

POLICY BRIEF

(IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH PROPOSALS IN THE 2018 FEDERAL BUDGET)



Centre for Social Justice

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BHCPF	Basic Health Care Provision Fund
CRF	Consolidated Revenue Fund
CSJ	Centre for Social Justice
CSOs	Civil Society Organisations
ERGP	Economic Recovery and Growth Plan
FGM	Female Genital Mutilation
FGN	Federal Government of Nigeria
FMoH	Federal Ministry of Health
FP	Family Planning
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
LGAs	Local Government Areas
MDAs	Ministries, Departments and Agencies of Government
MNCH	Maternal, New-born and Child Health
MSS	Midwives Service Scheme
NACA	National Agency for the Control of AIDS

Abbreviations

NASS	National Assembly
NHA	National Health Act
NHIS	National Health Insurance Scheme
NPHCDA	National Primary Health Care Development Agency
NSPAN	National Strategic Plan of Action for Nutrition
PHC	Primary Health Centre/Primary Health Care
PPP	Public Private Partnership
SDGs	Sustainable Development Goals
SURE-P	Subsidy Reinvestment Programme
SWV	Service Wide Votes
UNFPA	United Nations Population Fund
VVF	Vesico Vaginal Fistula
UNICEF	United Nations Children's Emergency Fund

PART 1: INTRODUCTION

This Policy Brief continues the tradition established in CSJ over the years to engage the preparation and approval of the health and MNCH proposals. We started the 2018 process through our pre-budget memorandum on the Health Sector Medium Term Sector Strategies. The objective is to provide advocacy materials that will be used to engage the legislature and MDAs in the approval of the federal health budget proposals. We reviewed the line item provisions focused on MNCH to determine their propriety and adequacy and whether Nigeria is meeting her obligations under the Abuja Declaration. The implementation of the National Health Act, especially the Basic Health Care Provision Fund which is 1% of the Consolidated Revenue Fund of the Federal Government came up for review.

Nigeria is faced with challenges in MNCH, especially the poor records in maternal, infant and child mortality and morbidity. There is also the issue of access to basic services, nutrition and insufficient numbers of critical health personnel. Thus, the Policy Brief reviewed votes for immunization and its sustainable financing, family planning, nutrition and HIV/AIDS to prevent mother to child transmission. It examined provisions of the capital vote for MNCH infrastructure and whether policy provisions for sustainable funding of the health and MNCH subsector received adequate resources for their implementation.

The Policy Brief inter alia made the following recommendations to the legislature: Progressively increase the vote for health and MNCH to at least 50% of the Abuja Declaration, which is 7.5% of the overall budget in the sum of N645billion; provide for the Basic Health Care Provision Fund which is 1% of the CRF in the sum of N56.866billion; make full provisions for any funding gap in immunization and after 2018, discontinue the practice of funding immunization with borrowed funds. This will involve enhanced domestic resource mobilization. Also, increase the vote to HIV/AIDS to N50.212billion with a special attention dedicated to the health of mothers, new born and children and the prevention of mother to child transmission; increase the votes for nutrition to meet the funding gap if the total resources, available from the budget proposal and donors, is less than N131.5billion. Other recommendations include: for investments in PHCs, nudge the executive to enter a memorandum of understanding with the states and local governments where the PHCs are located. Such MOU will show the commitment of the states and LGAs to fund the recurrent component of the expenditure after the capital vote from FGN has been expended. Increase the provisions for Family Planning in accordance with Nigeria's commitments at the London Summit and the National Family Planning Scale Up Plan 2014. This will mean a 2018 empirical need in the sum of N43.340billion. But the contribution of donors should be deducted from this overall sum.

Beyond the budget, consider an amendment of the National Health Insurance Act to make public or private health insurance compulsory; take steps to enact a Nigeria Immunization Trust Fund Bill for the sustainable funding of Immunization in Nigeria and consider the establishment of a Health Bank of Nigeria to provide a new window of capital for sustainable funding of health investments.

PART 2: REVIEW OF THE MATERNAL, NEWBORN AND CHILD HEALTH PROPOSALS OF THE 2018 FEDERAL BUDGET

CODE	PROJECT NAME	AMOUNT	COMMENTS
FEDERAL MINISTRY OF HEALTH HEADQUARTERS			
ERGP25112202	IMNCH STRATEGY - ARTICULATION OF POLICY AND STRATEGY PLANS OF NEWBORN IN CHILD HEALTH IN LINE WITH SDG TARGETS ON INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES (IMCI) FOLLOW UP, INTEGRATED SUPPORTIVE SUPERVISION (ISS) AND KANGAROO MOTHER CARE (KMC)	8,000,000	This is a welcome development but the challenge is about policy implementation. There should be implementation of recommendations from the KMC. A key recommendation to curtail the failure of the KMC in Nigeria is that adequate provision be made for health system infrastructure, capacity and resources and also improve the quality of care of clinical services for effective coverage. The provisions of the Basic Health Care Provision Fund (BHCPF) in the National Health Act (NHA) (2014) will be a proper way to start ¹ . However, more clarity and specificity about what this vote is to be used for is needed.
ERGP25112204	ACCELERATED REDUCTION OF MATERNAL MORBIDITY AND MORTALITY THROUGH SAFE MOTHERHOOD	29,768,000	Reducing maternal mortality and morbidity through safe motherhood is a welcome development. However, this vote says nothing about the activities, goods and services to be bought with the vote. Details are required before approval by NASS.
ERGP25112207	IMPROVE FAMILY PLANNING SERVICES THROUGH CONTRACEPTIVES USE INTERVENTIONS AND COUNTERPART	1,200,000,000	This is an improvement from last year allocation to family planning. However, the budgeting for Family Planning (FP) should be improved. According to the Costed

¹ <https://www.healthynewbornnetwork.org/hnn-content/uploads/NigeriaCareForSmallNewborns.pdf>

	FUNDING		Implementation Plan of the Nigeria Family Planning Blueprint, a total of \$142million is required for 2018. This amounts to N43,340,500,000 ² . Thus, an additional N42,140,500,000 is required. FGN should provide the outstanding after deducting the contribution of donors.
ERGP25112213	ADVANCING ADOLESCENT HEALTH CARE IN NIGERIA / ELDERLY HEALTH CARE AND WELL-BEING PROJECT IN NIGERIA	5,990,633	How exactly will this sum be used to actualize this? The sum is even paltry. Beyond the budget, FGN should through law mandate compulsory health insurance for all, as the surest way of advancing health care of the citizens.
ERGP25112215	GENDER MAINSTREAMING/END FEMALE GENITAL MUTILATION/ IMPLEMENTATION OF THE VIOLENCE AGAINST PERSONS PROHIBITION ACT	2,964,342	Ending FGM or violence against women is a noble objective. But what exactly is this vote for? There is need for specificity. What services, goods, works or construction is to be delivered with this vote?
ERGP25112220	CO-FUNDING TO UNICEF FOR THE PROCUREMENT OF READY-TO-USE THERAPEUTIC FOOD TO BE DISTRIBUTED TO 6 GEOPOLITICAL ZONES INCLUDNG ESTABLISHMENT OF CMAM SITES	1,110,186,200	This is slight reduction of the 2017 appropriation which received 1.2bn. NASS should confirm if this counterpart fund and what UNICEF will provide will meet the needs as stated in the Health Sector Component of the National Food and Nutrition Policy.
ERGP25112221	MATERNAL, INFANT AND YOUNG CHILD FEEDING IN NIGERIA INCLUDING MICRONUTRIENT DEFICIENCY CONTROL AND NUTRITION INFORMATION SURVEILLANCE SYSTEM	30,000,000	The proposed line item lacks clarity; details are required, otherwise the amount should be rechanneled for the provision of mama kits. Who is to be fed and what percentage of the population? FGN is committed to make an annual investment of \$10m which amounts to

² See page 24 of the Nigeria Family Planning Scale Up Plan 2014-2018. The exchange rate used is N305=1USD.

			N3,050,000,000 under the Health Sector Component of the National Food and Nutrition Policy.
ERGP25112228	CONDUCT RAPID ASSESSMENT OF HEALTH PROMOTION PROGRAMMES IN 555 PHCS	2,118,733	This amount is low compared to the planned activity; increase the vote for this activity. Otherwise, the sum should be re-programmed for revitalization of the PHCs
ERGP25112257	STRATEGIC PURCHASE OF A GUARANTEED PACKAGE OF PREVENTIVE, PROMOTIVE AND CURATIVE CARE FOR NIGERIANS AND THE PROVISION OF OPERATING BUDGETS TO PHCS VIA ELECTRONIC TRANSFERS, UNDER THE BASIC HEALTH CARE PROVISION FUND (BHCPF)	1,000,000,000	This is consistent with the implementation of the NHA. However, there is need to define the provisions in the package for beneficiaries to access them. The amount budgeted for this is meager and this should have been funded under the BHCPF.
ERGP25112275	REPLENISHMENT PLEDGE BY MR PRESIDENT TO GLOBAL FUND ATM	3,000,000,000	This is a welcome development which is consistent with the need for Nigeria to fund vital health challenges with less reliance on donors. Details of how the money will be used should be provided.
ERGP25112303	NATIONAL CERVICAL CANCER SCREENING SCALE UP PROJECT, TV AND RADIO CANCER AWARENESS AND NUCLEAR MEDICINE MANAGEMENT COMMITTEE (CANCER CONTROL PROGRAMME)	14,113,187	It is a welcome development, an increase from the last year's budget of N1.9m.
ERGP25112644	PROCUREMENT OF ENTOMOLOGICAL MATERIALS FOR MONITORING RESISTANCE IN OGUN, IMO, KADUNA, PLATEAU, OSUN, EDO, KATSINA,	25,046,675	This is a welcome development, an increase from last year's budget of 2.9m. However, it is noticed that the 11 states which benefited last year are still the same states proposed for this

	ANAMBRA, NASARAWA, BAUCHI AND DELTA STATES; PROCUREMENT OF EASY STICK INSECTICIDE TREATED WINDOW AND DOOR NETS (ESITWDN) FOR MALARIA VECTOR CONTROL		year. Except this provision was not implemented last year, coverage should be extended to other states to benefit from the procurement of Easy Stick Insecticide Nets.
ERGP25112770	PERIODIC MONITORING & EVALUATION ON THE REFORM AGENDA (SOML, RRT, RPHC, NSHDP II) HEALTH CARE TO HUMANITARIAN CRISIS	1,500,000	M&E is good for the sector but the provision is too paltry. Increase the vote.
ERGP25112675	PLACING 60,000 NIGERIANS ON HIV TREATMENT AND MANAGEMENT USING FMOH/FGN BRANDED DRUG @ N50,000	1,418,004,596	The number of Nigerians (including mothers, newborn and children) in need of HIV treatment exceeds this number. Also, 60,000 multiplied by N50,000 is N3,000,000,000. Thus, the figures do not add up. Adequate provisions should be made for more Nigerians through increased votes as the estimated national treatment gap is 2,350,000 People Living with HIV.
ERGP25115182	COUNTERPART FUNDING TO MATCH GRANTS FROM UNFPA,USAID, BMGF & UNICEF	2,400,000,000	This is a welcome development, details of what the grants will be used for, location and intended beneficiaries should be made available to Nigerians to facilitate monitoring.
Subtotal			10,247,692,366
SERVICE WIDE VOTES			
ERGP3115489	COUNTERPART FUNDING INCLUDING GLOBAL FUND/HEALTH	3,500,000,000	This is Nigeria's counterpart obligation that would attract more donors funding. But this could have gone into the votes of the Ministry of Health, rather than being isolated in SWVs. Further, what is the difference between this vote and the N2.4bn under the proposal of the

			Federal Ministry of Health? This needs to be clarified.
Subtotal			3,500,000,000
NATIONAL HEALTH INSURANCE SCHEME			
ERGP25114525	MATERNAL AND CHILD HEALTHCARE	114,690,000	What exactly will this money be used for? Is it free health insurance for MNCH? This should be properly defined.
Subtotal			114,690,000
NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY			
ERGP25112666	PROCUREMENT OF RI VACCINES, DEVICES AND OPERATIONAL COST	8,895,468,504	A total of 12.139bn for vaccines is too poor compared with the actual demand for vaccines in Nigeria. This presents a funding gap of about N133billion. The poor result of 33% immunisation coverage as indicated in the Multiple Indicator Cluster Survey//National Immunisation Coverage Survey (among children aged 12-23 months as against the global standard of 90%) of 2016/2017 shows that a lot has to be done in the area of procurement or production of vaccines, transportation and distribution of vaccines from state to state, training of workers and sensitization. The 1% Basic Health Care Provision Fund should be implemented which provides for the allocation of 20 percent for vaccines and consumables.
ERGP25112672	POLIO ERADICATION INITIATIVE (PEI)	1,204,190,831	
ERGP25112679	PROCUREMENT OF OUTBREAK (EMERGENCY) RESPONSE VACCINE, DEVICES AND OPERATIONAL COST	1,500,000,000	
ERGP25112677	PROCUREMENT OF NON POLIO SIA VACCINE AND DEVICE FOR OPERATION	540,000,000	
ERGP25112684	PROCUREMENT OF HAJJ VACCINES	174,574,043	This allocation is inappropriate; individuals and religious bodies should pay for their pilgrimage obligations including vaccines for pilgrimage. The amount should be channeled for the benefit of other primary health care services

			such as provision of basic minimum packages.
ERGP25112686	DISEASE CONTROL AND OPERATIONAL COST FOR SURVELLANCE ACTIVITIES	539,647,754	This provision requires details before approval. What exactly is the Treasury paying for?
ERGP25112693	DISTRIBUTION, TRANSPORT AND MAINTENANCE OF COLD CHAIN SUPPLY SYSTEMS	1,428,523,456	This is relevant logistics for the distribution and preservation of vaccines. However, more details relating to the specifics of the vote should be provided.
ERGP25112703	(NATIONAL TO STATES) MIDWIVES SERVICE SCHEME INCLUDING OUTSTANDING PAYMENT FOR SERVICES	1,000,000,000	The empirical need in MSS is about N1.28bn. The vote should be increased by N280million ³ .
ERGP25112706	MONITORING AND EVALUATION OF PHC SYSTEMS AND SERVICES	1,000,000,000	This should be reduced to not more than N500million and the balance re-programmed to the provision of drugs, vaccines and consumables in the PHCs. Creative collaboration with CSOs and existing systems and structures in the states would reduce the cost of this M&E exercise.
ERGP25112708	QUARTERLY BUDGET MONITORING AND EXPENDITURE TRACKING	91,778,000	This is necessary for proper management of resources allocated for in the budget. Collaboration with CSOs is needed for this activity. This will also support the M&E provided above.
ERGP25112714	PARTNERSHIP FOR COMMUNITY SURVELLANCE AND PHC LABORATORY OPTIMIZATION	33,084,500	This is consistent with the need for effectiveness of the PHCs. However details of activities should be provided.
ERGP25112718	COMPUTERIZATION OF FINANCE, ACCOUNTS AND AUDIT MANAGEMENT SYSTEMS	155,000,000	The proposed sum is too high for this purpose, the departments listed here should have been operating with computers. If there is need for

			more, it shouldn't cost this much; reduce by 70% and deploy the rest to fund the BHCPF.
ERGP25112722	PHC PROJECT PLANNING, REVIEW AND OPERATIONAL RESEARCH	106,809,000	This is a nebulous vote without specifics. It should be re-programmed to support the funding of BHCPF or provision of vaccines.
ERGP25112724	COMMUNITY PARTNERSHIP FOR DELIVERY OF MINIMUM SERVICE PACKAGE	289,963,400	Has the minimum service package been defined? This vote is nebulous and without details of what the Treasury is paying for. The vote should be re-programmed for vaccines and other relevant activities.
ERGP25112731	PHC ICT INCLUDING DEVELOPMENT OF E-LEARNING SYSTEMS FOR SUSTAINABLE PHC	791,007,680	While ICT and E-learning are good for improved PHC, it is imperative to state the specifics and not a general term without details. On no account should this be approved without specifics.
ERGP25112737	RENOVATION AND INFRASTRUCTURAL UPGRADE OF NPHCDA ANNEX, ZONAL AND STATE OFFICES	1,000,000,000	This is outrageous amount proposed to serve only the interest of the NPHCDA, when millions of children are in need of vaccines and consumables. The sum should be reduced by 50% and the saved sum re-directed to fund the BHCPF.
ERGP25112741	COMMUNITY ENGAGEMENT FOR IMPROVED MATERNAL, NEW BORN, CHILD HEALTH, NUTRITION AND PROCURE OF KITS AND COMMODITIES FOR COMMUNITY HEALTH INFLUENCERS, PROMOTERS AND SERVICERS (CHIPS)	1,433,289,400	Which kits and commodities is the Agency procuring with this huge sum? Specifics are needed.
ERGP25112747	REVITALIZATION AND FUNCTIONALITY OF PHC FACILITIES	1,000,000,000	Considering that there are hundreds of PHCs, this sum should be increased to not less than N5bn. However, locations for the proposed

			PHCs to be revitalized should also be specified. And agreements should be entered with states and local governments to provide counterpart funding and guarantee functionality after the capital costs have been expended.
ERGP25115136	EQUIPPING OF PHCS IN DASS, BOGORO & TAFAWA-BALEWA LOCAL GOVERNMENT AREAS	600,000,000	This vote shows that the N1bn for revitalization and functionality of PHCs nationwide is a huge joke if only three LG PHCs will gulp N600million. Proper cost evaluation should be done on this vote and possibly extend the number of PHCs to be revitalized.
Subtotal			21,783,336,568
PHC TUTORS PROGRAMME, UCH-IBADAN			
ERGP25115331	COMPLETION OF CONSTRUCTION OF MILLENIUM HOSTEL ACCOMMODATION FOR PRIMARY HEALTH CARE TUTORS COURSE (ON GOING)	9,528,767	This should be approved based on the needs of the Agency.
Subtotal			9,528,767
PHC TUTORS PROGRAMME, KADUNA POLYTECHNIC			
ERGP25115336	CONSTRUCTION OF HOSTEL BLOCK	7,000,000	This should be approved based on the needs of the Agency and the fact that it contributes to improved MNCH.
ERGP25115338	CONSTRUCTION OF CLASS ROOM/OFFICE BLOCK	3,500,000	This should be approved based on the needs of the Agency and the fact that it contributes to improved MNCH.
Subtotal			10,500,000
COMMUNITY HEALTH TUTOR PROGRAMME, UCH			
ERGP25115553	COMPLETION AND CONSTRUCTION OF MILLINIEM MALE HOSTEL(ON	4,961,250	This should be approved based on the needs of the Agency and the fact that it contributes to

	GOING)		improved MNCH.
ERGP25115554	COMPLETION AND CONSTRUCTION OF MILLENNIUM FEMALE HOSTEL(ON GOING)	4,961,250	This should be approved based on the needs of the Agency and the fact that it contributes to improved MNCH.
Subtotal			9,922,500
AHMADU BELLO UNIVERSITY TEACHING HOSPITAL			
ERGP25114269	CONSTRUCTION AND EQUIPPING OF RESUSCITATION BAY AND DAYCARE WARD IN INSTITUTE OF CHILD HEALTH (ICH) BANZAZZAU	28,030,500	This is a capital project that supports MNCH and should be meticulously implemented.
Subtotal			28,030,500
UNIVERSITY OF BENIN TEACHING HOSPITAL			
ERGP25114343	EXTENSION OF MATERNAL & CHILD HEALTH UNIT	19,297,813	This is a capital project that supports MNCH and should be meticulously implemented.
Subtotal			19,297,813
AMINU KANO UNIVERSITY TEACHING HOSPITAL			
ERGP25105307	CONSTRUCTION, FURNISHING & EQUIPPING OF POST BASIC NURSING SCHOOL	24,020,632	This is a capital project that supports MNCH and should be meticulously implemented.
Subtotal			24,020,632
UNIVERSITY OF MAIDUGIRI TEACHING HOSPITAL			
ERGP25114098	CONSTRUCTION OF 2 NOS OF ONE - STOREY HOSTEL BLOCKS OF 40 ROOMS EACH FOR SCHOOLS OF NURSING, PERIOPERATIVE NURSING, CHOTP, HEALTH INFORMATION	120,120,718	This is a capital project that supports MNCH and should be meticulously implemented.
Subtotal			120,120,718
NNAMDI AZIKIWE TEACHING HOSPITAL, NNEWI			
ERGP25115408	COMPLETING THE CONSTRUCTION OF OBSTETRICS WARD AT PARMANENT SITE	51,583,544	This is a capital project that supports MNCH and should be meticulously implemented.

Subtotal	51,583,544		
IRRUA SPECIALIST TEACHING HOSPITAL, IRRUA			
ERGP25113592	RAY, IVF-INCUBATOR, ICSI MACHINE, LAMINAR HOOD, ULTRASOUND. PURCHASE OF MEDICAL EQUIPMENT INCLUDING THERAPEUTIC ENDOSCOPE, DIGITAL X-RAY/PROCESSOR, IVF, INCUBATOR, ICSI MACHINE, LAMINAR HOOD UTRASOUND	142,937,323	This is a capital project that supports MNCH and should be meticulously implemented.
Subtotal	142,937,323		
FEDERAL MEDICAL CENTRE, UMUAHIA			
ERGP25115104	PROCUREMENT OF MAMA KITS	100,000,000	This is consistent with the need to cater for the welfare of new born and also to promote antennal visits.
Subtotal	100,000,000		
FEDERAL MEDICAL CENTRE, MAKURDI			
ERGP25114254	CONSTRUCTION AND FURNISHING OF NUTRITION AND DIETETICS BLOCK	11,365,000	This is consistent with the need to improve MNCH services.
Subtotal	11,365,000		
FEDERAL MEDICAL CENTRE, KATSINA			
ERGP25114987	CONSTRUCTION OF EMERGENCY THEATRE FOR OBSTETRICS & GYNAECOLOGY	70,000,000	This is consistent with the need to reduce child mortality.
Subtotal	70,000,000		
FEDERAL MEDICAL CENTRE, ASABA			
ERGP25107442	CONSTRUCTION OF A TWO STOREY MATERNITY COMPLEX	75,000,000	This is consistent with the need to provide facilities for maternal and child health care.
Subtotal	75,000,000		
FEDERAL MEDICAL CENTRE, KOGI			
ERGP25114113	COMPLETION OF CONSTRUCTION OF	53,055,326	This is consistent with the need to provide

	NEW MATERNITY COMPLEX BUILDING - ON GOING		facility for maternal and child health care. However N31.5m was approved for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation.
Subtotal			53,055,326
FEDERAL MEDICAL CENTRE, KEBBI STATE			
ERGP27113939	CONSTRUCTION AND EQUIPPING OF MATERNITY COMPLEX	120,719,58	This is consistent with the need to provide facilities for maternal and child health care. It should be given speedy implementation
Subtotal			120,719,58
FEDERAL MEDICAL CENTRE, TARABA STATE			
ERGP25114143	CONSTRUCTION AND FURNISHING OF NEO-NATAL WING OF MATERNAL AND CHILCARE COMPLEX	148,737,592	This is consistent with the need to provide facilities for maternal and child health care. However N38.3m was proposed for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation.
Subtotal			148,737,592
FEDERAL MEDICAL CENTRE, JIGAWA STATE			
ERGP25115409	CONSTRUCTION OF HOSTEL BLOCK FOR SCHOOL OF POST BASIC MID- WIFERY	70,000,000	This is consistent with the need to provide facilities for maternal and child health care
ERGP25115411	CONSTRUCTION OF 2NOS LECTURE THEATERS FOR COLLEGE OF POST BASIC MIDWIFERY	35,410,000	This is consistent with the need to provide facilities for maternal and child health care
Subtotal			105,410,000
FEDERAL MEDICAL CENTRE, BAYELSA STATE			
ERGP25106714	COMPLETION OF EXPANSIION OF PAEDIATRIC WARD	17,058,082	This is consistent with the need to provide facilities for new born health care
Subtotal			17,058,082

NATIONAL EYE CENTRE KADUNA			
ERGP25107331	PROCUREMENT OF IRIDEX DIODE LAER MACHINE FOR ADULT & PAEDIATRIC GLAUCOMA MANAGEMENT	12,000,000	This is consistent with the need to provide facility for new born health care
Subtotal			12,000,000
NOMA CHILDREN HOSPITAL, SOKOTO			
ERGP25114467	CONSTRUCTION/PROVISION OF OFFICE BUILDINGS	60,558,304	This is consistent with the need to provide facilities for new born health care
ERGP25114468	LYING UNDERGROUND ELECTRIC CABLE	41,000,000	This is consistent with the need to provide facilities for new born health care
Subtotal			101,558,304
NATIONAL OBSTETRIC FISTULA CENTRE, ABAKALIKI			
ERGP25115332	PURCHASE OF ULTRASOUND MACHINE/ACCESSORIES	9,200,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115333	PURCAHSE OF ANAESTHETIC MACHINE	15,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115334	PURCHASE OF TWO ENVY COMPUTERS	880,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115335	PURCHASE OF PUBLIC ADDRESS SYSTEM	1,700,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115337	PURCHASE OF 2 UNITS CRYOGUN	4,400,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115339	PURCHASE OF DIGITAL COLPOSCOPE	8,500,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.

ERGP25115340	PURCHASE OF PHYSIOTHERAPY EQUIPMENT	7,566,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115341	PURCHASE OF TISSUE EMBEDDING MACHINE	8,500,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115343	PURCHASE OF DIATHERMY MACHINE	1,600,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115344	PURCHASE OF 6 UNITS OF TROLLEY	1,600,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115346	PHOTOMICROGRAPHIC SYSTEM AND ACCESSORIES	2,160,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115347	SUPPLY/INSTALLATION OF HYSTEROSCOPE AND ENDOSCOPY ACCESSORIES	21,445,307	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115348	PURCHASE OF 6 OPERATING LIGHT	7,200,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115349	PURCHASE OF 40 WINDOW BLINDS AND 6 WOODEN SHELVES	1,924,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, the cost seems to be on the high side. NASS should review before approval.
ERGP25115351	SET OF CONFERENCE SEAT AND UPHOSTERY	2,460,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115352	PURCHASE OF TWO EXECUTIVECHAIRS AND TABLES	380,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on

			maternal health.
ERGP25115354	PURCHASE OF STEEL CABINET AND IRON SAFE	2,300,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, the cost seems to be on the high side. NASS should review before approval.
ERGP25115357	PURCHASE OF OFFICE CHAIRS & TABLES	650,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115359	PROVISION/INSTALLATION OF SOLAR POWER/INVERTER & ACCESSORIES FOR THE NEWLY COMPLETED WARDS/THEATRE SUITES COMPLEX	30,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
Subtotal			127,465,307
NATIONAL OBSTETRIC FISTULA CENTRE BAUCHI			
ERGP25115319	RENOVATION OF PHARMACY AND LABORATORY BUILDING	30,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115320	CONSTRUCTION OF VVF REHABILITATION CENTRE INCLUDING CONFERENCE HALL	19,422,591	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health.
ERGP25115321	CONSTRUCTION OF SURGICAL WARD (POST OPERATIVE)	50,810,182	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health
ERGP25115322	PROCUREMENT OF MEDICAL EQUIPMENTS	68,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health
ERGP25115323	RENOVATION OF ADMINISTRATIVE BLOCK	11,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on

			maternal health
ERGP25115325	CONSTRUCTION OF PERIMETER FENCING, GATE HOUSE AND LAND COMPENSATION	38,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health
ERGP25115326	CONSTRUCTION OF THEATRE COMPLEX	44,387,591	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health
ERGP25115327	COMPLEX (CLINIC, DOCTORS OFFICE'S MINI LABORATORY AND PHARMACY)	30,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health
ERGP25115330	PURCHASE OF UTILITY VAN (HILUX)	16,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health
Subtotal			307,620,364
NATIONAL OBSTETRIC FISTULA CENTRE, KATSINA			
ERGP25101445	CONSTRUCTION OF MATERNITY COMPLEX	129,190,193	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, N31m was approved for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation.
ERGP25101449	RENOVATION AND EQUIPPING OF PRE VVF THEATRE	15,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, N15m was approved for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation.
ERGP25101451	PURCHASES OF HOSPITAL FURNITURE AND EQUIPMENT	72,806,083	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, N10m was

			approved for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation
ERGP25101452	RENOVATION AND EQUIPPING OF POST VVF THEATRE	15,000,000	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, N15m was approved for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation
ERGP25101457	UPGRADING OF LABORATORY COMPLEX	40,384,109	The provision of this facility is consistent with the need to reduce the epidemic of fistula on maternal health. However, N15m was approved for this same project in 2017, there is need to verify what the real value of the project is, and the level of implementation. Providing details of the actual upgrading work is imperative.
Subtotal			272,380,385
Construction and Equipping of Primary Health Care Centres in other MDAs mainly the Border Communities Development Agency, Ministries of Works, Power and Housing, Niger Delta and the Nigerian Army.			2,224,549,741
TOTAL			39,808,580,412.00
Total Recommended for Saving and Re-Programming			1,573,037,443

PART 3: MATTERS ARISING FROM THE HEALTH/MNCH FUNDING PROPOSALS

3.1 Inadequate Allocation to the Health Sector and MNCH: The total sum allocated to health in the 2018 budget is N340.456 billion, out of a total national budget of N8.612 trillion. This sum represents just 3.95% of the total budget. When compared to the 2017 health budget, which was an aggregate sum of N308.464 billion being 4.15% of the 2017 federal budget; the Federal Government has clearly put the health sector in the reverse gear. This is not up to a third of 15% of budget recommended in the Abuja Declaration. There are other health related expenses in the budget which add up to N83,112,723,876⁴. When added to the original health vote, it totals N423,569,136,756 which is 4.92% of the overall vote. This is still very low and less than one third of the Abuja Declaration benchmark. Table 1 shows the progression and trajectory of the health budget 2015-2018

Table 1: Trajectory of Health Votes: 2015-2018

Allocation to Health for 4 Years							
Years	Total Recurrent	% Increase or Decrease	Total Capital	% Increase or Decrease	Total Allocation	% Increase or Decrease	Health budget as % of Total Budget
2015	237,075,742,847		22,676,000,000		259,751,742,847		5.78%
2016	221,412,548,087	-7%	28,650,342,987	26%	250,062,891,074	-4%	4.13%
2017	252,854,396,662	14%	55,609,880,120	94%	308,464,276,782	23%	4.15%
2018	269,343,260,225	7%	71,113,152,655	28%	340,456,412,880	10%	3.95%

Source: Budget Office of the Federation

Table 1 shows a trend which moves into retrogression between 2017 and 2018. Again, the real value of the health budget in comparative terms is shown below in Table 2.

⁴ FGN's NHIS contribution of N67,179,660,645; NACA N4,268,224,497; State House Medical Centre of 1,030,458,453; counterpart funding for health N3,500,000,000; drugs and medical supplies of N2,177,224,552; medical expenses of N3,821,109,492; and purchase of health/medical equipment of N1,136,046,237, etc.

Table 2: Real Value of the Health Budget, 2015-2017

Conversion of Health Budget to USD			
Years	Total Allocation	Rates	USD
2015	259,751,742,847	190	\$ 1,367,114,436.04
2016	250,062,891,074	197	\$ 1,269,354,777.03
2017	308,464,276,782	305	\$ 1,011,358,284.53
2018	340,456,412,880	305	\$ 1,116,250,534.03

Source: Calculated from BOF and CBN documentation

Table 1 shows that 2015's vote was higher than 2016 while 2016 was higher than 2017. However, 2018 is higher in comparative terms than 2017. However, the health vote is insufficient to meet the needs of the sector. It shows that FGN is not using the maximum of available resources for the progressive realization of the right to health. The right to health is inextricably linked to the right to life and the easiest way of depriving a person of his life is to deny him of health supporting conditions to the point of abrogation.

3.2 The Non Inclusion of Basic Health Care Provision Fund in the 2018 Proposed Budget: The executive failed, refused and neglected to make provisions for the Basic Health Care Provision Fund as required by section 11 of the NHA and despite mounting pressure from stakeholders for the implementation of that specific provision of the NHA. This amounts to a loss of N56.866billion being 1% of the Consolidated Revenue Fund for the year 2018. The non-provision of the 1% of the CRF for the BHCPF is not only illegal; it is an assault of incalculable proportions on the rule of law and respect for human rights. It is an affront on constitutionalism being a violation of S.5 of the 1999 Constitution as amended, vide the deliberate refusal to implement a law enacted by the National Assembly and assented to by the President. NASS is expected to include this BHCPF during the consideration of the proposal.

3.3 Poor Allocation to Vaccines and Silence on Local Vaccine Production: The total allocation to vaccines and immunization in the 2018 proposed budget will be insufficient to meet the demands of the sector. When this low funding is juxtaposed with the poor maternal and child health indicators; just 33% immunisation coverage as indicated in the Multiple Indicator Cluster Survey/National Immunisation Coverage Survey (among children aged 12-23 months as against the global standard of 90%) of 2016/2017, it becomes clear that more resources are needed.

Increased resources for MNCH however should not come from borrowing. FGN has been borrowing money from the World Bank to finance Health Sector activities. Examples include the borrowing of USD200million to fund vaccines

procurement in 2015 and the USD 500million loan being used for Saving One Million Lives Program-for-Results (SOMLPforR). Although the health programmes are laudable, borrowing for health care financing is not sustainable; FGN should implement innovative local resource mobilization mechanisms to fund the health sector sustainably. This will include expansion of non-oil revenue. Creation of the enabling environment for the organized private sector and small businesses to thrive may help to improve the revenue profile of the country and improve quality of life.

Also, the budget is silent on next steps with the signed JVC with May and Baker for local vaccines production. Posers are raised. Is there an unmet FGN counterpart funding for the implementation of the JVC? Where will the funding for the production come from?

3.4 Financing PHCs: Various sums of money have been provided across the MDAs for financing and rehabilitating PHCs. But the central challenge is on the functionality of the PHCs after the capital votes have been expended. PHCs are run by local government with state government support and FGN does not run them and will not bear the recurrent costs. The construction of new PHCs should be put on hold unless there is a strong case of unavailability of PHCs and other health institutions in the area the proposed PHC is to be located. Thus, the revitalisation needs to be done with the strong collaboration, dedication and commitment of States and Local Governments who will eventually run these PHCs and bear the recurrent costs. Thus, funding and capital equipment should only be made available to extant and functional PHCs run by States and Local Governments. The collaboration (through a Memorandum of Understanding) is imperative for the sustainability of the intervention based on previous experience from programmes like the MSS of the SURE-P. A clear SMART tool for functionality assessment should be developed by FMoH and the NPHCDA to determine the PHCs that qualify for funding. FGN should provide resources in form of grants to States and LGAs given that it takes more than half of the Federation Account funds. Strong accountability frameworks and practices must be put in place to ensure efficient utilization of approved funds. FGN should focus more on development of national health policies and ensure all the existing ones are implemented.

3.5 Population Growth and Poor Family Planning - The Time Bomb: Nigeria's economic growth lags behind its population growth⁵. This is happening in an impoverished country with high infrastructure deficit, high unemployment, soaring inflation and low capacity utilization in industries; poor education and health outcomes and rising wave of crime and insecurity. This is simply a description of time bomb waiting to explode. It has therefore become imperative for the

⁵ Population growth is estimated at 2.9% per annum which is far higher than the economic growth of 2016 (-1.5%) and 2017 at less than 2%.

population to be modulated within the context of existing resources and this can only be done through the promotion of sound family planning techniques. According to the Costed Implementation Plan of the Nigeria Family Planning Blueprint, a total of \$142million is required for 2018. This amounts to N43,340,500,000⁶. Thus, an additional N42,140,500,000 is required. However, whatever is provided by donors should be deducted before making the final approval. Demand creation will gulp \$30.5m; service delivery \$25.6m; commodities and consumables \$53.6m; supply chain \$4.6m, whilst supervision, monitoring and coordination will cost \$27.7m.

3.6 Nutrition: There is a provision in the sum of N1.1billion for the co funding to UNICEF of ready to use therapeutic food to be distributed across the six geopolitical zones and another sum of N30million for maternal, infant and young child feeding in Nigeria including micro nutrient deficiency control and nutrition information surveillance system. This is evidently inadequate to satisfy all nutrition related projects and policy development. The annual costed plan (NSPAN) assumes that FGN will provide \$10million annually for the period 2014-2018 for nutrition related expenditure. Thus, the equivalent of \$10m needs to be provided in the 2018 federal budget.

3.7 Omnibus Provisions Need Details: Omnibus proposals such as maternal and child health care in the proposal of the NHIS; *“strategic purchase of a guaranteed package of preventive, promotive and curative care for Nigerians and the provision of operating budgets to PHCs via electronic transfers, under the basic health care provision fund”* in the proposal of the FMoH headquarters need unpacking. There is need for clarity in terms of the goods, works, services, construction, deliverables that the vote will be used for. Best practices dictate that budgets are crafted in a transparent and open manner, thereby making it easy for citizens to understand the votes and monitor the implementation of programmes and projects.

3.8 Paltry Vote for HIV/AIDS: The FMoH proposes to place only 60,000 Nigerians on HIV treatment and management using FMoH/FGN branded drugs at N50,000 each and at a total cost of N1.418billion. Also, the National Action Committee on Aids (NACA) has a vote of 2.070billion for procurement of anti-retroviral drugs. The proposal is silent on preventing Mother to Child transmission of HIV and provides zero vote for the purpose. The foregoing is insufficient to meet the demands of Nigerians living with HIV, especially for the promotion of MNCH. The ERGP mandates FGN to provide anti-retroviral medication to people living with HIV/AIDS. The national treatment gap is 2,350,000 and if this is multiplied by N50,000 per person, it comes up to N117.5billion. The votes need to be increased to a minimum of

⁶ See page 24 of the Nigeria Family Planning Scale Up Plan 2014-2018. The exchange rate used is N305=1USD.

N50.212billion with a special attention dedicated to the health of mothers, new born and children, supply of rapid test kits and consumables, ART care and support and logistics for people living with HIV.

NACA seems not to have properly utilized its votes. Out of an overall vote of N4,268,224,497; N749,851,092 was allocated to personnel costs being 17.57%. The actual procurement of ARTs and other consumables got N2.224billion being 52.12% whilst the sum of N1.293billion being 30.31% went to administrative issues. It is the contention that administrative issues got an undue vote considering the challenge of the AIDS pandemic as most of the administrative votes were inappropriate whilst some were frivolous.

3.9 Treatment for VVF: Nigeria contributes a great percentage of the world VVF patients - 800,000 patients out of the 2million estimate. This is 40% of the world total. The endemic states are Sokoto, Kebbi, Borno, Kano, Katsina, Plateau, Ebonyi and Akwa Ibom states. The patients virtually lose their human dignity through a substandard life lived in isolation and most times are subjected to inhuman and degrading treatment. Again, their right to life is under serious threat as they are abandoned and neglected. Treating each patient at a cost N100,000 for surgery, remediation and rehabilitation will cost a total of N80 billion. Provisions for treating VVF should be phased over a period of six years at N15billion per year.

3.10 Repetition of Projects - Need for Background Information: Some projects appear in the proposals year after year and there are no indications about release and utilization of funds and stage of completion. This makes it very difficult for stakeholders to follow the process. It is recommended that future health budgets should include the sums so far released in the outgoing year and stage of completion of the projects to facilitate proper inputs into the budget by stakeholders. This will also help the legislature in arriving at well nuanced decisions on the amount to be allocated to each project.

3.11 Donor and Counterpart Funds: A total of N7.1bn is provided for counterpart funds for various line items such as Family Planning, UNICEF Co-funding for food distribution, Global Fund on ATM, Counterpart fund to match grants from UNFPA, BMGF and UNICEF. This is a welcome development. However, it is imperative for transparent and accountable budgeting that the details of the funds provided by the donors and the use to which the funds and their counterparts will be put be stated in the budget. This will facilitate citizenship engagement and proper monitoring and evaluation of results. Over the years, poor health budgetary outcomes could inter alia be traced to non transparent budgeting processes.

3.12 Beyond the 2018 Budget: FGN should explore new sources of funding healthcare and by extension PHC and MNCH to include universal, compulsory and contributory health insurance, and new incentive based taxes and levies. ***The National Health Insurance Act should be amended to make public or private health insurance compulsory.*** The

ERGP mandates FGN to expand NHIS coverage towards universal health care coverage. If motor vehicle insurance is compulsory, do we value our health less than vehicles? Health insurance will help to pool large funds that can be used to subsidise services for indigent, poor and vulnerable persons. New sources of funding could come from minimal tariffs on telecommunications services to be borne by the consumer⁷, surcharge on all imports into the country⁸ and a special sin tax⁹. Incentive based reordering of taxation could make donations to government for health care delivery tax deductible up to a certain limit of taxable income. Again, the foregoing will be in tandem with Nigeria's obligation to fulfill the right to health under the International Covenant on Economic, Social and Cultural Rights and section 1 of the National Health Act.

Also, the acquisition and maintenance of high cost equipment could be done under two types of partnerships; the Public Private Partnership and the Public Public Partnership. In the second model, public establishments such as the Central Bank of Nigeria, Nigeria National Petroleum Corporation, the Pension Fund etc. can invest in healthcare establishments. Staff of health institutions can also invest and share in the profits of such PPP equipment. This will increase staff motivation and as such, the efficiency of healthcare service delivery. The first PPP model involves the private sector in collaboration with the public sector.

FGN should consider the enactment of the ***Nigerian Immunization Trust Fund Act*** to provide for the sustainable funding of immunization services in Nigeria. The Fund will be funded from public and private sources.

FGN should consider the establishment of a ***Health Bank of Nigeria***. The idea of a Health Bank is to deepen health financing and to provide funds for the health sector beyond budgetary allocations and money from the National Health Insurance Scheme. The Bank is to focus on funding for the development of hospitals and other health institutions; human resources for health in terms of giving out student loans for the acquisition of rare and advanced competencies in the medical sciences; health infrastructure funding and for research on key tropical diseases and medical conditions prevalent in epidemiological analysis. The Bank will also be involved in loans to drugs and health hardware and software manufacturing institutions and service providers. Essentially, the Health Bank will be set up to respect, protect, promote and fulfill the enjoyment of the right to health.

⁷ Considering that corporate organisations already claim they are overtaxed and we need to be conscious of the need to attract and keep investors in the country. But it should be fixed at a level that will not inconvenience the majority of Nigerians - it should be a progressive tariff that increases with more call hours.

⁸ A 2% surcharge may be considered.

⁹ Sin Tax can be levied on alcohol, tobacco and gambling, etc.

It will give out single digit interest loans or loans at rates below that which is available in money deposit banks. The loans will be long term in nature with a long period of amortization. The Bank will not essentially be set up for profit but for the furtherance of the right to health. However, it is not expected to be loss making. It should be self-sustaining and earn income and profits at a rate below the prevailing market rate. The initial capital will be subscribed to by the Federal Government through the Central Bank and Ministry of Finance. Regional and international development banks such as the African Development Bank and World Bank, etc. can also be called upon to subscribe.

PART 4: SUMMARY OF RECOMMENDATIONS

To The Legislature

- ❖ To progressively increase the vote for health and MNCH to at least 50% of the Abuja Declaration which is 7.5% of the overall budget in the sum of N645billion. Savings made from frivolous, inappropriate and wasteful expenditure proposals should be reprogrammed to MNCH.
- ❖ Make provision for the Basic Health Care Provision Fund which is 1% of the CRF in the sum of N56.866billion.
- ❖ Make full provisions for any funding gap in immunization and after 2018, discontinue the practice of funding immunization with borrowed funds. This will involve enhanced domestic resource mobilization.
- ❖ Only approve investments in PHCs if the executive provides evidence of a memorandum of understanding with the states and local governments where the PHCs are located. Such MOU will show the commitment of the states and LGAs to fund the recurrent component of the expenditure after the capital vote from FGN has been expended.
- ❖ Increase the votes for nutrition to meet the funding gap. At a minimum, provide for the annual investment of \$10m which amounts to N3,050,000,000 under the Health Sector Component of the National Food and Nutrition Policy.
- ❖ Increase the provisions for Family Planning in accordance with Nigeria's commitments at the London Summit and the National Family Planning Scale Up Plan 2014.

- ❖ Increase the vote to HIV/AIDS to N50.212billion with a special attention dedicated to the health of mothers, new born and children and the prevention of mother to child transmission.
- ❖ Increase the votes of the MSS by N280million to bring it to N1.280billion.
- ❖ Provisions for treating VVF patients should be phased over a period of six years with the provision of a minimum funding of N15billion per year starting from 2018.
- ❖ Consider an amendment of the National Health Insurance Act to make public or private health insurance compulsory.
- ❖ Take steps to enact a Nigerian Immunization Trust Fund Bill for the sustainable funding of Immunization in Nigeria.
- ❖ Consider the establishment of a Health Bank of Nigeria to provide a new window of capital for sustainable funding of health investments.

To The Executive

- ❖ Provide full details of unclear and omnibus provisions to indicate the goods, works, construction or services that votes will pay for and the deliverables to be expected by citizens.
- ❖ In future budget preparation, craft the budget in such a way and manner that provides details of previous votes, releases and utilization for ongoing projects, as a guide for the understanding of current provisions.
- ❖ The budget should be accompanied by M&E provisions in terms of the expected output and outcomes.
- ❖ Provide full information on donor and counterpart funds in the budget

To Civil Society

- ❖ Effective networking, coalition building and advocacy focus on key issues of critical concern to the health and MNCH sector.
- ❖ Monitor the implementation of MNCH budgets nationwide.
- ❖ Advocate for full and timely release of budgeted funds.
- ❖ Mainstream MNCH and the right to health into the political and election agenda towards the 2019 election.

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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