
Accompanying Manual for UNFPA/NIDI Survey on Financial Flows for 2013 Primary Donors – International Foundations

1. Introduction

The aim of the Resource Flows Project (RF project) is to monitor progress in the implementation of the Programme of Action (PoA) adopted at the International Conference on Population and Development (ICPD) in 1994. The information collected is mainly used for advocacy and mobilisation of resources to ensure implementation of the Programme of Action and to plan for an effective response to the AIDS pandemic.

The Project tracks financial resource flows based on the “costed population package” as described in paragraph 13.14 of the ICPD Programme of Actions: 1) Family planning services; 2) Basic reproductive health services; 3) Sexually transmitted diseases and HIV/AIDS prevention; 4) Basic research, data and population and development policy analysis. The ICPD explicitly recognized (in paragraphs 13.17 to 13.19) that the “costed package” did not include all interventions necessary for the achievement of universal access to reproductive health. It has since become possible to cost and include some additional elements, particularly in the context of the Millennium Development Goals. This manual provides a description of the categories and examples of population activities monitored by the survey which go beyond ICPD paragraph 13.14 to reflect the revised cost estimates produced by UNFPA¹.

The term “population activities” refers to projects, programmes and activities within the following four categories:

1. Family planning services
2. Basic reproductive/maternal health services
3. Sexually transmitted diseases and HIV/AIDS activities
4. Basic research, data and population and development policy analysis

Note that only population activities in, or for the benefit of, developing countries and countries in transition should be included.

We would like to thank you in advance for your kind co-operation. If you need clarification or further information, please contact the project staff at ResourceFlows@nidi.nl

¹ See Report of the Secretary-General, *Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development*. E/CN.9/2009/5. Presented to the 42nd Session of the Commission on Population and Development, New York, March 2009.

2. Definitions of terms used in the survey

Allocation of funds:

The *reservation/budgeting* of a specified amount of money for a particular project/programme.

Expenditures:

The amount of money that has *actually been spent/disbursed* by your organisation for the project/programme in a given year.

General development projects/programmes with a population component:

Development projects/programmes sometimes contain a population component. A rural development programme may, for example, contain a family planning component; a primary health care project may include activities for the prevention or treatment of HIV/AIDS and STDs. The amount requested in the survey is the amount of money spent only on population activities in this general development project/programme.

Intermediate organisations:

Organisations which channel resources for population activities from primary donors, e.g. multilateral organisations and agencies incorporated in the United Nations system, development banks and non-governmental organisations (NGOs).

International NGO (Non-Governmental Organisation):

Private not-for-profit organisation which operates *in more than one* country.

National NGO (Non-Governmental Organisation):

Private not-for-profit organisation which operates *exclusively in one* country.

3. Frequently Asked Questions

Q: Should advocacy which takes place in developed countries be included?

A: Only if the advocacy is for the benefit of developing countries and countries in transition should the projects be included. For example an advocacy project which took place in Brussels to raise awareness for Family Planning in Sub-Saharan Africa should be included. If the advocacy was for Family Planning within Belgium it should not be included.

Q: How do you classify sexual and reproductive health and rights (SRHR)?

A: SRHR should be classified as Reproductive Health.

Q: How should the project program country/countries be filled in?

A: If the project targets one country please fill in that specific country. If the project targets multiple countries, please list the countries. If however information on specific countries cannot be provided, please fill in the RF world region(s) (see D3 on page 10).

Q: If a question is not applicable or unknown should I leave it blank?

A: NO, please fill in "NA" if the question does not apply to your organization or "UNKNOWN" if you do not know the answer to the question.

4. Categories and examples of population activities

Category:

1. Family planning services:

Examples of projects, programmes and activities:

Direct Service Delivery, Drugs, Supplies and Personnel Costs

- Contraceptive commodities and service delivery

Family Planning Programme and Systems Costs

- Capacity-building for information, education and communication (IEC) regarding family planning and population and development issues
- National capacity-building through support for training
- Infrastructure development and upgrading of facilities
- Policy development and programme evaluation
- Management information systems
- Basic service statistics
- Focused efforts to ensure good quality care, including supervision and assessment
- Advocacy for family planning services

Examples of category 1:

- Family planning projects
- Family planning information systems
- Construction/infrastructure of family planning clinics
- Rent, electricity of family planning clinic
- Soap series on TV about family planning
- Contraceptive procurement, warehousing and distribution
- Family planning training
- Salaries and incentive pay associated with family planning personnel

**2. Basic reproductive/maternal health services:
*Direct Service Costs, Drugs, Supplies and Equipment***

- Information and routine services for prenatal care, normal and safe delivery, post-natal care
- Abortion (as specified in paragraph 8.25 of the ICPD document); management of post-abortion complications

Reproductive/Maternal Health Programme and Systems Costs

- Information, education and communication (IEC) about reproductive health, human sexuality and responsible parenthood, and against harmful practices
- Adequate counselling
- Diagnosis and treatment for reproductive tract infections, as feasible
- Referrals, education and counselling services for pregnancy and delivery complications
- Provision of reproductive health information and services for people in humanitarian situations
- Sexual and reproductive health rights

Examples of category 2:

- Antenatal care
- Basic childbirth care
- Basic newborn care (breastfeeding support)
- Delivery complications care (treatment of eclampsia)
- Emergency obstetric care (post-partum hemorrhage)
- Additional care for at-risk baby (resuscitation, very small baby care)
- Surgical repair of obstetric fistula
- Upgrading maternity wards
- Training of traditional birth attendants
- Refresher course for midwives
- “Safe Motherhood” programmes
- Eradicating female genital mutilation
- Screening/treatment of reproductive cancers, including breast, cervical and other reproductive cancers

3. Sexually transmitted diseases and HIV/AIDS activities (as classified by UNAIDS):

a) Prevention

Examples of category 3:

- Communication for social and behaviour change
- Community mobilization
- Voluntary counselling and testing
- Risk reduction for vulnerable and accessible populations
- Prevention – youth in school
- Prevention – youth out-of-school
- Prevention of HIV transmission aimed at people living with HIV
- Prevention programmes for sex workers and their clients
- Programmes for men who have sex with men
- Harm-reduction programmes for injecting drug users
- Prevention programmes in the workplace
- Condom social marketing
- Public and commercial sector male provision
- Public and commercial sector female condom provision
- Microbicides
- Prevention, diagnosis, and treatment of sexually transmitted infections
- Prevention of mother-to-child transmission (PMTCT)
- Pregnant women counselling and testing in PMTCT programmes
- Male circumcision
- Blood safety
- Safe medical injections
- Universal precautions
- Post-exposure prophylaxis
- Prevention activities not broken down by intervention
- Prevention activities n.e.c.

b) Care and treatment

- Outpatient care
- Inpatient care
- Patient transport and emergency rescue
- Care and treatment services not broken down by intervention
- Care and treatment services n.e.c.

- c) Orphans and vulnerable children (OVC)**
- OVC Education
 - OVC Basic health care
 - OVC Family/home support
 - OVC Community support
 - OVC Social services and administrative costs
 - OVC Institutional care
 - OVC Services not broken down by intervention
 - OVC services n.e.c.
- d) Programme management and administration**
- Planning, coordination, and programme management
 - Administration and transaction costs associated with managing and disbursing funds
 - Monitoring and evaluation
 - Operations research
 - Serological-surveillance (serosurveillance)
 - HIV drug-resistance surveillance
 - Drug supply systems
 - Information technology
 - Patient tracking
 - Upgrading and construction of infrastructure
 - Mandatory HIV testing
 - Programme management and administration not broken down by type
 - Programme management and administration n.e.c.
- e) Human resources**
- Monetary incentives for human resources
 - Formative education to build-up an HIV workforce
 - Training
 - Human resources not broken by type
 - Human resources n.e.c.
- f) Social protection and social services (excluding OVC)**
- Social protection through monetary benefits
 - Social protection through in-kind-benefits
 - Social protection through provision of social services
 - HIV-specific income generation projects
 - Social protection services and social services not broken down by type
 - Social protection services and social services n.e.c.

g) Enabling environment

- Advocacy
- Human rights programmes
- AIDS-specific institutional development
- AIDS-specific programmes focussed on women
- Programmes to reduce Gender Based Violence
- Enabling environment not broken down by type
- Enabling environment n.e.c.

h) HIV-related research (excluding operations research)

- Biomedical research
- Clinical research
- Epidemiological research
- Social science research
- Vaccine-related research
- HIV-related research activities not broken down by type
- HIV-related research activities n.e.c.

4. Basic Research

- National capacity-building through support for demographic as well as programme-related data collection and analysis, research, policy development and training
- Support for population data collection; support to academic and other training institutions for population and development research and analysis and to national population planning units, population councils, and population commissions.

Examples of category 4:

- Demographic and health surveys
- Population census
- Vital registration
- Sending staff to overseas training courses
- Setting up a demography department at a university
- Population research

5. Filling in the survey

In case the answer to any question is not applicable, we kindly ask you not to leave the line or box empty, but to indicate this by inserting “NA”. In case the answer is unknown, please write “UNKNOWN”. In case your organization does not spend money on certain topics asked in the questionnaire please fill in the number “0”.

Section B. Overview of Financial Flows 2013

In this section, you are requested to give an overview of financial resource flows for population activities in the year 2013. As the figures in section B should be consistent with the specifications in sections C and D, you may find it more practical to fill in these latter sections first and then summarise the specified figures in section B.

- B 1.** You are requested to summarise the general contributions for population activities to intermediate organisations made by your organisation during 2013. B 1 should be consistent with the *total* of General Contributions to Intermediate Organisations for population in 2013 (section C).
- B 2.** You are requested to summarise the total amount of money that has *actually been spent/disbursed* by your organisation for population projects/programmes during 2013. B 2 should be consistent with the *grand total* of all project/programme expenditures specified in D 7.

Attention!

For general development projects/programmes with a population component, please make an estimate of the amount spent on the population component only.

Section C. General Contributions to Intermediate Organisations for Population in 2013

Please include only unearmarked contributions made by your organisation in 2013.

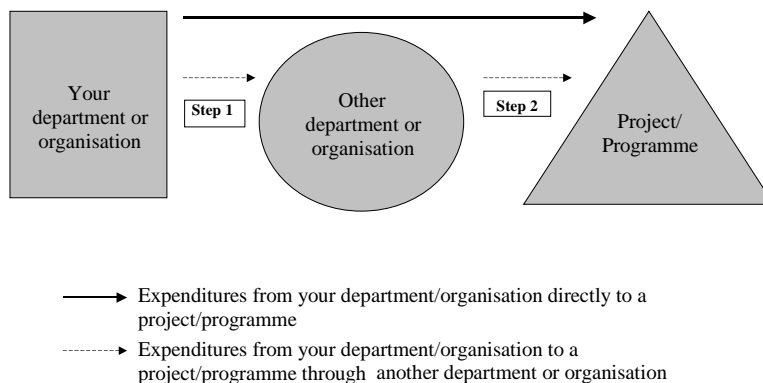
To ensure uniformity in reporting, the RF Team, in cooperation with the organisations concerned, has estimated the part of general contributions for population activities to intermediate organisations. These percentages are presented in the third column of section C. Please fill in the total amount of general contributions in the second column and apply the percentages to calculate the amount for population activities in the fourth column. If applicable, use your percentage if this differs from the percentage given. In addition, in the fifth column, please indicate the percentage of STD/HIV/AIDS expenditures of the amount in the fourth column. Please put zero if there is no STD/HIV/AIDS share in the contribution.

Section D. New and Continuing Population Projects/Programmes in 2013

Please include all projects/programmes that began in 2013 and those that started before 2013, but continued into 2013. The minimal required fields are D 1, D 3, D 7, D 8 and D 9.

- D 3.** Please fill in the country or countries the project/programme targets. If it is not possible to fill in specific countries, filling in world regions will suffice. Please note that the RF project's classification of world regions are: Sub-Saharan Africa; Asia and the Pacific; Western Asia and North Africa; Eastern and Southern Europe; Latin America and the Caribbean; and Global/Interregional.
- D 6.** You are requested to fill in the *amount reserved (budgeted)* for this particular project/programme.
- D 7.** You are requested to fill in the amount of money that has *actually been spent/dispensed* by your organisation for the population component of this project/programme. After having completed section D, check that the sum of the amounts given in D 7 is equal to the amount in B 2.
- D 8.** Expenditures for projects/programmes can either be channelled directly to a project/programme, or can be made through another channel, e.g. a government department or another organisation/individual. In case expenditures are made through another department/organisation, you are requested to mention the first channel (step 1 in the figure below).

Expenditure flows for projects/programmes



- D 9.** We recognise that it may be difficult to indicate the percentages of expenditures made to the four different categories of population activities. If no exact information is available, please make an estimate.
- D 9a.** We recognise that it may be difficult to indicate the percentages of expenditures made to the four different categories of reproductive/maternal health services. If no exact information is available, please make an estimate.
- D 9b.** We recognise that it may be difficult to indicate the percentages of expenditures made to the different STD/HIV/AIDS sub-categories. If no exact information is available, please make an estimate. Please see example below on how to fill in the subcategories

D 9. Breakdown of expenditure in D 7 by category:

| | | |
|--|----------------------------------|-------|
| 1. Family planning services | <input type="text"/> | % |
| 2. Basic reproductive/maternal health services | <input type="text" value="100"/> | % ← |
| 3. Sexually transmitted diseases and HIV/AIDS activities | <input type="text"/> | % |
| 4. Basic research, data and population and development policy analysis | <input type="text"/> | % |
| | | 100 % |

Of this 100% please give a breakdown

D 9a. If applicable, breakdown of expenditures made to basic reproductive/maternal health services by sub-category:

| | | |
|---|----------------------------------|-----|
| 1. Maternal health | <input type="text" value="10"/> | % |
| 2. Abortion (as specified in ICPD para 8.25 *) | <input type="text" value="30"/> | % |
| 3. RTIs, cancers of the reproductive system, and other reproductive morbidities | <input type="text" value="50"/> | % |
| 4. Promoting sexual health | <input type="text" value="20"/> | % |
| | <input type="text" value="100"/> | % ← |

+

The above percentages breakdowns must add up to 100% which represents the 100% in section D9

D 10. This question is new in the survey. Please indicate whether adolescents or youth were targeted by the project by ticking the applicable boxes. If other “young people” were targeted please tick the other box and specify the age ranges.

Section E. Total Future Expected Expenditures on Population Activities from 2014 to 2015

Please indicate preliminary estimates for 2014 and 2015 of the total expected expenditures on population activities. If applicable and available kindly also indicate the expected STD/HIV/AIDS expenditures for the same years. If no figures available, please give an indication of the expected expenditures in 2014 and 2015 compared to 2013.