



NIGERIA

Meet the Challenge 2020 Report

Insights, Impact and Inspiration from
The Challenge Initiative's Business Unusual
Partnership with 10 States in Nigeria





Bill & Melinda Gates Institute for
Population and Reproductive Health



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Acronyms and Abbreviations

ACGs	Advocacy Core Groups
AHD	Adolescent and Young People's Health and Development
AOP	Annual Operational Plan
AYSRH	Adolescent and Youth Sexual Reproductive Health
BMGF	Bill & Melinda Gates Foundation
BTT	Budget Tracking Team
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
CTU	Contraceptive Technology Update
DG	Demand Generation
DHIS	District Health Information System
EOI	Expression of Interest
FMOH	Federal Ministry of Health
FP	Family Planning
FP/CBS	Family Planning and Childbirth Spacing
FPSS	Family Planning Supportive Supervision
HII	High Impact Intervention
HMIS	Health Management Information System
IPCC	Interpersonal Communication and Counselling
ISS	Integrated Supportive Supervision
JHCCP	Johns Hopkins Center for Communications Program
LGA	Local Government Area
LPAY	Life Planning for Adolescent and Youth
MDAs	Ministries, Departments, and Agencies
MO	Make Over (72 Hour Makeover)
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
NPHCDA	National Primary Health Care Development Agency
NRHTWG	National Reproductive Health Technical Working Group
NURHI	Nigerian Urban Reproductive Health Initiative
PMIS	Performance Improvement Assessment
RHTWG	Reproductive Health Technical Working Group
SBCC	Social and Behavior Change Communication
SOML	Saving One Million Lives
SPHCDA	State Primary Health Care Development Agency
SPHCDB	State Primary Health Care Development Board
SSHDP	State Strategic Health Development Plan
TA	Technical Assistance
TCI	The Challenge Initiative
TCI U	TCI University
TWG	Technical Working Group
WHDC	Ward Health Development Committee
WSO	Whole Site Orientation
YFS	Youth Friendly Services

From the Director

Dear Friends, Colleagues and Partners:

It is with a great sense of pride that I share with you this inaugural Partnership Report of The Challenge Initiative (TCI) Nigeria, referred to as the “Meet-the-Challenge Report,” to highlight the groundbreaking insights, impacts and inspiration from working with TCI partner states in Nigeria over the last four years. With the mission of scaling up high-impact best practices, TCI is positioned to catalyze significant increases in the voluntary use of modern child birth spacing/family planning services, especially among the urban poor. By promoting collaboration among implementing partners, TCI establishes and strengthens government-driven platforms for harmonizing strategies, plans, funding and technical assistance to avoid duplication, waste and missed opportunities. Across TCI’s global network, TCI aims to reach an additional 1.5 million family planning users in 60 geographies (or cities) in 14 countries.

TCI Nigeria serves as an accelerator hub – a true innovation lab and acceleration platform. By creating a culture of transparent and accountable collaboration driven by local ownership and leadership, TCI is unlocking opportunities for sustainable funding for reproductive health programs, with family planning and adolescent reproductive health as entry points. Using our novel “business unusual” model, which consolidates the success of the Nigerian Urban Reproductive Health Initiative (NURHI), the accelerator hub in Nigeria partners with interested and motivated states that self-select to take part in TCI and lead the implementation of high-impact interventions (HIs) that ultimately increase access to quality family planning services and products.

TCI uses a demand-driven approach in which governments self-select and voluntarily opt-in to receive tailor-made technical assistance, knowledge transfer and co-financing to adapt and scale HIs. TCI’s approach is built on the premise that putting government in the driver’s seat and aligning HIs with existing government systems and structures is a better way to achieve lasting impacts that remain after external support ends. This demand-driven approach primes local ownership at the outset and reserves a leading role for government in program design and implementation.

We have evidence that the capacity of government managers to lead and drive implementation has improved significantly through our technical coaching and embedded technical assistance model since TCI’s partnership began with 10 states in Nigeria. TCI continues to effectively incentivize states to sustain a high level of commitment to, and responsibility for, serving the reproductive health needs of their citizens.

We remain committed to equipping more states with coaching support, technical guidance, tools and funding to lead and implement high-impact family planning interventions – so long as they meet the challenge by stepping forward and demonstrating their willingness, readiness and ability to address their reproductive health challenges.

Best wishes,



Dr. Victor Imuwahen Igharo
Director, TCI Nigeria

Executive Summary

Nigeria's state governments face financing and operational pressures in meeting the needs of their constituents. These pressures are compounded by changes in the external funding environment, where donors are stepping back and looking for models to promote self-reliance and sustainability of the interventions that they fund. Declines in donor funding globally present a substantial threat to development financing, especially in low- and middle-income countries, but also offer an opportunity to expand growth of non-donor sources of financing especially through public financing and leveraged co-financing models.¹ Nigeria's states operate in a context where donors are increasingly recognizing that state leadership and direction, not that of external actors, are needed if gains are to be sustained. In Nigeria, The Challenge Initiative (TCI) supports states in responding to these realities.

TCI, seed-funded by the Bill & Melinda Gates Foundation, is a "business unusual" approach that accelerates positive changes in reproductive health outcomes through the scale-up of high-impact solutions that expand access to quality services and reduce unmet need. TCI is led by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, with four regional accelerator hub partners including Johns Hopkins Center for Communication Programs (CCP) in Nigeria, IntraHealth International in Francophone West Africa, Jhpiego in East Africa and PSI in India. Over the years, TCI has demonstrated proof of scale for its demand-driven model and is active in 94 cities across 10 countries as of June 2020.

Building on the success of the Nigerian Urban Reproductive Health Initiative (NURHI: 2009-2020), TCI adjusted the approach to put state government leadership at the center of expanding urban access to and use of quality family planning services. TCI is a demand-driven model, meaning that states self-select to be part of the TCI partnership, put their own financial and human resources on the table, and prioritize and adapt high-impact interventions (HII) for scale, ultimately achieving sustainable health outcomes in an efficient and cost-effective manner.

Since 2017, TCI has partnered with state governments with a shared vision to expand access to quality family planning services and seek to do so in the most efficient manner possible. Ten states – Bauchi, Delta, Kano, Niger, Ogun, Abia, Anambra, Plateau, Rivers and Taraba – have opted in and drawn upon TCI's coaching, guidance on HII, data for decision-making, and Challenge Fund to design and deliver quality family planning services to the urban poor. Not only has TCI demonstrated the feasibility of its innovative technical assistance model and sustainable scale-up of family planning HII, it has also scaled up adolescent and youth sexual and reproductive health (AYSRH) HII in the four states of Ogun, Niger, Plateau and Edo. The addition of Edo as an AYRH-focused partnership brings the total number of states implementing TCI HII to 11 states.

Since 2017, when the first set of states joined TCI, partner states have reached a total population of about 30.4 million people, the vast majority of whom are women of reproductive age, with quality reproductive health information and services. This has been achieved by:

- Increasing strategic coordination and accountability for family planning across state Ministry of Health (MOH) and local government areas (LGAs)
- Improving financing of family planning programs through the introduction of a results-based co-financing strategy
- Improving norms and driving demand for family planning information and services through SBCC activities
- Expanding access to family planning services
- Continuously improving programming based on more reliable data systems

This report outlines the key results of these strategic approaches, while presenting state scorecards on each state's performance while engaged in the TCI partnership. In particular, this report highlights the innovative approaches by which state governments in Nigeria harness their resources to accelerate improvement in reproductive health outcomes, outlines strategies for domestic financing for family planning and serves as a performance dipstick for TCI partner states by highlighting implementation progress in line with annual workplans, performance benchmarks and reward mechanisms. The content of this report is expected to stimulate new thinking among governments, implementing partners, donors and local organizations, and expands the body of knowledge on emerging practices in development financing and sustainable approaches to scale up.

¹ USAID 2017. Investing for Impact: Capitalizing on the emerging landscape for global health financing. A report by the USAID's Center for Accelerating Innovation and Impact (CII).

The challenge for states now is to accelerate the progress they have made. To capitalize on the momentum generated to date, TCI will continue to work with state partners to build and sustain their impact and to tackle the issues that impede progress in expanding access to family planning services.

To this end, TCI recommends that states prioritize efforts to:

- Address overall human resource for health deficits
- Combat commodity stockouts and inadequate consumables
- Sustain and expand upon state funding commitments and releases for family planning
- Meet the needs of young people with tailored reproductive health information and services
- Strengthen the data management systems that underpin work to strengthen performance
- Increase investment in demand-side programming and social and behavior change efforts to support increased uptake of health services, including family planning services
- Embrace statewide scale-up of high-impact best practices in reproductive health with adaptation beyond family planning and AYSRH

In the future, states can also bring their increased expertise and experience in the health sector in cross-departmental/ agency coordination, especially as reproductive health has strong linkages to education, youth development and women's empowerment. We also expect increasing use of data to inform intervention design and improvement to address the many other public health challenges Nigerian states face. TCI looks forward to continuing productive work with its committed state government partners, and seeing their achievements sustained long after they graduate from TCI's direct support.

1. Background

Following the success demonstrated by the Urban Reproductive Health Initiative (URHI) that pilot-tested a comprehensive approach to improving contraceptive access in select cities in Kenya, Nigeria, Senegal and India, The Challenge Initiative (TCI) was born as a partnership platform to right-size and scale-up proven family planning (FP) interventions in a sustainable manner. To scale-up these proven interventions—deliberately ensuring the interconnectedness of services & supply, demand generation and advocacy interventions, TCI supports strengthening urban health systems while working with Nigerian states to explore a myriad of resource streams through catalytic co-financing mechanisms to ensure sustainable impact.

TCI supports the Nigeria government by working with states to prioritize reaching the most underserved urban locations, where population density is high and poor residents are often overlooked. It is in these urban areas—that often serve as autonomous economic, political, and social-organizing units—where bold initiatives can be implemented quickly and effectively, that the potential for impact at scale is the greatest. TCI's support toward the scale-up of homegrown impactful solutions to expand access and reduce unmet need for family planning is driven by its Theory of Change (described in detail in section 3), which outlines its pathways for creating sustained impact at scale. Led by CCP, TCI Nigeria is currently active in 11 states - Kano, Ogun, Bauchi, Niger, Delta, Abia, Anambra, Rivers, Taraba, Plateau and Edo.

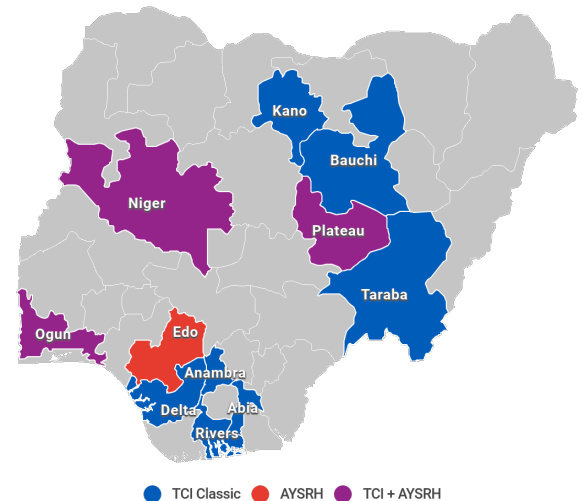


Figure 1. Map of Nigeria showing TCI supported states.

TCI launched in Nigeria on February 22, 2017, in Abuja. The program launch event attracted the participation and support of the then Minister of Health, Prof. Isaac Adewole, and Minister of States for Health and current Minister of Health, Dr. Osagie Ehanire. Others in attendance included representatives from the Ministry of Budget and Planning, the National Assembly, and other health parastatals. States' Commissioners for Health, donor agencies – including USAID, UNFPA, and the World Bank – and implementing partners pledged their commitment to joining the TCI partnership and platform.

By partnering with the Federal Ministry of Health (FMOH), State Ministries of Health and Primary Health Care Development Agencies and Boards as well as other line ministries, departments and agencies (MDAs), TCI offers states and cities across Nigeria the chance to accelerate and scale up the positive changes in urban reproductive health that the six cities of Federal Capital Territory (FCT), Ibadan, Ilorin, Kaduna, Benin and Zaria experienced under the Nigerian Urban Reproductive Health Initiative (NURHI) since 2009, which documented an approximately 2% increase in modern contraceptive prevalence rate (mCPR) each year.

TCI Nigeria made two rounds of calls for expressions of interest (EOIs) and received a total of 14 EOIs. As of June 2019, TCI partners with 10 states – Bauchi, Delta, Kano, Niger, Ogun, Abia, Anambra, Plateau, Rivers and Taraba – to scale-up high-impact family planning interventions. TCI prides itself as a learning platform. As a result, TCI Nigeria engaged states in a phased approach (1) to strengthen the commitment and systems of phase 2 states to ensure that they met the EOI criteria for partnership and (2) to ensure learnings from phase 1 states could be readily applied and leveraged in the implementation of the Hlls in phase 2 states.

- Phase 1 states: Bauchi, Delta, Kano, Niger and Ogun began implementing TCI Hlls between July 2017 to June 2018.
- Phase 2 states: Abia, Anambra, Plateau, Rivers and Taraba began within July 2018 to June 2019.

Learnings from implementation of the family planning Hlls revealed a need for more targeted and intentional programming for adolescents and youth aged 15 to 24. This spurred additional investment and context/demographic-specific interventions tailored towards improving adolescent and youth sexual and reproductive health (AYSRH) outcomes. An additional call for EOIs was made and a total of seven EOIs were received from states. From which four states were selected – Ogun, Niger, Plateau and Edo states; these states are currently implementing the TCI AYSRH program.

Since July 2019, TCI has been deepening its engagement with existing partner states and starting expansion plans into two new states.


2. Strategic Approaches & Key Results

TCI's core focus is to improve and strengthen health systems, governance and accountability structures for more efficient and effective reproductive health/family planning (RH/FP) programs. TCI-supported states have recorded tremendous improvements in the coordination of their family planning programs as a result of the coaching support that they have received from TCI in bringing all partners together to develop, implement and monitor state-wide integrated family planning workplans, while simultaneously strengthening interactions among partners and government at the community, local and state government levels.

TCI Nigeria employs a hybrid model that leads with advocacy and generates and links demand to improved access to quality FP/RH services – all while being evidence and learning informed and driven. This model hinges on four key pillars: (i) Amplifying voice, accountability and enabling environment through advocacy; (ii) Using social and behaviour change (SBC) to improve norms and drive demand for family planning information and services; (iii) Expanding access to family planning and AYSRH services; and (iv) Driving continuous improvement using data and evidence.


Amplifying Voice, Accountability and Enabling Environment through Advocacy

TCI has supported an increase in government coordination across its partner states by strengthening platforms hosted within government institutions. This has resulted in the establishment, strengthening and institutionalization of indigenous platforms – state-wide family planning workplans, Advocacy Core Groups (ACGs), Budget Task Teams, Strategic Behavior Change Communication (SBCC) committees, various technical working groups (TWGs) and interfaith forum – to facilitate state-led implementation, accountability and governance in support of improved family planning programs. As a result of these successful [advocacy interventions](#), TCI has been approached by other implementing partners on how to engage and work in partnership with states to build state leadership and ownership. Other key achievements include:

 **Approach in Action**
[Improved Coordination of Family Planning Partners in Rivers State Yields Positive Results](#)

- Amplified voices of family planning and AYSRH champions through Advocacy Core Groups (ACGs), SBCC committees and the interfaith forums
 - » More than 300 religious leaders have been trained on family planning messaging using the Christian and Islamic Perspectives and Sermon notes to speak publicly in support of family planning.
 - » In addition, TCI Nigeria has decorated 54 family planning champions across the 10 states, who have made statements in support of family planning at various fora. A total of 739 statements have been captured as public statements by the champions
- State are rising up to the challenge, as 32% of family planning funding committed to the TCI partnership has been from cash releases, amounting to ₦749,111,170 (\$2,080,864).
 - » In 2018, only three states released ₦17,084,000 (7.3%) out of the ₦233,500,000 allocated by four states with a dedicated budget line.
 - » In 2019, seven states released ₦115,831,933 from the family planning budget line out of the ₦588,309,740 allocated during the fiscal year, representing a 20% budget performance.
 - » While all 10 states now have a family planning budget line, five states have released ₦51,476,500 out of the ₦639,448,495 committed in the first 6 months of 2020.
- Additional sources of family planning funding leveraged, include Saving One Million Lives (SOML), Nigeria State Health Investment Program (NSHIP), bilateral funding agencies, implementing partners and other government Ministries, Departments, and Agencies (MDAs).
- Through TCI's co-financing strategy, 10 states unlocked a total of ₦1.22 billion (\$3.4 million) as performance-based investment, following program performance. Bauchi (₦240,647,200), Niger (₦210,224,262) and Plateau (₦187,002,580) are among the states unlocking the most investments during the last three years.

 **Approach in Action**
[Ogun State Islamic Religious Leader Spreads Family Planning Messages through Naming Ceremonies for Newborns](#)

 **Approach in Action**
[For the First time, Dedicated Budget Line for Family Planning Created in Anambra State](#)

Use of SBC to Improve Norms and Drive Demand for Family Planning Information and Services

TCl leveraged the strategic behavior change (SBC) approaches designed based on NURHI's ideational model, which had successfully demonstrated that changes in specific ideational factors led to increased intention to use and use of contraceptives. Findings from TCl's flexitrack survey conducted across all 10 states revealed that women who can confidently recommend use of family planning and can discuss family planning with their spouse are two times more likely to use contraceptives, and perceived self-efficacy increases the odds by 62%. People with adequate knowledge of the various contraceptive methods are four times more likely to use family planning. Similarly, the rejection of myths increased the odds by 68%, while social approval increased the odds by 65%. Using these findings, TCl is supporting states to develop state-wide SBC strategies and activities that address the various ideational factors that are most relevant to a particular state. This is reflected in the messages developed to engage with religious and community leaders, media practitioners and service providers.

With coaching support from TCl, all 10 states now have functional SBCC committees who have been trained on SBCC strategies and are coordinating [proven demand generation approaches](#) in a sustainable and cost-effective manner. The results of these efforts include:

- More than 150 SBCC committee members were trained on social mobilization strategy, with cascade trainings provided to 645 social mobilizers. These trainings were co-funded through the TCl grant and respective state governments.
- A total of 896,131 persons across the 10 supported states were reached with family planning information through social mobilization, which resulted in 189,533 clients referred and 58% of referred clients completing referrals.
- Of those reached through social mobilization from July 2019 to June 2020, about 40% (252,490) were adolescents and youth (AYs). While a total of 34,243 AYs were referred, 48% of referred AYs assessed family planning services at different facilities beyond the TCl-supported ones.
- In addition, family planning messages were integrated into reproductive, maternal, newborn and child health (RMNCH) mobilization efforts through voluntary mobilization.
- And over 8,523 radio and television spots and 33 radio documentaries on family planning through the [Get-It-Together Campaign](#) were aired by state media stations across the 10 states.

 **Approach in Action**
[Integrating Family Planning into MNCH Week Yields Significant Increase in New Acceptors in Niger State](#)

“ We used to have very few clients come to access condoms and a few for injectables, but since demand generation activities began around our community after our SBCC training, we now have a good number of women coming for LARC on a daily basis as a result of our sensitization. Most women who accessed family planning services after attending our sensitization activities have been telling others to also come for family planning services.”

– Josephine Ofor, social mobilizer and family planning provider at Umughu PHC, Abia state

Expanding Access to Family Planning Services

A total of 673,257 family planning annualised client volume was recorded as of June 2020 across all 10 states.² This represents 349,585 more clients (96% increase) accessed family planning method when compared to the 12-month period leading up to baseline. This was achieved by ensuring that TCl's [proven service delivery approaches](#) are intentionally linked with its demand generation and advocacy activities and orientation of state and the LGA FP/RH supervisors on proven-to-work approaches afforded the government team the opportunity to lead and drive implementation of the interventions.

² DHIS FP data pulled as at July 2020, adjusted for short acting methods, revisit and seasonality

In-reaches Are a Game Changer!

Delta state pioneered the in-reach approach with notable success: 503 new family planning acceptors were recorded as a result of 2-day in-reaches conducted in only 10 facilities. Based on learnings from Delta state, other state teams adopted the approach. This approach has been particularly successful in reaching youth with contraceptive services in Niger, Plateau and Ogun states. In Niger state, 6,451 young people have accessed contraceptive services from in-reaches conducted across 30 facilities in the state. This equates to 65% of the total number of those accessing contraceptive services during in-reaches in the state.

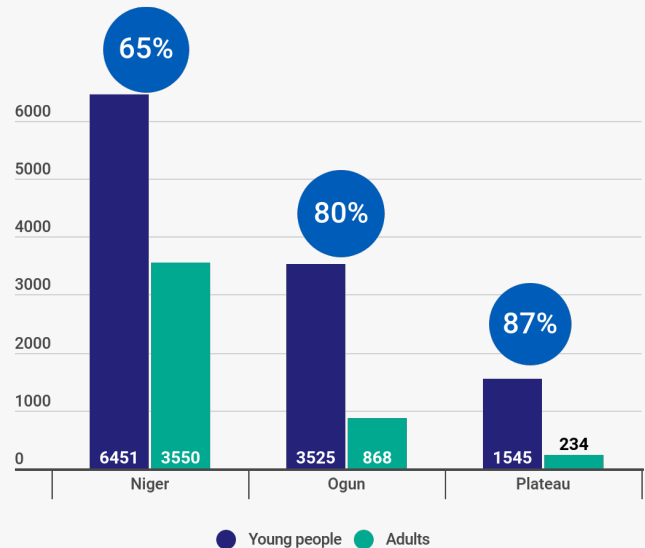


Figure 2. The number of adolescents and young people (15-24 years) who took up a contraceptive method at in-reaches in Niger, Ogun and Plateau states compared to adults who took up a contraceptive method at those same in-reaches, according to project records.

As a result, TCI and its state partners achieved the following key results:

- 1,591 in-reaches conducted, reaching 82,197 persons including young people with family planning services
- 1,330 health providers and 229 master trainers trained on long-acting reversible contraceptives (LARCs) across 10-supported states
- 1,087 facilities implemented whole site orientation (WSO), reaching 20,854 participants
- 77 facilities renovated, using the 72-hour clinic makeover model with government contributing a significant portion of the funding

Although TCI service delivery and community-level interventions are intensified within selected demonstration LGAs, its support to states as the unit of governance remains holistic and state-wide. As such, other non-demonstration LGAs are beneficiaries of the positive policy changes, expanded financing for family planning, coaching of FP/RH Coordinators across the LGAs with substantial improvements in how field support personnel deploy family planning services. Some of the gains of diffusion in the past year include:

- Provision of quality family planning services through facility in-reaches across non-demonstration LGAs in Anambra, Taraba and Niger states reaching 4,805, 12,736 and 15,405 persons, respectively.
- In addition, Plateau state funded and conducted WSO in 73 non-TCI demonstration sites while Niger state funded and implemented WSO in all family planning facilities across all LGAs.
- Nigeria State Health Investment Project (NSHIP) adopted the 72-hour clinic makeover model to makeover more than three health facilities in Bauchi state with minimal support from TCI. In Plateau state, the government also adopted the approach and made over two health facilities with its own resources.
- TCI has also mentored other implementing partners on its business unusual approach and high-impact best practices. With support from TCI team in Bauchi, Planned Parenthood Federation of Nigeria recently rolled out the 72-hour clinic makeover in 37 health facilities in Gombe state – which is a non-TCI support state.



Approach in Action

[Catalyzing Health Facility Improvements in Bauchi State, Nigeria: Transferring Know-How](#)

Driving Continuous Improvement Using Data and Evidence

Working with the relevant Departments of Planning, Research and Statistics at the Ministries of Health and Primary Healthcare Agencies, supported states have strengthened existing mechanisms for data management and improved HMIS reporting. These achievements were a result of reactivating inactive structures, such as the M&E technical working group in Niger state and the Health Data Consultative committee in Bauchi state, and strengthening the family planning component of already existing platforms, such as the data control room in Kano state.

“ I started working with Bauchi State Primary Healthcare Development Agency (BSPHCDA) as a Data Processing Officer in 2013. Before the coming of TCI, I did not know a lot of things, such as how the DHIS works. I was collating data for only one local government area until when I started working with the TCI’s M&E coach. My capacity was built not only on how to log into the DHIS platform but how to download data, analyze and compare to see improvements and data issues. My capacity has also been strengthened in that I now collate data monthly from health facilities and conduct Data Quality Assessment (DQA) and share it with implementing partners. It wasn’t like this before the coming of TCI. I feel very confident now in my role as M&E officer of the FP Unit in the PHC Agency.”

– Sumaiyya Suleiman, Bauchi State Family Planning M&E Office

Other achievements include:

- 132 LGA and facility M&E officers were coached on data management, resulting in improved reporting rates in the HMIS from an average of 70% in the second year of the project to 80% in the third year of the project. By the end of the project’s third year, four states recorded over 90% reporting rate and two states had 80%, while the remaining four states maintained the 70% average.

Program Expansion into Adolescent and Youth Sexual and Reproductive Health

In 2018, TCI Nigeria launched its adolescent and youth sexual and reproductive health (AYSRH) support – referred to locally as Life Planning for Adolescents and Youth (LPAY). Partner states now have the opportunity to design and deliver high-impact AYSRH interventions, tailor-made to address the health, social and developmental needs of young persons. Using its demand-driven model, TCI commenced a supplementary award to two states – Ogun and Niger and followed with programs in Plateau and Edo.

TCI’s AYSRH strategy (Fig. 3) is summarized into four key intervention pillars including: Strengthening data visibility, supporting the proliferation of youth-friendly cities and communities, customization of youth-focused and context-specific messaging, and addressing norms and provider bias.

Some key achievements of LPAY support includes:

- Through a joint engagement of TCI and NURHI2, TCI advocated to the Federal Ministry of Health to modify the national HMIS family planning tool for age-disaggregation. The tool is currently piloted in six states: Rivers, Osun, Abia, Taraba, Nasarawa and Kaduna, representing the country’s six geo-political zones.
- Identified and built the capacity of 71 youth on AYSRH information and messages to make them LPAY ambassadors and integrated them into existing family planning platforms.
- Trained 528 social mobilizers, LPAs and civil society organization volunteers on young people’s mobilization.



Figure 3: TCI's AYSRH Concentric Circles strategy.

- 75,584 AY reached, 8,951 referred and 3,328 completed referral between July 2019 and February 2020 in the four AYSRH states.
- Supported the four AYSRH states to train 95 health care providers on interpersonal communication and counseling for AYs.
- In addition, 63 facilities in Ogun and Niger conducted integrated AYSRH WSO.
- A total of 239 Patent and Proprietary Medicine Vendors (PPMVs) in Edo, Niger, Ogun and Plateau states were also trained on contraceptive counseling for AYs, referrals and data collection.
- As a result of these efforts, 15,901 AYs assessed family planning services in TCI-supported facilities from July 2019 to June 2020.

Reaching Adolescents & Youth Across the 10 TCI-Supported States

Adolescents and youth (AYs) constitute about 40% (252,490) of the total people reached through social mobilization in July 2019 to June 2020 across all 100 TCI-supported states. While a total of 34,243 AYs were referred, 48% of referred AYs assessed family planning services at the different facilities than TCI-supported facilities.

3. Measuring Program Performance

The overall goal of TCI is to support government to deliver sustained health outcomes in poor urban areas at scale. The strategy underpinning our work includes improving demand for and supply of the needed information and services, strengthening health systems, structures and mechanisms to support long-term impact and improving the capacity of government to lead implementation using data and evidence of what works. As outlined in the Theory of Change (Fig. 4), the anticipated impact includes increasing uptake, sustaining demand, and increasing quality and equitable access to family planning information and services.

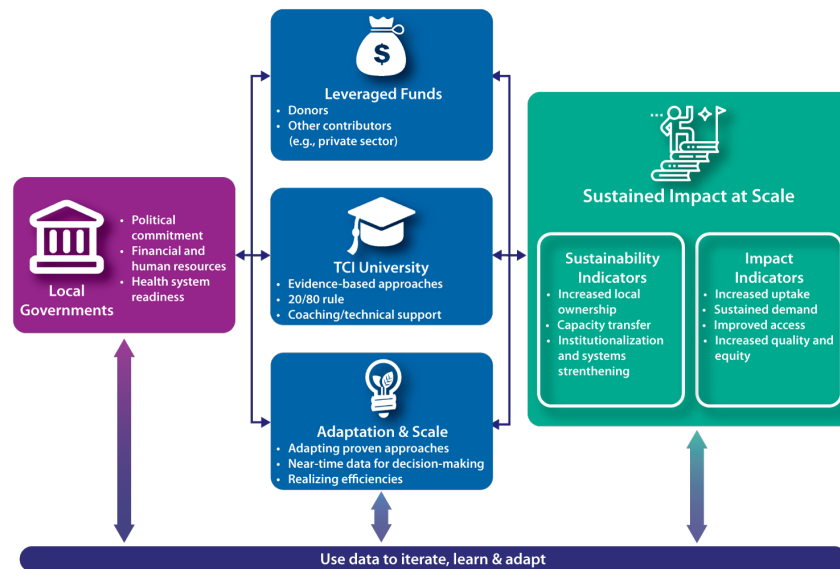


Figure 4: TCI's Theory of Change.

TCI believes that exponential growth and impact is possible – and that it can happen at a rapid pace – when conditions are right. TCI defines sustainable scale-up in terms of both depth and breadth. Depth refers to systems-level changes as a result of the institutionalization of proven health interventions while breadth encompasses increasing numbers of geographies implementing effective programs, thus reaching more people. Therefore, a key pillar through which we drive change is through catalyzing mindset shifts that posit that local players must be in the driver's seat, that change is possible and that high-impact scale is doable. Through our [Pathways to Sustainability and Scale \(PASS\)](#), we provide a comprehensive look at how we sustainably scale and measure progress.

As part of our efforts to establish and document the situation of family planning services across facilities in supported states, TCI supports state to conduct a series of assessments including health facility surveys (HFS) and performance improvement assessment (PIA), which were used to develop performance improvement plans for execution through targeted service delivery interventions. At the population-level, TCI supports states to conduct flexitrack surveys. TCI also implements a robust learning agenda to capture changes in behavior, norms and practices, as well as provide contextual explanations to situate the quantitative data. In balancing the tradeoffs between sustained impact and scale up of proven interventions, TCI works through relevant systems and structures to analyze the potential for impact while closely tracking and monitoring program implementation.

Improving Self-Reliance of Government Towards Sustainability Across TCI States

To support state governments to be more self-reliant, TCI developed a tool called the [Reflection in Action to Improve Self-reliance and Effectiveness \(RAISE\)](#) to assess the quality and sustainability of its proven high-impact reproductive health interventions. The RAISE tool assesses four domains, including Political and Financial Commitment for FP and AYSRH Interventions, Government Capacity, Institutionalization of TCI Proven Approaches and Sustained Demand. The chart below shows how states are performing for both family planning and AYSRH after the initial RAISE assessment was conducted in 2020.

RAISE Score Grading	
Mature:	85-100%
Expanding:	70-84%
Developing:	55-69%
Beginning:	Below 55%

The RAISE tool uses the grading to the right to measure state's progress towards self-reliance and graduation. All states developed action plans to close identified gaps with technical assistance from TCI. TCI will continue to provide coaching to relevant state and LGA teams to improve their indices across all four domains as the tool will be used quarterly to monitor progress.

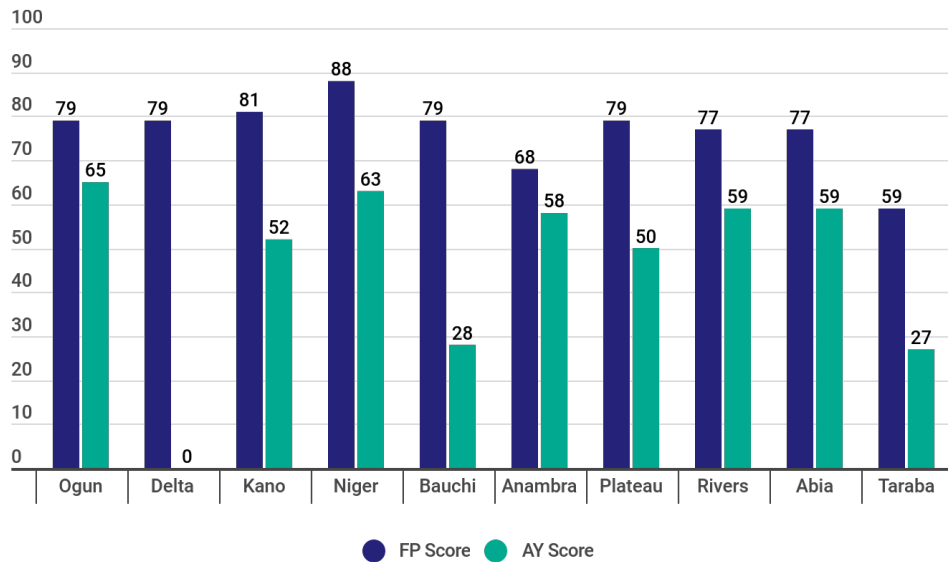


Figure 5: RAISE scores across 10 TCI-supported states for family planning and AYSRH interventions from assessment conducted in 2020.

Country Summary: Aggregated Results from All 10 States

The overall trend across all 10 TCI-supported states shows a significant rise in LARC and short-term contraceptive uptake (Figure 6a), representing an increase of 673,257 annual family planning client volume as of June 2020. Permanent methods declined as expected after providing support to address data quality issues associated with reporting this data element; this was a consistent problem across all states that has now been rectified as a result of TCI coaching. In addition, there is an overall average 10% increase in reporting rates across the 10 states.

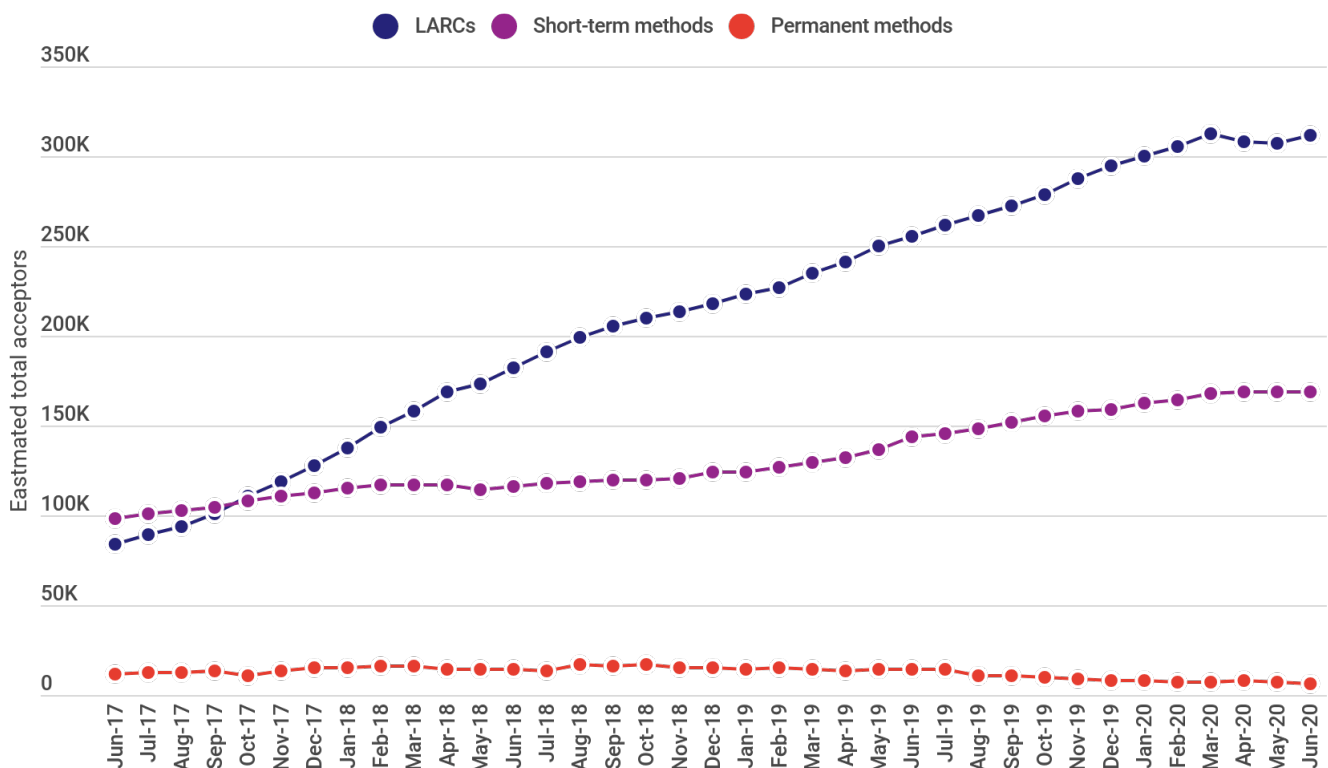


Figure 6a: Annual trends in client uptake in Nigeria (June 2017-June 2020); adjusted for short-acting method, revisits and seasonality. Source: HMIS

All states have recorded an increase in annual family planning client volume when comparing the latest period ending in June 2020 with each states' baseline.

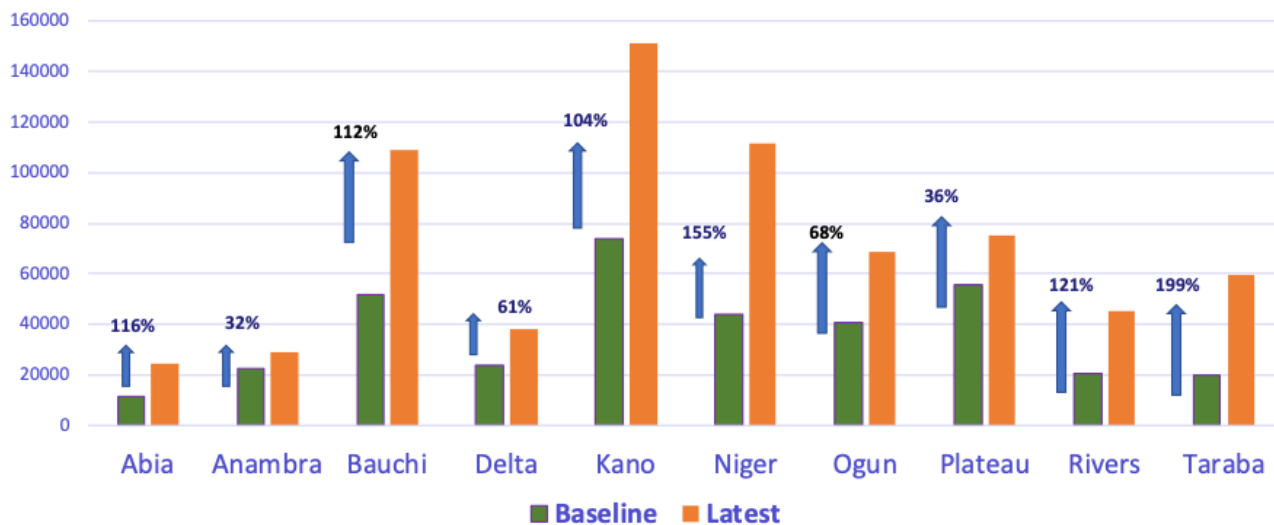


Figure 6b: Adjusted for short-acting method, revisits and seasonality. Source: HMIS

State-by-State Scorecard

Through TCI's commitment, supported states recorded increases in annual family planning client volume from 32% to 199%. As the [TCI competitive co-financing mechanism](#) continues to evolve, states are taking advantage of the technical support to explore and leverage additional funding channels for family planning, build family planning fiscal accountability and responsiveness mechanisms, strengthen budgeting processes and accountability through activation of the ACGs and budget tracking teams, as well as smart resource allocation for priority proven interventions.

While many states developed their first Costed Implementation Plans (CIPs), states continue to demonstrate their leadership and ownership of their family planning programs through the development of consolidated state-wide family planning workplans, reflecting the activities and funding of implementing partners and funders (to the extent to which information is made available by implementing partners). Coordination mechanisms, such as Technical Working Groups, consultative forum and joint health response teams, have also become operational. The state-by-state summary below reflects some of the program and financing related results.

Phase 1 States

Bauchi State

Bauchi recorded a **112% increase in annual family planning client volume** when compared to the 12 months before baseline. Over 90% of health facilities in the HMIS are reporting key data elements of different program areas, including family planning, in Bauchi State. See section 4 for detailed domestic financing analyses for Bauchi state.

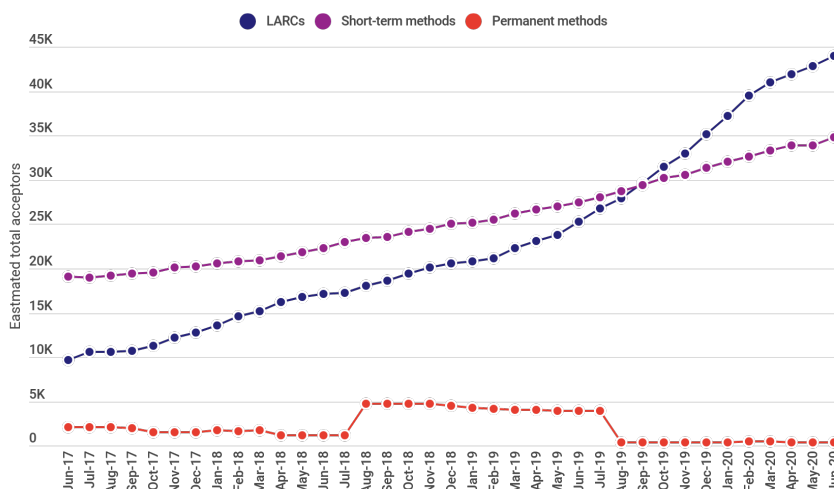


Figure 7: Annual family planning client volume trend by method In Bauchi state

Delta State

Delta state recorded a **61% increase in annual family planning client volume** when compared to the 12 months before baseline. Adjusted total client volume data for Delta showed a rise in LARC uptake since the beginning of TCI implementation, while short-term methods had initially declined after baseline but have since witnessed a steady increase towards the end of 2019. See section 4 for detailed domestic financing analyses for Delta state.

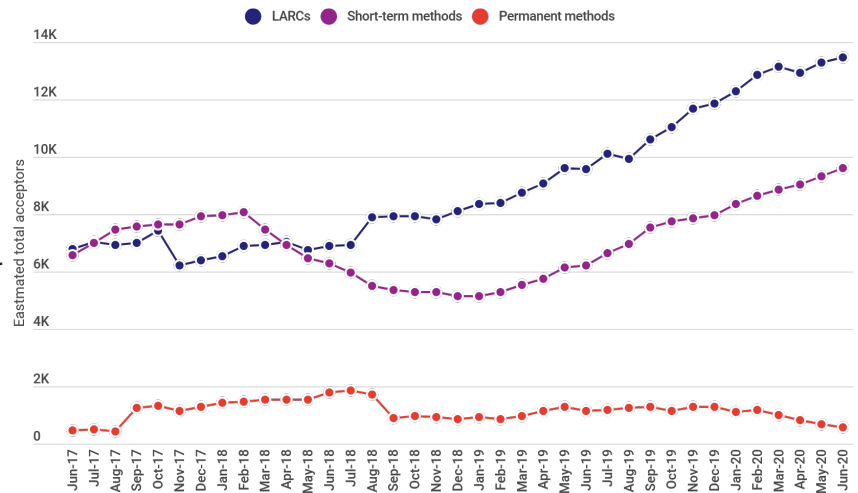


Figure 8: Annual family planning client volume trend by method in Delta state.

Kano State

Kano state recorded a **104% increase in annual family planning client volume** when compared to the 12 months before baseline. Of which, the state recorded almost a three time increase in number of LARC acceptors when compared with baseline (one year prior to TCI). See section 4 for detailed domestic financing analyses for Kano state.

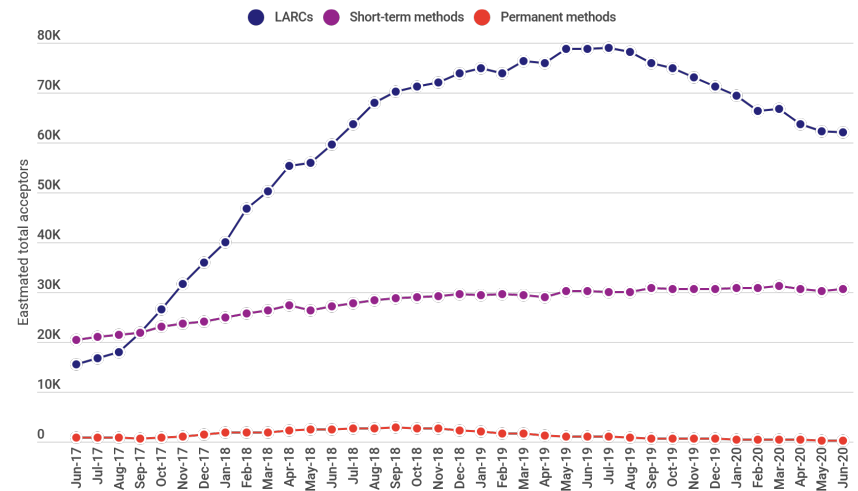


Figure 9: Annual family planning client volume trend by method in Kano state.

Niger State

The trend for Niger's LARC acceptors witnessed a tremendous and consistent rise while short-term uptake had a marginal increase since implementation commenced in the state. Niger state recorded a **155% increase in annual family planning client volume** when compared to the 12 months before baseline. See section 4 for detailed domestic financing analyses for Niger state.

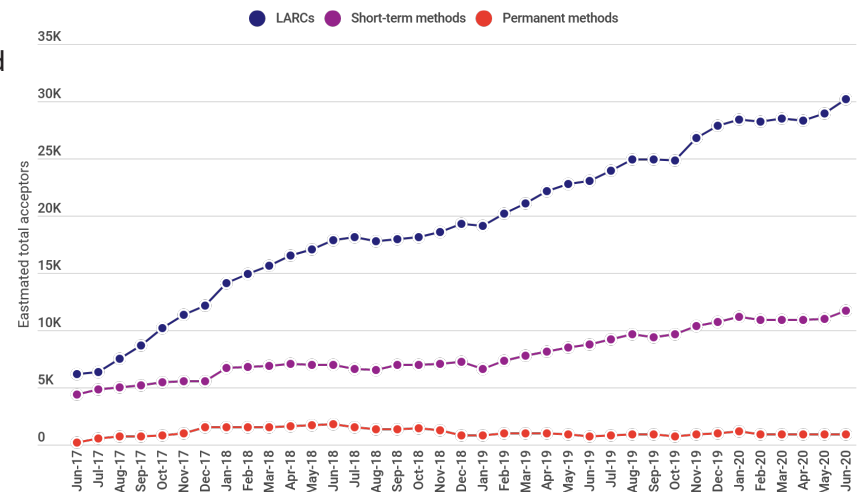


Figure 10: Annual family planning client volume trend by method in Niger state.

Ogun State

Ogun state recorded a **68% increase in annual family planning client volume** when compared to the 12 months before baseline. The number of facilities reporting on HMIS increased by 19% in the past year when compared with July 2017-June 2018. Although process indicators such as intervention intensification has remained consistent, program output has declined relatively. See section 4 for detailed domestic financing analyses for Ogun state.

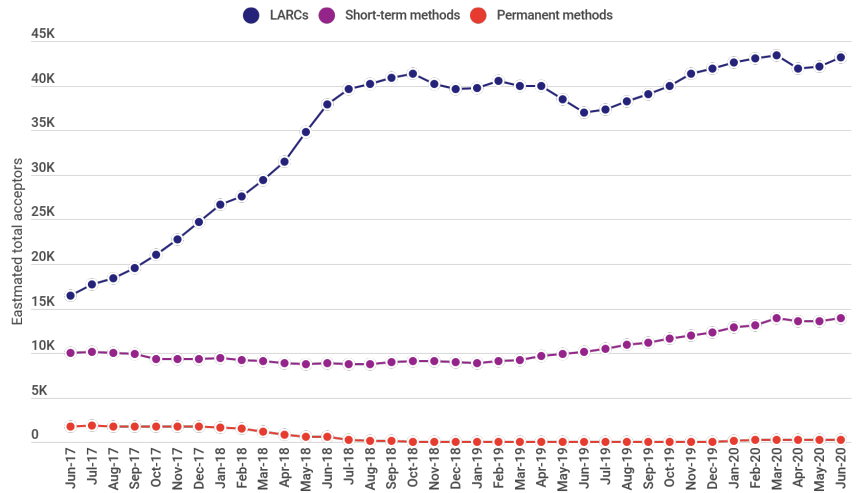


Figure 11: Annual family planning client volume trend by method in Ogun state.

Phase 2 States

Abia State

Since engagement with TCI began in June 2018, Abia state has shown a positive trend even though the state witnessed a decline between November and December 2018. Abia state recorded a **116% increase in annual family planning client volume** when compared to the 12 months before baseline. With only two years into implementation, Abia state has recorded progressive increase in key indicators and unprecedented amount of funding. Family planning uptake has nearly tripled in the last year and the state was 4% point away from the benchmark of 25% counterpart funding. See section 4 for detailed domestic financing analyses for Abia state.

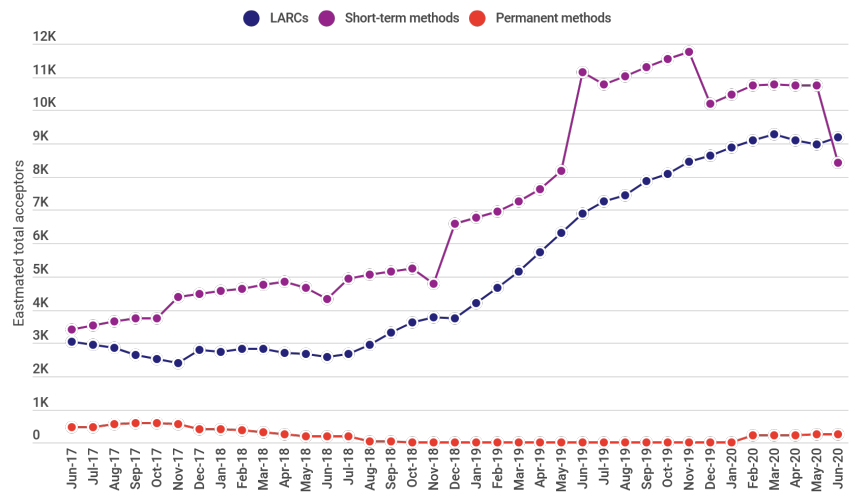


Figure 12: Annual family planning client volume trend by method in Abia state.

Anambra State

There has been a steady increase in LARC and short-acting contraceptive uptake apart from the occasional dip that occurred between September and October 2018 in Anambra state. Anambra state recorded a **32% increase in annual family planning client volume** when compared to the 12 months before baseline. With only two years into implementation, Anambra state has recorded progressive increase in key indicators and funding. See section 4 for detailed domestic financing analyses for Anambra state.

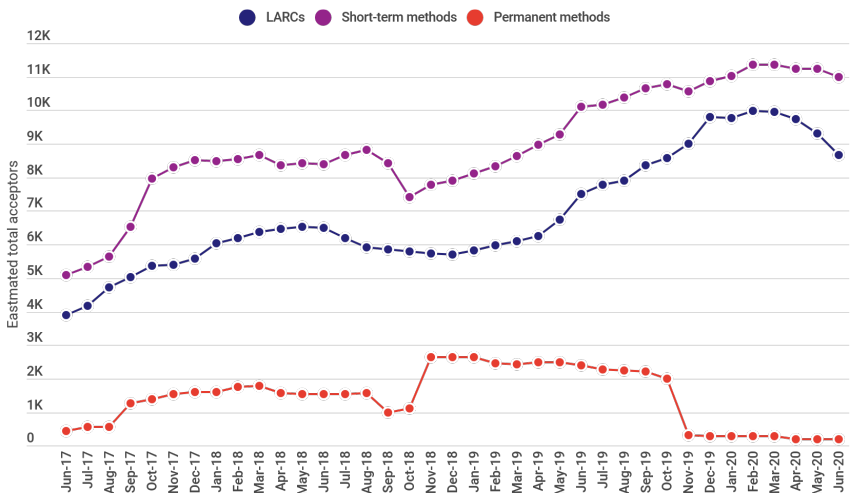


Figure 13: Annual family planning client volume trend by method in Anambra state.

Plateau State

Plateau state recorded a **36% increase in annual family planning client volume** when compared to the 12 months before baseline. The overall outlook for Plateau state showed a positive and consistent trend for LARCs and short-term method uptake with a nearly triple increase in LARC acceptors when compared with 12 months before baseline. See section 4 for detailed domestic financing analyses for Plateau state.

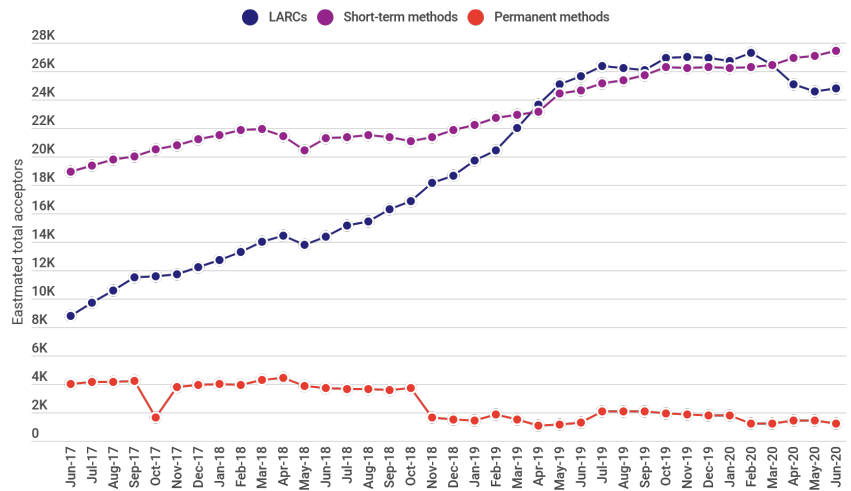


Figure 14: Annual family planning client volume trend by method in Plateau state.

Rivers State

Total family planning acceptor data showed no change in annual client volume until the commencement of TCI implementation. Rivers state recorded a **121% increase in annual family planning client volume** when compared to the 12 months before baseline. The positive trend was largely witnessed among LARC uptake, which more than tripled this year compared to the baseline. Short-acting method uptake showed a marginal increase. See section 4 for detailed domestic financing analyses for Rivers state.

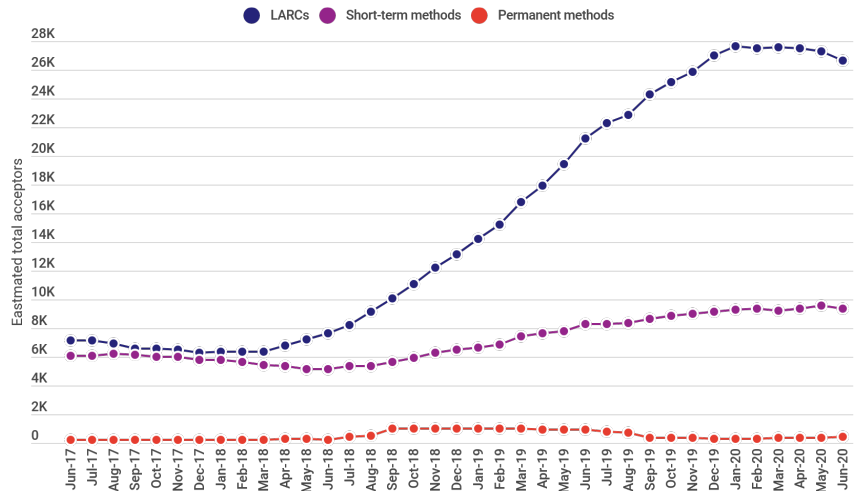


Figure 15: Annual family planning client volume trend by method in Rivers state.

Taraba State

Taraba state recorded a **199% increase in annual family planning client volume** when compared to the 12 months before baseline. Despite the slow start and steep implementation inertia, the state continues to show potential for progress in program indicator growth, health systems and governance. See section 4 for detailed domestic financing analyses for Taraba state.

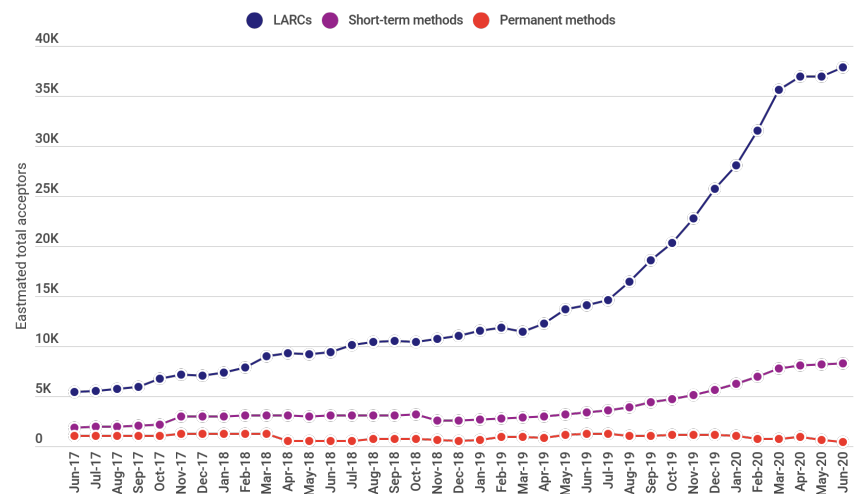


Figure 16: Annual family planning client volume trend by method in Taraba state.

4. Domestic Financing Performance

In the last three years, TCI tracks domestic expenditure in its 10 partner states implementing high-impact family planning interventions. While three out of the four AYSRH state overlap with the 10 states, the standalone AYSRH state, Edo, has not been included in this report.

State Family Planning Budget Performance

Working with ACGs to intensify advocacy efforts to key decision makers, TCI Nigeria has supported 10 states to increase funding for their family planning programs. The majority of the TCI-supported states did not have family planning budget lines before their engagement with TCI; only four had dedicated and active budget lines at the beginning of the TCI partnership. With advocacy and coaching support from TCI, all 10 supported states now have family planning budget lines and have allocated funds for family planning interventions.

“ *It is time we [government] begin to take the lead in the implementation of proven strategies geared towards universal health care coverage through the allocation and release of funds, especially in the area of family planning, which when effectively implemented will improve access to modern FP methods and reduce the incidence of maternal morbidity and mortality significantly.”*

– **Dr. Livinus Miapkwap, Executive Secretary, Plateau State Primary Health Care Development Board, speaking on the state’s release of funds for a LARC training**

Only three states at the beginning of the TCI partnership had active ACGs. Currently, 10 states have functional ACGs and budget tracking teams (BTTs). In terms of budget line allocation and releases, the ACGs have advocated and engaged with state governments to ensure more realistic forecast and fiscal responsiveness. The BTTs have also worked with ACGs to achieve increases in FP budget allocations.³ Budget line allocation and disbursements for family planning have been progressive:

- In 2018, only three states released ₦17,084,000 (7.3%) out of the ₦233,500,000 from four states with dedicated budget line.
- In 2019, seven states released ₦115,831,933 from the FP budget line out of the ₦588,309,740 allocated during the fiscal year, representing a 20% budget performance.
- While all 10 states now have a FP budget line, five states have released ₦51,476,500 out of the ₦639,448,495 allocated in the first six months of 2020 (as of June 2020).

Our analysis of funding sources and pipelines shows that while states are making more commitments towards family planning through the budget line, real expenditure is happening outside of the conventional fiscal provisions, through SOML and NSHIP. In addition, many states are accessing new funding from allocations/derivations from Internally Generated Revenue (IGR). For example, in Rivers state, in 2018, 4.3 million Naira was allocated for family planning under the State Primary Healthcare Board through the 5% LGA derivation fund. TCI is currently expanding the tracking of dedicated budget lines to include our intention to focus on the family planning expenditure tracking at this next level, as well as other funding pipelines available or currently explored, such as LGA consolidated revenue allocation and intervention funds.

Advocacy efforts continue to drive increased government commitment, especially through dedicated budget line creation and budgetary allocations and release for family planning. This increased state spending for family planning can be attributed to several key strategies, including:

- Transparent and accountable budget tracking
- Local readiness and ownership exemplified through state-led and -driven implementation built on the TCI model
- Prioritization of proven interventions for implementation

³ Figures captured here are, to the extent possible and verifiable, a reflection of actual releases and expenditure of government in cash and in-kind from the TCI funding pool for field implementation and partners for activities for which TCI jointly provided technical support to execute.

- Operationalization of an annual state-wide integrated family planning workplan, which coordinates efforts and activities of implementing partners, thereby reducing duplicity of investments
- Use of data to build the investment case for family planning

TCI will continue to strengthen state fiscal accountability through relevant channels, platforms and mechanisms, thereby moving towards realistic budget projections with clear implementation roadmaps, resource mobilization plans and improved budget performance. TCI will continue to support partner states to unlock and track domestic resources for family planning using its [co-financing strategy](#).

State Co-Financing Performance

TCI's co-financing strategy and catalytic funding model are at the heart of TCI's business unusual model. Through the co-financing strategy, TCI supports states to focus more on a multi-channel approach to unlocking funding within the health fiscal space and track expenditure. In the last three years of implementing the co-financing strategy, the counterpart funding model catalyzes improvement in family planning fiscal responsibility and provides an opportunity for more transparent relationship and mutual accountability between government and partners. Early signs of incremental progress in the last two years reveal that this is a realistic strategy as the results of this approach demonstrate that even the states with minimal family planning budget lines have improved in their FP expenditures.

This has been largely attributed to the robust advocacy strategy, strengthening health systems and structures to support planning and budget processes, agile program execution that supports proactive and innovative leveraging of health fiscal space and competitive co-financing strategy, which provides an opportunity for fostering a transparent relationship between TCI and state governments.

State Cash Versus In-Kind Investment

Across all 10 partner states, "cash" spending for family planning by the state has substantially increased when compared to previous state spending on family planning programs. This has greatly increased in the last three years of partnership with phase 1 states. In terms of meeting the funding requirements of the TCI partnership, states are rising to the challenge as state counterpart funding has progressively increased. About 32% of family planning funding invested into the TCI partnership has been from cash releases, amounting to ₦749,111,170 (\$2,080,864). (See Table 1).

Table 1: State Government Cash Release, By Annual Program Year & Total

	Period of Release	State Government Cash
Combined Investment Jul 2017 - June 2020	July 2017-June 2018 (Year 2)	₦54,779,600
	July 2018-June 2019 (Year 3)	₦294,082,626
	July 2019-June 2020 (Year 4)	₦400,248,944
	Combined All States for June 2017- June 2020 (Years 2-4)	₦749,111,170 \$2,080,864

Source: TCI Tracker

** This only reflects investment in program delivery costs, spanning advocacy, service delivery, demand generation and research, monitoring and evaluation activities at state, LGA, facility and community levels and does not include Technical Assistance cost such as personnel, travels, equipment, etc.*

Government cash releases for family planning implementation increased by 437% (from ₦54,779,600/\$152,166 in Year 2 to ₦294,082,626/\$816,896 in Year 3 and ₦400,248,944/\$1,111,803 in Year 4. (See Table 2).

Note: The analyses presented in tables 2-5b on the following pages are for implementation tracking; hence, they may not depict an accurate picture of all family planning-related investment by states but represents what TCI is aware of.

Table 2. Breakdown of Government Cash Releases During a Three-Year Period Across the 10 States (Source: TCI Investment Tracker & Analysis)

	July 2017-June 2018		July 2018-June 2019		%increase	July 2019-June 2020		%increase	Cumulative, July 2017-June 2019	
Bauchi	₦4,700,000	\$13,056	₦30,637,400	\$85,104	552%	₦62,046,000	\$172,350	103%	₦97,383,400	\$270,509.44
Delta	₦8,090,000	\$22,472	₦30,623,955	\$85,067	279%	₦24,307,933	\$67,522	-21%	₦63,021,888	\$175,060.80
Kano	₦17,858,000	\$49,606	₦44,432,200	\$123,423	149%	₦16,940,100	\$47,056	-62%	₦79,230,300	\$220,084.17
Niger	₦2,610,000	\$7,250	₦10,538,000	\$29,272	304%	₦73,247,400	\$203,465	595%	₦86,395,400	\$239,987.22
Ogun	₦21,521,600	\$59,782	₦19,248,658	\$53,468	-11%	₦26,080,000	\$72,444	35%	₦66,850,258	\$185,695.16
Abia	Not Yet Implementing		₦14,645,600	\$40,682	437%	₦30,700,000	\$85,278	110%	₦45,345,600	\$125,960.00
Anambra			₦19,714,100	\$54,761		₦30,111,100	\$83,642	53%	₦49,825,200	\$138,403.33
Plateau			₦71,490,080	\$198,584		₦72,237,500	\$200,660	1%	₦143,727,580	\$399,243.28
Rivers			₦43,983,976	\$122,178		₦29,815,675	\$82,821	-32%	₦73,799,651	\$204,999.03
Taraba			₦8,768,657	\$24,357		₦34,763,236	\$96,565	296%	₦43,531,893	\$120,921.93
		₦54,779,600	\$152,166	₦294,082,626		\$816,896		₦400,248,944	\$1,111,803	36%
Total Cash Investment (till date) as of June 2020										

In-kind funding also increased proportionately from \$60,198 (39.6% of total state funding) in Year 2 to \$123,347 (10.7% of total state funding) in Year 3.

Table 3. Breakdown of Government In-Kind Releases During a Three-Year Period Across the 10 States (Source: TCI Investment Tracker & Analysis)

	July 2017-June 2018		July 2018-June 2019		%increase	July 2019-June 2020		%increase	Cumulative, July 2017-June 2019	
Bauchi	₦2,700,000	\$7,500	₦2,038,500	\$5,663	-25%	₦4,320,000	\$12,000	112%	₦9,058,500	\$25,163
Delta	₦90,000	\$250	₦140,000	\$389	56%	₦60,000	\$167	-57%	₦290,000	\$806
Kano	₦13,503,000	\$37,508	₦1,476,000	\$4,100	-89%	₦1,090,000	\$3,028	-26%	₦16,069,000	\$44,636
Niger	₦460,000	\$1,278	₦1,113,000	\$3,092	142%	₦3,100,400	\$8,612	179%	₦4,673,400	\$12,982
Ogun	₦4,918,600	\$13,663	₦1,745,000	\$4,847	-65%	₦6,188,000	\$17,189	255%	₦12,851,600	\$35,699
Abia	Not Yet Implementing		₦2,895,000	\$8,042	11%	₦6,048,000	\$16,800	109%	₦8,943,000	\$24,842
Anambra			₦4,100,000	\$11,389		₦8,360,000	\$23,222	104%	₦12,460,000	\$34,611
Plateau			₦3,340,000	\$9,278		₦6,910,000	\$19,194	107%	₦10,250,000	\$28,472
Rivers			₦6,965,800	\$19,349		₦5,350,000	\$14,861	-23%	₦12,315,800	\$34,211
Taraba			₦240,000	\$667		₦160,000	\$444	-33%	₦400,000	\$1,111
		₦21,671,600	\$60,199	₦24,053,300		\$66,815		₦41,586,400	\$115,518	73%

TCI Versus State Investment

Based on the co-financing strategy, states can access the TCI Challenge Fund through two main channels: (1) Unlocked funds based on performance and (2) Supplemental funding.

- 1. Unlocked Funds Based on Performance:** The extent to which states have been able to access these resources have been hugely determined by their creativity in unlocking the required domestic resources to match this investment in the proportion so desired. Furthermore, this is also determined by how much they are willing to co-finance their matched funds for implementation of high-impact interventions.
- 2. Additional (Supplemental) Funding:** TCI provides all states with additional funding to complement the unlocked reward and support state intensification and expansion plans. However, for states that continue to demonstrate exceptional financial performance, they will be assigned additional funding which may include rollover funds not expended in the previous year so long as they have met their minimum matching requirements. Where the matching requirement for the previous year is not met, states may forfeit a portion of the accrued reward for the following year, thus leaving little additional funding available for implementation. Another source of supplemental funding may be obtained in the form of funds 'loaned forward'. The concept behind the loan forward is to ensure that implementation of critical interventions in support of government efforts does not suffer. For states with funding constriction, they may be offered addition 'loans' which will be built into the required pay back in the subsequent year and deducted from the accrued reward. The implication of this is that the state will be required to make-up for this deficit in funding while meeting the minimum matching co-funding in the new fiscal year.

In the Phase 1 states – Bauchi, Delta, Kano, Niger and Ogun States, the total matching investment (including cash and in-kind) when compared with TCI Challenge Fund received was 34% in the first year, 23% in the second year and 39% in the third year. (See Table 4a).

- During the first year (July 2017-June 2018), no state was mandated to meet a co-financing benchmark since TCI's co-financing strategy uses a zero-based budget programming approach. However, all five states – Bauchi (27%), Delta (25%), Kano (33%), Niger (22%) and Ogun (45%) – recorded significant releases when compared to TCI investment.
- In the second year (July 2018- June 2019), only Bauchi (33%), Delta (29%) and Kano (34%) met and exceeded the matching benchmark of 25%, while Niger (9%) and Ogun (15%) fell short.
- In the third year (July 2019-June 2020), Bauchi (49%) and Niger (54%) exceeded the benchmark of 33% with marginal increases in overall funding in Bauchi, Niger and Ogun states when compared to previous years. (See Table 4a).

Table 4a. Year-on-Year benchmark comparison of TCI and State investment for Phase 1 states

Phase 1 States Bauchi, Delta, Kano, Niger, Ogun	Round 1 States: Summary			
	TCI	State	Matching Ratio	Benchmark
2017/2018 (Yr 2)	₦108,567,964	₦54,779,600	34%	NA
2018/2019 (Yr 3)	₦449,522,657	₦135,480,213	23%	25%
2019/2020 (Yr 4)	₦323,024,298	₦202,621,433	39%	33%

Key	Below Target	
	Exceed Target	
	Progressive	

Table 4b. State-by-State Benchmark Comparison for Phase 1 States

			Bauchi			Delta			Kano			Niger			Ogun		
	Target	Summary	TCI	State		TCI	State		TCI	State		TCI	State		TCI	State	
2017/18	NA	34%	₦12,961,500	₦4,700,000	27%	₦24,181,650	₦8,090,000	25%	₦35,616,000	₦17,858,000	33%	₦9,046,500	₦2,610,000	22%	₦26,762,314	₦21,521,600	45%
2018/19	25%	23%	₦66,235,796	₦30,637,400	32%	₦75,158,786	₦30,623,955	29%	₦86,936,074	₦44,432,200	34%	₦111,052,632	₦10,538,000	9%	₦110,139,369	₦19,248,658	15%
2019/20	33%	39%	₦63,755,489	₦62,046,000	49%	₦60,870,822	₦24,307,933	29%	₦77,725,354	₦16,940,100	18%	₦62,758,462	₦73,247,400	54%	₦57,914,170	₦26,080,000	31%

Source: TCI Investment Tracker & Analysis

In the Phase 2 states – Rivers, Abia, Anambra, Plateau and Taraba, the total matching investment (including cash and in-kind) from all five states when compared with TCI Challenge Fund received stood at 34%. (See Table 5a).

- In the first year (July 2018-June 2019), no state was mandated to meet a co-financing benchmark. However, all five states recorded significant fund releases when compared to TCI investment with Plateau (64%) and Rivers (32%) leading, followed by Abia (18%), Anambra (18%) and Taraba (13%).
- In the second year (July 2019-June 2020), all states exceeded the 25% benchmark. Plateau continues to maintain its exceptional performance in terms of its funding commitment (recording 56% in its second year). Taraba leapt from 13% in the previous year to 40%. Overall, all phase 2 states, except Rivers, progressed significantly in terms of marginal increase in overall funding when compared to the previous year. Rivers stagnated at 32% with decline in overall state funding from ₦44million to ₦29.8million. Others recorded 35% by Abia, 32% by Anambra and 32% by Rivers. (See Table 5b).

Table 5a. Benchmark Comparison of TCI and State Investment for Phase 2 States

Phase 2 States Only <i>Abia, Anambra, Plateau, Rivers, Taraba</i>	Round 2 States: Summary			
	TCI	State	Matching Ratio	Benchmark
2018/2019 (Yr 3)	₦344,249,865	₦158,602,413	32%	NA
2019/2020 (Yr 4)	₦295,114,092	₦197,627,511	40%	25%

Table 5b. State-by-State Benchmark Comparison for Phase 2 States

			Abia			Anambra			Plateau			Rivers			Taraba		
	Target	Summary	TCI	State		TCI	State		TCI	State		TCI	State		TCI	State	
2018/19	NA	32%	₦64,605,863	₦14,645,600	18%	₦89,441,372	₦19,714,100	18%	40,179,327	71,490,080	64%	₦92,256,850	₦43,983,976	32%	₦57,766,454	₦8,768,657	13%
2019/20	25%	40%	₦57,312,860	₦30,700,000	35%	₦65,401,699	₦30,111,100	32%	57,741,845	₦72,237,500	56%	₦62,900,141	₦29,815,675	32%	₦51,757,547	₦34,763,236	40%

Source: TCI Investment Tracker & Analysis

Key	Below Target	
	Exceed Target	
	Progressive	

Committed Versus Release Funds: TCI Challenge Fund and State Investment

To date, TCI has committed ₦3.1billion (\$8.6 million) in seed funding and accrued reward for direct field implementation through its Challenge Fund.⁴ Out of this amount, ₦1.5billion (\$4.2million) has been accessed by states.

A total of ₦1.18billion (\$3.3million) have been committed by states through program designs and computed co-investments. However, ₦749million (64%) has been released as of June 2020. Out of the 10 states, only Plateau state has met and exceeded its total commitment to date with about ₦143.7million released.

In the first year (July 2017-June 2018) of TCI partnership with Phase 1 states, a total of ₦829.6 million (\$2.3 million) was allocated as seed funding via The Challenge Fund based on the jointly developed program designs. Out of which, only ₦109million (\$302,000) was utilized (13.1%) for field implementation. A total of ₦355.6 million (\$988,000) was also committed by the states as their cash and in-kind counterpart funding. Of which, only ₦55 million (\$152,000) was realized (15.4%). As a result, in the second year (July 2018-June 2019) of TCI partnership, a total of ₦260.2million (\$722,888) was unlocked as accrued reward by the Phase 1 states, which is programmed for the next year with Bauchi State being the most rewarded with ₦88million. (See Tables 6a and 6b).

During the same period, the five new Phase 2 states were allocated seed funding from The Challenge Fund of ₦1.003billion (\$2.8million), with ₦344.2million (\$956,000) utilized (34.3%) for field implementation. A total of ₦326.8million (\$908,000) counterpart funding from the Phase 2 states was also anticipated; out of which, ₦158.6million (\$440,562) was released and used for implementation (49%). (See Tables 6a and 6c).

In the third year (July 2019-June 2020) of TCI partnership with both Phase 1 and Phase 2 states, the 10 states unlocked a total of ₦367.9 million (\$1.02 million) as performance-based co-investment, with Plateau (₦91.3 million/\$254,000), Kano (₦63.83 million/\$177,500) and Rivers (₦57.43 million/\$160,000) among the top earners and Taraba (₦9million) and Ogun (₦16million) among the low earners. A total of ₦409.7 million (\$1.14million) was also committed by the states as counterpart funding out; of which, ₦400 million (\$1.1million) was released (98%). Six states – Bauchi and all Phase 2 states – exceeded the expected government counterpart funding benchmark. (See Tables 6a and 6d).

Table 6a. Accrued Reward based on Performance

OVERALL SUMMARY									
TOTAL	TCI FUNDS (Seed Funds + Accrued Reward)		₦3,109,227,343		\$8,636,743				48.9%
	Total TCI Fund Accessed		₦1,520,478,876		\$4,223,552				
Year till date (as of June 2020)	GOVT. COMMITMENT EXPECTED		₦1,178,867,130		\$3,274,630.92				63.5%
	Total Govt Released		₦749,111,170		\$2,080,864.36				
PHASE 1 STATE SUMMARY					BAUCHI	DELTA	KANO	NIGER	OGUN
TOTAL	TCI FUNDS (Seed Funds + Accrued Reward)	₦1,626,769,039	\$4,518,803	54.2%	₦416,147,295	₦325,889,692	₦310,147,279	₦394,942,488	₦179,642,285
Year till date (as of June 2020)	Total TCI Fund Accessed	₦881,114,919	\$2,447,541		₦142,952,785	₦160,211,258	₦200,277,428	₦182,857,594	₦194,815,853
	GOVT. COMMITMENT EXPECTED	₦735,060,016	\$2,041,833	53.4%	₦115,133,242	₦87,930,868	₦154,574,958	₦193,807,733	₦183,613,215
	Total Govt Released	₦392,881,246	\$1,091,337		₦97,383,400	₦63,021,888	₦79,230,300	₦86,395,400	₦66,850,258
PHASE 2 STATE SUMMARY					ABIA	ANAMBRA	PLATEAU	RIVERS	TARABA
TOTAL	TCI FUNDS (Seed Funds + Accrued Reward)	₦1,482,458,305	\$4,117,940	43.1%	₦198,538,281	₦268,901,600	₦397,787,230	₦374,045,801	₦243,185,393
Year till date (as of June 2020)	Total TCI Fund Accessed	₦639,363,958	\$1,776,011		₦121,918,723	₦154,843,071	₦97,921,171	₦155,156,992	₦109,524,001
	GOVT. COMMITMENT EXPECTED	₦443,807,114	\$1,232,798	80.3%	₦93,991,727	₦81,441,010	₦93,359,360	₦113,308,409	₦61,706,609
	Total Govt Released	₦356,229,924	\$989,528		₦45,345,600	₦49,825,200	₦143,727,580	₦73,799,651	₦43,531,893

Source: TCI Investment Tracker & Analysis

⁴Total spending refers only to funds released for field implementation of selected high impact interventions captured in the state consolidated workplan. It does not include other hub operations, equipment and logistics cost, technical assistance, coaching, HR and direct sub-awards to local implementers of media-based campaign, advocacy and social mobilization interventions.

Table 6b. Comparison of Accrued Reward Versus Matching Fund Based on Expenditure and Releases for Phase 1 States

		Summary - Phase 1 States			Bauchi	Delta	Kano	Niger	Ogun
Partnership Year 1 July 2017 - June 2018 Activation Phase	Seed Fund (Phase 1 States)	₦829,583,290	\$2,304,398	13.1%	₦175,500,095	₦212,807,274	₦185,205,789	₦148,094,526	₦107,975,606
	Total TCI Fund Spent	₦108,567,964	\$301,578		₦12,961,500	₦24,181,650	₦35,616,000	₦9,046,500	₦26,762,314
	Expected Matching Fund	₦355,647,080	\$987,909	15.4%	₦51,235,342	₦31,428,474	₦87,927,158	₦90,519,632	₦94,536,474
	Total Govt Released	₦54,779,600	\$152,166		₦4,700,000	₦8,090,000	₦17,858,000	₦2,610,000	₦21,521,600
Partnership Year 2 July 2018 - June 2019 Accelerated Start-up Phase	Accrued Reward*	₦260,239,847	\$722,888	172.7%	₦88,035,300	₦54,202,063	₦48,363,240	₦34,819,622	₦34,819,622
	Total TCI Fund Spent**	₦449,522,657	\$1,248,674		₦66,235,796	₦75,158,786	₦86,936,074	₦111,052,632	₦110,139,369
	Govt. Committed Fund	₦86,746,616	\$240,963	156.2%	₦29,345,100	₦18,067,354	₦16,121,080	₦11,606,541	₦11,606,541
	Total Released	₦135,480,213	\$376,334		₦30,637,400	₦30,623,955	₦44,432,200	₦10,538,000	₦19,248,658
Partnership Year 3 July 2019 - June 2020 Scale-up & Surge Phase	Accrued Reward*	₦173,948,652	\$483,191	55.2%	₦40,310,900	₦31,303,955	₦63,878,200	₦21,870,540	₦16,585,057
	Allocated Fund (+/-Supplemental Fund)	₦585,332,640	\$1,625,924		₦69,105,600	₦76,870,080	₦101,053,440	₦183,363,120	₦154,940,400
	Total TCI Fund Spent**	₦323,024,298	\$897,290	69.2%	₦63,755,489	₦60,870,822	₦77,725,354	₦62,758,462	₦57,914,170
	Govt. Committed Fund	₦292,666,320	\$812,962		₦34,552,800	₦38,435,040	₦50,526,720	₦91,681,560	₦77,470,200
Total Govt Released	₦202,621,433	\$562,837	₦62,046,000	₦24,307,933	₦16,940,100	₦73,247,400	₦26,080,000		
Partnership Year 4 July 2020 - June 2021 Sustainable Surge Phase	Accrued Reward*	₦362,997,250	\$1,008,326		₦112,301,000	₦27,576,400	₦12,700,050	₦190,157,800	₦20,262,000
	Allocated Fund (+/-Supplemental Fund)	₦312,997,250	\$869,437		₦62,301,000	₦27,576,400	₦12,700,050	₦140,157,800	₦70,262,000
	Govt. Committed Fund	₦312,997,250	\$869,437		₦62,301,000	₦27,576,400	₦12,700,050	₦140,157,800	₦70,262,000

Source: TCI Investment Tracker & Analysis

Note: This analysis is for implementation tracking hence it may not depict an accurate picture of the FP-related investment by states or TCI investment size.

*The accrued reward does not include roll-over amount and any supplemental funding from previous years. This may be factored into the total amount to be made available for implementation

**Total Spend refers only to funds released for field implementation of selected high impact interventions captured in the state consolidated workplan. It does not include other technical assistance, coaching, HR and direct sub-awards to local implementers of media-based campaign, advocacy and social mobilization interventions.

Table 6c. Comparison of Accrued Reward Versus Matching Fund Based on Expenditure and Releases for Phase 2 States

		Summary - Phase 2 States			Abia	Anambra	Plateau	Rivers	Taraba
Partnership Year 1 July 2018 - June 2019 Activation Phase	Seed Fund (Phase 2 States)	₦1,003,344,933	\$2,787,069	34.3%	₦120,292,233	₦212,413,450	₦210,784,650	₦269,306,100	₦190,548,500
	Total TCI Fund Spent	₦344,249,865	\$956,250		₦64,605,863	₦89,441,372	₦40,179,327	₦92,256,850	₦57,766,454
	Govt. Committed Fund	₦326,784,967	\$907,736	48.5%	₦72,909,367	₦61,236,000	₦62,926,000	₦86,980,000	₦42,733,600
	Total Released	₦158,602,413	\$440,562		₦14,645,600	₦19,714,100	₦71,490,080	₦43,983,976	₦8,768,657
Partnership Year 2 July 2019 - June 2020 Accelerated Start-up Phase	Accrued Reward*	₦193,938,611	\$538,718		₦19,478,048	₦16,657,050	₦91,300,080	₦57,429,776	₦9,073,657
	Allocated Fund (+/-Supplemental Fund)	₦351,066,441	\$975,185	84.1%	₦63,247,079	₦60,615,030	₦91,300,080	₦78,985,226	₦56,919,026
	Total TCI Fund Spent**	₦295,114,092	\$819,761		₦57,312,860	₦65,401,699	₦57,741,845	₦62,900,141	₦51,757,547
	Govt. Committed Fund	₦117,022,147	\$325,062	168.9%	₦21,082,360	₦20,205,010	₦30,433,360	₦26,328,409	₦18,973,009
	Total Govt Released	₦197,627,511	\$548,965		₦30,700,000	₦30,111,100	₦72,237,500	₦29,815,675	₦34,763,236
Partnership Year 3 July 2020 - June 2021 Scale-up & Surge Phase	Accrued Reward*	₦285,174,761	\$792,152		₦58,768,000	₦39,831,100	₦95,702,500	₦47,309,925	₦43,563,236
	Allocated Fund (+/-Supplemental Fund)	₦285,174,761	\$792,152		₦58,768,000	₦39,831,100	₦95,702,500	₦47,309,925	₦43,563,236
	Govt. Committed Fund	₦142,587,381	\$396,076		₦29,384,000	₦19,915,550	₦47,851,250	₦23,654,963	₦21,781,618

Source: TCI Investment Tracker & Analysis

Note: This analysis is for implementation tracking hence it may not depict an accurate picture of the FP-related investment by states or TCI investment size.

*The accrued reward does not include roll-over amount and any supplemental funding from previous years. This may be factored into the total amount to be made available for implementation

**Total Spend refers only to funds released for field implementation of selected high impact interventions captured in the state consolidated workplan. It does not include other technical assistance, coaching, HR and direct sub-awards to local implementers of media-based campaign, advocacy and social mobilization interventions.

Table 6d. Comparison of TCI Funding Versus Government Counterpart for all States

		Summary		% Spent	Bauchi	Delta	Kano	Niger	Ogun	Abia	Anambra	Plateau	Rivers	Taraba
Jul 2017 - Jun 2018	Seed Fund (Phase 1 States)	₦829,583,290	\$2,304,398.03	13.1%	₦175,500,095	₦212,807,274	₦185,205,789	₦148,094,526	₦107,975,606	Phase 2 States: Challenge Fund (Seed) vs State PD Commitment				
	Total TCI Fund Spent	₦108,567,964	\$301,577.68		₦12,961,500	₦24,181,650	₦35,616,000	₦9,046,500	₦26,762,314					
	Expected Matching Fund	₦355,647,080	\$987,908.56	15.4%	₦51,235,342	₦31,428,474	₦87,927,158	₦90,519,632	₦94,536,474					
	Total Govt Released	₦54,779,600	\$152,165.56		₦4,700,000	₦8,090,000	₦17,858,000	₦2,610,000	₦21,521,600					
Jul 2018 - Jun 2019	Accrued Reward (Phase 1 States)	₦260,239,847	\$722,888.46		₦88,035,300	₦54,202,063	₦48,363,240	₦34,819,622	₦34,819,622					
	Seed Fund (Phase 2 States)	₦1,003,344,933	\$2,787,069.26	62.8%						₦120,292,233	₦212,413,450	₦210,784,650	₦269,306,100	₦190,548,500
	Total TCI Fund Spent	₦793,772,522	\$2,204,924		₦66,235,796	₦75,158,786	₦86,936,074	₦111,052,632	₦110,139,369	₦64,605,863	₦89,441,372	₦40,179,327	₦92,256,850	₦57,766,454
	Govt. Committed Fund	₦413,531,583	\$1,148,698.84	71.1%	₦29,345,100	₦18,067,354	₦16,121,080	₦11,606,541	₦11,606,541	₦72,909,367	₦61,236,000	₦62,926,000	₦86,980,000	₦42,733,600
Total Released	₦294,082,626	\$816,896	₦30,637,400		₦30,623,955	₦44,432,200	₦10,538,000	₦19,248,658	₦14,645,600	₦19,714,100	₦71,490,080	₦43,983,976	₦8,768,657	
Jul 2019 - Jun 2020	Accrued Reward	₦367,887,263	\$1,021,909		₦40,310,900	₦31,303,955	₦63,878,200	₦21,870,540	₦16,585,057	₦19,478,048	₦16,657,050	₦91,300,080	₦57,429,776	₦9,073,657
	Allocated Fund (+/-Supplemental Fund)	₦936,399,081	\$2,601,109	66.0%	₦69,105,600	₦76,870,080	₦101,053,440	₦183,363,120	₦154,940,400	₦63,247,079	₦60,615,030	₦91,300,080	₦78,985,226	₦56,919,026
	Total TCI Fund Spent	₦618,138,390	\$1,717,051		₦63,755,489	₦60,870,822	₦77,725,354	₦62,758,462	₦57,914,170	₦57,312,860	₦65,401,699	₦57,741,845	₦62,900,141	₦51,757,547
	Govt. Committed Fund	₦409,688,467	\$1,138,024	97.7%	₦34,552,800	₦38,435,040	₦50,526,720	₦91,681,560	₦77,470,200	₦21,082,360	₦20,205,010	₦30,433,360	₦26,328,409	₦18,973,009
Total Govt Released	₦400,248,944	\$1,111,803	₦62,046,000		₦24,307,933	₦16,940,100	₦73,247,400	₦26,080,000	₦30,700,000	₦30,111,100	₦72,237,500	₦29,815,675	₦34,763,236	
Jul 2020 - Jun 2021	Accrued Reward	₦648,172,011	\$1,800,478		₦112,301,000	₦27,576,400	₦12,700,050	₦190,157,800	₦20,262,000	₦58,768,000	₦39,831,100	₦95,702,500	₦47,309,925	₦43,563,236
	Allocated Fund (+/-Supplemental Fund)	₦598,172,011	₦1,661,589	0.0%	₦62,301,000	₦27,576,400	₦12,700,050	₦140,157,800	₦70,262,000	₦58,768,000	₦39,831,100	₦95,702,500	₦47,309,925	₦43,563,236
	Expected Govt. Commitment	₦455,584,630	\$1,265,513	0.0%	₦62,301,000	₦27,576,400	₦12,700,050	₦140,157,800	₦70,262,000	₦29,384,000	₦19,915,550	₦47,851,250	₦23,654,963	₦21,781,618

Beyond 2020: Partnership and Implications for Future Investment

TCI Nigeria commits to accelerating progress, consolidating on the programmatic dividends and intensify its technical support to partner states. However, based on the co-financing strategy, states will be required to match TCI's investment.

TCI will activate partnerships with new states interested in joining the platform and explore the opportunity to layer new areas beyond family planning. TCI will, however, continue to maintain its partnerships with the Phase 1 and 2 states based on the following co-financing plan.

- Phase 1 states – Bauchi, Delta, Kano, Niger and Ogun, the matching fund ratio in the fourth year (July 2020-June 2021) will be based on a 50% co-investment plan.⁵
- Phase 2 states – Anambra, Abia, Plateau, Rivers and Taraba – the matching ratio will be based on a 33% benchmark.

As a result, in July 2020-June 2021, the 10 states unlocked ₦648.2million (\$1.8million) with Niger⁶ (₦190million) and Bauchi (₦112million)⁷ among the top earners while Kano (₦12.7million) and Delta (₦27million) were among the low earners. In order to align with the most realistic estimate of funding commitment and releases, Ogun shall receive ₦50million (\$138,889) as supplemental funding to consolidate its programming. (See Table 6d).

⁵This includes funding deficit not fulfilled in the previous year.

⁶However, the matching fund estimates have been adjusted to reflect the expected government committed. Similarly, Bauchi and Niger have also been adjusted to reduce the accrued reward by NGN50million each to keep the expected government funding within realistic expectations

⁷Ibid

Conclusion and Next Steps

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. However, more work is required by many states to sustain the impact created, expand the frontiers and reach and intensify momentum to ensure that no one is left behind. Partner states will, therefore, need to:

Combat commodity stockouts and inadequate consumables. This presents a huge limitation for family planning service uptake and puts pressure on clients to make out-of-pocket payments to access family planning services. Due to the surge in demand for family planning, states must ensure availability of family planning commodities and consumables to ensure the full range of methods are consistently available. States must invest in last mile distribution of commodities and consumables to service delivery points to complement ongoing national distribution efforts.

Create conducive policy environment for mainstreaming family planning into the national and state demographic dividend agendas and human capital development discourse. States should continue to ensure open and conducive environment and lead the engagement for public education and policy/social dialogues for family planning. At LGA levels, interventions to stimulate community dialogue using evidence-based information to address myths and misconceptions and increase awareness for family planning should be promoted.

Sustain and build state funding commitments and releases for family planning. With documented improvement in planning and budgetary allocation for family planning, more is required in terms of funding releases. While many states have demonstrated capacity to explore multi-channels for sustained family planning funding, more work is required especially in terms of channeling local government allocations and optimizing intervention funds to complement budget line allocations through the state Ministries of Health and Primary Health Care Agencies. This is essential as women and families become increasingly aware of the benefit of family planning, following demand generation efforts.

Target young people with rights-based reproductive health information and services. With the growing discussions on harnessing the power of the adolescent and youth population, states must ensure that, as a matter of priority, they program for young people by expanding access to reproductive health information and services and equip them with decision-making capabilities and agency.

Address human resource for health deficits. With the emergency of the task shifting policy which many states have adopted, there is a strategic effort to close the human resource for health gap through the domestication of the policy and rollout of trainings. However, more work is required to ensure that health care workers are trained, motivated and adequately distributed to ensure quality care and services.

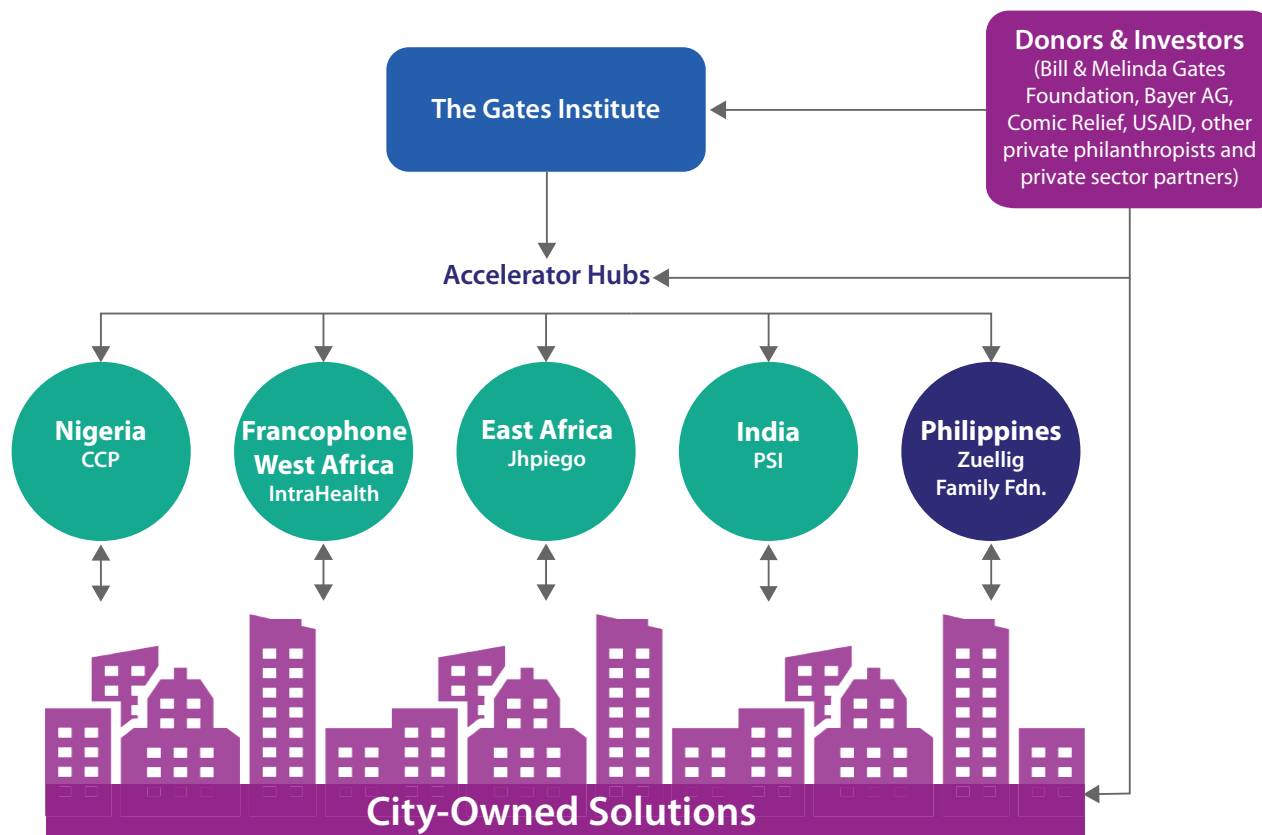
Strengthen data management systems. There is need to strengthen routine reporting and data collection systems to improve data visibility and agility for evidence-based planning and decision-making. With the rich repository of data from implementation and operations research, including health facility surveys, performance improvement assessments, policy environment scores, population-level surveys, etc., states need to take leadership to coordinate other implementing partners' efforts and champion research publication and widespread dissemination.

In the coming year, TCI will deepen its engagement with partner states to ensure:

- **Continuous systems strengthening.** TCI will continue to work with its partners to facilitate state-led implementation, accountability and governance in support of improved family planning programs, thus making these systems and structures effective, autonomous and sustainable.
- **Managers are able to make decisions to increase interventions' effectiveness.** TCI will intensify coaching with special emphasis on elevating state program managers, technocrats and administrators to master coaches, while encouraging south-to-south linkages and inter-city learnings. TCI plans to elevate some of its partner states to Centers of Excellence and, as a result, destinations for study tours and learning.
- **Building multisectoral partnerships.** TCI will support the state Ministries of Health and Primary Health Care Agencies to expand partnership to the Federal Ministry of Information and Culture and National Orientation Agency (NOA) to integrate reproductive health and family planning messaging into their activities with a view towards sensitizing and mobilizing women and their partners to increase uptake of family planning services.
- **Community-driven advocacy and state-led demand generation campaigns.** While strengthening the competency of the ACGs to champion policy and program advocacy and voice, TCI will also support them on a path to self-autonomy. TCI will continue to transfer capacity to the state SBCC committees to develop or adapt media spots, purchase media time and monitor media spots. In addition, collaboration will be strengthened with key government agencies (e.g., Ministry of Information) for the purpose of securing free/subsidized slots for the media spots/media appearances by SBCC committee members.
- **State-driven community-mobilization with potential for integration into the CHIPS program.** With the emergence of the Community Health Influencers, Promoters and Service (CHIPS) program, TCI is positioned to support states to operationalize this new strategy by strategically situating its social mobilization activities within the CHIPS program and supporting government in disseminating the strategy across supported and non-supported states.

Annexes

Annex 1: The TCI Global Network



Annex 2: TCI Grant Performance Indicators

Summary of TCI Grant Performance Indicators		
1	Implementation Processes	Determined by: 1.1 Implementation Performance, or the % of program activities that are implemented out of activities planned 1.2 Program budget burn rate, or the proportion of the current year's budget that will be rolled over
2	Key Program Outputs	2.1 Determined by the increase in additional users of contraceptives (all methods) 2.2 Improvements in routine data reporting rates across the state
3	Financial commitments	Determined by: 3.1 Fiscal Responsiveness through FP budget line releases, or the proportion of the dedicated FP budget line released for FP programming in the state 3.2 Innovation in FP financing (allocation and expenditure) outside the FP budget line 3.2 Harnessing non-cash resources through in-kind resources contribution, or leveraged from external resources

Annex 3: List of Published Success Stories

- [Plateau's Health Leader Discusses Improvements Stemming from 72-Hour Makeovers](#)
- [Integrating Family Planning into MNCH Week Yields Significant Increase in New Acceptors in Niger State](#)
- [In Their Words: Increasing Access, Transforming Lives in Bauchi with the 72-hour Makeover](#)
- [Catalyzing Health Facility Improvements in Bauchi State, Nigeria: Transferring Know-How](#)
- [For the First time, Dedicated Budget Line for Family Planning Created in Anambra State](#)
- [Ogun State Islamic Religious Leader Spreads Family Planning Messages through Naming Ceremonies for Newborns](#)
- [Abia State Demand Generation Activities Lead to Increased Uptake of Family Planning Services](#)
- [In Their Words: Bauchi State Capacity Strengthening Focuses on Demand Generation](#)
- [Social Mobilizers in Delta State, Nigeria, Get the Word Out to Increase Family Planning Access](#)
- [Health Educators Spread Family Planning Messages Throughout Ogun State](#)
- [Niger State Drama Troupe in Nigeria on Becoming the Change They Want to See](#)
- [WhatsApp Group Provides Virtual, Cost-Efficient Coaching for Taraba State's Family Planning Coordinators](#)
- [Changing Mindsets: TCI Nigeria Holds Orientation for Stakeholders to Ensure Commitment](#)
- [Sparking a Movement in Nigeria for Advancing Reproductive Health Interventions](#)
- [Nine-Year-Old in Niger State Clearly Sees How Family Planning Could Benefit His Large Family](#)
- [Inspiring Community Ownership in Nigeria: The Psychological Impact of the 72-Hour Clinic Makeover](#)
- [Driving Sustainability by Changing Religious Leaders' Mindsets in Bauchi State, Nigeria](#)



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