

Results/tables of the 2021 FPSA

1. Financing Sources from government: central and decentralized/local levels.

Financing Sources	Value (USD)	% of total
Central/Federal level (National Level)		
Ministry of Finance and Development Planning	\$1,699,237	100%
Total	\$1,699,237	100%

2. Family planning expenditures by financing agents

Financing Agents	Value (USD)	% of total
Central/Federal level (National Level)		
Ministry of Health	\$1,699,237	100%
Total	\$1,699,237	100%

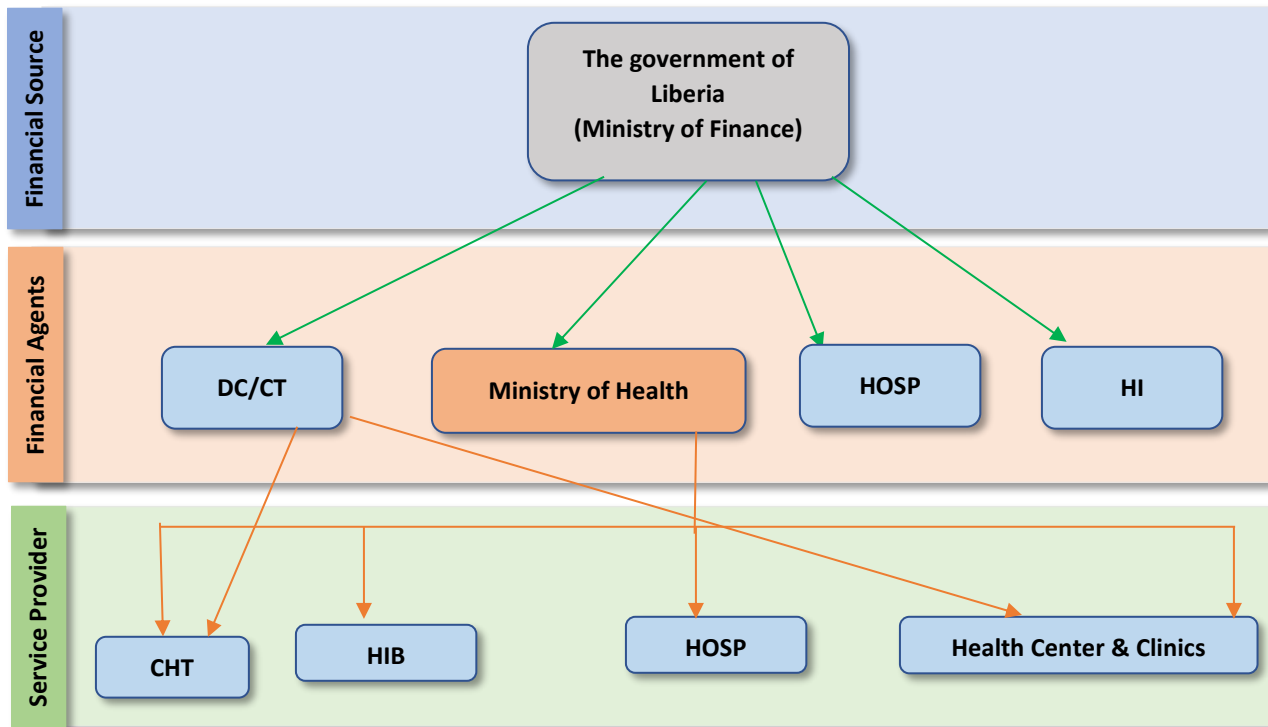
3. Family planning expenditures by provider type

Providers	Value (USD)	% of total
Central/Federal level		
PS.1.13.2 Departments inside the Ministry of Health (Operations)	\$ 100,764	6%
PS.1.13.2 Departments inside the Ministry of Health (Personnel National Level)	\$ 134,104	8%
Subnational level 1		
PS.1.2. Providers of Ambulatory Health Care (Primary clinics)	\$ 393,849	23%
PS.1.2.1 Public health centers	\$ 492,779	29%
PS.1.1.1 Public general hospitals	\$ 577,741	34%
Total	\$ 1,699,237	100%

4. Family Planning expenditures categories (FPSC)

Expenditure Categories	Amount in USD		
	Central/ Federal	Sub National Levels	TOTAL
A - Service Delivery Category			
1 -Expenditure on staff providing FP services/Health Facilities (personnel)	134,103.60	1,464,369.64	1,598,473.24
2 – Service staff costs (for direct service provision) in mobile/community services settings/CBDs			
3 -Outsourcing of services			
4 - Contraceptives, medicine & other consumables			
IUCD			
Implants			
DMPA-IM (Depo Medroxyprogesterone Acetate Intra Muscular)			
Sayana Press – Depo Medroxyprogesterone Acetate Sub Cutaneous (DMPA-SC)			
Pills			
Condoms (male and female)			
Lactational Amenorrhea Method (LAM)			
Long acting method (sterilization)			
Others (Contraceptives/consumables not disaggregated by type)			
B - Above-site level category			
Logistics/transportation of contraceptives etc.			
Information, Education and Communication (IEC)			
Policy Development and Advocacy			
Management Information System (MIS) and Health Information System (HIS)			
Monitoring, Evaluation and Research			
Capacity building/training (for all categories mentioned above)			
Program Management			
Operational expenditures (Expenditures that cannot be directly traced to the provision of a service; sometimes referred to as “overhead” or “indirect” costs, e.g., rent, utilities)	100,763.69		100,763.69
Others (please specify)			
C - Capital (Medical & Non-Medical Equipment, Construction and Renovation. ...)			
GRAND TOTAL (A+B+C)	234,867.29	1,464,369.64	\$1,699,237

5. Flows of family planning service funds from government



Abbreviations

MoF = Ministry of Finance

MoH = Ministry of Health

CHT = County Health Team

HOSP = Hospital

DHT = District Health Team

DC = Decentralized Counties (Nimba, Bong, Margibi & Grand Bassa)

CT = County Treasury

HI = Health Institutions (Liberia Medical and Dental Council, Liberia Nursing & Midwifery Board, etc.)

HIB = Health International Bodies E.g., West African College of Physicians & Surgeons etc.)

6. Estimation Method - FP Shared Expenditures

Liberia generated an equivalency ratio of 2.40 based on track20 formula. All shared expenditure and all patient visits data were gathered. Inpatient bed days were converted into its equivalent outpatient visits and the family planning allocation ratio was calculated. Thereafter, the FP-specific portion of the shared expenditures were calculated, thus deriving at the FP-specific portion of the shared expenditures.

Health Workers Salary Data Collection – County/Subnational Level

A randomized sampling method was used to select the facilities surveyed. Facility listing was obtained from the Ministry of Health to get the total number of facilities per county. The sampling method used a county-wide approach wherein 25% of all public facilities (clinic, health centers and hospitals) in each individual county were sampled during the FPSA survey.

For the completion of this exercise, the below methodology was used:

a) Key informant Interview

- i) Central Ministry of Health - Several interviews were held with key MOH senior management, departments heads to include the Family Health Program, Procurement Unit, Health Information System, Monitoring & Evaluation and Research (HMER) Unit, Health Financing Unit amongst others. Interviewees were asked questions related to health system of family planning. In most cases, questions were asked using the FPSA data collection tools and on the program objectives and functions at the Ministry of Health.
- ii) Subnational – A team of data collectors were recruited and trained on the use of data collection tools for collecting key data elements at the County, Hospital, Health Center and Clinic levels. facility staff who are involved with the provision of family planning services were identified and interviewed.

b) Desk Review

Review of the Health Information system (HIS) data for FP service utilization, the National Health Accounts Reports for family planning expenditure, HR cost and the National Budget for the period under review (2021/2022).

Annex

Liberia's National Budget is not program based; it is formulated based on economic classification-general employees' compensation, goods and services, Subsidy, grant, and financial & non-financial assets. As such, it is almost impossible to do a comprehensive analysis of expenditure for program specifics. However, the team utilized the approach introduced by Avenir Health and other mathematical assumptions to estimate the FP expenditure for the period under review.

Note: the fiscal year of 2021 was a transitioning period from fiscal to calendar year. As such, comprehensive government data is not available. As a result, the team estimated based on the information available.

Limitation of the study

Survey data was not significant to be used for the analysis due to inconsistencies in Human Resource for Health (HRH) information across the system in terms of salaries of cadre of health workers. Therefore, there is no exact Human Resource (HR) information across the system that provide reliance on FP expenditure for the period.

There is always a disconnect which makes it difficult for comprehensive data analysis. E.g., Different explanations from both central and county levels. No unique way to calculate salaries because of salary disparities. These disparities are attributed to methods of payroll enrollment. E.g. bureaucracy in updating of employee status on the payroll as per their qualification, etc.

All health facilities were not covered due to geographical remoteness and deplorable road conditions in the Southeastern Region. Additionally, inadequate funding hindered mapping of all the facilities.

Centralized financial management and payroll systems makes it impossible to captured specific details at the subnational level.

The national budget of Liberia is based on economic classification, not programmatic. As such, a comprehensive analysis of a program specifics cannot be achieved. Fragmented methods of health resources distribution across service delivery platforms as evident in the flows of family planning service funds from government.