

**UNFPA/NIDI RESOURCE FLOWS
HIGHLIGHTS OF THE COUNTRY CASE STUDIES:
SENEGAL, INDONESIA, TANZANIA, EGYPT**

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Population policy

All the countries considered here have, to a more or lesser extent, been working towards adjusting their population policies according to the recommendations of the ICPD Programme of Action. It should be said, however, that in the case of Indonesia, Egypt, Senegal (and India), the population policies were already moving in the direction of the ICPD recommendations in some respects.

Senegal

The population of Senegal was 8.8 million in 1997. Fertility is still high (TFR = 6), but declining. One factor is the trend towards higher age at marriage. Although use of modern contraception is increasing, this is still limited (1% among married women in 1978 to 5% in 1993) and moreover restricted to certain sub-groups of the population, e.g. urban women and those with at least primary education. The WHO supported immunization program (1981) has greatly contributed to a decline in infant mortality. Infant mortality (IMR) has shown a decreasing trend, and stands at 68 in 1997 (table 1). The maternal mortality rate (MMR) is still quite high at 1200 in 1997.

Senegal's population policy has paid much attention to family planning. The Association Senegalaise pour Bien-Etre Familial or ASBEF was established in 1975 and acts as the advisory organisation for government. In 1995, the Tanzanian Inter-Ministerial Council approved the Declaration on Demographic Policy stating the national population objectives. The Ministry of Women's Affairs, Children and Family (Ministère de la Femme, de l'Enfant et de la Famille) is mainly responsible for the execution of Reproductive Health policy. Some highlights of Senegal's reproductive health policy:

- reduction of maternal and infant mortality
- specific attention to reproductive health
- increase awareness and availability of family planning methods
- attention to adolescent sexual health and expansion of sexual health services
- prevention and IEC on sexual violence against women, girls and adolescents
- expansion and improvement of IEC on STDs (HIV/AIDS)

¹ Data presented have not yet been officially endorsed by UNFPA, views expressed are those of the RF team at NIDI. Within the UNFPA/NIDI project for financial resource flows, five case studies have been executed up till now: the last case study on India will be available shortly. The studies are downloadable from the Internet: <http://www.nidi.nl/resflows>.

- promotion of NGO participation in Reproductive Health program
- improve IEC on sanitary conditions and nutrition of mothers and infants
- removal of discriminatory practices and legislation against women

Indonesia

Indonesia has, until recently, enjoyed rapid economic growth and declining poverty. In terms of population, Indonesia has achieved remarkable declines in fertility and infant mortality. Maternal mortality remains high however (MMR of 650 in 1997). Indonesia's population policy has (at least on paper) been in line with many of the ICPD recommendations such as the abolishment of targets and greater involvement of women and NGO's. The Government of Indonesia works together with the Indonesian Planned Parenthood Association (PKBI), but also with other NGOs (e.g. *Muhammadiyah*, *Nadhatul Ulama*, Indonesian Council of Churches) as well as medical associations and private sector in providing IEC and some services.

Some of the salient points of the population policy are:

- incorporation of Family Planning in five-year development plans (Repelita's)
- promotion of the small and prosperous family. The BKKBN (National Family Planning Coordination Board), established in 1970, is mainly responsible.
- self-reliance of the Family Planning program; the Government has set a goal to decrease the share of the public sector in family planning provision to 50 per cent by the year 2000, and that eventually 80 per cent of the family planning users will obtain their services through the private sector, leaving only the poorest 20 per cent to be served by the government. To meet these goals, the government has been developing several programmes to promote the use of the private sector in family planning products and services and to expand the contraceptive choice. Indonesian government guidelines relating to family planning stress the importance of voluntarism.
- Prosperous Family program: empowerment of young families, through promotion of Family Planning, health awareness, credit facilities and employment and self-reliance.
- 1996: Family Planning and Prosperous Family Programs are combined
- 1996: "Mother Friendly Movement", by the year 2000, the Ministry of Health aims at a reduction of Maternal Mortality of 50%
- Indonesian signed and ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
- Government of Indonesia trains more providers and field workers on management, clinical skills and counseling, and improve the IEC programs.
- In 1994, a national AIDS strategy was developed: (1) IEC, (2) prevention through blood testing and ensuring adequate supplies and services, (3) greater involvement of NGO's and donors, (4) support for research.

Despite the progress made, there have still been reports of the use of target-oriented methodologies, social pressure to join the family planning program, and a paternalistic approach by the government. The current economic crisis endangers the Government of Indonesia efforts in implementing Reproductive Health policies.

Egypt

The population of Egypt stood at almost 65 million in mid-1997. These inhabitants of Egypt are highly unevenly distributed: it is concentrated along the Nile and in the Nile delta (5.5.% of total land area). In relative terms, the total fertility rate (3.6), maternal mortality rate (170 per 1000) and infant mortality rate (62 per 1000) are moderate. Official population activities started in 1965 under the aegis of the Ministry of Health and through the IPPF affiliate, the Egyptian Family Planning Association. Through the years, the emphasis have shifted from development (“development is the best contraceptive”) to direct family planning promotion and interventions. Some of the main features of the current Egyptian population strategy are:

- Goals (2002): population growth rate: 1.9; CBR: 26; TFR: 3.1
- increase contraceptive prevalence and reduce fertility through strengthening of Family Planning program
- promote greater emphasis on Reproductive Health services
- harmonize population policies across ministries
- increase support to NGOs in the field of population
- eradication of FGM practice in public and private clinics
- IEC on Family Planning (and more limited HIV/AIDS) through mass media
- Despite that there is a National AIDS Control Programme, HIV/AIDS is not a priority. IEC, surveillance and counseling is limited as of yet.

Tanzania

During the 70s and 80s Tanzania was executing population programmes without a clear population policy. In 1992 Tanzania adopted a National Population Policy. The main components of this policy are:

- improvement of population welfare through improvement of MCH
- regulation of population growth through strengthening of Family Planning program
- Tanzania National Family Planning program (NFPP) to be integrated with Reproductive Health and MCH services. Main points of attention:
 1. training and capacity building on (1) STD/HIV/AIDS counseling and management in family planning clinics, (2) infertility detection and referral to a more specialized unit (3) breast feeding as a method of contraceptive, (4) cervical cancers.
 2. Service delivery: post-abortion and post-coital contraceptive measures and counseling. Training of service providers in counseling.
 3. IEC: Family Planning and HIV/AIDS awareness building. National Family Planning logo launched in each region since 1993. Radio program “*Twende na Wakati*” of Ministry of Information educates on Family Planning, Reproductive Health and nutrition, sanitation and environment.
- NPP aims at reducing natural rate of population growth below 2% by 2010.
- Environmental policy linked to population policy: migration policy, countering environmental degradation and better use of resources.
- Promotion of development and involvement of women: (1) raising women’s status, gender equality, (2) scrutinize discriminatory laws, (3) promote women’s income generating activities, (4) promote girls education.

- ICPD provided an extra incentive to incorporate Reproductive Health approach into the NPP and helped to speed up the five-year FP program.
- Despite the seriousness of the epidemic, the contribution of the government to the National AIDS Control Programme has been rather limited.

Total expenditures: national versus international flows

The total expenditures for population activities (international assistance and Government spending) in 1996 was nearly US\$ 119 million in Egypt, approximately US\$ 268 million in Indonesia, US\$ 17 million in Senegal and US\$ 36 million in Tanzania. The contribution from the national government to these activities was respectively US\$ 86 million (72%), US\$ 239 million (89%), almost US\$ 5 million (32%), and US\$ 0.52 million (1%) (*Table 2*)

As these countries vary considerably in population size, we have constructed some indicators to be able to compare them.

Figure 2 /Table 5 shows the four countries of the case studies regarding estimates of national (government) and international financial resources per person by country in 1996. As can be seen, in Senegal and Egypt, total resources amounted to roughly US\$ 2 per person, whereas in Indonesia and Tanzania about US\$ 1.2-1.3 per person. From this amount, 99 per cent came from international sources in Tanzania, and 70 per cent in Senegal. Egypt and, especially, Indonesia generated most of their own resources.

The four case studies clearly show different levels of independence and development in terms of their population programmes. At the one end of the spectrum we find Indonesia where the relative input of the international donor community is small compared to the local public expenditures in this field (*Figure 2/Table 5*). At the other end of the spectrum stands Tanzania, whose population programme is largely donor driven and where the input of the Government is basically restricted to recurrent costs of its own departments. Both Senegal and Egypt occupy intermediate positions in terms of donor dependency.

Funding per category: national versus international flows

It is interesting to look into the division of national and international funds by ICPD-category, i.e. family planning, reproductive health, HIV/AIDS/STDs and policy/research. The division between family planning and reproductive health is not clear and thus comparisons should be treated cautiously. There is some indication that in the four case studies expenditures for family planning are higher than for reproductive health services. **Figures 3, 3a, 3b/ Table 5** shows the amount spent by national and international sources on these four categories per person.

The figures clearly show the self-reliance of the Indonesian family planning. The Government of Egypt spends an almost equal amount on family planning as Indonesia. However, the contribution of the donor community is still much higher than in Indonesia. Tanzania and Senegal both rely heavily on international donors for financing their family planning programmes.

The seriousness of the HIV/AIDS epidemic in Sub-Saharan Africa is reflected in the higher amounts which donors spend on HIV/AIDS activities in these countries. The government of Senegal contributes significantly (33%) to HIV/AIDS prevention programs. As can be seen, Tanzania is not able to make an important contribution to HIV/AIDS prevention; the program is donor driven. In Indonesia on the other hand the government contributes most funds per person. In Egypt, government expenditure on HIV/AIDS is limited, as it is no issue, but without foreign funding².

National NGOs

The role of national NGOs is, in terms of money relatively little: in Egypt and Indonesia their contribution in terms of expenditures is 2%, in Senegal 20%, in Tanzania 84% (*Figure 4/Table 7*). However, one needs to bear in mind that the sources of income of the national NGOs are for 90% or more from international sources, and are therefore very vulnerable to international politics (*Figure 5/Table 8*). In Tanzania, almost 100%. In Egypt, only 50% of the funding originates from the international community, with additional self-generated income. The role of national NGOs in terms of pioneering activities, and reaching the grass root is much bigger. In Indonesia for example, the Government spends only 4 % to HIV/AIDS activities, whereas national NGOs spend 19% on these activities.

Private Sector

In each of the case study countries, the private sector plays a different role in the implementation of the ICPD Programme of Action. In our case studies we have made an attempt to estimate expenditures by private consumers for family planning services and commodities³. Data for Tanzania were considered to be inadequate to make an estimate. Due to the lack of reliable data at the national level, it was impossible to estimate private expenditures for reproductive health and HIV/AIDS prevention.

Whereas the role of the private sector in family planning is minimal in Tanzania, it is most prominent in **Indonesia**. The family planning programme in Indonesia is implemented by the Government with an active participation by the community and the private sector. The policy is directed towards more self-reliance, as concern for the size of the family planning budget increases. On the basis of various sources⁴ we roughly estimated that the contribution of private households in Indonesia for contraception methods and services. We estimated the amount spent by current users who pay for their family planning methods and services in government clinics and from private sources (midwives, pharmacies, private physicians). As prices for contraceptives vary by area (urban/rural), we calculated averages per country per source. Total consumer expenditure for contraceptive commodities and services in Indonesia was estimated at US\$ 82 million. Government and national NGOs spent US\$ 227 million in 1996 on family planning and reproductive health activities.

² WHO and Ford Foundation provided some support for HIV/AIDS, but this was less than 0.5% of total expenditures.

³ Based on DHS data; we corrected for Couple-Year of Protection (CYP).

⁴ i.e. Demographic Health Survey (DHS); statistics from Central Statistical Office (BPS).

Private users therefore account for around 36 per cent of the total expenditures for family planning and reproductive health activities.

In **Egypt**, consumers spent about US\$ 5.5 million to obtain contraceptives. This figure includes contraceptive commodities and services. Estimated expenditures for family planning and reproductive health activities from the government and national NGOs in 1996 came to US\$ 83 million. Private users therefore account for only around 7 per cent of the total expenditures for family planning and reproductive health activities.

In **Senegal** the total 1996 expenditure of the private sector for family planning commodities was pegged at about US\$ 1.65 million. Of this amount about US\$ 0.72 million was spent via public vendors and US\$ 0.93 million through the private market.

Concluding remarks

- In terms of total expenditure, Family Planning is the largest category, followed by Reproductive Health.
- the Family Planning Programs in Tanzania and Senegal are donor driven.
- Family Planning program in Indonesia is self reliant. In Egypt it is mainly donor driven.
- HIV/AIDS expenditure is largest in Tanzania and Senegal but is donor driven.
- the contribution of NGO's in total expenditures varies per country: in Indonesia (2%) and Egypt (2%) it is very small, but in Senegal it is moderate (20%) and in Tanzania large (however, again NGO's are donor driven here).
- Funds of NGO's come mainly from donors. In Egypt 50% of funds are self-generated, but this is not the case in the other countries: only 11% of funds in Senegal are self-generated, in Indonesia 7% and in Tanzania a mere 2%.

Annex tables

Table 1. Some basic demographic figures

	period	population mid 97 (millions)	CBR	CDR	natural increase	IMR	TFR	life expec male	female	% urban	MMR	% of married women using contraception all modern methods methods		GNP per capita 1995
Indonesia	aug-97	204,3	25	8	1,7	66	2,9	60	64	31	650	55	52	980
Egypt	dec-97	64,8	29	8	2,1	62	3,6	62	65	44	170	48	46	790
Senegal	nov/dec 97	8,8	43	16	2,7	68	6	48	50	43	1200	7	5	600
Tanzania	jan-98	29,5	45	15	3	91	6,3	49	51	21	770	20	13	120
India	aug/sept 98	969,7	29	10	1,9	75	3,5	59	59	26	570	41	36	340

Source: 1997 world population sheet , PRB

Table 2. Total expenditures in 1996 by category and source (in thousands of US\$)

	population mid 96 (millions)	Total International assistance and Government					International assistance					Government				
		FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total
Indonesia	200,4	175.169	71.223	14.223	7.726	268.341	13.668	9.015	4.653	1.745	29.081	161.501	62.208	9.570	5.982	239.260
Egypt	63,3	67.758	41.476	858	8.559	118.652	19.701	8.866	0	4.269	32.836	48.057	32.610	858	4.291	85.816
Senegal	8,5	6.916	4.864	2.086	3.089	16.954	5.182	3.685	1.382	1.267	11.515	1.734	1.179	704	1.822	5.439
Tanzania	30,8	12.944	7.682	12.671	2.451	35.748	12.753	7.649	12.503	2.324	35.229	191	33	168	127	519

FP : Family Planning

RH: Reproductive Health

Table 3. Total expenditures in 1996 by category and source (in percentage, total assistance = 100)

	Total International assistance and Government					International assistance					Government				
	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total
Indonesia	100%	100%	100%	100%	100%	8%	13%	33%	23%	11%	92%	87%	67%	77%	89%
Egypt	100%	100%	100%	100%	100%	29%	21%	0%	50%	28%	71%	79%	100%	50%	72%
Senegal	100%	100%	100%	100%	100%	75%	76%	66%	41%	68%	25%	24%	34%	59%	32%
Tanzania	100%	100%	100%	100%	100%	99%	100%	99%	95%	99%	1%	0%	1%	5%	1%

Table 4. Total expenditures in 1996 by category and source (in percentage, total category = 100)

	Total International assistance and Government					International assistance					Government				
	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total
Indonesia	65%	27%	5%	3%	100%	47%	31%	16%	6%	100%	68%	26%	4%	3%	100%
Egypt	57%	35%	1%	7%	100%	60%	27%	0%	13%	100%	56%	38%	1%	5%	100%
Senegal	41%	29%	12%	18%	100%	45%	32%	12%	11%	100%	32%	22%	13%	33%	100%
Tanzania	36%	21%	35%	7%	100%	36%	22%	35%	7%	100%	37%	6%	32%	24%	100%

Table 5. Total expenditures in 1996 by category and source per person

	Total					International assistance					Government				
	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total
Indonesia	0,87	0,36	0,07	0,04	1,34	0,07	0,04	0,02	0,01	0,15	0,81	0,31	0,05	0,03	1,19
Egypt	1,07	0,66	0,01	0,14	1,87	0,31	0,14	0,00	0,07	0,52	0,76	0,52	0,01	0,07	1,36
Senegal	0,81	0,57	0,25	0,36	1,99	0,61	0,43	0,16	0,15	1,35	0,20	0,14	0,08	0,21	0,64
Tanzania	0,42	0,25	0,41	0,08	1,16	0,41	0,25	0,41	0,08	1,14	0,01	0,00	0,01	0,00	0,02

Table 6. Total expenditures in 1996 by category of national NGOs (in thousands of US\$ and per centage)

	Government					National NGOs				
	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total
Indonesia	2.360	802	897	661	4.720	50%	17%	19%	14%	100%
Egypt	1.942	627	179	239	2.987	65%	21%	6%	8%	100%
Senegal	869	230	272	74	1.445	60%	16%	19%	5%	100%
Tanzania	1.758	263	694	110	2.825	62%	9%	25%	4%	100%

Table 7. "National" expenditures in 1996 by category and source (in thousands of US\$)

	Government					National NGOs				
	FP	RH	HIV/AIDS	Research	Total	FP	RH	HIV/AIDS	Research	Total
Indonesia	99%	99%	91%	90%	98%	1%	1%	9%	10%	2%
Egypt	96%	98%	83%	95%	97%	4%	2%	17%	5%	3%
Senegal	67%	84%	72%	96%	79%	33%	16%	28%	4%	21%
Tanzania	10%	11%	19%	54%	16%	90%	89%	81%	46%	84%

Table 8. Sources of funding of national NGOs (%)

	International	National	Self generating
Indonesia	90%	3%	7%
Egypt	46%	4%	50%
Senegal	89%	*	11%
Tanzania	98%	*	2%

*: less than 0.5%

Figure 1. Total expenditures by category and source, 1996 (%)

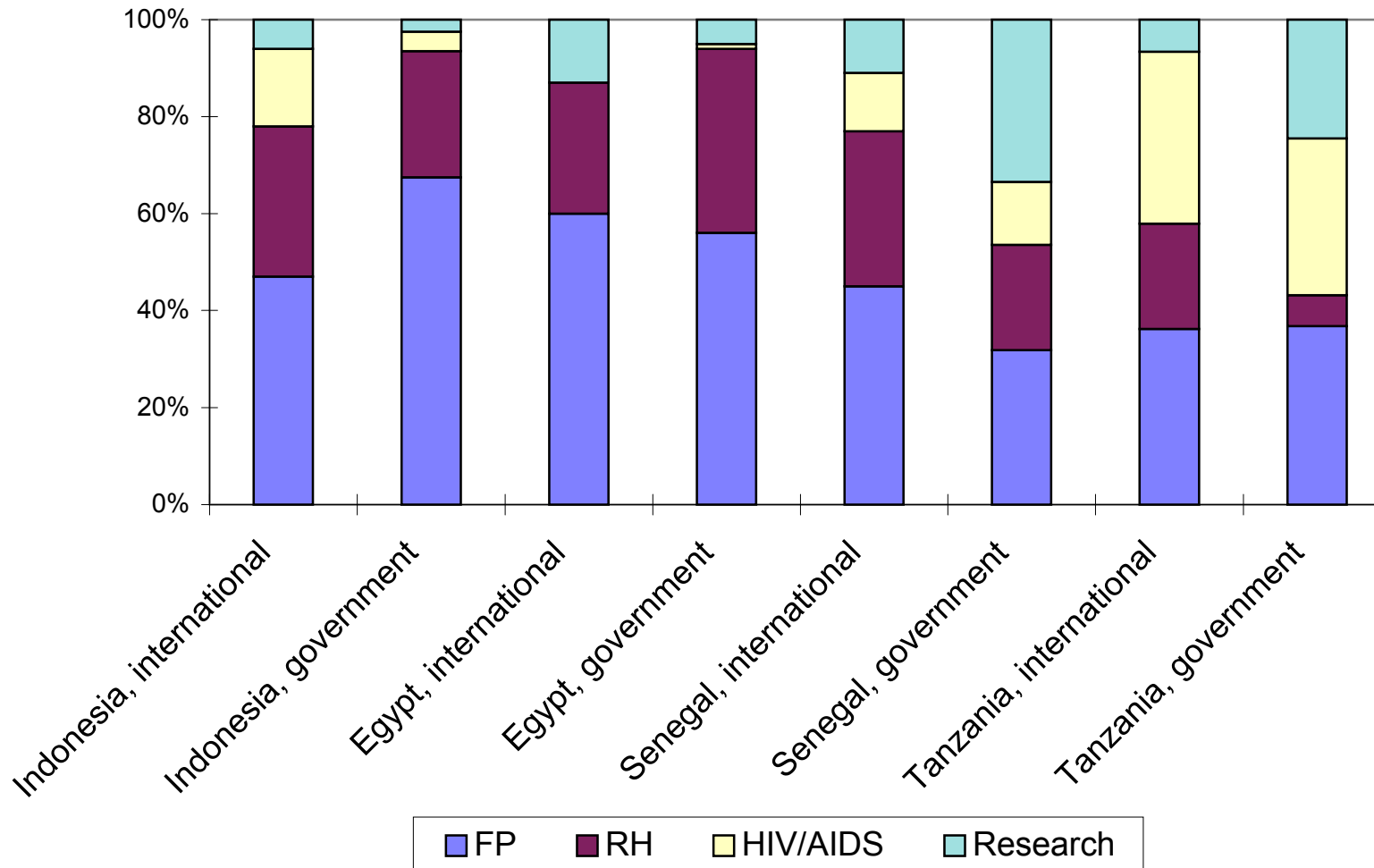
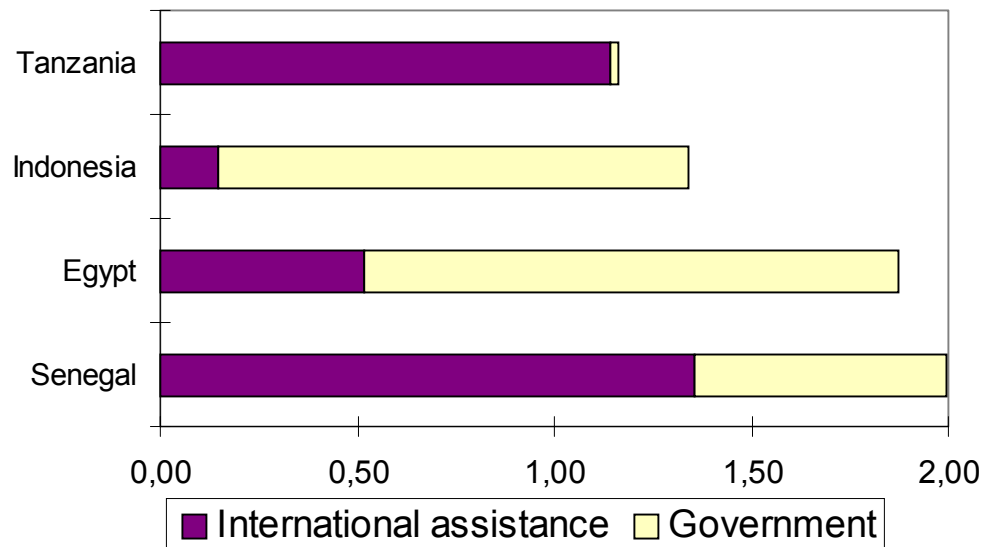


Figure 2. Estimated national (government) and international expenditures per person (US\$), 1996



**Figure 3. Total expenditures
(government and international) per
person (US\$) per category, 1996**

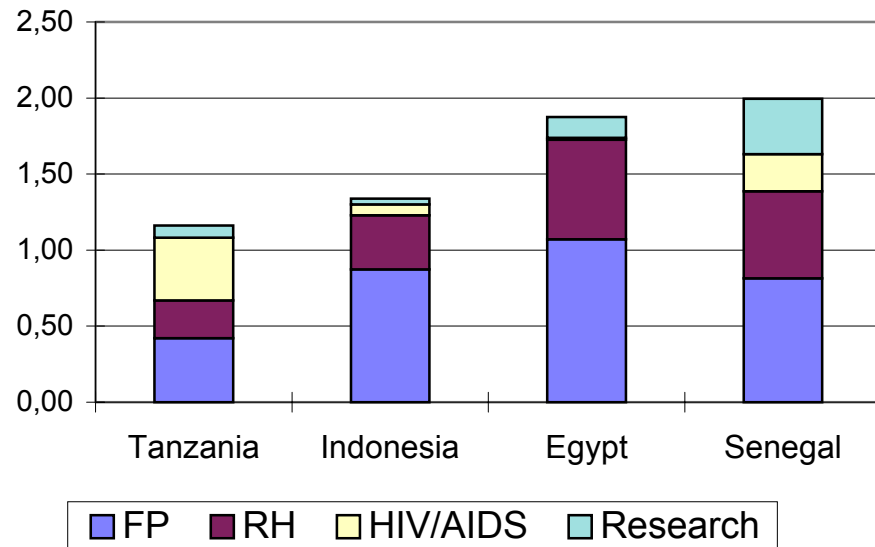


Figure 3a. International expenditures per person (US\$) per category, 1996

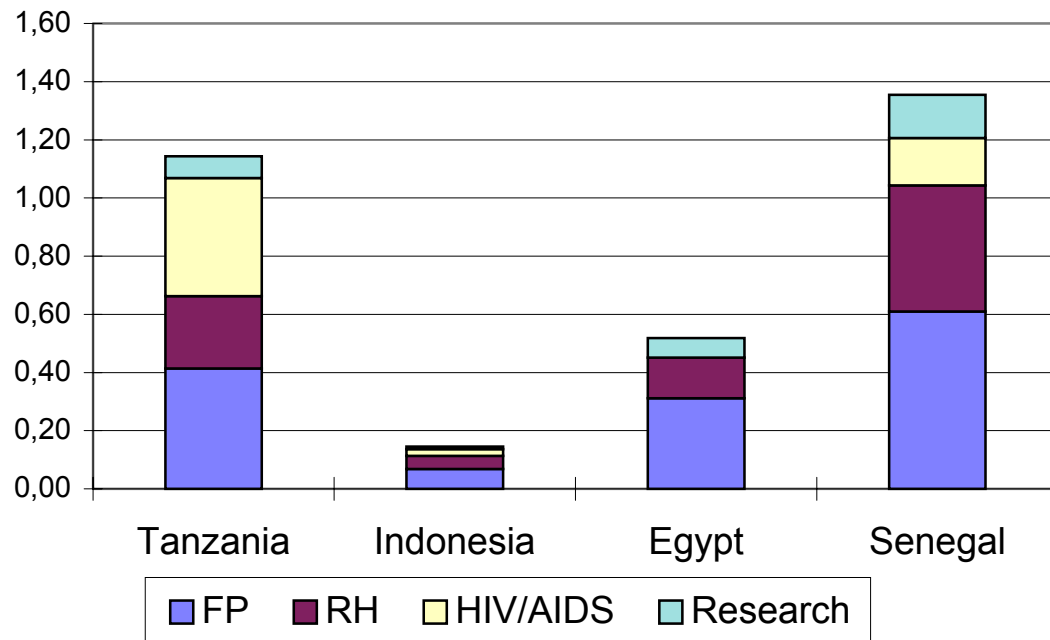


Figure 3b. Government expenditures per person (US\$) per category, 1996

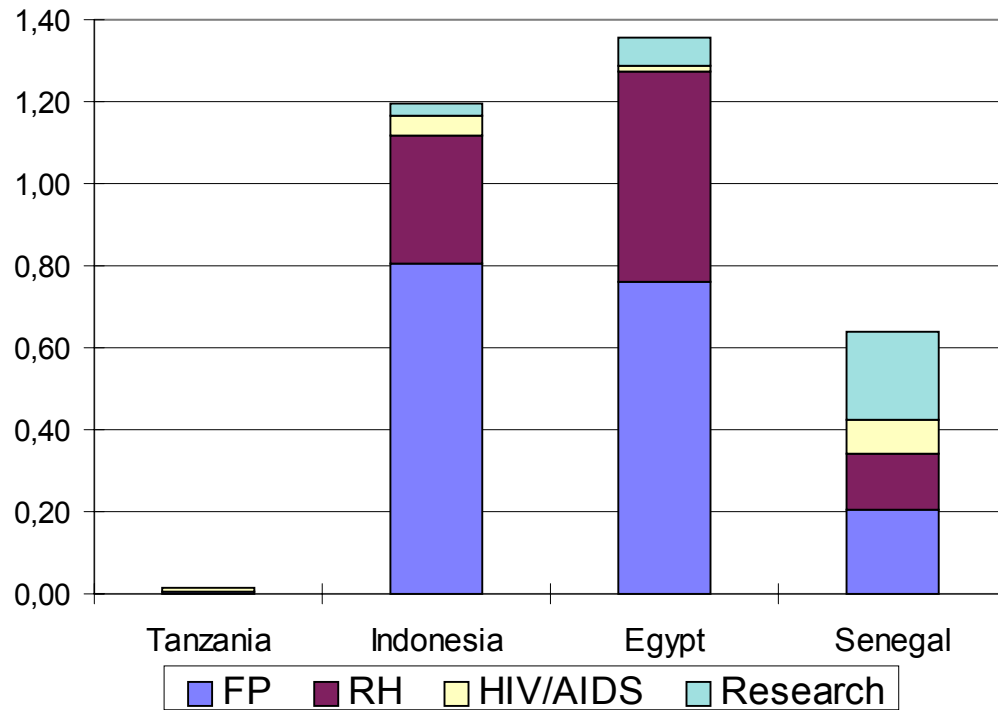


Figure 4. "National" expenditures by source, 1996 (%)

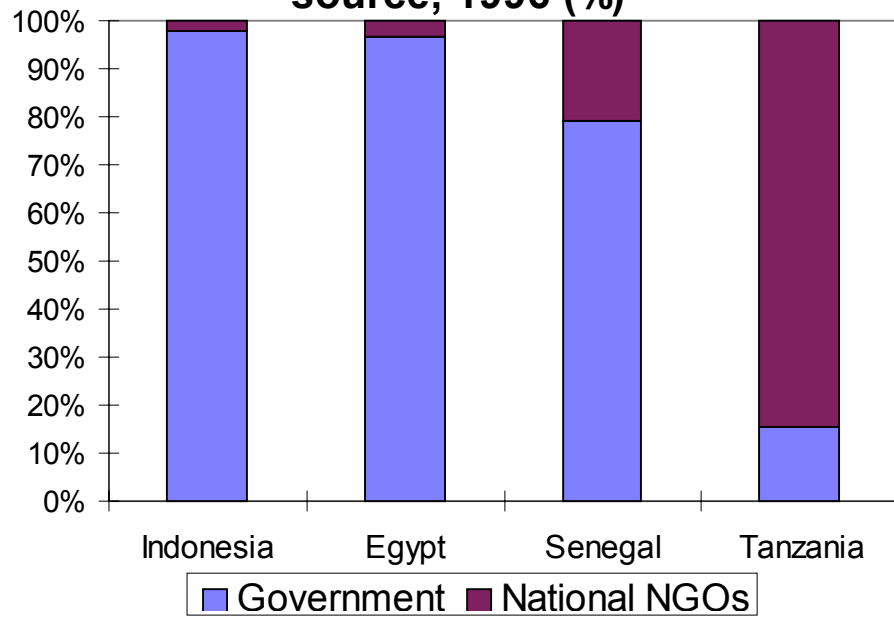


Figure 5. Source of funding of national NGOs (%), 1996

