



**HEALTH  
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# Funding Mauritania's Costed Implementation Plan for Family Planning, 2014-2018

OCTOBER 2015

This publication was prepared by Elise Lang and Sarah Fohl of the Health Policy Project.



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# CONTENTS

- Introduction..... 1
- CIP Gap Analysis Results ..... 3
  - Service Delivery and Access ..... 5
  - Demand Generation ..... 6
  - Monitoring and Evaluation ..... 7
  - Contraceptive Commodities..... 8
  - Contraceptive Security..... 9
  - Policy and Enabling Environment ..... 10
  - Summary ..... 11
- Recommendations and Next Steps..... 12

# INTRODUCTION

Mauritania has made recent commitments to improve access to family planning, with a concrete Costed Implementation Plan (CIP) in 2014. Costed Implementation Plans outline specific activities and associated costs necessary to achieve national family planning goals. Despite surplus funding in some program areas, there are many activities that are underfunded each year of the plan. This lack of long-term commitment and general uncertainty could prevent Mauritania from reaching its long-term family planning goal of increasing the contraceptive prevalence rate to 18.5% in 2018.

In 1997, Mauritania's Ministry of Islamic Affairs and Religious Education introduced family planning into the national health policy landscape through recognition of family planning as a method of "birth spacing". Later policies reinforced this commitment to family planning: the 2005 Youth and Adolescent Reproductive Health Strategy outlined plans and guidelines for youth-specific family planning services and the 2009 revision of the Policies, Norms, and Standards for Reproductive Health encouraged male involvement in family planning, incorporated the promotion of long-term methods at service delivery points and introduced injectables into community outreach services.

A significant challenge to improving access to family planning in Mauritania will be the ability to address the health workforce gap by increasing the number of health workers, particularly those servicing rural areas. 2004 estimates of Mauritania's health workforce suggest current human resource-to-population ratios are 0.11 doctors per 1,000 people and 0.64 nurses per 1,000 people, well below the World Health Organization's recommended ratio of 2.28 health professionals per 1,000 people<sup>1</sup>. In addition, only 25% of providers serve 40% of the rural population. Although Mauritania's government offers family planning services as an integrated component of the minimum package of healthcare services, fewer than half of the service delivery points actually provide these services.

Mauritania's participation in the 2011 Ouagadougou Conference signaled an increased commitment to family planning through improved and enhanced access to services. In the same year, the Ministry of Health established a budget line item for contraceptive commodities, although no funds have yet been allocated and contraceptive products are not integrated into the formal drug distribution system. Mauritania's costed implementation plan for family planning, 2014-2018, outlines priority activities to improve access to family planning and increase the contraceptive prevalence rate (CPR) from 11% to 18.5% by 2018<sup>2</sup>. The CIP is organized around six thematic areas:

- **Contraceptive commodities:** The costs of procuring contraceptive commodities and directly-related supplies (e.g. surgical supplies for sterilization, contraceptive implants)
- **Demand creation:** The costs for activities to increase demand for FP services, including developing and implementing a targets, holistic and evidence-based socio-behavior change communication program

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<sup>1</sup> WHO. 2006. "Working Together for Health: The World Health Report 2006." Geneva, Switzerland: WHO. Retrieved from [http://www.who.int/whr/2006/whr06\\_en.pdf](http://www.who.int/whr/2006/whr06_en.pdf).

<sup>2</sup> Republique Islamique de Mauritanie, 2013. "Plan national de repositionnement de la planification familiale 2014-2018."

- **Service delivery and access:** The costs for training and equipping health care workers and facilities to ensure that FP service delivery is available, accessible, equitable, and voluntary throughout the country
- **Contraceptive security:** The costs for the processes, equipment and management to quantify, procure and distribute FP contraceptives and related supplies
- **Policy and enabling environment:** The costs for activities to ensure that national and local policies and guidelines and policymakers are supportive of the goal of universal family planning access
- **Monitoring and evaluation and coordination:** The costs to ensure that coordination, management, and monitoring and evaluation efforts are in place at the national and district level to manage all FP activities

The estimated annual costs for each thematic area, as seen in the CIP, are outlined in Table 1 below.

**Table 1. Mauritania's Costed Implementation Plan for Family Planning (2014-2018) Annual Estimated Costs in USD**

<b>Thematic Area</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>TOTAL</b>
<b>Contraceptive Commodities</b>	162,014	182,290	203,466	225,570	249,518	<b>1,022,869</b>
<b>Demand Creation</b>	1,001,288	511,741	571,159	511,741	511,741	<b>3,107,670</b>
<b>Service Delivery and Access</b>	1,268,527	533,526	576,712	563,672	563,672	<b>3,506,109</b>
<b>Contraceptive Security</b>	161,223	9,864	15,984	9,864	15,984	<b>212,918</b>
<b>Policy and Enabling Environment</b>	120,759	34,215	75,558	31,306	31,306	<b>293,145</b>
<b>M&amp;E and Coordination</b>	570,965	547,283	483,082	547,283	483,082	<b>2,631,695</b>
<b>TOTAL</b>	<b>3,284,777</b>	<b>1,818,918</b>	<b>1,925,972</b>	<b>1,889,436</b>	<b>1,885,303</b>	<b>10,774,407</b>

\*Amounts converted from local currency (308 Mauritanian Ouguiya to US\$1)

In July 2015, the USAID-funded Health Policy Project conducted a financial gap analysis of Mauritania's CIP to compare the annual funding available from the government and partners for family planning compared to the CIP budget. In this study, funding available can be defined as any future funding that is promised, expected or estimated to be allocated to family planning or in the case of past years, actual funds spent on family planning, excluding overhead costs. The CIP Gap Analysis Tool, developed by Futures Group, was used to estimate additional resources needed to fully implement each thematic area identified in the CIP (contraceptive commodities, demand creation, service delivery and access etc.). The government and development and implementing partners<sup>3</sup> provided information on their planned FP activities between 2014 and 2020. All funded thematic areas were then assigned the appropriate funds (without any associated overhead costs added), and compared to the costs of the CIP thematic areas. The results of this analysis can assist the government to identify thematic areas with high financial coverage and those that need additional resource mobilization. More information on the CIP Gap Analysis Tool is available at [www.healthpolicyproject.com](http://www.healthpolicyproject.com).

#### CIP Gap Analysis Methodology

- FP Stakeholder meeting and training on tool
- Review CIP budget and enter costs by thematic area into tool
- Collect funding data from government, FP implementing partners and donors through individual consultations
- Enter funding data in tool and analyze results, comparing costs in CIP to available funding from government and partners

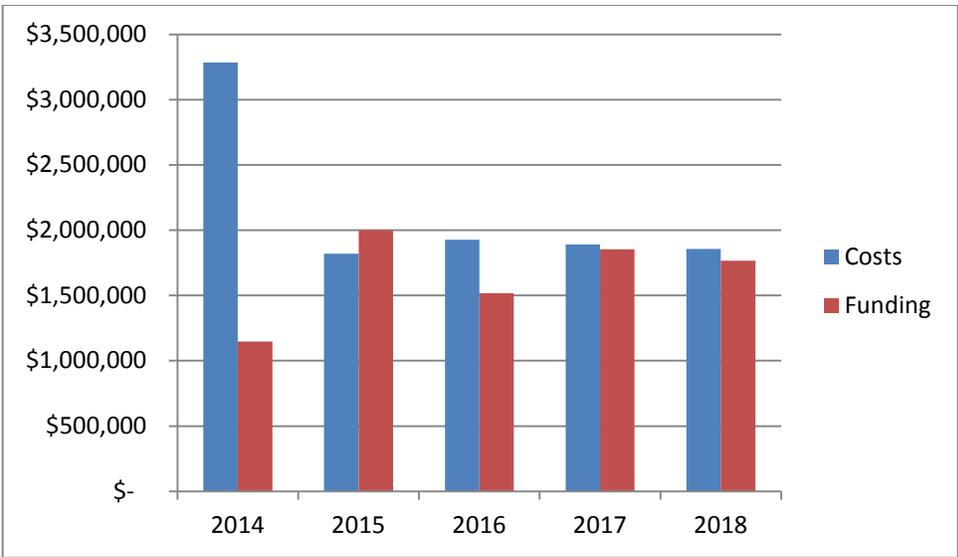
## CIP GAP ANALYSIS RESULTS

Although the projected cost to implement Mauritania's CIP is estimated at US\$10.8 million, the government and partners have currently allocated only US\$8.2 million. This leaves a US\$2.5 million or 23 percent funding gap for the CIP from 2014 to 2018. Figure 1 below compares the CIP costs per year compared to the funds allocated per year.

**Figure 1. Mauritania CIP budgeted costs and funds allocated by the government and donors to support family planning programming 2014-2018**

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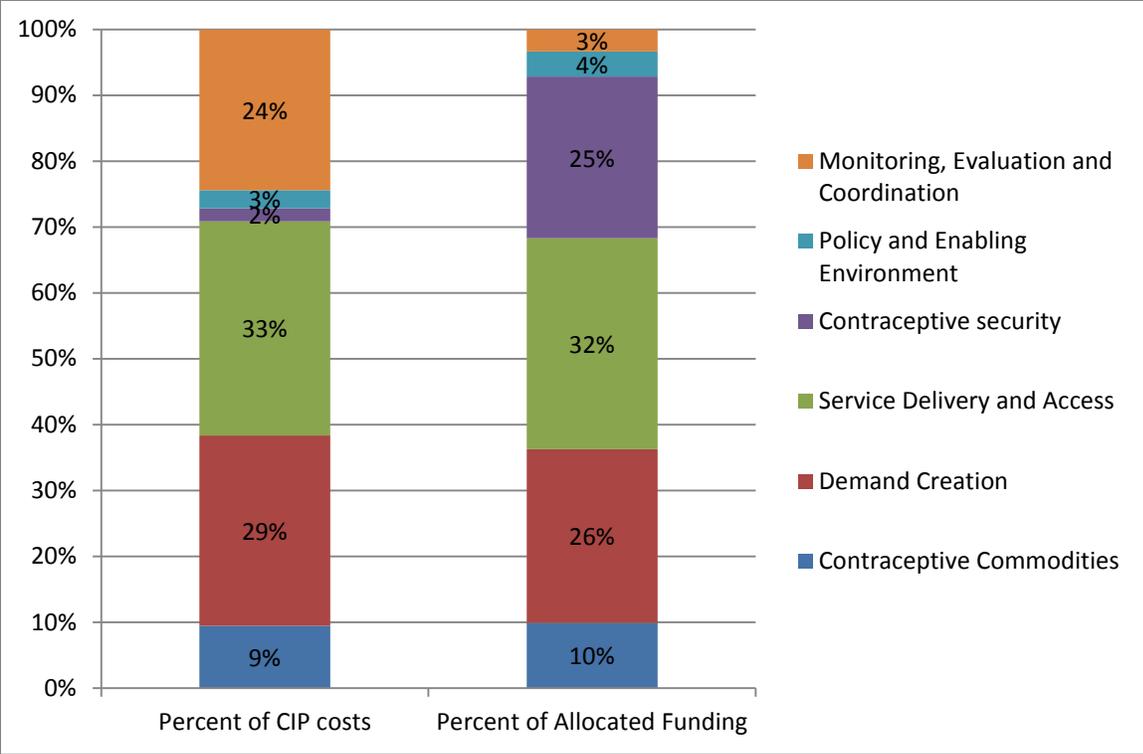
<sup>3</sup> PNSR-Programme nationale de santé de la reproduction (Ministère de la Santé), UNFPA, USAID/Deliver, USAID/AgirPF, World Bank, Medicus Mundi (Cooperacion Espanola), Agence Française de Développement (AFD), Association Mauritanienne pour la Promotion de la Famille (AMPF)/ International Planned Parenthood Federation and the French Red Cross.



The first year of the plan shows a significant funding gap of 65% between the planned CIP costs and the actual funding. This large initial gap in funding contributes heavily to the overall gap of the entire plan. The 2014 costs for demand creation, service delivery and access, contraceptive security and enabling environment are double what they are in the future years of the plan which is mostly due to strategic planning, training, advocacy and equipment costs that were planned for the first year of the plan. In 2015, there is a 10% excess in funding, while the remaining years show a funding deficit: 21% in 2016, 2% in 2017, and 5% in 2018. The cost of the activities that were not able to take place in 2014 will likely be shifted to 2015 and 2016 and therefore, the costs in 2015 particularly will be higher than originally represented in the CIP which may lead to a funding deficit in 2015 as well.

Generally, the proportion of allocated funds by thematic area aligns with the CIP, but there are some areas where adjustments should be made. The percentage of the total allocated funding for service delivery programs, demand creation, contraceptive commodities and supporting and enabling political environment are similar to those in the CIP. In contrast, the CIP had a focus on monitoring and evaluation (24%) compared to the actual funding (3%) and less of a focus on contraceptive security (2%) compared to the funding allocated (25%).

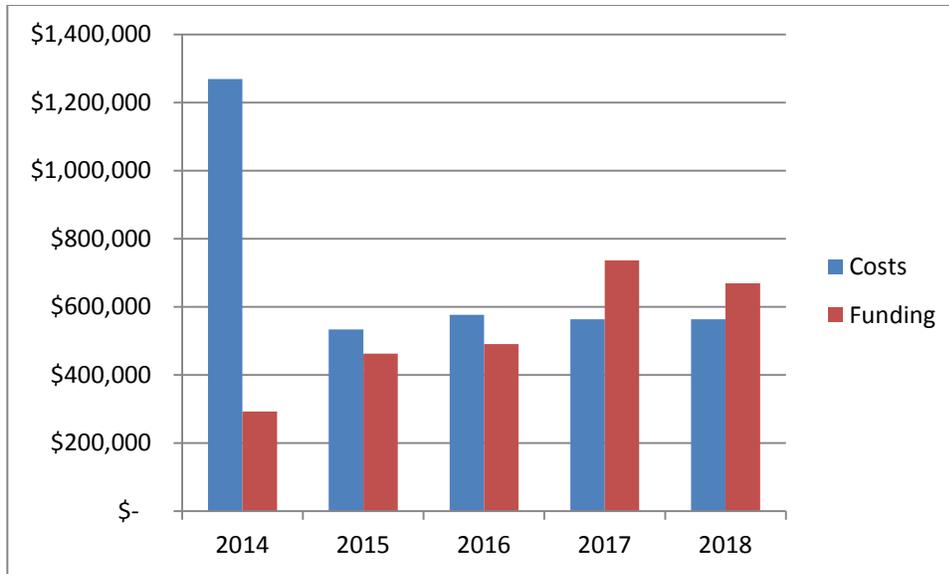
**Figure 2. Percentage of CIP costs and allocated funds by thematic area**



### Service Delivery and Access

A significant lack of funding in the start-up year of the plan is a trend across most of the thematic areas. In 2014, a severe deficit in funding of \$975,000, a 77% gap, existed for service delivery and access programs. That gap decreased in 2015 and 2016, to 13% and 15%, respectively, and the plan is expected to see an excess of funds in 2017 and 2018 amounting to an additional 31% and 19% of each year’s budgets, respectively (figure 3). Overall there is a 24% deficit in funding for service delivery and access totaling \$855,000 over 5 years, which may be larger if costs of activities expected to take place in 2014 were moved to 2015 or 2016. A deficit in this thematic area means that the health centers and community health works may not receive the supplies or training they need to continue to offer quality services.

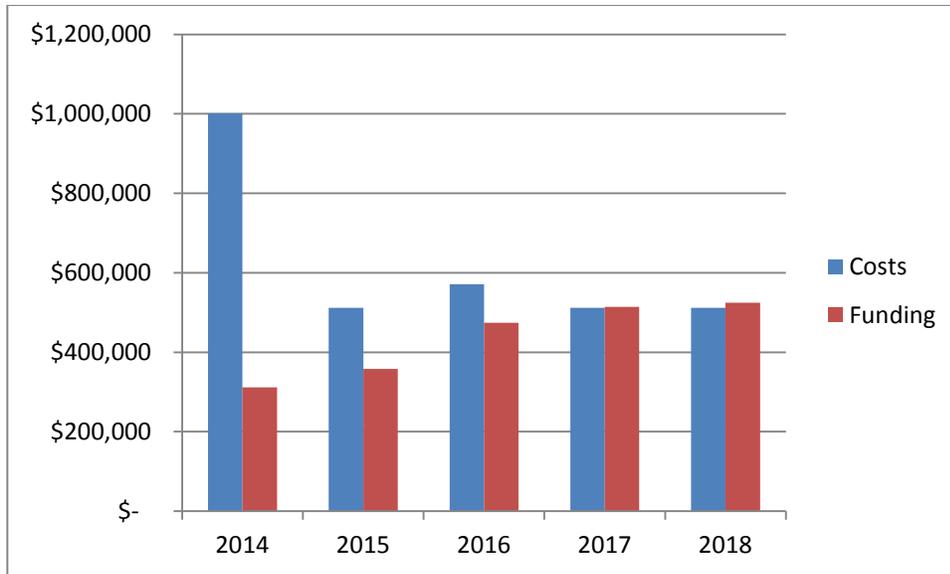
**Figure 3. Mauritania CIP costs and funds allocated by the government and donors to support service delivery and access 2014-2018**



## Demand Generation

Funds for demand generation programs are found to follow the same trajectory with a large financial gap of 69% in 2014 and a gradual closing of that gap each year thereafter (Figure 4). In fact, the gap halves each year until 2017 partially due to a halving of the overall CIP budget in 2015. In 2017, there is expected to be sufficient funding and 2018 will see a slight excess of 2% of the CIP costs. Overall, there is a 30% funding gap amounting to \$925,000 over the 5 year period.

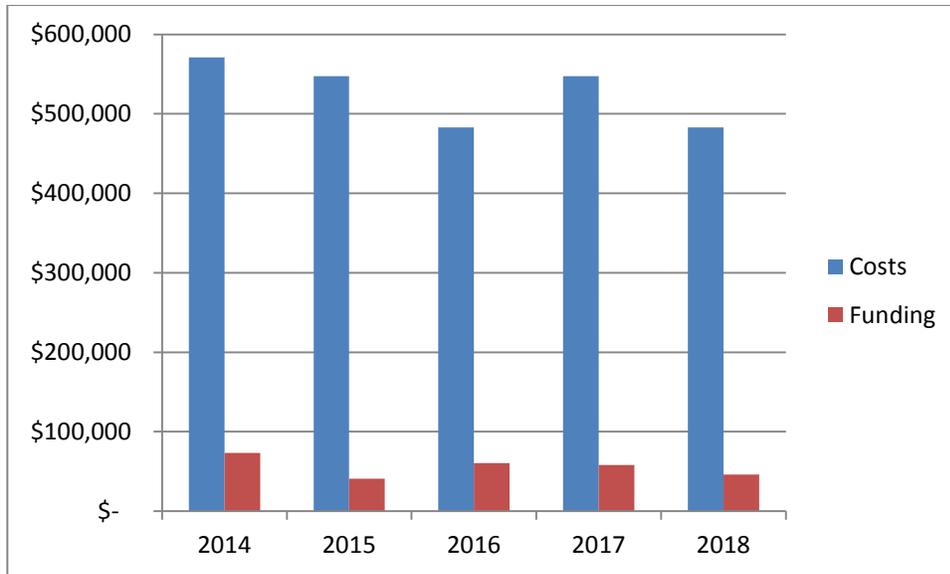
**Figure 4. CIP costs and funds allocated by the government and donors to support demand generation 2014-2018**



## Monitoring and Evaluation

Despite future commitments by current family planning partners to service delivery and demand creation, monitoring and evaluation is consistently the least funded program area with an average 89% gap for every year of the plan. Across the five years, \$2.3 million of the budget is unfunded (Figure 5). This gap indicates that activities such as conducting FP operational research, documenting best practices, providing quarterly supervision at each level of the health system and collecting data at the health facility level cannot be completed.

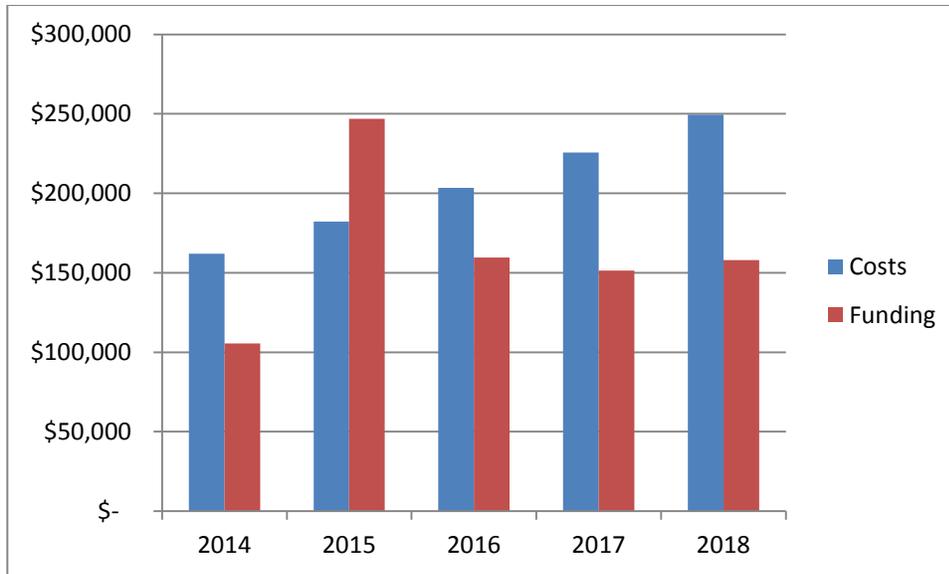
**Figure 5. CIP costs and funds allocated by the government and donors to support M&E and coordination 2014-2018**



## Contraceptive Commodities

Contraceptive commodities are also consistently underfunded each year of the plan except for 2015, which is largely due to UNFPA’s program cycles and future commitments to family planning in the country. UNFPA provides 96% of the budget for contraceptive commodities. The actual financial gap for 2014 and expected gaps for 2016-2018 are an average of 32% of the CIP cost (Figure 6). Over the five year period, there is a 20% funding gap, equivalent to \$201,000.

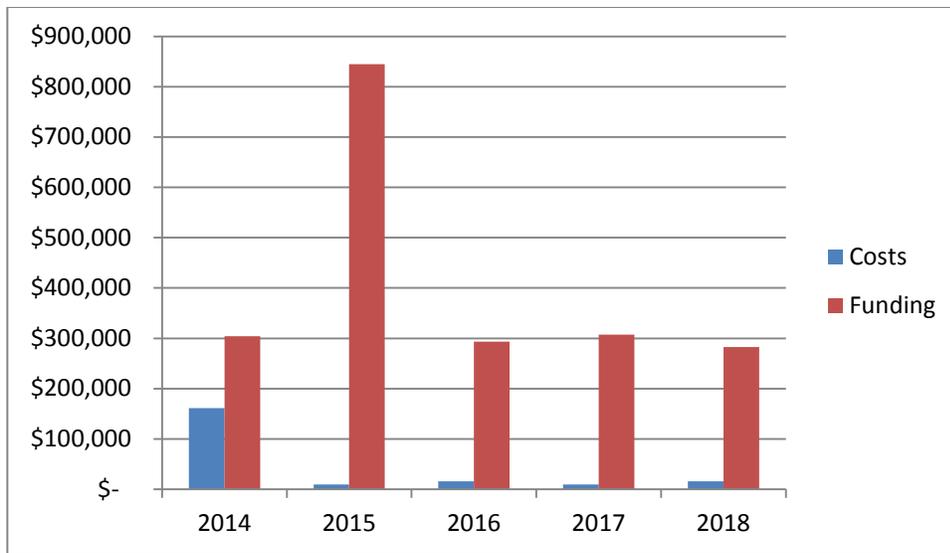
**Figure 6. CIP costs and funds allocated by the government and donors to support contraceptive commodities 2014-2018**



## Contraceptive Security

While the majority of thematic areas are underfunded, contraceptive security programs received a significant excess in funding above the CIP projected costs. The allocation is 80 times higher than the CIP budget in 2015 and an average of eight times higher than the budget over the life of the plan (Figure 7). This amounts to a \$1.8 million surplus for contraceptive security over the five year period on top of the expected CIP cost of approximately US\$200,000. The excess funding is mostly a result of a significant reduction of the CIP budget after 2014 to under US\$16,000 per year, thereby contributing to the excess in funds for each year thereafter. It is highly possible that this area was under-costed during the development of the CIP. Current and future commitments made by UNFPA, which funds 50% of this thematic area and an allocation from DELIVER (USAID) in 2015 contribute to the funds allocated.

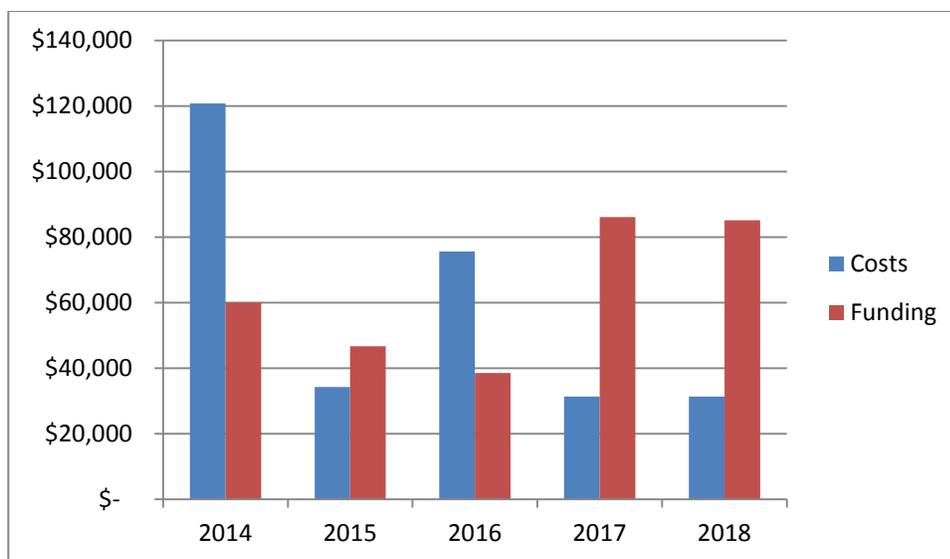
**Figure 7. CIP costs and funds allocated by the government and donors to support contraceptive security 2014-2018**



## Policy and Enabling Environment

Despite significant financial gaps in 2014 and 2016 for supporting a favorable political environment for family planning, funds are expected to be in excess of over 170% of the estimated cost for 2017 and 2018 and 36% in excess of the budget in 2015 (Figure 8). Over 5 years, this thematic area is 8% over-funded, a surplus of \$23,000. There are financial gaps in this area in 2014 (50%) and 2016 (49%). While it is encouraging that donors are committing funds to support policy change to improve family planning, financial gaps in some years will limit funds available for advocacy and engagement.

**Figure 8. Mauritania CIP budgeted costs and funds allocated by the government and donors to support an enabling political environment 2014-2018**



## Summary

Overall, a deficit of 23% in funding by government and donor organizations exist when compared to the CIP budget. The deficit is impacted greatly by the initial funding gap of 65% in the first year. Nearly all six thematic areas are underfunded at some point over the 5-year period of the action plan, except programming for contraceptive security.

**Table 2. Summary of results in USD**

Thematic areas	CIP costs	Allocated Funds	Gap	Percent gap
Contraceptive Commodities	\$ 1,022,869	\$ 821,207	\$ 201,662	20%
Demand Creation	\$ 3,107,670	\$ 2,182,038	\$ 925,632	30%
Service Delivery and Access	\$ 3,506,109	\$ 2,651,199	\$ 854,910	24%
Contraceptive security	\$ 212,918	\$ 2,032,117	\$ (1,819,199)	-854%
Policy and Enabling Environment	\$ 293,145	\$ 316,345	\$ (23,200)	-8%

Monitoring, Evaluation and Coordination	\$ 2,631,695	\$ 278,740	\$ 2,352,955	89%
<b>Total</b>	<b>\$ 10,774,407</b>	<b>\$ 8,281,647</b>	<b>\$ 2,492,760</b>	<b>23%</b>

## SUMMARY AND RECOMMENDATIONS

The CIP gap analysis for Mauritania provides insight into the financial gaps and excesses for specific years in each thematic area. A significant excess in funds for contraceptive security can skew the analysis for the entire budget, but it is important to note that every other thematic area is expected to see large gaps for almost every year of the plan. The first few years of activities for demand creation and service delivery (2014-2016) have, and continue to require, more financial support to implement all planned activities. Additionally, monitoring and evaluation programs require more attention than other areas since only four partners are covering approximately 10% of the budget. Financial deficits in these program areas would negatively impact progress towards the country's CPR goal.

Therefore, it is recommended;

- The Department of Family Health within the Ministry of Health schedule a meeting with family planning stakeholders to communicate the CIP gap analysis results and discuss possible solutions to increase funding for M&E, specifically, and increase commitments in all other areas, such as service delivery.
- The progress to reach the CIP goals be monitored over time and activities should change based on shifting priorities.
- Strengthen communication between the government and local and international partners to ensure the CIP is implemented effectively and efficiently.



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