

Results/tables of the 5 dimensions of the 2020 FPSA

1.1 Financing sources from the Government

The assessment revealed that the MoF is the only financing source of the Government spending on FP services in 2020. The total expenditure of the government was estimated at US\$ 1,305,108 based on data collected as Table 1 indicates.

Table 1: Financing sources from government in 2020: central and decentralized/local levels

Financing Source	Value (USD)	Percent of Total
Central level		
Ministry of Finance (MoF) – National Budget	\$ 1,305,108.17	100.0%
Total (Central + Subnational)	\$ 1,305,108.17	100.0%

1.2 FP expenditure by financing agents

The FPSA data suggests that MoHS is the main financing agent which accounts for 92.4% of the total FP expenditure from the government as Table 2 shows.

Table 2: Family planning expenditures by financing agents in 2020

Financing Agents	Value (USD)	Percent of Total
Central level		
Ministry of Health and Sanitation (MOHS)		
▪ Directorate of Reproductive and Child Health	\$ 1,205,516.21	92.4%
Ministry of Finance		
▪ PS.1.13.6 Department inside the Ministry of Finance (Office of Accountant General)	\$ 98,267.29	7.5%
Subnational/Provincial level		
▪ FA 1.1.3.99 Other Local/Municipal Entities not elsewhere classified	\$ 1,324.67	0.1%
Total (Central + Subnational)	\$ 1,305,108.17	100.0%

1.3 FP expenditure by service provider

According to Table 3, the public health centers are the main service providers of FP services, registering 85% of the total FP expenditure.

Table 3: Family planning expenditures by service provider type in 2020

Service Provider	Value (USD)	Percent of Total
Ministry of Health and Sanitation (MoHS)		
PS.1.1.1 Public general hospitals	\$ 67,441.98	5.2%
PS.2.1.1 Private non-profit general hospitals	\$ 264.99	0.0%
PS.1.1.3 Public health centers	\$ 1,109,308.59	85.0%
PS.2.10 Faith Based Organizations health centers	\$ 13,642.16	1.0%
PS.2.1.2 Private non-profit specialty hospitals	\$ 9,077.70	0.7%
PS.1.1.2 Public specialty hospitals	\$ 7,105.46	0.5%
PS.1.13.2 Departments inside the Ministry of Health (FP/RH Programme)	\$ 98,267.29	7.5%
Total	\$ 1,305,108.17	100.0%

1.4 FP expenditure by spending categories

The main family planning spending category (FPSC) and likewise the main input/production of family planning expenditure are the ‘provision of implants’ and ‘implants and related consumables’ with 73.2% of total FP expenditure, each. Tables 4 and 5 present the family planning spending categories (FPSC) and Inputs/Production Factors/objects of FP expenditures, respectively.

Table 4: Family Planning Spending categories (FPSC) in 2020

Family Planning Spending Categories	Value (USD)	% of total
FPSC 1.4: Prescription and provision of male condoms for FP	\$ 25,053.07	1.9%
FPSC 1.5: Prescription and provision of female condoms for FP	\$ 2,719.75	0.2%
FPSC 1.6: Provision of pills	\$ 98,762.36	7.6%
FPSC 1.7: Provision of injectables	\$ 121,957.65	9.3%
FPSC 1.8: Provision of IUD	\$ 1,525.00	0.1%
FPSC 1.9: Provision of implants	\$ 955,498.38	73.2%
FPSC 3.1: Training and capacity building	\$ 1,324.67	0.1%
FPSC 2.99: Programme management and administration not elsewhere classified	\$ 98,267.29	7.5%
Total	\$ 1,305,108.17	100.0%

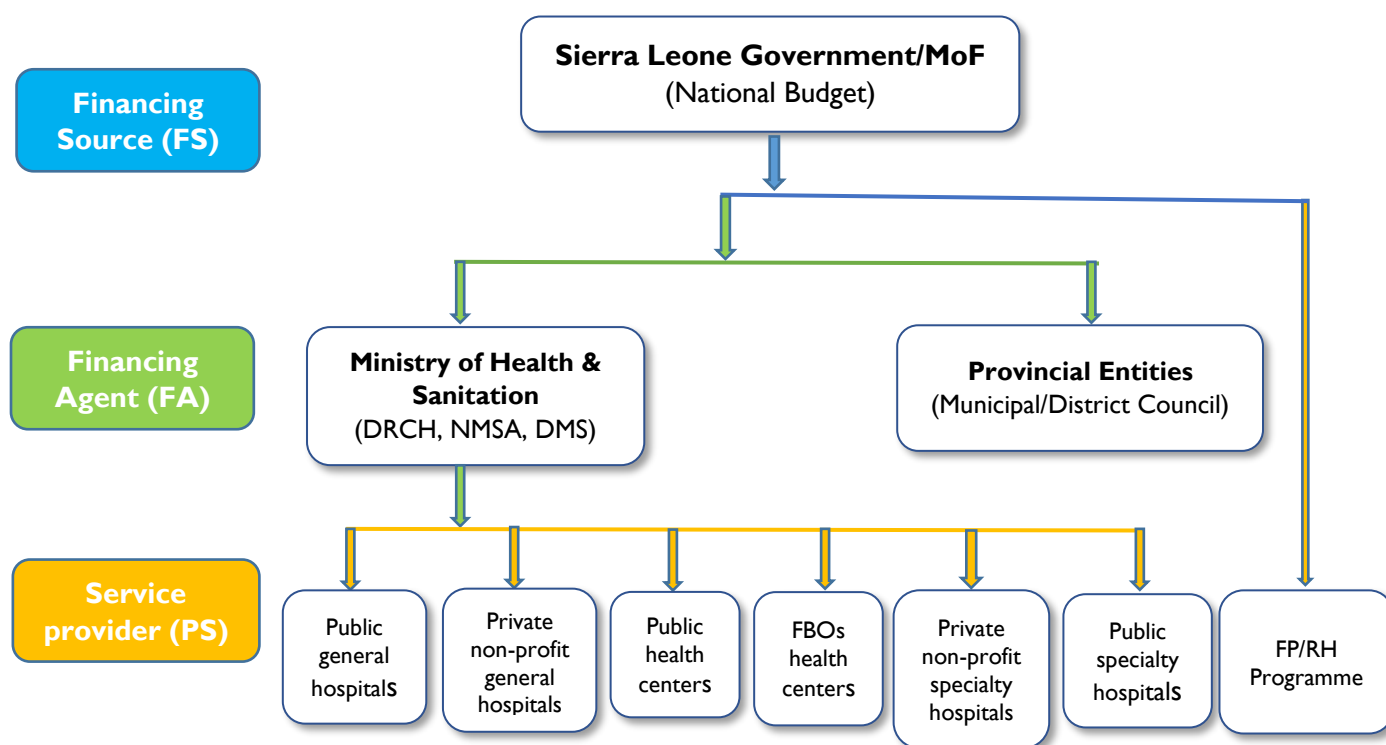
Table 5: Inputs/Production Factors/objects of FP expenditures in 2020

Family Planning Production Factors	Value (USD)	% of total
FPPF 1.1.1: Direct FP service provision staff cost	\$ 98,267.29	7.5%
FPPF 1.2.1: Pills	\$ 98,762.36	7.6%
FPPF 1.2.2: Injectables and related consumables	\$ 21,957.65	9.3%
FPPF 1.2.3: IUD and related consumables	\$ 1,525.00	0.1%
FPPF 1.2.4: Implants and related consumables	\$ 955,498.38	73.2%
FPPF 1.2.7: Male condoms for FP	\$ 25,053.07	1.9%
FPPF 1.2.8: Female condoms for FP	\$ 2,719.75	0.2%
FPPF 1.8 Training	\$ 1,324.67	0.1%
Total	\$ 1,305,108.17	100.0%

2. Flow of Funds for Family Planning services from the Government

The Ministry of Finance (MoF) is the main source of Government spending on FP services in Sierra Leone. MoF provides the FP funds through the national budget to the Directorate of Reproductive and Child Health (DRCH), the National Medical Stores Agency (NMSA) and District Medical Stores (DMS) of the Ministry of Health and Sanitation (MoHS) and the provincial entities including the municipal and district councils as agents. The service providers comprise public, private and faith-based health facilities as well as the FP/RH Programme department which provides supervision and monitoring of FP services nationwide. Figure 1 shows the flow of funds for Family Planning services from the Government.

Figure 1: Flow of funds for Family Planning services from the Government



3. Family Planning Spending Estimation Method

The FPSA2020 data was collected on financial and non-financial resources from MoF (main financing source of the Government), financing agents and service providers in 2020 financial year using the standard data collection tools/questionnaires of Avenir Health. Both top-down and bottom-up approaches were adopted to collect the data. By top-down approach, data was primarily collected from the financing source and financing agents. Using the bottom-top approach, enumerators collected data from the service providers in all 16 districts. The service providers included both public and private primary health facilities as well as health centers of faith-based organizations (FBOs) that provide FP services at no cost to clients and FP/RH

programme. Whilst the public and private hospitals directly provided data themselves, data from the primary health facilities (public and private) was obtained through the District Health Management Teams (DHMTs) that regularly compile all health-related data (including data on FP services) of the health facilities. Data from financing sources and agents were triangulated with that from the service providers.

Expenditure data on financial resources were provided in the local currency (SLL), which was converted to foreign currency mainly United States dollar (US\$) using the average foreign exchange rate (US\$1 = SLL 9,813.76) of the survey year. For non-financial resources, monetary value was computed using the unit cost (in US\$) from the Procurement Unit of the National Central Medical Store (NCMS) that procures all health products include FP commodities.

Data was entered into the FPSA Data Processing tool designed by Track20 for data entry and analysis. Results/tables were produced using the pivot tables of the tool. The FPSA results/tables were presented to key FP stakeholders in a validation workshop who provided useful comments for the finalization of this report.

ANNEX

A1. Background of FPSA2020

Family planning (FP), which is characterized by use of contraceptive methods to limit/space births or delay pregnancy, is one of the most cost-effective interventions to prevent maternal, infant and child deaths. Having made a steady progress in the use of contraceptive methods in the past decade, the Government of Sierra Leone (GoSL) is committed to reposition FP services and improve access to quality FP services through addressing financing, supply chain and adolescent health. The commitments focus on diversification of FP resource base, improving access to FP commodities, improving adolescent health and reducing teenage pregnancy. Track20 is a Bill and Melinda Gates Foundation (BMGF) funded project that tracks progress in family planning (FP) towards the goals of the Family Planning 2030 project. One of its activities is to track FP expenditures through Family Planning Spending Assessment (FPSA).

FPSA) is a comprehensive and systematic resource tracking method used to measure the flow of resources for the implementation of family planning (FP) in Track20 project implementing countries. This expenditure tracking method considers resources flow (both financial and non-financial) from their origin to the end point of FP service delivery among the different institutions involved. Tracking is done from financing sources through financing agents to the different providers of services.

The specific objectives of the FPSA are to:

- Determine the total FP expenditures in the latest available financial year/calendar year from different sources including:
 - Government (national/central and sub-national/local government administrations).
 - International partners (bilateral and multilateral).
 - Private entities
 - Non-governmental organizations/faith-based organizations (NGOs/FBOs).
 - Out-of-pocket (OOPs) by households.
- Determine the FP expenditures by providers, spending categories and factors of production/inputs of expenditures.

The assessment is adapted from the National AIDS Spending Assessment (NASA) used to track resources for HIV and AIDS responses in countries. By adopting the NASA methodology, FPSA is based on standardized methods, definitions and accounting rules of the globally available and internationally accepted System for National Accounts (SNA) and National Health Accounts (NHA). It follows the basic framework and templates of the NHA and emphasizes the multi-sectorial approach to the provision of FP. The FPSA methodology reconstructs the financial transactions relating to FP. A transaction is a transfer of resources between different economic agents and follows the money through the financing sources, buyers and providers and the

description of its factors of the production function. The financial transactions are reconstructed by identifying three dimensions: *financing, provision and use*.

The FPSA2020 is the second round of FP spending assessment in Sierra Leone and focuses on FP expenditure from the Government of Sierra Leone (GoSL) only; that is, considering the Government as the financing source only.

A.2 Final Results/Tables

The results/tables present FP expenditures incurred by the Government of Sierra Leone (GoSL) as the only financing source. Based on analysis of data collected, five results/tables are presented which include:

Table 1: Financing sources from government in 2020: central and decentralized/local levels

Table 2: Family planning expenditures by financing agents in 2020

Table 3: Family planning expenditures by service provider type in 2020

Table 4: Family Planning Spending Categories (FPSC) in 2020

Table 5: Inputs/Production Factors/objects of FP expenditures in 2020

A.3 Comments from Stakeholders on FPSA Results

- 1) The FP stakeholders presumed that the estimated FP expenditures in 2020 from the GoSL would have been overstated by the service providers (hospitals and DHMTs) who provided the FPSA data. The view of the stakeholders during the validation workshop was that the service providers could have not been able to clearly identify the actual sources of FP resources (financial and non-financial). The providers had assumed the source of the FP resources was the Government since they received the resources from NMSA; the government agency that is responsible for procuring, storing and distribution of health products including FP commodities. This cannot be the case as the international partners (mainly UNFPA and FCDO) have been the main source that provide FP resources to NMSA.
- 2) The stakeholders advised the consultant to verify the FP expenditures from NMSA and only the Agency can appropriately identify the various sources of FP resources. NMSA receives or procures and distributes all maternal health medicines and FP commodities on behalf of the Government and international partners.
- 3) According to the Directors of Operations and Finance, NMSA received around US\$ 1 million in 2020 from MoF/GoSL for the procurement of all maternal health medicines and FP commodities. Since the money was not enough, the Agency requested the international partners (UNFPA and FCDO) to procure the FP commodities. Therefore, the Agency used the money they received from the Government to procure the maternal health medicines only. On that note, Government spending on FP commodities in 2020 was zero except for

the salaries paid to FP Programme staff that stands at US\$ 98,267.29 based on FPSA data collected.

- 4) The FP Programme Manager reiterated that the Directorate of Reproductive & Child Health (DRCH) and the Programme did not receive any financial support from the Government in 2020. The international partners provided support for staff training, utility bills and operations in the year.

A.4 Challenges with Data Collection Process

1. Difficulty in identifying adequate financing sources and financing agents; and their correct contacts.
2. Delayed response of the sources to give data.
3. Incomplete record systems/information from sources.
4. Inability of service providers to correctly identify sources of FP resources (financial and non-financial).
5. Non response of a few sources.
6. Delay in obtaining letter of introduction from the top MoHS officer to facilitate timely data collection.

A.5 Challenges with the Estimation Process

1. Unavailability of relevant health system data to estimate FP specific expenditures where records of FP expenditure data were not available.