSI) Community Based Distributors, 44% of those in urban populations and 17% of those in rural locations were young people (24), which is typically a difficult group to reach. Community-based distribution of injectable contraceptives grows demand and women have demonstrated willingness to pay when local access is provided by trained, incentivized CHWs (25, 26).

While there is strong evidence for the effectiveness of mass media in generating demand, there is very limited evidence of the effectiveness of social media is doing so. The evidence that does exist is mostly in high-income countries (27, 28). Purdy showed a twofold increase in condom sales due to a multimedia campaign in Turkey(29). UNICEF serves as an example of social media utilization in

developing countries as the largest international non-profit organization on social media (including Facebook, Twitter, Instagram, and Snapchat) with over 32 million fans/followers (30). UNICEF can attribute its reach to its storytelling and engaging in active ongoing conversations via Facebook and Twitter (31).

Some isolated case studies show promise:

- *No-Yawa, Ghana*, a collaboration between DKT, MSI and Grameen, used SMS, Facebook, and digital storytelling to reach over 285,000 youth. From 2010-2015 they distributed 35 million condoms, 5 million OCs, 1 million emergency pills, and 926,000 injectables (32).
- Use of Facebook alongside other communication channels (i.e. SMS and radio, respectively), such as *mCenas!* ARMADILLO (33) and Chakruok Radio (34), demonstrated some success in increasing the use of family planning.

School-based education provides an easy-to-scale approach for youth and adolescent populations. A nationwide policy change in Tanzania mandates sexual and reproductive health (SRH) education and service provision in all 52 post-secondary institutions in the country, following the successful pilot in two rural regions in Tanzania. The intervention is expected to benefit over 18,000 students aged 18-26 in the two pilot regions since October 2015 (35).

BARRIERS TO EFFECTIVENESS OF NEW MEDIA

Evidence and systematic reviews of the effectiveness of SMS messaging report mixed evidence (36). It can be an effective method to reach younger groups, increase their knowledge (13) and change behavior, but no single method is effective in isolation (37).

A significant concern regarding the utilization of social media involves the lack of universal access to smart phones and its inability to reach a broad audience, especially those in the lower socio-economic quintiles (23). MSI developed a voucher program in Madagascar and originally distributed vouchers via SMS messaging. However, MSI soon realized that there was a large proportion of youth that did not have access to mobile phones, especially those in lower socioeconomic classes, and therefore they did not have access to the vouchers, despite expressing demand for family planning services. This demonstrates that digital interventions may not always have the ability to reach lower socioeconomic classes (38). Additional issues with social media include the quality and accuracy of information provided. Patients prefer the private environment enabled by the internet, social media and downloadable apps, but they may receive inaccurate information or information that fails to consider the psychological context of their reproductive behavior (28).

There is a lack of quantitative research demonstrating the impact of social media on FP interventions. However, a presentation at the OECD Development Communication Network Workshop on "Digital Media and the Global goals", discussed measurement tools such as KLOUT and BITLY which offer opportunities to measure clicks associated with social media accounts (39). These tools offer an opportunity to capture social media engagement utilized by various FP programs, NGOs, and multilateral organizations.

APPROACHES TO ADDRESS CONTRACEPTIVE DISCONTINUATION

Contraceptive discontinuation often occurs shortly after initiation and is primarily an issue with first-time contraceptive users, who would benefit from counseling and education to dispel myths from providers/PPMVs/CHWs. Radio and print campaigns targeting discontinuation have reduced fear of side effects but not discontinuation (12, 40).

OVERCOMING BARRIERS TO ACCESS FOR YOUTH AND ADOLESCENTS

When specifically targeting youth and adolescents, programs need a combination of health worker training, adolescent-friendly facility improvement, and broad information dissemination via various channels such as community, school, and mass media (41). Further, data indicated that digital resources must be supplemented with interpersonal communication for successful behavior change (42).

ASSURE ACCESS

There is evidence for the effectiveness of voucher-based health financing programs, if vouchers are distributed in an accessible manner. As stated previously, digital vouchers may hinder access for certain populations without access to phones. However, voucher programs have seen good results. MSI's voucher program in Madagascar gave vouchers to young people for voluntary FP and sexually transmitted infection (STI) services and reimbursed the franchises for the cost. Between July 2013 and December 2014, 58,417 vouchers were distributed to young people. Among young voucher recipients, 78% chose to adopt LARC methods and 69% of those adopting LARC were new users (38). This demonstrates the potential for voucher programs to assure access for those otherwise unable to access contraception. A subsidized voucher program in Sierra Leone, increased the proportion of young people using LARCs from 53.7% to 66.1% between August 2010 and June 2011, and approximately 50% of these young people were new users (24).

The literature contains strong evidence that leveraging the private sector offers potential to broaden access to healthcare services. This is particularly important in the DRC and Nigeria where over 60% of health services are provided by private sector. The use of task-shifting to the private sector allows private sector personnel and supplies to be utilized to alleviate pressure on the public sector. For example, a study was done in Ghana to train Licensed Chemical Sellers (LCS) to stock and sell the injectable contraceptive DMPA. 56% of the women who purchased DMPA from the LCS were first time users, 79% purchased DMPA from an LCS again, and most women didn't have to walk more than 21 minutes to reach an LCS (43). Similarly, the training of private sector drug shop operators (DSO) in Uganda demonstrated an increased utilization of the private sector, where 66% switched from government health clinics, either due to location (43%), shorter wait times (12%), or fewer stock-outs in drug shops (10%) (44). In Nigeria private health facilities trained in business, family planning, contraceptive technology, and record keeping increased the average number of contraceptive methods made available by 11%, increased the number of long-acting and reversible methods, and improved the quality of counseling services provided (45).

Social franchising offers an opportunity to promote quality goods and services through the private sector and generate demand. Population Services International (PSI) considers social franchising to be very effective; for example, in Kenya's Tunza network of social franchises, a comparison between 70 in-network and 150 out-of-network clinics demonstrated that franchisees provided a higher number of services, more LARCs, and made more money than non-franchisees (46). The opportunity to increase the use of social franchising in other geographies exists, however there are many challenges to be considered

such as attrition of trained staff, lower profit margin on LARCs, and lack of integration between private sector and national health financing (47).

On Sayana Press specifically, in-country policy changes may be necessary (48) for the introduction of injectable contraceptives via task shifting to CHW or private providers. Providers prefer fast administration and all-in-one packaging of Sayana Press (49). By strengthening the private sector infrastructure, opportunities to integrate a streamlined injectable such as Sayana Press alongside tuberculosis, HIV, or other FP services increases consumer interest in engaging with the private sector (50).

Contracting out services to NGOs is another way to leverage the private sector. MSI is known for its government-contracted service delivery, and MSI publications state that government contracts can offer a mutually beneficial relationship. By transferring FP services to the NGO sector the government can alleviate supply issues and can also avoid cultural and ideological reproductive health controversies in the public sector (51).

While PPMVs and private drug shops play a necessary role in healthcare systems in Nigeria and the DRC, various service issues exist that inhibit a cohesive integration of public/private healthcare systems and the ability to provide quality care. PPMVs are often the main source for short-term contraception (oral contraceptives, emergency contraception, and condoms) (52-54), as they are often seen as more convenient, more confidential, and better stocked (55). However, many studies mention the poor advice and counseling offered by PPMVs. In Nigeria, one study found that only 15% of first-time users were informed of any possible side effects of the pills and only 30% of first timers were referred to a medical provider (56). However, this can be solved with branding quality outlets such as Bluestar (57), training (44), or licensing, as in Ghana where chemical shops are a trusted source (54). A systematic review investigated the effectiveness of a variety of private sector improvement interventions and found that the most successful approaches coupled training with market-oriented approaches (58). In addition, there is evidence of poor referral systems between PPMVs and the public sector. If these were formalized and integrated properly the overall health system could improve (59).

Policy advocacy has been an effective way to assure access. From 2013 to 2016, Advance Family Planning (AFP) has achieved seven policy advocacy objectives in the DRC and five in Nigeria, reaching ten provinces in the DRC and twelve states in Nigeria. In general, though most of the financial and political objectives persuaded governments to increase their financial commitment or attention to FP at a strategic level, and several specific achievements brought new insights to increase access. In Tanzania, AFP's advocacy led AAR Insurance, the largest private insurance company, to add FP services to health insurance policies. An estimated 80,000 policyholders could benefit (60). In Indonesia, AFP brokered an agreement to provide FP services to employees of private businesses at the district level (61). Similarly, PSI utilized a quasi-accreditation program to ensure quality standards in private facilities and these accreditation scores inform the selection of insured facilities by the national Kenyan health insurance (62).

Policy barriers to adolescents' use of long acting contraceptives impede uptake by requiring parental or spousal consent (14). Adolescent involvement in policy provides greater insight into the issues and needs that matter to them most (23).

INTERVIEW FINDINGS

Six individuals, outside the BMGF, were interviewed based on their expertise and involvement with either the countries of interest, family planning interventions, or both. The key findings from these interviews, organized within the demand framework, follow. Interviewees were:

- Dr. Alison Drake, Epidemiologist and Assistant Professor at the University of Washington; Co-Director of the Global Center for Integrated Women, Adolescent, and Child Health (63)
- Josée Fumutoto, Engender Health Expand FP DRC team (64)
- Kate Thanel, FPWatch Research Fellow at Population Services International (65)
- Margaret Bolaji, FP 2020 Youth Ambassador from Nigeria (66)
- Naomi Maina, Senior Manager at Well Told Story (67)
- Trevor Perrier, PhD. Student in Computer Science & Engineering (CSE) at the University of Washington (68)

ENABLE DEMAND

Margaret Bolaji (FP 2020 Youth Ambassador) emphasized the importance of youth engagement and empowerment, community engagement and buy-in, and delaying the age of child marriage as important facilitators in successful family planning uptake and knowledge.

GROW DEMAND

Dr. Drake (UW Epidemiology) cited the opportunities to engage with women and men, and the confidential nature of SMS messaging as promising. She also noted the near-universality of SMS access, particularly in comparison to social media, as an important factor in reaching a wide audience.

Trevor Perrier (UW CSE) stressed that real evidence of the effectiveness of SMS-based health communication programs is difficult to find. He also stated that many SMS programs are too complicated for many NGOs to set up on their own which hinders their ability to adapt programs to local contexts.

According to Josée Fumutoto (Engender Health, DRC), social media is useful to increase awareness but most people in Kinshasa are already better informed in comparison to other regions. For them, the costs of the services are the main reasons of low adoption or discontinuation.

Well Told Story is a successful intervention, reaching approximately 5 million youth aged 15-24 through various channels of social marketing including social media tools like Facebook, Twitter, Instagram, and Zune. Naomi Maina and her team utilized the following key elements in their multi-pronged social media approach: 1) Interaction with the audience through SMS and Facebook platforms providing both one-on-one and group based communication channels; 2) Focus on providing a relevant message to youth by utilizing characters that are relatable and engaging; 3) Brand and user-segmentation ensure that user insights are what guide the messaging that is produced; and, 4) Customize the message in young people's language.

ASSURE ACCESS

Kate Thanel (FPWatch) noted that supply issues, specifically in the DRC, restrict contraceptive access. She discussed DRC's national family program which runs free mobile outreach campaigns with the support of NGOs. These campaigns frequently deplete their entire stock of long lasting methods long before servicing all women who have expressed demand.

She also discussed private drug shops in the DRC, stating that most people access contraception through these shops even though these drug shops are frequently unregistered and unqualified to provide services, and stock a very limited range of methods (i.e., pills, emergency contraceptives, condoms). One of PSI's projects is targeted at combining supply provision and training to drug shops, with the goal of generating demand, but no preliminary data was given.

Additionally, Kate discussed the highly bureaucratic policies and regulations that make importation of contraception difficult and inhibit women from accessing family planning, such as the antiquated law that prohibits anyone under 18 from accessing family planning. While many of these policies are informal and not followed, she mentioned that attention should be paid to shifting the political environment to further assure access.

Josée Fumutoto (Engender Health, DRC) stated that many women are unable to afford the services (likely service costs in the public sector), a lot of women turn to local pharmacies for help where they take whatever they find or whatever is recommended by the store workers. The lack of training or qualification of the pharmacies often put those women's life in danger.

GAPS AND FURTHER RESEARCH OPPORTUNITIES

A multi-pronged approach is essential to the effectiveness of demand generation. Both literature and interviewees report optimal success when blending communication channels to target audiences. This fusion enables the intervention to reach otherwise underserved populations, such as those living in very rural areas. Specifically combining social media and mobile platforms with mass media, such as radio and TV, maximizes the breadth of audience reach and furthers FP adoption. The BMGF strategy should consider a multi-pronged approach when possible to maximize the number of beneficiaries and ensure that interventions are not excluding certain populations.

Supply side investment is an important consideration when investing in demand generation, as progress in both areas is imperative to the effectiveness of an intervention. As evidenced by the literature and the interviews, there are considerable supply issues in Sub-Saharan Africa that inhibit the ability of interventions to maximize their effect. Particularly, in urban areas of the DRC, we see that the demand is already quite high and the main barriers to progress in contraceptive uptake, and discontinuation mitigation, are supply issues such as stock-outs and importation barriers. While demand generation is needed across Africa, certain contexts warrant prioritization of the supply side over demand generation.

Literature search and interviews showed limited evidence of using social media to effectively change behavior. Recent literature primarily includes formative research or pilot testing of prototypes; however, future data is expected of recent successful projects. For example, the survey data and analysis of the Well Told Story program will not be officially published until this June.

Youth and adolescents have been a major focus to enable demand and grow demand; however, research gaps persist for the following sub-populations:

- Adolescents younger than 15 – Gaps exist partially due to the regulatory requirement on the age for SRH surveys among minors in African countries.
- Male adolescents - Little information has been collected on adolescent male's sexual and reproductive behaviors, contraceptive needs, and use.
- Youth that are in marginalized or vulnerable situations.

Additional analysis to thoroughly assess social, cultural, and economic factors specifically influencing adolescents is essential to accurately tailor interventions to reach youth and adolescents. The SRH of adolescents is negatively influenced by early marriage, sexual violence, low educational attainment, and early childbirth and our analysis did not conduct an in-depth assessment of these factors. Additionally, the health and financial impacts of early childbirth among adolescents are a major cause of morbidity and mortality that should be considered while striving to understand the FP practices of adolescents. Lastly, further understanding of the underlying reasons for contraceptive unmet need among adolescents is necessary to target FP uptake and access for adolescents efficiently and effectively. As proven by campaigns like Well Told Story, engaging and promoting SRH in young people's language and context is critical to gain their trust and engagement.

CONCLUSION

Facilitators, barriers, and best practices identified in this analysis may provide insight on how to reach additional FP users in DRC and Nigeria. The importance of cultural context was a common theme across interviews and within literature to ensure acceptability and ultimately generate demand. Variations in urban/rural and adolescents/adult contexts are nuances that may impact individual FP uptake and service utilization. Lack of in-depth research across different wealth quintiles and age groups is problematic when aiming to promote equity. Continued research efforts in youth and adolescents and rigorous impact assessments of social media (in comparison to /in conjunction with other communication channels) are needed to inform how future programs will best add value to current FP activities in DRC and Nigeria. Currently, the expansive infrastructure of the private sector offers an opportunity to formalize a relationship between public and private sectors to ensure access to FP and encourage utilization of services through quality assurance efforts. Despite the importance of motivating individuals to engage in care and utilize FP, establishing trust through quality health care services and fully stocked supplies is vital to maintain and increase demand across any geography.

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APPENDIX A: DRC DONOR RESEARCH SUMMARY

COUNTRY OVERVIEW

The Democratic Republic of Congo's (DRC) National Strategic Plan for Family Planning (FP) 2014-2020 has two main objectives by 2020: to increase modern contraceptive prevalence to at least 19.0% and to ensure access to and use of modern contraceptive methods by at least 2.1 million additional women. The implementation of the plan includes demand generation as one of the six main sub-goals. The main implementation strategy to generate demand focuses on the promotion of FP in the private sector, public sector, and at the community level (including religious groups). Detailed objectives include creation of a tailored communication strategy, distribution of education to young children and adolescents, improvement of social norms, increase in male involvement and development of community mobilization strategy for FP (1).

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 $12.4 million fiscal year 2015 budget on family planning & reproductive health (3), USAID's strategy in DRC focuses on making family planning options more widely accessible to underserved populations. Aside from efforts to improve poor family planning policy and strengthen the private sector through franchises, USAID's strategy also tackles social and behavioral change through community mobilization, couples counseling, engagement of men, and community group sensitizations.

DRC is one of the Department for International Development's (DFID) ten largest bilateral country programs. DFID DRC invested over $238 million USD, with $18 million USD specifically for family planning, for its Access to Health Care in the Democratic Republic of Congo project from 2012 – 2018 (4). Although DFID does not have an explicit FP target in DRC, the Department promotes girls' education, encourages equal access to property rights, and works to achieve access to family planning for everyone who wants it. Overall, DFID is committed to helping an additional 24 million girls and women (between 2012 and 2020) access family planning worldwide (5).

The Canadian International Development Agency (CIDA) identified DRC as a country of focus for Canada's Development Priorities (2015 official development assistance for family planning sector to DRC $203 thousand USD) and it is one of ten sub-Saharan countries (SSA) receiving significant assistance to address capacity building to reduce poverty (6). Additionally from 2015 to 2020, CIDA strives to improve the health and rights of women and children through promotion of sexual and reproductive health, health systems strengthening, and improvements in nutrition and infectious disease burden (7). In March 2017, Canada announced a 3-year, $650 million-dollar commitment to sexual and reproductive health for all, specifically aimed at female empowerment and gender equality (8).

FAMILY PLANNING & BEHAVIOR CHANGE PROGRAMMING

Utilizing the Integrated Delivery Team's demand-side framework, recent/current projects funded by USAID, DFID, and CIDA are categorized by whether they enable demand, grow demand, or assure access. This provides a country level perspective on current programming and lessons learned.

USAID: Communication for Change (C-Change)

The C-Change program is addressing a variety of family planning issues in the DRC through engaging the government, stakeholders, and partners to expand family planning programming and policy. The program **enables demand** by training community health volunteers to conduct home visits and group discussions on social norms, contraceptive health concerns, and safety measures. By building the capacity of local radio stations, the program **grows demand** by spreading FP messages and increasing utilization of counseling services (9).

USAID: PROSANI (Integrated Health Project)

As a comprehensive program seeking to address all levels of the public health system in the DRC, this project **enables demand** and **grows demand** specifically through its grassroots outreach that trains a community of leaders and health workers in a variety of management and leadership skills. Empowering these health workers to lead group discussion sessions and deliver messages in public places allowed the program to reach over 600 women in 3 months and has increased the proportion of women visiting the local health center from 36 to 53 percent in 3 months (10).

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

Donor Name	Project Name	Enable Demand	Grow Demand	Assure Access
USAID	**Communication for Change** (11)	X	X	
USAID	**PROSANI (Integrated Health Project** (10)	X	X	
USAID	Evidence to Action (12, 13)	X	X	
USAID	Support for International Family Planning Organizations 1 (14)			X
USAID	Support for International Family Planning Organizations 2 (15)			X
USAID	Advancing Social Marketing for Health in the Democratic Republic of Congo (16)	X	X	
DFID	**La Pepiniere: Programme for adolescent girls in the Democratic Republic of Congo** (17, 18)	X	X	
DFID	**Access to Health Care in the Democratic Republic of Congo** (4)	X		X
CIDA	**Reaching Adolescent Girls Everywhere – Increasing Youth Access to Family Planning and Contraceptives (19)**	X		X
CIDA	**H6 Initiative to Accelerate Support for Maternal and Newborn Health (20)**	X	X	X
CIDA	Support to Health Zones (21)	X		X
CIDA	Improving the Lives of Women and Children through Radio Dramas (22)		X	

DFID: La Pepiniere: Programme for adolescent girls in the DRC

This program serves as an initial phase of DFID DRC's Action Plan for Adolescent Girls (£17.8 million over six years) to support economic empowerment of women and girls, and particularly adolescent girls, in DRC), with a strong emphasis on learning and innovation, and a view to scaling up, where possible (23). By setting up the innovative Girl-Led Research Unit where girls from diverse backgrounds were selected, trained, and mentored as peer researchers to conduct in-depth interviews in their communities and analyze the data they collect, the project provided the critical "girls perspective" on a range of programs if there is a demand. The initial phase **enables demand** and **grows demand** by involving girls to help themselves and their communities (17).

DFID: Access to Health Care in the Democratic Republic of Congo

Through a consortium of NGOs led by IMA World Health, an estimated 9 million people access essential primary and secondary healthcare services in 52 health zones in five of the 26 provinces in DRC. The program **enables demand** by supporting family planning services via community-based delivery and **assures access** through the reduction of user fees in health zones that were not previously supported (24).

CIDA: Reaching Adolescent Girls Everywhere – Increasing Youth Access to Family Planning and Contraceptives

Through a partnership with the United Nations Population Fund (UNFPA) and CIDA, this project aims to improve access and use of contraceptives among adolescents. Planned activities will **enable demand** and **assure access** by advocating for procurement of comprehensive reproductive health commodities in DRC, increasing access to reproductive health information and services for youth and adolescents, and assisting with capacity building for family planning supply management (19).

CIDA: H6 Initiative to Accelerate Support for Maternal and Newborn Health

This multilateral project with UNFPA strives to reduce maternal and newborn mortality in high burden countries. In DRC, the H6 initiative's engagement of community leaders, distribution of FP messaging via several communication channels, and advocacy for contraceptive budget from the government **enabled demand**, **grew demand**, and **assured access** (20).

CONCLUSION

In the DRC, the poor health system structure requires health system strengthening programs to support the increasing population. Behavior change programs that improved utilization of services consistently engaged with the community, through both mass media and/or interpersonal communication (10, 11, 22). Similarly, community-based distribution further increased uptake of FP (24).

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APPENDIX B: NIGERIA DONOR RESEARCH SUMMARY

COUNTRY OVERVIEW

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

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

Donor Name	Project Name	Enable Demand	Grow Demand	Assure Access
USAID	**Evidence to Action** (12)	X		
USAID	**Health Communication Capacity Collaborative** (13)		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	**Access to Family Planning Commodities** (20)	X	X	X
DFID	**Voices for Change: Empowering Women and Adolescent Girls Programme** (21)	X	X	
DFID	Health: Prevention of Maternal Deaths (PMD) (22)	X	X	X
DFID	Health Insurance Programme (23)			X
CIDA	**Bauchi Opportunities for Responsive Neonatal and Maternal Health** (24)	X		X
CIDA	**Protecting Adolescent Health and Rights** (25)	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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