

SEPTEMBER 4, 2020

# THE MOTION TRACKER: FP2020 COMMITMENTS ACTIVITY REPORT

July – December 2019

**THE *MOTION* TRACKER**

### 1.1 The Motion Tracker

Africa Health Budget Network in Nigeria is working in partnership with Population Action International (PAI), and Samasha to adapt, implement and scale up the Motion Tracker. The Motion Tracker was developed by Samasha to effectively translate global commitments into local action by fostering partner participation and engagement to realize these global commitments. The Motion Tracker currently is used to track FP2020 commitments in Nigeria. Africa Health Budget Network in Nigeria is serving as a neutral convener, bringing together CSOs implementing family planning programs and will galvanize efforts of other stakeholders towards using the Motion tracker in Nigeria.

The Motion Tracker is a customized, dynamic framework for strengthening accountability and driving action by keeping commitments visible, highlighting progress and fostering partner participation, engagement and ownership to address bottlenecks. This framework is based on a six-steps approach and ensures universal understanding of commitments through purposeful concurrent partner engagement and participation at national and subnational level.

### 1.1 Objectives

Specific objectives of the Motion Tracker are;

- I. To create an enabling environment to ensure that global commitments are translated into local action,
- II. To harness the collective power of civil society, development partners and government to address the country commitments with enhanced strategic response, and
- III. To create a systematic approach to realizing the global commitments made by individual countries

### 2.1 Development of process indicators

The Motion Tracker relies on 6 steps, of which Steps 1-5 focus on the deconstruction of the FP2020 commitments. These steps are centered around getting a clear understanding of the rationale that informed the commitments and developing commitment process indicators. These commitment process indicators are validated and agreed upon by FP partners at the first Motion Tracker validation meeting.

It is during Step 6-Implementation where the partners report their contributions made towards the agreed upon commitment process indicators. The partner progress reached is recorded using the following criteria;

Color	Status
GREEN 	Achieved, available information indicates that process indicator has been achieved
YELLOW 	On track, available information indicates that process indicator is not yet achieved, but on track to be achieved
RED 	Not on Track, available information indicates that process indicator is not yet achieved, but on track to be achieved

### 2.2 Sampling technique

By using the partner matrix developed during the Motion Tracker Validation meeting, a list of partners involved and/or implementing activities in support of achievement of commitments was updated and used as a guide for data collection. In addition to the partner matrix, the data collection exercise employed purposive and snowballing techniques to identify new organizations that contribute to the realization of the FP2020. The partners engaged included Government of Nigeria (Ministry of Health, Ministry of Education and Ministry of Finance, Planning and Economic Development), Non-Governmental Organizations, and Development Partners. A total of Thirty Two (32) organizations were visited and Twenty (20) responded to the KIIs for the reporting period July-December 2019 during a 4 months period from March to June 2020.

#### Types of Data utilized

Both primary and secondary data sources were utilised. Primary data was collected using a Partner Contribution Questionnaire. Secondary data was collected through desk review of various documents including the project documents, sector reviews, policy statements, newspaper articles, and project dissemination meeting minutes.

### 2.3 Data collection techniques

The following data collection techniques were utilized as briefly described below;

*Key informant interviews:* A structured questionnaire was administered to key informants amongst donors, international NGOs, local CSOs and Ministry of Health.

*Desk review:* A list of relevant documents was reviewed. The list of documents reviewed included Project Documents, Organization annual reports, Newspaper Articles, Health sector review papers, MoH Status reports etc.

The data collection modalities included one-on-one meetings, phone calls and email correspondences. Data collected from partners is then validated during the stakeholder validation meetings.

## Chapter 3: Results

### 3.1 Description of reporting partners

A total of Twenty partners contributed to this report in the specified reporting period. (January-December 2019).

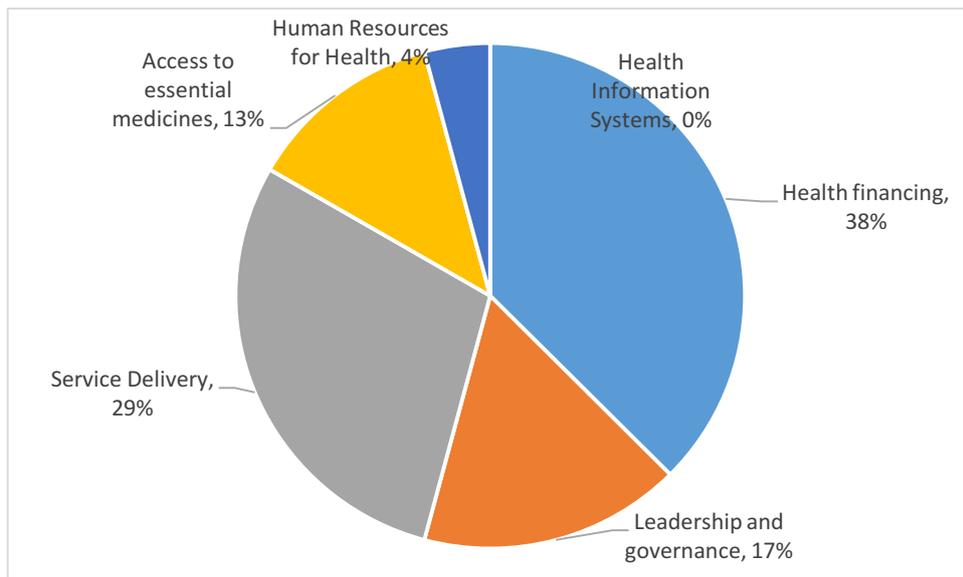
Category	Institutions
Government	<ul style="list-style-type: none"> <li>Ministry of Finance, Budget and Planning (MoFB&amp;P),</li> <li>Federal Ministry of Health (FMOH) (Family Planning Unit),</li> <li>National Primary Health Care Development Agency (NPHCDA),</li> <li>National Assembly (Committees on Health)</li> </ul>
Donors/UN Agency	<ul style="list-style-type: none"> <li>UNFPA</li> <li>USAID</li> </ul>
International NGO	<ul style="list-style-type: none"> <li>The Challenge Initiative (TCI)</li> <li>WISH Project</li> <li>Marie Stopes International</li> <li>Clinton Health Access Initiative (CHAI)</li> <li>Population Service International (PSI)</li> </ul>
Local NGOs	<ul style="list-style-type: none"> <li>Community Health and Research Initiative (CHR),</li> <li>African Health Budget Network (AHBN)</li> <li>Association for Reproductive and Family Health (ARFH)</li> <li>Association for Advancing Family Planning (AAFP)</li> <li>Technical Support Unit (TSU)/M-Space</li> <li>Society for Family Health (SFH)</li> <li>Planned Parenthood Federation of Nigeria (PPFN)</li> </ul>
Associations	<ul style="list-style-type: none"> <li>National Advocates for Health (NA4H),</li> </ul>
Faith Organizations	<ul style="list-style-type: none"> <li>Federation of Muslim Women Association of Nigeria (FOMWAN)</li> </ul>

### 3.2 Description of reporting organizations by World Health Organization (WHO) Health system blocks

Nigeria’s FP2020 commitment process indicators can be categorized into thematic areas—service delivery, Health financing, Leadership and governance, Access to essential medicines, Health Workforce and Health Information Systems—based on the World Health Organization (WHO) health systems (HS) building blocks. A total of 26 process indicators were developed to track Nigeria’s FP2020 commitments.

Figure 1 below details the process indicators by the different HSS blocks.

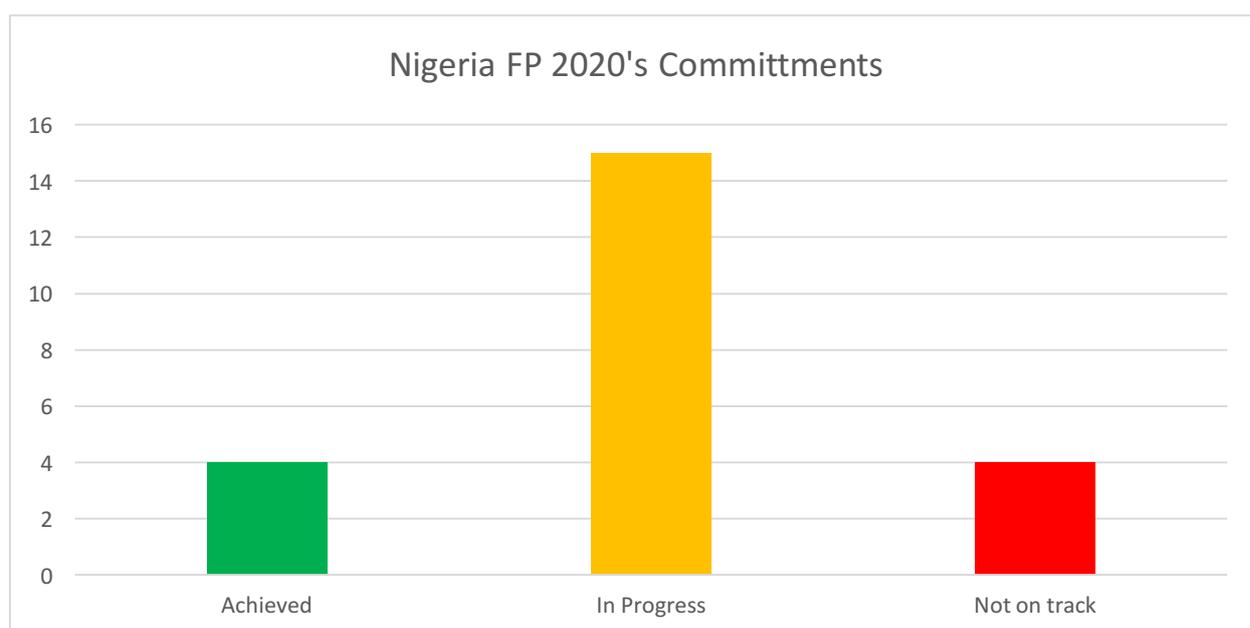
Figure 1



## PARTNER BY PROCESS INDICATORS

The section below details contributions of organizations towards the FP2020 commitments organized according to process indicator. The status of each process indicator is denoted as followed:

- On Track:
- Achieved:
- Not on Track:



### COMMITMENT 1

*Ensure sustainable financing for the National Family Planning Program.*

**1.1 \$ 4 million (USD) allocated annually from 2017 to 2020 for procurement of contraceptives for the public sectors**

#### PROGRESS :

Nigeria Government committed to ensure sustainable financing for the National Family Planning program by allocating \$4 million annually.

In 2017 the government of Nigeria allocated \$1,639,344.30 while in 2018 the Nigeria government allocated \$1,639,344.26. In 2019, \$830,000 was released by the government. The government of Nigeria has not met its annual target of \$4 million.

No	Partners	Activities Contributing to the indicators
1	Ministry of Health	MoH participated in budget defense at the National assembly to ensure the funds are allocated in the national budget. They also wrote and submitted executive memo seeking for approval at the federal executive council meeting, developed workplan to show how much is allocated for the purchase of FP Commodities.

2	Ministry of Finance and Budget Planning	Released the funds in line with the approved executive memo to the tune of USD830,000 to the FMoH and UNFPA FP Basket Fund
3	National Assembly	National Assembly jointly with Senate and House of Representative, they appropriated the sum of USD830,000 for the procurement of FP commodities.
4	AAFP	AAFP working with its members convened a stakeholder meeting and deliberated for the Financing gap for Family Planning procurement, the meeting agree to engaged the Federal Ministry of Health and that of Federal Ministry of Finance to ensure Nigeria fulfilled its Local and International commitments for FP. AAFP convened series of Advocacy meeting together with other FP Partners to educate and Influences positive action to ensure Nigeria fulfilled its local and International obligation.
5	CHR	Analyzed annual budgets on Health and Family Planning, developed Health and Family Planning scorecards which was disseminated to National Stakeholder to ensure timely release of Family Planning Budget in line with the FP2020 Commitments.

## 1.2 Family planning contraceptives procured and distributed to health facilities

### PROGRESS :

With support from UNFPA, USAID and others, a total of \$12,505,212 worth of family planning commodities were procured in 2017, worth \$20,274,191 in 2018 and \$20,076,454 in 2019. In addition, a new warehouse facility was commissioned to provide critical storage space for public health commodities at the central level, enabling the Ministry to ensure the provision of quality, life-saving health commodities for Nigerians.

No	Partners	Activities Contributing to the indicators
1	UNFPA	Procured FP commodities worth the amount \$14,546,778: Condoms Female (Pieces) 2,200,000 quantity, Condom –Male (pieces) 70,704 quantity, IUDs (Pieces) 304,000 quantity, Implants pieces) 1,022,356 quantity, Injectables (dose) 2,456,400 quantity and Orals – Combined (Circles) 1,350,000 quantity.
2	USAID	Procured FP commodities worth the amount \$5,529,676: Implants (Pieces) 292,792 quantity, Injectables (dose) 2,715,200 quantity and Orals-Progestin Only (Cycles) 216,000 quantity.
3	National Assembly	Organized public hearing for the Ministry of health that presented its proposed 2019 budget including that of FP.
4	Ministry of Health	FP Commodities procured and distributed (Family Planning Pills, Family Planning Injectables, DEPO and IUCD) by the FMoH to all public health facilities.
5	AAFP	Participated in the National quarterly TWG/RH meetings to demand for accountability from FMoH and UNFPA on the procurement and distribution of Family Planning commodities from Federal and 36 States.
6	TCI	Provided technical assistance to MoH to review annual procurement

plans Family Planning Commodities to public health facilities.

**1.3 US \$56 million disbursement to the states through the IDA loans and Global Financing Facility**

**PROGRESS :**

The GFF trust fund approved \$40 million for Nigeria. Of this \$40 million, \$20 million was expected to be channeled through the Basic Health Care Provision Fund while \$20 million was expected to be channeled through the Nigeria State Health Investment Projects (NSHIP). The NSHIP includes provision of the Basic Minimum package including Family Planning Health Services free of charge to vulnerable pregnant women especially during the post-natal period.

No	Partners	Activities Contributing to the indicators
1	Ministry of Health	Developed an RMNCH investment case with a costed implementation plan which captured the US\$20mil under BHCPF in line with that world bank approval.
2	Ministry of Finance and Budget Planning	Jointly with the World Bank, the Ministry of Finance has signed the GFF Project Appraisal document that captured USD20 million as part of the \$56 million committed in line with FP2020 commitments
3	AHBN	Providing Capacity Building to CSOs to analyzed annual budgets and develop Basic Health Care Provision Fund (BHCPF) and GFF performance scorecards which tracks budget performance with key recommendations and actions Mentoring CSOs representing the larger coalitions on the National Steering Committee for the BHCPF and GFF.
4	CHR	CHR analyzed annual (BHCPF) budget and developing Basic Health Care Provision Fund (BHCPF) and GFF performance scorecards which track budget performance with key recommendations and actions

**1.4. Funding gaps identified and addressed annually**

**PROGRESS :**

The current financing gap as of December 2019 stands at US\$3,170,000.. The National Reproductive Health Working Group convenes quarterly to review the funding gap and discuss ways to address it including domestic resource mobilization. While partners such AHBN and CHR enhance the capacity of CSOs and media to develop key advocacy messages to address funding gaps at National level.

No	Partners	Activities Contributing to the indicators
1	Ministry of Health	Though the reproductive health Technical working group engaged in monthly meetings to review funding gaps and institute remedy on how to address bottleneck. The Funding gap as at December 2019 is \$3,170,000
2	TCI	Provide Technical assistance in bringing the issue to the government through Advocacy Core Group (ACG)
3	AHBN	Training and enhancing the capacity of CSOs and media to develop key advocacy messages to address funding gaps
4	CHR	Training and enhancing the capacity of CSOs and media to develop key advocacy messages to address funding gaps at National level

**1.5. Family Planning is included in the reimbursable Reproductive Health services in public and private Facilities**

**PROGRESS :**  
 Family Planning is one of the services included in the reimbursable reproductive health services through the National Health Insurance Scheme.

No	Partners	Activities Contributing to the indicators
1	Ministry of Health	In collaboration with National Health Insurance Scheme leadership, MoH worked with Stakeholder to agree on the reimbursement which are captured in the Basic Health Care minimal of the BHCPF. National Health Insurance Scheme is implementing 50% of the BHCPF every year and it is through it that, the funding is mobilized.

**1.6. Domestic resources mobilized and spent annually for the National family planning program**

**PROGRESS :**  
 The Federal Government of Nigeria allocated 1% (equivalent to \$123m) of the annual consolidated revenue to the Basic Health Care Provision Funds (BHCPF) implementation across the 36 states. The BHCPF program supports RMNCAH+N services including family planning program in these states.

No	Partners	Activities Contributing to the indicators
1	CHR	Training and enhancing the capacity of CSOs and media to develop key advocacy messages on domestic resource mobilization
2	AHBN	Training and enhancing the capacity of CSOs and media to develop key advocacy messages on domestic resource mobilization

**1.7. Meet or exceed the 15% Abuja Declaration health financing commitments**

**PROGRESS :**  
 Over the last 10 years, health budget as a percent of the total national budget has varied between 4% - 6%. In 2019, the Health sector approved budget was around 4% of the overall budget which is consistent with what was allocated in 2016, 2017 and 2018. Nigeria’s total budget for FY 2018/19 was NGN 9.120 Trillion. Of this, NGN 356.450 Billion was allocated to health, an equivalent of only 3.90%. which does not meet the 15% GoN allocation as set in the Abuja Declaration of 2001. The partners (including media and CSOs) engage in advocacy efforts for increased allocation to health sector budget annually.

No	Partners	Activities Contributing to the indicators
1	CHR	CHR engages using budget analysis in a series of advocacy visit to Federal Ministry of Finance in collaboration with National NGOs to ensure Nigeria Government meets its Local and International commitments on health budget.
2	AHBN	Trained and enhanced the capacity of CSOs and media to develop key advocacy messages to influence increase allocation to health sector in the annual budget

**1.8. Annual resources tracking of National Family Planning (At National and State Level)**

**PROGRESS :**

FMoH under the division of Reproductive Health tracks Annual resources of National Family Planning in collaboration with Clinton Health Access Initiative (CHAI), the report is submitted annually to FP2020 Secretariat. An FP scorecard is developed annually and disseminated widely at national and sub-national level that track finances.

No	Partners	Activities Contributing to the indicators
1	Ministry of Health	They approved the Term of Reference (ToR) for the resources tracking in October, 2019 and consultants that will implement the work
2	AHBN	Trained and enhanced the capacity of CSOs and government officials on resources tracking of National Family Planning at national and sub-national levels
3	CHR	Trained and enhanced the capacity of CSOs on scorecard development on resources tracking of National Family Planning at national and sub-national levels

**1.9. Functioning accountability system for tracking domestic resources for FP in place at the FMoH**

**PROGRESS :**

There is a functional accountability for tracking domestic resources for FP at National level. Tracking Resources is done through Technical Working Group/Reproductive Health department (TWG/RH), which is co-chaired by a Civil Society leader and Reproductive Health FP Coordinator from government at Federal Ministry of Health. The TWG/RH is supposed to meet every quarter to review programs and performance and take remedial action. For 2019, all the quarterly meetings were held.

No	Partners	Activities Contributing to the indicators
1	TCI	Provided Technical assistance to government and facilitated training of advocacy core group on budget tracking and advocacy.
2	TechnicalSupport Unit/ M-Space	Provided technical and financial support to the division that conveys quarterly national TWG meeting for Family Planning /Reproductive Health.

**1.10. Institutionalization of the support for primary health services provided by the SURE Program**

**PROGRESS :**

In 2019, the SURE Program was concluded and replaced with Basic Health Care Provision Fund. The Basic Health Care Provision Fund (BHCPF) was approved as part under National Health Act of 2014, which is supposed to provide sustainable healthcare financing whereby the Federal Government allocation of not less than one percent of the Consolidated Revenue Fund to health, it's been disbursed through NHSI and National Primary Health Care Development Agency.

No	Partners	Activities Contributing to the indicators
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**Key Issues identified:**

- *The health sector does not prioritize allocation of sufficient resources to FP.*
- *There was an overall reduction in health sector budget, making it difficult to make a case for FP budget increase.*
- *Minimal advocacy to meet the funding gap for FP*

## COMMITMENT 2

Improve availability of services and commodities. We commit to taking measures that improve access and create the enabling environment for sexual and reproductive health services across Nigeria, and contribute to improved preparedness and response where humanitarian crises occur.

### 2.1. Revised and expanded task-shifting, task sharing policy to include Patent Medicine Vendors and Community Resource Persons to expand access

#### PROGRESS :

The FMoH led the development of task-shifting, task sharing policy. The policy includes guidelines on trainings of community health extension workers across the country as well as monitoring, and evaluation of implementation. As of December 2019, twenty-two (22) of 36 states have adopted and operationalized the task shifting, task sharing policy.

No	Partners	Activities Contributing to the indicators
1	M-Space	Provided technical and financial support to the FP/RH division to convene quarterly national TWG meeting for FP/RH. During such meetings the TWG/RH facilitated discussions with development partners on implementing the task-shifting, Task Sharing policy. Also, to review what has been done as well as take comments, suggestion and inputs from members. Recommendations from the meeting were incorporated into the existing task-shifting, Task Sharing policy implementation to improve performance.
2	ARFH	Advocated for the implementation of the Task shifting, Task Sharing (TSTS) policy in Ibadan, Lagos and Kaduna states.

### 2.2. Include access to sexual and reproductive health services in the minimal Initial Service Package where humanitarian crises occur

#### PROGRESS:

Humanitarian crises are prevalent in the Northeastern states of Borno, Yobe, Adamawa, Taraba and Gombe. Through the National Health Insurance Scheme, funds are earmarked and disbursed to the states for onward disbursement to primary health care centers to ensure access to family planning commodities, antenatal and post-natal care services to women including adolescents. Partners are implementing the MISP including SRH.

No	Partners	Activities Contributing to the indicators
1	Marie stopes Nigeria	Through the WISH project, Marie stopes Nigeria is supporting Bauchi, Gombe, Taraba, Yobe, Borno, Adamawa, Sokoto, Jigawa, Katsina, Kebbi, Kano, Zamfara and Benue States to improve access to SRH Services including FP services.
2	Options	The Women Integrated Services for Health (WISH) Project is supporting FMoH improve Universal access to Sexual Reproductive Health and Rights in humanitarian settings. In 2019 the project added over 150,000 additional Family Planning users including those in humanitarian settings.

### 2.3. Increased number of Health Facilities providing Family Planning services in 36 State plus Federal Capital Territory from 9500 to at least 50% of all the HF by 2020

#### PROGRESS :

As of December 2019, 14,831 of 28,449 Health Facilities were providing FP Services across the 36 states.

No	Partners	Activities Contributing to the indicators
1	Ministry of Health	Federal Ministry of Health trained health workers/ providers on new contraceptives. Also accredited Health workers were trained on commodities supply chain

### 2.4. Scaled up access to new contraceptive methods including DMPA-Subcutaneous in public and private sector

#### PROGRESS :

The government has been leading the positive momentum in scaling up access to new contraceptive methods such as DMPA-SC in the public and private sectors. The FMOH provided coordination and overall stewardship to the different implementing partners who support the rollout of DMPA-SC in the different states. The introduction and scale up commenced in August 2018. By December 2019, 10 out of 36 states has introduced DMPA-SC within a broader contraceptive method mix.

No	Partners	Activities Contributing to the indicators
1	Resilient & Accelerated Scale-up of DMPA-SC/Self-Injection in Nigeria (RASuDiN Project)	With funding from the Bill and Melinda Gates Foundation (BMGF) and Children Investment Fund Foundation (CIFF), ARFH is collaborating with the Federal Ministry of Health and the Centre for Communication and Social Impact (CCSI) Nigeria to expand voluntary access to contraceptives and family planning services through introduction and scale up of DMPA-SC injection within a broader contraceptive method mix among women of reproductive age in Nigeria, being implemented in 10 states
2	Society for Family Health (SFH)	Has supported introduction and scale up of DMPA-Sub in the following States Kaduna, Lagos, Benue, Edo, Katsina, Adamawa, Taraba, Gombe, Akwa Ibom. The goal of the project is to distribute 1.2million doses of DMPA-Sub through social marketing, community-based distribution and training. During 2019 660,000 community-based distributors trained and deployed, 87,054 doses of DMPA-Sub distributed, 313 community pharmacists were trained and 239 patent provision medicine vendors are trained. In collaboration with PharmAccess, DKT, Marie Stopes International, Population Council and Planned Parenthood Federation of Nigeria.
3	ARFH	Provided technical support to FMOH to revise the National Health Management Information System (NHMIS) tools to incorporate DMPA-SC contraceptive service delivery options through self-injection approach.

### 2.5. Reduce the price of contraceptive by removing import duties and other regulatory barriers

#### PROGRESS :

*No contributions reported for this indicator*

No	Partners	Activities Contributing to the indicators
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**2.6. Use electronic logistics management solutions in public sector to expedite last mile distribution of health commodities**

**PROGRESS :**

The Federal Government of Nigeria is implementing the Nigeria Supply Chain Integration Project (NSCIP) aimed at improving the design and implementation of a comprehensive electronic logistics management information system (e-LMIS) to improve data visibility and inform decision-making. As of December, 2019, 23 states across the country were using electronic logistics management solutions.

No	Partners	Activities Contributing to the indicators
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1	TCI	Advocated to the government on the Use electronic logistics management solutions in public sector to expedite last mile distribution of health commodities with other organizations like Partners on strengthening the health providers on the use electronic logistics management solutions
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**2.7. Train at least 3,000 CHWs to deliver range of contraceptives including LARM and support the task shifting by 2020**

**PROGRESS :**

The Federal Ministry of Health in collaboration with National Primary Health Care Development Agency have trained over 3000 CHWs both at National and State level to deliver a range of FP services including LARM.

No	Partners	Activities Contributing to the indicators
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1	TCI	Trained more than 300 people including training on Long Acting Reservable Contraceptives Method LARM in Kano State
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**2.8. Provision of youth friendly Sexual Reproductive Health services in traditional and non-traditional outlets**

**PROGRESS :**

Integration of youth friendly SRH services have been adapted to increase access to quality services by the Federal Ministry of Health through Reproductive Health Division.

No	Partners	Activities Contributing to the indicators
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(No contributing partners)

**Key Issues identified:**

- Scale-up uptake of DMPAC SC in other 26 states, with support from partners
- Scale-up the use of the eLMIS in all public sector facilities

**COMMITMENT 3**

Build partnerships to improve access

**3.1. Cross-sectoral collaboration initiated by FMOH to address the socio-cultural barriers to family planning**

**PROGRESS :**  
 Various approaches are being implemented by different partners to increase the demand for FP.

No	Partners	Activities Contributing to the indicators
1	TCI	Formed and trained interfaith forums for advocacy and awareness on religious perception in acceptance of FP. They shared pamphlets with myths and misperception. Also use media program to clarify and shed more light around FP.
2	ARFH	Created awareness among religious and traditional leader to address social cultural barriers to Family Planning in partnership with local non-governmental organization in the 3 selected urban areas in Nigeria (Lagos, Oyo and Kaduna).

**3.2. Dissemination of Behavioral Change Communication messages through Ward Development Committees (WDC) in 10,000 functional PHC centers**

**PROGRESS:**  
 Trained Ward Development Committees from 1,200 PHC centers on product knowledge and Behavioral Change communication. IEC materials and job aids have been distributed to all trained WDCs.

No	Partners	Activities Contributing to the indicators
1.	TCI	Established the BCC committee that are spear heading the training and conducted sensitization including radio programs to promote behavior change.

**3.3 Implementation of the Family Life Health Education Curriculum in and out of schools**

**PROGRESS :**  
 Currently, the FLHE curriculum is yet to be updated to reflect recent best practices.

No	Partners	Activities Contributing to the indicators
1		<i>No contributions reported during this reporting period.</i>

**3.4 Collaboration between FMOH, Ministry of Youth and Ministry of Education in developing age appropriate information on sexual reproductive health**

**PROGRESS :**  
 FMOH in collaboration with Ministry of Youth and Ministry of Education developed age appropriate information on sexual reproductive health. Implementing Partners support in the continuous dissemination.

No	Partners	Activities Contributing to the indicators
1	ARFH	Printed and distributed IEC Materials to increase uptake of Family Planning methods and health information for adolescents and women/young girls in Gombe and Akwa Ibom

**3.5. Reduce the price of contraceptive by removing import duties and other regulatory barriers**

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**PROGRESS :**

No contributions reported during this reporting period

No	Partners	Activities Contributing to the indicators
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***Key Issues identified:***

- *Revise and update Family Life Health Education Curriculum*
- *No multi-sectoral platform coordinating FP activities under Ministry of Budget & National Planning and Governors Forum*

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#### DISCLAIMER

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*The information contained in this Report has been prepared by Africa Health Budget Network (AHBN) from publicly available material and from discussions held with stakeholders. AHBN does not express an opinion as to the accuracy or completeness of the information provided or any conclusions reached by those parties. AHBN has based this Report on information received or obtained, on the basis that such information is accurate and, where it is represented to AHBN as such, complete.*

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#### MORE INFORMATION

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