

BASIC HEALTH CARE PROVISION FUND (BHCPF) — INFOGRAPHIC BRIEF



INTRODUCTION

The Basic Health Care Provision Fund (BHCPF) is established to provide basic minimum health services for all Nigerians, especially the poor and rural populations, through a sustainable funding mechanism.

Legal Basis: the BHCPF is established by Section 11 of the National Health Act (2014). It empowers the National Council on Health to prescribe standards, norms, and national health policy to guide the implementation.

CORE OBJECTIVES:

- **Finance Basic Minimum Package of Health Services (BMPHS):** provide free basic services to improve healthcare-seeking behaviours at the community level and protect the poor from large health-related expenses.
- **Strengthen Primary Health Care (PHC) service delivery:** have at least one functional Primary Healthcare Centre, whether public or private, in every Electoral Ward in the country, and through oversight at the state level.
- **Support public health emergencies.**
- **Promote Universal Health Coverage (UHC).**
- **Empowerment of states and local communities:** the BHCPF provides an opportunity for communities to shape decisions on how resources are planned, allocated, and used through sufficient representation in the committee at the Ward level. The Ward Development Committee are in charge of planning and decision-making at the facilities, including approval of disbursement of funds, monitor of implementation, create awareness of the rights of citizens and set up grievance mechanisms to hold stakeholders accountable to deliver high-quality services.

FUNDING SOURCES

Federal Government Minimum of 1% of Consolidated Revenue Fund (CRF) annually.	Donor Partners Contributions from international organizations
Other Sources Additional domestic or private contributions.	

BHCPF GATEWAYS –ADMINISTRATION CHANNELS

Funds disbursed through four key institutions:

Gateway	National Health Insurance Authority (NHIA)	National Primary Health Care Development Agency (NPHCDA)	Emergency Medical Treatment Committee (NEMTC)
% of Fund	**50%	45%	5%
Responsible For	Provides the basic minimum package of health services (BMPHS) to the citizens in eligible primary or secondary health facilities, whether public and private.	Strengthens PHCs – drugs, infrastructure, equipment, personnel. –public providers only	Supports public health security and provides emergency medical treatment to citizens. Half of this 5% is utilised for the preparations to public health emergencies and outbreak response by the Nigeria Centre for Disease Control (NCDC). The remaining half is managed by the Department of Hospital Services to finance emergency services including to victims of road accidents, labour complications, snake bites, ambulance services, etc.
To issue guidelines for the disbursement, implementation and monitoring of the funds, based on legal advice from the Attorney General of the Federation.			

***The 2025 Guideline adjusted this percentage to 48.75% for the BMPHS and 1.25% for public health emergencies and security to be administered by the NCDC.*

NPHCDA GATEWAY – 2025 IMPLEMENTATION STRUCTURE

45%

Allocation of Funds

20%

15%

10%

USE

Essential Drugs, Vaccines & Consumables

Infrastructure & Equipment

Training of PHC personnel.

PURPOSE

Purchase of medical supplies for PHCs.

Renovation, maintenance, and logistics.

Human Resource Development

ELIGIBILITY FOR STATES & LGAs

Maintain a Treasury Single Account (TSA) with the CBN (not commercial banks).	Provide 25% counterpart funding of project costs.	Comply with audit and transparency requirements.
Reconcile and report all previous disbursements.	Have legal and functional State Primary Health Care Boards/Agencies (SPHCB/A).	Establish, through an act of parliament, the State Social Health Insurance Agency (SSHIA)

CURRENT GOVERNANCE STRUCTURE OF THE BHCPF

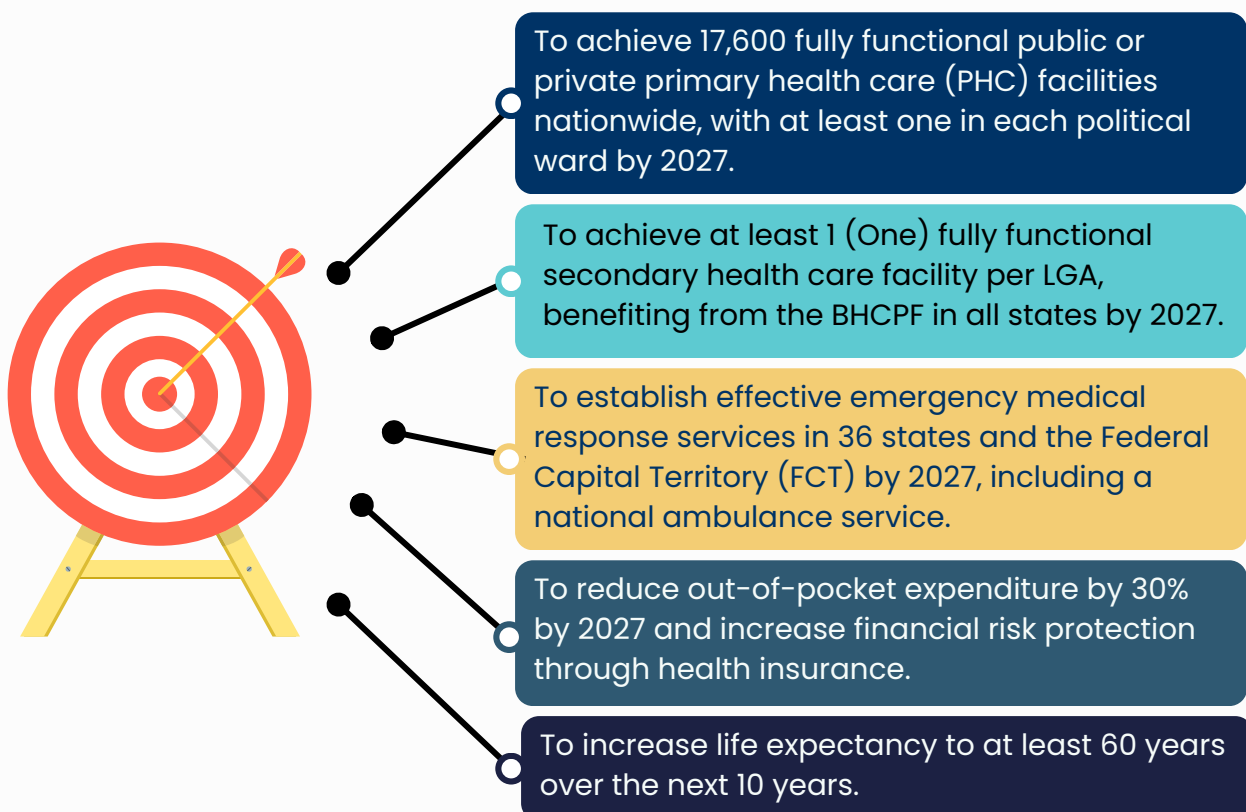
Level	Governance	Institutions/ Agencies with Legal Administrative Obligations
Federal ↓	Ministerial Oversight Committee (MOC) ↓ ↓	<ul style="list-style-type: none"> National Health Insurance Authority (NHIA), National Primary Health Care Development Agency (NPHCDA) National Emergency Medical Treatment Committee (NEMTC), Nigeria Centre for Disease Control and Prevention (NCDC) ↓ ↓ ↓

CURRENT GOVERNANCE STRUCTURE OF THE BHCPF

Level	Governance	Institutions/ Agencies with Legal Administrative Obligations
State ↓	State Oversight Committee (SOC) ↓ ↓	<ul style="list-style-type: none"> ■ State Social Health Insurance Agency/ Board (SSHIA) ■ State PHCDA, ■ State EMTC, ■ Primary Health Emergency Operations Centre, ■ Secondary Facilities to provide specialised services for referred beneficiaries from the PHC facilities. ↓ ↓ ↓
LGA ↓	LG PHC Advisory committee ↓ ↓	<ul style="list-style-type: none"> ■ LG Healthcare authority ↓ ↓ ↓
Ward Level ↓	Ward Development Committee (WDC)	<ul style="list-style-type: none"> ■ Primary Health Care facilities. ■ Emergency Medical Treatment (EMT) Service providers

Funds disbursed by the National Primary Health Care Development Agency through State and Federal Capital Territory Primary Health Care Boards for distribution to Local Government and Area Council Health Authorities.

GUIDELINE 2.0 TARGETS:



CLASSIFICATION OF PRIMARY HEALTH CARE (PHC)

Used for performance-based funding and monitoring: a little bit of body text

Level	Description	Functionality
Level 1 (Partially Functional)	Limited staff, partial service, irregular power.	Receives partial funding.
Level 2 (Fully Functional)	Skilled staff, 24-hour delivery services, stable power & water.	Eligible for full funding.
Non-functional	Poor or no service delivery.	To be revitalized before funding.

WORLD BANK GRANT

The World Bank approved a grant of 20 million dollars from the International Development Association through the Global Financing Facility for Women and Children in 2018. The grant was focused on:

Pilot phase in Niger, Osun and Abia, before it was rolled out nationwide.

20 million USD at N403.712 exchange rate.

It was focused on the NHIS and the NPHCDA gateways.

USD 11.5M was disbursed to FGON out of which 6.2 million was utilised by the project.

Duration: 2 years (2019 to 2021).

The pilot states provided upfront counterpart funding of N100 million used to set up the governance structure (e.g. the State Steering Committees, Ward Development Committees), develop the legal framework for SPHCDA and SSHIA, strengthen capacity of staff at the facility, finance facility upgrades, and hire new staff.

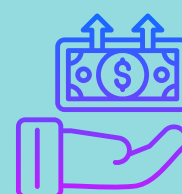
Challenges that impacted on the grant:



Covid-19 pandemic

Incomplete disbursement due to disagreement with the new leadership of the FMoH over the August 2020 ratification of amendments to the 2018 Operational Manual (upon which the grant agreement was established) which reportedly dissolved the BHCPF secretariat and financial fiduciary safeguards were removed.

These issues were later resolved with the Nigerian partners reverting to some of the provisions in the original operational manual, including the reinstatement of financial and audit staff from the Office of the Accountant General of the Federation.



Outcome

NHIS: 74,930 enrolled and received services under the NHIS gateway and reduced out-of-pocket expenses on healthcare for the beneficiaries.

NPHCDA: 898 public health facilities participated and gained 1,181,776 outpatient visits in Abia, Niger and Osun states. Additionally, 60,506 deliveries were conducted by skilled personnel at the facilities.

Source : World Bank

General challenges impacting on the effectiveness and full implementation of the BHCPF includes:



Unavailability of accurate disbursement data



States' poor compliance with 25% counterpart contribution.



Weak sub-national capacity and late fund releases.



Insufficient and weak monitoring systems.



Limited CSO participation in oversight.

ESSENTIAL RECOMMENDATIONS



FG should provide clear grievance mechanics and open the process up to third party monitoring by independent civil society organisations and community development associations.

FG should also improve transparency in the process and real-time reporting as well as access to critical data.

State governments should improve on their commitment to the initiative and provide their counterpart funding promptly.

LG should recruit & train PHC staff in partnership with the relevant authorities, as required.

LG should carry out extensive public awareness campaigns in their localities.

WHAT CAN YOU DO AS A CITIZEN/RESIDENT:

Call on your State and Local Governments to participate and provide the required counterpart funding.

Carry out awareness creation in your community and LGA – through town hall, etc

Ask your PHC facility managers and committee members questions

Share feedback of your experience at the community PHC closest to you publicly and with us. Be sure to include images and short videos.



Join Ward Development Committee

Encourage community groups and members to attend Ward Committee meetings.

Let us know if your PHC has established a suitable grievance channel.

Tell us how you are transforming healthcare service delivery in your community.

REFERENCES

- The National Health Act (2014).
- Federal Ministry of Health: BHCPF Guidelines 2.0. Guideline for the Administration, Disbursement and Monitoring of the Basic Health Care Provision Fund (BHCPF). June 2025.
- Federal Ministry of Health: Guideline for the Administration, Disbursement and Monitoring of the Basic Health Care Provision Fund (BHCPF). September 2020
- World Bank: Implementation Completion and Results Report on a Grant in the amount of \$20 Million from the International Development Association (IDA) through the Global Financing Facility for Women and Children to the Federal Republic of Nigeria for the Basic Healthcare Provision Fund Project (HUWE PROJECT; P163969). May 20, 2022.
- Nigeria Centre for Disease Control: Report on the Implementation of 'Basic Health Care Provision Fund' for Public Health Emergencies. July 2020.



agoalinitiative.org



Info@agoalinitiative.org



+234-70-87389852