



FP CAPE

Family Planning
Country Action Process Evaluation

Impact of COVID-19 on the implementation and outcomes of family planning grants in Nigeria

December 2020

Dr. Emmanuel Adegbe, Brianna Salmon, Huyen Vu, Patrick Iyiwose, Dr. Siân Curtis

COVID-19 impact on a family planning portfolio

The COVID-19 pandemic has had a profound impact on life in 2020, including on the implementation of family planning (FP) activities.

COVID-19 disease burden in Nigeria

As of Nov 21, 2020 all 36 states and FCT have been affected by COVID-19.

The cumulative case number is 66,383, with,167 deaths.

Context & timeline of events

Starting March 30th, 2020 the first state lockdowns were implemented in Lagos, Ogun, and Abuja FCT.

On June 1st, the lockdown relaxed, while still having an active curfew from 10pm to 6am in Lagos, Ogun, and Abuja FCT.

Objectives

We sought to investigate the impact of COVID-19 on a specific donor-supported portfolio of FP grants in terms of implementation of activities, FP adoption in public and private sectors, and youth FP use.



Mixed methods approach

We collected data directly from the grants in the portfolio. They provided answers to survey questions as well as program monitoring data.

Qualitative data

FP CAPE conducted grantee surveys that focused on:

- ▶ Program activities that have been paused/ stopped
- ▶ Adaptations to program activities
- ▶ New program activities in response to COVID-19
- ▶ Challenges or barriers to program activities due to COVID-19

Quantitative data

- ▶ **Program monitoring data which included:** program attendance, FP adopters by age, FP adopters by method, adopters by facility, etc.
- ▶ **National data including:** the National FP Dashboard and the NDHS II

Combining results

- ▶ **Analyzing the grantee surveys and the quantitative data in tandem provided richer results and a fuller picture of the impact of COVID-19 on the FP portfolio**

What FP activities grants had to stop due to COVID-19?

Several FP activities were paused during the height of the pandemic; however, some in-person meetings have recently resumed.

March

June

September



*Paused/
Stopped
activities*

- ▶ **In person activities** (e.g., engagements with government, workshops/trainings, data collection, social mobilization, CHEW outreach)
 - ▶ **Outbound calls and SMS messages** to callers and doctors for client referral
 - ▶ **Distribution of consumables & instruments to BMGF project-supported facilities** in lockdown states
 - ▶ **Commodity and consumable stock assessments**
 - ▶ **Onsite & integrated supportive supervision activities** for quality assurance for CPs, PPMVs, TBAs, and health facilities
-
- ▶ **Face-to-face disseminations of survey results** in Lagos and Kano states

What activities grants were able to continue?

Generally, all core FP program activities across the portfolio were able to continue with some adjustments.

March

June

September



Continuing activities

- ▶ **Community volunteers continued demand generation activities** within their neighborhoods
 - ▶ **Dissemination of FP messages** via mass media & social media platforms continued
 - ▶ **FP service provision**
 - ▶ **One-on-one integrated sensitization & administration of DMPA-SC/SI**
 - ▶ **Technical support to community pharmacies (CPs), PPMVs, facilities and state partners** continued through various online platforms
 - ▶ **Data collection & analysis of service statistics** continued via virtual platforms
- ▶ **Airing of FP radio programs and distribution of FP demand generation materials** continued at health facilities
 - ▶ **Trainings, TA and supportive supervision** for health providers, facilities, CPs, and PPMVs, continued through various formats
 - ▶ **Need assessment and data quality assessment** at health facilities continued

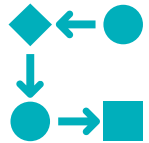
What did grants adjust their program activities?

Nearly every grant within the portfolio reported that they had to made adjustments in their activity implementation in order to sustain the set outcomes and keep their program on track.

March

June

September



Adaptations

- ▶ **Moved face-to-face meetings** with government stakeholder, FP trainings/workshops, & supportive supervision to virtual format
 - ▶ **Adapted FP advocacy messages** to policy makers to include FP as part of essential health service within COVID-19 response
 - ▶ **Increased demand generation activities through social media**
 - ▶ **Updated training protocols on FP counseling & service provision** with focus on COVID-19 prevention & protection
 - ▶ **Incorporated questions on COVID-19 into client-exit phone interviews**
- ▶ **Redesigned in-person meetings & trainings** to align with Infection Prevention and Control (IPC) rules
 - ▶ **Integrated information on obtaining FP during COVID-19** into social media campaigns and call scripts
 - ▶ **Collected data virtually** during the lockdown period

What are the challenges COVID-19 imposed on grants?

Activities that faces difficulties before the pandemic remain challenging, specifically FP advocacy activities that rely on government stakeholders.

March

June

September



Challenges

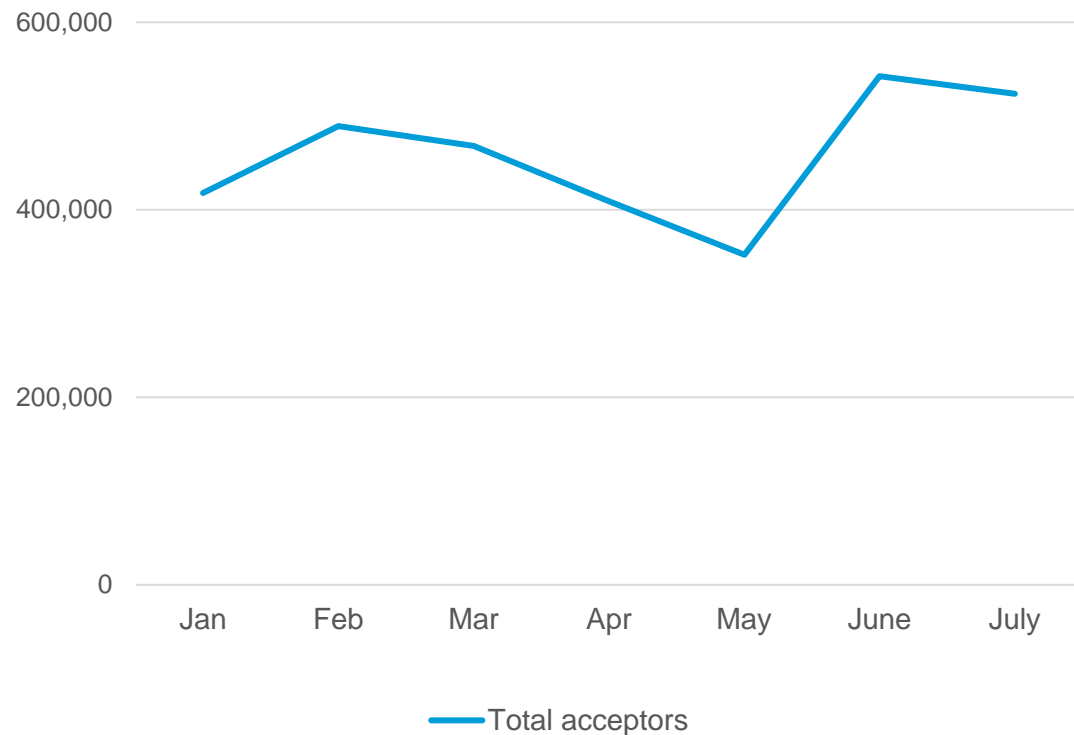
- ▶ **Government's counterpart funding for FP threatened** due to health funding deficits and realignment of priorities
 - ▶ **Difficulties to schedule meetings that involved gov't stakeholders** due to urgent COVID-19 situation
 - ▶ **Suspension or delay in face-to-face activities** due to social distancing guidelines prohibiting gathering of more than 10 people
 - ▶ **Community anxiety and fear of contacting COVID-19 at health facilities** restricted their access to FP services
 - ▶ **Stock-out of some FP commodities** (e.g., LARCs)
 - ▶ **Poor internet connection and irregularity of electricity** among grantees, government stakeholders, etc.
- ▶ **Difficulty to advocate for FP** as attention has been put on COVID-related interventions
 - ▶ **Difficulty to engage and recruit new PPMVs** due to lockdown
 - ▶ **Staff attrition at health facilities** causing a gap in FP service provision

FP/PPFP acceptance, public and private sector

Across 10 TCI states, there was a decrease in women obtaining FP in public facilities during lockdown, but the provision of FP quickly rebounded once lockdown was lifted. In Lagos, private facilities in Lagos focused on providing PPFP mirrors the V-shape trend in public facilities, even exceeding pre-lockdown numbers.

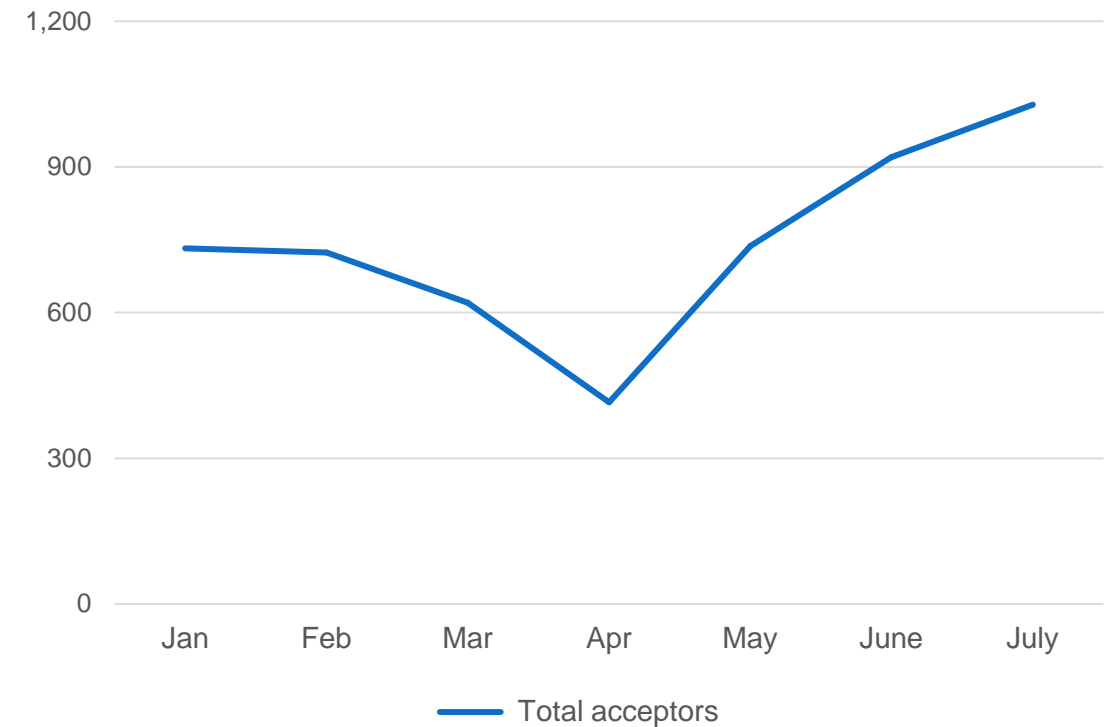
The Challenge Initiative (TCI)

Total # of acceptors of any FP method across TCI states



Post-Pregnancy Family Planning in Lagos (PPFP)

Total # of women receiving FP at Lagos private facilities

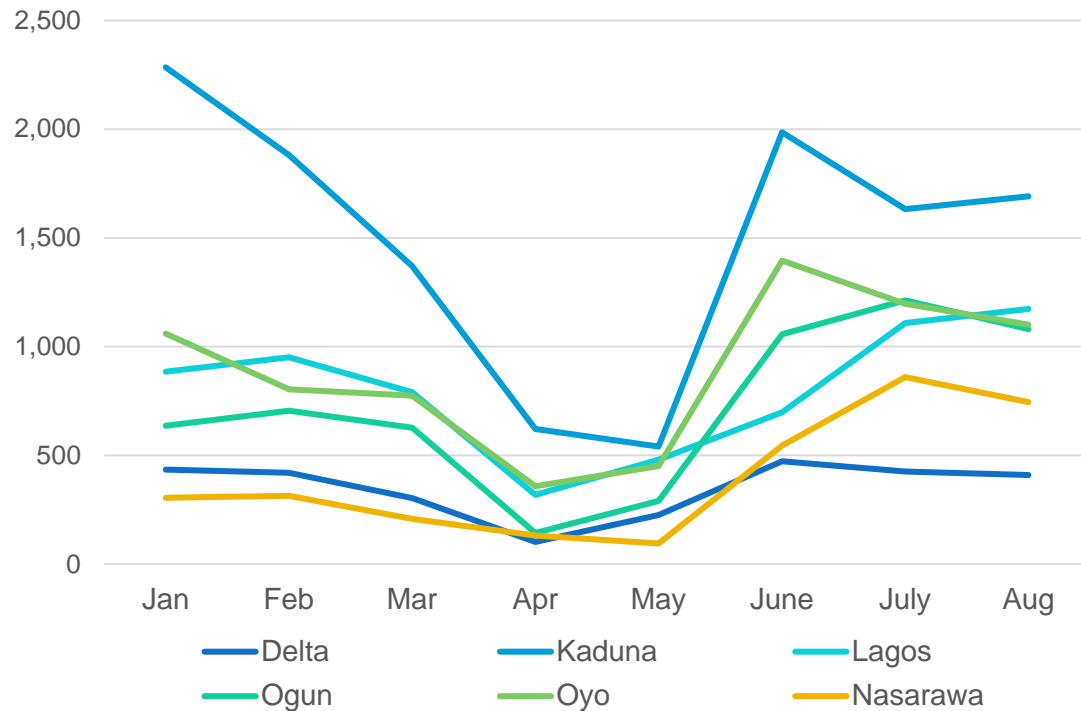


Youth FP users

FP adoption by youth had a particularly sharp decrease during state lockdowns; however, youth use rapidly bounced back 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 once lockdown lifted. A similar V-shape trend is present in short-acting (SA) methods, but is much less pronounced.

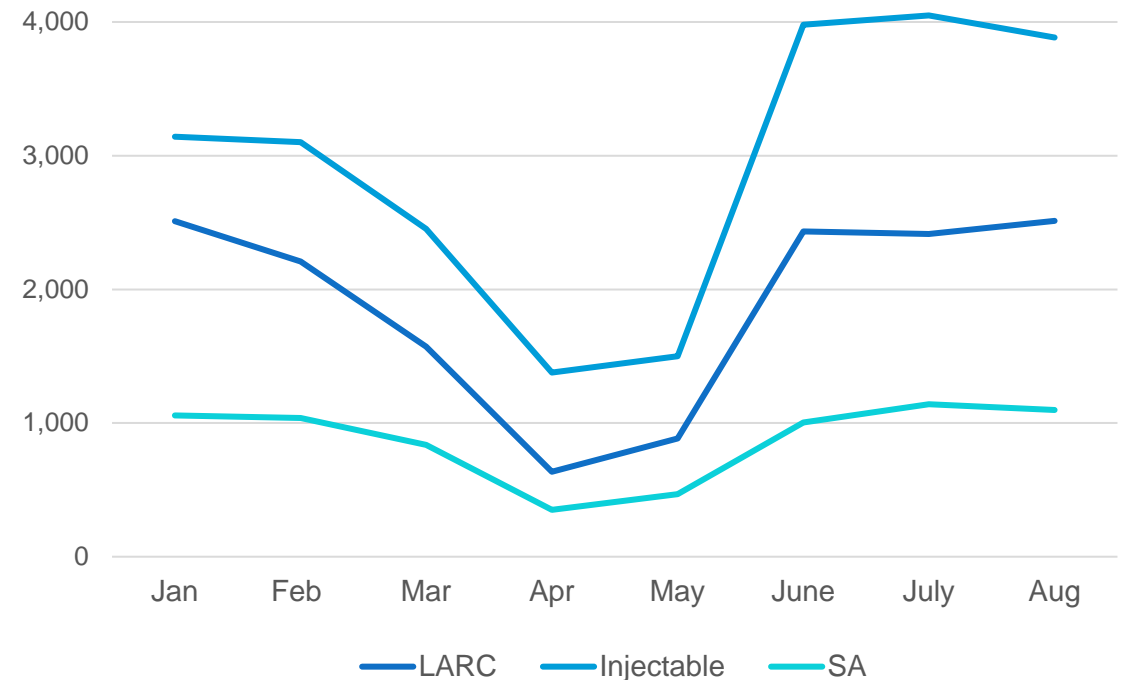
A360

Total # of FP adopters (aged 15-19) by A360 state



A360

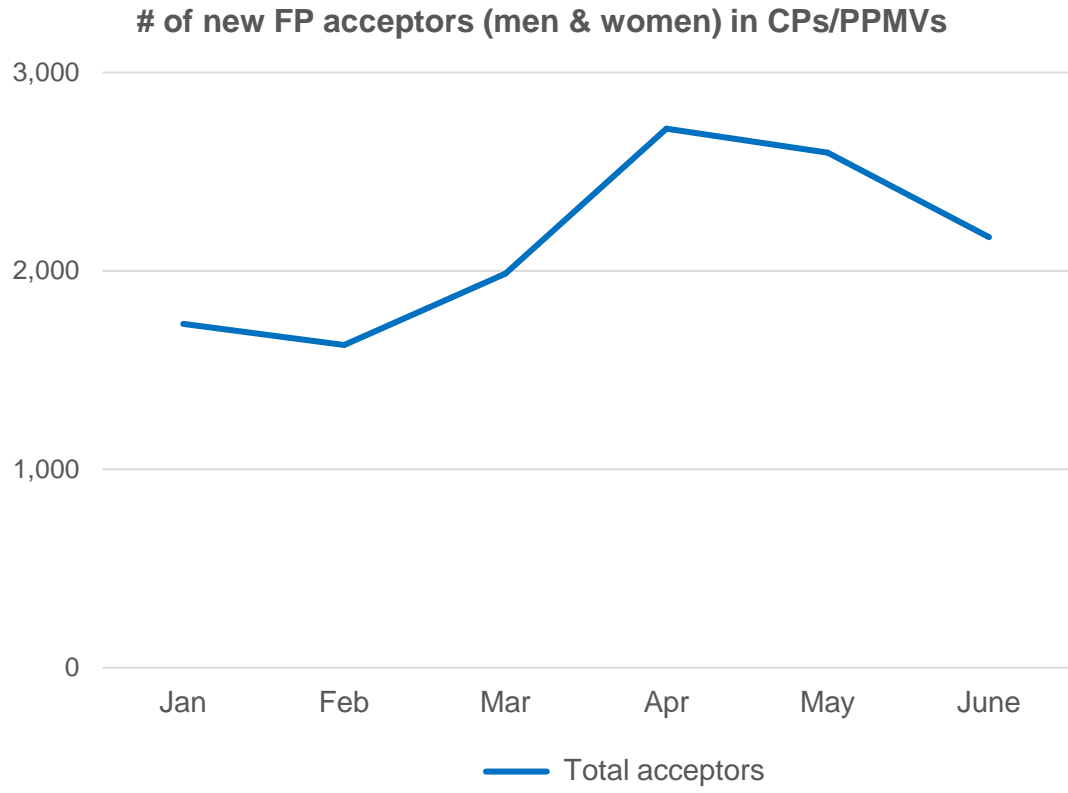
Total # of FP adopters (aged 15-19) by method across all A360 states



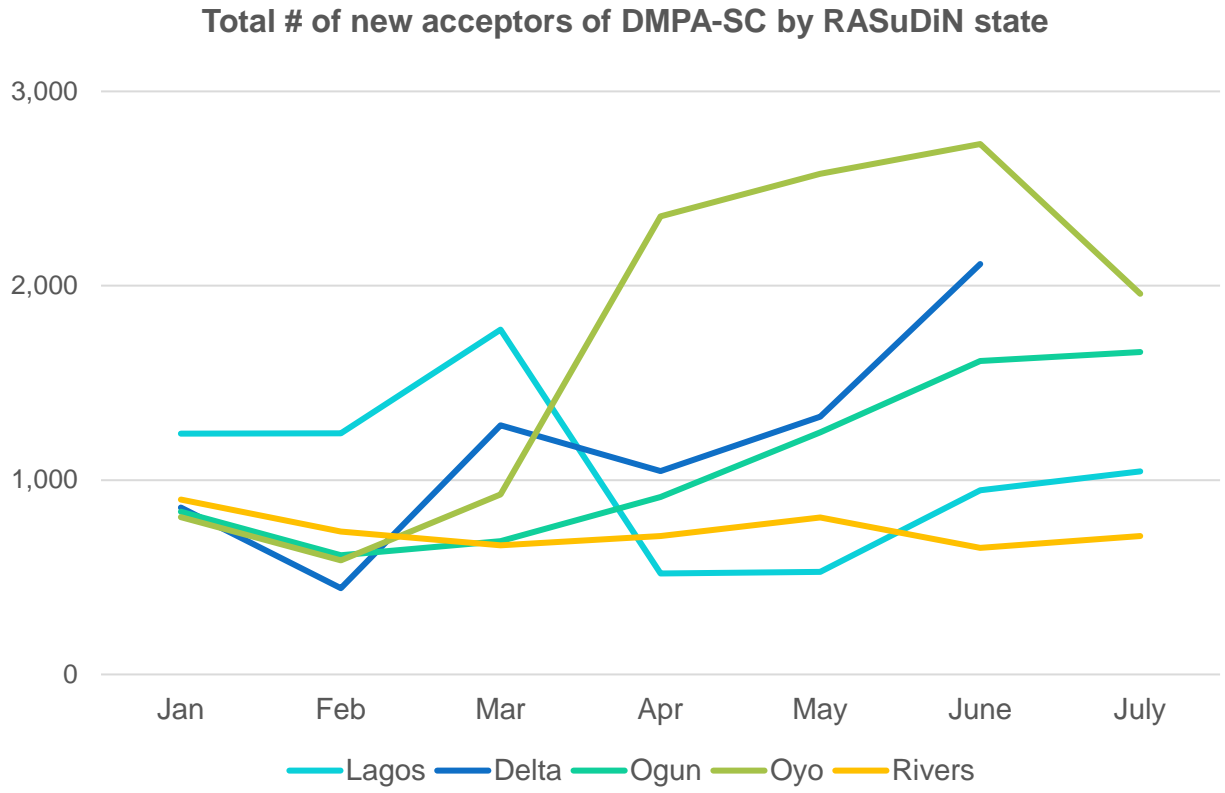
FP acceptance, CPs/PPMVs & DMPA-SC

Exceptions to the V-shaped pattern can be found in grants working with community pharmacies (CPs) and PPMVs, which saw an uptick in FP provision during lockdown, suggesting individuals may have turned to CPs and PPMVs in lieu of the clinic during the height of the pandemic. DMPA-SC use across multiple states is also an exception to the V-shaped patterns.

IntegratE



RASuDiN



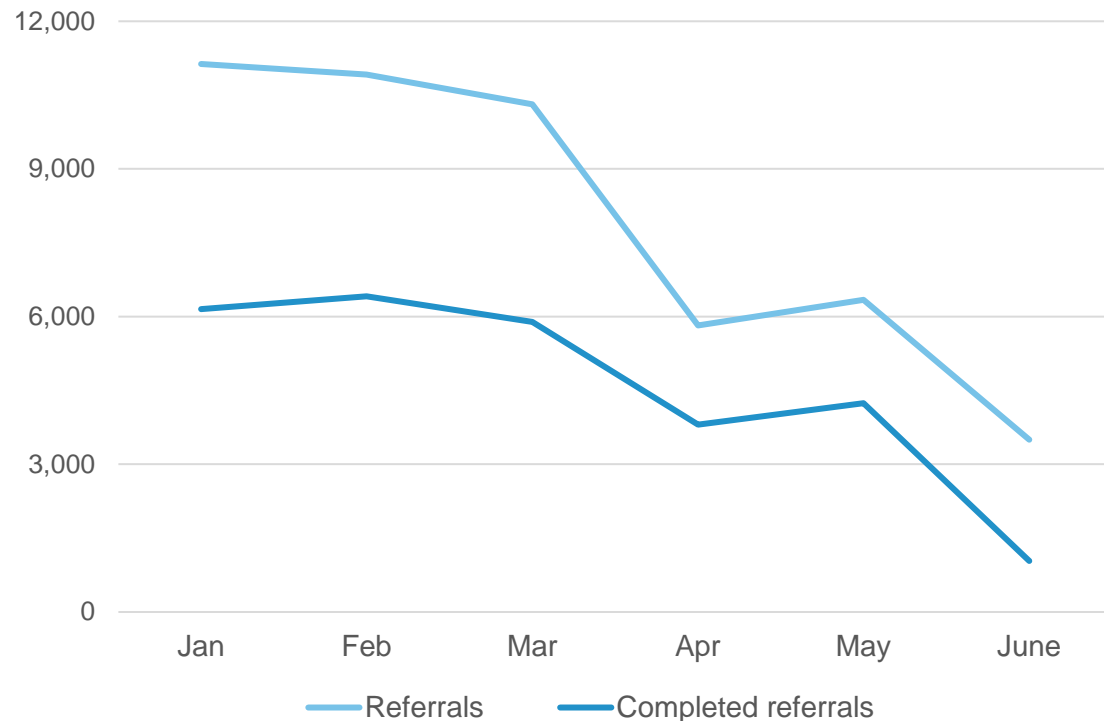
Source: IntegratE and RASuDiN's monitoring data

Demand generation activities

Social mobilization (SM) suffered a disruption in activity, as of June SM referrals have not returned to pre-COVID-19 levels. In contrast, activities that take place over the phone have seen a return to pre-COVID-19 levels. Since lockdown, DKT's call center has steadily been generating more calls, with a high percentage of calls ending in FP counseling.

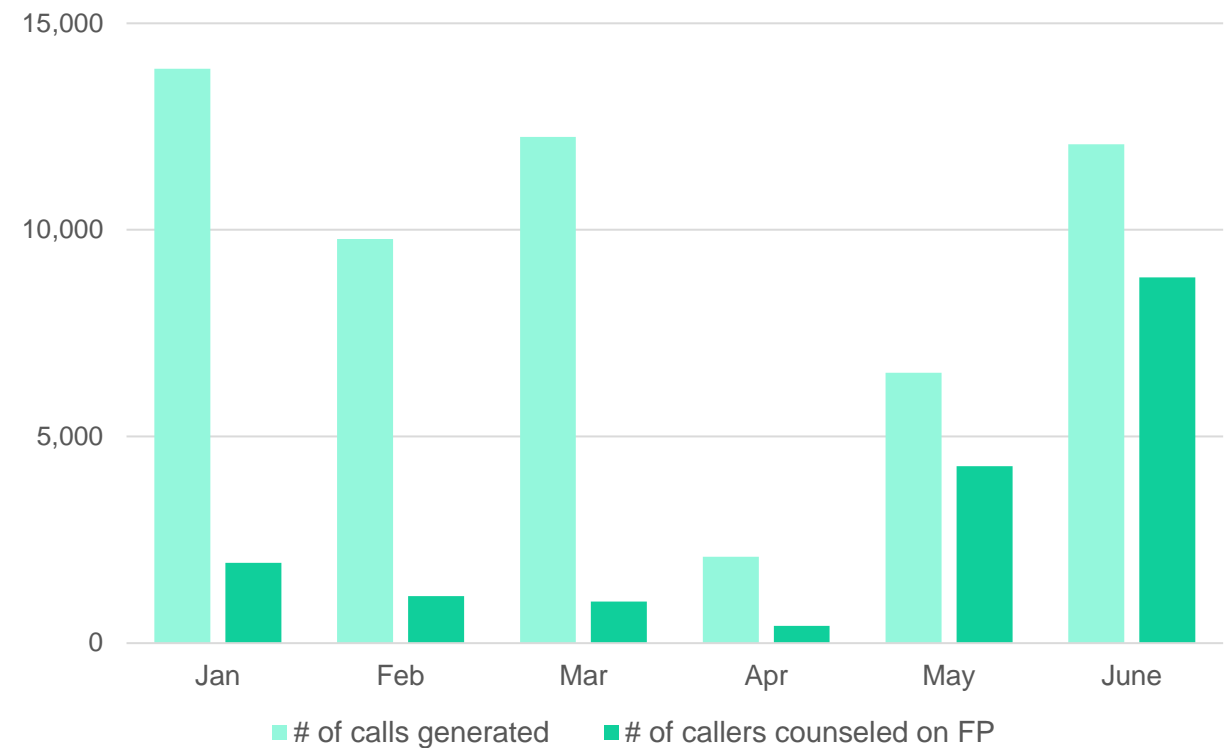
TCI

Total # of referrals to FP facilities by social mobilizers across all TCI states



DKT

Total # of calls to DKT's hotline and # of callers counseled on FP



Conclusions

FP programs of the portfolio were able to adapt quickly and effectively when COVID-19 hit Nigeria, demonstrating a resilient FP supply & demand environment. In addition to switching their face-to-face activities to online, grants have incorporated COVID-19 information into their programming.

Key results

- ▶ The V-shape trends seen across public and private sectors, and among young FP users demonstrate that **the FP portfolio is resilient**.
- ▶ An uptick in FP provision through community pharmacies (CPs) and PPMVs suggests **that individuals may have turned to CPs and PPMVs in lieu of facilities during the height of COVID-19**.
- ▶ The steady number of callers for FP counseling suggests that **telephone and social media can be effective platforms for FP demand generation during the pandemic**.

Key challenges

- ▶ **Government's counterpart funding for FP** threatened due to realignment of priorities.
- ▶ **FP advocacy activities targeted at FMOH and SMOHs** experienced most sustained challenges due to difficulties to reach government stakeholders.
- ▶ **Demand generation activities that require in-person contacts**, such as social mobilization, have struggled due to the social distancing restrictions.
- ▶ **Community reluctance to access FP services** due to anxiety of contacting COVID-19 at health facilities

Recommendations

- ▶ Establish emergency preparedness of health systems that includes FP as a priority
- ▶ Support innovative approaches that help strengthen CPs and PPMVs as FP service providers
- ▶ Expand FP demand generation to diverse formats, including digital platform



Thank you!