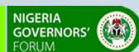




FEDERAL MINISTRY OF BUDGET AND  
ECONOMIC PLANNING



Federal Ministry of  
Health & Social Welfare  
Federal Republic of Nigeria



NIGERIA  
GOVERNORS'  
FORUM



RESULTS FOR  
DEVELOPMENT

**Financing Nutrition Commodities within Primary Health Care**

# KEY MESSAGES ACROSS STATES & WAY FORWARD



## INTRODUCTION

Financing nutrition commodities is high on the political agenda in Nigeria. The Coordinating Minister of Health and Social Welfare and the Federal Government have committed to distributing Multiple Micronutrient Supplementation (MMS) in the near-term, along with Intermittent Presumptive Treatment (IPTp) for malaria in pregnancy, Vitamin A Supplementation, and Ready-to-Use Therapeutic Foods (RUTF) and Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) for treatment and prevention of malnutrition.

With this robust commitment to address Nigeria's rising malnutrition crisis, there is now an excellent opportunity to simultaneously mobilize collective efforts and resources at the State level by setting aside funds for prevention and treatment initiatives, especially in the above-mentioned commodities as well as Maternal, Infant and Young Child Nutrition (MIYCN) and supporting efforts with Zinc ORS for treatment of diarrhoea, Albendazole for deworming, Micronutrient Powder (MNP) and Tom Brown.

States can significantly contribute to national nutrition goals through commodity financing. The Coordinating Minister of Health is proactively interacting with governors to emphasize the importance of state-level awareness-raising and dedication to nutrition-related programs. In July 2024, the Federal Ministry of Budget and Economic Planning (FM-BEP), Federal Ministry of Health and Social Welfare (FMOHSW) in collaboration with Nigeria Governors' Forum Secretariat, UNICEF, and R4D held a 2-day workshop focused on enhancing sustainable financing for nutrition commodities in 11 Nigerian States - Anambra, Borno, Cross River, Delta, Jigawa, Kaduna, Kano, Kwara, Niger, Osun and Plateau. This workshop convened key stakeholders from the Federal and State levels with the following objectives:

- 1 Assess the current financing landscape for funding nutrition commodities across States.
- 2 Develop sustainable and innovative financing options for nutrition commodities.
- 3 Take stock of States' questions and considerations related to UNICEF's Child Nutrition Fund (CNF) as an avenue to unlock more nutrition commodities funding.



*Director of Nutrition at the FMOHSW, Mrs Ladidi Bako-Aiyegbusi, mni, addressing States on the aims of the FMOHSW to establish a robust financial framework to support the production, distribution, and consumption of nutrient-rich food products.*



## CURRENT FINANCING SITUATION FOR NUTRITION COMMODITIES

A rapid assessment of the current financing landscape for nutrition commodities across select States highlighted the current situation:

- **Quantification:** Most States quantify nutrition commodities on an annual basis, led by government stakeholders, with support provided by partners. However, the link between quantification and procurement needs to be strengthened.
- **Procurement:** In most States, Vitamin A, supplied by partners, is the most sufficiently supplied and in-stock commodity. IFA, Albendazole, and MMS are stocked by some States, but with insufficient quantities. For some States, MNCH Week is the primary opportunity to procure and deliver nutrition commodities.
- **Logistics:** States utilize both Push (distribution by State Governments) and Pull (LGA pick up) methodologies to distribute nutrition commodities to health facilities, but there are often no budgets for logistics. When available, budgets for logistics are lump sum figures that are not reflective of true logistic costs and at times do not account for unique challenges – insecurity, hard-to-reach terrains, etc. - in accessing some LGAs in the State.
- **Budgeting and Financing:** Allocations for nutrition commodities could appear in the budget in several different ways, including as a standalone nutrition commodity line item, lumped within the nutrition budget under Health, or under a separate Ministry, Department, or Agency (MDA). Regardless, inadequate funds, late releases, and competing priorities were cited as the main financing challenges for nutrition commodities.

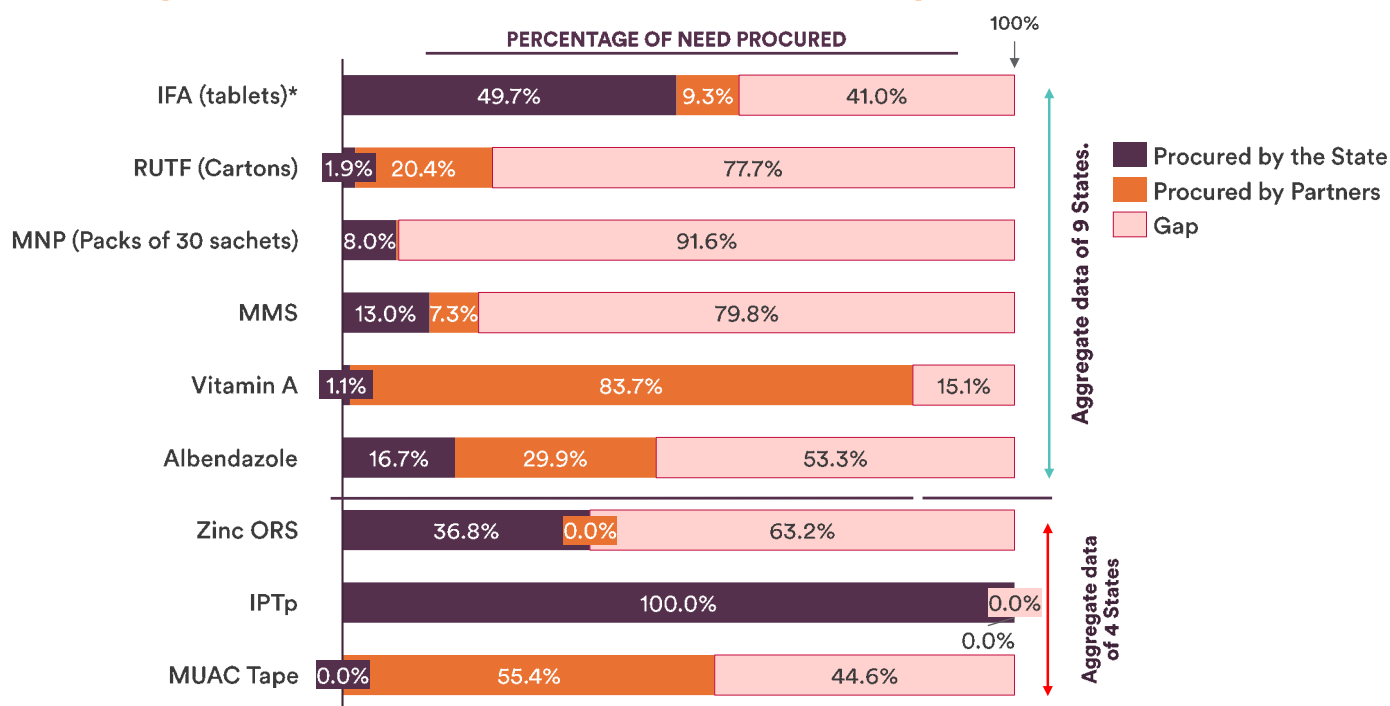
### Overview of State Procurement Gaps

The preliminary findings on the current financing and procurement for nutrition commodities were explored at the workshop, where State teams comprising nutrition officers or directors from health MSA, permanent secretaries of MBEP, representative from DMAs, as well as other nutrition sensitive MDAs provided information on their quantification and procurement of nutrition commodities for 2023, including procurement by partners and the remaining gaps for specific commodities. The teams utilized a template that allowed States to capture quantity and financing information for each commodity. Nine (of the 11) States in attendance were able to provide sufficient information that was analyzed.



The results of the assessment revealing the general trend in nutrition commodities procurement across States are found in Figure 1 below:

**Figure 1.**  
**Summary-Level Data of States' Nutrition Commodity Procurement (2023)**



Note: Only 4 States supplied data for Zinc ORS, IPTp and MUAC Tape. \* = Minimum of 3 months supply.

Key trends observed include uneven procurement and significant reliance on partners for certain commodities:

- **Substantial gaps in procurement** were evident in commodities like RUTF, MMS, MNP, Albendazole, and Zinc ORS, where more than 50% of the quantified needs were left unmet.
- **Low State contribution** – States contributed minimally to procuring essential commodities like IFA tablets (50%), MMS (13%), Albendazole (17%), and Zinc ORS (37%).
- **High partner dependence** – Partners played a critical role in bridging procurement gaps for some commodities, like Vitamin A (84%), Albendazole (30%), and MUAC Tape (55%). The four States that quantified MUAC Tape did not procure any; instead, partners procured more than half (55%), and 45% of the need remained unmet.
- **Full coverage for IPTp** – All four States that quantified IPTp were self-sufficient in procuring the commodity, showing strong State commitment to malaria prevention in pregnancy.

## KEY MESSAGES: ARTICULATING NUTRITION COMMODITY FINANCING WITHIN STATE FINANCING GOALS

**Key Message 1: States should prioritize funding for nutrition commodities within annual planning**

Coordinated by FMBEP, 17 States now have sustainable nutrition financing frameworks that include nutrition financing benchmarks across sectors.

States discussed the importance of establishing guidelines within these frameworks for nutrition commodities. This was seen as a crucial step to improving financing for commodities, advocating for their sustained funding and procurement, and ensuring accountability in bridging the gaps between donor financing and State financing for nutrition commodities.

Each year during AOP preparation, States should review nutrition procurement gaps and needs using systematized tools (such as the one used to compile data in Figure 1) and robust data.

***Key Message 2: National systems should be strengthened across all levels of the supply chain to ensure integration of nutrition commodities within existing systems***

Across all levels of the supply chain—from quantification to logistics—a consensus was reached for the need for local ownership of the process by the Government at Federal, State, and Local levels. Investment in strengthening existing government structures was discussed as the only way to sustain financing for nutrition commodities.



Practical strategies considered were eradicating duplicate logistics systems and partner prioritization of improvements to government logistics systems, which would encourage synergies between different MDAs and combine government-led commodities procurement to improve efficiency. One example of this was utilizing The Drug Revolving Fund, an innovative mechanism for lowering the cost of commodities for both the procurer and consumer, for all government-led procurement of nutrition commodities.

***Key Message 3: Advocacy efforts to engage officials at the highest levels is essential, backed by evidence and data-rich messages***

Data systems reporting on nutrition indices and commodities consumption at the Primary and Secondary care levels need to be strengthened to ensure decision-makers have information in-hand to make financial decisions. Routinely collated data is needed to make the case for more funding in nutrition programming, as using evidence-based arguments in high-level advocacy will spotlight the dire nutrition situation in the States.



This advocacy should particularly target Governors and the National Assembly who approve final State budgetary allocations for all health areas and can shift the needle on minimum allocations for nutrition. With their support, nutrition funding can be improved in several avenues including within constituency projects and for launching social behavioural campaigns.

Advocacy initiatives should involve Civil Society Organizations (CSOs) to champion advocacy visits to State Governors. This will help highlight the malnutrition burden, apply pressure for appropriate budgeting and releases for nutrition commodities, and foster collaboration between the executive and legislative branches to enact supportive laws.

***Key Message 4: Adopt a multi-sectoral and collaborative approach to increase financing for nutrition commodities***

Participants recommended that commodities be integrated into State Multi-Sectoral Plans of Action and costed, then assigned to nutrition-specific activities at various MDAs where both nutrition-specific and nutrition-sensitive activities can be targeted. Through collaborations with non-health MDAs, nutrition-sensitive platforms may be leveraged, such as school feeding programs by the Ministry of Education. Commodity purchases can thus be streamlined, further cutting costs at purchase price, in warehouse storage, and during transportation.

Other innovative collaborations discussed the need to establish local public-private partnerships based on corporate social responsibility (CSR) initiatives, incorporating key nutrition commodities into State Health Insurance Schemes, and leveraging the Basic Healthcare Provision Fund (BHCPF).



## UNICEF Child Nutrition Fund

The UNICEF Child Nutrition Fund (CNF), a matching fund for nutrition commodities, is a key financing mechanism some States are participating in that provides a 1:1 match for essential nutrition commodities, including Multiple Micronutrient Supplements (MMS), Balanced Energy Protein (BEP), Small Quantity Lipid-based Nutrient Supplement (SQ-LNS), Vitamin A, and Ready-to-Use Therapeutic Food (RUTF).

At the State level, a minimum investment of N100 Million is needed to qualify for the CNF, with all funds dedicated to commodity procurement. For investments of N500 Million or more, up to 20% of funds can be allocated to program and logistics costs, such as training and community mobilization.

Notably, Nigeria is one of the first countries to utilize the CNF. Through this fund, 3 million bottles of MMS are being supplied to States. Additionally, the Federal Government has reallocated \$30 Million from ANRiN for further investment in nutrition commodities to be matched by the CNF. UNICEF is seeking to prioritize local manufacturing, with approval for local SQ-LNS currently in process, while RUTF remains relatively easier to obtain.

## WAY FORWARD

It is critical to maintain and build momentum to strengthen nutrition financing for commodities across States. Moving forward it is imperative for States to:

- Seek additional sources of funding beyond Federal Government allocations – Increasing State budgetary allocations and seeking philanthropists and private sector partners that can play a crucial role in bridging the financial gaps for nutrition commodities. Partnerships are vital to success and States should prioritize more partnerships to achieve their goals.
- Tailor State strategies to their unique contexts – Looking at ensuring that the specific needs of its population are addressed, it is the hope of the Federal Government that this workshop will help States secure at least the minimum necessary nutrition commodities for vulnerable populations.



*Let us all be committed to meeting the sector-wide approach and advancing our health sector goals. Funding remains the most significant challenge we face, and this workshop is a step forward in mobilizing the necessary resources to ensure that everyone in Nigeria has access to essential nutrition commodities.*

**Mrs Ladidi Bako-Aiyegbusi, mni**

Director of Nutrition, FMoHSW

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