



Options

Mapping of fund flows for FP services and commodities in Bangladesh

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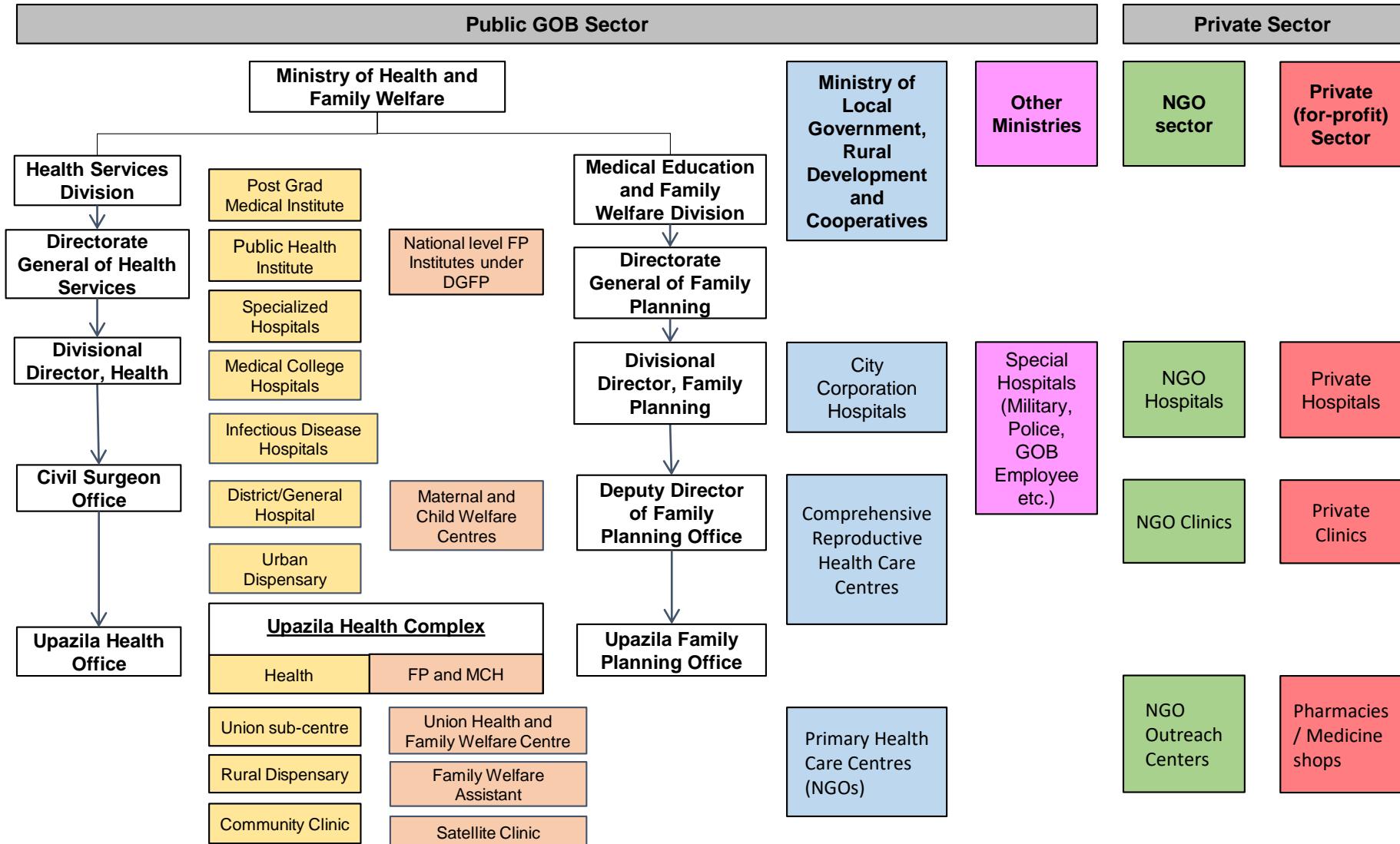
Objective of fund flow mapping

- To identify the health financing mechanisms for FP/SRH, including source of financing, budget agents, and pathways of funding flows to service providers, identifying gaps in information;
- To pinpoint the barriers to the smooth flow of funds and to identify potential ways to overcome those challenges towards improving the financing (allocation, flow, and use) for FP/SRH.

Presentation outline

- Health system structure and features of health financing system in Bangladesh
- Map 1: Funding flows for FP services and identification of bottlenecks and inefficiencies
- Map 2: Contraceptive availability by level of health system and identification of inefficiencies
- Map 3: Flow of FP commodities and financing and identification of inefficiencies
- List of acronyms

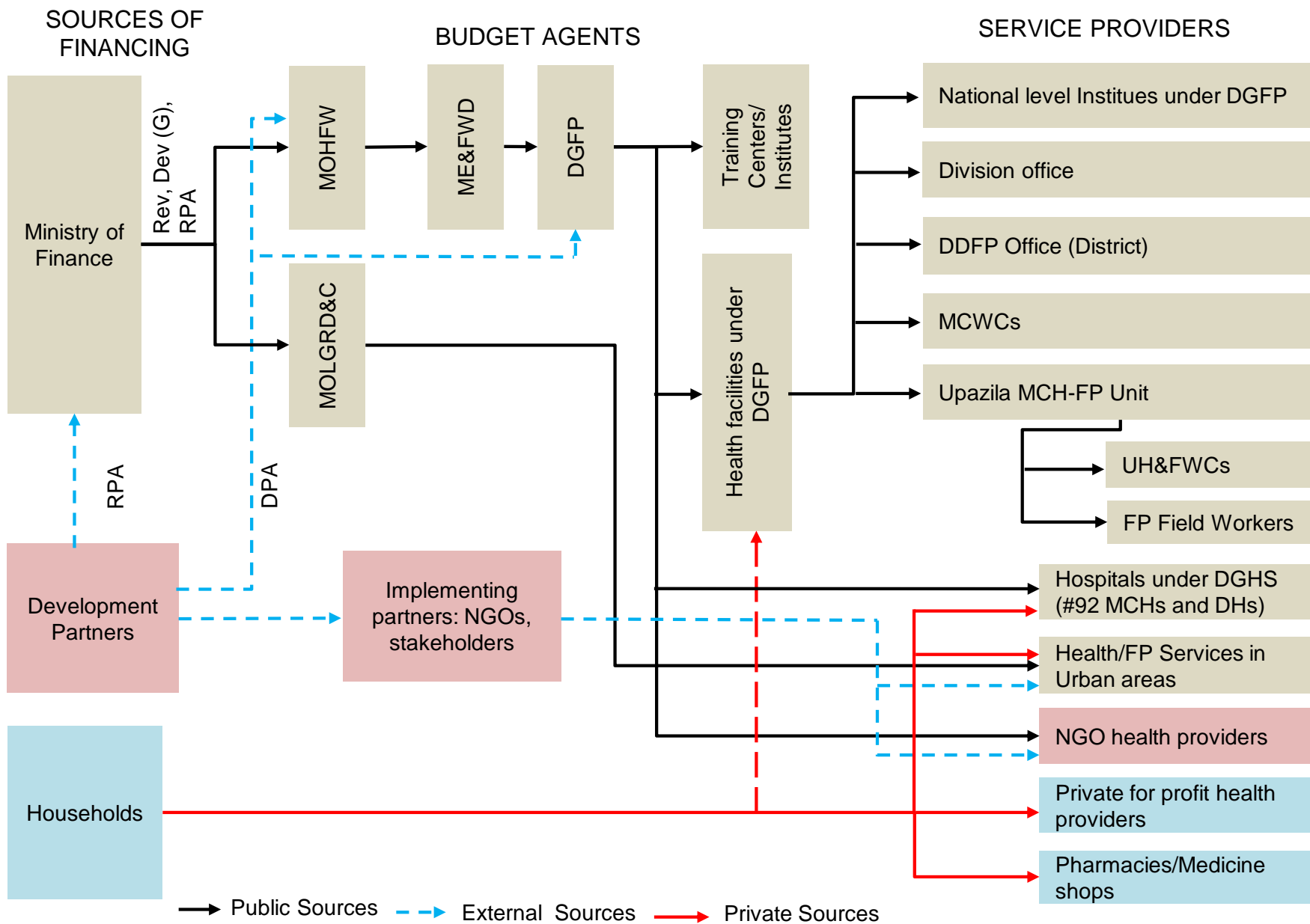
Bangladesh Health System Structure



Features of the health and FP/SRH financing system in Bangladesh

- Complex financing system with parallel funding flows for FP and health services and separate funding channels for urban health services
- Top-down system based on historic budgets:
 - poor engagement of lowest level managers in the planning and budget development process
 - lack of linkages with local health needs
- Budget not fully aligned with Government of Bangladesh commitments for FP/SRH (FP2020, HPNSP)
- Little evidence of private sector expenditure **on FP/SRH**
- Poor funding of urban FP/SRH services leading to lack of access, particularly for urban youth and the poor

Map 1: Funding Flow (FP Health Systems)



Bottlenecks and inefficiencies for the flow of funds for FP in Bangladesh (Map 1)

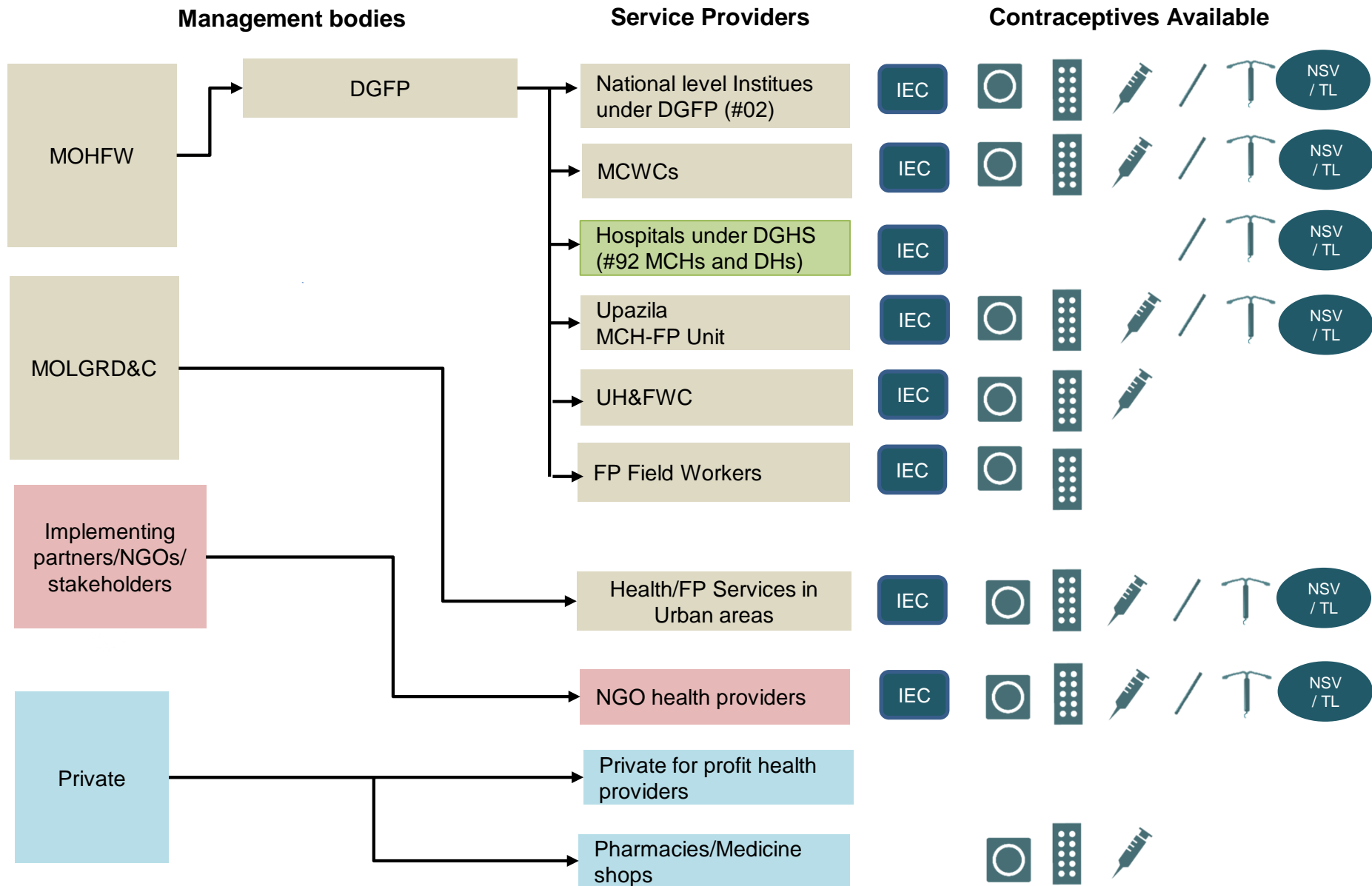
- Rigid public financial management (PFM) system: centralised controls with strict rules & regulations; does not encourage leveraging of other health financing opportunities
- Low efficiency in budget utilisation at central and local levels
- Gaps in training and orientation of health officials on financial management and the health financing system
- Weak monitoring and feedback to ensure efficient budget spending
- Separate funding channels for infrastructure and maintenance have created complexity and impeded the timely use of funds

Bottlenecks and inefficiencies in FP/SRH financing cont. (Map 1)

- Very low specific budget allocation for FP/SRH services in urban areas (including the urban poor) or for the youth population
- Low efficiency in using FP service-related supplies and consumables (other than FP commodities) which come from different sources without proper coordination and with little instruction and guidance
- Delayed budget disbursements (from national to upazila levels) - particularly in July-August - causing difficulties in managing the Imprest Funds at FP facility level (cash incentive funds for clients and providers to increase the use of long-acting FP methods LAPM)

Map 2: Health Systems for FP services with Options

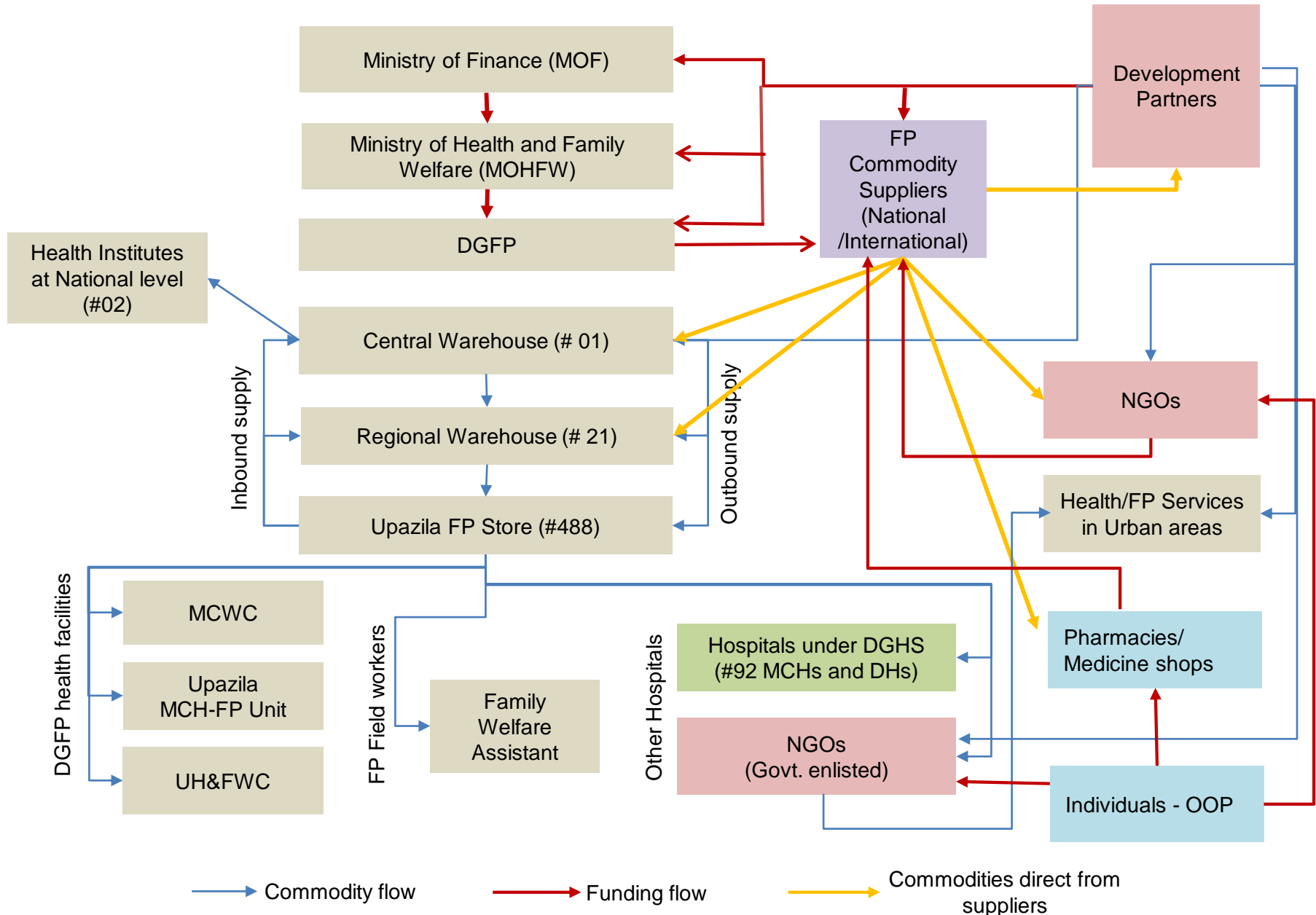
contraceptive availability



Challenges related to the provision and uptake of FP services: (Map 2)

- In urban areas (specially city corporation areas), NGOs are the only source of LAPM
- NGOs charge fees for FP services, restricting access for the poor
- Limited access for young people (e.g. newly married couples)
- No FP services available in private hospitals (missed opportunity for post-partum family planning - PFP)
- Gaps in FP counseling services for informed choice
- Knowledge gaps among service providers and lack of refresher training on technical skills
- Poor uptake of LAPM

Map 3: Flow of FP Commodities and funding



Bottlenecks and challenges identified for the flow of commodities (Map 3)

- Gaps in forecasting of FP commodities leading to stock outs of FP commodities (mostly LAPM)
- PFM system: delayed initiation of procurement process and slow procurement from foreign companies
- Lack of reliable data on out-of-pocket expenditure for FP/SRH services
- Continued high unmet demand for FP services (particularly among young people, in urban areas, and for poor and mobile population groups)

List of Acronyms and key

MOHFW	— Ministry of Health and Family Welfare
MOLGRD&C	— Ministry of Local Government, Rural Development, and Cooperation
Rev	— Revenue Budget
Dev(G)	— Development Budget (Govt. Contribution)
RPA	— Reimbursable Project Aid (part of Development budget)
DPA	— Direct Project Aid (part of Development budget)
OP	— Operation Plan
DGHS	— Directorate General of Health Services
MCH	— Medical College Hospitals
DH	— District Hospitals
DGFP	— Directorate General of Family Planning
DDFP	— Deputy Director Family Planning
DDO	— Drawing and Disbursement Officer
MCWC	— Mother and Child Welfare Center
UH&FWC	— Union Health and Family Welfare Center
SACMO	— Sub Assistant Community Medical Officer
NGO	— Non Government Organization