

## ISSUE BRIEF

# FAMILY PLANNING BUDGET PERFORMANCE ANALYSIS IN THE PAS-PROJECT STATES 2019

## Background

One of the PAS project investment primary outcomes at the state level is to improve allocation and timely releases of Family Planning (FP) funding in fulfilment of state governments' commitments to FP through the domestication of Federal government policies and the introduction of state specific programs. It is expected that effective funding will reduce the unmet needs, hence, improve the Contraceptive Prevalence Rate (CPR) across the country.

However, research has shown that only 13.4 percent of women in Nigeria engaged in family planning<sup>1</sup>. In 2014 the government set a target of reaching a 36 percent (CPR) in 2018<sup>2</sup>. In 2017, its pledged to increase the CPR of 27 percent among women by 2020 but whether or not this objective is achievable depends on collective efforts of both national and subnational level governments in mobilizing resources. Thus, this issue brief examines the 2019 funding commitment of subnational governments with particular reference to the PAS-project States namely Kaduna, Kano, Lagos, and Niger States on FP

### Key Issues

**When investing in family planning we also invest realizing human rights, upholding the dignity, and sowing the seeds of truly sustainable development, especially for women and girls<sup>3</sup>.**

**However, limited access**

<sup>1</sup> Multiple indicator cluster survey 2016-2017

<sup>2</sup> Nigeria Family Planning Blueprint (Scale-UP Plan), October 2014

<sup>3</sup> <http://origin.who.int/life-course/news/commentaries/lack-of-family-planning/en/>

to funding and  
contraceptive,  
particularly among young  
people segments of the  
population, or unmarried  
people weaken the level  
of CVR across the states.

### **PAS-Project States FP Situation Analysis**

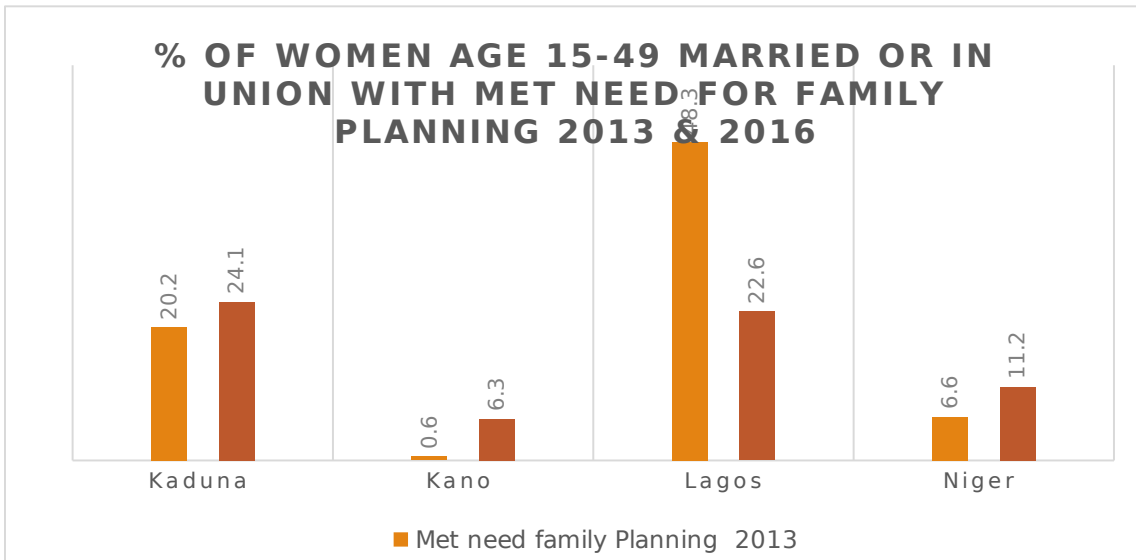
The Situation in the PAS-project shows that between 2013 and 2016, the number of the women in marriage or in union who are between the age of 15 and 49 using contraceptive and who want no more children and women who are using contraceptive and say they want to delay having a child or are unsure if or when they want (another)<sup>4</sup> child increase from 20.2 to 24.1 in Kaduna; 0.6 to 6.3 in Kano, 6.6 to 11.2 in Niger but decrease from 48.3 to 22.6 in Lagos (see fig 1 below).

However, the number of the women in marriage or in union who are between the age of 15 and 49 not using contraceptive but who wishes to postpone their next birth (spacing) or stop childbearing altogether (limiting) increases from 5.8% in 2013 to 22 percent in 2016 in Kaduna State, 11.1 to 30.8 in Kano, 11.8 to 29.6 in Lagos and 24.3 to 29.5 in Niger state<sup>5</sup> (See fig 2 below). Although the contraceptive prevalent is very low in each state, there is some improvement and the will on the part of the government to achieve a better result. This increase must be sustained to ensure the available resources meets the need of the population.

**Fig 1:** % of Women Age 15-49, with Met Needs for PF, 2013 ad  
2016

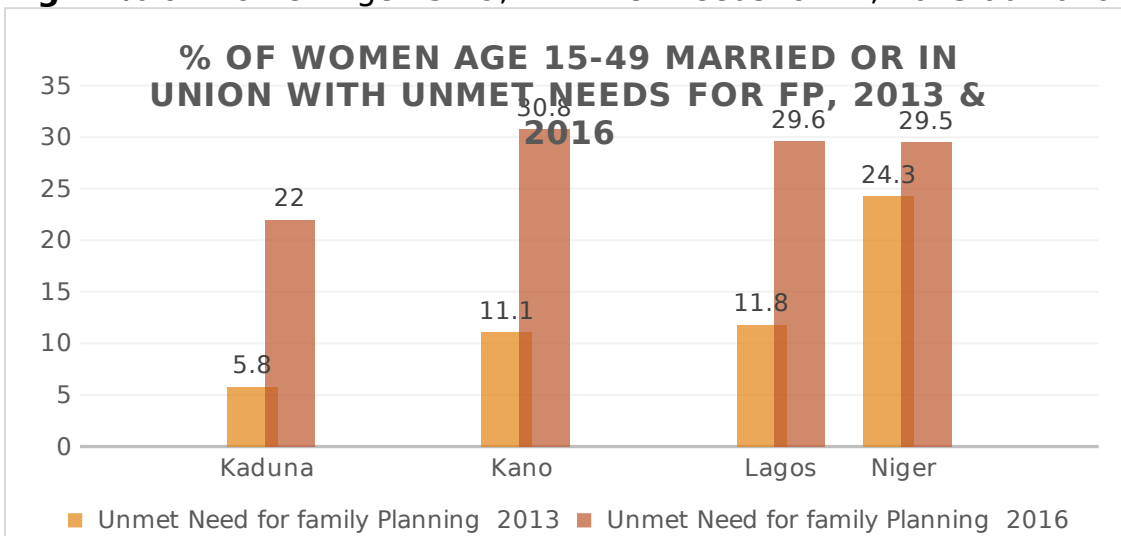
<sup>4</sup> Nigeria Demographic and Health Survey 2013

<sup>5</sup> Multiple indicator cluster survey 2016-2017



**Sources:** NDHS 2013 and MICS 2016-2017

**Fig 2:** % of Women Age 15-49, with Met Needs for PF, 2013 ad 2016



**Sources:** NDHS 2013 and MICS 2016-2017

**FP 2019 Budget Allocation & Releases**

The two states Lagos, and Kano made a significant level of commitment in their annual FP budget allocation. That of

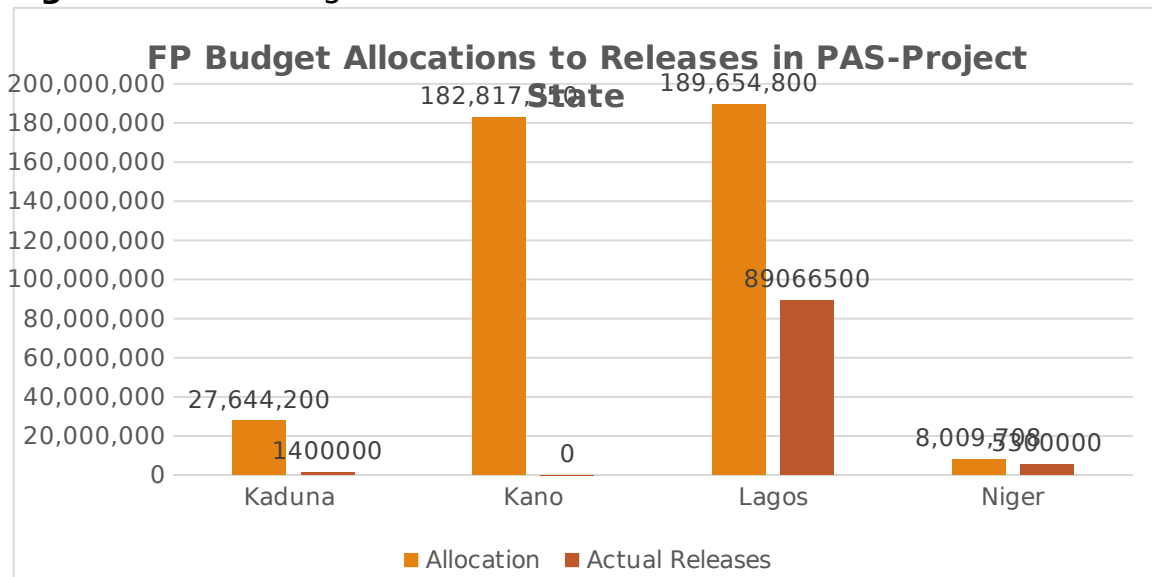
Kaduna and Niger States is low. The amount the Niger state Budget for the FP is insignificant. The allocation for the FP in 2019 shows the state over-dependent on the donor to funds the projects

that affect the lives of the Niger people. Indeed, such amount cannot fund the least thematic priority area of its 2019 FP costed Implementation Plan “Financing” which represent 0.5% total CIPs in the year<sup>6</sup>. The implication is that if the donor or the development partners withdraw their supports for the FB funding, the FP activities in the state will suffer setback.

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<sup>6</sup> *Niger State Costed Implementation Plan for Family Planning, 2017-2020*

**Fig 3: FP 2019 Budget Allocation and Releases**

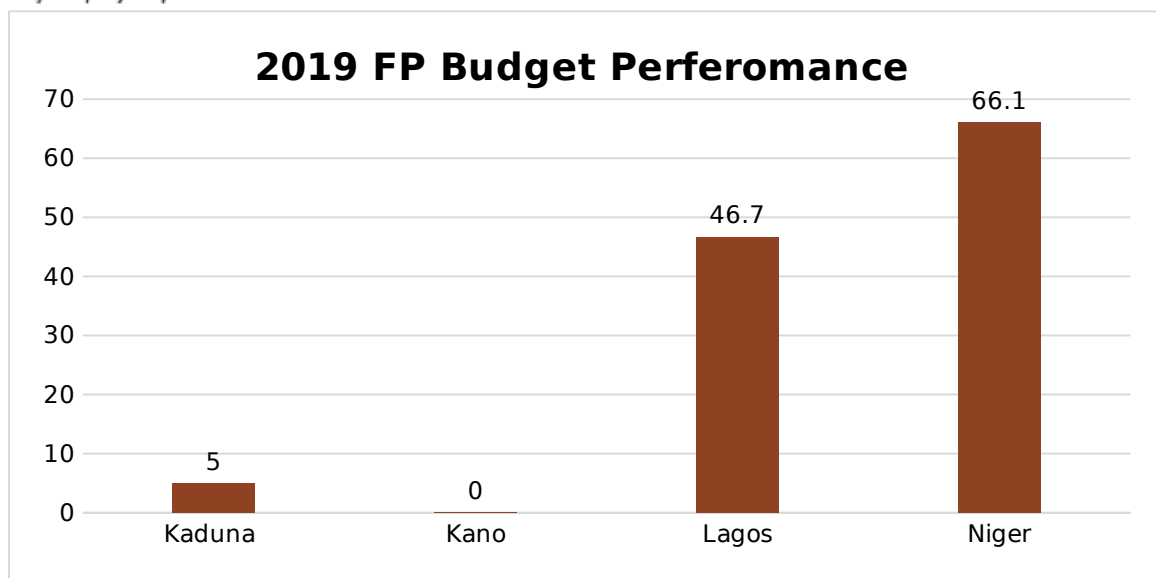


**Source:** Kano, and Niger State PHCDA Office

### FP Budget Performance in PAS-Project States

None of the PAS-state perform very well in their FP budget in 2019. Kaduna State only release 5% fund of its FP budget allocation in 2019. In Kano State, the actual release cannot be ascertained as of the time of preparing this report. While Lagos state performance is below average, the Niger state despite meager allocated did not fulfil its commitment.

**Fig 4: 2019 FP Budget Performance**



**Source:** Kano, and Niger State PHCDA Office

## Findings

### Inadequate and irregular funding:

There is poor fund disbursement for the provision of family planning services. When the fund is insignificant or irregular, it affects annual FP operational plan. None of the states has fully released funding allocated for the PF in the 2019 budget.

### Over reliance on donors:

Most of the activities in FP implementation plan are donor-driven. Development partners shoulder a large portion of the burden and without them, each state would face huge challenges in funding their FP activities.

### High Cost of accessing family planning:

It has been estimated that 57.5% of modern method users reported having paid for family planning methods, supplies, services, or transportation in the past year<sup>7</sup>. Making a payment to access the FP services discourages potential individuals, when this happens it leads to experience unmet needs which may lead to pregnancy risk, unwanted pregnancy, and an increase in fertility rate which may in turn pressure the existing limited resources.

<sup>7</sup> *Lagos State Leads Nigeria in Making Family Planning Services Free, Jan. 2018.*

Poor and inadequate government allocations and releases contribute more negatively in driving various FP areas of priority namely; service delivery, commodity supplies, enabling environment, and community engagement.

Many PHCs are unable to provide FP services due to limited trained health workers needed to drive the FP at the state and local government levels. In Lagos State, the trained staff are available only at a limited number of facilities and, if they move to another clinic, they leave their previous service delivery point without the ability to provide FP services<sup>8</sup>. This might not be unconnected to its poor budget releases and performance on FP.

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<sup>8</sup> *Kaduna State Costed Implementation Plan for Family Planning 2016-2018*

## Recommendations

Efforts should be made to ensure that more funding is made available to reduce the barrier to family planning uptake.

The government should begin taking the overall responsibility for the FP operation. They should look inward to avoid over-dependence on donor funds.

The government should be more proactive on the issues

of FP and make the service completely free. This will encourage more people from accessing the service and meet the unmet needs.

To sustain the service provisions more efforts should be made to train and retraining the health workers to ensure that their capacity is developed.

More efforts should be made to strengthen the civil society actors in the state to improve their advocacy around FP funding,.

## Sources

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