A new UNFPA–NIDI survey on Resource Tracking

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The UNFPA-NIDI Resource Flows Survey is a tool that tracks detailed family planning expenditures within 130 developing countries and countries in transition. By means of five detailed questionnaires, specifically tailored for each type of organization/person, and additional secondary information, the survey aims firstly to get a complete picture of the total amount of FP expenditures that is spent within the country per year. We will be able to see the amount which has been spent on improving the FP services, the amount which went to each type of services themselves and the amount which went to contraceptives and for which type of contraceptives.

The 2014 survey is now well underway and we are expecting the first results in March 2016.

Family planning was a popular topic in the 1960s, on a par with the rise of the pill and the first contraceptive revolution. This was also the decade that birthed the UNFPA, firmly placing family planning at the centre of the twin ambitions of shaping population growth and women’s individual sexual rights. However, with the HIV epidemic, family planning had been losing priority on the development agenda, and therefore has received decreased funding. Recently, initiatives such as the 2012 London Summit on Family Planning inaugurated a second contraceptive revolution, thereby reasserting the importance of family planning. Now, more than ever, this importance is mediated through a basic human rights, health and empowerment approach. This summit resulted in Family Planning 2020, a global partnership that encouraged donor governments, governments in developing countries, multi-laterals, civil society and the private sector to commit to make extra efforts to ensure that 120 million more women and girls use contraceptives by the year 2020. UNFPA announced that it will ‘help nations ensure that every woman is free to exercise her right to access voluntary family planning’, thereby increasing the proportion of its programme funds for family planning from 25 per cent to 40 per cent (UNFPA, 2012a). It is against this backdrop that the FPS is conducted.

The number and rate of women worldwide dying from complications of pregnancy or childbirth has been halved in 20 years (UNFPA, 2012b). Yet the poorest and most vulnerable people have not fully profited from the past 15 years’ efforts under the MDGs (UN, 2015). The 2014

1 Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.
UNFPA Annual Report (UNFPA, 2014a) notes that today still an estimated 225 million women lack access to quality family planning methods worldwide, every year an estimated 289,000 women die as a direct result of complications during pregnancy or childbirth, and every year over 2 million people become infected with HIV. Advancing family planning remains invariably important, especially to reach those that have until now been excluded through a lack of access to information or services, or insufficient support from their communities.

It was been recognized by the ICPD Programme of Action that good quality FP services are an essential elements of comprehensive SRH services. For UNFPA, FP is therefore an integral part of SRHR. UNFPA’s goal is thus to increase delivery of universal access to FP as a part of the efforts to achieve universal access to SRHR (UNFPA, 2013). Furthermore FP services are frequently combined with RH services, e.g. after miscarriage or abortion a woman may immediately be offered IUD insertion if the pregnancy was not planned.

Benefits of investing in FP

Family planning is a key instrument for improving reproductive health, gender equality and a wide range of population and development strategies. Family planning thus cuts its way across the health, social and economic layers of life. With little control over sexual and reproductive health, many women face not only high maternal and child mortality and the disabling effects of disease, but also lose social and economic agency through unintended pregnancies. Family planning can offer women and families the ability to choose: it allows them to be in control over if, when, where and how their family will take shape. Providing this choice can play an enabling role to women’s empowerment in society.

The benefits of investing in family planning rest –broadly – on a three-pronged approach. The first two are named in the SDGs, where FP has been included under Goal 3 and 5, i.e. ‘ensuring healthy lives and improving wellbeing’, and ‘achieving gender equality and empowering all women and girls’. A third rationale revolves around poverty reduction, sometimes referred to rather as economic development. UNFPA is “working with governments, partners and other UN agencies to directly tackle many of these goals – in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality – and contributes in a variety of ways to achieving many of the rest” (UNFPA, 2015).

Family planning contributes to healthy lives and improved well-being in many ways, direct and indirect. Where pregnancies may be too soon, too late, too close to each other or too many, they can have a negative impact on health and well-being. The number and spacing of children adequately will have a positive impact on both mother and children. Most notably, access to FP reduces maternal and infant morbidity/mortality and the need for (unsafe) abortion; in some cases helps prevent the transmission of HIV and other STI’s, and helps prevent pregnancy-related health risks in women.

An Integrated Approach

An integrated approach to family planning (FP) and sexual and reproductive health (SRH) services has gained momentum over the last years, arguing that SRH and FP services should be connected to each other. Ensuring that when a woman sees a healthcare provider, opportunities for FP care are not lost. FP is to be integrated as part of the menu of resources that a family has at hand along the lifespan.

Social benefits are, among others: the empowerment of individuals, especially women, and families; enhancing education; gender equity; improved economic participation of women (enhancing their positions socially and in their communities); and improved family well-being. The control over timing of pregnancies thus greatly empowers the ability of women to pursue personal development and to set their own terms for building a family. The 2013 Guttmacher publication ‘What Women Already Know’ (Sonfield, 2013) highlights the main reasons American women give for valuing contraceptive use, which include: ‘enabling them to take better care of themselves or their families, support themselves financially, complete their education, keep or get a job’. The ability to make an informed choice on the timing and spacing of pregnancies thus plays a pivotal role to the livelihood strategies people maintain.

This leads to family planning often being stressed as a powerful means for poverty reduction. At the individual-and family level this can transpire through better health and more freedom to invest in one’s own potential and capacity to diversify livelihood strategies. On a broader scale, improved equality and participation of women raises national sustainable prosperity. Such effects illustrate a third incentive for advancing family planning.
It is a sound investment that is eventually cost-effective, for individual consumers all the way up to national governments.

The Guttmacher–UNFPA (2014) report *Adding it up: The costs and benefits of investing in sexual and reproductive health* argues for the direct need of investing in FP. It states, for example, that doubling the amount that is currently invested in family planning would reduce the amount needed to be invested in maternal and newborn care by reducing the need for care for unintended pregnancies, resulting in a net saving (one dollar spent on contraceptive services saves $1.47 in maternal and newborn health care cost). What is invested in family planning now reduces overall national health-care costs.

**Why the need for tracking FP funding?**

“…strengthening of data production and the use of better data in policymaking and monitoring are becoming increasingly recognized as fundamental means for development” (UN, 2015: 10).

There appears to be a shifting focus of FP advocacy groups on reaching those that experience barriers to accessing FP services via the classical health-care channels. Innovative ways are being designed to do so, such as enabling social and family environments to FP and integrating services and social marketing to influence the behavior of target groups. Policy advocacy and awareness of the benefits on FP and how technology can be useful to meet needs of women regarding their age and fertility through the corresponding long- or short-term methods are enriched with research components. Examples of closing knowledge gaps are new ways of how to better approach and inform adolescents on FP resources or enhancing markets of contraceptives and making efficient use of available products. Simultaneously, there is an increased recognition of the need for strong data production to positively impact family planning service delivery worldwide: Data on FP expenditures are required for various purposes, such as evidence on the effective and efficient resource uses on FP, regarding the various potential interventions. i.e. advocacy to reduce the resource gap on FP coverage, and better ways to mobilize resources for FP purposes, in order to reach this development goal. Information required is increasingly detailed: an aggregate may be enough for global monitoring, but national programme officers monitoring interventions require more details. Programme officers are also willing to learn from experiences in other countries. Information can guide them to identify the need for reorienting the allocation of efforts and resources more appropriately to the country situation and available funding.

Tracking FP funds will lead to the ability to “follow the money” and to promote informed allocation and actions. The data gathered by the Family Planning Survey (FPS) is crucial for providing a picture of the resource gap to ensure the fulfilment of promises made at the ICPD (1994), UNGASS (2001) and SDG (2015). The RFS can highlight the need for adjustments by comparing the scale of the problem and with choosing the highest priority actions to receive the corresponding funds: what gets measured gets done.

The Family Planning survey currently aims to monitor resource flows from private and public organizations, and continues to cover governments, NGOs, philanthropies and other development partners, and has recently expanded to cover private corporations, insurance companies, and out of pocket expenditures (OOPE).

**OOPE**

*Out-of-pocket spending includes all categories of health-related expenses paid directly by the household at the time the household receives the health service (Xu et al., 2003). This takes into account notably, co-payments and fee-for-service payments.*

*As some health-care systems rely heavily on OOPEs, there can be a considerable burden placed on household budgets and spending choices. Such financial barriers restrict access to health care to the poorest sections of society and may amplify existing vulnerability. UNFPA reckons that it can be assumed that consumers in developing countries pay more than half of the burden of expenditures on family planning, reproductive health and STI and HIV/AIDS treatment (UNFPA 2014b)*
What is the UNFPA–NIDI Resource Flows Survey on FP?

Organization of the Survey.

The resource flows project survey involves the UNFPA country office supported by a consultant. The consultant, usually a specialist in the field of family planning and reproductive health within their country, receives the tool. He/she is familiar with how family planning is generally funded within the country and knows who are the main actors involved. The consultant receives a questionnaire in which information regarding a summary overview of the national financial and provision systems related FP, RH and population activities. The consultant delivers the specifically tailored surveys to all main actors within the FP field to ensure coverage is as complete as possible.

Besides government organizations who are responsible for FP within the country, the survey is provided to NGOs and philanthropies (non-for-profit institutions), corporations, and insurance companies. Household expenditures are estimated based upon secondary sources. Corporations can include large, private-for-profit organizations who fund family planning programmes as a part of corporate social responsibility programmes. For example the Coca Cola Company works with other public organizations within countries in sub-Saharan Africa to provide amongst others, life-saving medicines and contraceptives in hard-to-reach African communities (Coca Cola, 2014). Additionally, large corporations may provide family planning services to their staff. Health corporations (providers in the for-profit sector) are also approached. A key player in the for-profit sector are insurance companies. Health insurance companies pay partly/all of the medical costs for the insured which reduces the amount of out-of-pocket expenditures on health. While in developing countries the health insurance companies still do not cover all populations, health insurance companies are gaining a bigger role in the financing of health, even in developing countries (Naik et al., 2014). Furthermore it has been recognized that increased health insurance coverage can result in increased family planning uptake (Naik et al., 2014). Therefore while they may not play a big role in family planning expenditures just yet, this could change with the growth of health insurance companies within developing countries and with the recognition of how health insurance benefits family planning. Insurance companies therefore also receive the FP questionnaire. Household expenses on FP are estimated based upon the calculating of out-of-pocket expenditures (OOPE).

The questionnaires

To follow the money we ask governments, NGOs, health insurance and corporations to mention the income they have received for FP and then the expenditures for FP at project level. This way we are able to ensure no double counting occurs. These surveys track FP expenditures in a detailed manner. The detailed questions which are asked allow us to distinguish between program management for FP, FP services and types of contraceptive methods purchased. Programme management costs such as training of staff or monitoring and evaluation are useful to ensure good FP services are provided, while FP services refer to those activities provided to the population: for example, FP information education and communication services for women.

The survey enables us to distinguish between recurrent spending and capital investment for FP. Capital investment for FP refers to goods that are used longer than one year. e.g. computers for FP projects. For all projects, the survey asks if specific age ranges are targeted e.g. 10–19 which are considered an important vulnerable group with regard to FP, since they are often in need of FP services, but excluded due to the fact that they are not married, among other reasons.

OOPE. To gather information on household expenditures, the FPS estimates out-of-pocket expenditures for FP. This is done by gathering national information data sources, complemented through the consultant survey, including among other information, the average prices of the various methods of contraceptives and the subsidy polices related to each type of contraceptive by provider institution (e.g. government, NGOs) within the country. This information, is combined with utilization patterns and users per country to estimate the OOPE.

The consultant to the UNFPA country office plays an important role in this entire process. Besides ensuring the biggest players of FP are captured within the field, he/she in combination with the resource flows team, verifies all
the data, ensures no double counting is present and is responsible for ensuring the data are of good quality. Moreover a consultant provides valuable additional information with regard to financial FP obstacles within the country, where more efforts need to be made amongst others. The UNFPA–NIDI resource flows survey will make all the data collected on FP expenditures within the countries publicly available per country. The survey which is sent out is the same for all countries therefore the data will also be comparable across the countries.

**FP & THE PRIVATE SECTOR**
In most countries, governments are not the unique providers of FP services. If a financial strategy needs to be informed, all FP resources should be tracked to understand the role of all actors in the FP financing system.
The FP survey aims now to reflect the funding profile so as to empower FP programmes to generate feasible resource mobilization strategies when needed.

What the data can be used for

Estimating the Resource Gap. Integrating a total amount of FP spending by country is of global and national interest. It has to be interpreted in relation with the local contraceptive needs of women. The amount has been estimated for the developing world, as per US$9.4 billion needed annually (Singh et al., 2014). This implies an increase of US$ 5.3 billion of current spending in the world. Within each country, the additional amount needed for FP (funding gap) is different, therefore the profile of the gap can be estimated by county to guide resource mobilization and financial architecture design.
The survey will show also which actors contribute the most to the FP funding within a country. This information is critical to determine whether countries have a sustainable funding or they rely on external funding and require to search for alternative paths of funding. Some countries have a large share of family planning expenditure coming from NGOs, which frequently transfer resources from development partners, while in others, FP programmes are mostly funded through national government sources. In many countries contributions from external sources are strategic to promote these programmes regardless of their absolute amount. Especially in sub-Saharan Africa, donors such as USAID still contribute largely to family planning. Efforts to ensure women have access to family planning need to come from both the donor organizations and national governments.

There is increasing interest in households as a source of financing for family planning. Developing countries have been known to have the higher shares of household spending on health care (WHO, 2015). It is critical to find out whether this is also the case for family planning and how to reduce such a burden to facilitate the universal access to FP. In the FPS complementary work is ongoing to estimate the amount of FP out-of-pocket expenditures within the different countries. This information will give insight into the burden that is placed upon households when it comes to family planning, and to what extent this can be one of the barriers to be reduced to facilitate access within a country. An example is the better understanding the institutional environment of health insurance coverage of FP needs, involving prepayment for a comprehensive FP service.

FP programmes also facilitate access to intervening wider social environments. This is the case with promoting the appropriate laws to facilitate FP access, which implies the use of resources on policy advocacy. To ensure that women are able to decide when they have their children is not just an issue of increasing the amounts of contraceptives made available. The
effectiveness of the programmes increases facilitating and promoting environments in which couples know that they have access to contraceptives and can use them. In addition to being able to acquire/purchase contraceptives, women need to be informed. For example, a substantial IEC component on the choices and the appropriate way of using the methods is necessary for a good-quality family planning programme (Bongaarts, 2014). While relevant for all ages, providing information is especially important for vulnerable groups, such as adolescents and youth. Various strategies to approach vulnerable groups have received research resources. Therefore while it is necessary to ensure enough is being spent on family planning, it is also vital to ensure funds are being spent effectively. Further detailed tracking of resource use will give insight into the potential effectiveness of family planning programmes in a country and possible ways to improve their resource use considering specific settings. Effective family planning programmes therefore require various components.

Information on the types of FP activities that are being implemented within a country as presented above can be useful for policy makers and governments to show to what extent the correct FP policies are being implemented. For example, expenditures on Information systems for FP are critical to ensure the management of the efforts on the quality and type of interventions as well as the coverage of the priority beneficiaries.

Besides knowing how much is spent on contraceptives it is also important to know what types of contraceptives are being purchased. The contraceptive needs differ per woman and are dependent upon her age, her medical history and preferences and sometimes her culture. Therefore, while long-acting reversible contraceptives (LARS) may appear to be cost-effective, it remains important to ensure that women are able to choose from a variety of contraceptives. The contraceptive expenditure breakdown within a country gives insight into which types of contraceptive are mainly funded and whether the most effective contraceptives are being covered, and accepted. For example despite the effectiveness of long acting and permanent contraceptive methods, the use of these methods has been lagging behind in many sub-Saharan African countries (Ngo et al., 2013). Different reasons can be attributed to this, some of which include lack of supportive policy environment but also cultural norms and beliefs (USAID, 2010). The Family Planning survey will give insight into where efforts need to be made to ensure that more cost effective methods of family planning can be used through policies but also IEC programme-funded efforts.

**Challenges experienced and looking forward**

The first time the survey was conducted was in 2013. Despite efforts to make the survey as smooth as possible various challenges were encountered.

Some challenges were unavoidable which include in country crises which resulted in insufficient time to complete the survey adequately. However there were other obstacles encountered, which we are aiming at reducing in the coming survey.

The most frequent challenge reported by the consultants was the lack of detailed information, as required by the survey. In consequence, the second most relevant problem faced was the difficulty in estimating family planning expenditures out of broader reproductive and/or maternal health programmes.

Good data are necessary to ensure they can be used for policy making decisions. While at the moment financing
mechanisms within countries may not be fully developed to track these expenditures, estimation methods based upon utilization of services or the amount of time spent on FP services by the personnel, for example, are a possible solution to estimate how much is spent on FP. Additionally, the survey appears to be an incentive for organizations to track their expenditures more effectively.

Since the private sector (NGOs, insurance companies, for-profit corporations and households) was comprehensively approached for the first time in 2013, a major achievement has been to understand the full nature of the field in order to reach representativeness of the major expenditure components. Responses were relatively scarce. Nevertheless, as the survey will be implemented on an annual basis, this gives the private sector the opportunity to get familiar with the surveys and anticipate on them.

One of the most inconvenient challenges mentioned by the consultants was the lack of cooperation from certain organizations approached. If governments and NGOs who have large FP programmes do not respond to the survey, the FP funds flowing within the country will be highly underestimated. As noted above, good data are necessary to ensure they can be used for policy making decisions.

When first results can be expected

The 2014 survey is now well underway and we are expecting the first results in March 2016. The resource flows project continues to aim to collect high quality data on family planning expenditures. We expect to contribute to planning, policy and ensuring that women within developing countries are able to access and effectively use family planning services to choose when they have their children and how many children they have.

References


