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**Full Report**

A Technical Issue Report

# *KADUNA STATE'S PRIMARY HEALTH CARE DEVELOPMENT AGENCY (KSPHCDA) BUDGET PERFORMANCE ANALYSIS 2016-2019*

Table of content | Page


List of tables & charts 2
List of Abbreviations 2
Glossary 3
**Chapter 1: KSPHCDA Budget Allocation** 4
1.0 Introduction 4
1.1.Kaduna State Health and PHCDA Approved Estimate, 2016-2019 4
1.2 KSPHCDA Recurrent and Capital Estimate, 2016-2019 7
1.3 Disaggregating Recurrent Expenditure 8
1.4 Nominal Growth rate 9
**Chapter 2: KSPHCDA Budget Performance** 11
2.1. PHC Budget Performance Trend 11
2.2. Breakdown of the PHC Budget Performance 12
2.3 Kaduna State RI Counterpart Funding, 2016-2019 14
2.4 Breakdown PHCDA Recurrent Performance, 2016-2019 15
2.5 Measuring Baseline, % Increase and Milestone 17
2.5.1 Measuring 5% Increase Overhead Execution Rate 18
**Chapter 3: Findings and Recommendation** 21
3.1 Findings 21
3.2 Policy Recommendation 21

Table of content | Page

References 22

Appendix 23

**List of tables**

Table 1: Total Health Budget Vs KSPHCDA Budget allocation 2016-2019 5
Table 2: PHCDA Capital and Recurrent Expenditure 2016-2019 7
Table 3: Recurrent and Capital budget allocation to total PHCDA Budget 8
Table 4: Nominal Growth Rate 9
Table 5: Kaduna State PHCDA Budget Performance Trend Analysis 11
Table 6: Recurrent and Capital Budget Performance 12
Table 7: RI Counterpart Funding Performance Analysis 14
Table 8: PHCDA Annual Overhead and Recurrent Budget Performance 16
Table 9: Baseline, and % increase in Capital and Recurrent Allocation and Releases 17
Table 10: Assessing Baseline and 5% increase in Overhead Budget Execution Rate 19

**Table of charts**

Figure 1: Total Health budget to PHCDA Budget 2016-2019 5
Figure 2: Total Health Capita Budget to PHCDA Capital Budget 6
Figure 3: Total Health Recurrent to PHCDA Recurrent 2016-2019 6
Figure 4: PHCDA Recurrent and Capital budget allocation to total PHCDA 7
Figure 5: Overhead and Personnel to the PHC Recurrent Approved Estimate 8
Figure 6: PHCDA Nominal Growth Rate 10
Figure 7: PHCDA Approve Recurrent Budget Nominal Growth Rate 10
Figure 8: Kaduna State PHCDA Budget Performance Trend Analysis 11
Figure 9: Capital and Recurrent Actual Sum Releases 13
Figure 10: PHCDA Capital and Recurrent Budget Performance 13
Figure 11: % PHCDA Sum Capital and Recurrent Released and Utilized 14
Figure 12: RI Counterpart Funding 15
Figure 13: RI Counterpart Funding Performance Analysis 15
Figure 14: Overhead and Personnel Performance 16
Figure 15: PHCDA % Increase in Capital Allocation and Releases 18
Figure 16: % PHCDA Increase in Recurrent Allocation and Releases 18
Figure 17: % PHCDA Increase in Overhead Recurrent Allocation and Releases 19
Figure 18: % of Overhead Recurrent Budgeted Allocation to Releases 20

**Abbreviations**

| | |
|---|---|
| KSPHCDA | Kaduna State Primary Health Care Development Agency |
| MOU | Memorandum of Understanding |
| PHC | Primary Health Care |
| PHCDA | Primary Health Care Development Agency |
| RI | Routine Immunization |
| RSSH | Resilient and Sustainable Systems for Health |

**Glossary**

| | |
|---|---|
| Allocation: | The action or process of allocating or sharing out fund. |
| Baseline: | A fixed point of reference that is used for comparison purposes |
| Capital expenditure: | Money spent by the government on acquiring or maintaining fixed assets, such as land, buildings, and equipment |
| Counterpart Funding: | A payment make by the government to be considered for aid or loan |
| Expenditure: | The total amount of money that a government spends |
| Nominal growth: | This is the change from one period to the next |
| Overheard Recurrent: | The operational and maintenance costs for the running Government |
| Performance: | The action or process of performing a task or function |
| Personnel Recurrent: | This comprises emolument due to the employees of the state which is paid centrally through the Accountant General account (wages and salaries, employer contributions), interest payments, subsidies, and transfers. |

# CHAPTER ONE

## KSPHCDA BUDGET ALLOCATION

### 1.0 Introduction

One of the main roles of primary health care is to provide continuous and comprehensive care to the patients at a cost that they can afford. Through the PHC, quality and affordable health and social services are provided to the underprivileged sections of the community leading to excellent health outcomes. In 2011, PHC Under One Roof (PHCUOR) policy was formulated as part of the strategy to reduce fragmentation in the delivery of Primary Health Care (PHC) services through the integration of all PHC services under one authority. With the PHCUOR, it is believed that various issues, such as the poor release of funding, inadequate medical personnel, poor referral system, poor monitoring, etc. will be addressed across the state. Nine years after the policy was formulated, various assessment reports including spot-checks on PHCs have revealed funding commitment as a serious challenge to achieving effective primary healthcare in the state.

Whether at the national or subnational, one of the major roles of the government is translating scarce resources into development, and health care is not an a-exception. Over the last three years, Kaduna state has met 15% allocation recommended by the 2001 Abuja declaration on health. However, it is one thing to allocate money for a project in the budget, it is another thing to mobilize money and utilize the money as appropriated. This is a recurring issue across sectors in Nigeria budgeting system both at the national and sub-national levels. Thus, this work analyzes the Kaduna state budget performance with particular reference to the Primary Health Care Development. The objective is to ascertain the government level of funding commitment for state PHCDA.

### Methodology

The data used is secondary and it uses descriptive analysis with simple charts and tables to draw conclusions. The level of priority the government of Kaduna state attaches to PHC is measured through approved budgets, releases and expenditure. Resources earned marked for the PHCDA is used to indicate the level of seriousness government attaches to PHCs across the 23 local government area of the state over the four years, (2016 -2019).

### 1.2 Kaduna State Health and PHCDA approved Estimate, 2016-2019

The policy commitment of the government is reflected in the goals it is most committed to achieve through prioritization in the budgeting process. The State Government Approved Budget for the PHCDA increases from N3.687 billion or 28% of total health budget allocation in 2016 to 12.049 billion or 50.5% in 2017. This declined to N9.645 billion or 27.7% in 2018 and N8,418 billion or 34.2% in 2019 of the total health budget. The average percentage of the PHCD budget to the overall health budget in four years stood at 35.1%, (see Table 1/Fig1 below). The fiscal space for the PHCD is in urgent need of expansion.

PHCDA capital expenditure in 2016 was 3,498 representing 52.2% of the total health capital budget and increased to 53% in 2017 (see Table 1/Fig1 & 2). It reduces to 14.7% in 2018 and rose to 41.2% in 2019. The recurrent expenditure compares to the total Health recurrent budget was 2.9% in 2016, and rose to 48.4% in 2017. Subsequently, it reduced to 41% in 2018 and further declined to 28 .1%. in 2019 (See Table 1 and Fig 3 below).

The average PHCA allocation between 2016 and 2019 stood at N8,450 billion (35.1%). Its average capital expenditure for the same period was 4,097 billion (40.3%), while recurrent was 4,353 billion (30.1%). With these changes, the state government needs to look at the way of channeling more resources toward improving the PHC.

**Table 1: Total Health Budget Vs KSPHCDA Budget allocation 2016-2019**

| Year | Total Health budget | Total PHCD budget | % of PHCD to health Budget | Total health capital budget | Total PHCD capital Budget | % of PHCD capital to health capital Budget | Total health recurrent | Total PHCD Recurrent | % of PHCD recurrent to health Recurrent Budget |
|---|---|---|---|---|---|---|---|---|---|
| 2016 | 13,132,776,840 | 3,687,892,321 | 28 | 6,661,683,063 | 3,498,309,816 | 52.5 | 6,471,093,777 | 189,582,505 | 2.9 |
| 2017 | 23,856,611,300 | 12,049,352,021 | 50.5 | 10,490,384,271 | 5,569,268,812 | 53 | 13,366,227,029 | 6,480,083,209 | 48.4 |
| 2018 | 34,696,274,387 | 9,645,462,412 | 27.7 | 17,576,392,530 | 2,600,271,202 | 14.7 | 17,119,881,856 | 7,045,191,210 | 41.1 |
| 2019 | 24,547,866,868 | 8,418,707,913 | 34.2 | 11,435,259,736 | 4,721,355,872 | 41.2 | 13,112,607,131 | 3,697,352,041 | 28.1 |
| **Average** | **24,058,382,348** | **8,450,353,666** | **35.1** | | **4,097,301,425** | **40.3** | | **4353052241.25** | **30.1** |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 1: Total Health budget to PHCDA Budget 2016-2019**

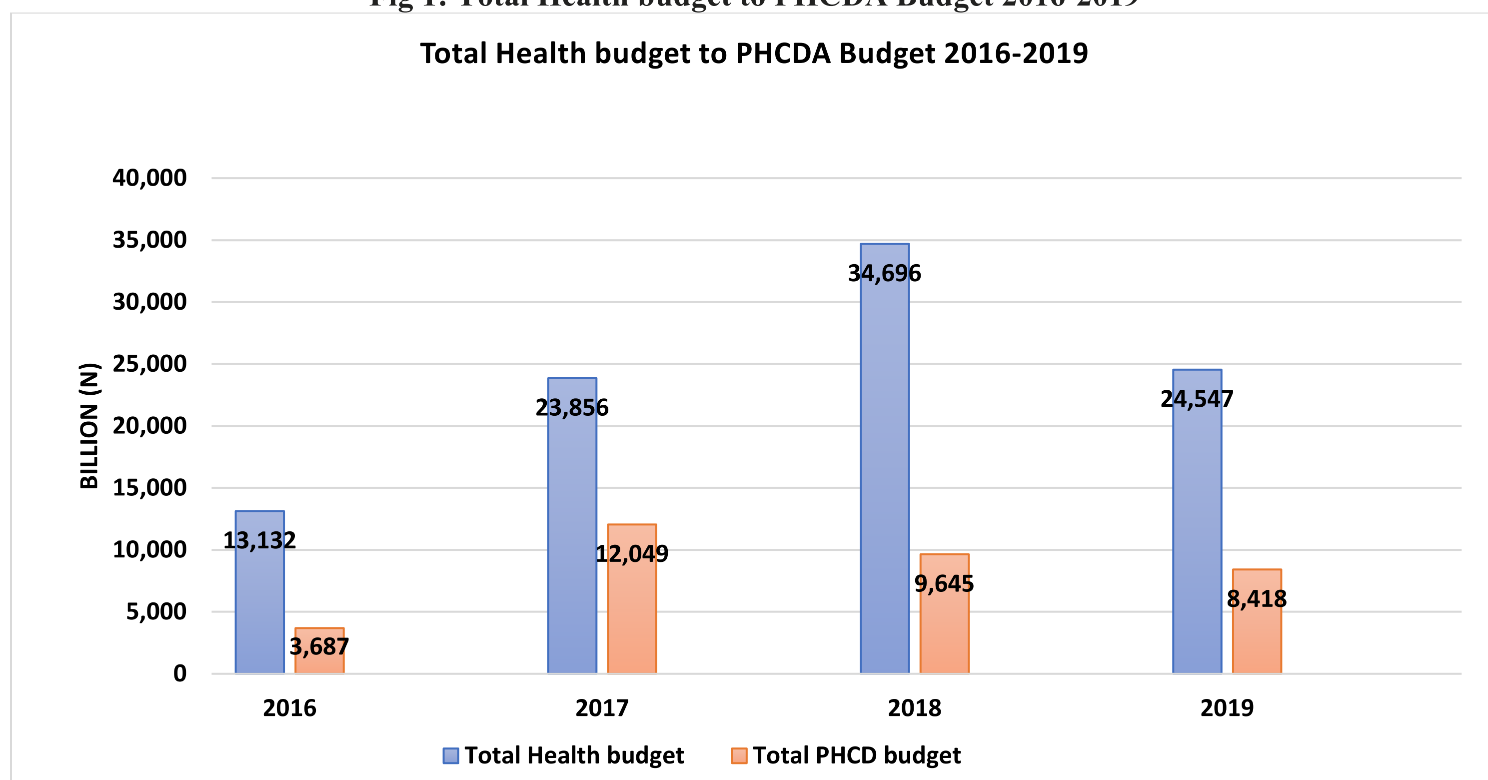


**Fig 2: Total Health Capita Budget to PHCDA Capital Budget**

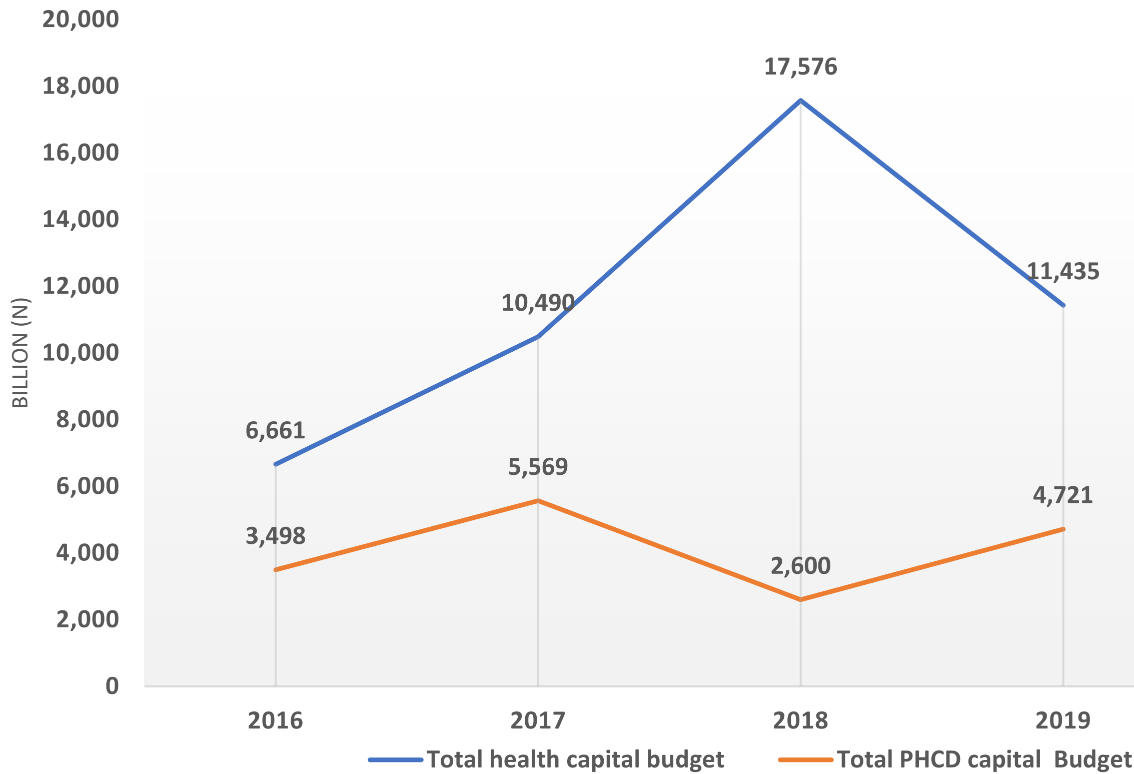
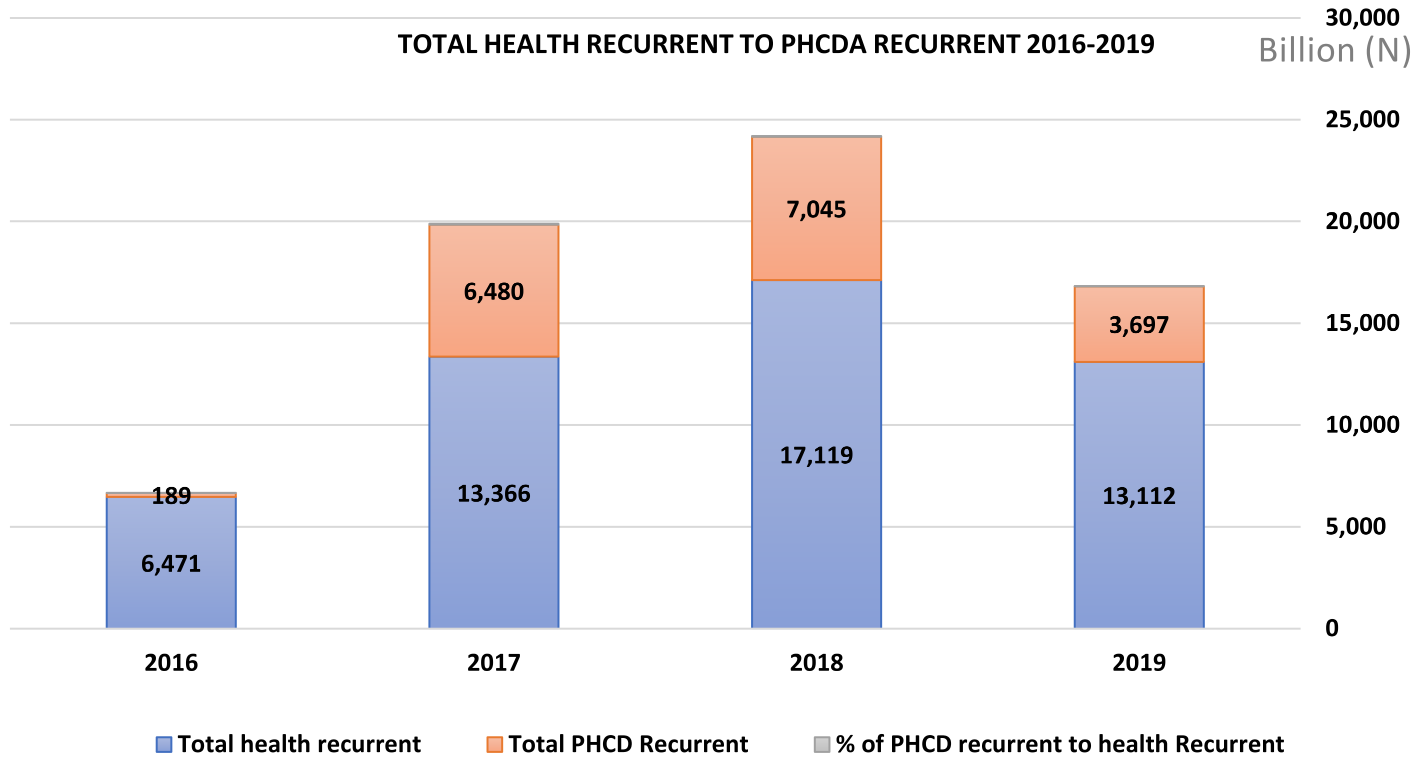



**Fig 3: Total Health Recurrent to PHCDA Recurrent 2016-2019**




**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**1.2 KSPHCDA Recurrent and Capital Estimate, 2016-2019**

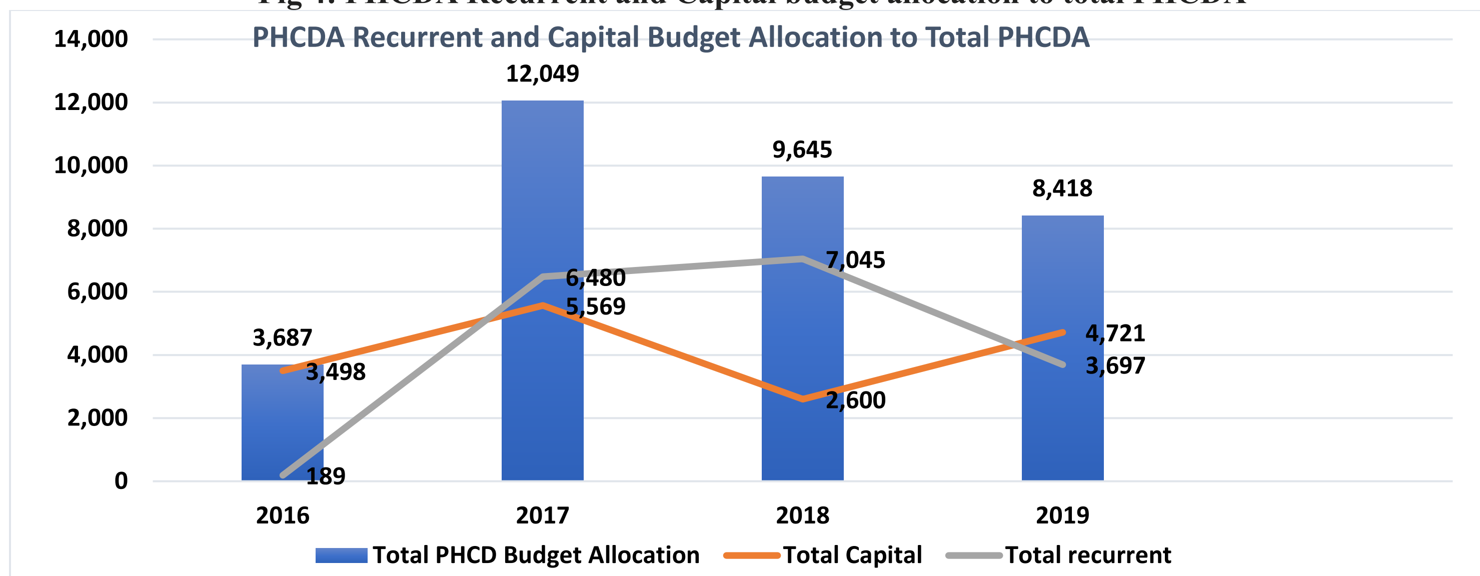
A careful study of the percentage changes in resources volume dedicated to capital and recurrent expenditure revealed the recurrent cost stood at N17,412 billion more than the half of the total budget, while the capital estimate stood at the N16,389 Billion almost half of the total budget (See table 2/fig 6). A breakdown of the recurrent line items revealed that some measures were taken by the state government on the issues of primary health care. One of the landmark steps taken was N6.1 billion allocated as part of the Kaduna State 40% contribution to the LGAs health workers in 2017. Also, N159 million was made as part of the operational cost payment to PHCs across the state. This was the period when the PHCs received huge attention. Although, budget allocation is not always translated to project implementation (See table 8). This may due to certain factors such as poor revenue, lack of will and untimely release of funds for project execution, (See fig 11).

**Table 2: PHCDA Capital and Recurrent Expenditure 2016-2019**

| Year | Total PHCDA Budget Allocation | Total Capital | % recurrent to total PHCDA budget allocation | Total recurrent | % recurrent to total PHCDA budget allocation |
|---|---|---|---|---|---|
| 2016 | 3,687,892,321 | 3,498,309,816 | 94.8 | 189,582,505 | 5.1 |
| 2017 | 12,049,352,021 | 5,569,268,812 | 46.2 | 6,480,083,209 | 53.7 |
| 2018 | 9,645,462,412 | 2,600,271,202 | 26.9 | 7,045,191,210 | 73.04 |
| 2019 | 8,418,707,913 | 4,721,355,872 | 56.08 | 3,697,352,041 | 43.9 |
| **Total** | **33,801,414,667** | **16,389,205,702** | **48.4** | 17,412,208,965 | **51.5** |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 4: PHCDA Recurrent and Capital budget allocation to total PHCDA**




**Source:** Compiled and computed from Appropriation Laws, 2016-2019

### 1.3 Disaggregating Recurrent Expenditure

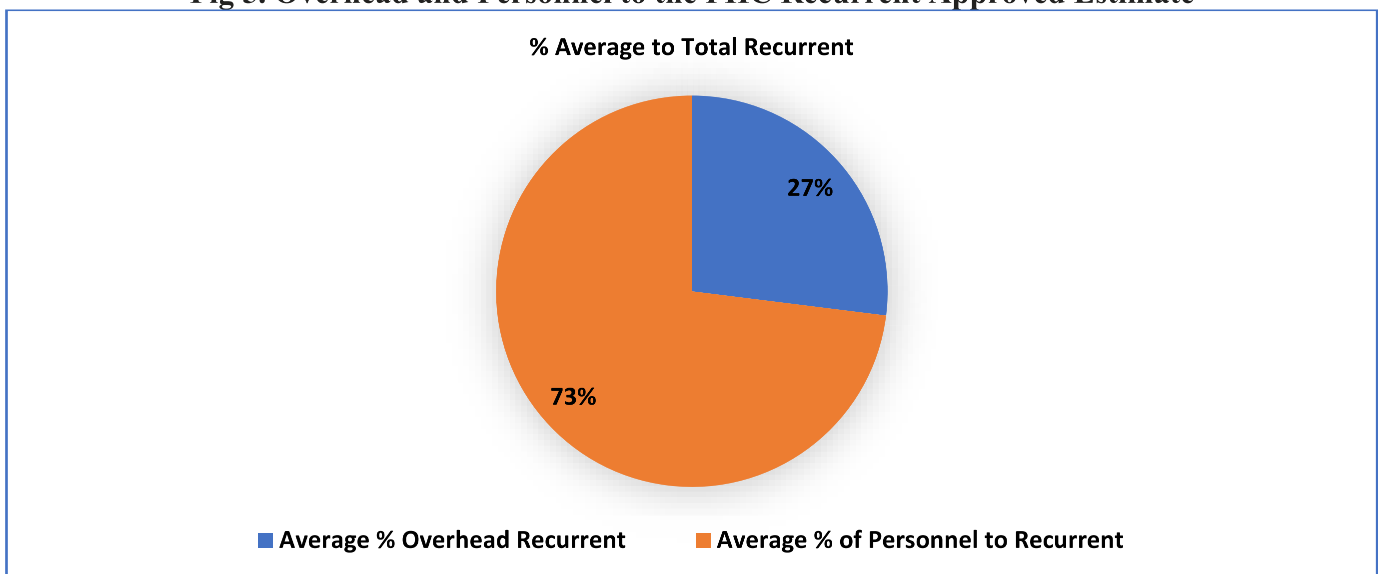
The breakdown of the recurrent expenditure (Table 2/fig4) reveals that personnel cost consumed much of the spending with over 72% average of the total cost for the entire period. The significant increase in budget in 2017 is due to the capture of 60% contribution from Local government councils for primary health care. This greatly affected the overall recurrent budget allocation for the years. Thus, financing human resources for PHCDA consumed the bulk of the recurrent expenditure between 2017 and 2018. Although, there was a slight change in 2019 as seen in Table 2 below. This is an indication of the huge investment in the manpower employed to implement the PHCs' administrative operations.

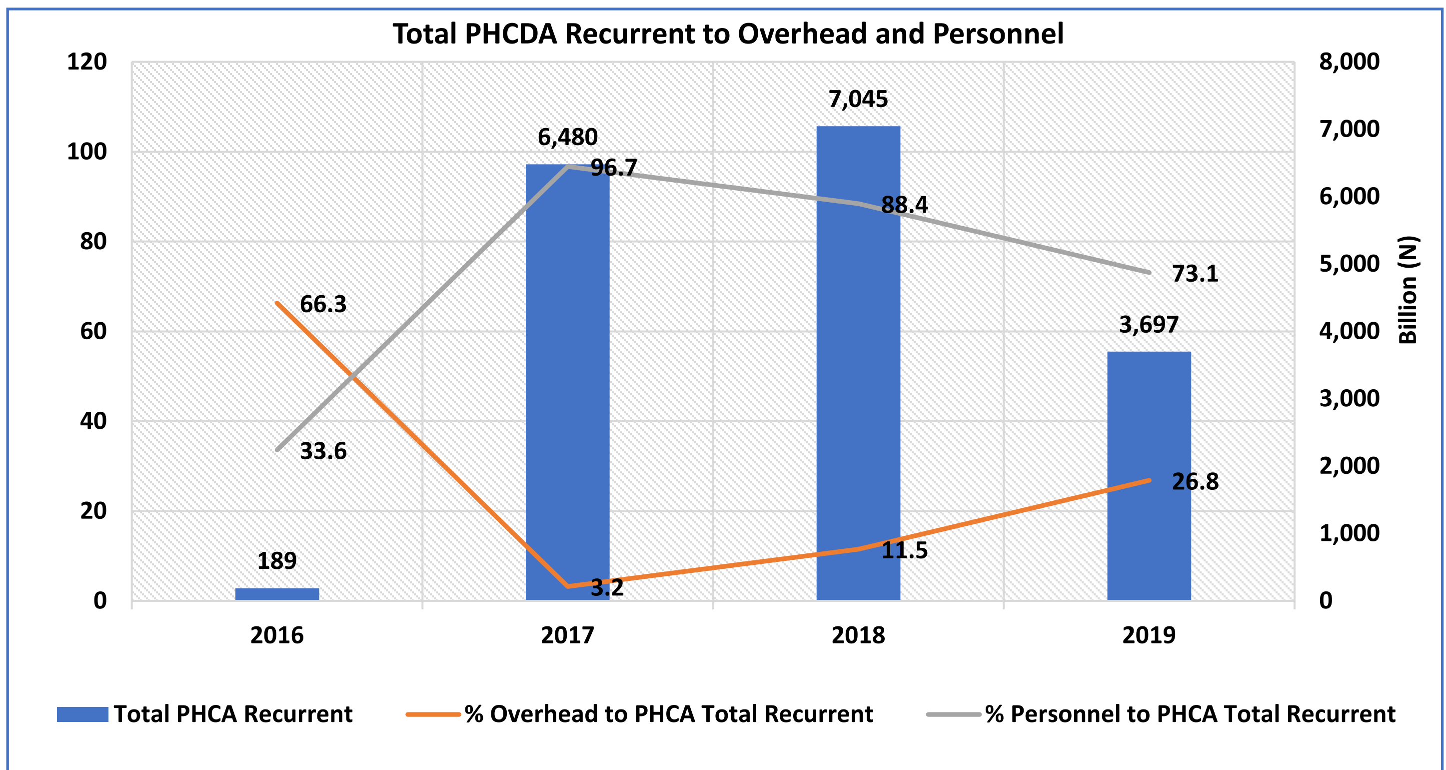
**Table 3: Recurrent and Capital budget allocation to total PHCDA Budget**

| Year | Total recurrent | Overhead | % to total Recurrent | Personnel | % to total Recurrent |
|---|---|---|---|---|---|
| 2016 | 189,582,505 | 125,733,000 | 66.3 | 63,849,505 | 33.6 |
| 2017 | 6,480,083,209 | 210,022,445 | 3.2 | 6,270,060,764 | 96.7 |
| 2018 | 7,045,191,210 | 811,955,985 | 11.5 | 6,233,235,225 | 88.4 |
| 2019 | 3,697,352,041 | 992,771,390 | 26.8 | 2,704,580,651 | 73.1 |
| Average | **4,353,052,241** | **535,120,705** | **26.95** | **3,817,931,536** | **72.95** |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 5. Overhead and Personnel to the PHC Recurrent Approved Estimate**






### 1.4 Nominal Growth Rate

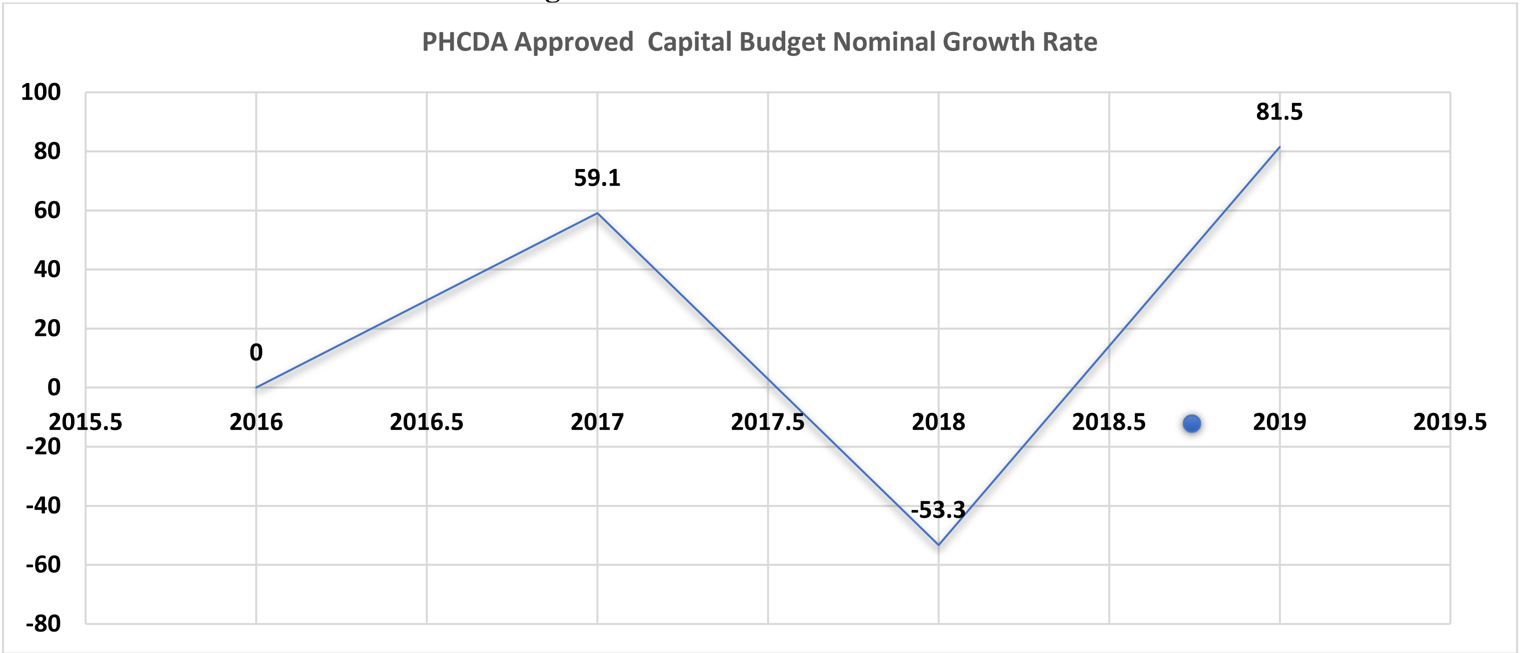
The nominal growth of the total budgetary allocation to the PHCDA between 2016 and 2019, as demonstrated in table 3 and figure 5 below, reveals a positive increase between 2017 and 2019. It was negative in the year 2018. The recurrent growth rate was positive in the year 2017 and 2018 but also negative in the year 2019. The growth rate was all positive for the overhead cost throughout the periods. However, the nominal growth rate for personnel cost had only experienced positive growth rate in the year 2017, the subsequent years are all negative.

**Table 4: Nominal Growth Rate**

| Year | PHCDA capital Budget | Nominal Growth Rate | PHCDA Total Recurrent | % Increase | Overhead | Nominal Growth Rate | Personnel | % Increase |
|---|---|---|---|---|---|---|---|---|
| 2016 | 3,498,309,816 | - | 189,582,505 | - | 125,733,000 | - | 63,849,505 | - |
| 2017 | 5,569,268,812 | 59.1 | 6,480,083,209 | +3313.08 | 210,022,445 | +67.05 | 6,270,060,764 | +9720.06 |
| 2018 | 2,600,271,202 | -53.3 | 7,045,191,210 | +8.7 | 811,955,985 | +286.6 | 6,233,235,225 | -0.58 |
| 2019 | 4,721,355,872 | 81.5 | 3,697,352,041 | -47.5 | 992,771,390 | +22.2 | 2,704,580,651 | -56.6 |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

## Fig 6. PHCDA Nominal Growth Rate




## Fig 7: PHCDA Approve Recurrent Budget Nominal Growth Rate

PHCDA Approve Recurrent Budget Nominal Growth Rate

Recurrent % increase
Overhead % increase Recurrent
Personnel % Increase Recurrent

14000
12000
10000
8000
6000
4000
2000
0
-2000
-4000
-6000

3313.08
67.05
9720.06
2017
8.7
286.6
-0.58
2018
-47.5
22.2
-56.6
2019

# CHAPTER TWO

## KSPHCDA BUDGET PERFORMANCE

### 2.1 PHCDA Budget Performance Trend

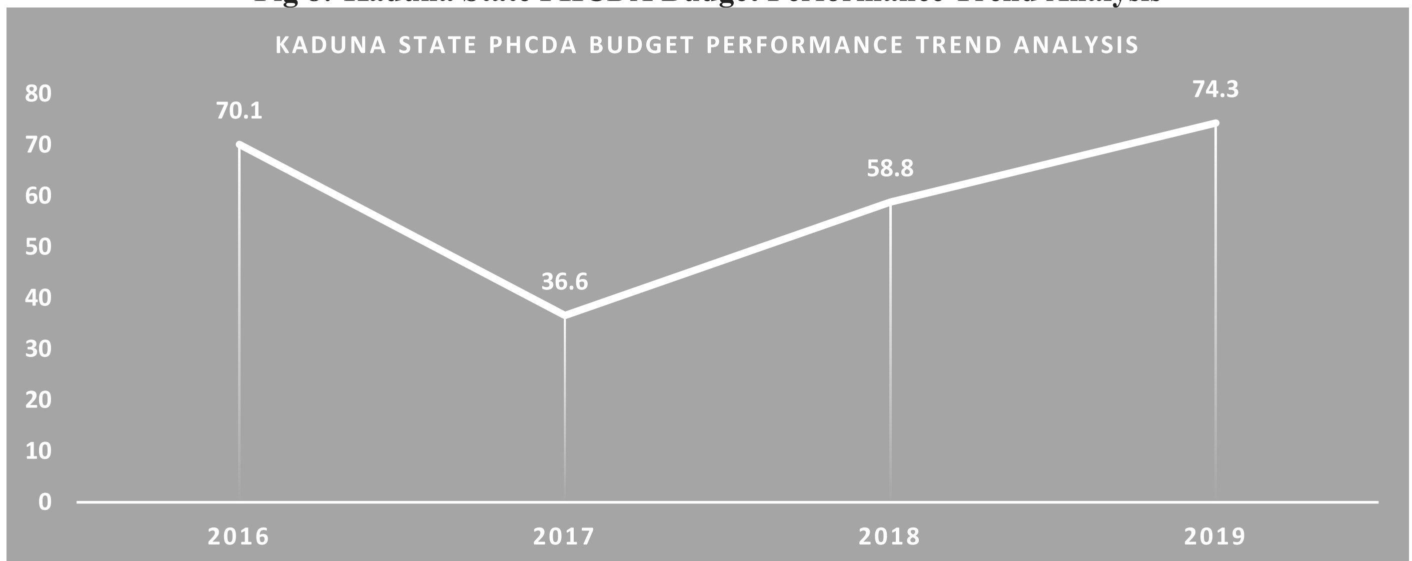
The total releases for the PHCDA in 2016 stood at N2,588 Billion constituting 70.1% of the total allocation. It was N4,419 Billion in 2018 or 36.6%, N5,657 Billion in 2018 or 58.8% and N6,257 billion in 2019 or 74.3% (see Table/Figure7). Although all the releases were utilized, the average percentage released stood at 59.91% for the four years with about 40.09% fall out, despite a steady increase in the releases since 2017. This is a huge amount. The government should be more proactive on issues that affect health care delivery. The remaining percentage is enough to build and furnished new and repairs more health care centers in the areas that are yet to have access to basic health care. It can also be enough to recruit more staff to manage and provide various health services. This would have contributed more to reducing the problems relating to maternal mortality across Kaduna State.

**Table 5: Kaduna State PHCDA Budget Performance Trend Analysis**

| Year | Total approved PHC Budget | Actual release (N) | Utilize Sum (N) | % approved sum released | % approved sum utilized |
|---|---|---|---|---|---|
| 2016 | 3,687,892,321 | 2,588,085,413 | 2,588,085,413 | 70.1 | 70.1 |
| 2017 | 12,049,352,021 | 4,419,268,834 | 4,419,268,834 | 36.6 | 36.6 |
| 2018 | 9,645,462,412 | 5,657,492,336 | 5,657,492,336 | 58.6 | 58.8 |
| 2019 | 8,418,707,913 | 6,257,413,107 | 6,257,413,107 | 74.3 | 74.3 |
| | | | | 59.91% | |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 8: Kaduna State PHCDA Budget Performance Trend Analysis**



## 2.2 Breakdown of the PHCDA Budget Performance

Table 6/Fig 8 reveals the actuals release for the capital and recurrent in four years. It could be seen that out of N16,389,205,702 billion approved during the period, N12,677,781,213 billion constituting about 77.3 billion was released for capital expenditure. Also, this is significant, but more is expected to meet with the rising health need of the over 760,084 populations (2006, Census).

Further analysis reveals that out of the N17,412,208,965 billion budget for the recurrent expenditure for the PHCDA in four years, only N6,244,478,477 billion was released constituting about 35.8% of the total approved recurrent budget for four years. This is saddening because human resources are also very vital in the implementation of health policies. Thus, poor priority on operational cost issues cannot encourage the smooth running of the day to day activities of the agency in the state.

Evidently, the capital budget is giving more priority than the recurrent expenditure (See also fig 9). Government may make available facilities, construct new or repair PHC if there is no simultaneous increase in the number of staffs, training and necessary resources for operational efficiency, the purpose of PHC may not be achieved. The point is that there is a need to also pay attention to recurrent expenses for effective health service delivery in the state.

We have earlier seen how the state government has allocated huge money to recurrent, but there were no corresponding releases to implement the line items. Government should avoid politics around budget allocation. A will to act is important to release funds for their project execution. A cursory look of some of the budget lime items reveals that N700,000,000 was budget in 2017 for the execution of the Solar for Health Care Initiative to improve health care delivery was not released. There is also N55,000,000 for the Piloting of Community Life Centers (CLC) Concepts in 5No PHC Facilities (Kudan-PHC Garu, Soba PHC DINYA, Igabi-HC Kamfani, Kajuru-PHC DOKA, SANGA - PHC WASA) in the 2018 budget which was not released. There are so many of these line items. Sometimes government uses these huge figures in the allocation politically making people believe they are investing in various PHCs, without corresponding releases. The implementation report does not detail project implementation for public to analyze. The current state budget performance reporting is not comprehensive enough to reflect the full nature and extent of sources and application of fund[i]. Also, the flow of programs and subprograms are not indicated. This act must be discouraged for the state to move forward.

**Table 6: Recurrent and Capital Budget Performance**

| Year | Total approved capital | Actual release (N) | Utilize Sum (N) | % approved sum released | % approved sum utilized |
|---|---|---|---|---|---|
| 2016 | 3,498,309,816 | 2,451,277,816 | 2,451,277,816 | 70 | 70 |
| 2017 | 5,569,268,812 | 2,853,494,110 | 2853494110 | 51.2 | 51.2 |
| 2018 | 2,600,271,202 | 3,406,912,561 | 3,406,912,561 | 131 | 131 |
| 2019 | 4,721,355,872 | 3,966,096,726 | 3,966,096,726 | 84 | 84 |
| Total | **16,389,205,702** | **12,677,781,213** | | **77.3** **6,244,478,477** | |
| Year | Total approved Recurrent | Actual release (N) | Utilize Sum (N) | % approved sum released | % approved sum utilized |
| 2016 | 189,582,505 | 136,807,597 | 136,807,597 | 72.1 | 72.1 |
| 2017 | 6,480,083,209 | 1,565,774,724 | 1,565,774,724 | 24.1 | 24.1 |
| 2018 | 7,045,191,210 | 2,250,579,775 | 2,250,579,775 | 31.9 | 31.9 |
| 2019 | 3,697,352,041 | 2,291,316,381 | 2,291,316,381 | 61.9 | 61.9 |
| Total | **17,412,208,965** | **6,244,478,477** | | **35.8** | |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 9: Capital and Recurrent Actual Sum Releases**

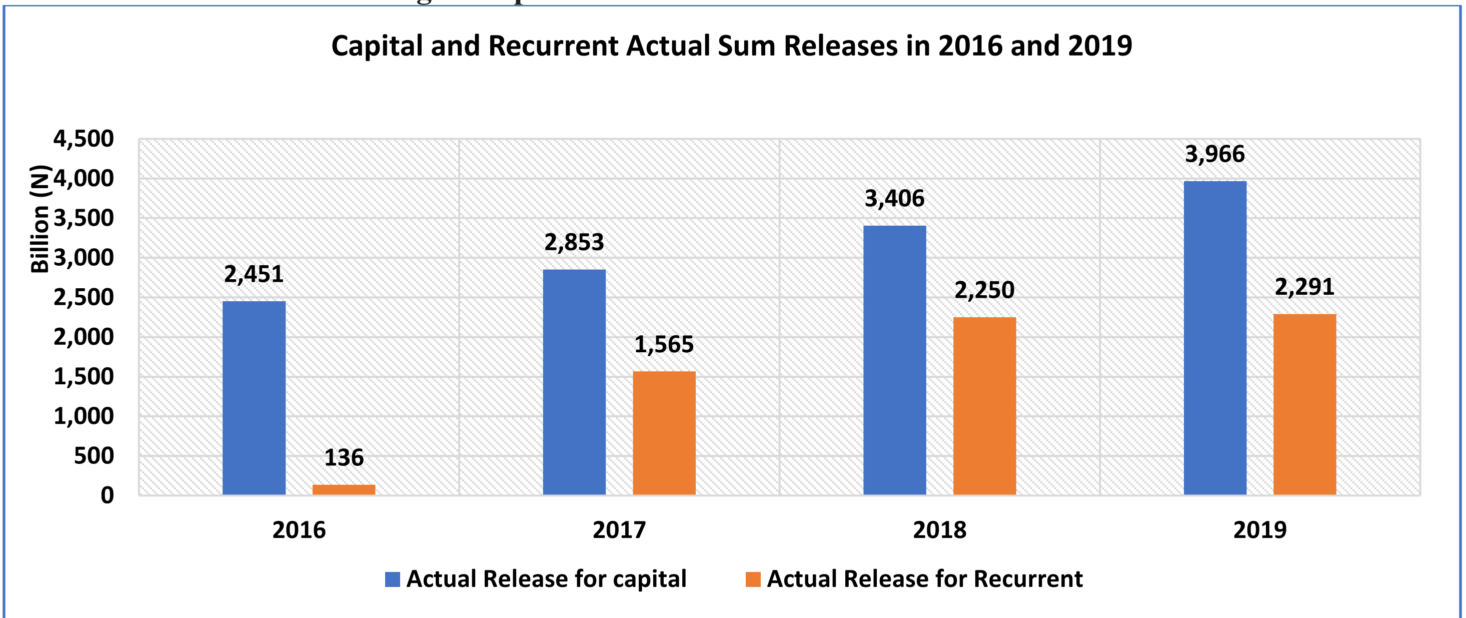
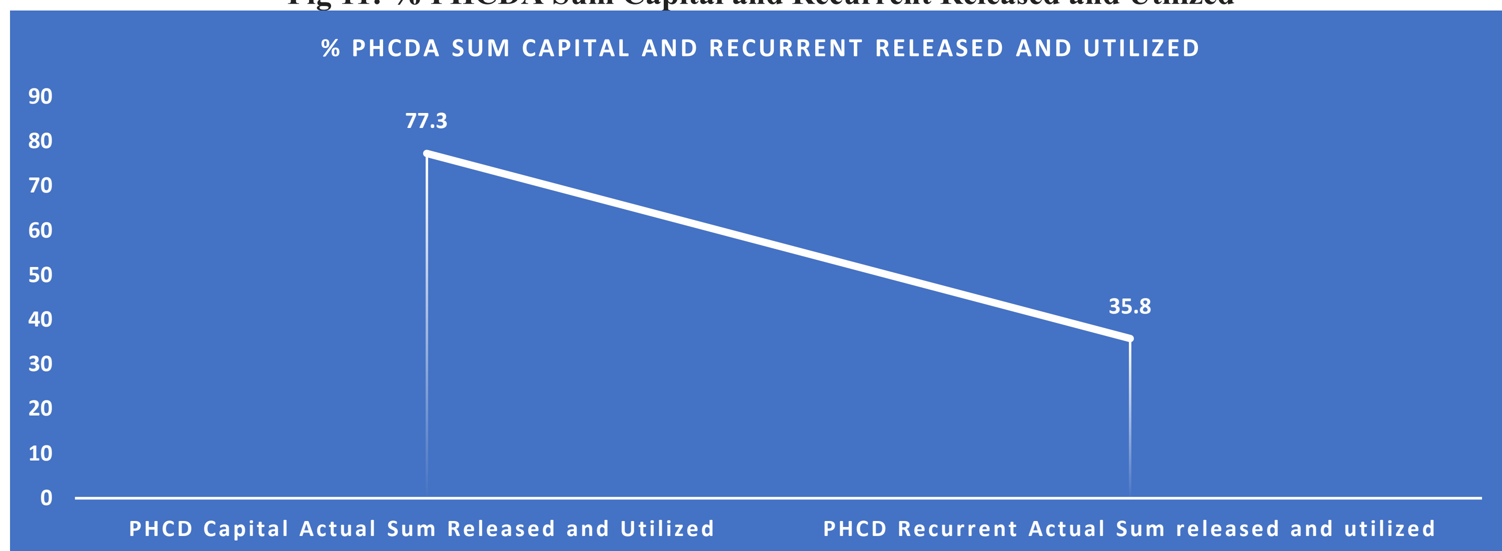



**Fig 10: PHCDA Capital and Recurrent Budget Performance**

PHCDA Capital and Recurrent Budget Performance

140
120
100
80
60
40
20
0
72.1
70
51.2
24.1
131
31.9
84
61.9
2016
2017
2018
2019
% of Capital Sum Released
% of Recurrent Sum Released

Fig 11: % PHCDA Sum Capital and Recurrent Released and Utilized




## 2.3 Kaduna State RI Counterpart Funding, 2016-2019

Between 2016 and 2019, about N1,810,524,621.00 was budgeted as part of the counterpart funding to Routine Immunization and System Strengthening to achieving 80% RI coverage in the state. Out of this sum, N1,309,758,621 constituting about 78.8 percent of the total funding commitment was released and utilized. This shows some level of trust on the government side, but a critical look at the annual releases shows a declining trend. For instance, in the year 2016 and 2017, the state government released 100% of its commitment. However, this declined to 79.1% in 2018 and 36.1 in 2019 (see Fig 10). This does not speak well for government, truly the government must prevent illnesses, ensure free health care for pregnant women and children under 5, ensure free malaria treatment, etc. has envisioned in its 2016 and 2020 development plan.

Eradicating and preventing all forms of diseases requires some level of serious commitment in health care funding. When the government tries to avoid responsibility, everyone is affected including the state and most especially, the objective of the state health policy towards preventing all forms of diseases through appropriate strategies and measures may not be realized.

Therefore, for the state government to be on the safer side, it must continue to support various identified efforts on RI to achieve the target goal. This will ensure that various efforts it has started do amount to waste.

**Table 7: RI Counterpart Funding Performance Analysis**

| Year | Budget items | Total approved capital | Actual release (N) | Utilize Sum (N) | % approved sum released | % approve d sum utilized |
|---|---|---|---|---|---|---|
| 2016 | Routine Immunization RI and System strengthening *2016 Tripartite MOU | 255,077, 816.00 | 255,077,81 6.00 | 255,077,81 6.00 | 100 | 100 |
| 2017 | State Counterpart fund on Routine Immunization RI and System Strengthening (2018 Tripartite MOU provision | 285,446,8 05.00 | 285,446,80 5.00 | 285,446,80 5.00 | 100 | 100 |
| 2018 | Provision of Counterpart Funding | 720,000,0 00.00 | 570,234,00 0.00 | 570,234,00 0.00 | 79.1 | 79.1 |
| 2019 | Provision of Counterpart Funding (PHC MOU, TCF MOU, RSSH MOU) | 550,000, 000.00 | 199,000,00 0 | 199,000,00 0.00 | 36.1 | 36.1 |
| Average | | | | | 78.8 | 78.8 |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 12: RI Counterpart Funding**

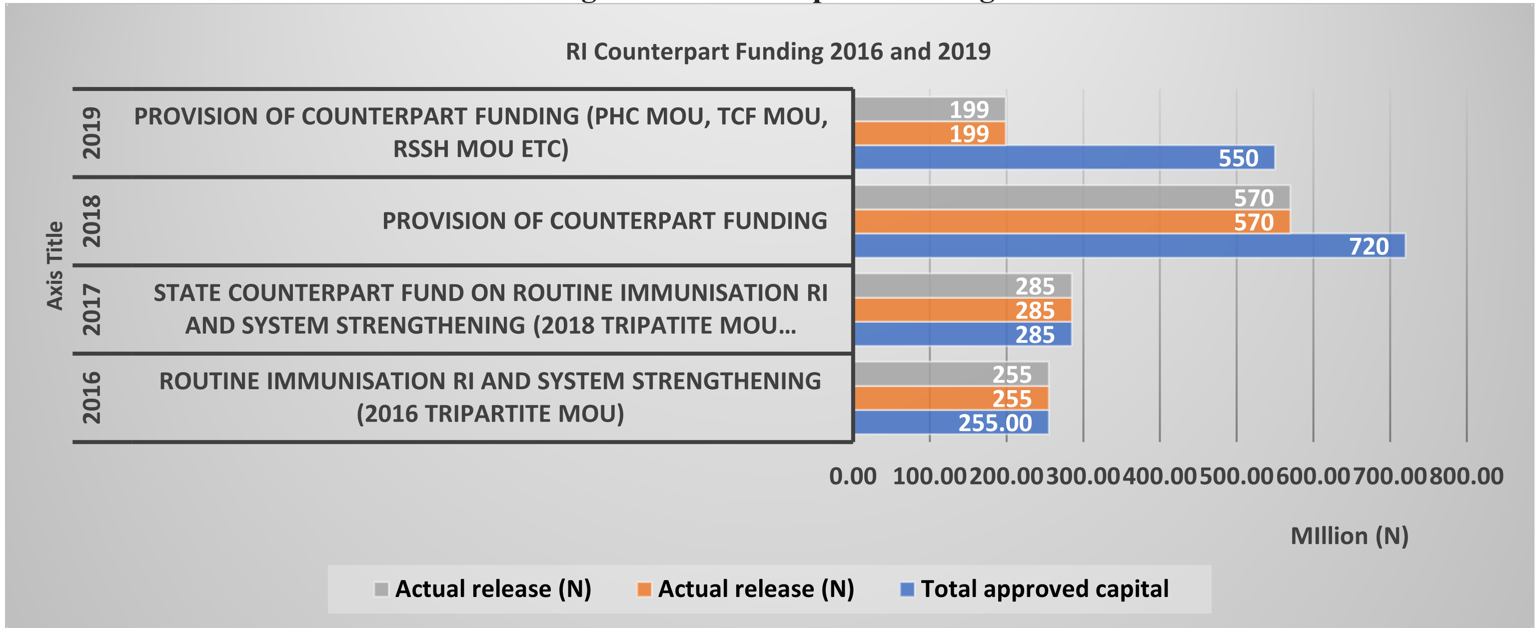
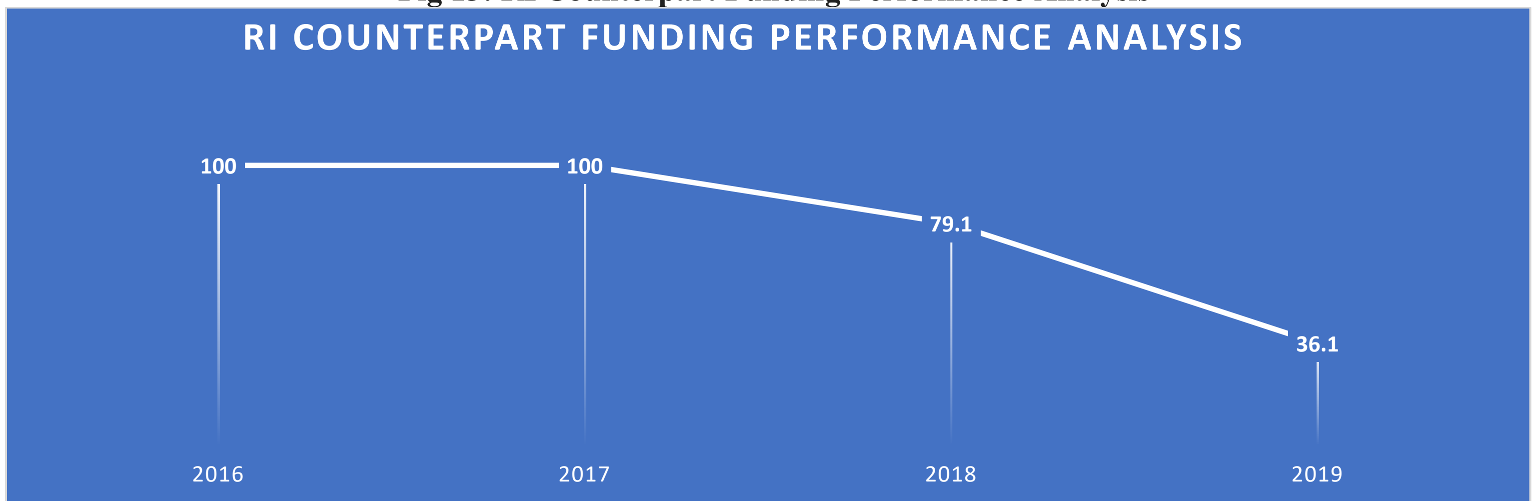



**Fig 13: RI Counterpart Funding Performance Analysis**




## 2.4 Breakdown PHCDA Recurrent Performance, 2016-2019

The preceding paragraphs have shown poor releases of fund for the PHC recurrent. Further analysis of the PHCDA recurrent actual releases reveals that N5,296,391,505 was released for the personnel cost representing 52.05% of the N15,271,726,145 approved estimate. This is far below expectations, given the significance of salaries, wages, and other line items constituting personnel. This also calls for attention so as not to underfund the personnel recurrent component of the PHCDA.

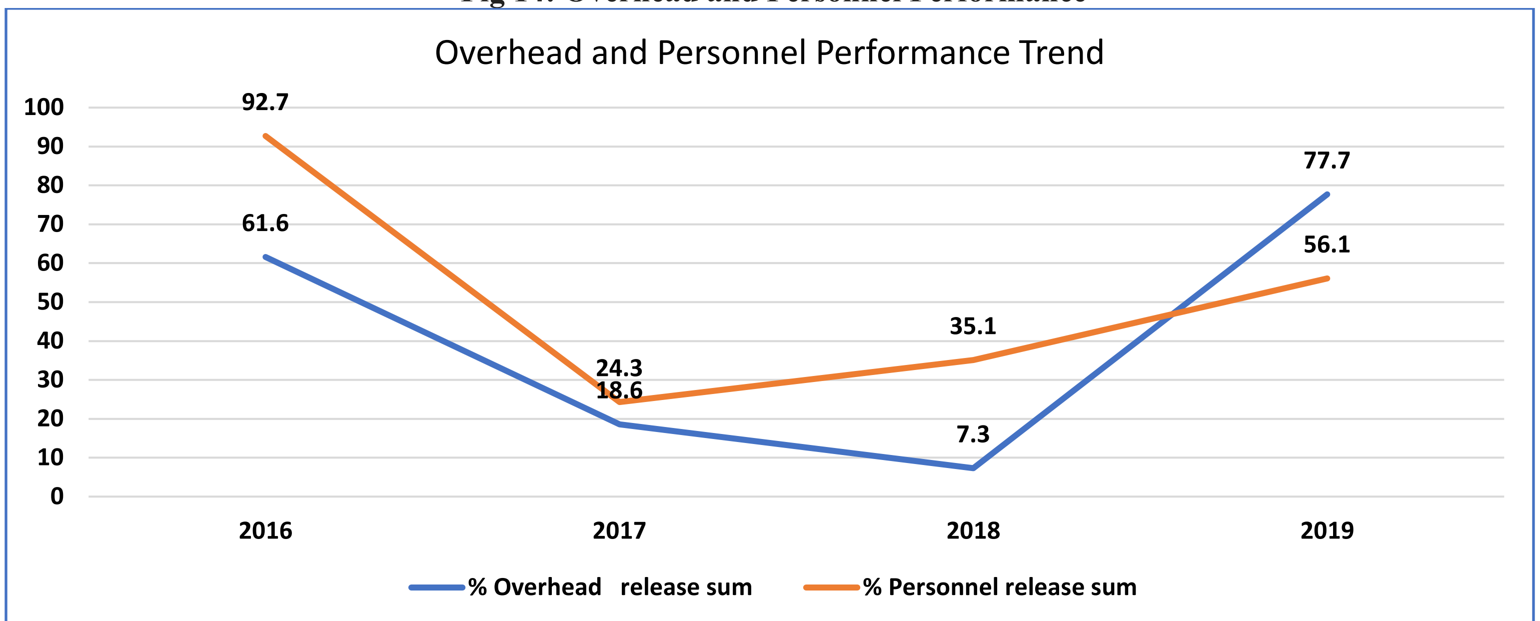
In the case of overhead, out of the N2,140,482,820 budgeted between 2016, 2017, 2018 and 2019, about 948,086,972 representing 41.3% was released (see Table 8/Fig 11). This is a misplaced priority that must be checked if the PHC must work effectively for the need of the people Kaduna state.

**Table 8: PHCDA Annual Overhead and Recurrent Budget Performance**

| Year | Total Personnel Allocation (Million) | Actual release (Million) | Utilize d sum (Million) | % approved sum released | % approved sum utilized | % of actual release to utilized sum |
|---|---|---|---|---|---|---|
| 2016 | 63,849,505 | 59,241,771 | 59,241,771 | 92.7 | 92.7 | 100 |
| 2017 | 6,270,060,764 | 1,526,668,744 | 1,526,668,744 | 24.3 | 24.3 | 100 |
| 2018 | 6,233,235,225 | 2,191,129,220 | 2,191,129,220 | 35.1 | 35.1 | 100 |
| 2019 | 2,704,580,651 | 1,519,351,770 | 1,519,351,770 | 56.1 | 56.1 | 100 |
| Average | 3,817,931,536.25 | | | 52.05 | | |
| **Year** | **Total Overhead Allocation (Million)** | **Actual release (Million)** | **Utilize d sum (Million)** | % approved sum released | % approved sum utilized | % of actual release to utilized sum |
| 2016 | 125,733,000 | 77,565,826 | 77,565,826 | 61.6 | 61.6 | 100 |
| 2017 | 210,022,445 | 39,105,980 | 39,105,980 | 18.6 | 18.6 | 100 |
| 2018 | 811,955,985 | 59,450,555 | 59,450,555 | 7.3 | 7.3 | 100 |
| 2019 | 992,771,390 | 771,964,611 | 771,964,611 | 77.7 | 77.7 | 100 |
| Average | 535,120,705 | | 237,021,743 | 41.3% | 41.3% | |

**Source: Compiled and computed from Appropriation Laws, 2016-2019**

**Fig 14: Overhead and Personnel Performance**




Source: Kaduna State Primary Health Care Agency

## 2.5 Measuring Baseline, % Increase and Milestone

The cumulative average 2016, 2017, and 2018 of PHCDA capital allocation when compared to the 2019 PHCDA Capital Allocation shows an increase of 21.3%. This is three times the 5% increase. It is an indication of government improvement in capital allocation to PHCDA. Also, when comparing the 2018 PHDCA capital allocation with that of 2019, it shows an increase of 81.5%. This is also significant. This will enable more health facilities as well as improve service delivery. However, if 2016, 2017, and 2018 PHCDA capital releases cumulative average is compared with 2019 PHCDA capital releases, there is an increase of 36%. The 2018 and 2019 capital release also show an increase of 16.4%. This is reasonable performance and indication of government commitment towards implementing more capital projects that will promote effective health care delivery.

On the other hand, 2016, 2017 and 2018 PHCDA recurrent cumulative average when compared to 2019 PHCDA recurrent allocation shows an increase of 19.1%. Thus, when we compare the PHCDA recurrent allocation for 2018 and 2019, it also shows a decrease of -47%. This is a huge amount almost half of the average of the 2018 PHCDA allocation. This is far below the 5%. Furthermore, the cumulative average of 2016, 2017 and 2018 PHCDA recurrent releases when compared with 2019 PHCDA recurrent releases shows an increase of 73%. But the 2018 PHCDA recurrent releases compare to that of 2019 indicates an increase of 1.8%. This is far below 5% increase. Government must be encouraged to address this to prevent damages on the operation of the PHCs across the state.

**Table 9: Baseline, and % increase in Capital and Recurrent Allocation and Releases**

| Year | Total approved capital | % Increase | Actual releases (N) | % Increase |
|---|---|---|---|---|
| 2016 | 3,498,309,816 | n.a | 2,451,277,816 | n.a |
| 2017 | 5,569,268,812 | 59 | 2,853,494,110 | 16 |
| 2018 | 2,600,271,202 | -53.3 | 3,406,912,561 | 19 |
| **Baseline** | **3,889,283,276** | | **2,903,894,829** | |
| 2019 | 4,721,355,872 | 21.3% | 3,966,096,726 | 36 |
| 2018/2019 | | 81.5 | | 16.4 |
| **Year** | **Total approved Recurrent** | **% Increase** | **Actual releases (N)** | **% Increase** |
| 2016 | 189,582,505 | n.a | 136,807,597 | n.a |
| 2017 | 6,480,083,209 | 3318 | 1,565,774,724 | 1044.4% |
| 2018 | 7,045,191,210 | 8.9 | 2,250,579,775 | 43.7 |
| **Baseline** | **4,571,618,974** | | **1,317,720,698** | |
| 2019 | 3,697,352,041 | 19.1 | 2,291,316,381 | 73 |
| 2018/2019 | | -47.5 | | 1.8 |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 15: PHCDA % Increase in Capital Allocation and Releases**

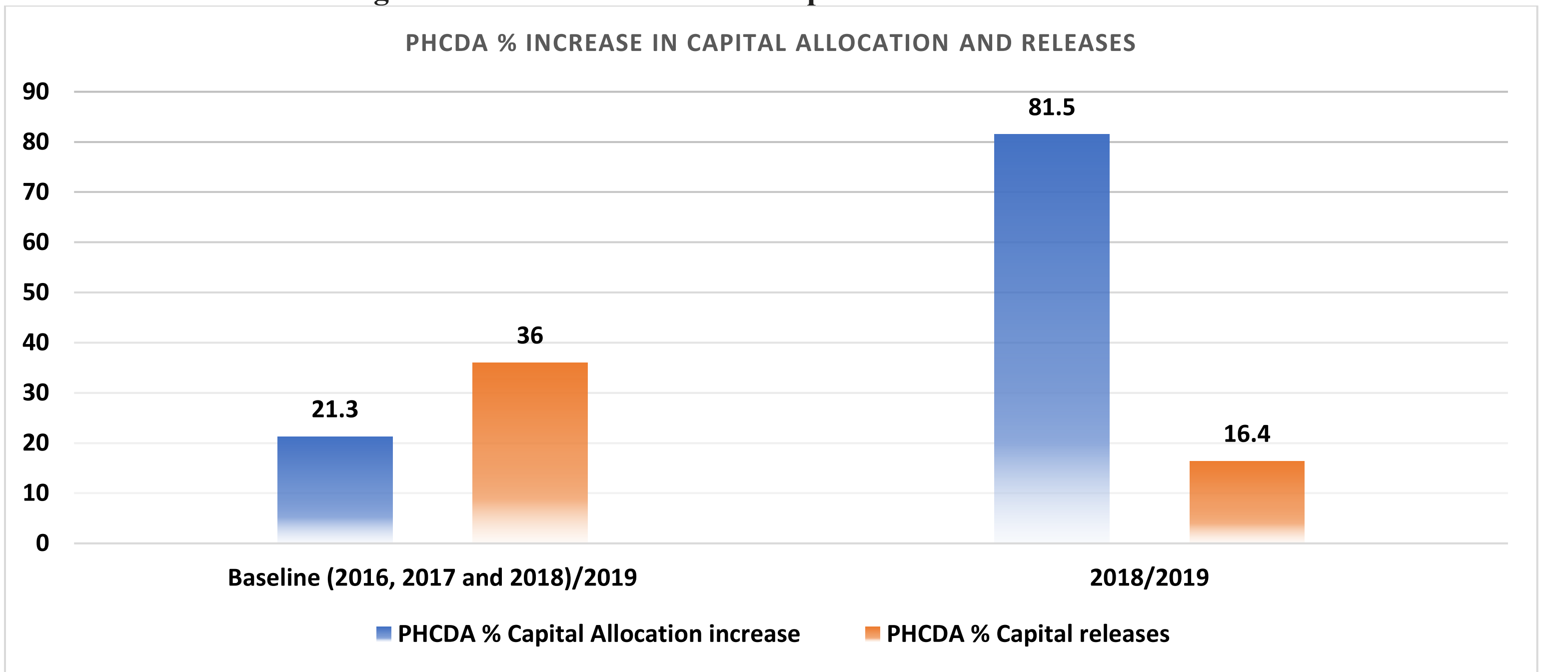
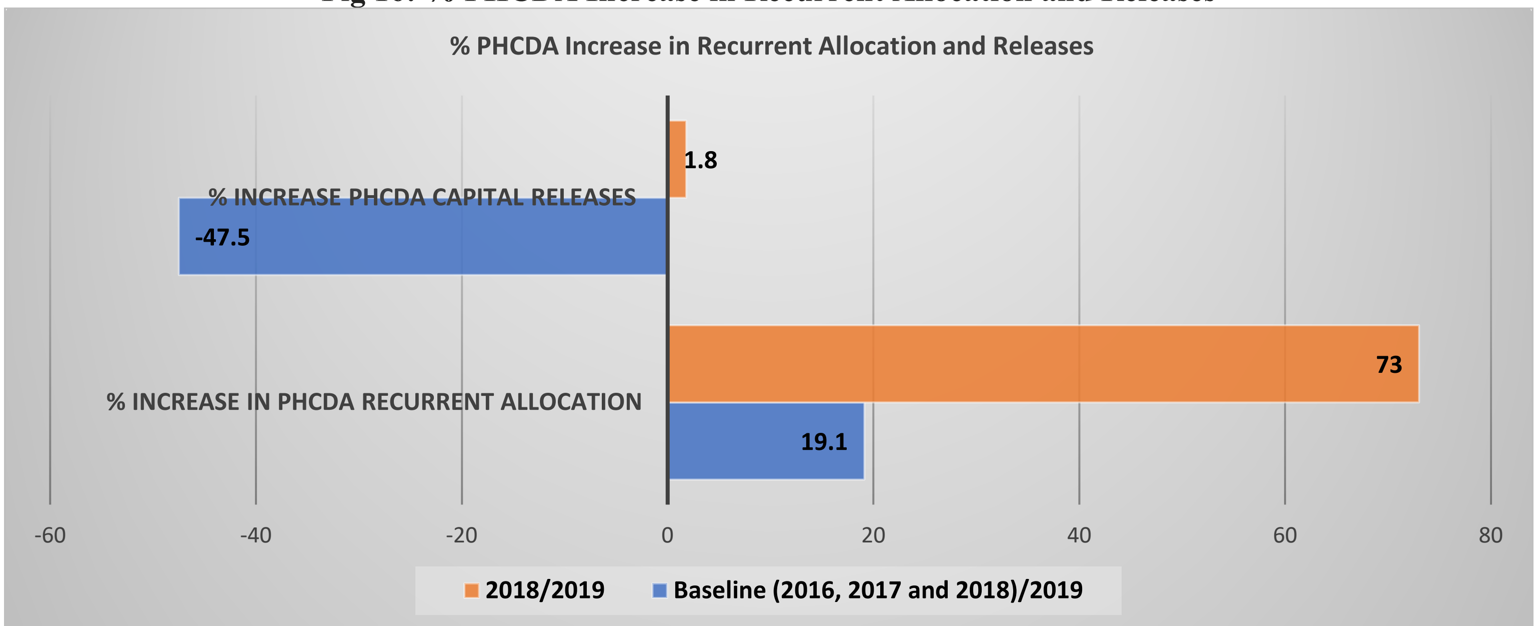



**Fig 16: % PHCDA Increase in Recurrent Allocation and Releases**




### 2.5.1 Measuring 5% Increase Overhead Execution Rate

The table below shows PHCDA overhead recurrent budget allocation for 2016, 2017 and 2018 cumulative average and when compared with 2019, it shows an increase of 159.6%. the 2018 and 2019 PHCDA recurrent allocation also an increase of 22%. Both are more than a 5% increase. On the other hand, the PHCDA overhead recurrent releases cumulative average for the year 2016, 2017 and 2018 compare with PHCDA overheard for the year 2019 shows an increase of 1214.9%. Thus, the 2018 and 2019 overhead releases show an increase of 1198.4% (see table 10/fig 17). Both show significant increases. If this culture is sustained and a greater percentage figure is released compared to the allocation, it will go a long way to addressing the issue of operational inefficiency challenging the various PHCs across the state.

Also comparing the cumulative average of percentage overhead budget allocation and releases for the 2016, 2017 and 2018 with budget allocation and releases for the year 2019 show a wider gap (see fig 18). It could be deduced from this result and others in the above paragraph that using three years average of recurrent overhead as a baseline to track 5% increase may not be sustainable. This will give an impression to the government that they are over spending their resources on PHCDA whereas in the real sense it is not so please (see refer to table 8).

**Table 10: Assessing Baseline and 5% increase in Overhead Budget Execution Rate**

| Year | Total Overhead Allocation (Million) | % Increase | Actual Releases/Utilized sum (Million) | % increase | Allocation to % releases/ Utilized |
|---|---|---|---|---|---|
| 2016 | 125,733,000 | n.a | 77,565,826 | n.a | 61.6 |
| 2017 | 210,022,445 | 67% | 39,105,980 | 49.5% | 18.6 |
| 2018 | 811,955,985 | 286.6% | 59,450,555 | 52% | 7.3 |
| **Baseline** | 382,570,476 | | 58,707,453 | | 29.1 |
| **2019** | 992,771,390 | 159.6% | 771,964,611 | 1214.9% | 77.7 |
| **2018/2019** | | 22% | | 1198.4% | |

**Source:** Compiled and computed from Appropriation Laws, 2016-2019

**Fig 17: % PHCDA Increase in Overhead Recurrent Allocation and Releases**

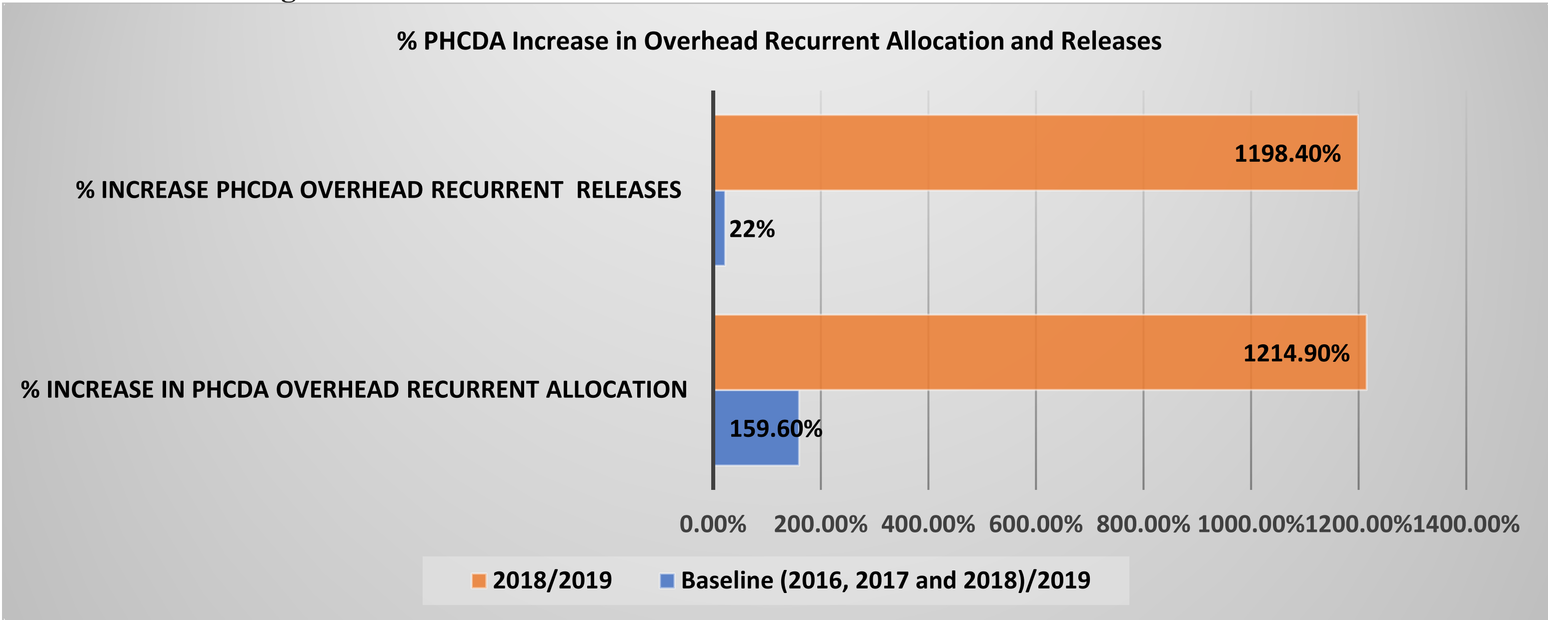
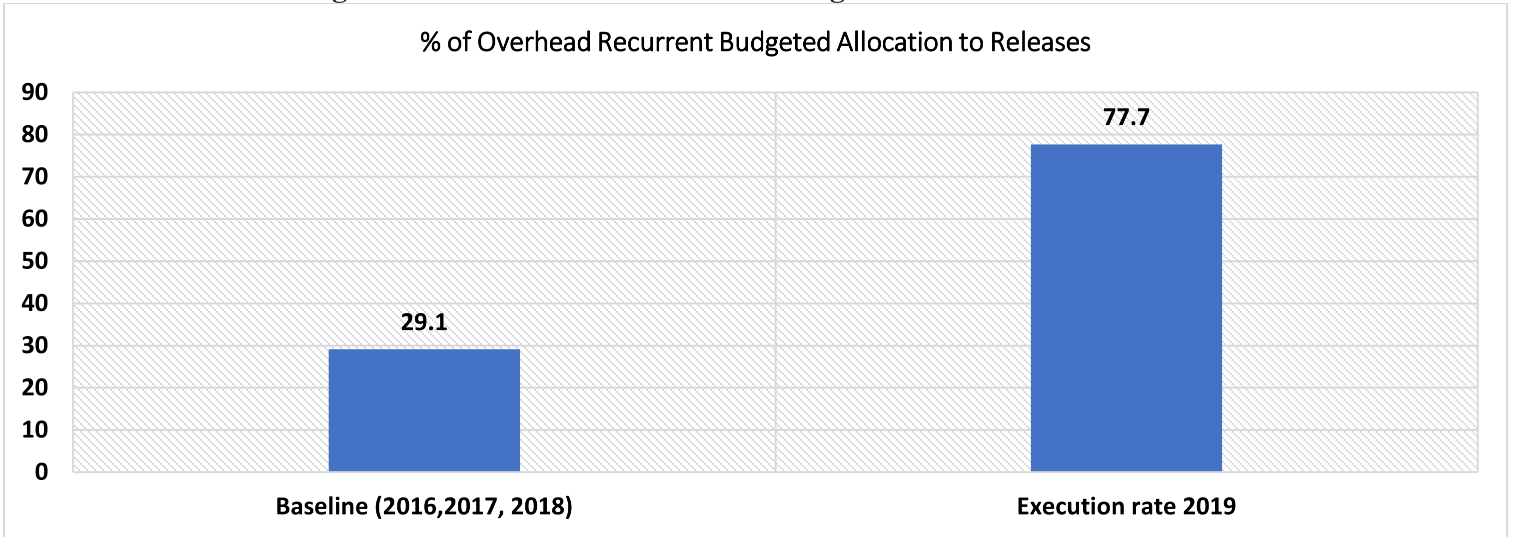


**Fig 18: % of Overhead Recurrent Budgeted Allocation to Releases**



# CHAPTER THREE
## FINDINGS & RECOMMENDATIONS

### 3.1 Findings

I. There is a clear culture of poor releases of funds. Years by years, programs capital and recurrent allocations are not fully released. The implication is the large variances between appropriation, and releases leading to a low percentage budget execution rate in the last four years.

II. There is a discrepancy in the PHCDA capital allocation line item in the year 2018 and the amount released. Government needs to explain why the funds released is higher than the capital allocated for that line item that year. This is to avoid the risk of fund disbursement and utilization.

III. Government commitment towards paying counterpart funding is declining. This trend must not continue.

IV. The current budget performance report is not detailed enough. Subsectors and budget line items are not capture. It denies people of having a good understanding of what government spent on various project and activities. It also weakens public accountability.

V. The level of government commitment towards RI counterpart funding g is declining.

VI. Using the 2016, 2017, and 2018 as baseline for the project execution rate is not be sustainable.

### 3.2 Policy Recommendations

I. A timely release of funds for both capital and recurrent PHCDA. This is critical for its operational efficiency.

II. Re-alignment of the structure of PHCDA spending to strike a balance between the recurrent and the capital expenditure in the subsector.

III. Government must strategically allocate scarce resources for the optimum and effective utilization for the PHCs across the Kaduna state.

IV. Government should wake up, and avoid further decline in RI counterpart funding commitment. Failure to comply with its side agreement may discourage other development partners.

V. Government must ensure that the annual budget performance report must be detailed to caption sub-sectoral issues.

VI. A further improvement of civil society budget oversight is inevitable. They need to have more time, energy to scrutinize the PHC budget, and advocate for improving, tracking and reporting lapses on PHC allocations.

VII. The baseline should be set to 2018 and not cumulative average of 2016, 2017 and 2018. Setting a baseline as cumulative of three average againt a single year may not give a desire result.

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- Primary Health Care Under One Roof Implementation Scorecard III Report, 2015
- Third Quarter 2017 Budget Implementation Report

# APPENDIX 1

Where the Capital Releases is Spent

| 2016 Capital Allocation and Releases | | | |
|---|---|---|---|
| **Items** | **Approved estimate (million)** | **Actual Release (N)** | **Utilized sum (N)** |
| Construction of 2No Zonal Cold Stores at Zaria and Kafanchan | 24,000,000.00 | 0 | 0 |
| Improve Infrastructure at Cold Store and HF levels to improve Service Delivery | 23,032,000.00 | 0 | 0 |
| Procure 10 No Laptops for Programme Officers to effectively deliver Primary Health Care Services | 1,200,000.00 | 1,200,000 | 1,200,000 |
| Routine Immunization RI and System Strengthening (2016 Tripartite MOU) | 255,077,816.00 | 255,077,816.00 | 255,077,816.00 |
| 255 PHCs Project | 1,000,000,000.00 | 0 | 0 |
| Solar for Healthcare Initiative to improve Healthcare Delivery | 2,195,000,000.00 | 2,195,000,000.00 | 2,195,000,000.00 |

| 2017 Capital Allocation and Releases | | | |
|---|---|---|---|
| **Items** | **Approved estimate (million)** | **Actual Release (N)** | **Utilized sum (N)** |
| State Counterpart fund on Routine Immunization RI and System Strengthening (2018 Tripartite MOU provision) | 285,446,805.00 | 285,446,805.00 | 285,446,805.00 |
| Solar for Health care Initiative to improve health care delivery. | 700,000,000 | 0 | 0 |
| Furnish offices and provide internet facilities at 23 LGAs PHC Departments. | 211,600,000 | 0 | 0 |
| Construction of 1No. dry store at SPHCDA Headquarters | 8,000,000 | 0 | 0 |
| 255 PHC PROJECT (Renovate and upgrading of 255 HFs to PHC) | 4,276,152,007.13 | 2,525,446,805.00 | 2,525,446,805.00 |
| Procurement and distribution of 280 Computers and Accessories (255 for PHCs, 2 5 for SPHCDA staff) | 42,000,000 | 0 | 0 |
| Furnishing of 3 Zonal Cold stores at Zaria, Kaduna and Kafanchan | 36,000,000.00 | 34,600,500.00 | 34,600,500.00 |
| Procurement of Printers and Photocopier | 670,000 | 0 | 0 |
| Ensure effective coordination, and adherence to statutory functions. (Power Generator and Chairs for conference and other offices) | 9,400,000 | 8,000,000 | 8,000,000 |

| | | | |
|---|---|---|---|
| | | | |

| 2018 Capital Allocation and Releases | | | |
|---|---|---|---|
| **Items** | **Approved estimate (million)** | **Actual Release (N)** | **Utilized sum (N)** |
| Provide Furniture for Renovated LGHA Offices and Internet Facilities | 80,500,000.00 | 0 | 0 |
| Renovate, Furnish and Equip 53 No. of Health Clinics Across the State | 132,500,000.00 | 0 | 0 |
| PHC Project (Construction, Renovation and Upgrading PHC Centers) | 1,068,135,202.13 | 2,836,678,561.84 | 2,836,678,561.84 |
| Solar for Health Care Initiative to Improve Health Care Delivery Scale Up Provision Solar Clinics | 500,480,000.00 | 0 | 0 |
| Construct 2No Block of Offices at Kafanchan and Zaria Zone | 30,256,000.00 | 0 | 0 |
| Provision of Counterpart Funding | 720,000,000.00 | 570,234,000.00 | 570,234,000.00 |
| Procurement, Installation and Accessories of 1 Power Generator (100 KVA) and Construction of Generator House at new SPHCDA Headquarters | 13,400,000.00 | 0 | 0 |
| Piloting of Community Life Centers (CLC) Concepts in 5No PHC Facilities (Kudan-PHC Garu, Soba PHC DINYA, Igabi-HC Kamfani, Kajuru-PHC DOKA, SANGA - PHC WASA) | 55,000,000.00 | 0 | 0 |

| 2019 Capital Allocation and Releases | | | |
|---|---|---|---|
| **Items** | **Approved estimate (million)** | **Actual Release (N)** | **Utilized sum (N)** |
| Construction, Renovation and Equipping of PHCs | 4,028,555,872.84 | 3,767,096,726.3 | 3,767,096,726.3 |
| Provision of Counterpart Funding (PHC MOU, TCF MOU, RSSH MOU etc.) | 550,000,000 | 199,000,000 | 199,000,000 |
| Furnishing of 3 Zonal Cold stores at Zaria, Kaduna and Kafanchan | 1 5,985,600.00 | 0 | 0 |
| Counterpart Funding for Global Fund Resilient & Sustainable System for Health (RSSH) Grant | 142,800,000 | 0 | 0 |

# About PacFaH@Scale...

*The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) intervention is a health accountability project which aims to catalyze action from national and state governments to increase funding for 4 health issue areas and to implement its public policy promises.*
*The project is implemented in four States namely, Kaduna, Niger, Kano, and Lagos states.*

NGOs are key actors in the project and they will be supported to conduct evidence-based advocacy to strategic advocacy targets in government.

The CSOs working on the PACFaH@Scale project are:

- Medical Women's Association of Nigeria (MWAN)
- Global Initiative for Women and Children (GIWAC)
- Alumni Association of National Institute (AANI)
- Women In Media (WIM)
- Federation of Muslim Women's Associations of Nigeria (FOMWAN)
- Initiative for Integrated Grassroot Empowerment and Support (IIGES)
- Interfaith Mediation Center (IMC)
- National Association of Nigeria Nurses and Midwives (NANNM)
- National Association of Nigeria Paediatric Nurses (NANPAN)
- National Council for Women Societies (NCWS)
- Nigeria Planned Parenthood Federation of Nigeria (PPFN)
- Women and Children Health Empowerment Foundation (WACHEF)
- Pharmaceutical Society of Nigeria (PSN)
- Society of Gynaecology and Obstetrics of Nigeria (SOGON)
- South Saharan Social Development Organization (SSSDO)
- Paediatric Association of Nigeria (PAN)
- Maintaining Family Care & Empowerment Initiative Group (MAFAHSU)
- National Institute of Policy & Strategic Studies (NIPSS)
- National Institute of Legislative & Democratic Studies (NILDS)
- Kaduna State University (KASU)
- Centre for Development & Advanced Learning (CENDAL)