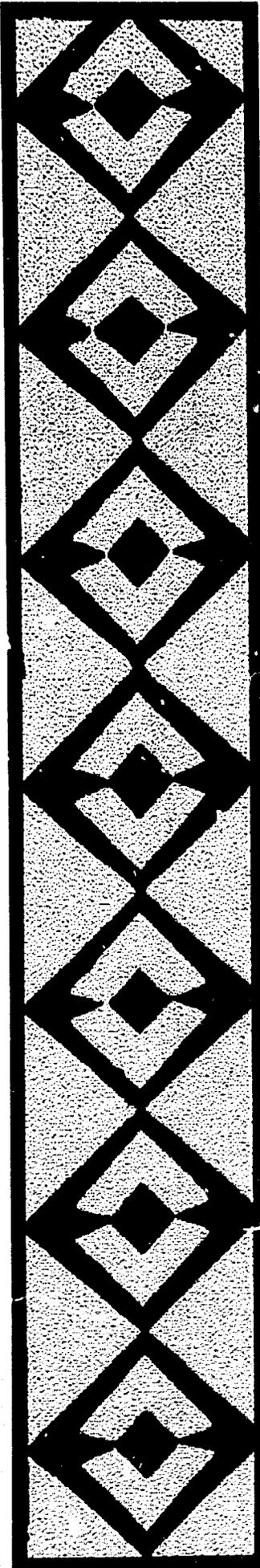


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Expenditures and Funding of Population Programs in Bangladesh

Population, Development and Evaluation Unit

Family Health International



***Expenditures and Funding of Population
Programs in Bangladesh***

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List of Abbreviations

ADB	Asian Development Bank	MOHFW	Ministry of Health and Family Welfare
ADB	Annual Development Budget	NCPC	National Council for Population Control
ADP	Annual Development Program	NGO	Non-Governmental Organization
AVSC	Association for Voluntary Surgical Contraception	NIPORT	National Institute for Population Research and Training
BAVS	Bangladesh Association for Voluntary Sterilization	NORAD	Norwegian Agency for Development
CA	Cooperating Agency	ODA	Overseas Development Administration
CIDA	Canadian International Development Agency	OPH	Office of Population and Health
DDS	Drug and Dietary Supplement	PA	Project Assistance
DFP	Directorate of Family Planning	PCFPD	Population Control and Family Planning Division
FPAB	Family Planning Association of Bangladesh	PDEU	Population, Development and Evaluation Unit
FPSTC	Family Planning Services and Training Centre	PFC	Project Finance Cell
FPSP	Family Planning Services Project	PSI	Population Services International
FPHSP	Family Planning and Health Services Project	RC	Rural Cooperatives
FWA	Family Welfare Assistant	RPA	Reimbursable Project Assistance
FY	Fiscal Year	SIDA	Swedish International Development Authority
GOB	Government of Bangladesh	SMC	Social Marketing Company
IDA	International Development Association	TAF	The Asia Foundation
IE&C	Information, Education and Communication	UHFWC	Union Health and Family Welfare Center
IMED	Implementation, Monitoring and Evaluation Division	UNFPA	United Nations Fund for Population Activities
IPPF	International Planned Parenthood Federation	USAID	United States Agency for International Development
IUD	Intrauterine Device	WB	The World Bank
JSI	John Snow, Inc.		
KFW	Credit Agency for Reconstruction and Development		
MACS	Mission Accounting System		
MCH	Maternal and Child Health		
MCWC	Maternal and Child Welfare Center		

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1.0 Introduction

In the last several years there have been large increases in the percentage of couples in Bangladesh who use contraception. In 1975, only 8 percent of couples were using family planning, but this percentage had risen to 25 percent by 1986, 31 percent by 1989 and 40 percent by 1991. The government of Bangladesh (GOB) is interested in assuring that this trend in the growth of contraceptive use continues and is projecting significant gains in contraceptive use over the next several years.

In order for contraceptive use to continue to rise, there will need to be large increases in funding allocated to family planning activities. Increased funding will be needed just to maintain the level of contraceptive use as each cohort of women entering the childbearing years is larger than the preceding cohort. Raising the level of contraceptive use will increase financing needs even further. A projection made by USAID shows that in order to reach a contraceptive prevalence rate of 50 percent by 1997, an additional five million family planning acceptors will need to be added to the current figure, which is close to 10 million.

This study has the following objectives:

1. to determine the contribution of the GOB and of the various donors to the funding of population activities;
2. to determine how funding is allocated among the government and the non-governmental (NGO) programs that provide family planning; and
3. to discuss the implications of the findings for the family planning program in Bangladesh.

2.0 Description of family planning programs

2.1 The GOB program

Family planning efforts in what is now Bangladesh were initiated in 1953 by the Family Planning Association of Pakistan, a private voluntary organization, which provided small-scale urban-based contraceptive services. This phase lasted until 1959. Between 1960 and 1965 a clinic-based government program was implemented through the health care infrastructure. From 1965 until 1970 a field-oriented program with information and education components was administered by a semi-government organization called the Family Planning Board.

After independence, the First Five Year Plan (1973-78) was launched. This marked the beginning of a multi-sectoral and broad-based population control and family planning program in Bangladesh. In November 1974, a separate Population Control and Family Planning Division (PCFPD) was set up. In 1975, with financial support from the World Bank, USAID, and a number of other donors, program development and implementation began.

In June 1976, at a meeting of the National Council for Population Control (NCFC), overpopulation was declared the "Number One" problem for the country. The GOB emphasized the urgent need to make population control and the family planning program an integral part of the development process. In addition, the GOB broadened the base of the family planning services structure by integrating maternal and child health (MCH).

The Second Five Year Plan (1980-85) consolidated the progress achieved in the First Five Year Plan. It concentrated on expanding

6 Description of FP Programs

program coverage and sustaining key initiatives undertaken earlier. The main focus was on constructing health and family planning infrastructure, training technical staff, and expanding and improving communication activities.

The Third Five Year Plan (1985-90), which is the focus of this study, continued the policies begun during the previous decade. In all, 22 family planning projects and seven multi-sectoral projects were undertaken to reduce the population growth rate from 2.4 percent in 1985 to 1.8 percent in 1990. The plan called for increasing the contraceptive prevalence rate from 25 percent to 40 percent over the same period of time.

2.2 The NGO program and cooperating agencies

NGOs play a very important role in promoting family planning in Bangladesh. In fact, the first program, as described above, was undertaken by an NGO in 1953. Gradually, as the government program grew in size, NGOs started to play a complementary, but important, role in expanding family planning services.

USAID, which funds most of the NGO program, operates through four cooperating agencies (CAs) and an additional quasi-governmental agency that acts as a CA. These provide managerial, financial and technical support to approximately 110 local NGOs for family planning activities.

CAs in Bangladesh funded by USAID include the Association for Voluntary Surgical Contraception (AVSC), Pathfinder, the Asia Foundation (TAF), Family Planning Association of Bangladesh (FPAB), and Family Planning Services and Training Center (FPSTC), the

quasi-experimental agency referred to above. A brief description of the activities of these organizations is given below.

AVSC has been providing support to the country's sterilization program since the mid-seventies. Until recently, it was the major source of funding and technical support for the Bangladesh Association for Voluntary Sterilization (BAVS), which had a network of 25 clinics around the country. AVSC no longer funds BAVS. It does provide short term financing and technical assistance to approximately five to six NGOs. AVSC is now primarily involved in funding training programs for physicians and medical interns.

Pathfinder, which has been active in Bangladesh since 1953, supports community and clinic-based family planning services, interagency coordination, technical assistance for training, and initiatives to increase the financial sustainability of local family planning NGOs. Currently, it provides support to more than 30 local organizations.

TAF supports 27 NGOs that provide mostly community-based distribution and clinical programs in urban and rural areas. Until December 31, 1992, it also funded a female education program undertaken by five other NGOs.

FPAB, which was established in 1953 as an affiliate of the International Planned Parenthood Federation (IPPF), receives substantial financial support from its parent organization for CBD and clinical programs and provides IE&C support. It also provides an important logistic function by distributing contraceptives received from GOB warehouses to different NGOs.

FPSTC was created in 1978 by the GOB to support local NGOs by providing funds, technical assistance and training. At present, it

supports some 50 local agencies engaged in family planning, health and income-generating activities.

2.3 SMC

USAID also supports the Social Marketing Company (SMC) which sells contraceptives at subsidized prices. SMC has been marketing non-clinical contraceptives at subsidized prices through commercial outlets throughout the country since 1975. In addition to condoms and pills, it sells oral rehydration saline through pharmacies, general stores, groceries and street-corner shops in urban and rural areas. It also undertakes advertising and promotional campaigns.

2.4 Other organizations supported by USAID

In addition, USAID has provided support to the International Center for Diarrheal Diseases Research, Bangladesh (ICDDR,B) and to CAs to conduct programmatic and clinical research; logistics support; information, education and communication (IE&C) programs; and training and management support in Bangladesh.

3.0 Discussion of donors

The major donors providing funding to family planning activities include USAID, UNFPA and the World Bank and its co-financiers. Other donors include CIDA (Canada) and KFW (Germany), both of which are also co-financiers of the World Bank. In addition, funds are provided by the Asian Development Bank (ADB), and International Planned Parenthood Federation (IPPF).

3.1 The World Bank

The World Bank has supported Bangladesh's population program since the mid-1970s. Through its three population projects it has financed major family planning and MCH activities undertaken by the GOB in its three five year plans and is now providing support through a fourth five year plan. World Bank assistance has been used mainly to support construction of facilities, field staff salaries, transportation, procurement of equipment and commodities (including contraceptives), training, women's programs, and research and evaluation.

The First Population Project of the World Bank, (September 1975-December 1982) had a budget of \$45.7 million. This project was financed by grants from the co-financiers (Australia, Canada, Germany, Norway, Sweden and UK); credit from the International Development Association (IDA); and counterpart funds from the GOB.

The Second Population Project (April 1980-December 1985) had double the budget of the First Project (\$110 million). It was financed by the same sources except that the United Kingdom no longer participated and the Netherlands became a new co-financier. The main aim of the project was to continue and increase the activities begun under the First Project.

The World Bank and its six co-financiers (Australia, Canada, Germany, the Netherlands, Norway and the United Kingdom) funded the major part of the government's family planning program through the Third Population and Family Health Project (TPFHP). This project was originally scheduled to be implemented over a period of five years, from 1986 to 1991, but the completion date was later extended to June 1992. Details of program components of

the World Bank's projects may be found in Annexes A and E.

3.2 USAID

Since 1974, USAID has provided assistance to the national family planning program through the GOB, SMC, NGOs and CAs. It has been the principal donor of contraceptive supplies and participant training. It has also been the major financier of the government's voluntary sterilization and IUD programs and has provided technical assistance and supported research.

During the period under review, USAID implemented two successive programs. The first program, the Family Planning Services II Project (FPSP), was originally scheduled for FY 1981-FY 1983 but was amended in 1984 and extended until FY 1986. The second program, called Family Planning and Health Services Project (FPHSP), covered the period FY 1988-FY 1992. Both projects channelled resources through the GOB, SMC and NGOs. Details of program components of USAID's projects are shown in Annexes B and C.

3.3 UNFPA

Since 1974, UNFPA has implemented three population projects in Bangladesh. Its First Country Program, budgeted at \$10 million, provided support for field workers' salaries and training, construction and repair of infrastructure, logistical management and vehicles, technical assistance, some contraceptives and voluntary sterilization.

UNFPA's Second Country Program (1979-84), which was basically a continuation of the first, concentrated on providing equipment and supplies, long-term technical assistance, and in-

country training of field workers. UNFPA's Third Country Program (1986-1991) was designed mainly as a logistic supply project. It supports a number of components of the GOB program including the procurement and supply of contraceptives. Annex D contains details of components of UNFPA's program.

3.4 Other donors

Other donors have also made contributions to Bangladesh's family planning program. Co-financiers, such as CIDA and KFW, provide financial support for the procurement of contraceptives in addition to their contributions through the World Bank. ADB also provides funding.

Among private voluntary organizations, IPPF has made substantial contributions to its affiliate FPAB. There are some other donors assisting the national family planning program, but their combined contributions make up a small percentage of the total donor funding.

4.0 Methodology

Information on the government's funding of and spending on the family planning program was obtained from the following sources: Ministry of Health and Family Welfare (MOHFW), Directorate of Family Planning (DFP), Project Finance Cell (PFC), Implementation, Monitoring and Evaluation Division (IMED) and the Population Section of the Planning Commission, and the Ministry of Finance. In addition, data on GOB's contribution to TPFHP were collected from the World Bank Resident Mission in Dhaka. Information on the government's procurement and distribution of

contraceptives was obtained from both the MOHFW and the DFP.

The data were collected from a variety of sources since none of the above agencies have complete information on the total GOB family planning program. Some of the data are contradictory as some agencies reported different numbers for the same line item. Among published documents, MOHFW's "A Status Report on Bangladesh Third Population and Health Project" (November, 1991) provides financial data for projects, and these data appear to be comprehensive and reliable.

From the above sources, we obtained data on what was disbursed to family planning projects from the annual development programs (ADP) for the years 1987/88 to 1990/91. Disbursements are broken down by source of funding: government and donor. Project aid (PA) from the donors comes in the form of foreign exchange, given to GOB for procuring supplies, equipment and commodities from abroad, and reimbursable project aid (RPA) paid in local currency. Similarly, expenditure data show how much the projects have spent from GOB and PA funds over the same period of time. Revenue budget figures were also collected from the same sources. The revenue budget is financed internally through taxes and fees.

Government disbursements to family planning come from the ADP, which is partly funded by the GOB, and also from the revenue budget, which is totally funded by the GOB. Disbursements from the ADP are used to meet expenditures on development projects, whereas the revenue budget provides funds for paying recurrent costs of GOB's family planning establishment (ministry, directorate, etc.). However, salaries of some staff that provide

services, including those of fieldworkers, are included in the ADP.

Information on disbursements made by the World Bank and its co-financiers to the family planning program was obtained directly from the Bank and embassies/aid agencies of the co-financing countries. Detailed financial data relating to the above project are contained in the Bank's "Rebudgeting and Reprogramming Exercise" documents of 1990, 1991 and 1992.

Information on funding provided by USAID was obtained from a number of sources. This is because USAID provides funding to family planning activities through a variety of mechanisms. These mechanisms and the source of data for each funding mechanism are listed below:

1. USAID/Dhaka provides funding for service delivery to NGOs through four major CAs and to Population Services International (PSI)/SMC directly from Mission funds in Dhaka. Funding and expenditure data were obtained from the local offices of these organizations, sometimes supplemented with information from the home office. In addition, USAID/Dhaka provided information on funding.

2. USAID/Dhaka also provides support for research directly from Mission funds in Dhaka. Funds are provided to the ICDDR,B. Information on funding of these programs was obtained from the Mission Accounting System (MACS).

3. USAID/Dhaka provides funding to other US-based CAs through buy-ins in which the Mission's funds are disbursed through USAID/Washington and then to the appropriate CA. These funds are used by the CAs to support research, evaluation, management, IE&C and service delivery projects in Bangladesh. Information on funding for the bilateral program is provided through the CA Cost Report prepared by USAID/Washington.

4. USAID/Washington also provides funding for US-based CAs for purposes similar to those for the bilateral program. Funding information was obtained from the same source as that for the bilateral program.

5. USAID/Dhaka also provides support to the GOB program. Support is provided for services through FPSTC and for contraceptives. Information on support for programs was obtained from the MACS while information on contraceptives provided was obtained from NEWVERN. Some commodity procurement may also be reported in MACS so that USAID's contribution to the GOB program may be somewhat overstated.

Data on UNFPA's disbursements to the national family planning program were collected from its office in Dhaka. It also provided information on the quantity and value of contraceptives that it procured for the World Bank, KFW and for its own program. When financial data are provided in taka, conversions into dollars are made at the official exchange rate in effect in the year in which the monies were disbursed. Information on exchange rates was provided by the World Bank.

5.0 Organization of the report

The report is divided into several sections. The first section is concerned with donor funding of all population programs including those of the GOB and of NGOs.

The next section of the report focuses on expenditures and funding of the GOB. This is followed by a similar section on the NGO family planning programs. Both sections consider divergences between figures for funding and for expenditures.

The final section of the results focuses on total funding contributed by the various donors and disbursement of funds to the different programs. Finally, the discussion section focuses on the limitations of the study and the implications of the findings.

6.0 Results

6.1 Funding of family planning programs

6.1.1 Disbursements by donors

Table 1 shows disbursements of the World Bank to various GOB family planning projects over the five year period 1987/88-1990/91. During that time period, a total of \$134 million were disbursed to the GOB and to NGOs.

Table 1 World Bank Disbursements to GOB Third Population and Family Health Project by Category: 1987/88-1990/91 (in thousand \$)					
Disbursement Categories	1987-88	1988-89	1989-90	1990-91	Total
Drugs and Supplies (excluding contraceptives)	3,071	5,957	5,617	11,535	26,180
UHFVC Construction and Furniture	4,863	3,662	6,682	10,676	25,883
Family Welfare Assistants	5,020	2,281	5,700	8,218	21,219
Contraceptives	—	—	4,241	12,339	16,580
Other	9,863	5,960	9,346	16,392	41,561
Sub-Total	22,817	17,860	31,586	59,160	131,423
NGO Program	119	292	1,070	864	2,345
Total	22,936	18,152	32,656	60,024	133,768

Source: World Bank Resident Mission, Dhaka.

NOTE: Figures were prorated for 1987-88 from total figure for 1986-88 provided by the Bank. Financial year: July to June. UHFVC: Union Health and Family Welfare Center.

Disbursements increased rapidly in the final fiscal year of the project; they were almost twice what they were in the preceding fiscal year.

Construction and furniture for union health and family welfare centers (UHFWCs) and drugs and supplies (excluding contraceptives) at 19 percent accounted for the largest percentage of disbursements. Salaries of family welfare assistants accounted for 16 percent of the total. Contraceptive commodities accounted for 12 percent of the total, and this item has been increasing; in 1990/91, of funding provided by the World Bank, 20 percent was in the form of contraceptive commodities. Most of the increase was in condom procurement.

Annex E provides detailed information on the components of each of the disbursement categories. In addition, the Annex discusses overlap between categories used by the World Bank and those used by the GOB.

Table 2 shows that almost half of total funds provided by the World Bank were from the International Development Association in the form of a loan. The major co-financiers were Canada/CIDA, Germany and Norway/NORAD. Co-financiers provided funds in the form of a grant.

Table 3 and Figure 1 provide information on funding or disbursements provided by USAID over the period 1987/88-1990/91. USAID provided a total of over \$130 million during this time period.

The major beneficiaries of USAID funding were NGOs, SMC, and CAs. SMC received about a third of USAID assistance. About two-thirds of the assistance to the SMC was in the form of commodities. The four CAs that support NGOs in Bangladesh and FPSTC received about a quarter of USAID funds. In addition, they received some contraceptives (IUDs and

Table 2
World Bank Disbursements to GOB by Funding Source: 1987/88-1990/91 (in thousand \$)

Source of Funds	1987-88	1988-89	1989-90	1990-91	Total	Per cent
International Development Association	7,761	6,630	14,082	34,573	63,046	47.2
Australia	678	1,021	1,302	1,792	4,793	3.6
Canada/CIDA	5,721	1,505	2,893	5,571	15,690	11.7
Germany	3,681	4,093	4,513	7,031	19,318	14.4
The Netherlands	805	851	1,132	1,491	4,279	3.2
Norway/NORAD	3,735	2,908	4,209	7,378	18,230	13.6
United Kingdom/ODA	555	1,144	4,525	2,188	8,412	6.3
Total	22,936	18,152	32,656	60,024	133,768	100.0

Source: World Bank Resident Mission, Dhaka.

NOTE: Figures were prorated for 1987-88 from total figure for 1986-88 provided by the Bank. Financial year: July to June.

condoms) from the GOB but which were donated by USAID. ICDDR,B received about 4 percent. About 10 percent of USAID's money was provided through the bilateral program to CAs providing support services for spending in Bangladesh. The remainder was provided through central funds (5 percent). Almost one-quarter (24 percent) of USAID funds went to the GOB in the form of direct program support or commodities. This amount is somewhat overstated as some of the contraceptives received by the GOB were designated for NGOs.

Of all the assistance provided by USAID, almost 34 percent was in the form of commodity assistance. Other programs may have also purchased contraceptives, but financial records do not show such transactions.

Assistance for commodities to the GOB was far lower in 1990/91 than it was in previous

Table 3
USAID Disbursements to the Family Planning Program in Bangladesh: 1987/88-1990/91 (in thousand \$)

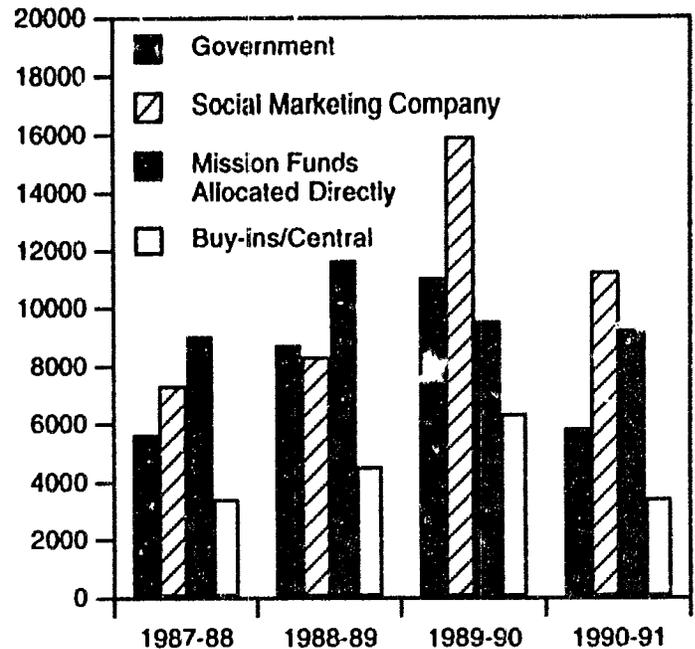
Categories	1987 -88	1988 -89	1989 -90	1990 -91	Total
Government					
Program	2,217	2,983	6,570	5,424	17,202
Commodities	3,396	5,742	4,383	370	13,891
Sub-Total	5,613	8,725	10,961	5,794	31,093
Social Marketing Company					
Program	2,903	2,015	3,811	4,805	13,534
Commodities	4,372	6,255	12,064	6,403	29,094
Sub-Total	7,275	8,270	15,875	11,208	42,628
Mission Funds Allocated Directly					
<i>Cooperating Agencies</i>					
AVSC	994	1,595	1,722	879	5,190
Pathfinder Fund	1,447	1,608	1,792	1,486	6,333
The Asia Foundation	4,146	5,031	2,921	3,607	15,705
FPAB	415	652	595	539	2,201
FPSTC	640	1,090	1,332	1,186	4,248
ICDDR,B	1,315	1,604	1,104	1,471	5,494
Sub-Total	8,957	11,580	9,466	9,168	39,171
Buy-Ins/Central					
Mission Funds Allocated through Buy-Ins	2,346	2,773	4,795	1,490	11,404
Central Funds	905	1,314	1,478	1,905	5,602
Commodities	167	422	0	0	589
Sub-Total	3,418	4,509	6,273	3,395	17,595
Total	25,263	33,084	42,575	29,565	130,487

Source: Mission Accounting System (MACS) USAID/Dhaka, CA Cost Report, Washington, D.C.

years. This is because the World Bank replaced USAID as the major provider of condoms for the GOB program.

At the time that the research for this report was being carried out, USAID was attempting to make available local currency to the GOB through Title III monies but had been unable to do so. However, USAID is now in the process of making available approximately \$17 million

Figure 1
USAID Disbursements to the Family Planning Program in Bangladesh: 1987/88-1990/91 (in thousand \$)



to the GOB to cover expenditures in local currency for 1989/90 and a similar amount for 1990/91. This will free up GOB monies to be used for other purposes.

6.1.2 Total donor funding

Table 4 and Figure 2 provide information on funding provided by the major donors including the World Bank, USAID, UNFPA and others. In total, population assistance over the period 1987/88-1990/91 equalled \$296 million. The total donor contribution increased from \$54.6 million in 1987/88 to \$100 million in 1990/91, or a total increase of 86 percent.

The World Bank and USAID were the major donors. The contribution of the World Bank increased substantially, whereas the contribution of USAID indicated no discernible trend.

UNFPA provided assistance of \$12.1 million over the period 1987/88-1990/91. The total

Table 4
Total Donor Funding for Family Planning: 1987/88-1990/91 (in thousand \$)

Year	World Bank	USAID	UNFPA	CIDA	KFW	ADB	IPPF/ Other	Total
1987-88	22,936	26,292	1,616	808	586	1,059	1,356	54,653
1988-89	18,152	30,644	2,917	2,158	1,568	819	1,299	57,557
1989-90	32,656	39,285	3,082	4,309	2,987	312	1,177	83,808
1990-91	60,024	30,972	4,508	225	2,359	663	1,234	99,985
Total	133,768	127,193	12,123	7,500	7,500	2,853	5,066	296,003

Source: World Bank/Dhaka, USAID/Dhaka, UNFPA/Dhaka, FPAB/Dhaka, DFP/Dhaka, Construction Management Cell, MOHFW, GOB.

WB: January 1987-June 1991; see note in Table 2.
 USAID: October 1987-September 1991.
 UNFPA: January 1987-December 1990.
 CIDA: July 1987-June 1991.
 KFW: January 1987-December 1990.
 ADB: July 1987-June 1991.
 IPPF: Data not available for 1990/91; figure is average of previous 5 years.
 Other: JOICEP, Population Concern (UK), Public Welfare Foundation (USA).

includes \$3.4 million in contraceptive commodities.

Most of the funding from the ADB was for the construction of health and family planning infrastructure. Over the period 1987/88-1990/91, CIDA and KFW contributed \$7.5 million each for oral contraceptives for the GOB and for NGOs. Funding provided by IPPF and other smaller donors was used to support FPAB.

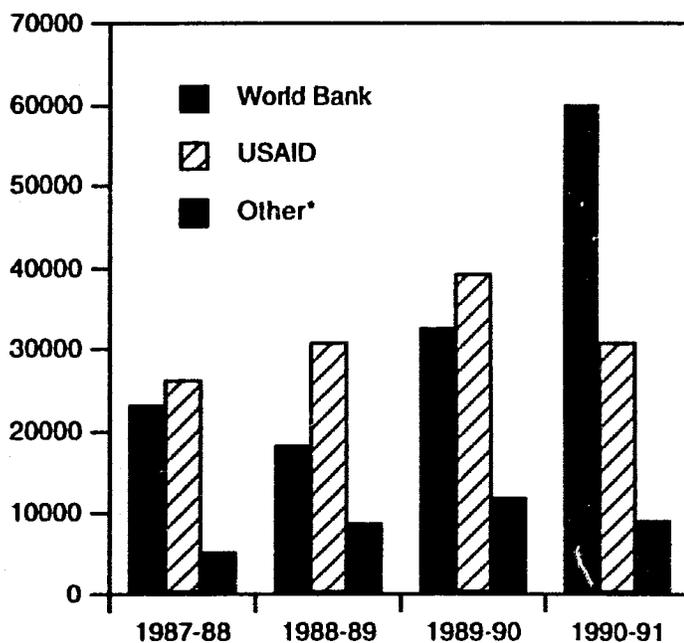
6.2 Funding and spending by the GOB on family planning

6.2.1 The GOB contribution

The GOB itself is an important funder of the family planning program. The ADP is funded through donors and through local government funds, while the revenue budget is exclusively funded by the GOB. Donor funds include foreign exchange, which is spent directly by the donors on contraceptives, supplies or equipment purchased outside of Bangladesh and reimbursements for local currency spent by the GOB.

Although part of the development budget is funded through GOB collection of fees and taxes, as is all of the revenue budget, there is an important distinction between funding of activities in the revenue and development budgets. Items in the revenue budget include those for which the GOB has made a commitment to continue funding; in the development budget, the items are all projects, and projects can be phased out. Thus, salaries of personnel are

Figure 2
Total Donor Funding for Family Planning: 1987/88-1990/91 (in thousand \$)



* Other includes UNFPA, CIDA, KFW, ADB and IPPF/Other.

listed in the development budget as a project to indicate that the GOB has not made a permanent commitment to paying the salaries of these workers. Moreover, personnel paid through projects do not receive pension benefits.

Table 5 and Figure 3 show government spending on family planning divided according to whether the funds were from the ADP or from the revenue budget. The ADP is further divided according to source of funds: government or donor. The table shows that spending under the ADP has increased substantially over the period 1987/88-1990/91. Funds provided by both the GOB and donors have contributed to the rise in spending. Funding for family planning under the revenue budget has grown more slowly so that the revenue budget accounted for a smaller percentage of family planning spending in 1990/91 than it did in 1987/88 (see Figure 3a).

Figure 3
Utilization of the GOB Budget for Family Planning by Type of Budget (in thousand \$)

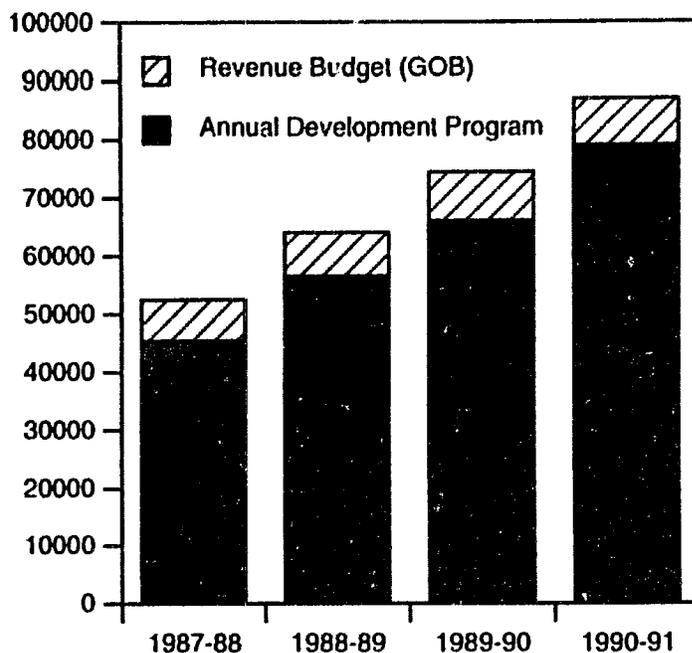


Table 5
Utilization of the GOB Budget for Family Planning by Type of Budget (in thousand \$)

Year	Annual Development Program (ADP)			Revenue Budget (GOB)		ADP as Percent of Total
	GOB Funded	Donor Funded	Total	(GOB)	Total	
1987-88	17,639	27,219	44,858	7,828	52,686	85.1
1988-89	21,075	34,822	55,897	8,006	63,903	87.5
1989-90	22,717	42,857	65,574	8,938	74,512	88.0
1990-91	23,988	54,611	78,599	8,209	86,808	90.5
Total	85,419	159,509	244,928	32,981	277,909	88.1

Source: Directorate of Family Planning, MOHFW, GOB.

Figure 3a
Annual Development Program (ADP) as Percent of Total Budget for Family Planning

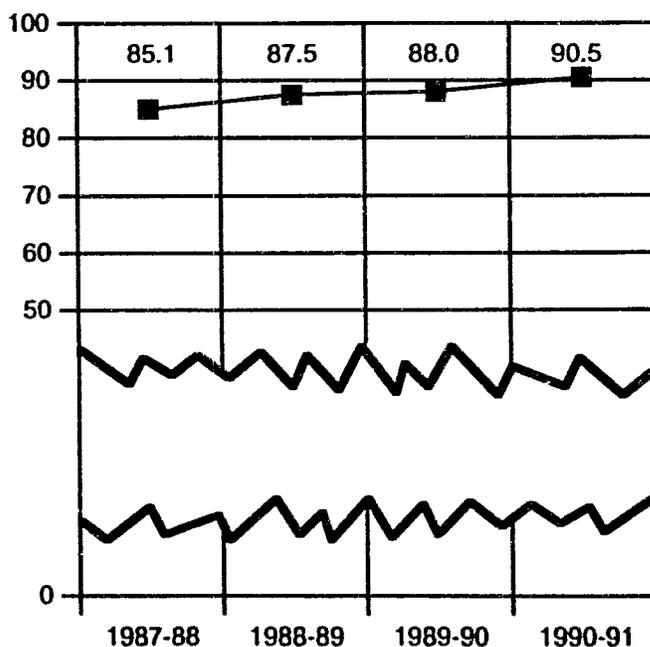


Table 6 and Figure 4 present the same information as in Table 5 and Figure 3, but the data have been rearranged. Table 6 and Figure 4 show the contribution of the government and of donors to the family planning program. Funding of family planning by the GOB through the ADP and the revenue budget has increased rapidly primarily because of the rise in GOB financing through the ADP. Meanwhile, the rise in funding of family planning through the revenue budget has grown more slowly. Thus, the ADP funded by the GOB increased by 36 percent while the revenue budget increased by only five percent over the period 1987/88 through 1990/91.

Donor disbursements have increased even faster than the government's contribution; donor disbursements increased by 100 percent while the government contribution increased by 26 percent. Thus, the share of GOB funding of family planning through the ADP and the revenue budget has decreased over the period 1987/88-1990/91. In 1987/88, the GOB provided 48 percent of the funds for family planning, but this percentage had declined to 37 percent by 1990/91 (see Figure 4a).

Table 6
Utilization of the GOB Budget for Family Planning by Source of Funding (in thousand \$)

Year	GOB Funds			Donor (ADP)	Total	GOB as Percent of Total
	ADP	Revenue	Total			
1987-88	17,639	7,828	25,467	27,219	52,686	48.3
1988-89	21,075	8,006	29,081	34,822	63,903	45.5
1989-90	22,717	8,938	31,655	42,857	74,512	42.5
1990-91	23,988	8,209	32,197	54,611	86,808	37.1
Total	85,419	32,981	118,400	159,509	277,909	42.6

Source: Directorate of Family Planning, MOHFW, GOB.

Figure 4
Utilization of the GOB Budget for Family Planning by Source of Funding (in thousand \$)

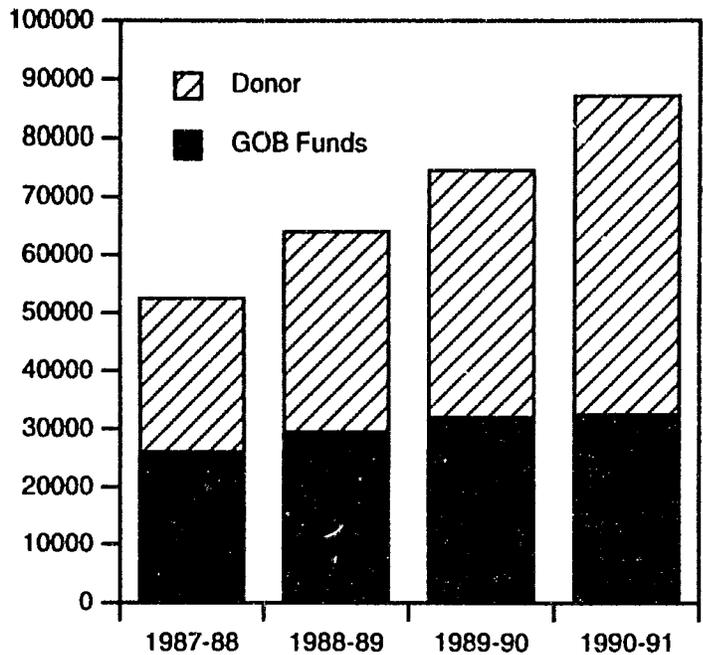
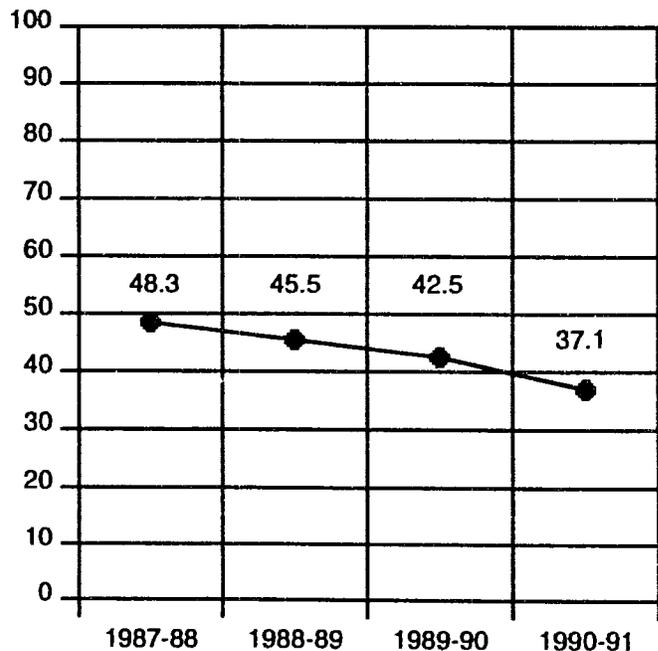


Figure 4a
Percent GOB Funding of the Government Family Planning Program



What is the explanation for the rise in spending of donor funds over time? New population plans, like other new plans, are often slow to be implemented. During the first couple of years, spending is low. Eventually, spending increases dramatically as the time remaining until the end of the plan shortens, and there is increasing pressure to spend obligated funds.

Another explanation is that part of funds spent during previous years is not claimed for reimbursement until the final years of the plan.

What is the explanation for the increase in utilization of GOB funds for family planning? The rapid increase in donor assistance must be matched, in part, by an increase in GOB funding. As mentioned previously, even though the GOB contribution has increased, this funding has declined in proportion to the rise in donor funding.

The contribution of the GOB through the ADP for 1989/90 and 1990/91 will be affected by the GOB's receipt of Title III funds provided by USAID. The result will be a significantly lower contribution of the GOB to funding of the population program.

6.2.2 Reconciling data on GOB funding and spending

Table 7 and Figure 5 provide information on donor disbursements for the GOB family planning program as reported by the donors. These figures were obtained from Tables 1, 3, and 4. The contributions of the various donors

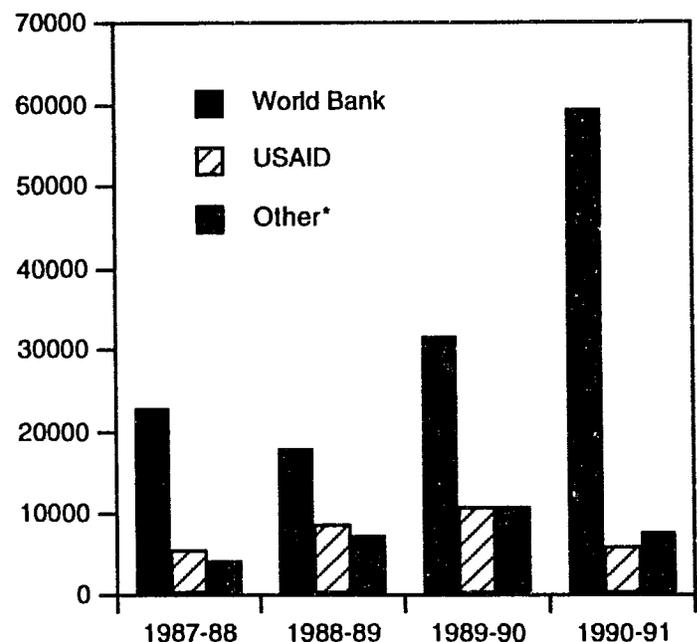
Table 7
Donor Funding for the Government Family Planning Program (in thousand \$)

Year	World Bank */**	USAID ***	UNFPA ****	CIDA *****	KFW *****	ADB *****	Total
1987-88	22,817	5,613	1,616	808	586	1,059	32,499
1988-89	17,860	8,725	2,917	2,158	1,568	819	34,047
1989-90	31,586	10,961	3,082	4,309	2,987	312	52,237
1990-91	59,160	5,794	4,508	225	2,359	663	72,709
Total	131,423	31,093	12,123	7,500	7,500	2,853	192,492

Source: Compiled from Tables 1,3 and 4.

- * Figure for 1987/88 prorated.
- ** FY July 1987-June 1988, etc.
- *** FY October 1987-September 1988, etc.
- **** Calendar year.
- ***** FY July 1987-June 1988, etc.
- ***** FY January 1987-December 1988, etc.
- ***** FY July 1987-June 1988, etc.

Figure 5
Donor Funding of the Government Family Planning Program (in thousand \$)



*Other includes UNFPA, CIDA, KFW, and ADB.

are derived from previous tables by subtracting the contribution to NGOs. The total disbursements provided by the major donors were \$192.5 million over the four year time period. The World Bank was the major contributor to the GOB program.

An important concern is that the figures reported by the GOB on its contribution to the family planning program accurately reflect its financial support. To address this issue, we compared GOB spending of donor funds to reported donor contributions. Spending not supported by donor contributions must then be supported by the government's financial contribution. The comparison between donor disbursements and reported spending of donor funds is made for the period 1987/88 to 1990/91 in Table 8.

Table 8
Donor Assistance to GOB Family Planning Program and Reported Spending of Donor Funds (in thousand \$)

Year	Total Donor Funds	Total Government Spending of Donor Money	Percent of Donor Funds Reported to be Spent
1987-88	32,499	27,219	83.6
1988-89	34,047	34,822	102.3
1989-90	53,237	42,857	80.5
1990-91	72,709	54,611	75.1
Total	192,492	159,509	82.9

Source: Compiled from Tables 6 and 7.

The first column of Table 8 presents data on the contributions that the donors made to the GOB program. These figures were obtained from Table 7, column 7. The second column of the table uses information presented in Table 6 on the government's reported spending of donor funds (the fourth column of Table 6). As

shown in Table 8, the GOB reported that it utilized 83 percent of the funds that donors said that they had disbursed. Considering the myriad of reasons that could explain divergences between the two figures, the match is fairly close.

Some of the reasons for divergences between the two estimates include the following:

1. Some World Bank funds support the Expanded Programme of Immunization (EPI), but this program is excluded from the GOB reports on family planning. The contribution of the World Bank is shown in the reports for the health program.

2. Some donor funds designated in support of government programs do not actually go to the government; for example, funding of the contraceptive prevalence survey.

3. Organizations report funding for different fiscal years.

4. Some expenditures made by the GOB are not reimbursed as financial reports are not always submitted by the government.

5. Exchange rates used to convert taka into dollars were based on a yearly average rate so that there may be some variations in the actual rates used to make the currency conversions.

6. GOB spending may be under-reported because some donations of contraceptive commodities are not reported or are reported for a different time period. Further examination of contraceptive commodity flows is made in the next section, and the impact of this adjustment on the divergence between figures on funding and spending is discussed.

6.2.3 Provision of contraceptives by donors

Information on contraceptives donated and received by the GOB are presented in Table 9. The most important providers of contraceptives

Table 9
Contraceptive Procurement and Donation by Year (in thousand \$)

Year	Received by DFP	Value of Contraceptives					Total
		World Bank	Sent by Donors				
			USAID	UNFPA	CIDA	KFW	
1987-88	3,138	0	3,396	346	808	596	5,136
1988-89	8,883	0	5,742	503	2,158	1,568	9,971
1989-90	9,076	4,241	4,383	1,426	4,309	2,967	17,346
1990-91	6,910	12,339	370	1,090	225	2,359	16,383
Total	28,007	16,580	13,891	3,365	7,500	7,500	48,836

Source: USAID/Dhaka, DFP, World Bank/Dhaka.

were the World Bank and USAID. In 1987/88 and 1988/89, the World Bank did not provide contraceptives, while by 1990/91, USAID had almost phased out its purchase of contraceptives for the GOB.

The total value of contraceptives provided was far higher in 1989/90-1990/91 than in the initial two years. However, the total value of contraceptives reported to be received by the DFP did not show a similar trend. Of even more concern is the fact that the DFP reports having received a far lower value of contraceptives than donors report having contributed.

What can account for the discrepancy in contraceptives provided and received? Some indication of why there is a discrepancy is provided by a more detailed analysis of the contraceptives procured by the World Bank for the GOB. While the World Bank procured \$16.6 million in contraceptives, only \$7.0 million were reported by UNFPA to have actually reached Bangladesh. Lags are anticipated between the actual disbursement of funds for contraceptives and the actual receipt of contraceptives in Bangladesh¹.

But there is still a discrepancy. The DFP reports that it received only \$5.0 million of contraceptives provided by the World Bank. Whatever the value of contraceptives that reached Bangladesh during the period 1987/88-1990-91, it seems reasonable to conclude that eventually all commodities donated will reach Bangladesh. Therefore, even though there may be a lag between funding and spending, eventually government

spending of donor funds will increase to reflect the receipt of at least some of those shipments of contraceptives.

6.2.4 GOB expenditures on family planning

Table 10 provides information on GOB family planning expenditures by project as specified in the ADP. Similar information by project is not available for the revenue budget. The main expenditure is for the family planning scheme which comprises more than half of the budget. Other important items include the strengthening of the MCH program and the establishment of family welfare centers. Over the period 1987/88-1990/91, spending on all three projects increased although spending on the MCH Program increased faster than spending on any other program. This increase is mainly accounted for by spending on DDS kits and medicine for MCH.

¹ Contraceptives that actually reached Bangladesh included \$1.3 million of the \$2.7 million of condoms, \$4.1 million of the \$10.6 million of OCs, and \$1.6 million of the \$3.3 million of injectables. Figures were calculated from reports provided by UNFPA; UNFPA purchased and delivered contraceptives with funds provided by the World Bank.

Within the family planning scheme, salaries and allowances for personnel delivering family planning services account for the highest percentage of expenses. Contraceptives are also an important category of spending.

Table 10
GOB Expenditure on Family Planning (in thousand \$)

Projects	1987	1988	1989	1990	Total
	-88	-89	-90	-91	
Population					
1. Family Planning Scheme	23,560	33,642	35,294	38,597	131,093
2. Strengthening of MCH Services	4,300	1,333	6,090	16,688	28,411
3. Establishment of FWCs	7,780	7,539	11,029	13,696	40,044
4. Other	6,773	10,666	9,181	7,056	33,676
Sub-Total	42,413	53,180	61,594	76,037	233,244
Multi-sectoral	2,445	2,717	3,960	2,562	11,704
Total	44,858	55,897	65,574	78,599	244,928

Source: Status Report, MOHFW, GOB, November 1991.

The second largest project is the construction and equipping of family welfare centers located in rural areas. These provide both MCH and family planning services.

The third largest item is the strengthening of the MCH program. Most items in this project are, as expected, for MCH although such expenditures may indirectly strengthen family planning programs.

Other projects are much smaller in size. However, it is interesting to note that two other projects are specifically designed to support family planning service delivery but are not included in the family planning scheme. These projects support the IUD and the sterilization programs. Other projects support both family planning and MCH including various training, construction, communication and innovative projects.

Annex F provides information on which projects were funded by which donors. For more detail on spending on various programs, see Annex G.

6.3 Spending and funding of the NGO programs

Table 11 provides information on expenditures of the CAs in Bangladesh and of SMC. The table includes total reported expenditures by these CAs. In some cases, reported expenditures are substantially higher than funding received from USAID. For FPAB, substantial funds are provided by IPPF to its affiliate in Bangladesh.

Table 11
Expenditure of SMC and CAs in Bangladesh (in thousand \$)

SMC and CAs	1987-88	1988-89	1989-90	1990-91
SMC				
Program	3,022	2,704	2,967	—
Contraceptives	7,072	7,390	7,117	—
Sub-Total	10,094	10,094	10,084	—
CAs				
AVSC	2,148	507	1,903	184
TAF	3,581	3,934	4,046	4,136
Pathfinder	1,288	1,657	1,759	—
FPAB	1,762	1,928	1,602	—
FPSTC	842	1,113	1,165	—

Source: Social Marketing Company, Dhaka; Association of Voluntary Surgical Contraception, Dhaka and New York; The Asia Foundation, Dhaka and San Francisco; Family Planning Association of Bangladesh, Dhaka; Pathfinder, Dhaka; Family Planning Services and Training Center, Dhaka; USAID, Washington, D.C.

NOTE: It was not possible to give totals because data for all items were not available for all years.

— = "not available"

How well does spending by SMC and by the CAs match funds received by these organizations? Table 12 provides information

on reported spending of USAID funds by the major CAs, by FPSTC and by SMC and on funds reported to be disbursed by USAID over a comparable time period. The table shows a remarkably close match.

Table 12
Average Annual Funding and Spending of SMC and CAs (USAID Funds Only) (in thousand \$)

CANGOs	Time Period	Report Funding	Report Spending	Spending as of Funding
SMC*	FY 1988-90	10,473	10,090	96.3
AVSC	FY 1988-91	1,298	1,186	91.4
TAF	FY 1988-91	3,926	3,924	99.9
Pathfinder	FY 1988-90	1,616	1,568	97.0
FPAB	FY 1988-90	554	529	95.5
FPSTC	FY 1988-90	1,021	946	92.7
Total		18,888	18,252	96.6

Source: Compiled from Table 3 and 6. Figures relating to FPAB and FPSTC spending of USAID funds calculated from data collected from these organizations.

NOTE: Spending by FPAB and SMC reported by calendar years. For all others, financial year: October–September.

*Including Commodities.

6.4 Total funding by donor and by program

What was the amount provided by each of the donors and by the government, and to what programs was that money disbursed? Table 13 provides this information. Of the total funds of approximately \$414 million provided over the four year period 1987/88 to 1990/91, about 28 percent was provided by the GOB, and the rest was provided by donors. The contributions of the World Bank and USAID were approximately equal. Of the money disbursed for family planning, approximately 75 percent went to the government, while the rest was spent by NGOs and CAs.

Table 13
Source of Funding and Programs Funded for Bangladesh Family Planning Program (in thousand \$)

Sources of Funds	Program Funded			Total	Percent
	GOB	SMC	CAs/NGOs		
World Bank	131,423	0	2,345	133,768	32.3
USAID	31,093	42,628	53,472	127,193	30.7
UNFPA	12,123	0	0	12,123	2.9
CIDA	7,500	0	0	7,500	1.8
KFW	7,500	0	0	7,500	1.8
ADB	2,853	0	0	2,853	0.7
IPPF/Other	0	0	5,066	5,066	1.2
GOB	118,400	0	0	118,400	28.6
Total	310,892	42,628	60,883	414,403	100.0
Percent	75.0	10.3	14.7	100.0	

Source: Compiled from Table 1, 2, 3 and 4.

Information on funding and spending by year are provided in Table 14 and Figure 6, 6a and 6b. The contribution of the World Bank has increased steadily over time; its share of total funding was 29 percent in 1987/88 but increased to 45 percent by 1990/91. At the same time, USAID's contribution showed no discernible trend but its share of funding declined. The government's spending on family planning rose steadily, but its share of funding fell after 1988/89 as the contribution of the World Bank increased faster than did that of the government.

Since the World Bank mainly funds the GOB program while USAID is the major contributor to NGOs/SMC, the share of NGO programs and of SMC in total disbursements decreased in 1990/91 as the relative contribution of the World Bank increased. If the World Bank continues to increase its relative share of funding, further declines in the relative shares of NGOs and of SMC are likely to occur.

Table 14
Source of Funding and Programs Funded by Year
(in thousand \$)

Programs Funded	Source of Funds				Total	Percent
	World Bank	USAID	GOB	Other		
1987-88						
GOB	22,817	5,613	25,467	4,069	57,966	72.3
SMC	0	7,275	0	0	7,275	9.1
CANGO	119	13,404	0	1,356	14,879	18.6
Sub-Total	22,936	26,292	25,567	5,425	80,120	100.0
Percent	28.6	32.8	31.8	6.8	100.0	
1988-89						
GOB	17,860	8,725	29,081	7,462	63,128	72.9
SMC	0	8,270	0	0	8,270	9.5
CANGO	292	13,646	0	1,299	15,240	17.6
Sub-Total	18,152	30,644	29,081	8,761	86,636	100.0
Percent	20.9	35.4	33.6	10.1	100.0	
1989-90						
GOB	31,586	10,961	31,655	10,690	84,892	73.5
SMC	0	15,875	0	0	15,875	13.7
CANGO	1,070	12,449	0	1,177	14,696	12.8
Sub-Total	32,656	39,286	31,655	11,867	115,463	100.0
Percent	28.3	34.0	27.4	10.3	100.0	
1990-91						
GOB	59,160	5,794	32,197	7,755	104,906	79.4
SMC	0	11,208	0	0	11,208	8.5
CANGO	864	13,970	0	1,234	16,068	12.1
Sub-Total	60,024	30,972	32,197	8,989	132,182	100.0
Percent	45.4	23.4	24.4	6.8	100.0	
Total	133,768	127,193	118,400	35,042	414,403	100.0
Percent	32.3	30.7	28.6	8.5	100.0	

Source: Compiled from Table 1, 2, 3 and 4.

7.0 Discussion

7.1 Limitations

1. One of the objectives of this report is to determine funding for family planning. However, family planning is part of the MOHFW, which includes MCH care in addition to family planning. Moreover, donors often provide funds to support both family planning and MCH. Only in the case of USAID is virtually all assistance for family planning. As a consequence, the funding and expenditures presented in this report are higher than those for family planning alone since they also include activities to strengthen MCH.

We made no attempt to separate funding and expenditures on family planning from those on MCH. This would have required making fairly arbitrary assumptions unless a detailed analysis were made of funding and spending of particular projects.

2. Data on spending and funding by the GOB, NGOs and SMC are not always consistent. To the extent that there are inaccuracies in reported information on spending or on funding, there will be inaccuracies in results presented here. We have made attempts to verify the figures by checking reports of one organization against those of another. For example, we checked the reports of the GOB on project assistance received from donors against those of donors on funds provided. The consistency of the reports indicates that the figures are reasonably valid, although there is not total consistency in the reports. This is particularly so in regard to the information provided on contraceptives.

7.2 Implications of findings

1. Bangladesh has made large gains in contraceptive use, and these gains have undoubtedly been facilitated by donor funding. Donor funding covers the salaries of large numbers of field workers, contraceptives, the construction and modernizing of facilities to provide family planning, the support of the social marketing program and of the NGOs, and research. While it is not clear what would have been the contraceptive prevalence rate without this support, it certainly would be far lower than the rate of 40 percent reached in 1991. Over the period 1988/89-1990/91, donor support for family planning increased significantly, and the contraceptive prevalence rate also increased dramatically over the period 1989-91.

2. While the GOB has increased its contribution to the family planning program, its relative share of funding has decreased because donor contributions have increased faster than have government contributions. The rapid increase in donor funding has undoubtedly propelled the increase in contraceptive use, but at the same time, it has made the family planning program increasingly dependent on donor funding. Like other low income countries that wish to achieve rapid reductions in fertility rates, Bangladesh must weigh the trade-offs of increases in contraceptive use against those of increases in dependency on foreign donors to sustain programs.

3. Related to the above point is the failure of the revenue budget to increase substantially. Most of the increase in funding is through the ADP. Consequently, while the government's spending on family planning has increased, the share of the revenue budget in total funding has declined.

Most of the increase in spending is for projects and not a commitment to staff positions in family planning. Funding of salaries through the ADP allows the government to spend less as staff hired to carry out projects are not considered to be "permanent"; therefore the government does not have to provide pension benefits to these workers. Some workers may feel insecure because their salaries are not funded through the revenue budget even though funding has been provided through the ADP for several years. However, shifting family planning workers from the ADP to the revenue budget would increase program costs.

4. The increase in funding of family planning has, as discussed above, occurred because of the rapid growth in funding provided by the World Bank. Because the Bank mainly provides government to government transfers, the increase in Bank funding has shifted the provision of family planning in favor of the GOB program. This change is shown both in the spending data obtained in this project and in the data from the contraceptive prevalence surveys for 1989 and 1991.

Funding from the World Bank has enabled the GOB to increase the number of outreach workers. As a consequence, the percentage of women using OCs who received them from an outreach worker increased from 1989 (45 percent) to 1991 (67 percent). Similar changes were reported for condoms, an increase from 32 percent to 50 percent. At the same time, the percentage of women who reported that they got pills or condoms from a pharmacy or shop declined. Since SMC is the only provider of condoms, these data indicate that the share of SMC in providing condoms has declined. While commercial brands of pills are sold in addition to social marketing brands, the share of SMC as a provider of pills may also have declined.

The relative decline in the position of the SMC suggests that it will be more difficult for Bangladesh to shift more than a small fraction of the cost of family planning to clients. Even those couples that can afford to pay may choose to obtain contraceptives from GOB outlets, which do not charge or have a minimal charge for contraceptives, rather than paying more to get contraceptives at the SMC.

5. These results show that in the last few years the contribution of USAID to family planning in Bangladesh has remained virtually unchanged. Yet, funding for family planning provided by USAID would have been considerably higher if local currency funds under Title III had been approved for spending on family planning. However, at the time that this report was being prepared the U.S. government did not approve use of PL 480 funds so that the U.S. contribution was substantially lower than planned. Steps have now been taken to allow the GOB to use PL 480 funds to cover local currency costs for family planning. The use of PL 480 funds will significantly increase the contribution of USAID while, at the same time, reducing the government's contribution through the development budget.

6. Bangladesh has made great achievements in raising the rate of contraceptive use over the past several years. This report has shown that both increases in funds provided by the GOB and by donors have helped to fund this rise in contraceptive use. The challenge to Bangladesh over the coming decade will be to continue to achieve increases in contraceptive use. Meeting that challenge will be dependent on the willingness of Bangladesh to devote substantial resources to family planning and to donors to continue providing funds. If plans call for recruiting 50 percent more acceptors by

1997, then a crude analysis would suggest that both donor and GOB funding for family planning must rise by 50 percent.

7. One way to lower the need for funding for family planning is to increase the efficiency with which resources are used. In order to determine how best to realize cost savings, USAID and the GOB are conducting a study, with technical assistance from FHI, to determine the cost savings to be realized from improved resource allocation to family planning. Unlike this report, the new project will be a micro-level investigation of costs of family planning. It will determine reasons for cost differences in method-delivery system combinations including salaries and credentials of staff (i.e., nurse or physician), the time spent to perform tasks, differences in tasks performed, the quality of services and capacity utilization. Results will show how cost savings can be made while maintaining the quality of services.

The government has shown its concern about long-term sustainability in other ways. It is drawing up a plan for USAID that will address some of the issues raised in this report, including the balance between the revenue budget and the ADP. The plan also includes ways of increasing cost-effectiveness of family planning, which will be addressed in the study described above.

Finally, ODA is providing support to establish a Health Economics and Financing Unit. This unit will carry out studies of financial sustainability.

References

- A Status Report on Bangladesh Third Population and Health Project for IDA and Co-financiers' Review, Ministry of Health and Family Welfare, Planning Section, Management Information System (MIS) Unit, Dhaka, November 1991.
- Annual Development Programs, 1985-86, 1986-87, 1987-88, 1988-89, 1989-90, 1990-91, Planning Commission, Ministry of Planning, Government of Bangladesh, Dhaka.
- Bangladesh Contraceptive Prevalence Survey, 1989, Mitra and Associates
- Bangladesh: Selected Issues in External Competitiveness and Economic Efficiency, South Asia Country Department I, Country Operations, Industry and Finance Division, The World Bank, March 1992.
- Bangladesh Third Population and Family Health Project, Rebudgeting and Reprogramming Exercises, Population and Human Resources Division, Country Department I, Asia Region, The World Bank and International Development Association, August 1990, September 1991, and May 1992.
- Demands for Grants and Appropriations (Development), 1985-86, 1986-87, 1987-88, 1988-89, 1989-90, 1990-91, Ministry of Finance, Government of Bangladesh, Dhaka.
- Demands for Grants and Appropriations (Non-Development), 1985-86, 1986-87, 1987-88, 1988-89, 1989-90, 1990-91, Ministry of Finance, Government of Bangladesh, Dhaka.
- Mitra, S.N., C. Lerman, S. Islam, Bangladesh Contraceptive Prevalence Survey 1991, Key Findings, Mitra and Associates, Dhaka, July 1992.
- Project Paper, Bangladesh: Family Planning Services (388-0050), United States Agency for International Development, 1981.
- Project Paper, Bangladesh: Family Planning and Health Services (388-0071), United States Agency for International Development, 1987.
- Project Paper, Bangladesh: Family Planning and Health Services (388-0071), United States Agency for International Development, 1992.
- Proposed Program for the Health and Family Planning Sector in the Fourth Five Year Plan: 1990-95, Ministry of Health and Family Welfare, Government of Bangladesh, Dhaka, October 1990.

-
- Rahman, M.B., Bangladesh Family Planning Program and Population Scenario up to 2010 A.D. (Projections and Implications), Population, Development and Evaluation Unit, Planning Commission, Dhaka.
- Staff Appraisal Report, Bangladesh Third Population and Family Health Project, Population, Health and Nutrition Department, The World Bank, December 1985.
- The Asia Foundation, Bangladesh, Annual Reports on Family Planning and Female Secondary Scholarship Programs, Dhaka, 1986, 1987, 1988, 1989, 1990.
- The Family Planning Association of Bangladesh, Annual Reports, Dhaka, 1986, 1987, 1988, 1989, 1990.
- The Third Five Year Plan 1985-90, Planning Commission, Ministry of Planning, Government of Bangladesh, December 1985.
- The World Bank and Bangladesh's Population Program, Operation Evaluation Department, The World Bank, June 1991.

Annex A

Program Components of the World Bank's Third Population and Family Health Project

Family Planning/MCH Service Delivery
Consolidation and Expansion
Maternal and Child Health Programs
Communications
Women's Programs
Support to NGOs and Innovative Programs
Research and Evaluation
Project Management Support

*Source: Staff Appraisal Report, Bangladesh
Third Population and Health Project, World
Bank, 1985.*

Annex B

Program Components of USAID's Family Planning Services Project

A. Support to GOB Costs

I. Foreign Currency Costs

1. Contraceptive Supplies and Medical Kits
2. Participant Training

II. Local Currency Costs

1. Voluntary Sterilization
2. Operations Research
3. Annual Contraceptive Prevalence Surveys
4. Maternal and Child Health
5. Community Level Family Planning

B. Support to NGOs

Family Planning Association of Bangladesh
The Pathfinder Fund
Social Marketing Company and Population
Services International
Family Planning Training and Service Center
Bangladesh Association of Voluntary
Sterilization
The Asia Foundation
Family Welfare Visitor Training

C. Increasing Demand for Fertility Control

*Source: Project Paper, Bangladesh 388-0050,
Family Planning Service, USAID, Dhaka.*

Annex C

Program Components of USAID's Family Planning and Health Services Project

A. Support for GOB Program

Information, Education and Communication Services

Clinical and Community-Based Family Planning Services

Training and Financial Support for Upazila Family Planning

Contraceptive Commodities and Logistics Commodity Assistance

National Family Planning Headquarters Research, Monitoring and Training

B. Family Planning Social Marketing

C. NGO Family Planning Activity

Family Planning Association of Bangladesh
Bangladesh Association for Voluntary Surgical Contraception

Family Planning Services and Training Center

Family Planning International Assistance

The Pathfinder Fund

The Asia Foundation

Strengthening NGO Training Capacity

D. Family Planning Services, Contingency Fund

E. Other MCH Activity

Oral Rehydration Therapy through Social Marketing Village Distributorship

Municipal Immunization Program

Training and Innovative MCH Activities

Source: Project Paper, Bangladesh Family Planning and Health Services

Annex D

Program Components of UNFPA's Third Country Program

- Strengthening of Integrated MCH/FP
- Strengthening IEM Program
- Impact of Program at District Level
- Support to Family Welfare Visitors
- Institutionalization of Population
- Strengthening of 14 MCWCs in Rajshahi
- Field Approval for Population Relations
- FP Integrated with Parasite Control
- Basic Needs Assessment and Program
- Payment Study on Incentives
- Institutional Development Assistance
- Integration of Population Education
- Integration of FP with Primary Health Care
- Technical Support Service
- FWA Education and Motivation for FP
- Supply and Distribution Monitoring
- 1991 Population and Housing Census
- PRSD Mission
- Institutionalization of Population

MCWC: Maternal and Child Welfare Center

FWA: Family Welfare Center

RCs: Rural Cooperatives

Source: UNFPA, Dhaka.

Annex E

Disbursement Categories of the World Bank in the Third Population and Family Health Project

1. Union Health and Family Welfare Center (UHFWC/FWC) Construction and Furniture

This category includes upgrading of old FWCs, construction of new FWCs, repair and renovation of Maternal and Child Welfare Centers (MCWCs), construction of regional warehouse, construction of staff quarters and procurement of ambulances. It corresponds to the following GOB projects: Establishment of FWCs in Rural Bangladesh; Construction of Regional Warehouse in Chittagong; and Strengthening of MCH Services (for repair and renovation of MCWCs).

2. Construction Management Cell

This category involves support to GOB's Construction Management Cell which is responsible for the construction and repair of health and family planning infrastructure. It corresponds to GOB's project with a similar name. The World Bank has not contributed to this project.

3. Facilities Maintenance Project

This category involves maintenance and repair of health and family planning infrastructure and includes: UHFWC maintenance; UHFWC flood rehabilitation; Upazila Health Complex (UHC) flood rehabilitation; and Family Welfare Visitors Training Institute (FWVTI)/Regional Training Center (RTC) flood rehabilitation. It corresponds to the GOB: Post-Flood Rehabilitation of 898 FWCs and 19 FWVTI/RTCs.

4. Management Development Unit (MDU)

This project aims at coordinating the development of management relating to MCH-based family planning and a complex MCH-FP service delivery. The World Bank provides office equipment and furniture, technical assistance, and salaries and administrative expenditure to the unit. It is not listed as a project in the GOB program.

5. Clinical Contraceptive/MCH Surveillance Team

6. Drugs and Supplies

This category includes the provision of surgical apparel and sterilization, Drugs and Dietary Supplement (DDS) kits, lungees and sarees, medical and surgical requisites (MSR), and contraceptive supplies. It corresponds to parts of the following GOB projects: Voluntary Sterilization Program; Strengthening of MCH Services (DDS kits and MSR); and Family Planning Scheme (contraceptives).

7. MOHFW Procurement Unit

8. Supervision Unit (previously known as the Vigilance Team)

This is a part of the GOB project Family Planning Scheme. It was created and attached to the Directorate of Family Planning to gear up the overall performance and supervision.

9. Vehicles

This category records all expenses on procuring and maintaining vehicles for different projects (like CMC, MDU, PDEU, MIS, NIPORT, EPI, ORT, etc.). It also includes taxes and duties paid by GOB on the vehicles.

10. Family Welfare Assistants (FWAs)

This category includes the salaries, travel allowances and equipment of FWAs. The World Bank provided all the salaries and most of the equipment, while travel allowances were paid for by GOB. It corresponds to a part of the GOB project Family Planning Scheme. According to World Bank document, "at the start of the project, GOB employed about 13,500 FWAs. Of these, 4,500 have been funded by the project. The project provides for the training and salaries of an additional 10,000 FWAs (to make a total of 23,500 FWAs). At the end of 1990/91, about 9,161 of the additional 10,000 had been added to the project payroll."

11. Senior Family Welfare Visitors (FWVs)

All salaries of the senior FWVs are paid by the Bank. This category also partly corresponds to GOB's Family Planning Scheme.

12. Health Assistants Training

13. MCH Equipment and Supplies

Under this project MCH, FWC, midwifery and IUD kits are supplied by the Bank. This category partly corresponds to the following GOB projects: Strengthening of the IUD Program and Strengthening of MCH Services.

14. National Institute of Population Research and Training (NIPORT)

This category involves expenditures on training and research on population. It relates to the following GOB projects: NIPORT, Regional Training Centers for Training of Health and Family Planning Field Workers, and Family Welfare Visitors Training Program. More than 90 percent of the expenses were borne by

Germany and the rest came from GOB during 1985/86-1990/91.

15. Communications

This disbursement category includes the following: IEM, Radio Bangladesh, TV Bangladesh, Health Education Bureau, and Swanirvar (an NGO). It relates to the following GOB projects: Use of NGOs for FP and MCH Activities; Establishment of Population Planning Cell in Radio Bangladesh; and Population Program Cell in Bangladesh Television.

16. MCH Program

This category includes the following programs: Traditional Birth Attendants, Oral Rehydration Therapy, Expanded Program of Immunization, and other MCH activities. It corresponds partly to the following GOB projects: Strengthening of MCH Services, TBA Training Project, ORT (Health) and EPI (Health).

17. Evaluation and Research

This category includes expenditures on research and evaluations conducted through three government organizations: PDEU, MIS, and NIPORT. It relates to the following GOB projects: Population, Development and Evaluation Unit, Special Family Planning and MCH Service Statistics Cell, and NIPORT.

18. Women's Programs

This category combines three GOB projects designed to popularize family planning through women's participation: Strengthening of Population Planning Through Rural Women's Cooperatives, Use of Rural Mother's Centers for Population Activities, and Women's Vocational Training for Population Activities.

More than 90 percent of the expenses were borne by World Bank co-financiers Canada and the Netherlands; the rest came from GOB.

19. NGO Support

This category reflects ODA's funding of NGOs for family planning and MCH activities and corresponds in parts to the GOB project Use of NGOs for Family Planning and MCH Activities.

20. Project Finance Cell

This category fully corresponds to the GOB project with a similar name. The project is almost entirely funded by GOB. It involves the processing and recording of financial transactions between the donors and GOB relating to the Third Population Project.

21. Innovative Activities

This category corresponds to the GOB project, Innovative Activities Relating to Health, Family Planning, and MCH Programs. It was entirely funded by the Bank and involved, among other things, the carrying out of three studies: The Health Financing Study, The Study of Compensation of Payments in FP Program, and The Workers' Time Study.

22. Project Management Support

This category reflects the expenses incurred by the co-financiers in providing support to the World Bank Resident Mission's Population Office in Dhaka for implementing the above projects.

Annex F

List of GOB Projects in the Third Five Year Plan

A. Family Planning Projects

1. Family Planning Scheme (Australia, IDA, CIDA, KFW, the Netherlands, NORAD, ODA, USAID, UNFPA)
2. Voluntary Sterilization Program (IDA, NORAD, USAID, UNFPA)
3. Strengthening of the IUD Program (USAID, UNFPA)
4. Strengthening of MCH Services (World Bank, UNFPA)
5. National Institute of Population Research and Training (Germany)
6. Regional Training Centers for Training of Health and Family Planning Field Workers (Germany)
7. Family Welfare Visitors Training Program (Germany)
8. Special Family Planning and MCH Service Statistics Cell (IDA)
9. Warehousing and Distribution System for MCH and Family Planning Program (UNFPA).
10. Project Finance Cell (IDA)
11. Use of Non-Governmental Voluntary Organizations for Family Planning and MCH Activities (CIDA, ODA, IDA, Australia)
12. Establishment of Family Welfare Centers in Rural Bangladesh (IDA, ADB, Germany, NORAD)
13. Strengthening of IEM Unit (UNFPA, USAID)
14. Construction and Management Cell (ADB)
15. Construction of Regional Warehouse in Chittagong (IDA)

16. Repair/Renovation of Maternal and Child Welfare Centers and Procurement of Ambulances (IDA)
17. Post-Flood Rehabilitation of Family Welfare Centers and Family Welfare Visitors Training Institutes/Regional Training Centers (IDA)
18. Traditional Birth Attendants Training Project (The Netherlands)
19. Innovative Activities Relating to Health, Family Planning and MCH Program (IDA)
20. Program Monitoring Cell (IDA)
21. Mohammadpur Fertility Services and Training Center (SIDA)
22. Family Planning Through Insurance (IDA)

B. Multi-sectoral Projects

23. Strengthening of Population Planning Through Rural Women's Cooperatives (CIDA)
24. Use of Rural Mother's Centers for Population Activities (CIDA, the Netherlands)
25. Women's Vocational Training for Population Activities (CIDA)
26. Population, Development and Evaluation Unit (IDA, USAID, UNFPA)
27. Establishment of Population Planning Cell in Radio Bangladesh (IDA)
28. Population Program Cell in Bangladesh Television (Australia)
29. Health and Demographic Survey and Improvement of Vital Statistics (UNFPA, IDA)

NOTE:

- 1) The names of donor agencies are mentioned in the brackets.

- 2) Four of the above projects were not implemented. These are: Repair of Maternal and Child Welfare Centers; Program Monitoring Cell; Family Planning through Insurance; and Health and Demographic Survey and Improvement of Vital Statistics.
- 3) GOB contributed to all of the above projects except the following: Use of NGOs for FP and MCH Activities; TBA Training Project; Innovative Activities in Health, Family Planning and MCH Programs; Mohammadpur Fertility Services and Training Center; Strengthening of Population Planning Through Rural Women's Cooperatives; and Women's Vocational Training for Population Activities.

Source: A Status Report on Bangladesh Third Population and Health Project, MOHFW, Dhaka, November 1991.

Annex G

Description of GOB Projects in the Third Five Year Plan

A. Family Planning Projects

1. Family Planning Scheme

This was the largest project in the GOB program under the third Population and Family Health Project. The objective of the project was "to provide built-in organizational support, ensure delivery of MCH-FP services and supervision with a view to causing reduction of the birth rate as per plan target."

The main items of expenditure on the project were the following:

1. Salaries of 37,792 personnel (FWA, FWV, FPA etc) – 39 percent
2. Allowances of the above personnel – 35 percent
3. Contraceptives – 19 percent
4. Others – 7 percent

During the period under review (1985/86-1990/91) the GOB claims to have contributed about 58 percent of the expenses relating to this project. The rest was contributed by foreign donors: Australia, IDA, CIDA, KFW, the Netherlands, NORAD, ODA, UNFPA and USAID.

2. Voluntary Sterilization Program

The objective of this program was "to perform 2.92 million sterilization cases, ensure the quality of clinical services and provide financial and logistic support to the sterilization centers." The main donors were IDA, NORAD, USAID, and UNFPA.

3. Strengthening of IUD Program

The objective of this program was to perform new IUD insertions and ensure follow-up services for IUD users. The main donors were USAID and UNFPA.

4. Strengthening of MCH Program

The objective of this project was to "strengthen both the institutional and field service delivery capability of the existing MCH program and to reduce maternal and infant mortality and morbidity." The World Bank and UNFPA contributed about 94 percent of the costs with the balance coming from the GOB. Almost 90 percent of the expenses under this project was for procuring DDS kits and MCH medicine; the rest was spent on MCH and Midwifery kits and equipment (3 percent); pay and allowances of personnel (3 percent); and others (5 percent).

5. National Institute of Population Research and Training (NIPORT)

The objective of this project was to "impart training to program managers of health, MCH-FP and multisectoral projects; supervise the training program for the field workers at the regional training centers and FWVTIs; as well as to conduct social science, demographic and operations research in the field of population." Germany was the donor to this project.

6. Regional Training Centers (RTCs) for Training of Health and FP Field Workers

The objective of this project was "to impart basic training to 11,200 new FWAs, to provide refresher training to 15,600 FWAs and HAs, team training to 800 FPAs and AHIs, and orientation training to 1,500 field workers of multisectoral program on FP and MCH." The donor to this project was Germany.

7. Family Welfare Visitors Training Program

The objective of the project was to “provide basic training to new FWVs, basic and refresher training to Senior FWVs, and training to FWVs for TBA training.” This project was also almost entirely funded by Germany.

8. Special FP and MCH Service Statistics Cell

The objective of the project was to “establish a regular system for generating data on the use pattern of different contraceptives, as well as data on birth, death, marriage etc.” The implementing agency was the Management Information System (MIS) Unit of the MOHFW. The main donor was IDA.

9. Warehousing and Distribution System for MCH and FP Program

The objective of the project was “to provide, on a continuous basis, safe storage facilities and timely movement of stores to ensure uninterrupted supply line of FP and MCH program in the country.” UNFPA was the donor for this project.

10. Project Finance Cell

The objectives of the project were “to process the reimbursement claims of reimbursable project aid (RPA) from all donors; operate Special Accounts in Foreign Exchange (SAFE) of the IDA and CIDA assisted population projects and follow-up audit report of the projects.” This project was almost entirely funded by GOB.

11. Use of Non-Governmental Voluntary Organizations for FP MCH Activities

The objective of the project was “to provide seed money (grants-in-aid) to the registered NGOs and to establish an NGO Monitoring Cell for ensuring the monitoring of NGO performance.” CIDA, ODA, IDA and Australia were the main donors.

12. Establishment of Family Welfare Centers in Rural Bangladesh

The objective of this project was to construct and equip 1,200 FWCs and repair another 1,045 constructed FWCs in rural Bangladesh. In terms of expenditure this project was the second largest (after Family Planning Scheme) during the period under review and was almost exclusively funded by the donors. IDA, ADB, Germany and NORAD bore almost 95 percent of the expenses, all of which went for construction work (including electrical fittings and furniture).

13. Strengthening of IEM Unit

The objective of the project was “to disseminate effective knowledge through different media, especially through interpersonal communication and strengthen mass communication, mobilization of social support for community leaders through seminars and workshops.” The main donors were UNFPA and USAID.

14. Construction and Management Cell

The objective of the project was to “implement construction and maintenance of FWCs and other construction work under MOHFW (FP Wing).” GOB provided almost 85 percent of the funds with the rest coming from the Asian Development Bank.

15. Construction of Regional Warehouse in Chittagong

The objective of the project was to "provide adequate storage facilities for FP-MCH medicines, contraceptives and other stores." This project was totally funded by IDA.

16. Repair/Renovation of Maternal and Child Welfare Centers and Procurement of Ambulances

The objective of this project was the "repair/renovation of 64 MCWCs and procurement of 46 ambulances to strengthen the existing MCH program." IDA was the donor.

17. Post-Flood Rehabilitation of Family Welfare Centers and Family Welfare Visitors Training Institute/Regional Training Centers

The objective of this project was the "repair/renovation of 64 MCWCs/RTCs damaged during the floods of 1987 and 1988." The project was entirely funded by IDA.

18. Traditional Birth Attendants Training Project

The objective of the project was to "train illiterate and elderly TBAs on aseptic and safe delivery practices in order to reduce high maternal and neonatal deaths prevalent in the country." The project was almost totally funded by the Netherlands.

19. Innovative Activities Relating to Health, FP and MCH Program

The project objective was to "undertake innovative activities and studies on selective basis in order to strengthen population programs and to generate additional demand for FP-MCH services." It was fully funded by IDA.

20. Program Monitoring Cell

The objective of the project was to "establish a monitoring tool for the national family planning program in MOHFW with a view to ensuring supervision of the supervisors of the program and test/verify performance data, rates and reports, needed for reliable data base at the Ministry." It was mostly funded by IDA.

21. Mohammadpur Fertility Services and Training Center (MFSTC)

The project objective was to "provide (a) comprehensive FP services, counselling, and follow-up services through the center; (b) MCH services, antenatal care, immunization and child care services; and (c) training to physicians and paramedics." The project was entirely funded by SIDA.

22. Family Planning Through Insurance

The objective of the project was to "secure reduction in total fertility from the national average of 4.8 to 3.5 (per woman) by means of sustained spacing and prevention of birth through the mechanism of insurance." It was supposed to have been funded by the GOB and IDA and executed by a local insurance company, but the project was not implemented during the period under review.

B. Multisectoral Projects

23. Strengthening of Population Planning Through Rural Women's Cooperatives

The aim of the project was to "ensure targeted rural women's participation in economic activities and family planning and formation of cooperatives." The project was totally funded by CIDA.

24. Use of Rural Mother's Centers for Population Activities

This project aimed to educate young and poor women in various aspects of social development and family life, provide them with gainful employment through skill training and marketing of their acquired skills, and make them aware of the benefits of small families. The project was almost entirely funded by CIDA and the Netherlands.

25. Women's Vocational Training for Population Activities

The objectives of the project were "to create income-earning opportunities for rural women through vocational training; to motivate them in accepting small family norms; and to use them as catalysts for the motivation of fellow women in the area of population planning and economic activity." It was totally funded by CIDA.

26. Population, Development and Evaluation Unit (PDEU)

PDEU was involved in carrying out research work and evaluation of projects and programs undertaken by MOHFW in the population sector. The donors were IDA, USAID, and UNFPA.

27. Establishment of Population Planning Cell in Radio Bangladesh

The objective of the project was to substantially increase the air-timing of FP and MCH program broadcasts. It was mostly funded by GOB with some help from IDA.

28. Population Program Cell in Bangladesh Television

The objective of the project was to popularize the national MCH-FP program through telecast

of IEC program. GOB funded about 75 percent of the project with the rest coming from Australia.

29. Health and Demographic Survey and Improvement of Vital Statistics

The project was aimed to "give emphasis on the development and improvement of women statistics in the areas of health, population and demography." During the period under review (1985/86-1990/91), work on the project did not start. Funding was to have come from UNFPA and IDA.