



Federal Ministry of Health

ROADMAP FOR SUSTAINABLE FINANCING OF FAMILY PLANNING COMMODITIES IN NIGERIA

Federal Ministry of Health,
Abuja, Nigeria
August 2021



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1 FOREWARD

The Federal Government of Nigeria (FGoN) recognizes Family Planning (FP) as an essential intervention for reducing maternal mortality and morbidity and empowering women and girls of reproductive age. Consequently, the FGoN has through the National FP blueprint, set out to achieve a modern contraceptive prevalence rate of 27% by 2024. The Nigerian Family Planning Blueprint is illustrative of the FGoN's determination to define a well-articulated strategy to holistically address gaps in sustainable provision of high-quality FP services to citizens of reproductive age.

Further growth of contraceptive use in Nigeria is limited by inadequate financing for contraceptive procurement. Since 2011 Nigeria has made ambitious commitments to scale up access to family planning (FP). These efforts have translated into greater access and uptake of FP services and commodities. Nigeria's modern contraceptive prevalence rate (mCPR) increased from 9.8% in 2013 to 12% in 2018 yet remains below the target of 27% by 2024.

FP service uptake to meet current demand is constrained by insufficient commodity availability due to inadequate financing for commodity procurement. The FP commodity financing gap has steadily risen from \$2.7M in 2013 to \$16.4M in 2021 and may continue to widen as funding commitments remain the same but needs and demand increase. Driving this funding gap is inadequate financing for FP commodity procurement, but our commitment to ensuring security of contraceptives is unwavering, hence the need to significantly accelerate efforts and financial commitments, to attain set targets and contribute to the national and global development agendas.

This roadmap document is designed to lay out short-, medium- and long- term strategies and actions that will ensure sustainable financing for FP commodities, by tackling the growing funding gap and reliance on external donors through mobilization of domestic funds and increased accountability, with a goal of including FP commodities in the minimum service package at national and subnational levels.

I encourage all stakeholders to work towards the successful implementation of strategic actions laid out in this roadmap document and envision that this will drive momentum towards supporting the rights of women and girls to decide freely, and for themselves, when and how many children they wish to have. With sustained effort and commitment, we can guarantee security of contraceptives and achieve our mCPR target for Nigeria.



Dr E Osagie Ehanire, MD, FWACS
Honorable Minister

August 2021

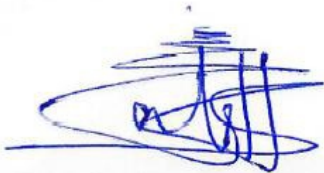
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We extend our special appreciation and commend the Clinton Health Access Initiative, funded by the Bill and Melinda Gates Foundation for the tremendous financial and technical support in the sustainable financing for FP commodities roadmap development process.

I am deeply appreciative of all efforts made by the various players involved in the development of this report, I want to reiterate that simply identifying strategies and actions for mobilizing domestic funding for procurement of FP commodities is not enough, there is need for continued cooperation, commitment, and support in the implementation of the actions presented in this report.

Finally, I commend the Director and Head, Reproductive Health Division, Dr. Kayode Afolabi and his team, for their doggedness and resilience to ensure the finalization of this document.



Dr Salma Ibrahim Anas, MBBS, MWACP, FMCPH
Director, Family Health Department

3 LIST OF CONTRIBUTORS

Dr Kayode Afolabi	Federal Ministry of Health (FMOH)
Mr Lawrence Anyanwu	Federal Ministry of Health (FMOH)
Tinuola Taylor	Federal Ministry of Health (FMOH)
Dr. Gabriel I. Otonga	Federal Ministry of Health (FMOH)
Remi Bajomo	Federal Ministry of Health (FMOH)
Ugochukwu Alex	Federal Ministry of Health (FMOH)
Temitope Bombata	Federal Ministry of Health (FMOH)
Elizabeth Oluyomi	Federal Ministry of Health (FMOH)
Kemi Stella Adebayo	Federal Ministry of Health (FMOH)
Zainab Muhd Garba	Federal Ministry of Health (FMOH)
Ayomide Adewoyin	Federal Ministry of Health (FMOH)
Garba Sadiq	Federal Ministry of Health (FMOH)
Popoola Bolanrinwa	Federal Ministry of Health (FMOH)
Justine Oba	Federal Ministry of Health (FMOH)
Opeyemi Atoyebi	Federal Ministry of Health (FMOH)
Oyedokun Aliu Ope	Federal Ministry of Health (FMOH)
Amina Hamza	Federal Ministry of Health (FMOH)
Esther Lamidi	Federal Ministry of Health (FMOH)
Iyabo Amosu	Federal Ministry of Health (FMOH)
Vivien Idogho	Federal Ministry of Finance, Budget, and National Planning
Chinyere Nduaka	National Health Insurance Scheme
Margaret Edison	National Population Council
Dr Phyllis Ogo Ogah	National Primary Healthcare Development Agency
Ahmed Umar Bajoga	Office of the Accountant General of the Federation
Nafisa Musa Isa	Kaduna State Primary Healthcare Board (KSPHCB)
Dr Victoria Omoera	Lagos State Ministry of Health (LSMOH)
Representatives	State Ministries of Health – Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross Rivers, Ebonyi, Edo, Ekiti, FCT, Gombe, Kaduna, Kano, Kogi, Kwara, Lagos, Osun, Rivers, Sokoto, Taraba, Yobe
Dr Gertrude Odezugo	United State Agency for International Development (USAID)
Mary Ntochukwu Ndu	United State Agency for International Development (USAID)
Dr Joachim Chijide	United Nations Population Fund (UNFPA)
Amaka Anene	United Nations Population Fund (UNFPA)
Dr. Ojo Olumuyiwa Adesanya	World Health Organization (WHO)
Zainab Saidu	Clinton Health Access Initiative (CHAI)
Amina Ja'afar	Clinton Health Access Initiative (CHAI)
Lekia Nwidae	Clinton Health Access Initiative (CHAI)

Peace Oruma	Clinton Health Access Initiative (CHAI)
Adedeji Adesanya	Clinton Health Access Initiative (CHAI)
Ogochukwu Anyanwu	Clinton Health Access Initiative (CHAI)
Asmau Abiola	Clinton Health Access Initiative (CHAI)
Ekenem Isichei	ACIOE
Dr Nkasiobim Nebo	DKT International
Dr Helen Anyasi	FHI360
Dr Mariyah Saleh	Global Health Supply Chain Program-Procurement and Supply Management
Atoyese Dehinbo	Global Health Supply Chain Program-Procurement and Supply Management
Dr. Mojisola Odeku	Johns Hopkins Centre for Communications Programs (JHCCP)
Dr Adewole Adefalu	John Snow International (JSI)
Dr Kingsley Odogwu	Marie Stopes International organization Nigeria (MSION)
Dr. Amina Dorayi	Pathfinder International
Dr Okai Haruna	Planned Parenthood Foundation of Nigeria
Dr. Eze Nwokoma	Society for Family Health (SFH)

4 LIST OF ABBREVIATIONS

BHCPF	Basic Healthcare Provision Fund
BMPHS	Basic Minimum Package of Health Services
CIDA	Canadian International Development Agency
CCW	Central Contraceptives Warehouse
CPR	Contraceptive Prevalence Rate
DMO	Debt Management Office
DMPA-SC	Depo-Medroxyprogesterone Acetate Sub-Cutaneous
EML	Essential Medicines List
FBOs	Faith Based Organizations
FCDO	Foreign Commonwealth Development Office
FCT	Federal Capital Territory
FG	Federal Government
FGoN	Federal Government of Nigeria
FG-SG-UNFPA	Federal Government-State Government- United Nations Population Fund
FHD	Family Health Department
FMoH	Federal Ministry of Health
FP	Family Panning
GDP	Gross Domestic Product
GoN	Government of Nigeria
JFF	Joint Financing Framework
KPIs	Key Performance Indicators
LGAs	Local Government Areas
LHD	Long Haul Distribution
LMD	Last Mile Distribution
LMIS	Logistics Management Information System
mCPR	Modern Contraceptive Prevalence Rate
MDGs	Millennium Development Goals
MOU	Memorandum of Understanding
MSP	Minimum Services Package
NBS	National Bureau of Statistics
NDHS	National Demographic and Health Survey
NHAct	National Health Act
NHIS	National Health Insurance Scheme
NHLMIS	National Health Logistics Management Information System
NPHCDA	National Primary Healthcare Development Agency
NRHTWG	National Reproductive Health Technical Working Group
OAGF	Office of the Accountant General of the Federation

OOPE	Out of Pocket Expenditure
PHCs	Primary Health Centers
RMNCAH+N	Reproductive, Maternal, New-born, Child and Adolescent and Health plus Nutrition
SDGs	Sustainable Development Goals
SMOF	State Ministry of Finance
SMOH	State Ministry of Health
SPHCDA	State Primary Healthcare Development Agency
SRMH	Sexual Reproductive and Maternal Health
SHIS	State Health Insurance Scheme
THE	Total Health Expenditure
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WRA	Women of Reproductive Age

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6 EXECUTIVE SUMMARY

Nigeria's high population growth rate without corresponding economic growth contributes to poor health and social indices, thus necessitates Family Planning (FP) interventions, to boost human capital development. Family Planning (FP) is recognized as central to improving the population outlook, Nigeria's health indices, girls' education & empowerment, and ultimately boosting human capital development and economic growth in the country.

The Federal Government of Nigeria (FGoN) has since 2011, demonstrated its ambitious commitments to scale up access to family planning, notably through the signing of an MoU with the UNFPA, FCDO and CIDA on a basket fund for FP procurement, introducing free FP commodities at public health facilities and increasing commitments to FP commodity procurement from \$3 million to \$4 million. These efforts have indeed translated to greater access and uptake of FP services and commodities, as Nigeria's modern contraceptive prevalence rate (mCPR) increased from 9.8% in 2013 to 12% in 2018. Opportunities exist to gain significant momentum towards achievement of the mCPR target of 27% by 2024.

FP service uptake to meet current demand is constrained by insufficient commodity availability due to inadequate financing for commodity procurement. The contributory factors to FP commodity financing challenges in the country include inadequate domestic funding for FP, untimely releases of budgeted funds for FP and overreliance on donors for FP commodity funding. The FMOH has set a precedent at the national level in the creation of a budget line item for FP programmes and using those funds to purchase FP commodities for all health facilities across the nation. This is translating commitment into action that has provided an example for states to follow, with a representative sample of state governments' pioneering allocation of funds for FP commodity procurement.

The national FP blueprint (2020-2024) lays out three financing strategies targeted at addressing funding gaps, reducing reliance on donors for FP funding and mobilizing additional domestic resources for FP financing. The roadmap builds on these financing strategies, by outlining critical actions from a multisectoral representation of stakeholders across the public and private sector, for the short-, medium and long- term. The roadmap also lays out actions to build momentum around implementation of the financing strategies, strengthen accountability amongst policy makers and funders and ensure sustained financing for FP commodities in the country. The document presents a proposed, joint contributory template for funding FP commodities by national and state governments to standardize, document and institutionalize the process of expanding domestic financing of FP commodities in Nigeria to the subnational level.

The successful implementation of strategies laid out in this roadmap will ensure funding at all Levels of government, timely and sufficient disbursement of funds, an effective and efficient distribution system, and Inclusion of FP commodities in the Basic Minimum Package of Health Services (BMPHS).

7 ORIENTATION AND CONTEXT

7.1 Introduction

7.1.1 Demographic Profile

Nigeria is the most populous country in Africa and the seventh most populous in the world with an estimated population of over 180 million¹, of which about 46 million women are of reproductive age². The country boasts a predominantly youthful and rapidly growing population with annual population growth at 3.2%³, a median age of 18.1⁴ years and an average fertility rate per woman at 5.3⁵. Sustaining these rates will likely increase the country's population to almost 400 million by 2050⁶, making it the fourth most populous country in the world. Fertility and mortality patterns have resulted in a young population structure, where >40% of the current population are children under the age of 15 years⁷. Nigeria has one of the highest maternal and neonatal mortality rates in the world with over 40,000 maternal deaths occurring yearly⁸. The lifetime risk of dying in pregnancy and childbirth of 1 in every 22⁹ women is higher than in African and global counterparts.

7.1.2 Economic Profile

Nigeria is the largest economy by gross domestic product (GDP) and the biggest oil exporter with the largest natural gas reserves in Africa. Although the government is primarily reliant on oil and gas for its revenue, the Nigerian economy is diversified, with manufacturing, banking and insurance, retail and agriculture as other major sectors. Despite Nigeria's level of economic development, the country has not recorded a commensurate rapid progress in saving the lives of women and newborns from preventable deaths during pregnancy and delivery. Nigeria's GDP growth was 2.2% in 2019 and -1.92% in 2020¹⁰, owing to the covid-19 pandemic and its resultant effects on the economy. The population growth within the same period was 2.6% and 2.8% respectively.

7.1.3 Family Planning Interventions

The high rate of population growth without commensurate economic growth, as well as health and social implications such as high maternal and child mortality rates, necessitates Family planning (FP) interventions, to boost human capital development. Family Planning has been identified as central to improving the population outlook, health indices, girl education & empowerment, and ultimately boosting human capital development and economic growth in the country¹¹. Family planning is also an essential element of preventive health care due to its efficacy in preventing pregnancy-related health risks, reducing infant mortality, empowering women, and girls, reducing adolescent pregnancies, reducing unintended pregnancies, and associated induced abortions and the slowing of population growth. In addition to the health-related benefits of FP, it is also a means of achieving demographic dividend, with

¹ Demographic Dividend: Investing in Human Capital http://www.demographicdividend.org/country_highlights/nigeria/

² Demographic Dividend: Investing in Human Capital http://www.demographicdividend.org/country_highlights/nigeria/

³ National Demographic and Health Survey, 2018

⁴ National Demographic and Health Survey, 2018

⁵ National Demographic and Health Survey, 2018

⁶ Demographic Dividend: Investing in Human Capital http://www.demographicdividend.org/country_highlights/nigeria/

⁷ Demographic Dividend: Investing in Human Capital http://www.demographicdividend.org/country_highlights/nigeria/

⁸ Prime Azure. April 2018. Situation analysis of maternal and newborn mortality in selected high burden states in Nigeria.

⁹ Prime Azure. April 2018. Situation analysis of maternal and newborn mortality in selected high burden states in Nigeria.

¹⁰ National Bureau of Statistics

¹¹ UNFPA. Family Planning. Available at <https://www.unfpa.org/family-planning> [Accessed 10 March 2021].

the consequent reduction in the burden of poverty; improving standard of living and education for wards; ensuring maternal adjustment between couples; boosting economic growth; and contributing to the well-being of families and societies. In Nigeria, several national and subnational government development plans aspire towards the Sustainable Development Goals, and FP can be instrumental in attaining these goals, particularly goals relating to (i) reducing poverty (ii) addressing inequalities (iii) promoting gender equity and (iv) ensuring good health and well-being- through reduction in maternal mortality and ensuring universal access to reproductive care and family planning services.

7.2 The Current Family Planning Financing Landscape

7.2.1 Overview of Family Planning Commitments

Nigeria has since 2011, made ambitious commitments to scale up access to family planning (FP) by signing an MoU with the UNFPA, FCDO and CIDA on a basket fund for FP procurement, introducing free FP commodities at public health facilities and committing \$3 million (increased to \$4million in 2018) yearly for contraceptives procurement. Following the 2012 FP Summit held in London, Nigeria committed to achieving a contraceptive prevalence rate of 36% by 2018 and pledged an additional USD \$8.35 million annually over the next four years for contraceptives. These efforts have translated into greater access and uptake of FP services and commodities. Nigeria's modern contraceptive prevalence rate (mCPR) increased from 9.8% in 2013 to 12% in 2018 yet remains far below the revised target of 27% by 2024. However, service uptake to meet current demand is constrained by insufficient commodity availability due to inadequate financing for commodity procurement.

The FP commodity financing gap has steadily risen from \$2M in 2013 to \$12M in 2021¹² and continues to widen as funding commitments remain the same but needs and demand increase. Available funding for FP is further threatened as donors, who have typically borne the largest share of contraceptive procurement, drive towards country self-sufficiency. This puts at risk the gains that Nigeria has made in the National Family Planning Program. Designing a commodity Financing Plan is an important step towards sustainable financing for FP commodity procurement. The 2020-2024 Costed Implementation Plan for Family Planning highlights three strategies for FP financing, which the sustainable financing roadmap for FP commodities follows.

7.2.2 Mapping of States with dedicated budget line items for FP Commodity Procurement

Most states do not have any funds dedicated to FP or a budget line for procurement of additional FP commodities or for extensive FP programming, training, awareness creation, supervision, or last mile distribution (LMD). The FMOH has set a precedent at the central level in the creation of a budget line item for FP programmes and using those funds to purchase FP commodities for all health facilities across the nation. This is translating commitment into action that has provided an example for states to follow. Lagos, Delta, Kaduna, Kano and Borno are some examples of states with budget line items for FP.

¹² Nigeria Contraceptive Procurement Plans (2013 – 2021). UNFPA

7.2.3 Limitations in Family Planning Commodity Financing

A landscape analysis revealed contributory factors to FP commodity financing challenges across four key areas: (i) national and state budgeting (ii) domestic government funding (iii) external donor funding and (iv) private sector funding.

- **Low FP prioritization:** the landscape analysis revealed that FP commodity procurement for the public sector is solely funded by the FG however, the FG cannot meet all procurement needs for the states due to limited funds and competing national priorities. In addition, the Basic Healthcare Provision Fund (BHCPF) does not include the procurement of FP commodities.
- **Gaps in budgeting system:** gaps exist in the budgeting process, resulting in a consistently limited budget envelop for FP commodities. Budget cuts and revisions occur at the house assembly committee level, who most times are not adequately informed on importance and significance of FP. Budget cap/ceiling is set by the budget office which limits how much is available in the overall health budget, consequently limiting how much is available for FP.
- **Donor dependence:** Donors' contributions accounted for more than 70% of funds used for procurement of FP commodities¹³. Contraceptive financing is heavily donor dependent and threatened by recent donor moves towards countries being self-sufficient.
- **Lack of state level funding:** There is no funding for commodities across all states and weaknesses exist in the last mile distribution system. The State Health Insurance Schemes (SHISs) benefit packages also do not include FP commodities.
- **Domestic private /philanthropic sector involvement:** Local donors and philanthropic organizations are not active within the Nigerian family planning financing space.

7.2.4 Ideal FP Commodity Financing System

Following from the FP commodity financing landscape analysis, the proposed ideal FP commodity financing system comprise the following:

- ✓ **Funding at all Levels of government:** federal, state, and local government level involvement in FP commodity financing to ensure sufficient funding and availability of FP commodities.
- ✓ **Timely and sufficient disbursement of funds:** timely disbursement to ensure the procurement of FP commodities and avoid stock outs.
- ✓ **Inclusion in Basic Minimum Package:** inclusion of family planning commodities in the basic minimum package to ensure improved access.
- ✓ **Effective and efficient distribution system:** sufficient funding for last mile distribution process to ensure the efficient supply of FP commodities to all areas and meet demand.

7.3 Policy Environment

Sustaining family planning commodity financing requires domestic government commitment to and prioritization of FP in health, human capital, and socio-economic development plans. The current policy landscape for FP shows widespread commitment by government and donors, and through the Federal Ministry of Health, several commitments, policies, and strategies are in place, to enable family planning interventions in the country. The federal government prioritizes family planning as part of its broader

¹³ Nigeria Contraceptive Procurement Plans (2013 –2019). UNFPA data

strategy for reducing maternal morbidity and mortality rates in the country. Within the broader national policy landscape, family planning has been central in development of population and development policies in Nigeria, as reflected in the revised national population policy (2018), which has informed additional FGoN's investments in FP and other relevant sectors of the economy, to accelerate economic growth and achieve demographic dividends. To buttress these efforts, there is a need to further establish health outcomes, and indeed family planning outcomes as essential components of the social, economic, and human capital development agendas, as family planning is central to achieving several sustainable development goals (SDGs) targets, improving population outlook, boosting economic growth, facilitating human capital development and a proven, cost-effective policy for governments. For each dollar spent on family planning, the cost of maternal and newborn health care is potentially reduced by \$2.20¹⁴ and cost savings of \$2.77 can be realized across all MDG sectors, including education, WASH, Immunization, Malaria, Maternal Health¹⁵.

Family Planning is also prioritized within broader health and reproductive health strategies and policies in the country. The second national strategic health development plan (NSHDP II) is designed to ensure that the Nigerian populace have universal access to comprehensive, appropriate, affordable, efficient, equitable and quality essential health care through a strengthened health care system¹⁶. The NSHDP II lists increasing contraceptive prevalence rate, reducing unmet need for FP and reducing maternal and child mortality ratios as core indicators to track increased utilization of essential package of health services, highlighting the instrumental role of family planning in attaining progress on the NSDHP II's fourth (4th) priority area (i.e., Reproductive, Maternal, New-born, Child and Adolescent and Health plus Nutrition (RMNCAH+N)). The National guideline on Self Care for Sexual Reproductive and Maternal Health (SRMH) 2020 outlines providing high-quality services for family planning, including infertility services as one of the self-care interventions prioritized for SRMH in Nigeria. The national reproductive health policy also specifies reducing rates of unwanted pregnancies and unsafe abortions and increasing access to and uptake of modern family planning methods as part of its core objectives.

The FMoH has made significant strides in creating an enabling policy environment for FP through development of several FP specific policies, guidelines, and protocols, including:

- Nigeria Family Planning Blueprint (revised 2020-2024 version): which presents the Federal Government's well-articulated strategy to holistically address gaps in the provision of high-quality FP services to Nigerians of reproductive age.
- The National Task Sharing and Shifting Policy 2014
- The Nigerian National Family Planning Dashboard 2013-2020
- National long acting and reversible contraceptives (LARC) strategy and implementation plan (2013-2015)
- National Family Planning Communication Plan 2017

¹⁴ Guttmacher Institute. *Adding it up: investing in contraception and maternal and newborn health, 2017*. New York: Guttmacher Institute; 2017. <https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraceptionmnh-2017.pdf>

¹⁵ FP2020. Family planning's return on investment: what do all the numbers mean?

¹⁶ Federal Government of Nigeria. *National Strategic Health Development Plan II 2018-2022*

- National Hormonal IUS Strategic Introduction and Scale-Up Plan
- National guidelines for state funded procurement of FP commodities
- National Private Sector Health Sector Engagement Strategy for Family Planning Services
- Increasing Access to Long-Acting Reversible Contraceptives in Nigeria
- National Strategy and Implementation Plan 2013 – 2015
- National Family Planning/ Reproductive Health Service Protocols 2010
- Nigeria’s Implanon NXT Transition Strategy 2015
- Nigeria Postpartum Family Planning (PPFP) Strategic and Implementation Plan 2020-2023
- The Green Dot Brand Guideline 2019
- National DMPA-SC Accelerated Introduction and Scale up Plan 2018– 2022.
- National Guideline on Self-Care for Sexual Reproductive and Maternal health

8 THE POLITICAL ECONOMY OF FAMILY PLANNING FINANCING

8.1 Gender and Women’s Empowerment

Funding for contraceptives commodity procurement is directly linked to issues of gender equity and women’s empowerment. In Nigeria, women disproportionately bear the burden of a range of poor outcomes that affect their health and well-being. Over 500 women die per 100,000 live births¹⁷. An estimated 60% of individuals living in extreme poverty in Nigeria are women¹⁸. 43% of women and girls were married before their 18th birthday and 60% of out-of-school children in Nigeria are girls¹⁹.

The conceptual framework for reproductive empowerment holds that in the context of family planning individuals should be able to express their childbearing desires to their partners, providers, and others; meaningfully participate in communication and decision-making with partners, with providers, and within their communities; and shape desired outcomes related to the use of contraception. Empowerment of this nature would represent to women and girls increased agency and ability to make strategic life choices in a way not previously available²⁰. Closely linked to this is gender equality which asserts that all individuals regardless of gender should be treated to ensure equal opportunities and outcomes, an equality that the international community recognizes as essential to achieve sustainable development. Beyond health benefits gained by empowering individuals and couples to freely choose their family size, family planning and sexual and reproductive health and rights offer significant non-medical benefits such as higher levels of social and political participation which are not limited to the individual level. Utilization of contraceptives is linked to improved economic outcomes by contributing to economic growth at the family, community, and national levels, and to improved opportunities for women’s education, employment and full participation in society²¹. Access to a wide range of contraceptive options and commodities at the point of service delivery is a prerequisite for Nigeria’s advancement towards empowering women and achieving gender equity.

¹⁷ National Demographic and Health Survey 2018

¹⁸ Onwuka, Anthony, and Isiwu 2019;

¹⁹ National Demographic and Health Survey 2018

²⁰ Conceptual Framework for Reproductive Health

²¹ Sources: <https://www.usaid.gov/what-we-do/global-health/family-planning#dataSources>

8.2 Health Financing and Universal Health Coverage

In Nigeria, Out of Pocket Expenditure on health accounts for >70% of total health expenditure²², significantly higher than the WHO recommended threshold of <30%, to achieve Universal Health Coverage (UHC). The Nigerian Government has made efforts to address gaps in health financing through the national health insurance scheme (NHIS), operationalization of the National Health Act by implementation of the BHCPF, institutionalization of state supported health insurance schemes (SSHIS) by several State Governments, amongst others, however, these interventions are accompanied by operational challenges, limiting their effectiveness in addressing health financing challenges in the country. The Federal Government expenditure on health as a percentage of its budget between 2019 and 2020 was approximately 4%²³, significantly lower than the Abuja declaration target of 15%. This is exacerbated by limited fiscal space, as Nigeria's general government revenue as a percentage of GDP is significantly lower than the rest of Sub-Saharan Africa and other growing economies.²⁴ While considerable investments have been made in Nigeria to improve health care outcomes with progress being made in some respects, many health outcome indicators and coverage of basic health services show underperformance and flatlining in both absolute and relative terms over the past decade.

The key driver of these poor indicators is primarily the underperformance of PHC systems in delivering quality health services. To tackle this underperformance, the government of Nigeria is committed to the goal of Universal Health Coverage (UHC) and in achieving the third Sustainable Development Goal (SDG). While the government faces several challenges towards achieving UHC, it has taken bold steps to revitalize the PHC system through a series of interventions and policy directives and has demonstrated political will to begin to operationalize these. The National Health Act (NHAct), 2014 sets the framework for health care service delivery and organization in Nigeria and most interventions are derived from this Act. The PHC Revitalization program aims to revitalize 10,000 PHCs across the country and the 'Primary Health Care Under One Roof Initiative' (PHCUOR) aims to consolidate the responsibility for PHC delivery under the State Ministries of Health and State Primary Health Care Management Boards. The operationalization of the Minimum Service Package also aims to ensure the delivery of standardized quality services at the Primary Health Care level and is also one of the pillars of the PHCUOR.

The NHAct makes provision for the Basic Health Care Provision Fund (BHCPF) funded by not less than 1% of the Consolidated Revenue Fund (CRF). In 2018, this amounted to ₦55.9B, ₦51.22B in 2019 and ₦26.46B in 2020²⁵.

The fund has a clear revenue sharing formula whereby 50% will provide a basic service package in PHCs through the National Health Insurance Scheme (NHIS); 45% disbursed by the National Primary

²² National Health Accounts 2010-2016

²³ 2019 Appropriation Bill; Appropriation (Repeal and Enactment) ACT, 2020. Federal Government of Nigeria

²⁴ World Bank Nigeria Health Financing Systems Assessment (2018)

²⁵ Annual Approved Budgets 2018-2021, Budget Office of the Federation

Health Care Development Agency (NPHCDA) - 20% for essential drugs, 15% for maintaining PHC facilities, equipment, and transportation, 10% to strengthen HRH development and 5% for the FMOH for medical emergencies. A pre-requisite to access the fund is that State health insurance schemes are functional however, there is limited capacity in states for SSHIS such that only few states have established schemes. These are drawn from the NSHDP II (2018-2022) which is a framework that serves as the overarching reference for the development of the health sector medium term sector strategies.

Surely, challenges persist in the execution of these policies. While the BHCPF provides much needed relieve, in the initial years it will only be able to reach ~8m Nigerians. Additionally, the annual variability of the fund, the significant demand-side financing gaps that are expected to persist due to the relatively low coverage of the fund, delays in operationalization of fund caused by limited financial and managerial capacity at the facility level and the basic package of services especially for family planning commodities.

Furthermore, against a background of unsustainable and plateauing donor funding, the government of Nigeria will have to look at more sustainable and efficient mechanisms to fund and finance pro-poor quality health services and will have to overcome myriad challenges such as the low base for revenue mobilization, dwindling budgetary allocations to health in Nigeria (3.9% of government expenditure in 2018 as opposed to the 15% recommended by Abuja Declaration), limited public funding for health (US\$32 per capita) and as a percentage of general government expenditure (4%), with limited fiscal space for expansion and low coverage of prepaid financing mechanisms (only 5% are covered by the National Insurance Scheme). While most state governments have a free MNCH policy, these are not fully costed nor funded leading to rationing and introduction of user fees for these presumably free MNCH services in public facilities. Taken together, these result in high out-of-pocket health expenditures (OOPE), estimated to be 70% of Total Health Expenditure (THE) and the highest in Sub Saharan Africa.

These barriers need to be overcome to make meaningful inroads towards achieving UHC. It is evident, and the government is fully cognizant of the fact that they will require additional support in the execution of these aspirational policies and in translating them to reality. For instance, the FMOH has indicated that they would require additional support to effectively implement the BHCPF both at the national level and more specifically, in the states, where capacity is even lower. Some of these areas include support with operational guidelines and costing, M&E and accountability frameworks and management frameworks. However, although there is political will to operationalize the requisite systems, predictable and sustainable financing remains a bottleneck that will need to be addressed in complement to these activities to achieve any meaningful impact.

8.3 Theory of Change

The FP commodity financing gap has steadily risen from \$2M in 2013 to \$12M in 2021 and continues to widen as funding commitments remain the same but needs and demand continue to increase. Driving this funding gap is weak financing for FP commodity procurement. The financial gap is impacting the availability of commodities at all levels of the health system in Nigeria. Insufficient funds allocated to family planning is leading to lack of family planning methods and high reliance on external funding for procurement of commodities. To achieve increased access and uptake of family planning, identified financing issues for procurement of commodities need to be addressed. The interventions identified by partners following the review of the fiscal space analysis are to increase family planning financing by honouring the previous commitment and continue to commit additional funding, mobilize resources from new avenues such as from state governments and/or the private sector and to improve accountability and tracking of funds committed to family planning. The intervention would have the direct outcome to reduced donor dependency and increase domestic resources for family planning. This would promote increased funding for the procurement of family planning commodities sustainably. As a result, commodity availability will increase at various level of the health system. **Error! Reference source not found.** below presents the theory of change of the suggested financial interventions.

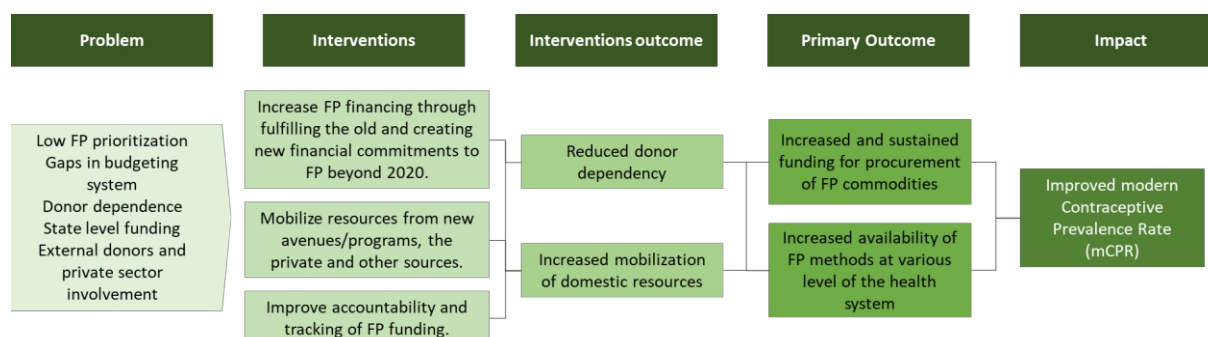


Figure 1 Theory of Change

9 ROADMAP GOALS AND OBJECTIVES

9.1 Goals

To ensure sustainable financing for FP commodities by tackling the growing funding gap and reliance on external donors through mobilization of domestic funds and increased accountability. The roadmap is designed with a goal of including FP commodities in the minimum service package at national and subnational levels.

9.2 Objectives

The roadmap is intended to lay out specific interventions and actions that will strengthen financing mechanisms for FP commodities. The objectives of the roadmap include:

- Identify short-, medium- and long-term activities necessary to realize FP financing strategies.
- Design activities to build and sustain intersectoral commitment to FP commodity procurement across national and subnational levels of government.
- Provide justification and specification of mechanisms for realization of FP financing strategies.

- Propose an accountability framework for monitoring and tracking progress for implementation and full transition.

9.3 Structure

The roadmap builds on the three financing strategies laid out in the Nigerian Family Planning Blueprint 2020-2024²⁶, by outlining critical actions from stakeholders within and outside the health sector and across the public and private sector, for the short-, medium-, and long- term.

In addition, the roadmap lays out actions to build momentum around the implementation of the financing strategies, strengthen accountability amongst policy makers and funders and ensure sustained financing for FP commodities in the country.

The priorities identified are thus captured in a comprehensive accountability framework to guide implementation of the roadmap.

10 THE ROADMAP

The Government of Nigeria (GoN) is committed to ensuring sustainable financing for FP commodities by tackling the perpetual funding gap and minimizing dependency on donors to fund the bulk of FP commodity procurement. These commitments include mobilization of additional domestic funds and improved accountability. The government's commitment is reflected in its pledges to the FP2030 agenda. Emerging interests by state governments in FP commodity procurement and expansion of the fiscal space for health through implementation of the national health act, provide opportunities to increase domestic funding for FP and reveals the need for renewed vigor in ensuring accountability and responsibility in FP commodity expenditure. The national FP blueprint 2020-2024 highlights three strategic outcomes for FP financing, which are presented as the basis of the roadmap for sustainably financing FP commodities.

10.1 Financing Strategy 1: Increase FP financing through fulfilling the old and creating new financial commitments to FP beyond 2020.

The national RH TWG through its advocacy sub-committee will facilitate coordinated efforts to engage the national assembly, the executive government, through the Office of the Vice President and other relevant MDAs to ensure the government has re-committed to providing additional resources into the basket funds for FP commodities²⁷.

²⁶ Nigeria Family Planning Blueprint 2020-2024

²⁷ Nigeria Family Planning Blueprint 2020-2024

Table 1 Accountability Framework- Increase FP financing through fulfilling the old and creating new financial commitments to FP beyond 2020.

Actions		Identified Stakeholders	Milestones
Short-term (0-3 years)	Reprioritization to adopt 1% of the health budget for FP commodity procurement.	Federal Ministry of Health, State Ministries of Health, State Governors (through the Nigeria Governors' Forum), Senate Committee on Health, House Committee on Health (national and sub-national), Local Government Secretariat	<ul style="list-style-type: none"> Adoption of 1% of health budget for FP commodities by all three tiers of government
	Payment of FG FP basket fund commitment in the currency of commitment (i.e., USD \$) to minimize funding gaps occurring due to fluctuations in exchange rate.	Federal Ministry of Health Federal Ministry of Finance Office of the Accountant General of the Federation (OAGF)	<ul style="list-style-type: none"> Payment of FP basket fund commitment of \$4m in USD \$
	Sensitization and advocacy to Private Sector in FP financing leveraging the FMOH's national private sector engagement strategy.	Federal Ministry of Health	<ul style="list-style-type: none"> Private sector contribution to FP financing either through philanthropy, blended financing, social marketing, or logistics management
	Subsequent adoption and domestication of the national private sector engagement strategy, to ensure States can engage private sector participation in FP financing	State Ministries of Health	<ul style="list-style-type: none"> Private sector contribution to FP financing either through philanthropy, blended financing, social marketing, or logistics management
	Streamlining public and private sector reproductive health data to guide accurate quantification and forecasting of FP requirements and reduce inefficiencies in budgeting process.	Federal Ministry of Health, State Ministries of Health Partners	<ul style="list-style-type: none"> ≥80% accuracy in FP commodity forecasting
	Leverage Faith Based Organizations (FBOs) for capacity building in advocacy and quantification for FP commodities	Federal Ministry of Health, State Ministries of Health FBOs	<ul style="list-style-type: none"> Advocacy efforts translated to increased funding for FP commodities

	Leverage ongoing FP programme support from UNFPA, FCDO, USAID to fund FP commodity procurement.	Federal Ministry of Health, Donors	<ul style="list-style-type: none"> FP commodity procurement estimated funding requirements adequately met.
Medium-term (3-5 years)	Creation of budget line for FP by States	State Ministries of Health (SMoHs), State Ministries of Finance (SMoF), State Ministries of Budget and Planning Ministries	<ul style="list-style-type: none"> FP commodity procurement line item included in State government budgets. Funds disbursed for FP commodity procurement by States
	Diversification of financing sources for FP commodities e.g., introduction of earmarked taxes for FP and inclusion of FP commodities in prepayment schemes such as the State Supported Health Insurance Schemes (SSHIS).	Federal Ministry of Health, State Ministries of Health (SMoHs), National Health Insurance Scheme, State Supported Health Insurance Scheme (SSHIS), Private Sector HMOs and Insurers Federal and State Inland Revenue Services	<ul style="list-style-type: none"> Domestic funding sources for FP commodity procurement and distribution diversified
	Inclusion of FP commodities in the National and State Health Insurance Schemes' (NHIS) minimum benefit package following conduct of an actuarial study to understand the impact of inclusion of commodities on premiums.	National Health Insurance Scheme, State Supported Health Insurance Scheme (SSHIS)	<ul style="list-style-type: none"> FP commodities included in MSP of government prepayment schemes (NHIS, SSHIS)
	Development and implementation of State level MOUs for procurement using a tripartite MOU between FG, SG and UNFPA.	Federal Ministry of Health, State Ministries of Health (SMoHs), UNFPA	<ul style="list-style-type: none"> Established and adopted tripartite procurement MOUs
	Pursue and secure commitments from foundations and philanthropic organizations for FP in areas of capacity building, consumables supply, especially in their communities.	Federal Ministry of Health State Ministries of Health	<ul style="list-style-type: none"> Private sector contributions to FP products and services
	Identification of and engagement with potential local manufacturers of FP commodities	Federal & State Ministries of Health Federal & State Ministries of Trade and Industry	<ul style="list-style-type: none"> Procurement of locally manufactured FP commodities Cost savings on FP commodity procurement
	Explore catalytic funding from donor organizations and private sector	Donors	<ul style="list-style-type: none"> Catalytic funding for FP commodities

Long-term (5-10 years)	Inclusion of FP commodities in the National and State Health Insurance Schemes.	National Health Insurance Scheme, State Supported Health Insurance Scheme	<ul style="list-style-type: none"> FP commodities included in MSP of government prepayment schemes (NHIS, SSHIS)
	Development and implementation of State level MOUs for procurement using a tripartite MOU between FG, SG and UNFPA.	Federal Government, State Government(s), UNFPA	<ul style="list-style-type: none"> Established and adopted tripartite procurement MOUs
	FG counterpart contribution to the FP basket fund to be increased substantially beyond the current \$4million to align with demand increment.	Federal Ministry of Health, Federal Government	<ul style="list-style-type: none"> ≥USD\$10million or 1% of health budget allocated to FP commodity procurement
	Local production of contraceptives – which can potentially reduce costs of commodities (need to secure government incentives to potential manufacturers of contraceptives-duties, tax holidays, local manufacturers)	Federal Government, Federal Ministry of Health	<ul style="list-style-type: none"> Procurement of locally manufactured FP commodities Cost savings on FP commodity procurement
	Key into post FP2020 agenda and maximize available benefits of the FP 2030 partnership agenda.	Federal Ministry of Health	<ul style="list-style-type: none"> FP2030 commitment/ pledge

10.2 Financing Strategy 2: Mobilize resources from new avenues/programs, the private and other sources.

Concerted efforts will be exerted to identify and engage new sources for FP funding at all the levels of governance. With government implementation of policies that widen the fiscal space including the National Health Act and National Financial Intelligence Unit (NFIU), more money will be generated to fund FP at all levels of government (States, LGAs and Facilities).

Table 2 Accountability Framework- Mobilize resources from new avenues/programs, the private and other sources.

Actions		Identified Stakeholders	Milestones
Short-term (0-3 years)	Finalization of guidelines for state government procurement of FP commodities to guide effective last mile delivery and sustainable budgeting processes	Federal Ministry of Health State Ministry of Health UNFPA	<ul style="list-style-type: none"> Established guidelines for state procurement of FP commodities
	Secure commitment from States to procure FP commodities at sub-national level	Federal Ministry of Health, Nigeria, State Ministry of Health, Nigeria Governors' Forum, Senate Committee on Health, House Committee on Health, State Ministry of Budget and Planning, State Ministry of finance, State House of Assembly.	<ul style="list-style-type: none"> Request and approval to procure commodity.
	Secure approval to procure FP commodities at state level	Federal Ministry of Health, State Ministries of Health	<ul style="list-style-type: none"> Request and approval to procure commodity.
	Adoption of FP commodity state procurement guidelines for FP commodities by State governments	State Ministries of Health, Partners	<ul style="list-style-type: none"> Adoption of national policy of state funded procurement of contraceptives.
	Sustained high level advocacy visits to private sector to get support and buy in for procurement of FP commodities.	Federal Ministry of Health, State Ministries of Health,	<ul style="list-style-type: none"> Private Sector Commitments to FP commodity through direct or indirect financing.
	Advocate to states for inclusion of FP commodities procurement into the BHCPF that accrue to them.	State Health Insurance Schemes, Partners	<ul style="list-style-type: none"> FP commodities included in MSP and/or essential medicines list
	Engage telecommunication organizations for dissemination of FP related messaging as part of their Corporate Social Responsibility	Federal Ministry of Health Federal Ministry of Information and Culture Mobile network operators	

Medium-term (3-5 years)	Engage local governments on funding FP procurement leveraging new Nigeria Financial Intelligence Unit (NFIU) guidelines	State Governments	<ul style="list-style-type: none"> Local government budget line item and funding for FP commodities
	Decentralization of FP commodity procurement to states	Federal Ministry of Health State Ministries of Health	<ul style="list-style-type: none"> 36 States allocating and disbursing funds for FP commodity procurement
	Development of a joint national and state contributory mechanism for FP commodities.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> Joint national and state contributory template for FP commodity procurement
	Revision of the national guidelines for funding in the BHCPF to include FP commodities	Federal Ministry of Health National Health Insurance Scheme National Primary Healthcare Development Agency State Ministries of Health	<ul style="list-style-type: none"> Inclusion of FP commodities in BHCPF MSP
	Engage National Council on Health to push the contributory mechanism for FP commodities procurement.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> States' commitment to FP commodities procurement
	Advocate to states that have not yet developed FP Costed Implementation Plans to develop CIPs	Federal Ministry of Health Partners	<ul style="list-style-type: none"> Inclusion of FP specific activities in CIP by outstanding States
	Strengthen priority setting mechanisms at State level for budgetary allocations within health	State Ministries of Health Partners	<ul style="list-style-type: none"> State Government commitment to and prioritization of FP commodity funding
Advocate to public financing stakeholders, private sector, to approve innovative financing mechanisms from which funds can be earmarked specifically for health sector, and subsequently procurement and distribution of FP commodities	Federal Government of Nigeria, Federal Ministry of Finance, Budget and National Planning (FMoFBNP), Federal Ministry of Health Organized private sector National & State Assembly Federal Ministry of Health, State Ministries of Health Partners	<ul style="list-style-type: none"> 	
Long-term (5-10 years)	Decentralize family planning procurement funding to 36 States.	FMoH	<ul style="list-style-type: none"> FP commodity procurement by 36 states plus the FCT

	Inclusion of FP in the Minimum Services Package (MSP) at national level and in States	National Health Insurance Scheme (NHIS), State Health Insurance Schemes	<ul style="list-style-type: none"> Inclusion of FP in the Minimum Services Package
	Inclusion of FP commodities in the package of essential commodities	National Primary Healthcare Development Agency (NPHCDA), State Primary Healthcare Development Agencies/ Boards (SPHCDA/ SPHCBs), Local Government Secretariat, Primary Health Centres	<ul style="list-style-type: none"> Inclusion of FP commodities in the package of essential commodities
	Advocate to donors to dedicate additional funding for procurement of FP commodities.	Federal Ministry of Health Federal Ministry of Finance, Budget, and National Planning	<ul style="list-style-type: none"> Dedicated funding for FP commodity procurement and/or distribution activities by partners
	Explore a loan instrument for longer term committed funds for FP commodity procurement.	Federal Government of Nigeria, Federal Ministry of Finance, Budget, and National Planning (FMoFBNP), Debt Management Office (DMO), Federal Ministry of Health	<ul style="list-style-type: none"> FG secures loan for FP commodity procurement

10.3 Financing Strategy 3: Improve accountability and tracking of FP funding.

Given the shortage of funds for FP interventions nationally, it is critical to ensure any available finances are spent efficiently. The 2020-2024 FP Blueprint outlines initiatives to ensure finances are tracked and institutions are accountable to the people. Activities that will ensure efficient expenditure will include tracking of budgeted funds, release of budgeted funds and regular expenditure analysis to be facilitated by CSO's at various levels. Key CSO's involved in budget tracking will be trained to conduct these activities.

Table 3 Accountability- Improve Accountability and Tracking of FP funding

Actions		Identified Stakeholders	Milestones
Short-term (0-3 years)	Review current systems, processes, tools for budgeting in F/SMOH Family Health and Finance Departments.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> Current state assessment/ needs assessment for FP budgeting process.
	Assess knowledge and skills of officers involved in the budgeting processes in analytics to determine opportunity for capacity building to improve budgeting for FP commodities.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> Gap analysis of budgeting skills in analytics Capacity building plan for FP budgeting
	Develop accountability framework system for tracking resource allocations and spend at national and subnational levels.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> Accountability framework for resource tracking Budget Tracking Tool
	Advocate for inclusion of budget focal person in FP program activities e.g., quantification workshops, specific meetings around sustainable financing for FP etc.	Federal Ministry of Health Partners	<ul style="list-style-type: none"> FP Budget focal person included in program activities
Medium-term (3-5 years)	Strengthen accountability and efficiency of FP commodity procurement MOUs at national and sub-national levels.	Federal Ministry of Health State Ministries of Health	<ul style="list-style-type: none"> Accountability framework for resource tracking and improved efficiency
	Identify resources/build capacity for improved budgeting for FP programmatic activities, including commodity procurement.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> Improved budget forecasts and disbursements.
	Implementation or roll out of the accountability framework	Federal Ministry of Health State Ministries of Health Partners	

Long-term (5-10years)	Ensure continued availability of financing at the national level by restructuring MOU basket funds and strengthening accountability mechanisms	Federal Ministry of Health UNFPA	MOU for FP basket fund restructured, and accountability strengthened
	Evaluate the execution/implementation of the accountability framework.	Federal Ministry of Health State Ministries of Health Partners	
	Digitalizing the accountability framework for improved visibility.	Federal Ministry of Health State Ministries of Health Partners	<ul style="list-style-type: none"> Digitalized systems and processes for improved accountability
	Institutionalize accountability framework for tracking resource allocations to ensure timely funds release and trigger for follow up when there is a default.	Federal Ministry of Health Federal Ministry of Finance Budget and National Planning Civil Service Organizations (CSOs)	<ul style="list-style-type: none"> Trusted system for tracking FP commodity resource allocation and spend
	Institutionalizing the funding of FP commodity procurement in the service wide votes or statutory releases to ensure sustainability.	Federal Government of Nigeria Federal Ministry of Health	<ul style="list-style-type: none"> FP commodity procurement funding included in service wide votes and statutory releases

11 ROADMAP OUTCOMES

The successful implementation of identified short-, medium- and long- term activities to realize financing strategies laid out in the FP Blueprint and roadmap document are expected to produce the following outcomes:

- ✓ **Increased mobilization of domestic resources:** the fiscal space analysis for FP commodity procurement revealed the potential to raise at the minimum, \$21million dollars annually from the three tiers of government through reprioritization to ensure 1% their respective health budgets are dedicated for FP commodity financing. Earmarking of 1% of the BHCPF can raise an additional \$1million, to support FP procurement and distribution activities²⁸.
- ✓ **Reduced donor dependency:** successful implementation of the strategic activities laid out in the roadmap document will ensure increased mobilization of domestic resources to meet the FP programme costs, particularly for procurement and supply chain management, which account for over 50% of the estimated cost requirement for FP programming in the FP blueprint, setting the country on the path to be less dependent on donor funds, thus ensuring sustainable financing of FP commodities.
- ✓ **Improved modern Contraceptive Prevalence Rate (mCPR):** the strategic activities laid out in the roadmap document are directed at addressing FP commodity procurement and distribution financing challenges, which have contributed to insufficient commodity availability and subsequently limited uptake of FP services to meet growing demand.

²⁸ Federal Fiscal Space Analysis for FP Commodity Procurement Report.

12 IMPLEMENTATION/ WORKPLAN

		2021				2022				2023				2024				2025			
Activity		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Advocacy	Advocacy to state and federal governments on reprioritization of FP				X	X	X	X	X												
	Advocacy to private sector on reprioritization & contribution				X	X	X	X	X												
	Advocate for identification budget focal person in FP program activities				X							X									
	Assess budget focal persons knowledge and skills in analytics to determine opportunity for capacity building		X	X																	
Stakeholder Management	Sustain engagement of stakeholders involved in FP budgeting and financing, towards mobilization of additional resources for FP			X	X	X	X	X	X	X	X	X	X	X	XX	X	X	X	X	X	X
	Engage NCH to push the contributory mechanism for FP commodities procurement.			X				X				X				X				X	
Policy/ Legislative	Create an enabling environment for private sector contribution to FP			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Create budget line items for FP Commodity procurement by States				X		X		X		X		X								
	Finalization of guidelines for state government procurement of FP commodities		X	X																	

12.1 Advocacy

Targeted advocacy at key stakeholders involved in the FP budgeting process is an important component of activities towards ensuring sustainable financing for FP commodities. Such advocacy efforts should leverage findings and recommendations from the fiscal space analysis for FP commodity procurement and use of data to support discussions with policy makers and lawmakers to pursue the desired course of action. Specific advocacy messaging would specify the FP financing problem statement, proposed intervention(s) and expected results from implementation of interventions. The identified areas for advocacy include:

- Advocacy to Federal, State and Local Governments for reprioritization of FP commodities within their health budgets.
- Advocacy to agencies including the NHIS and/or NPHCDA through presentation of the case for investments and inclusion of FP commodities in their respective programmes.
- Advocacy to policy and law makers at national and subnational levels of government to ensure complete disbursement of approved funds for FP commodity procurement and enactment of legislation to improve efficiency and accountability in the FP budgeting processes.

As Investments in FP will play a significant role in the demographic transition and consequently, in harnessing demographic dividends, it is important that advocacy efforts present the case for investment in FP, highlighting the demographic dividends possible from these investments and how these can support economic development in the country. Subsequently, it is important that policy makers mainstream demographic dividend and human capital development as essential component of Nigeria's economic development agenda and identify FP as central to attaining several sustainable development goal targets.

12.2 Stakeholder Management

An application of understanding of the political economy requires engagement with stakeholders involved in FP budgeting and financing, towards mobilization of additional resources for FP. The specific stakeholder engagement strategy for the various stakeholders will vary depending on their level of interest and influence in the FP space. The expected roles and responsibilities of identified stakeholders, towards implementation of activities geared at ensuring sustainable financing for FP commodities are highlighted in [Table 4](#).

Table 4 Roles and Responsibilities of identified stakeholders.

MDA	Role
<ul style="list-style-type: none"> • FMoH 	<ul style="list-style-type: none"> • Intra-sectoral reprioritization of FP commodities financing at national level • Provision of technical assistance to the subnational governments • Engagement of private sector for mobilization of resources.
<ul style="list-style-type: none"> • SMoH(s) 	<ul style="list-style-type: none"> • Intra-sectoral reprioritization of FP commodities financing at state level • Engagement of private sector at the state level for mobilization of resources.

<ul style="list-style-type: none"> • FMOH • NHIS • SSHIS • NPHCDA 	MDAs responsible for the BHCPF implementation to ensure reprioritization of family planning within BHCPF
<ul style="list-style-type: none"> • Presidency • FMOF • National Assembly • State House of Assembly 	To enable the overall reprioritization of health within the total government budget to meet up with the 15% Abuja Declaration, and renegotiate FP commodities commitment
<ul style="list-style-type: none"> • Donors • Partners • Private Sector 	To foster catalytic funding for FP from the private sector;
<ul style="list-style-type: none"> • First Ladies • Religious & Traditional Leaders 	FP influencers raising accountability for FP financing through civil society action and garner political support

12.3 Policy/ Legislative Programme

The policy and legislative workstream of the roadmap will involve enactment of laws and/or drafting of policies to support implementation of the recommended courses of action for sustainable domestic financing for FP commodities. Specific activities of the roadmap that may require enactment of laws or establishment of policies include:

- Earmarking of funds within the BHCPF specifically for FP commodities.
- Development of guidelines for State and/or Local government procurement of FP commodities.

12.4 Capacity Building

A key activity for the roadmap towards sustainable financing for FP is the development and implementation of a capacity building plan for the established FP commodity financing mechanism, to ensure the FMOH builds additional capacity to lead advocacy and technical efforts in support of sustainable budgeting processes for FP commodities. Specific capacity building activities may include:

- Capacity building in knowledge and skills assessment in data analytics to support the FP quantification and budgeting process.
- Capacity building in advocacy to support FMOH officers with discussions to policy and legislative bodies including the Federal Ministry of Finance (FMOF) and Senate Committee on Health.

13 ROADMAP MONITORING AND ACCOUNTABILITY FRAMEWORKS

The successful realization of the roadmap objectives will require application of priority actions over a sustained period to normalize and increase the percentage contribution of domestic funding as a sustainable means of financing FP commodity procurement and distribution. The roadmap is developed with a monitoring and evaluation component that involves periodic reviews on FP commodity funding performance in areas of disbursement, accountability, and coverage, against all priorities specified in the roadmap.

A Joint Financing Framework (JFF) for Federal and State Government funding of FP commodities is proposed within this roadmap to support the long term commitment of Federal and State governments towards FP commodity procurement, and ensure sustainability.

13.1 JOINT CONTRIBUTORY TEMPLATE FOR FUNDING FP COMMODITIES BY NATIONAL AND STATE GOVERNMENTS

13.1.1 BACKGROUND

The Government of Nigeria (GoN) through the Federal Ministry of Health (FMoH) is tasked with the coordination of health-related activities and interventions in Nigeria. As such the FMoH leads the development of relevant policies, guidelines, and frameworks that provide leadership and direction for the operationalization of the health system, including Family Planning (FP). The GoN at both the National and Subnational levels recognize the importance of FP as a key factor in the achievement of the health-related Sustainable Development Goal (SDG) 3 as FP is central to improving Nigeria's health indices, empowering women and girls and ultimately boosting the economic and human capital development in the country.

FP commodity needs, and consumption have steadily grown over the years in Nigeria because of the efforts of the FMoH, State Ministry of Health (SMoH) and partners to expand access to quality FP services. The national FP commodity financing gap has steadily risen from \$2M in 2013 to \$12.1M in 2021. The growth in demand and consumption for FP services is evident from the increase in the Couple Years of Protection which grew from 588,375 CYP in 2013 to 4,842,764 CYP in 2020. Additionally, the unmet need for FP in the country has increased from 16% in 2013 to 19% in 2018. However, funds released at the national and subnational level for procurement of commodity and financing of FP services have not increased in step with growing need, causing funding gap for FP service provision and threatening contraceptive security.

Nationally, the procurement of contraceptives are funded by the Federal Government (FG) through a basket-funding mechanism which includes external donations from organizations i.e. UNFPA, USAID, FCDO. However, the cost of last mile distribution and service provision is borne by the State Governments (SGs). Contraceptive funding at the state level is non-existent due to the National policy in place requiring that procurement of family planning commodities be done through the FMoH. Due to the lack of government funding for FP commodities at the subnational level, as well as inadequate funding towards other FP services, development partners, healthcare facilities, and patients are the primary sources of funds for family planning. The only funding area within state influence is the procurement of consumables for the family planning service provision. In line with this the SGs have and continue to make budget allocations for these consumables as well as other FP activities that require funding such as capacity building.

In recent years Nigeria's government at national and state level has faced increasing financing and operational pressures in meeting the health and development needs of their constituents. These pressures are compounded by changes in the external funding environment, where national and sub-nation revenue is declining, debt is rising, and donors are stepping back and seeking models to promote

self-reliance and sustainability of the interventions they fund. The macro fiscal realities call for an innovative approach with which government at the national and subnational level in Nigeria can harness their own resources to accelerate improvement in reproductive health outcomes and guarantee security of contraceptive for all Women of Reproductive Age (WRA).

One of the key factors affecting family planning programming and services is funding, despite all the commitments and policies in place to foster quality services, especially at the subnational level where funding for FP was limited, although in recent time some states have indicated willingness to start committing resources for the procurement of FP commodities and it is hoped that more states will follow suit. The Federal government is yet to commit adequate resources for the procurement of FP commodities. The financing landscape in Nigeria will benefit from a co-financing approach to funding contraceptives, where the state government complement resources provided by the FG for procurement of commodities. This approach could re-distribute the financing risk for the country and an increase mobilization of domestic resources.

Joint financing is an umbrella term used to describe the modalities for cost-sharing. It essentially is an act or practice wherein two or more budget holders agree to fund a project at a pre-agreed rate under pre-agreed terms and conditions. Within the context of this framework, it refers to the arrangement that sets out the jointly agreed terms and procedures for financing contraceptive between the FG and SG as itemized in this framework, including funds contributions, fund management, financial management, governance framework and decision making, reporting, review and evaluation and audit.

13.1.2 AIMS AND OBJECTIVE OF THE FRAMEWORK

The goal of this Joint Financing Framework (JFF) is to standardize, document and institutionalize the process of expanding domestic financing of FP commodities in Nigeria to the subnational level. This will allow the state governments to participate more actively in the process of financing, quantification, procurement, disbursement, and distribution of FP commodities. This in turn will build strong relationships among state actors involved in the financing and procurement of FP commodities, improve accountability through transparent agreement and documentation of commitments and action required to fulfil them.

13.1.3 SCOPE OF FRAMEWORK

This JFF will function via a pooled funding mechanism managed by the FMOH and self-selecting states, (The FG through the FMOH, self-selecting state government represented by the Ministries of Health (MOH) or any of the Department/Agencies under the MOH and donor organizations represented by UNFPA will create a basket fund for the purpose of financing FP commodity procurement. self-selecting states will voluntarily enter the arrangement as financing partners for procurement of contraceptive). The terms of reference for the operation and utilization of the basket funds will be dictated in part by this framework and a FG-SG-UNFPA Memorandum of Understanding (MoU) which will be developed by the unanimous agreement of all parties. The financing partners will progressively contribute into the basket funds at a pre-agreed rate and in a manner designed to systematically drive self- sustenance. The resources contributed into the pool will be channeled through government budget via the country's

health ministries, departments and agencies. These include the FMOH, SMOH, State Primary Health Care Agency (SPHCDA).

13.1.4 PROPOSED THEORY OF CHANGE

The FG-SG-UNFPA MOU will be created to include self-selecting states as financing partners. The financing partners will progressively contribute into the basket funds at a pre-agreed rate and in a manner designed to systematically drive self-sustenance. The focus of the basket funding arrangement will be strengthening ability of the in-country government to meet their commitment towards FP financing, improve procurement and supply chain infrastructure and mechanism, strengthen financial management and improve accountability. The overarching outcome will be to significantly increase mobilization of domestic resources available for financing commodity and widely distribute the financial risk for financing both commodity and FP services across all levels of government.

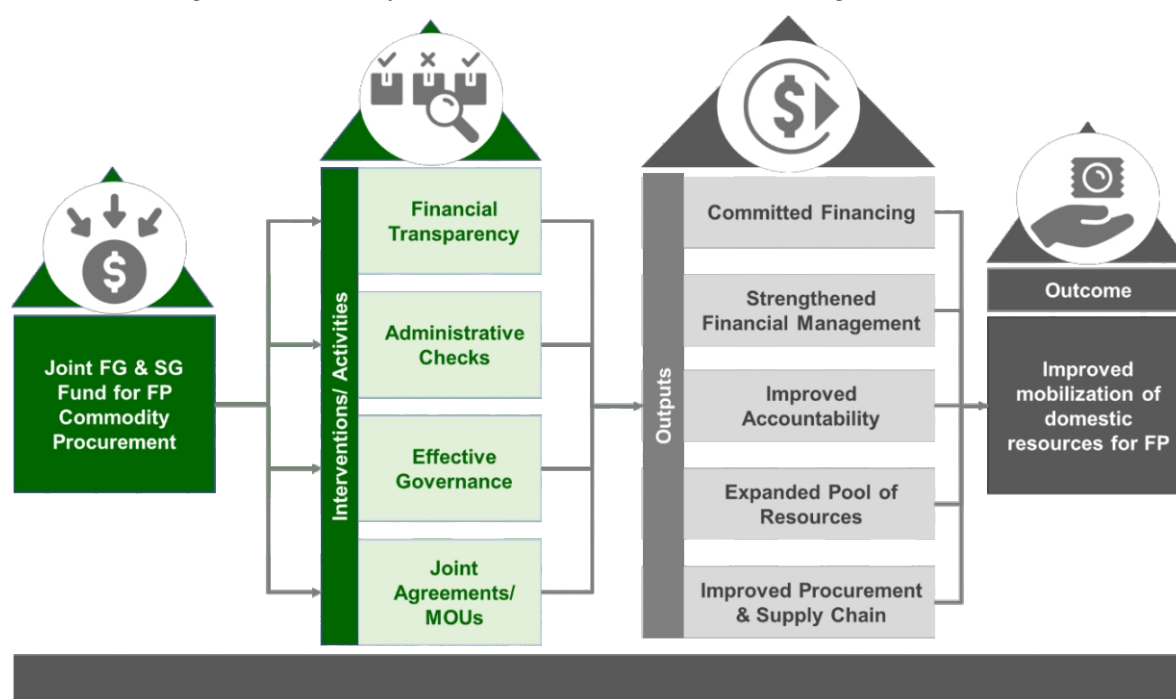


Figure 2 Overview of Theory of Change

13.1.5 Operation of the Basket fund.

The FG through the FMOH, self-selecting State governments represented by the Ministries of Health (MOH) or any of the Department/Agencies under the MOH and donor organizations represented by UNFPA will create a basket fund for the purpose of financing FP commodity procurement. This financing arrangement will serve to complement any financing and procurement done by the FMOH under the existing FG-UNFPA basket funding arrangement. The funds to be pooled into the FG-SG-UNFPA basket funding will be used to finance contraceptive for the participating states on a pro-rata basis, the term of reference of the pooled funding will be guided in part by this framework and by an MoU between the FG-SG-UNFPA. Interested states and donor-organization will self-select and apply to participate in the basket funding arrangement through the FMOH and commit to make fixed amount of contribution on an annual basis as agreed by the financing partners. The funding from the states will flow from domestic

public resources (financial and non-financial) that are used to finance FP programs, these sources will include government funds channeled through the budget from the State Ministry of Health and/or the State Primary Health Care Agency; government borrowings through intervention funds such as Saving One Million Lives (SOML), National and State Health Insurance Scheme, Basic Healthcare Provision Funds. Furthermore, participating states will receive support from the FMOH and donor organisation for commodity quantification, designing supply chain and logistics management intervention, capacity building for improved and sustainable budgeting, improved budget execution, best practice in budget tracking for resource allocation and spend and procurement of commodity.

13.1.6 Basket fund stakeholders

The co-financing partners are the Federal Government of Nigeria (FGON), Interested State Government from any of the 36 states and the FCT and donors. In matters pertaining to the implementation of this framework the representative of the FGON will be the FMOH and/or other relevant Ministries Department and Agencies as proscribed by the FMOH or any other organ of the FGON with the capacity and authority to make such proscription, the state government of any interested state will be represented by the State Ministry of Health and the State Primary Health Care Board/Agency and/or other relevant MDA as proscribed by the SMOH/SPHCB or any other organ of the SG with the capacity and authority to make such proscription and donor organization will be represented by UNFPA. The FMOH will serve as the focal point for operationalization, communication and information sharing on matters concerning the implementation of this arrangement. However, the FMOH will not have any authority to make decisions on behalf of the financing partners, all decision as to financing, quantification, procurement, and distribution of contraceptives under the arrangement will be made in line with the MOU between the partners or by unanimous consent of the FG-SG.

The role of the Chair and co-chair of the joint basket fund working group will be occupied by the representative of the FMOH and SG, while a Vice-Chair will be selected exclusively from the representative of the state government.

13.1.7 Responsibilities of the Federal government:

The FMOH, representing the FGON, carries overall responsibility and accountability for the performance of the health sector, including the procurement of contraceptives, ensuring that all activities undertaken within the sector contribute to countries goals as outlined in the National FP Blueprint. Under this JFF their responsibilities include ensuring that strategic plans contain clear objectives and targets; that the measures required to achieve the targets are evidence-based and are fully costed; that the objectives and targets set can realistically be achieved considering implementation capacity and projections of the available resource envelope.

Furthermore, the FMOH will be saddled with ensuring utilization and administration of the basket funding in a manner consistent with the agreed allocations and budget between the financing partners, agreeing in advance with the financing partners on major envisaged changes to budget allocations during the financial year, keep financial records of basket funds operations in line with FMOH and FGON budgetary laws and procedures. Conduct internal audits in respect of the basket funds operations,

report the outcome of such audits to the financing partners While ensuring an annual process of independent external audit of the basket funds (including post procurement review, management and financial audit).

13.1.8 Responsibilities of the State Government:

The various Ministry, Department and Agency representing the State government of the self-selecting states will Provide inputs with an overview of the different sources of funding. Provide overall guidance on the financial management system, follow-up of financial and procurement audits of the fund. Work jointly with the FMOH to increase domestic financing/allocation to FP and to contraceptive procurement. They will also commit to providing funds to the basket funds in line with the yearly agreement and in line with the established funding schedule. The states and FMOH will agree on activities to be financed by the basket funds at the beginning of each planning year, furthermore the states will enhance the predictability of their funding commitment by providing information on available source of funds and their absolute value in monetary terms (on a three-year timeframe to the extent possible). The Annual Calendar of Events (Annex A) sets out the timing of the provision of such information.

13.1.9 Procedure for state accession & withdrawals from the basket funds

A state willing to join the basket funds arrangement will indicate by sending a written request to the FMOH, this request will include unequivocal acceptance of the terms and conditions of the arrangement and the corresponding MOUs guiding the operationalization of the framework. The FMOH will have absolute authority to admit or reject the application of any self- selecting state. Provided there is no objection from the FMOH to any state joining the arrangement, the FMOH will give the state written authorisation to become a party to this agreement. The states may also withdraw/terminate its membership of the arrangement by giving the other members and FMOH three months written notice of its intention.

13.1.10 General provisions for participating partners (FG & SG)

The financing partners must be committed to the principles of enhancing ownership, alignment, harmonization, results orientation, and mutual accountability. The key policy document that will drive the strategic implementation and execution of this framework will be the National FP blueprint 2020 – 2024 and the states FP Costed Implementation Plans (CIP). All sides will be committed to doing their part in supporting effective implementation of this framework. The framework represents a common understanding between the financing partners, it is not a law nor is it intended to be legally enforceable. It is adopted pursuant to and subject to this understanding between the parties.

13.1.11 Contribution of funds by financing partners:

The financing partners will make available funds to be deposited into the basket fund designated accounts in line with the agreed terms of FG-SG-UNFPA MOU, these funds shall be used exclusively to finance the procurement of contraceptives for the participating states on a pro-rata basis, subject to

the amount contributed into the basket fund. On an annual basis, the financing partners will review and agree on the Annual Work Plan and Budget for the procurement of commodity and high impact activity and commit to their portion of the contributions. The partners will ensure their commitment are released at least 12months in advance to fiscal year preceding the year for which the most recent commodity quantification exist. The financing partners contribution in absolute monetary terms will be agreed on an annual basis and will be informed by the table indicated below or by unanimous consent of FG-SG. Each financing partner will be required to provide an annual contribution plan showing the various sources of funds from which the obligation will be funded and a disbursement schedule that aligns with the 12month advance payment timeline.

13.1.12 Source of funds

Table 5 Source of Funds

S/No	Stakeholder	Source of funds	Remark
A	State Government	1% of the state's health sector budget	Contributed towards procurement of contraceptives
B		1% of the Local government health sector budget	
C		1% of the total Development Assistant for Health	
D		1% of the Basic Health Care Provision Funds dedicated to under 5 and vulnerable group	
E	Federal Government	7% of the total value of A+B+C+D contributed	Contributed towards long haul distribution
F	Donor	Fixed percent as agreed via the FG-SG-UNFPA MoU	

13.1.13 Fund's utilization.

Financing partners will agree upon the priorities and allocate resources to selected program areas as per their perceived and actual level of priority on an annual basis, this will be done in line with this framework and/or the FG-SG-UNFPAMOU or by unanimous consent FG- SG, the utilization schedule shall also be spelt out in the AOP of the basket funds. A proposed utilization framework is highlighted below not necessarily for adoption but rather to serve as conversation started,

Table 6 Funds Utilization Schedule

S/N	Utilization	%	Responsibility
1	Procurement of commodity	80	Procurement entity
2	High Impact Interventions to guarantee sustainable financing in the long term.	2	Joint Funds Administrator
3	Long haul	7	FG representative

4	Last mile distribution	7	State Government representative
5	Administrative expenses	4	Joint Funds Administrator

13.1.14 Flow of funds:

The FMOH will conduct its accounting, recording and reporting functions as well as all other financial management and internal control procedures in full compliance with existing provision within its Ministry and the Reproductive Health Division (RHD). The FMOH shall maintain the foreign currency account in a commercial bank for the basket funds. All the financing partners will make transfers of agreed funds into the bank account at pre-agreed time. The FMOH will encouraged all financing partner to disburse according to a mutually agreed disbursement schedule. A quarterly performance report (financial and activity report) for the period will be prepared within 45 days of the end of the quarter and indicate the year-to-date advances and expenditures and all remaining balances in the basket fund account. At the end of the fiscal year, any unspent balances will be carried forward to the next financial year. The funds in the basket funds shall be used exclusively for procurement of contraceptives and/or as dictated by the FG-SG MoU or as agreed by unanimous consent of the FG -SG representative. disbursement from the funds will be authorized by representative of the FMOH and SG.

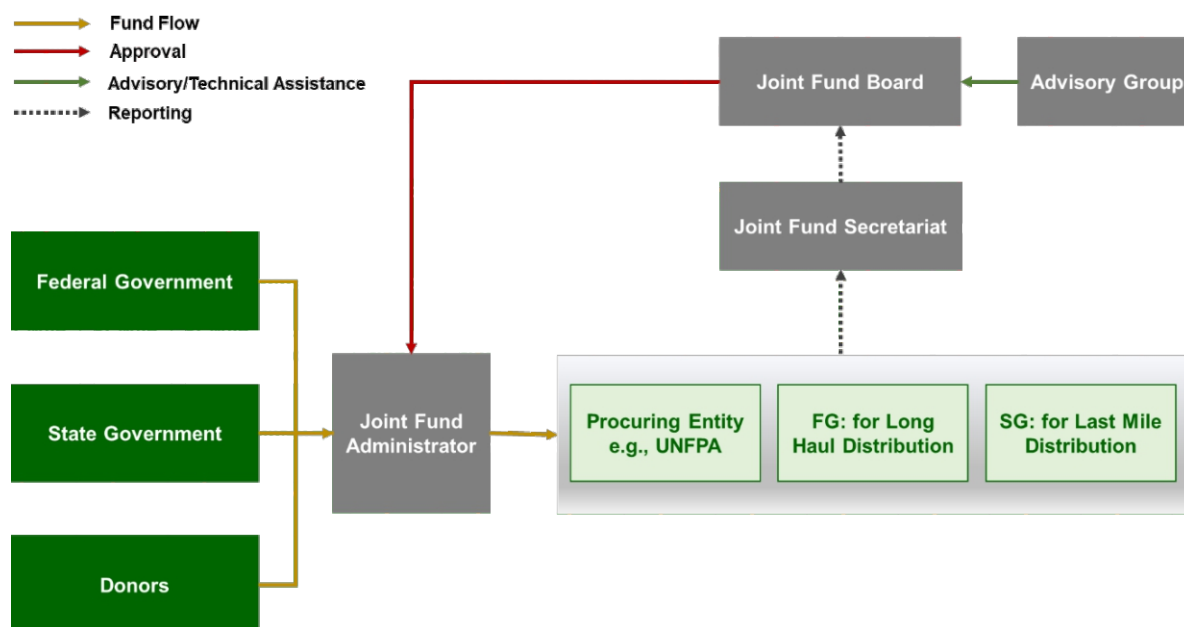


Figure 3 Overview of Proposed Flow of Funds

The framework for the dialogue, governance and decision-making of this JFF will be dictated in part by this framework and by a more detailed terms of reference to be produced by the unanimous consent of the FG and the participating SG. The Implementation of this framework will be overseen by a cross-government body that will be created to achieve integration of partners responsibilities, namely finances and resources management. This body will be created by the members of the arrangement namely FG, self-selecting states and donor organizations

The division of responsibilities between different joint governance structures of the JFF is described below. The four administrative bodies created for the administration of the JFF will meet in line with the annual calendar of events or as stipulated by the terms of reference of their article of establishment.

1. Joint Fund Board
2. Joint Fund Secretariat
3. Joint Fund Administrator
4. Advisory group.

13.1.15 Joint Fund Board

To assume oversight function and comprise decision-making representatives from donor organizations, federal and state governments. The board will be responsible for signing off approvals for disbursement of funds by the fund administrator. The joint fund board will be responsible for leadership, strategic direction, and decisions on allocation and other managerial and oversight aspects.

13.1.16 Joint Fund Secretariat

The secretariat will be responsible for the operational coordination and technical support for the Joint Fund, they will also be responsible for routine monitoring and evaluation of the joint fund and provide oversight and financial accountability of the joint fund. Additionally, they will design, monitor and report on the joint fund performance.

13.1.17 Joint Fund Administrator

This body will be responsible for managing the pool of funds from contributing parties on behalf of the FMOH and also saddled with onward disbursement to designated procurement entities for procurement of FP commodities and disbursement to federal and state government assigned entities for long haul and last mile distribution, respectively. They will also be the custodian of the expanded FG-SG MOU. Additionally, they will be responsible for the overall planning, administration, procurement, financial management and implementation of the co-financing arrangement, monitor and ensure that funds received are promptly and transferred appropriately. Lastly, they will ensure that the pooled funds are used by the procurement entity in accordance with terms of reference as detailed in the FG-SG MoU.

13.1.18 Advisory Group

This group will comprise partners, donors, and representatives from relevant, nominated government MDAs who will provide technical advisory to the joint fund board.

13.1.19 Reporting

The reporting process and format will be consistent with the FMOH reporting conventions, the FMOH will distribute its consolidated report on the performance of the basket funds to the relevant stakeholders including the participating states at least once every quarter within 45 days from the end of the quarter. This report will include a financial and activity report. The report will contain information on the implementation of the fund over the previous quarter, sources and uses of funds including financial reporting, procurement, distribution, and key process indicators. The FMOH will organize a forum to discuss the report on a quarterly basis

The quarterly report will also include such report as indicated below:

- a) Payments into and out of the basket fund account.
- b) Budgeted and actual expenditures on the activity level.
- c) Bank reconciliation.
- d) Planned and achieved procurement activities.
- e) Information on allocation and distribution of procured items.

13.1.20 *Reviews and evaluation*

Reviews and evaluation will be common to all states and will be aligned with FMOH processes. FMOH and states will maintain a close dialogue around reviews and evaluation through the Joint fund secretariat, the parties will establish performance evaluation criteria and also design a monitoring and evaluation framework. An annual performance review framework will be jointly developed by the financing partners in which a number of specific key indicators will be agreed upon. In line with the agreed overarching monitoring and evaluation framework, the FMOH and States will undertake a number of sector review and evaluation processes which are relevant to the JFF performance. The scope of work will include reporting annually on the implementation of the framework, reviewing the extent to which FGON and States actions are compliant with the provisions of the framework, and with the priorities and strategies set out in National FP blueprint and the state FP CIP. Independent consultants will also be engaged to verify and validate the basket fund arrangement performance and to assess mutual accountability.

13.1.21 *Audit*

Internal audit department of FMOH will develop an annual risk-based audit plan to help management identify, inter alia, key risks and weaknesses in the operations of the fund. Internal audits shall be conducted in compliance with the annual risk-based audit plan. All internal audit reports in respect of the basket fund operations will be shared with the financing partners within 30 days of completion of the audit report. After the receipt of the reports an action plan addressing the observed weaknesses shall be developed by FMOH and the State and be monitored for implementation by the administrative organs of the JFF. The Auditor General of the federation or an auditor assigned by the Office of the Auditor General of the federation will conduct an audit of the annual financial statements of the basket fund in accordance with terms of reference agreed with the states and extant laws, regulation and procedure of the GON. The auditor's opinion, together with the financial statements shall be presented to the financing partners within six months of the end of the FMOH's financial year.

13.1.22 *Entry into effect and revision*

This JFF will enter effect for a given state or partner on the date of it becomes admitted into the basket funding arrangement by the FMOH. The joint fund boards will review/discuss the implementation, application, effectiveness, and operationalization of the basket funds every two years.

13.1.23 *Modification of the terms of the basket fund arrangement*

Any modification or amendment of the terms and provisions of this framework will only be approved if agreed in writing by the FMOH and all participating states representatives.

13.1.24 Proposed Annual Basket Funds Calendar

S/No	Planning and Execution	Reporting and Oversight
January	JFF financing partners meeting	<p>To address strategic issues arising in the implementation of the programme.</p> <p>Review of preceding annual operational work plan for the arrangement.</p> <p>Presentation of the 4th quarter financial and operation report</p>
April	JFF quarterly meeting	<p>States provide indicative commitments to FMOH.</p> <p>Resource mapping by FMOH.</p> <p>State submits finance plan and disbursement schedule.</p> <p>Preparation of annual plans</p>
July	JCF quarterly meeting	<p>Presentation of the 1st quarter financial and operation report</p> <p>Annual performance review and presentation of the audit report for the performance of the basket fund for the previous financial year.</p>
August	JFF financing partners meeting	<p>State confirms the dates of their funds will be available in the basket fund account</p> <p>Half year review of the performance of the basket funds</p> <p>planning meeting and reviews of the final annual operational plans and resource allocation</p>

		Presentation of the 2 nd quarter financial and operation report
November	JFF quarterly meeting	Presentation of the 3 rd quarter financial and operation report

14 ANNEXES

14.1 Annex A: Theory of Change

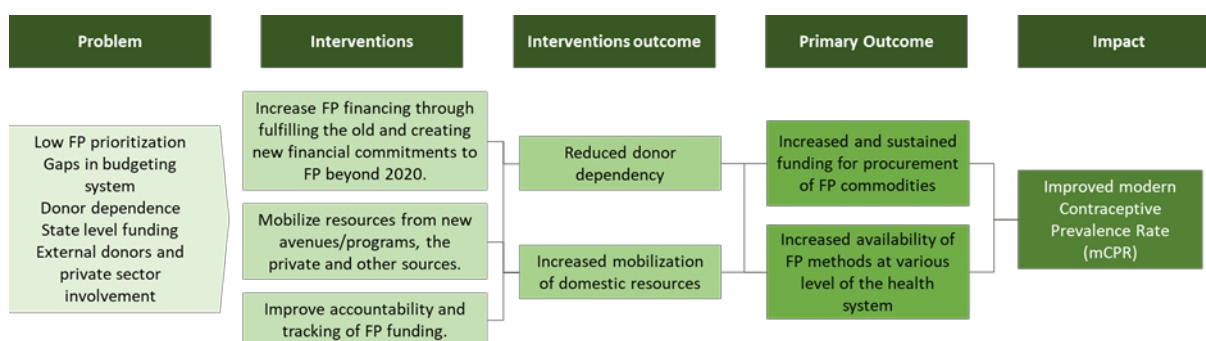


Figure 4 Theory of Change

14.2 Annex B: Summary of Roadmap Development Approach

Overview

The process for developing the roadmap document involved an extensive consultative and collaborative process with national and subnational government Ministries, Departments and Agencies (MDAs), donor organizations and implementing partners. The process commenced following dissemination of a fiscal space analysis (FSA) conducted at the national level, to assess the government's capacity to meet immediate commitments, mobilize additional funding in the medium to long term, and address limitations in mCPR growth, without jeopardizing the sustainability of the Nigerian governments' financial position. The dissemination of the Fiscal Space Analysis (FSA) was followed by a technical consultative forum designed as an interactive, co-creation workshop to adequately engage and solicit stakeholder perspectives for the development of a robust financing plan for FP commodities. The objectives of the technical consultative forum were to:

- Review progress and outcomes from implementation of immediate next steps from landscape assessment.
- Review recommendations for improved FP budgeting processes and ensure efficient resource utilization.
- Review recommendations to optimize existing FG-UNFPA MoU and potential FG-SG MOUs.
- Design appropriate, sustainable financing options for the country with stakeholders
- Harmonize technical discussions ahead of presentation of key asks for the FP program to senior executives of relevant MDAs.

The deliberations following the technical consultative forum informed additional engagement of key MDAs including the National Primary Healthcare Development Agency, the National Health Insurance

Scheme, representatives from the Demographic Dividends Committee, Federal Ministry of Finance and the Office of the Accountant General. The objectives of the MDA engagements were to present and deliberate on specific key asks to the MDAs to inform the sustainable financing plan for FP. Following the consultative process with these MDAs, the Family Health Department of the Federal Ministry of Health, in collaboration with MDA stakeholders, donor organizations and implementing partners, convened a two-day meeting to review and finalize the draft sustainable financing roadmap for FP commodities.

Roadmap Framework and Structure

The methodology applied towards developing the roadmap drew from a combination of approaches rooted in best practice and evidence and aimed to leverage multisectoral collaboration and partnerships, in a manner targeted at strengthening commitments. The roadmap builds on the three financing strategies laid out in the national FP blueprint 2020-2024, through identification of short-, medium-, and long-term actions for realizing these strategic objectives. The three financing strategies include:

1. Increase FP financing through fulfilling the old and creating new financial commitments to FP beyond 2020
2. Mobilize resources from new avenues/programs, the private and other sources
3. Improve accountability and tracking of FP funding

Participating Organizations in the Roadmap Development

- Federal Ministry of Health
- Federal Ministry of Finance
- National Health Insurance Scheme
- National Population Commission
- National Primary Healthcare Development Agency
- Office of the Accountant General of the Federation
- Kaduna State Primary Health Care Board (KSPHCB)
- Lagos State Ministry of Health (LSMOH)
- Lagos State Ministry of Finance
- Lagos State Primary Health Care Board (LSPHCB)
- United Nations Populations Funds (UNFPA)
- ACIOE
- Clinton Health Access Initiative
- DKT International
- Family Health International 360
- JHPIEGO
- Marie Stopes international Organization of Nigeria (MSION)
- Pathfinder International
- Planned Parenthood Federation of Nigeria (PPFN)
- Society for Family Health (SFH)

- USAID- Global Health Supply Chain Management Program

15 ROADMAP SUMMARY

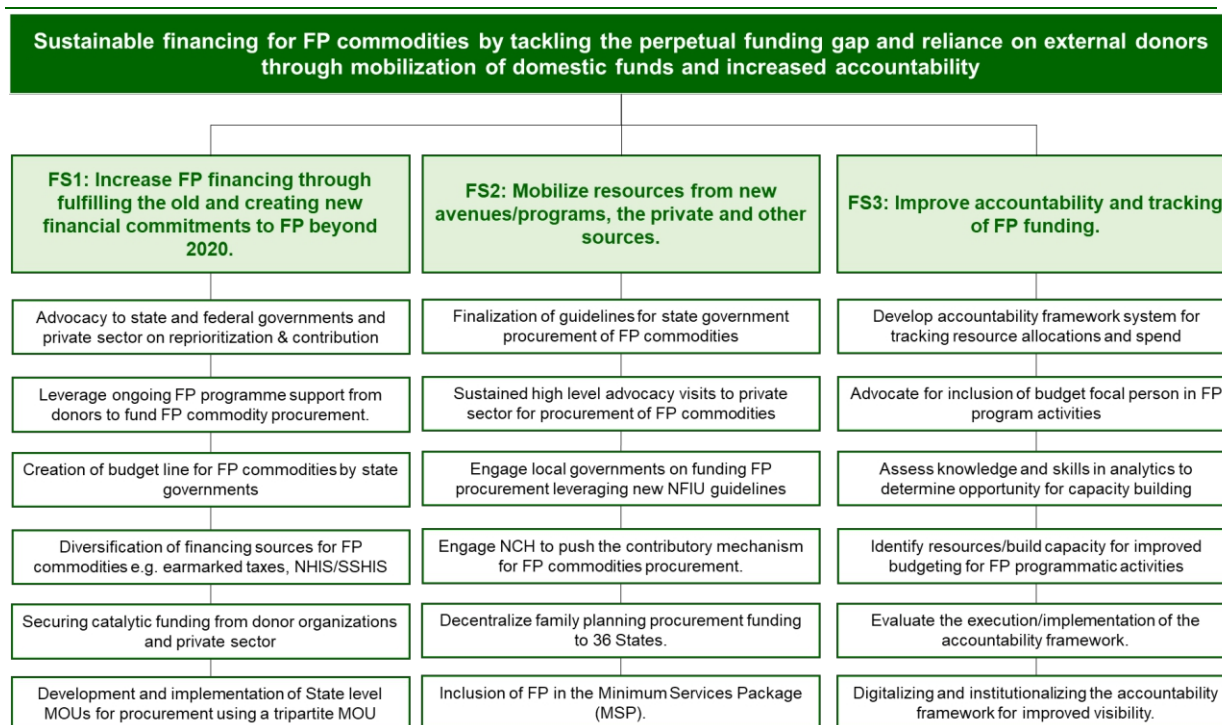


Figure 5 Log frame showing goals, strategy, and strategic activities towards sustainable financing of FP commodities.

Table 7 Analysis strategic activities required for attainment of financing strategy outcomes.

	FS1	FS2	FS3
Advocacy to state and federal governments and private sector on reprioritization & contribution	•	•	
Leverage ongoing FP programme support from donors to fund FP commodity procurement.	•		
Creation of budget line for FP commodities by state governments	•	•	•
Diversification of financing sources for FP commodities e.g. earmarked taxes, NHIS/SSHIS	•	•	
Securing catalytic funding from donor organizations and private sector	•	•	
Development and implementation of State level MOUs for procurement using a tripartite MOU	•	•	•
Finalization of guidelines for state government procurement of FP commodities	•	•	•
Sustained high level advocacy visits to private sector for procurement of FP commodities		•	
Engage local governments on funding FP procurement leveraging new NFIU guidelines	•	•	
Engagement of NCH to push the contributory mechanism for FP commodities procurement.	•	•	
Decentralize family planning procurement funding to 36 States.	•	•	
Inclusion of FP in the Minimum Services Package (MSP).	•	•	
Develop accountability framework system for tracking resource allocations and spend			•
Advocate for inclusion of budget focal person in FP program activities	•		•
Assess knowledge and skills in analytics to determine opportunity for capacity building	•		•
Identify resources/build capacity for improved budgeting for FP programmatic activities	•		•
Evaluate the execution/implementation of the accountability framework.	•		•
Digitalizing and institutionalizing the accountability framework for improved visibility.	•		•



Federal Ministry of Health

