



## Executive Summary

This brief focuses on BMGF FP program states in Nigeria with greater COVID-19 impact. It includes the most up-to-date data available from 17 grantees. Most quantitative data provided was available through July 2020.

*In general, the Nigeria portfolio has adapted effectively during the COVID-19 pandemic. The majority of grantees have been able to resume all program activities by offering trainings/meetings/workshops online, or by following the Federal guidelines on COVID-19 safety if the program activities are being conducted in-person. Nearly all grants have incorporated COVID-19 information into their programming, such as guidance on how to obtain FP during the pandemic or creating COVID-19 safety materials for community pharmacists/PPMVs.*

*FP advocacy targeted at FMOH and State MOHs has experienced the most sustained challenges to program efforts. Advocacy grants have noted that meeting with government officials and releases of funds intended for FP continues to be difficult because government is giving COVID-19 the most immediate attention. Demand generation activities that rely on face-to-face interactions, such as social mobilization, have also met challenges during state lockdowns.*

*The quantitative data shows a V-shaped pattern for many FP indicators, i.e., a sharp decrease in FP adoption during lockdown, but with a quick bounce-back effect once lockdown was lifted. This points to a resilient FP environment. A few exceptions to the V-shape pattern exist, namely in FP provision through community pharmacies (CPs)/PPMVs and new users of DMPA-SC method.*

## Data Summary

### Content:

- Updates on program activities across the portfolio
- New and continued challenges to FP landscape
- Updates on public facilities, private facilities, method use, youth, stockout of LARC, and demand generation

*This is the third of a series of planned updates on the impacts of the COVID-19 pandemic on the BGMF family planning portfolio in Nigeria. Briefs will be distributed periodically depending on the availability and volume of new information.*

*We would like to thank all the BMGF FP grantees for providing relevant data.*

## Nigeria's COVID-19 status

Total # of positive cases: 59,345

Total # of deaths: 1,113

# of states and FCT affected: 37/37

Key dates: September 5, resumption of international flights; October 2, government announces resumption of schools.

## Data sources:

All data reported come from the following BMGF grantees:

A360	HSCL
Access Collaborative	IntegratE
AFP	NaijaCare
akena+ Health	PMA
ASG	PPFP
CHAI DB/PopCare	RASuDiN
DKT	TCI
dRPC	WRC
hive	

## Qualitative Results: COVID-19 impact on FP grants across the portfolio

### Paused/Stopped activities



Most implementing partners (IPs) have reported that no program activities have fully stopped during the pandemic. However several activities were paused during the height of the pandemic and have recently resumed.

These activities include:

- Social mobilization (*Scale-up IPs*)
- Quarterly FP meetings (*Majority of IPs*)
- FP community outreach/door-to-door FP provision (*Service delivery & Scale-up IPs*)
- In-person M&E data validation (*Scale-up IPs*)

In-person meetings with government officials have, for the most part, not resumed for the FP grants. (*Advocacy & Data generation IPs*)

### Continued activities



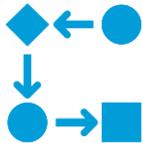
Generally, all core activities across the portfolio have continued through lockdown with adaptations made to the COVID-19 environment, pointing to a resilient family planning environment.

These activities include:

- Holding trainings/workshops on various FP related topics (*Majority of IPs*)
- Conducting data collection (*Data generation & Service delivery IPs*)
- FP provision (*Service delivery and Scale-up IPs*)
- Supportive supervision with healthcare providers (*Service delivery & Scale-up IPs*)
- Conducting needs assessments at healthcare facilities (*Service delivery & Scale-up IPs*)
- Advocacy efforts to key stakeholders (*Majority of IPs*)
- Strengthening referral systems and clinical management for FP (*Service delivery & Scale-up IPs*)
- Generating demand for PFP and PAC (*Demand generation and Service delivery IPs*)
- Engagement and demand generation through digital platforms, radio, and television (*Demand generation IPs*)
- Quality improvement at the healthcare facility (*Service delivery & Scale-up IPs*)
- Capacity building and strengthening for CPs and PPMVs (*Service delivery & Scale-up IPs*)
- Commodity logistics (*Scale-up IPs*)

## Qualitative Results: COVID-19 impact on FP grants across the portfolio

### Adaptations



A majority of grantees across the portfolio report making adaptations during COVID-19.

The majority of these adjustments involve the following:

- Hosting virtual meetings/data disseminations/workshops/trainings
- Developing online training tools
- Incorporating COVID-19 safety information into FP messaging
- Adjusting any in-person meetings/gatherings to align with the National infection prevention and control standards
- Procuring Personal Protective Equipment for the provision of FP
- Utilizing WhatsApp in lieu of in-person communications
- Adjusting staff hours and/or encouraging grant staff to work from home

### Challenges



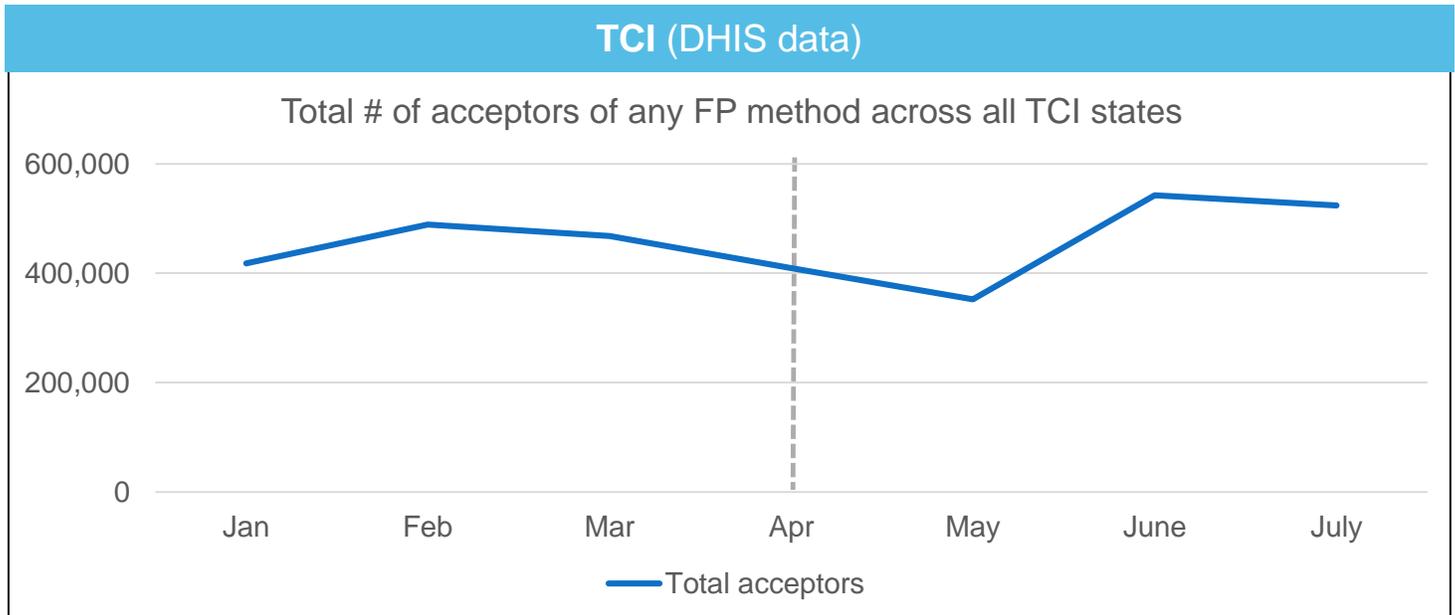
Activities that faced difficulties before the pandemic remain challenging. Advocacy grants have faced the most difficulty during the pandemic.

These challenges include:

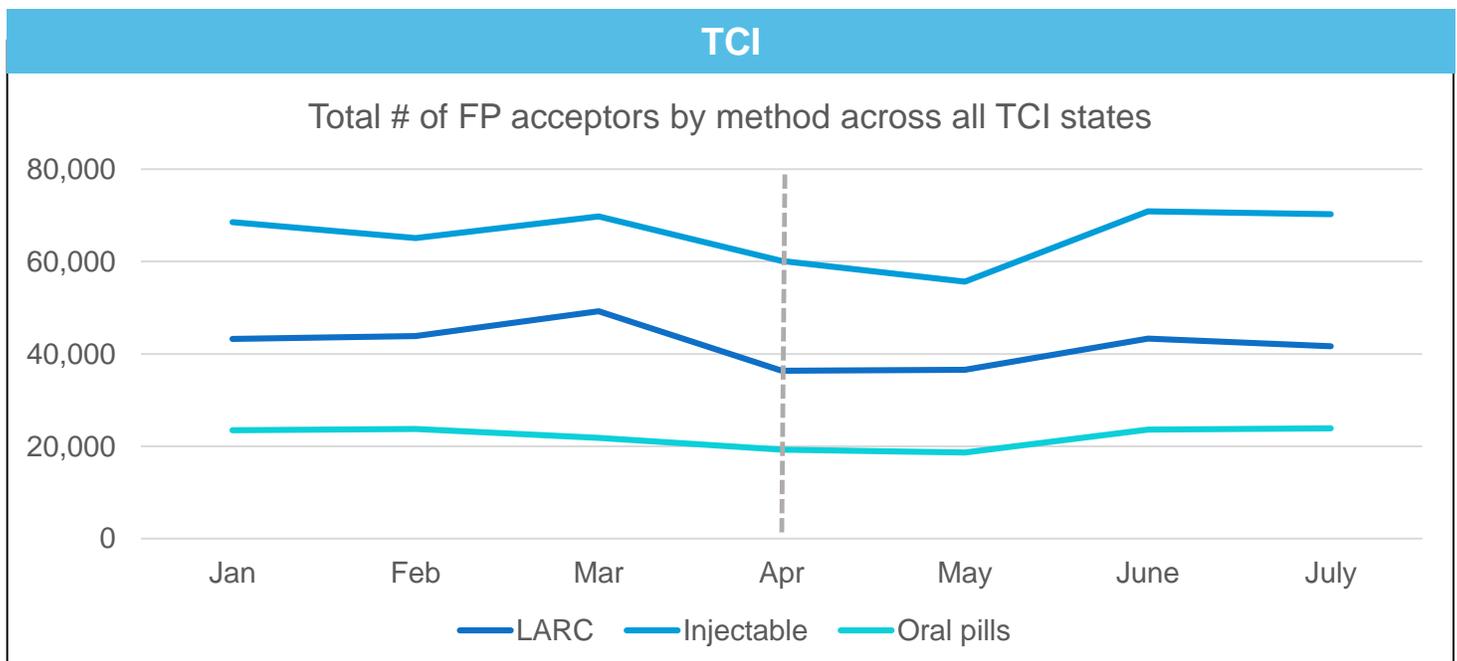
- Difficulty engaging government officials due to officials' time and attention being focused on COVID-19
- Difficulty ensuring the release of funds for FP and advocating for FP budget allocation due to resources being redirected to COVID-19 efforts
- Harder to cultivate new FP champions without face-to-face meetings

## FP acceptance and method use, public sector

Across TCI states there was a decrease in women obtaining FP in public facilities during lockdown (starting March 30 in Lagos, Ogun, and Abuja FCT) but the provision of FP quickly rebounded after lockdown was lifted, possibly pointing to a pent up need for FP during lockdown.

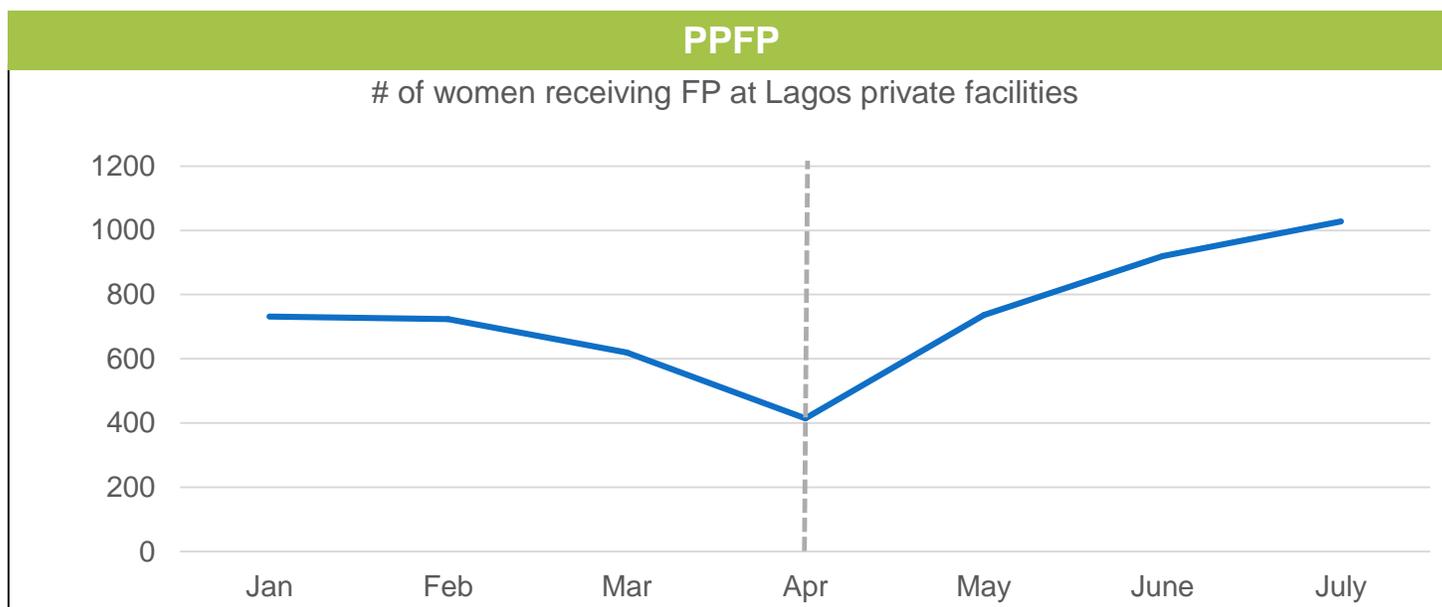


The V-shaped pattern can be seen for all methods of FP, to varying degrees. For example, the number of acceptors of injectables was lowest in May across TCI states, but exceeded pre-lockdown levels in June. The V-shape is least pronounced for oral pills.

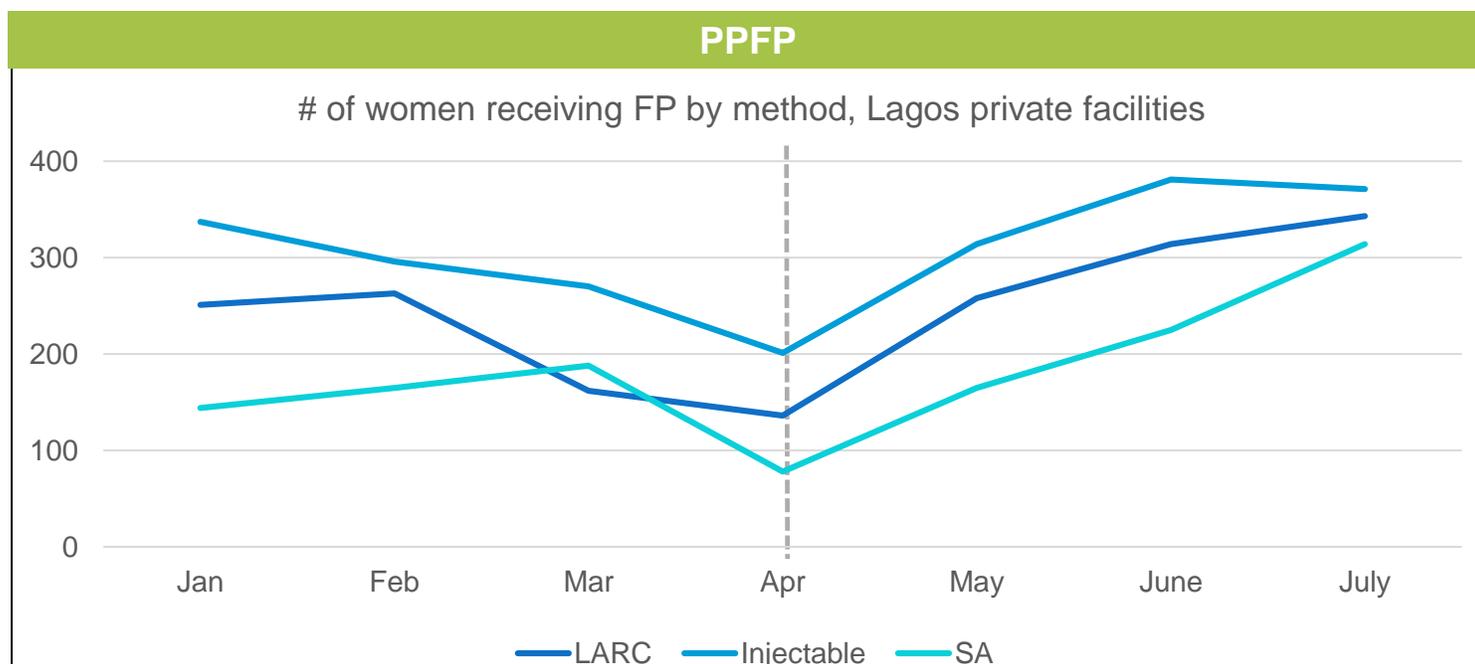


## PPFP acceptance and method use, private sector

In private PPFP facilities in Lagos, FP provision exceeded that of pre-lockdown numbers starting as early as May and has continued to increase into July. This mirrors the data from TCI public facilities.

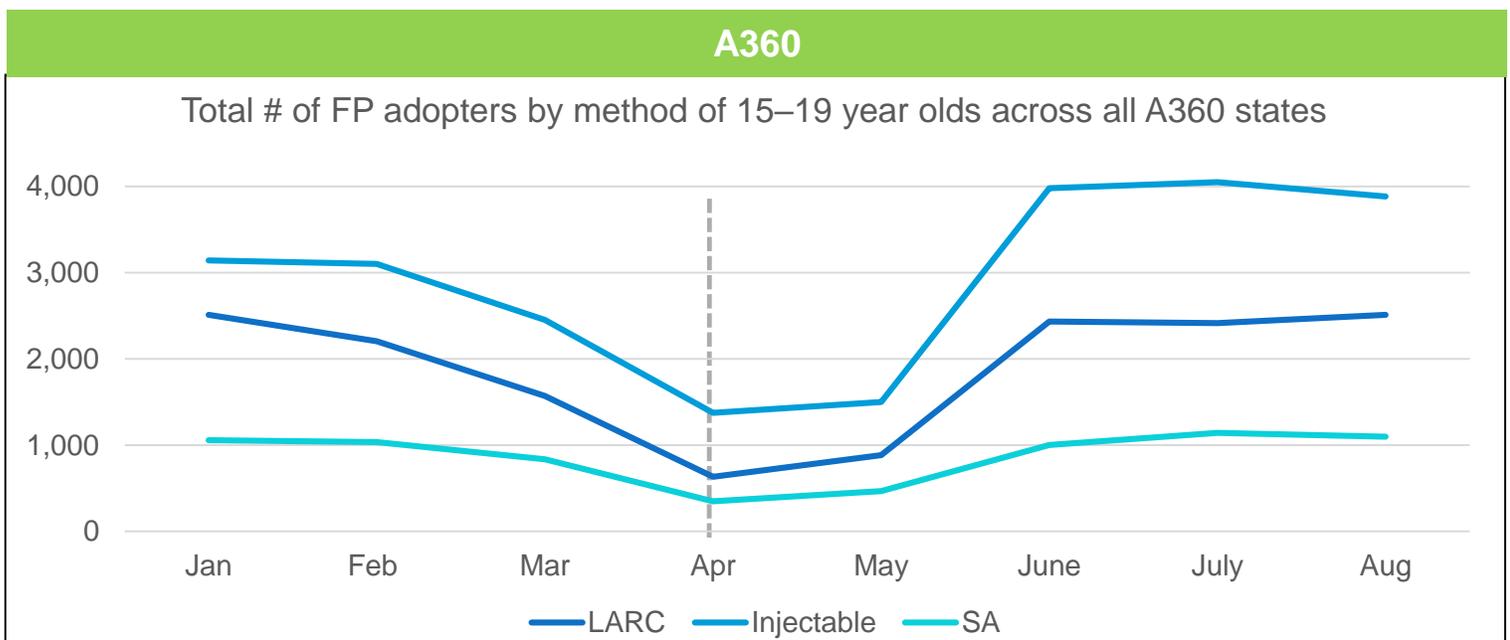
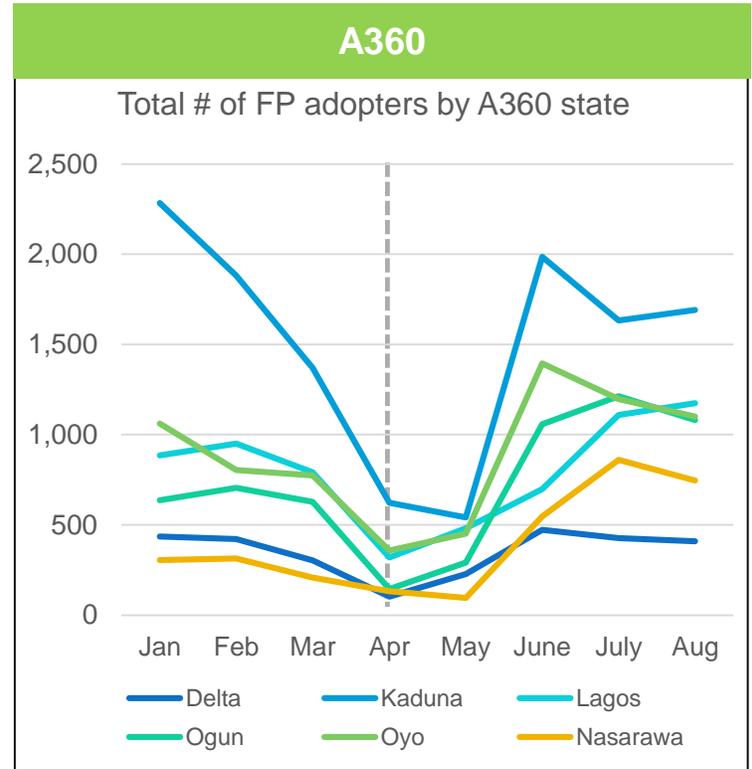
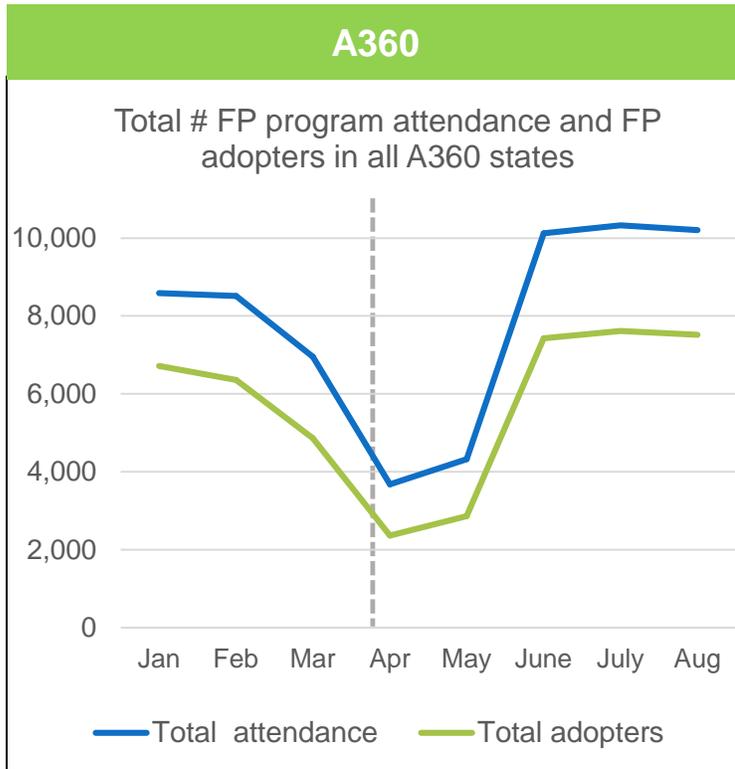


The provision of LARCs, injectables, and short-acting (SA) methods from PPFP facilities all follow the V-shape pattern. All method types have seen a steady and sustained increase in the PPFP clinics since lockdown lifted.



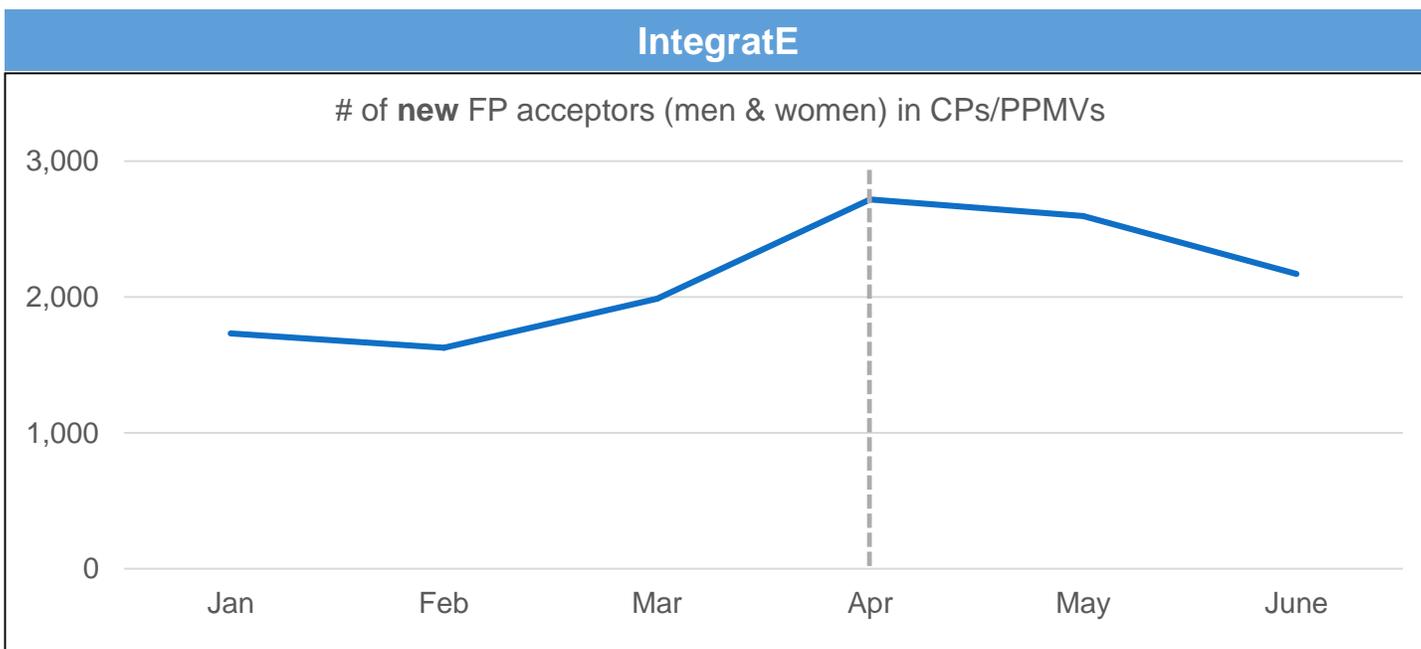
## Youth FP users

A360 program attendance and FP adoption by youth had particularly sharp decreases during state lockdowns, however youth rapidly returned to the program and adopted methods after lockdown, exceeding pre-lockdown numbers in most cases. Injectables, and to a lesser extent LARC methods, had a noticeable uptick in adoption by youth after lockdown lifted. A similar V-shape trend is also present in SA methods, but is much less pronounced than for LARC or injectable methods.

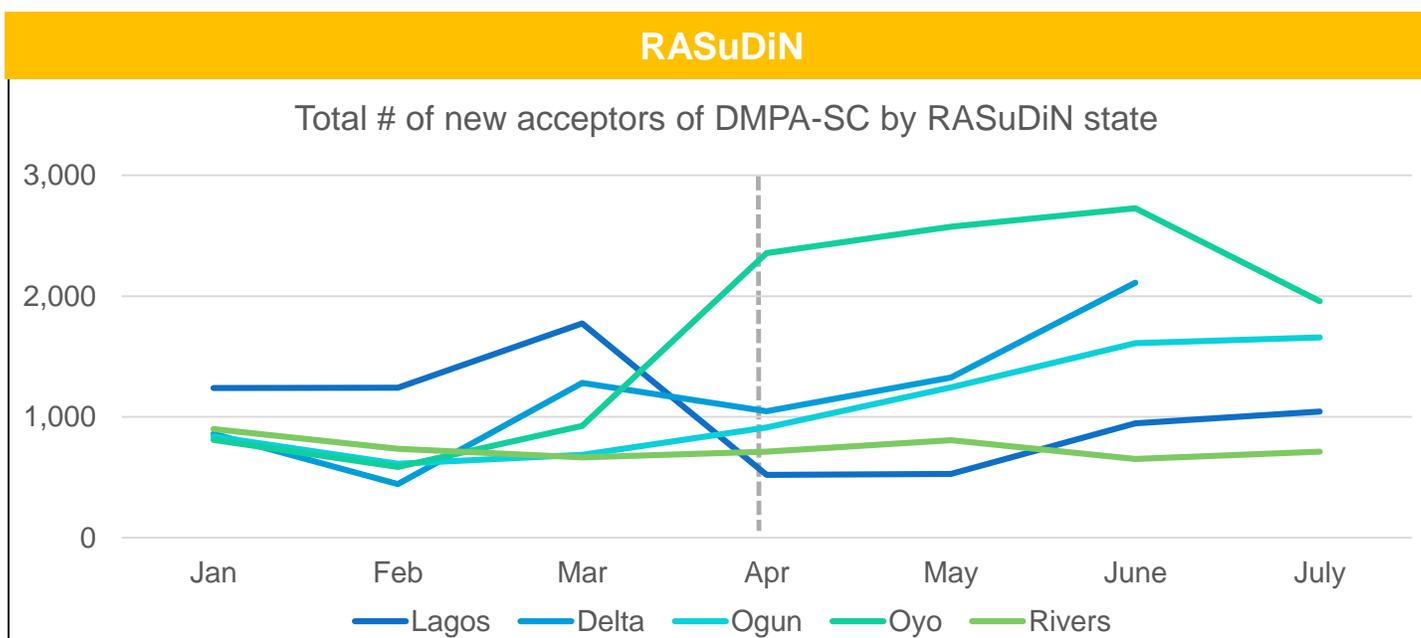


## FP acceptance, CPs/PPMVs and DMPA-SC injectable

Exceptions to the V-shaped pattern in FP use can be seen across IntegratE and RASuDiN states for new acceptors of FP. IntegratE, working with community pharmacies (CPs) and PPMVs, saw an uptick in FP provision during lockdown and a slight decline in June. This may suggest that while individuals were unable or unwilling to receive FP at their typical clinic, they turned to CPs or PPMVs to fill their FP needs.



RASuDiN data also do not show a consistent V-shaped pattern in DMPA-SC use. Lagos state experienced a steep drop in new DMPA-SC users during lockdown, and use has been slow to bounce back to pre-COVID-19 numbers. No consistent trend can be seen across the other RASuDiN states.

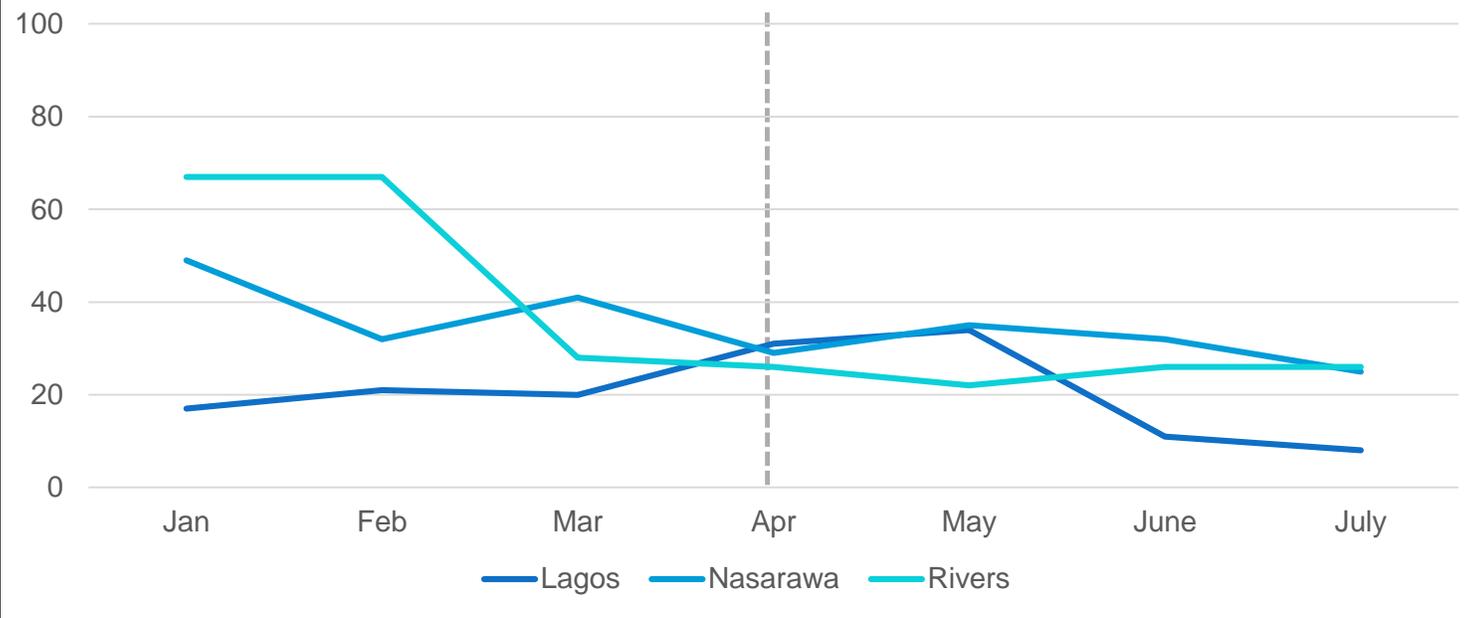


## Stockouts of LARC commodities

CHAI PopCare data show a generally stable level of facility stock out of LARC commodities throughout 2020. Nasarawa and Rivers states have not seen any significant changes in the level of LARC stock outs since before any state lockdowns occurred. Lagos state had only slightly more fluctuations in LARC stock outs, with a peak of stock outs in May. It does not appear that the pandemic has put an unusual amount of strain on the LARC commodity supply-chain.

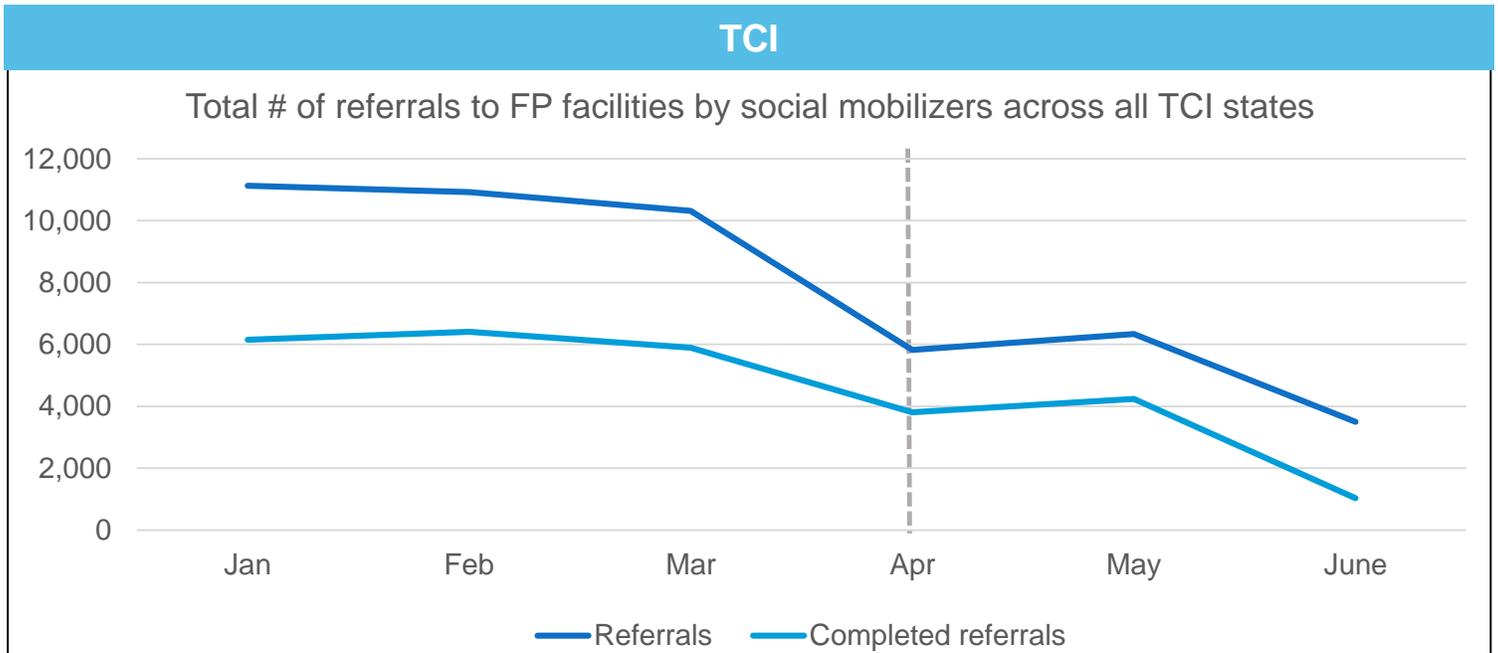
### CHAI PopCare

% of facilities reporting stock outs of LARC commodities by state



## FP demand generation activities

TCI data on social mobilization (SM) show a disruption in demand generation activities that rely on face-to-face interactions. Since March, SM referrals across all TCI states have declined and have not returned to pre COVID-19 levels. More time is needed to see if SM referrals return to normal as SM activities only resumed in July.



Demand generation activities that take place over the phone have seen a return to pre COVID-19 levels. Since April, DKT's call center has steadily been generating more calls, and the percentage of those calls that end in FP counseling has increased substantially since lockdown. Visits to the Honey & Banana website have dropped steadily from a peak in February, however.

