Family Planning Spending Assessment (FPSA) in Bangladesh

FY 2015-2016

Research Team

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November 2018

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Acknowledgements

We sincerely express our sincere gratitude to Avenir Health, which is implementing the Track20 project with funds from the Bill and Melinda Gates Foundation, for giving us the opportunity to conduct this study. We are highly grateful to Dr. Kazi Mustafa Sarwar, the Director General of Family Planning, Bangladesh, for his generosity in providing the necessary data and documents. We offer our special thanks to Md. Mahbub-Ul-Alam, Program Manager, Field Services Delivery, DGFP, MoHFW for his wholehearted support to facilitate the data collection process. Our sincere gratitude goes to all the organizations including DFID, USAID, UNFPA, SMC Bagladesh, Marie Stopes Bangladesh, Swanirvor Bangladesh and Gonoshasthaya Kendra for their kind support in providing the necessary data. We are thankful to Md. Abdul Hakim Majumder, Project Director, UPHCSDP for facilitating the data collection process from various NGOs under this project. All the Divisional Family Planning offices and DDFP offices deserve the due appreciation for providing the necessary data and supports. We also acknowledge the chief of different public facilities (MCWC and UFPO Office) for facilitating the data collection process. We would also like to appreciate the efforts of the research assistants who were closely involved with data collection.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BAVS	Bangladesh Association for Voluntary Sterilization
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic & Health Survey
CPR	Contraceptive Prevalence Rate
DDFP	Deputy Director of Family Planning
DFID	Department for International Development
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DP	Development Partner
DPA	Direct Project Aid
ECP	Emergency Contraceptive Pill
EKN	Embassy of the Kingdom of the Netherlands
EU	European Union
FP	Family Planning
FPSA	Family Planning Spending Assessment
FWA	Family Welfare Assistant
FY	Fiscal Year
GDP	Gross Domestic Product
GNI	Gross National Income
GoB	Government of Bangladesh
HA	Health Assistant
HDI	Human Development Index
HIES	Household Income & Expenditure Survey
HIV	Human Immune-deficiency Virus
IUD	Intrauterine Device
LAPM	Long Acting & Permanent Method
LARC	Long Acting Reversible Contraceptive
LGRD	Ministry of Local Government & Rural Development
MCHTI	Maternity and Child Health Training Institute.
MCWC	Maternal and Child Welfare Center
MFSTC	Mohammadpur Fertility Services and Training Center
MoF	Ministry of Finance
MoHFW	Ministry of Health & Family Welfare
MoLGRD	Ministry of Local Government, Rural Development and Cooperatives
MSB	Marie Stopes Bangladesh
NASA	National AIDS Spending Assessment

NGOs	Non-Government Organizations
NIPORT	National Institute of Population Research and Training
NSV	No-Scalpel Vasectomy
RPA	Reimbursable Project Aid
SDGs	Sustainable Development Goals
SMC	Social Marketing Company
SVRS	Sample Vital Registration System
UFPO	Upazila (Sub-district) Family Planning Officer
UHC	Upazila (Sub-district) Health Complex
UHFWC	Union Health & Family Welfare Centre
UK	United Kingdom
UNDP	United Nation Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

Executive Summary

Background

Bangladesh has achieved an incredible success in declining Total Fertility Rate (TFR) even in the absence of rapid economic development and social changes. There is a lot of scope for further declining TFR through increasing use of modern contraceptive methods. The Contraceptive Prevalence Rate (CPR) increased from 58 percent in 2004 to 62 percent in 2014. The use of modern methods also increased from 47 percent to 54 percent during the same period. The four most popular modern methods used by eligible couples are pill (27%), injectable (12%), male condom (6%), and female sterilization (5%). However, there is unmet need of modern methods among 12 percent of married couples. Discontinuation of the methods by 30 percent of eligible coupes is also a major concern. Thus, there is a lot of scope of increasing CPR through making the modern methods available among the eligible couples and reducing the discontinuation rate. This calls for tracking the resources currently spent for family planning (FP) services as well as identifying the resource gap to fill up the unmet need for increasing CPR. Tracking resources for FP services is also crucial in Bangladesh for policy making to attain FP2020 goals as a signatory country.

At the London Summit of FP2020, Bangladesh made a number of commitments: declining TFR to 2.0, unmet need of modern FP methods to 10 percent, discontinuation rate of modern FP methods to 20 percent, increasing CPR to 75 percent, and long acting permanent method (LAPM) to 20 percent. The available data shows that the current scenarios of these indicators are 2.17 percent, 12 percent, 30 percent, 62 percent and 8 percent respectively.

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Track20, a Gates Foundation project, has taken an initiative to track progress in FP towards the goals of FP2020 in a number of developing countries including Bangladesh. One of the activities of Track20 is to track FP expenditures. Different institutions, such as World Health Organization (WHO) through its System of Health Accounts (SHA), and United Nations Population Fund (UNFPA) through Netherlands Interdisciplinary Demographic Institute (NIDI), attempted to track FP expenditure. However, the methods used in those studies were not comprehensive and

systematic. This calls for introducing better methodologies to improve FP expenditure estimates. Track20 came forward to introduce FPSA through adapting National AIDS Spending Assessment (NASA) methodology, which is a comprehensive and systematic method originally developed for tracking HIV/AIDS resources.

Objectives

The main objective of the assignment was to measure both financial and non-financial resources devoted to FP from the origin to the end-point of service delivery. The specific objective was to identify the financing sources, implementing partners (the financing agents), the service providers, the categories of FP services, and factors of production (inputs).

Methods

For tracking FP expenditure, we used the modified version of National AIDS Spending Assessment (NASA)[1] methodology, which was originally developed for tracking HIV/AIDS resources. Kenya was the pioneer in adapting NASA methodology to conduct Family Planning Spending Assessment (FPSA) for the years 2015 and 2016. As the second country, Senegal conducted FPSA for the years 2016 and 2017 using the same methodology. Bangladesh is the third country of this club. Indonesia has also recently conducted FPSA. We defined the FP services in the country context to have a precise estimate of the FP spending. As per the methodological guidelines of FPSA, we focused only on the contraceptive part though maternal and child health (MCH) is integrated with FP services in Bangladesh. We attempted to track the FP expenditure incurred by government, NGO and private FP service providing facilities during fiscal year 2015-16.

We tracked FP expenditures from all relevant financing sources (Ministry of Finance, DPs, NGOs, and out-of-pocket), financing agents (DGFP, MoLGRD and NGO) and FP service providers across the country. FPSA methodology uses the general accounting principle of double entry technique to avoid the double counting error while capturing the flows of fund. Hence, both top-down and bottom-up approaches were used to consolidate the information. The top-down approach was followed by using data from the operation plans of DGFP, MoHFW, DPs

[1] http://www.unaids.org/sites/default/files/media_asset/20090916_nasa_classifications_edition_en_0.pdf (accessed on September 13, 2018).

and NGOs. At the bottom up approach, we collected data form Family Planning offices of all divisions, Deputy Director's Family Planning (DDFP) offices and Maternal and Child Welfare Centers (MCWC) of 8 selected districts (one from each division), and Upazila Family Planning Officer's (UFPO) offices of 8 selected upazilas (one from every selected district), Union Health and Family Welfare Centers (UHFWC) under each selected upazila. We selected the median district under each division and upazila under each selected districts in terms of number of eligible couples. To get the national level FP expenditure estimates, we multiplied the average FP expenditure calculated from 8 sampled districts by 64 (i.e., total number of districts) and added the divisional and central (both DGFP and Ministry) level administrative costs.

The NGOs having countrywide network for providing FP services were selected for this study. We used the data obtained from SMC Bangladesh as basis for tracking out-of-pocket spending. As per the Bangladesh Demographic and Health Survey (BDHS) 2014, SMC Bangladesh itself supplied 43.5 percent of pills, 62 percent of condom and 28.8 percent of injectables sold in the private market. We collected the total sales volume of SMC Bangladesh of fiscal year 2015-16, which was then extrapolated using unitary method by transforming the magnitudes of the SMC contribution to obtain the total FP expenditure in the private market. We assumed 10 percent mark up to get the market price.

Findings

The study estimates that total FP expenditure of Bangladesh in FY 2015-2016 was BDT 26,486.1 million (or US$ 340.4 million). The estimated FP expenditure was 8.14 percent of total health expenditure and 0.15 percent of GDP in 2015-16. Moreover, estimated FP expenditure per eligible couple (ELCO) was US$ 12.56 while per capita total health expenditure was US$ 27.85. Ministry of finance was the main source of financing for FP services, contributing 66 percent of total FP expenditure followed by development partners' (15.5%), out-of-pocket (12.1%), and international and national NGOs (6.5%). In the provision of FP services, DGFP was the key-financing agent, which managed 67.8 percent of total FP expenditures followed by NGOs (18.9%).

In terms of service providers, public facilities and institutions constituted the highest share (66.8%) of total FP spending whereas NGOs spent 18.9 percent. A more disaggregated analysis

showed that FP service provided in public facilities (i.e. MCWC, UFPO office and UHFWC) accounted for 61.3 percent of total FP expenditures followed by administrative wing of FP services (4.8%). Considering activity-wise FP spending, human resources constituted the largest portion of expenditure (59.2%), followed by contraceptives, consumables and its related services (25.1 %). In terms of production factors, salary and allowance accounted for the highest share with 56.9 percent of total FP spending followed by Pills (10.8%) and FP related drugs (5.4%). The results also show that proportion of expenditure on FP related research (0.2%), training and capacity building (0.4%), awareness building activities (1.5%), and monitoring and evaluation (0.1%) were very negligible.

The study compares the funds projected in the Costed Implemented Plan (CIP) for the National Family Planning Program, Bangladesh 2016-2020, required for achieving the targets of FP2020 with the actual FP spending estimated in the study. Results show that the actual FP spending (US$ 340.4 million) was higher than the required funds (US$227.73 million) as per CIP report. This is because of the fact that many activities supported by the revenue components of DGFP budget were excluded in CIP estimation.

Conclusions and Recommendations

The study conducted a Family Planning Spending Assessment in Bangladesh for fiscal year 2015-16. It tracked government, NGO and out-of-pocket spending of FP services. However, we could not capture the whole gamut of out-of-pocket payments. Nonetheless, the findings of the study may be useful for policy discussions directed towards achieving the targets of FP2020. The results of the study provide a clear understanding about the flows of FP expenditure. Ministry of Finance is the main source of financing of family planning services followed by DPs. DGFP acts as the key entity for channeling the funds and the public facilities are the major service providers. Human resources constitute the largest share while monitoring and evaluation and FP related research have negligible share of total family planning spending.

It is essential to allocate more funds for family planning related research to identify the factors behind the unmet needs and discontinuation of family planning methods. Allocation of additional

funds is also crucial for training and capacity building, monitoring and evaluation, and awareness building activities.

1. Introduction

1.1 Background

Track20 is a Gates Foundation funded project to track progress in family planning (FP) towards the goals of FP2020 and to add additional 120 million modern FP method users from 2012 to 2020 in the world's 69 poor countries. Track20 works directly with the governments in participating FP2020 countries to collect, analyze and use data to monitor annual progress of FP and to actively use data to improve FP strategies and plans. Bangladesh is one of the signatories for attaining FP2020 goals. One of the activities of Track20 is to track FP expenditures. Different institutions, such as World Health Organization (WHO) through its System of Health Accounts (SHA), and United Nations Population Fund (UNFPA) through Netherlands Interdisciplinary Demographic Institute (NIDI), attempted to track FP expenditure (NIDI, 2015; Stover and Chandler, 2017). However, the methods used in those studies were not comprehensive and systematic. This calls for introducing better methodologies to improve FP expenditure estimates. Track20 came forward to introduce FPSA through adapting National AIDS Spending Assessment (NASA) methodology, which is a comprehensive and systematic method originally developed for tracking HIV/AIDS resources (UNAIDS, 2009a; UNAIDS, 2009b). Kenya was the pioneer to conduct Family Planning Spending Assessment (FPSA) for the years 2015 and 2016. As the second country, Senegal conducted FPSA for the years 2016 and 2017 (Korir and Kioko, 2017). Bangladesh is the third country of this club. Indonesia has also recently conducted FPSA. Track20 has also a plan to extend FPSA to 16 more countries including Pakistan, Vietnam, Laos, and Nigeria.

1.2 Country Context

Tracking of FP expenditure considers resource flow of both financial and non-financial resources from origin to the end point of service delivery, among the different institutions involved. Family Planning Spending Assessment (FPSA) is an important indicator of FP2020. The main goal of FPSA is to measure the current resources devoted to family planning and track the utilization of these funds in the country.

Bangladesh is a country of 158.9 million population (of which 79.6 million are male and 79.3 million are female) in an area of 147,570 square kilometers with a population density of 1,077

persons per square kilometer (BBS, 2011). It has a total of 32.1 million households with average household size of 4.44. The life expectancy at birth for male and female is 69.4 and 72 years respectively. The annual population growth rate is 1.37 percent. The mean age at first marriage is 26.4 years for male and 18.7 years for female. The crude birth rate and crude death rates are respectively 18.8 and 5.1 per 1000 population. The infant mortality rate and maternal mortality rate are respectively 29 and 1.81 per 1000 live birth (BBS 2011).

Bangladesh is now in a transitional stage towards developing country with per capita GDP of US$1610 and an annual GDP growth of 6.5% (BBS, 2017). The current upper poverty rate is 24.3% and lower poverty rate is 12.9% (BBS, 2016). Bangladesh is referred as medium human development category with a score of 0.57 in Human Development Index (HDI) in 2014, positioning at 142 out of 188 countries and territories (UNDP 2015). Among the eight South Asian countries, Bangladesh holds the fifth position in HDI rank. About 65.6% population is literate with 93.5% primary school and 84.3% secondary school enrollment rate.

In Bangladesh, there are 607 Government hospitals under MoHFW, where 477 at the primary level and 130 at the secondary and tertiary Level. Moreover, the number of registered private hospital is 5023. The total number of hospital beds under DGHS and DGFP is 49414 and 1593 respectively. Total number of hospital beds in registered private sector is 87610 (DGHS, 2017).

The total number of medical colleges is 100, of which 31 are government and 69 are private. The total number of registered physicians is 78,572 in which 22,374 work under DGHS and 727 under DGFP. The total number of registered BSc nurse, diploma nurse and registered junior mid-wife are 6,233, 48,003 and 2,429 respectively. The total number of FWV under DGHS is 6,699 whereas the total number of FWV under DGFP is 4,956. In addition, 375 family planning officers, 355 assistant family planning officers, 3,962 family planning inspectors, 19,583 family welfare assistant, 2,307 SACMOs and 9,052 community skilled birth attendants work under DGFP. More precisely, the number of registered physicians per 10,000 population is 5.34 and the number of registered nurses per 10,000 population is 2.99 (DGHS, 2017).

In the health sector of Bangladesh, three major entities are the Government, non-government organizations (NGOs), and private entrepreneurs. NGOs are mostly involved in the provision of primary health care in both rural and urban areas. In the private sector, there are two types of enterprises including ‘for-profit’ and ‘not-for-profit’. The majority of them are for-profit

organizations. The largest provider in the health sector is the government. The Ministry of Health and Family Welfare (MoHFW) is the main public authority responsible for providing health care to the entire population. At the national level, the MoHFW is responsible for policy, planning, and decision making at macro level. Under the MoHFW, there are two major implementation wings namely the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). At the District level, the Civil Surgeon is the head of the District health system. Below the district there are upazila (sub-district), union and ward level health facilities.

There is one community clinic (CC) for every 6000 population in each administrative ward of a union, and hence, there are 13,136 CCs across the rural areas (DGHS, 2018). There is one Union Health and Family Welfare Centre (UH&FWC) at the Union level, which is the lowest tier facility providing FP services. There is one Upazila Health Complex (UHC) in every administrative upazila, which is the first level of referral. And at the district level, there is one district hospital in every administrative district, which is the second level referral. On the top, there are medical college hospitals, specialized hospitals, medical universities and institutes at the division or district level, which are the tertiary level of referral centers.

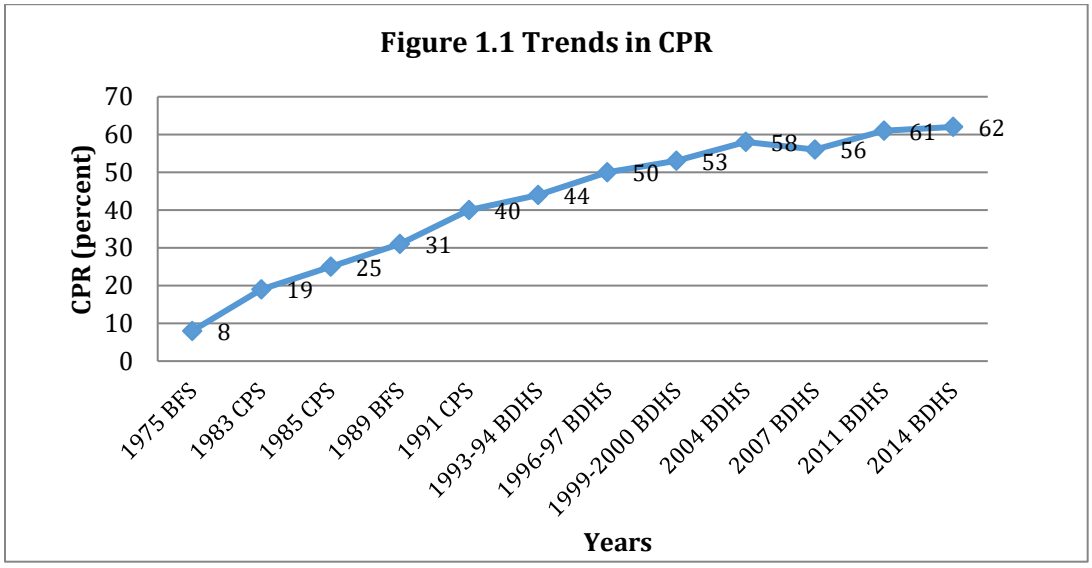
1.3 Overview of Family Planning in Bangladesh

Bangladesh has shown an exceptional experience of declining fertility even in the absence of rapid economic development and social change. This has been possible due to the comprehensive family planning program with massive and continuous efforts over time. The government-initiated FP services in 1965 though voluntary efforts had been continued since early 1950s.

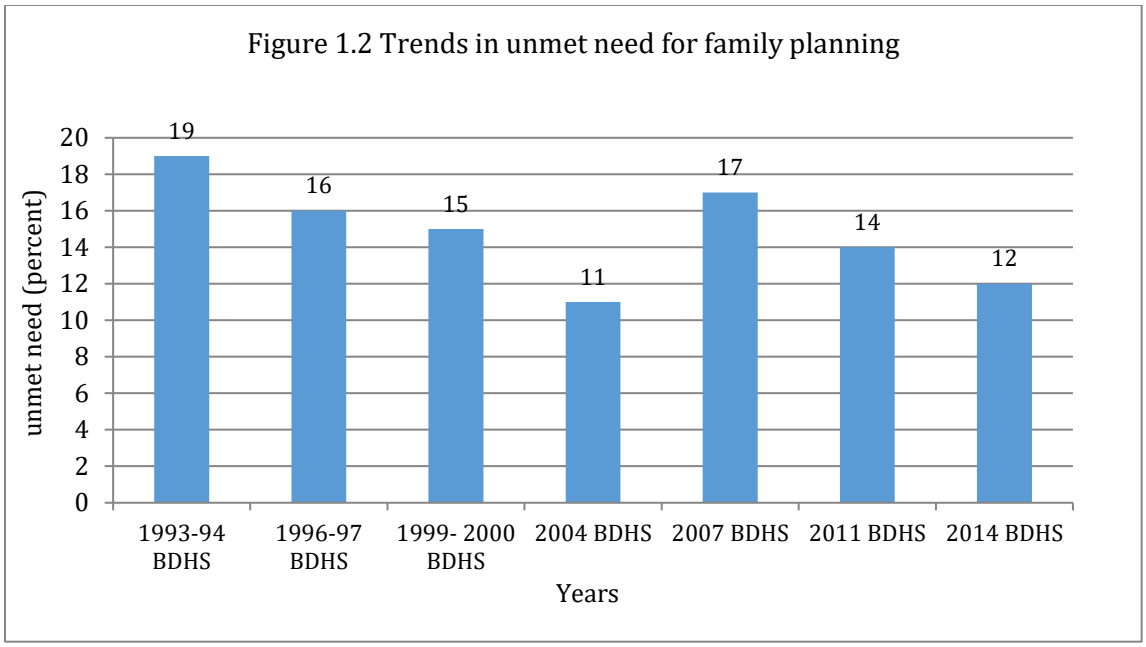
CPR increased from 58 percent to 62 percent during 2004 to 2014. The use of modern methods also increased from 47 percent to 54 percent during the same period. The four most popular modern methods used by eligible couples are pill (27 percent), injectable (12 percent), male condom (6 percent), and female sterilization (5 percent). Only 8 percent of married couples use long-acting reversible contraceptive (LARC) or permanent methods (PM), such as IUD, implant, or sterilization. Use of LARC-PM increased by less than 1 percentage point in the last decade (NIPORT, 2016).

Modern contraceptive methods are mainly provided by the government sector through DGFP, which covers 49 percent of users. Besides, 47 percent of the users receive contraceptives from private sector, in which retail pharmacies supply 38 percent. The share of private sector in providing family planning methods increased by 4 percentage points in 2014 from 2011, while public sector provision decreased by 3 percentage points (NIPORT, 2016).

In Bangladesh, 12 percent of the married couples have unmet need for family planning services, 7 percent for limiting birth, and 5 percent for spacing births. Discontinuation of the methods by 30 percent of eligible coupes is also a major concern. Television is the most popular source of family planning messages in Bangladesh, with 19 percent of women having seen a family planning message in this media. Exposure to family planning messages among the married women vastly declined from 44 percent in 2004 to 30 percent in 2014 (NIPORT, 2016). Figure 1.1 and Figure 1.2 show the trends of CPR and unmet need for family planning, respectively, over the years, among the eligible couples.



Source: NIPORT, 2016



Source: NIPORT, 2016

1.4 FP2020 Targets and Latest Scenarios in Bangladesh

The commitments made, at the London Summit of FP2020, by Bangladesh are: declining TFR to 2.0, unmet need of modern FP methods to 10 percent, discontinuation rate of modern FP methods to 20 percent, increasing CPR to 75 percent, and long acting permanent method (LAPM) to 20 percent. The available data shows that the current scenarios of these indicators are 2.17 percent, 12 percent, 30 percent, 62 percent and 8 percent respectively (Table 1.1).

Table 1.1: FP2020 commitments and Bangladesh current scenarios

Indicators	Committed targets for FP2020 by 2021	Latest scenarios
TFR	2.0	2.17
CPR	75%	62%
LAPM	20%	8%
Unmet need of modern FP methods	10%	12%
Discontinuation rate of FP methods	20%	30%

Source: Bangladesh Announcement at the London Summit of FP2020; NIPORT 2016; and CIA World Fact Book 2018.

1.5 Objective of the Study

The main objective of this assignment was to obtain the overall picture of the total spending on family planning services in Bangladesh during fiscal year 2015-16. The specific objective was to track total family planning expenditures disaggregated by financing sources, financing agents, service providers, service categories and factors of production (inputs).

The study attempts to answer the following questions:

- Financing sources: who provides resources for FP services in the county?
- Financing agents: who manages the funds and up to what level?
- Providers: who provides the FP services?
- Service categories: what FP services are provided?
- Inputs/production factors: what factors are used?

The results of the study is crucial to (i) measure how much is spent on family planning by source and implementation partner; (ii) understand the resource gap; (iii) use in informed policy discussions for better planning and budgeting; (iv) advocate for rational level of funding for family planning resources; and (v) monitor different international goals including FP2020 and Sustainable Development Goals (SDGs).

The report has been organized as follows. Section 2 illustrates the methodology; Section 3 provides the findings; Section 4 depicts summary; and Section 5 offers conclusions and recommendations.

2. Methodology

We used NASA methodology as a basis for FPSA (UNAIDS, 2009a; UNAIDS, 2009b). However, we customized the NASA methodology to fit in the FP spending in Bangladesh context. Based on the availability of complete volume of data of FP expenditure we concentrated on the FY 2015-16 (i.e. July 2015 to June 2016) in this assignment. We focused on public and NGO spending. We also covered private spending.

2. 1 Classification and Definitions

According to FPSA classification, there are three types of entities in the flowchart of the funds regarding the provision of FP services (See Figure 2.1). These are financing sources (the entity that mainly provides the funds required for the provision of FP services), financing agents (the entity that manages the funds provided by the financing sources), and finally, the FP service providers (the entity that delivers the FP services).

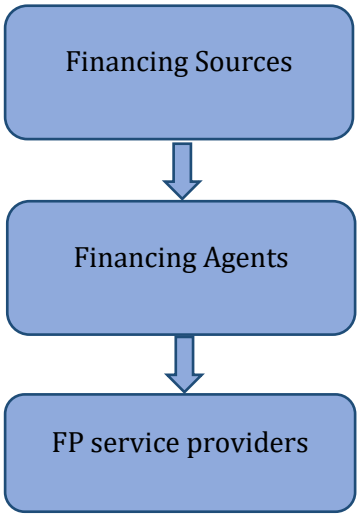


Figure 2.1: Flowchart of funds of family planning service provision

We further classified each of the entities. The financing sources are Ministry of Finance (MoF), Development Partners (DPs), the Non-Government Organizations (NGOs), and out-of-pocket payments. A detail of the financing sources is depicted in Table 2.1.

Table 2.1: Classification of the financing sources

Categories of financing sources	Description
MoF	Government of Bangladesh (GoB)
DPs	International organisations i.e. DFID, UNFPA, USAID, EU & EU Plan, KFW etc.
NGOs	National and international NGOs that render FP services
Out-of-pocket payments	Expenditures incurred by the clients while purchasing FP commodities from pharmacies and other stores

The broad financing agents are MoHFW, Ministry of Local Government, Rural Development and Co-operatives (MoLGRD) and NGOs. DGFP is the functional entity of rendering FP services under MoHFW. Table 2.2 shows the detailed classification and description of financing agents.

Table 2.2: Classification of financing agents

Categories of Financing agents	Description
DGFP via MoHFW	MoHFW divided into two divisions i.e. health services, and medical education and family welfare. DGFP office directly manages the overwhelming portion of the FP funds received from the DPs and MoF via MoHFW.
MoLGRD	In urban area, MoLGRD provides FP services through Urban Primary Health Care Services Delivery Project (UPHCSDP).
NGOs	Those NGOs manage the funds received from different sources for FP services.
SMC Bangladesh and other suppliers	SMC Bangladesh is major supplier of FP commodities in the private markets contributing 43.5 percent of pills, 62 percent of condom and 28.8 percent of injectables

In general, FP service providers refer to the entities that directly provide the FP services. As central, divisional, district, and upazila level administrations contribute in the provision of FP services, we included the relevant administrative expenditure of all these levels in service provider category. Table 2.3 portrays the detail classification of FP service provider in Bangladesh.

Table 2.3: Classification of family planning service providers

FP service providers	Description
FP wing of MoHFW	A wing of the MoHFW that facilitates FP related service provision
DGFP	This is a central level government agency responsible for providing family planning services in Bangladesh
Divisional FP office	FP office at the division, which provides administrative services
DDFP office	FP office at the district, which provides administrative services
MCWC at district	Clinical setting of FP service providers at district level
UFPO office	UFPO office provides the FP services at upazila and below levels along with the administrative supports
UHFWC	A union level facility, which provides FP services
NGOs through MoLGRD	The NGO facilities under Urban Primary Health Care Services Delivery Project (UPHCSDP)
BAVS	Bangladesh Association for Voluntary Sterilization, a government entity, which provides long term methods only
NIPORT	National Institute of Population Research and Training (NIPORT), a government entity which develops skills and generates evidence for improving health, population and nutrition programmes and policies in Bangladesh.
Maternal and Child Health Training Institute (MCHTI), Azimpur	This is a government facility that delivers FP services along with the training to Family Welfare Visitors (FWVs)
Mohammadpur Fertility Services and Training Center	This is a public entity that delivers services along with training
National and international NGOs	National and international NGO facilities, such as Marie Stopes Bangladesh, SMC Bangladesh, Swanirvhar, Gonoshasthaya Kendra, BAMANEH, PSTC, Smiling Sun, Brac
Drug stores and retail stores	Drug stores and retail stores across the country

The main classifications of FP services are commodities (contraceptives, consumables and related services), management and administration, human resources, activities for enhancing the

use of FP services, and FP related research. Table 2.4 shows the detail classification of FP services used in this study.

Table 2.4: Classification of family planning services by categories and inputs

FP service categories	Descriptions of family planning service inputs
Contraceptives, consumables and its related services	• Condom • Pills • Injectable • IUD • Implant • NSV • Tubectomy • FP related drugs
Programme management and administration	• Planning, coordination, and management • Monitoring & Evaluation • Upgrading and provision of FP medical equipment (purchase) • Upgrading and construction of infrastructure • Office equipment (other than FP related) • Rent, tax and registration • Utilities • Repair and maintenance • Transportation • Fuel cost
Human resources	• Salary & allowances, • Training and capacity building • Monetary incentives for provider (doctors, nurses & other staffs)
Enabling environment	• Advertising • FP specific institutional development • Seminar, workshop and conference • Monetary incentives for clients & brokers
FP related research	• Research related activities to enhance the efficiency of the FP service delivery

2.2 The Approaches of Family Planning Spending Assessment (FPSA)

The basic approach of the current study was to trace the expenditure flow of FP related services. As mentioned earlier, we followed the adapted version of NASA guideline, which is a comprehensive, consistent and widely used methodology for tracking resources. This method

uses the principal of general accounting to capture all the transactions regarding FP services form the sources to agents, and then agents to the service providers.

Following the NASA methodology, we applied both top-down and bottom-up approaches to trace the expenditure flow of FP services. For addressing top-down approach we tried to track the funds distributing from financing sources to different types of financing agents and then from financing agents to different types of FP service providers. Similarly, the bottom up approach involves the assessment of expenditure at facility level by tracking the amount of funds received from financing agents. In fact, this study used double entry techniques to record the flows of funds from origin to destination. This kind of resource tracking is very useful to remove the double counting while calculating the expenditure flows.

2.3 Data

We used mainly secondary data, for this analysis, obtained from FP wing of MoHFW, DGFP office, divisional office of family planning, DDFP office, MCWC, and UFPO office, DPs and NGOs. We collected data from all operational plans of FP except Maternal, Child, Reproductive and Adolescent Health (MCH) for top-down analysis. This is because FPSA includes only contraceptives. We also reviewed Annual Development Programmes 2016-17 and budget documents of GoB. We used structured questionnaire to obtain data from DPs and NGOs. We approached all DPs, both bilateral and multilateral, including USAID, DFID, UNFPA, EU and Plan, KFW, EKN to obtain data using structure. However, DFID, USAID and UNFPA provided data as per requirement. However, we received some information about the contribution of some other DPs while consulting NGOs. For choosing NGOs we focused on those, which had countrywide network for providing FP services. We obtained data from the majority of the NGOs approached.

At the bottom up approach, we collected data from family planning office of all eight administrative divisions. From each of the administrative divisions we selected the median district in terms of the number of eligible couples. Again, from each of the selected districts, we chose the median upazila based on the same criteria. Hence, a total of eight districts and eight upazila were included in the sample. We collected data from DDFP office and Maternal and

Child Welfare Center (MCWC) of the selected districts, and UFPO office of the selected upazilas. Table 2.5 depicts the selected districts and upazilas included in this study.

Table 2.5: Selected districts and upazilas under the study

Division	Name of district	Name of UFPO office
Khulna	Bagerhat	Rampal UFPO office
Barisal	Patuakhali	Kalapara UFPO office
Dhaka	Manikganj	Saturia UFPO office
Chittagong	Feni	Dhagonbuiyan UFPO office
Sylhet	Hobiganj	Bahubal UFPO office
Mymensingh	Netrokona	Purbadhala UFPO office
Rangpur	Nilfamari	Domar UFPO office
Rajshahi	Pabna	Bera UFPO office

We also collected some primary data during May to June 2018, using a structured questionnaire, form the MCWC and UFPO offices in all the selected districts and upazilas for time allocation of the FP service providers providing other services along with FP services. We extrapolated the results from the bottom up data of service providers of the public sector to get the FP expenditure statistics at the national level.

For verifying the accuracy of the results we also attempted to estimate the average FP expenditure of an eligible couple based on the sampled upazilas. Then we extrapolated to find the national level estimation.

We used the data obtained from SMC Bangladesh as basis for tracking private spending. As per the Bangladesh Demographic and Health Survey (BDHS) 2014, SMC Bangladesh itself supplied 43.5 percent of pills, 62 percent of condom and 28.8 percent of injectables sold in the private market. We collected the total sales volume of SMC Bangladesh of fiscal year 2015-16, which was then extrapolated to obtain the total FP expenditure in the private market. We assumed 10 percent mark up to get the market price.

We mainly used Microsoft Excel software to analyze the data. We used bivariate analysis and hence presented the results in cross-tabular and graphical formats.

3. Findings

3.1 Total Family Planning Expenditure in Bangladesh

The estimated total family planning expenditure of Bangladesh in FY 2015-2016 is BDT 26,486.1 million or US$ 340.4 million[2] from both top down and bottom up approaches (See Table 3.1 and figure 3.1). This is consistent with the results obtained from the estimation conducted using FP expenditure per eligible couple. FP expenditure is found US$ 12.56 for per eligible couple while per capita total health expenditure was US$ 27.85. This is to note that total number of eligible couples was 17 percent of the total population during the study period.

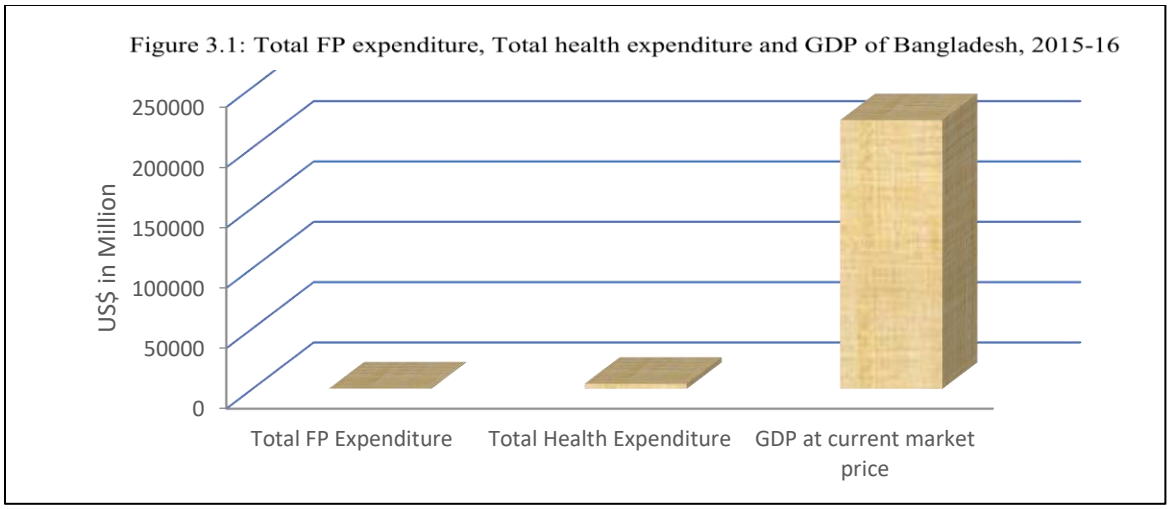
Table 3.1: Family planning expenditure, health expenditure, and GDP in Bangladesh, 2015-2016

Indicators	FY 2015-2016
Population (Million) [1]	158.9
Total number of eligible couples (ELCO) (million) [2]	27.10
Total ELCO as % of total population	17.06 %
Total FP expenditure (BDT million)	26486.1
Total FP expenditure (US$ million)	340.4
Per ELCO FP expenditure (BDT)	977.35
Per ELCO FP expenditure (US$)	12.56
Total health expenditure (BDT million) [3]	325094
Total health expenditure (US$ million) [3]	4178.59
Per capita health expenditure (BDT) [3]	2167
Per capita health expenditure (US$)[3]	27.85
Total FP expenditure as % of total health expenditure	8.14 %
GDP at current market price (BDT billion) [1]	17329
GDP at current market price (US$ billion) [1]	222.73
Per capita GDP (BDT) [1]	107553
Per capita GDP (US$)[1]	1385
Total FP expenditure as % of GDP	0.15%

Source: 1. BBS, 2017 ; 2. DGFP, 2018 ; 3. HEU, 2017

It is also seen that the total spending for family planning in Bangladesh is 8.14 percent of health expenditure and 0.15 percent of GDP (See Table 3.1 and Figure 3.1).

[2] US$1 = BDT 77.80 in FY2015-16
(Source: Bangladesh Bank, https://www.bb.org.bd/econdata/exchangerate.php)



3.2 Family Planning Expenditure by Financing Sources

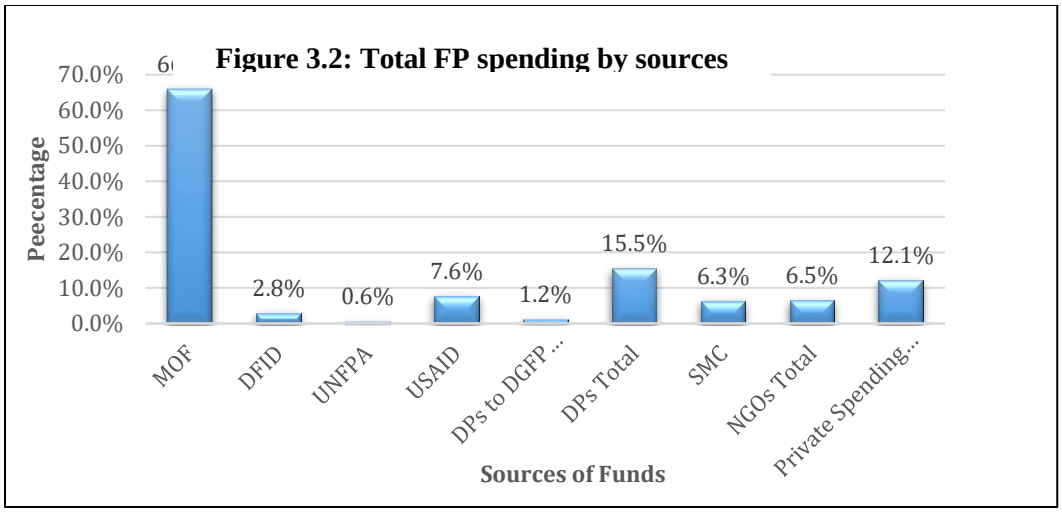
Family planning expenditures of Bangladesh are financed by multiple sources. Ministry of Finance, GoB, acts as the main source of financing for FP services by contributing two third of the total FP expenditure. The contribution of development partners, and international and national NGOs is 15.5 percent and 6.5 percent respectively whereas out-of-pocket spending is 12.1 percent (Table 3.2).

Table 3.2: Total family planning expenditure of Bangladesh by financing sources, 2015-16

Sources of fund	Amount spent (BDT million)	Amount spent (US$ million)	Relative share of FP spending by financing sources
MOF, GOB	17470.8	224.6	66.0%
DFID	748.6	9.6	2.8%
UNFPA	150	1.9	0.6%
USAID	2022.8	26	7.6%
USAID & DFID not disaggregated by sources	243	3.1	0.9%
EU & EU Plan	23.6	0.3	0.1%
KFW	52.3	0.7	0.2%
EKN	32.9	0.4	0.1%
UK & Australia not disaggregated by source	363	4.7	1.4%
Other DPs	123.6	1.6	0.5%
DPs to DGFP through RPA & DPA	313.3	4	1.2%
DPs to MOLGRD	26.1	0.3	0.1%
DPs Total	4099.2	52.7	15.5%
SMC Bangladesh	1660.5	21.3	6.3%
Marie Stopes Bangladesh	11.2	0.1	0.001%
Swarnirvor Bangladesh	40.7	0.5	0.1%
Gnosastho Kendra	1	0	0.001%
NGOs total	1713.4	22	6.5%
Out of pocket expenditure	3202.7	41.2	12.1%
Total	**26,486.1**	**340.4**	**100%**

Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

It is worth mentioning that USAID had notable contribution for providing FP services in Bangladesh contributing 7.6 percent of total FP expenditure in Bangladesh during FY 2015-16. In other words, USAID's contribution is about half of the DPs contribution. The contribution of DFID is also noticeable. SMC Bangladesh as an NGO contributed 6.3 percent of total FP expenditure during FY 2015-16. The contribution of other NGOs is very negligible (See Figure 3.3).



3.3 Family Planning Expenditure by Financing Agents

Financing agents decide how much funds to be spent on what items or what categories of service provision. The results show that DGFP is the main financing agent for provision of FP services in Bangladesh. Two third of the total FP expenditures (67.8%) are managed by DGFP while about one fifth of total FP spending (18.9 %) are managed by national and international NGOs. MoLGRD, which provides family planning services under UPHCSDP project through NGO contracting out mechanism**,** managed 1.3 percent of total FP expenditure.

Table 3.3: Total family planning expenditure by financing agents, 2015-2016

Sources of funds	Agents	Amount spent (BDT million)	Amount spent (US$ million)	Relative share of FP spending by financing agents
MOF (GOB)	DGFP (MoHFW)	17470.8	224.6	66.0%
DPs	DGFP (MoHFW)	463.4	6	1.8%
	MoLGRD (UPHCSDP)	350.9	4.5	1.3%
	NGOs	3284.9	42.1	12.4%
NGOs	NGOs (SMC Bangladesh, Marie Stopes Bangladesh, Swanirvar, Gonoshasthaya Kendra)	1713.4	22	6.5%
Out-of-pocket spending		3202.7	41.2	12.1%
Total		**26,486.1**	**340.4**	**100%**

Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

3.4 Family Planning Expenditure by Service Providers

A number of providers comprising of public, NGO and private entities including drugstores and retailers provided FP services in Bangladesh. Estimated total FP expenditure by service providers is shown in Table 3.4. UFPO office at upazila level, which provides FP services predominantly through UHFWCs, is the main provider of FP services by utilizing 57.8 percent of FP resources. At the district level, MCWC is the provider of FP services by utilizing 3.5 percent of FP resources.

Table 3.4: Total family planning expenditures by service providers, 2015-2016

Service providers	Amount spent (BDT million)	Amount spent (US$ million)	Relative share (%)
1. FP wing of MoHFW	218.8	2.8	0.8%
2. DGFP office	529.2	6.8	2.0%
3. Divisional directorate office of FP	14.9	0.2	0.1%
4. DDFP office	515.5	6.6	1.9%
a. Administrative wing of FP services (1+2+3+4)	1278.4	16.4	4.8%
5. MCWC at district level	914.9	11.8	3.5%
6. UFPO office through UHFWC	15318.2	196.9	57.8%
b. FP service providing public facilities (5+6)	16233.1	208.7	61.3%
7. BAVS	84.7	1.1	0.3%
8. NIPORT	32.5	0.4	0.1%
9. Azimpur Maternity	40.8	0.5	0.1%
10. Mohammadpur Fertility Services and Training Center	22.6	0.3	0.1%
c. FP service related public institutions (7+8+9+10)	180.6	2.3	0.7%
d. FP service provided by public facilities and institutions (a +b+ c)	17692.1	227.4	66.8%
11. FP services through MoLGRD by NGOs	26.1	0.3	0.1%
12. NGOs (national & international)	4998.1	64.2	18.9%
e. NGOs as FP service providers (11+12)	5024.2	64.5	18.9%
f. Pharmacies and other stores	3202.7	41.2	12.1%
g. Unidentified spent	567.1	7.3	2.1%
20. Total (sum of a to g)	**26,486.1**	**340.4**	**100%**

Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

Two thirds (66.8%) of the total FP resources are utilized through the public entities. National and international NGOs spent 18.9 percent of total FP expenditure whereas 12.1 percent of FP resources is spent by drugstores and retailers (Figure 3.3).

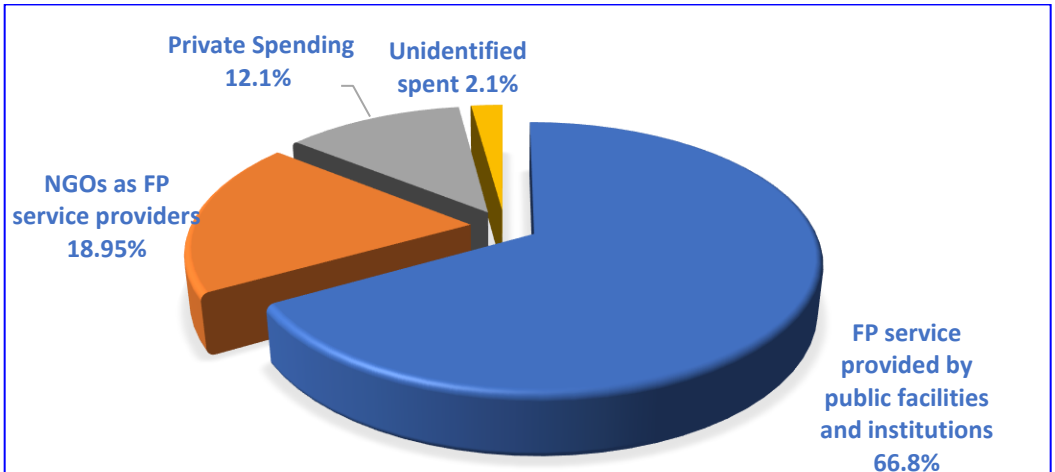


Figure 3.3: Total family planning spending by service provider

3.5 Family Planning Expenditure by Services/ Activities

The study categorizes total FP expenditure into five broad service categories or activities which include contraceptives, consumables and its relative services; program management and administration; human resources; enabling environment for FP services; and FP related research. Table 3.5 and Figure 3.5 demonstrate the findings of total FP expenditures under these service categories. It is found that among all categories, human resources constitute the highest amount (59.2 %) of the FP expenditure, followed by contraceptives, consumables and its related services (25.1%), program management and administration (9.8%), and enabling environment for FP services (3.1 %).

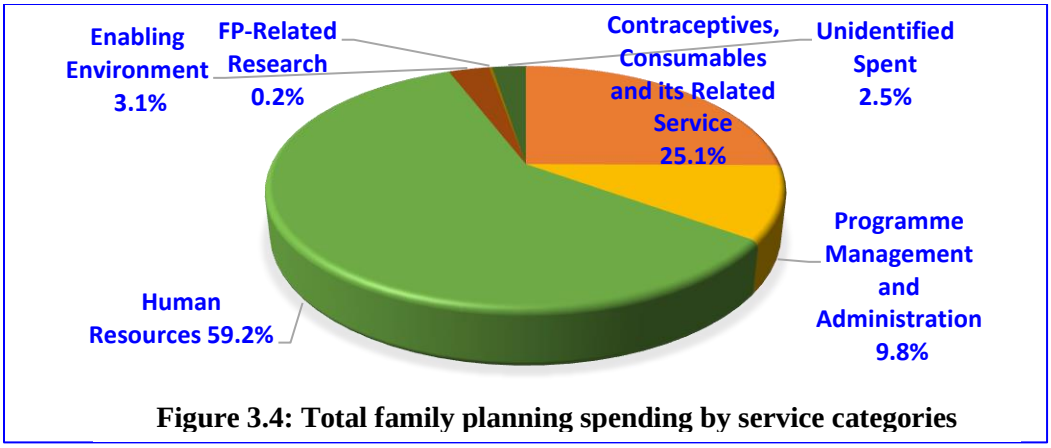


Figure 3.4: Total family planning spending by service categories

One of the reasons behind the highest expenditure on human resources is that in 2015, government implemented a new pay scale for its employees where the salary and allowances were increased substantially compared to the previous pay scale. The spending on FP related research is very negligible.

Table 3.5: Total family planning expenditure in Bangladesh, 2015-2016 by service categories

Service categories	Amount spent (BDT million)	Amount spent (US$ million)	Relative share (%)
Contraceptives, consumables and its related service	6661.1	85.6	25.1%
Programme management and administration	2603.4	33.5	9.8%
Human resources	15678.9	201.5	59.2%
Enabling environment	810.8	10.4	3.1%
FP-Related research	62.7	0.8	0.2%
Unidentified spent	669.2	8.6	2.5%
Total	**26486.1**	**340.4**	**100%**

Note: US$1 = BDT 77.80 in FY 2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

3.5 Total Family Planning Expenditure by Inputs (Factors of production)

We disaggregated all the recurrent and capital expenditures by items customizing the FPSA classification of NASA methodology. Table 3.6 reveals that salary and allowance accounted for more than two third of total FP expenditure (56.9 %), which is the highest among all types of inputs for providing FP services. The second largest share of FP expenditure was incurred by pills (10.8%) followed by FP related drugs (5.4 %), transportation (3.3%), condom (3.1%), and

planning, coordination and management (2.3%). The results also show that pills, among the contraceptives, hold the largest share of FP expenditure (10.8 %) followed by condoms.

Tables 3.6: Total family planning expenditure by inputs (factors of production)

Production factors (inputs)	Amount spent (BDT million)	Amount spent US$ million)	Relative share (%)
Contraceptives, consumables and its related services	**6661.1**	**85.6**	**25.1%**
Condom	820.9	10.6	3.1%
Pills	2845.8	36.6	10.8%
Injectables	202.9	2.6	0.8%
IUD	387.7	5	1.5%
Implants	113.2	1.5	0.4%
NSV	100.6	1.3	0.4%
Tubectomy	75.7	1	0.3%
FP related drugs	1425.6	18.3	5.4%
Programme management & administration	**2603.4**	**33.5**	**9.8%**
Planning, coordination, management	598.5	7.7	2.3%
Monitoring & evaluation	15.6	0.2	0.1%
Upgrading and provision of FP medical equipment (purchase)	42.9	0.6	0.2%
Upgrading and construction of infrastructure	0.6	0	0.0%
Office equipment's (other than FP related)	544	7	2.1%
Rent, tax & registration	96.5	1.2	0.4%
Utilities	175.5	2.3	0.7%
Repair and maintenance	69.7	0.9	0.3%
Transport and travel cost	886.3	11.4	3.3%
Fuel cost	166.3	2.1	0.6%
Others	7.5	0.1	0.0%
Human resources	**15678.9**	**201.5**	**59.2%**
Salary & allowances	15069.3	193.7	56.9%
Training and capacity building	120.3	1.5	0.4%
Monetary incentives for providers (doctors, nurses & other staffs)	489.4	6.3	1.9%
Enabling environment	**810.8**	**10.4**	**3.1%**
Advertising	388.1	5	1.5%
FP specific institutional development	0	0	0.0%
Seminar, workshop, conference	299.7	3.9	1.1%
Monetary incentives for clients & broker	123.1	1.6	0.5%
FP related research	**62.7**	**0.8**	**0.2%**
Unidentified spent	**669.2**	**8.6**	**2.5%**
Total	**26,486.1**	**340.4**	**100%**

Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

3.6 Family Planning Expenditure of GoB by Production Factors (Inputs)

Table 3.7: Family planning expenditure of GoB by production factors (inputs)

Production factors (inputs)	Amount spent (BDT million)	Amount spent US$ million)	Relative share (%)
Contraceptives, consumables and its related services	**6390.8**	**82.14**	**36.58%**
Condom	278.2	3.58	1.59%
Pills	999.3	12.84	5.72%
Injectables	558.6	7.18	3.20%
IUD	674	8.66	3.86%
Implants	311.6	4.01	1.78%
NSV	277	3.56	1.59%
Tubectomy	208.4	2.68	1.19%
FP related Drugs	3083.7	39.64	17.65%
Programme management & administration	**934.4**	**12.01**	**5.35%**
Planning, coordination, management	130.5	1.68	0.75%
Monitoring & Evaluation	1.8	0.02	0.01%
Upgrading and provision of FP medical equipment (Purchase)	0	0.00	0.00%
Upgrading and construction of infrastructure	0.4	0.01	0.00%
Office equipment (Other than FP related)	224.8	2.89	1.3%
Rent, tax & registration	42.4	0.54	0.2%
Utilities	75.8	0.97	0.4%
Repair and maintenance	30.4	0.39	0.2%
Transport and travel cost	347.9	4.47	2.0%
Fuel Cost	79.8	1.03	0.5%
Others	0.7	0.01	0.001%
Human resources	**10130.1**	**130.21**	**58.0%**
Salary & allowances	10034.1	128.97	57.4%
Training and capacity building	6.1	0.08	0.0%
Monetary incentive for provider (doctors, nurses & other staffs)	89.8	1.15	0.5%
Enabling environment	**14.4**	**0.19**	**0.1%**
Advertising	5.6	0.07	0.001%
FP Specific institutional development	0	0.00	0.0%
Seminar, workshop, conference	8.8	0.11	0.001%
Monetary incentive for clients & broker	0	0.00	0.0%
FP related research	**1**	**0.01**	**0.1%**
Unidentified spent	**0**	**0.00**	**0.0%**
Total	**17,470.7**	**224.56**	**100%**

Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

Table 3.7 presents production factors wise FP expenditure financed by GOB. About 58 percent of GOB funds for family planning spent on human resources, which is mostly spent for salary and allowances. One third (36.58 %) of GOB funds spent on contraceptives, consumables and its related services of which the highest amount is spent on FP related drugs (17. 6%) followed by pills (5.72%) and IUD (3.86%). It is seen that very insignificant amount of GOB funds is spent on monitoring and evaluation, training and capacity building, and FP related research.

3.7 Production Factors-wise Comparison between Aggregated Expenditure and Government Spending

Table 3.8 presents a synopsis of production factors wise comparison between aggregated expenditure and government spending. In both cases, the major amount (about 60%) of funds is spent on human resources, followed by contraceptives, consumables and its related services, and program management and administration. This is worth mentioning that the share of government spending (36.58%) on contraceptives is substantially higher than that of aggregated spending (25.1%). Among the contraceptives, consumables and its related services, the largest share of aggregated FP resources is spent on pills whereas it is FP related drugs for GoB fund. In the human resource category, the overwhelming share of the fund is spent for salary and allowances for both cases. In case of program management and administration, and enabling environment, all the disaggregated expenditures are higher for aggregated FP spending than GoB spending. This is noticeable that spending on monitoring and evaluation, training and capacity building, FP related research, and awareness-building activities are highly negligible for both aggregated and GoB spending.

Table 3.8: Comparative picture of family planning expenditure by production factors (inputs)

Production factors (Inputs)	Relative share of total FP expenditure	Relative share of FP expenditure by GoB
Contraceptives, consumables and its related services	**25.1%**	**36.58%**
Condom	3.1%	1.59%
Pills	10.8%	5.72%
Injectables	0.8%	3.20%
IUD	1.5%	3.86%
Implants	0.4%	1.78%
NSV	0.4%	1.59%
Tubectomy	0.3%	1.19%
FP related Drugs	5.4%	17.65%
Programme Management & Administration	**9.8%**	**5.35%**
Planning, coordination, management	2.3%	0.75%
Monitoring & Evaluation	0.1%	0.01%
Upgrading and Provision of FP medical equipment (purchase)	0.2%	0.00%
Upgrading and construction of infrastructure	0.0%	0.00%
Office equipment's (other than FP related)	2.1%	1.3%
Rent, tax & registration	0.4%	0.2%
Utilities	0.7%	0.4%
Repair and maintenance	0.3%	0.2%
Transport and travel cost	3.3%	2.0%
Fuel cost	0.6%	0.5%
Others	0.0%	0.0%
Human resources	**59.2%**	**58.0%**
Salary & allowances	56.9%	57.4%
Training and capacity building	0.4%	0.0%
Monetary inception for provider (doctors, nurses & other staffs)	1.9%	0.5%
Enabling environment	**3.1%**	**0.1%**
Advertising	1.5%	0.0%
FP specific institutional development	0.0%	0.0%
Seminar, workshop, conference	1.1%	0.1%
Monetary inceptive for clients & broker	0.5%	0.0%
FP related research	**0.2%**	**0.1%**
Unidentified spent	**2.5%**	**0.0%**
Total	**100%**	**100%**

Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

3.8 Comparison between Current Family Planning Expenditure and Resource Requirements as per the Costed Implemented Plan

The estimated cost for the National Family Planning Program, Bangladesh, as per the Costed Implemented Plan (CIP), was US$ 1377.36 million over a five-year implementation period, which was US$ 227.73 million for FY 2015-2016.

Table 3.9 shows a comparison between the required fund as per CIP report and actual expenditures on FP services during FY 2015-2016. It shows that actual spending on FP services was higher than the required fund. The underlying reason is that many components, which are supported by the revenue components of DGFP budget, were excluded in CIP estimation. One of them, for example, is administrative cost at the national, divisional, district, upazila and community levels. The share of this component is about 10 percent of actual FP spending (which is equivalent to USD 33.5 million) in 2015-16. Therefore, it is presumable that the estimated required fund found in CIP report is underestimated.

Table 3.9: Comparison between CIP required funding and actual FP expenditure in FY 2015-16

	Amount spent (US$ million)	Amount spent (BDT million)
FP CIP funding requirements[1]	227.73	17,717
Total FP actual spending[2]	340.4	26486.1

Source: 1. CIP Report, 2. Authors' calculations
Note: US$1 = BDT 77.80 in FY2015-16 (Bangladesh Bank https://www.bb.org.bd/econdata/exchangerate.php)

4. Summary

The study estimates that total FP expenditure of Bangladesh in FY 2015-2016 was BDT 26,486.1 million (or US$ 340.4 million). The estimated FP expenditure was 8.14 percent of total health expenditure and 0.15 percent of GDP in 2015-16. Moreover, estimated FP expenditure per eligible couple (ELCO) was US$ 12.56 while per capita total health expenditure was US$ 27.85. MoF was the main source of financing for FP services, contributing 66 percent of total FP expenditure followed by DPs (15.5%), private market (12.1%), and international and national NGOs (6.5%). In other words, the contribution of MoF, DPs, private market, and international and national NGOs respectively are USD 224.6, USD 52.7, USD 42.2, and USD 22 million (See Figure 4.1). In the provision of FP services, DGFP was the key-financing agent, which managed 67.8 percent of total FP expenditures followed by NGOs (18.9%).

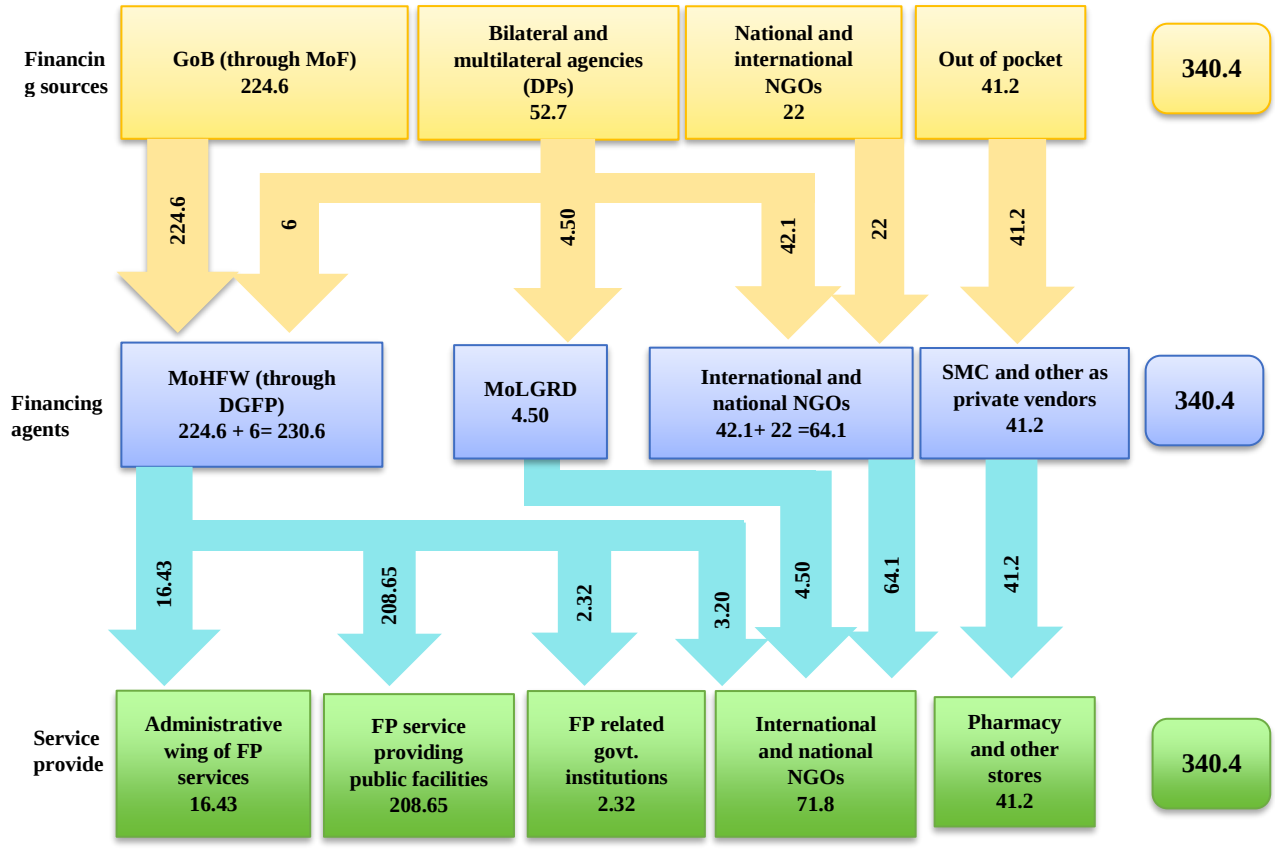


Figure 4.1: Flow of funds (in million USD) for family planning services in Bangladesh, 2015-2016

In terms of service providers, public facilities and institutions constituted the highest share (66.8%) of total FP spending whereas NGOs spent 18.9 percent. A more disaggregated analysis showed that FP service provided in public facilities (i.e. MCWC, UFPO office and UHFWC) accounted for 61.3 percent of total FP expenditures followed by administrative wing of FP services (4.8 %). Considering activity-wise FP spending, human resources constituted the largest portion of expenditure (59.2 %), followed by contraceptives, consumables and its related services (25.1 %). In terms of production factors, salary and allowance accounted for the highest share with 56.9 percent of total FP spending followed by pills (10.8%) and FP related drugs (5.4%). The results also show that proportion of expenditure on FP related research (0.2%), training and capacity building (0.4%), awareness building activities (1.5%), and monitoring and evaluation (0.1%) were very negligible.

The study compares the funds projected in the Costed Implemented Plan (CIP) for the National Family Planning Program, Bangladesh 2016-2020, required for achieving the targets of FP2020 with the actual FP spending estimated in the study. Results show that the actual FP spending (US$ 340.4 million) was higher than the required funds (US$227.73 million) as per CIP report. This is because of the fact that many activities supported by the revenue components of DGFP budget were excluded in CIP estimation.

5. Conclusions and Recommendations

The study conducted a Family Planning Spending Assessment (FPSA) in Bangladesh for fiscal year 2015-16. We attempted to track government, NGO and out-of-pocket spending of FP services. However, we could not capture the FP resources spent by some NGOs including Family Planning Association of Bangladesh (FPAB), and the whole gamut of out-of-pocket payments. One may raise question about the sample size of the district and upazila levels public facilities at the bottom up approach. The sample size used in the study is adequate to conduct any meaningful analysis as we sampled median distract and median upazial based on number eligible couples. This is worth mentioning that another estimation of total FP spending based on the resource spent per eligible couple showed similar results.

However, the findings of the study may be useful for policy discussions directed towards achieving the targets of FP2020. The results of the study provide a clear understanding about the flows of FP expenditure. Ministry of Finance is the main source of financing of family planning services followed by DPs. DGFP acts as the key entity for channeling the funds and the public facilities are the major service providers. Human resources constitute the largest share while monitoring and evaluation and FP related research have negligible share of total family planning spending.

The findings suggest that it is essential to allocate more funds for family planning related research to identify the factors behind the unmet needs and discontinuation of family planning methods. Allocation of additional funds is also crucial for training and capacity building, monitoring and evaluation, and awareness building activities.

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