



HEALTH POLICY PROJECT / NIGERIA

Building capacity for improved health policy, advocacy, governance, and finance.



Photo by Joshua Jacobs/UNFPA Nigeria

Best Practices in Modeling and Generating Evidence

Given competing priorities, motivating decisionmakers to take action on FP/RH requires rigorous, compelling evidence. HPP's modeling experience in Nigeria reveals four best practices:

1. Engage a broad group of stakeholders in model design to generate ownership across tiers of public and private sector actors.
2. Anchor models to existing policy commitments or program goals for maximum relevance.
3. Localize model results and recommendations by dedicating sufficient time to collecting domestic data.
4. Train users on model mechanics, results interpretation, and advocacy for a holistic approach to capacity development and continuity.

Overview

The policy environment for family planning and reproductive health (FP/RH) in Nigeria has improved significantly with the approval of the national Family Planning Blueprint and the Task-Shifting and Task-Sharing Policy for Essential Health Care Services. Despite these gains, states (including the Federal Capital Territory, or FCT) and local government areas (LGAs)—responsible for implementing programs and providing services—have neither the capacity nor adequate financial resources to translate national policies into action. As a result, use of family planning, particularly the more effective and less expensive methods like implants and intrauterine contraceptive devices, remains low. Limited access to family planning prevents women from safely spacing their pregnancies, fuels rapid population growth, and places the health of women and children at risk.

In recognition of these challenges, the USAID-funded Health Policy Project (HPP) in Nigeria strengthened the capacity of government and civil society actors to generate evidence, advocate, and foster institutional commitment for FP/RH. Through its many partnerships, the project successfully incited action on both policy and funding.

New Evidence Informs Action

Working with partners, HPP generated and helped communicate compelling evidence in support of increased FP investments at national, state, and LGA levels:

- Applied national and Adamawa state-specific RAPID models¹ to quantify the **long-term** benefits of expanded FP use across development sectors. Data from the national model were used directly in Nigeria's statement at the 2012 London Summit on Family Planning.
- Assessed budgetary processes in two states and identified key entry points for FP/RH budget advocacy.
- Implemented six state-level ImpactNow models to quantify the **near-term** health and economic benefits of increased FP investments. The results were used in state-level advocacy.

Stronger Advocacy Advances Family Planning

HPP enhanced the advocacy capacity of partners, thereby increasing political and financial support for family planning:

- Raised the profile of family planning on the national agenda by providing financial support and technical direction for Nigeria's FP conferences (2010, 2012, and 2014), as well as for the 2011 conference, Improving Financial Access to Maternal, Newborn, and Child Health Services for the Poor in Nigeria.
- Supported the advocacy activities of civil society groups to increase funding for FP services, commodities, and supplies. Partner advocacy

Advocates Secure a Dedicated Line Item for Family Planning

The Nigerian government provides contraceptive commodities at no cost. However, states are responsible for transporting FP commodities to health facilities and many lack dedicated funds for transport, threatening breaks in protection for millions of women.

HPP supported the Budget Transparency and Accountability Initiative Nigeria (BTAN) to advocate the government distribution of contraceptives in Cross River State.

BTAN targeted the state Ministry of Health and Budget Office through an FP Advocacy Working Group, securing a dedicated line item for the distribution of FP commodities in the state budget. Critically, the state government allocated 10 million Naira (more than US\$60,000) for the new budget line in June/July 2014.

Select Publications

Nigeria RAPID: The Change We Seek—Adamawa State

Advocacy for Family Planning: Understanding the Budget Process in Two Nigerian States, Cross River and Zamfara

Scaling Up National Health Insurance in Nigeria: Learning from Case Studies of India, Colombia, and Thailand

Improving Financial Access to Maternal, Newborn, and Child Health Services for the Poor in Nigeria

Nigeria RAPID: The Change We Seek—Raising Our Quality of Life

efforts led to the release of \$3 million for the procurement of contraceptive commodities in 2011 by the government of Nigeria, as well as the creation of a funded FP commodity distribution line item in Cross River State.

- Enhanced the capacity of government and civil society to generate, interpret, and communicate FP evidence as part of an effective advocacy strategy. Partners gained skills in using a series of models, including RAPID, the GAP Tool, FamPlan, DemProj, and ImpactNow.

Enhanced Capacity Fosters Leadership

HPP supported organizational mandates and built capacity for strategic institutional development and decision making:

- Supported the creation of the Family Planning Action Group (FPAG), a coalition of FP advocates; and helped establish FPAG as a registered, independent nonprofit organization—the Association for the Advancement of Family Planning.
- Strengthened the National Population Commission's capacity to design evidence-based policy by helping to assess implementation of the National Policy on Population for Sustainable Development.
- Enhanced the capacity of the National Health Insurance Scheme to more effectively implement its Community-Based Social Health Insurance Programme by building skills in monitoring and evaluation and designing a performance monitoring plan.

The Way Forward

Achieving Nigeria's development goals requires continued effort to increase political and financial support for high-quality health services, commodities, and supplies. Next steps should leverage the project's achievements:

- Build the capacity of civil society to
 - Generate and communicate LGA-level evidence on the benefits of FP/RH investments to mobilize support among local policymakers and community leaders.
 - Generate evidence on state- and LGA-level budget processes and domestic health resource flows, as well as progress toward adapting and implementing national FP/RH and maternal, newborn, and child health policy.
 - Advocate to state and local governments for FP budget lines (creation, allocation, release, and expenditure) and increased funding to hire and train healthcare personnel.
- Support institutions to take a leadership role in placing FP/RH and MNCH issues higher on the national agenda.

¹ HPP offers user-friendly software and computer models to help in-country partners understand the magnitude of health challenges, explore policy and resource options, and set priorities. In Nigeria, HPP and its partners implemented several models at the national and subnational level, including the Resources for the Awareness of Population Impacts on Development (RAPID) model and ImpactNow. For more information and a full list of the models available, visit [Nigeria's Country page](#) and [Software and Models page](#) on the HPP website.

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