Family Planning Expenditure Analysis for Mombasa City 2010/11 – 2011/12

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ACKNOWLEDGMENTS

The goals of the advocacy component of the Tupange Project are to strengthen the policy environment at the national and operational levels by ensuring that relevant policies, guidelines, standards and protocols enable and encourage access to family planning services for the urban poor and to ensure that appropriate financial commitments are in place to ensure long term sustainability.

To know whether adequate financial commitments are in place it is essential that a means of measuring these financial commitments at the city level be developed.

Futures Institute, through its Advocacy Support Project, funded by the Bill and Melinda Gates Foundation, has provided financial support to the Tupange Project to undertake a financial study in two Tupange cities: Mombasa and Mombasa. The main goal of these studies is to establish a clear estimate of the current resources devoted to family planning and also to track the utilization of these funds. This information will be used to advocate for increased funding for family planning resources in these cities. The studies will include the stake holders in data collection as well as provide information to key stake holders on the methodology and techniques for allocating and monitoring family planning financial and resource flows.

The lead consultant for these studies is Dr. Julius Korir from the School of Economics, Kenyatta University, and the studies were coordinated by the Tupange Project management at the national and city levels.

LIST OF ACRONYMS AND ABBREVIATION

CPR	Contraceptive Prevalence Rate
DRH	Division of Reproductive Health
FBO	Faith-based Organization
FHOK	Family Health Options of Kenya
FP	Family planning
FP/RH	Family Planning and Reproductive Health
GOK	Government of Kenya
KEMSA	Kenya Medical Supplies Agency
Ksh	Kenya Shillings
NCPD	National Council for Population and Development
NGO	Non-government Organization
PSI	Population Services International
ROK	Republic of Kenya
URHI	Urban Reproductive Health Initiative

ABSTRACT

The Kenya family planning (FP) program has had impressive achievements, with the contraceptive prevalence rate (CPR) standing at 46 per cent in 2009, and 39 per cent of women using modern contraceptives. These achievements notwithstanding, the unmet need for family planning stands at 26 per cent nationally. One of the initiatives to reduce this unmet need, specifically in the urban areas, is the Urban Reproductive Health Initiative (URHI) known in Kenya as the Tupange Project, which is currently operating in Nairobi, Mombasa and Mombasa. This study is focusing on Mombasa. Apart from the Tupange Project, other stakeholders including government are also involved in financing family planning services in Mombasa. However, the level of financial resources for family planning in Mombasa has not yet been documented.

The main goals of this study are to establish a clear estimate of the current resources devoted to family planning and to track the utilization of these funds. The information generated will be used to advocate for increased funding for family planning resources in Mombasa.

In terms of methodology, the study entailed tracking the flow of funds for family planning services from one health care actor to another. The actors were classified as sources of funds, agents that receive and transfer funds to providers, and family planning service providers. Both primary and secondary data collection were undertaken in Mombasa. The data collected was mainly on expenditures on family planning. Estimates were also made of the use of health personnel in the provision of family planning services.

The results showed that about Ksh 107.34 million (US$ 1.31 million) were spent on family planning services in Mombasa in 2010/11 and Ksh 133.14 million (US$ 1.62 million) were spent in 2011/12. There was an increase of 24 per cent in expenditure between 2010/11 and 2011/12. In terms of cost categories, administration and FP commodities took the lion share of the funds for family planning service provision. Additionally the analysis showed that bulk (over 80%) of the expenditure came from the development partners.

Given that this is the initial survey to document family planning resource flows in Mombasa, it is recommended that the data collection process on financial flows be institutionalized. This can be done jointly by the Ministries of Health in collaboration with the city council and NCPD.

SECTION 1: INTRODUCTION

1.1 Background

According to the Kenya Population Policy for National Development, the family planning (FP) program has had impressive achievements, with the contraceptive prevalence rate (CPR) standing at 46 per cent in 2009, and 39 per cent of women using modern contraceptives (NCPD, 2012). These achievements notwithstanding, the unmet need for family planning stands at 26 per cent nationally, though there are disparities across counties. The large unmet need is attributed to inadequate service provision and poor access to FP commodities, and lack of support for contraceptive security due to over-dependence on donor funding. Besides, contraceptive use is suppressed by low male involvement in family planning and high unmet need for family planning and, poor access to family planning services (ROK, 2011).

The Population Policy for National Development documents the measures that will be undertaken to expand family planning services delivery points including community based distribution; promoting male involvement and participation in family planning; ensuring appropriate contraceptive method mix and commodity security in service delivery points; strengthening the integration of family planning, HIV/AIDS, reproductive health and other health services; and intensifying advocacy for increased budget allocation for population, reproductive health and family planning services (ROK, 2011).

The government of Kenya and a number of development partners have been supporting family planning services in the country. One of the active partners in supporting family planning in urban areas in Kenya is the Bill & Melinda Gates Foundation. The Bill & Melinda Gates Foundation's reproductive health strategy aims to reduce maternal and infant mortality and unintended pregnancy in the developing world, by increasing access to high-quality, voluntary family planning services. The reproductive health strategy is being implemented at the country level through the Urban Reproductive Health Initiative (URHI), referred to in Kenya as the Tupange Project.

Tupange is a five year project implemented in Kenya by a consortium of partners led by Jhpiego, an affiliate of John Hopkins University, and including the National Council for Population and Development (NCPD), Johns Hopkins University Center for Communication Programs, Marie Stoppes International, and Pharm Access Africa Limited. The goal of this program is to achieve a 20 percentage point increase in contraceptive prevalence rates in selected urban centres, specifically among the urban poor in Kenya.

Tupange works with the Ministries of Health and the Local Government to ensure that every Kenyan living in urban areas understands their family planning choices, knows where to access family planning services, and feels empowered and confident to seek out and utilize quality family planning services. Some of Tupange's key interventions include supporting provision of quality integrated family planning in both public and private facilities, working with the Division of Reproductive Health (DRH) and the Kenya Medical Supplies Agency (KEMSA) to ensure that FP commodities are available, creating demand for family planning services and working with NCPD to create a supportive policy environment for family planning and increase resources for family planning.

The Tupange advocacy strategy led by NCPD in partnership with Futures Institute (implemented in Kenya by Family Health Options of Kenya) is employing an approach focused on educating national and local policy makers on family planning and reproductive health (FP/RH) issues. This process is complemented by a bottom- up approach that identifies and trains local advocacy champions in concentrated urban areas to engage policy makers at the municipal, regional and national levels primarily to prioritize family planning at their level. This two-pronged approach will strengthen the policy environment at the national and operational levels by ensuring that relevant policies, guidelines, standards and protocols enable and encourage access to family planning services for the urban poor and that the appropriate financial commitments are in place to ensure long term sustainability.

1.2 Purpose of the Study

This study is focused on Mombasa. The main goals of this study are to establish a clear estimate of the current resources devoted to family planning and to track the utilization of these funds. The information generated will be used to advocate for increased funding for family planning resources in Mombasa. The specific objectives of the study are:

a) Describe the sources of funding for family planning services in Mombasa.
b) Make an estimate of the amount of funding from each source and specific use.
c) Recommend a financial tracking system that will be used to monitor financing of the family planning program in Mombasa.

SECTION 2: METHODOLOGY

2.1. Preparatory Phase

The preparation for the field survey consisted of two preliminary visits to Mombasa City. The first meeting, called the gate keepers' meeting, was held with officials from Mombasa, consisting of provincial administration, Kenya National Bureau of Statistics, Mombasa Municipal Council, Ministry of Public Health and Sanitation, and Ministry of Medical Services. A total of 28 participants attended the meeting. The objective of the meeting was to explain the study to the officials in order to obtain their support as well as to promote ownership. Presentations delivered to gate keepers included an overview on advocacy for national resource allocation to population and family planning presented by NCPD; an overview on family planning resource allocation in Mombasa County presented by the Municipal Council; and an overview on the study presented by the investigator.

The second meeting was held one week after the first meeting. The participants were drawn from health facilities and organizations, mostly NGOs, supporting family planning services in the county. The participants were also taken through advocacy for mobilizing resources for family planning. In addition, a detailed presentation of the study was made. In particular, comprehensive discussions were held on the tools to be used for data collection. The meeting provided a list of potential organizations for sampling for the study.

2.2. Sampling Procedures

To facilitate the sampling process, a list of all facilities providing family planning services was obtained from *eHealth Kenya Facilities Download* database. The list formed the sampling frame from which health facilities were selected. Twenty-two facilities (19%) provided the data.

Table 2.1: Facilities that provided data

Ownership type	Type of facility	Number sampled
Company Medical Service	Dispensary	0
Local Authority	Dispensary	2
	Health Centre	1
	Sub-Total	**3**
Ministry of Public Health and Sanitation	Dispensary	4
	Health Centre	3
	Sub-Total	**7**
Ministry of Medical Services	Sub-District Hospital	0
	District Hospital	4
	Provincial General Hospital	1
	Sub-Total	**5**
Non-Governmental Organizations/ FBO	Dispensary	0

	Medical Clinic	0
	Nursing Home	2
	Hospital	**3**
	Sub-Total	**5**
Private Enterprise (Institution)	Dispensary	0
	Medical Clinic	0
	Nursing Home	0
	Hospital	2
	Sub-Total	**2**
	Grand Total	**22**

Apart from the facilities, major organizations financing family planning services were also included. Attempts were made to include all the financing intermediaries (agents) in the county. The organizations were JHPIEGO, PSI, MARIE STOPPES, FHOK, AFYA PLUS, and GOK.

2.3. Data collection

The organizations and facilities sampled were surveyed to obtain the required data. Both primary and secondary data were collected. Secondary data included family planning expenditure by the agents and facilities. Commodity consumption data were collected from the selected facilities. In addition, records on commodities distributed to Mombasa were obtained from Kenya Medical Supplies Agency (KEMSA) headquarters. Furthermore, primary data on staff utilization in provision for family planning services were obtained through face to face interviews with providers at the facilities.

The data collections tools used were the health facility questionnaire and an agent questionnaire. The facility tool captured data on sources of funds for family planning, use of the funds on different activities or items, and workload data on family planning services and other outpatient services. On the other hand, the Gantt tool was designed to obtain data on sources of family planning financing, facilities/ organizations that they transferred funds to, and expenditure of the funds.

The study found that one of the major types of expenditures on family planning was for administrative costs. Each agency and facility was asked to estimate overall administrative costs and the proportion of those administrative costs that should be allocated to family planning. For this study, administrative costs were defined to include: utilities, transportation, office rental, expendable office supplies, and maintenance of offices and vehicles.

The data collected was first captured in Excel spread sheets for cleaning, calculations and analysis.

2.4 Study Limitations

Several limitations of the study should be mentioned. First, this study did not include a survey of family planning clients. Therefore, it does not include any estimate of out-of-pocket expenses by the individual. For instance, this does not include the cost of any contraceptives purchased by the user at a pharmacy.

The study estimates the total expenditures on family planning services provided by health facilities, and includes any expenditures by donors on family planning programs in the city. However, many agencies and facilities track expenditures by the broader program of reproductive health, and do not separate out expenditures on family planning. For these agencies and facilities, it was necessary to estimate the proportion of the health services or of the reproductive health services expenditures that is spent on family planning. For some of the donors and the agencies that they fund it may have been difficult to estimate the proportion of administrative costs that should be allocated to family planning. Also, for several agencies, it was difficult to check the expenditures on family planning commodities against the quantities.

Finally, while every attempt has been made to include all the major family planning providers in the city in the study, there may have been some smaller NGO's and CSO's that provide some type of family planning services or education efforts that were not included in the estimate.

SECTION 3: STUDY FINDINGS

3.1. Sources of Funding for Family Planning in Mombasa

Figure 3.1 depicts the flow of resources for family planning services in Mombasa City.

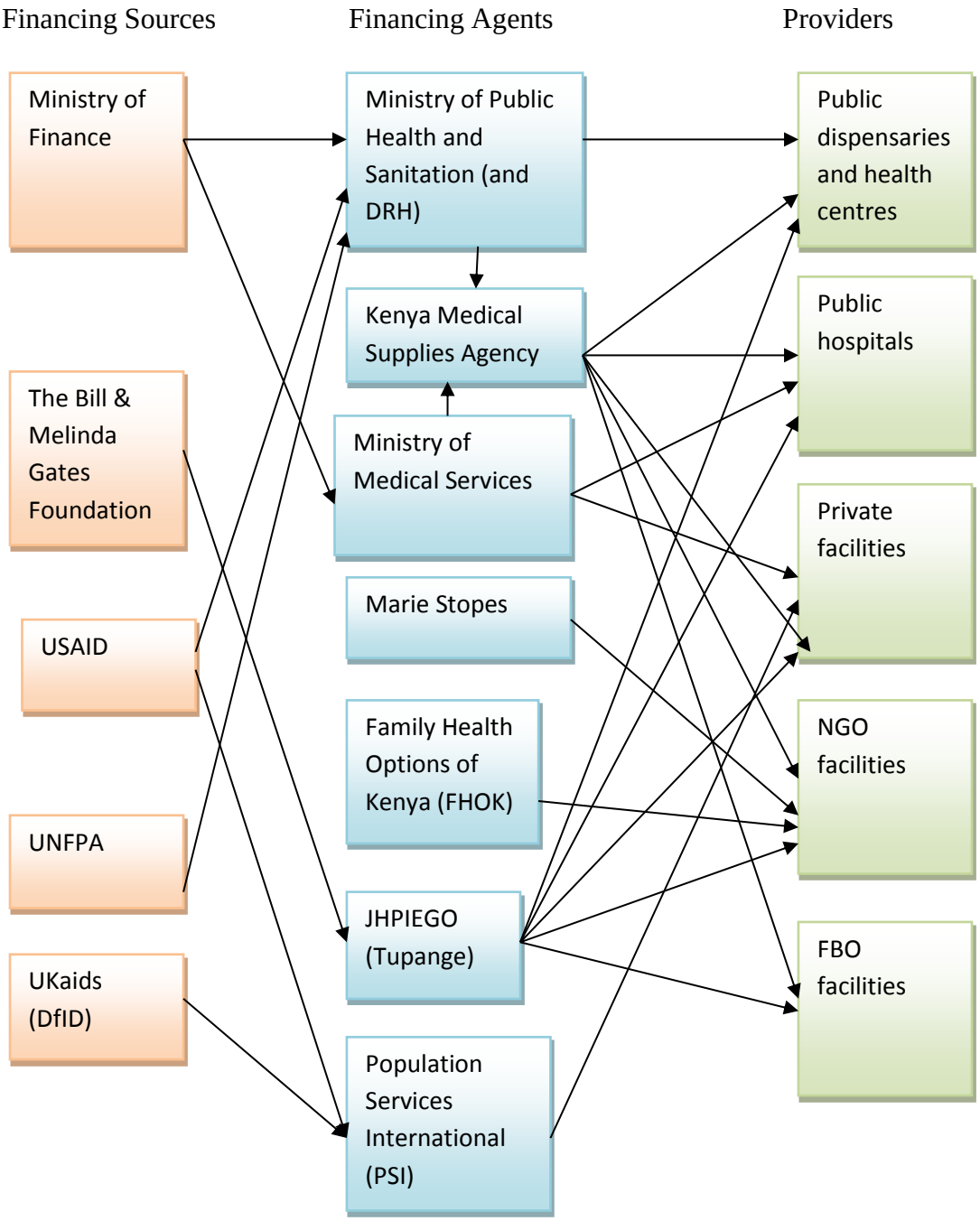

Figure 3.1: Flow of resources for family planning services

In Figure 3.1, financing sources are entities that provide funds for expenditure on family planning. The entities are the sources of financial and other resources used to finance family planning services in Mombasa. Financing agents are entities which receive funds from financing sources and use them to pay for family planning services (e.g. FP commodities, personnel). Providers are the end users or final recipients of family planning funds. Providers are entities that deliver health services. The three categories consisting of sources, agents and providers are not mutually exclusive. For instance, FHOK is both an agent as well a provider.

In Figure 3.1, for instance, the Ministry of Finance as a financing source provides funds for family planning to the agents consisting of Ministry of Medical Services and Ministry of Public Health and Sanitation. The ministries procure the commodities through Kenya Medical Supplies Agency (KEMSA). The commodities are distributed to providers consisting of public and private health facilities.

3.2. Estimate of the Amount of Funding

Table 3.1 shows total amount of expenditure on family planning from funds from different sources consisting of government and development partners.

Table 3.1: Total Resources for Family Planning in Mombasa

	2010/11		2011/12		Total 2010/11 – 2011/12	
	Ksh (million)	US$ [1] (million)	Ksh (million)	US$ (million)	Ksh (million)	US$ (million)
Commodities and supplies	28.40	0.35	53.09	0.65	81.49	0.99
Outreaches	10.57	0.13	14.96	0.18	25.53	0.31
Administration	43.85	0.535	34.26	0.42	78.12	0.953
Training	8.30	0.10	12.55	0.15	20.85	0.25
Labour cost	8.27	0.10	10.21	0.12	18.48	0.23
Advocacy	2.09	0.03	2.20	0.03	4.29	0.05
Facility labour	5.86	0.07	5.86	0.07	11.72	0.14
Total	107.34	1.31	133.14	1.62	240.47	2.93

As shown in Table 3.1, total expenditures on family planning in Mombasa City, by major categories, during 2010.11 and 2011/12 financial years was Ksh 107.34 million (US$ 1.31 million) and Ksh 133.14 million (US$ 1.62 million), respectively. The increase in the amount of expenditure between 2011/12 and 2011/13 represented about 24 per cent. Overall, about Ksh 240 million (US$ 2.93 million) was spent in the two year period. Figure 3.1 depicts the increasing trend in expenditure over the period under consideration.

[1] Exchange rate of Ksh 82 per US$ is used throughout.

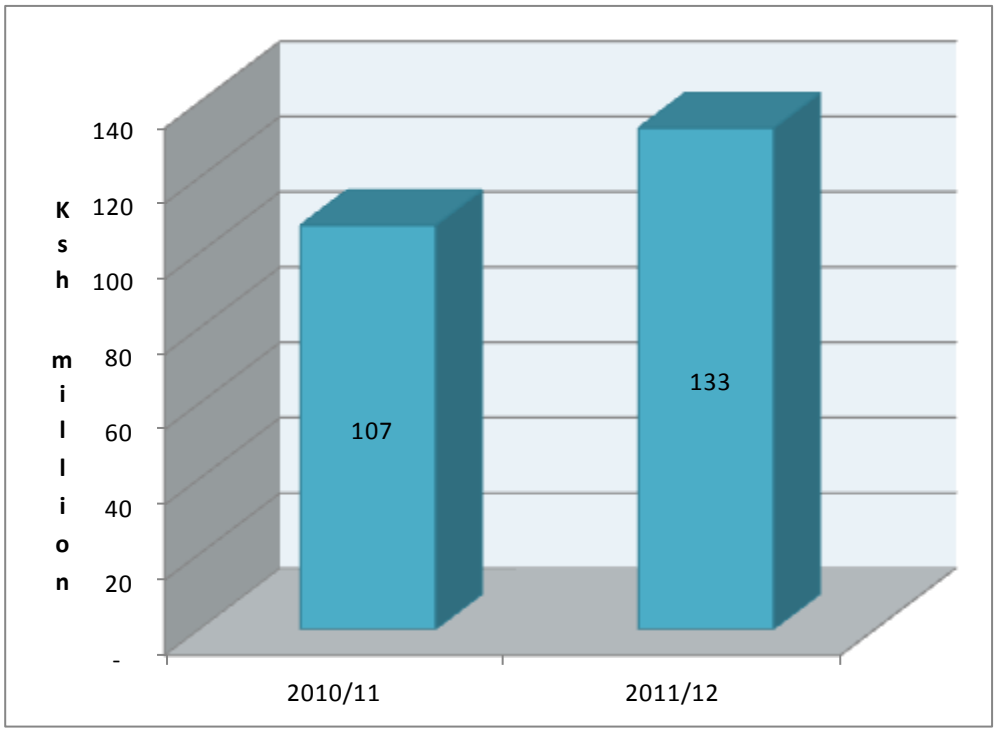

Figure 3.2: Trend in expenditure on family planning

Figure 3.2 and Figure 3.3 provide the per cent distribution of the expenditure by major categories.

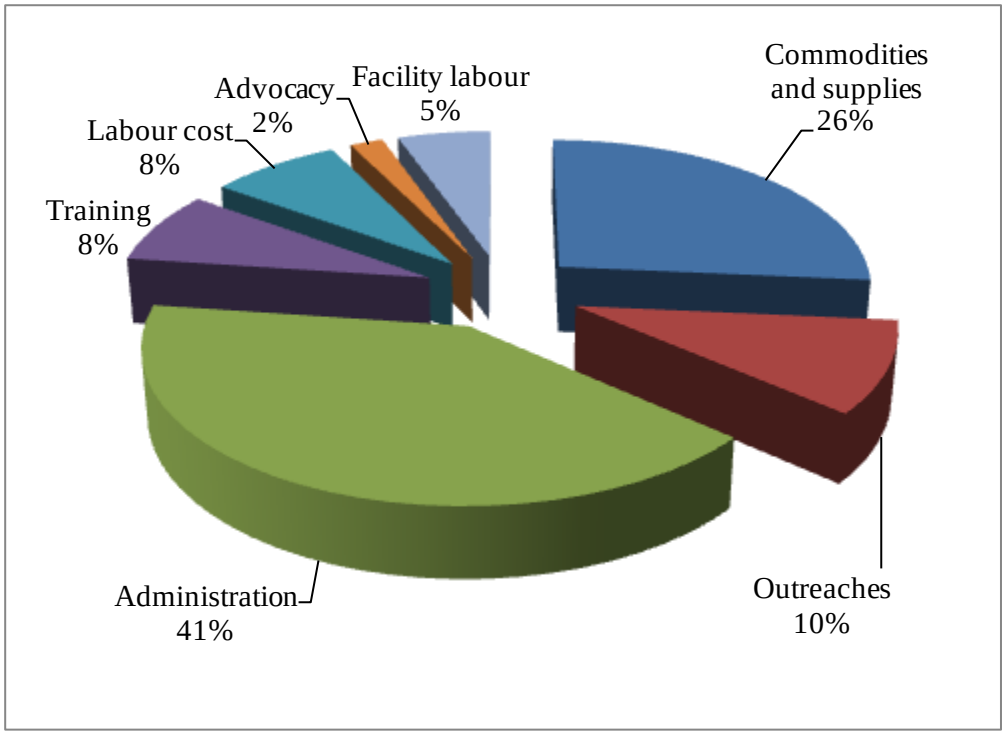

Figure 3.2: Distribution of expenditure by main categories 2010/11

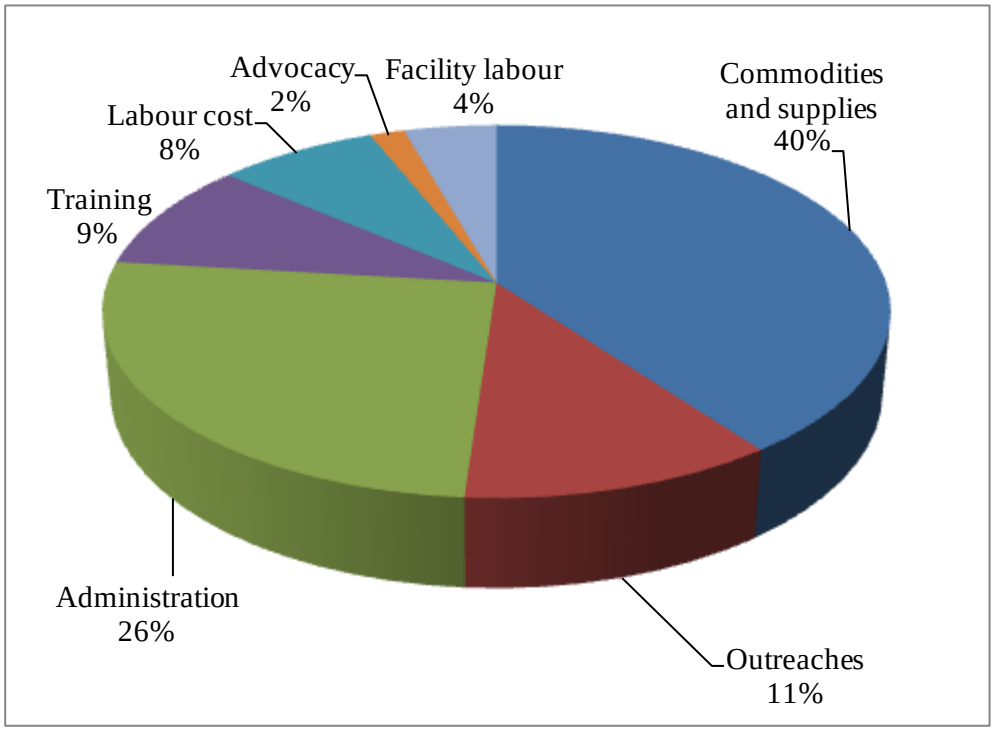

Figure 3.3: Distribution of expenditure by main categories 2011/12

Figure 3.3 depicts that administration took the largest share (41%) of the expenditure on family planning financing in 2010/11. This component consisted mainly of expenditure on internal administration (including utilities and transportation, among others) by the agents supporting the family planning services. For government expenditures, it is estimated that twenty-two per cent of reproductive health expenditures are for family planning[2]. The second largest share (26%) went to FP commodities and supplies. This then was followed by expenditure on outreaches, family planning-related training, labour cost incurred by agents in running local offices in the city, direct labour cost incurred by health facilities in provision of family planning, and advocacy.

Figure 3.4 shows distribution of expenditures in 2011/12 which is slightly different from that of 2010/11. In 2011/12, FP commodities and supplies took the largest share (40%), followed by administration (26%). Outreaches remained the third largest share at 11%. The other components of expenditure maintained their relative shares as in 2010/11.

The breakdown of the expenditure by financing sources is presented in Table 3.2 and Table 3.3 for the years 2010/11 and 2011/12, respectively. This analysis is complemented by Figure 3.4 and Figure 3.5.

[2] Twenty-two per cent of Reproductive Health funds are allocated to Family Planning, based on National Health Accounts 2009/10 (ROK, 2011).

Table 3.2: Total resources (in millions) for family planning by source 2010/11

	GOK		Partners		Private facilities		**Total**	
	Ksh	US$	Ksh	US$	Ksh	US$	**Ksh**	**US$**
Commodities and supplies	4.70	0.06	23.70	0.29	-	-	**28.40**	**0.35**
Outreaches	-	-	10.57	0.13	-	-	**10.57**	**0.13**
Administration	0.14	0.002	43.71	0.53	-	-	**43.85**	**0.535**
Training	-	-	8.30	0.10	-	-	**8.30**	**0.10**
Labour cost	-	-	8.27	0.10	-	-	**8.27**	**0.10**
Advocacy	-	-	2.09	0.03	-	-	**2.09**	**0.03**
Facility labour	3.49	0.04	-	-	2.37	0.03	**5.86**	**0.07**
Total	**8.33**	**0.10**	**96.64**	**1.18**	**2.37**	**0.03**	**107.34**	**1.31**

Table 3.3: Total resources (in millions) for family planning by source 2011/12

	GOK		Partners		Private facilities		Total	
	Ksh	US$	Ksh	US$	Ksh	US$	Ksh	US$
Commodities and supplies	16.44	0.20	36.64	0.45	-	-	53.09	0.65
Outreaches	-	-	14.96	0.18	-	-	14.96	0.18
Administration	0.14	0.00	34.12	0.42	-	-	34.26	0.42
Training	-	-	12.55	0.15	-	-	12.55	0.15
Labour cost	-	-	10.21	0.12	-	-	10.21	0.12
Advocacy	-	-	2.20	0.03	-	-	2.20	0.03
Facility labour	3.49	0.04	-	-	2.37	0.03	5.86	0.07
Total	20.07	0.24	110.69	1.35	2.37	0.03	133.14	1.62

Table 3.2 and Table 3.3 show that direct family planning expenditure is contributed mainly by the development partners. Although the amount spent on commodities from partners is more than from government in the two financial years, government contribution in terms of the actual commodities outstripped that of the partners. The amount reported for the commodities and supplies from government as a source, was based on actual commodities and supplies provided by government in the county unlike that of the partners which is based on expenditure reports only. It seems that the unit costs of commodities from the partners, supplied directly to facilities, are significantly higher.

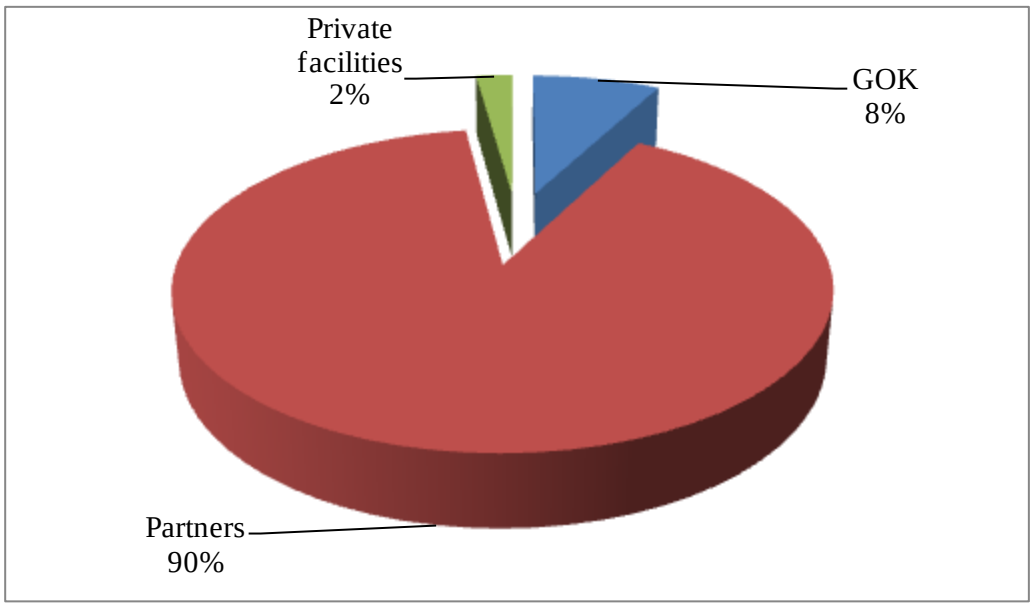

Figure 3.5: Total expenditure on family planning by share of sources 2010/11

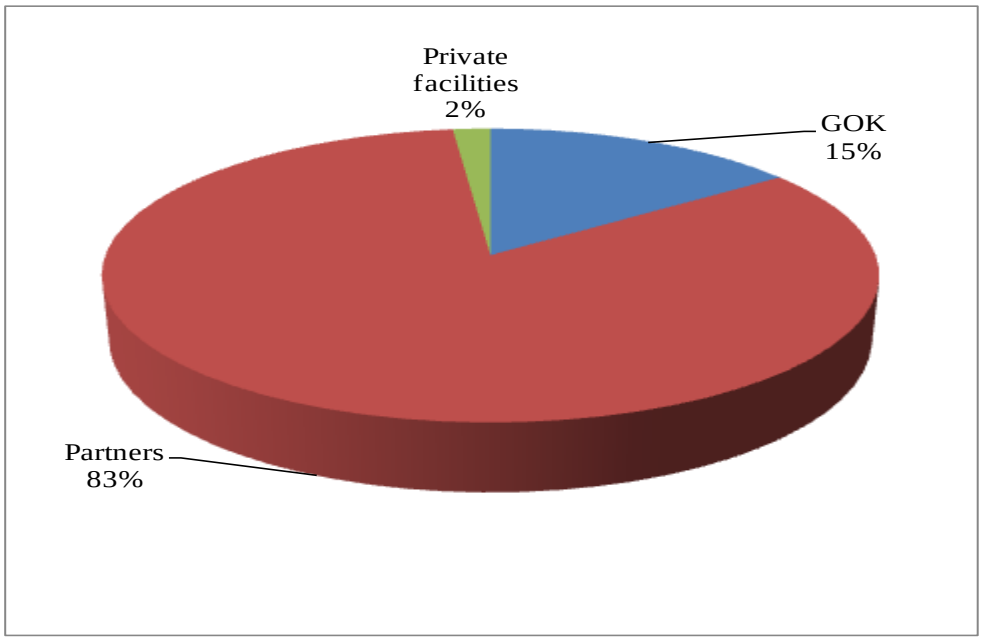

Figure 3.6: Total expenditure on family planning by share of sources 2011/12

Figure 3.5 and Figure 3.6 show that the bulk (over 80%) of the expenditure came from the partners. However, increased amounts spent on commodities and supplies by government led to a reduction of the share of expenditure from partner sources from 90 per cent in 2010/11 to 83 per cent in 2011/12. Furthermore, the share of government expenditure increased from 8 per cent in 2010/11 to 15 per cent in 2011/12.

Figure 3.7 presents the distribution of expenditure from the development partners, showing direct service delivery in terms of commodities and outreaches took about 41per cent.

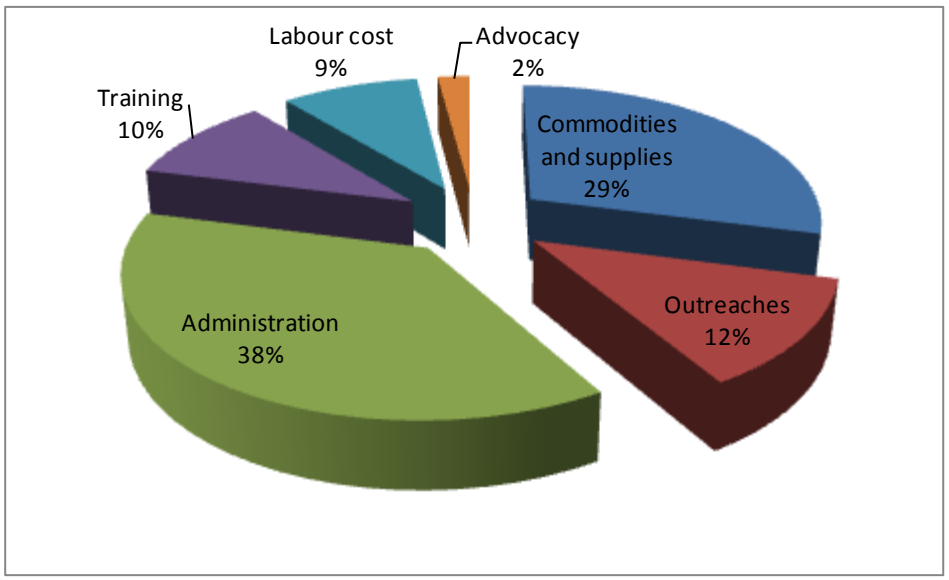

Figure 3.7: Total expenditure shares 2010/11 – 2011/12 by partner sources

3.3. Financial Tracking System for FP Expenditure in Mombasa

There is need to institutionalize the data collection process for financial flows, mainly expenditure. This can be done jointly by the Ministries of Health in collaboration with the city council and NCPD. The institutionalization could entail:

- Development of a monitoring and evaluation framework for capturing both available resources and actual expenditures for family planning.
- Development of simplified tools for data collection to be distributed to stakeholders consisting of agents and providers of family planning services.
- Training of all stakeholders (agents, providers, city staff, and Ministry of Health staff).
- The agents should submit expenditures on family planning on a quarterly basis.

SECTION 4: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The main goals of this study were to establish a clear estimate of the current resources devoted to family planning in Mombasa and to track the utilization of these funds. The information generated will be used to advocate for increased funding for family planning resources in Mombasa. The study entailed tracking the flow of funds for family planning services from sources to agents and to family planning service providers. Both primary and secondary data collection were undertaken in Mombasa. The data collected was mainly on expenditures on family planning services. Estimates were also made of the use of health personnel in the provision of family planning services.

The results showed that about Ksh 107.34 million (US$ 1.31 million) and Ksh 133.14 million (US$ 1.62 million) were spent on family planning services in Mombasa in 2010/11 and 2011/12, respectively. There was an increase of 24 per cent in expenditure between 2010/11 and 2011/12. The results showed a heavy reliance on international sources. This notwithstanding, government provides very critical support to the family planning program in terms of commodities and personnel in service delivery. In terms of cost categories, administration and FP commodities took the lion share of the funds for family planning service provision. Additionally the analysis showed that the bulk (over 80%) of the expenditure came from the development partners.

This study has taken an innovative approach in separating out the specific costs of family planning services in an attempt to estimate the total costs of providing family planning services in Mombasa. All previous national, municipal or district-level studies in Kenya have combined family planning with other reproductive health (RH) services, or with health expenditures in general. No other studies capture the specific expenditures on family planning. There have been several studies on reproductive health expenditures in Kenya but they have all been at the national level. One recent district-level study on reproductive health expenditures only included funds allocated in the government budget, thus missing many of the donor and NGO expenditures.

Given that this is the initial survey to document family planning resource flows in Mombasa, it is recommended that the data collection process on financial flows be institutionalized. This can be done jointly by the Ministries of Health in collaboration with the city council and NCPD.

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