

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	50,785,985.93	100%
Total	50,785,985.93	100%

2. Family planning expenditures by financing agents

Financing Agents	Value (USD)	% of total
Central/Federal level		
Ministry of Health	50,785,985.93	100%
Total	50,785,985.93	100%

3. Family planning expenditures by provider type

Providers	Value (USD)	% of total
Central/Federal level		
Ministry of health-Head Quarters	49,152,709.49	96.78%
Tertiary facilities	222,878.93	0.44%
Training Schools	228,935.59	0.45%
Subnational level 1		
Ministry of Health-Provincial Office	124,358.21	0.24%
Secondary facilities	527,395.02	1.04%
Subnational Level 2		
Primary facilities	529,708.68	1.04%
Total	50,785,985.93	100%

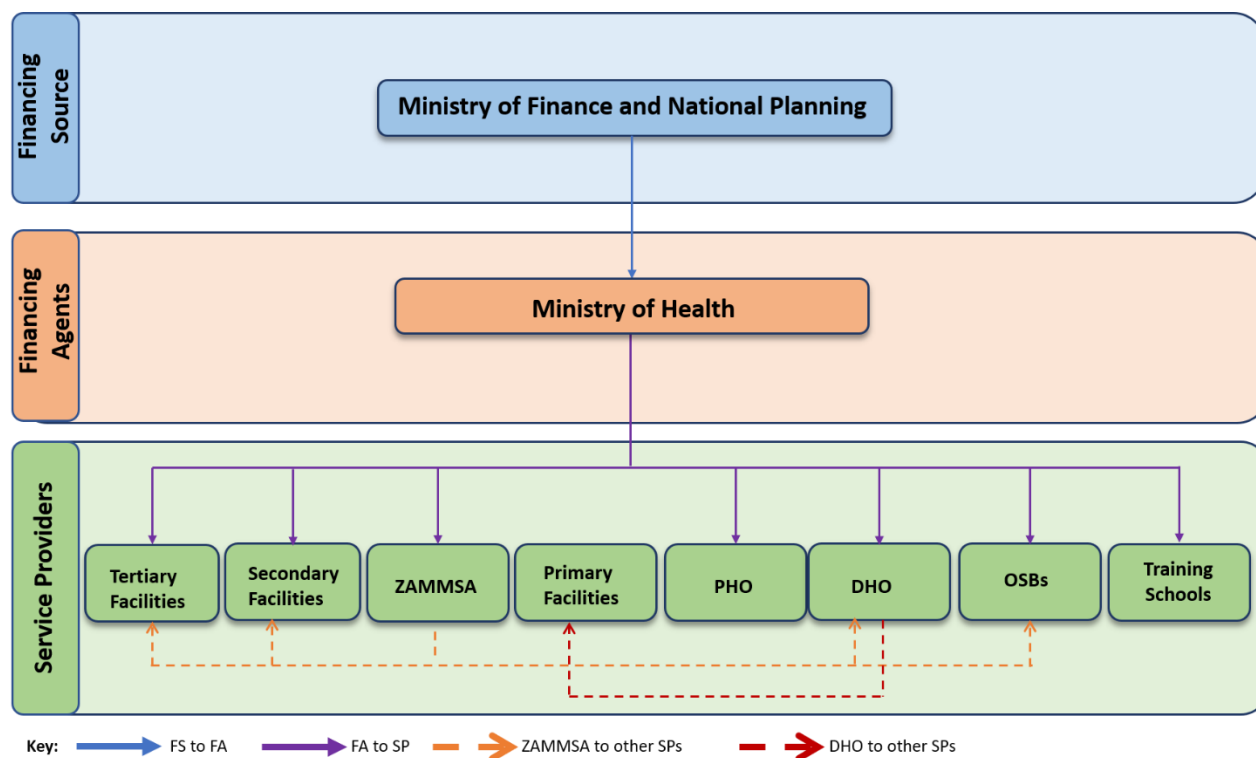
4. Family Planning expenditures categories (FPSC)

Expenditure Categories	Amount in USD TOTAL
A - Service Delivery Category	
1 -Expenditure on staff providing FP services/Health Facilities (personnel)	30,614,707.62
2 – Service staff costs (for direct service provision) in mobile/community services settings/CBDs	0.00
3 -Outsourcing of services	0.00
4 - Contraceptives, medicine & other consumables	
<i>IUD</i>	0.00
<i>Implants</i>	0.00
<i>DMPA-IM (Depo Medroxyprogesterone Acetate Intra-Muscular)</i>	0.00
<i>Sayana Press – Depo Medroxyprogesterone Acetate Sub-Cutaneous (DMPA-SC)</i>	0.00
<i>Pills</i>	0.00
<i>Condoms (male and female)</i>	0.00
<i>Lactational Amenorrhea Method (LAM)</i>	0.00
<i>Longacting method (sterilization)</i>	0.00
<i>Others^{&} (Contraceptives/consumables not disaggregated by type)</i>	14,586,707.25
B - Above-site level category	
Logistics/transportation of contraceptives etc.	*
Information, Education and Communication (IEC)	0.00
Policy Development and Advocacy	*
Management Information System (MIS) and Health Information System (HIS)	*
Monitoring, Evaluation and Research	0.00
Capacity building/training (for all categories mentioned above)	0.00
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)	*
Program management & administration	5,358,443.89
Others (please specify)	0.00
C - Capital (Medical & Non-medical Equipment, Construction, Renovation...)	
	226,127.17
GRAND TOTAL (A+B+C)	50,785,985.93

* Programme management & administration includes Logistics/transportation of contraceptives, 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 lines

[&]Comprises essential medicines and medical consumables

5. Flows of family planning service funds from government



Abbreviations: DHO=District Health Office; OSBs= Other Statutory Bodies; PHO=Provincial Health Office; ZAMMSA= Zambia Medicines & Medical Supplies Agency; FS=Financing Source; FA=Financing Agent; SP=Service Provider

6. Estimation Method - FP Shared Expenditures

The table below presents the assumptions used to allocate overhead/shared costs; expenditure data is presented in the embedded excel spreadsheet (Annex 1).

Assumption	Abbreviation	Value
Annual in-patient visits	ipv	639,023
Average length of hospital stays	los	2
Total annual in-patient days	ipd	1,278,046
Annual out-patient visits	opv	21,232,230
Annual FP visits	fpv	3,148,118
Total annual Out-patient visits	topv	27690487.14
Allocation ratio	ar	0.113689513

To estimate overhead and shared family planning expenditures, we use the FPSA method.

Notes

- The expenditures tracking year=2021.
- All the expenditures collated from the Ministry of Health were in Zambian Kwacha (ZMW).
- The reported expenditures were converted into the United States Dollars (US\$) at an exchange rate of ZMW 18.54 per US\$1.
- Program management & administration expenditure line includes costs for logistics/transportation of contraceptives, policy development and advocacy, management information system (MIS) and health information system (HIS), Monitoring, evaluation and research, capacity building/training, program management and operations.
- In the costing year, the Government of the Republic of Zambia did not fund family planning specific programs but relied on cooperating partners.
- The expenditure reports/ledgers provided did not disaggregate the costs by region. Thus, this report presents costs at national level.
- The essential medicines and medical consumables expenditure line in table 4 was put under 'other' line because the template did not have a line for this.
- This analysis demonstrate that FPSA tracking is feasible in Zambia;
 - Though timing was not good – tracking was done during the planning and budgeting cycle in Zambia.
 - Thus, MOH staff were busy, and resulted in delayed data collation
- Between 2019 and 2021 the Government of the Republic of Zambia did not fund FP-specific program;
 - Direct program costs were incurred by cooperating partners
 - Government funded overheads and shared costs
- Lesson learnt:
 - Government was very supportive;
 - MOH open to share information needed (planning, financial and utilization data)
 - Stakeholder meetings during data collation and report writing were very useful
- Though MOH is the sole financing agent expenditure records varied across health systems levels;
 - MOH disburse funds to service providers (SPs) in ramp sum grants – not following budget lines
 - SPs irregularly submit expenditure reports by cost line – Mostly on auditors' request or during supervision visits
 - Thus, verification is needed at least at provincial and district level,
 - Due to time limitation, we purposively (based on distance from MOH headquarters) sampled 2 provinces and 2 district Health offices for verification of the expenditures, we noted that:
 - 2021 Government grants were spent on operations and program management at provincial office
 - For operations and program management at district offices, primary facilities and community levels