

The Nigerian Urban Reproductive **Health Initiative (NURHI) Endline Findings for Abuja**

BACKGROUND

The Nigerian Urban Reproductive Health Initiative (NURHI), led by Johns Hopkins Center for Communication Programs in partnership with the Association for Reproductive and Family Health and the Center for Communication Programs Nigeria, was initiated in 2009 with the aim of increasing modern contraceptive use, especially among the urban poor, initially in Abuja, Ibadan, Ilorin and Kaduna and later in Benin City and Zaria. The Measurement, Learning & Evaluation (MLE) Project, led by the Carolina Population Center at the University of North Carolina in Chapel Hill in partnership with National Population Commission of Nigeria and Data Research and Mapping Consult, undertook an impact evaluation of the NURHI project. This fact sheet presents key findings from longitudinal surveys of women, households and facilities in Abuja, Nigeria (baseline 2010/2011 and endline 2014). For more information on the MLE Project please visit https://www.urbanreproductivehealth.org/.

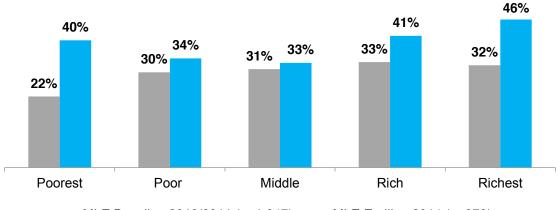
FAMILY PLANNING USE INDICATORS

Contraceptive Method Use Among	g All Women and Women in Union A	ged 15-49. Abuia
		. Sou

	MLE Baseline 2010/2011		MLE Endline 2014	
	All (%)	In Union (%)	All (%)	In Union (%)
Any method use	38.7	43.9	47.6	51.7
Any moderna method use	29.5	32.2	38.4	40.4
Any LAPM ^b use	5.7	8.8	12.0	17.4
Intends to use FP in next 12 months*	14.5	20.7	17.1	19.3
Number of women	2,126	1,347	1,279	873

^aModern methods include male and female sterilization, daily pill, IUD, implants, injectables, male and female condoms, EC, LAM

Modern Method Use by Wealth Quintile Among Women in Union Aged 15-49, Abuja



■ MLE Baseline 2010/2011 (n=1,347)

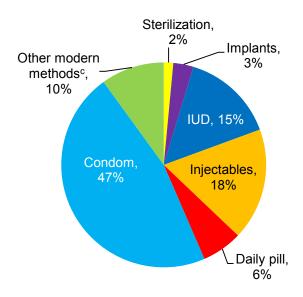
MLE Endline 2014 (n=873)

^bLAPM includes implants, IUD, and male and female sterilization

^{*} Among all women and women in union not currently using contraception; does not include women reporting menopause/hysterectomy or "can't have children" as reason for not using FP

Modern Contraceptive Method Mix, Abuja*





Implants, Other modern 14% methodsc, 8% IUD, 14% Condom, 36%

> Daily pill, _ 6%

MLE Endline 2014***

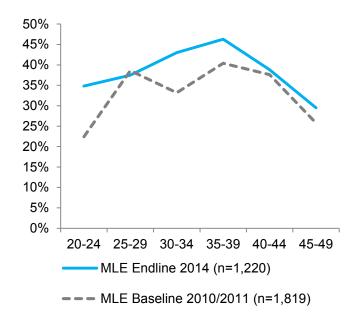
Sterilization,

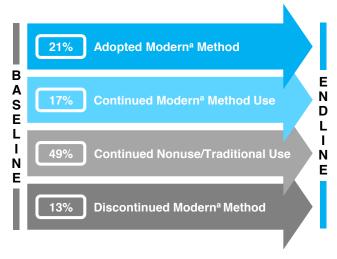
3%

*** n=511

Percentage of Women Using a Modern Contraceptive Contraceptive Method Change Between MLE Method by Age, Among All Women Aged 20-49, Abuja

Baseline 2010/2011 and MLE Endline 2014 Among Women Aged 15-49, Abuja





^aModern methods include male and female sterilization, daily pill, IUD, implants, injectables, male and female condoms, EC, LAM (n=1,279)

Injectables,

19%

^cOther modern methods include LAM, female condom, EC

^{*}Among all current modern contraceptive method users

^{**} n= 626

NURHI Demand Generation Indicators

Exposure to NURHI Demand Generation Activities in the Past Year at MLE Endline 2014, Abuja Heard/seen NURHI slogans & logos "Get it Together" slogan 51% 43% "Know. Talk. Go." slogan 57% "NURHI" program logo Heard/seen NURHI radio/TV NURHI radio program (Pidgin English, Yoruba, 32% and Hausa languages) Heard FP message on TV (last 3 months) 69% Seen NURHI print media "Be Successful" cards 35% "Be Beautiful" cards 26% Badge/button that said "Ask me about FP" 31% Total number of women 1,338

KEY RESULT HIGHLIGHTS FROM MLE SURVEYS

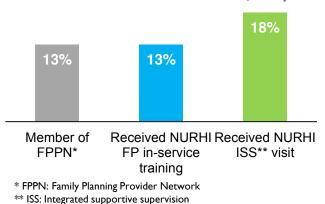
- A significant increase in modern CPR was seen in Abuja, particularly use of implants. The greatest change in modern method use by wealth quintile was among the poorest, the population of focus for NURHI activities.
- A higher percentage of young women, aged 20-24 and women aged 30-34 are using a modern method at endline. Twenty-one percent of women adopted a modern method while 13 percent discontinued use for an overall increase of 8 percentage points.
- About half of women living in Abuja reported hearing NURHI slogans and close to threequarters saw an FP message on TV. More than a quarter of women were exposed to NURHI print media messages.
- At endline, among NURHI facilities in Abuja there were fewer stock-outs of IUDs, implants, and injectables compared to non-NURHI facilities. NURHI renovated and addressed commodity security in more than three-quarters of program facilities as well as enrolled and trained providers in the FP Provider Network.



A boy walks past a below the line material promoting family planning in Jiwa village, outskirt of Nigeria's capital Abuja

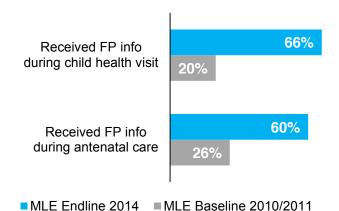
SERVICE DELIVERY INDICATORS

Provider Exposure to NURHI Program Activities at MLE Endline 2014, Abuja

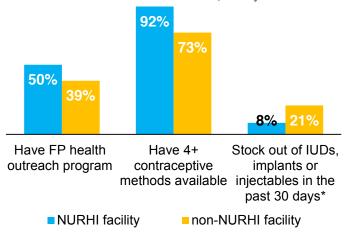


Integration of FP Services Among Reproductive Health Clients by Service Type, Abuja

(n=149)



Facility Exposure to NURHI Program Activities at MLE Endline 2014, Abuja



^{*} Among facilities that report currently providing IUD, implants, or injectables

SAMPLE DESIGN

MLE's evaluation design includes a longitudinal household survey of women aged 15-49 at baseline (2010/2011). A two-stage sampling approach was used at baseline to select a representative sample of eligible women from each city. In the first stage, a random sample of clusters was selected in each city from the 2006 Population and Housing Census frame, from which a representative sample of households was selected. Women who completed an interview and were regular household members at baseline were followed and interviewed again at mid-term (2012) and endline (2014). In Abuja, a total of 2,124 women were interviewed at baseline. At endline, a total of 1,424 women were successfully tracked and 1,338 had a completed interview (overall response rate of 63 percent). The facility survey collected longitudinal data between baseline (2011) and endline (2014) from NURHI program facilities and facilities identified by women in the household survey as sources of reproductive health services. In Abuja, a total of 48 facilities were surveyed at baseline and 38 facilities surveyed at endline. In all facilities, a facility audit and provider interviews were undertaken; client exit interviews were undertaken in the NURHI program facilities.

This fact sheet was made possible by support from the Bill & Melinda Gates Foundation under terms of the Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative and NURHI. The views expressed in this publication do not necessarily reflect the views of the donor.







