

# FAMILY PLANNING SPENDING ASSESSMENT (FPSA) OF BANGLADESH FOR FY 2018-2019

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BAVS	Bangladesh Association for Voluntary Sterilization
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic & Health Survey
CPR	Contraceptive Prevalence Rate
DDFP	Deputy Director of Family Planning
DFID	Department for International Development
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
ECP	Emergency Contraceptive Pill
FP	Family Planning
FPSA	Family Planning Spending Assessment
FWA	Family Welfare Assistant
FY	Fiscal Year
GDP	Gross Domestic Product
GNI	Gross National Income
GoB	Government of Bangladesh
HED	Health Engineering Department
HIES	Household Income & Expenditure Survey
HIV	Human Immune-deficiency Virus
IUD	Intrauterine Device
LAPM	Long Acting & Permanent Method
LARC	Long Acting Reversible Contraceptive
MCHTI	Maternal and Child Health Training Institute.
MCWC	Mother and Child Welfare Center
MFSTC	Mohammadpur Fertility Services and Training Center
MoF	Ministry of Finance
MoHFW	Ministry of Health & Family Welfare
NASA	National AIDS Spending Assessment
NIPORT	National Institute of Population Research and Training
NSV	No-Scalpel Vasectomy
RPA	Reimbursable Project Aid
SDGs	Sustainable Development Goals
SVRS	Sample Vital Registration System
UFPO	Upazila (Sub-district) Family Planning Officer
UHC	Upazila (Sub-district) Health Complex
UH&FWC	Union Health & Family Welfare Centre

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## Executive Summary

### **Background**

Bangladesh has achieved an incredible success in declining Total Fertility Rate (TFR) even in the absence of rapid economic development and social changes. There is a lot of scope for further declining TFR through increasing use of modern contraceptive methods. The Contraceptive Prevalence Rate (CPR) remained equal at 62 percent between 2014 and 2017-18. The use of modern methods declined from 54% to 52% between 2014 and 2017, mainly due to the decline in use of the oral pill and injectables. The four most popular modern methods used by eligible couples are pill (25%), injectable (11%), male condom (7%), and long acting or permanent method like IUD, Implant and female or male sterilization (9%). However, there is still unmet need of modern methods among 12 percent of married couples. Discontinuation of the methods increased from 30% in 2014 to 37% in 2017 which is also a major concern. Thus, there is a lot of scope of increasing CPR through making the modern methods available among the eligible couples and reducing the discontinuation rate. This calls for tracking the resources currently spent for family planning (FP) services as well as identifying the resource gap to fill up the unmet need for increasing CPR. Tracking resources for FP services is also crucial in Bangladesh for policymaking to attain FP2020 goals as a signatory country.

At the London Summit of FP2020, Bangladesh made a number of commitments: declining TFR to 2.0, unmet need of modern FP methods to 10 percent, discontinuation rate of modern FP methods to 20 percent, increasing CPR to 75 percent, and long acting & permanent method (LAPM) to 20 percent. The available data shows that the current scenarios of these indicators are 2.3 percent, 12 percent, 37 percent, 62 percent and 9 percent respectively.

Track20, a Gates Foundation project, has taken an initiative to track progress in FP towards the goals of FP2020 in a number of developing countries including Bangladesh. One of the activities of Track20 is to track FP expenditures. Different institutions, such as World Health Organization (WHO) through its System of Health Accounts (SHA), and United Nations Population Fund (UNFPA) through Netherlands Interdisciplinary Demographic Institute (NIDI), attempted to track FP expenditure. However, the methods used in those studies were not comprehensive and

systematic. This calls for introducing better methodologies to improve FP expenditure estimates. Track20 came forward to introduce FPSA through adapting National AIDS Spending Assessment (NASA) methodology, which is a comprehensive and systematic method originally developed for tracking HIV/AIDS resources.

## **Objectives**

The main objective of the assignment was to measure both financial and non-financial resources devoted to FP from the origin to the end-point of service delivery. The specific objective was to identify the financing sources, implementing partners (the financing agents), the service providers, the categories of FP services, and factors of production (inputs).

## **Methods**

For tracking FP expenditure, we used the modified version of National AIDS Spending Assessment (NASA)<sup>1</sup> methodology, which was originally developed for tracking HIV/AIDS resources. Kenya was the pioneer in adapting NASA methodology to conduct Family Planning Spending Assessment (FPSA) for the years 2015 and 2016. As the second country, Senegal conducted FPSA for the years 2016 and 2017 using the same methodology. Bangladesh is the third country of this club and conducted FPSA in 2018 using expenditure data of FY 2015-16. Indonesia has also recently conducted FPSA. We defined the FP services in the country context to have a precise estimate of the FP spending. As per the methodological guidelines of FPSA, we focused only on the contraceptive part though maternal and child health (MCH) is integrated with FP services in Bangladesh. We attempted to track the FP expenditure incurred by only government during fiscal year 2018-19

We tracked FP expenditures from all relevant financing sources (Ministry of Finance), financing agents (DGFP) and FP service providers across the country. FPSA methodology uses the general accounting principle of double entry technique to encounter the double counting error while capturing the flows of fund. Hence, both top-down and bottom-up approaches were used to consolidate the information. The top-down approach was followed by using data from the

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<sup>1</sup>[http://www.unaids.org/sites/default/files/media\\_asset/20090916\\_nasa\\_classifications\\_edition\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/20090916_nasa_classifications_edition_en_0.pdf) (accessed on September 13, 2018).

operation plans of DGFP and MoHFW. At the bottom up approach, we collected data form Family Planning offices of all divisions, Deputy Director’s Family Planning (DDFP) offices and Maternal and Child Welfare Centers (MCWC) of 8 selected districts (one from each division), and Upazila Family Planning Officer’s (UFPO) offices of 8 selected upazilas (one from every selected district), Union Health and Family Welfare Centers (UHFWC) under each selected upazila. We selected the median district under each division and upazila under each selected districts in terms of number of eligible couples. We extrapolated the bottom up results to get the FP expenditure statistics at the national level.

Here it is worth noting that currently in top-down approach the expenditure of some of the components (i.e. DDFP office, MCWC, and other hospitals and dispensaries) are estimated, as required data is not released yet. We will revise our estimates using the top-down approach once that data is available. However, we obtained the allocated amount and found that the estimated total FP expenditure is 73 percent of the total allocation.

## **Findings**

The study finds that the total GoB’s FP expenditure of Bangladesh in FY 2018-2019 was BDT 22214.75 million (or USD 262.90 million<sup>2</sup>). The five main agents of GoB funds were DGFP, FP wing of MoHFW, Health Engineering Department (HED), NIPORT and BAVS. The major share of FP funds was managed by DGFP (93.35 %) and the main service provider of FP services was UFPO offices including UH&FWC and CC (58.75 %). In urban areas, the main service delivery point was MCWC at district level. However, there are seven public facilities at metro thana level. In addition to this, DGFP provide funds to training institutes and centers. NIPORT and BAVS another government body that manages a small amount of GoB funds, which also provide direct FP services via their own service delivery points.

Considering the categories of services, the major share was occupied by the human resource services (64.05%) followed by program management and administration (19.21%), contraceptives,

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<sup>2</sup>US\$1 = BDT 84.50 in July 2019 (Bangladesh Bank <https://www.bb.org.bd/econdata/exchangerate.php> )

consumables and its related services (11.98%), enabling environment (4.71%), and FP related research (0.05%).

Among the inputs, the salary and allowances occupied 60.63 percent followed by office equipment other than FP (4.99%), pill (4.38 %), implants (3.54%), repair and maintenance (3.38%), and so on. It is a matter of concern that the funds for FP related research is negligible.

## **Conclusions and Recommendations**

The study conducted a Family Planning Spending Assessment (FPSA) of GoB funds in Bangladesh for fiscal year 2018-19. We attempted to track government portion of FP expenditure only. The earlier study of the FPSA found that MoF under GoB is the main source of financing of FP funds (Hamid, et al., 2018). Hence, tracking the GoB funds could be very useful for policy discussions directed towards achieving the targets of FP2020. The sample size used in the study is adequate to conduct any meaningful analysis as we sampled median district and median upazila based on number eligible couples.

The findings of the study offered a clear understanding about the flows of FP expenditure finances by GoB via MoF. DGFP acts as the key entity for channeling the GoB funds. Moreover, public facilities are the major service providers that uses funds provided by GoB. Human resources constituted the largest share while funds allocated for monitoring and evaluation and FP related research have negligible share of total GoB's family planning spending.

The findings suggest that it is essential to allocate more funds for family planning related research to identify the factors behind the unmet needs and discontinuation of family planning methods. Allocation of additional funds is also crucial for training and capacity building, monitoring and evaluation, and awareness building activities.

# 1. Introduction

## 1.1 Background

Track20 is a Gates Foundation funded project to track progress in family planning (FP) towards the goals of FP2020 and to add additional 120 million modern FP method users from 2012 to 2020 in the world's 69 poor countries. Track20 works directly with the governments in participating FP2020 countries to collect analyze and use data to monitor annual progress of FP and to actively use data to improve FP strategies and plans. Bangladesh is one of the signatories for attaining FP2020 goals. One of the activities of Track20 is to track FP expenditures. Different institutions, such as World Health Organization (WHO) through its System of Health Accounts (SHA), and United Nations Population Fund (UNFPA) through Netherlands Interdisciplinary Demographic Institute (NIDI, 2015), attempted to track FP expenditure(Stover & Koiko, 2017). However, the methods used in those studies were not comprehensive and systematic. This calls for introducing better methodologies to improve FP expenditure estimates. Track20 came forward to introduce FPSA through adapting National AIDS Spending Assessment (NASA) methodology, which is a comprehensive and systematic method originally developed for tracking HIV/AIDS resources(UNAIDS, 2009a; UNAIDS, 2009b) Kenya was the pioneer to conduct Family Planning Spending Assessment (FPSA) for the years 2015 and 2016. As the second country, Senegal conducted FPSA for the years 2016 and 2017(Korir, 2017). Bangladesh is the third country of this group that conducted FPSA (Hamid, et al., 2018) under the commissioned of Avenir Health, which is the implementing partner of the Track20 project. It is worth mentioning that the previous FPSA was conducted based on the expenditure data of 2015-16. At present, resource allocations for national family planning program could be changed. Moreover, we are very much close to the time limit of FP2020 goals. Hence, it very much imperative to reassess the gamut of FP resource allocation.

Tracking of FP expenditure requires tracing flow of resources put into family planning from origin to the end point of service delivery, via different institutions involved. The FP resources could be both financial and non-financial. Family Planning Spending Assessment (FPSA) is a systematic process to capture the current flow of resources devoted to family planning and track the utilization of these funds. In addition, it is an important indicator of FP2020. Hence, realizing its importance

Avenir Health initiated the attempt to carry out another round of FPSA. However, this time the assignment is to track only the GoB resources devoted into FP

## **1.2 Country Context**

Bangladesh is a country of 164.6 million population (of which 82.4 million are male and 82.2 million are female) in an area of 147,570 square kilometers with a population density of 1,116 persons per square kilometer (Bangladesh Bureau of Statistics, BBS, 2019). It has 32.1 million households with average household size of 4.2. The life expectancy at birth for male and female is 70.8 and 73.8 years respectively. The annual population growth rate is 1.33 percent. The mean age at first marriage is 24.4 years for male and 18.6 years for female. The crude death rate is 5.0 per 1000 population. The infant mortality rate and maternal mortality rate are respectively 22 and 1.69 per 1000 live birth (Bangladesh Bureau of Statistics, BBS, 2019).

In the health sector of Bangladesh, three major entities are the Government, non-government organizations (NGOs), and private entrepreneurs. NGOs are mostly involved in the provision of primary health care in both rural and urban areas. In the private sector, there are two types of enterprises including 'for-profit' and 'not-for-profit'. The majority of them are for-profit organizations. The largest provider in the health sector is the government.

The Ministry of Health and Family Welfare (MoHFW) is the main government authority responsible for providing health care to the entire population. At the national level, the MoHFW is responsible for policy, planning, and decision making at macro level. Under the MoHFW, there are two major implementation wings namely the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). At the District level, the Civil Surgeon is the head of the District health system. Below the district, there are upazila (sub-district), union and ward level health facilities.

There is one community clinic (CC) for every 6000 population in each administrative ward of a union, and hence, there are 13,136 CCs across the rural areas (DGHS, 2018). There is one Union Health and Family Welfare Centre (UH&FWC) at the Union level, which is the lowest tier facility providing FP services. There is one Upazila Health Complex (UHC) in every administrative upazila, which is the first level of referral. And at the district level, there is one district hospital in every administrative district, which is the second level referral. On the top, there are medical

college hospitals, specialized hospitals, medical universities and institutes at the division or district level, which are the tertiary level of referral centers.

In Bangladesh, there are 607 Government hospitals under MoHFW, where 477 at the primary level and 130 at the secondary and tertiary Level. Moreover, the number of registered private hospital is 5023. The total number of hospital beds under DGHS and DGFP is 49414 and 1593 respectively. Total number of hospital beds in registered private sector is 87610(Director General of Health Services, 2017).

The total number of medical colleges is 100, of which 31 are government and 69 are private. The total number of registered physicians is 78,572 in which 22,374 work under DGHS and 727 under DGFP. The total number of registered graduate (Bachelor of Science, BSc) nurse, diploma nurse and registered junior mid-wife are 6,233, 48,003 and 2,429 respectively. The total number of Family Welfare Visitor (FWV) under DGHS is 6,699 whereas the total number of FWV under DGFP is 4,956. In addition, 375 family planning officers, 355 assistant family planning officers, 3,962 family planning inspectors, 19,583 family welfare assistant, 2,307 SACMOs and 9,052 community skilled birth attendants work under DGFP. More precisely, the number of registered physicians per 10,000 population is 5.34 and the number of registered nurses per 10,000 population is 2.99(Director General of Health Services, 2017).

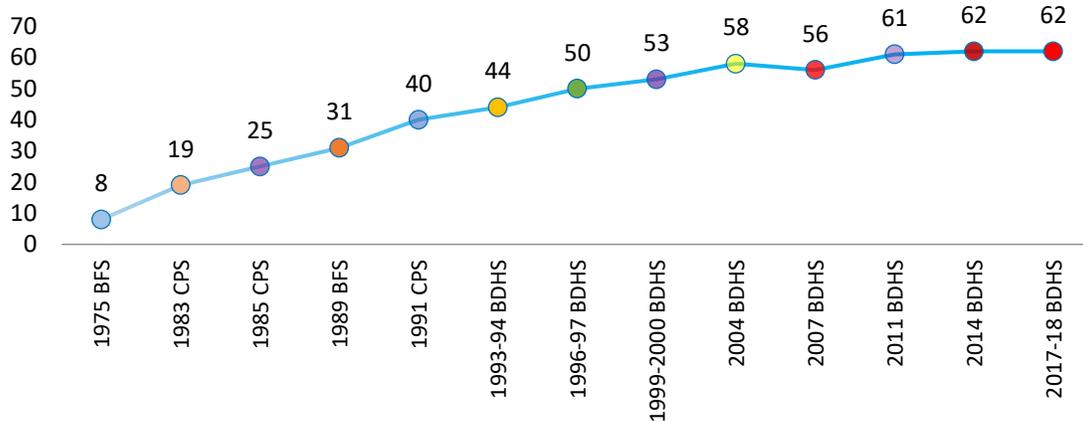
### **1.3 Overview of Family Planning in Bangladesh**

Bangladesh has shown an exceptional experience of declining fertility even in the absence of rapid economic development and social change. This has been possible due to the comprehensive family planning program with massive and continuous efforts over time. The government-initiated FP services in 1965, though voluntary efforts had been continued since early 1950s.

The Contraceptive Prevalence Rate (CPR) remained equal at 62 percent between 2014 and 2017-18. The use of modern methods declined from 54% to 52% between 2014 and 2017. This decline is mainly due to the decline in use of the oral pill and injectable. The four most popular modern methods used by eligible couples are pill (25%), injectables (11%), male condom (7%), and long acting or permanent method like IUD, Implant and female or male sterilization (9%)(Ministry of Health and Family Welfare, MoHFW, 2018).

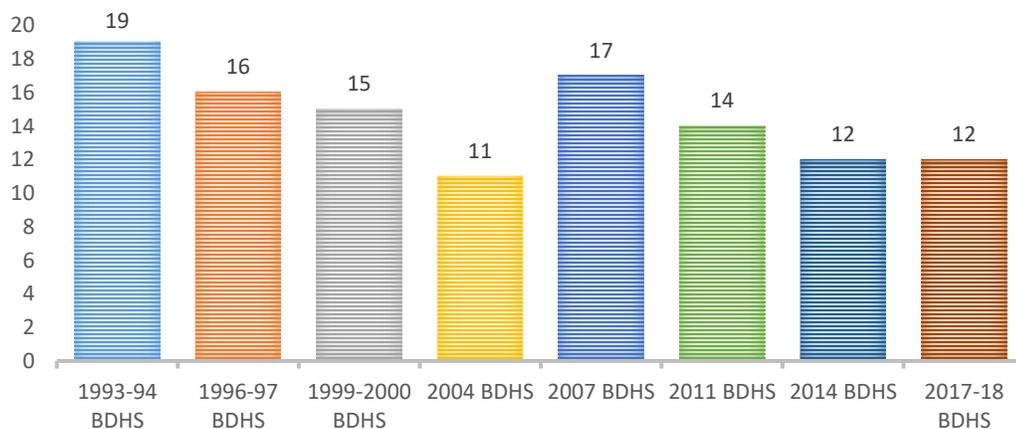
Almost half (49%) of modern contraceptive users received the method from the private sector (private medical sector or shops), with a major part receiving the method from a pharmacy/drug store (45%). Almost 44 percent of modern contraceptive users obtain their supplies from the public sector, with government field workers (family welfare assistants, or FWAs) being the most important source, serving 16% of users. Non-governmental organizations (NGOs) supply contraceptives to 5% of users of modern methods (Ministry of Health and Family Welfare, MoHFW, 2018)

**Figure 1.1 Trends in CPR**



Source: BDHS, 2017-18

**Figure 1.2 Trends in unmet need for family planning**



Source: BDHS 2017-18

Therefore, in Bangladesh, 12 percent of the married couples have unmet need for family planning services. Discontinuation of the methods by 37 percent of eligible couples is also a major concern (NIPORT, BDHS 2017-18). Figure 1.1 and Figure 1.2 show the trends of CPR and unmet need for family planning, respectively, over the years, among the eligible couples. It can be seen that the CPR has increases overtime. However, overtime the rate of increase of CPR become smaller and during 2014 and 2018 there has been no change at all. The same conclusion can be drawn in case of unmet need as it remain at 12 during the same period. These are matter of concern, considering the FP2020 targets of CPR and unmet need.

#### 1.4 FP2020 Targets and Latest Scenarios in Bangladesh

The commitments made, at the London Summit of FP2020, by Bangladesh are: declining TFR to 2.0, unmet need of modern FP methods to 10 percent, discontinuation rate of modern FP methods to 20 percent, increasing CPR to 75 percent, and long acting permanent method (LAPM) to 20 percent. The available data shows that the current scenarios of these indicators are 2.3 percent, 12 percent, 37 percent, 62 percent and 9 percent respectively (Table 1.1).

**Table 1.1: FP2020 commitments and Bangladesh current scenarios**

<b>Indicators</b>	<b>Committed targets for FP2020 by 2021</b>	<b>Latest scenarios</b>
TFR	2.0	2.3%
CPR	75%	62%
LAPM	20%	9%
Unmet need of modern FP methods	10%	12%
Discontinuation rate of FP methods	20%	37%

Source: Bangladesh Announcement at the London Summit of FP2020; BDHS 2017-18

#### 1.5 Objective of the Study

The main objective of this assignment was to obtain the overall picture of the total spending on family planning services in Bangladesh during fiscal year 2018-19. The specific objective was to track total family planning expenditures of government as financing source disaggregated by financing agents, service providers, service categories and factors of production (inputs) of government's portion of FP funds.

The results of the study is crucial to (i) measure how much is spent by government on family planning; (ii) understand the resource gap; (iii) use in informed policy discussions for better planning and budgeting; (iv) advocate for rational level of funding for family planning resources; and (v) monitor different international goals including FP2020 and Sustainable Development Goals (SDGs).

The report has been organized as follows. After the introduction in the earlier section, Section 2 illustrates the methodology; Section 3 provides the findings; Section 4 depicts summary; and Section 5 offers conclusions and recommendations.

# 1. Methodology

We used NASA methodology as a basis for FPSA (UNAIDS, 2009a; UNAIDS, 2009b). However, we customized the NASA methodology to fit in the FP spending in Bangladesh context. Based on the availability of complete volume of data of FP expenditure we concentrated on the FY2018-19 (i.e. July 2018 to June 2019) in this assignment. We only covered spending by government as per our assignment.

## 2. 1 Classification and Definitions

According to FPSA classification, there are three types of entities in the flowchart of the funds regarding the provision of FP services (See Figure 2.1). These are financing sources (the entity that mainly provides the funds required for the provision of FP services), financing agents (the entity that manages the funds provided by the financing sources), and finally, the FP service providers (the entity that delivers the FP services). As the study aims to trace only government portion of FP funds, the financing only source will be the Government of Bangladesh (GoB) through Ministry of Finance (MoF).

**Figure 2.1: Flowchart of funds of family planning service provision**



We further classified each of the entities. The financing source is Ministry of Finance (MoF). A detail of the financing sources is depicted in Table 2.1.

**Table 2.1: Classification of the financing sources**

<b>Categories of financing sources</b>	<b>Description</b>
MoF	Government of Bangladesh (GoB)
RPA through GoB	Reimbursable project aid received by government of Bangladesh

DGFP is the functional entity of rendering FP services under MoHFW. Table 2.2 shows the detailed classification and description of financing agents.

**Table 2.2: Classification of financing agents**

<b>Categories of Financing agents</b>	<b>Description</b>
DGFP via MoHFW	MoHFW divided into two divisions i.e. health services, and medical education and family welfare. DGFP office directly manages the overwhelming portion of the FP funds received MoF via MoHFW.
FP wing of MoHFW	Ministry of Health and Family Welfare also could be an agent for that portion of finds that is used to provide salaries of the officials related FP wing of MoHFW.
HED	Health Engineering Department is the associated inhouse engineering department of Ministry of Health and Family Welfare. To construct health and family planning infrastructure and to maintain a service able condition by doing proper maintenance in order to ensure better health facilities for the mass people is the main purpose of Health Engineering Department (HED).
NIPORT	National Institute of Population Research and Training (NIPORT), a government entity which develops skills and generates evidence for improving health, population and nutrition programmes and policies in Bangladesh.
BAVS	Bangladesh Association for Voluntary Sterilization, a government entity, which provides long term methods only.

In general, FP service providers refer to the entities that directly provide the FP services. As central, divisional, district, and upazila level administrations contribute in the provision of FP services, we included the relevant administrative expenditure of all these levels in service provider category. Table 2.3 portrays the detail classification of FP service provider in Bangladesh.

**Table 2.3: Classification of family planning service providers**

<b>FP service providers</b>	<b>Description</b>
FP wing of MoHFW	A wing of the MoHFW that facilitates FP related service provision
DGFP	This is a central level government agency responsible for providing family planning services in Bangladesh
Divisional FP office	FP office at the division, which provides administrative services
DDFP office	FP office at the district, which provides administrative services
MCWC at district	Clinical setting of FP service providers at district level
UFPO office	UFPO office provides the FP services at upazila and below levels along with the administrative supports
UHFWC	A union level facility, which provides FP services
BAVS	Bangladesh Association for Voluntary Sterilization, a government entity, which provides long term methods only
NIPORT	National Institute of Population Research and Training (NIPORT), a government entity which develops skills and generates evidence for improving health, population and nutrition programmes and policies in Bangladesh.
Maternal and Child Health Training Institute (MCHTI), Azimpur	This is a government facility that delivers FP services along with the training to Family Welfare Visitors (FWVs)
Mohammadpur Fertility Services and Training Center	This is a public entity that delivers services along with training

The main classifications of FP services are commodities (contraceptives, consumables and related services), management and administration, human resources, activities for enhancing the use of FP services, and FP related research. Table 2.4 shows the detail classification of FP services used in this study.

**Table 2.4: Classification of family planning services by categories and inputs**

<b>FP service categories</b>	<b>Descriptions of family planning service inputs</b>
Contraceptives, consumables and its related services	<ul style="list-style-type: none"> <li>• Condom</li> <li>• Pills</li> <li>• Injectable</li> <li>• IUD</li> <li>• Implant</li> <li>• NSV</li> <li>• Tubectomy</li> <li>• FP related drugs</li> </ul>
Programme management and administration	<ul style="list-style-type: none"> <li>• Planning, coordination, and management</li> <li>• Monitoring &amp; Evaluation</li> <li>• Upgrading and provision of FP medical equipment (purchase)</li> <li>• Upgrading and construction of infrastructure</li> <li>• Office equipment (other than FP related)</li> <li>• Rent, tax and registration</li> <li>• Utilities</li> <li>• Repair and maintenance</li> <li>• Transportation</li> <li>• Fuel cost</li> </ul>
Human resources	<ul style="list-style-type: none"> <li>• Salary &amp; allowances</li> <li>• Training and capacity building</li> <li>• Monetary incentives for provider (doctors, nurses &amp; other staffs)</li> </ul>
Enabling environment	<ul style="list-style-type: none"> <li>• Advertising</li> <li>• Books, journals and publications</li> <li>• FP specific institutional development</li> <li>• Seminar, workshop and conference</li> <li>• Financial support for clients &amp; referrer</li> <li>• Other incentives for clients</li> </ul>
FP related research	<ul style="list-style-type: none"> <li>• Research related activities to enhance the efficiency of the FP service delivery</li> </ul>

## **2.2 The Approaches of Family Planning Spending Assessment (FPSA)**

The basic approach of the current study was to trace the expenditure flow of FP related services. As mentioned earlier, we followed the adapted version of NASA guideline, which is a comprehensive, consistent and widely used methodology for tracking resources. This method uses the principal of general accounting to capture all the transactions regarding FP services from the sources to agents, and then agents to the service providers. Following the NASA methodology, we applied both top-down and bottom-up approaches to trace the expenditure flow of FP services.

For addressing top-down approach we tried to track the funds distributing from financing sources to different types of financing agents and then from financing agents to different types of FP service providers. Similarly, the bottom up approach involves the assessment of expenditure at facility level by tracking the amount of funds received from financing agents. In fact, this study used double entry techniques to record the flows of funds from origin to destination. This kind of resource tracking is very useful to remove the double counting while calculating the expenditure flows.

### **2.3 Data**

We used mainly secondary data, for this analysis, obtained from FP wing of MoHFW, DGFP office, HED, divisional office of family planning, DDFP office, MCWC, and UFPO office. We collected data from all operational plans of FP except Maternal, Child, Reproductive and Adolescent Health (MCH) for top-down analysis. This is because FPSA includes only contraceptives. We also reviewed Annual Development Programmes 2018-19 and budget documents of GoB.

At the bottom up approach, we collected data from family planning office of all eight administrative divisions. From each of the administrative divisions we selected the median district in terms of the number of eligible couples. Again, from each of the selected districts, we chose the median upazila based on the same criteria. Hence, a total of eight districts and eight upazila were included in the sample. We collected data from DDFP office and Maternal and Child Welfare Center (MCWC) of the selected districts, and UFPO office of the selected upazilas. Table 2.5 depicts the selected districts and upazilas included in this study.

**Table 2.5: Selected districts and upazilas under the study**

<b>Division</b>	<b>Name of district</b>	<b>Name of UFPO office</b>
Khulna	Bagerhat	ChitolmariUFPO office
Barisal	Patuakhali	Kalapara UFPO office
Dhaka	Faridpur	Nagarkanda UFPO office
Chittagong	Cox'sBazar	Teknaf UFPO office
Sylhet	Sunamganj	Tahirpur UFPO office
Mymensingh	Jamalpur	MelandahUFPO office
Rangpur	Nilfamari	Dimla UFPO office
Rajshahi	Pabna	Sujanagar UFPO office

We also collected some primary data during August to September 2019, through conducting key informant interviews (KIIs) with officials and staff of the MCWC and UFPO offices from all the selected districts and upazilas for time allocation of the FP service providers providing other services along with FP services. We extrapolated the results from the bottom up data of service providers of the public sector to get the FP expenditure statistics at the national level.

We mainly used Microsoft Excel software to analyze the data. We used bivariate analysis and hence presented the results in cross-tabular and graphical formats.

## 2. Findings

This section shows the major findings on GoB's FP expenditure in Bangladesh for FY 2018-19 by financing source, financing agents, service providers, service categories, and factors of production. The estimated total GoB spending on family planning was BDT 22214.75 million or US\$ 262.90 million (table 3.1). It is found that GoBFP expenditure was USD9.59 for per eligible couple while per capita total health expenditure and per capita GDP (at current price) were USD37 (Ministry of Health and Family Welfare, GoB, 2018) and USD 1827 (Bangladesh Bureau of Statistics, 2018) respectively. This is to note that currently the total number of eligible couples is 27.4 million (Director General of Family Planning, 2019), which was estimated to be 16.64 percent of the total population during the study period. It was also seen that the total GoB spending for family planning in Bangladesh was 4.53 percent of health expenditure and 0.087 percent of GDP (See Table 3.1).

**Table 3.1: Family planning expenditure, health expenditure, and GDP in Bangladesh, 2018-19**

Indicators	FY 2015-2016
Population (Million) <sup>1</sup>	165.55
Total number of eligible couples (ELCO) (million) <sup>2</sup>	27.4
Total ELCO as % of the total population	16.64
Total FP expenditure (BDT million) of GoB <sup>4</sup>	22214.75
Total FP expenditure (US\$ million) of GoB <sup>4</sup>	262.90
Per ELCO FP expenditure of GoB fund (BDT) <sup>4</sup>	810.76
Per ELCO FP expenditure (US\$) of GoB fund <sup>4</sup>	9.59
Total health expenditure (BDT million) <sup>3</sup>	451889
Total health expenditure (US\$ million) <sup>3</sup>	5801.5
Per capita health expenditure (BDT) <sup>3</sup>	2882
Per capita health expenditure (US\$) <sup>3</sup>	37
Total FP expenditure of GoB as % of total health expenditure <sup>4</sup>	4.53
GDP at constant market price (BDT billion) <sup>1</sup>	25361.77
GDP at constant market price (US\$ billion) <sup>1</sup>	302.43
Per capita GDP (BDT) <sup>1</sup>	153197
Per capita GDP (US\$) <sup>1</sup>	1827
Total FP expenditure of GoB as % of GDP <sup>4</sup>	0.087%

Source: 1. BBS, 2018 ; 2. DGFP, 2018 ; 3. HEU, 2018, Autours' Calculassions

### 3.1 GoB Family Planning Expenditure by Financing Source and Agents

Financing agents decide how much funds to be spent on what items or what categories of service provision. The results show that DGFP is the main financing agent for provision of FP services in

Bangladesh. Almost 94 percent of total GoB's FP expenditure were managed by DGFP while MoHFW, HED, NIPORT and BAVS managed the rest 6 percent.

**Table 3.2: Total family planning expenditure by financing agents, 2018-2019**

Sources of funds	Agents	Amount Spent (BDT million)	Amount Spent (US\$ million)	Relative share (%)
MoF (GoB)	DGFP(MoHFW)	20736.60	245.40	93.35
	FP wing of MoHFW	871.84	10.32	3.92
	HED	186.21	2.20	0.84
	NIPORT	300.72	3.56	1.35
	BAVS	119.39	1.41	0.54
<b>Total</b>		<b>22214.75</b>	<b>262.90</b>	<b>100.00</b>

US\$1 = BDT 84.50 in June 2019 (Source: Bangladesh Bank, <https://www.bb.org.bd/econdata/exchangerate.php>)

### 3.2 GoB Family Planning Expenditure by Service Providers

A number of public entities comprising of administrative wing of FP services, FP service providing public facilities, and FP service-related public institutions provided FP services in Bangladesh. Estimated GoB FP expenditure by service providers is shown in following Table 3.3. It is found that more than half (**60.30 percent**) of total GoB FP expenditures are incurred by FP service providing public facilities who are providing FP services directly, followed by administrative wing of FP services (37.50 percent) and FP service-related public institutions (2.20 percent). More specifically, UFPO office at upazila level provided FP services predominantly (58.75 percent) followed by DGFP office (30.29 percent) FP wing of MoHFW (3.92 percent) and DDFP office (2.36 percent).

**Table 3.3: Total family planning expenditures by service providers, 2018-2019**

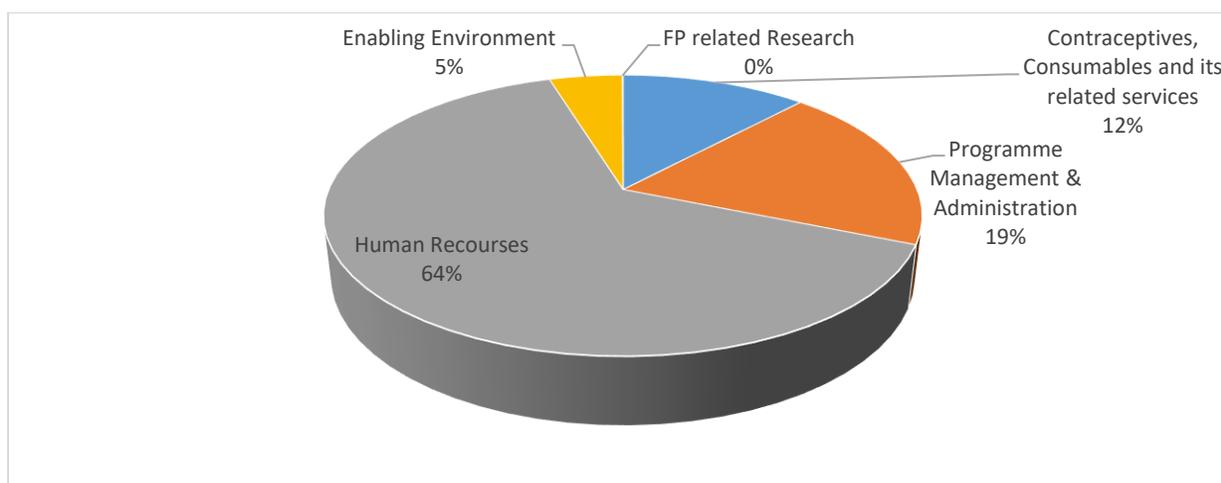
<b>Service Providers</b>	<b>Amount Spent (BDT million)</b>	<b>Amount Spent (US\$ million)</b>	<b>Relative share (%)</b>
1.FP wing of MoHFW	871.84	10.32	3.92
2.DGFP	6728.13	79.62	30.29
3. HED	186.21	2.20	0.84
4.Divisional Director Office of FP	19.80	0.23	0.09
5. DDFP Office	525.33	6.22	2.36
<b>a. Administrative wing of FP services (1+2+3+4+5)</b>	<b>8331.30</b>	<b>98.60</b>	<b>37.50</b>
6.MCWC at district level	71.70	0.85	0.32
7.UFPO office	13051.03	154.45	58.75
8.Metro thana	263.36	3.12	1.19
9.Others Hospital and Dispensaries	9.07	0.11	0.04
<b>b.FP service providing public facilities (6+7+8+9)</b>	<b>13395.16</b>	<b>158.52</b>	<b>60.30</b>
10.BAVS	119.39	1.41	0.54
11.NIPORT	300.72	3.56	1.35
12.FWVTI	23.59	0.28	0.11
13.MCHTI	17.56	0.21	0.08
14.MFSTC	27.03	0.32	0.12
<b>c. FP service-related public institution (10+11+12+13+14)</b>	<b>488.29</b>	<b>5.78</b>	<b>2.20</b>
<b>Total FP Expenditure</b>	<b>22214.75</b>	<b>262.90</b>	<b>100.00</b>

Note: US\$1 = BDT 84.50 in July 2019(Bangladesh Bank <https://www.bb.org.bd/econdata/exchangerate.php> )

### 3.3 GoB Family Planning Expenditure by Services/ Activities

The study categorizes total FP expenditure into five broad service categories or activities which include contraceptives, consumables and its relative services; program management and administration; human resources; enabling environment for FP services; and FP related research. Table 3.4 and Figure 3.1 demonstrate the findings of total GoBFP expenditures under these service categories.

**Figure: 3.1: GoB's FP Expenditure by Service categories**



Source: Study findings

It is found that among all categories of activities, human resources constitute the highest amount (64.05 percent) of the FP expenditure, followed by program management and administration (19.21%), contraceptives, consumables and its related services (11.98%), and enabling environment for FP services (4.71 %). Here the important thing is that spending on FP related research is very negligible (0.05 percent).

**Table 3.4: Total family planning expenditure in Bangladesh, 2018-2019 by service categories**

Service categories	amount spent (BDT million)	Amount Spent (US\$ million)	Relative share (%)
Contraceptives, Consumables and its related services	2661.75	31.50	11.98
Programme Management & Administration	4267.80	50.51	19.21
Human Recourses	14227.87	168.38	64.05
Enabling Environment	1046.87	12.39	4.71
FP related Research	10.46	0.12	0.05
<b>Total</b>	<b>22214.75</b>	<b>262.90</b>	<b>100.00</b>

### 3.4 Total Family Planning Expenditure by Inputs (Factors of production)

We disaggregated all the recurrent and capital expenditures by items customizing the FPSA classification of NASA methodology (Table 3.5).

**Tables 3.5: Total family planning expenditure by inputs (factors of production)**

<b>FP expenditure by inputs</b>	<b>amount spent (BDT million)</b>	<b>Amount Spent (US\$ million)</b>	<b>Relative share (%)</b>
<b>Contraceptives, Consumables and its related services</b>	2661.75	31.50	11.98
Condom	307.32	3.64	1.38
Pills	972.95	11.51	4.38
Injectables	506.52	5.99	2.28
IUD	33.04	0.39	0.15
Implants	787.26	9.32	3.54
NSV	6.23	0.07	0.03
Tubectomy	22.93	0.27	0.10
Other FP related MSR & Equipments	25.49	0.30	0.11
<b>Programme Management &amp; Administration</b>	4267.80	50.51	19.21
Planning, coordination, management	377.22	4.46	1.70
Monitoring & Evaluation	28.43	0.34	0.13
Upgrading and Provision of FP Medical Equipment (Purchase)	785.27	9.29	3.53
Upgrading and Construction of Infrastructure	66.26	0.78	0.30
Office Equipments (Other than FP related)	1107.44	13.11	4.99
Printing & Photocopy	20.94	0.25	0.09
Rent, Tax & Registration	132.00	1.56	0.59
Utilities	226.23	2.68	1.02
Repair and Maintenance	750.36	8.88	3.38
Transport and Travel Cost	662.58	7.84	2.98
Fuel Cost	83.55	0.99	0.38
Others	27.51	0.33	0.12
<b>Human Recourses</b>	14227.87	168.38	64.05
Salary & Allowances	13468.21	159.40	60.63
Training and Capacity Building	468.00	5.54	2.11
Monetary Inception for Provider (Doctors, nurses & other staffs)	291.67	3.45	1.31
<b>Enabling Environment</b>	1046.87	12.39	4.71
Advertising	245.64	2.91	1.11
Books, Journals & Publications	2.18	0.03	0.01

FP Specific Institutional Development	8.89	0.10	0.04
Seminar, Workshop, Conference	141.27	1.67	0.64
Wage compensation for clients & referees	590.92	6.99	2.66
Other incentive for client	57.98	0.69	0.26
<b>FP related Research</b>	10.46	0.12	0.05
<b>Total</b>	<b>22214.75</b>	<b>262.90</b>	<b>100.00</b>

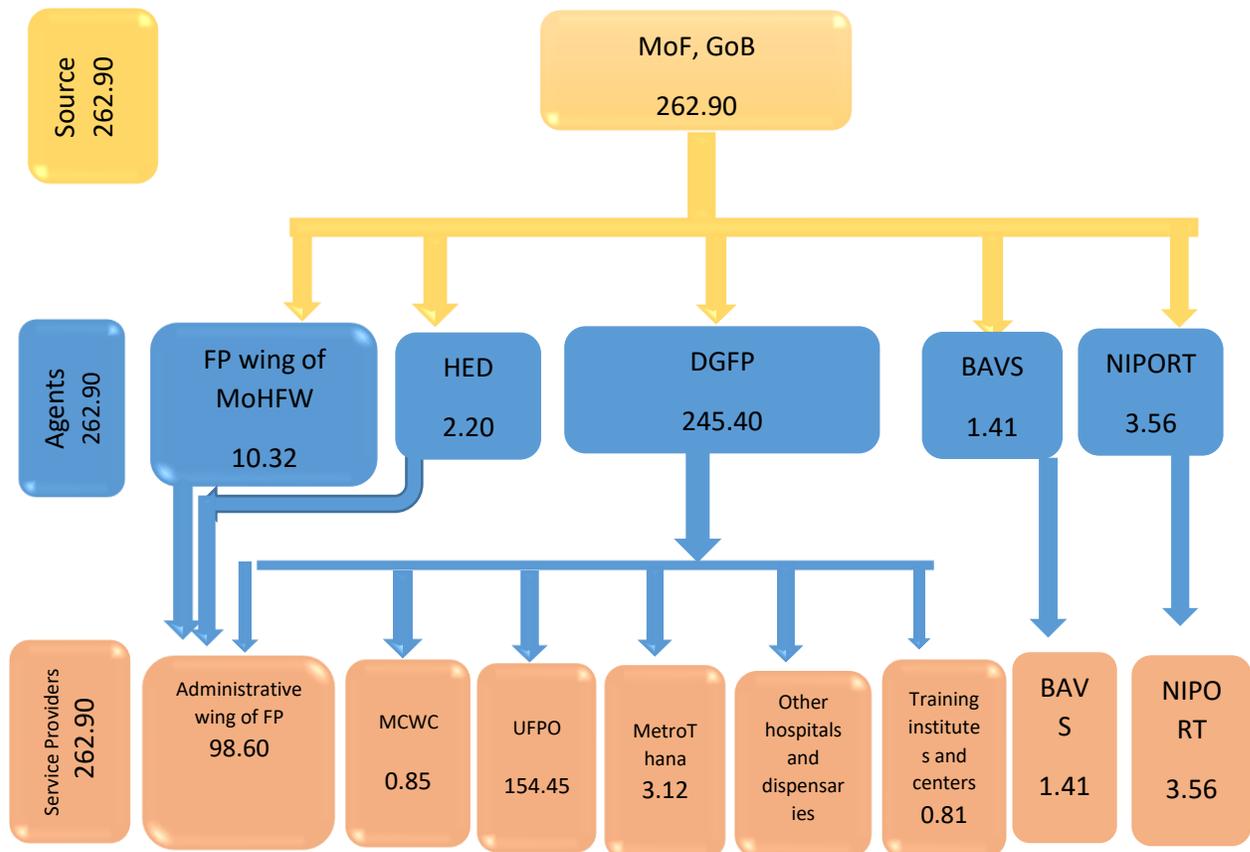
Note: US\$1 = BDT 84.50 in June 2019 (Bangladesh Bank <https://www.bb.org.bd/econdata/exchangerate.php>)

Table 3.5 reveals that salary and allowance accounted for more than two third of total FP expenditure (60.63percent) which is the highest among all types of inputs for providing FP services. The second largest share of FP expenditure was incurred by office equipment's other than FP (4.99 percent) followed by pills (4.38 percent), Implants ( 3.54 percent), upgrading and provision of FP medical equipment (3.53 percent), repair and maintenance (3.38 percent), and so on. The results also show that pills, among the contraceptives, hold the largest share of FP expenditure followed by Implants and condoms.

## 4. Summary of the Findings

The study finds that the total GoB's FP expenditure of Bangladesh in FY 2018-2019 was BDT 22214.75 million (or USD 262.90 million). The Figure 4.1 shows GoB's flow of funds to different agents and service providers. The main five agents of GoB funds for provision of FP services were FP wing of MoHFW, DGFP, Health Engineering Department (HED), NIPORT and BAVS. The major share of FP funds was managed by DGFP (93.35 %) and the main service provider of FP services was UFPO offices including UH&FWC and CC (58.75 %).

**Figure 4.1: Flow of funds (in million USD) for family planning services in Bangladesh, 2018-2019**



In urban areas, the main service delivery point was MCWC at district level. However, there are seven public facilities at metro thana level. In addition to this, DGFP provide funds to training institutes and centers. NIPORT and BAVS are another government body that manage a small amount of GoB funds, which also provide direct FP services via their own service delivery points. Considering service categories, the major share was occupied by the human resource services (64.05%) followed by program management and administration (19.21%), contraceptives, consumables and its related services (11.98 %), enabling environment (4.71%), and FP related research (0.05%). Among the inputs, the salary and allowances occupied the major share (60.63 %) followed by office equipment other than FP (4.99%), pill (4.38 %), implants (3.54%), repair and maintenance (3.38%), and so on. It is a matter of concerned that the funds for FP related research is negligible.

## **5. Conclusion and Recommendations**

The study conducted a Family Planning Spending Assessment (FPSA) of GoB funds in Bangladesh for fiscal year 2018-19. We attempted to track government portion of FP expenditure only. The earlier study of the FPSA found that MoF under GoB is the main source of financing of FP funds(Hamid, et al., 2018). Hence, tracking the GoB funds could be very useful for policy discussions directed towards achieving the targets of FP2020. The sample size used in the study is adequate to conduct any meaningful analysis as we sampled median district and median upazila based on number eligible couples.

The findings of the study offered a clear understanding about the flows of FP expenditure finances by GoB via MoF. DGFP acts as the key entity for channeling the GoB funds. Moreover, public facilities are the major service providers that uses funds provided by GoB. Human resources constituted the largest share while funds allocated for monitoring and evaluation and FP related research have negligible share of total GoB's family planning spending.

The findings suggest that it is essential to allocate more funds for family planning related research to identify the factors behind the unmet needs and discontinuation of family planning methods. Allocation of additional funds is also crucial for training and capacity building, monitoring and evaluation, and awareness building activities.

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