

## Results/tables of the 2020 FPSA

### Government of Rwanda (GoR) Family Planning Expenditures in FY 2018/2019

FP Spending assessment indicates that government spending was estimated at US\$ 3,650,132 in the Fiscal year in FY 2018/ 2019.

#### 1. Financing Sources from government: central and decentralized/local levels in FY 2018/2019

Financing source	Value (USD)	% of total
Central level		
Ministry of Finance (MoF) – National Budget	3,563,788	<b>97.63%</b>
FS.1.1.1.99 Central Government entities not elsewhere classified	19,139	0.52%
FS.1.3.1 Government contributions collated by Community Based- Health Insurance (CBHI)	67,205	1.84%
<b>Total (central + sub-national)</b>	<b>3,650,132</b>	

#### 2. Family planning expenditures by financing agents in the FY 2018/2019

Financing agents (FAs) are institutions, individuals, or entities that receive and administer health resources from financing sources to pay for family planning services. Resources mobilized by the Government of Rwanda go to financing agents who have programmatic control over how the resources are allocated across different health providers. Financing agents included entities such as the Ministry of Health (MOH), its implementing agency the Rwanda Biomedical Center (RBC), administrative districts, Government employee insurance programs (CBHI & ex RAMA, among others .

Financing Agents	Value (USD)	% of total
Central level		
FA 1.1.1.1 Ministry of Health (MOH)	\$429,386	11.76%
FA 1.1.1.9 Prime Minister's or President's office- Imbutu Foundation	\$8,152	0.22%
FA 1.1.1.10 Rwanda Biomedical Center (RBC)	\$723,482	<b>19.82%</b>
FA.1.1.1.99 Central or federal authorities' entities not elsewhere classified	\$263,780	7.23%
FA 1.2 Social Security funds	\$20,444	0.56%
FA.1.3 Government employee insurance programs (CBHI & ex RAMA)	\$67,205	1.84%
Subnational/ District level		
FA 1.1.2.99 Administrative Districts	\$2,126,938	<b>58.27%</b>
FA.1.99 Other Public Financing Agents not elsewhere classified (n.e.c)	\$ 10,745	0.29%
<b>Total (Central + Subnational)</b>	<b>\$3,650,132</b>	

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Table above indicates that Administrative Districts (58.27%) and RBC (19.82% %) have been the primary financing agents managing approximately 77.09 % of GOR Funds in Rwanda for the FY 2018/19. The MoH, RBC and administrative districts spent US\$ 2,1 million, US\$ 723,482 and US\$ 429,386 respectively.

### 3. Family planning expenditures by provider type in FY 2018/2019

Providers of FP services receive money from financing agents in exchange for or in anticipation of producing the required services/ activities. They provide direct FP services and interventions. The table below shows the expenditures of GOR FP resources based on the type of service providers.

During the period under review, the main FP providers were public outpatient care centers (which include health centers and health posts) and represented 65.02 % of total FP spending (US\$ 2.37 million). Department inside the MOH and RBC were the second largest provider of FP services utilizing 20.87 % of GOR FP resources (US\$ 4.4 million) in the FY 2018/19. The table also reveals that Public general hospitals (including Districts, Provincial and Regional Hospitals) provision of FP services accounted 4.92% (US\$ 179,733) whereas FP expenditures for tertiary hospitals and Local NGOs stood at US\$ 39,103 and US\$ 1,362 representing 1.07 % and 0.04% of Government spending on FP respectively.

#### 3.1 Family planning expenditures by provider type (without breakdown) in FY 2018/2019

Service Providers	Value (USD)	% of total
PS.1.13.2 Departments inside the Ministry of Health (i.e: NACP) and RBC	\$761,693.79	<b>20.87%</b>
PS.1.13.99 Other Ministries or Public Administration entities n.e.c - Rwanda Medical Supply (RMS) Ltd, RSSB, Rwanda FDA, etc	\$294,969	<b>8.08%</b>
PS.1.1.1 Public general hospitals: District, Provincial and Regional hospitals	\$179,733	4.92%
PS.1.1.2 Public specialty hospitals (Referral & University Teaching Hospitals-CHUK&CHUB & Rwanda Military Hospitals)	\$39,103	1.07%
PS.1.2.1 Public Health centres and Health Posts	\$2,373,272	<b>65.02%</b>
PS.2.11 Local NGOs and community-based organizations (other than PS.2.1 to PS.2.9)	\$1,362	0.04%
<b>Total (Central + Subnational)</b>	<b>\$3,650,132</b>	<b>100%</b>

## 3.2. Detailed breakdown of GOR Family planning expenditures by provider type in FY 2018/2019

Service Providers	Value (USD)	% of total
<b>Central level</b>		
PS.1.13.2 Departments inside the Ministry of Health (i.e: NACP ) and RBC		<b>20.9%</b>
MOH - Head of Planning Health Financing and Information system (PHFIS)	\$230,743	<b>6.32%</b>
RBC/ Corporate Services Division	\$228,341	<b>6.26%</b>
RBC/ Maternal Child and Community Health (MCCH) Division	\$295,949	<b>8.11%</b>
RBC/ National Reference Laboratory	\$198	0.01%
RBC/ Medical Technology and Infrastructure (MTI) Division	\$1,968	0.05%
RBC/ Research, Innovation & Data Science Division	\$148	0.00%
Other department inside the MOH not specified	4,347	0.12%
PS.1.13.99 Other Ministries or Public Administration entities n.e.c		<b>8.1%</b>
Rwanda Social Security Board (RSSB)	\$20,444	0.56%
Health Professional Councils	\$10,745	0.29%
Rwanda Medical Supply (RMS Ltd)- Ex MPPD	\$254,080	6.96%
Rwanda Food Drug Authority (FDA)	\$9,700	0.27%
PS.2.11 NGO and community-based organizations (other than PS.2.1 to PS.2.9)		<b>0.04%</b>
LOCAL NGOs	1,362	0.037
<b>Subnational level</b>		<b>71.01%</b>
PS.1.1.1 Public general hospitals: District, Provincial and Regional hospitals	179,733	4.92%
PS.1.1.2 Public specialty hospitals (Tertiary & University Teaching Hospitals-CHUK&CHUB & RMH)	39,103	1.07%
PS.1.2.1 Public Health centres and Health Posts	2,373,272	<b>65.02%</b>
<b>Total (Central and Subnational)</b>	<b>3,650,132</b>	<b>100%</b>

## 4. GOR Family Planning Inputs/Production Factors/objects of expenditures in FY 2018/2019

### 5.1. GoR Family planning expenditures by Inputs/ production factors/objects in FY 2018/2019

Factors of Production	Value (USD)	% of total
<b>FPPF 1.1 Staff costs/expenditures</b>	<b>\$2,355,169</b>	<b>64.52%</b>
FPPF 1.2: Contraceptives and consumables	\$5,023.47	0.14%
FPPF 1.4: Information, education and communication (IEC)	\$2,239	0.06%
<b>FPPF 1.5: Internal administrative costs</b>	<b>\$405,739</b>	<b>11.12%</b>
FPPF 1.6: Consulting services	\$8,292	0.23%
FPPF 1.7: Meetings and workshops	\$5,536	0.15%
FPPF 1.9: Training	\$45,983	1.26%
<b>FPPF 1.20: Procurement services</b>	<b>\$166,988</b>	<b>4.57%</b>
FPPF 1.21: Warehousing	\$6,271	0.17%
FPPF 1.22: Transportation and distribution	\$4,139	0.11%
<b>FPPF 1.98: Current expenditure not broken down by type:</b>	<b>\$137,753</b>	<b>3.77%</b>
FPPF 1.99: Current expenditure not elsewhere classified (n.e.c.): comprises current	\$5,965	0.16%
<b>FPPF 2.1 Buildings</b>	<b>\$300,394</b>	<b>8.23%</b>
FPPF 2.2.1: Vehicles	\$10,978	0.30%
<b>FPPF 2.2: Equipment</b>	<b>\$189,665</b>	<b>5.20%</b>
<b>Grand Total</b>	<b>\$3,650,132</b>	<b>100%</b>

### 5.2. Inputs/Production Factors/objects of expenditures in FY 2018/2019 (expenditure breakdown)

Family Planning Production Factors	Value (USD)	% of total
FPPF 1.1 Staff costs/expenditures	2,355,169	64.52%
FPPF 1.1.2 Indirect FP service provision staff cost	1,362	0.037%
FPPF 1.1.3 Management staff cost	170,684	4.676%
FPPF 1.1.98: Staff cost not disaggregated by type	2,072,818	56.787%
FPPF 1.1.99: Staff cost not classified above (specify)	110,305	3.022%
FPPF 1.2: Contraceptives and consumables	5,023.47	0.14%
FPPF 1.2.98: Contraceptives and consumables not disaggregated by type.	4,618	0.13%
FPPF 1.2.99: Contraceptives and consumables not classified above (specify).	406	0.011%
FPPF 1.4: Information, education and communication (IEC)	2,239	0.06%
FPPF 1.5: Internal administrative costs	405,739	11.12%
FPPF 1.5.1: Rent.	4,268	0.12%
FPPF 1.5.2: Utilities – water, electricity, communication, and related.	26,616	0.73%

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FPPF 1.5.3: Repairs and maintenance.	9,177	0.25%
FPPF 1.5.4: Transportation and travel expenses.	72,629	1.99%
FPPF 1.5.98: Administrative costs not disaggregated by type.	261,870	7.17%
FPPF 1.5.99: Administrative costs not classified above (specify)	31,179	0.85%
<b>FPPF 1.6: Consulting services</b>	<b>8,292</b>	<b>0.23%</b>
FPPF 1.7: Meetings and workshops	5,536	0.15%
FPPF 1.9: Training	45,983	1.26%
FPPF 1.20: Procurement services	166,988	4.57%
FPPF 1.21: Warehousing	6,271	0.17%
FPPF 1.22: Transportation and distribution	4,139	0.11%
FPPF 1.98: Current expenditure not broken down by type:	137,753	3.77%
FPPF 1.99: Current expenditure not elsewhere classified (n.e.c.): comprises current	5,965	0.16%
<b>FPPF 2.1 Buildings</b>	<b>300,394</b>	<b>8.23%</b>
FPPF 2.1.1 Upgrading of health facilities for FP provision.	102,642	2.81%
FPPF.2.1.98 Buildings not broken down by type.	195,673	5.36%
FPPF.2.1.99 Buildings not elsewhere classified (n.e.c.)	2,079	0.06%
FPPF 2.2.1: Vehicles	10,978	0.30%
<b>FPPF 2.2: Equipment</b>	<b>189,665</b>	<b>5.196%</b>
FPPF 2.2.2: Information technology (hardware and software)	3,683	0.10%
FPPF 2.2.4: Laboratory and other medical equipment	7,081	0.19%
FPPF 2.2.98: Equipment not broken down by type	662	0.02%
FPPF 2.2.99: Equipment not elsewhere classified (n.e.c.)(specify)	182	0.00%
FPPF 2.98 Capital expenditures not broken down by type	174,353	<b>4.78%</b>
FPPF 2.99 Capital expenditures not elsewhere classified (n.e.c.): comprises capital expenditures not recorded in the above definitions.	3,703	0.10%
<b>Grand Total</b>	<b>3,650,132</b>	<b>100%</b>

## 5. Family Planning Spending categories (FPSC) in FY 2018/2019

FP spending categories consist of activities and programmes that result in the effective provision of FP services. The key spending priorities in 2018/19 have been FP services (US\$2.28 million– 65.28%), followed by programme management and administrative strengthening (US\$ 1.25 million– 34.12%). It is also noted that the proportions of GOR expenditure on FP human resources, research and enabling environment remained very low, representing 0.56%, 0.05% and 0.0005% respectively. Table below presents a broad overview of GOR FP expenditures by spending core categories in FY 2018/2019.

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## 5.1. GOR FP expenditures by spending categories, Rwanda 2018/2019

Family Planning Spending Categories	Value (USD)	% of total
FPSC 1.0 FAMILY PLANNING SERVICES	\$2,382,629.69	65.28%
FPSC 2.0 PROGRAMME MANAGEMENT AND ADMINISTRATION	\$1,245,274.42	34.12%
FPSC 3.0 HUMAN RESOURCES	\$20,565.02	0.56%
FPSC 4.0 ENABLING ENVIRONMENT	\$17.88	0.0005%
FPSC 5.0: FP-RELATED RESEARCH	\$1,645.25	0.05%
<b>Grand Total</b>	<b>3,650,132.26</b>	<b>100.00%</b>

## 5.2. Detailed breakdown of GOR Family planning Spending categories (FPSC) in FY 2018/2019

Family Planning Spending Categories	Value (USD)	% of total
<b>FPSC 1.0 FAMILY PLANNING SERVICES</b>	<b>\$2,382,629.69</b>	<b>65.28%</b>
FPSC 1.4: Prescription and provision of male condoms for FP	\$56,081	1.54%
FPSC 1.5: Prescription and provision of female condoms for FP	\$41	0.001%
FPSC 1.6: Provision of pills	\$373,128	10.22%
FPSC 1.7: Provision of injectables	\$945,728	25.91%
FPSC 1.8: Provision of IUD	\$73,893	2.02%
FPSC 1.9: Provision of implants	\$806,542	22.10%
FPSC 1.20: Standard Days Method (SDM) Beads	\$14,929	0.41%
FPSC 1.21: Female sterilization	\$66,359	1.82%
FPSC 1.22: Male sterilization	\$16,706	0.46%
FPSC 1.23: Information, education and communication for FP	\$2,184	0.06%
FPSC 1.98: FP services not disaggregated by type (specify types of FP services included in the aggregate spending)	\$27,033	0.74%
FPSC 1.99: FP service not elsewhere classified (specify)	\$4.44	0.0001%
<b>FPSC 2.0 PROGRAMME MANAGEMENT AND ADMINISTRATION</b>	<b>\$1,245,274</b>	<b>34.1%</b>

FPSC 2.1: Planning, coordination, and programme management	\$297,053	8.14%
FPSC 2.2: Administration and transaction costs associated with managing and disbursing funds	\$19,987	0.55%
FPSC 2.3: Monitoring and evaluation	\$2,927	0.08%
FPSC 2.5: Drug supply systems	\$228,046	6.25%
FPSC 2.6: Information technology	\$3,404	0.09%
FPSC 2.7: Upgrading and provision FP medical equipment	\$48,897	1.34%
FPSC 2.8: Upgrading and provision other equipment	\$216,570	5.93%
FPSC 2.9: Upgrading and construction of infrastructure	\$281,760	7.72%
FPSC 2.98: Programme management and administration not broken down by type	\$5,135	0.14%
FPSC 2.99: Programme management and administration not elsewhere classified	\$141,494	3.88%
<b>FPSC 3.0 HUMAN RESOURCES</b>	<b>\$20,565</b>	<b>0.56%</b>
FPSC 3.1: Monetary incentives for human resources	\$5,950	0.16%
FPSC 3.2: Training and capacity building	\$13,252	0.36%
FPSC 3.99: Human resources not elsewhere classified (n.e.c)	\$1,362	0.04%
<b>FPSC 4.0 ENABLING ENVIRONMENT</b>	<b>-</b>	<b>0.0005%</b>
FPSC 4.98: Enabling environment activities not broken down by type	\$18	0.0005%
<b>FPSC 5.0: FP-RELATED RESEARCH</b>	<b>-</b>	<b>0.05%</b>
FPSC 5.98: Related research activities not broken down by intervention	\$1,645	0.05%
<b>Grand Total</b>	<b>\$3,650,132</b>	<b>100%</b>

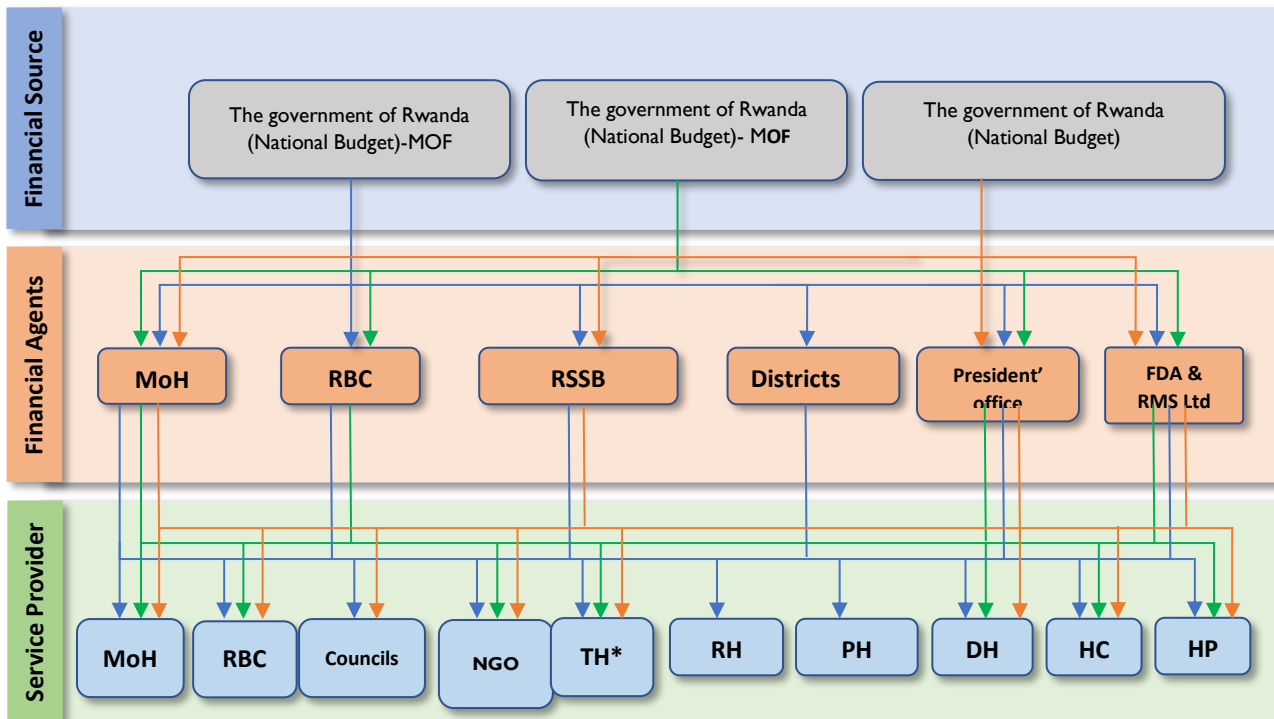
## 6. Fund flows for family planning service from Government of Rwanda

Here, we presented the Rwanda specific flow of government FP funds.

In Rwanda, different stakeholders and institutions are involved in financing and implementation of family planning interventions including purchase and provision of FP commodities. The stakeholders include key funders of the FP program in the country (sources of funds), financing agents, and service providers of family planning. Figure 1 shows the flow of government funds from central level (national budget) to the administrative districts, government institutions, ministries and entities and to the service providers of family planning services. In the FY 2019/2022, the main financial source of government fund was the national budget which is financed from revenues from both tax and non-tax sources.

The key financial agents of the government funds for provision of family planning services are Ministry of Health (MOH and its department), Rwanda Biomedical Centre (RBC and its Divisions), President’s office, Administrative Districts, Rwanda Food Drug Authority (FDA), Rwanda Medical Supply Limited (RMS Ltd), and Rwanda Social security Board (managing two major health insurance schemes including RAMA (Rwandaise d'Assurance Maladie) which currently covers civil servants and the community based health insurances (CBHI). The key service providers of FP program includes department inside in MOH and RBC, professional councils, all public hospitals (districts, provincial, regional and tertiary hospitals) health centers and health posts.

**Figure 1: Fund Flows for Family Planning program in Rwanda**



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**Note:**

- MoF = Ministry of Finance
- MoH = Ministry of Health
- RBC = Rwanda Biomedical Centre
- RSSB = Rwanda Social Security Board
- Districts = Administrative Districts
- President's Office = resident's Office through Imbuto Foundation
- FDA: Rwanda Food Drug Authority
- RMS Ltd: Rwanda Medical Supply Ltd
- Councils: Professional Councils
- TH\* = Tertiary Hospital including University Teaching Hospitals
- RHs: Regional/ Referral Hospitals
- PHs = Provincial Hospital
- DH = District Hospitals
- HC = Health Center
- HP= Health Post

## 7. Estimation Method - FP Shared Expenditures

Here, we briefly explain how you estimated shared expenditures at central and subnational levels.

Expenditures on FP programs were estimated based on both primary data and expenditure data reported in the Health Resource Tracking Tool (HRTT) system. The FPSA research team calculated the FP spending based on activity purposes reported by the financing agents. To estimate spending on FP, the FPSA team relied on both targeted and untargeted spending reported by GOR institutions/ agencies, health facilities, and public implementing partners. Targeted spending includes expenditures reported as FP spending. However, majority of FP activities are integrated within the package of services offered by facilities, therefore health expenditures not directly allocated to FP or “untargeted spending” had to be allocated to FP.

Allocation keys were estimated and used to determine the proportion of untargeted GOR spending going towards FP. It should be noted that only the expenditures that are related to family planning commodities, consumables and equipment, program management and administration, staff salaries and incentive (performance-based financing), capacity building, infrastructure, information system, education and communication, drug supply chain, etc. have been included in this spending assessment.

### 7.1. Untargeted spending at central level

We used a HRTT data and report to determine allocation for untargeted spending at central level. We found that FP spending represented about 3% of Central government spending (government health expenditure) and 7% of the total spending on Maternal, Child, Community Health (MCCH) interventions. These two allocation ratios/keys were applied to allocate untargeted government central spending to FP activities.

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## 7.2. Untargeted spending at Subnational level

### A. Untargeted spending at service provider and/ or health facility level

To allocate untargeted funds to various service provider types and health facility level, the research team derived allocation ratios using utilization data available in HMIS, more specifically on the volume of service utilization. Both outpatient visits and *in-patients bed days* were considered in order to the ratio of FP services by service provider type. The conversion of inpatient days to outpatient visits was done based on international best practice and methodology proposed by Avenir Health. The FP percentage was then obtained by dividing total provider FP visits by total provider outpatient visits.

The table below presents ratios for FP service by provider type for the FY 2018/2019. These allocation ratios were applied to allocate funds received by a provider to FP spending.

**Figure 2: Allocation ratios for FP services by provider type, FY 2018/2019**

Provider type	Total number of FP visits	Other outpatient visits	Annual Total number of OPD visits	In-patients bed days	Rwanda equivalency ratio	Calculated FP Allocation Proportion
Health centres & Health posts	1,583,247	24,280,642	25,863,889	586,095	4.0	<b>0.0561 (5.6%)</b>
District hospitals	55,114	1,334,257	1,389,371	1,465,684	4.0	<b>0.0076 (0.76%)</b>
Provincial Hospitals	3,463	128,834	132,297	268,871	4.0	<b>0.0029 (0.29%)</b>
Referral/Regional hospitals	6,175	133,908	140,083	174,878	4.0	<b>0.0074 (0.74%)</b>
Tertiary hospitals	1,246	256,558	257,804	316,016	4.0	<b>0.00082 (0.082%)</b>

Source: Rwanda Health information management system (RHMIS, December 2021)

## Allocation ratios for FP methods by provider

The FPSA research team computed the allocation ratios for FP by methods. These ratios were applied to estimate spending for different contraceptives methods whenever there was no detailed information on the method type

**Figure 3: Allocation ratios for contraceptive methods by provider type, FY 2018/2019**

FP Methods	Health centres + Health Posts		District hospitals		Provincial Hospitals		Referral -Regional Hospitals		Tertiary Hospitals		GRAND TOTAL
	Total	Proportion	Total	Proportion	Total	Proportion	Total	Proportion	Total	Proportion	Total
Implants	497,432	31.42%	29,096	52.8%	1,749	50.5%	2,778	45.0%	511	41.0%	531,566
Pills	276,412	17.46%	1,780	3.2%	149	4.3%	255	4.1%	42	3.4%	278,638
Condoms-males	39,310	2.48%	1,217	2.2%	16	0.5%	39	0.6%	13	1.0%	40,595
Condoms-Females	32	0.00%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	32
IUD	23,025	1.45%	7,601	13.8%	115	3.3%	647	10.5%	546	43.8%	31,934
Injectables	716,912	45.28%	386	0.7%	21	0.6%	369	6.0%	21	1.7%	717,709
Tubal ligation	-	0.00%	11,412	20.7%	1,197	34.6%	1,836	29.7%	105	8.4%	14,550
Cycle beads	11,008	0.70%	96	0.2%	5	0.1%	2	0.0%	6	0.5%	11,117
auto-observation+ LAM + other barriers methods	19,116	1.21%	390	0.7%	5	0.1%	9	0.1%	2	0.2%	19,522
Vasectomy	-	0.00%	3,136	5.7%	206	5.9%	240	3.9%	-	0.0%	3,582
	1,583,247	100.00%	55,114	100%	3,463	100.0%	6,175	100.0%	1,246	100.0%	1,649,245

## B. Allocation of ratios among providers

Provider ratios were estimated based on the volume of services utilization at health centers, district, referral, and tertiary hospitals for all services. If, for instance, a financing agent reported FP expenditures without providing any details as to whether the money went to tertiary, referral, or districts hospitals or health centers (and if it was not obvious by the nature of the activity or project where the spending took place), the FPSA research team allocated the FP expenditures to service providers based on the ratios presented in the table

below. For each provider type, we estimated the allocation ratio by dividing the total FP consultations provided at each provider level by the total FP consultations recorded at the national level.

*Figure 4: Allocation of ratios among providers, FY July 2018- June 2019, Rwanda*

<b>Types of public health facilities</b>	<b>Total FP consultations/ visits</b>	<b>Proportion</b>
Health centers+posts (HC)	1,583,247	<b>96.0%</b>
District hospitals (DHs)	55,114	<b>3.3%</b>
Provincial hospitals (PH)	3,463	<b>0.2%</b>
Referral hospitals (RH)	6,175	<b>0.4%</b>
Tertiary Hospitals (TH)	1,246	<b>0.1%</b>
<b>Total</b>	<b>1,649,245</b>	

*Source: Rwanda Health information management system (RHMIS, Dec. 2021)*