TRANSPARENCY ISSUES IN THE KADUNA STATE ROUTINE IMMUNIZATION BUDGETING, 2016-2021

Synopsis

The transparency issues in Kaduna State routine immunization budgeting examine the extent to which the state government allocation for the routine immunization is traceable in the budget by the non-state actors over the period 2016 and 2021. Based on this analysis, it offers recommendations on how the Government can improve and enhancing efficiency, transparency, and equity in the allocation and utilization of the scarce resources on RI.

Routine Immunization (RI)

WHO, 2018 observed that Routine Immunization (RI) is the sustainable, reliable, and timely interaction between the vaccine, those who deliver it, and those who receive it to ensure every person is fully immunized against vaccine-preventable diseases. Immunization has been proven to be a vital tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year (WHO, 2018). As one of the most cost-effective public health interventions for reaching Sustainable Development Goal (SDG) 3, its coverage is one of the indicators used to monitor progress toward the achievement of SDG and the reduction of child morbidity and mortality. Since routine immunization services are delivered at health facilities and through outreach activities and special immunization weeks, adequate funding for activities is vital to ensure that every child is covered and vaccinated on various vaccine-preventable diseases such as Diphtheria, Hepatitis B, Haemophilus Influenzae type B (Hib), Measles, Pertussis (whooping cough), Pneumococcal, Polio (poliomyetilis), Rotavirus, congenital rubella syndrome (SRS), Mothers and newborns contract tetanus, Tiberculosis (TB), Yellow fever etc (Logan, 2015).

Table 1: Percentage of children age 12-23 months who received specific vaccines Kaduna State

Descriptions	***2013***	***2018***
BCG	57.9%	51.8%
DPT (3 doses)	43.7%	31.9%
Polio (3 doses)	44.3%	32.3%
Measles	56.4%	42.4%
IPV	-	39.9%
Pneumococcal (3 doses)	-	31.7%
HepB (birth dose)1	-	44.9%
All Basic vaccinations	35.3%	21.8%
No vaccinations	28.9%	40.2%

Source: NDHS. 2013 and 2018

The above shows that the percentage of children received all the recommended vaccinations reduced to 21.8% in 2018 from 35.3% in 2013. Also, the percentage of the children with no vaccination has increased from 28.9% in 2013 to 40.2% in 2018. This shows that the state has more role to play in making fund available for Routine immunization and system strengthening to ensure significant coverage. This might be unconnected as to why the state is being supported by various individuals and groups within and outside the country to ensure that the gap is bridged. This must be done with all sense of responsibility and effective budgeting.

Budgeting for Routine Immunization

The state budget is a document that, once approved by the legislature, authorizes the government to raise revenues, incur debts and make expenditures to achieve certain goals. It reflects the priorities given to different institutions and purposes and is the key instrument for translating government policies into action. When seeking to ensure financial sustainability of a specific health intervention, existence of a budget line in the Ministry of Health (MoH) budget is often seen as an essential, first step. Line item increases visibility of government support in budget prioritization, allocation, and execution. A separate budget line may make it more likely that budget decision-makers explicitly allocate resources for routine immunization. When items are not clearly stated in the budget, or are in lumpsum with other line items, it is a clear indication of poor priority on the item/program.

In practice, the budget line may take a range of forms. In a traditional input-based budget, expenditure is typically structured according to administrative units and types of expenses, with the specification of inputs, such as personnel, supplies, utilities, and equipment. For example, the MoH budget may set out an administrative structure, such as the department of Immunization Services, and include separate line items for different inputs or categories of inputs. This approach, the norm in many countries, aims to achieve transparency and accountability, but it has been criticized for restricting flexibility and leading to inefficient resource allocation (Ulla, et al, 2020).

Increasingly, governments are moving to performance budgeting using a program structure. The aim is to strengthen the links between funding and results by focusing on services delivered rather than inputs purchased. A program budget structure allocates funds to programs, which are established based on defined sets of services that deliver the core functions of a ministry. In this context, routine immunization could be a program, a subprogram, or activity within the MoH budget, depending on how the program structure is defined. For instance, in 2016 and 2019, the RI budget was clearly captured under the capital budget of the State Primary Health Care Development Agency (SPHCDA) budget with other program activities for those years. In 2018, 2019, and 2020, the RI budget line items were clearly captured under the SPHCDA recurrent budget. Capturing of the RI in budget in a clear term is an indication of the government to implement such activities/program.

Transparency Issues in RI Budgeting in Kaduna State

Over the years, the Kaduna State government has made considerable effort to capture the RI budget in a clear term using performance budgeting based on functions, activities and projects clearly stated. For instance, table, 4 shows that the government paying counterpart funding for RI in 2016 and 2017. In 2018, there were two identified budget lines on RI under the recurrent health budget of the SPHCDA. There is also another line identified as counterpart funding in the budget with no specific program attached. Although a further inquiry shows that out of the N720 million about the sum of N570 million was released for RI in the year. The same issues reoccurred in 2019 with two clear budget lines on RI and the other not clearly stated. This made the tracking of the total RI funding commitment for the year in the budget very difficult by the non-state actors.

In 2020, there were also two identified budget lines for the RI. These include Immunization Plus Days (IPD) and RI & System Strengthening. Both had a separate funding under the SPHCDA recurrent budget. In the same year, there was also N1,946 billion for the Provision of Counterpart Funding (PHC MOU, TCF MOU, RSSH MOU etc). Contrary to the source from the Kaduna State Ministry of Planning and Budget Commission, there is no clear indication of the fact that part of the fund will be spent on RI because the RI was not identified with the budget line.

More so, with 2021 approved budget has no budget lines dedicated to RI (This conclusion is based on the recently uploaded approved 2021 budget by the state government on the 22nd of December 2020), it is believed that the N817 million for the Provision of Counterpart Funding (PHC MOU, RSSH MOU, IMPACT Project, CHAI, BHCPF {25%} etc) has some component of RI, even though there is no clear indication from the budget line in this regard. This further raised issue of clarity in the RI budgeting in the state, a trend seems dangerous. The question is that if the RI is captured under the budget line why not made it known to the public by simply identify RI with the budget line as was done for other programs such as PHC MOU, RSSH MOU, IMPACT Project, CHAI? Identifying the RI with the budget lines in lumpsum will quench all doubt.

In summary, two critical issues are identified, the first is the purported hiding of the RI under another budget lines and the second is non dedication of budget lines for RI in the 2021 fiscal year.

Table 2: RI Budget Estimates - **in Millions of Naira**

Years	Counterpart Funding Under the SPHCDA Capital Budget	Amount Budgeted	Other RI allocation Under Recurrent SPHCDA Budget	Amount Budgeted
2016	State Counterpart fund on Routine Immunisation RI and System Strengthening (2018 Tripatite MOU provision)	255	Nil	-

2017	State Counterpart fund on Routine Immunisation RI and System Strengthening (2018 Tripatite MOU provision)	285	Nil	-
2018	Provision of Counterpart Funding	720	Immunization Plus Days	41
			RI & System Strengthening	200
2019	Provision of Counterpart Funding	550	Immunization Plus Days	26
			RI & System Strengthening	200
2020	Provision of Counterpart Funding (PHC MOU, TCF MOU, RSSH MOU etc)	1,946	Immunization Plus Days	10
			RI & System Strengthening	200
2021	Provision of Counterpart Funding (PHC MOU, RSSH MOU, IMPACT Project, CHAI, BHCPF {25%} etc)	817	Nil	-

Source: Approved 2018, 2019, 2020, 2021 Kaduna State Budgets

Risk in Underfunding Routine Immunization (RI)

With no dedicated budget lines for RI in the 2021 approved budget, whatever the intention of the state government, this will not only send a wrong signal to donors or other potential parties interested in supporting the government on the issue of child health, but it could also lead to underfunding of the RI activities including training of Human of Resources for Health (HRH), transportation of logistic to health facilities, maintenance of cold chain, etc. Indeed, there is a need for the Kaduna State government to re-establish its commitment to prevent risk associated with underfunding of the RI system strengthening in the state, as this could lead to non or under-vaccination of the under-5 children in the 2021 fiscal year. This could in turn create a potential risk for the outbreak of some other preventable diseases in the state.

The state government must understand that this is not the time to take its foot off the accelerator rather it's a period to give routine immunization a vital boost through dedicated budget lines and adequate funding. It is also important to note that strengthening routine immunization through adequate funding will sustain the gains already made by polio resources and help ensure a safer environment for the children given the current public health crisis.

Managing Transparency Issues in RI Budgeting

- Government must create dedicated budget lines for RI program activities and avoid any forms of lumpsum with other lines in all possible ways.
- The state government should a stakeholder meeting with the interested individuals and groups and explain the new trend in RI budgeting.

- Government should release a press statement stating clearly where and how the RI funding budgeted in 2021 can be identified by the concerned stakeholders.
- Government should state the actual amount the state government has dedicated to the RI in the newly approved budget to correct all doubt.
- Civil society organizations must understand and familiarize themselves with the RI budget trend and raise critical questions for transparency and efficiency in RI funding.

Implications of Non-Transparent RI Budgeting

- Create distrust among the stakeholders including the donors and citizens.
- Over dependency on the government to get information on the RI. This often creates an opportunity for extortion by the public servant in an attempt to provides what would be been available in the public space without stress.
- Loss of confidence in the government.
- Left the non-state actors in darkness and make the RI budget to be very difficult to track.
- It is also a potential risk for diversion.

Conclusion

Budgeting for RI is critical for carrying out various activities connected to adequate immunization of the under five children and coverage, however, there is a need for transparency in the RI budgeting. The state should avoid creating already solved problem. The practice of none-separated budget line for the RI have no place in modern day budgeting. This is a time to be more open given the state commitment on fiscal transparency as part of its open government partnership mantra.

References

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