

Improving public investments in family planning in Jigawa and Kano, Nigeria

How WISH worked with state actors to improve public investments for FP in Kano and Jigawa states in Nigeria

Key learnings

- Using a combination of evidence-based advocacy to highlight the challenge of under-investment in family planning alongside tailored technical assistance to the State Ministries of Health to strengthen their systems and processes helps to achieve sustained improvements in public investment.
- Budget allocation and disbursement in Nigeria is a political process with differing interests among diverse state-actors. Effective advocacy should therefore use a political economy lens whereby specific arguments are tailored to the interests and perspectives of different groups and advocates should be swift to leverage opportunities to influence change.
- Achieving the advocacy goals for improved budgetary allocation and disbursement for FP is a journey that involves building on small incremental achievements. This could start with a “small win” like convincing the Government to create a specific budget line for FP and creating momentum through successive engagements
- Civil society organisations (CSOs) are critical to the sustained achievement of advocacy goals, hence there is a need to continuously strengthen their organisational and technical capacity so that they have the skills and commitment to continue to push the agenda forward.

The challenge

Jigawa state, Nigeria has a contraceptive prevalence rate (CPR) goal of 21 % by 2023, far higher than the 2018 estimate of 4%¹; In Kano, the CPR goal is 16.3% by 2023, from a 2018 estimate of 5.6%. To achieve these goals, Jigawa requires about N600million (USD\$1 million)² annually, while Kano state requires N1billion (\$ USD 2 Million)³. Yet, prior to the WISH program which started in late 2018, there was no specific allocation to family planning in Jigawa state, as the budget allocation for family planning services was often lumped together with other primary healthcare services. Due to lack of visibility, family planning had to compete with other primary healthcare services and was therefore often deprioritized and underfunded. Because of the low levels of domestic investment in family planning and the reliance on the federal government for commodities, there was minimal progress towards achieving the family

planning goals in both states. Most users of family planning services have either paid out-of-pocket or relied on donor-funded service delivery programs such as the Marie Stopes International outreaches.

Between 2019-2021, the FCDO-funded WISH program worked with civil society organizations to conduct advocacy combined with tailored technical assistance to support increased domestic investment in family planning in Kano and Jigawa states. This brief summarizes our approach, key outcomes, and critical lessons from our advocacy efforts.

The response

Political Economy Analysis: At the outset of the WISH program, we conducted a political economy analysis (PEA) to understand the power dynamics around the budgeting processes in both Kano and Jigawa. We assessed the level of interest and power of various state actors in improving domestic investment in family planning. Notably, we identified that being a patriarchal society, the biggest opponent to increased public investment are the society gate keepers such as: male-support groups, religious and traditional leaders who view family planning as a taboo topic. The civil society organizations (CSOs) had identified improvements in domestic investment as an advocacy priority but had little power to influence it.

Calculating the return on investment: From there, we estimated the health and economic benefits of investments in family planning under various scenarios using the ImpactNow tool. We disseminated our findings from this analysis to the state actors comprising Ministry of Health, Budget/ Planning and CSOs. The Ministry of Health and CSOs were impressed by the number of maternal and child deaths that could be averted under various family planning investment scenarios. While the Budget Ministry were particularly interested in the huge cost-savings (that investment in FP would yield \$2 for every \$1 invested).

Convening allies as advocates: Based on the orientation provided by the WISH program, Government and CSOs became the mouthpiece for convincing the religious and traditional leaders of the importance of family planning. With support from WISH, the Health Commissioners in Kano and Jigawa, convened town hall meetings with religious and traditional leaders to highlight the huge potential of family planning in saving lives of women and children. When speaking to traditional and religious leaders, one senior official from the State Ministry of Health put it that: "family planning is the immunization against the huge burden of maternal deaths in our state". The religious leaders gave commitments not to speak publicly against FP during their sermons again.

We also facilitated the creation of the FP-TWG to bring together multiple stakeholders from Government, development partners and CSOs for policy dialogue on FP and used this platform for strategic advocacy.

Media engagement to strengthen public awareness and political pressure: We went further to conduct advocacy using the media by writing reflective pieces on the benefits of Government's investment in FP/

SRH. We provided orientation to media practitioners on the importance of family planning services in achieving SDGs. The journalists have been writing convincing articles on FP in print and electronic media.



Journalists trained on media advocacy for FP by WISH

Ongoing engagement with decision-makers: During the budget development process for the 2020 fiscal year, WISH and our CSO partners had series of engagements with key decision-makers in both states to ensure a budget line was created for FP, and there was an allocation for this budget line.



Roundtable meeting with senior Government officials in Kano state

Budget allocation and expenditure tracking: In subsequent fiscal years, we tracked the budget allocation and expenditures on family planning using a bespoke tool developed by WISH and used the findings to advocate for budget release and increased budget allocation



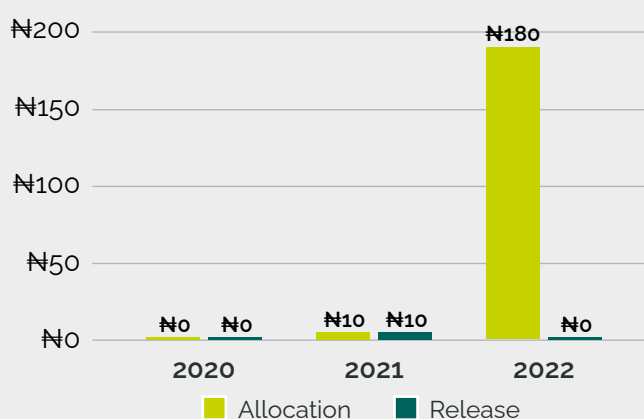
Advocacy by WISH to Jigawa House of Parliament

Results and learnings

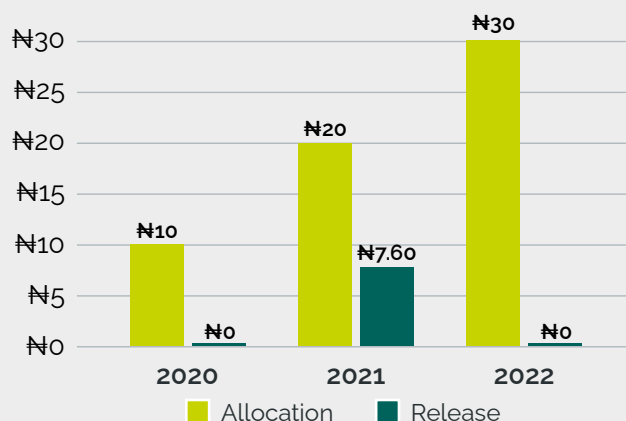
Our advocacy yielded the following results:

- **Creation of a budget line for FP:** Budget lines were created for family planning in Jigawa and Kano states
- **Increased yearly allocation:** In the 2022 fiscal year, Kano state allocated ₦180 million (\$300,000) for family planning compared to ₦10 million allocated in 2021, while Jigawa allocated ₦30 million in the 2022 fiscal year compared to ₦10 million in 2020 (see graphs below)
- **Budget release:** While none of the allocated funds were released in either state in 2020, in 2021 fiscal year, 100% of the allocated funds were released in Kano and 38% of the allocated funds were released in Jigawa state.

Allocation and release of funds for FP in Kano, 2020, 2021 and 2022 (millions)



Allocation and release of funds for FP in Jigawa, 2020, 2021 and 2022 (millions)



Based on our advocacy efforts for 3 consecutive years, we highlight some critical success factors.

Critical success factors

- **Evidence:** Government responds to evidence-based arguments that clarifies their doubts. Use of local data and policy documents is important in framing advocacy messages. Delivery of advocacy message should be done with political considerations in mind.
- **Ongoing technical support:** to support government officials throughout the planning and budgeting process including budget preparation and, once budgets are approved, continuous follow up to ensure budget is released and spent.
- **Wide audience:** Advocacy should be targeted to a wide range of stakeholders including state actors (Ministry of Health, Budget/ Planning and Women Affairs) and non-state actors, notably: media, religious and traditional leaders. This helps to build momentum and political pressure from different directions.
- **Diverse approach** – Various advocacy methods should be deployed to achieve the advocacy target. This includes meeting with Government officials, round table meetings, town hall meetings and media campaigns.
- **Tailored argument:** Advocacy message should be tailored based on the audience. Some audience resonate with facts, while others respond to ethical arguments. Advocacy message should show alignment with national and state-level health goals such as Sustainable Development Goals and Universal Health Coverage goals.
- **Continuous advocacy:** Advocacy for improved domestic financing for FP should be continuous so that it remains on the agenda amidst competing priorities. Advocacy for budget release, in particular, requires a lot of perseverance.
- **Timing:** Advocates for FP should ensure to be at the table when critical decisions concerning health budgets are to be made. Special days such as Safe Motherhood Day and World Contraception Day also provides a unique opportunity for advocacy.

Where does this lead

With the incremental progress achieved in improved budget allocation for family planning, we will turn our support to strengthening the decentralization of family planning commodity procurement. If the states continue to depend on Federal Ministry of Health for their family planning commodities. There would be some reluctance to close the financing gap for family planning. We intend to support advocacy to Federal Ministry of Health to grant an approval for procurement of commodities by Jigawa state. Kano state is currently working on the approval being granted. We will scale up our technical support on data reporting of commodities for effective quantification and forecasting of family planning commodities.

We will also intensify our advocacy for timely budget release and expenditure. This requires a lot of perseverance in view of the dwindling Government revenues amidst competing priorities and unforeseen contingencies such as COVID-19 and rising insecurity.

References

1. National Population Commission: National Demographic and Health Survey (2018).
2. Jigawa State Ministry of Health. 2019. Jigawa State Costed Implementation Plan for Childbirth Spacing, Dutse, Jigawa State.
3. Kano State Ministry of Health. 2021. Kano State Costed Implementation Plan for Childbirth Spacing, Kano, Kano State.

About WISH

Women's Integrated Sexual Health (WISH) is a 3 year programme that aims to expand access to Family Planning and integrated Sexual and Reproductive Health and Rights (FP/SRHR) services for women, men and young people across Africa and Asia. Central to this ambition is the need to ensure that, by the end of three years, the government in each supported country is fully committed to and has leadership of the SRHR agenda, ensuring the programme has a catalytic and lasting impact. Sustainability is therefore built in as a core part of the design.

The WISH financial sustainability component aims to catalyse improvements in public sector investments in FP/SRHR programmes so that governments are better able to deliver on their commitments to ensuring citizens' rights to basic health care, and in particular sexual and reproductive health care.

This learning brief describes the experience of Nigeria. It aims to highlight key learning and document how the WISH programme has responded to particular challenges related to public sector investments in FP/SRHR that are helpful to other programmes working in this sector.



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