

Jigawa State government commits 480 million as equity contribution for the Basic Health Care Provision Fund (BHCPF) in the 2021 budget

How the Jigawa state Maternal, Newborn and Child Health Accountability Forum (JiMAF) facilitated the allocation of ₦480 million to the BHCPF to deliver Universal Health Coverage

Key Achievement:

Following the concerted advocacy efforts by JiMAF, the Jigawa State House of Assembly approved the creation of a budget line for the equity fund and allocated four hundred and eighty million (₦480,000,000) to this. This

will provide coverage to 40,000 vulnerable people to free basic health services under the scheme. In addition, the Deputy Governor committed to allocating a further four hundred million (₦400,000,000) once the initial allocation was used.

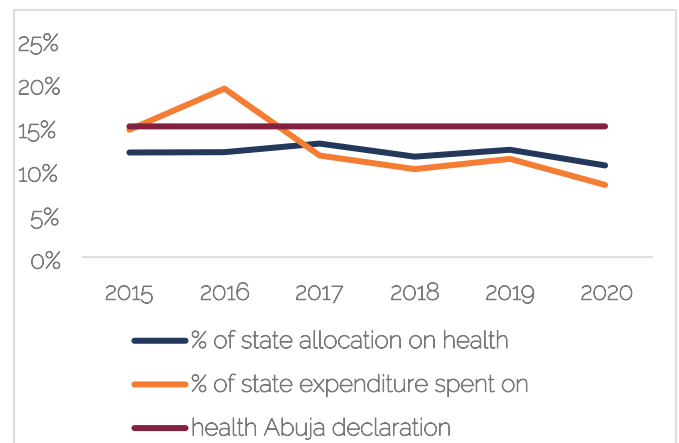
The Challenge

The 2018 National Demographic Health Survey (NDHS) has identified Jigawa among states with the worst human development indicators. This has been attributed to structural weakness, inadequate human resource, non-prioritization of issues pertaining health and inadequate budget provisions marred by poor and untimely releases. The proportion of the state government allocated to health increased in 2016 under the current Governor but has since declined. Figure 1 illustrates that the health sector budget performance has been relatively strong throughout this period (exceeding the proportion of the state budget allocated in 2015 and 2016), but that both allocation and expenditure have declined between 2017 and 2020.

Since 2010 Jigawa has had a free Maternal Newborn and Child Health (MNCH) programme in place, funded by the state government. However, the free MNCH programme was only offered in 12 secondary health facilities and 10 primary health care centres across the state, providing inequitable access to services for women and children.

One of the key opportunities for Jigawa to address its poor human development indicators is the Basic Health Care Provision Fund (BHCPF). Jigawa state government has met all the necessary criteria for Basic Healthcare Provisions Fund; but the programme had been stalled by the

Figure 1: Jigawa state allocation and expenditure on health



review of the national guidelines in 2020. The programme will be run by the Jigawa Contributory Health Management Agency (JICHMA), state primary health care management agency (SPHCDA), the state Ministry of Health, among others. JICHMA, established in 2019 and launched in 2020, is designed to provide a minimum package of primary and secondary services to the formal and informal sectors. The BHCPF is intended to cover the informal poor sector. To enable this to happen, the state government is required to allocate counterpart funding and create a provision for an equity fund to meet the criteria required for national BH-

CPF funds to be released and ensure that the poor population are covered. While some states have committed a percentage of their consolidated revenue funds as an equity fund, in other states (such as Yobe and Delta), free MNCH programme funds have been repurposed for the equity fund, to provide increased equitable access to all vulnerable populations across the state.

In November 2020 Lafiya supported the accountability mechanism, JiMAF, and other CSOs working on public financial management to analyse the draft Jigawa State 2021 Appropriation bill. The analysis revealed that there was no provision for the equity fund, nor the 25% counterpart fund required for the three gateways under the BHCPF. The equity fund is one of the major requirements for the state to access BHCPF. Failure to provide this results in an estimated loss of 500 million to one billion Naira in BHCPF funding for the year.

Our Advocacy Response

Objective

The main objective of the advocacy was to call on the State Government to create a budget line and resource allocation for the Equity Fund, ensuring that the state makes a provision for 25% counterpart funding for the gateways in the 2021 budget.

Target Audience

Findings from the PEA conducted by Lafiya provided robust information around budget processes, the ecosystem on improved public investment for health and a list of critical stakeholders of influence. The SLAM used these findings to identify target audiences and developed a strategy to engage them as highlighted below.

- **Advocacy to Directorate of Budget:** The accountability mechanism engaged the directorate of budget as an entry point to ascertain the accuracy of their analysis of the 2021 budget appraisal, which showed that the state equity fund and 25% counterpart funding for BHCPF had not been included, and to discuss the way forward. The lack of understanding of the BHCPF by key staff of the director-

ate made it difficult for them to differentiate BHCPF and the State health insurance formal sector requirements. They also highlighted that the budget had already been sent to the state assembly and as such, only the Executive Governor had the mandate to make further adjustments, which would have to be communicated to the state assembly. This made it difficult for the directorate to reason with JiMAF and take appropriate measures.

- **Advocacy to the Executive Secretaries of JICHMA and SPHCDA;** JiMAF engaged the Executive Secretary (ES) of JICHMA, as one of the drivers of BHCPF in the state, to draw his attention to the situation. The ES organized a meeting between JICHMA and JiMAF to further scrutinize the proposed budget estimates and the BHCPF guidelines for high level advocacy. Similar advocacy was paid to the Executive Secretary of the SPHCDA.
- **Advocacy to State House of Assembly;** The accountability mechanism proactively advocated to the state house of assembly. This was based on their understanding that the budget was already presented to the State House of Assembly and also to mitigate the risk that their advocacy to the executive had failed. The Chief Whip assured them that the House would create the budget with adequate provisions.
- **Permanent Secretary Government House and Deputy Governor:** JiMAF engaged and sensitised the Permanent Secretary (PS) of Government House (who was the former PS of budget) on BHCPF on the need for the provision of the equity fund in the budget. The PS engaged the Deputy Governor on the issues, who subsequently summoned a high-level meeting. The meeting pooled top policy makers to deliberate on the issues raised by JiMAF and come up with solutions. The high-level meeting was anchored by His Excellency the Deputy Governor, and participants included the Hon Commissioner of Finance; Permanent Secretaries of Government, Ministry of Health and Budget Directorate; Executive Secretaries of SPHCDA and JICHMA, representatives from JiMAF, among others. The Lafiya programme was represented by the BHCPF Advocacy and Accountability Officer.

“Universality can be achieved only when governments cover the health costs of people who cannot afford to contribute. For the equity funding to be equitable, not only the state and a few LGAs would... have facilities offering free MNCH services” ES JICHMA, as part of speech delivered during high-level meeting

What we did

Lafiya trained JIMAF on the BHCPF revised guidelines, ensuring that they understood that the equity fund is one of the major requirements for the state to access BHCPF. This allowed JIMAF to identify the 2021 budget as a key priority for analysis and advocacy. As such, JIMAF engaged Lafiya for technical assistance to support them to conduct the following activities:

- Appraisal of the 2021 appropriation bill

- Development of an evidence-based advocacy kit
- Identification of critical stakeholders using the power mapping from the political economy analysis (PEA) conducted by Lafiya.
- Packaging and presenting evidence to key decision makers for action, including at a High-Level meeting with key policy makers

Evidence used

- ✓ Findings from 2021 appropriation bill
- ✓ Packaged extract from BHCPF revised guidelines

Lafiya supported JIMAF to synthesise and package evidence to present at the high-level meeting. This brief included evidence on:

- The commitment of Nigeria and Jigawa to universal health coverage (UHC)
- The Free MNCH programme, including its history and current implementation status. Highlighting that at present, the implementation is not pro-poor and that women and children in 10 LGAs are unable to access free MNCH services.
- Implications of the free MNCH programme on the cost share by LGAs (with only a proportion of LGAs covering the cost of the programme)
- Evidence from other states of the actions taken to provide an equity fund
- BHCPF guidelines, including the key requirement for the state to allocate counterpart funding and an equity fund to access the BHCPF
- The implications of UHC, the free MNCH programme and the BHCPF on equity in the state.

The brief accompanied a verbal presentation of JIMAF's findings on the 2021 appropriation bill, which highlighted that the equity fund had not been provided for. The brief took account of the interests of the decision makers, by highlighting the gap and providing a realistic solution to the challenge (through repurposing the Free MNCH fund). By pointing to states who had taken a similar course of action,

JIMAF was able to make a convincing case for action.

Results

The BHCPF was formally launched in Jigawa State by the Executive Governor on the 16th March 2021. Following the ongoing advocacy of JIMAF and its allies, a budget line for the equity fund was created with an allocation of four hundred and eighty million (₦480,000,000), which came from repurposing funds for Free MNCH services. Based on a premium of ₦12,000 per beneficiary, this will ensure coverage of 40,000 vulnerable people in Jigawa State. The State also made a commitment to supplement this funding with an additional ₦400 million depending on the progress made in rolling out the BHCPF funding to vulnerable populations in the state. If this happens, this will allow the BHCPF to cover a further 30,000 plus people. This opportunity for further funding provides a strong incentive for JICHMA and SPHCDA to kickstart the BHCPF programme promptly.



Image: Official Invite to the Launch of the BHCPF in Jigawa State

Although the 2021 appropriation bill (2021 Budget) had already been presented to the State Assembly, the executive agreed with the evidence and arguments put forward by JIMAF and created a budget line for the equity contribution with an allocation of ₦480 million in the 2021 budget. They also made a commitment through His Excel-

lency the Deputy governor to make contingency transfers in the event that the two gateways utilized all the resource allocated before the year end. In order to safeguard this funding, it was agreed during the high level-meeting with policy makers that the budget line should be labelled 'Equity Contribution' rather than 'Equity Fund' because the fund must be backed by law.

Next steps

It is important that the Lafiya programme builds on the momentum generated by the creation of the equity contribution and the launch of the BHCPF in Jigawa State. A key priority will be to ensure allocated funds are release and spent promptly so that a case can be made to access additional funding. Some key priorities will be to:

- train Ward Development Committees (WDCs) to support BHCPF enrolment, ensuring that citizens are aware of their entitlements under the scheme
- provide technical assistance to JiMAF to advocate for the utilisation of the equity fund and track the commitments made by the Deputy Governor for reallocating additional Free MNCH funds to BHCPF.
- continue to support JiMAF to track fund utilization by developing tracking tools and training JiMAF to use these on a quarterly basis
- continue to facilitate platforms where CSOs, the Legislature and the media can engage to push for fund releases and utilizations.

References

1. 2021 Budget Capital Expenditure Estimates https://www.jsbepd.org/images/jsbepd_pics/2021_docs/2021%20Budget%20Capital%20Expenditure%20Estimates_13.pdf

About Lafiya

The UK support to health transformation in Nigeria through the Lafiya Programme is a strategic partnership with the Nigerian government to address equity and improve and sustain health outcomes for the most vulnerable states with the worst health statistics. The programme works with the Government of Nigeria, civil society, communities and other partners to rebuild the health system to make it fairer and better; reinforce the responsiveness and resilience to the Covid-19 pandemic and have in place a health security plan against other emergencies and public health events of importance. The desired objectives include fostering an enabling environment for UHC policy reform and implementation, institutional capacity building and system strengthening with full community engagement and participation that contributes to ending maternal and newborn deaths. The programme operates at the Federal level and geographically in five states - Borno, Jigawa, Kaduna, Kano and Yobe. The main Lafiya contract is implemented by a consortium comprising Palladium, Options Consultancy Services, Society for Family Health, Solina, CHECOD, Pharmaccess and Chatham House.



