

Domestic Resource Flows

Report of a case study in Senegal

The views expressed in this report are those of the mission and not necessarily those of the United Nations Population Fund.

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Preface

In the Programme of Action adopted at the International Conference on Population and Development (ICPD) conducted in Cairo, 5-13 September 1994, countries have committed themselves to attain specific goals in the field of population and sustainable development. Measuring the financial resources which countries in various stages of development commit to population activities, is an important way to monitor the progress of implementation of the Programme of Action of the ICPD.

UNFPA is collaborating with the Netherlands Interdisciplinary Demographic Institute (NIDI), to develop and maintain an effective system for the collection, analysis and dissemination of information on both international and domestic financial resource flows for population activities.

The definition of population activities in this respect is confined to the four categories mentioned in paragraph 13.14 of the Programme of Action of the ICPD. These four categories are:

- family planning services;
- reproductive health services;
- STD and HIV/AIDS programmes;
- basic research, data, and population and development analysis.

In paragraph 13.15 of the same document the cost of implementing the required programmes in developing countries and countries with economies in transition is estimated. It results that for the various population activities, including those related to family planning, reproductive health, the struggle against sexually transmitted diseases, and basic work for research and demography, an annual amount of \$ 17.0 billion will be needed in the year 2000. This increases to \$ 21.7 billion in 2015. It is assumed that two thirds of that amount would be furnished by the benefiting countries themselves, while the remaining one third would be covered by the international donor community.

The UNFPA-NIDI project to monitor resource flows for population activities works mainly on the basis of annual mail surveys. On the global level, questionnaires are mailed to all known major public and private donor organizations. They are encouraged to call on NIDI for assistance in case of difficulties in completing the forms. NIDI will also attempt to reach initial

non-respondents by various means of communication. Domestic data collection in the developing and transition countries is done by providing questionnaires to recipient government departments and national NGOs. At this level UNFPA appoints a local 'intaker', who works from the Field Office. During a limited time this person will be available to provide assistance. He or she will also call directly on respondents to enhance the rate and the quality of response.

Collecting usable information from a large number of respondent organizations that vary greatly in size, scope, and sophistication, requires in-depth attention to issues of definition, classification, response rate and operations planning. During the first years of the new survey system a series of ambiguities, inefficiencies and even errors may come to light. It is hoped that such problems can gradually be eliminated or reduced in severity, to make future data collection work more efficient and effective.

To better understand and resolve the various problems, and to speed up the learning process, over the years 1997 and 1998 seven case studies will be conducted in countries which are on the receiving end of population assistance. The first study took place in Indonesia in August 1997 and coincided with the domestic data collection period there (for 1996 data). Senegal is the second country in which a case study has been conducted, this time after regular data collection had already been completed.

The specific objectives of the case studies are:

- to fine-tune and refine data collection procedures for estimating financial resource flows for population activities. These procedures can be used in a later stage in the global mail enquiry;
- to provide more information on how resource flows are directed towards population activities within the countries covered by the case studies and how the ICPD Programme of Action is implemented;
- as benchmarks for studying the quality of data gathered through the mail enquiry;
- to investigate the roles of NGOs and the private sector in the field of population activities;
- to study possible methods for sustainability used within the country: e.g. cost recovery in public programmes; promotion of privatizing supply;
- to gather more information on financial sources in relation to the implementation of the Programme of Action of the ICPD: are there any changes in priority at the government or the donors' level; has the ICPD Plan of Action influenced the population policy and programmes within the country? And how?

- to study coordination between government departments, NGOs and donors.

With the Senegal case study occurring less than a month after regular collection had been completed, it offered a good opportunity to check on the completeness and quality of the data already obtained. On the other hand, it meant that respondents who already had been visited repeatedly by the intaker were asked to provide time again, to review and/or clarify the data. However, few complaints were heard and good cooperation was obtained. Over the period November 25 to December 12, 1997, interviews have been conducted at 14 offices of international donors (bilateral, multilateral, NGOs), 8 ministerial departments, and 13 national NGOs, all located in Dakar and its environs.

Due to the complexity of international and national resource flows in population assistance, and the relatively short duration of the study, it is possible that this report contains significant omissions or errors. NIDI and the author will welcome any comments or corrections.

Thanks go to the Dakar UNFPA Office (Mr. Sidiki Coulibaly, UNFPA Representative) for hospitality and logistic support, and to Ms. Myriam Thiam, the local intaker, who together with the author undertook the survey for this study.

Arij Dekker
December 1997

1. A few basic indicators

Situated on the western tip of the African continent, Senegal has a still rapidly growing population now approaching nine millions, that is largely (over 90 per cent) of the Muslim religion. Due to its location in the Sahel area, the country's important agricultural sector is highly dependent on sufficient rainfall.

Table 1 provides some basic indicators. Since the 1970s population growth, fertility and infant mortality all have fallen, though not spectacularly. The prevalence rate of contraception among married women of reproductive age has increased from 1.3 to 12.9 per cent for all methods.

Table 1. Basic indicators

| | 1978 | 1986 | 1992 | 1997 |
|--|------|------|------|------|
| Population (millions) | 5.3 | 6.5 | 7.7 | 8.9 |
| Annual growth rate (%) | 2.9 | 2.9 | 2.8 | |
| Per cent urban | | 39 | 38.4 | |
| Crude birth rate | 50 | 46 | 43.9 | |
| Crude death rate | 22 | 17 | 16.1 | |
| Total fertility rate | 7.1 | 6.6 | 6.0 | 5.7 |
| Infant mortality rate | 90 | 76 | 71 | 68 |
| Maternal mortality ratio | | | 510 | |
| Life expectancy at birth | | | | |
| male | 40 | | 48.3 | |
| female | 40 | | 50.3 | |
| Married women 15-49 practicing contraception (%) | | | | |
| all methods | 1.3 | 4.6 | 6.7 | 12.9 |
| modern methods | 0.6 | 2.4 | 4.8 | 8.1 |

Sources: DHS-III, 1997, *preliminary* results.

DHS-II, 1992.

Recensement Général de la Population et de l'Habitat de 1988.

UNDP: Coopération pour le Développement Sénégal (1995).

UNFPA: Rapport d'Analyse du Programme et d'Elaboration de la Stratégie (1992).

2. Population policies

National population objectives have been laid down in the Declaration on Demographic Policy approved by the Inter-ministerial Council in July 1995. On the basis of these and other objectives the proposed Ninth National Plan for Social and Economic Development (1996-2002) has been formulated. The availability of these broad guidelines allows UNFPA and other development agencies to have an understanding of national goals, and to support these where feasible.

UNFPA's Third Assistance Programme to Senegal covered the years 1992-1996 and amounted to 12 million \$US. At the moment activities are still covered by interim arrangements, but the Fourth Cycle Programme has received approval from the Governing Council. Over the period 1997-2001 the aim is to deliver assistance to an amount 15 million, of which at least 10 million will come out of the regular UNFPA budget. Ongoing work on programming includes determining the contents of the various sub-programmes that together constitute the plan of action for the immediate future. An important reference in this regard is the paper "Examen des Programmes et Definition des Strategies" (Review of Programmes and Formulation of Strategy) produced by Government and UNFPA in September 1996.

United Nations document DP/FPA/CP/176 spells out the approved Fourth Cycle Programme as proposed by UNFPA's Executive Director. It also provides broad information about the evaluation of the Third Cycle, the current situation of Senegal's population, and the activities of other donors. Quarterly consultation meetings among donors take place to improve coordination amongst them.

Some highlights from the Fourth Cycle Programme are:

- support the integration of reproductive health care in all health services;
- make demographic objectives part of development plans;
- strengthen institutional capability to coordinate the application of the Declaration of Demographic Policy at national level;
- harmonize the collection, retrieval, dissemination and use of population information.

Furthermore:

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- improve the socioeconomic situation of women;
- decentralize activity programming and monitoring to regional levels;
- use national resources and national execution where possible;
- increase the participation of political and religious leaders, as well as community organizations, in all aspects of the programme.

The Government and UNFPA have agreed for some time about the desirability of formulating and monitoring quantitative and measurable objectives.

The programme as approved points out that the Declaration of Demographic Policy is in need of a revision. To really make demographic variables part and parcel of development plans, they have to be included in socioeconomic sector policies. Also, it will be impossible to significantly improve women's participation in population activities as long as they remain economically dependent and suffer from an elevated rate of illiteracy.

The present report provides some financial insight in the range of population activities conducted by the Government and its various counterparts over the year 1996. While activities are obviously limited by scarcity of resources, one notes a balanced approach which appears to be in tune with many of the priorities formulated by the ICPD Plan of Action.

3. Methodological problems

3.1 | General problems and those concerning international flows

Research as reported in this report is necessarily subject to error. The results can never be considered to provide anything like a complete picture; this work is definitely not accounting. In reviewing the results one should consider whether these provide an approximation of reality which is *sufficiently realistic for meaningful conclusions to be drawn*. In this respect it can be assumed that trends are more reliable than absolute values. Significant year-to-year increases and decreases, especially for larger aggregates, are likely to reflect an underlying reality. The same is true for shifts among categories in population activities.

The case study highlighted a few methodical problems which will be briefly discussed.

Problem A.1: Definitions and classifications

Opinions differ about what exactly are population activities, and how they can be classified among the four major ICPD categories. Perhaps the most difficult issue is: what should, and what should not, be comprised under 'reproductive health.' Respondents have their own preconceived notions, which may or may not coincide with those recommended in the guidelines accompanying the questionnaires. From the returned questionnaires one can easily conclude that some respondents either have not studied the guidelines, or have chosen to ignore them. The available information does not always allow such deviations to be redressed, and consultation with the respondent may be unproductive.

Problem A.2: Multiple claiming

A project may be initially funded by a primary donor country, then given for implementation to a multilateral agency, which selects an international NGO to execute it. Normally both the donor country and the multilateral agency should report this as a financial contribution to an intermediate donor, but in practice such projects are often claimed for execution several times, which might generate seriously inflated total expenditure figures. NIDI staff will attempt to weed out such double counts by keeping only the final 'executing agency' in the chain, and correct the other agency's reports to reflect a transfer of funds. A complicating factor is the fact that yearly expenditures as reported for one project by such partners are rarely exactly the same.

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Furthermore, the available information does not always allow to trace the double counts.

Problem A.3: Interpretation of figures for integrated programmes

It is increasingly common, for many good reasons, to combine in one project a range of activities that aim to improve a whole social sector, or the overall living situation in an entire geographic area. Population activities as defined in this report would be only part of the work plan. For example, a project for broad improvements in the health sector will usually include better reproductive care, and assistance to a city may improve the schools system, which in turn would generate an improvement in sexual education. Reporting quality on such population activities embedded into much wider objectives is necessarily highly inaccurate. It may even be speculative, or not occur at all. The plausibility of the estimates provided is difficult to check. This problem occurs in international as well as in domestic data collection.

Problem A.4: Donor decentralization

Some donors increasingly leave programming to their field offices, while the international survey is directed at donors' headquarters. The centrally available information may be insufficiently precise, or comes in too late, to provide adequate responses.¹

3.2 | Domestic flows

UNFPA has conducted its survey of international resource flows for population activities for many years. The survey has always focused on primary and intermediate donors, asking them to report on their efforts in various sub-fields and geographic areas. Until 1996, an extension to the receiving end in the developing countries had not been attempted. The reasons for this are understandable: the problems of volume and quality control multiply.

In comparison to the relatively limited number of established large international donors, the many small government offices and national NGOs in developing countries are considerably more difficult to work with, especially through a mail enquiry.

However, if two thirds of the funds for population activities are to come from recipient countries themselves, an investigation of resource flows

¹ The reverse may also be true: in Senegal it was found that certain field offices have scarce information about their organization's projects executed in Senegal but controlled from the siege.

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which ignores them is incomplete indeed. Therefore it was decided to add a data collection plan for developing countries, with national intakers to improve data quality and response rates. The Senegal experience, in which initial data collection had been completed at the time the NIDI consultant arrived, allows a first look into the various problems that this more ambitious data gathering scheme entails. It should be noted right away that these problems will differ from country to country, since developing and transition countries differ greatly in nearly every imaginable way.

Problem B.1: Inconsistency with international resource flows

If, as is the case, respondents in developing countries are asked what funds they received from international donors, the results are unlikely to be the same as the assistance reported by these donors themselves. Some of the main reasons are:

- many projects have large in-kind components, with donors directly buying and transferring machinery, vehicles, et cetera. most recipients will not report this as financial flows, while donors do;²
- in-country overhead costs of the donor (office, personnel, et cetera) are lost;
- the domestic survey is limited to government departments and national NGOs, while some international donors provide assistance directly to individuals and/or entities which are not officially recognized as NGOs or otherwise readily identifiable by the intaker.

Problem B.2: Underestimation of domestic contribution

Many developing countries have relatively insignificant government budget lines for specific population activities, but more important amounts are hidden in broader allocations, such as for hospital construction and training of medical staff. To trace down government expenditures in relevant areas and decide upon the proper amounts to be reported on the Resource Flows (RF) questionnaire is a daunting task. Even in reporting about specific technical assistance projects, national expenditure on local staff, housing, utilities and so forth was often completely ignored. Perhaps the questionnaire should be revised to make this error less likely.

² There is inconsistency in this regard; some recipients are aware that in-kind support would remain unreported and make efforts to convert equipment and services received back into financial flows.

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Problem B.3: Few people read the guidelines

The RF questionnaires come to the desks of people who are busy. Most addressees are kind enough to provide the information requested, but those who carefully study the guidelines constitute probably a minority. The questionnaire should be reviewed to become even more self-explanatory.

Problem B.4: Some international NGOs are based in developing countries

A particular problem occurs with international NGOs based in developing countries. UEPA, the Union for African Population Studies, which has its headquarters in Dakar, is a case in point. These international NGOs may well receive two questionnaires, one through the international survey (correct), and another one from the national intaker (incorrect). In the case of UEPA, the organization did not return the international questionnaire, explaining to NIDI that it had already replied. Intakers should be made aware of this problem, receive information about international NGOs in their territory, and the questionnaires themselves should be more easily distinguishable.

It should be noted that this problem also crops up where, for example, primary donors list their support to the UEPA as assistance provided to Senegal. In fact this is not support to the country of Senegal, but to the African continent as a region.

Problem B.5: Government Departments manage projects too

The present domestic questionnaire requests NGOs to report about their projects, but not Government Departments. In Senegal both are on the receiving end of, for example, UNFPA project assistance. To improve consistency it would be preferable to ask in both cases for a report on project activity, perhaps a more succinct one than currently in the NGO questionnaire, in order to minimize the response burden.

Problem B.6: Difficulty to report private support to government programmes

The government questionnaire reports income from international agencies and, indirectly, out of the government budget. There is no clear way to record assistance to the government programmes from other national sources (associations, local groups, private sources). Nevertheless, in Senegal, this is a significant phenomenon.

Problem B.7: What is an NGO?

In Senegal the name 'ONG' (NGO) refers to a particular class of organizations that have received official recognition as ONG from the authorities. The questionnaire, for example in Question C6, uses the term

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more loosely to identify all organizations which are not part of the government structure. This requires clarification.

Problem B.8: Identify loans

It is important to identify contributions which are made in the form of loans.

Problem B.9: The need to estimate private expenditures

Private persons and families carry important parts of the cost in areas such as reproductive health care and family planning. The domestic survey in its present form could not provide any information on this. Nevertheless, such components have to be estimated if total domestic expenditure on population activities is to be assessed. This issue is further discussed in Section 5.

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4. Discussion of financial flows

Table 2 summarizes the financial information gathered from the domestic survey. Greater detail, including some results from the international survey, is presented in Annex 1, Tables A.1 - A.3.

4.1 | Role of government departments

Five ministries and ten departments were contacted, see figure 1. Detailed financial data can be found in Tables A.1 and A.2.

Table 2. Revenues and expenditures for population activities in US\$, Senegal 1996

| <i>Funds received by domestic agencies^a</i> | <i>Government</i> | <i>NGOs</i> | | <i>Total</i> |
|--|-------------------|-------------------------|----------------------------|-------------------|
| From external donors | 8,477,393 | 3,037,645 | | 11,515,038 |
| From national resources | 4,167,497 | 495,744 | | 4,663,241 |
| <i>Total income</i> | <i>12,644,891</i> | <i>3,533,389</i> | | <i>16,178,279</i> |
| <i>Funds expended by domestic agencies on projects</i> | <i>Government</i> | <i>NGOs^b</i> | <i>Private^c</i> | <i>Total</i> |
| Family Planning | 3,595,355 | 1,288,379 | 1,647,952 | 6,531,686 |
| Reproductive Health | 2,229,512 | 378,164 | not estimated | 2,607,677 |
| STD/AIDS | 6,394,558 | 437,784 | not estimated | 6,832,342 |
| Other | 419,887 | 546,966 | not estimated | 966,853 |
| <i>Total expenditure</i> | <i>12,639,312</i> | <i>2,651,293</i> | <i>1,647,952</i> | <i>16,938,558</i> |

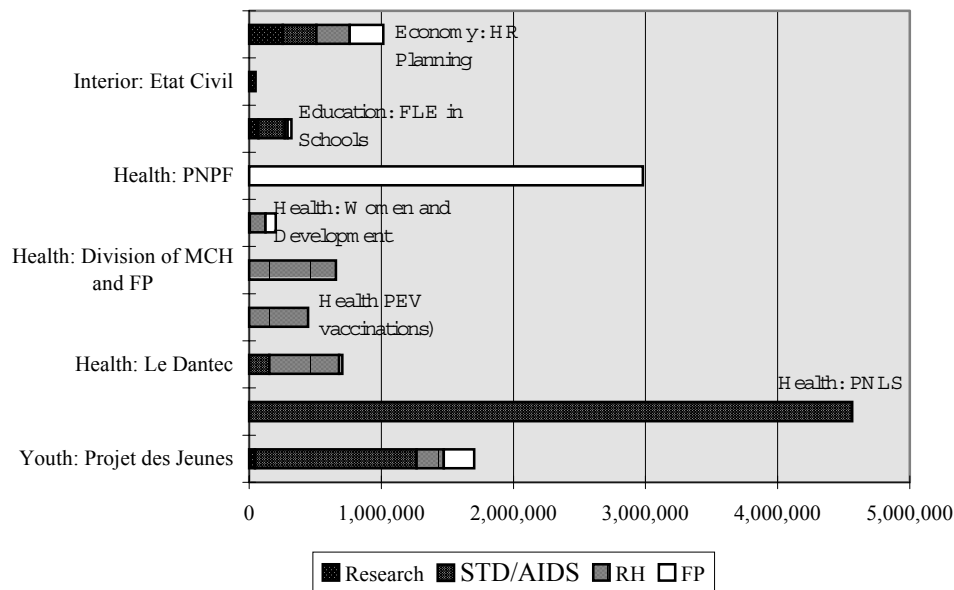
^a This does not include assistance received in expertise or in kind; external donors who fund such non-monetary assistance therefore report higher amounts, see Table A.3.

^b Some NGOs over 1996 had higher income than expenditure; others report significant overhead costs which were not assigned to project activities.

^c National private family planning expenditures could be only roughly estimated, see Table A.4.

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Figure 1. Population expenditures of government agencies in US\$



Ministry of Economics, Finance, and the Plan Direction of Human Resource Planning

The Ministry is a recipient of support for its work in IEC (UNFPA project SEN/92/P02) and in coordinating, decentralizing and managing the National Population Policy (UNFPA project SEN/94/P02). It provided highly useful national data on international support from its Direction of Economic and Financial Cooperation. These figures confirm, at least in order of magnitude, the support level reported by international donors.

Ministry of National Education Project Family Life Education

Project SEN/93/P04 aims at preparing educational materials and assisting schools to provide meaningful education in population matters. This is meant to improve young people's understanding of essential notions before passing into adolescence and adulthood. The project is supported by UNFPA and national funding.

Ministry of Public Health and Social Action National Programme for Family Planning

This is the principal government programme for family planning. It operates through 47 specialized family planning centers, which display a green umbrella ("Family Planning: A Matter of Responsibility"). The coverage is currently being extended to a number of regular health centers. PNPf, as the programme is known through its French language acronym, is sponsored by USAID and UNFPA. A large amount of assistance in kind expert services

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and equipment is provided by USAID through the international NGO Management Sciences for Health (MSH). This concerns a five year programme of \$ US 34 million. It should be noted that this is a *financial* flow for USAID and MSH, but not as far as PNPf is concerned, since they do not receive funds.

Ministry of Public Health and Social Action Project Women and Development

This is a project supporting a broad range of IEC activities in the population area that take place in 53 pilot villages. External support comes from the UNFPA. Important local costs in the form of staff salaries and office costs had not been originally reported. At the request of the visiting survey team additional information concerning this national contribution was provided.

Ministry of Public Health and Social Action Division de la Santé Maternelle et Infantile et de Planification Familiale

The Division shares its premises with the PNPf (Section 4.1.3). It manages a programme to combat maternal mortality in Tambacounda and another one concerned with pilot centers in reproductive health. UNFPA is the major external donor. An inconsistency between figures provided by UNFPA and those from the project could be cleared up, as it emerged that the Division's report had covered only nine month out of 1996. This was corrected.

Institute of Hygiene National Programme to Combat STD/AIDS (PNLS)

This is the highly visible and broadly sponsored government effort to fight sexually transmittable diseases. In the questionnaire as originally received, emphasis was on reporting the financial assistance received from abroad. Government expenditure on local staff salaries, working spaces, utilities and so forth went largely unaccounted. The survey team requested this to be corrected, but a response is still attended.

Ministry of Youth and Sports

The Ministry manages an important project in establishing and maintaining youth counseling centers in the area of reproductive health, including prevention of STD/AIDS, ... This activity is supported by UNFPA (SEN/95/P02) and the World Bank. Inquiry revealed that the World Bank component constituted a loan rather than a grant.

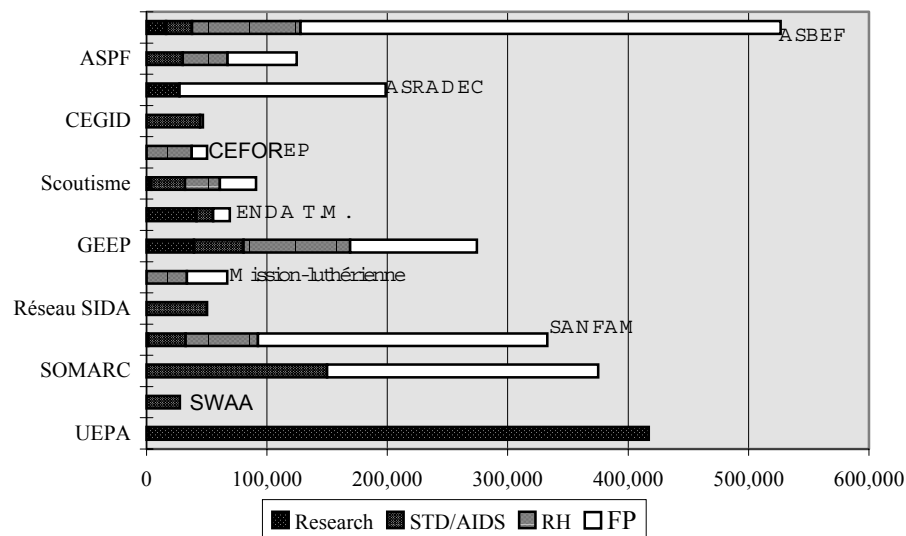
The respondent, Mr. Ousmane Seck, supplied a number of highly useful comments on the questionnaire, which were taken along in the problems notes in Section 3.2

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4.2 | Role of national NGOs

As shown in figure 2, fourteen national NGOs were contacted. More detailed financial data again are to be found in Tables A.1 and A.2 of Annex 1.

Figure 2. Population expenditures of national NGO's in US\$



ASBEF Association Sénégalaise pour le Bien-Etre Familial

ASBEF runs seven family planning clinics displaying the Green Umbrella sign. It was found that in the original survey they had provided two largely identical responses using a different name for the organization, which had then lead to a double count of ASBEF's income and expenditures

ASPF Association Sénégalaise pour la Promotion de la Famille

The Association is involved with a number of catholic health care centers. IEC efforts cover all methods of family planning, but the organization advocates natural methods, and will provide temporary guidance to those couples that choose to adopt these. Various facilities and services are made available without cost by church institutions and volunteers.

ASRADEC Association Sénégalaise de Recherche et d'Appui au Développement Communautaire

ASRADEC had reported the expense of its population project which is in the field of IEC in urban areas. The cost of running the office had not been included. Since this NGO has no own income, such office costs are paid out

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of a grant provided by ACDI (Canada), which passes through the international NGO Jeunesse du Monde. An appropriate part of revenues and expenses in this regard was assigned to ASRADEC's population work.

CEGID Centre de Guidance Infantile et Familiale de Dakar

CEGID provides counseling on a broad range of population problems, including sexuality, fertility and HIV/AIDS. The questionnaire as originally submitted showed an imbalance between revenues and expenses. Upon inquiry it was found that not all proceeds from cost recovery had been included. The questionnaire has been corrected.

Center for Training and Research in Reproductive Health CEFORP

The Center is located at the hospital Aristide Le Dantec, and receives funding from JHPIEGO (which is a programme of Johns Hopkins University of Baltimore, funded by USAID) and the WHO.

Confédération Sénégalaise du Scoutisme

Scouts of Senegal are involved in a series of relatively small programmes furthering education, information and communication in population matters. They have been able to attract funding from a range of donors (see Table A.1).

ENDA Environnement et Développement du Tiers Monde

The organization's programmes include population activities, but these are embedded in integrated development activities with special attention to restoring and protecting the natural environment. An estimate of the population component and its distribution over the four sub-categories was provided.

GEEP Groupe pour l'Etude et l'Enseignement de la Population

The Group prepares educational materials on population issues, that are used at about 100 institutes of secondary education. This involves largely unpaid work by volunteers at the Cheikh Anta Diop University and in the schools. At the request of the survey team a monetary value was attached to this work, to be counted as national private contribution.

Lutheran Evangelical Mission

Activities of the Lutheran Evangelical Mission in Senegal were discovered because in the international survey the Finnish Ministry of Foreign Affairs reported a donation to this cause. The mission was visited in Dakar, and provided financial information from which a domestic NGO questionnaire could be completed. Activities are mostly in reproductive health care and

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family planning. An important part of the Finnish assistance is delivered in kind and so does not reappear as financial flow.

Réseau SIDA

The African AIDS network is a regional agency unnoticed in the international survey. It assists exchange of applicable information between African nations. Funds come largely from Canadian international assistance (CIDA, or ACIDI in French).

SANFAM Santé de la Famille

Among its various activities, SANFAM supplies 55 health units with free medical supplies, including contraceptives. The latter are then sold to the public, at below-market prices. The number of units served is to be expanded to 100. A new project in the area of women and development has started in 1997. SANFAM's programmes also include STD/AIDS related work.

SOMARC Social Marketing for Change

SOMARC is nominally part of the Ministry of Health and Social Affairs, but in practice operates close to the private sector. It sells family planning materials to hospitals, health clinics, pharmacies, and other third parties. This is done at below-market prices to make the products more affordable. As a result of this, SOMARC requires additional funding, which at the present time is provided by the international ONG Futures Group using funds originating from USAID.

SWAA Society for Women and AIDS in Africa

The SWAA conducts IEC activities especially aimed at women and children. Furthermore, support programmes are conducted for HIV/AIDS-affected persons and the so-called AIDS waifs, of which as many as 15,000 are supposed to exist in Senegal.

UEPA Union pour l'Etude de la Population Africaine

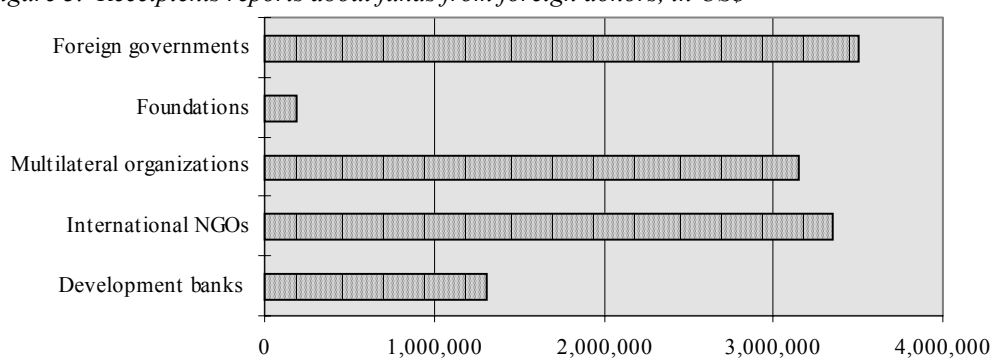
As already discussed in Section 3.2, UEPA in fact is an international NGO headquartered in Dakar. Its activities in demographic and associated studies assist not just Senegal, but are intended for the whole African continent. UEPA officials got confused by receiving two questionnaires and in the end answered only the one for domestic flows, when they should have responded to the global survey.

4.3 | Role of international donors

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Many international donors are active in Senegal. Some are primary donors: developed country governments and foundations of independent means. Others are intermediate donors, which receive most of their income from primary donors or from other intermediate donors. Among intermediate donors one can distinguish between multilateral organizations such as UNFPA, and international NGOs such as the IPPF and Family Health International. Figure 3 provides information about the comparative importance of these categories. Greater detail can be found in Table A.3.

Figure 3. Recipients reports about funds from foreign donors, in US\$



Belgium

Over 1996 the Belgian assistance addressed primary health care in an urban area, Pikine - Guédiawaye close to Dakar. An amount of FB 11.5 million, that is about \$ US 300,000, was spent. It is difficult to determine the population assistance fraction in this; the counterpart Ministry of Health and Social Action did not report on it as such. Belgium also contributes to UNAIDS for its part in the PNLs programme (STD/AIDS). This is reported in the UNAIDS component.

European Union

The European Union processed in resource flows surveys as a donor government supports the National Programme to Combat STDs and AIDS (PNLS). This was reported by the PNLs and confirmed by the EU Dakar Delegation. Similar information had not (yet) been received from EU Brussels in the international survey. There is also a programme of support to the rehabilitation and new establishment of health services in Northern Senegal. A budget line 'Micro Réalisations' covers many small scale projects, including some health clinics. A rather striking piece of information was that the EU in recent years has funded 80 per cent of the Health Ministry's cost on expendable goods, which includes medicines.

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These last three programmes are likely to contain sizable components that fall inside ICPD categories. However, these are difficult to trace and quantify, due a multitude of counterparts, and the immersion of the population activities in a much broader context.

Canada

The Canadian International Development Agency is primarily concerned with education issues. The substantial contribution over 1996 to the struggle against STD/AIDS, as reported by the Ministry of Health and Social Action, was confirmed.

France

France has important bilateral assistance programmes that touch on population activities. The financial support to PNLs and UEPA had been reported. There is also assistance to the Ministry of Health and Social Action for Mother and Child Health care (FF 2.5 M over 4 years) and Medical Training (FF 5.6 M over four years), that went unrecorded. Perhaps this assistance is delivered in kind, and therefore would not be reported by the recipients as a financial flow. The counselor provided a list of national NGOs that benefit from French assistance in the population area and that should be contacted in the next survey round.

Germany

German bilateral assistance is channeled through GTZ for expertise ('software') and through KFW for capital investment ('the bank'). A major project in the areas of reproductive health and STD/AIDS has started in late 1996. It is directed at the region of Kolda and the urban community of Pikine. GTZ does not generate financial flows in Senegal, since undertaking payments to staff and suppliers directly from Germany. The international report as received from GTZ (Table A.3) appears to be correct. As regards KFW, its investments are subject to a decision process in which the Senegal Ministry of Health and local communities are directly participating. This could be regarded as a financial flow through counterparts. However, no investments took place in the population sector in 1996. Over the next few years GTZ will spend about 2 million \$US and KFW 3 million \$US in the Kolda/Pikine project. The distribution between reproductive health and STD/AIDS will be about 50/50.

Japan International Cooperation Agency (JICA)

In information obtained from the Ministry of Economics, Finance and Planning, a substantial Japanese contribution in the area of population activities was recorded over 1996. Upon inquiry at JICA it was found that this had not yet been implemented. Indeed, health is a priority in Japanese

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assistance, and significant support in reproductive health and in the STD/AIDS area is in the pipeline. But major outlays are not expected before the early months of 1998, which are still part of the Japanese 1997 accounting year.

Netherlands

The Embassy confirmed its support to ASBEF and ASRADEC. For 1997 a more substantial amount of assistance will be provided in the population area.

Sweden

According to the Consulate-General, the Swedish international development assistance does not normally pass through diplomatic representations. The Consul was unable to confirm the information about a Swedish grant received by the UEPA, but expressed pleasure about obtaining the news.

UNESCO

The UNESCO Regional Office in Dakar executes project SEN/93/P04 Family Life Education in Schools for the UNFPA. Counterpart is the Senegalese Ministry of Education, whose report has served to complete the tables in for the current study. Nevertheless UNESCO was asked to specify how much was expended for the project over 1996. For once the answer, \$ 193,000, did not differ from information obtained from UNFPA New York. The Director of project SEN/93/P04 reported receiving \$ 85,000 from UNESCO.

UNDP

UNDP confirmed the two projects where a significant contribution had been recorded: SEN/93/003 with the Ministry of Health and Social Action, Division de la Santé Maternelle et Infantile et de Planification Familiale, and the support to National Programme against STD/AIDS (PNLS). In both cases UNDP specified higher amounts in expenditure over 1996 than the recipients. These were \$US 60,000 versus \$US 14,544 and \$ 235,000 versus \$ 210,000, respectively. The 1996 UNDP Development Report for Senegal, that would have been useful in the exercise reported here, had not yet been completed. Meanwhile the 1995 copy issued in July 1997 provided important, though historic, information. One feels empathy with the editors of the report, who face obstacles similar to those encountered in the present study.

UNICEF

UNICEF is a contributor to the PNLS fund. The organization also supports an important vaccination programme (PEV) which includes essential

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vaccinations for pregnant mothers and new-born babies. It is very difficult perhaps really impossible to determine which part of these efforts should be counted under reproductive health care as defined in Paragraph 13.14 of the Program of Action of the ICPD meeting. Eventually an admittedly arbitrary percentage of 25 per cent was applied to the total cost of the PEV project, to arrive at the numbers now recorded in Tables A.1-A.3.

USAID

Since more than ten years USAID does not dispense funds directly. All expenditure now flows through third parties, most of them international or national NGOs. In the international donor enquiry NIDI keeps the expenditures on USAIDs account until and unless a report for the project has been received from an international NGO. Then the amount is reclassified as a transfer to intermediate donor. For Senegal the USAID assistance as reported amounted to \$US 9.805 million \$US. Information of international NGOs received thus far allowed to move \$ US 2.149 million to transfers, leaving \$ US 7.656 million as direct USAID bilateral assistance. Although most 1996 questionnaires have been received, the international enquiry is still ongoing.

The amount of \$ US 7,656,000 must be confronted with only \$ US 920,612 reported by government departments and Senegalese NGOs as having been received from USAID in the form of financial flows. Upon inquiry at the Dakar USAID Office it was found that about \$US 6.4 million had gone to Management Sciences for Health (MSH)³ of Boston, USA, for material and staffing support to PNPf, the family planning programme of the Ministry of Health and Social Action. This reduces the gap to more reasonable proportions.

USAID, by far the most important primary donor world-wide, so far does not report on NIDI international questionnaires. Prints from a proprietary population projects database are provided instead. These are difficult to interpret by outsiders. It is especially difficult to weed out double reporting where the same project activity and related expenditure is claimed again by an international NGO, without sufficient information being available to link the two. The result of this is that bilateral assistance forthcoming from USAID tends to become overestimated. This gives rise to too high reporting of the global expenditure level, and skews the results towards bilateral support.

³ Despite a series of reminders, MSH on 20 November 1997 had not responded to the international survey. This in contrast to a comparatively favourable overall response rate at that time.

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These matters were discussed at the USAID Office in Dakar, but no easy solutions seem to be available. The large variety of international NGOs that receive most but not the totality of their support in a number of ways from USAID (Family Health International, MSH, Africare, JHPIEGO, AVSC, Pathfinder, Population Council, the Futures Group, ...) creates confusion among all but the most informed observers. For example, a grant of \$ US 1.7 million received by the Senegalese PNLs was reported by this recipient as having come from USAID. However, it does not appear in the Senegal part of USAID's international questionnaire. Upon investigation it turned out that it had been delivered by Family Health International, from a transfer most probably not especially earmarked for Senegal that this intermediate donor received from USAID Washington. This and similar puzzles present challenges to the investigator that are rarely easily solved.

World Bank

The 1996 World Bank loans programme in health and population activities went largely through a project called PDRH 1 (Projet de Développement des Ressources Humaines). Counterparts were the Ministries of:

- Economy, Finance, and Planning;
- Health and Social Action;
- Youth and Sports;
- Women, Children and Families.

PDRH 1 has now been terminated; disbursements over 1996 were around 6 million \$US. The Ministry of Economy, Finance and Planning estimates that \$ 1,002,000 of this was spent on population activities. The Ministry of Youth and Sports confirms to have absorbed \$ 885,476 of this in its *Projet des Jeunes*. The latter report was made in FCFA and one can not be sure of the exchange rate used. Thus there is rough agreement between these sources.

The spokesman of the World Bank noted an increasingly active involvement of the Government in population projects. Future World Bank assistance (*Projet de Développement des Services Sanitaires*) will emphasize the reproductive health component.

4.4 | The private sector

The success of population programmes stands and falls with the readiness of people to avail themselves of the services being offered. Under the current

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arrangements in Senegal, people will nearly always have to pay at least a small amount for such services. This is good, as eventually one hopes that most services will be provided commercially and at competitive prices, which would allow subsidies to be curtailed. It is bad to the extent that some potential users may be held back by lack of means.

For current purposes the private sector can be defined as individuals and those associations that have not been identified as national NGOs. They incur costs in all four categories of population activities, though the expenditure for basic research is likely to be quite small. In the context of the current study it has not been possible to estimate private costs in the areas of reproductive health and STD/AIDS.

In the area of family planning use could be made of preliminary results of the third Demographic and Health Survey, which has been conducted in early 1997. It allows an estimate of the number of couples practicing some form of modern contraception as being in the order of 162,000. Disaggregation of this total into numbers of users of various methods is then possible. User costs of various methods were estimated by querying some public and private vendors. The total 1996 expenditure of the private sector for family planning methods could then be pegged at about \$US 1.65 million. Of this amount 0.72 million was spent with public vendors and 0.93 million on the private market. More detailed results can be found in Table A.4.

While this outcome provides an order of magnitude, it has not been arrived at by statistically sound methods and should be considered speculative.

5. What was missed? _____

The survey team gained the impression that a reasonable insight was obtained in the domestic cost structure of three of the four ICPD categories: family planning, STD/AIDS programmes, and research. These are all reasonably well identifiable areas, where there are separate projects and government structures. Reproductive health is another matter. First, there is the tricky question which elements of health care should, and which should not, be counted under reproductive health. Second, costs for reproductive health care are extremely difficult to separate from other health expenses. Building, renovating and operating health structures nearly always involves a reproductive health component. To estimate this component in money terms out of broad government and technical assistance budgets is an exercise that can easily evolve into the conjectural.

Private costs in reproductive health are probably higher than those incurred by the private sector in any other of the three areas. According to DHS-III there annually occur about 360,000 births in Senegal. In over 80 per cent of cases there is some prenatal medical care by physician, nurse or midwife. Medical assistance during birth is present in nearly 50 per cent of the cases. Nearly always these services are payable, although costs will be modest in dollar terms. Still, multiplying the number of births with associated reproductive health care costs will generate a multi-million dollar figure. In further case studies it will be useful to make an effort to arrive at estimates in this regard.

So in reviewing the figures in this report the reader should take into consideration that costs in reproductive health care are quite difficult to determine. As regards public and technical assistance costs, broad sector budgets and technical assistance activities did usually not allow a considered estimate of reproductive health components. Public sector costs in this domain therefore are underestimated. The case study did make no attempt to determine the level of private expense on reproductive health care. Nevertheless this is likely to be substantial.

6. Senegal and the ICPD

As discussed in Section 2, the UNFPA Fourth Cycle Programme will assist a reformulation of the Declaration of Demographic Policy to reflect present insights and requirements. It may be expected that the Plan of Action of the 1994 Cairo ICPD Conference will continue to be among the principal guidelines for policy making by the Government and the donor community in population matters.

In the meantime work on the ground goes on. One notes major efforts being devoted to issues such as improving opportunities for girls and women, working with adolescents, involving community and religious leaders, and lifting the overall education level. This indicates that the broader approach to population issues advocated by the ICPD is being put into practice.

A glance on Table 1 shows how much work remains to be done. The health situation is alarming in areas such as maternal and child mortality and STD/AIDS. Continuing high population growth puts serious strains on all resources, including food supply and the environment.

7. Conclusions and recommendations

The first problem in domestic surveys is identifying and contacting the government departments and national NGOs that are actors of some importance in the population area. Even in a relatively small country like Senegal, that has only one major metropolitan area, this is not obvious. The numerous international funding agencies and international NGOs have widely different philosophies and operating methods. This gives rise to a variety of counterpart organizations, that cater to particular donors' preferences. Also, significant population activities are hidden in broad government budgets and integrated projects. Mapping out this complex field is difficult, even more so since not everybody is prepared to share information. However, one may hope that in most countries after a few rounds of the domestic survey the principal actors will be known.

It might be expected that UNFPA Field Offices would have a complete picture of the situation, but this is not necessarily so. A contributing reason for this could be that there is no structured institutional memory for such information, so personal knowledge leaves with the officer upon transfer or change of duty. In this regard it may be worthwhile for UNFPA Field Offices to keep copies of the domestic survey questionnaires, in order to build and maintain their own database of local financial flows. This will certainly make the data collection work simpler from year to year, and might serve other useful purposes.

The principal aim of the domestic survey is to provide more insight in the efforts of the countries themselves. However, in the original returns from Senegal one notes that emphasis was on answering about the receipt and use of foreign funds. Significant national efforts were underreported.

To improve this situation one might consider modifying the questionnaire so that only domestic inputs are to be reported. However, in the Senegal context this is unrealistic, since many activities are predominantly foreign-funded and would not exist without this source. To confront contents of the international database (Senegal report) with the domestic survey, is one of the better methods to trace oversights.

Foreign donors report higher financial flows than local recipients. This, as mentioned before, is because these donors buy directly goods and services, which do not reach the counterpart in the form of cash. Counterparts are often unaware of what such goods and services cost, and therefore should not be asked to report on their monetary value. *The domestic survey in its current form, querying government departments and national NGOs for funds received, can not be used to estimate the total external financial effort towards a particular country.* The international survey is a better source for such information.

Domestic contributions too, may reach a particular project as goods and services. For example, a government may pay salaries of population workers or provide office accommodation. In this case project staff could find out what this represents in terms of money. They should be encouraged to report it, since that is essential to obtain realistic estimates about national contributions in the population field.

Private expenditure, especially for family planning and reproductive health care, is highly significant. The current domestic mail survey can not provide any information on this point. In Senegal private costs on family planning were estimated using other information, but not those for reproductive health. It would be useful to investigate this important issue in further case studies. It may then be possible to arrive at simple guidelines to intakers about how to arrive at usable national figures for private expenditure in the areas of consideration.

The principal recommendations coming out of the Senegal case study are:

- make questionnaires even more self-explanatory;
- emphasize the need to fully report domestic contributions; those in the form of goods and services should be converted into monetary value;
- continue to report only the financial support from international donors (not the estimated value of goods and services);
- in the government questionnaire, provide space for government agencies to briefly report project activity;
- make it possible to distinguish between grants and loans;
- inform intakers about any international NGOs based in their area;
- make international and domestic questionnaires more easily distinguishable;
- develop guidelines about how to estimate private expenditure on the four ICPD categories;

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- UNFPA to field offices: consider the use of the domestic questionnaires to build and maintain a national database of population resource flows.

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Annex 1. Tables

Table A.1. Domestic Survey: Revenues in US\$

| <i>Foreign Donor</i> | <i>Foreign Assistance</i> | <i>Domestic funds</i> |
|--|---------------------------|-----------------------|
| <i>Ministry of Economics, Finance, and the Plan:</i> | | |
| <i>Direction of Human Resource Planning</i> | | |
| | UNFPA | 652,020 |
| African Development Bank | | 30,909 |
| | | 363,636 |
| <i>Ministry of the Interior:</i> | | |
| <i>Centre National de l'Etat Civil</i> | | |
| | UNFPA | 48,367 |
| | | 0 |
| <i>Ministry of Education</i> | | |
| | UNFPA | 184,581 |
| | | 135,419 |
| <i>Ministry of Public Health and Social Action</i> | | |
| <i>National Family Planning Programme</i> | | |
| | UNFPA | 285,320 |
| | USAID | 1,984,064 |
| | | 709,380 |
| <i>Project Women and Development</i> | | |
| | UNFPA | 141,107 |
| | | 60,238 |
| <i>Division of Maternal and Child Health and Family Planning</i> | | |
| | UNDP ^a | 15,613 |
| | UNFPA | 501,693 |
| | WHO | 155,296 |
| | | 778 |
| <i>Programme Elargi de Vaccination (PEV) ^b</i> | | |
| | UNICEF | 222,800 |
| | | 222,800 |
| <i>Hospital A. Le Dantec - Clinic for gynecology and obstetrics</i> | | |
| | USAID | 30,000 |
| | | 676,100 |
| <i>Institute of Hygiene - National Programme to Combat STD/AIDS (PNLS)</i> | | |
| | Family Health Int. | 1,700,000 |
| | European Union | 200,000 |
| | France | 1,006,000 |
| | UNDP | 800,000 |
| | WHO | 210,000 |
| | UNAIDS | 80,000 |
| | Canada | 75,000 |
| | UNICEF | 243,800 |
| | | 250,000 |
| <i>Ministry of Youth and Sports</i> | | |
| <i>Projet Promotion des Jeunes</i> | | |
| | UNFPA | 353,820 |
| | World Bank loan | 356,275 |
| | | 949,875 |
| <i>ASBEF - Association Sénégalaise pour le Bien-Etre Familial</i> | | |
| | IPPF | 476,756 |
| | UNFPA | 40,209 |
| | Pathfinder | 25,356 |
| | SEATS | 167,764 |
| | Netherlands | 27,473 |
| | | 20,309 |

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Table A.1. (continued)

| <i>ASPF - Association Sénégalaise pour la Promotion de la Famille</i> | | | |
|--|-------------------------------|---------|---------|
| | UNFPA | 41,466 | 38,600 |
| | Secours Catholique | 15,600 | |
| | I.R.H.(Georgetown) | 3,000 | |
| | Fondation JP II | 10,000 | |
| | Fondation Roncalli | 10,000 | |
| <i>ASRABEC - Association Sénégalaise de Recherche et d'Appui au Dév. Communautaire</i> | | | |
| | UNFPA | 182,818 | 0 |
| | Netherlands | 15,507 | |
| | Jeunesse du Monde | 20,000 | |
| <i>CEGID - Centre de Guidance Infantile et Familiale de Dakar</i> | | | |
| | Family Health Int. | 14,836 | 19,615 |
| | ANCS | 3,091 | |
| | UNDP | 2,658 | |
| | UNFPA | 2,273 | |
| <i>CEFOREP - Centre de Formation et de Recherche en Santé de la Reproduction</i> | | | |
| | JHPIEGO (USAID) | 23,296 | 0 |
| | WHO | 37,504 | |
| <i>Confédération Sénégalaise du Scoutisme</i> | | | |
| | UNFPA | 56,464 | 3,890 |
| | USAID | 3,390 | |
| | Scouts Luxembourg | 15,700 | |
| | Scouts France | 8,000 | |
| | Fond. F. Ebert | 3,600 | |
| <i>ENDA T.M. - Environnement et Développement du Tiers-Monde</i> | | | |
| | Donors ENDA | 67,273 | 1,818 |
| <i>GEEP - Groupe pour l'Etude de l'Enseignement de la Population</i> | | | |
| | UNFPA | 90,185 | 153,455 |
| | Prog. Dev. | 9,091 | |
| | Club 2/3 | 21,818 | |
| <i>Mission Evangélique Luthérienne</i> | | | |
| | Finland | 61,431 | 5,624 |
| <i>Réseau Africain de Recherche sur le SIDA ³</i> | | | |
| | ACDI (Canada) | 50,282 | 0 |
| <i>SANFAM - Santé Familiale</i> | | | |
| | USAID | 154,545 | 0 |
| | John Snow Int. | 90,909 | |
| | Family Health Int. | 18,182 | |
| | Umbrella Support Unit (USAID) | 127,273 | |
| | AVSC | 18,182 | |

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*Table A.1. (end)**SOMARC - Social Marketing for Change*

| | | | |
|--|--------------------|-------------------|------------------|
| | Futures Group | 500,000 | |
| <i>SWAA</i> ^d | Family Health Int. | 26,025 | |
| <i>UEPA - Union pour l'Etude de la Population Africaine</i> ^c | | | |
| | Sweden | 330,536 | 232,534 |
| | Rockefeller | 130,002 | |
| | France | 38,835 | |
| | MacArthur | 55,000 | |
| | Denmark | 19,985 | |
| | UNFPA | 39,844 | |
| | ACDI (Canada) | 1,384 | |
| Total | | 11,515,038 | 4,663,241 |

^a UNDP reports a higher amount of about \$US 60,000.

^b 25 per cent of the PEV project has been counted as population activity; this number represents a rough estimate.

^c These are sub-regional projects based in Senegal.

^d SWAA's further reported income of kCFA 150 and kCFA 720 represents transfers from government projects PNLMS and Projet des Jeunes, respectively.

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Table A.2 Domestic Survey - Expenditures in US\$

| | Total | PF | SR | MST/SIDA | Recherche |
|--|-----------|-----------|---------|-----------|-----------|
| <i>Ministry of Economics, Finance, and the Plan</i> | | | | | |
| <i>Direction of Human Resource Planning</i> | | | | | |
| Foreign funds | 984,747 | 246,187 | 246,187 | 246,187 | 246,187 |
| National funds | 30,909 | 7,727 | 7,727 | 7,727 | 7,727 |
| <i>Ministry of the Interior</i> | | | | | |
| <i>Centre National de l'Etat Civil</i> | | | | | |
| Foreign funds | 48,367 | 0 | 0 | 0 | 48,367 |
| National funds | 0 | 0 | 0 | 0 | 0 |
| <i>Ministry of Education</i> | | | | | |
| Foreign funds | 184,581 | 17,304 | 11,536 | 115,363 | 40,377 |
| National funds | 135,419 | 12,696 | 8,464 | 84,637 | 29,623 |
| <i>Ministry of Public Health and Social Action</i> | | | | | |
| <i>National Family Planning Programme</i> | | | | | |
| Foreign funds | 994,700 | 994,700 | 0 | 0 | 0 |
| National funds | 1,984,064 | 1,984,064 | 0 | 0 | 0 |
| <i>Project Women and Developmen</i> | | | | | |
| Foreign funds | 141,107 | 54,467 | 83,112 | 0 | 3,528 |
| National funds | 60,238 | 23,252 | 35,480 | 0 | 1,506 |
| <i>Division of Maternal and Child Health and Family Planning</i> | | | | | |
| Foreign funds | 171,685 | 0 | 171,685 | 0 | 0 |
| National funds | 484,095 | 0 | 484,095 | 0 | 0 |
| <i>Programme Elargi de Vaccination (PEV)^{a1}</i> | | | | | |
| Foreign funds | 222,800 | 0 | 222,800 | 0 | 0 |
| National funds | 222,800 | 0 | 222,800 | 0 | 0 |
| <i>Hospital A. Le Dantec - Clinic for gynecology and Obstetrics</i> | | | | | |
| Foreign funds | 30,000 | 1,065 | 22,500 | 6,435 | 0 |
| National funds | 676,100 | 24,002 | 507,075 | 145,023 | 0 |
| <i>Institute of Hygiene - National Programme to Combat STD/AIDS (PNLS)</i> | | | | | |
| Foreign funds | 4,364,800 | 0 | 0 | 4,364,800 | 0 |
| National funds | 200,000 | 0 | 0 | 200,000 | 0 |
| <i>Ministry of Youth and Sports</i> | | | | | |
| <i>Projet Promotion des Jeunes</i> | | | | | |
| Foreign funds | 1,303,695 | 175,999 | 157,747 | 937,356 | 32,592 |
| National funds | 399,205 | 53,893 | 48,304 | 287,029 | 9,980 |
| <i>ASBEF - Association Sénégalaise pour le Bien-Etre Familial</i> | | | | | |
| Stratégie A: Ressources Humaines ... | 16,122 | 0 | 0 | 0 | 16,122 |
| Stratégie B: Sensibiliser les couches de la population ... | 52,765 | 0 | 44,851 | 7,915 | 0 |
| Stratégie C: Améliorer les services existants ... | 453,940 | 394,928 | 45,394 | 13,618 | 0 |

Table A.2. (continued)

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| | | | | | |
|---|---------|---------|--------|--------|--------|
| Stratégie D: Responsabilisation des femmes | 3,764 | 3,764 | 0 | 0 | 0 |
| <i>ASPF - Association Sénégalaise pour la Promotion de la Famille</i> | | | | | |
| PF Naturelle | 124,666 | 57,346 | 37,400 | 29,920 | 0 |
| <i>ASRABEC - Association Sénégalaise de Recherche et d'Appui au Développement Communautaire</i> | | | | | |
| SEN/95/P03 | 198,664 | 171,288 | 0 | 0 | 27,376 |
| <i>CEGID - Centre de Guidance Infantile et Familiale de Dakar</i> | | | | | |
| SEN/94/003 | 26,573 | 0 | 0 | 26,573 | 0 |
| SEN/95/P02 | 2,273 | 0 | 2,273 | 0 | 0 |
| ANCS: Edition d'un livret en Wolof MSD/SIDA | 3,091 | 0 | 0 | 3,091 | 0 |
| FCO 56367 (AIDSCAP) | 14,836 | 0 | 0 | 14,836 | 0 |
| <i>CEFOREP - Centre de Formation et de Recherche en Santé de la Reproduction</i> | | | | | |
| Appui Institutionnel | 12,760 | 12,760 | 0 | 0 | 0 |
| Ateliers soins prénatals | 37,504 | 0 | 37,504 | 0 | 0 |
| <i>Confédération Sénégalaise du Scoutisme</i> | | | | | |
| SEN/93/P02 | 56,464 | 18,821 | 18,822 | 18,821 | 0 |
| Sensibilisation en SR & MTS/SID | 3,390 | 1,130 | 1,130 | 1,130 | 0 |
| Chantier IEC Mboro | 15,700 | 6,280 | 3,140 | 6,280 | 0 |
| Programme Jeunes: Formation responsables | 3,600 | 0 | 1,980 | 0 | 1,620 |
| 100 Actions Sensibilisation problèmes population | 8,000 | 2,400 | 3,200 | 0 | 2,400 |
| Camps vacance EVF | 1,890 | 630 | 630 | 630 | 0 |
| Programme Jeunes: IEC sur MST/SIDA | 2,000 | 1,000 | 0 | 1,000 | 0 |
| <i>ENDA T.M. - Environnement et Développement du Tiers-Monde</i> | | | | | |
| Communication pour les femmes (droit et santé) | 69,091 | 13,818 | 0 | 13,818 | 41,455 |
| <i>GEEP - Groupe pour l'Etude de l'Enseignement de la Population</i> | | | | | |
| SEN/94/P04 | 243,495 | 97,398 | 85,223 | 36,524 | 24,349 |
| Programme de Développement des Ressources Humaines | 9,091 | 3,636 | 3,182 | 1,364 | 909 |
| Reverdier l'école et ses environs | 21,818 | 4,364 | 0 | 3,273 | 14,182 |
| <i>Mission Evangélique Luthérienne</i> | | | | | |
| Programme '96 | 67,055 | 33,527 | 33,527 | 0 | 0 |
| <i>Réseau Sénégalais de Recherche sur le SIDA</i> | | | | | |
| Programme '96 | 50,282 | 0 | 0 | 50,282 | 0 |
| <i>Table A.2. (end)</i> | | | | | |
| <i>SANFAM - Santé Familiale</i> | | | | | |
| Amélioration qualité service PF | 5,455 | 3,000 | 818 | 1,091 | 545 |
| Femme dans le Développement | 127,273 | 89,091 | 25,455 | 12,727 | 0 |

| | | | | | | |
|--|-------------------|------------------|------------------|------------------|----------------|--|
| | | | | | /// | |
| AIDSCAP (lutte contre MST/SIDA) | 18,182 | 0 | 0 | 17,273 | 909 | |
| Distribution à base communautaire Prioritaire SR | 27,273 | 24,545 | 2,727 | 0 | 0 | |
| | 154,545 | 123,636 | 30,909 | 0 | 0 | |
| <i>SOMARC - Social Marketing for Change</i> | | | | | | |
| Programme '96 | 375,027 | 225,016 | 0 | 150,011 | 0 | |
| <i>SWAA</i> | | | | | | |
| #HRN5972: Lutte contre le SIDA | 27,607 | 0 | 0 | 27,607 | 0 | |
| <i>UE PA - Union pour l'Etude de la Population Africaine</i> | | | | | | |
| Programme '96 | 417,099 | 0 | 0 | 0 | 417,099 | |
| Total | 15,290,605 | 4,883,734 | 2,607,677 | 6,832,342 | 966,853 | |

^a 25 per cent of the PEV project has been counted as population activity; this number represents a rough estimate.

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Table A.3 External donors to Senegal, international and domestic reports

| Donor | As reported by donor's siege | As reported by recipient national NGOs and Government Deps. ^a |
|-----------------------------------|------------------------------|--|
| African Development Bank | | 363,636 |
| AVSC Int. | 19,375 | 18,182 |
| Canada ^b | | 295,466 |
| Denmark | | 19,985 |
| European Union (FED) ^c | | 1,006,000 |
| Family Health Int. | 2,007,558 | 1,759,044 |
| Finland, Min. of Foreign Affairs | 171,216 | 61,431 |
| France (FAD) | | 838,835 |
| Futures Group ^d | 415,000 | 500,000 |
| Germany, GTZ ^c | 261,699 | |
| IPPF (USAID?) | | 476,756 |
| John Hopkins U., CCP | 8,363 | |
| John Snow Int. (USAID) | | 90,909 |
| MacArthur Foundation | 464,000 | 55,000 |
| Macro Int. ^e | 299,163 | |
| Donors ENDA | | 67,273 |
| Netherlands ^c | | 35,816 |
| WHO + UNAIDS | | 193,282 |
| Pathfinder Int. (USAID?) | 264,967 | 167,764 |
| Population Council ^d | 239,722 | |
| Rockefeller Foundation | 207,567 | 130,002 |
| Sweden | | 330,536 |
| UNDP | | 228,271 |
| UNFPA ^f | 3,488,151 | 2,258,918 |
| USAID ^g | 7,656,268 | 920,612 |
| UNICEF ^h | | 472,800 |
| Umbrella Support Unit (USAID) | | 127,273 |
| Various small donors | | 147,373 |
| World Assembly of Youth | 10,737 | |
| World Bank ⁱ | | 949,875 |
| Total | 15,513,786 | 11,515,038 |

^a This normally excludes funds executed by the donors themselves.

^b CIDA (Canada) reports a larger amount covering AIDS-related programmes in Francophone Africa.

^c Amounts in column 3 were confirmed as being (roughly) correct by the donor's Senegal Field office.

^d Donor data is secondary information obtained from USAID; amount was deducted from the USAID total.

^e Amount was spent directly on DHS-III survey.

^f UNFPA indicates \$ 1,752,157 own execution; in this case some reported financial support may have come in kind.

^g Verbal information from the USAID Dakar Office indicates that in 1996 approximately \$ 6.4 M worth of USAID assistance was delivered in kind and in expertise through Management Sciences for Health Inc. to PNPf. The Dakar Field Office of MSH, which is on the premises of PNPf, informed that its local expenditures were to the amount of CFA

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612.990.002, about \$US 1.13 M. This does not include expense incurred directly by MSH Hqs. in Boston, U.S.A. It has not been possible to gather more specific data.

^h Only global expenditure available from UNICEF Headquarters.

ⁱ This amount is part of a *loan* (PDRH1).

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Table A.4 .Rough estimate of private costs for one year of contraceptive use, 1996

| Method | YP | Item cost (CFA) | | National cost (CFA) | | National cost (\$US) | |
|-----------------|------|-----------------|---------|---------------------|-------------|----------------------|---------|
| | | Public | Private | Public | Private | Public | Private |
| F-sterilization | 12.5 | 250,000 | 0 | 106,920,000 | 55,080,000 | 194,400 | 100,145 |
| M-sterilization | 12.5 | 0 | 0 | 0 | 0 | 0 | 0 |
| Implant | 5 | 2,000 | 0 | 1,296,000 | 324,000 | 2,356 | 589 |
| IUD | 2.5 | 2,000 | 36,500 | 16,848,000 | 151,372,800 | 30,633 | 275,223 |
| Injection | 0.25 | 1,000 | 4,000 | 114,048,000 | 38,880,000 | 207,360 | 70,691 |
| Pill | 0.08 | 250 | 900 | 141,750,000 | 182,250,000 | 257,727 | 331,364 |
| Condoms | 0.01 | 25 | 50 | 14,175,000 | 83,430,000 | 25,773 | 151,691 |
| Total | | | | 395,037,000 | 511,336,800 | 718,249 | 929,703 |

Notes:

- YP = years of protection
- The number of women 15-49 is calculated as 22.4 per cent of total population of 8.9 million, that is 2.0 million.
- Distribution of contraceptive use was obtained from DHS-III, Table (*preliminary results*).
- The number of users of modern contraceptive methods is estimated at 8.1 per cent of 2 million, or 162,000.
- Prices at public sources: Government hospital, reproductive health clinic (prices are based on incidental information only).
- Prices at private sources: pharmacy (prices are based on incidental information only).
- Sterilization is reported by 5 per cent of women practicing family planning; since private costs could not be estimated, all costs are calculated at the public level.
- Use of implant is reported by 2.5 per cent of women practicing family planning; since private costs could not be estimated all costs are calculated at the public level.

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Annex 2. Persons contacted**UNFPA**

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|----------------------|--|
| Sidiki Coulibaly | Representative |
| Ms. MarlPne FranHois | Deputy Representative |
| Ms. Myriam Thiam | Local Intaker and Assisting the Case Study |

Government of Senegal

| | |
|-----------------------------|--|
| Abdoulaye Fall | Director, Direction for Human Resource Planning, Ministry of Economics, Finance, and the Plan |
| Ms. Sébastiana Diatta Djiba | Coordinatrice Nationale SMI/PF, National Programme for Family Planning, Ministry of Public Health and Social Action |
| Ms. AVssatou Diop Tall | Project Women and Development, Ministry of Public Health and Social Action |
| Ibra Ndoye | Manager, PNLS, National Programme to Combat STD/AIDS, Institute of Hygiene, Ministry of Public Health and Social Action |
| Karim Seck | Deputy Coordinator, PNLS |
| Ousmane Seck | National Director, Projet Promotion des Jeunes, inistry of Youth and Sports |
| Mody Niang | National Director, Project Family Life Education, Ministry of National Education |

Non-governmental Organizations

| | |
|----------------------|--|
| Belgasime Dramé | Executive Director, ASBEF - Association, Sénégalaise pour le Bien-Etre Familial |
| Felicien Adotevi | ASPF, Association Sénégalaise pour la Promotion de la Famille |
| Cheikh Tidiane Fall | Director-General, ASRADEC - Association Sénégalaise de Recherche et d'Appui au Développement Communautaire |
| Fatouma Touré | ASRADEC |
| Serigne Mor Mbaye | Director, CEGID - Centre de Guidance Infantile et Familiale de Dakar |
| Fadel Diadhiou | Chair of Gynecology-Obstetrics, University Hospital Le Dantec |
| Babacar Mané | Center for Training and Research in Reproductive Health at the Hospital Le Dantec |
| Ms. Yara Abdul Hamjo | ENDA - Environnement et Développement du Tiers Monde |
| Ms. Catherina Makela | Director, Evangelical Lutheran Mission of Senegal |
| Ms. Kaisa Härkönen | Nurse, Evangelical Lutheran Mission of Senegal |

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|------------------------|--|
| Khadidiatou T. Thiam | Administrator, GEEP - Groupe pour l'Etude et l'Enseignement de la Population |
| Babacar Fall | GEEP |
| Alfa Dieng | General Director, SANFAM - Santé de la Famille |
| Ms. Seynabou Mbengue | SOMARC - Social Marketing for Change |
| Ms. Soukèye Dieng Diop | Secretary-General, Society for Women and AIDS in Africa |
| Ms. Viviane Mbaye | UEPA - Union pour l'Etude de la Population Africaine |

Donor countries and organizations

| | |
|-------------------------|---|
| Gilles Desesquelles | Economic Counselor, Delegation of the Commission of the European Union |
| Peter Eerens | Health Coordinator, Ministry of Public Health and Social Action/ Delegation of the Commission of the European Union |
| Ms. Paula Gessi | Delegation of the Commission of the European Union |
| Elène-Marie Ndione Tine | Counselor, Gender and Development/Health, Supporting Office for Canadian Cooperation |
| Ms. Maricia Pechaczek | First Secretary, Embassy of the Netherlands |
| Gerd Eppel | Project to Support Family Planning and combat STD/AIDS, GTZ Germany |
| C. Gary Merritt | Chief Counselor, USAID |
| Mme. Indira Sadoine | Embassy of Belgium |
| Leif Stahl | Consul, Consulate General of Sweden |
| Abdoulaye Seck | World Bank Office, Dakar |
| Nafissatoué. Diop | Africa Operation Research and Technical, Assistance Project II, the Population Council |
| Itaru Hamakawa | Chef de Bureau, Japanese International Technical Cooperation Agency (JICA) |
| Papa M. Guèye | Chargé de Mission, JICA |
| Takemichi Kobayashi | JICA |
| Justin Adjanohoun | Administrative Assistant, UNESCO, Dakar |
| Samir Sobhy | Regional Bureau |
| Assitan Diarra Thioune | Representative for the Dakar Region, UNICEF |
| Michel Brunet | Economist, UNDP |
| | Counselor, Health and Social Development, Embassy of France, Mission for Cooperation and Cultural Action |