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| Domestic Resource Mobilization for HIV Quarterly Report  Second Quarter – January 01 to March 31, 2018 |

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# Program Overview/Summary

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| **Program Name:** | Health Financing and Governance Project Sustainable Financing Initiative for HIV/AIDS |
| **Activity Start Date And End Date:** | October 2012-September 2018 |
| **Name of Prime Implementing Partner:** | Abt Associates |
| **[Contract/Agreement] Number:** | AID-OAA-A-12-00080 |
| **Name of Subcontractors/Subawardees:** | Broad Branch Associates, Development Alternatives Inc. (DAI), Johns Hopkins Bloomberg School of Public Health (JHSPH), Results for Development Institute (R4D), Training Resources Group, Inc. (TRG) |
| **Major Counterpart Organizations** | SMoH, SACA, SASCP |
| **Geographic Coverage (cities and or countries)** | Akwa Ibom, Benue, Cross River, and Nasarawa states and Federal Capital Territory |
| **Reporting Period:** | Project year 6, Q2 January ─March, 2018 |

## Program Description/Introduction

Akwa Ibom, Benue, Cross River, Nasarawa, the Federal Capital Territory, Rivers and Lagos states contain the local government areas that PEPFAR has identified as having the highest burden of HIV disease in its focal states and is therefore strategically prioritizing them for scaled up epidemic control. This focus will require the state to take responsibility for scale up in the sustained response local government areas in these states. Resource tracking data, where available, consistently indicate that donors account for the bulk of the resources used in Nigeria’s HIV and AIDS program with federal and state levels of government accounting for relatively low proportions of the HIV and AIDS program expenditures. For example, in Lagos state, government accounted for less than 10% of HIV and AIDS program expenditures.

As PEPFAR and other donor funding remain flat lined, while at the same time the Nigerian government adopts policies such as 90-90-90 targets and Option B+ for pregnant women greatly increasing the number of people who are eligible for antiretroviral therapy (ART) and must receive HIV counseling and testing (HCT), a shift in the reliance on funding of HIV program costs from donor partners to domestic sources will be required. Domestic resource mobilization (DRM) is a function that neither health nor HIV ministries, departments and agencies have developed skills to execute yet effective and consistent DRM resulting in substantially increased and sustained levels of resources being allocated towards health and HIV will be critical if these sectors are to be able to have the resources to achieve the policy objectives that the government has set. The organizations have focused on “coordination” to date while DRM has not been a priority thereby threatening state ownership of the HIV and AIDS program. This culture will need to change.

HFG has been working in several USG focal states to develop capacities and strategies for DRM and to implement these with the state agencies responsible for HIV and AIDS program financing within and outside the health sector. This experience will be brought to bear in the proposed program of work. To begin with, HFG shall carry out a situational analysis of the state HIV/AIDS response financing and stakeholder mapping to gain a deep understanding of the HIV financing context. Information from this analysis shall be used to establish or strengthen the configuration of multi-sectoral Domestic Resource Mobilization Technical Working Group (DRM-TWG) bringing together actors from State AIDS Control Agencies, state ministries of health, budgeting MDAs, houses of assembly and civil society organizations (CSO). Based on the lessons learned from budget advocacy work in Lagos and Rivers states, a broad group is required.

Through the DRM-TWG, HFG shall support health financing core diagnostics like the public expenditure review, fiscal space analysis and governance and political economy to generate the financial evidence needed to develop a comprehensive resource mobilization plan that makes a case for more money for health and HIV/AIDS. Available diagnostic report will be updated in Cross River and Akwa Ibom where diagnostic assessments were conducted by HFG earlier. Furthermore, HFG will work closely with the TWG to develop and operationalize a comprehensive advocacy plan with effective, tailored approaches to different audiences such as the State Ministry of Budget of Economic Planning (SMEPB), State Ministry of Finance (SMOF) and the State House of Assembly (SHOA).

To ensure continuous issue-based discussion, HFG will support quarterly meetings of the DRM TWG and ongoing health and HIV/AIDS budget performance tracking to measure progress or otherwise. For sustainability of budget advocacy efforts for health and HIV/AIDS, HFG shall support the development of state specific advocacy tools and facilitate capacity building for staff of HIV/AIDS agencies and the DRM TWG on effective domestic resource mobilization and budget advocacy for health. This shall be complemented by mentoring activities to facilitate organizational development and culture change in this regard.

* 1. Performance Indicators (Updated Quarterly)[[1]](#footnote-1)

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| **S/No** | **Indicators** | **Baseline (2017)** | **Target**  **(2018)** | **Results Achieved**  **(2018 Q2)** | **Comment** |
| 1 | Percentage and absolute monetary value increase in state budget allocation to the HIV and AIDS response | HIV/AIDS allocations-  Cross River- N203,221,021  Akwa Ibom- N100,000,000  Benue- N234,349,600  FCT- N29,000,000  Nasarawa- TBD | 25% increase  Cross River N 254,026,276  Akwa Ibom N125,000,000  Benue N292,937,000  FCT N36,250,000  Nasarawa- TBD | Cross River- N2,400,000,000 (1080%)  Akwa Ibom- N120,000,000 (20%)  Benue- N434,000,000 (85%)  FCT- N/A |  |
| 2 | Percentage and absolute (monetary value) increase in public releases to HIV and AIDS programming | Akwa Ibom- N0  Cross River- N0  FCT- TBD  Benue- N19,820,625  Nasarawa- TBD | 25% increase  Akwa Ibom  Cross River N0  Akwa Ibom N0  Benue N24,775,781 | N/A | The approval process has just been concluded in most states hence releases and activities will commence in Q3 |
| 3 | Percentage and absolute(monetary value) Increase in Public expenditure to HIV/AIDS programming | Akwa Ibom- TBD  Cross River- TBD  FCT- TBD  Benue- N19,820,625  Nasarawa- TBD | 25% increase | N/A | Implementation will commence in Q3 |
| 4 | Specific Efficiency Improvement Measure(TBD based on findings of efficiency assessment) | TBD | TBD | N/A | Efficiency Assessment not yet completed |

# ACTIVITY IMPLEMENTATION PROGRESS

## Implementation Status

**Benue**: HFG conducted an introductory meeting with the Commissioner of Health and the relevant stakeholders in Benue State for the inception of the DRM for the HIV program. Other key actors including SHOA, SACA, State Planning Commission, Ministry of Finance (MoF), and Budget office was done to sensitize them on the need for improved domestic financing and state commitment to the HIV response in order to obtain buy-in, and enhance ownership and sustainability. Following this, a DRM TWG was formed and inaugurated and an Inaugural/Kick-off meeting was chaired by the Honorable Commissioner of Health and Human Services. During the first DRM TWG meeting, three main subcommittees were formed: Private Sector Engagement, Public Sector Advocacy, and Planning, Research, and Accountability. TORs were developed for the different subcommittees. Additionally, a resource mobilization plan was developed to guide the activities of the TWG in mobilizing domestic resources for HIV/AIDS and implementation of this plan has commenced by the various subcommittees. With support from HFG team, the budgetary allocation for SASCP was increased from NGN100 million to NGN150 million in 2018 and, for SACA, it was increased from NGN154 million to NGN284 million in 2018. Efforts are being made to ensure releases of these budgeted funds through the multi-sectorial TWG and other identified key influencers.

In addition to the above, the wife of the Governor, who is Chairman of the BenSACA Board, also pledged to re-energize the board to play its role. She committed to hosting regular meetings with the board, and provide the necessary oversight to the SACA for efficiency of spending and facilitating cooperate sector contributions to HIV/AIDs financing.

**Cross River:** We have conducted different levels of stakeholder’s engagement to inform states about our new streams of work in Cross River State. We have also conducted a stakeholders engagement meeting were we discussed the activities of HFG around HIV/AIDS and TB. We also had a meeting to discuss the plan to update the FSA that was conducted in 2016, and also informed stakeholders about the planned PER activity in the state. The stakeholders engagement meeting has been completed data collection will commence in the next quarter.

The DRM for HIV/TB has been reactivated by the Hon. Commissioner for Health Cross River State. The DRM TWG is a multi-sectoral group drawn from different MDAs of the state, development partners, CSOs, and the private sector, to drive DRM and increase funding for health by identifying funding opportunities that could be leveraged on to fund HIV/AIDS and TB activities in the state. TOR were developed to guide the activities of the TWG aimed as mobilizing additional resources for HIV and TB. The group has just been reactivated and will hold its inaugural meeting to identify these funding opportunities and begin to pursue releases to health in the state.

**Nasarawa:** The recent expansion of HFG Nigeria’s mandate under SFI to include Nasarawa and four other states as well as the FCT and Nigeria Military Health have given scope to budget advocacy for health and HIV/AIDS services, a PFM assessment, and reforms for improved execution and efficiency of HIV spending. The SMoH, led by the Honorable Commissioner for Health, was engaged in January to introduce USAID's interventions to be implemented through the HFG project. The meeting was held at the Lafia with HFG’s team led by the CoP and all the directors in the SMoH.

On budget advocacy, HFG is leveraging the multi-sectoral nature of the HF TWG to be inaugurated by 22/03/2018 while utilizing evidence from the health financing core diagnostics to engage with the state budget office to ensure adequate budget allocation for health in the subsequent 2018 supplementary appropriation. So far, political mapping to identify stakeholders that can promote a budget increase for HIV/AIDS in the state have been conducted and all the key stakeholders have been fully engaged and are doing continuous follow-up along with legislatures. As a result of HFG’s advocacy efforts and requests, the SMoH is establishing a state health finance unit. A secretariat for the HF TWG has been domiciled in the SMoH and one for the DRM TWG in the NASACA. There is ongoing engagement with the legislative network on UHC to guarantee an increase in the supplementary budget and efforts to improve releases of funds allocated in the state appropriation bill already passed into law.

HFG supported members of the Nasarawa State House of Assembly to attend a capacity development workshop led by the Legislative Network for UHC so that they can engage the state’s Executive Governor on the issue of improving budgetary releases to the health sector and facilitate the early forwarding of executive bill on SHIS.

HFG is also conducting a rapid PFM assessment using HFG-developed, internationally accepted tools such as "Assessment of Public Financial Management Performance (PFMP-SA)" and "Data for Efficiency: A Tool for Assessing Health Systems Resource Use Efficiency" to complement budget advocacy efforts by recommending interventions that will address PFM bottlenecks and improve efficiency of HIV spending in the states based on assessment findings. Mapping of PFM processes and identifying bottlenecks to adequate allocation and release of funds for the HIV/AIDS financing response in particular and health financing in general is ongoing with active participation of the central budget MDAs and HIV/health MDAs in Nasarawa State.

**Federal Capital Territory:** An initial stakeholder engagement meeting was conducted with the Honorable Secretary of the FCT Health and Human Services Secretariat, along with relevant stakeholders from HIV/AIDS agency and department and IHVN. The DRM for HIV intervention in the FCT was met with acceptance by the stakeholders.

The FCT is being supported by another partner to set up a multi-sectoral HF TWG. To avoid duplication of efforts, HFG is proposing having a DRM for HIV subcommittee within the HF TWG whose leadership will also form part of the larger HF TWG, while also having separate meetings where DRM for HIV will be discussed. Outcomes of such meetings will feed into the larger TWG. The HF TWG has been recently inaugurated and the DRM for HIV was briefly introduced to the membership of the HF TWG.

On the other hand, the HIV/AIDS stakeholders of FCT have been engaged in identification of the membership of the DRM for HIV TWG and a TOR for the TWG has been drafted. All identified stakeholders will be sensitized on the TWG prior to the inauguration of the DRM for HIV TWG.

In addition, situational analysis for HIV financing in FCT is scheduled to commence soon.

The table provides activity-specific updates.

**Activity Detail FOR AKWA IBOM, BENUE, CROSS RIVER, FCT AND NASARAWA**

| Year 6 Q2 Planned Tasks | Year 6 Q2 Progress | Critical Assumptions/Problems Encountered/Follow-up Steps |
| --- | --- | --- |
| **DRM for HIV** | | |
| **Activity: Budget advocacy for Health and HIV/AIDS services - Akwa Ibom, Benue, Cross River, Nasarawa States and FCT** | | |
| Conduct a rapid situational analysis of the state HIV/AIDS response financing and stakeholders mapping | The tool has been developed in Akwa Ibom. A rapid situational analysis of HIV financing and stakeholders mapping were done in Benue. Less than 10% of funds for the HIV response come from the government. Relevant stakeholders are being engaged to increase the budgetary allocation and releases. In Cross River, the situational analysis and advocacy efforts to stakeholders for HIV funding have begun.  The activity is ongoing in Nasarawa. | **Cross River:** The Governor has not released any funds for HIV. |
| Establish and strengthen multi-sectoral DRM TWG utilizing findings from the stakeholder mapping | **AKS:** Stakeholder’s engagement meeting held with DRM TWG members to sensitize them to HFG intervention and their roles as a multi-sectoral group to support and facilitate increased budgetary allocations and releases for HIV/AIDS.  **Benue:** Various multi-sectoral subcommittees have been established from the DRM TWG, e.g., Private Sector Engagement, Public Sector Advocacy, and Planning, Research and Accountability.  **Cross River:** We have had a stakeholders meeting to reactivate the DRM TWG and it has been expanded to include DRM for TB. The first meeting is scheduled to be held before the end of March 2018.  **Nasarawa:** HF TWG and DRM TWG to be inaugurated by March 22, 2018. | Inauguration of DRM TWG will be held on March 20, 2018.  **Benue:** Follow up in strengthening various committees to carry out their TOR.  **Cross River:** The DRM TWG is hopeful to get releases for HIV/TB. |
| Conduct health financing assessments that will generate financial evidence | Commenced in Benue.  To be conducted in Akwa Ibom and Nasarawa in Q3. | Accountant General’s report not available in Cross Rivers. The data collection will be completed by the end of March 2018 pending analysis and dissemination of report by April 2018. |
| Provide technical support to the DRM TWG for the development and implementation of a DRM plan and budget advocacy plan | **AKS:** Budget defense support provided by HFG (2018).  **Benue:** 2018 budgetary allocation was increased for SASCP from N100 million to N150 million and for SACA from N154 million to N284 million. Comm. for Finance for release of counter-funding of approved NGN 45 million from the state.  NGN4.6 million released from the Bureau of Local Government to BenSACA for HIV activities.  **Cross River:** This activity is ongoing. | **AKS:** Even though the SACA recorded increased budget allocation from N120 million in 2017 to N129 million in 2018, HFG had requested a greater increase that the State Assembly did not approve due to trend analysis of no releases for previous years. With continuous advocacy and sensitization visits, a higher percentage increase will be recorded in 2019.  **Cross River:** Her Excellency seems to be more interested in her pet project, the Mediarix Foundation. |
| Provide support for quarterly DRM TWG meetings for issue-based discussion on budget performance | **AKS:** The first meeting is scheduled for March 20, 2018.  **Benue:** The DRM TWG is scheduled to meet monthly; there has been one TWG meeting since the inaugural meeting. The subcommittees agreed to always meet at least twice before the main TWG meeting.  **Cross River:** The first meeting was held with other stakeholders. However, the inaugural meeting has been scheduled. | **Benue:** The modality for hosting the subcommittee meetings has been discussed with the subcommittee chairmen and planned for meeting is ongoing. |
| Hold capacity-building workshop and mentoring for staff of SACA, SASCP, and members of the DRM TWG on effective DRM for health and budget advocacy | **AKS:** This workshop will be conducted in April 2018.  **Benue:** The capacity of SACA, SASCP, and DRM TWG has been built for health and budget advocacy. A resource mobilization work plan has been developed by the various subcommittees. | **Benue:** The resource mobilization plan is being implemented by the various subcommittees for effective resource mobilization for health and budget advocacy. |
| Support high-level targeted advocacy visits to the SMBEP, SMOF, and SHOA for increased allocation and releases of money to health and HIV/AIDS | **AKS:** Advocacy and sensitization visits conducted with advocacy briefs. Outcomes of advocacy visits include increase in budget allocation.  **Benue:** Advocacy visits have been made to the State Planning Commission, MoF, and Budget office.  **Cross River:** NACA in collaboration with SACA and HFG made advocacy visits to stakeholders.  **Nasarawa:** Ongoing. | **AKS:** Non-representation of SACA at the Executive Council meetings in the past contributed to non-releases of funds to the SACA.  **Benue:** Funds release is usually a huge problem in the state even though when approval is received from the Governor so there is a need for continuous and vigorous advocacy.  **Cross River:** NACA to follow up with a visit to His Excellency. |
| **Activity: Conduct Public Financial Management (PFM) assessment and reforms for improved execution and efficiency of HIV Spending - Akwa Ibom, Benue, Cross River, Nasarawa States, and FCT** | | |
| Engage stakeholders on PFM and efficiency gains | **AKS:** Data collection is ongoing.  **Benue:** Stakeholders engagement on PFM and efficiency gain is ongoing.  **Cross River:** The key stakeholders have been engaged, and the plan for a stakeholders’ engagement meeting is ongoing. | **Cross River:** The state database has been down; hence, the Accountant General report is not ready. Thus, since 2015, it has been difficult to collect health data in the state. |
| Adapt HFG tools for PFM and efficiency assessment | **AKS:** Tools reviewed, adopted, and deployed to the field for data collection.  **Benue:** A two-day workshop was held to learn more on PFM and adapt HFG tools for PFM and efficiency assessment, and the tool is been administered  **Cross River:** Done. |  |
| Do desk review and key informant interviews, data collection | **Cross River:** This activity is ongoing; some stakeholders have been interviewed and data collection is ongoing. |  |
| Hold stakeholders meeting to disseminate report | Will be done after data collection and analysis. |  |
| Hold stakeholders workshop to develop PFM reform strategy including efficiency improvement plan | Yet to be conducted. |  |
| Hold PFM reform strategy validation meeting | Yet to be conducted. |  |
| Build capacity of key MDAs and DRM TWG on PFM and efficiency improvement | The relevant Benue MDAs on DRM on HIV/AIDS have been sensitized on PFM and efficiency. |  |
| Support advocacy for PFM reforms and fund releases for HIV/AIDS activities | **Benue:** Advocacy support is being carried out for PFM reform and assessment in orderto help in the Identification of the PFM bottlenecks that are barriers to optimal allocation and releases for health and HIV/AIDS agencies. |  |

# Implementation challenges

# The project is developing strategies to tackle the following challenges:

# Dwindling state revenue/resources affecting the budget performance: Though Nigeria is officially out of recession, it may take a while for states to regain their pre-recession fiscal status. Thus, the fiscal space for health from macro fiscal dynamic is not favorable. HFG is responding by ensuring improved health reprioritization and efficient utilization of resources through the action multi-sectoral health financing TWGs.

# LESSONS LEARNED

HFG has learned that deepening the knowledge of relevant stakeholders on basic health financing concepts and acquainting them with relevant legal, policy and institutional frameworks for health financing reform can set them on a trajectory of informed and productive action.

# PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

* Train DRM-TWG on resource mobilization
* Finalize situational analysis and conduct evidence synthesis workshop
* Conduct Public Financial Management and Efficiency assessments

1. Other indicators being monitored by the project are included in the Performance Indicator Tracking Table (PITT) section of the HFG Nigeria’s Performance monitoring plan document. [↑](#footnote-ref-1)