

RMNCH BUDGET PERFORMANCE IN NIGER, BAUCHI & LAGOS STATES, 2019–2021: A CASE STUDY FROM NIGERIA

EXECUTIVE SUMMARY

The COVID-19 outbreak exacerbated the consequences of an already slowing economy in Nigeria. With less resources available for health, and an increasing number of demands on every Naira, funding for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) reduced in many states across the country.

Reproductive, maternal and new-born health (RMNCH) in Nigeria remains a critical challenge. Maternal mortality rates are persistently high at 800 deaths per 100,000 live births and many are still unable to access services including family planning, antenatal care, and nutrition. The country has made commitments to progressing towards universal health coverage (UHC), which would mean that all citizens would be able to access quality health services without financial risk. However, achieving UHC, and improving health outcomes, costs money.

The Evidence for Action programme has been supporting state led accountability mechanisms (SLAMs) in Bauchi, Niger and Lagos states to advocate for improvements to RMNCH. They use data, such as that gathered through the maternal, perinatal, death surveillance and response (MPDSR) system, to identify what actions need to be taken to reduce preventable deaths. However, while the actions might be known, facilities, local government, and state ministries, departments and agencies do not have the resources to implement these



actions. This is why improving public investment is so important, and why Evidence for Action have made this a critical component of its work.

The SLAMs had been making steady progress in convincing decision makers of the importance of investing in RMNCH. However, in the previous two years, Nigeria has faced numerous challenges that have impacted this. These include economic decline due to a fall in oil revenue, significant aid transition in the health sector, a double burden of disease, and of course, the COVID-19 pandemic- effecting both revenue and expenditure.

Findings: Impact of COVID-19 on state-level RMNCH funding

While there was much anecdotal evidence and opinions on whether RMNCH had been impacted by these shifts, to what extent, and why; there was very limited data to back this up. This is where this case study comes in. This report includes findings on budget allocation and release for RMNCH for 2019, 2020 and 2021, and interviews with government officials and advocates, shedding light on how the pandemic has affected RMNCH investment. Our findings showed the following:

- The impact of COVID-19 has differed per state. The trend of budgetary allocation to the health sector and the RMNCH varied across the states. In Bauchi and Niger states, there was a decline in the budgetary allocation to the health sector and to the RMNCH budget line between

2019 and 2021, while in Lagos state, the health sector and RMNCH budget have (in absolute terms) increased. This is due to differences in where the state's revenue comes from, highlighting the importance of building resilience into funding streams.

-RMNCH funds released has been consistently low and during COVID-19 mostly came from external funding with one external grant accounting for 91% of releases for RMNCH for Bauchi in 2020, and 100% in Niger. The Lagos State RMNCH budget only captures the Government's funding, and so, allocations and releases can be regarded as commitment by the state government to RMNCH. The inclusion of external funding in the RMNCH budget lines for Bauchi and Niger highlights the importance of understanding the structure of the budget; ensuring that advocates are aware of whether budget performance can be attributed to domestic or external funds, and thus, how much more work may be needed to strengthen domestic commitment to the issue.

-COVID-19 exacerbated existing RMNCH funding bottlenecks. The COVID-19 pandemic reduced priority given to RMNCH, but discussions with stakeholders emphasised that many of the bottlenecks which had prevented RMNCH funding being released during the pandemic had already been challenges prior to the pandemic. COVID-19 exacerbated existing bottlenecks, such as how memos are raised and approved to secure the release of funds; whether RMNCH funding is seen as a political priority; and the reliance of RMNCH on releases from the national treasury.

-SLAMs played an important role in maintaining accountability for health throughout the pandemic. Interviews with stakeholder suggest that the situation could have been worse if the SLAMs had not engaged in ongoing advocacy and accountability efforts. Actions by SLAMs included identifying that the RMNCH budget line had been left out in error in Bauchi, improving budget releases in Lagos, and increasing the demand for services in Niger.

Through this case study, we identified four recommendations that Evidence for Action will be taking forward with our partner SLAMs and state ministries, departments, and agencies.

1. Investigate state-specific bottlenecks that prevent the release of funding.
2. Improve systems for bottom-up information on how funds are spent, to encourage increased investment.
3. Connect health managers across the health system to tackle bottlenecks in the flow of funds.
4. Focus on domestic investments to improve sustainability.



INTRODUCTION

Evidence for Action (E4A)-Mama Ye facilitates change by bringing together government, civil society, health practitioners and the media in coalitions, such as state-led accountability mechanisms (SLAMs) in Nigeria. SLAMs use existing information and resources to respond to the issues causing preventable maternal, neonatal and child deaths and injuries. This gives women and children better access to improved healthcare services, leading to more women having safe births.

Before the coronavirus disease (COVID-19) outbreak, the fiscal space in Nigeria had experienced significant shrinkage. This shrinkage was primarily due to falls in global oil prices. As Nigeria's economy relies heavily on oil revenues, a fall in oil prices in 2016 resulted in an economic recession in the country. The pandemic has caused further economic and social disruption, as it has to varying degrees in countries worldwide.

The federal and state governments had to prepare for and deal with the consequences of the pandemic, including the morbidity and mortality attributed

to the disease and the mitigation and control measures. These have placed extra demands on the already challenged health system.

Notably, there was a decline in the coverage of reproductive, maternal, neonatal and child health (RMNCH) services in Nigeria, as there was worldwide. There is therefore a need to ensure that the progress and gains achieved in RMNCH over recent years are maintained and are not lost due to the ongoing pandemic.

This case study explores the challenges in financing

and utilisation of RMNCH services in Bauchi, Lagos and Niger states in Nigeria during the COVID-19 pandemic in 2020. The study also explores the role of coalitions supported by E4A in advocating to government for continuation of essential services.



METHODOLOGY

The study adopted a mixed-methods approach, which included qualitative and quantitative elements. Qualitative and quantitative data collection tools were developed for the data collection exercise. These included a data collection template for financial data and a key informant interview (KII) guide for the qualitative data collection exercise.

The quantitative data collected included financial data from the study areas and service delivery data. The financial data consisted of annual approved budgets, annual expenditure reports, Medium Term Budget Framework (MTBF) and supplementary 2020 budgets, all obtained from official sources. Service delivery data on RMNCH services for 2019 and

2020 were provided from the DHIS2 platform. All financial data is presented in Nigerian Naira (NGN). The quantitative data was reviewed for data quality, processed using spreadsheets and presented in tables and charts to reflect budgetary allocation and release trends during the study period. Figures have been adjusted for inflation.

TKIIs were conducted with a range of stakeholders, including key government officials responsible for allocating and releasing funds for RMNCH and members of the state-led advocacy mechanism. Interview guides were given to the individuals and the sessions were then recorded and transcribed. The KIIs were designed to provide contextual information and explore trends and observations

from the quantitative analysis. The KIIs with SLAM members aimed to draw out information on their advocacy efforts around RMNCH funding. The information in the KII transcription was coded and matched with the questions in the study analysis framework. The key themes in the responses from the KIIs were identified and, where relevant, quotes from respondents were extracted, along with the key themes, for use in the case study report.



The strength of this study lies in its analysis of quantitative and qualitative data on allocations and releases to major RMNCH budget lines. However, the study has some limitations. It does not look at expenditure or utilisation. This means that, although they were released, funds could have been diverted to other service areas.

Likewise, where funds were diverted to the COVID-19 response, they could have indirectly contributed to improvements in maternal and child health; for example, procurement of personal protective equipment (PPE) may have enabled personnel to provide safer RMNCH services.

There are several other funding sources that were not included in the analysis, such as the Basic Health Care Provision Fund funding to the state health insurance scheme, which may cover RMNCH interventions. It is important to understand the impact of these additional funding sources on RMNCH service delivery in the states. These are additional questions that are beyond the scope of this case study, but present opportunities for further study.

Finally, the research for the case study was conducted remotely, to comply with COVID-19 safety measures. This created some challenges in terms of access to interviewees, especially the very senior government officials, and the timeliness and completeness of data collection.

FINDINGS ON BUDGET PERFORMANCE FOR HEALTH & RMNCH

The proportions of state budgets allocated to health declined in 2021.

In Bauchi, Lagos and Niger, the proportion of the state budget allocated to health declined in 2021. In Bauchi, the allocation to health (in absolute terms) increased in 2021, following a gradual decline through 2019, 2020 and the 2020 supplementary budget, but in Lagos and Niger the absolute allocations to health continued to decline. As illustrated in Figure 1, none of the states have met the 15% Abuja Declaration benchmark in 2021, suggesting that health has been deprioritised across the states.

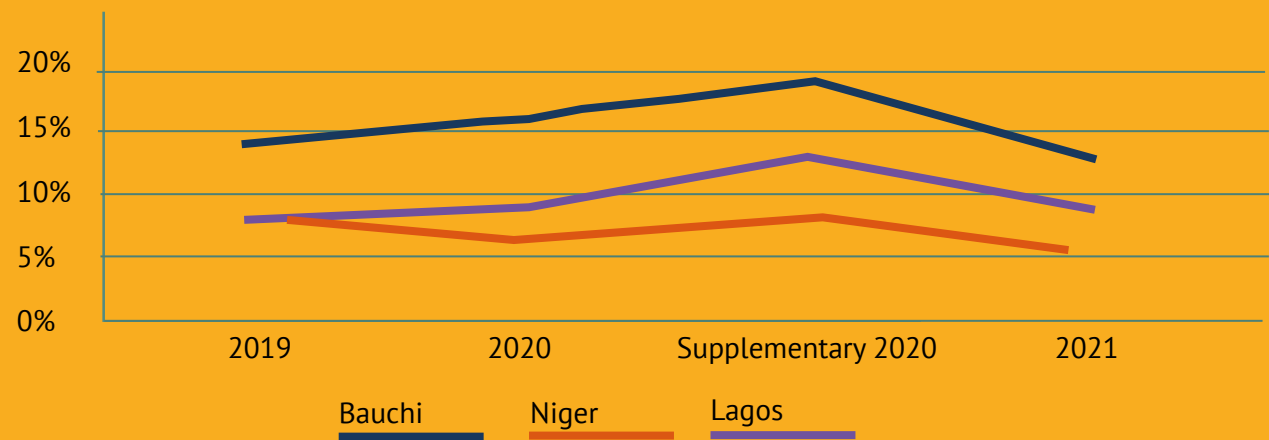


Figure 1: Proportion of state budget allocated to health, 2019 to 2021

Between 2019 and 2021, allocations to RMNCH grew in Lagos, but declined in Niger and Bauchi.

In absolute terms, allocations to RMNCH programme lines increased between 2019 and 2021 for Lagos, despite no allocation in the original 2020 budget. Absolute allocations reduced by almost half for Niger, and slightly declined for Bauchi, illustrated in Figure 2. In terms of the proportion of the health budget allocated to RMNCH, this was widely variable between states, from an average of 2% in Lagos and 15% in Bauchi, to 48% in Niger. This variation is due to: (a) what was included within the RMNCH budget line, and (b) whether external funding is included in the budget line (as is the case in Niger).

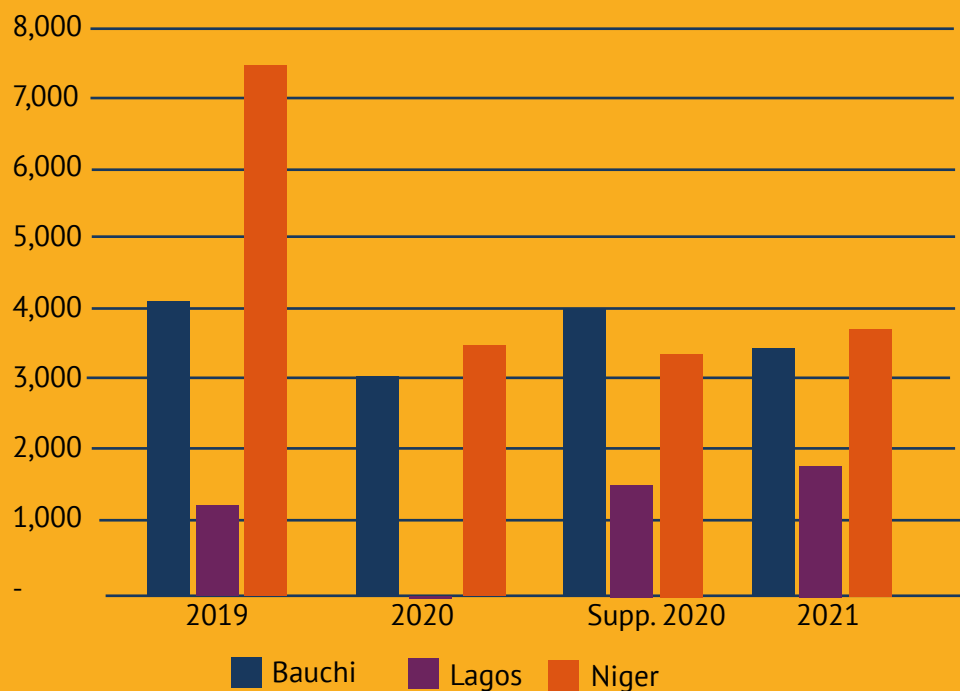


Figure 2: Comparison of budgetary allocations for RMNCH (NGN million)

Budget performance for RMNCH has been low across the states.

Across the three states, the proportion of the budgetary commitment for RMNCH that is actually released has been extremely low, averaging 24% in 2019 and 2020. Budgetary release improved in each state from 2019 to 2020: (Figure 3) from 23% to 26% in Bauchi, and from 28% to 29% in Lagos. In Niger, data on release was only available for the first quarter of 2020, but this still indicated an improvement in release from the previous year. Government officials interviewed highlighted that the release of funds had been a challenging issue prior to COVID-19:

“

... the releases have been a challenge all through. It hasn't been an issue of COVID-19. Prior, budget release, especially when it has to do with capital expenditure, has been very difficult.

(Bauchi SLAM respondent)

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However, the ability to access funding became even more difficult during the pandemic, due to lockdown measures across the country:

“

Relating to maternal and child health, it affected these services. This was not just based on allocation but in getting approval and releases as officers were not in the offices to process memos and payments even if the governor approved budgets. Only the essential officers working then and most of the health workers were moved to the COVID-19 intervention.

(Lagos State Government respondent)

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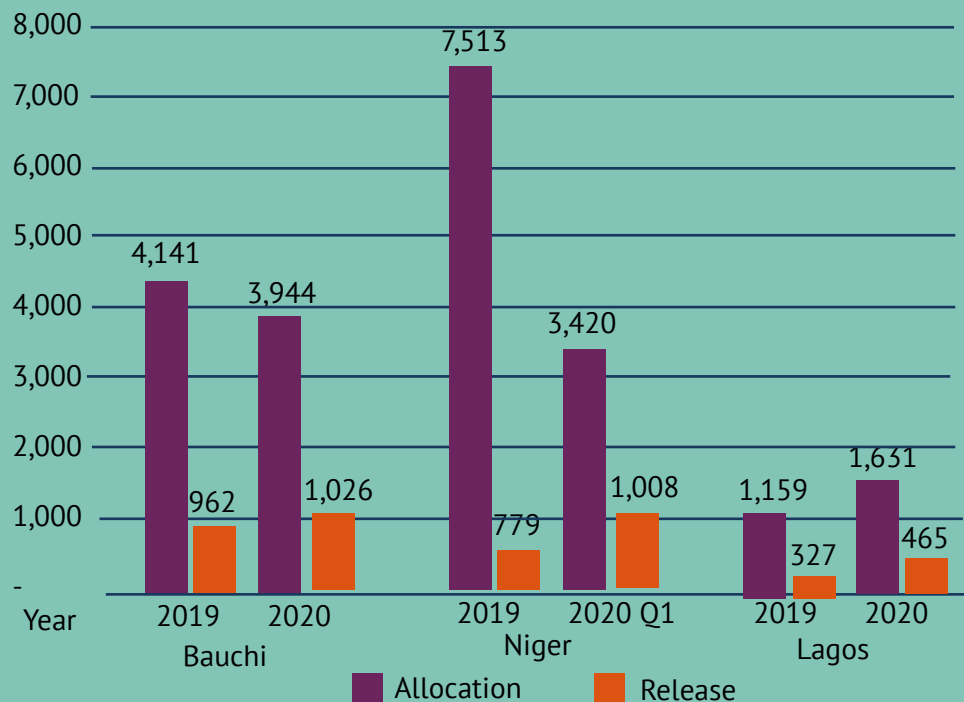


Figure 3: Comparison of RMNCH budgetary allocation and release (NGN million)

RMNCH funding is heavily reliant on external sources.

In both 2019 and 2020, the key driver of releases against the RMNCH budget line in Bauchi and Niger, where donor funding is included within the budget lines, was external funding. In Bauchi, grants from the World Bank's Nigerian States Health Investment Project (NSHIP) accounted for 93% and 91% of the releases for RMNCH in 2019 and 2020, respectively. In Niger, all releases for RMNCH in both years were from external sources, including the World Bank, the Bill and Melinda Gates Foundation and the Global Fund. While these funds are included in the states' budgets, they do not flow through government financing systems, and thus decision-makers and facilities are not able to prioritise how the funds are used to improve RMNCH.

In Lagos, the state budget only captured domestic funding for RMNCH-related activities, excluding donor-funded activities. This highlights the importance of understanding what is included in the budgets being tracked, to ensure that advocacy is leading to improved allocation of domestic resources.



Commitments to SLAM priorities are not translating to release.

The SLAMs in Bauchi and Lagos each have their own set of advocacy priorities. In Lagos, the SLAM focuses on family planning and maternal and perinatal death surveillance and response (MPDSR), and in Bauchi, the SLAM focuses on family planning and nutrition. In Niger, the SLAM has chosen to remain focused on the broader MNCH budget, which has already been discussed.

In Bauchi, the family planning-focused programmes include the child spacing programme implemented by The Challenge Initiative (TCI) and family planning programme support to the Primary Health Care Board (PHCB). In the 2019 budget, NGN 144 million was allocated to these family planning-focused interventions, with NGN 84 million allocated to the child spacing programme and NGN 60 million to the family planning programme at PHCB. Neither of these budgets was released in 2019. In 2020, the budgetary allocation to family planning-focused interventions was reduced to NGN 130.5 million, but again neither budget was released in 2020. However, it is not clear from the data whether funding for the child spacing programme was released 'off budget' and thus does not appear in the state's documentation.

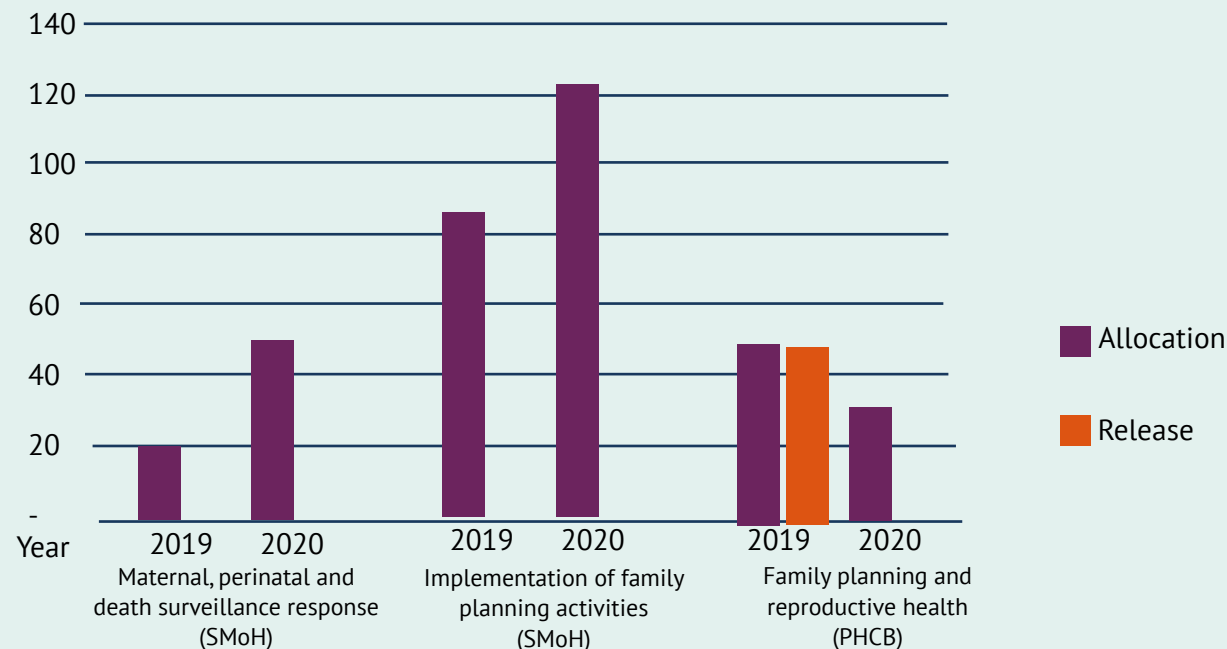


Figure 4: Allocation and release against LaSAM priority budget lines (NGN million)

In Lagos, there is a budget line item domiciled within the Lagos State Ministry of Health (LSMoH) called 'family planning and reproductive health'. This captures allocations for MPDSR activities, safe motherhood, adolescent and reproductive health, and the Lagos State Accountability Mechanism (LaSAM). For family planning, activities are implemented by both LSMoH and PHCB and captured separately in the budget. The PHCB budget allocated NGN 50 million and the LSMoH allocated NGN 87.9 million in 2019, increasing to NGN 124 million in 2020. For MPDSR, NGN 52 million was allocated in the 2020 revised budget, but this was reduced to NGN 20 million in the 2021 budget. The sharp decrease in the MPDSR and family planning budget for 2021 was due to some activities, such as the maternal and perinatal death survey, being captured under different budget lines.

In terms of budget release, the LSMoH budget monitor did not independently track actual releases for the LSMoH by activity, but rather as a collective expenditure under the overall 'family planning and reproductive health' budget line item. In 2019 and 2020, 47% and 51% respectively of the budgetary allocation for family planning and reproductive health was released. In 2019, 98% of the PHCB family planning budget was released, while in 2020 there were no releases.

In Lagos, allocations to the priority programme areas suggest that the SLAM is getting its priorities on the agenda, resulting in budget commitments. However, the findings highlight that these commitments are not yet translating into action, in terms of funding release (Figure 4).

COVID-19 had a varied effect on allocations but was detrimental to funding release

The change in the budgetary allocation for RMNCH interventions in the original and revised 2020 budgets varied across programmes. For some programmes, such as the NSHIP, budgetary allocation increased, while in others, including external sources, it reduced.

The pandemic affected the release of the budget, due to the inability of public officials and service providers to conduct outreaches or activities that required field visits. In addition, staff with a medical background were redeployed to the front line of the response, further delaying or preventing activities. For those staff who stayed in administration roles, movement restrictions prevented analogue activities, such as the writing, submission and approval of memos for budget release, from taking place. Stakeholders expressed that things had started to improve towards the end of 2020.



FACTORS AFFECTING BUDGET PERFORMANCE

Across the states, several factors have affected the allocation and release of funding to health and RMNCH services. In 2020, these factors were further aggravated by the COVID-19 pandemic. The factors that affected the release of budget allocations are highlighted below:

Decrease in government revenue:

Bauchi and Niger states both heavily rely on the statutory allocations from federal government as their primary source of revenue. The decline in income generation at the national level has severely affected the states' revenues, and thus the release of the state budgets.

“

In Bauchi state, we have no problems with appropriation and approval, but with the releases. This is not peculiar to Bauchi state but across the country. We have issues with revenue generation as the state government is heavily dependent on the federal government. So we may have approvals, but when we go to the treasury, we have issues [with releases] since we have a low revenue desk.

(Bauchi State Government respondent)

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Non-alignment of plans and priorities:

Activities in the health budget are not prioritised by policymakers because they do not align with government priorities, and results are less tangible than in other sectors (such as road building). This results in delays to the approval process for budget release.

“

Some of the budget and plans from the Ministries, Departments and Agencies do not align with the government priorities, and this is due to poor planning; some agencies don't give priority to planning.

”

(Lagos State Government respondent)

Impact of COVID-19 on administrative processes:

At the peak of the pandemic, movement restrictions prevented officials from attending their offices. The lack of digital processes meant that many could not continue their work, such as memo writing, to facilitate budget release.

“

Prior to COVID-19, people came to work in the office. But during the lockdown, people stopped coming or were deployed to COVID-19 centres. This affected the process of memo writing because it couldn't be done from home.

”

(Lagos State Government respondent)

Prioritisation of COVID-related spending:

Across the three states, the government resources were redirected towards COVID-related activities, such as building and management of COVID-19 isolation centres and the procurement of personal protective equipment (PPE) and testing consumables. This had a negative impact on the approval and release of funds for other activities.

“

As a result of COVID-19, most of the resources that were being allocated to various programmes were mopped up for COVID-19 activities to tackle COVID-19 and most of the programmes definitely suffered.

”

(Niger State Government respondent)

BUDGET ADVOCACY INTERVENTIONS BY SLAMS DURING COVID-19

In all three states, COVID-19 affected the advocacy activities conducted by the SLAMs. Activities were adapted in similar ways across the three states, with meetings moving to virtual platforms. All of the SLAMs were active in advocating for continued RMNCH service provision during the pandemic, including advocating for PPE and commodities to support RMNCH service provision. They also used various media outlets to communicate to the residents of their state in order to drive service utilisation.

The Bauchi State Accountability Mechanism (BaSAM) worked to ensure that a focus remained on RMNCH. It did this through advocating for improved budget release and by ensuring that budget allocations for RMNCH were included in the COVID-19 amended budget. BaSAM's review of the amended budget highlighted that there was no allocation for RMNCH – this was an error and the allocation was subsequently reinstated.



“ When the revised budget was made ... there was a complete omission of RMNCH in the budget, and this piqued the attention of both the Ministry of Health and the state primary health care development agency. It took BaSAM to review issues around COVID-19 and look at the budget and then realised that the line budget for RMNCH was completely omitted. The Permanent Secretary then was contacted to get information on why this was omitted ... [also] we contacted the state planning commission, and we then realised that the omission was a mistake in the course of the review. It was quickly returned to the budget ... It was BaSAM that noticed that omission and brought it back in and ensured that it was recaptured into the budget.

(BaSAM Coalition respondent)



Lagos State Accountability Mechanism (LaSAM) worked with key officers of the Ministry of Health, the Ministry of Economic Planning and Budgets, the State Treasury Office and the State House of Assembly to advocate for the allocation and release of RMNCH-related funding, both before and during the COVID-19 pandemic. Programme officers used the RMNCH scorecards produced by LaSAM to justify memo preparation and defend allocation and expenditure decisions.

“LaSAM is highly instrumental to the budget performance experience in family health and nutrition and maternal and child health.” (Lagos state government respondent)

During the pandemic, LaSAM continued advocacy activities that could be conducted virtually, in smaller groups or using social media. LaSAM worked with media and super-activists in the various communities to encourage residents to use services at the facilities that were open and to highlight that Lagos state government had made services in public facilities free for pregnant women. LaSAM also worked with the state government to coordinate the distribution of commodities during the pandemic.



We use the scorecards prepared by the LaSAM to prepare our memos, and they provide additional evidence that we use to convince the commissioner and other persons approving the memo about our need for the funds the budget.



(Lagos State Government respondent)

“LaSAM realised that a lot of attention was being channelled towards COVID while neglecting other conditions which affected the populace and which people were dying from. This led to more advocacy and awareness for attention to be geared towards RMNCH services and to remind people of their importance. Advocacy was also done to the State Treasury Office to reduce the waiting period for the release of funds for health programmes and activities that have been approved. (Lagos state government respondent)

The SLAM in Niger state worked with the state government to produce jingles targeted at improving uptake of RMNCH services during the pandemic and aired these in local languages. The SLAM also advocated for continued service and commodity availability, such as the availability of malaria chemoprophylaxis drugs and continuation of vaccination activities, to mitigate the reduction in service utilisation due to COVID-19.



KEY MESSAGES



The trends in budgetary allocation to the health sector and for RMNCH-related services varies across the three states studied. In Bauchi and Niger states, there was a decline in the budgetary allocation to the health sector and RMNCH-related services between 2019 and 2021, while in Lagos state, the health sector and RMNCH budgets increased over the same period.

In terms of budget releases, all the states have experienced challenges in the release of funds allocated to the health sector and RMNCH services, although the severity has varied across the states. This has been a result of limited availability of revenue. In Bauchi and Niger states, the majority of the budget released for RMNCH programmes has been from grants and donor funding, while there was little or no release from government sources. Although Lagos state also receives significant grants and donor funding, the state government has released a minimal amount of funding to RMNCH services.

In 2020, the challenges with budget approval and release were further aggravated by the COVID-19 pandemic. Across the three states, the revenue received by the state governments fell. In Bauchi and Niger, this reduction was linked to a decline in federal government allocations to the states, while in Lagos the reduction was more a result of a fall in internally generated revenue. Furthermore, resources were committed and redirected towards COVID-related activities. The COVID-19 lockdown further hindered budget release, due to administrative delays caused by the use of a paper-based system for budget release.

Throughout the pandemic, the SLAMs have continued to focus on resourcing for RMNCH activities. There is evidence that the SLAMs have successfully influenced budgetary allocation and releases, especially in Lagos and Bauchi states. The SLAMs also contributed to ensuring continuity of RMNCH services during the COVID-19 pandemic by advocating for resources to be channelled towards the provision of commodities for service provision and encouraging residents to take up services at the health facilities.

This study has highlighted that budgetary release remains a critical bottleneck for RMNCH activities in all three of these states. The study has not looked into whether the funding that was released was actually spent on RMNCH activities, nor the level of absorption of the institutions responsible for managing and delivering RMNCH services. There is a need to investigate the utilisation of funding further, in order to support health officials in making the case for improved allocation and release of RMNCH financing.





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August 2021