



FP CAPE

Family Planning
Country Action Process Evaluation

*Impact of COVID-19 on the implementation and
outcomes of BMGF FP grants in Nigeria*

Annual FP Partners Meeting

March 16–17th, 2021

COVID-19 impact on the BMGF 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.

On Jan. 10th, 2021, **Nigeria reached “100,000 cases milestone.”**

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 overnight curfew in Lagos, Ogun, and Abuja FCT.

Objectives

We sought to **investigate the impact of COVID-19 on grantees of the BMGF FP portfolio** 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 grantees 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 Nigeria DHIS 2



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**

COVID-19's impact on portfolio activities



Stopped or paused

- ▶ **In-person activities** (e.g., data collection, trainings, advocacy meetings, SMs/outreaches)
- ▶ **Commodity/consumable stock assessments**
- ▶ **Distribution of consumables & instruments** to facilities in lockdown states
- ▶ **Onsite & integrated supportive supervision activities** for CPs, PPMVs, and health facilities



Continued

- ▶ **Meetings, trainings, TAs, supportive supervision and data collection** continue via virtual platforms
- ▶ **Demand generation activities** by community volunteers continue within their neighborhoods.
- ▶ **Dissemination of FP messages** continue via mass media, social media and facilities.
- ▶ **FP service provision** at clinics, including one-on-one integrated administration of DMPA-SC



Adapted or new

- ▶ **Redesigned meetings, trainings, TAs** to align with infection prevention and control rules (e.g., virtual format, smaller groups)
- ▶ **Adapted advocacy message to policymakers** to include FP as an essential health service within COVID-19 response
- ▶ **Increased demand generation through social media**, including integrating info on obtaining FP during COVID-19 into call scripts/FP campaigns

Facilitators and challenges for pandemic FP work

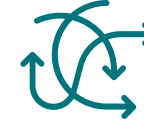
Facilitators



Government's implementation of swift and aggressive COVID-19 response measures



Grantees' flexibility and creativity to adjust and adapt their program approaches/activities during lockdown



Integration of COVID-19 components or measures allowed grantees to continue some activities and maintain stakeholders' attention to FP



BMGF's flexibility in allowing grantees to adjust their program activities during the pandemic

Challenges



Delay and cancellation of meetings/events due to social distancing rules, poor internet connection, and irregular electricity



Difficulty to engage with gov't officials; and gov't counterpart funding for FP threat as attention has put on COVID-19 related activities



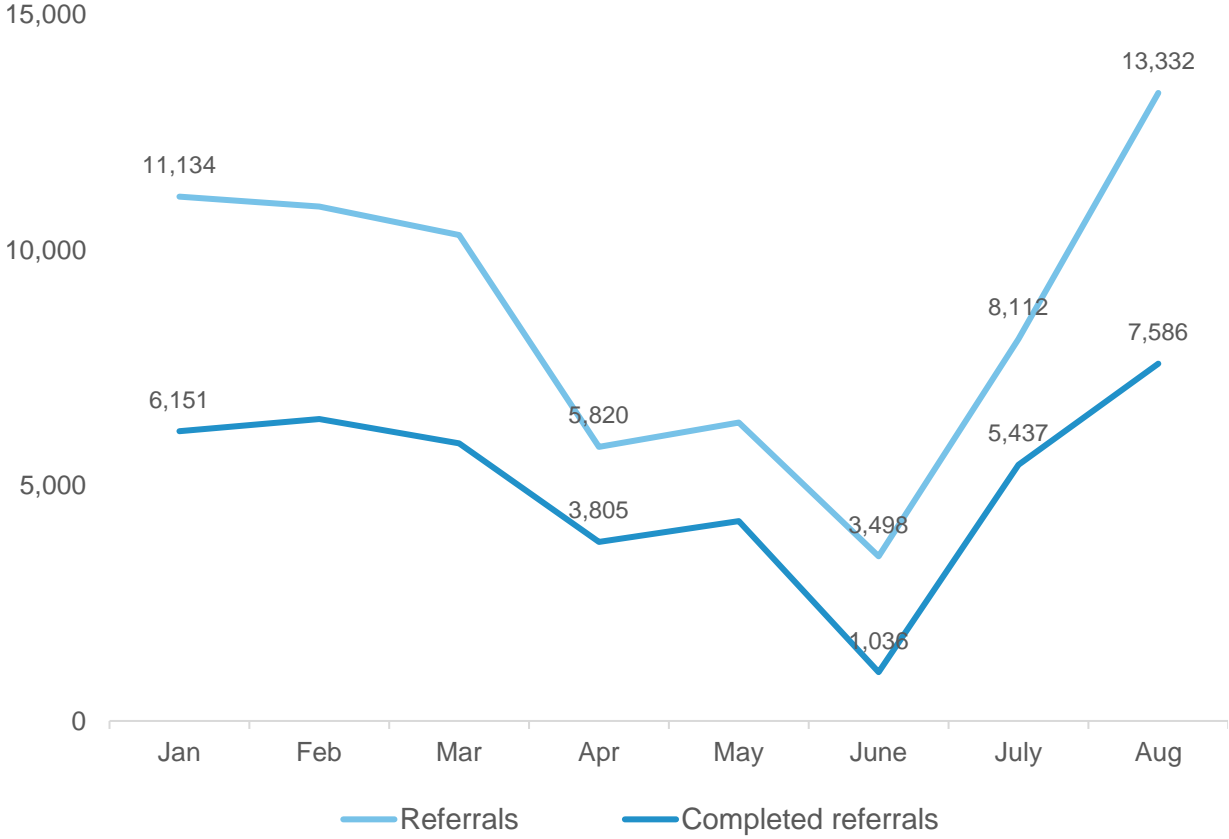
Due to lockdown, increased stock-out of some commodities; difficulties to recruit PPMVs; and staff attrition causing gaps in FP service provision



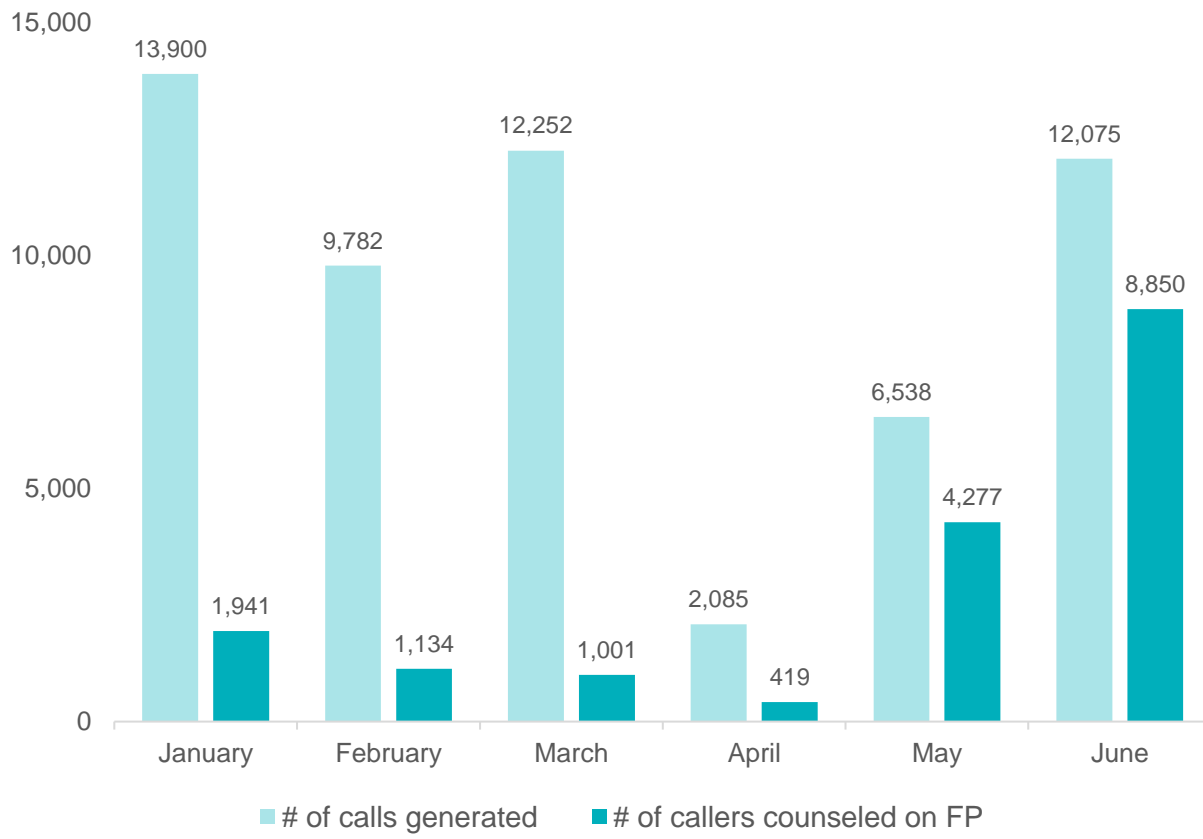
Reduced client flow at FP and ANC facilities due to community anxiety of contacting COVID-19 at the facilities

DKT's FP demand generation during COVID-19

Total # of referrals to FP facilities by social mobilizers across all TCI states, January–June 2020



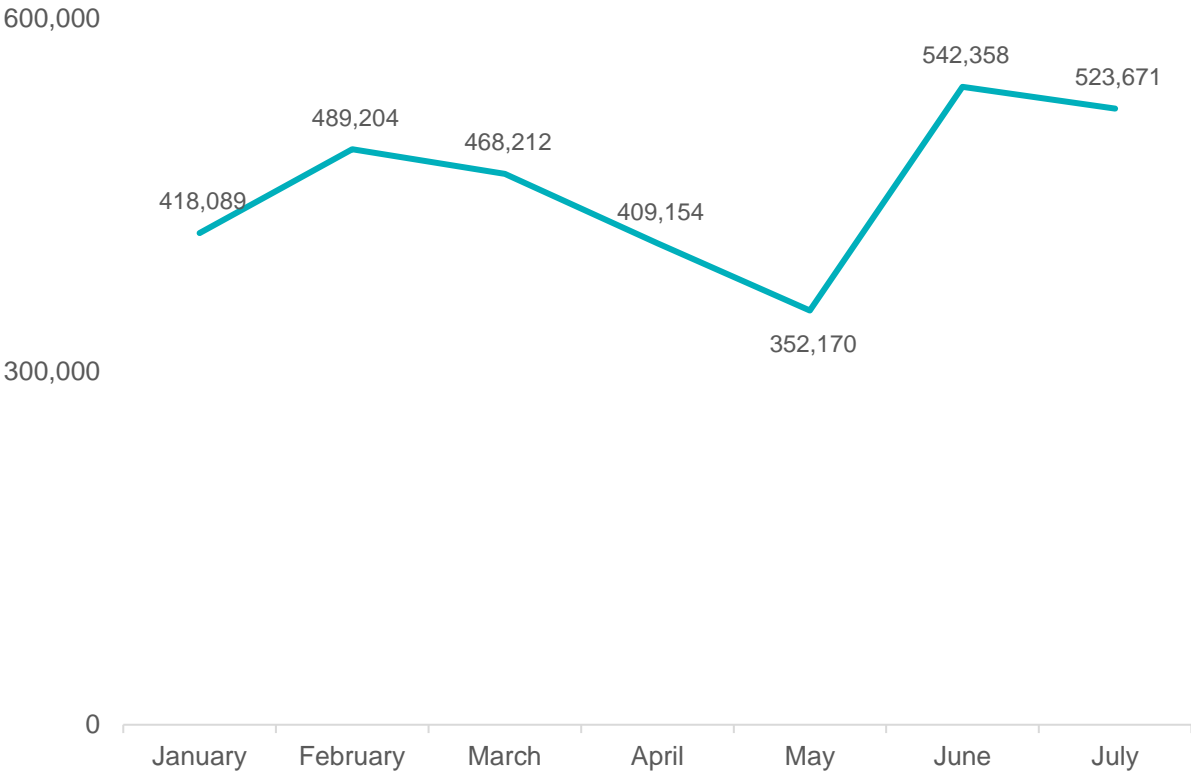
Total # of calls to DKT's hotline, and # of callers counseled on FP, January–June 2020



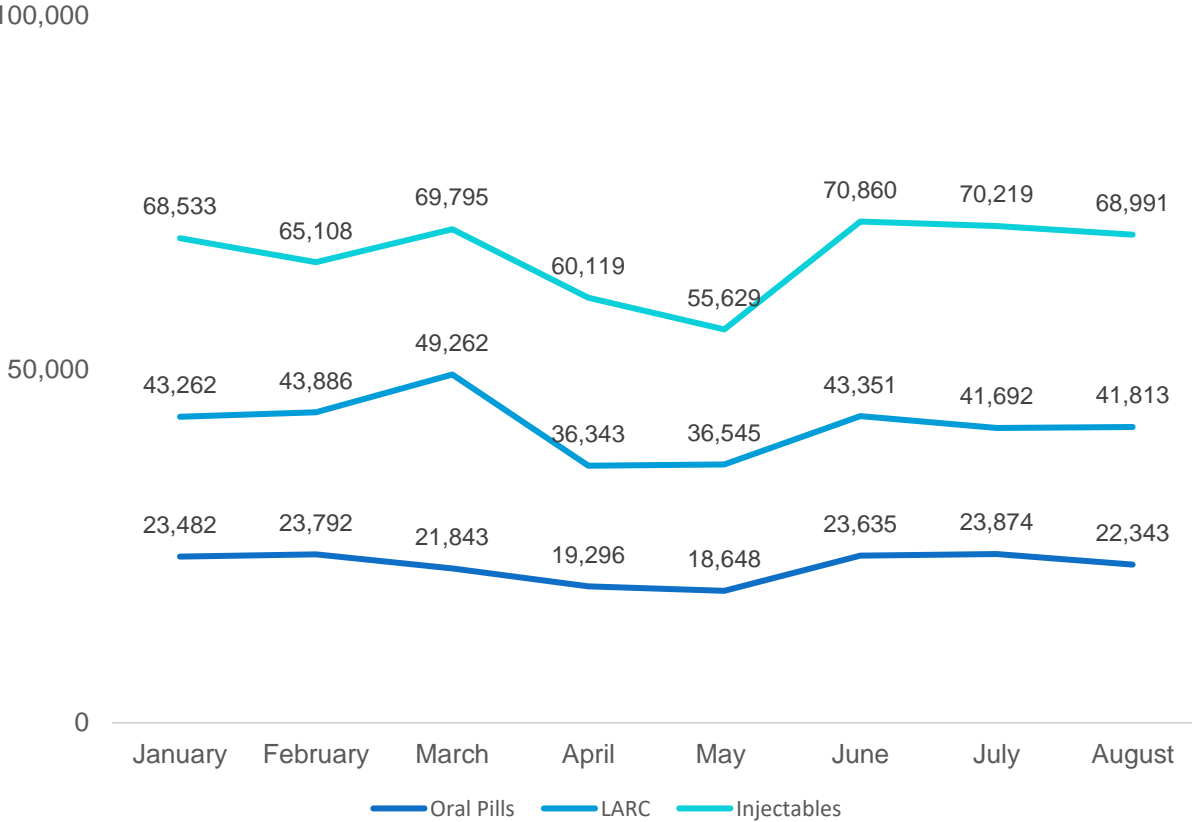
Source: TCI and DKT's monitoring data (January–June 2020). Data is national

FP use during COVID-19 in TCI states

Total number of FP acceptors of any method across all TCI states, January–July 2020



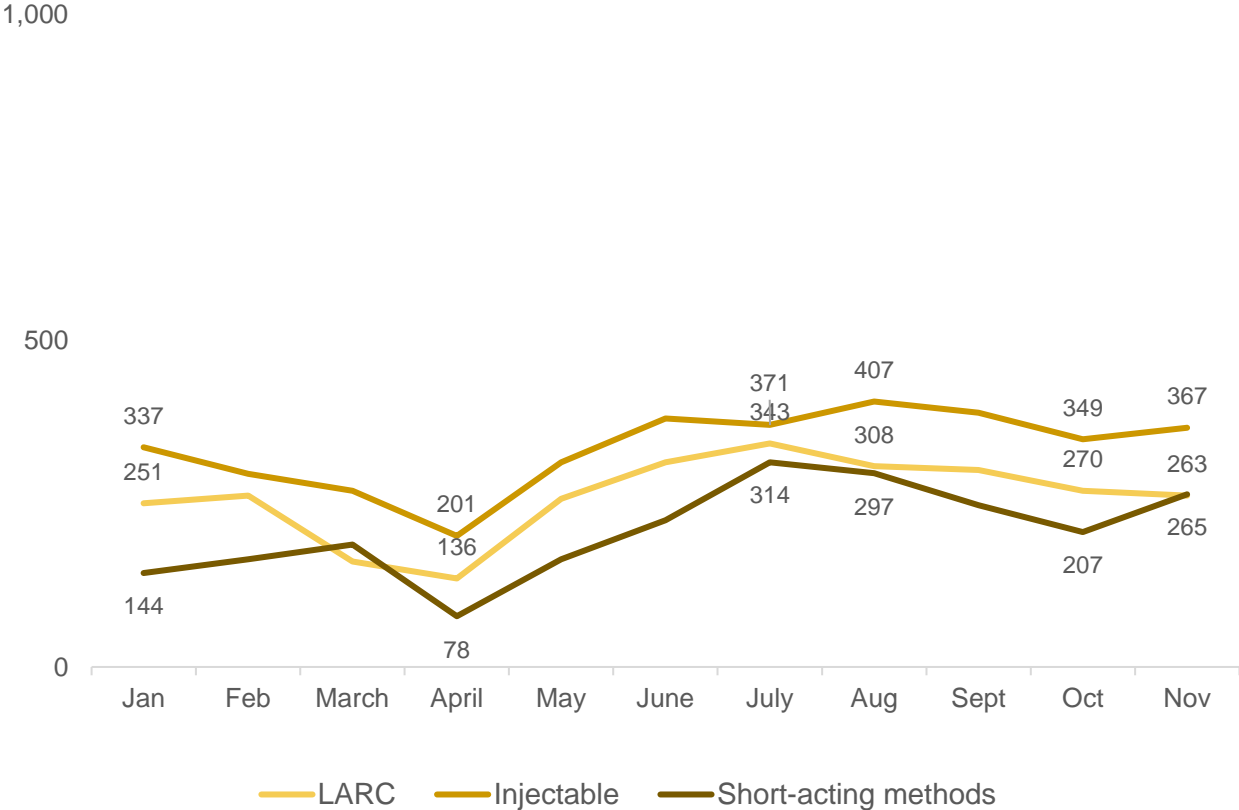
Total number of FP acceptors by method across all TCI states, January–September 2020



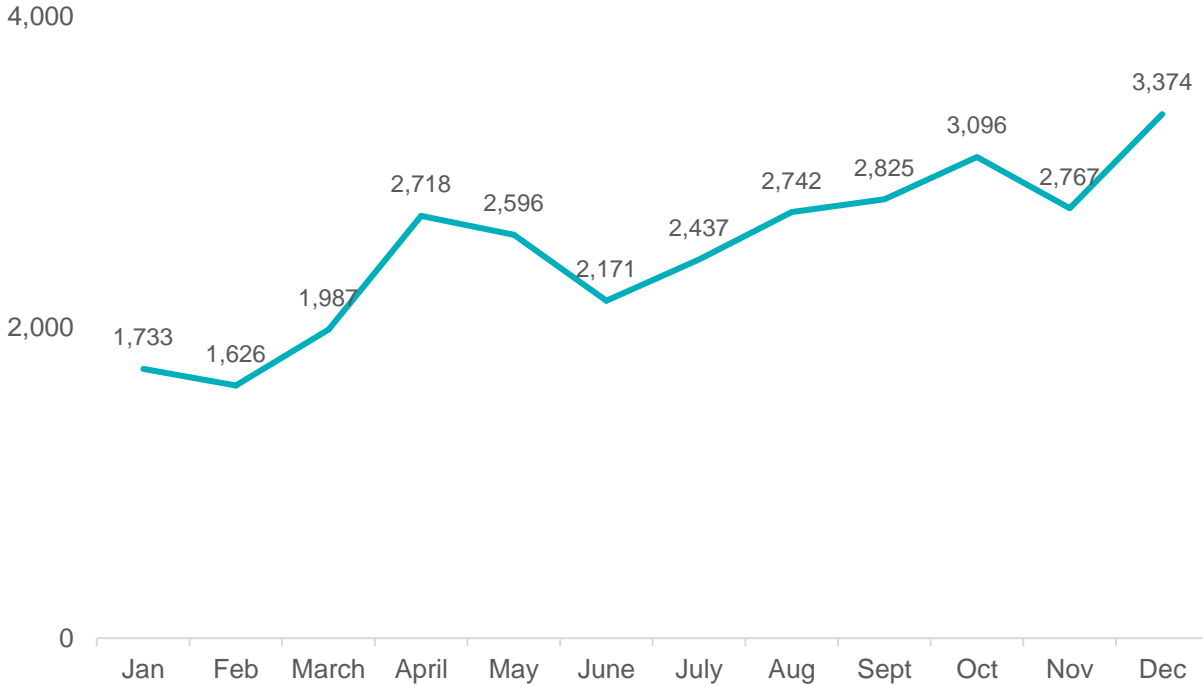
Source: DHIS, and TCI's monitoring data

FP uptake at private facilities during COVID-19

Total number of women receiving FP by method, Lagos private facilities, January–November 2020



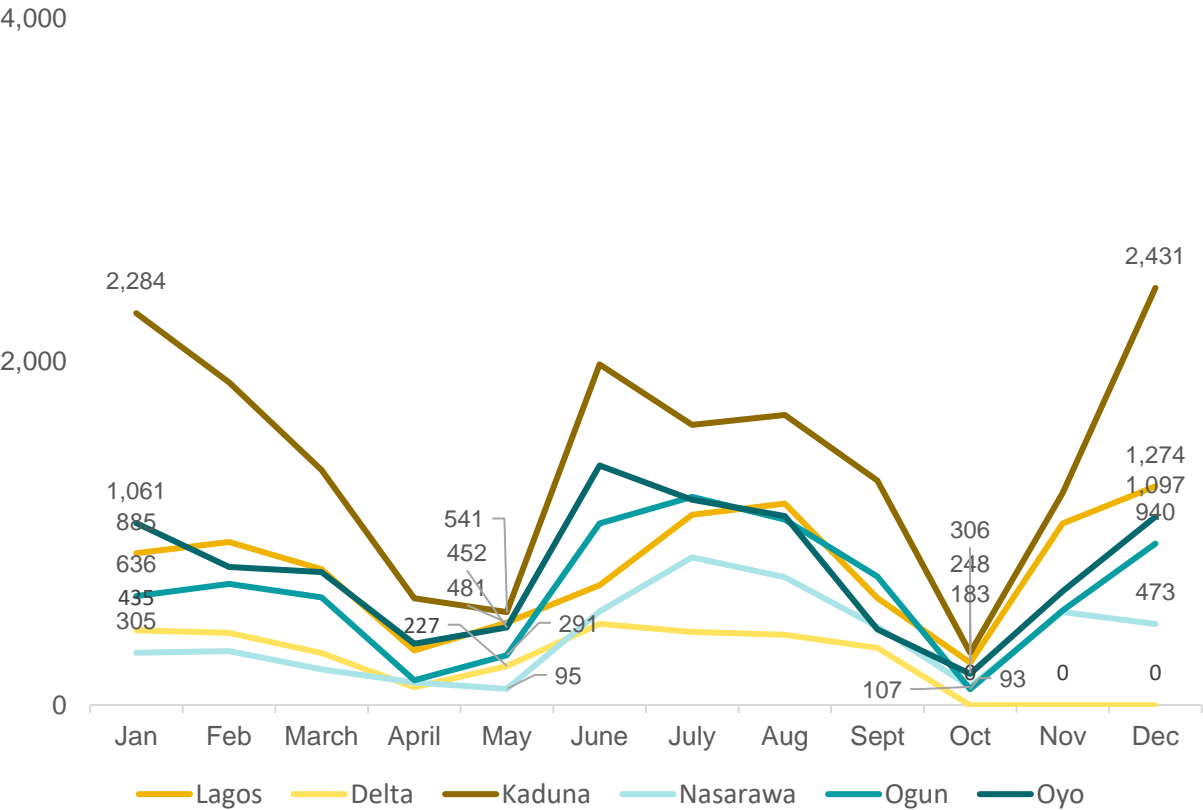
Total number of new FP acceptors (men & women) in CPs/PPMVs in both IntegratE-supported states (Kaduna & Lagos), January–December 2020



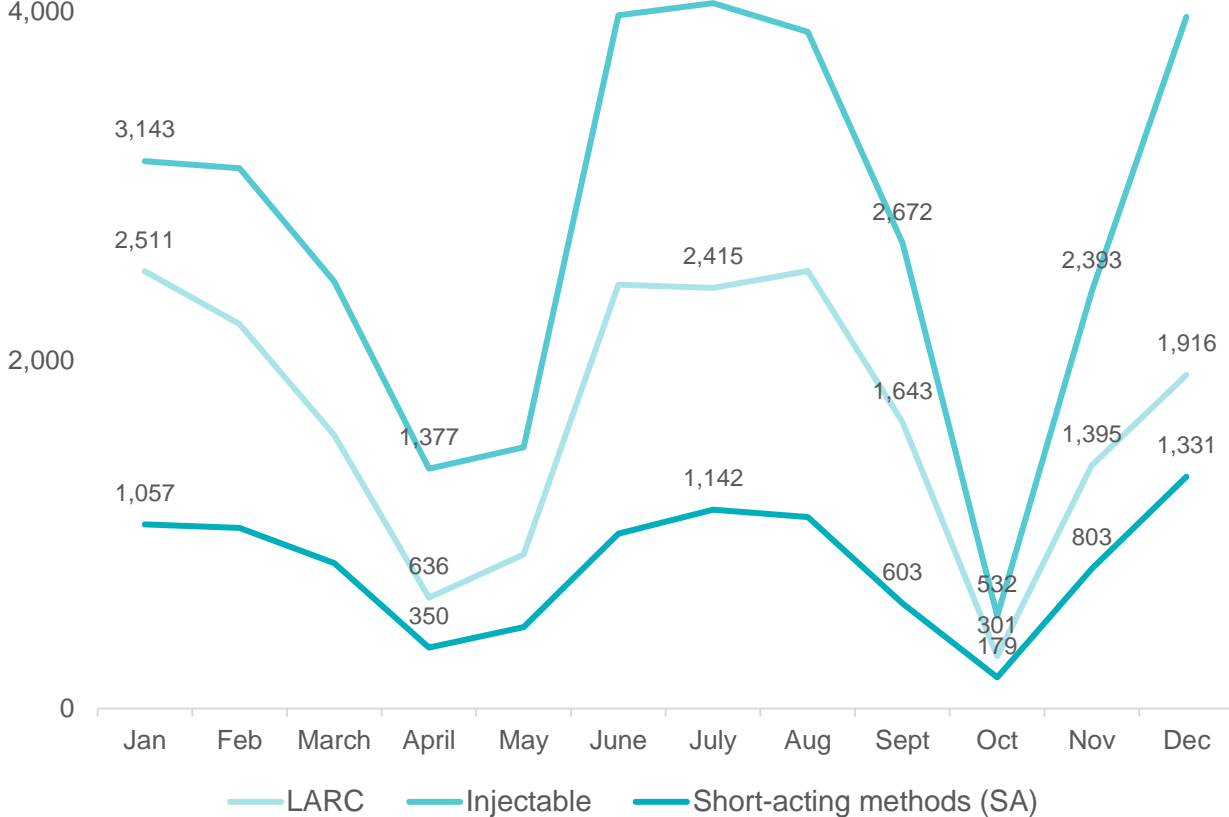
Source: PFFP and IntegratE's monitoring data

FP uptake among youth during COVID-19

Total # of FP adopters, aged 15–19 years, A360 states



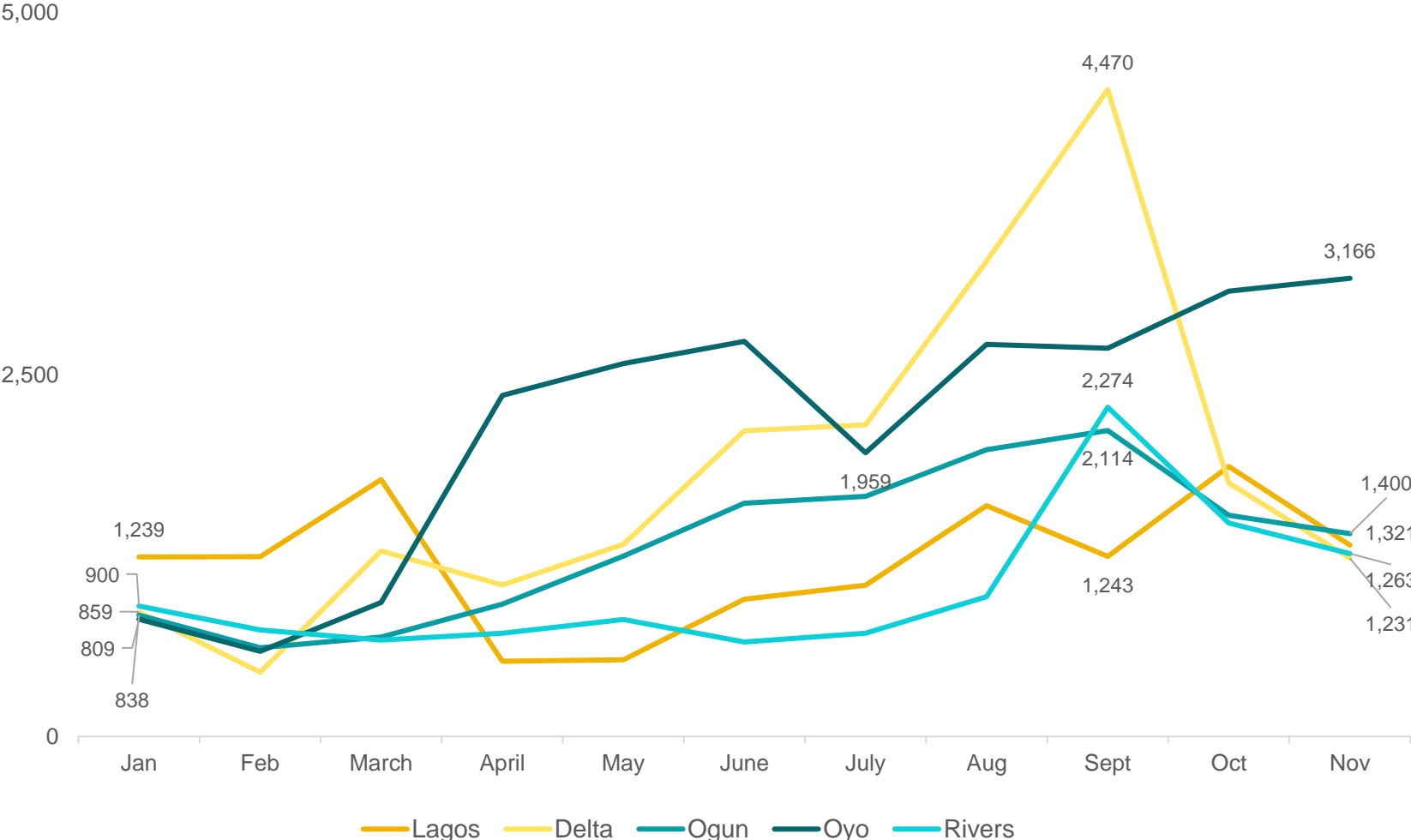
Total # of FP adopters, aged 15–19 years, by method, all A360 states



Source: A360's monitoring data

Use of DMPA-SC

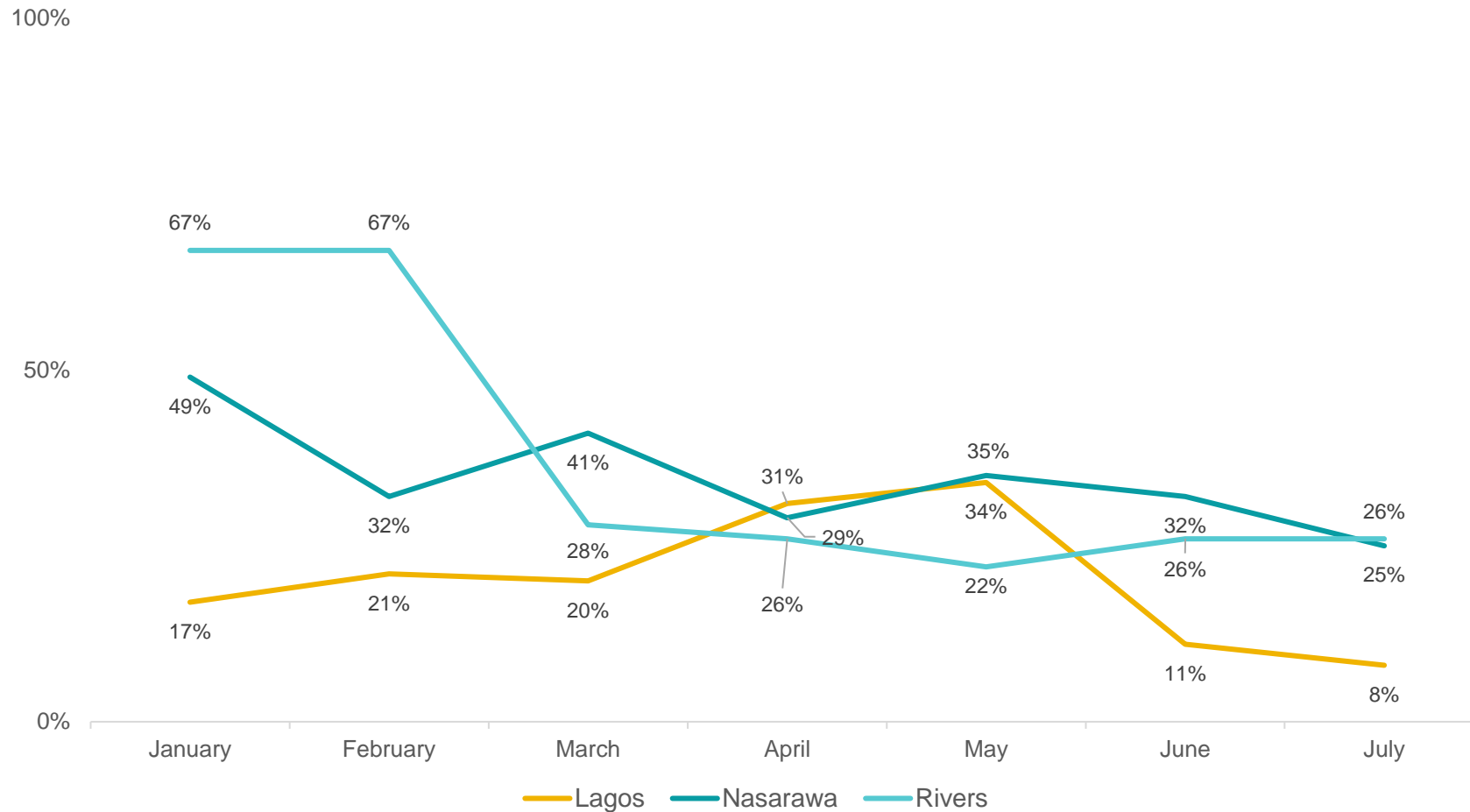
Total number of new FP acceptors of DMPA-SC in RASuDIN states, January–November 2020



Source: RASuDIN's monitoring data

Access to services: Method stockouts

Percent of facilities reporting stockouts of LARC commodities in CHAI PopCare states, January–July 2020



Conclusions

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!