

# POLICY BRIEF

## (IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH PROPOSALS IN THE 2019 FEDERAL BUDGET)



Centre for Social Justice

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### Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BHCPF	Basic Health Care Provision Fund
CPR	Contraceptive Prevalence Rate
CSJ	Centre for Social Justice
CSOs	Civil Society Organisations
ERGP	Economic Recovery and Growth Plan
FCT	Federal Capital Territory
FG	Federal Government
FGM	Female Genital Mutilation
FGN	Federal Government of Nigeria
FMoH	Federal Ministry of Health
FP	Family Planning
HIV	Human Immunodeficiency Virus
ICT	Information Communication Technology
KMC	Kangaroo Mother Care
MDAs	Ministries, Departments and Agencies of Government
MNCH	Maternal, New-born and Child Health

### Abbreviations

MTEF	Medium Term Expenditure Framework
MTSS	Medium Term Sector Strategies
NACA	National Agency for the Control of AIDS
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 Care
PPP	Public Private Partnership
RUTF	Ready to use Therapeutic Food
SDGs	Sustainable Development Goals
SWV	Service Wide Votes
UNFPA	United Nations Population Fund
VVF	Vesico Vaginal Fistula
WDCs	Ward Development Committees

## PART 1: INTRODUCTION

This Policy Brief continues the tradition established by CSJ over the years to engage the preparation and approval of the Health and MNCH budget proposals. We started the process through our pre-budget memorandum on the Health Sector Medium Term Sector Strategies. The objective is to provide alternative viewpoints that will be used to engage the legislature and MDAs in the preparation and approval of the federal health budget proposal. We have 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. Essentially, the Policy Brief reviews and suggests actions to ensure that Nigeria takes steps for the progressive realization of the right to health, especially in Maternal, Newborn and Child Health.

Nigeria is faced with challenges in all the building blocks of health including governance and stewardship for health, health financing, human resources for health, medicines, vaccines, health technologies and research. Others are health management information system, health promotion, community ownership and partnerships as well as service delivery. Our MNCH indicators are not commensurate with our level of human and material resources. This raises posers on the best way to enhance value for money and make the best use of available resources to improve these indicators. Thus, how can we improve the availability, accessibility, quality and acceptability of health care facilities, goods and services?

There is also the challenge of primary health care centres and projects under zonal intervention projects. Some of these projects have been completed in the past but have been left to rot without being put to use. Evidently, no agreement was reached with the state and local government authorities who run PHCs before and after their completion. The end product is that money has been spent but no value has been derived by supposed beneficiaries.

The Policy Brief made *inter alia* the following recommendations to the legislature: Increase the total vote to health budget from the federal budget to at least 50% of the Abuja Declaration which is 7.5% amounting to a total health budget of N661.95bn. The bulk of the increase should be voted for capital expenditure, especially developmental capital expenditure; re-programme frivolous items identified in the review to priority sectors under maternal newborn child health and primary health care services and ask for the specifics and details of votes without location, activities or clear deliverables. Also, move the Basic Health Care Provision Fund from Service Wide Votes to Statutory Transfer to ensure that it is not affected by the perennial failure to meet revenue targets. Essentially, the votes of the Fund should be ring-fenced and fully released after appropriation; increase the votes for Vaccination, Family Planning and Reproductive Health and Midwives Service Scheme.

The Policy Brief recommends that the Federal Ministry of Health/ NPHCDA should enter into agreement through a Memorandum of Understanding (MOU) with states where PHC zonal intervention projects are sited. The agreement should be specific on the state taking over and providing the recurrent and running costs to make them functional after the federal budget pays for the capital costs. In the event any state is unwilling to sign this MOU, the project should be discontinued.

Furthermore, Universal Health Coverage will not be possible without a universal and compulsory health insurance scheme for its financing. Therefore, beyond the budget consideration, consider making universal health insurance compulsory. Establish the Health Bank of Nigeria to provide single digit capital for the development of the sector beyond budgetary appropriations. The share capital of the Bank will be subscribed to by the Ministry of Finance and regional and international Development Banks. Furthermore, provide by law for the establishment of the Nigerian Immunization Trust Fund.

To the Executive, the Policy Brief makes the following recommendations: 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 and 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. Also, ensure the full release of the Basic Health Care Provision Fund when appropriated.

It is clear that these identified issues have become perennial in our budgeting process. They re-occur year after year and the system seems not bothered with this lack of improvement. The continuation of this approach to health budgeting will ensure that our health system, process, facilities and service delivery will remain underdeveloped and poor for years to come. The time to act and take action to stop this decay is now.

***Eze Onyekpere Esq***

Lead Director

**PART 2: REVIEW OF THE MATERNAL, NEWBORN AND CHILD HEALTH PROPOSALS OF THE 2019 FEDERAL BUDGET**

CODE	PROJECT	AMOUNT (N)	COMMENTS
<b>FEDERAL MINISTRY OF HEALTH</b>			
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)	585,057,243	The Kangaroo Mother Care (KMC) addresses pre-term delivery. Nigeria has 980,000 pre-term and underweight deliveries annually. In 2018, the sum of 8,000,000 was allocated to this line item. Allocation for 2019 is an improvement from last year. The increased allocation should lead to integrated health care services that will provide for adequate health system infrastructure, capacity and resources and also improve the quality of clinical services for effective coverage.
ERGP25112207	IMPROVE FAMILY PLANNING SERVICES THROUGH CONTRACEPTIVES USE INTERVENTIONS AND COUNTERPART FUNDING	1,200,000,000	The unmet demand for Family Planning (FP) in Nigeria has grown rapidly due to rapid population growth. In 2012, Nigeria made a commitment of \$3m annually for FP commodities and \$8.5m annually for Reproductive Health (RH) commodities, with a target of increasing women's use of FP services (Contraceptive Prevalence Rate CPR to increase from 15% to 36%) in 2018. But in 2018, Nigeria did not meet the target, rather it reduced its CPR target to 27% by 2020 and increased its FP funding commitment from 2017-2020 to \$4m. It also made a commitment to support the states with \$56m through GFF facilities and IDA loans. Going by the rate of Nigeria's growth, the 2017-2020 commitment does not reflect any serious sign of meeting the needs of Women Reproductive Age (WRA) and reducing maternal mortality. FG should consider reviewing its commitment to reflect current realities

ERGP25112220	PROCUREMENT OF READY-TO-USE THERAPEUTIC FOOD TO BE DISTRIBUTED TO 6 GEOPOLITICAL ZONES INCLUDING ESTABLISHMENT OF CMAM SITES	300,000,000	The RUTF is a nutrition supplement that is meant to take care of 2.5m malnourished children under the age of 5 in Nigeria. This figure is in accordance with UNICEF's projections. Nigeria has made a counterpart fund commitment of N1.2bn. Provision for this fund in 2018 was N400,186,200. The Minister of Health stated that 860,000 cases of malnutrition have been treated. NASS should determine the actual amount needed to curb malnutrition and duly appropriate same.
ERGP25112228	CONDUCT RAPID ASSESSMENT OF HEALTH PROMOTION PROGRAMS IN 555 PHCS	6,271,239	This same activity got a vote of N2,118,733 in the 2018 budget. Is it the same 555 PHCs or another batch of PHCs? Where are the reports of previous assessments and how have they been used?
ERGP25112243	IMPLEMENTATION OF NATIONAL HEALTH RESEARCH POLICY AND PRIORITIES ACCORDING TO NHACTION 2014; ESTABLISHMENT OF ESSENTIAL NATIONAL HEALTH RESEARCH REGISTRY IN FMOH	16,128,400	This is consistent with the requirements for the implementation of the National Health Act (2014). However, details of planned activities under this line item are required.
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)	120,000,000	What exactly is this line item paying for after provisions have been made for the BHCPF? NASS should clarify before approval.
ERGP25112303	NATIONAL CERVICAL CANCER SCREENING SCALE UP PROJECT, TV AND RADIO CANCER AWARENESS AND NUCLEAR MEDICINE MANAGEMENT	70,000,000	This is a welcome development. It is in line with the FG's Cancer Control Plan. The allocated sum is an increase by N60,000,000 over last year's budgeted sum.

	COMMITTEE (CANCER CONTROL PROGRAMME)		
ERGP25112770	PERIODIC MONITORING & EVALUATION ON THE REFORM AGENDA (SOML, RRT, RPHC, NSHDP II) HEALTH CARE TO HUMANITARIAN CRISIS	5,000,000	M&E is good for the sector but the amount is too paltry. A proper needs assessment and cost analysis should be conducted and approval.
ERGP25132148	DEVELOPMENT OF A NATIONAL SURGICAL, OBSTETRIC & ANESTHESIA PLAN (NSOAP)	100,000,000	What exactly is this vote for? N100m is a large sum for the development of a Plan.
ERGP25132152	PROCURE LOCAL ALTERNATIVE TO RUTF	10,000,000	What is the use of this provision when provision of N300m has already been made for RUTF? The amount should be re-programmed to other MNCH services of priority.
ERGP25132247	REDUCTION OF NEONATAL, INFANT AND CHILD MORBIDITY AND MORTALITY IN NIGERIA	9,666,667	This provision is omnibus and lacks details. So many activities under this budget can lead to reduction of neonatal, infant and child mortality. The amount should be re-programmed to MNCH priority projects with specific details.
ERGP25132265	MATERNAL, INFANT AND YOUNG CHILD FEEDING INTERVENTIONS IN NIGERIA INCLUDING MICRONUTRIENT DEFICIENCY CONTROL AND NUTRITION INFORMATION SURVEILLANCE	18,000,000	This provision is not different from the allocation for RUTF above. The RUTF is aimed at providing nutritional kits to malnourished children. Proper specifications on how this line item aims to deliver the intervention is needed before approval.
ERGP25132266	GENDER MAINSTREAMING/END FEMALE GENITAL MUTILATION/IMPLEMENTATION OF THE HEALTH SECTOR COMPONENT OF THE VIOLENCE AGAINST PERSONS PROHIBITION (VAPP) ACT	4,692,770	This is a slight increase of the 2018 provision which had an allocation of N2,964,342. Progress report of previous intervention is needed as well as a scale-up plan to reach the entire Federation.
ERGP25132269	ACCELERATED REDUCTION OF MATERNAL MORBIDITY AND MORTALITY IN NIGERIA THROUGH	20,460,000	In 2018 the sum of N20,768,000 was allocated for this line item. The specific details of activities to be

	SAFE MOTHERHOOD INCLUDING ERADICATION OF OBSTETRIC FISTULA		funded by this vote should be provided before approval.
ERGP25132270	ARTICULATION OF POLICY AND STRATEGIC PLANS ON NEWBORN IN CHILD HEALTH IN LINE WITH SDGS TARGETS ON INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, INTEGRATED SUPPORTIVE SUPERVISION, ESSENTIAL NEWBORN CARE AND KANGAROO MOTHER CARE	6,000,000	This line item is not different from the IMNCH strategy appropriated above. The amount should be reprogrammed to other MNCH priorities.
ERGP25132491	OPERATIONALISATION OF THE COMMITTEES ON NHACT; NATIONAL TERTIARY HEALTH INSTITUTIONS STANDARDS COMMITTEE AND TISSUE TRANSPLANTATION ETHICS COMMITTEE, NATIONAL RESEARCH COMMITTEE, SUPPORT FOR THE SECRETARIAT AND LOGISTICS	11,000,000	This line item is necessary to enhance the various committee work in the implementation of the NHA (2014). However, NASS should demand that the various committees submit a detailed and costed work plan in line with the appropriation.
<b>NATIONAL HEALTH INSURANCE SCHEME</b>			
ERGP25132500	MATERNAL AND CHILD HEALTHCARE	91,200,000	We recommend the total scrapping of this line item because it doesn't provide specific details of what it intends to achieve. We have previously raised the question; is this amount for free health insurance for MNCH? Details of activities projects and locations should be provided before approval.
<b>NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY</b>			
ERGP25112666	PROCUREMENT OF RI VACCINES, DEVICES AND OPERATIONAL COST	7,630,956,878	There is a total provision of about N9bn for the provision of vaccines. However, the 2016/2017 MICS/NICS survey report shows poor immunization coverage of 33% in Nigeria. The Comprehensive EPI Multi-Year Plan 2016-2020 estimates the total
ERGP25112672	POLIO ERADICATION INITIATIVE (PEI)	100,000,000	



ERGP25112677	PROCUREMENT OF NON-POLIO SIA VACCINE, DEVICE AND OPERATION COST	1,263,720,002	amount needed for routine immunization in US Dollar terms (i.e. \$622.3 million in 2019 alone). NASS should verify that this sum will be enough (after taking cognizance of donor and debt funding) before approval. If it is not sufficient, the vote should be increased.
ERGP25112679	PROCUREMENT OF OUTBREAK (EMERGENCY) DEVICES AND OPERATIONAL COST	492,978,967	The sum of N1.5bn was allocated for this line item in 2018. There are 18 reported cases of Lassa Fever in seven states as at the first quarter of 2019. The fund should be proactively utilized to handle emergency outbreaks. However, NASS should demand the report of utilization of 2018 allocation before approval.
ERGP25112686	DISEASE CONTROL AND OPERATIONAL COST FOR SURVELLANCE ACTIVITIES	152,000,000	In 2018, the sum of 209,647,754 was allocated for this same line item. This line item is consistent with the need to prepare against emergency disease outbreak. However, NASS should demand for the report of last year's activity before approval.
ERGP25112703	MIDWIVES SERVICE SCHEME INCLUDING OUTSTANDING PAYMENT FOR SERVICES	915,000,000	In 2018, the sum of N1bn was proposed. However, only N200m was approved for the scheme. The scheme needs about N1.28bn to provide for adequate training and deployment of midwives across the federation. Additional sum of N300m should be added to the proposed sum.
ERGP25112706	MONITORING AND EVALUATION OF PHC SYSTEMS AND SERVICES	465,978,350	The vote for this line item was increased from N100m in 2018 to N465m in 2019. This vote seems to be on the high side. The report of last year's activity should be presented before approval.
ERGP25112708	QUARTERLY BUDGET MONITORING AND EXPENDITURE TRACKING	91,073,120	There is an increase of N40m for this line item in 2019. The report of the 2018 monitoring and tracking should be presented before approval.
ERGP25112718	COMPUTERRIZATION OF FINANCE, ACCOUNTS AND AUDIT MANAGEMENT SYSTEMS	86,500,000	In 2018, the sum of N50m was allocated for this same line item. This activity should not be an annual ritual. NASS should find out what happened with the previous allocation



ERGP25112722	PHC PROJECT PLANNING, REVIEW AND OPERATIONAL RESEARCH	88,200,000	The sum of N56.8m was allocated for this line item last year. The need for this activity should be justified before approval.
ERGP25112731	PHC ICT INCLUDING DEVELOPMENT OF E-LEARNING SYSTEMS FOR SUSTAINABLE PHC	48,345,000	This is a welcome development, an implementation framework for this activity should be submitted to NASS
ERGP25126379	PROCUREMENT OF TRAVELERS AND PILGRIMS VACCINES	281,191,026	This expenditure should be recoverable in terms of remittances from the Ministry as operating surplus to the FGN. Travelers, individuals and religious bodies should pay for their travel and pilgrimage obligations including vaccines.
ERGP25126400	VACCINE DISTRIBUTION AND TRANSPORT (NATIONAL TO STATES & HEALTH FACILITIES)	381,060,200	This is consistent with the logistical need to make vaccines available across the federation; a proper cost analysis and framework for the distribution of vaccines should be demanded.
ERGP25126416	VACCINE SUPPLY CHAIN GOVERNANCE	70,681,215	
ERGP25126430	IMMUNIZATION SUPPLY CHAIN STRENGTHENING AT NSCS AND ZONAL COLD STORES	72,548,800	
ERGP25126440	PROCUREMENT OF INCINERATORS TO STATE AND DEVELOP A DASHBOARD TO MONITOR FUNCTIONALITY OF INCINERATORS	167,521,600	Is it the duty of FGN to buy incinerators for states? Details of states and locations where incinerators will be installed is necessary for monitoring purposes.
ERGP25126449	OPTIMIZING NEWBORN & MATERNAL MORTALITY COMMUNITY SURVEILLANCE (CHIPS/TRADITIONAL RULERS IN 10 STATES)	21,765,000	The line item looks innovative but it has no details. NASS should demand for the details and workability of this line item, including costing and possibility for scale-up to other states.
ERGP25126530	REACTIVATION OF WARD DEVELOPMENT COMMITTEES (WDCS) TO STRENGTHEN COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION	56,000,000	This line item is essential. But, is this the duty of FGN or states and local governments? There is need to establish the framework for the implementation of this activity. NASS should demand for the framework and locations where the activities will be located.

ERGP25126568	COMMUNITY ENGAGEMENT FOR IMPROVED MATERNAL, NEW BORN, CHILD HEALTH AND NUTRITION	260,180,000	How is this different from the proposed expenditure above on WDCS? In 2018, the sum of N203m was allocated for this same line item. There is need for specifics on the details of this activity and clarity on the difference between it and the aforementioned line item.
ERGP25126586	PROCUREMENT OF KITS AND COMMODITIES FOR COMMUNITY HEALTH INFLUENCERS, PROMOTERS AND SERVICERS (CHIPS)	1,122,850,000	In 2018, the sum of 203.2m was allocated for community engagement for improved MNCH, Nutrition and procurement of kits and commodities for community health influencers, promoters and servicer's chips. This activity has been subdivided in 2019 proposed budget with several sums of N260m and N1.1bn. NASS should clarify what exactly this vote is for. The details of what is to be procured is needed.
ERGP25126546	FURNISHING, EQUIPPING, RENOVATION AND INFRASTRUCTURAL UPGRADE OF NPHCDA HQ, ZONAL AND STATE OFFICES	253,970,000	This is necessary to enable the agency conduct its activities effectively and efficiently. Details of state locations is necessary to enable monitoring
ERGP25126575	ESTABLISH OF INFECTION CONTROL UNIT AT PHC LEVEL	40,000,000	This line item requires details and clarity before approval by NASS.
ERGP25126594	OPTIMIZATION OF PHC SERVICES TOWARDS UNIVERSAL HEALTH COVERAGE	350,000,000	This is a play on words. What exactly is NPHCDA asking for in terms of activities, projects with locations? NASS should not approve this line item if there is no detailed specification.
ERGP25126607	RENOVATION & EQUIPPING OF SANKARAWA HEALTH FACILITY IN KANDAWA WARD INGAWA LGA KATSINA STATE	9,171,735	All the 45 renovation projects of PHC facilities in the 2019 budget are concentrated in the Northern part of the country. Renovation of PHC facilities are constituency projects initiated by members of the legislature. However, if these proposals emanate from NPHCDA and are not constituency projects, then, the proposals have clearly sidelined the southern part of the country. This is against the
ERGP25126641	RENOVATION & EQUIPPING OF FACILITY IN GULANI PRIMARY HEALTH CLINIC TETEBA WARD GULANI LGA YOBE STATE	9,171,735	

ERGP25126683	RENOVATION & EQUIPPING OF MBAU DISPENSARY IN DAROFAI WARD KARIM LAMIDO LGA TARABA STATE	4,596,362	spirit of the constitution which provides that the resources of the country will be evenly distributed to all parts of the country.
ERGP25126826	RENOVATION & EQUIPPING OF GANGA FACILITY IN SHIBONG WARD TAKUM LGA TARABA STATE	4,596,362	
ERGP25126837	RENOVATION & EQUIPPING OF GUDENYI HP FACILITY IN DUKUL WARD GUYUK LGA ADAMAWA STATE	4,596,362	
ERGP25126849	RENOVATION & EQUIPPING OF SAKA PHC IN UKE WARD KARU LGA NASSARAWA STATE	16,683,587	
ERGP25126856	RENOVATION & EQUIPPING OF GASI HEALTH CLINIC FACILITY IN SWA WARD BALANGO LGA GOMBE STATE	4,596,362	
ERGP25126867	RENOVATION & EQUIPPING OF GIDAN WAYA HEALTH CLINIC IN DIDAN WARD KURMI LGA TARABA STATE	9,171,735	
ERGP25126874	RENOVATION & EQUIPPING OF GIDAN KATTA 2 HEALTH CENTER IN GIDAN KATTA WARD ILLELA LGA SOKOTO STATE	9,171,735	
ERGP25126883	RENOVATION & EQUIPPING OF GULAK HEALTH FACILITY IN GULAK WARD MADAGALI LGA ADAMAWA STATE	16,683,587	
ERGP25126883	RENOVATION & EQUIPPING OF KUBAL SANGA KADUNS PHC FACILITY IN ABORO WARD SANGA LGA KADUNA STATE	16,683,587	

ERGP25126905	RENOVATION & EQUIPPING OF GURBANA HC IN BUDUWA WARD JAKUSKO LGA YOBE STATE	9,171,735	
ERGP25126913	RENOVATION & EQUIPPING OF SALERI DISPENSARY IN SALERI WARD KIRIKASAMA LGA JIGAWA STATE	9,171,735	
ERGP25126921	RENOVATION & EQUIPPING OF BAZAMA HP IN SAKABA WARD SAKABA LGA KEBBI STATE	4,596,362	
ERGP25126944	RENOVATION & EQUIPPING OF KALERHEALTH CARE IN LANGSHI WARD KANKE LGA PLATEAU STATE	9,171,735	
ERGP25126952	RENOVATION & EQUIPPING OF SUNOWA DISPENSARY IN GUBA DAPSO WARD BORSARI LGA YOBE STATE	4,596,362	
ERGP25126962	RENOVATION & EQUIPPING OF KAULE HEALTH CLINIC IN GORA WARD SHANI LGA BORNO STATE	9,171,735	
ERGP25126969	RENOVATION & EQUIPPING OF YARAYI HP IN BUZAWA WARD ITAS GADAU LGA BAUCHI STATE	4,596,362	
ERGP25126983	RENOVATION & EQUIPPING OF MAKINTA KURURI PHC FACILITY IN WAJIRO WARD KAGA LGA BORNO STATE	16,683,587	
ERGP25126999	RENOVATION & EQUIPPING OF DOGON AWO HEALTH CLINIC IN FASKARI WARD FASKARI LGA KATSINA STATE	9,171,735	
ERGP25127012	RENOVATION & EQUIPPING OF GIDAN JAURA HP IN KAKUMI WARD BAKORI LGA KATSINA STATE	4,596,362	

ERGP25127015	RENOVATION & EQUIPPING OF RINJI HP IN SAYA-SAYA WARD ALBASU LGA KANO STATE	4,596,362	
ERGP25127020	RENOVATION & EQUIPPING OF DUDU BARADE PHC FACILITY IN RARAH WARD RARAH LGA SOKOTO STATE	4,596,362	
ERGP25127027	RENOVATION & EQUIPPING OF TSEBARAWA HP IN BALARE WARD AJINGI LGA KANO STATE	4,596,362	
ERGP25127034	RENOVATION & EQUIPPING OF GIDAN MASKAYAU HP IN LAMBARA WARD SHAGARI LGA SOKOTO STATE	4,596,362	
ERGP25127039	RENOVATION & EQUIPPING OF LAWUSHI HEALTH CLINIC IN BOH WARD SHOMGOM LGA GOMBE STATE	9,171,735	
ERGP25127046	RENOVATION & EQUIPPING OF BITIKU BASIC HEALTH CENTRE IN HYAMBULA WARD MADAGALI LGA ADAMAWA STATE	16,683,587	
ERGP25127057	RENOVATION & EQUIPPING OF MAIKWARI PHC FACILITY IN DAMBA BAKOSHI WARD KOKO-BESSE LGA KEBBI STATE	16,683,587	
ERGP25127066	RENOVATION & EQUIPPING OF HC NINTE IN GODOGODO WARD JEMA'A LGA KADUNA STATE	9,171,735	
ERGP25127079	RENOVATION & EQUIPPING OF NYANGL PHC FACILITY IN GWALGWADA WARD TOTO LGA NASSARAWA STATE	16,683,587	

ERGP25127160	RENOVATION & EQUIPPING OF BANDAKADO HP IN JEKE WARD SULE TANKAKAR LGA JIGAWA STATE	4,596,362	
ERGP25127176	RENOVATION & EQUIPPING OF TABANNI PHC FACILITY IN KASANGA WARD MASHEGU LGA NIGER STATE	16,683,587	
ERGP25127184	RENOVATION & EQUIPPING OF TAGWAYEN FAGGE HP IN KORE WARD GARKI LGA JIGAWA STATE	4,596,362	
ERGP25127198	RENOVATION & EQUIPPING OF SHEHU MAIMOTA MEMORIAL CLINIC GARU IN LIMAWA WARD DUTSE LGA JIGAWA STATE	9,171,735	
ERGP25127207	RENOVATION & EQUIPPING OF GANA DISPENSARY IN MASKANDARE WARD MACHINA LGA YOBE STATE	4,596,362	
ERGP25127229	RENOVATION & EQUIPPING OF OGODU HEALTH CLINIC IN OGODU WARD OMALA LGA KOGI STATE	9,171,735	
ERGP25127233	RENOVATION & EQUIPPING OF OWOWOLO PHC IN OCHADAMU WARD OFU LGA KOGI STATE	16,683,587	
ERGP25127235	RENOVATION & EQUIPPING OF TUNGA BORO PHC FACILITY IN RAFI WARD BORGU LGA NIGER STATE	16,683,587	
ERGP25127242	RENOVATION & EQUIPPING OF SAURA PHC FACILITY IN SABONGARI WARD KEFFI LGA NASSARAWA STATE	16,683,587	

ERGP25127249	RENOVATION & EQUIPPING OF IKPAKPALA PHC IN IYALE WARD DEKINA LGA KOGI STATE	9,171,735	
ERGP25127256	RENOVATION & EQUIPPING OF EGBATITUAKI H.P IN SIDISABA WARD KATCHA LGA NIGER STATE	4,596,362	
ERGP25127267	RENOVATION & EQUIPPING OF TANGARAM PHC FACILITY IN WUYA WARD ANKA LGA ZAMFARA STATE	16,683,587	
ERGP25127273	RENOVATION & EQUIPPING OF KABAWA DISPENSARY IN YARGEDA WARD BAKURA LGA ZAMFARA STATE	4,596,362	
ERGP25127280	RENOVATION & EQUIPPING OF ALIGAMBORI HEALTH CLINIC IN MAIRARI WARD GUZAMALA LGA BORNO STATE	16,683,587	
ERGP25127286	RENOVATION & EQUIPPING OF TSUNA CLINIC HP IN ZAUMA WARD BUKKUYUM LGA ZAMFARA STATE	4,596,362	
ERGP26127263	RENOVATION & EQUIPPING OF TAKWOK PHC FACILITY IN TAKWOK WARD BARKIN LADI LGA PLATEAU STATE	16,683,587	
<b>NURSING AND MIDWIFERY COUNCIL</b>			
ERGP28113650	ERECTION OF BRIGHTERWAITE OVERHEAD TANK AND RETICULATION OF WATER BOREHOLE	10,000,000	The sum of N5m was allocated for this line item in 2018. NASS should find out the need for this sum before approval.
<b>NURSE TUTOR TRAINING – ENUGU</b>			
ERGP25114490	REHABILITATION AND REPAIR OF RESIDENTIAL BUILDING	2,000,000	This should be approved based on the needs of the agency.
ERGP25114491	DEMOLITION OF DILAPIDATED BUILDING AND CONSTRUCTION OF	3,000,000	This should be approved based on the needs of the agency.



	1 STOREY BUILDING OF STUDENTS HOSTEL AND STAFF QUARTERS		
<b>NURSE TUTOR PROGRAMME AKOKA LAGOS</b>			
ERGP27128501	CONSTRUCTION	5,000,000	This is not clear. Construction of what?
<b>NURSE TUTOR TRAINING KADUNA</b>			
ERGP25115163	CONSTRUCTION OF PRACTICAL DEMONSTRATION ROOMS FOR STUDENT TEACHERS	7,098,000	This should be approved based on the needs of the agency
<b>PHC TUTORS PROGRAMME, 'UCH-IBADAN</b>			
ERGP25115331	COMPLETION OF CONSTRUCTION OF MILLENIUM HOSTEL ACCOMMODATION FOR PRIMARY HEALTH CARE TUTORS COURSE (ON GOING)	9,528,750	The same amount was allocated for this project in 2018. NASS should find out the state of the project before approval.
<b>PHC TUTORS PROGRAMME, KADUNA POLYTECHNIC</b>			
ERGP25114466	1. CONSTRUCTION OF HOSTEL	7,000,000	This should be approved based on the needs of the agency.
ERGP25114469	CONSTRUCTION OF CLASS ROOMS AND STAFF OFFICES	3,500,000	This should be approved based on the needs of the agency.
<b>COMMUNITY HEALTH TUTOR PROGRAMME UCH</b>			
ERGP25115553	COMPLETION AND CONSTRUCTION OF MILLINIEM MALE HOSTEL (ON GOING)	4,961,250	This should be approved based on the needs of the agency.
ERGP25115554	COMPLETION AND CONSTRUCTION OF MILLENNIUM FEMALE HOSTEL (ON GOING)	4,961,250	This should be approved based on the needs of the agency.
<b>LAGOS UNIVERSITY TEACHING HOSPITAL</b>			
ERGP25132726	COMPLETION OF CHILDREN ACCIDENT AND EMERGENCY CENTRE	50,000,000	This allocation should be investigated. This line expenditure had been severally appropriated for in previous year's budgets. CSJ had conducted a visit to the project location but was not allowed access to the project site.
<b>AHMADU BELLO UNIVERSITY TEACHING HOSPITAL</b>			

ERGP23129048	REHABILITATION & MENDING LEAKAGES/RENOVATION OF STRUCTURAL DEFECT WARD BLOCK K & S, ACCIDENT AND EMERGENCY, RADIOLOGY BLOCK, GOPD BLOCK/ OFFICES AND DELIEVERY SUITE	40,000,000	This should be approved based on the needs of the agency
ERGP25114269	CONSTRUCTION AND EQUIPPING OF RESUSCITATION BAY AND DAYCARE WARD IN INSTITUTE OF CHILD HEALTH (ICH) BANZAZZAU	50,000,000	The sum of 23,030,500 was allocated for this same line item in 2018. NASS should verify the exact state of the project before approval.
ERGP25114274	MEDICAL EQUIPMENTS/FURNITURES: PROCUREMENT OF MEDICAL EQUIPMENT AND INSTRUMENTS TO REPLACE OLD/OBSOLETE ONES IN THEATRES, ACCIDENT AND EMERGENCY, RADIOLOGY, LABORATORIES, DELIVERY SUITES ETC, THEREBY ENSURING ACCURATE MEDICAL DIAGNOSIS AND QUALITATIVE TREATMENT	80,000,000	This should be approved based on the needs of the agency.
<b>UNIVERSITY OF BENIN TEACHING HOSPITAL</b>			
ERGP25124204	CONSTRUCTION OF NHIS COMPLEX	100,000,000	This should be approved based on the needs of the agency.
<b>JOS UNIVERSITY TEACHING HOSPITAL</b>			
ERGP25129074	COMPLETION OF IVF	9,000,000	The CSJ monitoring team went on a visit to the project location and discovered that the project has been completed since 2017. However, the IVF is yet to be put to use. NASS should investigate why this amount is reoccurring in this year's budget.
<b>UNIVERSITY OF MAIDUGURI TEACHING HOSPITAL</b>			
ERGP25114098	CONSTRUCTION OF 2 NOS OF ONE - STOREY HOSTEL BLOCKS OF 40 ROOMS EACH FOR SCHOOLS OF	130,000,000	This should be approved based on the needs of the agency.

	NURSING, PERIOPERATIVE NURSING, CHOTP, HEALTH INFORMATION		
<b>NNAMDI AZIKIWE UNIVERSITY TEACHING HOSPITAL, NNEWI</b>			
ERGP25115408	COMPLETING THE CONSTRUCTION OF OBSTETRICS WARD AT PARMANENT SITE	20,000,000	In 2018 the sum of 41,583,544 was allocated for this line item. NASS should find out the exact state of this project before approval.
<b>IRRUA SPECIALIST TEACHING HOSPITAL, IRRUA</b>			
ERGP25113592	PURCHASE OF MEDICAL EUIPMENT INCLUDING THERAPEUTIC ENDOSCOPE, DIGITAL XRAY, 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.	45,000,000	This should be approved based on the needs of the agency.
<b>FEDERAL MEDICAL CENTRE, OWERRI</b>			
ERGP25119651	DEVELOPMENT OF An OBSTETRICS & GYNECOLOGY (OBS & GYNAE) COMPLEX	50,000,000	In 2018, the sum of N150m was allocated for this same line item. NASS should find out the exact state of the project before approval.
<b>FEDERAL MEDICAL CENTRE, MAKURDI</b>			
ERGP25114247	CONSTRUCTION AND FURNISHING OF FEMALE MEDICAL WARD	50,000,000	This should be approved based on the needs of the agency.
ERGP25124400	DEVELOPMENT OF FMC MAKURDI OUTREACH CENTRE IKPA- MBATIEREV - CONSTRUCTION OF MATERNITY WARD & DOCTORS QUARTERS	35,000,000	This should be approved based on the needs of the agency.
<b>FEDERAL MEDICAL CENTRE, KATSINA</b>			
ERGP25124703	CONSTRUCTION, PROCUREMENT, SUPPLY AND INSTALLATION OF	55,000,000	There was provision of 50,000,000 in 2018 for the construction of emergency theatre for obstetrics &

	OBSTETRICS AND GYNAECOLOGY THEATRE EQUIPMENTS		gynecology. NASS should investigate the exact purpose of this vote before approval. Approval should be done based on the need of the agency.
<b>FEDERAL MEDICAL CENTRE, BIDA</b>			
ERGP25127731	CONSTRUCTION OF FEMALE SURGICAL WARD IN THE MAIN HOSPITAL	15,000,000	This should be approved based on the needs of the agency
ERGP25127788	CONSTRUCTION OF LABOUR WARD AND THEATRE AT COMPREHENSIVE HEALTH CENTRE ZUNGERU	10,000,000	This should be approved based on the needs of the agency
<b>FEDERAL MEDICAL CENTRE, KOGI</b>			
ERGP25114113	COMPLETION OF CONSTRUCTION OF MATERNITY COMPLEX BUILDING PHASE II - ON GOING	13,055,326	The exact state of this project should be ascertained before approval.
<b>FEDERAL MEDICAL CENTRE, KEBBI STATE</b>			
ERGP27113938	CONSTRUCTION AND COMPLETION OF PEDIATRIC AND ORTHOPEDIC SURGICAL WARDS	34,000,000	This should be approved based on the needs of the agency.
ERGP27113939	CONSTRUCTION AND EQUIPPING OF MATERNITY COMPLEX	50,000,000	In 2018, the sum of 120,719,586 was approved for this project. The exact state of this project should be ascertained before approval.
<b>FEDERAL MEDICAL CENTRE, TARABA STATE</b>			
ERGP25114143	CONSTRUCTION AND FURNISHING OF NEO-NATAL WING OF MATERNAL AND CHILDCARE COMPLEX	76,000,000	In 2018, the sum of 108,737,592 was approved for this line item. NASS should verify the exact state of this project before approval.
<b>FEDERAL STAFF CLINICS, GWARINPA, ABUJA</b>			
ERGP25132010	CONSTRUCTION OF GYNAECOLOGY AND ANTE NATAL WARD TO INCLUDE CONSULTING ROOMS AND THEATRE	50,000,000	This should be approved based on the needs of the agency.

## PART 3: MATTERS ARISING FROM THE 2019 HEALTH/MNCH FUNDING PROPOSAL

**3.1 Inadequate Allocation To Health:** The total sum allocated to health in the 2019 budget proposal is N365.763 billion out of a total federal budget of N8.826 trillion. This sum represents just 4.14% of the total budget. When the sector’s 2019 proposed budget allocation is compared to that of 2018 (N356.450 billion), a 2.61% increase is observed. Table 12 shows the progression and trajectory of the health budget 2016-2019.

**Table 2: Trajectory of Health Votes: 2016-2019**

Years	Total Recurrent	% Increase or Decrease	Total Capital	% Increase or Decrease	Total Allocation	% Increase or Decrease	Health budget as % of Total Budget
2016	221,412,548,087	-	28,650,342,987	-	250,062,891,074	-	4.13%
2017	252,854,396,662	14.20%	55,609,880,120	94.10%	308,464,276,782	23.35%	4.15%
2018	269,965,117,887	6.77%	86,485,848,198	55.52%	356,450,966,085	15.56%	3.91%
2019	315,617,344,056	16.91%	50,146,387,170	-42.02%	365,763,731,226	2.61%	4.14%

*Source:* Calculated from Approved Budgets and the 2019 Estimates

It should be noted that the 4.14% total proposed allocation to the sector is not up to a third of the 15% of budget recommended in the Abuja Declaration. There are other health related expenses in the budget which add up to N181,979,138,391. These are the Basic Health Care Provision Fund of N51,219,751,964; GAVI Immunization N21,250,424,823; NHIS 97,550,437,495.00; NACA N7,635,082,443; State House Medical Centre of 823,441,666; Counterpart Funding for Health N3,500,000,000; etc. When added to the original health vote, it adds up to N547,742,869,617 which is 6.21% of the overall vote<sup>1</sup>. This is still very low and a little over one third of the Abuja Declaration benchmark.

Table 13 shows the conversion of Ministry of Health Budget to USD using the exchange rate used in the preparation of the budget for the period of 5 years (2015-2019).

<sup>1</sup> There is a bulk sum of N45.5bn in Service Wide Votes for Sustainable Development Goals (SDGs). If the SDGs are disaggregated, there should be components of this vote that will go to the implementation of health-related SDGs.

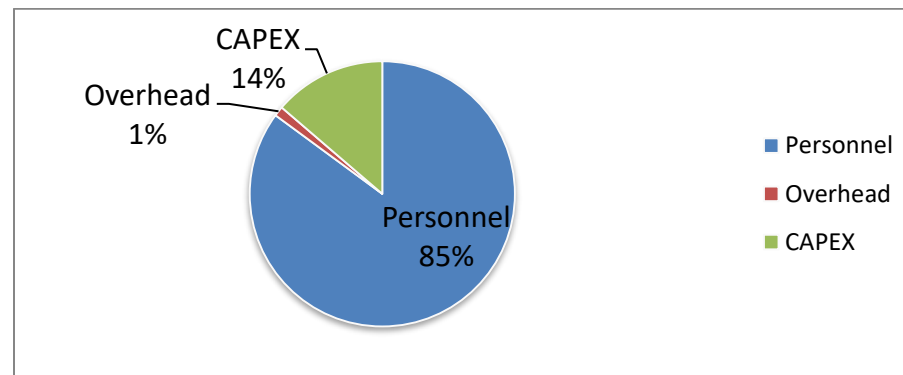
**Table 3: Real Value of the Health Budget, 2015-2019**

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	356,450,966,085	305	1,168,691,692.08
2019	365,763,731,226	305	1,199,225,348.28

Source: Calculated from BOF and CBN documentation

Table 3 shows that the 2015 health budgetary allocation was higher than 2016 while that of 2016 was higher than that of 2017. The trend changed as from 2018 as the allocation in that year was higher, in comparative terms, than that of 2017. Same was the case with the 2019 proposal which is higher than that of 2018. This new trend notwithstanding, the health vote is insufficient to meet the needs of the sector. Chart 1 shows the composition of sectoral allocation.

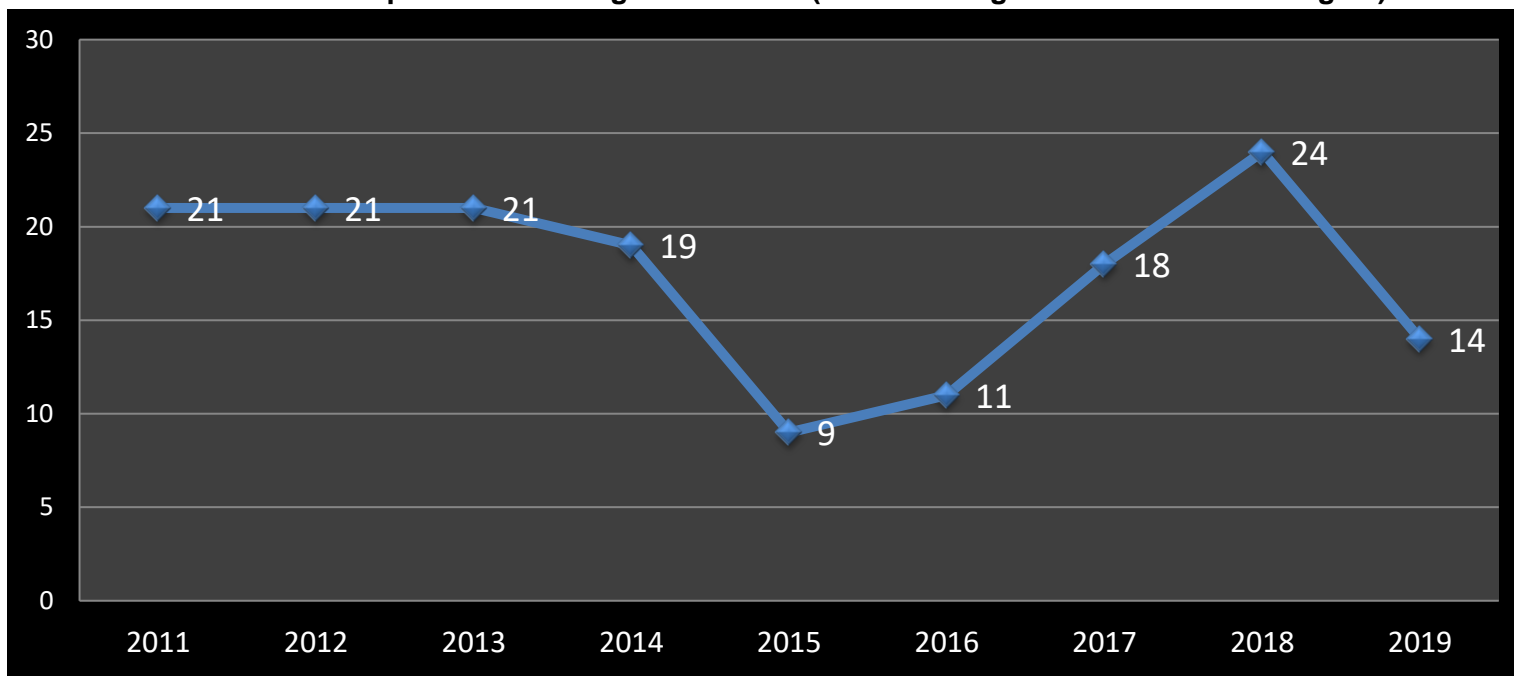
**Chart 1: Sectoral Allocation to Health**



Capital allocation in the sector within the last decade has hovered just under 21% with the exception of 2019 which is still at the proposal stage. With the level of equipment and infrastructural needs in the sector, there is need to improve capital allocation in

the sector. Chart 2 below shows the trend of capital allocation of the FGN health budget for the last decade. Values are approximated to the nearest whole number.

**Chart 2: Trend of Capital Health Budget 2011-2018 (As Percentages of Total Health Budgets)**



*Source: Calculated from Approved Budgets  
2019 value is the value in the FGN budget proposal*

To buttress the point of poor funding; with the poor maternal and child health indicators, very low and poor life expectancy, low doctor patient ratio, declining funding, withdrawal of donors and less than 5% of the population with access to health insurance; then it crystallizes that the sector is in dire need of increased funding. Essentially, the FGN is yet to deploy 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. There is need to channel more resources to the health sector so as to improve Nigeria's chances of achieving the health targets in the Sustainable Development Goals (SDGs). It is therefore recommended that the health allocation be increased to a minimum



of 50% of the requirement of the Abuja Declaration i.e. 7.5% of the overall vote. This should be used to beef up the developmental capital vote.

In addition, the NASS in exercising its powers of budgetary approval is called upon to:

- Take concrete, urgent, targeted and meticulous steps for aggressive domestic resource mobilization for health care especially in making health insurance compulsory and universal for all Nigerians who earn from the minimum wage and above.
- Establish the Health Bank of Nigeria Incorporated to deepen capital health financing and to provide funds for the health sector beyond budgetary and health insurance funds.

**3.2 The Basic Health Care Provision Fund (Classified As Service Wide Votes And The Piloting Approach):** The continued low budgetary provision for health and the feet dragging by the federal government to implement the Basic Health Care Provision Fund (BHCPF) would contribute to worsening health outcomes. Although the 1% for BHCPF was included in the 2018 approved budget by the National Assembly (N55.2 billion), implementation is still at a slow pace as less than 50% of this sum was approved for release in the 2018 budget implementation.

In the 2019 FGN budget proposal, the N51.22billion for the BHCPF was also proposed as a SWV. There are concerns around the BHCPF in the 2019 FGN budget proposal. The N51.22 billion provided for BHCPF was included in the Service Wide Votes (SWVs) instead of statutory transfer as stipulated in the National Health Act. This poses a challenge because section 28 of the Fiscal Responsibility Act (FRA) stipulates as follows regarding the duties of the Finance Minister on budgetary matters:

*Where, by the end of three months, after the enactment of the Appropriation Act, the Minister determines that the targeted revenues may be insufficient to fund the heads of expenditure in the Appropriation Act, the Minister shall, within the next 30 days of such determination, take appropriate measures to restrict further commitments and financial operations according to the criteria set in the Fiscal Risk Appendix - such provisions shall not apply to statutory or constitutional expenditure.*

The above implies that if there is shortage of resources for budget implementation, the N51.22 billion provided for BHCPF would be subject to budget cuts alongside other budget lines that are not statutory transfers. Therefore, the federal government should ensure that the BHCPF is captured appropriately under statutory transfers so that it can get the priority it deserves in the event there is paucity of funds.

FGN has launched a roll-out plan for the implementation of the BHCPF using six states including FCT as pilot states, thereby excluding 30 other states. The piloting approach which excludes 30 other states is not founded on any law. It is discriminatory as it runs against the letter and spirit of the NHA. There is no evidence to show that the excluded 30 states could not fulfill the conditions listed in the NHA or the Guidelines. However, available evidence is pointing in the direction of donors and development partners taking the lead and the FGN merely following in the piloting exercise in these six benefitting states.

**3.3 Poor Allocation To Vaccine And Silence On Local Vaccine Production:** The total allocation to vaccines and immunization in the 2019 proposed budget is insufficient to meet the growing demands for vaccines and immunization amongst children under 5. In 2016/17 the Multiple Indicator Cluster Survey/National Immunization Coverage Survey places Nigeria's immunization coverage at 33% (among children aged 12-23 months as against the global standard of 90%). To meet the global standards more resources are needed. The Minister of Health, openly declared government's intention to commence the production of local vaccine and signed a Joint Venture Agreement with May and Baker. Since 2017, when the JVA was signed, Nigerians have not been briefed on developments and the next steps. The local production of vaccines will be a step in the right direction. This should be given utmost priority.

Beyond budgetary provisions, there is the need for the sustainable funding of immunization in Nigeria to meet the demand for full immunization coverage. In this respect, CSJ proposes the establishment of a Nigerian Immunization Trust Fund to be funded from multiple revenue sources in the public and private sector<sup>2</sup>. This will provide a sure-footed funding source for immunization.

**3.4 Poor Allocation To Family Planning And High Population Growth:** Nigeria's current finance and CPR target is not consistent with the current rapid population growth. The population is growing at the rate of 3.2% per annum while the economy is growing at the suboptimal level of less than 2%. Following the dynamics of the Family Planning Blueprint, Nigeria needs N58.6bn in 2019 to fund FP services. Even if Nigeria's commitments of \$12.5m for FP and RH are used for budgetary purposes,

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<sup>2</sup> CSJ and other stakeholders have already produced a draft bill which awaits collaboration with interested members of the National Assembly to sponsor.

\$12.5m at the budget rate of N305 to the dollar amounts to about N3.8bn. Nigeria should increase population control funding rather than reducing same.

**3.5 Reprogram Frivolous Items In The Budget To Priority Projects Under MNCH:** Some votes under the MNCH proposed budget contains frivolous, inappropriate and unclear line items which have been carefully identified in the earlier sections of this Policy Brief. Such line items should be reprogrammed to essential MNCH and primary health care projects. Some of them are repetitive in nature but assume different names in the budget proposals.

**3.6 Some Line Items Lack Specific Details:** From the review, we identified projects that are omnibus in nature and lack details. There were no details on the location of the project and no clear articulation of what the projects intend to achieve. Some of the projects include: Optimization of PHC Services towards Universal Health Coverage, Maternal and Child Health Care under the National Health Insurance Scheme, procurement of incinerators to states and optimizing newborn and maternal mortality community surveillance (CHIPS/Traditional Rulers in 10 states), etc. NASS should ask for details and specifics. These omnibus projects, if approved will facilitate corruption because it will be impossible for interested citizens and stakeholders to monitor the activities, outputs and outcome.

**3.7 Some Line Items Have Been Appearing Repeatedly In The Budget:** Some projects in the 2019 MNCH budget have been appearing in the budget proposals for so many years. NASS needs to get a clear picture of the extent of implementation so far to enable it take appropriate decisions on the level of funding required. It may be imperative to complete projects which have been in budget proposals for so many years before commencing new ones.

**3.8 Poor Votes To Mid Wives Service Scheme And Nutrition:** In 2018, the FG made a proposed allocation of N1bn for the Midwife Service Scheme. However, NASS reduced the vote to N300m. The sum of N915m has been allocated for the scheme in the 2019 proposal. This is lower than the proposed 2018 budget but higher than the approved budget. There is need to increase the allocation to the MSS to at least N1.4bn based on projected increase of functional PHCs and demand for services. The importance of the MSS in the effective delivery of MNCH cannot be over-emphasized. Several recommendations on the improvement of MNCH service delivery in the rural population has favored the use of the MSS. The 2019 budget proposal also reduced the allocation for nutrition. Only the sum of N300m was allocated for nutrition. The annual costed plan (NSPAN) assumes that the FGN will provide \$10million annually for the period 2014-2018 for nutrition related expenditure. Nigeria did not meet this target.

**3.9 Other Issues:** It is clear that these identified issues have become perennial in our budgeting process. They re-occur year after year and the system seems not bothered with this lack of improvement. The continuation of this approach to health budgeting will ensure that our health system, process, facilities and service delivery will remain underdeveloped and poor for years to come. The time to act and take action to stop this decay is now.

## **PART 4: RECOMMENDATIONS**

### **To The Legislature**

- Increase funding to not less than 50% of the Abuja Declaration, being 7.5% of the overall vote, and the new funds should be channeled to developmental capital expenditure. This amounts to N661.95bn.
- Re-programme frivolous items identified in the review to priority sectors under maternal newborn child health and primary health care services and ask for the specifics and details of votes without location, activities or clear deliverables.
- Move the Basic Health Care Provision Fund from Service Wide Votes to Statutory Transfer to ensure that it is not affected by the perennial failure to meet revenue targets. Essentially, the votes of the Fund should be ring-fenced and fully released after appropriation.
- Increase the votes for Vaccination, Family Planning and Reproductive Health and Midwives Service Scheme.
- Universal health coverage will not be possible without a universal and compulsory health insurance scheme for its financing. Therefore, consider making universal health insurance compulsory.
- Beyond the budget consideration: Establish the Health Bank of Nigeria to provide single digit capital for the development of the sector beyond budgetary appropriations. The share capital of the Bank will be subscribed to by the Ministry of Finance and regional and international Development Banks. Furthermore, provide by law for the establishment of the Nigerian Immunization Trust Fund.

## 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.
- ❖ Ensure the full release and ringfencing of the Basic Health Care Provision Fund when appropriated. Stop the piloting exercise on the implementation of the Fund and rollout across the 36 States of the Federation and the Federal Capital Territory.
- ❖ Sign an MOU with state and local governments to take over and adequately fund and run PHCs provided as zonal intervention projects in the federal budget.



## About Centre for Social Justice (CSJ - RC: 737676)

Centre for Social Justice (CSJ) is a Nigerian Knowledge Institution. It is non-governmental, non-profit and non-partisan organisation registered with the Corporate Affairs Commission as a Company Limited by Guarantee. It was established to introduce professionalism in civil society work and to use social entrepreneurship to provide cutting edge services to enhance and deepen economic, social and political change.

**Vision:** A Nigeria where social justice informs public decision making and guarantees respect of human rights and fundamental freedoms for all.

**Mission:** To be a principal catalyst in mainstreaming social justice in public life through policy engagements and interventions that bring about economic, political and social reforms, rights enhancement and sustainable livelihoods.

**Key Programme Focus:** The ongoing programmes of CSJ are in public finance management, political finance reforms, energy and environment reforms and rights enhancement. Our programme activities focus on civil, political, economic, social, cultural and environmental rights and our strategies include research, monitoring and evaluation, advocacy, capacity building, information dissemination and networking.