

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		
Ministry of Finance (MoF)	272 796	100
Total	272 796	100

2. Family planning expenditures by financing agents

Financing Agents	Value (USD)	% of total
Central/Federal level		
Ministry of Health and Sanitation (MoHS)	175 798	64
Department inside the Ministry of Finance (Office of Accountant General)	96 998	36
Total	272 796	100%

3. Family planning expenditures by provider type

Providers	Value (USD)	% of total
Central/Federal level		
MoHS/Public hospitals/health facilities	175 798	64
Departments inside the Ministry of Health (RH/ FP Programme)	96 998	36
Total	272 796	100

4. Family Planning expenditures categories (FPSC)

Expenditure Categories	Amount in USD	
	Central/Federal	TOTAL
A - Service Delivery Category		
1 -Expenditure on staff providing FP services/Health Facilities (personnel)	96 998	96 998
2 – Service staff costs (for direct service provision) in mobile/community services settings/CBDs		
3 -Outsourcing of services		
4 - Contraceptives, medicine & other consumables		
IUD		
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)	175 798	175 798
Others (please specify)		
C - Capital (Medical & Non-medical Equipment, Construction and Renovation. ...)		
GRAND TOTAL (A+B+C)	272 796	272 796

5. Flows of family planning service funds from government

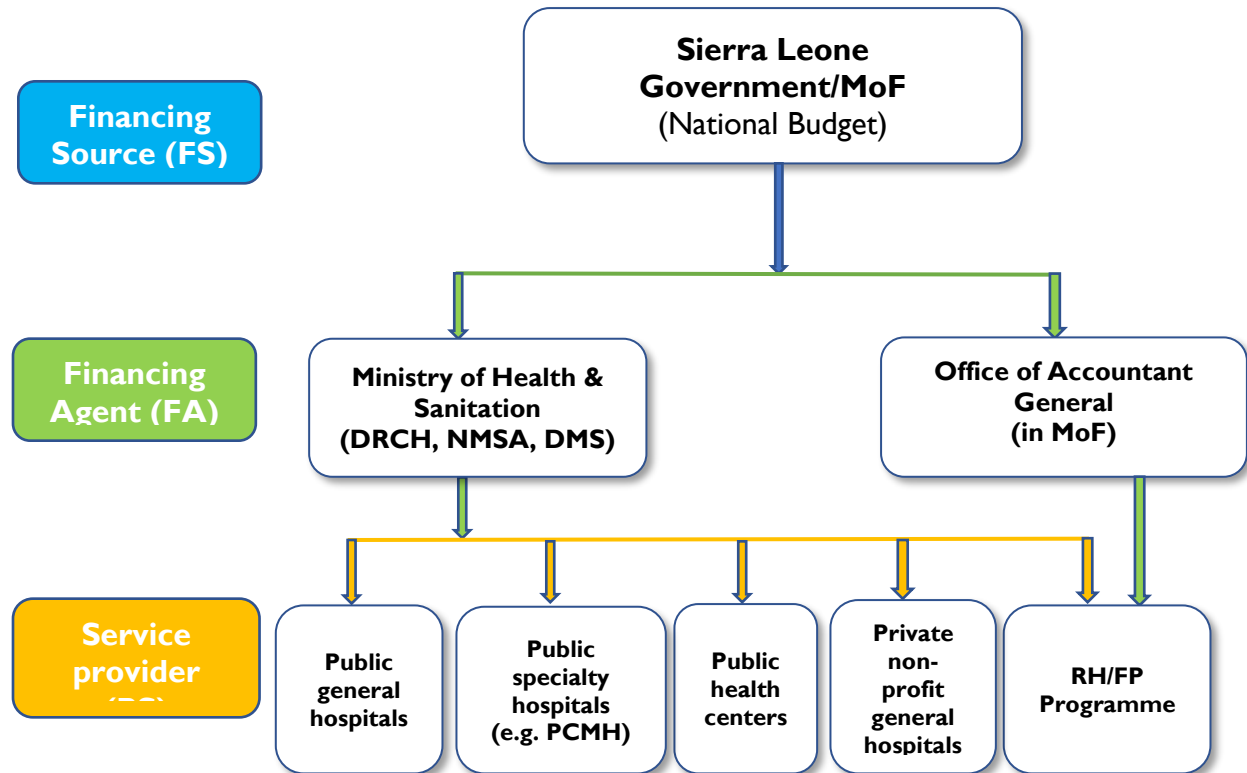


Figure 1: Flow of FP financing from the central government through lower levels in the health sector

Abbreviations

- DHIS2 - an open source, web-based platform used as a health management information system (HMIS)
- DHF - Directorate of Health Financing
- DHR - Directorate of Human Resources
- DPPI - Directorate of Planning, Policy and Information
- DRCH – Directorate of Reproductive and Child Health
- FCDO – Foreign and Commonwealth Development Office
- MoF - Ministry of Finance
- MoHS - Ministry of Health and Sanitation
- PCMH – Princess Christian Maternity Hospital
- RH/FP - Reproductive Health and Family Planning
- UNFPA – United Nations Fund for Population Activities
- WHO – World Health Organization

6. Estimation Method - FP Shared Expenditures

In Sierra Leone, Government spending on family planning is often not specific and can be derived as shared expenditure of the entire health system. The development partners (mainly UNFPA and FCDO) are the leading source of resources for the provision of modern contraceptives and logistical support such as capacity building and capital investment for FP services. Whilst the Government provides administrative and operational resources. The FP-specific expenditure was therefore estimated as a shared expenditure from the Government spending on the health system.

The data on RH patients' visits was generated from the DHIS2 of the Directorate of Planning, Policy and Information (DPPI) in MoHS. This included general outpatient visits, RH outpatient visits, FP visits and inpatient (bed) days. The inpatient (bed) days were converted into equivalent outpatient visits using the WHO equivalency ratio of 2.64 for Sierra Leone. The family planning allocation ratio was computed and applied to estimate the FP-specific expenditure as shared expenditure of the government spending derived from the Directorate of Health Financing (DHF) in MoHS. Estimated personnel cost (salary) specific to staff members in the Reproductive Health and Family Planning (RH/FP) Programme was added to achieve the total Government expenditure on family planning.

Computation of the FP allocation ratio using data from the DHIS2 follows:

General outpatient visits	= 3,856,398
RH outpatient visits	= 3,392,559
Family planning visits	= 1,383,030
Inpatient (bed) days	= 185,267

Applying the WHO equivalency ratio (for Sierra Leone) = 2.64 (to convert in-patient visits to outpatient visits),

Converted outpatient visits from inpatient (bed) days = 489,105

FP allocation ratio = 0.151629871

Annex

Feedback from FP Stakeholders on FPSA Results

- The FP stakeholders commended the FPSA2021 results and committed to disseminate results to policy makers in governance through the FP technical committee working group and the RH commodity security meetings.
- The stakeholders acknowledged that Government spending on FP continues to be low as the results show. It is lower than results from neighboring countries: Lib. - \$1 699 237; Guinea-Conakry \$ 2 939 094.2. Although the Minister of Health and Sanitation announced 1% of health budget to be allocated to FP, implementation is hardly realized. There is need for continued advocacy to Government direct disbursement of the 1% allocation to the DRCH as one option to increase Government spending on FP.
- Personnel cost seems to be underestimated since cost of FP staff at public hospitals, who are specifically detailed for FP activities, was not captured. Comprehensive payroll information for FP staff providing FP services at public hospitals was not readily available to capture these personnel cost.
- Although Government has been complementing transportation of FP commodities to service providers, the shared transportation cost was not captured. Data on the shared transportation cost was, however, not covered in the health financing file from MoHS. Information revealed that such cost is directly paid to the transporters which hard to access.