

Integrated Learning Network Technical Support Committees: A structure for leveraging local resources in favor of health services, particularly family planning



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Summary

Establishing a structure to mobilize local funding is a fundamental aspect of the development programs' sustainability. Working through USAID's AmplifyPF project, Pathfinder International facilitated the creation of "Integrated Learning Network (ILN) technical support committees" by stakeholders in 19 health districts in Burkina Faso, Côte d'Ivoire, Niger, and Togo to engage local companies in supporting health services and family planning services in particular. Over a 36-month period, these committees mobilized approximately USD \$895,233 to finance micro-projects aimed at removing obstacles to access and quality of family planning services in the four countries.

Introduction to the AmplifyPF Project

Funded by the USAID West Africa Regional Health Office (RHO) and implemented by Pathfinder International, the AmplifyPF project aims to expand the adoption of high impact family planning (FP) practices in 19 districts in Burkina Faso, Côte d'Ivoire, Niger, and Togo. The project's guiding strategy is the **Integrated Learning Network (ILN)**, an approach that harmonizes the efforts of stakeholders in health and other sectors.

The ILN is grounded in an innovative implementation strategy that relies on the active participation of beneficiaries to ensure the sustainability of the project's actions. The strategy calls for a technical committee, known as the Comité Technique d'Appui au RIA (CTAR), to be set up to support the entire process. The CTAR is a steering, consultative, and monitoring body for the health system at the district level, set up after orientation and consultation with all district stakeholders, and facilitated by the AmplifyPF project. This small committee is made up of representatives of the various stakeholders (Prefecture, Town Halls, Health District, Traditional Chieftaincies, Religious denominations, Trade Unions, Youth and Women's Associations, etc.). Its role is to help the ILN mobilize additional resources – including personnel of all categories, equipment, and finances – to support specifically identified goals for the well-being of communities. Above all, this strategy awakens the population's awareness of the importance of everyone's participation, according to their means and abilities, in the mobilization of resources. This inclusion of all social strata in the mobilization of resources for health issues is a sign of ownership, not only of the strategy, but also of the achievements made with the resources mobilized.

Local Resource Mobilization As a Project Pillar

Mobilizing additional resources to support the health sector is the key feature of the AmplifyPF project. To achieve the best possible results, however, the project's resource mobilization strategy had to be fine-tuned over the course of three years. Even as the first capacity building activities were implemented, the emergence of the COVID-19 pandemic dampened enthusiasm for this work, as resources were generally diverted to support the global fight against the spread of the virus.

Resource mobilization, along with the establishment of CTARs, is one of the project's innovative approaches. Initially designed within the project to be carried out by municipalities (town halls), the evolution of the project's implementation process led to the discovery of other approaches for the efficient mobilization of local resources capable of contributing to the improvement of the quality of health services.

Approach for Endogenous Resource Mobilization in the Four Implementation Countries

The AmplifyPF project used several approaches and processes to achieve tangible results in terms of endogenous resources mobilization. The project began by net-mapping potential resource partners and followed this with community dialogues (CDs). After the CDs, the project organized guided site visits (GSV) in collaboration with AmplifyPF's partner project, West Africa Breakthrough Action (WABA). The AmplifyPF project also developed a comprehensive training guide on mobilizing additional resources based on the approaches of humanitarian organizations, ending with capacity-building in SMART advocacy. A description of each part of the approach is provided below.

Net-mapping

As soon as the districts to be supported by the AmplifyPF project were selected, one of the most important activities was the **net-mapping**. This was an integral part of the initial analysis of the situation in each district. The net-mapping brought together project staff and representatives of the district's population (representatives from district and municipalities, the health district, traditional chiefs, district women's groups, youth, and district health facility managers). The aim was to identify all the organizations in the health district capable of contributing to the health sector, and to assess the links that already exist or could be developed. In each district, a list of companies (banks, telecoms, post offices, microfinance institutions, fuel distribution stations, supermarkets, insurance companies, other stores, etc.) was identified. Socially and economically influential persons were also identified. The stakeholders drew a map of the health district marking the different companies by their geographical position. This was followed by an analysis of the distances separating these companies from the district's various health facilities. The final step was to verify the links that already exist between the various stakeholders. To do this, project staff and representatives from the districts traced existing relationships between two or more of the companies and classified them as strong, medium, or weak. This allowed the group to consider the types of actions needed to be taken to preserve, maintain, or strengthen these relationships. To do so, stakeholders try to ascertain whether relationships already exist among two or more of the companies involved. They map existing relationships and classify them as strong, medium, or weak. This enables them to consider what action needs to be taken to preserve, maintain, or strengthen these relationships.

Training in resource mobilization

Resource mobilization is the overall effort made by an organization to make the best use of all the internal resources and human, material, technical and financial resources available and/or potentially available in its immediate or distant environment (national or international), to ensure the achievement of the objectives (operational and/or strategic) it has set itself.¹ Mobilization of internal resources (MIR), which is the approach AmplifyPF utilized, is a process by which funds are raised, distributed, and spent within a group, such as a country, district, or community, to fund public services. In the case of AmplifyPF, this applies to the districts supported by the project who, using the approach detailed here, mobilized funds from within their community to support health services, and particularly FP, there. MIR

¹ [GUIDE: Mobilisation de Ressources - Stratégies, conseils et ressources](#)

is a critical aspect of country, district, or community ownership and ensuring sustainable financing for public services such as health services.²

The training module on resource mobilization and funding negotiation techniques developed by AmplifyPF focuses in turn on three areas, namely resource mobilization itself, negotiating funding with the strategic partners and other potential providers, and drawing up resource mobilization plans at local, regional, and national level. A total of 140 people were trained, including 50 from municipalities and district management teams in Burkina Faso, Côte d'Ivoire, and Niger. In Togo, as the districts cover several communes at the same time, 90 people were trained.

Community dialogues and guided site visits

The **community dialogue (CD)** is an interactive and dynamic process that brings together the community and healthcare providers to identify barriers to service utilization, with the goal of proposing solutions to address those barriers. The main objective of this activity is to strengthen the partnership between users (communities) and providers of health structures to improve the perception and increased use of health services by communities. The CD is largely made up of representatives of service users. The CTAR is the organizer and must involve all social strata (women, men, youth, chiefs, other authorities, etc.), enabling, among other things, uncovering the local community's beliefs and perceptions concerning the quality of care, clarifying the criteria for what constitutes a quality health service for community members, and comparing these opinions with current perceptions of FP services.

A **guided site visit (GSV)** is a tour of a health facility by representatives of different community constituencies together with health facility staff, including community health workers. Similar to the CD, CTAR members are the organizers and invite those potentially able to help improve the quality of services. The main aim of this activity, which lasts around two hours, is to get a feel for the realities of health services in general, and for the FP services available within the health facility. The goal of the GSV is to create demand and improve the quality of FP services through simple, one-off actions. It is a complementary activity to the CD, and both activities can be conducted on the same day. The GSV is immediately followed by a discussion session between the community members and health providers. During these exchanges, community members and providers will prioritize challenges together and discuss how to solve some of the problems identified. During the GSV debriefing, a follow-up committee is set up, comprised of a CTAR representative, the health facility manager, and community members.

AmplifyPF has strengthened the capacities of 100 CTAR members (25 from each beneficiary country) on these different issues of CD and Site walk-through practice follow-up in communities and health centers. Each CTAR sent at least five people, selected based on their availability and commitment to promoting quality health services within the CTAR.

² [Family Planning Finance Roadmap](#)

Advance Family Planning (AFP) SMART2.0 advocacy

AFP SMART advocacy³ is based on a three-phase, nine-step process to ensure the effectiveness of strategic development. In this approach, several SMART objectives need to be achieved before a larger goal can be reached. When an objective is reached, it's a "quick win." AmplifyPF's approach is cyclical, responding to the political environment and focusing on decision-makers and achievable change in the short term. Initiators are responsible for monitoring and documenting progress and validating results. Unlike the resource mobilization training, the SMART advocacy training targeted CTAR members directly. A total of 100 people benefited from this training in all countries. The training session was held in conjunction with the CD and GSV training sessions and facilitated by the AmplifyPF and WABA teams.

Implementation of Resource Mobilization Approaches

The implementation of resource mobilization has taken two approaches. The first involved classic resource mobilization following training; the second combined AmplifyFP SMART advocacy and CD/GSV.

Classic resource mobilization

This approach followed on from the training courses organized in 2020 on resource mobilization. Following the training, the municipalities prepared a map of potential donors, using information from net-mapping and the taxpayers' file already available at municipalities level. Then, in collaboration with the district management teams and with technical support from AmplifyPF, the municipalities developed micro-projects. In these micro-projects, the municipalities specified their contribution envelope from their budget for the year. Once the micro-projects were well defined, the municipalities organized resource mobilization meetings. These mobilization meetings were attended by representatives of the structures and personalities already on the map of potential donors. On arrival at these meetings, the municipalities always had the summary of the micro-project and the commitment forms. After the presentation of the project and the various clarification questions, the donors came forward, indicating how much they were able to contribute in kind as well as in cash. This approach has worked well in Togo's municipalities. A tangible example is the pediatric ward under construction in the ILN of Agoè-Nyivé in Togo. Indeed, the municipality and the CTAR of RIA Agoè-Nyivé are implementing a project to build a pediatric ward worth 150,000,000 FCFA (300,000 USD), thanks to the advocacy efforts, resource mobilization, and coaching of the AmplifyPF project. To date, construction work has begun and continues after the laying of the foundation stone on July 30, 2021.

In this approach, the municipalities also take the initiative of including a proportion of their contribution to the success of the project in their annual budget. In this approach, municipalities set aside money in their annual budget to finance micro-projects, but unfortunately government disbursements are late or not executed. This is a serious impediment to the realization of certain micro-projects. In such cases, the implementation of micro-projects is often either postponed due to budget shortfalls or spread over a longer period, putting the effectiveness of the approach to the ultimate test. This situation constitutes a permanent threat that must be always considered when developing micro-projects, and in particular their budgets.

³ [Family Planning Advocacy Toolkit](#)

Community dialogues and guided site visits

This is the strategy adopted by the majority of CTARs in the countries. The AmplifyPF project has defined a chronology of activities: i) conduct a needs assessment visit to five selected district health facilities with the help of the district management team, ii) present the results of the needs assessment to all CTAR members, iii) develop an AFP SMART advocacy plan, iv) meet with the potential donor for advocacy, and v) follow up on the advocacy process.

This second approach involved the installation of a borehole in the Dzolo health facility HFin the Avé ILN in Togo, and a generator in the Adjahui Coubé regional health facility in the Port Bouet Vridy ILN in Côte d'Ivoire. In the ILN of Mirriah in Niger, activities to mobilize local resources through CTARs have made it possible to provide the Diney and Koleram health facilities with ambulances to evacuate serious cases to the district hospital.

Results

Overall, resource mobilization has produced very encouraging results. A total of 492,378,409 FCFA francs (US \$859,233) were raised in the project's four beneficiary countries between January 2020 and June 30, 2023. The breakdown by country shows the following results:

- Burkina Faso: 61,376,000 FCFA (\$111,593 US Dollars)
- Côte d'Ivoire: 78,566,333 FCFA (\$142,848 US Dollars)
- Niger: 194,933,768 FCFA (\$354,425 US Dollars)
- Togo: 157,502,308 FCFA (\$286,368 US Dollars)

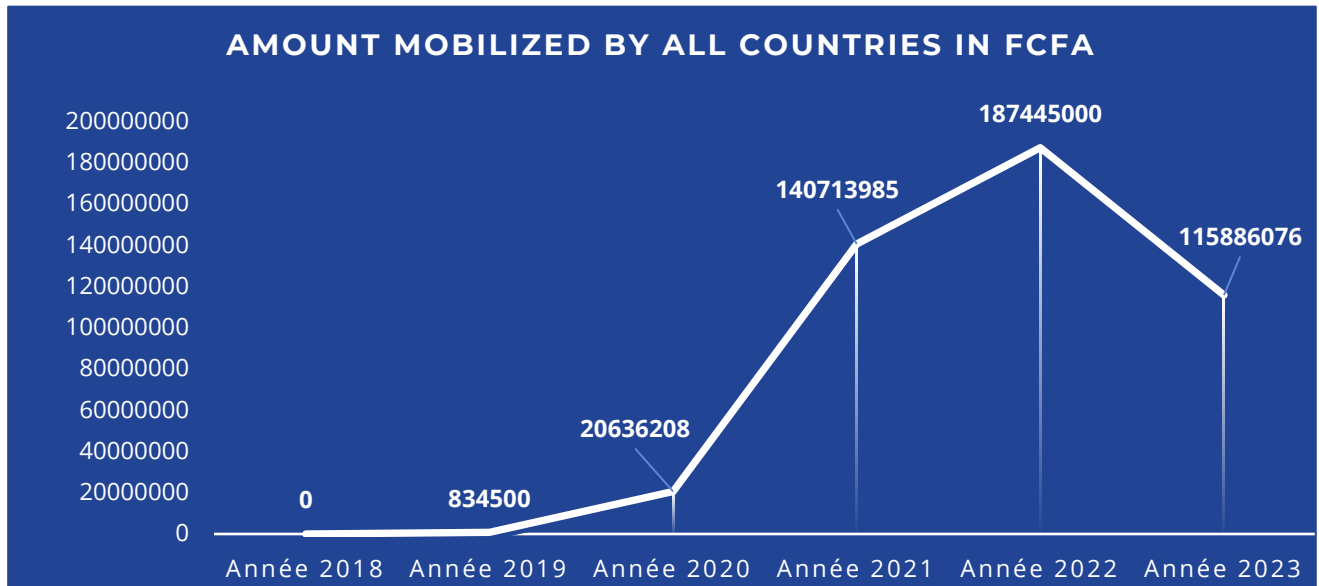
The first funds were received in Togo in 2019 following a GSV. From 2020 onwards, there has been impressive year-on-year progress in the four project countries. As shown in Figure 1 below, the mobilization of funds has constantly evolved in the four countries over the five years of the project. These funds have enabled the RIAs to undertake hygiene and sanitation initiatives in health facilities, improve their technical equipment, rehabilitate rolling stock and rehabilitate/construct health facilities.

Mirriah CTAR's contribution to FP through Advocacy for Local Resource Mobilization

In March 2022, the Mirriah technical support committee for the integrated learning network (CTAR) provided the Gada integrated health center (CSI) with an ambulance. This endowment follows the advocacy actions that members of the Mirriah CTAR carried out on March 03, 2022 with the Dogo municipal authorities and with economic operators in the Tsamkaka CSI health area. The advocacy actions raised 3,000,000 FCFA for the purchase of a vehicle to be used as an ambulance. As a reminder, the Gada IHC is some 85 km from the Mirriah district hospital. By equipping this IHC with an ambulance, it will now be possible to rapidly evacuate emergency cases to the Mirriah health district, particularly women in obstetric emergencies.

Echo AmplifyPF, *Bulletin mensuel d'informations en ligne ; parution du mois de mars 2022*

Figure 1. Total Funds Mobilized by All Project Countries (FCFA)



Feedback from stakeholders

During the internal mid-term evaluation of the AmplifyPF project carried out in 2021, stakeholders in the various countries appreciated this internal resource mobilization strategy. For example, a manager from an association in Burkina Faso commented: *The model is specific in that it enables the community itself to raise funds at the peripheral level, and not expect everything from donors. For an amount of 25,000 F CFA, activities can come to a halt, yet a single person can support a project with a lot of resources. We feel the commitment of the community and the involvement of town councils. This enables the community to understand the difficulties and the conditions in which the health workers work.*

Challenges

The difficulties encountered in implementing the resource mobilization strategies are twofold. First, it can be challenging to identify the approach best suited to a given community at the start. Some communities were quick to act on the GSV (Burkina Faso and Niger, for example). In Togo, however, the most important funds were donated following the resource mobilization meeting involving the town councils. Second, it is difficult to collect the funds pledged by the stakeholders, despite the commitments signed. Some people take the initiative on their own to invest sufficient funds (as was noted in Niger) for the purchase of ambulances, but in other cases, fundraising is very difficult. The CTAR members are asked to continue follow up visits to the stakeholders to support ongoing fundraising.

The first, most important challenge is to attract the attention of the communities, and especially those with ample monetary resources, to the microproject to be carried out. This will set the stage for the rest of the process. The second challenge is to identify the person who is going to carry out the project because the credibility of this person plays a vital role in securing the commitment of the communities.

Lessons Learned

Achieving results around resource mobilization depends on the ability of the initiative's promoter to mobilize companies and individuals to support the initiative. This requires communication and, above all, credibility.

The mobilization approach used by CTARs through the AmplifyPF project has been a success, due to the training they have received, the way they have applied what they have learned, and the tools they have developed. These tools are in two categories: one relating to CTAR members' ability to contact donors, and the other to building donor confidence.

With regard to the contact tools, the AmplifyPF project supported all CTARs in developing their communication and advocacy plans based on the results of net-mapping. This tool facilitated contacts and exchanges with donors, and especially the messages and micro-projects to be submitted to them.

In terms of building donor confidence, the accountability charter was a means of communication between CTARs and donors. This accountability charter has given donors a certain degree of assurance, as it enables them not only to monitor the use of their funds, but also to have regular updates on what has been achieved.

Accountability is a key factor in reassuring donors and attracting new donors to finance health micro-projects.

To build donor confidence and encourage them to fund health actions within the communities where they operate or are based, AmplifyPF supported the CTARs in drawing up accountability charters. This accountability charter is a document in which the members of the CTAR and the Integrated Learning Network (ILN) commit themselves to donors and service users to (i) establish leadership/governance that integrates feedback and accountability mechanisms, (ii) apply transparency in the management of funds by providing donors and FP service users with timely and accessible information about organizational procedures, structures, and processes that affect them so that they can make informed decisions and choices, and (iii) implementing appropriate feedback mechanisms that are sufficiently robust to handle complaints and respond to stakeholder dissatisfaction.

Recommendations

In the future, health, and especially FP project proposals, should include aid to support the objectives of the West African region in terms of mobilizing local resources to support the health sector.

Resource mobilization must be included as one of the objectives in all project proposals filling a gap in this field by providing a key indicator to track progress. To this end, particular attention must be paid to the mobilization of resources by all stakeholders. Every effort must be made to put in place effective, collaborative mechanisms to ensure that resource mobilization objectives are met.

At the local authority level, we need to step up lobbying for the disbursement of funds allocated in the annual budget for investment in the health sector.

To ensure that the commitment made by municipalities to include a budget line dedicated to the health sector in their annual budgets is implemented, CTAR members need to be in regular contact with them. This ongoing contact will enable them to monitor the preparation of municipal budgets and draw the attention of municipal councils to their budgetary commitment to the health sector.

Conclusions

The local resource mobilization component of AmplifyPF has been a success in terms of the overall amount mobilized and the various achievements made by the ILNs. This approach deserves to be repeated in future projects, to ensure ownership in the target districts and in the various countries through the ministries in charge of health and those in charge of local authorities.

Mobilizing resources from private companies reinforces the principle that FP is an issue for the whole society. Mobilizing local resources is a way of better focusing donor/government attention on systemic issues and solving local challenges with responses that are adapted to the local context.



Construction of a pediatric clinic at the Agoè Polyclinic in Lomé thanks to the mobilization of resources. Photo credit: Louis Odah

Cover photo

Amavi Doagbodzi, an auxiliary midwife counsels teenagers and young people about contraceptive options to prevent unwanted pregnancies at the Tokoin Community Center in Lomé, Togo. Photo Louis Odah, April 4, 2022

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