INTRODUCTION
It is estimated that about 33,000 mothers die in Nigeria, three-quarters of which could have been prevented with existing health interventions; 946,000 of children under five die; 41,000 new-borns die, 70% of which could have been prevented using existing health care packages. This means that a total of about 1 million women and children die in Nigeria each year, equaling about 3,000 deaths per day and 2 per minute. This occurrence could be prevented through Family Planning.

Over the decades, Family planning (FP) has been identified as one of the most cost-effective and beneficial investments in global health. Addressing unmet need by providing FP to women who do not wish to become pregnant dramatically reduces the number of unwanted pregnancies and abortions. This in turn decreases maternal and child deaths, reduces the spread of HIV and increases women’s empowerment, all of which improves the overall health and well-being of women, children, and families. This issues brief examines CIP, budget lines and disbursements between 2015-2020.

NIGERIA FAMILY PLANNING COMMITMENTS

In July 2012 at the London Summit on Family Planning, Nigeria renewed its commitment to further improve child and maternal health through improving family planning (FP) services. It is believed that by 2020 contraceptive prevalence rate (CPR) would be increased to 27 percent from its current rate. In July 2017, the country committed to ensure sustainable financing for the national family planning program by increasing its annual allocation for procurement of contraceptives for the public sector to $4M starting in 2018 and to also disburse the sum of $56M to the states through its Global Financing Facility and IDA loans from 2017 to 2020.

Other commitments made at this period include the need to improve availability of services and commodities by taking measures that improve access and create the enabling environment for sexual and reproductive health services across Nigeria, and contribute to improved preparedness and response where humanitarian crises occur.
The Federal government’s target of reaching 27% mCPR by 2020 has been set, and in order to improve uptake it was noted that there is a need to free FP information, services, and commodities at all public health facilities. Thus, ensuring free access to the FP commodities depends on the government’s ability to make funding available. When the reverse is the case it creates a dangerous gap that may be very difficult to breach, thereby affecting its FP budget commitment.

Table 1: FP Budget Allocation and releases 2016-2020
Source: Budget Office of the Federation & FMoH

The figure on the right shows the percentage of the FP allocation and releases between 2016 and third quarter of 2020 fiscal years. While 37.3% of the budgeted FP funding was released in 2016, it was 97.4% in 2017, 33.3% in 2018, 100% in 2019 (even though there was a shortfall of N900 million 2019), no fund has been released for the FP activities for the 2020 fiscal year.
FP COSTED IMPLEMENTATION PLAN
Both the national and subnational level governments have the Family planning in their respective multi-years FP costed implementation plans. Each CIP slated clearly projected funding family planning over a specific period of years, usually two to three years. At the national level for instance, about N56,644,000,000 was projected for the CIP family planning programmes and activities between 2018 and 2020. Out of this projected funding, only 5,100,000,000 was budgeted. This is 9% of the expected FP CIP funding for three years period. Notes that the budget is an instrument through which the government policies are translated into programmes and activities, when programmes/activities are not captured or poorly captured in the budget, it is an indication of lack of proper commitment to implement such policies. Even where there is low revenue, once government has the will, the little resources are used to achieve a desire project intervention. It could be recall that the sum of N1.2 billion supposed to be allocated for the FP in the year 2019 but only N300 million was allocated. This created a shortfall of N900 million. This further created a setback to the full implementation of the 2017 FP commitment of allocating N1.2 billion to FP even though such amount is less than the expected allocation for the FP CIP at the national level which stood at N18.6 billion.

On the actual CIP implementation level, the N1.2bn releases for the FP in the 2018 constitutes only 5.115% of the total CIP in the year and was only 2.04% in 2019. No releases have been made in the year 2020; So, there is 0% implementation level.

However, of the sum of the N56bn projected for the FP CIP at the national level between 2018 and 2020 only 2.5% of the fund was released in the three years period. This shows a significant funding gap.

<table>
<thead>
<tr>
<th>Years</th>
<th>FP CIP</th>
<th>Total FP Budget</th>
<th>% FP Budget to CIP</th>
<th>Actual released</th>
<th>% of Releases to CIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>23,304,400,000</td>
<td>3,600,000,000</td>
<td>15.44%</td>
<td>1,200,000,000</td>
<td>5.15%</td>
</tr>
<tr>
<td>2019</td>
<td>14,702,400,000</td>
<td>3,000,000,000</td>
<td>2.04%</td>
<td>300,000,000</td>
<td>2.04%</td>
</tr>
<tr>
<td>2020</td>
<td>18,837,200,000</td>
<td>1,200,000,000</td>
<td>6.43%</td>
<td>Nil</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>56,644,000,000</td>
<td>5,100,000,000</td>
<td>9%</td>
<td>1,500,000,000</td>
<td>2.65%</td>
</tr>
</tbody>
</table>

IMPLICATIONS OF POOR CIP FUNDING
Nigeria has a rapidly growing population, with current population estimates of over 193 million, out of which about 46 million are Women of Reproductive Age (WRA). With a total fertility rate (TFR) of 5.3 in NDHS 2018, low level of FP utilisation is a major factor in the fertility pattern and population growth rate. The full implementation of the CIP would have contributed to the increase utilisation, if the various activities design to increase the uptake are put in place.

According to the 2018 NDHS, the Contraceptive Prevalence Rate (CPR) and modern methods CPR among WRA in Nigeria were 17% and 12% respectively and the survey also indicated that 19% of currently married women have an unmet need for family planning services. So, if all women who want to space or limit births were to use family planning methods, CPR will increase from 17% to 36%; this cannot be done without effective funding.

More so, while inadequate financing could contribute to the poor health seeking behavior among the population with unmet need for FP, it could also decrease access and utilization of quality FP services by all population segment.

Poor allocation and releases could result in the limited financial supports for scale up training and counseling for FP service providers.

REFERENCES
- National FP Blueprint.
FP ALLOCATION AND CIP IMPLEMENTATION STATUS AT THE NATIONAL LEVEL, 2018-2020

www.pacfahnigeria.org / www.drpccng.org
info@drpccng.org / pacfah2015@gmail.com
Pacfah Nigeria / Drpc Nigeria
@PACFaHatSCALE / @drpc_ng