



Review of the Kaduna State Family planning Policy and Financing and 2017 Family Planning Budget Performance

SOGON-PACFaH@Scale Project

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About PAS Project

The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) is a collective of 10 Civil society organizations and Professional Associations working to catalyze action from national and state governments to make adequate provision for Family Planning, Routine Immunization, Childhood killer diseases and the Implementation of the Primary Health Care Under One Roof (PHCUOR) policy through advocacy for domestic financing for health and building champions within the executive and legislature.

Executive Summary

Kaduna State is currently the third most populous state in Nigeria with an estimated population of 7.7 million people. The contraceptive prevalence rate in 2016 is about 24% the highest rate in the North-West geopolitical zone.

The 2012 FP summit in London marked a turning point to FP funding in Nigeria. The Nigerian Government made commitment to spend over 600 million USD to finance FP for five years from 2013-2018 to raised her contraceptive prevalence rate to 36% by the end of 2018. This culminated into the first ever costed implementation plan(CIP) for FP known as the Family Planning Blueprint.

The Kaduna State Government adopted the FP blue print policy and in 2015 put together the state CIP aimed at increasing the CPR to 46.5% by the end of 2018. In 2016, the state created a budget line for the procurement of contraceptive consumables and in 2017 allocated 100 million for the procurement. Of the 100 million naira budgeted, only 97 million naira was released and cash backed. Even though the budget performance for FP in 2017 was very high, the release(s) was/were not timely. The 100 million naira was actually released in the first quarter of this year.

The 75 million naira budgeted in 2018 for the procurement of FP consumables had just been released but yet to be cash backed.

The Kaduna State MoH is proposing the sum of 165 million naira for the procurement of family planning consumables in 2019 and also considering creating another budget line training of providers or creating demand & behavioural change communication for FP.

The priority advocacy strategy for increasing FP funding in Kaduna State include timely releases of the FP budget and actualization of another budget line for FP.

Introduction

Kaduna State is located in the North-West region of Nigeria and is the third most populous state in the country after Lagos and Kano States.



Fig 1: Location of Kaduna State

Its projected population as the end of 2017, was estimated to be about eight million people¹. It was created in 1967 from the defunct northern region following dissolution of the regional system and was then known as the North-Central State. It became known as Kaduna State in 1976 following the creation of additional states by the then military Government of General Murtala Muhammad. Kaduna City remained its administrative and commercial capital.

The reproductive profile of Kaduna State like other northern states is poor. Currently the contraceptive prevalence rate is 24%¹ and the total fertility rate is 4.1². In an effort to improve the maternal and child health indices in the state, the government has made some remarkable reforms within the health sector including policies and financing.

This brief is a review of the policies and finances of the Government of Kaduna State as it relates to Family Planning.

Demographic and reproductive profile

The summary of the demographic and reproductive profile of Kaduna State is shown in Table 1 below;

S/No.	Parameter	Value	Source
1	Total Population	7.7 million	NURHI/MICS 2017
2	Population of WRA	1.44 million	NPC 2016
3	Maternal Mortality Ratio(MMR)	800/100,000LB	KSHSPR 2015
4	Infant Mortality Rate	40/1000B	MICS 2017
5	Contraceptive prevalence Rate	24%	MICS 2017
6	Total Fertility Rate	4.1	NDHS 2013
7	Unmet need for Contraception	22%	MICS 2017
8	Immunization coverage	25%	MICS 2017
9	Life expectancy at birth	44 yrs	NBS 2012

The current population of the state may not be unconnected with the low CPR couple with the high unmet need rate. However, it should be noted that the state's CPR of 24% is the highest in the North-West and North-East geopolitical zones. There is no accurate current data on the maternal mortality ratio for the state. The state health sector performance report published in 2015 quoted an estimate of 800/100,000 live births³. However, a fairly recent community- based study in the northern part of the state gave a figure of 1,400/100,000 live births⁴.

FP Policy and Financing

Prior to 2015, there was no specific FP policy or FP financial strategy in Kaduna State. FP is often embodied in the larger MCH/Safe Motherhood program. The London 2012 FP Summit tagged FP2020 marked a turning point for FP financing in Nigeria. At the Summit, Nigeria pledged to commit the sum of 603 million USD to finance FP for five years(2013-2018) to raised her CPR to 36% by the end of 2018. In 2014, the FMOH published its first ever Costed Implementation Plan for FP known as the FP Blue Print⁵.

The FP policy at the federal level was adopted by Kaduna state in 2015 and in 2016, put together her Costed Implementation Plan for FP⁶. The state will spend 4.6 billion naira in three years to raised her CPR from 20% in 2015 to 46.5% by the end of 2018. In 2016, the state created a budget line-BC 22020611 for procurement of FP consumables. This was actualised in the 2017 budget in which 100 million naira was earmarked for FP consumables.

2017 FP budget performance

The budget performance for FP in 2017 is summarised in Table 2 below;

Table 2: 2017 FP Budget Performance

	Capital(million)	Recurrent(million)
Budget allocation	100	16.35
Budget release	97(97%)	N/A
Cash backed	97(97%)	N/A
FP budget = 0.05% of the total health budget(214.92 billion) and 0.08 % of the total capital budget for health(131.46 billion) 2017 Health budget was 11.6% of the total budget for the state		

Source: MCH Unit KSPHCDA

As shown above, the 2017 health budget was about 12% of the total state budget. This was very close to the recommended 15% pledged by African nations in the Abuja declaration of 2001. The budget performance for FP in 2017 was nearly 100% for the capital budget. However, the amount was only released towards the end of 2017 and only cash backed in the first quarter of this year (2018). As mentioned above, the FP capital budget was for the procurement of consumable only while the commodities are usually sourced from the federal government at no cost. This is consistent with the funding arrangement between federal and state governments contained in the national FP Blueprint. It should be noted that the recurrent budget here(zero performance) is not only for FP. It constituted a common pool of funds for the MCH programs that entails monitoring and supervision and related matters.

2018 FP Budget

The 2018 FP budget is shown in Table 3 below;

Table 3: FP budget for 2018

	Capital(million)	Recurrent(million)
Budget allocation	75	18.5
Budget release	75(100%)	N/A
Cash backed	75(100%)	N/A

Source: MCH Unit KSPHCDA

The proposed Capital budget for FP for 2018 was 100 million naira but only 75 million was approved. This was 25% less than that for 2017. Although the budget had just been released, it is yet to be cash backed. This is certainly an advocacy direction for SOGON.

2019 FP Budget Proposal

Kaduna State MOH is proposing 165 million naira for the procurement of FP consumables ie capital budget for 2019. This represent an increase of 115% over that of the 2018 budget and is intended to cover more facilities to provide free FP services. There are indications that the health ministry is considering another budget line to cover another thematic area in the FP CIP document possibly demand creation & behavioural change or training. These are priority areas for SOGON advocacy strategy.

References

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