

The Eleven-Step Guide to Ensuring Public-Sector Contraceptive Financing and Expenditure

Introduction – Ensuring Reproductive Health Commodity Security

Reproductive health commodity security (RHCS) occurs when men and women are able to choose, obtain and use the contraceptives and other reproductive health supplies when they need them. The Strategic Pathway to Reproductive Health Commodity Security (SPARCHS) tool developed by the Reproductive Health Supplies Coalition and other technical agencies identified six elements that countries need to achieve RHCS, namely: the in-country context, commitment from government and stakeholders, commodities, capital, coordination and client services.

Demonstrations of a country's commitment to ensuring access to family planning information, services and supplies include ensuring that contraceptives are included on the Essential Medicines List and that a budget line for procurement of contraceptives is established. Although many countries have included the full range of contraceptives on their Essential Medicine List and established budget lines for contraceptives, RHCS is far from assured. More accurate tracking of public-sector contraceptive financing and expenditure is needed to respond to emerging concerns: commitments are not translating into disbursements; disbursements are not translating into actual procurements on time; funds are being returned to the treasury; and women and couples do not have access to the contraceptives they want and need.

Possible responses include:

- 1 Streamlining and shortening procurement mechanisms and concurrently revising public procurement and disposal authority regulations/policies.
- 2 Improving understanding of the range and weighting of government disbursement (Funds release from the treasury) mechanisms which differ by country:
 - A Disbursement of funds from the Treasury direct to the central medical stores for procurement of the contraceptive supplies;
 - B Disbursement of funds directly from the Treasury to the Ministry of Health and from the Ministry of Health to the Central Medical Stores for onward procurement;
 - C Pooled donor funds in a common “basket” that allows for procurement of contraceptives.



- 3 Ring-fencing, or protecting family planning budget allocations so that they are not diverted to other priorities that arise

Aim of the Guide

Lessons learnt from practical experience tracking contraceptives financing in Uganda and Tanzania were synthesized to develop this guide which may be applicable to other countries in Sub-Saharan Africa. The 11-step guide is a ‘living document’ which may be further refined in-country on a case-by-case basis, but sets out practical steps for policymakers, civil society and other stakeholders to ensure that sufficient funds exist and are spent effectively to ensure RHCS and identifies bottlenecks in the budgeting, procurement, and distribution process, and suggests how to overcome them and ensure that the procurement goes through. Its main aim is to hold governments accountable for utilizing all the allocated funds for procurement of contraceptives and aid in advocacy for increased allocations.

Objectives of the Guide

- Enable civil society organizations (CSOs) to be able to critically assess the release and utilization of public funds meant for procurement of contraceptives.
- Equip CSOs with the necessary skills to navigate government systems and help resolve, troubleshoot the problems within government and locate the barriers to utilization of the funds allocated for procurement of contraceptives.
- Act as a reference guide for bilateral and multilateral agencies interested in contraceptive funding by governments and avenues for tracking allocations and expenditures,

Who Will Use this Guide?

The guide is intended to provide a simple roadmap for anyone involved in advocacy for increased allocation and better utilization of national and subnational government funds for procurement of contraceptives. The guide is organized to develop a quick snapshot of the current situation, to draw on easy-to-access data, and to enable effective communication of results to improve budget transparency and hold policymakers accountable.

HOW TO TRACK CONTRACEPTIVE FINANCING

STEP 1

Determine the amount of financing required to satisfy contraceptive demand for the country.

SOURCE: Government national contraceptive forecasting and quantification report and the Contraceptive Procurement Tables (CPTs) issued annually.

The contraceptive forecasting and quantification process usually takes place once a year. In many countries, the USAID/JSI DELIVER project provides technical assistance and results are shared with the relevant multi-stakeholder coordination fora (that comprises of Ministry of health, development partners, NGOs and technical agencies) e.g. the contraceptive security committee or the family planning task force or Family planning working group. The contraceptive forecasting and quantification report provides:

- Total quantities of contraceptive methods required for the next 12 months;
- Total financial investment required to procure the specified quantities of contraceptives;
- An annual month-by-month procurement and shipping schedule to ensure that there is sufficient stock levels at all times at the national level.



Access to the forecasting and quantification report or Contraceptive Procurement Tables (CPTs) differs from country to country. Within the Ministry of Health, access points include the departments of maternal and child health, reproductive health, family health and the Ministry's family planning section. The report may also be available from the country offices of USAID, the United Nations Population Fund (UNFPA) or the DELIVER Project offices or Website.

STEP 2

Determine government and donor commitments:

SOURCE: The most recent supply plan developed by the contraceptive security committee or the Contraceptive Procurement Tables (CPTs).

The RHCS or contraceptive security committee annually discusses and agrees upon the methodology used to calculate the contraceptive requirements and quantities needed. Donors and the government Ministries of Health then commit to what each will contribute. USAID normally contributes in the form of actual commodities. Depending on the country policy, UNFPA puts funds in the basket or procures contraceptive commodities

directly. Other donors may also put funds into the pooled basket funds which are controlled by the Government Treasury. The supply plan includes information from the forecasting and quantification report on the quantity and method mix of contraceptives that are needed, and government and donor commitments.

The supply plan can be accessed from the Ministry of Health department concerned with family planning, USAID or UNFPA country office or members of the contraceptive security committee.

STEP 3

Determine the type and quantity of contraceptive methods that have been procured.

SOURCE: The RHInterchange, DELIVER website and the in-country supply plan update by the Contraceptive commodity security committee or the Reproductive Health commodity Security committee.

RHInterchange is a web portal that tracks all orders and shipments of contraceptives to countries for the social marketing and public sector. The orders and shipments of contraceptives procured by the public sector can be accessed from the central medical stores/national medical stores or any procurement agency of the government.

STEP 4

Track Donor Commitments.

SOURCE: The RH interchange and the in-country offices of the different donors (e.g. UNFPA, USAID and DFID). On this portal advocates can track the total value of contraceptives procured, quantities procured and commodity shipment history

STEP 5

Track Government commitments

SOURCE: Budget white papers and Budget statements by the Ministry of Health and/or Finance.

It is important to obtain official confirmation of the government commitment and as soon as possible after the budget is final. If the budget line for contraceptive supplies is missing from the ministerial statement or the budget white paper, it implies that no funds were allocated for procurement of contraceptives. Based on the figures obtained from the ministerial statement/budget white paper, confirm the figures with the RH department/ Directorate/ FP Unit/Pharmacy Unit

STEP 6

Confirm the disbursement mechanism (annual or quarterly)

SOURCE: Technical experts within the Ministry of Health.

The majority of countries disburse funds on a quarterly basis but some opt to release a block amount for procurement at the beginning of a financial year. It is important that you get to know the disbursement schedule and mechanism. This will enable follow-up with the technical people at the Ministry of Health at the appropriate time. Note that the technical staffs within the Ministry of Health are already monitoring whether funds have been released or not in response to queries from the Treasury. This information is often not provided in written form and is the result of ongoing discussions and relationship building with Ministry personnel.

STEP 7

Determine the requisition process (who generates the request)

SOURCE: Technical experts within the Ministry of Health.

Information on the process of requisitioning funds helps to identify sources of delays and other obstacles to releasing funds and inform the various technical people of the need to requisition supplies in the right amount at the right time. Interacting with the contraceptive security committee and individually with the official responsible is critical to ensuring that adequate supplies move through the system on schedule and in response to needs.



STEP 8

Coordinate and actively follow up the paper work

This is a vital step that will lead to success or failure of tracking efforts. Equipped with the disbursement procedure and the requisition process, active follow-up with the concerned officers/department/offices in the government through the contraceptive security committee or the chairman of the committee is essential. To effectively monitor the budget and expenditures it is often most expedient to work with technical experts in the Ministry of Health to keep up to date on how the requisition process is proceeding. This will help you anticipate when the releases will be made and in case of obstacles, how to mitigate them quickly.

STEP 9

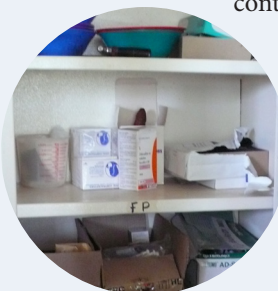
Coordinate with the contraceptive security committee, procurement agency and medical stores to ensure the procurement process commences.

This requires relationship-building with appropriate officials and ongoing communication with authorities, public and private service providers, donors and civil society. It is critical to convene stakeholders on a regular basis to ascertain whether and what action by the government is needed.

STEP 10

Follow up on the contract delivery dates

Again, working with contacts within the Ministry and public and private service providers, ascertain the delivery schedule and confirm that it has been met to verify that the contraceptives are delivered.



STEP 11

Write a contraceptive financing status report

The report should include information on all aspects of tracking presented above with an overview of the state of the system and recommendations. At a minimum the report should include the total value of commodities required, the total commitments made, the funding gap, and total value of commodities procured and delivered by the different stakeholders. Separately, to increase the possibility of affecting the process, it is important to develop very specific requests to policymakers (including CSOs, donors and Government officials) that follow the SMART approach—they are specific, measurable, achievable, realistic and time-bound.

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Acknowledgement

This is to acknowledge the technical input into the inception, development and finalization of this document by Wendy Turnbull at Population Action International (PAI) and Beth Fredrick at Advance Family planning (AFP). Many thanks go to the team at PAI that formatted and developed the layout of the document.