

POLICY BRIEF

(IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH PROPOSALS IN THE 2016 FEDERAL BUDGET)



Centre for Social Justice

Content

Part One: Introduction	2
Part Two: 2016 Federal Budget Proposals on MNCH.....	3
Part Three: Matters Arising from the Health and MNCH Funding Proposals.....	7
Part Four: Conclusions.....	10
Part Five: Recommendations.....	10

Abbreviations

FRA	Fiscal Responsibility Act
MDGs	Millennium Development Goals
MNCH	Maternal, New-born and Child Health
NASS	National Assembly
NHA	National Health Act
SWV	Service Wide Votes
MDAs	Ministries, Departments and Agencies of Government
MTSS	Medium Term Sector Strategy
PHC	Primary Health Care
SDGs	Sustainable Development Goals

PART ONE: INTRODUCTION

1.1 Background: The budget provides the opportunity for combining plans and policies with available resources for the achievement of set national goals. The health sector budget seeks to implement the national and international commitments of Nigeria by making available the resources to improve peoples' lives and health conditions. Nigeria still records high rates of maternal and child mortality and morbidity. With a diminished national resource profile, it becomes imperative to ensure that the rights of the vulnerable are protected through simple low cost investments. It is also a time to ensure that every naira spent by government delivers value whilst frivolous, inappropriate, unclear and wasteful spending is reduced to a minimum. Now is the time to seek new and innovative ways of resource mobilization, coordination and putting into action a minimum range of effective interventions that have been proven to work for the reduction of child mortality and improvement of maternal health. It is also time to re-invigorate the partnership of governments, partners and all stakeholders towards the attainment of improved health for mothers, new born and children.

1.2 Objective: The central objective of this Policy Brief is to review the estimates in the 2016 federal budget for Maternal, New Born and Child Health (MNCH) with a view to determining its adequacy for the task of protecting the rights to health and to life of persons who are to enjoy services to be provided from the budget. The Policy Brief seeks to hold government accountable to its obligations on MNCH. It will also provide budget analysts and monitors with background information to facilitate the tracking of expenditure when the budget is eventually approved.

The 2016 federal budget is presented as one founded on a Zero Base Budgeting (ZBB) framework. Ideally, this provides the opportunity to reconsider a lot of investment options and to determine the best way to spend available resources and to re-engineer the budget to deliver greater value. Budget items are queried and approved considering their comparative benefits and costs. Some form of costs benefit analysis is required for every single line item. New and old budget ideas compete for budget resources. Instead of justifying only increments to the existing baseline, the entire budget needs to be justified. ZBB reviews all aspects of an MDA programme - purpose, goals, activities, indicators of success and value for money principles. Thus, this Policy Brief provides the opportunity to review whether ZBB principles were followed in the preparation of the Health and MNCH estimates.

1.3 Methodology: The Policy Brief reviews the provisions made for MNCH in the 2016 estimates and compares it with the provisions of the previous year; whether the estimates are in tandem with the provisions of extant laws and policies. It will also review whether the estimates can meet the challenges in MNCH and whether it takes cognizance of recommendations made by experts from previous reviews of the health budget. The Policy Brief will discuss matters arising from the estimates, provide a conclusion and recommendations for the legislature and executive to improve the estimates before it becomes the approved budget.

PART TWO: THE 2016 FEDERAL BUDGET PROPOSALS ON MNCH

Table 1 shows the different MDAs of government and the planned expenditure in 2016 related to MNCH issues

Table 1: Line Items Focusing on MNCH in MDAs Proposed 2016 Budget

		MDA		
0521003001		NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY		
	CODE	PROJECT NAME	AMOUNT (N)	COMMENTS
	NPHCDA 01020020	PROCUREMENT OF VACCINES AND DEVICES (SIA)	4,062,408,000	In a vote of N17.758bn for the Agency, the estimate for vaccines is less than a quarter of the overall vote. This should have been not less than 50% of the overall estimates or more.
	NPHCDA 02020024	DEVELOP NATIONAL LOGISTICS SUPPLY CHAIN 3 HUB SYSTEM; FINALIZE AND ADOPT BEST RE-DESIGN OPTION FOR NATIONAL LEVEL (RUN HERMES MODEL FOR OPTIMIZATION, BRING IN ARCHITECTS TO DETERMINE OPTIMAL HUB COLD STORE REDESIGN), RECRUIT OR TRAIN STAFF TO FILL GAPS WITHIN NEW SYSTEM, IMPLEMENT RE-DESIGNS TO EQUIP THE THREE HUBS TO RECIEVE INTERNATIONAL SHIPMENTS	11,611,346,700	This is described as construction and provision of office buildings and raises several posers. What happened to the existing buildings housing logistics supply chain? Were they inadequate? Were we not receiving international shipments before? Essentially, this support line item takes up the bulk of the overall vote. However, this is a capital project that supports MNCH.
0521024001		PHC TUTORS PROGRAMME,'UCH-IBADAN		
	TPUCHI16017252	PROVISION OF STATION, RUNING OF PIPE, INSTALLATION OF PUMPING MACHINE	11,000,000	These are capital projects that support PHC and MNCH.
	TPUCHI161017257	PURCHASE OF VARIOUS BOOKS E.G. RESEARCH METHODOLOGY, HUMAN ANATOMY, TEACHING PRACTICE, CHILD HEALTH, ENVIRONMENTAL HEALTH, DICTIONARY, NURSING EDUCATION	9,000,000	

0521024002		PHC PROGRAMME, KADUNA POLYTECHNIC TUTORS		
	PHTKAD_01021198	CONSTRUCTION OF CLASSROOM/STAFF OFFICES	12,500,000	These are capital projects that support PHC and MNCH.
	PHTKAD_02021206	CONSTRUCTION OF HOSTEL BLOCK	7,500,000	
0521025001		COMMUNITY HEALTH TUTOR PROGRAMME UCH		
	CHPUCH16016704	OTHER NECESSARY WORKS TO BE DONE TOWARDS THE COMPLETION OF THE MALE HOSTEL PROJECT	20,000,000	These are capital projects that support PHC and MNCH. Can we please define these other necessary works?
0521026002		LAGOS UNIVERSITY TEACHING HOSPITAL		
	LUTH_01019902	COMPLETED 3 STOREY CHILDREN ACCIDENT AND EMERGENCY COMPLEX	50,000,000	These are capital projects that support PHC and MNCH.
	LUTH_08019963	REHABILITATION OF LABOUR WARD THEATRE AND LABOUR WARD	45,000,000	
AHMADU BELLO UNIVERSITY TEACHING HOSPITAL				
	ABUTH_01020876	CONSTRUCTION AND EQUIPPING DAY-CARE THEATRE AT PERMANENT SITE	30,000,000	These are capital projects that support PHC and MNCH.
0521026008		JOS UNIVERSITY TEACHING HOSPITAL		
	JUTH_02017509	PROCUREMENT OF EQUIPMENT FOR IVF CENTRE	108,117,880	This is a capital projects that supports MNCH.
0521026012		USMANU DANFODIO UNIVERSITY TEACHING HOSPITAL, SOKOTO		
	UDUTH_07017143	COMPLETION OF MEDICAL GAS PIPELINES TO THEATRE, INTENSIVE CARE UNIT, SPECIAL BABY CARE UNIT, LABOUR ROOM, CARDIOTHORACIC AND CATHETERIZATION UNIT	33,354,694	These are capital projects that support PHC and MNCH.
	UDUTH_08017146	COMPLETION OF CONSTRUCTION OF A HOSTEL FOR THE POST BASIC MIDWIFERY	60,825,979	

		STUDENTS OF THE HOSPITAL.		
0521026015		UNIVERSITY OF ABUJA TEACHING HOSPITAL, GWAGWALADA		
	UATH_01016744	PROCUREMENT OF NURSING INSTRUMENTS	12,900,000	These are capital projects that support PHC and MNCH.
0521027001		FEDERAL SPECIALIST HOSPITAL, IRRUA		
	FSH_IRRUA_05016224	COMPLETION OF ONE STOREY BUILDING OF 20 ROOMS HOSTEL FOR STUDENT NURSES & EXPANSION OF LECTURE & SEMINAR ROOMS	13,000,000	These are capital projects that support PHC and MNCH.
0521032001		NIGERIAN INSTITUTE OF MEDICAL RESEARCH, YABA		
	NIMR 0004016594	FIELD RESEARCH WORK ON RESEARCH TO MAP OUT CHILDHOOD MORTALITY AND ESTABLISH THE GEO-POLITICAL PATTERNS ACROSS THE COUNTRY	4,132,231	These are research works supportive of improvements in MNCH.
	NIMR 0004016597	TO CARRY OUT FIELD RESEARCH WORK ON TRAINING OF 300 COMMUNITY BASED HEALTH PROFESSIONALS TO SUPPORT COMMUNITY BASED RESEARCH INTO PREGNANCY, CHILDBIRTH AND CHILDHOOD RELATED DISORDERS.	3,305,785	These are research works supportive of improvements in MNCH.
	NIMR 0004016601	TO CARRY OUT FIELD RESEARCH WORK ON STUDIES OF NOVEL ANTI -MALARIA DRUGS IN THE IMPROVED MANAGEMENT OF MALARIA IN CHILDREN AND PEGNANT WOMEN IN NIGERIA.	4,132,231	These are research works supportive of improvements in MNCH.
	NIMR 0004016610	TO CARRY OUT FIELD WORK ON NATIONAL SURVEY ON THE PREVALENCE OF HUMAN PAPILOMA VIRUS AND CERVICAL PRE-CANCER IN NIGERIA	6,198,347	
	NIMR 0004016612	FIELD WORK ON NATIONAL STUDY ON ALCOHOL USE IN	4,958,678	

		PREGNANCY AND THE EFFECTS IN THE NEW BORN.		
0521036001		NOMA CHILDREN HOSPITAL, SOKOTO		
	NOMA_01019865	COMPLETION OF MEDICAL, ICT AND VISITING SURGEON COMPLEX	52,169,957	The hospital has an overall vote of N68,984,450 with a mere N3,990,484 for drugs and medical supplies. This is inadequate.
0521048001		NATIONAL OBSTETRIC FITSULA CENTRE, ABAKALIKI		
	NOFIC0013008862	ALSPHALTING LANDSCAPPING OF PREMISES	48,850,312	The total vote for the Centre is N580,745,316. However, there is an unmet demand for fistula related health services. The vote cannot meet the demands for corrective surgeries and other needs of fistula patients. NASS should confirm whether the projects have not been completed as available information indicates that asphaltting and landscaping of premises has been completed last year.
	NOFIC011013637	COMPLETION OF THE CONSTRUCTION AND EQUIPPING OF ADMIN/THEATER/CHANGING ROOMS/WARD/LIBRARY	83,000,000	
NATIONAL OBSTETRIC FISTULA CENTRE BAUCHI				
0521048002	NOFICNINGI 01019976	PERIMETRE PENCING, GATE HOUSE AND LAND COMPENSATION	10,000,000	The overall vote to the Centre is N626,607,621. However, there is an unmet demand for fistula related health services. The vote cannot meet the demands for corrective surgeries and other needs of fistula patients. NASS should confirm whether the construction projects are needed in view of where the Centre is located.
	NOFICNINGI 02019980	PURCHASE OF MOTOR VEHICLES	22,000,000	
	NOFICNINGI 03019992	RENOVATION OF ADMINISTRATIVE BLOCK	39,850,313	
	NOFICNINGI 04019994	PURCHASE OF 250 KVA GENERATOR	13,000,000	
	NOFICNINGI 05019999	PURCHASE OF MEDICAL EQUIPMENT		
	NOFINNINGI 03019984	COMPLETION OF MEDICAL WARD 1	39,000,000	
0521048003		NATIONAL OBSTETRIC FISTULA CENTRE KATSINA		
	NOFIC_01020497	RENOVATION AND EXPANSION OF AMINISTRATIVE BLOCK	131,850,312	The overall vote to the Centre is N704,378,898. However, there is an unmet demand for fistula related health services. The vote cannot meet the demands for corrective surgeries and

			other needs of fistula patients.
SUBTOTAL	NB: Includes the overall votes of the Fistula Centres and the Noma Hospital, Sokoto		18,090,396,810.00

Table 2: Proposed Budgets of the Institutes of Child Health

CODE	MDA	TOTAL PERSONNEL	TOTAL OVERHEAD	TOTAL RECURRENT	TOTAL CAPITAL	TOTAL ALLOCATION
0521030001	INSTITUTE OF CHILD HEALTH (LUTH) LAGOS	0	1,609,572	1,609,572	0	1,609,572
0521030002	INSTITUTE OF CHILD (UBTH) BENIN	0	1,435,778	1,435,778	0	1,435,778
0521030003	INSTITUTE OF CHILD HEALTH (UCH) IBADAN	0	1,435,778	1,435,778	0	1,435,778
0521030004	INSTITUTE OF CHILD HEALTH (ABUTH) ZARIA	0	1,435,778	1,435,778	0	1,435,778
0521030005	INSTITUTE OF CHILD HEALTH (ENUGU) ENUGU	0	1,435,778	1,435,778	0	1,435,778
SUBTOTAL						7,352,684

In Service Wide Votes (SWV), Table 3 shows the provisions that are related to MNCH. But they are general provisions about MDGs and SDGs without disaggregation into the particular SDGs.

Table 3: Service Wide Votes

CODE	LINE ITEM	AMOUNT (N)
23050116	SUSTAINABLE DEVELOPMENT GOALS MONITORING AND EVALUATION	1,581,777,918
23050118	COMMUNICATION AND ADVOCACY (MDG) REPORTING 2011 MDG	427,080,038
23050140	SPECIAL INTERVENTION MDG's 1	1,468,267,215
23050150	COUNTERPART FUNDING INCLUDING GLOBAL FUND/HEALTH	3,500,000,000
23050168	TRANSITION TO SUSTAINABLE DEVELOPMENT GOAL	1,109,037,225
23050169	PROVISION FOR SDG PROGRAMMES	5,378,044,922
SUBTOTAL		13,464,207,318

PART THREE: MATTERS ARISING FROM THE HEALTH AND MNCH FUNDING PROPOSALS

3.1 Preparation Process: The Proposals Were Not Backed By A Medium Term Sector Strategy (MTSS) - Where Is The ZBB Approach? The budget proposals were not underpinned by a MTSS. As such, they did not undergo a prioritization process and may not reflect the best strategies and activities for the realization of high level policy goals in MNCH. This is in

contravention of the provisions of the NHA and the Fiscal Responsibility Act (FRA). The NHA provides in Section 2 (2) that the Federal Ministry of Health shall prepare strategic medium term health and human resource plans annually and ensure that the plan forms the basis of the annual budget proposal and any other government planning exercise as may be required by any other law. The preparation process envisaged in the FRA is not a closed shop but one that involves major stakeholders in the Ministry of Health, private sector, civil society, professionals and the academia. Thus, if there is any document that pretends to bear the name of a plan, it did not meet the pre-requisites of the preparation process envisaged by law. There is also nothing innovative in the estimates to show that the ZBB approach was deployed in its preparation. It followed the old repetition of budget line items and did not improve on value for money.

3.2 Inadequate Budgetary Resources: The health budget as a percentage of the overall budget estimate is a miserly 4.23 percent, which fails to meet the commitment of African Heads of State to commit not less than 15% of their budgets to healthcare. The percentage of health budget 2015 to the overall budget; (N259.751billion out of N4.493trillion) amounts to 5.78%. The total investment on MNCH in the 2016 estimate is in the sum of N19.44billion. Unlike the 2015 financial year when the budget of the Ministry of Health Headquarters contained investments for the malaria programme, contraceptives and information dissemination, the 2016 estimate is silent on these MNCH issues. There were also investments from Subsidy Reinvestment Programme (SURE-P) which is no longer available under the present dispensation. Maternal and Child Health Insurance Programme under the National Health Insurance Scheme provided in the 2015 budget is also missing in the 2016 estimates. Also, the Roll Back Malaria Programme seems to be missing from the budget. The five Institutes of Child Health got a total estimate of N7,352,684 as against the sum of N6,877,995 approved in 2015. This is a slight improvement from the 2015 figures. In the approved 2015 federal budget, SWV related to MDGs got the sum of N71,798,207,318; when this is compared to the current estimate of N13,464,207,318, it is evident that the 2016 estimate is a mere 18.75 percent of the 2015 estimate. This is a roll back of already gained rights considering that the overall 2016 estimates are higher than the approved 2015 federal budget. Deliberate retrogressive steps in terms of reduced funding for MNCH violates Nigeria's obligations on the right to health under the Covenant on Economic, Social and Cultural Rights¹.

3.3 Non Provision Of Basic Health Care Provision Fund: Section 11 of the National Health Act 2014 makes provision for a minimum of one percent of the total sum accruable into the Consolidated Revenue Fund of the Federal Government to be dedicated to the Basic Health Care Provision Fund. This is a minimum and not the maximum that can be provided in the budget. However, the 2016 estimate is silent on this. The breakdown of the Fund according to the Act, states that, money from the Fund shall be used to finance the following: (a) 50% shall be used for the provision of basic minimum package of health services to citizens, in eligible primary or secondary health care facilities through the National Health Insurance Scheme (NHIS); (b) 20 percent of the Fund shall be used to provide essential drugs, vaccines and consumables for eligible primary health care facilities; (c) 15 percent of the Fund shall be used for the provision and maintenance of facilities, equipment and

¹ See General Comment No.3 (Fifth Session 1990) on the Nature of State Parties obligations under article 2, paragraph 1 of the Covenant.

transport for eligible primary health care facilities; and (d) 10 percent of the Fund shall be used for the development of human resources for primary health care; (e) 5 percent of the fund shall be used for emergency medical treatment.

3.4 Source Of Funding Vaccines In The National Primary Health Care Development Agency: In a vote of N17.758bn for the Agency, the estimate for vaccines is 22.87 percent of the overall vote whilst construction and development of a national logistics supply chain takes the bulk of the vote. Whilst the supply chain is important to the administration of vaccines, more resources should be channeled to the provision of kits, ante-natal and post natal services, emergency treatment, drugs, vaccines and consumables This should have been not less than 50% of the overall estimates. However, there is information that a World Bank loan² , GAVI³ and other Development Partners cover the bulk of the N12bn cost of buying vaccines yearly so the federal allocation is just for the balance being a mere 33% of the required sum. This raises the question; whether Nigeria should borrow for a consumable like vaccines when it has sufficient resources to pay for them. It makes no sense to borrow for vaccination when available resources have not been properly utilized. Vaccines should be a priority as vaccination is a key part of the minimum core obligation of the state to its citizens in matters of health.

3.5 Service Wide Votes Is Still Not Disaggregated: SWV in the sum of N13,464,207,318 is allocated to MDGs and SDGs. But there are no specific details of the votes for specific goals. If about 10 percent of the relevant SWV goes to MNCH, it will be the sum of N1.34billion which still leaves the MNCH budget as a paltry sum considering the unmet needs. The Oronsaye Committee on the cost of governance had earlier recommended the SWV be abolished and items currently captured under it transferred to the appropriate MDAs or the Contingency Vote.

3.6 Contribution Of Development Partners Is Not Captured In The Budget: The Budget did not take state the contribution of Development Partners through grants and other support mechanisms. This is faulty as it does not portray a true picture of the level of funding available for MNCH and other health interventions. This is not the practice in other African countries and runs against the standard Nigerian Appropriation Bill clause that:

All Accounting Officers of Ministries, Parastatals and Departments of Government who control heads of expenditure shall upon the coming into effect of this Bill furnish the National Assembly on a quarterly basis with detailed information of all foreign and or domestic assistance received from any agency, person or organisation in any form whatsoever.

If this is the law, all grant sums that are due for draw down within the year should have been declared and incorporated into the budget. The fact that these contributions are not captured may lead to double counting in terms of FGN paying for services and facilities already funded by donors. It may also lead to corruption by MDA officials.

3.7 Global Alert On Zika Virus And Budgetary Inaction: The World Health Organization has declared the Zika Virus a global emergency. It has spread across 31 countries and has affected 4000 persons in Brazil alone. The virus which is linked

² This includes the Saving One Million Lives Package which is a loan of \$500m dollars signed in May 2015 to improve Maternal and Child Health.

³ GAVI between the period 2000 to 2015 disbursed the sum of \$498,167,715 for immunisation and health related services to Nigeria - from <http://www.gavi.org/country/nigeria/>

to cases in which babies are born with underdeveloped brain is spread by mosquitoes that transmit Zika. The disturbing fact is that pregnant women and babies are the most vulnerable group liable to get infected with the virus. Nations all over the world have taken preventive and protective steps against the spread of the virus in their countries. The Director-General of the WHO, Margret Chan affirms the need for countries to prioritize the protection of women and babies from harm and to control the mosquitoes that are spreading the virus⁴. However, from the proposed budget of the Nigerian Institute of Medical Research mandated to conduct research into diseases of public health importance in Nigeria, no provision is made for curtailing the spread of Zika Virus in Nigeria. The estimates from other agencies in the health sector are also silent on the Zika Virus. A lot of sensitization and public awareness needs to be conducted; screening and testing kits need to be procured, while medical scientists in Nigeria need to embark on research for vaccines against the virus etc.

3.8 Absence Of A Universal Health Funding Mechanism: Budgetary evidence indicates that Nigeria still lacks a Universal Health Funding mechanism which creatively mobilizes funds from a number of stakeholders and sources to make basic health services available to all.

PART FOUR: CONCLUSION

There has been a deliberate retrogressive step in terms of reduced funding for MNCH despite the increase in overall budgetary resources. N19,444,170,226 (N19.44billion) was voted for MNCH in 2016 estimates compared to N21,340,150,251 (N21.340billion) in the 2015 approved budget. The challenges in MNCH remain the same as in previous years and there is no justification for the reduced funding. The NHA has been obeyed in the breach and there is need for remedial action to stem the tide. Nigeria has not met the Abuja Declaration standard of allocating 15% of the budget to health. Further, the estimates follow the approach of the previous budgeting system and nothing in it suggests the meticulous and thorough review of a ZBB process.

PART FIVE: RECOMMENDATIONS

5.1 For The Legislature

- ❖ Increase the allocation to health to meet the 15% African standard or as minimum, there should an increase in resources available for health to not less than 10% of the budget; rather than a decrease when the overall budget has increased. No retrogressive steps are permitted.
- ❖ Section 11 of the National Health Act 2014 which provides for the Basic Health Care Provision Fund should be respected and the legislature through savings identified as frivolous, inappropriate, unclear and wasteful⁵ estimates should make provisions for the Fund.

⁴ Zika-linked condition: WHO declares global emergency, <http://www.bbc.com/news/health-35459797>

⁵ See the publication of Citizens Wealth Platform in that regard.

- ❖ In the estimates of the National Primary Health Care Development Agency, more resources should be re-programmed to the provision of kits, ante-natal and post natal services, emergency treatment, drugs, vaccines and consumables. This should be not less than 50% of the current estimates. New funds from savings can be used to fund the supply chain infrastructure.
- ❖ The resources in Service Wide Votes should be decentralized and allocated to the MDAs that will implement the projects. The estimates under the SDGs should be disaggregated and the investments in MNCH specifically identified and sent to the appropriate MDAs.
- ❖ The specific contributions of Development partners should be identified and captured in the estimates for purposes of accountability and transparency and to avoid duplication of expenditures on a single item.
- ❖ Budgetary resources should be made available to prevent the spread of Zika Virus and other MNVH related diseases to Nigeria including public sensitization and research on a possible vaccine. This is in tandem with the right of Nigerians to prevention, treatment and control of diseases.

5.2 For The Executive

- ❖ Future health budgets should be backed by MTSS which aligns activities with goals and priorities - contained in high level national policy documents in MNCH as anticipated in the FRA. Ensure the implementation of Section 2 (2) of the NHA vis, that the Federal Ministry of Health shall prepare strategic medium term health and human resource plans annually and ensure that the plan forms the basis of the annual budget proposal and any other government planning excise as may be required by any other law.
- ❖ Prepare a bill for Universal Health Coverage involving creative methods of funding, contributory insurance, etc and send same for the consideration of the National Assembly. This will improve economic accessibility and affordability of MNCH and other health care services.
- ❖ Mainstream MNCH and other health issues in the work and programming of other MDAs so that education and sensitization leading to health information accessibility will be used to improve MNCH standards and indicators.

Goal

To contribute to improvements in Nigeria's MNCH outcomes through the strengthening of civil society capacity and increasing engagement between demand and supply side actors.

Objectives

- ❖ To increase civil society capacity for quality engagement through informed advocacy to support the implementation of good and fit practices in fiscal governance in the area of MNCH.
- ❖ To expand the conversation for the implementation of good and fit practices in MNCH by expanding the number of CSOs and other Stakeholders engaged in MNCH advocacy.
- ❖ To improve advocacy for sustainable improvements to fiscal governance in MNCH and to increase informed media engagement of fiscal governance in MNCH.
- ❖ To improve monitoring, reporting and dissemination of information on budget and policy implementation in MNCH.

Key Activities Include

Action Research; Engagement of MTSS, MTEF and the Budget; Cluster Development; Budget Monitoring and Reporting; Advocacy for New Laws and Policies; and Media Engagement.



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