

## REPORT

### BMGF/ FP CAPE NIGERIA ANNUAL FP PARTNERS MEETING

ABUJA, NIGERIA | FEBRUARY 26-27, 2020



## INTRODUCTION

The fourth annual BMGF/ FP CAPE Nigeria Annual Partners Meeting was held February 26-27, 2020, in the Transcorp Hilton Abuja. The conference was coordinated by the Family Planning (FP) Country Action Process Evaluation (FP CAPE) Project under the overall guidance of the Bill & Melinda Gates Foundation (BMGF).

Approximately 85 participants attended the two-day annual meeting, including government representatives from the Federal Ministry of Health (FMOH) and multiple State Ministries of Health (SMOHs), BMGF grantees, FP partners, and BMGF staff from both the Nigeria country office and the global headquarters. During the annual meeting participants collaboratively reviewed the FP Nigeria portfolio of findings from the past year, took stock of results, achievements and challenges, and prioritized key actions related to specific FP outcomes.

## ANNUAL FP PARTNERS MEETING

The fourth BMGF/ FP CAPE Nigeria Annual Partners Meeting convened representatives across the Nigerian FP landscape to review and discuss FP CAPE's findings on the FP portfolio of investments in Nigeria over the past year. The meeting had the following objectives:



The Annual FP Partners Meeting was held in the Transcorp Hilton Abuja.

1. **Provide a review** of the BMGF FP investment portfolio performance and national FP progress.
2. **Reflect on findings** and discuss key questions for the FP stakeholder community.
3. **Engage in a collaborative process** to prioritize implications of findings.
4. **Identify key actions** to accelerate the attainment of National FP goals and objectives.
5. **Celebrate collective accomplishments and successes** in the FP space.

Over 85 people attended the meeting, including representatives from the FMOH; Bauchi, Delta, Kaduna, Kano, Lagos, Nasarawa, Niger, and Rivers SMOHs; BMGF, and partners, including:

- Access Collaborative
- Adolescent 360/ Society for Family Health (SFH)
- Advance FP
- Aken+ / UCSF
- Albright Stonebridge Group (ASG)
- Centre for Communication & Social Impact (CCSI)
- Clinton Health Access Initiative (CHAI)
- DKT Nigeria/ Customer Care Platform
- Health Strategy and Delivery Foundation (HSDF)
- hive
- HSCL - Nigeria State-Led Strategic Purchasing for FP
- Integrate/ Society for Family Health (SFH)
- Marie Stopes International
- mPharma GoodHealth
- MTV Shuga/ Staying Alive Foundation
- Nigerian Urban Reproductive Health Initiative 2 (NURHI 2)/ JHU-CCP
- PACFaH@Scale/ Association for Advancement of FP (AAFP)
- PACFaH@Scale/ Pharmaceutical Society of Nigeria (PSN)
- PACFaH@Scale/ Society of Gynecology and Obstetrics of Nigeria (SOGON)
- PACFaH@Scale/ Women and Children Health Empowerment Foundation (WACHEF)
- Partnership for Advocacy in Child and Family Health (PACFaH@Scale)/ Development Research and Project Center (dRPC)
- PMA2020/ JHU
- Post-pregnancy FP/ JHU-CCP
- Resilient & Accelerated Scale-up of DMPA-SC/Self injection in Nigeria (RASuDiN)
- Society for Family Health
- Technical Support Unit (TSU) 2.0/ M-Space
- The Challenge Initiative (TCI)/ JHU-CCP
- Track20/ Avenir Health
- Women Refugee Commission (WRC)/ Mwada-Gana Foundation
- Working with PPMVs in Lagos/ Every1Mobile/ Unilever UK Central Resources

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## DAY ONE – THURSDAY, FEBRUARY 26<sup>TH</sup>, 2020

### Session 1 – Welcome and opening statements

The meeting opened with a welcome from **Ms. Rodio Diallo**, Senior Program Officer, BMGF. She invited attendees to use the time as a reflection on the last few years, the accomplishments made in the FP space, and to start thinking about where to go from here.



Dr. Afolabi of the FMOH gives opening remarks.

**Dr. Paulin Basinga**, BMGF Nigeria Country Office Director, reiterated his excitement to be at the FP CAPE meeting as it was one of his favourite conferences to attend. He noted that it has served as a productive and energizing forum for the FP group in Nigeria. The welcome finished with remarks from our honoured guest, **Dr. Kayode Afolabi**, Director, Reproductive Health, FMOH, who emphasized the government's commitment to FP.

*(see Annex A for the participant's agenda)*

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### Session 2 – Celebration of wins

**Dr. Kayode Afolabi** presented a look back at Nigeria's accomplishments and successes in FP, focusing on positive, multi-year trends in the FP space. This included the expansion of Costed Implementation Plans (CIPs), task-shifting/task-sharing policy (TSPs), increased training of health workers, and increased provision of FP such as DMPA-SC. He celebrated the eleven states that have more than doubled their mCPR from 2013 to 2018, but acknowledged that there were states that experienced decreased mCPR in that same time period. Dr. Afolabi used this as a call to action to keep improving, even with the difficulties of doing work in different localities.

This was followed up with a joint panel looking at stories of success, including representatives from the **FMOH, Kaduna and Lagos SMOH**, and the Bill and Melinda Gates Foundation (BMGF). **Dr. Paulin Basinga**, encouraged states and partners not to keep reinventing the wheel, and to share what we've already done so that we can build together faster. **Ms. Rodio Diallo** urged states to take initiative to develop programs independent of donor work. She encouraged harnessing the ideas of human capital development (HCD) and connecting FP to the work being done in that space.



Panel discussion during the celebration of wins.



Finally, **Dr. Kayode Afolabi**, recognized that while Nigeria did not meet the FP2020 mCPR target of 27%, he acknowledged the incredible progress made in the last ten years. **Dr. Emmanuel Adegbe**, FP CAPE, concluded the session with a presentation of the “Wall of Wins,” a collection of national-level accomplishments by Theory of Change (ToC) area, and then distributed a brochure made by FP CAPE highlighting the history of FP accomplishments so far. Some recent positives include:

- o 17 FMOH staff became National FP Dashboard master trainers
- o FMOH approved the DMPA-SC self-injection policy in the national guidelines and inclusion on the essential medicines list
- o National FP Dashboard rolled out in all 36 states, providing monthly FP data updates
- o FMOH launched and validated the Nigeria FP Blueprint (Scale-up Plan) for 2019-2023
- o Nearly 160 Life Planning for Adolescents and Youth (LPAY) ambassadors, youth-led organization representatives, and adolescent & youth health desk officers engaged in the Virtual Capacity Building group
- o Lagos and Kaduna States trained 179 proprietary patent medicine vendors (PPMVs) and 280 community pharmacies on implant and injectable contraceptives
- o Oyo State passed FP, Reproductive Health, and Maternity Services Bill, which requires the state to provide sustainable funding for FP efforts



Portion of the brochure created by FP CAPE to highlight accomplishments in the FP space.

## Session 3 – BMGF FP Portfolio Update

After a short coffee break and group photo, the group reconvened. The BMGF FP portfolio in Nigeria contains a broad coalition of implementing partners. **Ms. Rodio Diallo** took time to acknowledge each FP grantee, and then used the conference as an opportunity to welcome three new grantees to the group. These were:

- o **mPharma** – hosts a portfolio of several projects including QualityRx, which creates high-quality PPMV environments (from shop environment to stocks and inventory management) through a franchise model. They also have a patient rewards program, and a payment on dispensation model for low-income patients.
- o **hive** – a global impact team that works with highly visible influencers and celebrities to spread FP knowledge in multiple countries. Their Nigeria partner is SheTank.
- o **Akena +Health/ UCSF** – researching how women define their needs for self-injection and developing programs to implement findings, resulting in increased use of self-injection.



New grantees presented flash talks introducing their projects.

New grantees introduced themselves in a short flash talk format, reviewed their grant's goals, and welcomed further discussion. Each grantee also had a detailed poster on display at the conference which gave further information on the work they were doing/planned to do, in order to inform and stimulate further discussion and connection with existing grantees.

*(see Annex B for the new grantee welcome posters)*

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## Session 4 – Looking forward



Dr. Curtis presenting 2019 portfolio findings.

**Dr. Siân Curtis**, FP CAPE, presented the 2019 overview of BMGF FP Portfolio Findings. Changes in the data collection environment provided an opportunity to look at new data sources, such as PMA Agile, NURHI Omnibus, and MTV Shuga surveys. In addition, it provided an opportunity to review the original ToC developed four years ago and hold up the critical assumptions previously made. Findings included:

- 0 **Media exposure:** While there was no consistent evidence that exposure changed over time through traditional media sources, grantees are also exploring different sources of exposure such as call centers and social media
- 0 **Stockouts:** Results were mixed, by method, facility, and state. Further exploration is needed to understand if these stockouts are “seasonal” and what specific factors impact increased stockouts
- 0 **Quality of care:** Appears good – for example, client satisfaction from exit interviews was relatively high, although there may be potential for upward bias
- 0 **Youth opportunities:** 19.7 million youth in Nigeria – fairly evenly split between married and unmarried, and young and older youth. This heterogeneous group is a key opportunity point for FP both now and in Nigeria's future
- 0 **Primary healthcare:** By integrating FP into primary healthcare more women can be better served at and before their point of need



After the results presentation, **Ms. Rodio Diallo** presented *Put It All Together: What We Have Learned So Far?* She reviewed previous learning day subjects, identified common themes across the areas of the ToC, and discussed the pressing needs of youth programming, expanding choice and access, and data for decision making.

The presentations gave grantees a shared understanding of the current FP environment in Nigeria as a foundation for their group work in Session 5, which occurred after a lunch break.

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## Session 5 – Small group work

Grantees and government officials were split into small groups to discuss the BMGF FP portfolio results presented during Session 4 using a structured discussion guide. They were tasked with identifying the biggest challenge and most important action moving forward for their ToC area, and asked to make recommendations using a provided template. Objectives included:

1. **Review and reflect** on priority actions proposed in 2019
2. **Brainstorm priority areas** to accelerate FP progress in the future
3. Get **recommendations to inform future FP strategies** for the new National FP Blueprint, state FP planning, and FP2030

Grantees had a lively discussion together – in particular, the government group spent extra time debating and reviewing potential recommendations.



Grantees broke into small groups to discuss results and develop action plans for the next year.

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## Networking event & cocktail party

After an intensive day of presentations, discussions, and strategy development, attendees met outside to relax, chat, and network together. FMOH, BMGF and NURHI 2 leadership took to the floor to acknowledge the work completed by the FP CAPE team. The FP CAPE external portfolio-level analysis was recognized as a unique contribution to the Nigeria FP landscape, providing useful and actionable findings throughout the year. The annual meetings were credited with providing a forum for collaborative and open assessment of progress and development of key actions to move the FP agenda forward. Grantees then enjoyed a buffet of food, drinks, and time to get to know each other better.



Snapshots from the first day's networking event.



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## DAY TWO – THURSDAY, FEBRUARY 27<sup>TH</sup>, 2020

### Session 1 – Small group report out from Day One



Grantees presenting their work to the group.

Day two kicked off with grantees closing up work in their small groups, and then a few grantees sharing their reflections from Day 1 with the group: **Ms. Bami Odusote**, Albright Stonebridge Group (ASG), and **Ms. Nneka Onwuasor**, CHAI.

Each group (by TOC area) presented the biggest challenge and most important action moving forward for their TOC area. They then provided recommendations for the year going forward. Some key insights:

- 0 **Enabling environment**
  - Change approach for advocacy on FP in order to contextualize ideas and expand target partners, therefore increasing funding for FP.
  - Streamline approval and adoption processes for CIPs and TSPs to reduce redundancies and increase effectiveness.
- 0 **Demand generation**
  - Institutionalize and operationalize social mobilization (SM) at the state level, by including FP in terms of reference for SM officers and health educators
  - Explore the use of digital media to better reach youth
- 0 **Service delivery**
  - Improve supply chain pipeline for FP commodities, irrespective of FMOH requisition
  - Strengthen the Logistic Management Coordination Unit (LMCU) at the state level, reducing dependence on donors and increasing funding
- 0 **Scale-up**
  - Increase government allocation, and timely release of funds for FP programs
  - Apply functional accountability mechanism for monitoring and tracking of fund releases and utilization
- 0 **Government**
  - Mobilize domestic FP funding to close the funding gap and increase capacity to fund priorities
  - Collect and use data for better decision making at multiple levels (Federal, State, LGA, and more) and over multiple domains

*(see Annex C for the summarized group action plans)*



Grantees listening during the small group presentations.



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## Session 2 – Where do we go from here? And next steps



Question and answer session.

A panel with representatives from Federal and State MOHs and BMGF discussed the implications of the meeting discussions for how to proceed. **Mr. Christian Tetsola**, Delta state representative, noted issues with funding, and called for greater integration between the finance ministry and health ministry – in particular, making the value of the investments in funding clear to the officers in the Ministry of Finance. He also noted that disbursements and timing of disbursements should be improved so critical functions can be properly funded.

**Dr. Kayode Afolabi** agreed, calling for a “mainstreaming” of FP to build up funding and clearly connect FP to significant outcomes. This includes linking FP as a major complement to HCD, and connecting FP to the HCD roadmap for generating demographic dividends in Nigeria. Finally, **Mrs. Doris Igbani**, Rivers state representative, emphasized sustainability and the role of implementing partners to build the capacity of the states for FP, which will allow states to get better results even when partners leave.

Finally, **Ms. Rodio Diallo** encouraged grantees to take stock of where they were, identify issues, and act on them. She challenged the community of partners to support the ministry to encourage sustainability so the F/SMOH can successfully take the FP work beyond donors.

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## Session 3 – Closing remarks

The conference closed with remarks from **Dr. Kayode Afolabi**, **Ms. Rodio Diallo**, and grantee reflections from **Mrs. Kehinde Osinowo**, ARF. Participants were invited to provide reflection and feedback on FP CAPE using both a private evaluation form and a public survey on Mentimeter.



Grantees at the meeting.







*(see Annex D for the grantees that agreed to take action, by ToC area)*

*Report completed 4/16/2020*

## **ANNEX**

- A. Participants' agenda**
- B. New grantee posters**
- C. Small group summary action plans**
- D. List of grantees who agreed to take action, by ToC area**



## **ANNEX A: Participants' agenda**

## BMGF/ FP CAPE NIGERIA ANNUAL FAMILY PLANNING PARTNERS MEETING

FEBRUARY 26–27, 2020

AT: TRANSCORP HILTON ABUJA

9:00 TO 17:00

### OBJECTIVES

1. **Provide a review** of the BMGF FP investment portfolio performance and national FP progress.
2. **Reflect on findings** and discuss key questions for the FP stakeholder community.
3. **Engage in a collaborative process** to prioritize implications of findings.
4. **Identify key actions** to accelerate the attainment of National FP goals and objectives.
5. **Celebrate collective accomplishments and successes** in the FP space.

### ATTENDEES

Access Collaborative	mPharma GoodHealth
Advance Family Planning (AFP)/ Pathfinder	MTV Shuga/ Staying Alive Foundation
Adolescent 360/ Society for Family Health (SFH)	Naijacare/ Unilever UK Central Resources
Albright Stonebridge Group (ASG)	Nasarawa State Ministry of Health
Akena +Health/ University of California, San Francisco	National Dashboard/ CHAI
Bauchi State Ministry of Health	Niger State Ministry of Health
The Bill & Melinda Gates Foundation (BMGF)	Nigeria Strategic State-Led Purchasing for FP/ Health Systems Consult Limited (HSCL)
Center for Communication and Social Impact	Nigerian Urban Reproductive Health Initiative 2 (NURHI 2)/ JHU-CCP
Customer Care Platform/ DKT	Partnership for Advocacy in Child and Family Health (PACFaH@Scale)/ dRPC
Delta State Ministry of Health	PACFaH@Scale/ TBD
FP CAPE/ UNC-CH	
Federal Ministry of Health	
Health Strategy and Delivery Foundation (HSDF)	PACFaH@Scale/ TBD
HIVE	PMA2020/ JHU
Increasing Access to RMNCAHN Services in Borno State/ Women's Refugee Commission	Post-Pregnancy Family Planning in Home Delivery Settings in Nigeria/ CHAI
IntegratE/ Society for Family Health	Post-Pregnancy Family Planning in Lagos/ JHU-CCP
IntegratE/ Marie Stopes International	Resilient & Accelerated Scale-up of DMPA-SC/Self-injection in Nigeria (RASuDIN)/ ARFH
IntegratE/ PharmAccess	Rivers State Ministry of Health
IntegratE/ Population Council	Sayana Press/ DKT
IntegratE/ Planned Parenthood Federation of Nigeria	Social Impact
Kaduna State Ministry of Health	Strategic State-Led Purchasing for FP/ HSCL
Kano State Ministry of Health	Technical Support Unit (TSU) 2.0/ M-Space
Lagos State Ministry of Health	The Challenge Initiative (TCI)/ JHU-CCP
Mamaye Project/ Evidence4Action	Track20/ Avenir Health



## DAY ONE – Wednesday, February 26<sup>th</sup>, 2020

### SESSION 1: Welcome, Opening Statements and Meeting Introduction (9:00 – 10:00)

<b>9:00 – 9:15</b> 15 minutes	<b>Arrival of participants and registration</b>
<b>9:15 – 9:45</b> 30 minutes	<b>Meeting opening session</b> <i>Ms. Rodio Diallo, Dr. Paulin Basinga, and Dr. Kayode Afolabi</i> <ul style="list-style-type: none"> <li>▪ Welcome, <i>Ms. Rodio Diallo (BMGF)</i> – 5 minutes</li> <li>▪ Brief remarks from BMGF – 10 minutes <ul style="list-style-type: none"> <li>– <i>Dr. Paulin Basinga (BMGF Nigeria Country Office Director)</i></li> </ul> </li> <li>▪ Brief remarks, Honored guest (representative of FMOH) – 10 minutes <ul style="list-style-type: none"> <li>– <i>Dr. Kayode Afolabi (Director, Reproductive Health, FMOH)</i></li> </ul> </li> </ul>
<b>9:50 – 10:00</b> 10 minutes	<b>Meeting introduction</b> <i>Dr. Emmanuel Adegbe and Dr. Siân Curtis (FP CAPE)</i> <ul style="list-style-type: none"> <li>▪ Introduction of facilitators</li> <li>▪ Presentation of the agenda and objectives</li> </ul>

### SESSION 2: Celebration of the Wins (10:00 – 11:30)

<b>10:00 – 11:00</b> 60 minutes	<b>Celebrate the wins</b> <i>Dr. Kayode Afolabi, Dr. Emmanuel Adegbe and Ms. Rodio Diallo</i> <ul style="list-style-type: none"> <li>▪ Facilitate the celebration of the wins, <i>Dr. Emmanuel Adegbe (FP CAPE)</i> – 5 minutes</li> <li>▪ A look back at Nigeria's accomplishments and successes in family planning, <i>Dr. Kayode Afolabi (Director, Reproductive Health, FMOH)</i> – 15 minutes</li> <li>▪ <b>Joint panel discussion:</b> Stories of success – A look back – 30 minutes <ul style="list-style-type: none"> <li>– <i>Dr. Kayode Afolabi (Director, Reproductive Health, FMOH)</i></li> <li>– <i>Representative of Kaduna SMOH</i></li> <li>– <i>Representative of Lagos SMOH</i></li> <li>– <i>Ms. Rodio Diallo (BMGF)</i></li> </ul> </li> <li>▪ Let's celebrate the wins – Showing the Wall of Wins, <i>Dr. Emmanuel Adegbe (FP CAPE)</i> – 5 minutes</li> </ul>
<b>11:00 – 11:30</b> 30 minutes	<b>Coffee break and Family photo</b>

### SESSION 3: BMGF Family Planning Portfolio Update (11:30 – 11:50)

<b>11:30 – 11:50</b> 20 minutes	<b>Update on BMGF family planning portfolio of investments</b> <i>Ms. Rodio Diallo (BMGF)</i> <ul style="list-style-type: none"> <li>▪ Introduction of participants by organization</li> <li>▪ Introduction of new grantees (HIVE, mPharma, and Akena +Health/UCSF)</li> </ul>
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### SESSION 4: Looking forward (11:50 – 14:00)

<b>11:50 – 12:50</b> 60 minutes	<b>BMGF family planning portfolio results: Emerging findings for the future</b> <i>Dr. Siân Curtis (FP CAPE) and Ms. Rodio Diallo (BMGF)</i> <ul style="list-style-type: none"> <li>▪ Presentation <i>Overview of BMGF FP Portfolio Findings 2019</i>, <i>Dr. Siân Curtis (FP CAPE)</i> – 20 minutes</li> <li>▪ Presentation <i>Put It All Together: What We Have Learned So Far?</i> <i>Ms. Rodio Diallo (BMGF)</i> – 10 minutes</li> </ul>
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<b>12:50 – 14:00</b> 70 minutes	<b>Lunch break</b>
<b>SESSION 5: Small Group Work (14:00 – 16:45)</b>	
<b>14:00 – 14:10</b> 10 minutes	<b>Introduction of small group work plans</b> <i>Dr. Emmanuel Adegbe (FP CAPE)</i>
<b>14:10 – 16:30</b> 140 minutes	<b>Small group work</b> <i>Grantees to divide into self-selected TOC area:</i> <ol style="list-style-type: none"> <li>1. <i>Enabling environment</i></li> <li>2. <i>Demand</i></li> <li>3. <i>Supply</i></li> <li>4. <i>Scale-up</i></li> <li>5. <i>Government group + TSU</i></li> </ol>
<b>16:30 – 16:45</b> 15 minutes	<b>Day 1 closing</b>
<b>Cocktail Party (17:00 – 19:00)</b>	

## DAY TWO – February 27<sup>th</sup>, 2020

### SESSION 1: Small Group Work – Report-out (9:00 – 11:10)

<b>9:00 – 9:10</b> 10 minutes	<b>Arrival of participants, registration</b>
<b>9:10 – 9:20</b> 10 minutes	<b>Recap of Day One and Day Two agenda</b> <i>Ms. Rodio Diallo (BMGF)</i>
<b>9:20 – 10:50</b> 90 minutes	<b>Group report-out and discussion</b> <i>Dr. Siân Curtis and Dr. Emmanuel Adegbe (FP CAPE)</i> <ul style="list-style-type: none"> <li>▪ Report out results of the group work – 15 minutes for each group</li> </ul>
<b>10:55 – 11:10</b> 15 minutes	<b>Coffee break</b>

### SESSION 2: Where Do We Go from Here, and Next Steps (11:10 – 12:10)

<b>11:10 – 12:10</b> 60 minutes	<b>Joint panel discussion: Where do we go from here and next steps</b> <i>Participants, FP CAPE, BMGF, F/SMOH</i> <ul style="list-style-type: none"> <li>▪ Panel discussion with F/SMOH and BMGF representatives – 30 minutes <ul style="list-style-type: none"> <li>– <i>Dr. Kayode Afolabi (Director, Reproductive Health, FMOH)</i></li> <li>– <i>SMOH representative of three states that TCI recommended</i></li> <li>– <i>Ms. Rodio Diallo (BMGF)</i></li> </ul> </li> <li>▪ Participant discussions – 30 minutes</li> </ul>
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### SESSION 3: Closing remarks (12:15 – 13:10)

<b>12:15 – 12:50</b> 35 minutes	<b>Joint final remarks</b> <i>Participants, FP CAPE, BMGF, F/SMOH</i> <ul style="list-style-type: none"> <li>▪ Reflection on the meeting from all participants (via Mentimeter survey)</li> <li>▪ Final remarks from grantees, FP CAPE, BMGF, and MOH representatives</li> </ul>
<b>12:50 – 13:10</b> 20 minutes	<b>Finish and submit meeting evaluation</b> (distributed in folders) <i>Dr. Emmanuel Adegbe (FP CAPE)</i> <ul style="list-style-type: none"> <li>▪ Evaluation from all participants</li> </ul>
<b>13:10</b>	<b>Adjourn meeting and lunch break</b>



## **ANNEX B: New grantee posters**

## Background

mPharma improves access to medicines by providing innovative financing and inventory management solutions to hospitals, pharmacies, and patients. We achieve lower prices by aggregating and predicting demand across our network of providers. mPharma was founded in 2013 and has since expanded to Ghana, Nigeria, Zambia, Zimbabwe, and Kenya, serving over 400,000 patients.

In Nigeria, mPharma works with 80+ hospitals and retail pharmacies to eliminate stock-outs and provide more affordable drugs to patients. Our operations span Lagos, Abuja, Port Harcourt, Warri and Kano. In all our facilities, providers pay on dispensation, meaning they can provide treatment without taking on additional inventory risk.

In addition to inventory management, mPharma partners with retail pharmacies through its QualityRx brand by providing interest-free financing for store renovation, organizing community health screenings and conducting customer service trainings. We also support patients directly through our Mutti loyalty program and innovative patient support programs for chronic and non-communicable diseases.

## GoodHealth for PPMVs

In 2019-20, the Bill and Melinda Gates Foundation will fund a one-year pilot in Lagos to test mPharma's QualityRx model in Patent and Proprietary Medicine Vendors (PPMV) under the brand "GoodHealth".

PPMVs are classified by the Pharmacist's Council of Nigeria (PCN) as "a person without formal training in pharmacy who sells orthodox pharmaceutical products on a retail basis for profit." PPMVs are critical for improving health outcomes because of their number, market share, and geographic distribution in Nigeria as compared to formal hospitals and pharmacies. These facilities are at the frontline of healthcare provision for up to 50% of cases of fever, malaria, and other common diseases – especially those that affect mothers and children.

With learnings from this pilot, mPharma hopes to strengthen the capacity of PPMVs to deliver improved health outcomes for communities throughout Nigeria.

## GoodHealth's Value Proposition for PPMVs



### Renovation

- mPharma renovates the PPMV to be an attractive, clean facility to attract patients and provide safekeeping of drugs



### Inventory Management

- mPharma provides high-quality drugs to PPMVs at no upfront cost (pay upon dispensation only)
- mPharma optimizes stock levels based on historical data to prevent stock outs



### Mutti

- Mutti is mPharma's patient rewards programs, which provides discounts and offers credit to customers, offering competitive edge to GoodHealth PPMVs

## Milestones

- Completed renovations for 20 PPMVs and launched each new store with health screenings
- Defined a PCN-approved formulary of products of 200+ products in high demand
- Launched a proprietary POS system for the first time among PPMVs. This allows us to track and share dispensation data in real time
- We opened bank accounts for PPMVs to deposit revenues; for many, it was the first time they opened an account for their business

## Major Challenges

- ACCESS:** PPMVs are often located in areas that are far and difficult to reach from main roads
- RUDIMENTARY BUSINESS PRACTICES:** PPMVs are not used to keeping sales records, making bank deposits, and various other best practices essential to the partnership
- TECHNOLOGY:** We must design software that can be understood and useful to PPMVs, who often have a very basic level of education

IN GOOD HEALTH!



# Bringing Influential New Voices Together to Amplify Family Planning Advocacy

The goal of this project is to identify, recruit, educate, and deploy a diverse community of highly visible influencers in support of your family planning advocacy initiatives.

## What do we mean by new voices?

With so many policy issues competing for attention and prioritization, influential voices can be especially effective in advocating for change, mobilizing the public, and attracting the attention and support of key decision makers.

By connecting influencers with local NGOs, we seek to amplify existing advocacy campaigns—leveraging the influencers' credibility, passion, and persuasion skills to influence public discourse and policy on family planning.

Because of their unique stature and power, influencers are well-positioned to:

- Help lead a new dialogue/debate about the connections between family planning and broader, but related issues including youth, population-based issues, human capital, gender equality and even the environment.
- Stand on a stage with decision-makers and high-profile advocates to keep family planning on the global/national agenda.
- Hold donors and country governments accountable for the commitments to support family planning.



hive influencers King Kaka (rapper) Janet Mbugua (media personality and host of ICPD25) Sharon Munda (blogger) Amina Abdi (television host) and Doreen Nabwire (professional footballer) talk gender quality with Melinda Gates at a hive event in Nairobi November 2019

## Who is hive?

hive is a global, diverse team passionate about creating positive social impact. hive builds new funding models, smart strategies, powerful advocacy, and imaginative marketing and communications campaigns designed to make a difference. Hive co-founders have proudly worked with global brands including (RED), ONE, BBC Worldwide, UNICEF, Gap, Inc., and more. hive has been working with the Gates Foundation over the past two years to engage influencers on gender equality in Kenya and Tanzania, and we are currently expanding into Nigeria.

Working with local NGO The She Tank, hive will bring fresh voices to family planning by recruiting, coaching and activating a diverse group of Nigerian influencers—champions at the top of their game in music, film, fashion, business, sport and academia who can provide new audiences, access points and authentic conversation around family planning.

**hive is a matchmaker:  
we establish long term,  
fruitful relationships  
between powerful  
champions and thoughtful,  
strategic advocacy partners  
driving creative strategies  
for advocacy and policy  
change.**

## Why partner with hive?

- **No cost to your organization:** There is no financial obligation to participate in this endeavor.
- **Amplification:** By engaging with high-profile voices, our partners will amplify their mission to the public and key policymakers.
- **Advocacy:** Partners will learn strategies to effectively leverage influencers and social media.
- **Influencer recruitment and training:** hive will manage the initial recruitment and training of influencers with an authentic connection and a passion to drive progress on family planning according to your advocacy strategy.

If influencers would be helpful in amplifying your policy and advocacy objectives, or you'd just like to learn more, we would love to talk!

### Please contact:

Zehra Talib - Zehra@theshetank.org

Caroline Mauldin - Caroline.Mauldin@ahive.com  
ahive.com

**Who would you like  
to see use their voice  
for family planning  
advocacy?**





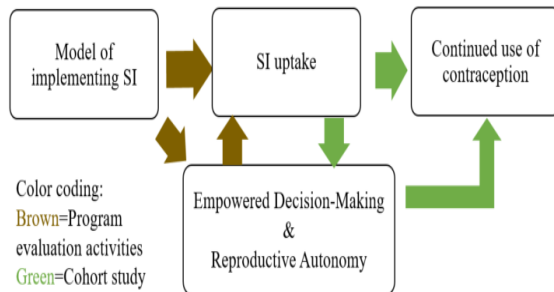
# Optimizing approaches to implementing self-injection of the DMPA-SC contraceptive method

AkenaPlus Health

## Introduction

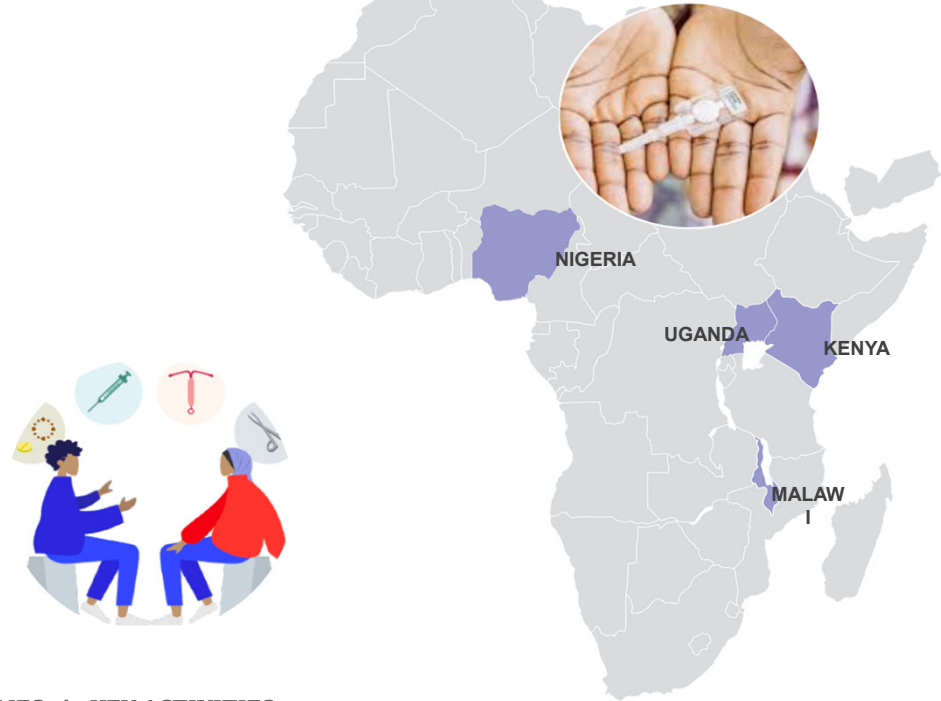
The **Optimizing approaches to implementing self-injection of the DMPA-SC contraceptive method project**, implemented by the AkenaPlus Health) with funding from Bill & Melinda Gates Foundation (BMGF) is new four-year, cross-country initiative to optimize approaches to implementing self-injection of DMPA-SC within the contraceptive method mix in Nigeria, Kenya, Malawi and Uganda.

Together with our research partners at University of California-San Francisco (UCSF) Kenya Medical research Institute (KEMRI), Makerere College of Public Health, and Malawi University of Science and Technology (MUST), we at AkenaPlus Health will engage in a variety of rigorous research and implementation science approaches over the course of four years to gain a better understanding of **women's contraceptive decision-making and identify promising approaches to help unlock the full potential of SI to meet women's reproductive needs.**



**Actionable insights relevant to SI of DMPA-SC scale-up in Nigeria will be disseminated with key stakeholders on an ongoing basis throughout the project.**

*How can self-injection of DMPA-SC be implemented in a way that best meets women's needs, as they themselves define them?*



## KEY OUTCOMES via KEY ACTIVITIES

- 1. Elucidation of contraceptive autonomy and decision-making** via in depth interviews and qualitative cohort
- 2. Developing and testing implementation approaches and population level effects on autonomy** via process and program evaluations and household surveys
- 3. Role of self-injection in reproductive autonomy** via longitudinal cohort study of new contraceptive users and measure development
- 4. Capacity building among research partners** via workshops on community engagement, human centered design and qualitative methods among others

Human-centered design

Behavioral economics

Implementation science

## **ANNEX C: Small group summary action plans**

## BMGF/ FP CAPE NIGERIA ANNUAL FAMILY PLANNING PARTNERS MEETING 2020

### GROUP WORK: Summary of key actions moving forward

TOC area/ Group	KEY ACTIONS			
	What	Why	How	Who
<b>Enabling environment</b>	<ul style="list-style-type: none"> <li>Have different approach for advocacy on family planning (FP)</li> </ul>	<ul style="list-style-type: none"> <li>Current advocacy method does not increase funding for FP</li> </ul>	<ul style="list-style-type: none"> <li>Contextualize approach</li> <li>Expand target audience</li> <li>Target governors and their influencers</li> <li>Integrate real time political economy</li> <li>Increase coordination among implementing partners (IPs)</li> </ul>	<ul style="list-style-type: none"> <li>IPs</li> <li>Civil society organizations (CSOs)</li> </ul>
	<ul style="list-style-type: none"> <li>Review and simplify costed implementation plans (CIPs) and Task Shifting Task Sharing (TSP) policy</li> </ul>	<ul style="list-style-type: none"> <li>Current processes are cumbersome and not cost effective.</li> <li>Stakeholders fatigue due to multiple engagements on the same issue by partners</li> </ul>	<ul style="list-style-type: none"> <li>Use knowledge management approaches to develop CIP/TSP in a box with efforts to archive them on digital platforms in the states and national level</li> <li>Ensure that operational guidelines are properly itemized</li> <li>Strengthen existing donor coordination mechanisms within governments.</li> </ul>	<ul style="list-style-type: none"> <li>Federal and state governments</li> <li>IPs (to act as technical advisors)</li> </ul>
<b>Demand generation</b>	<ul style="list-style-type: none"> <li>Institutionalize and operationalize social mobilization (SM) at the state level (e.g., to include FP in terms of reference for SM officers and health educators).</li> </ul>	<ul style="list-style-type: none"> <li>Currently, focus is on other health programs and not on FP. The action will support an integrated system and may be sustainable.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen existing structure in the state</li> <li>Infuse FP messaging into existing health programs/initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Government</li> <li>IPs</li> </ul>
	<ul style="list-style-type: none"> <li>Explore the use of digital media to reach youth</li> </ul>	<ul style="list-style-type: none"> <li>To use correct FP messaging to demystify false beliefs amongst youth</li> </ul>	<ul style="list-style-type: none"> <li>Infuse entertainment education elements</li> <li>Design memorable FP messaging and framing messages that resonate with youth</li> </ul>	<ul style="list-style-type: none"> <li>Government</li> <li>IPs</li> </ul>
<b>Service delivery</b>	<ul style="list-style-type: none"> <li>Improve supply chain pipeline for FP commodities</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate supplies in some states irrespective of</li> </ul>	<ul style="list-style-type: none"> <li>Work closely with the National Products Supply Chain Management Program (NPSCMP) of the food and drug services</li> </ul>	<ul style="list-style-type: none"> <li>FMoH</li> <li>State Ministries of Health (SMoHs)</li> </ul>



TOC area/ Group	KEY ACTIONS			
	What	Why	How	Who
		requisition to Federal Ministry of Health (FMoH)		<ul style="list-style-type: none"> <li>▶ IPs</li> </ul>
	<ul style="list-style-type: none"> <li>▶ Strengthen the Logistic Management Coordination Unit (LMCU) at the state level</li> </ul>	<ul style="list-style-type: none"> <li>▶ Inadequate funding at state and LGA level</li> <li>▶ Dependence on donors</li> </ul>	<ul style="list-style-type: none"> <li>▶ Inclusion of adequate funding for distribution of supplies at the state and LGA levels</li> </ul>	<ul style="list-style-type: none"> <li>▶ SMOHs</li> <li>▶ LGAs</li> </ul>
<b>Scale-up</b>	<ul style="list-style-type: none"> <li>▶ Increase government allocation, and timely release of funds for FP programs</li> </ul>	<ul style="list-style-type: none"> <li>▶ Lack of ownership, sustainability and scale-up of FP programs</li> </ul>	<ul style="list-style-type: none"> <li>▶ Sustain high level advocacy to key stakeholders in the state</li> </ul>	<ul style="list-style-type: none"> <li>▶ FMoH</li> <li>▶ Donors</li> <li>▶ IPs</li> <li>▶ CSOs</li> </ul>
	<ul style="list-style-type: none"> <li>▶ Apply functional accountability mechanism for monitoring and tracking of fund releases and utilization</li> </ul>	<ul style="list-style-type: none"> <li>▶ Lack of proper management of limited resources</li> </ul>	<ul style="list-style-type: none"> <li>▶ Set up accountability mechanism/framework or strengthen existing accountability mechanisms if any</li> </ul>	<ul style="list-style-type: none"> <li>▶ Government</li> <li>▶ CSOs</li> <li>▶ NGOs</li> </ul>
<b>Government</b>	<ul style="list-style-type: none"> <li>▶ Mobilize domestic funding</li> </ul>	<ul style="list-style-type: none"> <li>▶ It will lead to increased capacity to fund FP priorities</li> <li>▶ There is an important need to close the funding gap, especially now that the annual forecast has grown to US\$28 million</li> </ul>	<ul style="list-style-type: none"> <li>▶ Increase allocation and timely releases at both federal and state level</li> <li>▶ Supplementary financing support for FP commodities, including state-led initiatives</li> <li>▶ Scale up budget tracking processes to allow us track money</li> <li>▶ Effective messaging at the relevant agencies (e.g., economic justifications at Ministries of Finance)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Honorable Minister of Health</li> <li>▶ Honorable Minister of Finance</li> <li>▶ National Assembly</li> <li>▶ State governors</li> <li>▶ Advocacy Working Groups</li> <li>▶ CSOs</li> </ul>
	<ul style="list-style-type: none"> <li>▶ Collect and use data (e.g., data on logistics and funding)</li> </ul>	<p>Data are needed to:</p> <ul style="list-style-type: none"> <li>▶ provide evidence for advocacy and inform efficient allocation of resources</li> <li>▶ inform more targeted programming</li> <li>▶ create a feedback loop of results</li> </ul>	<ul style="list-style-type: none"> <li>▶ Promote supportive supervision</li> <li>▶ Strengthen capacity officers, especially at the sub-national level</li> <li>▶ Promote data quality assessments</li> <li>▶ Consolidate existing data platforms</li> </ul>	<ul style="list-style-type: none"> <li>▶ Government (Federal, State, LGA)</li> <li>▶ FMoH, SMOHs (especially DPRS)</li> <li>▶ FP providers</li> <li>▶ IPs</li> <li>▶ Advocacy Working Groups</li> <li>▶ CSOs</li> </ul>

## **ANNEX D: List of grantees who agreed to take action, by TOC area**

## Organizations and individuals signed up to support different ToC areas

### I. Enabling environment

No.	Organization	Name	Title
1	Federal Ministry of Health, <i>Reproductive Health Division</i>	Dr. Kayode Akintola Afolabi	Director RH Division
2	Federal Ministry of Health, <i>Reproductive Health Division</i>	Lawrence Anyanwu	Director Head of FP
3	Advance Family Planning (Pathfinder)	Dr. Sekina Bello	Senior Program Advisor RH
4	Albright Stonebridge Group (ASG)	Bami Odusote	Business Analyst RH
5	Albright Stonebridge Group (ASG)	Ekenem Isichei	CEO, ACIOE Associates (Senior Adviser ASG)
6	Albright Stonebridge Group (ASG)	Jonathan Eigege	Analyst
7	Association for Advancement of FP (AAFP) – PACFaH@Scale	Dr. Ejike Oji	Chairman, AAFP
8	Clinton Health Access Initiative (CHAI)	Lekia Nwidae	Associate
9	dRPC – PACFaH@Scale	Dr. Stanley Idika Ukpai	Technical advisor
10	Health System Consult Ltd. (HSCL)	Dr. Olajide Sobande	Lagos team lead
11	Health System Consult Ltd. (HSCL)	Tolulope Oyekanmi	Health systems strengthening officer
12	hive	Caroline Mauldin	Project director
13	NURHI 2 (JHU)	Dr. Moji Odeku	Portfolio director
14	Pharmaceutical Society of Nigeria (PSN) – PACFaH@Scale	Pharm. Ijeoma Nwankwo	Program officer
15	Society of Gynecology and Obstetrics of Nigeria (SOGON) – PACFaH@Scale	Dr. Habib Sadauki	SOGON-PAS Project Lead
16	The Challenge Initiative (TCI)	Dr. Victor I. Igharo	Nigeria TCI team lead
17	Women and Children Health Empowerment Foundation – PACFaH@Scale	Dr. Garba Danjuma	Founder/CEO
18	Track 20	Sulaiman Gbadamosi	Country Manager



## II. Demand generation

No.	Organization	Name	Title
1	Bauchi State Ministry of Health	Hajara Yahaya	Bauchi State FP Coordinator
2	Lagos State Ministry of Health, <i>Primary Health Care Board</i>	Dr. Eniola Erinosh	Director, Medical Services
3	Nasarawa State Ministry of Health	Esther Waryit Yonah	Nasarawa State FP Coordinator Rep
4	Center for Communication and Social Impact	Babafunke Fagbemi	Executive director
5	MTV Shuga (Staying Alive Foundation)	Anita Aiyudu	MTV Shuga Nigeria manger
6	NURHI 2 (JHU)	Akinsewa Akiode	Director, Research, M&E
7	The Challenge Initiative (TCI)	Yemisi Ishola	Research, M&E Specialist

## III. Service delivery

No.	Organization	Name	Title
1	Federal Ministry of Health, <i>Reproductive Health Division</i>	Dr. Kayode Akintola Afolabi	Director RH Division
2	Kaduna State Ministry of Health, <i>Primary Health Care Agency</i>	Hajiya Nafisa Isa Musa	RH/FP coordinator
3	Kano State Ministry of Health, <i>Primary Health Care Board</i>	Dr. Aminu Usman Sudawa	Director Public Health
4	Nasarawa State Ministry of Health	Esther Waryit Yonah	Nasarawa State FP coordinator
5	River State Ministry of Health	Doris Igbanibo	Family planning coordinator
6	Access Collaborative	Dr. Adewole Adefalu	Country Director
7	BMGF consultant – Bauchi State	Rabiu Muhammad	BMGF Sate Consultant
8	BMGF consultant – Kaduna (Kaizen Consultant Group)	Abdurahman Kelani	BMGF Sate Consultant
9	BMGF consultant – Kaduna Primary Health Care	Anthony Shamang	BMGF Sate Consultant
10	Clinton Health Access Initiative (CHAI)	Nneka Onwuasor	Program Manager
11	Clinton Health Access Initiative (CHAI)	Lekia Nwidae	Associate
12	Health System Consult Ltd. (HSCL)	Tolulope Oyekanmi	Health systems strengthening officer
13	IntegratE Project (Society for Family Health)	Emeka Okafor	Project lead
14	IntegratE Project (Society for Family Health)	Victoria Awogbindin	Program Consultant

15	Post Pregnancy Family Planning (JHU)	Dr. Taiwo Johnson	Team lead
16	Niger State Ministry of Health	Ahmed S. Hamidu	Niger State FP Coordinator Rep.

#### IV. Scale-up

No.	Organization	Name	Title
1	Federal Ministry of Health, <i>Reproductive Health Division</i>	Dr. Kayode Akintola Afolabi	Director
2	Kaduna State Ministry of Health,	Dr. Mohammed Bello Armiya'u	Director, Public health
3	Access Collaborative	Dr. Adewole Adefalu	Country Director
4	Association for Reproductive and Family Health (ARFH) – RASuDiN	Anderson S. Ricketts	
5	Association for Reproductive and Family Health (ARFH) – RASuDiN	Kehinde Osinowo	Director of Programs
6	Clinton Health Access Initiative (CHAI)	Zainab Saidu	Senior Associate
7	Technical Support Unit (TSU) – M-Space	Lawal Abubakar	Kaduna State FP advisor
8	Technical Support Unit (TSU) – M-Space	Dr. Sada Danmusa	Project director
9	The Challenge Initiative (TCI)	Dr. Lekan Ajijola	Deputy director
10	The Challenge Initiative (TCI)	Dr. Victor Imuwahen Igharo	Nigeria TCI team lead
11	Women Refugee Commission (WRC)/ Mwada-Gana Foundation	Dr. Susan Okonkwo	Project Director