

Results/tables of the 2020 FPSA in Mozambique

1. Family planning expenditures by Financing Sources in 2019 & 2020

In the year 2020, the Government of Mozambique spent about 3.5 million dollars on family planning. In comparison to spendings in the year 2019 (3.8 million), there was a decreased in Government's funding for family planning by about 3 million dollars. It is not yet clear whether COVID-19 or the fact that no government FP expenditure was recorded in 2020 for Zambezia province may have been the reasons behind this decrease in Government's funding for family planning. Table 4 also shows that about 34 million dollars spent on family planning in the country come from donors. Close to half (49%) of those funds came from the Government of United States/United States Agency for International Development (USAID) (about 16.6 million dollars). Among donors, International not-for-profit organizations and foundations were the second largest source of funds spent for family planning in Mozambique in 2020 contributing with about 18% (nearly 6.1 million dollars). The third and fourth larger sources of funds for family planning in the year 2020 among donors were the United Nations Population Fund (UNFPA) with about 9.3% and the Government of United Kingdom with about 9%.

Financing Source	Government		Donors			
	Amount (USD)		Amount (USD)		%	
	2019	2020	2019*	2020	2019*	2020
Ministry of Economy and Finance	3,831,461	3,492,581			0.0%	0.0%
USAID			1,646,048	16,588,528	25.7%	48.6%
International not-for-profit organizations and foundations not elsewhere classified (n.e.c.)			375,069	6,117,455	5.8%	17.9%
United Nations Population Fund (UNFPA)			4,034,946	3,160,096	62.9%	9.3%
Government of United Kingdom				3,025,858	0.0%	8.9%
Government of Netherlands				2,460,716	0.0%	7.2%
Government of Canada			17,297	1,791,513	0.3%	5.3%
The Global Fund for AIDS, Tuberculosis and Malaria			-	584,294	0.0%	1.7%
Government of Belgium				188,340	0.0%	0.6%
Government of Japan				15,202	0.0%	0.0%
United Nations Educational, Scientific and Cultural Organization (UNESCO)			32,184	8,787	0.5%	0.0%
Multilateral funds or development funds n.e.c.			308,790	72,396	4.8%	0.2%
Not-for-profit institutions (other than social insurance)				92,598	0.0%	0.3%
United Nations Children's Fund (UNICEF)				370	0.0%	0.0%
PSI (Population Services International)				5,585	0.0%	0.0%
Elizabeth Glaser Pediatric AIDS Foundation				7,921	0.0%	0.0%
Total	3,831,461	3,492,581	6,414,334	34,119,660	100%	100%

Note: * 2019 data on expenditures from NGOs was not collected.

2. Family planning expenditures by financing agents in 2019 & 2020

For Government's funds the Ministry of Health was the only financing agent. For donors' funds, the United States Agency for International Development (USAID) was the largest agent of family planning in 2020 as it pooled and distributed 48.6% (about 16.6 million dollars) of funds spent on family planning by donors in that year. Most of funds pooled by USAID were distributed through GHSC PSM Chemonics. Other organizations that distributed funds pooled by USAID for family planning were Centers for Disease Control and Prevention (CDC) (6,089 dollars) and Government to Government (G2G) (14,156 dollars). Other International non-for-profit Organizations no elsewhere classified pooled and distributed about 24% of funds for family planning by donors in 2020. This group includes organizations such as DKT International, Pathfinder International, International Planned Parenthood Federation (IPPF), DKT Mozambique and AFRIKAGRUPPERNA. Other major financing agents of funds from donors for family planning were: Government of Netherlands (6.8%), Ministry of Health (6.6%), Canadian International Development Agency (CIDA)/Global Affairs Canada (5.3%), Government of United Kingdom (5.2%) and United Nations Population Fund (UNFPA) (3.2%).

Financing Agents	Government		Donors			
	Amount (USD)		Amount (USD)		%	
	2019	2020	2019	2020	2019	2020
Ministry of Health					0.0%	6.6%
Ministry of Education and Human Development				63,067	4.4%	0.2%
USAID/Chemonics				16,588,528	25.7%	48.6%
Canadian International Development Agency (CIDA)/Global Affairs Canada	-	-	17,297	1,791,513	0.3%	5.3%
Government of Netherlands					0.0%	6.8%
Government of United Kingdom					0.0%	5.2%
Other International Financing Agents not elsewhere classified (n.e.c.)	-	-	368,335	24,239	5.7%	0.1%
Other International not-for-profit organizations not elsewhere classified (n.e.c.)	-	-	-	8,085,924	0.0%	23.7%
PSI (Population Services International)					0.1%	0.0%
Other Public Financing Agents not elsewhere classified (n.e.c.)	-	-	-	10,757	0.0%	0.0%
United Nations Population Fund (UNFPA)					62.9%	3.2%
Government of Belgium				23,716	0.0%	0.1%
Other Multilateral entities not elsewhere classified (n.e.c.)	-	-	23,420	9,330	0.4%	0.0%
Elizabeth Glaser Pediatric AIDS Foundation					0.0%	0.0%
Other Private Financing Agents not elsewhere classified (n.e.c.)	-	-	-	95,556	0.0%	0.3%
United Nations Children's Fund (UNICEF)					0.0%	0.0%
United Nations Educational, Scientific and Cultural Organization (UNESCO)	-	-	32,184	8,787	0.5%	0.0%
Total	3,831,461	3,492,581	6,414,334	34,119,660	100%	100%

Note: * 2019 data on expenditures from NGOs was not collected.

3. Family planning expenditures by provider type in 2019 & 2020

CMAM (Medicines and Medical Supplies' Center), at central level, and Provincial Directorates of Health, each, absorbed almost half of Government's funds spent on family planning in 2020 (about 1.7 million dollars, each). The rest of Government's funds were spent by the National Program for Family Planning. For funds from donors, Pathfinder International was the major family planning services provider – having used about 13.6 million dollars. It was followed by CMAM which used about 8.8 million dollars from donors for family planning. Other major family planning services providers

that used donors' funds were PSI (about 5.2 million), DKT Mozambique (about 3.7 million) and ICRH-Mozambique (about 2.2 million). Besides CMAM, there were other governmental providers that used funds from donors to provide family planning services, including provincial directorates of health and provincial directorates of education.

Service Provider	Government		Donors	
	2019	2020	2019*	2020
MISAU-CMAM	2,155,951	1,707,122	5,221,280	8,779,496
MISAU: DNSP (NFP program)	40,691	39,027	99,888	56,430
MINEDH: Nation. Directorate of Nutrition & School Health			292,377	15,966
SEJE: National Institute for Youth			658,966	105,886
Provincial Directorates of Health	1,634,818	1,746,432	141,823	332,167
Provincial Directorates of Education				55,888
ICRH-Mozambique				23,716
Pathfinder International				13,584,956
PSI (Population Service International)				5,178,545
DKT Mozambique				3,660,305
AMODEFA				2,172,945
Fundação Wiwanana				153,361
Total	3,831,461	3,492,581	6,414,334	34,119,660

4. Family planning expenditures by Family Planning Spending categories (FPSC) in 2019 & 2020

Funds from the Government of Mozambique were spent on two spending categories: drug supply systems (about 2.5 million) and prescription and provision of male condoms for family planning (about 1 million). The major family planning spending category for funds from donors was program management and administration – spent about 18.6 million dollars. Other significant family planning spending categories using funds from donors were provision of injectables (about 2.4 million); prescription and provision of male condoms for family planning (about 2 million); provision of implants (about 1.8 million); training and capacity building (nearly 1.6 million); prescription and provision of female condoms for family planning (about 1.4 million); drug supply systems (about 1.2 million) and, provision of pills (about 1 million). Family planning services not disaggregated by type consumed about 2.4 million dollars from donors' funds.

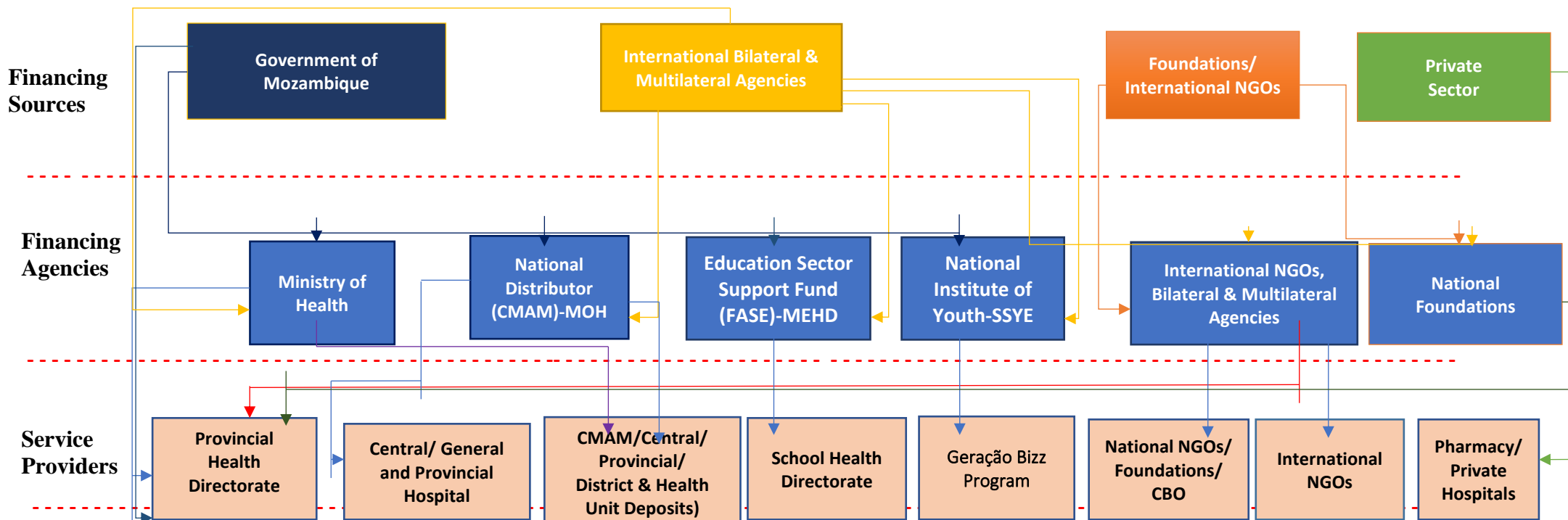
Family Planning Spending Categories	Government		Donors	
	2019	2020	2019*	2020
Prescription and provision of male condoms for FP	1,122,701	1,023,402	2,398,561	2,018,103
Provision of injectables			1,207,580	2,366,319
Provision of implants			3,806	1,827,816
Prescription and provision of female condoms for FP			-	1,430,225
Drug supply systems	2,708,760	2,469,179	-	1,208,237
Provision of pills			1,053,749	1,031,847
Monitoring and evaluation			87,292	771,815
Training and capacity building			213,455	1,575,993
Program management and administration not broken			235,210	6,144,416
Program management and administration not elsewhere			229,356	12,513,942
Counselling on contraceptive methods and any other FP				16,154
Information, education and communication for FP			44,632	96,722
Provision of IUD			8,046	2,804
FP services not disaggregated by type			238	2,240,015
FP service not elsewhere classified			663,904	37,607
Upgrading, renovation and construction of infrastructure for FP				32,433
Administration and transaction costs associated with managing and disbursing funds				68,210
Information technology				22,900
Upgrading and provision FP medical equipment			24,132	105,291
Upgrading and provision other equipment			966	343,200
Advocacy			243,407	82,857
Enabling environment activities not broken down by			-	21,044
Enabling environment activities not elsewhere classified			-	39,873
Related research activities not broken down by intervention				121,837
Total	3,831,461	3,492,581	6,414,334	34,119,660

5. Family planning expenditures by Family Planning Production Factors in 2019 & 2020

For Government's funds, three factors of production were used: warehousing (about 1.4 million), male condom for FP (about 1 million) and transportation and distribution (nearly 970 thousand dollars). For expenditures using funds from donors, four factors of production stand out: staff costs (about 8.5 million), factors of production not elsewhere classified (or not broken down by type) (about 4.4 million), family planning promotion (about 4 million) and injectables and related consumables and male condoms for family planning (2.4 million). Utilities – water, electricity, communication, and related and implants and related consumables, each, used about 1.8 million dollars. Other notable factors of production using funds from donors were female condoms for FP (about 1.7 million), male condoms for FP (about 1.3 million), direct FP service provision staff cost (about 1.1 million), electronic media (about 1.1 million), and pills (about 1 million).

Family Planning Production Factors	Government		Donors	
	2019	2020	2019*	2020
Direct FP service provision staff cost				1,136,878
Indirect FP service provision staff cost			645,118	83,976
Management staff cost				591,160
Staff cost not disaggregated by type				5,563,382
Staff cost not classified above			1,325,446	2,994,846
Pills			877,243	1,031,847
Injectables and related consumables			1,005,306	2,366,319
IUD and related consumables			6,699	2,804
Implants and related consumables			3,168	1,827,816
Male condoms for FP	3,067,675	1,023,402	1,271,740	1,304,159
Female condoms for FP			405,863	1,711,936
Contraceptives and consumables not disaggregated by type.			134,899	15,883
Warehousing	379,478	1,358,386	-	-
Transportation, and distribution	271,056	970,276	-	19,093
Information, education and communication (IEC) materials			14,199	208,527
Print media			-	177,645
Electronic media			-	1,135,954
FP promotion not disaggregated			193,902	3,298,315
FP promotion not elsewhere classified			33,491	799,195
Rent			14,343	278,828
Utilities – water, electricity, communication, and related				1,830,799
Repairs and maintenance of buildings related to FP services				17,057
Travel expenses			44,271	970,614
Contracted services				342,369
Administrative costs not disaggregated by type.			27,587	12,882
Administrative costs not classified above (specify).			314,373	5,522
Consulting services				74,007
Meetings and workshops				430,632
Training			56,427	90,150
Procurement services	113,252	140,518	-	-
Upgrading, renovation and construction cost				1,046
Buildings cost not elsewhere classified (n.e.c.)				4,150
Vehicles				2,275
Information technology (hardware and software)				37,523
Medical equipment for FP				66,744
Equipment not broken down by type			20,090	117,443
Equipment not elsewhere classified (n.e.c.)				411,205
Capital expenditures not broken down by type: comprises capital				4,527
Production factors not broken down by type				497,395
Production factors not elsewhere classified				4,061,273
Production factors not broken down by type			20,169	593,484
Total	3,831,461	3,492,581	6,414,334	34,119,660

6. Resource Flows for Family Planning Services in Mozambique



MOH-Ministry of Health; **SSYE**- State Secretariate for Youth and Employment

MEHD-Ministry of Education and Human Development; **CMAM**-Medicines and Medical Supplies Center

ANNEX

Data collection and analysis

For the 2020 FPSA, CEPESA team used triangulation methods to gather, compile and cross-check the data received from the three sources. The data were collected from the three entities (financing sources, financing agents and service providers) in the flow using the respective questionnaires in the stages that follow:

- a) *Seeking of Administrative authorization from the Ministry of Health*: the authorization was sought through the National Directorate for Public Health, which oversees the family planning program implementation in the country.
- b) *Mapping and identification of government and non-government institutions with FP programs or providing FP services or implementing FP projects*. The Ministry of Health, the Ministry of Education and Human Development and the State Secretariate of Youth and Employment and international and national NGO were identified as the main implementers of FP projects and activities in the country (see Table 2). The mapping exercise identified 37 governmental and non-government institutions eligible for data collection, among which 26 are government institutions, 6 are international NGOs and 5 are national NGOs.
- c) *Sending of the FPSA information and questionnaires to the identified institutions and follow up*: the objective of sending FPSA information and questionnaires to the eligible institutions was to familiarize these institutions with the required information and allow them to understand the concepts involved and to do an initial completion of the questionnaires.
- d) *Reception, correction, and consistency check of the completed questionnaires*: CEPESA followed up with the institutions focal points to assure the correctness of the information given through face-to-face interview (only for institutions in Maputo) and phone or zoom call. Of the 37 questionnaires sent, 31 were successfully completed which corresponds to coverage rate of 86%, being 92% for governmental institutions, 83% for international NGOs and only 40% for National NGOs (see Table 2). The low coverage rate of national NGO reflects the fact that only two of the 5 mapped NGOs were able to complete the questionnaire. The three that did not provide the data are *Fundação para o Desenvolvimento da Comunidade, Associação*

Coalizão da Juventude Moçambicana and *Forum Mulher*. Despite CEPSA’s insistence and even an offer to go to organizations’ offices to help with the filling up of the questionnaires, these organizations never sent back the filled questionnaires.

For the governmental institutions, CEPSA team was not able to gather information from Zambezia Health Directorate and Niassa Education directorate. For Zambezia, according to the Coordination of National Family Planning Program and the provincial maternal and child health focal point, no FP activities and programs were implemented in 2020, which is questionable since Zambezia is the second most populous province in the country and has had over the years many reproductive health programs from both government and development partners implemented.

Table 2. FPSA 2020 Coverage Rate

Type of Organization/Institution	Number of FPSA Sent forms	Filled questionnaires	
		Number	%
Government Institutions	26	24	92
International NGO	6	5	83
National NGO	5	2	40
Total	37	31	86

- e) *Consistency check and correction of the provided information:* preliminary tables compiled from the questionnaires were jointly checked by CEPSA and Avenir Health and where needed, corrections were made by contacting back the source institution for clarification or correction of inconsistencies. Of relevance at this stage was the correction of the data from CMAM, where initially the data did not consider the costs of the drugs actually used in 2020 but the cost of all drugs received in 2020, including those still in stock. Since CMAM does not record the exits by the financing source or agent, the actual cost of FP methods used according to donor or financing source was not obtained from CMAM. This was estimated using the proportional allocation of funds from Global Fund, UNFPA, USAID and Government of Mozambique received from the Reproductive Health Supply Coalition (RHSC).

- f) Final compilation and production of the descriptive tables and production of the preliminary report.
- g) The research team was not able to get specific information on staff cost of personnel involved in family planning in public institutions. Following recommendations from Avenir Health on previous approaches in other sub-Saharan African countries, a 1% of the health sector total salary mass was taken as staff cost for family planning in Mozambique. The total salary mass was obtained from the Ministry of Health 2020 budget execution report.¹

Table 3. Public and non-governmental Institutions involved in the implementation of Family Planning programs and activities in Mozambique

Main institution	Subordinated institutions
Ministry of Health	Niassa Health Directorate
	Cabo Delgado Health Directorate
	Nampula Health Directorate
	Tete Health Directorate
	Manica Health Directorate
	Sofala Health Directorate
	Inhambane Health directorate
	Gaza Health Directorate
	Maputo Province Health Directorate
	Maputo City Health Directorate
	Medicines and Medical Supplies Center
National Program for family Planning	
Ministry of Education and Human Development	Cabo Delgado Education Directorate
	Nampula Education Directorate
	Tete Education Directorate
	Manica Education Directorate
	Sofala Education Directorate
	Inhambane Education Directorate
	Gaza Education Directorate
	Maputo Province Education Directorate
Maputo City Education Directorate	

¹ Ministério da Saúde (2020). Relatório de Execução Orçamental (REO) Sector Saúde (âmbito nacional). Janeiro-Dezembro 2020 (versão final). Page 14, Table 3.

	National Directorate for Nutrition and School Health
State Secretariate for Youth and Employment	National Institute of Youth
International NGO	DKT Mozambique GHSC PSM Chemonics International Centre for Reproductive Health (ICRH-Moçambique) Pathfinder International Population Service International
National NGO/Foundations/CBOs	Associação Moçambicana para o Desenvolvimento da Família (AMODEFA) Fundação Wiwanana

3.4. Limitations

The limitations for 2020 FPSA are related to the way FP implementers in the country have their FP expenditures structured and organized. Most FP programs and activities are integrated into macro programs on maternal health and sexual and reproductive health, and the institutions do not know exactly what amount of their expenditures were specifically on FP. Thus, some of the expenditures reported are estimated based on the proportion of the expenditures that was estimated to have been on FP.

Some family planning expenditures in the government system were provided in kind and the tracking of their cost was difficult because some were in an integrated package with other non-FP activities. Thus, the exact determination of FP expenditures was a complex task and the amounts for national NGO expenditures may be underestimated due to incomplete information received from these institutions.

Some funders of FP activities do not want to be identified and therefore it was not possible to determine the specific financing sources (names of organizations) of a portion of the expenditures on FP activities in 2020. In addition, some financing sources are international and based outside of Mozambique which made it impossible to get data from them and confront the information given by the receiving institution in Mozambique. Lastly, financial information is sensitive, and some institutions were reluctant in sharing this type of information, particularly in the detailed format required by the FPSA data entry tool. Because of these, the results presented bellow represent what was possible to gather under the current circumstances. A proportion of expenditures was not captured but we are not able to determine its exact magnitude. Thus, the results presented bellow should be interpreted taking into consideration these limitations.

RELEVANT SUGGESTIONS FROM THE VALIDATION MEETING

1. The representative of Pathfinder International suggested a template for filling FPSA relevant information be created and shared. He argued that having a template to be filled as FP expenses are made might be helpful. They said that they have a template for filling information required by the Ministry of Health and by other organizations. They argued that the same could be made with respect to information required for FPSA.
2. The representative of the Ministry of Education suggested that information on FP expenditures at the Ministry of Education be requested not only from the financial sector, but also from the programmatic sector. The head of the National Program on Family Planning in Mozambique suggested that in the letters sent to organizations requesting information it should be expressed that the FPSA questionnaire should be filled jointly by the financial and programmatic staff.
3. With respect to the lack of information on FP expenditures in Zambezia province, participants in the workshop shared the concern of the authors of the report. Given that concern, the Head of the National Program on Family Planning in Mozambique explained that Zambezia went through structural challenges that made it difficult to get data on FP expenditures. There was a change in the directorate's leadership and the former leadership may have not passed information on FP expenditures to the new leaders. She explained that those who filled questionnaires did not have information on FP expenditures in the province.
4. The Head of the National Program on Family Planning in Mozambique and other participants requested that a presentation of findings from the report be made to senior decision-makers at the Ministry of Health. It was suggested that a meeting be arranged after the revision of the report considering eventual comments from participants has been made.