

---

# Manual for Corporations

## UNFPA/NIDI Resource Flows Survey 2014

---

### 1. Introduction

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 works with governments, civil society, multi-lateral organizations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020<sup>1</sup>.

In order to estimate the additional resources needed for reaching the above mentioned goal, there needs to be a clear idea of how much is currently spent on family planning. Information on these expenditures is limited, and therefore this exercise aims to create a comprehensive picture of family planning expenditures within a country. Expenditures on family planning from the public sector, private sector and NGOs will be gathered.

**Deadline 30 October 2015**

**Sections A to D** of this survey refer to financial flows in calendar- or financial year **2014**.

**The term “family planning” in this survey refers to projects, programmes and activities that offer the following methods and services. This survey does not refer to reproductive health expenditures.**

#### Family planning methods:

- Male Condoms
- Female Condoms
- Pills
- Emergency contraceptives (pills)
- Injectables (all types – e.g. monthly and 3 months i.e. Depo Provera)
- Diaphragms
- IUDs (Copper T and other IUDs)
- Implants
- Standard Days Method (SDM)
- Other methods e.g. jelly/foams/spermicides

---

<sup>1</sup>Family Planning 2020 website (<http://www.familyplanning2020.org/>).

Family planning services:

Any services provided in relation to the first time provision or the continuous supply of any consumables.

For example:

- Counselling on contraceptive methods or any other FP advise
- Treating any FP medical need (as consultation, diagnosis, monitoring health conditions, any FP clinical assessment)Female and male sterilization
- Female and male sterilization
- Prescription and provision of FP methods (first time or continued supply of FP methods)

Note: this survey does not include expenditures on abortion-related methods or services.

***We would like to thank you in advance for your kind co-operation. If you need clarification or further information, please contact the project staff at [ResourceFlows@nidi.nl](mailto:ResourceFlows@nidi.nl)***

## 2. Definitions of terms used in the survey

### **Capital Investment:**

The acquisition of a capital good, also referred to as durable goods, which are used in the production of FP methods and services and last longer than 1 year. E.g. a car, furniture, computers, medical equipment, etc. *Only include capital investments acquired in 2014.*

### **Domestic sources:**

Funding from national sources (central, subnational, local and municipal). Examples: Ministry of Finance, regional health offices, national foundations.

### **Expenditures:**

The amount of money that has *actually been spent/disbursed* by your organisation for the project/programme in the given year. ***Include expenditures made both locally and abroad which benefited local family planning projects/programs or activities.*** For example, if the government department purchased condoms abroad but distributed them within your country this should be included.

**Financial year (FY):** the period when the accounting year starts. Figures for 2014 should be included. If you are reporting in FY (as opposed to calendar year), please include family planning disbursements made from 1 July 2013 and onwards. For example: FY July 2013- June 2014, September 2013-August 2014, December 2013-November 2014, February 2014- January 2015, April 2014-March 2015, June 2014-May 2015 can all be included. In case the financial year started before July 2013 OR after 1 July 2014, this should not be included and is considered to be FY 2013 (for any start date before July 2013) and FY 2015 (for start date July 2014 and onwards).

### **General development projects/programmes with a family planning component:**

Development projects/programmes sometimes contain a family planning component. A rural development programme may, for example, contain a family planning component. The amount requested in the survey is only the amount of money spent on family planning activities in this general development project/programme.

### **Injectable:**

Form of contraception injected into a muscle to prevent pregnancy. Examples include Depo-provera (providing protection for 12 weeks) and Noristerat (providing protection for 8 weeks).

### **International NGO (Non-Governmental Organisation):**

Private not-for-profit organisation which operates *in more than one* country.

### **International sources:**

International donors encompassing foreign governments, UN organisations/agencies, international development banks, international NGOs, foreign foundations, foreign private for-profit companies or other international organisations/individuals.

**Intrauterine Device:**

An intrauterine device (IUD) is a form of long-acting reversible contraception in which a T-shaped (copper, hormonal or other) device is inserted into the uterus.

**National NGO (Non-Governmental Organisation):**

Private not-for-profit organisation which operates *exclusively in one* country.

**Own income:**

Any income generated from own sources e.g. contributions, profits, user fees, interest earned on endowments, or forms of cost recovery.

**Project/programme expenditures:**

All expenditures directly attributable to a project or programme relating to (for instance):

- Equipment
- Transport
- Communication
- Training and IEC materials
- Medicaments and contraceptives
- Salaries of project personnel
- Rent of the building, electricity

**Standard Days Method**

Standard Days Method (SDM) is a method to prevent pregnancy by tracking the menstrual cycle and abstain from unprotected vaginal intercourse during the most fertile days.

**Umbrella organisation:**

A co-ordinating institution/agency that does not implement its own activities, but *only channels* funds.

**Recurrent expenses:**

Recurrent expenses are those which occur periodically to produce FP services and which are fully consumed during the provision of the service. It includes salaries, FP methods and services and all operational spending, condoms, paper, electricity and contracted services such as security, or the production of quarterly dissemination of family planning-related information to the communities, patients, children, etc. *Only include recurrent expenses which were made in 2014.*

### **3. Frequently Asked Questions**

**Q: How do you classify sexual and reproductive health and rights (SRHR)?**

A: SRHR should be classified as Reproductive Health. Be aware that in some countries reproductive health includes family planning. Thus, in this case, an approach to extract the family planning component is needed.

**Q: How should the project/program location be filled in?**

A: Please fill in the location as specific as possible e.g. village or region and mention the country.

**Q: If a question is not applicable or unknown should I leave it blank?**

A: NO, please fill in “NA” if the question does not apply to your organization or “UNKNOWN” if you do not know the answer to the question. All relevant questions should be filled in. In case of doubt, please consult the consultant supporting your survey.

## 4. Filling in the survey

In case the answer to any question is not applicable, we kindly ask you not to leave the line or box empty, but to indicate this by inserting “NA”. In case the answer is unknown, please write “UNKNOWN”. In case your organization does not spend money on certain topics asked in the questionnaire, please fill in the number “0”. If something is not understood or do you need to discuss the approach to estimate a component, please contact the consultant you are in touch with.

### Section A. General Information 2014

A 3. Please use the same currency throughout the survey.

### Section B. Overview of Financial Flows 2014

In **question B 1 through question B 3**, you are requested to give an overview of financial resource flows for family planning activities in financial year 2014. Please pay attention to ensure the amounts listed in the income are complete and if they were used for projects please ensure they are listed in the projects section ( Question D6).

**B 1.** Domestic sources refer to e.g.:

- *Government departments:* central or lower administrative level (e.g. state/provincial, regional or municipal) government departments;
- *National NGOs:* private not-for-profit organisations which operate in your country only;
- *Private sources:* private organizations, companies, etc.

**B2.** International sources refer to, e.g.:

- *Foreign governments*
- *International Development Banks*
- *International NGOs*
- *UN organisations/agencies.*

**B 3.** **When calculating total expenditures for family planning projects/programmes, please include both direct and systems costs: all direct service delivery, drugs, supplies and personnel costs and programme and systems costs such as rent, upgrading of facilities, training and capacity building, etc.**

### **Section C. Income Received in 2014 from Domestic and International Sources in 2014 (external)**

In this section you are requested to list *any* income received for family planning from domestic and international sources

In this section you are requested to list any income received for family planning from domestic and international sources.

Domestic sources refer to e.g.

- *Government departments: central or lower administrative level (e.g. state/provincial, regional or municipal) government departments.*
- *National NGOs: private for profit organisations which operate in your country only.*
- *Private Sources: private organisations, companies etc.*

International sources refer to e.g.:

- *Foreign governments*
- *International Development Banks*
- *International NGOs*
- *UN organisations/agencies*

For both domestic and international sources please fill in the type of organization. In addition for domestic sources, please mention the administrative level. Please note that after completion of section C the total amount should be equal to B1 + B2.

## **Section D. Family Planning Projects/Programmes in 2014, Funded by International and Domestic sources**

In this section you are requested to give information on family planning costs you made regarding family planning projects/programmes in 2014. **Only include project/programmes or activities which benefited local family planning activities (within the country)! Activities funded abroad but which were disbursed in the country should also be included.** For example, condoms purchased abroad but distributed within your country, should be included.

**Ideally, for each different family planning programme you disbursed funding for you are requested to copy sheet D, D1 and D2 and fill in a separate sheet for each project/programme. In case you don't have this detailed information available, you can aggregate all family planning projects and fill in sheet D, D1 and D2 once – but please only use this approach as a last resort! Discuss with the consultant approaches to extract FP spending based on the information you have, e.g. share of time of staff working FP or share of services provided on FP, or costing data.**

**Only include project/programmes or activities which benefited family planning in the country! Activities funded abroad but which benefited FP activities in the country should also be included.**

**Expenditures:** for each project/programme or activity you should use a separate sheet in section C. Include expenditures made both locally and abroad which benefited local family planning projects/programs or activities. For example, condoms purchased abroad but distributed within your country should be included. Expenditures cover both recurrent expenses and capital investments made for family planning in 2014:

*Recurrent expenses:* occur periodically to produce the FP services and which are fully consumed during the provision of the service. It includes salaries, FP methods and services and all operational spending, condoms, paper, electricity and contracted services such as security, or the production of quarterly dissemination of family planning-related information to the communities, patients, children, etc. *Only include recurrent expenses which were made in 2014.*

*Capital investment:* acquisition of a capital good, also referred to as durable goods, which are used in the production of FP methods and services and last longer than 1 year. E.g. a car, furniture, computers, medical equipment, etc. *Only include capital investments acquired in 2014.*

## **D 8. A: Breakdown of FP expenditures – recurrent expenses**

- 1) Staff service costs: include the salaries of (medical) staff which directly provided a FP service: e.g. IEC or sterilizations. *Salaries of supporting staff which do not directly provide FP services should be included under Program Management*
- 2) Outsourcing of services: include any expenditures made for outsourcing (or contracting out) services for FP (e.g. sterilizations or IEC)
- 3) Contraceptives, medicine & other consumables: include any of these items which were purchased/provided for the purpose of FP (basically all contraceptive methods, except sterilization).
- 4) Information, Education and Communication (IEC): a collective service in which e.g. media messages or advertisement campaigns target a group of people or a personal service, as counselling.
- 5) Policy Development and Advocacy: include FP-related policy work, sensitization of law makers, formulation of FP policies and laws.
- 6) Management Information System (MIS) and Health Information System (HIS): system used for analysing and enabling the strategic and operational activities within an organization (MIS) or for holding information regarding the health of individuals or activities/services offered/conducted by organizations working within the health sector (HIS)
- 7) Monitoring, Evaluation and Research: include any M&E or research activities related to operation of FP programs
- 8) Capacity building/training: include all training or capacity building activities for any of the specific items mentioned above.
- 9) Program management: include the salaries of decision makers or supporting staff regarding the optimization of service delivery to ensure the goals of the program are reached. It involves the planning, organizing, directing, and controlling of company resources and salaries of staff which did not provide direct FP services.
- 10) Operational costs: expenses associated with administering a business on a day to day basis. For example, costs related to electricity, fuel, rental of building or equipment, utilities, etc.

## **D 8 B: Breakdown of FP expenditures – capital investment (for durable goods lasting > 1 year):**

- 1) Infrastructure and Upgrading of Facilities
- 2) Equipment: purchase of cars, computer and ICT products, office furniture and medical equipment

**Question D8** can be filled in in two different ways. Ideally, you would fill in exact amounts under the column ‘Amount’ (figure 1). If you do not have exact amounts, you can estimate percentages and include those in the survey (figure 2). Kindly provide as detailed information as possible and make sure that the amounts add up to the total.

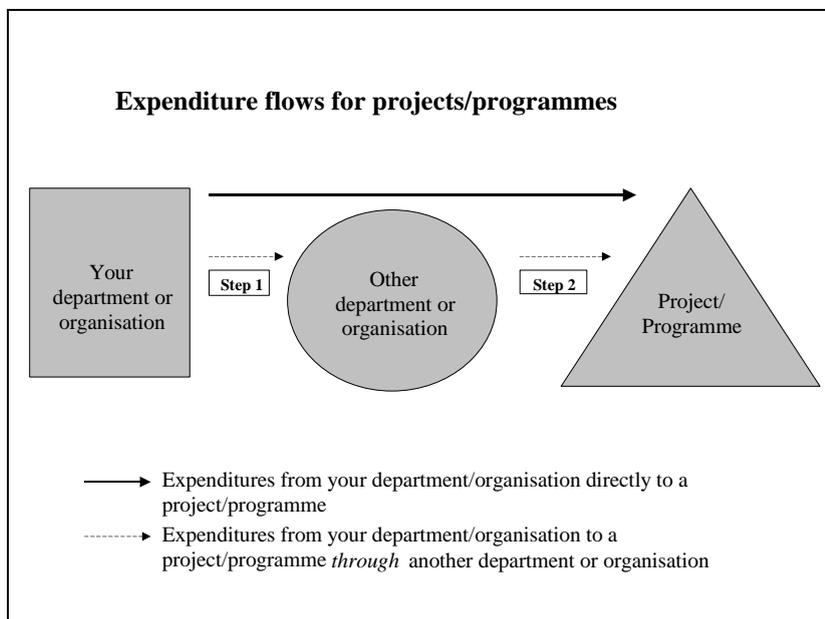
**Figure 1: Availability of specific disbursed amounts (preferred approach):**

<b>A: Recurrent expenses</b>		Amount (A):	Percentage:
<i>Recurrent expenses are those which occur to produce the FP services in your organization E.g. the distribution of condoms, quarterly dissemination of FP information to employees and the resources involved to provide those services.</i>			
<b>Note: further explanation and examples for question B 8.1 - B 8.14 can be found in the manual</b>			
<u>Expenditure by services</u>			
B 8.1	Internal service staff costs (for direct service provision)	100,000	
B 8.1.1	Of which: Out-Patient Services	70,000	
B 8.1.2	Inpatient Services	30,000	
	<b>+</b>		
B 8.2	Outsourcing of services	20,000	
B 8.2.1	Of which: Out-Patient Services	20,000	
B 8.2.2	Inpatient Services		
B 8.3	Contraceptives, medicine & other consumables (retailed and provided)	60,000	
B 8.4	Information, Education and Communication (IEC)		
B 8.5	Policy Development and Advocacy		
B 8.6	Management Information System (MIS) and Health Information System (HIS)		
B 8.7	Monitoring, Evaluation and Research		
B 8.8	Capacity building/training (for all categories mentioned above)		
B 8.9	Program Management Staff costs (non-service delivery)	20,000	
	<b>+</b>		
B 8.10	Operational expenditures		
B 8.11	Other: please specify: _____		
<b>A: Recurrent Total:</b>		<b>200,000</b>	<b>100%</b>

**Figure 2: Specific amounts are not available thus you provide estimated percentages:**

<b>A: Recurrent expenses</b>		Amount (A):	Percentage:
<i>Recurrent expenses are those which occur to produce the FP services in your organization E.g. the distribution of condoms, quarterly dissemination of FP information to employees and the resources involved to provide those services.</i>			
<b>Note: further explanation and examples for question B 8.1 - B 8.14 can be found in the manual</b>			
<u>Expenditure by services</u>			
B 8.1	Internal service staff costs (for direct service provision)		50%
B 8.1.1	Of which: Out-Patient Services		
B 8.1.2	Inpatient Services		
	<b>+</b>		
B 8.2	Outsourcing of services		10%
B 8.2.1	Of which: Out-Patient Services		
B 8.2.2	Inpatient Services		
B 8.3	Contraceptives, medicine & other consumables (retailed and provided)		30%
B 8.4	Information, Education and Communication (IEC)		
B 8.5	Policy Development and Advocacy		
B 8.6	Management Information System (MIS) and Health Information System (HIS)		
B 8.7	Monitoring, Evaluation and Research		
B 8.8	Capacity building/training (for all categories mentioned above)		
B 8.9	Program Management Staff costs (non-service delivery)		10%
B 8.10	Operational expenditures		
B 8.11	Other: please specify: _____		
<b>A: Recurrent Total:</b>		<b>200,000</b>	<b>100%</b>

**D 9.** Expenditures for projects/programmes can either be channelled directly to a project or programme, or can be made through another channel, e.g. government department or another organisation. In case expenditures are made *through another department/organisation* you are requested to mention *the first channel* (step 1 in the figure below). Please mention the name(s) of the organization (s) through which funding was channelled and the amount.



**D 11.** To determine if a project targets “gender equality and women’s empowerment” please use the following criteria based upon OECD CRS gender equality and women’s empowerment definition.

*“An activity should be classified as gender equality focused (score Principal or Significant) if it is intended to advance gender equality and women’s empowerment or reduce discrimination and inequalities based on sex.*

*Criteria for eligibility: gender equality is explicitly promoted in activity documentation through specific measures which:*

- *Reduce social, economic or political power inequalities between women and men, girls and boys, ensure that women benefit equally with men from the activity, or compensate for past discrimination; or*
- *Develop or strengthen gender equality or anti-discrimination policies, legislation or institutions<sup>2</sup>”*

Please classify the project as either “principal” or “significant”. If the project did not target gender equality and women’s empowerment leave it blank. A project can be classified as “principal” if gender equality was an explicit objective of the activity and a

<sup>2</sup>OECD website (<http://www.oecd.org/>).

project can be classified as “significant” if gender equality was an important, but secondary, objective of the activity.

**Estimating FP expenditures:** if a general project/programme/activity included a family planning component, you are requested to estimate the expenditures which were made for FP only. You can make an estimate based on 1) share of time (amount of minutes spent on FP/total minutes \* total cost) or 2) share of number of visits (number of visits related to FP/total number of visits \* total cost of all visits) or 3) number of patients (number of FP patients/total patients \* total cost). *E.g. if a 60 minute consultation on nutrition and family planning would cost a total of \$100 and if a health care worker discussed family planning for approximately 15 minutes, then the total FP consultation costs would be  $((15/60)*\$100) = \$25$*

Kindly indicate in the final section called Remarks which approach (e.g. time, number of visits/patients or any other method) you used for estimating the FP expenditures

**Review your responses:** please make sure the responses you have given in the survey make sense; the amounts add up to the total (and are the same in section A and section B where necessary), the percentages add up to 100%; and that the required information is fully entered.

**Questions?** If you need clarification or further information, please contact the project staff at [ResourceFlows@nidi.nl](mailto:ResourceFlows@nidi.nl)

**Thank you!**