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Title: **A new model for stimulating domestic funding: Learnings from the catalytic demand-driven model in Nigeria**

Authors and affiliation

Dorcas Akila, The Challenge Initiative- Nigeria (TCI)

Victor Igharo, The Challenge Initiative Nigeria (TCI)

Olukunle Omotoso, The Challenge Initiative (TCI)

Lekan Ajijola, The Challenge Initiative – Nigeria (TCI)

Background/Objectives

Increasing local funding for family planning (FP) through the public and private sectors is key to meeting the FP2020 goal of helping 120 million additional women become modern contraceptive users especially in the low and middle-income countries. As these countries experience economic recession, characterized by rapid economic growth and increased government spending potential in health, they have increased fiscal space to support and sustain more of their own health programmes, decreasing need for donor development assistance. The Challenge Initiative (TCI) rolled out a concept called "The Business Unusual Model". It is a demand-led model where government and other potential entities self-select themselves to partake in "Business Unusual" FP investment to increase uptake of modern contraceptive methods. TCI is currently scaling up the Nigeria Urban Reproductive Health Initiative (NURHI) interventions through promotion of family planning benefit, educational activities to dispel myths around contraception and improv quality of FP services, the model that saw to increase in Contraceptive Prevalence Rate (CPR) in five urban poor Nigeria cities by an average of 11%. This abstract study the approaches that the model deployed to trigger domesticate funding of FP in Five states across Nigeria.

Program Intervention

TCI codified and marketed NURHI proof of concept at various national and state events to advocate for the adaptation and scale up of proven interventions. State that expressed interest, TCI provided technical assistance using face-to-face, virtual and TCI online university platform to mentor and coach interested states in completing the program design. At this stage, states indicate commitment to match catalysed resources (in cash/kind) as contribution to the partnership as the catalytic fund is dependent on state resources and leveraged resources from other sources for implementation of the high impact intervention to meet unmet need of women of reproductive age.

Methodology

The Nigeria Urban Reproductive Health Initiative (NURHI) "proof of concept" justifies this new paradigm for expanding the high impact interventions to new states in Nigeria using a demand driven model to scale up NURHI proof of concept. This model allows states to self-select themselves using the TCI's Demand driven three-stage process: (i) Expression of Interest (ii) program design and (iii) implementation. It is expected that states interested in the challenge fund "catalytic fund" meet these selection criteria of self-select, state-led, owned & aligned; financial investment; political

commitment; significant need; potential impact and most be an urban/peri-urban slums with underserved population. TCI used its coaching model to provide technical assistance to states through the three stages of the initiative. TCI conducted orientation for key stakeholders across the states on TCI grant framework in order to understand the catalytic and matched funding nature of the grant and the performance indicators that determines future funding. The states were supported to develop high-impact activities for their FP programs. They also clearly articulated planned activities to be funded by the state as part of the requirement for the partnership.

Results/Key Finding

NURHI high impact intervention has been marketed to 36 states, 5 states (Ogun, Kano, Delta, Bauchi and Niger) are currently implementing the TCI model and additional 5 states who have already expressed interests and designed plan for implementation have recently come on board. One of the objectives of TCI is to promote sustainability, local ownership and feasibility of long term investment in Reproductive Health. All through these stages, TCI provided light technical assistance using face-to-face, virtual and TCI online university platform. For the 5 states that are presently at the implementation stage, various commitment to match catalysed resources (in cash/kind) were contribution to partnership. Percentage distribution of funding commitment by the states to the overall total fund range between 13% to 44% and the leverage funds from other sources outside the TCI catalytic is between 0% to 7%. This is aside the creation separate budget line for family planning in the state and Local Government Area; availability of a three years costed implementation plan (CIP) for the state; availability of health systems like implementation of primary health care under one roof, task shifting and sharing policy, trained service providers. State Government now co-fund activities that were to be financed by the catalytic fund due to the introduction of performance-based incentive.

Policy or program implications/lessons

Stimulating host government commitment of resources in addressing public health issues in middle and less income countries has suffered a lot of setback. However, the blend of scale up of the URHI proof of concept using the “The Challenge Initiative” business unusual demand driven model has inspire the states to commit and leverage funds from within state to implement Family Planning proven interventions given their limited resources. This approach has catalysed the States to begin to look inwards to mobilizing domestic resources to fund program interventions. The States have equally begun to engage the private sector and philanthropists to fund some of the proven interventions. This model is built on the bedrock on ownership and sustainability with gradual phase out of external funds in a systematic manner. Efforts should be geared towards ensuring improved government domestic funding as this is the model that is ultimately scalable, sustainable and adaptable to other health programs and developmental initiatives.