

# FINANCING FOR FAMILY PLANNING IN NIGERIA

FACTSHEET

June 2017

## Nigeria National Policy on Population for Sustainable Development (NPP)

The NPP outlines Nigeria's development goals, including the following:<sup>i</sup>

- Achieve and sustain economic growth, eradicate poverty, protect the environment, and provide high-quality social services
- Achieve balance between population growth rate and available resources
- Improve the reproductive health of all Nigerians

Family planning targets:

- Reduce the annual national annual growth rate to 2% or lower (currently 3.2%)<sup>ii</sup>
- Reduce the total fertility rate (TFR) by at least 0.6 children every five years (between 2008 and 2013, TFR declined from 5.7 to 5.5)<sup>iii</sup>
- Increase the modern contraceptive prevalence rate (CPR) by at least 2 percentage points each year (currently 9.8%, an increase of 0.1 percentage points from 2008)<sup>iv</sup>

Reducing the current fertility rate through the use of modern family planning methods is key to achieving the goals and targets of the Nigeria NPP.

## Returns on Investment<sup>v</sup>

Investing in family planning has direct benefits for development.

If Nigeria achieves its FP2020 and Family Planning Blueprint goal of 36% CPR:

- An additional **20,000 mothers' lives** would be saved between now and 2020
- An additional **101,000 children's lives** would be saved between now and 2020

If Nigeria achieves the NPP target of increasing its CPR by 2% each year, it will:

- Save approximately **₦6.9 trillion** (US\$22 billion) in primary education costs between now and 2050
- Save **₦2.8 trillion** (US\$8.9 billion) on rice imports between now and 2050
- Need to create **19 million** fewer new jobs between now and 2050

## Health Financing in Nigeria

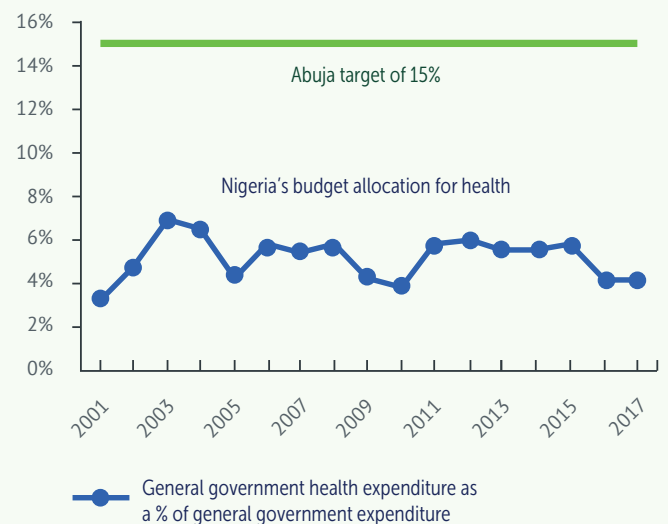
- Nigeria committed to spending 15% of its budget on health through the Abuja Declaration in 2001, but has never met this commitment (see Figure 1).
- Each year, Nigeria sees significant decreases in health budget allocations, budget releases, and actual expenditures (see Figure 2).

## FAMILY PLANNING FINANCING

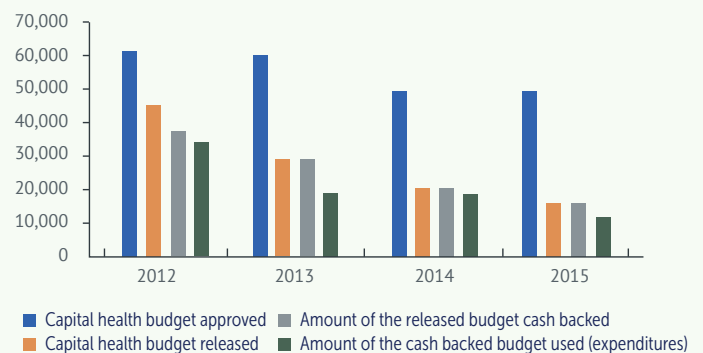
### Government commitments

- Free Family Planning Commodity Policy: In 2011, the Federal Government of Nigeria (FGON) committed to providing family planning commodities to all women at public facilities free of charge.

**Figure 1: Percent of the Government Budget Allocated to Health<sup>vi</sup>**



**Figure 2: Capital Budget Allocations vs. Actual Expenditures (in Billions ₦)<sup>vii</sup>**



- **FP2020:** At the 2012 London Summit on Family Planning, Nigeria committed to achieving a 36% CPR by 2018. To meet this target, the government committed to increasing domestic financial resources for family planning:
  - US\$3 million annually for family planning commodities
  - US\$8.35 million annually for reproductive health commodities
- **Family Planning Blueprint:** Achieving Nigeria's family planning goals (including a 36% CPR) would require ₦190 billion (US\$603 million) between 2013 and 2018.

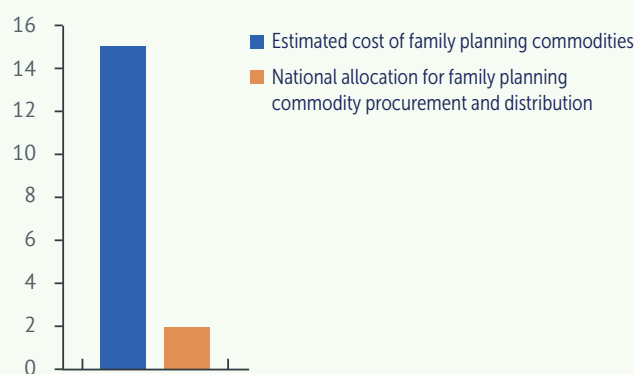
### Insufficient family planning funds and donor dependency

- FGON has not met its commitments for family planning financing.
- In 2016, FGON allocated ₦746 million (US\$2.37 million) to family planning commodities. The total commodity cost was ₦4.8 billion (US\$15.3 million) (see Figure 3), and the gaps were largely filled by donors (see Figure 4).
- Without donor assistance, Nigeria faces huge family planning funding gaps. For example, in 2018, the gap will be ₦4.4 billion (US\$13.9 million) without donor assistance. Nigeria's donor dependency puts it in a precarious position as donor funding is likely to decline.

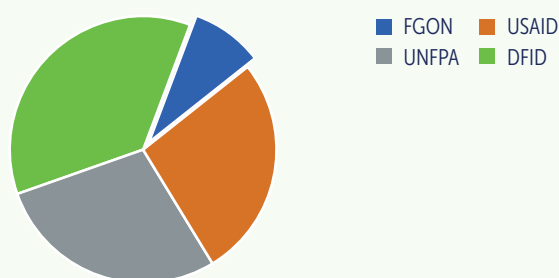
### What Is Needed?

- To reach its development goals, Nigeria must reduce its fertility rate by investing in family planning and child spacing. Insufficient funding for family planning is a major barrier to achieving these goals.
- FGON must honour its commitment to provide adequate funding for family planning.
- Sufficient funds must be allocated to family planning, but budgeted funds must also be released and spent in a timely manner.

**Figure 3: Public Sector Family Planning Commodity Funding Gap (2016)<sup>viii</sup>**



**Figure 4: Funders for Family Planning Commodities (2016)**



### References

- <sup>i</sup> Federal Government of Nigeria. 2004. *National Policy on Population for Sustainable Development*. Abuja: Federal Government of Nigeria.
- <sup>ii</sup> National Population Commission. 2009. "Population Figures and Growth Rate Based on 2006 Population and Housing Census." *Federal Republic of Nigeria Gazette 96*, February 2009.
- <sup>iii</sup> National Population Commission of Nigeria (NPC) and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- <sup>iv</sup> Ibid.
- <sup>v</sup> National Population Commission of Nigeria. 2017. *RAPID: The Change We Seek—Raising Our Quality of Life*. Abuja, Nigeria: Federal Government of Nigeria; and Washington, DC: Palladium, Health Policy Plus Project.
- <sup>vi</sup> Federal Government of Nigeria (FGON). 2001–2017. *Appropriation Acts*. Abuja, Nigeria: FGON.
- <sup>vii</sup> Eze, Laz Ude. "Towards Sustainable Health Financing: A Review of the 2017 Health Budget Proposal." Powerpoint presented at House of Representatives members Retreat on the 2017 Health Budget, Center for Social Justice, Owerri, Imo, Nigeria.
- <sup>viii</sup> Association for the Advancement of Family Planning (AAFP). 2016. *2016 Federal Ministry of Health Budget Analysis with Focus on Family Planning Budget*. Abuja, Nigeria: AAFP.

#### Contact Us

Health Policy Plus (HP+) Project Nigeria  
 Attn: Country Director  
 20, Port Harcourt Crescent,  
 Off Gimbiya Street, Area 11, Garki, Abuja  
 Email: onoriode.ezire@thepalladiumgroup.com  
 www.healthpolicyplus.com

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This factsheet was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.