

REPORT

2021

BMGF/FP CAPE NIGERIA ANNUAL FP PARTNERS MEETING

March 16–17th, 2021

INTRODUCTION

The fifth annual Nigeria Family Planning Partners Meeting, held virtually on March 16–17th, 2021, was convened by the Family Planning Country Action Process Evaluation (FP CAPE) project and the Bill & Melinda Gates Foundation (BMGF).

The annual convening provided an opportunity for implementing partners and stakeholders to reflect on the achievements and challenges of the Nigeria family planning (FP) portfolio and discuss key priority actions to help attain Nigeria's national FP goals. It had the following objectives:

1. **Review** the BMGF family planning (FP) investment portfolio performance and national FP progress.
2. **Engage in a collaborative process** to learn about the new BMGF FP strategy, reflect on findings and identify key actions to accelerate the attainment of national FP goals and objectives.
3. **Review program implementation during a pandemic** – progress, achievements, and challenges.
4. **Celebrate collective accomplishments and successes** in the FP space.
5. **Promote FP community-wide learning** and information exchange regarding key areas of common interest.

Approximately 130 participants attended the two-day meeting, including government representatives from the Federal Ministry of Health (FMOH) and multiple State Ministries of Health (SMoHs), BMGF grantees, FP partners, and the BMGF staff from both the Nigeria country office and the global headquarters.

- Access Collaborative/JSI
- Advance Family Planning (AFP) Pathfinder
- AFENET/CDC
- AHEAD
- Akena+/UCSF
- Albarka Health Spring Foundation
- Albright Stonebridge Group (ASG)
- Ave Health Sense (AHS)
- BA-N
- Bauchi State Ministry of Health
- Bill & Melinda Gates Foundation
- Center for Communication and Social Impact (CCSI)
- CiHP
- Clinton Health Access Initiative (CHAI) – National Dashboard & Post-Pregnancy Family Planning in Home Delivery Settings in Nigeria
- DAI
- Delta State Ministry of Health
- Development Outcomes
- DKT – Customer Platform & Sayana Press
- E-Health Africa
- EU/ – WHO
- Every1Mobile- Naijacare/Unilever
- Family Empowerment Media
- Federal Ministry of Health of Nigeria
- Foreign Development Commonwealth Office (FCDO)
- FP CAPE/UNC
- Gombe State Ministry of Health
- Health Strategy and Delivery Foundation (HSDF)
- Hive
- ICAN/UCSF
- Idev Pro Africa
- Insight Health Consulting
- IntegratE
- IRC
- Johns Hopkins University (JHU)
- Kaduna State Ministry of Health
- Kano State Ministry of Health
- Lagos State Ministry of Health

- Lafia Project/FCDO
- Marie Stopes Nigeria
- McKing Consulting
- mPharma Good Health
- MSF
- M-Space/TSU 2.0
- MTV Shuga/Staying Alive Foundation
- Nasarawa State Ministry of Health
- Niger State Ministry of Health
- Nigeria Strategic State-Led Purchasing for FP/Health Systems Consult Limited (HSCL)
- Partnership for Advocacy in Child and Family Health (PACFaH@Scale)
- PharmAccess
- Planned Parenthood Federation of Nigeria (PPFN)
- PMA2020/JHU
- Population Council
- Post-Pregnancy FP in Lagos/JHU-CCP
- Power in Her Hand Initiative
- Resilient & Accelerated Scale-up of DMPA-SC/Self-Injection in Nigeria (RASuDiN)/ARFH
- Rivers State Ministry of Health
- Rotary International
- Sokoto State Ministry of Health
- Scope
- Society for Family Health (SFH) – A360 Amplify & IntegratE
- Solina
- University of Medical Sciences, Ondo
- The Challenge Initiative (TCI)/JHU-CCP
- Track20/Avenir Health
- Tumas Consulting
- UNFPA
- UNICEF
- WHO
- Women's Refugee Commission

DAY ONE – TUESDAY, MARCH 16TH, 2021

Session 1 – Welcome, Opening Statements and Meeting Introduction

The meeting was kicked off with a welcome from **Ms. Rodio Diallo**, BMGF Interim Deputy Director, Optimized Family Planning Interventions. She confirmed BMGF's commitment to "contribute to the Government of Nigeria (GoN)'s efforts to achieve an mCPR of 27% by 2024" as part of an overall strategy to reduce the maternal morbidity and mortality rates in the country. She emphasized that this goal can be achieved by increasing demand for FP, improving access to FP methods, strengthening commodity security, and reducing stock-outs at service delivery points. It also requires improving the national and sub-national FP policy environment, improving domestic funding for family planning nationwide, and increasing data use to coordinate and manage the national FP program. Although this meeting came at a unique and challenging time, Ms. Rodio highlighted the convening as a valuable opportunity for FP partners to learn about each other's work, find synergies and areas of mutual interest, and discuss ways to support each other toward achieving the national FP goals. (Listen to the recording of Ms. Rodio's statement [here](#)).

Dr. Jérémie Zoungrana, BMGF Nigeria Country Office Director, expressed his excitement to be at the FP CAPE's annual FP partners meeting for the first time. He noted that in Nigeria, "the need to protect access to FP services became more critical during the pandemic as the health system has shifted resources to respond to the COVID-19 crisis." He believed that the two-day meeting was evidence of a collaborative engagement process that would enable partners and stakeholders to identify innovative practices and propose actionable solutions to strengthen and support the GoN at the Federal and state levels to address the pandemic's impact on FP services. Dr. Zoungrana also added that 2021 is a particularly important year for FP in Nigeria and globally because it is a time to examine the progress that has been made towards achieving the FP2020 national goal, reflect on the enabling and limiting factors that affected that progress, and apply that learning to plan for the post-2020 era. A review of the government's commitment in terms of policy and funding at all levels is necessary to identify opportunities and improve accountability for FP as we look toward 2030. (Listen to the recording of Dr. Zoungrana's statement [here](#)).

Our honored guest, **Dr. Salma Anas-Kolo**, Director of Family Health Department, FMOH, closed the welcome session with an emphasis on the Federal government's commitment to comprehensive and integrated sexual and reproductive health services, including FP. In addition to the impact of the COVID-19 pandemic on Nigeria's healthcare system, she highlighted FP achievements that the GoN has made over the past year, including progress in the national distribution and rollout of the DMPA-SC plan to 36 states, the finalization of the national blueprint, the launching of the Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition (RMNCAEH+N) plan, the expansion of FP method mix, and the prioritization of community-based FP services and outreaches during the pandemic. After that, Dr. Anas-Kolo shared that the GoN plans to work with multiple stakeholders to develop a comprehensive commitment to achieve the FP2030 partners agenda. The finalized commitment will focus on the rights-based nature of FP and promote community-based FP services and outreaches to ensure coverage of all unmet need. Dr. Anas-Kolo also recognized the FP partners meeting as a reliable platform for "frank and passionate engagement and reflection on the progress of implementation of FP interventions being supported by BMGF in Nigeria." (Listen to the recording of Dr. Anas-Kolo's statement [here](#)).

After the opening remarks, **Dr. Siân Curtis**, Director of FP CAPE, presented the meeting's objectives and walked participants through the agenda. See *Annex A* for the full agenda.

Dr. Emmanuel Adegbe, FP CAPE Nigeria Country Representative, facilitated a mini Mentimeter survey where attendants were asked what they were expecting or looking forward to during the Annual Partners meeting. “Learning,” “collaboration,” and “networking” were the most common expectations from attendants (see word cloud).



Session 2 – Annual Reviews and Celebrating the Wins

Dr. Siân Curtis and **Dr. Emmanuel Adegbe**, FP CAPE, opened Session 2 with a presentation on the 2020 overview of BMGF FP portfolio findings. Dr. Adegbe presented the approach, methodology and data sources used for the evaluation as well as findings related to the enabling environment, while Dr. Curtis presented a synthesis across model testing and scale-up. Using PMA Phase 1 data, FP CAPE was able to look deeper into the performance of scale-up activities in addition to model testing programs.

Some key portfolio findings include:

Enabling environment	National	<ul style="list-style-type: none"> COVID-19 exacerbated already low funding releases and delayed CIP revisions. TSP roll-out continued and rapid response to COVID-19 in policies and guidelines initiated.
Model testing (Lagos)	Demand generation	<ul style="list-style-type: none"> Flat exposure to FP messages and intention to use. Social media and mobile phones emerged as FP media channels.
	Service delivery	<ul style="list-style-type: none"> Declines in stockouts of most methods, especially pills and implants. Diverse sources of FP allowed users to adapt their FP source during lockdown.
Scale-up (Kano)	Demand generation	<ul style="list-style-type: none"> Decline in exposure to FP messages on radio. Flat intention to use among women and youth
	Service delivery	<ul style="list-style-type: none"> Increased availability of 5+ methods in public facilities. Increases in counseling on side effects and other items. High stockouts of implants and injectables.

Impact	Lagos	<ul style="list-style-type: none"> mCPR is increasing. No drop in mCPR due to COVID-19
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Kano	<ul style="list-style-type: none"> mCPR is increasing. No drop in mCPR due to COVID-19
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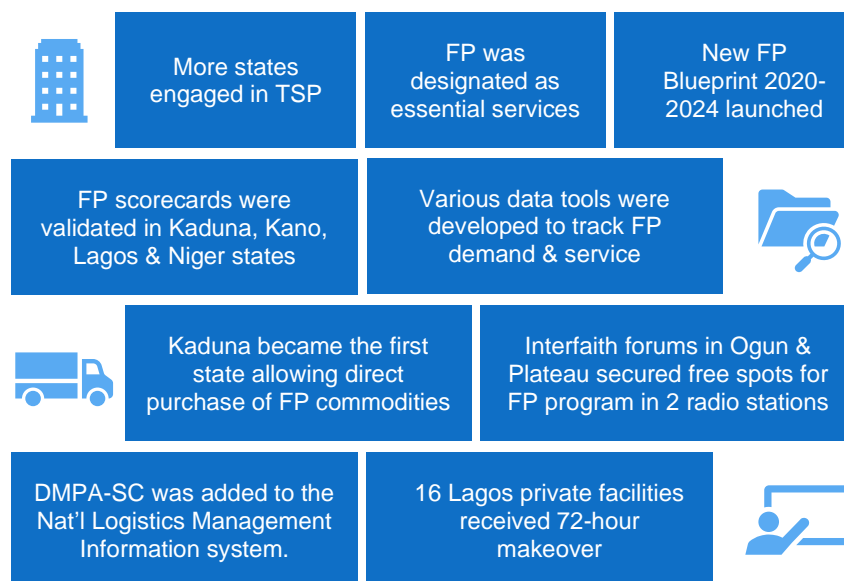
See the [presentation](#) and the [insights deck](#) of the portfolio-level evaluation findings on the FP CAPE website. Listen to the recording of Drs. Siân Curtis and Emmanuel Adegbe's presentation [here](#).

The presentation was followed by a 10-minute Q&A session. See *Annex B* for detailed questions and responses discussed during the session.

After the Q&A session, **Dr. Emmanuel Adegbe**, FP CAPE, facilitated a celebration of the wins in FP. The session featured a presentation of the *Wall of Wins*, which captured a collection of achievements that the Federal and state governments and implementing partners achieved in FP over the past years.

Figure 1 highlights key accomplishments in FP in 2020 organized by the Theory of Change (ToC) area. For the full content of the *Wall of Wins*, click on the [link](#).

Figure 1: Highlights of FP accomplishments in 2020



Session 3 – Looking Forward

After a short break, the meeting reconvened with a keynote panel. **Ms. Ann Starrs**, Director of Family Planning at BMGF, opened the panel with an overview of BMGF's new global FP strategy.

BMGF's Goal

Accelerate voluntary use of modern contraception among women and girls in the world's poorest countries by increasing and satisfying demand...

To meet the needs of more women and girls as we work to fulfill the SDGs.

In her presentation, Ms. Starrs emphasized the need to have methods that affordably meet women's needs and preferences, programs that efficiently and effectively deliver contraceptives, services that unlock demand, and an ecosystem that brings impact to scale. She highlighted key features of BMGF's new global strategy for FP, which will focus on:

- Expanding method choice,
- Optimizing FP interventions, and
- Driving impact at scale.

The strategy is divided into seven interconnected initiatives:

1. Discover and develop new methods.
2. Expand the availability of new and existing products.
3. Innovation and implementation research.
4. Country-level impact.
5. Global and regional levels.
6. Data: innovate data platforms, improve metrics, and drive data use at global and national levels
7. Advocacy: Shape policy, financing, and regulatory environments to enable the design, development and diffusion of effective tools and interventions.

Together with Ethiopia and India, Nigeria has been selected as a BMGF priority country where the BMGF will have deep engagement activities. Following Ms. Starrs' presentation, **Dr. Caroline Jehu-Appiah**, Deputy Director of Health, Nutrition and Polio Eradication, BMGF in Nigeria, discussed how the new global FP strategy would connect to BMGF Nigeria Country Office (NCO)'s health strategy. The FP strategy in Nigeria reflects most aspects of the global strategy. Specifically, it will focus on:

- **Scale-up of postpartum and post-abortion FP:** High impact interventions, service integration, and targeted TA on request,
- **Supply side interventions:** Supply chain and providers' capacity,
- **Private sector:** PPMV transformation and policy and regulatory framework, and
- **Integrated demand approach:** NCO demand strategy and innovations.

Dr. Jehu-Appiah highlighted that the strategy would be implemented through a primary health care transformation agenda in 10 priority states (e.g., scale-up of G-ANC and PPMVs, on-demand TA through TA connect), NCO and FP/pre-service training (e.g., joint implementation research, support for public good), and advocacy

Q & A

Does the Innovation portfolio investment also cover FP innovation incubator/accelerator programs?

Yes, our FP portfolio has a specific body of work that focuses on innovation and insights. We will partner with other foundation teams and externally to support innovations and gather insights that will be critical not only for designing optimal delivery of FP information, counseling, products, and services, but also to identify barriers and needs to be addressed through innovations.

If PPMVs will be entrusted with providing additional services, what additional checks and regulatory balances will be put in place to ensure they do not overstep their training and capacity boundaries?

The Foundation is supporting Pharmacy Council of Nigeria (PCN) to design a thorough tier-accreditation system that allows PPMVs to provide a set of services in line with their credentials and their training. PCN and the States perform joint supervision visits regularly to ensure that PPMVs are supported and compliant.

Any plan to increase the number of deep engagement states? Are you considering Kano as a deep engagement state in the future? Kano has very deep-rooted FP issues needing deep engagement.

Kano is already one of the Foundation's deep engagement state.

Apart from Lagos and Kaduna, what other states will have PPMV tier accreditation?

Our support to the PPMV tier accreditation system will expand to include Kano, Gombe, Bauchi, Nasarawa, Borno, Yobe, Sokoto and Niger states

When you mean bundled investment to achieve economic of scale, does it mean you will be working to set up grantees to also sub-grant to others?

There will be cases where we will encourage consortium to achieve the outcomes expected by the Foundation.

Can you tell us whether there are plans to allocate resources to other geographies within the country, beyond the 10 priority states? Thank you!

Our resources will be concentrated to support the 10 priority states. Other donors will be supporting other states based on their respective strategy.

(e.g., cross-cutting role to support scale at state and national level for the implementation of FP policies and enablers).

Listen to the recording of Ms. Ann Starrs and Dr. Caroline Jehu-Appiah’s presentations [here](#).

Session 4 – Small Group Work

Grantees and government officials were split into ToC area groups that they self-selected when registering for the meeting, including Government (with TSU and ASG), Enabling Environment, Demand Generation, Service Delivery, and Scale-Up. **Dr. Emmanuel Adegbe**, FP CAPE, walked participants through the objectives and requirements for the small group work. Specifically, objectives included:

- 1. Reflect on the FP portfolio-level findings,
- 2. Identify challenges and brainstorm priority areas to accelerate FP progress in the future, and
- 3. Get recommendations to inform future FP strategies for Federal and state FP planning.

During the group work, participants were provided a template, and tasked to identify the biggest challenge and most important action moving forward for their ToC area and recommend one key area that FP programs and stakeholders should focus on. Each group designated a representative to present results of their group work discussion on Day Two of the meeting.

The template for small group work discussion can be accessed on [FP CAPE website](#).

Report out 2021 priority actions

ONE key challenge (based on the findings)			
ONE key priority areas/ actions moving forward			
What	Why	How	Who
ONE key solution/area where FP programs and stakeholders should focus on			
What	Why	How	Who

Session 5 – Closing

After an intense and highly engaging day of presentations and discussions, **Dr. Emmanuel Adegbe**, FP CAPE, closed Day One of the meeting with a reflection on the sessions and a briefing of Day Two of the meeting. The meeting adjourned to be resumed at 4:00 pm WAT (or 11:00 am EDT and 8:00 am PDT) the day after.

DAY TWO – WEDNESDAY, MARCH 17TH, 2021

Session 1 – Small Group Work Report-Out

Day Two kicked off with a recap of Day One from **Ms. Rodio Diallo**, BMGF. After sharing her reflection on the opening remarks from Dr. Jérémie Zoungana, BMGF and Dr. Salma Anas-Kolo, Nigeria FMOH, she highlighted key activities in Day One, including the 2020 FP portfolio findings, the *Wall of Wins*, presentations on the new BMGF's global FP strategy and how it connects with BMGF Nigeria country office, and small group work. Ms. Diallo expressed her appreciation to government representatives, BMGF grantees, other FP stakeholders, and BMGF Nigeria and headquarter offices for their active participation during Day One. She hoped that all attendants would continue having an equally dynamic meeting on Day Two.

After giving an overview of Day Two's agenda, **Dr. Emmanuel Adegbe**, FP CAPE, facilitated the report-out of the small group work. Each ToC area group presented the biggest challenge and the most important action moving forward for their ToC area and provided recommendations. Some key insights:

- **Enabling environment**
 - *Challenge:* Low release of funds for FP
 - *Action moving forward:* Increase and commit to increasing FP funding at national and sub-national levels because release has not been commensurate with commitment leading to stockout of commodities and access to FP services.
 - *Recommendation:* Review existing policies and ensure implementation across the states.
- **Demand generation**
 - *Challenge:* Due to the pandemic, no public screenings of MTV Shuga were held, public outreaches were delayed, and it was difficult to achieve approvals for broadcast in certain states.
 - *Action moving forward:* (1) Increase media involvement; (2) incorporate COVID-19 into FP messaging; (3) increase involvement of more private radio stations; and (4) leverage partnerships to increase FP visibility.
 - *Recommendation:* Engage more virtual peer education and identify more partners for funding for more radio campaigns in the North.
- **Service delivery**
 - *Challenge:* Access to full range of FP methods and services in private sector is low despite more women getting their method from this sector.
 - *Action moving forward:* Improving access to a wider range of FP methods in the private sector.
 - *Recommendation:* Extend access to free FP commodities from government for private sector players.
- **Scale-up**
 - *Challenge:* Need to have the political economy to scale up whatever FP intervention is identified whether in vertical or integrated mode (e.g., FP in primary health care, human capital development).
 - *Action moving forward:* (1) Pause and reflect on scale-up experience from TCI and DMPA-SC; (2) scale up self-injection and self-care; (3) include demand side of scale going beyond mass media; and (4) address the Last Mile Distribution in scale-up.
 - *Recommendation:* Leverage existing platforms and use available ecosystems for scale-up.

- **Government**
 - *Challenge:* Cost implementation plans (CIPs) coverage at the state level was low.
 - *Action moving forward:* Increasing domestic financing for FP with a focus on commodity procurement.
 - *Recommendation:* Focus on the development and implementation of CIPs at the state level.

Listen to the recording of small group work report-outs [here](#). See *Annex C* for the summarized group action plans and attendees' comments on group presentations.

Session 2 – FP Programming during COVID-19

Session 2 began with a mini Mentimeter survey about FP programming during COVID-19. Under the facilitation of **Dr. Emmanuel Adegbe**, FP CAPE, attendees were asked to respond to the question: “What word comes to mind when you think of implementing FP programs during the COVID-19 pandemic?” “Adaptability,” “innovative,” “flexibility,” “sustainability,” and “difficult” were expressions that the majority of implementing partners and stakeholders shared about the pandemic (see word cloud).

After the Mentimeter survey, **Dr. Emmanuel Adegbe**, FP CAPE, presented evaluation results on the impact of COVID-19 on the implementation and outcomes of BMGF FP programs in the past year. The findings were a synthesis of the qualitative data from FP CAPE's grantee surveys and quantitative data that included program monitoring data and national data. **Some key takeaways from the findings included:**



- Some in-person activities, such as data collection, social mobilizations, and onsite supportive supervision, have been paused.
- However, grantees were able to adapt and continue most of their activities, including meetings, trainings, technical support, demand generation, and FP service provision.
- An uptick in FP provision through community pharmacies and PPMVs suggests that individuals may have turned to community pharmacies and PPMVs in lieu of facilities during the height of the pandemic.
- 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.
- Despite facilitating factors, such as government's aggressive COVID-19 response measures and grantees' flexibility and creativity, FP activities also encountered challenges, including:
 - government counterpart funding for FP threatened due to realignment of priorities,
 - delay/cancellation of meetings/events due to social distancing rules,
 - increased stockouts of some commodities, and difficulties to recruit PPMVs, and
 - reduced client flow at FP/ANC facilities due to community anxiety of contracting COVID-19.

Listen to the recording of the Mentimeter survey and Dr. Emmanuel Adegbe's presentation [here](#). See *Annex D* for the attendees' questions to his presentation.

The session was followed by a joint panel discussion featuring representatives from **Kano and Lagos SMOHs** and **BMGF FP programs** to share their experience and lessons learned from their FP program implementation during the COVID-19 pandemic. Under the facilitation of **Dr. Emmanuel Adegbe**, FP CAPE, **Dr. Tijjani Hussaini**, Executive Secretary, Kano State PHCMB, and **Dr. Folashade Oludara**, Director of Family Health and Nutrition, Lagos SMOH, took turns to discuss strategies that Kano and Lagos states have adopted to ensure FP programs were effectively sustained, especially when lots of attention was put on COVID-19-related activities. The two government officials also shared the SMOHs' approaches to ensure that people could access contraception and FP information and services during the pandemic, particularly during the lockdown or curfew periods in the state. Representatives of BMGF FP programs – **Dr. Sakina Amin Bello**, Senior Program Advisor Reproductive Health, AFP, **Ms. Chidinma Onuoha**, Program Director, DKT Nigeria, and **Dr. Victor Igharo**, Director, The Challenge Initiative Nigeria – joined the discussion with their stories surrounding how COVID-19 affected their FP programs. Despite challenges during the pandemic, the implementing partners also shared that they saw unique opportunities for FP program implementation.

Attendees were also invited to submit their questions to the panelists during the discussion. See *Annex D* for the attendees' questions to the panelists. Listen to the recording of the panel discussion *Learning from COVID-19* [here](#).

Session 3 – Cross-Learning

After a 10-minute break, the meeting reconvened with a cross-learning session which featured four concurrent presentations. The session aimed to promote information sharing and learning among partners and stakeholders regarding key areas relevant to the attainment of National FP goals.

Attendees were invited to attend one of four presentations that they self-selected when they registered for the meeting. The four presentations were:

1. ***State Social Health Insurance Schemes in Nigeria: Highlights on the Journey, the Challenges and the Opportunities*** – Dr. Nkata Chuku, Founding Partner, Health Systems Consult Ltd. (HSCL)

In his presentation, Dr. Chuku explained the state social health insurance scheme in Nigeria, and commonalities and differences in states' design and implementation arrangements, and implementation experience, including both successes and challenges. He highlighted FP integration plans across states, and discussed the lessons learned going forward. Listen to the recording of the presentation [here](#).

2. ***Supporting States to Adopt, Implement and Sustain Group Antenatal Care (G-ANC) as an Alternate Model of Service Delivery*** – Mr. Balarabe Gaya, Technical Lead for G-ANC, DAI Nigeria

After providing an overview of Group-ANC (G-ANC) deployment, Mr. Gaya discussed key strategies that had been used to adopt and implement G-ANC approach at state, LGA and community levels. He also discussed objectives of G-ANC deployment, including providing technical assistance to states to adapt, adopt, implement and sustain the G-ANC model. After sharing results of the model in Kaduna and Kano states, Mr. Gaya presented lessons learned from the implementation process so far. Listen to the recording of the presentation [here](#).

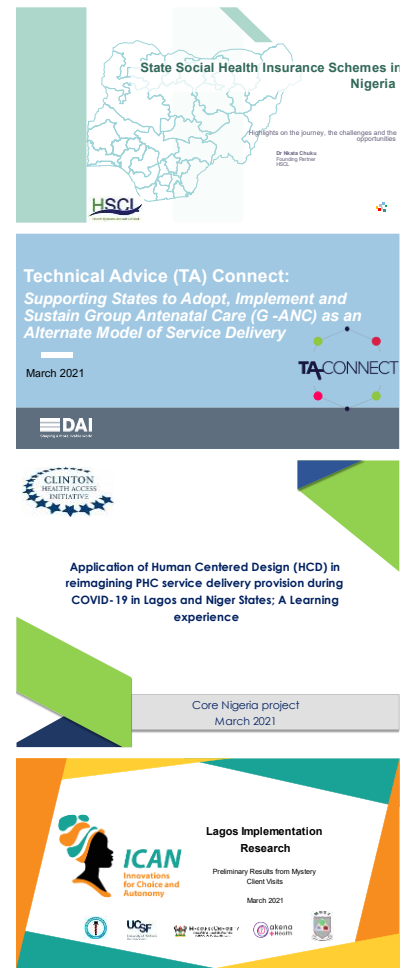
3. **Application of Human Centered Design in Reimagining PHC Service Delivery Provision during COVID-19 in Lagos and Niger States: A Learning Experience** – Ms. Nneka Onwuasor, Senior Program Manager, Clinton Health Access Initiative Nigeria

After briefly introducing the Core Nigeria which has served as a Human Centered Design (HCD) collaboration and learning platform, Ms. Onwuasor walked attendees through the four phases of HCD approach the project used as a guide to design clinics. She discussed the objectives of the design clinics and shared the results as well as the challenges that the Core project has experienced thus far. She ended her presentation with key next steps that the project plans to do in the coming months. Listen to the recording of the presentation [here](#).

4. **Lagos Implementation Research: Preliminary Results from Mystery Client Visits** – Dr. Elizabeth Omoluabi, Executive Director, Akeno+ Health

In her presentation, Dr. Omoluabi shared preliminary results from an implementation research study to evaluate how programs delivering DMPA-SC for self-injection were meeting women's needs. The results will be used to inform the national scale-up for self-injection in Nigeria within the total market approach. Listen to the recording of the presentation [here](#).

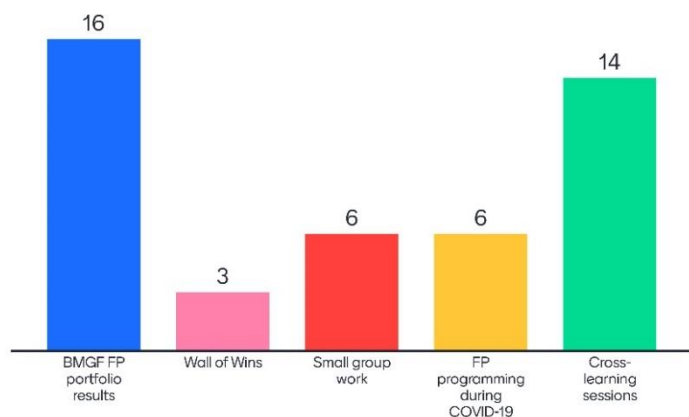
Biosketch of presenters and the presentations are posted on the [FP CAPE website](#).



Session 4 – Closing remarks

Attendees returned to the main plenary for closing after the 30-minute cross-learning sessions. All attendees were invited to provide reflections and feedback on the 5th Annual FP Partners Meeting through both a private evaluation form on Qualtrics (see *Annex E* for evaluation results), and a public survey on Mentimeter.

Dr. Emmanuel Adegbe, FP CAPE, facilitated the Mentimeter survey, in which attendants were asked to reflect on two questions: “What was your favorite session?” and “Describe the annual meeting over the past two days in one word.” BMGP FP portfolio results and cross-learning sessions were identified as the favorite sessions of the meetings (see graph), while “enlightening,” “innovative,” “engaging,” “educative” and “interesting” were the impression of the majority of attendees after the two-day meeting.



The meeting closed with remarks from **Dr. Siân Curtis**, FP CAPE Project Director, **Ms. Rodio Diallo**, Interim Deputy Director, Optimized Family Planning Interventions at BMGF, **Ms. Fifi Oluwatoyin Ogbondeminu**, Country Project Director, A360 Amplify Project, **Ms. Hajara Yahaya**, Bauchi State Family Planning Coordinator, **Dr. Kayode Akintola Afolabi**, Director, Reproductive Health Division, Family Health Department, FMOH, and **Dr. Salma Anas-Kolo**, Director, Family Health Department, FMOH.

Listen to the recording of the final remarks [here](#).

Thank you, FP CAPE, BMGF and all, for making this meeting a success! It was very interesting interactions.

Thank you for a good meeting, and well done to the organizers!

Informative!

Great learning and deliberations. Thank you kindly everyone!



This has been a wonderful experience!

► Results from the Mentimeter prompts, "describe the meeting in one word."

Thank you for the insightful event!

Thank you, BMGF and FP CAPE, for the wonderful meeting, and your great contribution towards family planning programs in the state.

It was great experience in this meeting.

Excellent 5 hours of deliberation. Thank you!

Congratulations, FP CAPE!

Well appreciated sessions! Very enlightening meeting!

ANNEX A: PARTICIPANTS' AGENDA

Tuesday, March 16th, 2021

DAY ONE

All sessions will take place online via Zoom

SESSION 1: Welcome, Opening Statements and Meeting Introduction

4:00 – 4:20 pm
20 minutes

Welcome, and Opening statements

Facilitator: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

- ▶ Welcome (5 mins)
 - Ms. Rodio Diallo, Interim Deputy Director, Optimized Family Planning Interventions at BMGF
- ▶ Brief remarks from BMGF (5 mins)
 - Dr. Jérémie Zoungrana, BMGF Nigeria Country Office Director
- ▶ Brief remarks from Nigeria Federal Ministry of Health (FMOH) (10 mins)
 - Dr. Salma Anas-Kolo, Director, Family Health Department, FMOH

4:20 – 4:28 pm
8 minutes

Meeting introduction

Facilitator: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

- ▶ Presentation of the agenda and objectives
 - Dr. Siân Curtis, FP CAPE Project Director

SESSION 2: Annual Reviews and Celebrating the Wins

4:28 – 5:03 pm
35 minutes

Annual review: BMGF family planning portfolio-level results

This session features findings from FP CAPE evaluation on BMGF family planning portfolio of investment in Nigeria. Participants are invited to submit questions to the presenters via the meeting's Chat box.

Facilitator: Dr. Siân Curtis, FP CAPE Project Director

- ▶ **Presentation:** Overview of BMGF FP Portfolio Findings 2020 (25 mins)
 - Dr. Siân Curtis, FP CAPE Project Director and Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative
- ▶ Q&A (10 mins)
 - Facilitator: Ms. Huyen Vu, Nigeria Portfolio Manager at FP CAPE

5:03 – 5:10 pm
7 minutes

Celebration of the wins: The Wall of Wins

This session provides FP partners an opportunity to celebrate the wins over the past year.

Facilitator: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

- ▶ Let's celebrate the wins – Showing the Wall of Wins

5:10 – 5:20 pm
10 minutes

Break

SESSION 3: Looking forward

5:20 – 5:50 pm
30 minutes

Keynote panel: BMGF's Global FP Strategy and Connection with BMGF Nigeria Country Office's Health Strategy

The keynote panel features presentations about BMGF's new global FP strategy and how the new strategy will connect to BMGF Nigeria Country Office (NCO)'s health strategy. Participants will have a short Q&A session with the speakers. All questions can be submitted via the meeting's Chat box.

Facilitator: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

- ▶ **Presentation:** BMGF's New Global Family Planning Strategy (15 mins)
 - Ms. Ann Starrs, Director of Family Planning at BMGF
- ▶ **Presentation:** How will the new global FP strategy connect with the BMGF Nigeria Country Office's health strategy? (5 mins)
 - Dr. Caroline Jehu-Appiah, Deputy Director of Health, Nutrition & Polio Eradication, BMGF in Nigeria
- ▶ **Q&A** (10 mins)
 - Facilitator: Dr. Siân Curtis, FP CAPE Project Director

SESSION 4: Small Group Work

5:50 – 6:25 pm
35 minutes

Small group work

- ▶ Introduction of small group work plan (5 mins)
 - Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative
- ▶ Participants are divided into TOC area groups that they self-selected when they registered. The participants work together in separate rooms (30 mins):
 1. Government group + TSU and ASG
 2. Enabling environment
 3. Demand generation
 4. Service delivery
 5. Scale-up

SESSION 5: Closing

6:25 – 6:30 pm
5 minutes

Day One closing:

- ▶ Day One reflection and Day Two briefing
 - Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

SESSION 1: Small Group Work Report-Out

4:00 – 4:10 pm
10 minutes

Recap of Day One, and Day Two overview

Facilitator: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

- ▶ Recap of Day One
 - Ms. Rodio Diallo, Interim Deputy Director, Optimized Family Planning Interventions at BMGF
- ▶ Overview of Day Two agenda
 - Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

4:10 – 4:50 pm
40 minutes

Group report-out

Participants are welcome to submit comments via the meeting's Chat box. FP CAPE will follow up with presenters for their feedback on the submitted comments later.

Facilitators: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

- ▶ Representative of each group present top actions of their TOC area (8 mins per group)

SESSION 2: FP Programming during COVID-19

4:50 – 4:55 pm
5 minutes

Implementing FP programs during COVID-19

Facilitator: Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

4:55 – 5:05 pm
10 minutes

Impact of COVID-19 on the FP activities

Facilitator: Dr. Siân Curtis, FP CAPE Project Director

- ▶ **Presentation:** Impact of COVID-19 on the portfolio's FP activities (10 mins)
 - Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

5:05 – 5:30 pm
25 minutes

Learning from COVID-19

This panel session features representatives of SMOHs and BMGF FP programs to share their experience and lessons learned from their FP program implementation during the pandemic. Participants are invited to submit their questions to the panelists via the meeting's Chat box.

- | | |
|---|--|
| <ul style="list-style-type: none"> ▶ <u>Facilitator:</u> <ul style="list-style-type: none"> – Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative | <ul style="list-style-type: none"> ▶ <u>Panelists:</u> <ul style="list-style-type: none"> – Dr. Tijjani Hussaini, Executive Secretary, Kano State PHCMB, Kano State Ministry of Health – Dr. Folashade Oludara, Director of Family Health and Nutrition, Lagos State Ministry of Health – Dr. Sakina Amin Bello, Senior Program Advisor Reproductive Health, AFP – Ms. Chidinma Onuoha, Program Director, DKT Nigeria – Dr. Victor Igharo, Director, The Challenge Initiative Nigeria |
|---|--|

5:30 – 5:40 pm
10 minutes

Break

SESSION 3: Cross-Learning

5:40 – 6:10 pm
30 minutes

Cross-learning

The cross-learning session features four concurrent presentations. Participants are invited to attend one of the four presentations that they self-selected when they registered to the meeting.

Facilitator:

- *Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative*

Presentation 1: State Social Health Insurance Schemes in Nigeria: Highlights on the Journey, the Challenges and the Opportunities

- *Dr. Nkata Chuku, Founding Partner, Health Systems Consult Ltd. (HSCL)*

Facilitator:

- *Dr. Siân Curtis, FP CAPE Project Director*

Presentation 2: Supporting States to Adopt, Implement and Sustain Group Antenatal Care (G-ANC) as an Alternate Model of Service Delivery

- *Mr. Balarabe Gaya, Technical Lead for G-ANC, DAI Nigeria*

Facilitator:

- *Ms. Huyen Vu, Nigeria Portfolio Manager at FP CAPE*

Presentation 3: Application of Human Centered Design in Reimagining PHC Service Delivery Provision during COVID-19 in Lagos and Niger States: A Learning Experience

- *Ms. Nneka Onwuasor, Senior Program Manager, Clinton Health Access Initiative Nigeria*

Facilitator:

- *Ms. Rodio Diallo, Interim Deputy Director, Optimized Family Planning Interventions at BMGF*

Presentation 4: Lagos Implementation Research: Preliminary Results from Mystery Client Visits

- *Dr. Elizabeth Omoluabi, Executive Director, Aken+ Health*

SESSION 4: Closing Remarks

6:10 – 6:30 pm
20 minutes

Joint final remarks

Facilitator: *Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative*

- ▶ Completing the meeting evaluation form on Qualtrics
- ▶ Final remarks from BMGF and FP CAPE

ANNEX B: ANNUAL REVIEW SESSION: Q & A

The Annual Review session featured a presentation of findings from the FP CAPE evaluation on the BMGF FP portfolio of investments in Nigeria presented by Dr. Siân Curtis, FP CAPE Project Director, and Dr. Emmanuel Adegbe, FP CAPE Nigeria Country Representative. During this session, attendants were invited to submit questions to the presenters about their presentation, *Overview of BMGF FP Portfolio Findings 2020*, via the meeting's chat box. Below are the questions and responses for the submitted questions.

Given increase in use of public sector, do we have any concern about increased work with private sector undermining this progress?

At least some of the growth in the use of the public sector is associated with increased use of implants, which are mainly obtained from public sector facilities (slides 22 and 32). The public and private sectors serve different populations for different methods so working with the private sector should complement work with the public sector. Keeping a total market approach in mind that recognizes the complementary strengths of each sector is important. There is some suggestion from the analysis of program data during the COVID-19 pandemic (presented in the COVID-19 panel session) that some women may have used pharmacies (private sector) in April/May 2020 during the lockdown when access to public facilities was reduced and then switched back to public facilities, so a diverse service delivery environment is likely to be more robust to shocks.

Did you get any qualitative data that can explain some results?

No, the annual decks are based on existing data, primarily PMA data and document reviews. We have done some special qualitative studies in the past to address specific questions but not in this deck.

Do we have any data (yet) on the potential contribution of new product introduction such as Levoplant and H-IUS on uptake and mix?

No, we do not have data on these methods yet.

Is exposure to FP information from community-level channels such as social mobilization or religious leaders measured through the surveys?

No. The data on exposure to FP information come from PMA surveys. They collect data on exposure to FP messages from mass media (e.g., TV, radio, print, mobile phones, social media) and from CHEWs but not from social mobilizers or religious leaders. The Omnibus surveys conducted by NURHI in the past collected data on exposure to messages from social mobilizers and religious leaders. Some information from those surveys was included in the [2020 deck](#) presented last year (available at [FP CAPE website](#)).

Could some of the switch be the result of changes in client's availability of funds due to the lockdown?

We assume this question refers to the changes in the source of methods or types of methods (slides 22 and 32 in the presentation). These slides are based on PMA data which were collected before the COVID-19 pandemic so do not include any effects of the lockdown on source or type of methods chosen. We hypothesize that the switch toward the public sector is likely to be associated with the move toward more use of implants, which are primarily obtained from public facilities but this theory could be investigated further with additional analysis.

Wondering why the demand creation models didn't work. Have we examined the assumptions over the implementation period? Are there chances that some of those assumptions didn't hold?

The kind of sentinel indicator analysis presented here is good at giving you a snapshot of what is happening across the portfolio but does not tell you a lot about why it is happening. The sentinel indicators show disappointing results for the exposure to FP messages and intention to use in the future among both all women and non-users but mCPR continued to increase in both Lagos and Kano, and the percentage of women who are not using and do not intend to use declined. These findings could mean that the sentinel indicators are not adequately capturing the most salient aspects of the demand generation models that are driving change in the

mCPR, or it could be that the assumptions and theory of change for demand creation models need to be reviewed and examined further.

Your finding on decline in uptake of DMPA-SC in Lagos. Is this finding isolated to the peak of COVID period?
These data (in slide 23) are from the PMA surveys which were collected before the COVID-19 pandemic.

Is there an insight why TSP roll-out actually increased but CIP work reduced? Could be Covid but is there any qualitative evidence?

We do not have qualitative evidence on this issue. However, we did learn from implementing partners that the CIP process was slow due to COVID-19. The CIP process requires intensive participation, contribution and support from various stakeholders and partners to be able to use the template to draft a state-specific CIP. Additional funding is usually required (mostly donor funding) for this process and some states might not have had a donor supporting this process. In contrast, the process for TSP roll-out is about adoption of the policy and how to operationalize it (through training, printing and dissemination, and monitoring though supportive supervision) which might be less challenging and take less time than the CIP process. The TSP process might have also received support from the state government to ensure FP service provision during the pandemic. Therefore, the TSP roll-out might have faced less challenges than the CIP development work.

ANNEX C: SMALL GROUP WORK REPORT-OUT

BMGF/ FP CAPE NIGERIA ANNUAL FAMILY PLANNING PARTNERS MEETING 2021

GROUP WORK: Summary of Key Actions Moving Forward

TOC area/ Group	KEY ACTIONS			
	What	Why	How	Who
Enabling environment	<ul style="list-style-type: none"> ▶ FP funding at national and subnational levels 	<ul style="list-style-type: none"> ▶ Not commiserate with commitment ▶ Stockout of commodities due to poor funding and release for procurement and distribution ▶ Limited funding affects access to FP services. 	<ul style="list-style-type: none"> ▶ Embed FP into country strategic plans (e.g., Universal Health Care (UHC)/ Basic Health Care Provision Fund (BHCPF), National Health Insurance (NHI)/ Social Health Insurance Schemes (SHIS) packages ▶ Advocacy strategy – link to human-centered design (HCD) ▶ Private sector inclusion 	<ul style="list-style-type: none"> ▶ Federal and state governments ▶ Partners networks/coalition – advocacy ▶ Budget offices
Demand generation	<ul style="list-style-type: none"> ▶ Increase media involvement; incorporate COVID in messaging; increase involvement of more private radio stations. ▶ Leverage on partnerships to increase FP visibility. ▶ Study on the barriers to media messaging 	<ul style="list-style-type: none"> ▶ This will reactivate momentum among the general population. 	<ul style="list-style-type: none"> ▶ Behavior change is a long, complex process. Facilitating behavior change requires a combination of short ads to create awareness and interest and longer shows to educate and resolve concerns. 	<ul style="list-style-type: none"> ▶ Government ▶ Implementing partners (IPs) ▶ Charity/civil society organizations (CSOs)
Service delivery	<ul style="list-style-type: none"> ▶ Improve access to a wider range of FP methods in the private sector. 	<ul style="list-style-type: none"> ▶ Cost of procuring FP commodities and providing services plays a large role as FP commodities are provided free of charge at the public health facilities. 	<ul style="list-style-type: none"> ▶ Subsidize FP commodities. ▶ Include FP in the health insurance scheme. ▶ Extend access to free commodities from government. ▶ Work with regulatory bodies to expand the range of services to be provided by accredited PPMVs using the multi-tiered approach. 	<ul style="list-style-type: none"> ▶ Federal Ministry of Health (FMOH) ▶ State Ministries of Health (SMoHs) ▶ Implementing partners (IPs) ▶ Private sector players

TOC area/ Group	KEY ACTIONS			
	What	Why	How	Who
Scale-up	<ul style="list-style-type: none"> ▶ Pause and reflect on scale-up experience from TCI and DMPA-SC. ▶ Scale up of self-injection and self-care ▶ Include demand side of scale going beyond mass media. ▶ Address Last Mile Distribution in scale-up. 	<ul style="list-style-type: none"> ▶ Need to understand of what works and what does not, and then apply that to scale up. Consensus on scale-up ▶ Need to increased access to FP services. ▶ Need to consider other models of scale-up especially for private sector. ▶ Need for the right quantity of products to successfully scale-up. 	<ul style="list-style-type: none"> ▶ Gather and share evidence from current scale-up experience 	<ul style="list-style-type: none"> ▶ Government ▶ IPs ▶ CSOs
Government	<ul style="list-style-type: none"> ▶ Increase domestic financing for FP with a focus on commodity procurement 	<ul style="list-style-type: none"> ▶ Investments in FP is central to harnessing demographic dividends. ▶ Domestic resource mobilization is more sustainable as donor investments will eventually taper off. 	<ul style="list-style-type: none"> ▶ State and local governments participate in contraceptive procurement. ▶ Improve accountability for resources. ▶ Improve and target advocacy to stakeholders. 	<ul style="list-style-type: none"> ▶ Honorable Minister of Health ▶ Honorable Minister of Finance, Budget and National Planning ▶ Honorable Commissioners for Health ▶ State governors ▶ CSOs ▶ IPs

GROUP WORK: Meeting Attendants' Comments on Group Report-Out



Demand Generation

A build from the team at hive here: we are working with Influencer champions (both men & women), they could play a key role here to help mobilize public attention/drive and attract media engagement in innovative ways (esp., via social media). We are very open to partnering, plus we'd love to see any work others are doing on stakeholder mapping, etc... that could help inform our approach.



Service Delivery

How will you determine and implement the subsidized rate for procuring FP commodities in the private sector?

Many thanks for the great presentation. It may be worthwhile to also factor the lessons from the PPFP project in Private sector in Lagos to think about some of the recommendations. Lagos state enlisted some of the private clinical facilities to get commodities from the CLMS unit.

It is important to intensify capacity building for FP service providers as appropriate, in the private sector facilities as part of steps to increase access to quality FP information, services, and commodities.

I suggest active inclusion of sexual partners/heads of households for improved uptake of FP.

PPFP project led by Dr. Taiwo Johnson will share with you the lessons from the capacity building experience of over 240 private hospitals in their network.

It is also important to emphasize what aspect of private sector in reference during discussion along the parameter of clinical or non-clinical (PPMVS). The data shared yesterday revealed a shift to the public sector as source of FP services for long-acting method. It is pertinent to ensure that the holistic approach should carry both the clinical and non-clinical segment along in this journey. Due to the experience that clients engage multiple sources of services based on many factors.



Scale-Up

Given that not all elements of successful intervention will remain unchanged during scaling and given the uniqueness of Nigerian states in terms of their health and traditional structures as well as budgetary constraints, how do we ensure adaptation without losing focus to these unique features as is the case in most times?



Government

How ought we do things differently within the context of CIPs? We are aware Annual Operational Plans (AOPs) are drawn from CIPs, but we need to have a performance matrix developed to review implementation challenges and also match government leadership in release of funds for operation rather than being dependent on donor support.

I believe that a realistic AOP should be developed going forwarded based on realistic funding from government budget even if it is limited in scope.

Annual gap analysis within this context will help push the momentum on making all AOPs implementable.

Targeting women is not sufficient. In our highly patriarchal societies, men should be the focus of FP messages. And religious leaders (who are mostly men).

ANNEX D: FP PROGRAMMING DURING COVID-19: Q & A

The FP Programming during COVID-19 session included a presentation on the impact of COVID-19 on FP activities and a panel discussion about experience and lessons learned from implementing FP programs during the pandemic, featuring representatives of Kano and Lagos SMOHs and BMGF FP programs. During the session, attendants were invited to submit questions to the presenter and the panelists via the meeting's chat box. Below are the questions and responses for the submitted questions for each sub-session.

- ❖ **Presentation:** *Impact of COVID-19 on the Implementation and Outcomes of BMGF FP Grants in Nigeria*, presented by Dr. Emmanuel Adegbe, FP CAPE Nigeria In-Country Representative

Have we aligned the data from the PoPCare with the CLMS data of the state ministries of health?

In the FP CAPE data analysis, we used stockout data from the National FP Dashboard and CHAI PopCare monitoring data. However, we did not do a systematic comparison between the two data sets.

Please do you know what accounted for the October 2020 drop/dip for youth? The March/April 2020 drop/dip is understandable.

The October drop in the A360 data is related to transition between grant phases.

I see the recommendation to bolster emergency preparedness for FP. Was this reflected in the priorities shared yesterday for ongoing FP work in Nigeria? Will emergency preparedness be integrated into the work of the government and partners moving forward?

The FP CAPE team developed the recommendation based on the document reviews, the qualitative data from FP CAPE's grantee surveys, and quantitative data from both national surveys and program monitoring data that we synthesized for the portfolio evaluation. It was not reflected in the priorities shared on Day One session of the meeting.

- ❖ **Panel discussion:** *Learning from COVID-19* with representatives from Kano and Lagos SMOHs and BMGF FP programs (AFP, DKT Nigeria, and TCI Nigeria)

Looking at the DKT Call Center data. How did the grantee maintain high interest in the call center?

DKT deployed banner ad campaigns on third-party platforms to drive traffic to the call center. Through social media, DKT promoted the e-voucher campaigns in some focal states.

There is currently stockout of FP commodities in most states. What is responsible for this?

We learned from the Central Contraceptive Warehouse (CCW) in Oshodi, Lagos in September 2020 that key commodities such as Depo, Exluton, Implanon, IUD, Levoplant, Microgynon, Noriserat, and Sayana@Press were in short supply, ranging between 0 and 2 months of stock. It also followed that if the central store did not have sufficient commodities, it would have to ration to states during the last distribution cycle of the year. For stockout earlier 2020, the major cause could be attributed to the movement restrictions as the FMOH had to secure special waivers to move the commodities from CCW to all the states. The data showed that the stock out dropped in June following the national to state distribution in May 2020. It was likely that the states then went on to distribute to the last mile (service delivery points) at the end of May or early June.

Any national guide, policy, or document on telemedicine yet?

The e-health/telemedicine program encompasses services such as health related internet information sites, automated online therapy, online consultations (real time), online pharmacies, tele-health, home monitoring systems and virtual clinics. This program is still at its nascent stage and is to come up with National E-Health Policy as well as development of National Regulatory Framework with guidelines to standardize e-health care delivery (https://www.health.gov.ng/index.php?option=com_content&view=article&id=129).

ANNEX E: ANNUAL MEETING EVALUATION RESULTS

1. Overall meeting rating (scale of 1–10, 10 being the best)

Mean Score	8.4
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2. Summary ratings on whether the meeting achieved its objectives (from 1–10)

Objective	Mean Score
Provide an update of BMGF FP portfolio performance and national progress	8.6
Engage in a collaborative process	8.0
Review program implementation during a pandemic	8.3
Celebrate collective accomplishments and successes	8.4
Promote FP community-wide learning and information exchange	8.4

3. How would you rate amount of information presented during the meeting?

Amount of Information	Frequency
Too much	7 (13%)
Just right	43 (79.6%)
Too little	4 (7.4%)
Total	54

4. How useful did you find the sessions of the meeting? (from 1–10)

Annual Meeting Sessions	Mean Score
Annual review of BMGF FP portfolio-level results	9.0
Celebration of the Wins – <i>The Wall of Wins</i>	8.4
Keynote panel about BMGF's global and NCO's FP/health strategy	8.7
Small group work on portfolio-level gaps and actions	7.9
Learning from COVID-19 panel discussion	8.4
Cross-learning session	8.7

5. Did the Annual Meeting meet your expectations? (Scale of 1–5, 5 being the best)

Mean Score	4.6
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Additional comments or suggestions:

Comments about meeting sessions:

- Congratulations to the facilitators. Emmanuel is an excellent MC, facilitator and leader. The behind-the-scenes team made the meeting run seamlessly across so many time zones. The meeting vision and execution was great. Loved the focus on data and shared problem solving. Well done to you all!
- Very interesting and effective meeting!
- Great job! Keeps getting better.
- Great experience for me and opportunity to learn from various programs.
- It was very educative sessions.
- Motivating!
- Inspiring!
- Wonderful sessions!
- Improve multi sectoral collaboration and service integration.
- Great COVID adaptation. The virtual meeting was seamless.
- Had interesting findings from where the SHIS is in Nigeria, and political will came tops on ensuring we achieve set strategies. So, what strong advocacy groups can be formed to help us with the political will.
- Time constraint for the small-group discussion but it was very useful.
- Well appreciated achievements.
- I benefited a lot!
- Beyond comments!
- Great meeting!
- Fantastic!
- Exciting!
- Satisfactory!
- It will be appreciated if the recording of the meeting can be shared, so that participants can revisit some sessions as they may experience internet disruption or challenges in hearing the presenters and capturing the contents of the slides.

Suggestion for improvement:

- I suggest next year meeting time should be increased to have ample of time for more explanation of presentations.
- Time didn't allow longer robust engagement. Hence, we can consider extending this meeting for a further day when using virtual platform.
- Consider an extra day for virtual platform.
- I really liked time to connect with small groups and discuss findings. small groups were not long enough to dig deep and share back with the group. Perhaps cover less info/questions in groups in virtual setting

- Great meeting! But for time constraints, would have been better to have more time for breakout sessions.
- More time should be allocated to breakout sessions in the future.
- More time for Q&A.
- More participatory sessions.
- More time for group work next time.
- More time should be dedicated to the BMGF strategy.
- The panelist did not have enough time to present.
- There wasn't time to get more learnings. Very engaging discussions. would suggest more time for group work and discussions.
- Time allocation to group work was not sufficient and team members struggled to align on key issues. COVID learning conversation seems all over the place – what everyone knows.
- Because this a virtual meeting before one comprehends the presentation it is passed so trying very much to link the presentations.
- The wins did not capture what all partners supported to bring about success.
- Please try to capture the work all grantees are doing not just TCI. your results seemed a bit skewed.