



Overview

CAPITAL

Makurdi

POPULATION

6,015,633 (2018 Estimate of National Population Census, based on 3% growth rate)

URBAN/RURAL POPULATIONS

1,629,243/4,386,390

LOCAL GOVERNMENT AREAS

23 LGAs

ETHNIC GROUPS

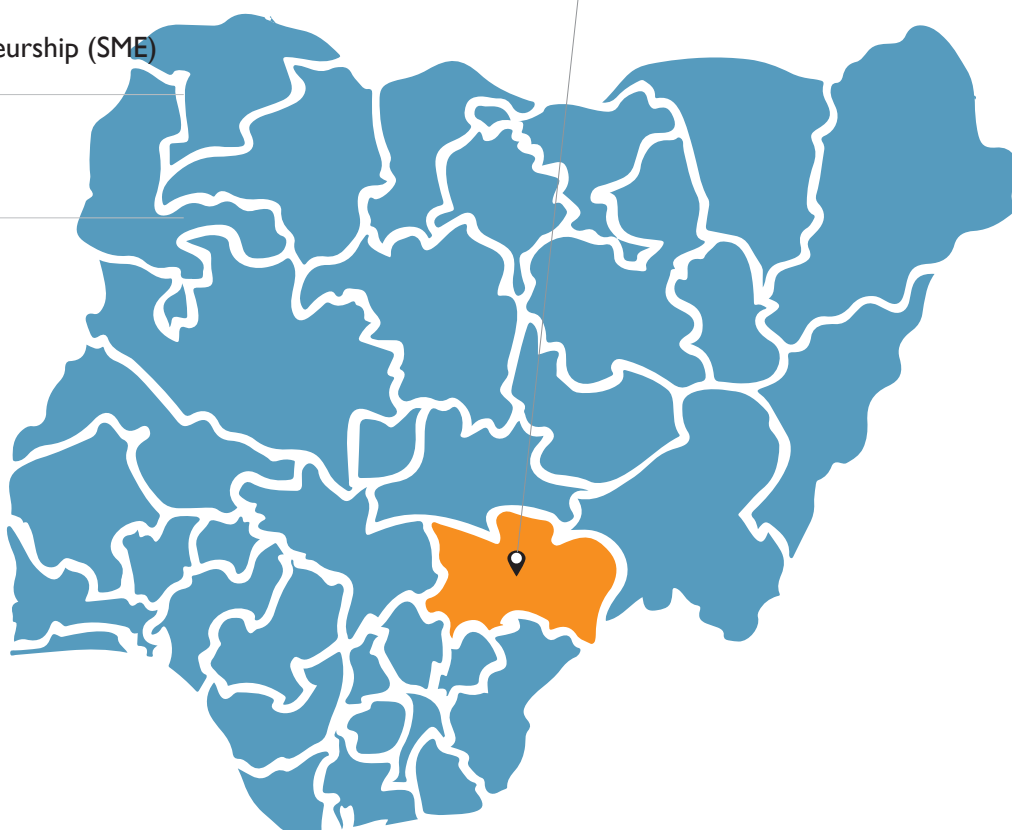
Tiv, Idoma, Iggede (non-indigenous tribes such as Jukun, Igala, Hausa, Fulani and Igbo also present)

MAIN OCCUPATIONS

Civil Service, Farming, Entrepreneurship (SME)

LANGUAGES

English, Tiv, Idoma





Benue State Health Indices

HIV AND AIDS PREVALENCE

15.4%
(ANC Sentinel Survey 2016)

A number of households have experienced illness and death classified as AIDS and reported high costs in terms of expenditures and time spent on care, funerals and mourning

TUBERCULOSIS PREVALENCE



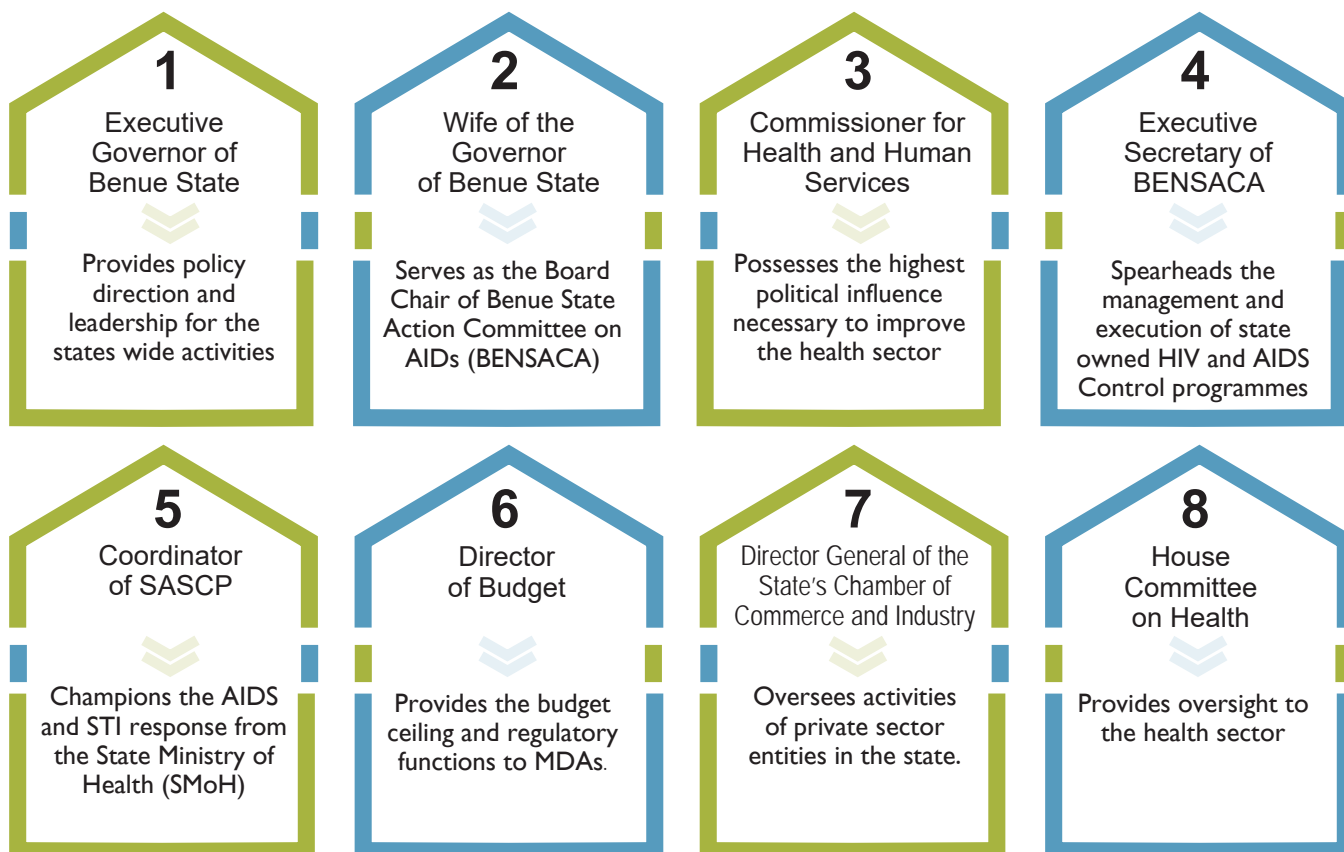
13,000+

NUMBER OF PEOPLE AFFECTED BY TB BURDEN IN BENUE STATE

Benue has a high TB burden which is attributable to a high HIV prevalence. Using the 2013 national prevalence for all forms of TB in all ages at 326 per 100,000 population and a population estimate 4.2 million (2006 Census), TB burden is affecting more than 13,000 persons in Benue state.



Key Stakeholders



THE USAID/HFG PROJECT IN BENUE STATE



KICKED OFF JANUARY 2018

with stakeholder mapping and engagement followed by an inauguration of a Domestic Resource Mobilization Technical Working Group (DRMTWG) for HIV and AIDS.



MANDATE
IN BENUE STATE

To ensure sustainable financing for HIV and AIDS programming



USAID/HFG in Benue State

HEALTH BUDGET ALLOCATION

Budget allocation to health was four per cent of the total budget. Budget Performance for SACA stood at four per cent and 15 percent for SASCP for the 2017 fiscal year.

HEALTH STRUCTURES AND SERVICES

Health structures such as primary health centres, family support clinics, general hospitals were present but largely dysfunctional due to paucity of funds, poor management practices and inadequate human resources. BHCP, PMTCT

and ANC services had policy backing but were poorly implemented.

STATE HEALTH INSURANCE SCHEME

State Health Insurance Scheme is not in existence in the state. Bill to establish the SHIS is in process of passage but is being delayed due to poor stakeholder engagement and absence of funds to finance public hearing of the Bill.

HEALTH INSTITUTIONS

State Primary Health Care Board, Hospital Management Board and State AIDS Control Agency are functional but are severely crippled by poor funding.



HEALTH BUDGET ALLOCATION



BUDGET PERFORMANCE FOR SACA



BUDGET PERFORMANCE FOR SASCP



INTERVENTION AREAS

HIV AND AIDS

Budget advocacy for Health and HIV and AIDS services.

Public Financial Management (PFM) assessment and reforms for improved execution and efficiency of HIV Spending.

Health financing diagnostics (Fiscal Space Analysis, Public Expenditure Review) to generate evidence for improved budgetary allocation, release and private sector involvement.



Approach



STAKEHOLDER ENGAGEMENT

At the project initiation phase, key stakeholders in the health sector as well as government officials were mapped and engaged.



MULTI-SECTORAL COLLABORATION

Multisectoral collaboration in releasing funds towards HIV and AIDS – a Resource Mobilization Technical Working Group (RMTWG) was created to strategically mobilize resources. Members of the RMTWG were drawn from several Ministries, Departments, Agencies, Civil Society Organizations, Faith Based Organizations, Implementing Partners and Private sector entities with clear-cut terms of references for operation.



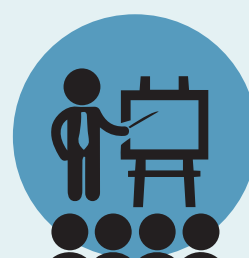
ADVOCACY VISIT

Advocacy visit to the State Ministry of Health (SMoH) on achieving 25 percent DRM for HIV and AIDS – Research into state dynamics showed poor communication and interdepartmental rivalry among key individuals in the SMoH. Regular advocacy visits were conducted during initiation and execution phases.



ADVOCACY STRATEGY

High level advocacies were conducted throughout the project schedule to stakeholders with political influence to increase budgetary allocation and effect releases of funds to State HIV and AIDS Programming.



CAPACITY BUILDING

Legislators from the Committee on Appropriation and the Committee on Health were engaged and mentored for the purpose of providing strengthened oversight to the health sector. Legislators and policy makers took part in the Joint Learning Network for UHC as part of the capacity building initiatives for health financing in the state.



Achievements

- Fully functional RMTWG on HIV and AIDS is in operation. The RMTWG has recorded outstanding success in mobilizing support from political stakeholders.
- In-depth situational analysis and health financing diagnostics was conducted. Findings from these were used to provide evidence for release of previously withheld Counterpart Funding of NGN 45 million (\$123,966.95) as well as NGN 2 million (\$5,509.64) LGA support to HIV and AIDS control.
- State HFG Project pioneered reforms in PFM in the health and finance sectors.
- Sixty two percent Increased budgetary allocation has been secured which will in turn lead to higher releases.
- Revitalization of BENSACA Board for strengthened leadership and direction for HIV/ AIDS control in the state was initiated and executed in July 2018.



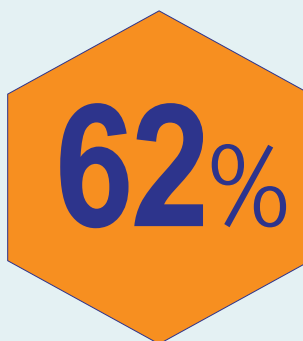
FULLY FUNCTIONAL RMTWG ON HIV AND AIDS

Recorded outstanding success in mobilizing support from political stakeholders



CONDUCTED SITUATIONAL ANALYSIS HEALTH FINANCING DIAGNOSTICS

Findings were used to provide evidence for release of previously withheld counterpart funding of n45m



INCREASED BUDGETARY ALLOCATION



Lessons Learnt



ADVOCACY

Advocacy was a successful tool used to provide convincing evidence to stakeholders on the need to allocate and disburse resources for health.



COMMUNICATION SYSTEMS

Personalized communication systems through one on one discussions and meetings with stakeholders played a vital role in stirring the support for more financing for health.



MULTISECTORAL COORDINATION

Multisectoral coordination along with collaborative planning and programming across the state key players was necessary and accelerated the achievements recorded on health.



INSECURITY

Insecurity and internal conflicts are detrimental to a successful project implementation. The escalated insecurity and internal conflicts in Benue state threatened the speedy realization of Resource Mobilization Technical Working Group (RMTWG) Objectives.



Challenges



Influencing governments on health financing is a major challenge because of the low level of public funding of health services and the rising trend towards domestic resource mobilization



The limited time for the project (only one year), did not allow the USAID/HFG sufficient time to develop the work to a level where stable and sustained funding for HIV/AIDS programming will be achieved



General insecurity and poor socioeconomic conditions brought on by intertribal conflict prevents rural dwellers from accessing care where present



Legacy



A fully functional Domestic Resource Mobilization (DRM) Technical Working Group (TWG)



Highly skilled policy makers and stakeholders trained in health care financing and reform



A built structure that will maintain health financing reforms



Gate keepers for the Legislative Network for Universal Health Coverage



Recommendations

There is need to build ownership by the relevant state actors for them to be committed in the proposed, arduous task of mobilizing resources from within the State.



There is a need for capacity building and mentoring in the area of domestic resource mobilization strategies, effective and efficient resource utilization/tracking, Monitoring & Evaluation and development of relevant work plans.



Project timeline/schedule should be made longer to allow a more effective implementation process.





Sustainability Initiative



The State has resolved to take up the DRMTWG and ensure that activities are not discontinued, though it will be downscaled.



Monthly meetings which led to obtaining quick results will be held quarterly to ensure that logistics are adequately covered in light of paucity of funds.

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