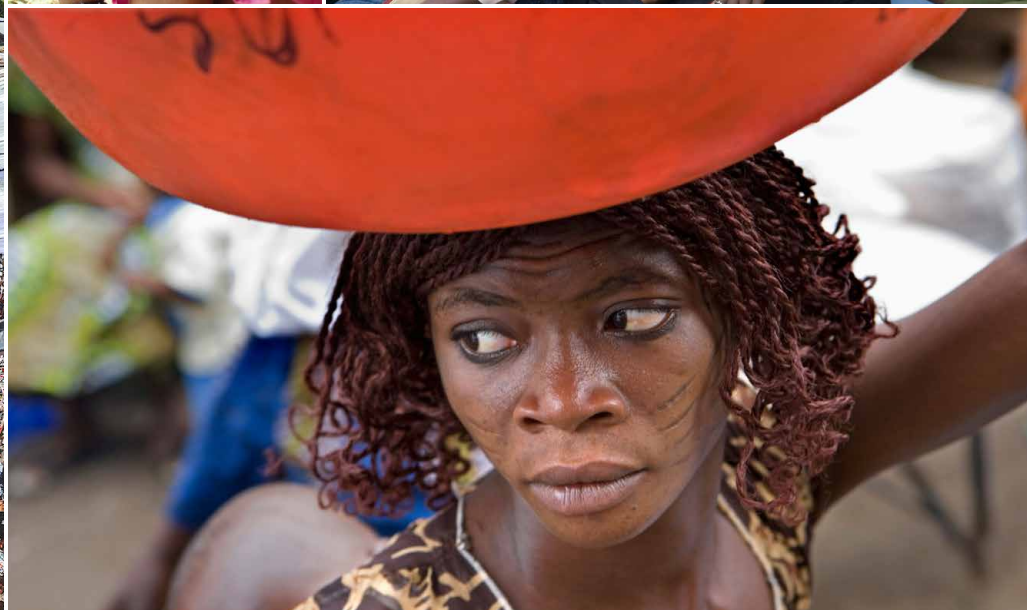


CONTRIBUTION TRACING CASE STUDY

# LAGOS STATE, NIGERIA

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October 2021



## Acknowledgments

This report was developed with the support of an anonymous donor. It is an internal evaluation of how the PRB SAFE ENGAGE project implementation in Lagos State, Nigeria, contributed to administrative policy change that increased access to legal abortion in public health care facilities. The evaluation was conducted by PRB staff member Marlene Lee, with assistance from Kelley Kline, Heidi Worley, and Jessica Kali at various stages. These staff members were not involved in the implementation of the SAFE ENGAGE intervention and did not participate in project meetings or project decision-making. The PRB SAFE ENGAGE project staff and partners provided access to program documents, responded to evaluators' questions, and in some cases requested additional documents from the project's Lagos State task force participants. The Lagos State project lead reviewed the draft report for factual errors regarding project implementation and country context. An external evaluator performed a technical review of the draft analysis. The evaluators would like to thank everyone who assisted in the data collection, review of the analysis, editing, and production of this report.

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## I. Summary

From June 2018 to February 2021, the SAFE ENGAGE project worked with government, civil society, and academic leaders in Lagos State and Southwest Nigeria to co-create and disseminate a tailored advocacy tool with the goal of increasing access to safe, legal abortion in Lagos State. While other project activities in 2020 and 2021 continue to support changes in access to legal abortion, these activities fall outside the intervention model described and evaluated in this report. This report evaluates the contribution of a SAFE ENGAGE intervention in Lagos State, Nigeria.

The centerpiece of the ENGAGE process is an in-country task force, made up of key players in the policy arena, that co-creates (with PRB support) a video presentation for advocacy efforts and devises a dissemination plan for the presentation. Further details of the ENGAGE process can be found in Section IV of this report.

In Lagos State, the SAFE ENGAGE project applied the ENGAGE methodology to the issue of safe abortion. This required sensitivity to both the legal status of abortion in country and to religious and cultural values. Consequently, the SAFE ENGAGE intervention also included:

- A review of the legal framework for abortion in country as part of setting objectives and developing key messages.
- An optional exercise in which participants assessed their own personal values related to abortion.

The PRB SAFE ENGAGE Nigeria team consisted of PRB staff based in Washington, DC (a SAFE ENGAGE project director, a PRB team leader for implementation in Lagos State, and an analyst), and a PRB consultant based in Lagos. Additional support from PRB's Washington headquarters included graphic designers, editors, and other communications specialists. The PRB SAFE ENGAGE project director and the team leader for Nigeria traveled

to Lagos State for a scoping trip and task force meetings. They also coordinated in-country activities with the local partner, The Society of Gynaecology and Obstetrics of Nigeria (SOGON).

We conducted this internal evaluation using a technique called contribution tracing to identify and examine a major claim about how the intervention increased access to safe legal abortion. The PRB SAFE ENGAGE Nigeria team believe that the intervention influenced the state commissioner of health to issue an official circular to medical directors of secondary and tertiary public health facilities. This circular alerted medical staff in these facilities to conditions under which they could legally provide an abortion, including to save a woman's life or to preserve her physical health. Evaluators collected data on project implementation and outcomes and assessed the extent to which evidence supports a causal chain of events. The evidence demonstrates, with near certainty, all but one step linking the intervention to the outcome. Overall, the totality of evidence instills confidence that the SAFE ENGAGE intervention influenced the Lagos State commissioner of health's decision to issue the official circular to medical directors and medical staff at public secondary and tertiary health facilities.

The evaluation methodology, contribution tracing, relied on project documentation, including trip reports, meeting summaries and attendance records, project emails, and exchanges on WhatsApp (a free messaging and calling app available on phones all over the world). These documents were supplemented by interviews with PRB project staff and consultants. PRB project staff also solicited specific documents or responses to evaluator questions from the SAFE ENGAGE Lagos State task force members when necessary. In addition to supporting the project's major contribution claim, evaluation results also highlight some lessons regarding project documentation and data collection on outcomes:

1. Good project documentation, including trip reports and meeting notes, facilitated data collection to provide evidence of the sequence of the project intervention.
2. Documenting official actions taken by task force members within their organizations, such as the Ministry of Health, required efforts outside of normal PRB project implementation. Without a copy of the official policy document (the circular), only the contribution of the SAFE ENGAGE project to policy dialogue, not to administrative policy change, could be established with certainty.<sup>1</sup> It took

weeks to locate a copy of the signed circular, which was issued with an official date of May 8, 2019, and not a March or April date as originally thought.

3. Documentation of changes in knowledge and in the attitudes of task force participants in the SAFE ENGAGE task force meetings was sparse. Direct questioning of high-level officials may not yield much information, so it is important to develop qualitative methods that project staff can use to observe and record their perceptions of task force members' changes in knowledge or attitudes.

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<sup>1</sup> The “policy change” was not a change in law but promulgation of existing law via administrative policy for public health facilities.



## II. Purpose and Background

Strengthening Evidence-Based Policy to Expand Access to Safe Abortion (SAFE ENGAGE) worked to expand access to safe abortion by reaching global and national audiences with the latest data and evidence on abortion and building the capacity of advocates to achieve positive change. Each year in Africa, approximately 1.6 million women are treated for complications from unsafe abortion, which accounted for at least 9% of maternal deaths in 2014.<sup>2</sup> From 2017-2021, the project supported the work of in-country partners in generating new or renewed policy or resource commitments around safe abortion, including service guidelines, in four African countries. In Nigeria, the objective was to expand access to safe abortion in Lagos State.

In this report, we use contribution tracing to assess how a SAFE ENGAGE intervention led to an increase in access to safe abortion services in Lagos State, Nigeria. Under the SAFE ENGAGE intervention model, PRB works to advance country-level policy dialogue and strengthen the capacity of advocates, policymakers from government ministries, and the media to communicate information on abortion to national and subnational decisionmakers. Using a co-creation process, PRB works in collaboration with a multisectoral task force that includes high-level individuals and policymakers from government ministries to jointly develop a video, focusing on country needs. The task force also co-creates a dissemination plan that includes a national launch of the SAFE ENGAGE video and usually targets regional audiences to provide them a visually compelling description of the evidence regarding the incidence, trends, causes, and consequences of unsafe abortion. Because Nigeria is a federation, Lagos State has its own state-level authorities. The SAFE ENGAGE project implemented the intervention model at the state-level with a task force, launch, and targeted audiences within Lagos State.

The Lagos State commissioner of health chaired the multisectoral task force for the Lagos State SAFE ENGAGE project. Through the co-creation process,

the commissioner learned details of the criminal code update in 2011. With this update, the Lagos State criminal code allows women access to abortion to save their lives and preserve their physical health, yet women have been predominately offered only post-abortion services. This information led to the commissioner's decision, prior to retirement, to direct public health facilities to follow the law and provide legal abortions, thereby potentially expanding women's access to safe abortion. To demonstrate how the SAFE ENGAGE process influenced the commissioner to issue an official circular containing a directive ensuring access to safe abortion as indicated under the law, we use contribution tracing techniques to estimate our level of confidence in the effects of the PRB intervention.

### — Abortion Legislation in Lagos State

Nigerian states have their own health systems, and states have a great deal of autonomy to set policy. Legal provisions are more restrictive in northern Nigeria, where abortion is legal only when performed to save a woman's life. In southern states, including Lagos State, abortion is also permitted to preserve the physical or mental health of the woman.

In Nigeria, low contraceptive use and high unintended pregnancy rates contribute to the demand for abortion. Though restricted, abortion is common and mostly unsafe. Women's health advocates have waged a long struggle to promote access to safe abortion in Nigeria and have encountered strong religious opposition to both abortion and family planning, as well as strong stigma against seeking abortion services (see Box 1, next page). Local advocates can rely on wide availability of data and have ensured ongoing sensitization of policymakers to unsafe abortion and its implications for maternal mortality.

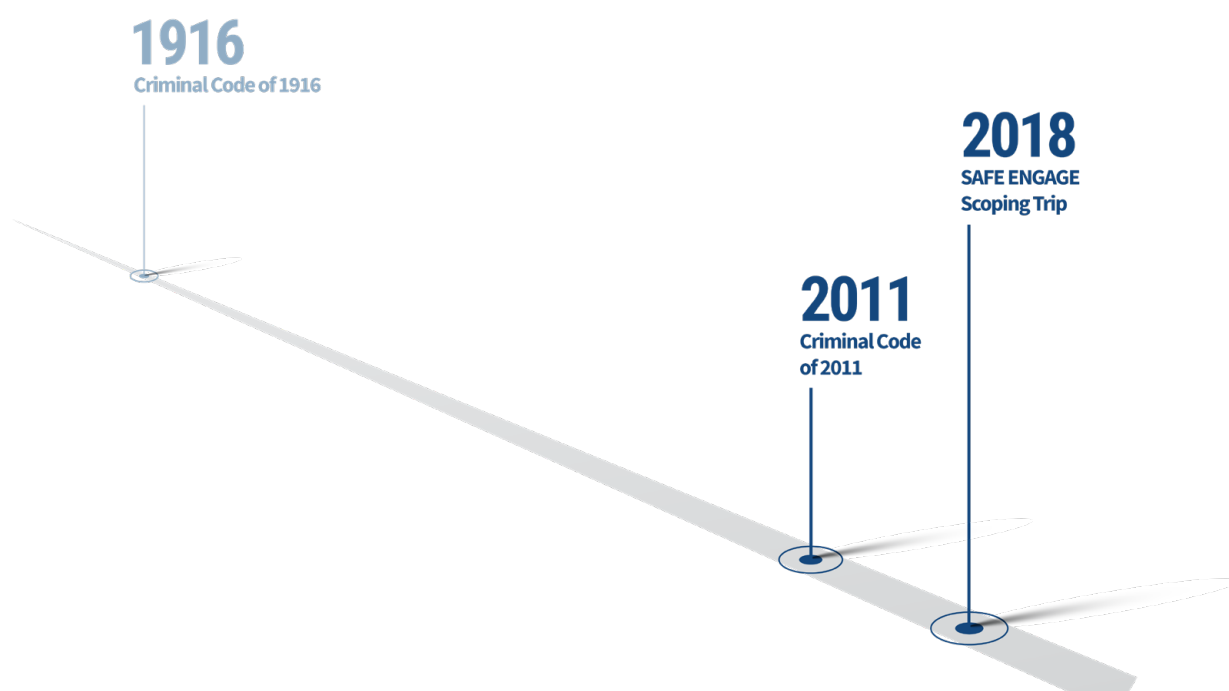
Until 2011, access to safe abortion in Lagos State was governed by a 95-year-old law, the Criminal Code of

<sup>2</sup> Guttmacher Institute, [Fact Sheet: Abortion in Africa](#), March 2018.

1916, that only permitted abortion to save the life of the woman. In 2011 the Lagos State criminal code was updated to include legal provision of medical abortion to preserve the physical health of the woman. Sections 145-147 provide for prison sentences. Any person who, with intent to procure the miscarriage of a woman, unlawfully administers to her any noxious thing or uses any other means, is subject to four years' imprisonment or seven years' if the woman has not consented. A woman who self-administers such a harmful substance or consents to it is subject to two years' imprisonment. Any person who supplies anything knowing that it is intended to be unlawfully used to procure a miscarriage is subject to three years' imprisonment.

Although abortion has been permitted under broader circumstances since 2011, at the start of the SAFE ENGAGE intervention in 2018, there appeared to be a large discrepancy between the law and practice in Lagos State. See Figure 1 for a timeline of Lagos State legislation. Many medical practitioners in Lagos State did not follow provisions of the criminal code of 2011 and only provided postabortion services due to their interpretations of the laws governing abortion.

**FIGURE 1**  
**TIMELINE OF LAGOS STATE LEGISLATION**



## BOX 1

### PUBLIC OPINION

In Nigeria, restrictive abortion laws reflect public opinion. According to the most recent World Values Survey conducted in Nigeria in 2017-2020, 73% of respondents said that abortion is never justifiable.

**Question:** Please tell me for each of the following statements whether you think abortion can always be justified, never be justified, or something in between.

**Respondents who answered “can never be justified”:**



**Source:** World Values Survey Association, [World Values Survey Wave 7 \(2017-2020\) Nigeria](#).

## — International and Local Nongovernmental Actors

A range of international sexual and reproductive health organizations operated in Nigeria prior to and throughout the SAFE ENGAGE intervention. Key actors providing abortion-related information and services at the time included Ipas, Marie Stopes International (MSI), Pathfinder International, DKT International, and previously, Planned Parenthood Global.<sup>3</sup> Local nongovernmental organizations (NGOs) included Generation Initiative for Women and Youth Network (GIWYN), Women Advocates Research and Documentation Centre (WARDC), and Campaign Against Unwanted Pregnancy (CAUP). They had been raising awareness of unsafe abortion and working toward policy reform. These local and international nongovernmental organizations provided information about the complex political and cultural environment and introductions to key players in the reproductive health sector.

Below is a brief overview of the work of some of these organizations in Nigeria:

- GIWYN advocates for women's and youth's rights to the highest standard of living, safe reproductive choices, high-quality health care, and an enabling environment that promotes their fundamental human, reproductive, and sexual health rights.
- WARDC is a women's rights organization that provides pro bono legal services for victims

of gender-based violence and other abuses of women's rights. They have established working relationships with a wide range of stakeholders, from policymakers to grassroots women and traditional leaders.

- CAUP formed as a multidisciplinary initiative in 1991 to focus attention on women's health problems caused by unsafe abortion. An early evaluation of CAUP showed that the organization took a taboo topic in Nigeria and made it a legitimate subject for public discussion and debate. The organization is also credited with groundbreaking research on abortion in Nigeria.<sup>4</sup>
- The head of Ipas' office has been affiliated with a women lawyers' group and is recognized as a driving force in the effort to end unsafe abortion. Two former Ipas employees with expertise on Nigeria's abortion data and policy served as consultants on the PRB project.
- Marie Stopes Nigeria provides long-acting and voluntary, permanent contraception in Nigeria. Clinics in Lagos, Abuja, and Benin City offer a wide range of sexual and reproductive health services to urban communities. Mobile outreach teams of doctors, nurses, and drivers travel to hard-to-reach areas to offer a range of contraceptive services. Marie Stopes also works with the government of Nigeria and existing private health care providers to provide training in the delivery of high-quality family planning services.

<sup>3</sup> Marie Stopes International changed its name to MSI Reproductive Choices in November 2020.

<sup>4</sup> Boniface A Oye-Adeniran, Carolyn M Long, and Isaac F Adewole, "[Advocacy for Reform of the Abortion Law in Nigeria](#)," *Reproductive Health Matters* 12, sup24 (2004): 209-217.



### III. Selecting Lagos State for SAFE ENGAGE Intervention

Nigeria was selected for the SAFE ENGAGE project because of the need to change prevailing conditions that lead to unsafe abortion and its adverse outcomes, including restrictive legal and policy environments for abortion. Contraceptive use at the start of the project was historically low, with a little more than 10% of women of reproductive age using modern methods.<sup>5</sup> Slow uptake of family planning contributes to high levels of unintended pregnancy and abortion, and at the start of the project, 1 in 4 pregnancies was unintended, with almost 15% of all pregnancies ending in abortion.<sup>6</sup>

Countrywide, there are regional differences in abortion rates, with lower rates in the southwest and north central regions than in other regions.<sup>7</sup> Between 1996 and 2012, the number of abortions in Nigeria more than doubled, increasing from 610,000 to 1.25 million. Most of these abortions were performed secretly and in unsafe conditions, contributing to high levels of maternal death, poor maternal health, and maternal disability. Nigeria has one of the highest maternal mortality rates in the world, with 40,000 maternal deaths per year. Religious opposition to family planning and abortion hinder progress in expanding access to safe abortion services, making policy decisions to effect improvements challenging.

The SAFE ENGAGE project committed to working in only one state in Nigeria, both because of the vast size

of the country and because Nigerian states have their own health systems and a great deal of autonomy. After conferring with several opinion leaders at the federal and state levels, the SAFE ENGAGE project selected Lagos State as it met the project criteria for site selection: opportunity for forward momentum on safe abortion, political and financial feasibility, and potential for meaningful and measurable impact within three years.

Anticipated challenges of working in Nigeria at the time included:

- Overcoming taboos around the issue of abortion, both legal and cultural.
- Obtaining data on abortion.
- Identifying a task force leader with convening power.
- Handling political sensitivities, including possible changes after the general elections scheduled for February 2019.

The project mitigated a number of these issues through the selection of Lagos State, a southern state with somewhat less restrictive abortion laws, active NGOs, and recently collected data on abortion. Also, the availability of recently collected data on safe abortion in Lagos State provided an entry point into ongoing policy debates and information campaigns.

<sup>5</sup> Guttmacher Institute, [Abortion in Nigeria](#), October 2015.

<sup>6</sup> Guttmacher Institute, [Abortion in Nigeria](#).

<sup>7</sup> Guttmacher Institute, [Abortion in Nigeria](#).

## IV. SAFE ENGAGE Intervention Design

The objective of the PRB Lagos State SAFE ENGAGE intervention was to bring awareness to the Lagos State Ministry of Health (LSMOH) that the current legislation on abortion was not being implemented in practice and to encourage the LSMOH to order public health facilities in Lagos State to follow the current law. To achieve this goal, PRB followed the ENGAGE co-creation and dissemination process used successfully in past PRB family planning projects. The main activities of the ENGAGE process are:

- Establishing an in-country task force for co-creation and dissemination of the video.
- Holding four task force meetings focused on:
  - Setting objectives and identifying target audiences.
  - Developing key messages for the video, including data, implications, and recommendations.
  - Reviewing the video storyboard and scripts and commenting on draft versions of the video.
  - Training task force members on using the video for advocacy or policy communication.
- Hosting a launch event with invited individuals beyond project staff and task force members.
- Completing follow-up dissemination activities, usually undertaken by a local partner or task force members with financial support from PRB.

The SAFE ENGAGE project applied the ENGAGE methodology above to the issue of safe abortion. This required sensitivity to the legal status of abortion in country and to religious and cultural values. Consequently, the SAFE ENGAGE intervention also included:

- A review of the legal framework for abortion in country as part of setting objectives and developing key messages.
- An optional exercise in which participants assessed their own values around abortion.

Prior to the start of the SAFE ENGAGE project in Lagos State, important advances in abortion access were already underway in Lagos and in Nigeria more generally. Medication abortion had become increasingly available through pharmacies in Lagos. Also, national guidelines for delivery of safe abortion services within legal parameters had been approved.<sup>8</sup>

### Implementation in Lagos State

The PRB SAFE ENGAGE Nigeria team included both PRB staff based in Washington, DC (a SAFE ENGAGE project director, a team leader for implementation in Lagos State, and an analyst) and a PRB consultant based in Lagos. Graphic designers, editors, and other communications specialists based in PRB's Washington DC offices supported development of the video and supplemental documents. The PRB SAFE ENGAGE project director and Nigeria team leader traveled to Lagos State for a scoping trip and task force meetings. They also coordinated in-country activities with the local partner, The Society of Gynaecology and Obstetrics of Nigeria (SOGON).

Working with SOGON, PRB established a multisectoral task force that included high-level policymakers including members of the Lagos State Ministry of Health and was chaired by the Lagos State commissioner of health. Membership represented the government, academia, civil society, and international partners active in sexual and reproductive health and rights. Individual members included medical doctors, legal experts, and influential members of ministries and nongovernmental organizations. See Box 2 (next page) for a list of organizations participating in the task force.

The task force's main objective was to provide strategic direction and technical and creative input on the development of the SAFE ENGAGE video. With support

<sup>8</sup> Federal Ministry of Health, Nigeria, [National Guidelines on Safe Termination of Pregnancies for Legal Indications](#), February 2018.

## BOX 2

## TASK FORCE STRUCTURE

## Conveners

- Lagos State Ministry of Health.
- Society of Gynaecology and Obstetrics of Nigeria.

## Financial and Creative Support

- PRB SAFE ENGAGE Nigeria Team.

## Task Force Member Affiliations

- Action Group on Adolescent Health, University of Lagos.
- Action Health Incorporated.
- Association of General and Private Medical Practitioners of Nigeria.
- Federal Ministry of Health.
- Generation Initiative for Women and Youth Network.
- Ipas Nigeria.
- Lagos State Ministry of Health.
  - Department of Planning, Research, and Statistics.
  - Directorate of Family Health and Nutrition.
- Lagos State Ministry of Women Affairs and Poverty Alleviation.
- MSI Lagos.
- Planned Parenthood Federation of Nigeria (Southwest).
- PSI Nigeria.
- Society of Gynaecology and Obstetrics of Nigeria.
- Women's Health Action Research Centre.
- Other independent data and legal experts.

from the PRB SAFE ENGAGE Nigeria team, the Lagos State Ministry of Health collaborated with SOGON, who co-convened the task force. PRB developed the creative content of the presentation based on the advice of the task force. The task force met four times between September 2018 and April 2019, with the final meeting coinciding with the official launch of the presentation.

Task force meetings included presentations on and discussion of the legal context for abortion in Lagos State as well as recent data on abortion, contraceptive use, and maternal mortality. Additional implementation activities included a legal consultation before the second task force meeting and an Ipas values clarification and attitude transformation (VCAT) exercise in which task force members explored their personal attitudes toward abortion.

Select members of the task force attended the legal consultation, which addressed broader questions about case law and legal statutes in Nigeria. For example, the consultant indicated that the 2018 national guidelines for safe abortion require two physicians to agree that the life of a woman is in danger before performing an abortion, but no statute contains this requirement. In addition, Nigerian case law has yet to provide an interpretation of “preservation of a woman’s life” in the criminal code, and relevant case law is the English case *Rex v. Bourne*, which indicates that the preservation of the mother’s life should include safeguarding her physical and mental health.<sup>9</sup> Findings from the consultation were shared with the task force, and the LSMOH commissioner and SOGON agreed to add the legal expert to the task force.

Between task force meetings, PRB project staff wrote and edited the script for the video, incorporated supporting data, and identified other creative content such as photos. There was some expectation that after the launch, some members of the task force would feature the video at related events. PRB provided financial and technical support for the task force meetings,

9 “A Charge of Illegal Abortion – *Rex v. Bourne*,” *The Lancet* 232 (1938): 220-226.

for the development and dissemination of the video and related materials, and for some dissemination events.

Beyond the usual steps in the SAFE ENGAGE process, the intervention in Lagos State had a unique feature. The PRB SAFE ENGAGE Nigeria team lead proposed to several task force members that the commissioner could issue a directive institutionalizing provision of legal abortion to the full extent of the law within public health facilities. Such a directive would ensure that medical staff in public health facilities understood provisions of the 2011 amendment to the Lagos State criminal code legalizing medical abortion to preserve a woman's life or physical health. The SOGON national president and the chief medical director of Lagos State Teaching Hospital, two senior and influential members of the task force, organized a dinner on March 11, 2019, during which they made the request. During the dinner, the group also shared a comment made by the Minister of Health in favor of expanding access to safe abortion and published in *The Lancet* was shared with the commissioner.<sup>10</sup>

During the co-creation process, the task force worked with PRB project staff to develop a video that focused on clarifying updated provisions regarding abortion included in the criminal code in 2011. The key message initially called for all secondary and tertiary medical facilities in Lagos State to expand abortion services to align with the laws that allow legal abortion to be performed to preserve the life and physical health of a woman. After the commissioner of health announced, at the March 12 task force meeting, his intention to issue a directive to this effect prior to the launch event, the task force revised the final presentation to express support of the directive.

In follow-up with the commissioner after he announced his intention to issue a directive, the PRB SAFE ENGAGE Nigeria team provided a draft memorandum, submitting language for the commissioner's consideration. The official circular issuing the commissioner's directive was similar in some respects to the language suggested by the team. Both referenced the amended criminal code

and outlined the conditions under which legal abortion could be provided. The circular also reflected the influence of the task force meetings and PRB's signature framing of how to effect policy change—identifying and leveraging windows of opportunity. The circular includes the following framing of the directive: “Unsafe abortion is one of the leading causes of maternal mortality in Nigeria. ...It is even more unfortunate that cases that can be legally offered abortion are not getting it because clients are not aware and there is no institutionalized setup in public hospitals to handle such cases thus missing that window of opportunity.” See Figure 2 (next page) for a timeline of the SAFE ENGAGE intervention in Lagos State.

Outcomes considered for evaluation are:

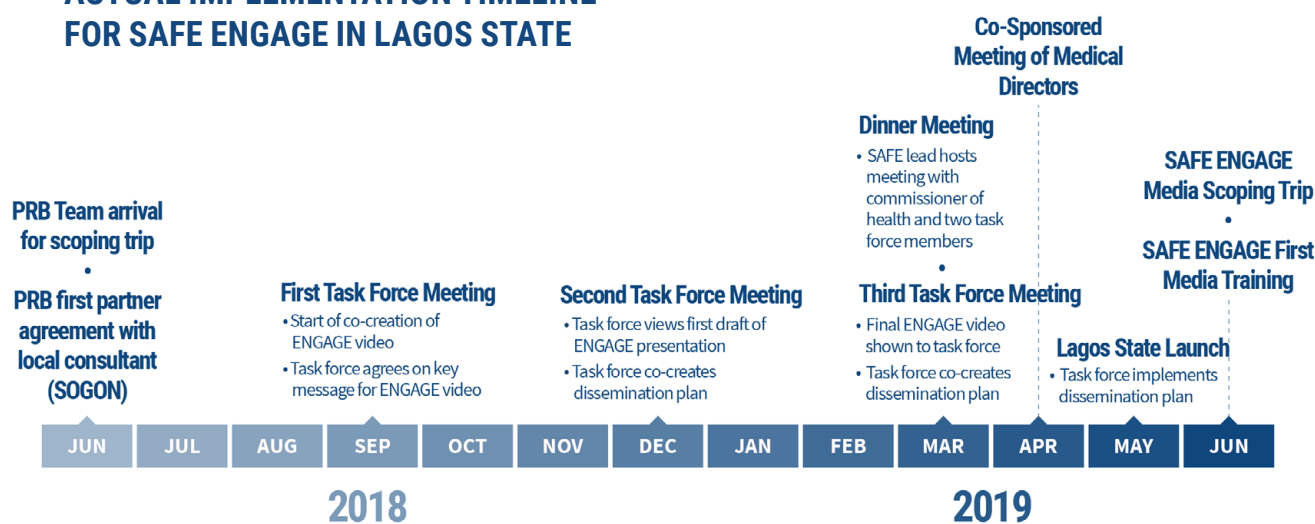
- Influencing the commissioner of health of Lagos State to issue an official circular with a directive calling for secondary and tertiary public health facilities to provide access to safe abortion within the full extent of the current law, which included providing access to legal abortion to preserve a woman's life and physical health.
- Bringing awareness to the commissioner of health of Lagos State that public health facilities were not informed of the revised 2011 criminal code of Lagos State and had only been providing postabortion care due to misunderstandings and differing interpretations of abortion law.
- Contributing to inclusion of safe abortion in a high-level policy dialogue about health needs in Lagos State.
- Influencing a variety of groups to use the ENGAGE presentation in their own meetings in Lagos State.

The contribution tracing analysis in this report focuses on the first result above. Figure 3 (page 12) shows the hypothesized causal chain for the intervention's influencing the commissioner of health. The main SAFE ENGAGE activities required a task force comprised of influencers in the thematic area, such as medical experts and policy actors. Task force members

<sup>10</sup> Issac Adewole, et al., “[Sexual and Reproductive Health and Rights for All: An Urgent Need to Change the Narrative](#),” *The Lancet* 391, no. 10140 (2018), 2585 – 2587.

FIGURE 2

## ACTUAL IMPLEMENTATION TIMELINE FOR SAFE ENGAGE IN LAGOS STATE



participated in meetings where they could discuss safe abortion issues and decide where to focus their efforts. As a result of their participation, they were exposed to information and data about abortion in Lagos State, with special attention given to information about the legal framework governing abortion. The expectation is that the task force meetings increase task force members' knowledge of national laws and international laws ratified by Nigeria, the extent to which the access to safe abortion provided by these laws is implemented in practice, and the consequences of unsafe abortion. Task force members develop a shared vision and approve the key messages of the SAFE ENGAGE presentation. Over the course of the co-creation process they recommend the focus for messages (objectives and target audiences), reviewing storyboards as well as draft presentations and requesting changes.

The Lagos State Ministry of Health, particularly the commissioner of health, endorsed the messages, including recommendations; used them in policy dialogue; and ultimately instituted a policy change recommended by the task force. As chair of the task force, the Lagos State commissioner of health knew about the SAFE ENGAGE key messages, and LSMOH representatives,

as members of the task force, approved the messages. The commissioner of health specifically knew about the messages regardless of his attendance because the PRB SAFE ENGAGE Nigeria team updated him via email and held discussions with him between task force meetings. They met with the commissioner to review the recommendations prior to the second task force meeting in December 2018. On March 11, before the third task force session, as detailed earlier, some members of the task force met with the commissioner over dinner to request that he act directly on the task force's recommendation to ensure that public health facilities provide legal abortion services.

At the third task force meeting on March 12, the commissioner announced his intention to issue a directive, mirroring the task force recommendation to ask that legal abortions be provided to save a woman's life or to preserve her health, as allowed by law. It also included language around the provision of abortion to preserve mental health, which is not in the Lagos State 2011 criminal code update but had been discussed during task force meetings. Legal experts noted some support in one case for legal abortion to preserve mental health but had also expressed the need for further research



into case law. The commissioner discussed the directive at a meeting with medical directors on April 9, just days before his retirement.<sup>11</sup>

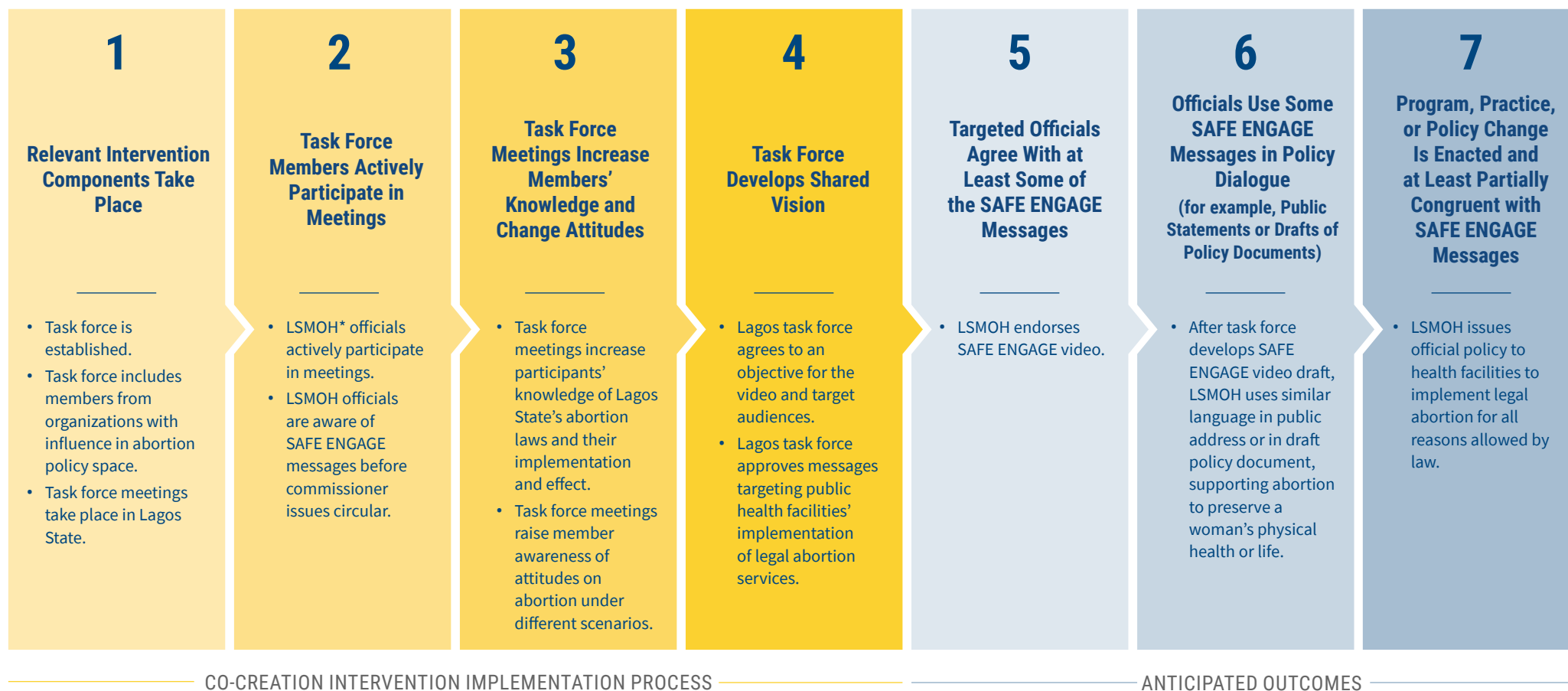
Following on the commissioner's directive, the SAFE ENGAGE project has been supporting a process to have the directive translated into Lagos State clinical guidelines for safe termination of pregnancy within the law. This support would be instrumental in moving from administrative policy to actual tools to guide medical practice.

The remainder of this report presents the contribution tracing analysis of the causal chain linking the circular containing the administrative policy directive and the SAFE ENGAGE intervention. The next section describes contribution tracing, the hypothesized causal chain, and the evidence to support each component of the causal chain.

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**11** Evaluators obtained a copy of the official circular containing the directive. This copy from one health center was on letterhead, signed by the commissioner, and dated May 8, 2019.

**FIGURE 3**  
**SAFE ENGAGE CAUSAL CHAIN**



\*LSMOH: Lagos State Ministry of Health

## V. Contribution Tracing Methodology

### — Overview

Contribution tracing can be used most effectively when the evaluation has a specific outcome and a hypothesized causal path linking the outcome to the intervention. This evaluation approach begins by establishing a contribution claim asserting that an intervention led to an outcome of interest. If the claim is, in fact, true, specific events that occurred are assumed to create a conceptual path linking the intervention to the outcome claimed. In this case, evidence should exist that supports this path or causal chain. Shorter causal chains are usually easier to prove with certainty. Contribution tracing treats each component of a causal chain as its own mini claim, requiring confidence in the evidence for each link in the chain.

Data collection revolves around amassing evidence that should exist if the causal link between the intervention and outcome is true. Analysis requires assessing, for each piece of evidence found, both the level of confidence that this evidence exists when the claim is true (Sensitivity) and the level of confidence that this evidence might exist even if the claim is false (Type I Error). The ideal piece of evidence is something that always occurs when the claim is true and never occurs when the claim is false. In short, strong evidence,

or evidence in which there is confidence, has high Sensitivity and low Type I Error.

Confidence in the evidence is assigned using probabilities similar to statistical confidence intervals and is based on available information about the causal chain and whether there are plausible alternative explanations for the evidence (See Table 1). Confidence may be adjusted as new information comes to light.

To prove the contribution claim regarding the commissioner of health's directive, we expect to find specific pieces of evidence that support the claim (see Figure 3, page 12). Under the assumption that the SAFE ENGAGE co-creation and dissemination process influenced the directive (our contribution claim), we expect to find evidence that: (1) the standard relevant elements of the co-creation process were used; namely, a task force representing influential groups in the abortion space held meetings, (2) LSMOH representatives participated actively in task force meetings and were aware of the messages about legal abortion before the commissioner issued the directive, (3) task force meetings increased participants' knowledge of the legal framework for abortion in Lagos State, including provisions to preserve a woman's life and physical health, and changed attitudes about the provision of legal abortion under a variety of scenarios, (4) task force members developed a shared vision for the SAFE ENGAGE video, including messages about providing abortion to the full extent of the law and target audiences, (5) LSMOH officials agreed with at least some of the SAFE ENGAGE messages, (6) officials used SAFE ENGAGE messages in policy dialogue, such as public statements or drafts of policy proposals, (7) a change in policy, program, or practice took place that was consistent with the SAFE ENGAGE messages.

TABLE 1

### QUALITATIVE DESCRIPTIONS OF CONFIDENCE INTERVAL PROBABILITIES

Practical Certainty	0.99+
Reasonable Certainty	0.95-0.99
High Confidence	0.85-0.95
Cautious Confidence	0.70-0.85
More Confident than not	0.50-0.70
No information	.50

Source: Befani and Stedman-Byrce.

### — Shaping Data Collection

Developing a contribution claim about the link between SAFE ENGAGE and a particular outcome helps to put boundaries on the data collection effort. This element somewhat distinguishes contribution tracing from the

process tracing method. Establishing confidence in the outcome at the outset also avoids expending much effort on assessing the link to an outcome that ultimately cannot be asserted with any confidence.

The initial steps of the contribution tracing exercise for Lagos State required interviews with the project staff and review of project monitoring and evaluation results to identify potential outcomes. This yielded information about the commissioner of health's directive, which was supported by a draft of the circular issuing the directive and photos from the April 2019 dissemination meeting. We determined that evidence of the outcome was sufficient to move forward with contribution tracing.

Before starting data collection, evaluators consider what type of evidence must exist for each component of the causal chain if that component is true. A lack of evidence would make the evaluators more likely to think that a link in the causal chain did not occur. Appendix Table A1 includes a description of what would qualify as expect-to-find evidence for each component of the contribution claim. Expect-to-find evidence passes the Hoop Test—that is, the evidence has high Sensitivity to the intervention component and low probability of occurring for other reasons. Failure to pass the Hoop

Test would increase doubt in the contribution claim. Using murder as an analog, in every murder, a dead body is an expected piece of evidence. Failure to find a body increases doubt that the accused committed a murder.

Even stronger evidence is love-to-find evidence. This type of evidence is rare but if found, strongly increases confidence in a contribution claim. A hypothetical example of love-to-find evidence would be the commissioner making a statement that the task force member's request is the reason that he issued the circular. Such a statement would make us confident about our contribution claim. However, not observing love-to-find evidence does not rule out a claim.

## — Assessing the Data

Having determined what type of evidence would be necessary to support each component of the causal chain for our claim and having located this evidence in program documents or in records of conversations with stakeholders, we assigned levels of confidence to each component based on the available evidence. Tables 2A, 2B, and 2C (beginning on the next page) summarize the results. Updated confidence of .70 or higher signals cautious confidence or better.

TABLE 2A

## CONFIDENCE BASED ON THE STRENGTH OF BEST EVIDENCE FOR EACH COMPONENT OF THE CAUSAL CHAIN

COMPONENT	CHANGE IN CONFIDENCE FROM BASELINE OF 0.50 (INCREASE, DECREASE, NONE)	SENSITIVITY EVIDENCE #1	TYPE I ERROR EVIDENCE #1	UPDATED (POSTERIOR) CONFIDENCE EVIDENCE #1
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	Increase	0.99	0.01	0.99
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	Increase	0.99	0.01	0.99
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	Increase	0.70	0.10	0.88
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	Increase	0.99	0.01	0.99
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	Increase	0.90	0.10	0.90
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	Increase	0.90	0.10	0.90
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	Increase	0.99	0.001	0.99

**Note:** Baseline 0.50 signifies no information. For qualitative description confidence given by probabilities see Table 1. See Appendix A for Sensitivity and Type I Error Justifications.



TABLE 2B

**PROBABILITY THAT EVIDENCE WOULD BE AVAILABLE IF THE COMPONENT CLAIM IS TRUE (SENSITIVITY)**

COMPONENT	EVIDENCE #1	EVIDENCE #2
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	0.99	n/a
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	0.99	0.95
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	0.70	n/a
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	0.99	0.85
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	0.90	n/a
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	0.90	0.90
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	0.99	n/a

**Note:** Baseline 0.50 signifies no information. For qualitative description confidence given by probabilities see Table 1. See Appendix A for Sensitivity and Type I Error Justifications.

TABLE 2C

**CONFIDENCE BASED ON MULTIPLE PACKAGES OF EVIDENCE FOR COMPONENT OF THE CAUSAL CHAIN**

COMPONENT	CHANGE IN CONFIDENCE FROM BASELINE OF 0.50 (INCREASE, DECREASE, NONE)	SENSITIVITY	TYPE I ERROR EVIDENCE #1	UPDATED (POSTERIOR) CONFIDENCE EVIDENCE #1
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	Increase	0.99	0.01	0.99
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	Increase	0.94	0.0001	0.99
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	Increase	0.7	0.1	0.88
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	Increase	0.84	0.001	0.99
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	Increase	0.90	0.10	0.90
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	Increase	0.81	0.005	0.99
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	Increase	0.99	0.001	0.99

**Note:** Baseline 0.50 signifies no information. For qualitative description confidence given by probabilities see Table 1. See the Appendix for Sensitivity and Type I Error Justifications.

In the absence of information, evaluators set the initial confidence in each component to 0.50. Evaluators assessed the Sensitivity and Type I Error of each piece of evidence that could support each component. High Sensitivity and low Type I Error are desirable characteristics of evidence. Justification for the Sensitivity and Type I Error assigned to individual pieces of evidence or evidence packages for each component of the causal chain are presented in Tables A6 and A7 in the Appendix.<sup>12</sup>

Through assigning these probative values for each piece of evidence, we asked the fundamental question: Do these data increase or decrease our confidence in the hypothesis? As we began our assessment with an initial sense of confidence about our contribution claim, the strength of the evidence we collected changed our prior confidence. Therefore, we looked for confirmatory evidence that was highly specific to the claim, and highly unlikely to exist under alternative scenarios.

The next steps involved using Bayes' formula to calculate the posterior confidence using Sensitivity and Type

I Error probabilities for the evidence applied to each component claim. The posterior confidence provides a unit of measurement that indicates the level of confidence gained in our claim. That is, if we had no prior knowledge regarding our claim, our prior confidence level would be 50%. If the posterior confidence provides a measure of probability higher than 50%, it indicates the data collected increase our confidence in our claim. Evaluating data this way allows us to determine which evidence is the most powerful in validating our claim. As we repeat this process for each component claim, we focus on collecting evidence with the highest posterior confidence values, giving us the highest level of confidence in our contribution claim.

We use the strongest evidence we can find. Sometimes this means combining pieces of evidence to reduce Type I Error. Table 2C (previous page) presents a summary of confidence in each component of the claim if we use multiple pieces of evidence, when available, to reduce the probability that supporting evidence exists even when the component claim is false.

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<sup>12</sup> Evidence package is a group of items treated as if they were one item of evidence.

## VI. Results

To prove the contribution claim, we began by confirming the outcome of interest and looking for evidence that critical aspects of the SAFE ENGAGE process actually happened. In this section, we review the data and justification for probabilities used in the contribution tracing estimates of posterior confidence for components in the causal chain linking the SAFE ENGAGE intervention and the commissioner's issuing an official circular congruent with task force recommendations.

The data collected to support critical steps of the SAFE ENGAGE process in Lagos State (see yellow boxes in Figure 3, page 12) indicate with high confidence that components of the SAFE ENGAGE process took place, and for most components with practical certainty. First, the project established a task force that held meetings. Second, task force members actively participated in those meetings. Third, during those meetings, task force members gained knowledge or changed attitudes about abortion-related issues, such as access to abortion in different scenarios. Fourth, the task force developed a shared vision that included communication objectives for the video, target audiences, and messages.

Intermediate and final outcomes expected to result from these steps include (see blue boxes in Figure 3, page 12):

- Targeted officials agree with at least some of the SAFE ENGAGE messages.
- Officials use some SAFE ENGAGE messages in policy dialogue. For example, elements of the presentation appear in public speeches or drafts of policy documents.
- Changes in policy, program, or practice are enacted in line with messages from the SAFE ENGAGE presentation.

The main evidence supporting the causal claim are, by component:

### 1. Task force was established, included influential persons, and held meetings.

A WhatsApp group chat captured task force arrangements for meetings, sharing of documents and photos, and some reactions from the first meeting

in September 2018. Meeting sign-in sheets captured attendance. The WhatsApp group chat, along with the sign-in sheet used to confirm that phone numbers belonged to task force members, was treated as one piece of evidence. The PRB staff report and notes on PRB's scoping trip discussed the influence of the individuals selected and organizations represented. Detailed trip reports and task force meeting notes for September 2018, December 2018, and March 2019 summarized activities, discussion, and decisions. The administration of the SAFE ENGAGE project requires regular contact with task force members. Project teams for the different countries adopted WhatsApp as one way to reach members, though not all used it for group chat.

### 2. Task force members, including officials from the Lagos State Ministry of Health, actively participated in meetings.

Sign-in or attendance lists show individuals who name their organization as the Lagos State Ministry of Health. The agendas for the September 2018 and March 2019 meetings show the commissioner of health making a presentation or opening the meeting. An invitation to the third meeting showed the commissioner of health hosted the meeting. LSMOH officials attended task force meetings where, according to meeting notes and trip reports, SAFE ENGAGE storyboards, scripts, and draft presentations were reviewed. Notes from the third task force meeting document both the commissioner's announcement that he would be issuing a directive before the public launch of the presentation and the task force members' suggestions for changing the presentation to recommend support of this directive. The meeting reports, storyboards, and scripts are routine outputs of the SAFE ENGAGE co-creation process. The level of detail regarding members' suggestions would not be likely to exist if the task force members had not actively participated.

In addition, WhatsApp conversations, project trackers, and emails show that several task force

members were included in SAFE ENGAGE organized appointments, consultations, and business dinners between task force meetings. Participation in these additional meetings indicates the level of engagement of some task force members.

### **3. SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. The meetings also increased awareness of attitudes regarding abortion under different scenarios.**

Seven task force participants turned in feedback forms in August 2019. Six of the respondents felt the task force increased their knowledge of legal provisions for abortion or how to use data for advocacy. The task force had over 20 individuals, so this feedback represents about one-third of the members. The Ipas VCAT exercise at the second task force meeting provided an opportunity for participants to identify their attitudes toward abortion under different scenarios. Notes show participants learned that they wanted to make their own choices and would sometimes make different choices for themselves than they would for others. There is no documentation to show change in the attitudes of task force members resulting from the exercise. SAFE ENGAGE project staff interviewed were not sure about the extent to which the task force increased the commissioner's knowledge of the law, though other task force members' knowledge might have increased. Staff felt the meetings did raise task force participants' awareness of service providers' varying interpretations of abortion law within Lagos State. Overall, the project documentation provides cautious confidence that task force meeting activities increased knowledge or changed attitudes.

### **4. The SAFE ENGAGE task force developed a shared vision—an objective for the video, target audiences, and messages aimed at expanding legal abortion services provided by public health facilities.**

According to the meeting reports from September and December 2018, the task force meeting ended with a decision that the ENGAGE video should clarify the legal framework for abortion, including the 2011 provisions for preservation of a woman's life and physical health and a case relevant to mental health, and set the stage for liberalization of the laws. The participants identified LSMOH public health facilities as a target audience. A task force member's explicit summary as captured in meeting notes is very strong evidence because it occurred before there were any drafts of the presentation, dissemination, or outcomes for which the project staff may want credit.

Emails and WhatsApp text exchanges also suggest that the commissioner understood this shared vision. The emails and text exchanges did not have as much detail as the meeting summary.

### **5. Lagos State Ministry of Health endorsed the SAFE ENGAGE video.**

The Lagos State Ministry of Health logo appears at the end of the SAFE ENGAGE video. A task force member suggested the addition of the logo after the commissioner announced the directive during the third task force meeting. The logo could be considered "Smoking Gun" evidence of the ministry's endorsement.<sup>13</sup> Undoubtedly, the Ministry would not put its logo on an event banner or video if it were opposed to all the content, but there is a chance that other reasons such as status or pending retirement would allow the commissioner to authorize use of the logo even without fully supporting the content.

### **6. Lagos State Ministry of Health used messaging language from SAFE ENGAGE in a public address or draft policy document, supporting abortion to preserve a woman's physical health or life.**

Both the PRB document and the circular emphasized preserving the life and physical health of the mother. Both also cited Lagos State criminal code chapter

<sup>13</sup> "Smoking Gun" evidence confirms the claim—LSMOH endorsement of the SAFE ENGAGE video. Its absence would not make the claim false. The probability of observing the evidence if the claim is true (Sensitivity) would be .60 or greater, but the probability of observing it if the claim is false (Type I Error) would be very low .20 or less.



21, clause 201, as suggested by SAFE ENGAGE. The language that is similar is not particularly unique. Although SAFE ENGAGE project staff confirmed that the commissioner did consult their draft, they also confirmed that another draft document was prepared by a medical organization and believe that the language in the circular is more similar to that group's draft, particularly as the circular refers to "mental health" and the PRB draft did not. Inclusion of mental health is consistent with the information provided on legal interpretation of "preservation of life" in the federal criminal code. The language in the draft circular refers to federal and state laws. The framing of the LSMOH directive in the circular is similar to the framing of issues in the video and uses signature phrasing (such as "window of opportunity") from PRB's approach to policy change.

The SAFE ENGAGE video was shown at the April 9 meeting where the commissioner spoke to medical directors about the conditions under which federal and Lagos State law allow legal medical abortion. WhatsApp text exchanges and photos document this event and the intent to show the presentation. They

do not mention the content of the commissioner's remarks or how the audience responded.

## **7. Lagos State Ministry of Health enacted a policy for health facilities to implement safe abortion to the full extent of the Lagos State law, including preserving a woman's life and physical health.**

The Lagos State commissioner of health has the authority to issue official directives regarding the management of public health care facilities. These are issued via a circular kept in the official records at the Lagos State Ministry of Health, usually given as a hardcopy to public health facility directors and often posted on bulletin boards in the facility. With the assistance of PRB's local consultant in Lagos, PRB was able to obtain a signed copy of the circular from the Harvey Road Health Centre and Maternity in Lagos. This circular is dated May 8, 2019, and signed by the commissioner, who had chaired the SAFE ENGAGE task force. By the time the official circular was issued, he had retired. This evidence provides practical certainty of this policy change initiated through the SAFE ENGAGE intervention being officially enacted and maintained even after the retirement of the commissioner.

## VII. Lessons Learned

In addition to supporting the project's major contribution claim, the evaluation results also highlight lessons on project documentation and data collection.

First, strong project documentation, including trip reports and meeting notes, facilitated collection of data to provide evidence of the causal chain. Technical content delivered by guest speakers or during consultation with experts was not documented in as much detail as procedural information. This meant documentation of crucial background information about the state of abortion law and issues required more desk research on the part of evaluators than expected. It also signals the loss of valuable technical nuances held only in memory, making startup of future efforts more expensive and perhaps slower than necessary.

Second, documenting official actions taken by task force members within their organizations, such as the Lagos State Ministry of Health, requires efforts outside of normal PRB project implementation. For example,

PRB project records did not include an official signed and dated copy of the memorandum issued by the Lagos State commissioner of health. Without the official document, only the contribution of the SAFE ENGAGE project to policy dialogue—not policy change—would have been established with certainty.

Third, documentation of changes in knowledge and attitude of participants in the SAFE ENGAGE task force meetings was sparse. This aspect did not show up in reports, and though there were some feedback questionnaires, these were completed by only a few members and provided little insight. The Ipas VCAT exercise on abortion attitudes provided an opportunity to capture some information qualitatively but was scheduled as a 45-minute warm-up exercise—less time than scheduled for most presentations and discussions during task force meetings. This appears to have been a lost opportunity to probe early about how the task force meetings were affecting participants' knowledge of the legal context and attitudes around abortion.

## VIII. Conclusion

The SAFE ENGAGE intervention claims several outcomes around influencing high-level policy actors and policy change. Some of these claims, such as exposure to the contents of the co-created video, are more proximate to the planned components of the intervention than others. Contribution tracing answers questions about how an intervention leads to a specific outcome, making it more important where the path is less explicit or more open to being contested.

The PRB evaluation staff decided to invest its resources in estimating the degree of certainty in the project's claim that the SAFE ENGAGE intervention in Lagos State influenced the Lagos State commissioner of health's decision to issue an official circular. For medical staff in Lagos State public health facilities, this directive clarified the legality of providing medical abortion services and countered the practice of some physicians who believed only postabortion care to be legal in Lagos State. This report assesses the strength of evidence supporting a theorized chain of events catalyzed by the project implementation and leading to policy action, in this case the circular issued.

The data collected from program documentation, emails, and interviews with program staff provided practical certainty that key components of SAFE ENGAGE were implemented in Lagos State. With respect to effects of the intervention on Ministry of Health awareness of the law and actions, the data collected provided cautious confidence in the project's influence. The

evidence gave us high confidence in LSMOH's endorsement of the SAFE ENGAGE messaging and the inclusion of this messaging in policy dialogue. The change in administrative policy has also been established with near certainty. Overall, the results provide confidence that the SAFE ENGAGE project implementation influenced the commissioner to make this policy change. The next logical step in evaluation would be to see if there has been a change in delivery of abortion services at public health facilities since May 8, 2019, when LSMOH issued the circular with the information on conditions under which abortion might be legally provided. This step is beyond the scope of this evaluation.

PRB presence in Nigeria has been temporary and short-term in the past. This limits knowledge of other influences that might have shaped the wording of the directive and the commissioner's willingness to issue the circular. The commissioner's impending retirement and the prospect of a legacy might have added some urgency and freedom to his actions. Other unknown factors affecting political will in Lagos State might also have played a role.

Following on the commissioner's issuing the circular, the SAFE ENGAGE project has been supporting a process to have the directive translated into Lagos State clinical guidelines for safe termination of pregnancy within legal conditions. This type of support would be instrumental in moving from administrative policy to actual tools to guide medical practice.

### Additional Resources

- Barbara Befani and G. Stedman-Bryce, "[Process Tracing and Bayesian Updating for Impact Evaluation](#)," *Evaluation* 23, no. 1 (2017): 42–60.
- Lagos State Ministry of Justice, [Criminal Conduct](#), updated February 21, 2016.
- Population Reference Bureau, [Out of the Shadows: Saving Women's Lives From Unsafe Abortion in Lagos State](#), ENGAGE multimedia presentation, May 2019.
- J. Schmitt and D. Beach, "[The Contribution of Process Tracing to Theory-Based Evaluations of Complex Aid Instruments](#)," *Evaluation* 21, no. 4 (2015): 429–447.
- Gavin Stedman-Bryce, *Contribution Tracing Masterclass*, Pamoja Evaluation Services (2017).

## Appendix A

TABLE A1

### INITIAL TRIAGING OF EVIDENCE BASED ON EXPECT-TO-FIND EVIDENCE (HOOP TEST)

EVIDENCE	EXPECT-TO-FIND IF COMPONENT HAPPENED	FOUND IN PRELIMINARY ANALYSIS?
		<div> <div></div> YES           <div></div> NEED MORE INFO           <div></div> NO         </div>
<b>1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.</b>	Task force meetings are documented in trip reports with information about plans for the meeting, such as an agenda or overview. Partner reports and other project documents include information on when meetings took place, what happened at the meetings, who attended and their affiliation, and signed attendance or per diem paperwork. The meetings were regularly attended by professionals working for the Lagos State Ministry of Health, The Society of Gynecology and Obstetrics of Nigeria (SOGON), and advocacy nongovernmental organizations, as well as legal experts, and those with abortion data expertise.	<div></div> YES
<b>2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.</b>	Program documents such as attendance sheets, meeting agendas, or meeting reports indicate that at least one representative of the Lagos State Ministry of Health attended all meetings. The commissioner of health, as convener, made remarks. Meeting notes show active exchanges about issues and the content of video. Meeting notes or project reports document task force decisions regarding elements of the message prior to the policy dialogue or policy change.	<div></div> YES
<b>3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.</b>	<p>In responses to feedback forms, some task force members included comments on knowledge gained or changes in attitude/opinion.</p> <p><b>OR</b></p> <p>Project team members and other stakeholders believe that the task force meetings increased knowledge or changed attitudes of some task force members.</p> <p><b>OR</b></p> <p>Documentation captures statement by the commissioner about the effect of the task force meetings.</p>	<div></div> YES
<b>4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.</b>	Program documents summarize an agreement reached in the first task force meeting about the objective of the video and the issues that it would focus on. Also, there was agreement on the main target audience being public sector health facilities.	<div></div> YES

EVIDENCE	EXPECT-TO-FIND IF COMPONENT HAPPENED	FOUND IN PRELIMINARY ANALYSIS? <div> <div>YES</div> <div>NEED MORE INFO</div> <div>NO</div> </div>
<b>5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.</b>	Program documents show that during a task force meeting discussion after viewing a draft version of the SAFE ENGAGE video, a Lagos State Ministry of Health representative expressed agreement or intent to recommend the message or video to colleagues or others. The final video includes Ministry of Health dialogue endorsing the content or logo in the product/video.	<div> <div>YES</div> </div>
<b>6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]</b>	Emails and other documentation show that the Lagos State Ministry of Health drafts of the circular include language consistent with the provisions of the law emphasized by SAFE ENGAGE messages. Photos of event announcing the directive to medical directors of public health facilities.	<div> <div>YES</div> </div>
<b>7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]</b>	Signed and dated copy of the circular appears on Ministry of Health letterhead or in an announcement of the directive on Ministry of Health site or in newsletter. There is news coverage of the announcement.	<div> <div>NEED MORE INFO</div> <p>No official signed and dated version of the directive was located; will ask program staff to request a signed and dated copy from a contact within the Ministry of Health.</p> </div>

**Note:** Evidence passes the Hoop Test if there is moderately high confidence (0.75 or higher) that this evidence would exist if the claim were true and low confidence (0.60 or lower) it would exist if the claim were false.



TABLE A2

**PRESENTATION OF DATA COLLECTED AS EVIDENCE FOR EACH COMPONENT IN THE CAUSAL CHAIN**

COMPONENT	AVAILABLE EVIDENCE #1 DESCRIBED	EVIDENCE #2 DESCRIBED <i>Not necessary if #1 is strong enough</i>
<b>1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.</b>	Archives from WhatsApp Group Chat (Lagos SAFE ENGAGE TF) September 18, 2018, to May 9, 2019, capture exchanges within task force about logistical arrangements, sharing of documents and photos, and reactions of members of the group. Names of chat participants or telephone numbers in chat match task force contact information from September 18, 2018, sign-in sheets.	
<b>2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.</b>	SAFE Engage task force meeting attendance sheets have signatures from multiple representatives from the Lagos State Ministry of Health. Agendas from three task force meetings include the commissioner's name. Ministry of Health officials attended task force meetings where SAFE ENGAGE storyboards, scripts, and draft videos were reviewed. Early SAFE ENGAGE scripts through March 31, 2019, call for leadership in health facilities to ensure abortion performed by medical doctors to preserve life of the mother and ensure her physical health. The script changes after the commissioner announced during the third task force meeting in March 2019 that he would issue a directive to that effect at a meeting in April before his retirement and before the official launch of the SAFE ENGAGE video.	Follow-up email sent on December 9, 2018, from the SAFE lead (Laura Wedeen) to the Commissioner thanking him for his leadership and commitment to the SAFE ENGAGE project as Task Force Chair, and for meeting with the SAFE team on 7th to discuss next steps in the ENGAGE process.
<b>3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.</b>	A majority of the seven members who filled out feedback forms said, in response to open-ended questions, that the meetings increased their knowledge of either legal context or how to use abortion data. The PRB trip report after the second task force meeting says that participants in the Ipas values clarification and attitude transformation (VCAT) exercise learned about their attitudes toward abortion under specific scenarios. PRB project team members were not sure if the commissioner's knowledge increased or if his attitude changed. Program documents make no observations about changes in attitude among task force members.	
<b>4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.</b>	In the second task force meeting, the local consultant summarized the consensus reached by the task force during the first meeting. The meeting notes from the first meeting detail the objectives and approach to which task force members agreed. The commissioner of health approved recommendations in a meeting with PRB project members prior to the second task force meeting and again in the third task force meeting where he announced he would issue a directive.	Emails and WhatsApp exchange confirm that a dinner with the Commissioner of Health, chair of the task force, took place in March 2019. Two task force members presented information on the full extent of abortion law and requested that he issue a directive to public health facilities supporting provision of abortion to the full extent allowed by law.

<b>5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.</b>	The Lagos State Ministry of Health's official logo included at the end of the final video is a "smoking gun" <sup>1</sup> indicator of endorsement, though there are also reasons why a logo might not appear even with ministry endorsement. Task force meeting documentation indicates that the inclusion of this logo was suggested by task force participants in the presence of the commissioner of health.	
<b>6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]</b>	The draft document sent to the Lagos State commissioner of health and the draft circular to Lagos State medical directors both put emphasis on preserving the life and physical health of the mother. They both also include the citation of Lagos State criminal code, Chapter 21, clause 201 suggested by SAFE ENGAGE. The language also includes elements summarized at the end of the first SAFE ENGAGE task force meeting and PRB's signature approach to policy change ("window of opportunity").	Photos from a WhatsApp chat on April 9, 2019, and other photos sent by a task force member show a SAFE ENGAGE dissemination meeting with medical directors of state health care facilities. The banner for the meeting shows the PRB logo and Ministry of Health logo as co-sponsors and that the SAFE ENGAGE documentary (a draft of the video) was shown. Project staff said that this was the meeting during which the directive was discussed.
<b>7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]</b>	A signed and dated copy of the circular from the Lagos State Ministry of Health was sent to medical directors at secondary and tertiary public health facilities. It includes language on preserving a woman's life, physical, and mental health, citing federal and state law. This copy dated May 8, 2019, went to the Harvey Road Health Centre in Lagos.	

<sup>1</sup> "Smoking Gun" evidence confirms the claim—LSMOH endorsement of the SAFE ENGAGE video. Its absence would not make the claim false. The probability of observing the evidence if the claim is true (Sensitivity) would be .60 or greater, but the probability of observing it if the claim is false (Type I Error) would be very low .20 or less.

TABLE A3

**PROBABILITY THAT EVIDENCE FOUND WOULD BE AVAILABLE IF  
THE COMPONENT CLAIM IS TRUE (SENSITIVITY)**

COMPONENT	EVIDENCE #1	EVIDENCE #2
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	0.99	n/a
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	0.99	0.95
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	0.70	n/a
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	0.99	0.85
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	0.90	n/a
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	0.90	0.90
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	0.99	n/a

TABLE A4

**PROBABILITY THAT EVIDENCE FOUND WOULD BE AVAILABLE IF  
THE COMPONENT CLAIM HAD NOT TAKEN PLACE (TYPE I ERROR)**

COMPONENT	EVIDENCE #1	EVIDENCE #2
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	0.01	n/a
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	0.01	0.01
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	0.10	n/a
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	0.01	0.10
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	0.10	n/a
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	0.05	0.10
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	0.001	n/a

TABLE A5a

## SUMMARY PRESENTATION OF EVIDENCE #1

COMPONENT	CHANGE IN CONFIDENCE FROM BASELINE OF 0.50 (INCREASE, DECREASE, NONE)	SENSITIVITY EVIDENCE #1	TYPE I ERROR EVIDENCE #1	UPDATED (POSTERIOR) CONFIDENCE EVIDENCE #1
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	Increase	0.99	0.01	0.99
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	Increase	0.99	0.01	0.99
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	Increase	0.70	0.10	0.88
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	Increase	0.99	0.01	0.99
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	Increase	0.90	0.10	0.90
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	Increase	0.90	0.10	0.90
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	Increase	0.99	0.001	0.99+

TABLE A5b

## SUMMARY PRESENTATION OF COMBINED EVIDENCE

COMPONENT	CHANGE IN CONFIDENCE FROM BASELINE OF 0.50 (INCREASE, DECREASE, NONE)	SENSITIVITY COMBINED EVIDENCE	TYPE I ERROR COMBINED EVIDENCE	UPDATED (POSTERIOR) CONFIDENCE COMBINED EVIDENCE
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	Increase	0.99	0.01	0.99
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	Increase	0.94	0.0001	0.99+
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	Increase	0.7	0.1	0.88
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	Increase	0.84	0.001	0.99+
5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.	Increase	0.90	0.10	0.90
6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]	Increase	0.81	0.005	0.99
7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]	Increase	0.99	0.001	0.99+

**TABLE A6**  
**SENSITIVITY JUSTIFICATION**

COMPONENT	EVIDENCE	SENSITIVITY AND JUSTIFICATION
<b>1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.</b>	<u>EVIDENCE #1</u> WhatsApp group chat for task force.	<u>EVIDENCE #1</u> <b>0.99</b> WhatsApp has been used increasingly in African countries for free messaging and SAFE ENGAGE teams in different countries frequently adopted this platform as a means of communicating with the task force.
<b>2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.</b>	<u>EVIDENCE #1</u> Task force sign-in sheets and agendas.	<u>EVIDENCE #1</u> <b>0.99</b> There are always sign-in sheets and agendas for task force meetings.
	<u>EVIDENCE #2</u> Meeting notes from December 2018 task force meeting and email to commissioner about second task force meeting.	<u>EVIDENCE #2</u> <b>0.95</b> There are always meeting notes or trip reports that include information about the task force meetings. Meetings with high-level officials are always followed up with a brief email.
<b>3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.</b>	<u>EVIDENCE #1</u> Majority of feedback forms from seven of 21 task force members indicates increased knowledge of laws or how to use advocacy data, and notes on Ipas VCAT exercise show discussion of attitudes but not changes in attitudes.	<u>EVIDENCE #1</u> <b>0.70</b> No specific feedback forms are required, and only about a third of members responded to questions online. No alternative evidence is available because attitudes were not remarked upon in the meeting notes. PRB staff were uncertain whether task force members knew about the 2011 changes in the law prior to their participation in the meeting.
<b>4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.</b>	<u>EVIDENCE #1</u> September 2018 task force meeting notes include decision about objectives of ENGAGE video, and Ministry of Health staff in public health clinics were identified as a target audience. Trip notes show the commissioner approved recommendations prior to the second task force meeting on December 8 and again in the third task force meeting where he indicated that he would issue a directive.	<u>EVIDENCE #1</u> <b>0.99</b> Task force meeting notes are required and used as reference by staff overseeing the video design and production. PRB Washington DC staff working on SAFE ENGAGE were also required to prepare trip notes after travel for project implementation.
	<u>EVIDENCE #2</u> Emails and WhatsApp exchange confirm a dinner with the commissioner of health, chair of the task force, in March 2019 to present information on the full extent of abortion law. This was the dinner at which some task force members asked him to issue a directive.	<u>EVIDENCE #2</u> <b>0.85</b> Emails and WhatsApp are convenient communication tools often used to arrange meetings and it is customary to follow up a one-on-one meeting with an official via email. Emails to the commissioner do not mention the directive and no return emails from the commissioner were available. The emails and WhatsApp correspondence corroborate project staff's description of events.



<b>5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.</b>	<u><b>EVIDENCE #1</b></u> The Ministry of Health's official logo is included at the end of the final video.	<u><b>EVIDENCE #1</b></u> <b>0.90</b> Acknowledgement of the organizations represented on the task force is usually included in the video. Logos, however, are not always included and would not be included without permission of the organization. The Ministry of Health allowing its logo to be included would be likely if the commissioner agreed with the content.
<b>6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]</b>	<u><b>EVIDENCE #1</b></u> Similarity between draft document with directive that project team sent to the commissioner and draft circular on Ministry of Health letterhead.	<u><b>EVIDENCE #1</b></u> <b>0.90</b> Draft memorandum by SAFE ENGAGE and unsigned draft of circular have similar language around the key provisions of the law. The Ministry draft includes terminology "windows of opportunity." Local consultant feels that the difference in final language is mainly because the ministry has its own style. Project staff reported that another organization also provided a draft which included "mental health," which the SAFE ENGAGE document does not and the draft circular does.
	<u><b>EVIDENCE #2</b></u> WhatsApp exchange and photos of event where the commissioner informed medical directors of secondary and tertiary public health facilities about conditions under which the law supports safe abortions.	<u><b>EVIDENCE #2</b></u> <b>0.90</b> WhatsApp exchange on April 9, 2019, includes photo of banner showing SAFE ENGAGE video featured as part of the event. A task force member in attendance also emailed other photos.
<b>7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]</b>	<u><b>EVIDENCE #1</b></u> Signed and dated Ministry of Health circular with directive addressed to the Harvey Road Medical Centre, Lagos from the Commissioner on 8 May 2019.	<u><b>EVIDENCE #1</b></u> <b>0.99</b> Official directives are issued as circulars and recorded in the state ministry. In general, they are addressed to the affected units, sent as a hard copy, and displayed where they can be read by staff.

TABLE A7

## TYPE I ERROR JUSTIFICATION

COMPONENT	EVIDENCE	TYPE I ERROR AND JUSTIFICATION
1. SAFE ENGAGE Lagos State task force with members influential in the abortion space was established and meetings actually took place.	<u>EVIDENCE #1</u> WhatsApp group chat for task force.	<u>EVIDENCE #1</u> <b>0.01</b> WhatsApp group chat continues for nearly one year. It would take great effort to falsify this evidence.
2. Lagos State Ministry of Health officials actively participated in task force meetings and were aware of the language used in SAFE ENGAGE messages.	<u>EVIDENCE #1</u> Task force sign-in sheets and agendas.	<u>EVIDENCE #1</u> <b>0.01</b> It would take some effort to falsify sign-in sheets. Agendas follow typical ENGAGE activities plus the inclusion of elements used in SAFE ENGAGE implementation, namely VCAT and PMA2020.
	<u>EVIDENCE #2</u> Meeting notes for December 2018 task force meeting and email to commissioner about second task force meeting.	<u>EVIDENCE #2</u> <b>0.01</b> The meeting notes with this level of detail could not describe a task force meeting for another project. It is unlikely that someone falsified these as documentation.
3. The SAFE ENGAGE task force meetings increased participants' knowledge of Lagos State abortion laws, their implementation and effect. They also increased awareness of attitudes regarding abortion under different scenarios.	<u>EVIDENCE #1</u> Majority of feedback forms from seven of 21 task force members indicates increased knowledge of laws or how to use advocacy data, and notes on Ipas VCAT exercise show discussion of attitudes but not changes in attitudes.	<u>EVIDENCE #1</u> <b>0.10</b> Participants, particularly those in high-level positions, are often reluctant to say in writing that they were initially uninformed or to say that the meetings had no effect. Lack of response from the majority of task force members means this result must be treated with caution.
4. The SAFE ENGAGE task force developed a shared vision—an objective for the ENGAGE video, target audiences, and messages.	<u>EVIDENCE #1</u> September 2018 task force meeting notes include decision about objectives of ENGAGE video, and Ministry of Health staff in public health clinics were identified as a target audience. Trip notes show the commissioner approved recommendations prior to the second task force meeting on December 8 and again in the third task force meeting where he indicated that he would issue a directive.	<u>EVIDENCE #1</u> <b>0.01</b> The level of detailed suggestions regarding the video messages and recommendations would be unlikely if the notes were prepared for other purposes.
	<u>EVIDENCE #2</u> Emails and WhatsApp exchange confirm a dinner with the commissioner of health, chair of the task force, in March 2019 to present information on the full extent of abortion law. This was the dinner at which some task force members asked him to issue a directive.	<u>EVIDENCE #2</u> <b>0.20</b> The emails and WhatsApp exchange do not mention recommendations or the directive content, so they mainly support only a sequence of events, not the content of events.

<b>5. The Lagos State Ministry of Health endorsed the SAFE ENGAGE video.</b>	<b>EVIDENCE #1</b> The Ministry of Health's official logo is included at the end of the final video.	<b>EVIDENCE #1</b> <b>0.10</b> The reason for permitting the official logo is not stated anywhere, so there is a small possibility that the logo appears for other reasons.
<b>6. The Lagos State Ministry of Health used language from the SAFE ENGAGE messages in a public address or in a draft policy document, supporting abortion to preserve a woman's physical health or life. [POLICY DIALOGUE]</b>	<b>EVIDENCE #1</b> Similarity between draft document with directive that PRB sent to the commissioner and draft circular on Ministry of Health letterhead.	<b>EVIDENCE #1</b> <b>0.05</b> The similarity of the content of the PRB memo and the draft circular is mainly because of language of the existing law. Other organizations were also trying to influence the commissioner, and we do not have the content of the suggested language from the other groups.
	<b>EVIDENCE #2</b> WhatsApp exchange and photos of event where the commissioner informed medical directors of secondary and tertiary public health facilities about conditions under which the law supports safe abortions.	<b>EVIDENCE #2</b> <b>0.10</b> None of the photos or WhatsApp exchanges include an agenda or mention of the directive. The only information on content is the mention of the SAFE ENGAGE video on a slide.
<b>7. The Lagos State Ministry of Health issued an official policy to health facilities to implement legal abortion for all reasons allowed by law, including preserving a woman's life and physical health. [POLICY CHANGE]</b>	<b>EVIDENCE #1</b> Signed and dated Ministry of Health circular with directive addressed to the Harvey Road Medical Centre, Lagos from the commissioner on May 8, 2019.	<b>EVIDENCE #1</b> <b>0.001</b> An official document on Ministry of Health letterhead and signed by the commissioner with the directive to implement safe abortion to the full extent of the law would be impossible to find if the administrative policy directive had not taken place.

## Appendix B

TABLE B1

### TIMELINE OF SAFE ENGAGE VIDEO CO-CREATION IN LAGOS STATE, NIGERIA

DATE	POLITICAL AND SOCIAL ENVIRONMENT	SAFE ENGAGE PROJECT CO-CREATION OF ENGAGE VIDEO
April – May 2018	PMA2020 Round 5 data collection in Nigeria.	
May 9, 2018	Nigerian Federal Minister of Health has commentary on “changing the narrative” around sexual health and reproductive health published online ahead of print in the Lancet’s June 30, 2018, issue. Comments include consequences of restrictive abortion policies.	
May 30 – June 9, 2018		PRB project scoping trip to Abuja and Lagos identifies local partner and local consultant. Project leads meet with federal and state Ministry of Health officials and nongovernmental organizations.
Sept. 14, 2018		PRB project staff meet with potential presenter on legal context of abortion in Lagos State, based on recommendation of the commissioner of health. They meet with Campaign Against Unwanted Pregnancy and get the name of a legal expert. PRB project staff meet with an abortion provider and select patients to record testimonials/interviews.
Sept. 17, 2018		First task force meeting takes place.
Dec. 7, 2018		PRB staff meets with commissioner of health and reviews SAFE ENGAGE recommendations from draft script with him.
Dec. 8, 2018		PRB Lagos project lead, policy analyst, and select members of task force attend consultation meeting with legal expert.
Dec. 9, 2018		Project team lead follows up Lagos State commissioner of health meeting with email sending materials from the legal consultation on December 8 and PMA2020 data published in November 2018.
Dec. 10, 2018		Second task force meeting is held. Meeting includes summary of PMA2020 study with Lagos data. Meeting also includes Ipas VCAT exercise. Attendees discuss the first draft storyboard for the video.
Feb. 23 – 24, 2019	Presidential and National Assembly elections in Nigeria, in which the incumbent prevailed.	

<b>March 2, 2019</b>	Governorship and State Assembly/Federal Capital Territory (FCT) Council elections. All Progressives Congress retained governorship with new governor Babajide Sanwo-Olu.	
<b>March 11, 2019</b>		Dinner of select task force members, PRB Lagos project lead, and PRB consultant with commissioner of health.
<b>March 12, 2019</b>		Third task force meeting takes place. Attendees review the final draft of the ENGAGE video. Commissioner of health announces his plans to issue a directive for Lagos public health facilities to provide safe legal abortions within the full extent permitted by law.
<b>April 9, 2019</b>	Lagos State Commissioner of Health shows SAFE ENGAGE Lagos State “documentary” video and discussed circular issuing directive on safe legal abortion at meeting co-sponsored by PRB.	PRB co-sponsors meeting of medical directors for Lagos State secondary and tertiary facilities. The SAFE ENGAGE video is shown.
<b>April 2019</b>	Lagos State Commissioner of Health retires.	
<b>May 6, 2019</b>		Fourth task force meeting and launch of SAFE ENGAGE video.
<b>May 8, 2019</b>	Lagos State Ministry of Health official circular informs medical directors and medical staff that they cannot be prosecuted for performing abortions allowed under the law and lists permitted reasons for abortion.	

