Innovative Public Sector Investment in Family Planning through the TCI Co-Financing Model in Nigeria

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What is The Challenge Initiative?

Our Hypothesis

- Scaling without impact is empty scale
- Impact at scale without increasing cost-efficiencies is not viable
- Cost-efficient impact at scale that is not sustainable will not produce lasting change

TCI is working to deliver on these four tenets of ours.

- The Challenge Initiative (TCI) is a platform for scale, impact, efficiency and sustainability
- We do this by enabling local governments to scale up high-impact family planning approaches for the urban poor
- Since launching in 2016, TCI brings a “Business Unusual” approach to driving improvement in social outcomes using urban reproductive health as an entry point
TCI’s Strategy and Business Model

TCI Theory of Change:
*Sustained Health Outcomes in Poor Urban Areas at Scale*

- **Local Governments**
  - Political and financial commitment
  - Health system readiness
  - Local ownership

- **Challenge Fund**
  - Leveraged investment
  - Donor incentive

- **TCI University**
  - Evidence-based approaches
  - 20/80 rule
  - Coaching/technical support

- **Adaptation & Scale**
  - Adapting proven approaches
  - Near-time data for decision-making
  - Realizing efficiencies

**Sustained Impact at Scale**

**Sustainability Indicators**
- Increased local ownership
- Capacity transfer
- Institutionalization and systems strengthening

**Impact Indicators**
- Increased uptake
- Sustained demand
- Increased quality and equity

*Use data to iterate, learn & adapt*
The Challenge Initiative in Nigeria

OUR GOAL
Greater self reliance of state governments to scale up **FP and AYSRH** best practices to sustain improvements in urban health systems and increase use of contraceptives, especially among the urban poor

- Implemented by Johns Hopkins Center for Communication Programs
- Funded by BMGF, Comic Relief, Bayer, TJ Mather
- Commenced in Sept 2017 | Currently in Year 5
- 12 Implementing States | 122 LGAs
- Graduating 3 state this quarter
What Are TCI’s Guiding Principles?

TCI provides evidence-based solutions for family planning scale, cost-efficient impact and sustainability guided by six principles:

**Demand driven**
Cities self-select to join TCI, bringing their own financial and human resources.

**Local ownership and system readiness**
Cities must be ready willing and able to address their challenges.

**Right-fitting best-practice interventions**
TCI simplifies proven interventions so it is easier and faster to implement, reaching more people, more places to have the same (or greater) impact.

**Leveraging existing platforms**
TCI works within existing government-led systems to harmonize strategies, funding and technical assistance, leading to cost-efficiencies with scale.

**Coaching and TCI University**
TCI uses a "Lead, Assist, Observe" coaching model to transfer capacity using TCI University, an online learning platform.

**Near-time, real-time data for decision-making**
TCI strengthens capacity to use data for problem solving and better decision-making.
How TCI Works with Cities

**SELF-SELECT**
After hearing about TCI through marketing and advocacy efforts, a city decides to submit an expression of interest to the TCI hub.

- **Start-Up**
  - 6 Months

**ASSIST**
TCI assists with technical coaching as the city starts to lead the implementation.

**COMMIT**
The city commits to TCI, setting aside funds for family planning and receiving resources from the Challenge Fund.

- **9-12 months**
  - Implement and monitor

**SURGE**
The city sees early signals of uptake of modern family planning methods and other outcomes. It uses data to further improve its program.

- **Adapt and learn**
  - 9-12 months

**PRE-GRADUATION**
Based on results from the RAISE tool, the city demonstrates improvements in its health system along with strong local ownership.

- **12 months**
  - Graduate

**GRADUATION**
City graduates as it achieves self-reliance and sustains results.

**LEAD**
Once approved, TCI works with the city to develop a program design using best practice approaches in TCI-U.

**OBSERVE**
TCI provides minimal coaching as the city strengthens its implementation.

**SELF-RELIANCE**
Post-graduation, TCI provides coaching on-demand while keeping track of the city's continued progress.
About the TCI Co-Financing Strategy

The strategy is premised on the hypothesis that by distributing the responsibility to finance FP implementation, government are able to:

(a) Allocate and sustain **scarce financial resources** to Implement effective family planning/reproductive health interventions

(b) Use these resources as a **rapid catalyst to unlock more resources** in response to the contraceptive needs of more women and men with equity and quality of care in mind

(c) Leverage the pool of funds to **attract additional funding** which goes towards the rapid scale-up of proven, high-impact interventions

(d) Track FP expenditure trends **and provide reliable evidence base** for sustainable health investment
About TCI Co-Financing Strategy (2)

The co-financing strategy is built on 3 key premises:

- Through a graduated co-financing mechanism, financial sustainability and transition to self-reliance are woven into the terms of engagement with partner states/cities.

- Financing does not happen in isolation, TCI deploys policy and program advocacy to ensure states are on a path towards ownership and health systems resilience.

- In building management and leadership capabilities to lead, drive and own its health program, states/cities must institutionalize health financing transparency, accountability and good governance.

The Co-Financing Strategy comprises of two core prerequisites:

- **Prerequisite No. 1 Financing** — The state government must fund an ever-increasing share of the cost of delivering its FP programs.

- **Prerequisite No. 2 Adaptive Leadership** — The state government must lead the technical implementation to deliver results of its FP programs in an ever-increasing proportion.
TCI’s Business Unusual model which of state-led technical assistance and tailored capacity strengthening efforts continues to evolve and target strengthening government’s capability to coordinate its resources and partners.

**Overall goal:** A “business unusual” approach to scaling up and sustaining proven urban reproductive health solutions.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Accelerated Start-up</th>
<th>Active Scale-up &amp; Surge</th>
<th>Sustainable Surge</th>
<th>Transition to self-reliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activation</td>
<td>100%</td>
<td>75%</td>
<td>66.6%</td>
<td>25%</td>
</tr>
<tr>
<td>Assistance</td>
<td>100%</td>
<td>75%</td>
<td>66.6%</td>
<td>75%</td>
</tr>
<tr>
<td>State Co-financing</td>
<td>0%</td>
<td>25%</td>
<td>33.3%</td>
<td>75%</td>
</tr>
<tr>
<td>TCI Challenge Grant</td>
<td>0%</td>
<td>25%</td>
<td>33.3%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Lead Stage:** TCI provides hands-on support to demonstrate the feasibility of the ‘BU’ model while building the capacity of managers and implementers.

**Assist Stage:** State leads implementation, while TCI supports through coaching, mentoring, and supporting from behind.

**Observe Stage:** Demonstrate state’s transformation and commitment to lead, coordinated, results-oriented and cost-effective, implementation.

**Expectations beyond Graduation:**
- Robust State governance and accountability mechanism for FP
- States are self-reliant in terms of funding and capacity to implement selected high-impact interventions
- Continued implementation of the high-impact intervention with minimal support from TCI
- Successful states as Learning Hubs and Centre of Excellence

Source: TCI Nigeria Co-financing Strategy; TCI Nigeria Capacity Strengthening and Coaching Strategy;
Every year, TCI conducts a joint review of state’s performance and expenditure to determine to what extent the expectations was met.

Through a set of performance metrics, TCI periodically tracks and measures progress, and uses the outcome to determine performance accruals for the next partnership year.
Performance Incentive Framework

- Reviewed annually at end of programming year
- Comparison between states is possible
- Commitment amount by government for following year determined based on:
  - Length of TCI engagement (longer engagement = higher amount)
  - Achievement of Grant Performance indicators

**Implementation Progress Tracker**
- Monthly review
- Expenditure benchmarks set at beginning of year (during workplanning process)
- Provides snapshot of spending against budget at given point in time
- Tracks spending on monthly basis against both government budgets and TCI budget (PD funds)
- Aims to track spending by other partners

**Grant Performance Tracker**
- Annual basis
- Assesses FP activities completed
- Assesses achievement of performance indicators
  - Implementation processes
  - Key program outputs
  - Financial commitments

Tracks local contribution (Matching Fund) based on matching ratio

Determines amount of TCI funds rolled over and **Accrued Reward** for the following year
**Performance Tracking Framework**

**Total Unlocked Reward**
As performance-based incentive for previous year’s performance

**Supplemental Funding**
Repayable conditional loan

**Proportion of Challenge Fund Grant**
to be matched by states in the new partnership year

**Matching fund required for new year**
estimated as a proportion of combined investment of the TCI Challenge Fund and State Matching fund

Allocated State funding determined through the **Grant performance Tracker**

Co-funding tracked through the **Implementation Progress Tracker**
A total of $2,080,864 (N749,111,170) released by state government as co-investment as at June 2020.
Funding (Committed Funds vs Actual Contributions)

Government Cash contribution vs spent in 10 States

Phase 1 States

Phase 2 States

- Ogun
- Kano
- Delta
- Bauchi
- Niger
- Anambra
- Plateau
- Rivers
- Abia
- Taraba

- Expected Contribution 2019-2020 (Y4) from Investment Performance Tracker
- Actual Local Contribution Spent 2019-2020 (Y4) cash only
Results - Funding (Cont’d)

Yearly Comparison of TCI vs State Investment ($) in FP across 5 Phase 1 states

- **2017/18**: 34% matched by state (vs 0%)
- **2018/19**: 23% matched by state (vs 25%)
- **2019/20**: 39% matched by state (vs 33%)
Results - Funding (Cont’d)

Yearly Comparison of TCI vs State Investment ($) in FP across 5 Phase 2 states

- 32% matched by state (vs 0%)
- 40% matched by state (vs 25%)
Conclusion

- The TCI model for program management, partnership and resource optimization has been hugely successful with evidence of improvements in key indicators, increase in domestic resources and catalyzing community action and ownership.

- The TCI competitive co-financing funding mechanism have proven useful in:
  - improving the FP funding landscape across demonstration states in Nigeria through increasing FP budget allocation and releases
  - stimulating creativity in leveraging available resources
  - increased transparency in FP budgeting and program implementation

- The model is also contributing to strengthening government accountability and responsiveness in domestic financing for health programs.
Learn More:
TCI Co-Financing Strategy


2020 Meet the Challenge Report

Experience and Insights from States
How has FP financing evolved over time before and after partnership with TCI?

- Lack of a dedicated budget line for family planning
- Inconsistent and inadequate release of funds for FP program implementation
- Lack of advocates for FP funding in government and within the communities
- Very minimal funding for FP consumables
...Continued
What difference did the TCI co-financing model make and how has it stimulated fund release and resource mobilization for FP in the state?

- TCI support to the state commenced in July 2018 through restructuring and creation of a vibrant family planning unit.

- Creation of ACG in November 2018 and formation of BTT who advocated to the following individuals: The Speaker TSHA, Accountant General, ES TSPHCDA, Hon. Commissioner of Health SMOH and Finance for the creation of a family planning budget line.

- Advocacy efforts led to creation of N30 Million Naira dedicated family planning budget lines for 2019 and subsequent increase to N202 Million for the year 2021.
### Funding Mechanism

<table>
<thead>
<tr>
<th>Funding Mechanism</th>
<th>Partnership Year 1 -2018</th>
<th>Partnership Year 2 2019</th>
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<tbody>
<tr>
<td>Govt Committed Fund</td>
<td>₦42,733,600</td>
<td>₦18,973,009</td>
</tr>
<tr>
<td>Total Releases/Spent</td>
<td>₦8,768,657 (20.5%)</td>
<td>₦34,763,236 (183%)</td>
</tr>
<tr>
<td>Funding Sources:</td>
<td>SOML-P4R, NSHIP, TSPHCDA, SMOH</td>
<td>Same</td>
</tr>
</tbody>
</table>
What are the drivers of incremental matching fund releases?

- Yearly increase in new acceptors which has assisted informed decision making for the TWG and subsequent government releases for FP.

- Integration of family planning demand creation and service delivery into other health interventions.

- Improved demand generation and increase in number of potential clients reached with family planning messages which has influenced government releases for FP.
Rivers State Experience Sharing, Insights and Lessons

Presented by

Dr Ememobong Jaja
MCH Program Manager
February 2021
Generally, this co-financing model brings a fresh perspective on working with partners, ensuring accountability, effective planning and efficiency in delivery of services.

Funding sources: for FP includes Budget line, PHCMB/LG derivation fund, SOMLPforR as well as leveraging from partners.
How did the Co-Financing Model get your government (policy makers) to release substantial funds for FP? What used to be the norm for fund release?

Establishment of a dedicated budget line

Data Use: Triangulating financial data with program data, which helps with advocacy efforts

Integration of PHC programs

Transparency and accountability on the TCI co-financing model earned government trust

Policy makers and FP technocrats are part of the design, planning and implementation of the program (e.g., FP CIP, in-reaches, FP & COVID social mobilization, commodity distribution, etc.)

Grant Management Orientation helped in facilitating shared understanding and commitment
Insights on how the co-financing model helped scale up of high-impact intervention in Rivers State and how has it made your system efficient?

- Increase in fund release and more HIIs across thematic areas being funded
- Efficient service provision
- Ownership and Accountability of FP program
- Intentionality with committing funds for FP/RH programs
- Diffusion by scope / geography

**FP client Volume VS PHC utilization 2020**

![Graph showing client volume and out-patient attendance over time from Jan-20 to Dec-20.](image-url)
Bauchi State Experience Sharing, Insights and Lessons

Presented by
Mrs Hajara Yahaya
Bauchi State Coordinator
(February 2021)
Beyond the Co-Financing Strategy, What other key considerations/factors may have contributed to the consistent and incremental financing recorded in Bauchi State?

FP budget line in SMoH and BSPHCDA (consistent budget allocation from 2018 to date), PHC MoU funding

- Advocacy activities by ACG
- Set target and strategies – SSHDP, CIP and AOP
- Cost efficiency of the high impact interventions especially the 72-hr makeover
- Improved quality of services using cost effective means – On-the-job training, Family planning supportive supervision, in-reaches, etc.
- The linkage between results and financing, the State recorded about 146% increase in annual client volume when baseline (one year prior to TCI implementation) was compared to the end of year 4 of TCI implementation in June 2020.
- NDHS 2013 indicated that mCPR was 2.0% (NDHS 2013) and 5.2 now (NDHS 2018)
Are there other additional factors that influence the state to adapt HII in health programs in the state?

- Overall effectiveness and cost efficiency of the high impact interventions (use of little amounts of funds to achieve bigger outcomes)

- Regular tracking and review of performance – quarterly score cards and fact sheets (consistent increase in service uptake data)

- Increased demand for FP services

- Community participation in mobilization for FP – community structures

- Efforts of the SBCC committee, interfaith forum, community theater, social mobilization activities

- Integrated PHC/RMNCH-N activities
Plateau State Experience Sharing, Insights and Lessons

Presented by

Mrs. Hannatu Francis Dung
State Reproductive Health Coordinator
How is the State team tracking financial commitment and releases from Government, and how do you ensure that these funds are utilized properly?

Funds released by government are usually from multiple sources (PSPHCB, PHC derivation funds and State Family Planning budget line).

**Released funds are tracked through:**
- Government memos
- Annual operation plan scorecard
- Budget tracking team
- Reports from TWGs
- TCI tracking tool

**To ensure funds are used properly:**
- Supportive supervision
- MOV such as receipts, attendances, meeting reports and experience sharing from participants
How might this new co-financing mechanism have influenced RMNCH financing overall in the state?

- Increased/improved co-financing strategies for programs across the broad spectrum of RMNCH (CHIPS, SEMCHIC), i.e., partners involvement

- Improved cost effectiveness for hospital projects such as 72-hour makeovers providing enabling environment for RMNCH

- Increased political commitments and investments on high-impact interventions

- Improved government financing/accountability for other RMNCH (Coaching, Supportive Supervision)

- Annual Operation Plan extending to other program areas apart from RMNCH
Questions