



CIVIL SOCIETY DRIVING INNOVATION FOR SUSTAINED GOVERNMENT INVESTMENT IN FAMILY PLANNING: THE COMMON FRAMEWORK

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1. CURRENT STATE OF GOVERNMENT INVESTMENT IN FAMILY PLANNING

In recent years, there have been great successes toward increasing government funds for family planning—however, considerable work remains. For example, important initiatives such as FP2020, the Ouagadougou Partnership and the Global Financing Facility have mobilized government commitments to fund family planning programs. Advocacy has ensured that these commitments are implemented through budgetary allocations, but due to challenges with monitoring real-time government spending, there has been little progress in tracking whether such allocations are spent.

Donors play an important role with family planning funding in aid-dependent countries, which undermines the governments’ incentive to take a leadership role in meeting funding needs and spend their own resources on family planning programs. Government ownership has lagged in many sub-Saharan African countries, as evidenced by the small share of government investment as a percentage of the total support needed to ensure quality family planning programs. Lastly, there is no commonly accepted approach to measuring and tracking government spending on family planning. Lack of such a standard inhibits comparing government investments across countries, and—depending on population size, economic power and other factors—benchmarking acceptable levels of government spending.

Sustained government ownership of family planning programs is urgently needed. Government investment in family planning is essential to building

a country’s resilience to the current volatile global funding landscape. Countries are facing harmful policy restrictions on U.S. funds for global health, declining U.S. funding for international family planning, stagnating support for family planning from other bilateral donors and diminishing resources for UNFPA, all of which threaten equitable access to quality family planning.^{1,2,3}

2. CIVIL SOCIETY INNOVATION FOR DOMESTIC RESOURCE MOBILIZATION

Civil society plays an important role in building sustained domestic resource mobilization. In July 2017, PAI and Advance Family Planning convened family planning budget advocacy experts from Kenya, Malawi, Nigeria, Tanzania, Uganda and Zambia to operationalize a common framework for tracking government expenditures on family planning.⁴ Participants also explored adapting the framework for a subnational context. The long-term goal of this work is to ensure that governments are accountable for providing family planning services, by allocating and spending the majority of funding required for commodities and service provision.

The outcomes of the meeting include:

1. A refined common framework for tracking government spending;
2. A prioritized set of indicators to be tracked across countries. This set includes some indicators that can be tracked in real-time to influence budget and expenditure decisions, and others that can populate an annual score-card to build sustained high-level support;

3. An agreed upon package of family planning interventions that are expressed across national budgets;
4. An increased capacity of participants to map out budget items that correspond to the indicators;
5. A deeper understanding among participants of how to collect data on government spending on family planning.

dimension on transparency, which is necessary to measure access to information for monitoring and accountability purposes. The anticipated outcome of common framework use is increased government ownership, measured as a rising share of government spending on family planning as a percentage of total funding needed over time (See Box 1. See Annex 2 for more details on each indicator).

All of these indicators will be tracked for contraceptives alone, as well as the full package of family planning services defined by the World Health Organization. While it would be simple to focus on government expenditures for contraceptives (which are relatively easy to track), this approach would overlook important aspects of family planning programs, such as training of service providers and behavior change communications materials. However, collecting data on all aspects of family planning programs will be a challenge because it requires that budget advocacy experts identify every single budget item that reflects funding for family planning (see Annex 3 for a full list of budget items that will be tracked along each of the dimensions of the Common Framework in Box 1).

2.1 THE COMMON FRAMEWORK FOR MEASURING GOVERNMENT SPENDING ON FAMILY PLANNING

The updated framework developed at the meeting is a set of shared indicators that family planning advocates—as well as champions and technical agencies—can use to monitor government spending on family planning in a comparable way across different geographies (see Box 1). The framework includes ten essential indicators organized under four types of information in the planning and budget cycle: funding need, allocation, disbursement and expenditure. The framework also includes a

BOX 1: THE COMMON FRAMEWORK (UPDATED)

Key:
 * Indicates an indicator that is intended for real-time tracking, within the budget cycle and may be based on unofficial sources of data.
 ^ Denotes an indicator for the scorecard, which will be produced once a year based on official/public data.

FUNDING NEED	1. Amount of funding needed to achieve family planning goals in a given year, as understood by the government
ALLOCATION	2. Government allocation for family planning as a percentage of total funding needed per year*. [^] 3. Family planning budget allocation as a percentage of the (capital or development) health budget*. [^] <i>[Priority]</i>
DISBURSEMENT	4. Funding disbursed to date as a percentage of funding allocated for family planning* 5. Percentage of the family planning budget disbursed as scheduled [^] <i>[Quality of spending]</i>
EXPENDITURE	6. Actual spending as a percentage of the budget allocation for family planning [^] <i>[Budget execution]</i> 7. Funding spent as a percentage of funds disbursed* <i>[Absorption]</i> 8. Annual government spending on family planning per capita (per modern method user for contraceptive spending) [^] <i>[Adequacy]</i>
OUTCOME	9. Government spending on family planning as a percentage of total funding needed in a given year [^] <i>[Government ownership]</i>
TRANSPARENCY	10. Allocation and expenditure information on each family planning budget item that is publicly available, including level of detail and timeliness of information [^]

3. NEXT STEPS: REAL-TIME TRACKING AND A SCORECARD

Following the meeting, civil society budget advocacy organizations from Malawi, Tanzania, Uganda and Zambia will use the next year to test the common framework at the national level. They identified two different tools necessary for data collection and presentation to support government engagement in sustaining funding for family planning. Based on these identified needs, PAI will collaborate with other leaders in the field over the next year to build the following:

- **A dashboard for real-time budget tracking and advocacy:** Advocates will use the dashboard to input useful indicators for real-time budget tracking to ensure progress within a given fiscal year. Data collection will make advocates aware of any bottle-necks in the budget execution process—informing their strategies within the current financial year, when there are opportunities to work with governments and make necessary course-corrections. The dashboard is not envisioned to be a product, but rather a database to inform advocacy. Since some of the data will be preliminary and unofficial, access to the dashboard will likely be restricted to users.
- **A cross-country scorecard for sustained political support:** Official budget data collected through real-time tracking will be used to populate an annual scorecard to capture financial-year data on government investment. This type of data can be used for building nation-to-nation peer pressure and inspiring high-level political support during any point of the budget and planning cycle. Advocates working in national and regional settings can use the scorecard to engage their governments, learn from neighboring countries and ideally stimulate competition by identifying areas for growth. The scorecard can also be useful in regional settings like at the African Union Ministers of Health meetings, where increased access to high-level officials can build relationships and open up future opportunities.

The scorecard's transparency measure can also inspire conversations about increasing access to information that is timely and sufficiently disaggregated. Allies in government agencies may support expanding access to information when they see that it is being used to advocate for increased funding in their departments, rather than to blame and shame. In fact, the International Planned Parenthood Foundation-Western Hemisphere Region found that the simple act

of requesting information can increase access to data in the subsequent budget cycle.⁵ Similarly, participants may decide to measure government responsiveness to real-time tracking in the annual scorecard—inspiring progress over time.

To test the scorecard approach at the subnational level, civil society organizations (CSOs) from Kenya will refine the indicators and develop materials for county-level advocacy and accountability use. Nigerian advocates are exploring how this approach could be adapted for their context. The group is planning to reconvene next year in order to assess challenges and successes, and ultimately refine the approach.

Tracking government expenditures for family planning will support overall monitoring of government commitments toward FP2020 and Global Financing Facility Investment Cases. The common framework can also be adapted and used outside of the civil society advocacy community; for example, the common framework could monitor government action on commitments made to The Challenge Initiative, which will match the funds of cities that contribute their own resources for family planning. In the absence of expenditure tracking, commitments and allocations are merely numbers and words on paper.

4. OVERCOMING CHALLENGES AND PUSHING BOUNDARIES

While partners achieved consensus on how the data would be tracked, developing a shared budget accountability framework has its own complexities and challenges. These challenges include accessing data and ensuring the approach takes account of the unique environment of each country.

4.1 PUSHING THE LIMITS OF FAMILY PLANNING EXPENDITURE TRACKING

Access to accurate and timely family planning expenditure data continues to obstruct budget tracking in most countries. Advocates recognize the importance of using official expenditure documents for accuracy and legitimacy. To be useful for advocates, expenditure data must be published while there is still time to influence government action within the current budget year. However, most governments do not produce and publish quarterly expenditure reports that are sufficiently disaggregated to include every budget item related to a family planning program. This data typically comes one or two years after the fiscal year closes, with the report of the supreme audit agency. Therefore, it is too late to influence budget allocation

or even execution based on recent experience. More effort is needed to encourage governments to publish disaggregated quarterly expenditure reports that are released in a timely manner.

To overcome challenges with access to timely expenditure data, the Kampala-based Samasha Medical Foundation has developed an alternative approach to approximate government expenditures on family planning in the current financial year. This approach includes the following steps:

1. Request and obtain the approved, costed workplan of the Department of Reproductive Health (DRH)—or equivalent—at the beginning of the fiscal year;
2. Match these activities to the approved budget items identified for family planning;
3. Identify the activities that were intended to be executed in the first quarter of the year;
4. Return to the DRH focal point at the end of the first quarter to ask if the planned activities were executed. Request the corresponding activity report as verification. On the workplan or a tracking sheet, mark this activity as completed and assume that the funds were 100 percent spent;
5. Repeat the fourth step at the end of each quarter;
6. Tally the activities that correspond to each relevant budget item at the end of the fiscal year. This is the approximate spending on that budget item. The total cost of activities in the workplan must tally with the approved budget, such that the total of the workplan is the aggregation of the activity costs.

This approach is not perfect, but it is the most credible and timely alternative to official data. In this approach, the person tracking the budget assumes that the government spent all of the funds budgeted for an activity, even if they have not. For example, budget funds are marked as spent for an in-service training intended for 50 nurses, even when only 30 may have been trained. Making assumptions about the proportions of spending can create room for error and undermine the integrity of the collected expenditure data, negating the purpose. Government auditors are better positioned for accounting of actual expenditures, not civil society. To confirm the accuracy of this approach, more work is needed to compare the data collected with the results of the released auditor generals' reports.

4.2 COMPARING APPLES TO APPLES

The unique budget processes in each country present challenges to creating a common methodology for a regional scorecard. Zambia's fiscal year follows the calendar year, whereas Tanzania, Uganda, Malawi and Kenya end their fiscal year on June 30. To ensure comparability, standardized data will be critical to contrast spending across the same time periods.

Common framework indicators must be designed with standardized data in a way that reflects each country's unique circumstances. For example, simply comparing funding allocations or expenditures across countries is not meaningful—but using “funding need” as the basis against which to measure allocations and expenditures creates a common benchmark. The indicator of government allocation for family planning as a percentage of total funding needed per year produces a percentage that is meaningfully comparable across countries. Similarly, population size varies widely by country. The indicator of government spend per capita in the latest budget year standardizes government spending, so the figures are comparable.

In the future, it will be important to account for rising national incomes as well as to integrate measures that analyze spending on family planning based on a country's ability to mobilize funds. Measuring government capacity to pay for family planning is particularly important when comparing a lower-middle-income country like Kenya with a low-income country like Malawi.⁶

4.3 ACCOUNTING FOR DECENTRALIZATION

Participants repeatedly emphasized the importance of tracking expenditures at the subnational level for a variety of reasons. Disbursements from national to subnational level may be reflected as “spent” on the national books, but spending does not actually occur until funding is translated into a good or service by a subnational government entity. National budget accountability efforts must be linked with subnational budget tracking for verification that funds were eventually spent as intended. An example from Latin America shared by IPPF-WHR highlighted this point: federal funding intended for youth-friendly sexual and reproductive health services had been disbursed to a state government for many years, but the state government was unaware of the funds in their account. At the end of the year, the unspent funds were being transferred back to a pooled general fund in the national treasury, which resulted in a loss of potential funds for youth-friendly services. Tracking funding from national to state level revealed this unused funding, which the state government subsequently utilized for its intended purpose.

Resource tracking will only be useful in districts or counties where local governments appreciate the importance of allocating resources to family planning. In decentralized countries like Kenya, subnational government requests for funding determine national allocations to a county. Locally-generated resources can also be allocated to family planning. Therefore, it is important to engage directly with subnational government bodies to effect funding decisions. In other contexts such as Malawi, decentralization of government funding decisions is incomplete, and some district governments have not had the same level of sensitization by champions to help them appreciate the importance of family planning programs.

Depending on where a country is in its devolution process, subnational data collection on disbursements and expenditures can become more challenging. Many countries are in the earlier stages of setting up the subnational financial tracking systems that would allow advocates to validate activities in the operational plans. In this case, advocates at the subnational level may rely more on informal data that cannot be validated with official sources. Reliance on unofficial data can lead to inconsistent expenditure figures, which undermines the validity of the advocacy organization's efforts.

4.4 BUILDING BRIDGES ACROSS REGIONS

This meeting provided an opportunity for CSOs from East Africa to hear experiences and learn from colleagues doing similar work outside of the region. An impromptu session organized by the two participants working to promote access to family planning in West Africa illustrated common challenges, but also enormous differences in CSO capacity, the state of budget advocacy, transparency and accountability between regions in Africa. Participants were able to build on previous IPPF-WHR work by identifying where the package of family planning program costs—defined by the World Health Organization—is expressed in budget items (see Annex 3). This regional sharing allowed advocates to ask questions, provide suggestions, and identify tested strategies and tactics for budget advocacy. As a next step, we will continue to create spaces for regional sharing and learning to advance the field.

5. THE NEXT FRONTIERS

The meeting identified the boundaries of the field of CSO budget tracking for family planning, namely in tracking implementation of costed workplans to approximate expenditures. A new round of financial commitments by governments at the 2017 London Summit on Family Planning has renewed emphasis on the need to track expenditures. Interested participants—including the World Health Organization System of Health Accounts, the Open Government Partnership, Track20 and BOOST—are exploring synergies with broader efforts to capture government expenditures and broader public financial management reforms. In the absence of timely official government data on expenditures, one of these efforts may be useful for annual expenditure tracking for family planning.

The prioritization of indicators during this meeting was the first step in the operationalization of the common framework. The next step will provide advocates and governments with a tool to understand how well a country is allocating and spending family planning resources. For advocates, the methodology can help to answer important questions regarding how to use budget data and provide a clear process for information collection.



ENDNOTES

- 1 PAI. (September 2017). What You Need to Know About the Protecting Life in Global Health Assistance Restrictions on U.S. Global Health Assistance. Retrieved from: <http://trumpglobalgagrule.pai.org/understanding-the-policy/>
- 2 Wexler, A. and J. Kates. (December 2017). Donor Government Funding for Family Planning in 2016. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/global-health-policy/report/donor-government-funding-for-family-planning-in-2016/>
- 3 PAI. (September 2017). The Fix is In-Shaheen Amendment Counters Anti-Family Planning House Bill. Washington Memo. Retrieved from: <https://pai.org/newsletters/overkill-house-committee-votes-ratify-trump-attacks-international-family-planning/>
- 4 For the previous meeting report, see Couture, T. and S. Dennis. (July 2016). Towards A Common Framework for Measuring Government Spending on Family Planning. PAI. Retrieved from: <https://pai.org/reports/towards-common-framework-measuring-government-spending-family-planning/>
- 5 Malajovich, L. (2012). Budget Transparency and Reproductive Health: Our Experience in Five Latin American Countries. International Planned Parenthood Federation Western Hemisphere Region. Retrieved from: <https://www.ippfwhr.org/en/publications/budget-transparency-and-reproductive-health-our-experience-in-five-latin-american>
- 6 World Bank. (ND). World Bank Country and Lending Groups. Retrieved from: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

ANNEX 1. LIST OF PARTICIPANTS

PARTICIPANT	COUNTRY	ORGANIZATION
Celestin Compaore	Burkina Faso	SOS/Jeunesse et Defis
Lucia Chebett	Kenya	DSW Kenya
Peter Ngure	Kenya	DSW Kenya
Eve Odete	Kenya	JHPIEGO
Dezio Macheso	Malawi	HP+/Palladium
Pierre Dindi	Malawi	HP+/Palladium
Abigail Dzimadzi	Malawi	Malawi Network of AIDS Service Organisations
Wezi Mojo	Malawi	Malawi Network of AIDS Service Organisations
Wahab Amadou	Niger	Independent Consultant
Aminu Magashi	Nigeria	Africa Health Budget Network
Yusuf T. Nuhu	Nigeria	Africa Health Budget Network
Farouk Jega	Nigeria	Pathfinder Nigeria
Habeeb Salami Adetunji	Nigeria	Pathfinder Nigeria
James Mlali	Tanzania	Center for Communication Program Tanzania
Abubakar Msemu	Tanzania	Tanzania Communication and Development Center
Nazir Yusuph	Tanzania	Tanzania Communication and Development Center
Achilles Kiwanuka	Uganda	Partners in Population and Development-Africa Regional Office
Richard Mugenyi	Uganda	Reproductive Health Uganda
Moses Muwonge	Uganda	Samasha Medical Foundation
Linh Nguyen	USA	Advance Family Planning
Maria Hernandez	USA	PAI
Suzanna Dennis	USA	PAI
Taryn Couture	USA	PAI
Wendy Turnbull	USA	PAI
Kate Cho	USA	The Challenge Initiative
Amos Mwale	Zambia	Centre for Reproductive Health and Education
Christopher Mlelemba	Zambia	Centre for Reproductive Health and Education
Brian Kayongo	Zambia	Marie Stopes Zambia

ANNEX 2. FRAMEWORK FOR BUDGET TRACKING AND ACCOUNTABILITY SCORECARD

PURPOSE

The budget accountability framework was developed to create a common methodology for collecting government allocations and expenditures on family planning over time—both within and across countries. This tool provides guidance on how to operationalize the indicators in the Common Framework, as well as what data to use and where to find the data.

Each of the areas outlined below moves through the planning and budget cycle:

- Funding need
- Need
- Disbursement
- Expenditure
- Outcome

GUIDANCE

Each of the budget areas listed below is organized around the two different data collection tools: the real-time tracking dashboard and the scorecard. For each, we identified two sets of budget items. First, family planning program costs, which includes social and behavior change communication, staff training, family planning counseling and contraceptives. Second, family planning commodities (i.e. contraceptives and insertion kits).

Each includes the following information which can support data collection:

- Indicator – The indicator to be tracked or measured.
- Formula – The data needed, and how to calculate the indicator.
- Data sources – A description of where to locate the data for an indicator. In many countries, the ideal data source is not available. Therefore, the data sources are listed by order of priority, beginning with the best.
- Contact – The person or persons who may be to provide the data.

Collected data will be reported in local currency and converted to US dollars for comparison. For a constant exchange rate, the average yearly exchange rate of each local currency central bank rate should be used.

When collecting data for each of the indicators, it is important to be clear whether the information is public. If the data is not public, advocates should ask the source of the information:

1. When the data will be made public; and
2. Whether the advocate can publish the data.

Confidential information can be useful to inform advocacy within the budget year, but should not be used for the final scorecard.

Only official budget data will be used for the scorecard—meaning it operates with published and finalized government budget data. When collecting data for the real-time tracking dashboard, data can be extrapolated from other sources, but that will need to be made clear when documenting the data. In cases where the data was not official, advocates should cross-reference final budget numbers with their data.

When documenting the data in both the dashboard and the scorecard, advocates should specify when information was accessed.

FUNDING NEED: Amount of resources needed to achieve family planning (FP) goals

	Indicator	Formula	Data Input (sources)	Contact
REAL-TIME TRACKING	Family Planning	N/A	Need: family planning costed implementation plan costing tool	Publicly available; reproductive health or FP focal person
			OR	
			Need: health sector strategic plan	Publicly available
			OR RMNCAH Investment Case	
Family Planning Commodities	N/A		Commodities need: family planning costed implementation plan	Publicly available; reproductive health or FP focal person
			OR RMNCAH investment case	
			Commodities need: contraceptive forecasting and quantification report	Contraceptive security committee, maternal health working group, reproductive health commodity security working group, or medicines management working group
			OR RMNCAH forecast and quantification reports	
			OR contraceptive supply plan	
SCORECARD	Same as above			

ALLOCATION: Government's capital/development budget allotted for family planning (FP) budget items within a financial year

REAL-TIME TRACKING	Indicator	Formula	Data Input (sources)	Contact		
	REAL-TIME TRACKING	Government allocation for FP as a percentage of total funding needed	$(\Sigma \text{ allocations for FP budget items} / \text{total FP need}) * 100$	Allocation: FP budget items from approved Ministry of Health (MOH) budget usually ministerial policy statements for health sector OR	Reproductive health or FP focal person	
Allocation: budget framework paper or program based budget—health/program/activity vote OR				Ministry of Finance (MOF) health desk or health focal person in planning or policy division. Confirm with reproductive health or FP focal person		
Allocation: approved MOH work plan; family planning specific activities				Reproductive health or FP focal person		
Need: see funding need section above						
$(\text{FP commodities allocation/commitment/Need for FP commodities}) * 100$				Commodities allocation: FP line item from approved MOH budget OR	Reproductive health or FP focal person	
				Commodities allocation or commitment: Contraceptive procurement tables or supply plans	MOH contraceptive security committee	
				Commodities need: See need section		
Family planning budget allocation as a percentage of the health budget				$(\Sigma \text{ allocations to FP budget items} / \text{total capital or development health budget allocation}) * 100$	Allocation: See above	
					Health budget: approved MOH budget (capital or development) OR	MOH permanent secretary or health focal person in planning or policy division
					Health budget: budget framework paper	MOH permanent secretary or health focal person in planning or policy division
SCORECARD	Same as above					

DISBURSEMENT: Money released from the allotted budget to run family planning (FP) programs and procurement of contraceptives

	Indicator	Formula	Data Input (sources)	Contact
REAL-TIME TRACKING	Family planning funds that have been disbursed as a percentage of what was allocated	$(\Sigma \text{ quarterly FP disbursement/ FP allocation}) * 100$	Disbursement: Printout of the relevant pages of the vote of the quarterly release circular	Ministry of Finance (MOF) health desk or health focal person in planning or policy division. Confirm with reproductive health or FP focal person
			OR	
			Disbursement: approved Ministry of Health (MOH) work plan; family planning specific disbursements planned for each quarter	Reproductive health or FP focal person
		Allocation: see allocation section		
REAL-TIME TRACKING		$(\text{Quarterly FP commodity disbursement/ FP commodities allocation}) * 100$	Commodity disbursement: Procurement contracts	MOH contraceptive security committee or reproductive health commodity security committee or the MOH procurement committee or the central medical stores procurement committee
			Commodity allocation: See allocation section	
SCORECARD	The percentage of the FP (FP commodities) budget disbursed as scheduled over the year	$(\Sigma \text{ FP budget disbursed by quarter/FP budget planned to be disbursed by quarter}) * 100 / \# \text{ quarters covered}$	Disbursed by quarter: printout of the relevant pages of the vote of the quarterly release circular	MOF health desk or health focal person in planning or policy division. Confirm with reproductive health or FP focal person
			Disbursement by quarter: sum of the cost of executed workplan activities during that quarter	MOF health desk or health focal person in planning or policy division. Confirm with reproductive health or FP focal person
			Planned to be disbursed by quarter: see allocation section	
		$(\text{Funds for FP commodities disbursed by quarter/FP commodities planned to be disbursed by quarter}) * 100$	Funds for commodities disbursed by quarter: procurement contracts	MOH contraceptive security committee/ RHCS committee/MOH contracts committee/ CMS contracts committee
			Commodities planned to be disbursed by quarter: see allocation section	

EXPENDITURE: Total amount of money spent by the government on family planning (FP) over the fiscal year

	Indicator	Formula	Data Input (sources)	Contact
REAL-TIME TRACKING	Percentage of the allocated funds that were actually spent quarterly	$(\Sigma \text{ FP quarterly expenditure} / \text{ FP allocation}) * 100$	Expenditure: printout of the relevant pages of the vote of the quarterly expenditure reports	Health desk office at the ministry of finance or health focal person in planning or policy division. Confirm with reproductive health or FP focal person
			OR	
			Expenditure: family planning specific activities completed in each quarter from the approved Ministry of Health (MOH) work plan	Reproductive health or FP focal person; health desk office at the ministry of finance
			Allocation: see allocation section	
		$(\Sigma \text{ quarterly commodity expenditures} / \text{ FP commodity allocation}) * 100$	Commodity expenditure: procurement contracts and shipment documents	In-country supply plan update by the contraceptive commodity security committee or the reproductive health commodity security committee; medical stores contacts; MOH contacts; public service providers
			Commodity allocation: see allocation section above	
SCORECARD	Percentage of the quarterly disbursed funds that were actually spent	$(\Sigma \text{ FP quarterly expenditure} / \text{ FP quarterly disbursement}) * 100$	Expenditure: see above	
			Disbursement: see disbursement section	
	$(\text{Quarterly expenditures on commodities} / \text{ quarterly commodity disbursement}) * 100$	Expenditure on commodities: see above		
		Funds disbursed for commodity procurement: see disbursement section		
Government spending per capita	$(\Sigma \text{ FP quarterly expenditure for all four quarters} / \text{ population}) * 100$	Expenditure: see above		
		Population: Census	Publicly available	
Percentage of allocated funds that are actually spent	$(\Sigma \text{ FP yearly expenditure} / \text{ allocation}) * 100$	Expenditure: See above		
		Allocation: See allocation section		
	$(\text{Expenditure on FP commodity procurement} / \text{ FP commodity allocation}) * 100$	Expenditure on commodity: see above		
		Funds allocated for commodity procurement: see allocation section		
Percentage of disbursed funds that are actually spent	$(\Sigma \text{ FP yearly expenditure} / \text{ FP yearly disbursement}) * 100$	Expenditure: See above		
		Disbursement: see Σ FP budget disbursed by quarter		
	$(\text{expenditure on FP commodity procurement} / \text{ commodity disbursement}) * 100$	Expenditure: see above		
		Disbursement: see disbursement section		

OUTCOME: Government ownership/Government spending on family planning (FP) as a percentage of total funding needed in a given year

	Indicator	Formula	Data Input (sources)	Contact
REAL-TIME TRACKING	N/A	N/A	N/A	N/A
SCORECARD	Share of government funding as a percentage of total family planning needs	$(\Sigma \text{ government domestic resources for FP spent per year} / \text{total FP funding needed per year}) * 100$	Expenditure: see above Funding need: see funding need section	
	Share of government funding for contraceptive procurement as a percentage of total contraceptive needs	$(\Sigma \text{ government domestic resources for contraceptives spent per year} / \text{total contraceptive funding needed per year}) * 100$	Expenditure: see above Funding need: see above	

ANNEX 3. BUDGET INFORMATION ON FAMILY PLANNING

Adapted from Malajovich, Laura. IPPF Western Hemisphere Region. Additions are italicized.

Categories	Interventions	Budget Items (allocation and execution)
Share of government funding as a percentage of total family planning needs	Education and information services on family planning (FP), human sexuality, reproductive health and STDs	<ol style="list-style-type: none"> 1. Publications on FP 2. Public awareness campaigns (including materials, posters and media) 3. Sexuality education (teacher training and/or teaching materials on sexuality education)
	Counselling on contraceptives and FP	<ol style="list-style-type: none"> 4. FP consultations, or if there is staff specialized in reproductive health (ob-gyn doctors, nurses or midwives), and number of FP consultations[#]
	Training staff to provide FP information, education and communication	<ol style="list-style-type: none"> 5. RH training for personnel (courses, workshops, etc.), <i>including training for new staff and in-service training</i>
Provision of contraceptives	Providing a wide range of contraceptive methods, including emergency contraception	<ol style="list-style-type: none"> 6. Contraceptives by method: hormonal contraceptives (oral or injectable), condoms, IUDs, emergency contraceptives and permanent contraceptive procedures 7. Funding for supply chain, logistics and distribution of contraceptives
	FP services for adolescents	<ol style="list-style-type: none"> 8. Staff assigned to reproductive health and adolescent services

[#]Participants decided to omit this budget item, given the anticipated difficulty separating a health worker's time for family planning consultations from other responsibilities. Additionally, it is important to measure expenditures against identified needs, and Costed Implementation Plans do not routinely cost staff.

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