

## Results/tables of the 2021 FPSA

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

Financing Sources	Value (USD)	% of total
<b>Central/Federal level</b>		
Ministry of Finance and Economic Planning (MINECOFIN)	4 118 123 777	100
<b>Total</b>	<b>4 118 123 777</b>	<b>100</b>

### 2. Family planning expenditures by financing agents

Financing Agents	Value (USD)	% of total
<b>Central/Federal level</b>		
Rwanda Biomedical Center (RBC)	414 555	10.1
Ministry of Health (MOH)	470 764	11.4
Ministry of Education (MINEDUC)	932	0.0
Ministry of Local Government (MINALOC- LODA)	302	0.0
Rwanda Social Security Board (RSSB)/ Social Security funds	257 783	6.3
Central or federal authorities' entities (RMS Ltd, RFDA, etc)	161 428	3.9
<b>Decentralized Level</b>		
Administrative Districts	2 806 143	68.1
Other Public Financing Agents not elsewhere classified (n.e.c)	6 215	0.2
<b>Total</b>	<b>4 118 122</b>	<b>100</b>

### 3. Family planning expenditures by provider type

Providers	Value (USD)	% of total
<b>Central/Federal level</b>		
PS.1.13.2 Departments inside the Ministry of Health	475 554	11.5
PS.1.13.99 Other Ministries or Public Administration entities n.e.c - (Rwanda Medical Supply (RMS) Ltd, Rwanda Social Security Board (RSSB), Rwanda FDA, etc)	189 037	4.6
<b>Subnational Level</b>		
PS.1.2.1 Public health centres and Health Posts	3 001 240	72.9
PS.1.1.1 Public general hospitals: District, Provincial and Regional Hospitals	399 364	9.7
PS.1.1.2 Public specialty hospitals (Referral & University Teaching hospitals- CHUK & CHUB and Rwanda Military Hospitals)	2 554	0.1
PS.2.11 NGO and community-based organizations (other than PS.2.1 to PS.2.9)	50 376	1.2
<b>Total</b>	<b>4 118 125</b>	<b>100</b>

## 4. Family Planning expenditures categories (FPSC)

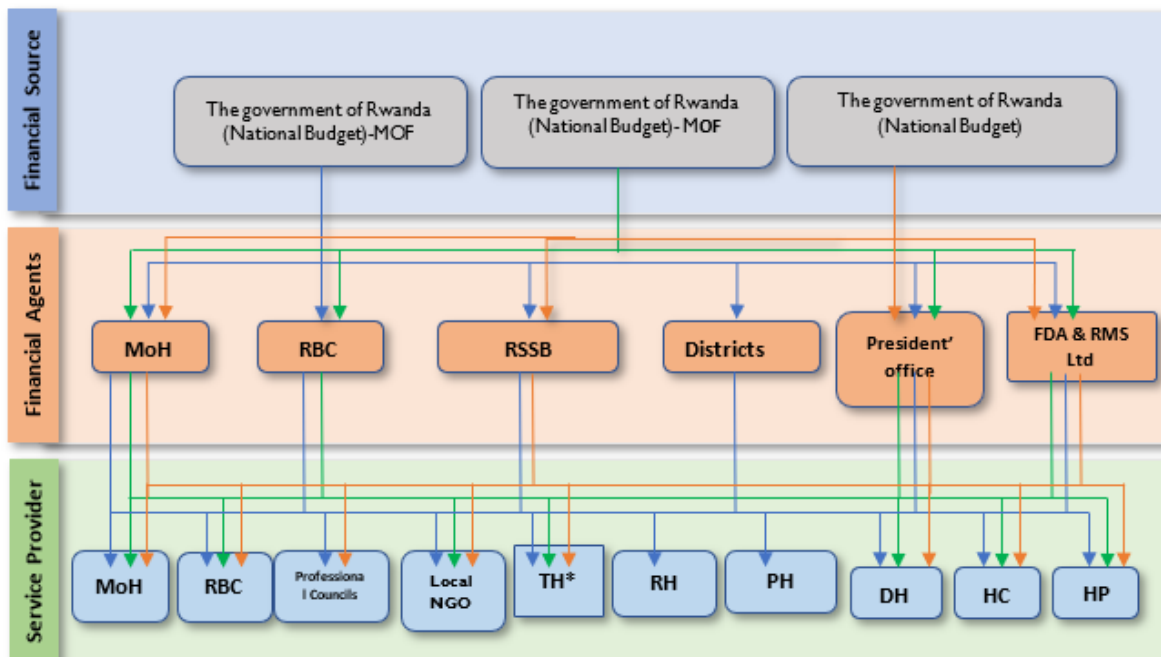
Expenditure Categories	Amount in USD	
	Central/Federal	TOTAL
<b>A - Service Delivery Category</b>		
<b>1 -Expenditure on staff providing FP services/Health Facilities (personnel)</b>	2 710 753	65.8
<b>2 – Service staff costs (for direct service provision) in mobile/community services settings/CBDs</b>	168 646	4.1
<b>3 -Outsourcing of services</b>	6 795	0.2
<b>4 - Contraceptives, medicine &amp; other consumables</b>		
IUD	36 251	0.9
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)	4 771	0.1
<b>B - Above-site level category</b>		
<b>Logistics/transportation of contraceptives etc.</b>	23 644	0.6
<b>Information, Education and Communication (IEC)</b>	2 387	0.1
<b>Policy Development and Advocacy</b>	2 766	0.1
<b>Management Information System (MIS) and Health Information System (HIS)</b>	45 757	1.1
<b>Monitoring, Evaluation and Research</b>	14 783	0.4
<b>Capacity building/training (for all categories mentioned above)</b>	7 670	0.2
<b>Program Management</b>	477,187	11.6
<b>Operational expenditures</b> (Expenditures that cannot be directly traced to the provision of a service; sometimes referred to as “overhead” or “indirect” costs, e.g., rent, utilities)	254 534	6.2
<b>Others</b> (please specify)		
<b>C - Capital (Medical &amp; Non-medical Equipment, Construction and Renovation. ...)</b>	362 179	8.8
<b>GRAND TOTAL (A+B+C)</b>	<b>4 118 123</b>	<b>100</b>

## 5. Flows of family planning service funds from government

This section presents 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 2019/2020, 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), Administrative Districts, Rwanda Food Drug Authority (Rwanda- 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 which targets the informal workers and rural households). The key service providers of FP program include departments inside in MOH and RBC, professional councils, local NGOs and all public healthcare providers (districts, provincial, regional and tertiary hospitals) health centers and health posts.

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



## Abbreviations

- 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

## 6. 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 and expenditure data reported in the Health Resource Tracking Tool (HRTT) system and IFMIS. The FPSA research team calculated the FP spending based on activity purposes reported by the financing agents. To estimate FP expenditures, 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 assessment of FP expenditures.

### a. Untargeted spending at central level

We used a HRTT, IFMI data and report to determine allocation for untargeted spending at central level. We found that FP spending represented about 3.4% of Central government spending on MOH and RBC (compared to 3% in FY 2018/2019) and 11.8% of the total spending on Maternal, Child, Community Health (MCCH) interventions (compared 7% in FY 2017/18 and FY 2016/17). These two allocation ratios/keys were applied to allocate untargeted government central spending and MCCH expenditures to FP activities.

### b. Untargeted spending at Subnational level – by facility type

The estimation of FP expenditures was done using an allocation key of the percent of FP in total facilities utilization. The utilization was measured using the sum of all out-patient (OP) visits and in-patient days. The inpatient days were converted into OP visits equivalent by multiplying the days by an equivalence ratio of 4.0 calculated from costing data in the WHO Choice. This means that one inpatient day is equivalent to 4.0 outpatient visits. The utilization data used were obtained from the Rwanda Health Management Information System (HMIS) powered by the DHIS 2 Rwanda.

**c. Estimation method: 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. As mentioned above, 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 2019/2020. These allocation ratios were applied to allocate funds received by a provider to FP spending.

**Table 1: Allocation ratios for FP services by provider type, FY 2019/2020**

Provider type	Total FP visits	Other general outpatient visits	Annual Total number of OPD visits	In-patients bed days	Rwanda equivalency ratio	Calculated FP Assignment Ratio
Health centres & Health posts	1 540 803	14 036 419	15 577 222	651 473	4	<b>0.08474 (8.47%)</b>
District hospitals	50 641	1 120 209	1 170 850	1 382 308	4	<b>0.0076558 (0.80%)</b>
Provincial Hospitals	4 102	97 213	101 315	146 016	4	<b>0.00598 (0.60%)</b>
Referral/ Regional hospitals	9 113	451 673	460 786	734 148	4	<b>0.00268 (0.27%)</b>
Tertiary hospitals	368	266 980	267 348	277 760	4	<b>0.000267 (0.03%)</b>

Source: Rwanda Health information management system (RHMIS, January 2023)