
Manual Resource Flows for National Consultant

UNFPA/NIDI Survey on Resource Flows 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 2020¹.

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.

These questionnaires focus on family planning expenditures. Additional information regarding government expenditures on population activities and reproductive health activities will be gathered through the national consultant questionnaire. It is expected to obtain information on the national budget for population activities and its reproductive health component.

The term “population activities” in the consultant survey refers to activities in the following categories:

1. Family planning services
2. Basic reproductive/maternal health services
3. Basic research, data and population and development policy analysis

Please note that in this survey Reproductive Health **does not** include Family Planning spending but e.g. those related to maternal health.

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

The term “family planning” (FP) in the questionnaires refers to projects, programmes and activities that offer the following methods and services:

Family planning methods:

- Male Condom
- Female Condom
- Pills
- Emergency contraceptives (pills)
- Injectables (all types – monthly and 3 months i.e. Depo Provera)
- Diaphragm
- IUDs (Copper T and other IUDs)
- Implants
- Standard Days Method (SDM)
- Other

Family planning services:

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

- Counseling on contraceptive methods and any other FP advice
- Consultation, diagnosis, monitoring health conditions, any FP clinical assessment
- Treating any FP medical need (as contraceptive side effects management)
- Female and male sterilization
- Prescription and provision of FP methods (first time or continued supply of FP methods)

Note: this questionnaire on FP does not include expenditures made to abortion-related services.

2. Preparation of the fieldwork

This year's survey includes questionnaires for family planning expenditures for the following:

1. One set for the **public sector** (government departments)
2. One set for the **non-governmental organisations** (NGOs, universities, foundations, philanthropies etc.)
3. Two sets for the **private sector**
 - a. Corporations (employers)
 - b. Insurance companies

Steps and remarks regarding the preparation of the fieldwork:

- Study the surveys and manuals carefully.
- Discuss with the UNFPA Representative/Programme Officer, which government departments, insurance companies, corporations and national NGOs you should visit. Identify the persons you have to contact in these organisations.
- Note that often several government departments are involved in family planning activities.
- **UPON RECEIPT:**

Once you have a list of which organizations to contact, kindly fill in the upon receipt form and return it to NIDI as soon as possible. This form gives us an indication of which organizations you are planning to contact and the expected submission date of the surveys. You only need to submit one upon receipt, which includes all the organizations which are involved in family planning.

Expenditures

- The questions on family planning expenditures includes the amount of money that has actually been spent/dispensed by an organisation for family planning projects/programmes in the given year. Expenditures made both locally and abroad which benefited local family planning projects/programs or activities should be included. For example, condoms purchased abroad but distributed within your country should be included. Also please consider the value of the in cash and in kind family planning resources used.

Public Sector

- Establish which Ministries provide family planning funding. For example, the Ministry of Health, Ministry of Social Affairs, Ministry of Women's Affairs, etc. Note that *several* government departments could be involved in such activities. In some countries, the Central Statistical Office may have specific information.
- See if commissions and parliamentary committees received any funding for family planning (e.g. for policy, advocacy or monitoring and evaluation).
- Universities or research institutes funded by the government should also receive the government surveys
- In case of a federal state distribute the survey to the most important self-governing states or regions. Ideally, you would want all regional governments to fill in the government survey and provide data on project level – but having information of the most important (e.g. the states with the largest cities in your country) regional governments is satisfactory. If this is not feasible, you should try to collect data from the central body (although it may happen that this data are aggregated and the level of detail will be limited).
- Pay close attention to public sector organizations which are involved in funding family planning activities!

NGOs

- Identify NGOs active in the field of family planning. Those focused on maternal/reproductive health are of particular interest when trying to identify FP organizations.
- You could contact Family Planning Associations or regional organizations working on family planning within the country to find out which NGOs are relevant
- You only need to distribute the NGO folder to the larger NGOs in your country involved in family planning activities
- The NGO survey includes all non-governmental, not-for-profit organisations involved in family planning. Therefore, this survey also applies to research centres not funded by the government, universities, foundations and other national organisations. In question A6 of this survey the respondent can indicate the type of non-governmental organisation e.g. research institute, university, NGO, etc.
- Include universities with relevant departments involved in health/population/family planning research and monitoring and evaluation

Insurance companies

- See the 'Note on Insurance Companies' provided separately

Corporations

- Here we refer to the largest for profit agencies. Please refer initially to those corporations with the potential larger spending on FP. E.g. The private providers of family planning services (sterilization and FP control in major clinics). Pharmacies, which in general are too many to be monitored, then you may want to contact the wholesalers involved in the contraceptive distribution through pharmacies. Finally, you may want to explore to what extent the larger companies in the country are supporting FP services for their employees in the working sites (e.g. free provision of condoms).
- You only need to distribute the NGO folder to those national NGOs that are responsible for more than about one percent of the total funds for family planning activities in your country.
- It is important that **all** major NGOs, insurance companies, corporations and government departments in the field of family planning are included in the study. Coverage should be as complete as possible.

We kindly ask you to photocopy the questionnaires and manuals and to distribute them to those government departments, national NGOs, corporations and insurance companies which are identified by you and UNFPA as potential respondents. If you photocopy and print them please ensure that all sections of the questionnaire are printed fully.

In the past, national data were cleared by the UNFPA country offices. To encourage more serious involvement in the data collection process, and to avoid national data being challenged technically and/or politically, sign off should come from the respective national authorities for population. Therefore, once the completed questionnaires have been returned to you, you should discuss the figures with the national entity/entities responsible for clearing and signing off on the population data. Involve the UNFPA Representative/Programme Officer in the process. Kindly indicate the names of the responsible entities on the 'Upon Receipt'!

3. Communication with the FP project during the process.

The Netherlands Interdisciplinary Demographic Institute (NIDI) will act as the *primary contact* for all questions related to the survey execution.

Please direct all your queries, comments and suggestions to NIDI. Please also send all completed questionnaires and the report of the national consultant to NIDI.

The contact details of NIDI are:

Netherlands Interdisciplinary Demographic Institute (NIDI)

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Researcher/Project leader

or

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4. Execution of the fieldwork

- Distribute the folders to the organizations/departments/entities identified. Try to identify one key person in each organization to work with. Stay in contact with this person.
- Follow-up: after about one week, you should check the progress of each organisation (either visit or contact them by phone). If necessary, assist them in completing the survey. In the case of unavailability of respondents, or failure to co-operate, it is sometimes possible to make an estimate based on other information. For instance, some NGOs produce annual reports, in which a financial overview of the previous year is provided. If you cannot get information, make a note which organisations did not co-operate and if possible, give the reason for their lack of co-operation.

5. Check and completion of the information

☞ After you have received the completed survey from the respondent, it is necessary to carefully check all information to ensure that the respondent did not make errors. Are the surveys:

- **Complete:** was an answer given to each of the questions? Please ensure that key aggregates are filled in/ e.g. in case no data specific for family planning is available, try to obtain the shares of the expenditure devoted to family planning. Cash and in kind resources should be accounted for.
- **Consistent:** is the information always consistent with responses in other parts of the survey? Please verify that aggregates and the components are consistent.
- **Plausible:** are the calculations correct? If applicable: are the exchange rates used valid?

Please pay attention to:

- **Double counting problems:** in some cases a project is reported by different respondents, e.g. a project can be funded by the Ministry of Health and be executed by a national NGO. The project will be counted twice. If you encounter this, please write on the project sheet where the project is reported elsewhere.
- **The distinction between domestic and international sources:** make sure that the financial information on the project/programme sections of the questionnaires pertains to funded by domestic and international sources.
- **The distinction between domestic and international expenditures:** make sure that the financial information on the project/programme section of the surveys pertains to projects/programmes which benefited domestic family planning purposes only. You can include *international* disbursements to FP projects/programmes as long as they had domestic benefits. For example, condoms purchased and paid for abroad but which are distributed within your country can be included.
- **Currencies:** Kindly encourage respondents to fill in the survey in the local currency. In case you have to convert, kindly contact the project staff so that consistency is ensured.

Completion of the missing information:

- **Estimating the family planning components as defined in this survey:** In case of government departments, it may happen that figures about expenditures are available for the health sector as a whole, but not for family planning activities. If you encounter this problem, try to make an estimate -together with the respondent- about what share of the total expenditures goes to these activities, for example, estimate what proportion of staff-time is dedicated to the activities, or costing information, or the share of services devoted to this activity, considering e.g. OPD or IPD totals. Maybe some adjustment is possible if detailed information is available.

If, in your opinion, there are errors in the survey, you should contact the respondent again to ascertain that the information is correct. If you make changes or corrections, always do so in consultation with the respondent. Add a small note to the survey in which you show what changes you have made. Indicate whether the respondent agreed with these changes.

Pay special attention to:

- Project/Programme section on family planning of the NGO, government and corporation surveys
- Only expenses made in 2014 are included for both recurrent expenses and capital investment.
- Only expenses made for the local benefit should be included. For example, a program which bought condoms from abroad but distributed them within the country should be included, but costs related to the purchase of condoms abroad, which are distributed also abroad are not of interest.
- Only expenses for family planning are included. When expenses are part of a bigger project please estimate the amount which was for family planning purposes. If this is not feasible through the share of HRH and you need to discuss the approach on how to do it, please refer to NIDI.

- Make sure that the total amount equals recurrent expenses plus capital investment

| | |
|---|---------|
| D 7. Amount spent/disbursed by your organisation for family planning in this project/programme in 2012: | |
| Total Amount (A+B): | 250,000 |
| Of which: A. Recurrent expenses | 200,000 |
| B. Capital investment | 50,000 |

- Make sure that all percentages add up to 100% where indicated
- Make sure that the totals of the Recurrent Expenses and Capital Investment make sense i.e. the amounts mentioned in the different categories (or sub-categories) add up to the total:

A: Recurrent expenses

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.

Note: further explanation and examples for question D 8.1- D 8.11 can be found in the manual

Expenditure by services

| | | Amount (A): | Percentage: |
|----------------------------|---|----------------|-------------|
| D 8.1 | Internal service staff costs (for direct service provision) | | 50% |
| D 8.1.1 | <i>Of which:</i> Out-Patient Services | | |
| D 8.1.2 | Inpatient Services | | |
| D 8.2 | Outsourcing of services | | 10% |
| D 8.2.1 | <i>Of which:</i> Out-Patient Services | | |
| D 8.2.2 | Inpatient Services | | |
| D 8.3 | Contraceptives, medicine & other consumables (retailed and provided) | | 30% |
| D 8.4 | Information, Education and Communication (IEC) | | |
| D 8.5 | Policy Development and Advocacy | | |
| D 8.6 | Management Information System (MIS) and Health Information System (HIS) | | |
| D 8.7 | Monitoring, Evaluation and Research | | |
| D 8.8 | Capacity building/training (for all categories mentioned ab | | |
| D 8.9 | Program Management Staff costs (non-service delivery) | | 10% |
| D 8.10 | Operational expenditures | | |
| D 8.11 | Other: please specify: _____ | | |
| A: Recurrent Total: | | 200,000 | 100% |

If any of the information is not answered correctly, please refer back to the respondent to solve the issue! Kindly keep the project staff informed on the progress of the surveys. Once all issues are solved and the surveys are completed, you can send the final surveys.

6. Questionnaire for National Consultant

Sections A and B refer to the year **2014**

Section A concerns the National Budget. We would like you to gather general information concerning the national budget for population activities, reproductive health and family planning in your country. In particular we are interested in:

- (a) the ministry or department which is responsible for drawing up the national budget,
- (b) which part of the budget comes from domestic sources,
- (c) which part of the budget comes from international sources.

Section B is interested in the distribution of the different national budgets over the several ministries or departments. Please pay attention to the consistency with the information at the national level: compare the answers of question B2 of the “Government Department” survey with the information you have gathered in the survey for the “National Consultant”, regarding the national budget for family planning activities.

Section C requests information regarding the market price of various contraceptives within your country in relation to the OOPes. Additionally we would like you to provide a short explanation regarding the policies related to subsidies for each contraceptive. These subsidies can be applicable to Governments, NGOs private companies and insurance companies. We are interested in finding out how each of these actors pay for a part or the total cost of the contraceptives on behalf of the household.

Section D requests a breakdown of private sector expenditures for population activities with a percentage for family planning. These can be collected from secondary sources. Kindly provide the amount which was spent on population, how much of this amount was for family planning (in percentages) and from which source you collected this figure e.g. from an annual report, the survey, etc.

Section E requests preliminary estimates for the future expected National Budget for family planning activities for 2015 and 2016.

7. 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 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, includes the value of in cash or in kind uses***

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:

Reproductive health in some countries include FP spending. Development projects/programmes sometimes contain a family planning component. A general 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.

Private sector expenditures:

Private sector expenditures are household out-of-pocket payments, companies' payments for personnel, private health insurance and non-governmental organizations' expenditures for households.

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

Umbrella organisation:

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

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.

Recurrent expenses:

Recurrent expenses are those which 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.*

8. Preparation of the report

Once you have received all of the surveys or when the deadline of the data collection is approaching, please make an evaluation report (of approximately 3-5 pages) specific for family planning which should contain at least the following topics:

- * **Relevant organisations:** an overview of the relevant government departments and national NGOs to which surveys were sent.
- * **Response:** which organisations replied and which ones did not reply. If possible, give the reason for their inability to cooperate.
- * **Quality and coverage:** give an overview of the quality and coverage of the data.
- * **Problems:** give a description of the problems you encountered regarding the data collection.
- * **Private Sector:** if possible, include information on the role of the private sector as it relates to family planning activities in your country.
- * **Relevant publications:** if possible, list three most recent publications on family planning activities in your country.
- * **Suggestions for strengthening the monitoring of family planning activities:** we welcome your ideas or suggestions in order to improve the monitoring of financial flows.

Please be as specific as possible!

The report and surveys should be sent to NIDI for further data processing and validation.

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

9. Categories and examples of population activities

Category:

Examples of projects, programmes and activities:

1. Family planning services:

Examples of category 1:

Direct Service Delivery, Drugs, Supplies and Personnel Costs

- Contraceptive commodities and service delivery

Family Planning Programme and Systems Costs

- Capacity-building for information, education and communication (IEC) regarding family planning and population and development issues
- National capacity-building through support for training
- Infrastructure development and upgrading of facilities
- Policy development and programme evaluation
- Management information systems
- Basic service statistics
- Focused efforts to ensure good quality care, including supervision and assessment
- Advocacy for family planning services

- Family planning projects
- Family planning information systems
- Construction/infrastructure of family planning clinics
- Rent, electricity of family planning clinic
- Soap series on TV about family planning
- Contraceptive procurement, warehousing and distribution
- Family planning training
- Salaries and incentive pay associated with family planning personnel

2. Basic reproductive/maternal health services:

Direct Service Costs, Drugs, Supplies and Equipment

- Information and routine services for prenatal care, normal and safe delivery, post-natal care
- Abortion (as specified in paragraph 8.25 of the ICPD document); management of post-abortion complications

Reproductive/Maternal Health Programme and Systems Costs

- Information, education and communication (IEC) about reproductive health, human sexuality and responsible parenthood, and against harmful practices
- Adequate counselling
- Diagnosis and treatment for reproductive tract infections, as feasible
- Referrals, education and counselling services for pregnancy and delivery complications
- Provision of reproductive health information and services for people in humanitarian situations
- Sexual and reproductive health rights

Examples of category 2:

- Antenatal care
- Basic childbirth care
- Basic newborn care (breastfeeding support)
- Delivery complications care (treatment of eclampsia)
- Emergency obstetric care (post-partum hemorrhage)
- Additional care for at-risk baby (resuscitation, very small baby care)
- Surgical repair of obstetric fistula
- Upgrading maternity wards
- Training of traditional birth attendants
- Refresher course for midwives
- “Safe Motherhood” programmes
- Eradicating female genital mutilation
- Screening/treatment of reproductive cancers, including breast, cervical and other reproductive cancers

3. Basic Research

- National capacity-building through support for demographic as well as programme-related data collection and analysis, research, policy development and training
- Support for population data collection; support to academic and other training institutions for population and development research and analysis and to national population planning units, population councils, and population commissions.

Examples of category 3:

- Demographic and health surveys
- Population census
- Vital registration
- Sending staff to overseas training courses
- Setting up a demography department at a university
- Population research