

Tables of the 5 dimensions of the 2020 FPSA

1. Financing Sources from government: Central level

Financing Source	%	USD	GMD
Ministry (or equivalent sector entity) of Finance (MoFEA) – National Budget	100%	656,698	32,834,914
Total	100%	656,698	32,834,914

2. Family planning expenditures by financing agents in 2020

Financing Agents	%	USD	GMD
Ministry (or equivalent sector entity) of Health (MOH)	100%	656,698	32,834,914
Total	100%	656,698	32,834,914

3. Family planning expenditures by provider type in 2020

Provider	%	USD	GMD
Ministry of Health	100%	656,698	32,834,914
Central Level Hospitals			
Public General Hospitals	12%	82,084	4,104,187
Regional Level Health Centres			
Public Health Centers	88%	574,615	28,730,727
Total	100%	656,698	32,834,914

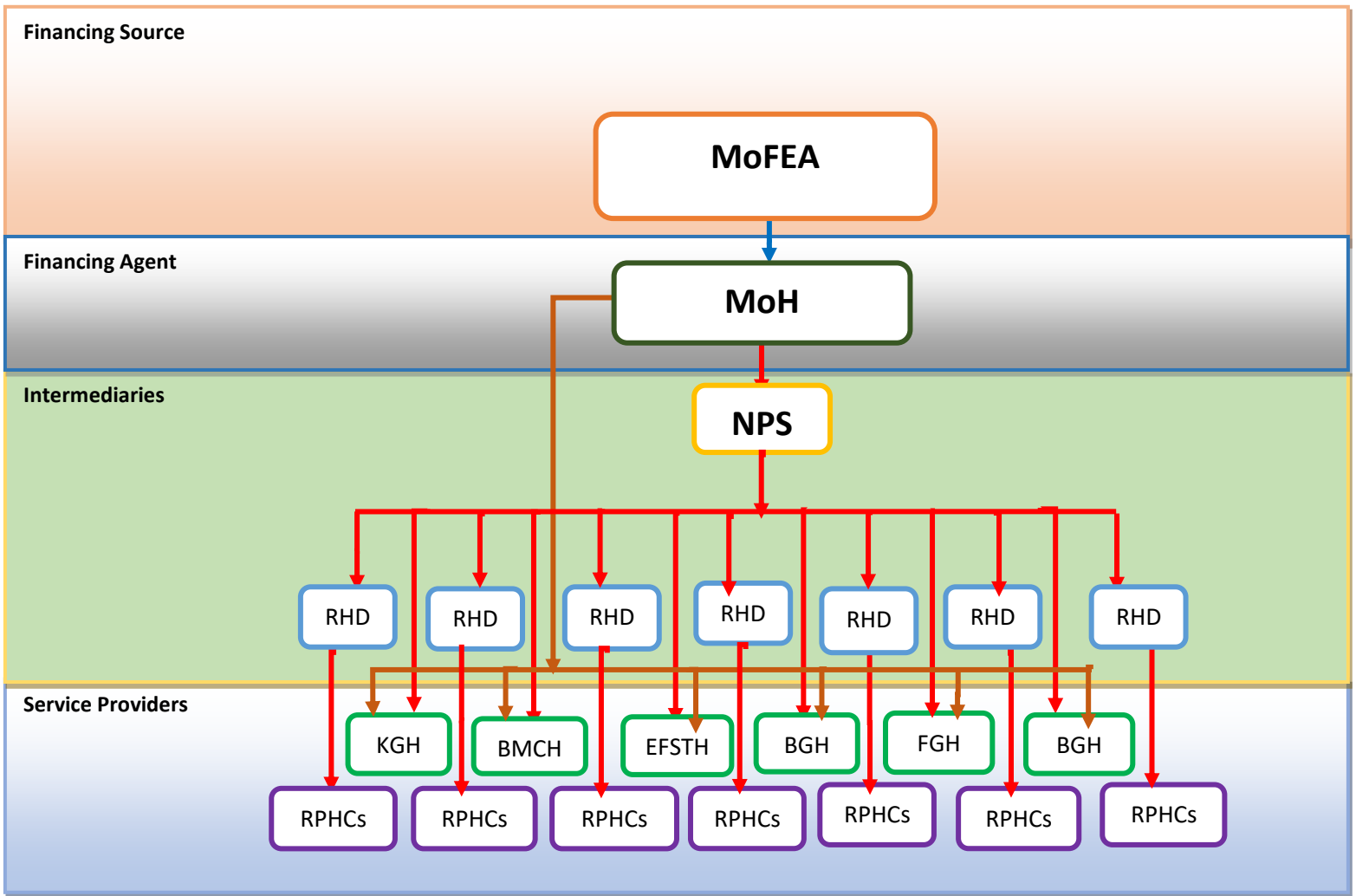
4. Planning Spending categories (FPSC) in 2020

Family Planning Spending Categories	%	USD	GMD
Provision of implants	0%	1,274	63,724
Drug supply systems	6%	37,499	1,874,938
Provision of pills	0%	1,014	50,719
Provision of injectables	0%	1,343	67,163
Provision of IUD	0%	11	527
Prescription and provision of male condoms for FP	0%	546	27,296
Prescription and provision of female condoms for FP	0%	198	9,920
Female sterilization (tubal ligation)	0%	1,290	64,513
Programme management and administration not broken down by type	3%	21,855	1,092,749
Contraceptives and consumables not disaggregated by type.	0%	14	689
Utilities – water, electricity, communication, and related	50%	329,701	16,485,068
Indirect FP service provision staff cost	3%	19,631	981,545
Training and capacity building	0%	0	0
Advocacy	0%	0	0
Upgrading and provision FP medical equipment	0%	1,848	92,400
Monitoring and evaluation	0%	0	0
Upgrading, renovation and construction of infrastructure for FP	0%	0	0
Direct FP service provision staff cost	19%	128,014	6,400,706
Monetary incentives for human resources).	17%	112,459	5,622,957
Rent	0%	0	0
Grand Total	100%	656,698	32,834,914

5. Inputs/Production Factors/objects of expenditures in 2020

Family Planning Production Factors	%	USD	GMD
Implants and related consumables	0%	1,274	63,724
Transportation, and distribution	6%	37,499	1,874,938
Pills	0%	1,014	50,719
Injectables and related consumables	0%	1,343	67,163
IUD and related consumables	0%	11	527
Male condoms for FP	0%	546	27,296
Female condoms for FP	0%	198	9,920
Consumables for tubal ligation	0%	1,290	64,513
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Advocacy	0%	0	0
Monitoring and evaluation	0%	0	0
Upgrading, renovation and construction of infrastructure for FP	0%	0	0
Grand Total	100%	656,698	32,834,914

6. Fund flows for family planning service from government.



Note:

- MoFEA = Ministry of Finance and Economic Affairs
- MoH = Ministry of Health
- KGH = Kanifing General Hospital
- BMCH = Bundung Maternal Children Health
- EFSTH = Edward Francis Small Teaching Hospital
- BGH = Bwiam General Hospital
- FGH = Farafenni General Hospital
- BGH = Bansang General Hospital
- NPS = National Pharmaceutical Service
- RHDs = Regional Health Directorates
- RPHCs = Regional Public Health Centres

7. Estimation Method - FP Shared Expenditures

We use the FPSA proposed methodology

- *FP visits 143,621*
- *Outpatient visits 16,59,680*
- *In-patients bed days 100,711*
- *Other out-patient visits 8,034*
- *The Gambia equivalency ratio 2.8*
- *Calculated Gambia FP allocation ratio 0.068 (6.8%)*

Comments from Stakeholders:

MRS. ALICE DEMBA- DIRECTORATE OF HUMAN RESOURCE FOR HEALTH- MoH

Stated that the report looks good but one of the reasons why regional health facilities incurred more expenditure on family planning than general hospitals as indicated in the report is because general hospitals are mainly engaged with referrals from the regional health facilities. On the other hand the regional health facilities are the main providers of sexual and reproductive health services including family planning at the grassroots level.

In addition, she further justified that the low contribution of government towards FP in 2020 as stated in the report was due to the Fight against Covid-19 pandemic.

MRS. ISATOU SAMBA- KANIFING GENERAL HOSPITAL

She recommended collecting data on family planning expenditure on a quarterly basis. She indicated that conducting the data collection on annual basis may cause problems in getting accurate data due to the challenging nature of keeping data at the health facilities for long periods of time. She concluded by applauding the lead consultant for a job well done.

MRS. KADDIJATOU BAH- BUNDUNG MATERNAL AND CHILD HOSPITAL

She emphasized Mrs.Samba's point on collecting data on a quarterly basis. She further highlighted that hospitals may sometimes face challenges such as having the tally cards intact if the data collection is on an annual basis.

MR JANNEH GAMBIA BUREAU OF STATISTICS (GBoS)

Stated that the report looks good but he is not very familiar with the approach of the survey. He also clarified that GBoS did not receive funding from the government in 2020 for the delivery of services on family planning.

DR. MUSTAPHA FANNEH UNIVERSITY OF THE GAMBIA (UTG)

He stated that, the FPSA report 2020 should be a learning point for government and the University of the Gambia to promote and prioritize FP in their activities.