



Executive Summary

Nineteen of the twenty-three BMGF FP grantees in Nigeria responded to an FP CAPE survey to measure the impact of COVID-19 on their activities, as of May 12, 2020. Meetings and events have been transitioned to online platforms when possible, although limited internet access and unfamiliarity with technology has created adaptive changes and delays. Research projects that can be completed remotely are continuing with minimal interruption. Lockdowns, meeting prohibitions, and pauses in family planning (FP) radio programming have disrupted grantee planned activities. However, despite roadblocks, grantees are continuing with as many activities as possible, consistent with legal and safety guidelines.

Nigeria's COVID-19 status

- ▶ # of positive cases: 6,175
- ▶ # of deaths: 191
- ▶ # of states and FCT affected: 35/37
- ▶ Key dates and prohibitions:
 - March 23rd, ban of international and local travel
 - March 30, lockdown of Abuja FCT, Lagos and Ogun states
- ▶ Reopening date(s): May 4th, no interstate travel except for essential services

Updates are provided for the following categories:

**Improved enabling environment:
Advocacy and Capacity building**

**Improved enabling environment:
Data generation and use**

**Model testing and learning:
Demand generation**

**Model testing and learning:
Service delivery**

**Replication and Scale-up of:
Successful models and DMPA-SC**

Theory of Change: BMGF Nigeria investment portfolio

FP CAPE's research questions are based on a Theory of Change that defines and monitors causal linkages, starting with portfolio investments and moving to increased national mCPR.



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This is the first of a series of planned updates on the impacts of the COVID-19 pandemic on the BMGF family planning portfolio in Nigeria. Briefs will be distributed approximately once a month depending on the availability and volume of new information. We would like to thank all the BMGF FP grantees for their rapid and thoughtful responses to the FP CAPE survey.

Updates by TOC area

Enabling Environment – *Advocacy and Capacity Building*

Stopped activities	<ul style="list-style-type: none"> - Grantees have had to suspend many face-to-face meetings and FP advocacy visits, including: National Transparency, Advocacy, and Capacity Building (TRAC) Meeting, Share and Learn visit (for Southwestern states stakeholders), technical working group (TWG) meetings, meetings with government stakeholders, capacity building workshops for government and advocacy working groups, and meetings with state FP coordinators in BMGF-focus states. - Suspended implementation of annual plan for Evidence-based Advocacy in Oyo State. - A number of ‘stepdown’ activities have also been on hold, including: <ul style="list-style-type: none"> o Technical assistance (TA) to the Federal Ministry of Health (FMOH) to validate the National FP Advocacy Strategy for Reproductive Maternal Newborn Child Adolescent Health plus Nutrition (RMNCAH+N) o Support for the validation of the Knowledge Management Guidelines to the Health Promotions Division, Department of Family Health, and FMOH.
Continuing activities	<ul style="list-style-type: none"> - Some advocacy meetings have continued virtually, including meetings of IPs with advocacy working groups, FP coordinators in focus states, Nigeria NGOs, and other FP stakeholders. - TA to FMOH and State Ministries of Health (SMOHs) has continued virtually, including: <ul style="list-style-type: none"> o Adaptation of Motion Tracker Tool o Finalizing revision of National FP Blueprint, and the Kaduna and Lagos Costed Implementation Plans (CIPs). o Sub-committee meetings of the National Reproductive Health (RH) TWG to prepare for June RHTWG meeting and finalize 2020 FP Annual Operational Plans. o Validation of the National FP Advocacy Strategy for RMNCAH+N o TA to the Lagos State Primary Healthcare Board on the purchase of FP consumables. o Technical support to M&Es and FP managers in LGAs. - FP budget tracking, particularly development of 2019 state FP budget performance scorecards. - Capacity building to government has continued virtually, such as: <ul style="list-style-type: none"> o Mentoring workshop on intentional leadership and strategic communication for state managers and policymakers o Coaching and mentoring to the Advocacy Core Group (ACG) and Budget Tracking Team on data use for evidence analysis (Lagos state) - Media advocacy, including tracking of media outputs and project achievements.
Adaptations and new activities	<ul style="list-style-type: none"> - Moved face-to-face meetings, workshops, etc. to virtual format when available. - Facilitated government to move towards online coordination meetings. - Adapted FP advocacy messages to policymakers to include FP as part of essential health services within the COVID-19 response, and to ensure availability of commodities and personal protective equipment (PPE) for health workers. - Incorporated FP into COVID-19 materials, media coverage and discussions, including preparing a weekly influencer briefing on COVID-19, providing examples of influencer advocacy, and developing a virtual discussion with influencers on the impact of COVID-19 on women and girls. - Developed electronic guides & templates to describe processes for specific technical meetings.
Challenges	<ul style="list-style-type: none"> - Suspension or delay in face-to-face activities due to social distancing guidelines prohibiting gatherings of more than 10 people. - Less reporting of FP in media due to focus on COVID-19 stories. - Inability to complete site visits means reduced ability to assess progress. - Difficulty getting hold of some government officials via email when needed. - Frequency of communication and meetings with IPs and NGO partners have slowed down due to evolving and competing priorities partners are facing amid the pandemic. - Poor internet connection and access among grantees, government stakeholders, etc.

Enabling Environment – *Data Generation and Use*

Stopped activities	<ul style="list-style-type: none"> - Face-to-face trainings, including: training of PMA2020 data collectors, trainings on National FP Dashboard use and technical support, and FP Dashboard app deployment for government staff in Niger, Kano and River states and Abuja FCT. - Planned face-to-face meetings with stakeholders, including the planned dissemination of PMA2020 results in Lagos and Kano states. - Data collection activities that involve physical presence have had to be postponed or canceled.
Continuing activities	<ul style="list-style-type: none"> - Support FMOH and SMOH to conduct monthly analysis of National FP Dashboard data. - Support FMOH to engage partners to commit to funding identified Dashboard cost buckets. - Support FMOH to provide feedback to states based on the quarterly program reports submitted. - Conduct biweekly monitoring/check-ins with FMOH officers on admin support to users. - Work on research instruments (PMA2020).
Adaptations and new activities	<ul style="list-style-type: none"> - Moved face-to-face engagement and update meetings with FMOH to virtual format, using online platforms, telephone, and emails. - PMA2020 has adapted their planned client-exit follow-up to a household phone interview that includes questions on COVID-19 knowledge, attitude, and practice. - PMA2020 has shifted its training of data collectors to online, including uploading training materials on the cloud server.
Challenges	<ul style="list-style-type: none"> - Delays for trainings on data collection and use (PMA2020 and Akena +Health). - Delays with identifying potential funding for technology and support functions as meetings with the relevant officials and organizations had to be postponed. - Staff working from home have experienced challenges related to workspace, including irregularity of electricity, poor internet connectivity, etc.

Model Testing and Learning – *Demand Generation*

Stopped activities	<ul style="list-style-type: none"> - Outreach events and other in-person demand generation activities suspended, including Life, Love and Health Skill Building Classes for 9ja Girls programs, Life, Family and Health mentorship classes for Matasa Matan Arewa (MMA), and Moms sessions. - DKT's call center stopped making outbounds call to doctors informing them about clients' visits; SMS messages to both callers and doctors for referral stopped. - MTVShuga and the Society for Family Health (SFH) peer-education program stopped in Lagos. - The recording sessions for the English/Pidgin and Hausa versions of MTVShuga Naija season 4 have not been completed. Screening of MTVShuga scheduled for the Lagos State National Youth Service Corps (NYSC) campus was also pushed back. - NURHI 2 postponed training 500 volunteers for the National RH HIV/AIDS Prevention and Care program.
Continuing activities	<ul style="list-style-type: none"> - One-on-one mobilization in all A360 sites of MMA and 9ja Girls programs. - All other DKT call center-related activities (FP information, referral for LARC services). - Peer education sessions co-organized by MTVShuga and the SFH have continued in smaller groups (<20 people) in Kano and Kaduna. - NURHI 2 continued using its Life Planning for Adolescents and Youths (LPAY) WhatsApp platform to coach and mentor young people on FP and encourage use of social media to disseminate FP information.
Adaptations and new activities	<ul style="list-style-type: none"> - DKT issued 'clearance' letters/emails/SMS messages to clients who contacted the call center that they could present to law enforcement officers to allow them to visit a partner clinic to obtain LARC methods.

	<ul style="list-style-type: none"> - Increased demand generation activities through social media, particularly for youth. Examples include: A360's 9jaGirlsNow (Facebook), female mentors for MMA sites (WhatsApp), and male interpersonal communication agents for husband of adolescent girls (WhatsApp). - Virtual formats for face-to-face trainings and meetings, including NURHI 2's support to Lagos State health educators to review and consolidate their demand generation strategy.
Challenges	<ul style="list-style-type: none"> - Suspension or delay in face-to-face activities due to social distancing guidelines prohibiting gatherings of more than 10 people. This has led to shifts in timelines for deliverables, and adaptations of current implementation strategies. - Community anxiety and fear from parents that girls may contract COVID-19 at health facilities is restricting access to sexual and reproductive health (SRH) services. - Fewer available DKT call agents for the call center, resulting in longer client waiting time and more abandoned calls. - Poor internet connection and access throughout network. - Challenge to achieve work-life balance.

Model Testing and Learning – *Service Delivery*

Stopped activities	<ul style="list-style-type: none"> - Face-to-face meetings and trainings have been put on hold or suspended, including: <ul style="list-style-type: none"> o Training of trainers/mentors to traditional birth attendants (TBAs), health providers, community pharmacists (CPs), and Patent Proprietary Medicine Vendors (PPMVs) o Training on counseling and referral for healthcare workers, TBAs, village health workers o Training on FP services for health providers, CPs, and PPMVs o Training on data collection, management and reporting for TBAs for supportive supervision, and for CPs, and PPMVs - Onsite and integrated supportive supervision activities for quality assurance for CPs, PPMVs, TBAs, health providers, and health facilities. - Community Health Extension Worker (CHEW) outreaches have stopped. - Drug stock assessments have stopped. - Face-to-face engagement visits to health facilities, local stakeholders and IPs have stopped. - Distribution of donated instruments and consumables to facilities supported by BMGF projects in lockdown states has been put on hold.
Continuing activities	<ul style="list-style-type: none"> - FP service provision, including village health worker home visits in LGAs - Grantees have worked closely with state FP logisticians, FP managers, health facilities and state partners to strengthen supply chain and ensure stock availability for FP commodities for BMGF project-supported facilities (e.g., tracking consumption and requisition patterns of FP commodities, linking facilities to various social marketing organizations for the procurement and collection of commodities, distribution of FP commodities through group purchasing and delivery by sales teams, and linkage to wholesalers). - Distribution of donated instruments and consumables to BMGF program-supported facilities in non-lockdown states - Institutionalization of project implementation activities with state-level stakeholders, including development, review, and updating of sustainability plans - Virtual engagement with health facilities and local stakeholders on prioritizing FP services in project states - Data collection, review, and analysis of service statistics for FP program monitoring and evaluation - Monitoring and technical support to CPs, PPMVs and facilities on their practice through various platforms (e.g., online Community of Practice platform to support CPs and PPMVs, WhatsApp to track FP service uptake)

Adaptations and new activities	<ul style="list-style-type: none"> - Updated training protocols on FP service counseling and provision for providers, community-based distributors, CPs, and PPMVs with focus on COVID-19 prevention and protection - Updated operations protocols at health facilities to ensure hygiene and safety - Supported state COVID-19 Emergency Operating Centers (e.g., Lagos, Nasarawa, Rivers) - Moved stakeholder engagements, trainings on FP practice and data collection tools, meetings, supportive supervision, technical support to health facility, and data collection online - Used e-copies of referral cards instead of paper cards to track service counseling and referrals
Challenges	<ul style="list-style-type: none"> - Suspension or delay in face-to-face activities shifting grantee timelines - Reduced client flow at FP and antenatal care facilities due to community anxiety of contracting the COVID-19 virus at the facility. - Stockout of some FP commodities, including LARCs, due to non-distribution of FP commodities by the FMOH, and/or lack of transportation or other logistics issues. - Inability to assess clinical skills for service provision - Limited capacity of government stakeholders, LGA reproductive health supervisors, and healthcare workers to participate in virtual activities - Poor internet connection and access.

Replication and Scale-up – *Successful models and DMPA-SC*

Stopped activities	<ul style="list-style-type: none"> - Face-to-face meetings and workshops with government agencies have been put on hold. - Support for community-level activities have been put on hold, including RASuDiN's monthly joint-review meetings and TCI's monthly and quarterly coordination meetings. - Social mobilization activities, such as Key Life Events, Community Dialogue meetings, outreaches, neighborhood campaigns, have been hampered by restrictions on gatherings. - FP radio programs put on hold in Anambra, Plateau and Rivers states. - TCI paused 72-hour clinic makeovers in a few FP clinics and maternal, newborn and child health units in Taraba state. - Face-to-face support to facility-level interventions has been suspended or moved to a virtual format (e.g. whole site orientation, TA, capacity building activities).
Continuing activities	<ul style="list-style-type: none"> - Stakeholder engagement and RH coordination meetings to advocate to government officers on FP interventions, and to provide updates on RH issues, including on the status of commodities, are continuing virtually - FP/DMPA-SC and AYSRH technical assistance, coaching and support to FMOH and SMOHs, have continued virtually, including input to National FP Advocacy Strategy for RMNCAH+N in the context of COVID-19, and to finalize other FP strategic documents (e.g., FP CIPs, demand generation strategy, State Graduation assessment, and Coaching Best Practice Guidelines) - One-on-one integrated sensitization and administration of DMPA-SC/SI by CORPs is continuing in TCI and RASuDiN program states. - Community volunteers and CORPs are able to conduct FP/DMPA-SC demand generation activities and referral within their neighborhoods in compliance with COVID-19 prevention protocols (Lagos, Rivers, Niger, Oyo, Delta, Enugu, Kwara, Plateau, Niger, and Anambra). - Dissemination of FP messages via mass media and social media platforms are continuing, including the weekly radio program <i>Who I Go Ask? Na person wey sabi</i> in 6 states (Delta, Enugu, Ogun, Oyo, Kwara and Niger). - CORPs and facility service delivery have continued across 10 RASuDiN program states, excluding Lagos and Ogun states where there are restrictions of movement. - Provision of TA to previously mapped PPMVs to provide and document FP services. - Support for FP M&E activities is continuing, including data analysis and DHIS data entry.
Adaptations and new activities	<ul style="list-style-type: none"> - Moved face-to-face stakeholder engagement, trainings and meetings online. - One-on-one demand generation activities have been conducted in states with total lockdowns (Lagos, River, and Niger) consistent with COVID-19 preventative measures.

	<ul style="list-style-type: none"> - The importance of using an FP method during the COVID-19 lockdown has been emphasized in both social mobilization and radio programs. Relevant COVID-19 messages have also been integrated into other FP messages and activities. - Group data validation activities were modified to one-on-one data validation activities where LGA officers validated their data instead of a team. - Worked with FMOH to adapt DMPA-SC priorities for the COVID-19 context, including: <ul style="list-style-type: none"> o Supporting the FMOH to virtually convene 2nd planning meeting to review partners' inputs to the private sector engagement roadmap and strategy. o Supporting the FMOH and partners to facilitate and expedite FMOH actions related to DMPA-SC shipment and stock o Adapting timelines for activities
Challenges	<ul style="list-style-type: none"> - Government counterpart funding for FP is threatened due to health funding deficits and realignment of priorities. - It has been difficult to schedule meetings that involve stakeholders because the attention of the FMOH and SMOHs has been diverted to the urgent COVID-19 situation. - Shifting TCI's face-to-face coaching model to an online format is slowing the transfer of capacity to states. - The capacity of state staff and systems to implement FP activities across RASuDiN and TCI-supported states has been reduced by competing demands of the COVID-19 outbreak (e.g., reconciliation and finalization of monthly monitoring reports)

Grantees used many materials to adapt their work in a pandemic environment. The most commonly cited resources are:

- **WHO:** [COVID-19: Operational guidance for maintaining essential health services during an outbreak](#)
- **CDC:** [COVID-19Surge](#) spreadsheet-based tool
- **UNFPA:** [Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#)
- **NCDC:** Website resources, including [COVID-19 updates](#) and [Guidelines and protocols](#)