
 *9363005 DEVELOPMENT SUPPORT *
 * PROGRAMMATIC GRANT TO POPULATION COUNCIL *
 * FY76 TO FY82 *

PROJECT SUMMARY DESCRIPTION

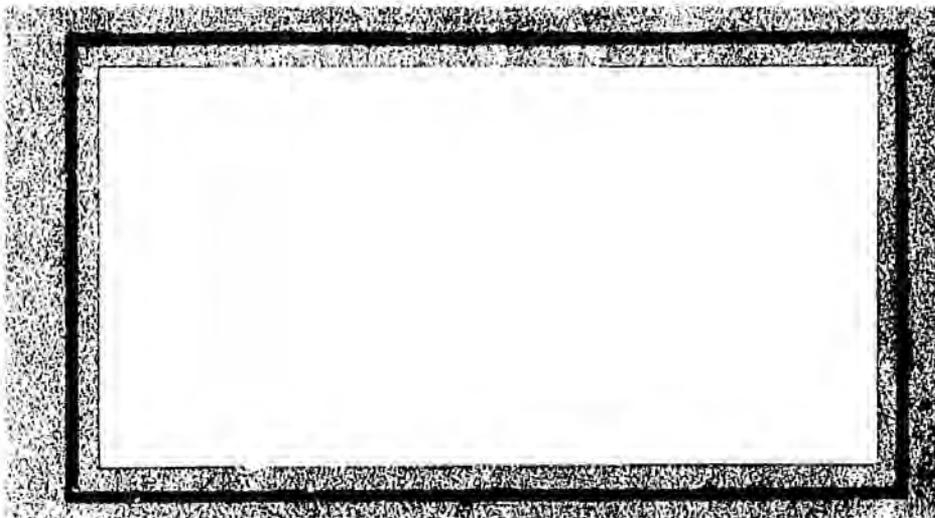
PROGRAMMATIC GRANT TO POPULATION COUNCIL (PC) TO SUPPORT PC FAMILY PLANNING (FP) RESEARCH AND ACTION PROGRAMS AMONG LDCs. ACTIVITIES TO BE IMPLEMENTED BY PC UNDER GRANT ARE: (1) INSTITUTIONAL DEVELOPMENT PROJECTS AT THE UNIVERSITIES OF INDONESIA, ZAIRE, AND CAPE COAST; (2) ACTIVITIES OF THE PUBLICATIONS AND INFORMATION OFFICE OF PC, WHICH PUBLISHES SCHOLARLY JOURNALS AND MONOGRAPHS, SERVES AS INTERNATIONAL CLEARINGHOUSE FOR FP INFORMATION, AND PROVIDES STAFF AID TO PC (AID SUPPORT HERE IS AS YET UNSPECIFIED); (3) RESEARCH PROGRAMS ON VOLUNTARY STERILIZATION, CONTRACEPTIVE TECHNOLOGY, AND ADOLESCENT FERTILITY; (4) IMPLEMENTATION OF NATIONAL MARKETING RESEARCH PROGRAM ON FP METHODS, KNOWLEDGE, USE, ATTITUDES IN MEXICO PLUS ASSISTANCE TO GOVERNMENT OF MEXICO TO ESTABLISH A LARGE-SCALE COMMERCIAL DISTRIBUTION SYSTEM; (5) TECHNICAL ASSISTANCE AND PROGRAM SUPPORT FOR RURAL COMMUNITY BASED DISTRIBUTION (CBD) FP PROGRAM IN COLOMBIA AND FOR GOVERNMENTAL DELIVERY SYSTEM IN PERU; (6) RESEARCH PROGRAM ON CHILD SPACING AND FP METHODS IN SUBSAHARAN AFRICA; (7) FOLLOW-UP ON TRAINING WORKSHOPS BEGUN IN 1977 ON POPULATION, DEMOGRAPHY, DEVELOPMENT IN NEAR EAST ASIA; (8) PROJECTS OF THE INTERNATIONAL COMMITTEE ON APPLIED RESEARCH IN POPULATION (ICARP). ICARP WILL FUND SMALL APPLIED RESEARCH PROJECTS FOR ~~FR~~ ADMINISTRATORS AND CONDUCT STUDIES ON THE RELATION BETWEEN POPULATION AND DEVELOPMENT IN SELECTED AID PROJECTS IN AFRICA AND LATIN AMERICA IN ORDER TO ESTABLISH MINIMAL GUIDELINES TO ATTAIN LOW FERTILITY RATES AND ESTABLISH FP DELIVERY SYSTEMS. PROJECT ACTIVITIES WILL BE MANAGED BY PC IN CONJUNCTION WITH AID FIELD AND WASHINGTON STAFF. IMPLEMENTATION WILL INCLUDE STREAMLINED SUBPROJECT PROPOSAL PROVISION AS RECOMMENDED IN EVALUATIONS OF PREVIOUS AID SUPPORT TO PC. IT IS EXPECTED THAT FIRST YEAR PROJECT ACTIVITIES WILL DEMAND SUPPORT IN EXCESS OF THE CONGRESSIONAL PRESENTATION OF \$1 MILLION.

DESCRIPTORS

POP SEMINAR	POP RES CNTR	POP RESEARCH	POP PLAN POLCY
POP JOURNAL	POP CONTROL	FAM PLAN RES	FAM PLAN PUB
FERTILITY RES	FP MGMT TRNG	FAM PLAN INFO	FAM PLAN IEC
EDUC MATERIALS	FAM PLAN EDUC	FAM PLAN DEL	FAMILY PLANNING
DEMOGRAGHY	CONTRA RES BAS	CONTRA RES APP	CONTRA RESEARCH
CONTRA DIS CUM	CONTRA DISTRIB	CONTRACEPTION	SURGICAL CONTRA

SUB-PROJECT NUMBER: 00

BATCH NUMBER: 97



AMERICAN PUBLIC HEALTH ASSOCIATION
Division of International Health Programs
1015 Eighteenth Street, N.W.
Washington, D.C. 20036

CONSULTANT REPORT FOR THE EVALUATION
OF POPULATION COUNCIL ACTIVITIES
UNDER AID/csd-2897, 1973-1975

936 3005

A Report Prepared By:

HENRY M. GELFAND, M.D.
PHYLLIS T. PIOTROW, PH.D.

During The Period:

DECEMBER 2, 1975 THROUGH JANUARY 16, 1976

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CONSULTANT REPORT FOR THE
EVALUATION OF POPULATION COUNCIL ACTIVITIES
UNDER AID/csd-2897, 1973 - 1975

I. INTRODUCTION AND SCOPE OF THE EVALUATION

The Agency for International Development (AID) and the Population Council have been collaborators in international activities concerned with population growth and family planning since 1965. AID has provided funds for numerous Council programs and projects that have been evaluated from time to time, but financial and professional relations between the two organizations were consolidated in 1973 into a single support mechanism, the Programmatic Grant, AID/csd-2897. The present evaluation of the Programmatic Grant, therefore, has both general and specific objectives; i.e., to review the background of AID-Population Council relationships, to assess the appropriateness and the performance of current AID support projects, and to suggest the most effective directions that their work together might take in the future.

The consultants were formally asked to consider the following three questions:

1. Has the Council maintained a high degree of competency and professionalism in the implementation and administration of the subgrant projects approved by AID during the past two years?
2. What has been the degree of effectiveness by which the Programmatic Grant has pursued population/family planning objectives during the past two years, as defined by the Grant agreement, and what is the anticipated outcome resulting from the types of activities sponsored by the Council?
3. How has the Programmatic Grant pursued population/family planning objectives as defined by AID's six goal areas?

Since they were unable to visit any of the field sites where most of the Council's work has been and is being conducted, and thus were unable to examine individual projects personally and in detail, the consultants less formal and more important charges were:

1. to provide an overview of current AID-supported Council activities in the light of AID program objectives, and
2. to identify and assess those areas of population work where AID and the Council can most effectively collaborate in the future to achieve common objectives.

Visits were made to the AID Office of Population in Washington, D.C. and the Population Council in New York City, and conversations were held with many of the principals in the headquarters of these two organizations. (See Appendix A) These discussions were extensive in coverage and frank in nature. Cooperation was given us freely and fully, and we wish to express our sincere appreciation to all whom we met and talked with in these and other organizations for their time, effort and friendly assistance.

II. REVIEW OF CURRENT SUBGRANTS UNDER AID/csd-2897

Some 50 subgrants and 13 in-house projects were approved by AID under AID/csd-2897 between October 1973 and December 1975, for a total of \$4,402,528. Subgrants were budgeted at \$2,813,528. They include support for 37 different institutions in 14 countries, ranging in size from \$3,765 to the University of Utah, for completion of an evaluation of family planning data collected in Kenya (one of only two grants to U.S. universities), to \$387,532 for ASCOFAME in Colombia to support integrated teaching, research, and administration of family planning concerns at its central office and member medical schools. The average grant size was about \$55,000.

The in-house projects totalled \$1,589,000. They include two years of partial support for the Information Office, for a basic book program, and for French translations, three academic years of fellowship, two years of partial support for fertility research in New York, and two years of local office expenses in Colombia.

A listing of these subgrants and in-house projects by category of activity, country and dollar amount is provided in Table 1, (page 6). Table 2 (page 8) is a summary of the subgrants, categorized by the type of grantee and the country in which the grantee was located. It is apparent that: 1) most of these funds have been expanded for institutional development, information programs, family planning, and fellowships; 2) universities and professional organizations have been the principal beneficiaries of subgrants; and 3) about three-quarters of the Population Council overseas activities funded by AID under this contract have been concentrated in four countries: Colombia, Nigeria, Peru and Zaire. The consultants were provided with a number of extensive, independent or internal reports and evaluations, including a detailed substantive report on each project submitted to AID in April 1975. (A similar updated report will be submitted by the Population Council to AID in April 1976). These reports are listed in Appendix B.

On the basis of these materials and information, there seems little question that Council projects funded by AID are competently and professionally administered. Where for local reasons results have not been satisfactory, the Council has discontinued AID support. The professional reputation of Population Council field staff seems to be an important element in the effective management and impact of many of its projects. With rare exceptions Council staff who have been assigned to overseas projects are rated by their

local colleagues, both indigenous and foreign, as among the best of overseas advisors and experts.

Contract AID/csd-2896 has also undoubtedly been an effective vehicle for pursuing the population/family planning objectives defined by the agreement. These objectives fall under the general headings: information and communication, graduate fellowships, institutional development support, demographic studies, family planning demonstration, research and evaluation, and training. All of the funds expended fall within one or more of the program goal areas defined by AID. As specified in the contract, these activities are conducted primarily in countries of Africa and Latin America.

Nevertheless, despite this continuing relationship between the Population Council and AID, and despite the evident fulfillment of the contract terms by the Population Council, there has been a sense of malaise and less than complete satisfaction in recent years in AID-Population Council collaboration. This is most clearly evident in the decrease in AID funding for Population Council activities, as shown by Table 3, (page 9). From an annual average obligation of more than \$5 million between 1969 and 1973, AID obligation of funds for the Population Council fell to zero in 1974 and \$750,000 in 1975 with \$500,000 to \$1,000,000 tentatively scheduled for 1976.

Some of this decline can be attributed to completion by the Population Council of specific projects; such as, bio-medical research to develop a once-a-month pill (AID/csd-2491). Some can be attributed to the spin-off of projects to local support; such as, hospital based postpartum programs (AID/csd-2155).

To an even greater extent, reduced AID funding for the Population Council can be attributed to an overall decline in AID population program appropriations from \$125 million in FY 1972 and 1973 to \$112.5 million in FY 1974 and \$110 million in FY 1975. These reductions have forced AID to spell out priorities very sharply and to reduce support for many programs. Institutional development, for example, which constituted a large percentage of AID obligations in the early years of the program, has been sharply reduced while family planning services have been expanded.

There is, however, a third relevant factor in reduced AID funding for the Population Council. It is evident from Table 4 (page 10), that the priority which AID gave to various program actions in 1975, as determined by dollar

obligations, is somewhat different from the emphasis areas of the various 1974-75 Population Council subgrants, as indicated by budgeted figures. Whereas AID allocated a majority of its funds to family planning services (53%), the greatest proportion of Council obligations (from AIO funds) went to institutional development (31%) and substantial proportions went to information services (24%) and to fellowships (18%).

It is this question of priorities, and apparent differences between those of AID and those of the Population Council for the use of AID funds, that was of primary concern to the consultants. This element, much more than any concern over the presence or absence of professional skills or administrative competence, will determine the continued directions and levels of AID funding for Population Council activities in the coming years. To provide what might be useful guidance among these lines, the consultants have therefore looked at the basic objectives of the Population Council and AID, their past relationships, and their present operational strategies in order to identify areas of congruence where the common interests of both organizations and their ability to cooperate at the present time may be greatest.

Table 1.
CATEGORIES AND AMOUNTS FOR
SUBGRANTS AND IN-HOUSE PROJECTS
During FY 1973-75 - Under AID/csd-2897
(000 omitted)

CATAGORY	GRANT NO.	GRANTEE	COUNTRY	AMOUNT
DEMOGRAPHIC:				
Research	D73.120A	Chulalongkorn University	Thailand	\$ 44,740
	D73.124A	Seoul National University	Korea	26,700
	D74.37A	Institute of Population Problems	Korea	11,827
	D74.44A	Brown University	USA	<u>15,855</u>
		Subtotal		99,122
Institutional Development	D74.38A	University of Zaire	Zaire	199,600
	D74.43A	University of Dar es Salaam	Tanzania	99,600
	D74.65A	University of Ife	Nigeria	78,894
	D75.11A	University of Ife	Nigeria	100,911
	D74.67A	Catholic University	Peru	82,500
	D75.12A	Catholic University	Peru	82,500
	D74.91A	University of Lagos	Nigeria	56,100
	D75.3A	University of Indonesia	Indonesia	57,731
	D75.4A	Chulalongkorn University	Thailand	28,200
	D75.13A	University of Cape Coast	Ghana	52,000
	D75.27A	University of Ibadan	Nigeria	45,920
	M75.37A	University of Ibadan	Nigeria	<u>77,000</u>
			Subtotal	
Population in Development Planning	NA	PDP Program Support	Multinat'l	85,822
	NA	Advisor in Labor Ministry	Peru	42,000
	D74.93	Nat'l Econ.&Social Development Brd.	Thailand	<u>9,949</u>
		Subtotal		<u>137,771</u>
			DEMOGRAPHIC TOTAL	1,197,849
FAMILY PLANNING:				
Research and Evaluation	T73.125A	Demographic Assn. of El Salvador	El Salvador	14,880
	T73.087A	National Science Academy	Boliva	10,000
	T74.5A	PROFAMILIA	Colombia	80,534
	T75.14A	PROFAMILIA	Colombia	40,400
	T74.47A	Venezuelan Family Planning Assn.	Venezuela	70,000
	T74.71A	Regional Population Center	Colombia	65,922
	T74.96A	Demographic Assn. of El Salvador	El Salvador	14,880
	T74.039A	University of Ife	Nigeria	8,830
	T74.053A	University of Utah	US	3,765
	T75.6A	National Science Academy	Bolivia	<u>19,850</u>
		Subtotal		329,061
Institutional Development	T73.146	Peruvian Assn. of Medical Schools	Peru	40,000
	T75.7A	Peruvian Assn. of Medical Schools	Peru	44,900
	T74.7A	Fdn. for Devel. of Public Health	Colombia	25,000
	T74.8A	Regional Population Center	Colombia	55,392
	T75.2A	Regional Population Center	Colombia	75,000
	T74.9A	Cayetano Heredia University	Peru	62,061
	T75.01A	Cayetano Heredia University	Peru	9,950
	T75.9A	Yonsei University	Korea	<u>95,376</u>
		Subtotal		397,679

Table 1 - Continued

CATAGORY	GRANT NO.	GRANTEE	COUNTRY	AMOUNT
Pilot Projects Training (Paramedical) Program Support	T75.37A	Ministry of Health	Bolivia	14,000
	T75.5A	ASCOFAME	Colombia	55,350
	T74.6A	ASCOFAME	Colombia	387,532
	T74.72A	National Family Planning Brd.	Indonesia	15,000
	T74.73A	Zuma Memorial Hospital	Nigeria	20,000
	T75.29A	Zuma Memorial Hospital	Nigeria	15,000
			Subtotal	437,532
			FAMILY PLANNING TOTAL	1,233,622
<u>INFORMATION:</u>				
Family Planning Information	T74.046A	College of Medicine, Lagos	Nigeria	8,000
	T74.1A	Assn. for the Study of Population	Colombia	161,600
	T75.10A	Assn. for the Study of Population	Colombia	133,000
	T74.13A	Ministry of Health	Iran	54,142
	T74.95A	Assn. for the Study of Population	Colombia	15,000
	T74.044A	Peruvian Society of Ob-Gyn.	Peru	5,500
	T75.04A	Nigerian Medical Assn.	Nigeria	4,815
			Subtotal	382,057
In-house Information Projects		Basic Book Program 1974		50,000
		Basic Book Program 1975		50,000
		Information Office 1974		177,000
		Information Office 1975		138,000
		French Translations 1974		150,000
		French Translations 1975		105,000
			Subtotal	670,000
			INFORMATION TOTAL	1,052,057
<u>MISCELLANEOUS IN-HOUSE:</u>				
		Fellowships 1973-4 (ceilings)	Multinat'l	300,000
		Fellowships 1974-5	Multinat'l	300,000
		Fellowships 1975-6	Multinat'l	200,000
			Subtotal	800,000
	T74.905A	Local Office Expense 1974	Colombia	25,000
	T75.901A	Local Office Expense 1975	Colombia	30,000
			Subtotal	55,000
		Fertility Research 1974	USA	30,000
		Fertility Research 1975	USA	34,000
			Subtotal	64,000
			MISCELLANEOUS TOTAL	919,000
			GRAND TOTAL	\$4,402,528

Table 2
DISTRIBUTION OF AID/CSD - 2897 SUBGRANTS
BY GRANTEE AGENCY AND BY COUNTRY
(000's omitted)

<u>CATAGORY</u>	<u>NO. OF SUBGRANTS</u>	<u>DOLLAR VALUE</u>
<u>Grantee:</u>		
Universities	22	\$1,251,233
Professional organizations or institutions	12	889,374
Family planning associations	5	220,694
Government agencies	5	135,091
Regional population centers	3	196,314
Miscellaneous groups	<u>3</u>	<u>120,822</u>
TOTAL	50	\$2,813,528
 <u>Country:</u>		
Colombia	11	\$1,094,730
Nigeria	10	415,470
Peru	8	369,411
Korea	3	123,903
Thailand	3	82,889
Boliva	3	43,850
Indonesia	2	72,731
El Salvador	2	29,760
USA	2	19,620
Zaire	1	199,600
Tanzania	1	99,600
Venezuela	1	70,000
Iran	1	54,142
Ghana	1	52,000
Multinational	<u>1</u>	<u>85,822</u>
TOTAL	50	\$2,813,528

Table 3
 SUMMARY OF AID/WASHINGTON FUNDED GRANTS
 TO THE POPULATION COUNCIL
 FY 1965 - 1975
 (000's omitted)

<u>GRANT AND PURPOSE</u>	<u>FY 65-67</u>	<u>FY 68</u>	<u>FY 69</u>	<u>FY 70</u>	<u>FY 71</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>FY 76</u>	<u>FY 77</u>
csd-2491 (contraceptive development)			3,000						-/		
csd-1185 (evaluation manual)	329			-/							
csd-1565 (postpartum program)	300		300		-/						
csd-2155 (postpartum)		500	750		956	607	1,080		-/		
nesa-391 (India postpartum)		100				100	-/				
csd-2508 (programmatic)			1,000	-/							
csd-2897 (programmatic)					1,000	1,000	6,200			-/	
pha-G-1116 (revised programmatic)									750	500-	1,000est.
csd-3435 (institutional devel. core)						859					-/
la-550 (L.A. postpartum)		525	619	720	-/						
598-15-570-456; la-286; la-549; la-604; la-701* (L.A. Regional)	400	300	993	1,115	891	1,884				-/	
la-8* (Asia Regional)	375**	375**	525	600	800	800				-/	
afr-629* (Africa Regional)			300		600	275				-/	
TOTALS	1,404	1,800	7,487	2,435	4,247	5,525	7,280	-0-	750	500-	1,000est.

*On January 1, 1973, these three regional grants were consolidated under csd-2897.

**Includes 50 for South Vietnam.

December 12, 1975. Based on AID figures.

Table 4.

DOLLAR AND PERCENTAGE BREAKDOWN OF AID PROGRAM OBLIGATION FY 1975 AND
AID FUNDED POPULATION COUNCIL SUBPROJECTS 1973-75 BY AID PROGRAM GOALS
(000's omitted)

AID Program Goals	AID FY 1975 Obligations		PC Subgrants and Projects Funded by Aid 1973-1975		Total PC Grant Budget 1973-1975 (a)	
	\$	%	\$	%	\$	%
<u>Goal 1</u> Development of Adequate Demographic Data	11,906	11.9	---	---	1,190	09.0
<u>Goal 2</u> Development of Adequate Population Policies	4,770	04.8	237 ^(b)	05.4	225 ^(c)	02.0
<u>Goal 3</u> Development of Adequate Means of Fertility Control	5,604	05.6	.64 ^(d)	01.4	3,960	30.0
<u>Goal 4</u> Development of Adequate Family Planning Services	52,975	53.0	891 ^(e)	20.2	4,202	32.0
<u>Goal 5</u> Development of Adequate Information Services	12,976	13.0	1,052	23.9	1,126 ^(f)	08.0
<u>Goal 6</u> Development of Adequate Manpower and Institutions.					2,464	19.0
Training or Fellowships	8,799	08.8	800	18.2	-	-
Institution Development	2,945	02.9	1,359 ^(g)	30.9	-	-
	<u>\$99,975</u>	<u>100.</u>	<u>\$4,403</u>	<u>100.</u>	<u>13,167</u>	<u>100.</u>

Footnotes appear on following page.

Footnotes

- (a) Includes grants funded by USAID.
- (b) Includes Demographic: Research and Demographic: Population in Development Plannin
- (c) Does not include PDP in-house program.
- (d) Includes Miscellaneous: Fertility Research.
- (e) Includes Family Planning: Research and Evaluation, \$329,061; Pilot Projects, \$14,000; Training, \$55,350, and Program Support, \$437,532; and Miscellaneous: Local office expense, Colombia, \$55,000.
- (f) Includes in-house information program activities supported by AID and others.
- (g) Includes Demographic: Institutional development, \$960,956; Family Planning: Institutional development, \$397,679.

Note:

This table should be considered only a very rough comparison since: (1) many of the projects in one category have an overlapping effect in others, particularly in institutional development; (2) AID and the Population Council would undoubtedly differ in identifying some projects by category; and (3) subgrants approved by AID reflect compromises in the approval process with institutional development projects approved by AID whereas some family planning service projects submitted by the Council were rejected by AID. Figures in the last two columns were provided by the Population Council.

III. OBJECTIVES OF THE POPULATION COUNCIL AND OF THE AGENCY FOR INTERNATIONAL DEVELOPMENT

A. The Mission of the Population Council.

The Population Council was established in 1952 to concern itself with the scientific study of population in all its related aspects. It seeks to gather and disseminate knowledge that will lead to informed societal and individual responses to demographic problems. It functions primarily by promoting research and training in fertility-related social and biomedical sciences, by providing technical assistance to evaluate and improve programs designed to influence fertility behavior, and by publishing and distributing studies by its own staff and others in the field of population and family planning.

A recurrent theme of Council publications and staff pronouncements is that the work of the Population Council is primarily directed to the increase of knowledge and understanding of demographic change, rather than advocacy or implementation of specific programs, solutions, or changes. As former President Bernard Berelson stated, its purpose is to bring "knowledge and knowledgeable people to bear on population problems around the world". Yet it is also clear that the very process of selecting certain problems, and supporting the individuals to work on them, involves value judgments and affects program direction. The boundary line between education and advocacy; learning and action, is hazy. At different times and in different programs the Population Council has been found on both sides of the line.

The work of the Council is accomplished by its Executive staff; three Divisions: Demographic, Biomedical, and Technical Assistance; the Information Office; and a number of advisory committees.

The Demographic Division has economic and social interest that are broader than its name might imply. It embraces most of the Council's responsibilities in the social sciences and implements these through a headquarters and a field staff. Headquarters personnel engage in a variety of research and documentation activities in-house in New York, in collaboration with colleagues abroad and throughout the U.S., and through a grants program that has now been suspended. Recent studies have focussed on the antecedents of fertility behavior,

(fertility models, nutrition and fecundity, birth control practice, the value of children and culture-based determinants of fertility), demographic processes (the demography of individual countries and regions, internal and international migration), policy formulation (in individual countries and in relation to political and value systems), and the assembling and summarizing of world-wide data.

The field staff works with two general types of audience: (1) academic institutions where the emphasis is on developing professional interest and competence in demographic and social science research; and (2) governmental institutions, where the emphasis is on ensuring adequate utilization of demographic and social data in the formulation of population, family planning, and development policies and programs. A fellowship program supports advanced education for demographers and social scientists with skills in population analysis. Most of the programs of the Demographic Division have long-range goals. In essence, they consist of efforts directed at gathering data or research findings and improving individual and/or organizational competence to use these data in the development of rational population policies and programs.

The Biomedical Division seeks to increase understanding of reproductive biology and to develop methods for fertility regulation. It pursues these objectives by supporting the research of its own scientists in the laboratory and in the field, by providing grants to other scientists in universities and institutes, and by stimulating clinical research under the guidance of its International Committee for Contraception Research.

Fundamental understanding of the physiology of hormonal regulation of fertility, particularly the neural mechanisms which control it, and of the biochemical, biophysical, and immunological processes acting at the cellular level which influence fertilization and subsequent development has been advanced through Council supported research. The significant involvement of the Council in the past with intrauterine devices has continued into the present with the development of the copper-T device. Substantial support was provided by AID for the development of a once-a-month pill, but results were disappointing. Work continues, however, on female contraceptive implants and injectables, a variety of new oral preparations for male as well as female use, drug-releasing vaginal rings, and most recently the development

of a vaccine to prevent pregnancy. AID provides no support for the Biomedical Division at this time.

The Technical Assistance Division has been involved in all phases of population activities which have expanded from its original role of providing resident or short-term overseas advisors for national programs. In contrast to the economically and socially oriented work of the Demographic Division, technical assistance has been oriented toward medical and public health programs. The work may be divided into the following major components or approaches to family planning program assistance:

- 1) the development of new or modified conceptual approaches to services delivery;
- 2) direct support in the building or strengthening of national family planning programs;
- 3) incorporation of research and evaluation as an essential component of operational programs;
- 4) development of indigenous educational and training institutions or organizations for family planning personnel; and
- 5) fellowship training grants.

New York headquarters staff conducts special studies, coordinates research and evaluation activities, and provides professional support to overseas advisors.

Although the Council is active in many countries, major technical assistance has been undertaken primarily in Taiwan, Korea, Pakistan, Sri Lanka, Indonesia, Iran, the Philippines, Thailand, and Turkey in Asia; Colombia, the Dominican Republic, and Venezuela in Latin America; and Kenya, Morocco, and Tunisia in Africa.

Two new approaches to family planning services delivery pioneered by the Council have been the urban hospital-based postpartum programs and the rural MCH/Family Planning (Taylor-Berelson) projects. The former reached 138 hospitals in 21 countries and is now being phased out by the Council as indigenous groups accept responsibility for these programs. The Taylor/Berelson projects are somewhat more controversial because of their original high costs, but with various

modifications are being implemented in Indonesia, the Philippines, Turkey and Nigeria.

The Research and Evaluation Unit of the Technical Assistance Division has been concerned with the development of methodologies; the production of manuals; the compilation and analysis of data from KAP studies; international collaborative studies on IUD safety and effectiveness; and the incidence of induced abortion; as well as backstopping support to the field staff that works with or within operation programs.

The Information Office would perhaps be more aptly named the Publications Office. It does not engage in studies of communication or information, nor in general education or propaganda. Rather, it is responsible for editing and publishing the Council's serial publications -- Reports on Population/Family Planning, Studies in Family Planning, Country Profiles, Current Publications in Population/Family Planning, and, most recently the quarterly journal Population and Development Review. It also has responsibility for the administrative aspects of the publication of books, manuals and occasional papers written or assembled by the relevant professional staff; the translation of selected serial publications and books; and the mailing of these materials to a professional and administrative audience. The Office provides only limited services of a more general informational nature by receiving and routing public inquiries and visiting professional people.

B. The Mission of the Office of Population, AID.

The rationale behind the population assistance program of AID is spelled out in the Foreign Assistance Act of 1961, as amended, in these terms:

"In order to increase the opportunities and motivation for family planning, to reduce the rate of population growth, to prevent and combat disease, and to help provide health services for the great majority, the President is authorized to furnish assistance on such terms and conditions as he may determine, for population planning and health."

Additional legislation in 1975 encouraged AID to extend "low-cost integrated delivery systems to provide health and family planning services, especially to rural areas, to the poorest economic sectors and to expand population

planning programs which include education in responsible parenthood and motivational programs as well as the delivery of family planning services".

The program orientation is therefore activist rather than academic or institutional. Although AID has over the last decade provided substantial funds for biomedical and social research, fellowships, and institutional development, the basic thrust for the population assistance program is pragmatic; i.e., to facilitate the delivery and use of family planning services by an increasing proportion of fertile couples in developing countries at the earliest possible time. Basic to AID's program strategy is the belief that theory follows action, that the latent desire for family size limitation already exists in many people, and that the first need is for accessible and acceptable services to meet that desire.

AID supported population projects may be categorized by six specific strategic goals, each of which has been implemented by a Division within the Office of Population. They are:

1. Development of adequate demographic and social data based on the premise that such data are essential to recognize population problems, formulate appropriate policies, and to evaluate the effectiveness of family planning and related programs. In 1975, about 12 percent of AID program obligations was in this field.
2. Development of adequate population policy and understanding of population dynamics -- based on the premise that demographic trends and development objectives are interrelated and, therefore, that economic, social and political factors can influence family planning program effectiveness. In 1975, about five percent of AID funds were directed to this goal.
3. Development of adequate means of fertility control -- based on the premise that improved contraceptive methods will encourage wider usage and that existing methods may need to be modified to suit conditions in developing countries. In 1975, about six percent of AID funds were expended for this purpose.
4. Development of adequate systems for the delivery of family planning services -- based on the premise that ample supplies and a variety of well-managed distribution systems are a major factor in the acceptance of family planning. More than 50 percent of AID funds were concentrated on this goal in 1975.

5. Development of adequate systems for the delivery of information and knowledge -- based on the premise that individuals will recognize their own need for family planning and will utilize services and supplies if they are properly informed as to the value, safety and availability of these services and supplies. Thirteen percent of AID funds were expended for information systems in 1975.
6. Development of adequate manpower and institutional capability and utilization -- based on the premise that successful programs require trained manpower and institutional backstopping. About 12 percent of AID program funds were expended for this purpose.

C. Problems in Population Council-AID Relationships

Despite a similarity of basic objectives between the AID Office of Population and the Population Council, there has been friction during the ten years of their association and, as noted earlier, this has led to sharply reduced AID support for the Council in the last two years. In addition to inevitable minor differences and personality contrasts, there seem to be four major sources of conflict relating to: age, status, and organization; professional and technical judgment; basic strategies; and leadership.

With respect to age and status, the Population Council was organized in 1952 and, despite an unfavorable climate of opinion about population issues, attracted distinguished leadership, a highly competent staff, and an international reputation for professional excellence. By 1967, when AID entered the field, the Council was actively involved in the two most successful country programs -- Taiwan and Korea -- and developing a widely-acclaimed demonstration project for postpartum services in urban hospitals.

AID began supporting population activities with funds and responsibilities fragmented among its central office, the regional bureaus and the country missions. These units naturally turned to the Population Council for assistance. The Council entered into a variety of separate relationships with different AID groups and did so largely on its own terms as the preeminent corps of international experts.

Gradually, population/family planning activities in AID grew, matured, and became centralized in the Office of Population. AID acquired and developed its own experts;

it formulated its own strategies for assistance and innovation; and by 1972 its budget had increased to about ten times that of the Council. Within AID as a whole, bureaucratic procedures became more rigorous, audits more frequent, evaluations and paper work more onerous. From the Office of Population specifically came greater effort to guide the Population Council's use of AID funds and less willingness to rely on the Council's own discretion.

From the Council, on the other hand, came a strengthened determination not to permit outside direction if its program emphasis or professional work. Despite its relatively diminished financial clout, the Council insists on retaining an independent position even though seeking AID assistance. In fact, despite their common objectives, the Population Council and AID have become competitors as well as collaborators. Each is increasingly reluctant to accept guidance from, or give credit to, the other for those very projects and areas which each considers most promising. This general attitude sometimes undermines cooperation in specific areas where collaboration might otherwise be possible and fruitful.

These institutional problems were exacerbated by serious professional or technical differences between AID and the Council involving major programs. In evaluation techniques the Council stressed continuation rates of acceptors, whereas AID considered the number, age, and parity of acceptors more significant. With respect to contraceptive methods, the Council favored IUDs and expressed doubts about oral contraceptives, whereas the Office of Population actively promoted oral contraceptives, sterilization, and, for a time, menstrual regulation. With respect to biomedical research, AID and the Population Council also frequently disagreed as to what constituted the most urgent research priorities.

Moreover, since the early 1970s and especially since AID population appropriation cuts in 1974, AID and the Council have moved in almost exact opposite directions in defining overall program strategies and priorities. As noted, the Office of Population has gradually shifted its resources from educational activities, research institutional support, and fellowships to direct support of programs and supplies that provide family planning directly to an ever-increasing proportion of couples of reproductive age in key developing countries.

Moreover, in pursuing more innovative and effective ways to deliver these family planning services, the AID strategy is

to contract for specific, mission-oriented performance rather than to strengthen existing independent institutions which might (or might not) pursue the specific program desired by AID. By this approach, a number of new activities and organizations have been supported; such as the International Fertility Research Program (to permit rapid field testing of new contraceptive technologies); the International Sterilization Project (to promote male and female sterilization) and Family Planning International Assistance (to work through church groups, women's groups, and other private indigenous, non-family planning associations in developing countries).

The Council, on the other hand, began and wishes to remain, at least in part, an academically-oriented research organization that does not advocate specific or immediate solutions to population problems, and does not want to work with AID on a contract basis. Essentially, the Council's work is long-term and educational. As several staff members emphasized to the consultants, the Population Council wants to support family planning and other service projects only when they have a research or demonstration aspect, only when they can teach or illustrate lessons that can be applied to other programs or replicated in other countries; not merely in order to reduce birth rates.

At the same time, the Council, as a whole, puts less emphasis on family planning than does AID. Since 1969, when Berelson first presented the concept of actions "beyond family planning," the Council and those identified with it have focussed much public attention on other government policies apart from family planning that can influence social and economic conditions in such a way as to encourage lower fertility. These would include incentive plans, literacy programs, improved status of women, redistribution of income, community reorganization, and more precise development planning. On occasion, as for example after Mr. Rockefeller's address at Bucharest, this approach has seemed to many in AID to be downgrading or discrediting family planning at the very moment when the more direct and innovative family planning delivery efforts are beginning to show real success. In any case, even though the staff of the Population Council is strongly supportive of family planning programs, the Council is also apparently searching for alternative roles that do not involve direct operation of family planning programs, despite the fact that this is the goal to which AID gives highest priority and to which more than half of AID funds were allocated in 1975.

These differences in institutional philosophy are epitomized by the differences in leadership between the two organizations. The AID population program has essentially been shaped for nearly a decade by a single director with a public health background who has had very definite, although not unchanging, ideas about how effective family planning programs should be run. Since 1965 the Council has had two distinguished social scientists as President. Both have excelled at providing overall objective and professional assessments of the field without advocating any single or simple solutions. Since 1972, however, the Council has been searching for a new President. During this critical period of rapid change, the Council has not been able to play its earlier leadership role.

Although governments and other donors traditionally look to private organizations to provide "the cutting edge" of progress and innovation in a new field and to promote and encourage bold programs and approaches, the Population Council has maintained a conservative course. Since its pioneering with the IUD in the 1960's, it has not stepped out in front in advocating other methods; it has largely avoided promoting abortion or sterilization. Although individual staff members have been leaders in such innovations as the much-increased use of paramedical personnel, and have contributed substantially to the success of many other enterprises, the Council as an institution has not exercised the same degree of leadership in the 1970's as it did in the 1950's and 1960's and this factor undoubtedly contributed to the decline in AID support. One person interviewed observed:

"The Population Council probably has the best staff of any population organization, certainly better than AID or the UNFPA, but much of its strength is dissipated by a failure to come to grips with the things that really need doing. Maybe they are victims of misdirection or maybe there is too much 'academic freedom' so that everyone does his own thing instead of pulling together.

In relations with AID, this problem may have been compounded by frequent shifts in AID project monitors and the departure of several of the staff members on both sides who were most interested in some of the programs supported.

IV. BASIS FOR EFFECTIVE FUTURE COLLABORATION

Despite the past problems, some of which will undoubtedly continue, AID and the Population Council, under its new President, have a great deal to gain from good and collaborative relations in working toward their mutual goal of reducing population growth rates in order to improve individual living conditions. This collaboration should be based on a realistic recognition that both agencies have strengths and weaknesses, and that both agencies have had notable successes and some failures. It should be possible to build on the successes, learn from the failures, and share credit for joint ventures.

As a private organization, the Council can and should lead the way into programs and/or countries where AID is legally or politically inhibited. It can recruit staff with high regard for professional qualifications and overseas operational skills. It can test and gamble on new approaches that might be potentially embarrassing to governments. It can perform objective program evaluations for many organizations and governments without posing a political threat.

As an education and research oriented organization, the Population Council can explore different ways to reinforce family planning programs. It can provide invaluable professional advice to new, more activist groups. It can encourage longer term investment in basic knowledge and in sound and lasting institutions to develop and disseminate new knowledge as it becomes available.

It is very much in AID's interest to encourage and support the Council in this general role. And it is very much in the Council's interest to accept not only AID funding but also some of the insights and suggestions proffered by AID for relevant projects that can have an immediate impact. Therefore, we have identified several specific areas where we recommend closer collaboration between AID and the Population Council.

A. Population in Development Planning.

The Demographic Division of the Council is initiating a program which involves economic and social research, institutional support, and above all technical advisory services designed to integrate population concerns more directly with overall development planning. This means

ideally trying to establish a demographic unit in the politically potent Ministries or departments of planning of developing countries and trying to raise the priorities accorded to population-related programs, including family planning, in national budgets and legislation. In addition, a quarterly review Population and Development has been initiated. AID has been asked to support a three-year program of \$85,822 in 1975-76; \$114,400 in 1976-77; and \$106,590 in 1977-78. Also \$42,000 has been requested for an economic-demographic policy advisory in Peru.

Taking account of the Bucharest Conference, with its emphasis on integrating population and development, and of the urgent need to increase the levels of indigenous commitment and funding for family planning programs, AID should encourage every reasonable effort to make population a more conspicuous and priority element within development planning. This must be done on national government levels in ways that are attuned to national problems and sensitivities since policy-making, unlike biomedical research or technology, does not follow consistent scientific principles but varies unpredictably from country to country.

Success in systematically developing this so far unsystematic field of government policy-making probably requires the following organizational attributes: (1) the reputation for a relatively impartial, scientific and professional advice and services; (2) the opportunity to be highly selective in identifying, recruiting, and retaining first-rate staff; and (3) the ability to allow local staff considerable independence in local operations. These are attributes which, the Population Council, more than any other organization in the field, possesses in large measure.

All efforts to influence government policy involve the risk of failure. Perhaps more than other activities, those designed to influence policy may provide large returns and have a genuine multiplier effect on government commitments; or, on the other hand, they may have little effect at all. More frequently they become one of a number of factors precipitating a gradual policy change for which credit must be widely shared.

The importance to AID of accelerating policy changes in many countries is obvious. Moreover, in addition to the potential long-term value of such an effort, the Office of Population can benefit directly in the short run. Where

such population advisors or units are established they can also advise AID on the most appropriate ways to advance population policies and programs in those countries through other AID programs and leverage.

AID should therefore encourage and provide financial support for a limited number of Population in Development Planning (PDP) projects. These should be undertaken by the Population Council, with a sufficient concentration of field staff and back-up resources in New York, to constitute a "critical mass" in those countries where projects are initiated and not on the basis of a shot-gun approach with many scattered or short-term consultants or varied institutional support. Projects should be undertaken in close collaboration with AID's internal development of country strategies to assist stimulating appropriate population policies in specific countries.

In those countries where the Population Council places emphasis and builds this kind of population and development planning capability, AID should also, if funds permit, provide a few short-term fellowship and institutional development grants to maintain some flexibility and the ability to respond to relevant new research or policy opportunities that may arise. The Population Council on its part should phase out its extensive support for teaching programs in universities and focus more sharply on those governmental or quasi-governmental institutions that will provide direct input into governmental development planning.

B. Applied Research and Evaluation.

In 1972 the Council helped to establish the International Committee on Applied Research in Population (ICARP) to encourage family planning program administrators from developing countries to apply and evaluate in their own programs innovative approaches for the delivery of family planning services that have proven successful elsewhere. This self-help group of administrators and researchers meets periodically, with staff back-up by the Council, to identify such projects. Among the areas they have singled out for attention are additional uses of paramedical personnel, abortion, contraceptive distribution through commercial channels, expanded services through labor and military organizations, and greater use of private physicians. Separate regional committees for Asia and Latin America have been established. AID was asked to support a portion of this program but refused, preferring AID's own strategy of

supporting specific organizations with direct innovative missions, as noted earlier.

At this time, the role of ICARP deserves a second look from AID. Although ICARP is evaluating many of the same fields or approaches that AID is supporting through other intermediaries, both the mechanism of ICARP and the research and evaluation skills of some of the people involved can reinforce AID's own strategies of innovation. ICARP should be seen as a mechanism for increased communication among family planning program managers and innovators. Above all, it can serve as yet another way to legitimize some of these newer approaches to family planning which AID has pioneered. The esteem in which the Council and some of the foundations which support it is held in university and medical education circles is an important asset in encouraging more rapid acceptance of these innovations.

One promising ICARP project might be an international collaborative study of sterilization techniques, comparable to the Council's earlier Joint Program for the Study of Abortion. Similarly, an area-wide test of the number, organization, staffing pattern, and information back-up needed for optimally effective deployment of sterilization clinics should be useful. If these projects are approved they should be designed and carried out as quickly as possible with AID and other organizations in this field.

C. Information and Education.

AID is providing substantial support for Population Council publications, for translations, and for some meetings and information activities in support of family planning services. The Council's publications are of high quality. Originally perceived by some as "house-organs", they are now carrying an increasing proportion of material by outside experts and providing greater coverage of different methods and approaches. Because the Council is sometimes accused of being pro-IUD and anti-pill, it is important that these publications should provide an objective channel of communications for different views.

Extensive evaluations of both French and Spanish translation programs by the Population Council suggest that more attention should be given to selecting material from Council publications or elsewhere for translation that is particularly relevant to the regions concerned. As funds are increasingly limited, fewer translations more specifically tailored to different regional interests would be a practical compromise.

It is clear that information activities are increasingly necessary to bring family planning programs to the attention of a large percentage of developing country populations. AID should therefore encourage the Council to extend its information activities to include more capacity to provide technical assistance in developing these programs. At the very least, the Council might develop an in-house capability to evaluate specific information activities; for example, those involved in sterilization or community-based distribution programs. Although the Council has not been deeply involved in communications, nor has it ever maximized the impact of its own information activities, it has performed several evaluations of information projects in the past. It could fill a real need by developing a more coherent and comprehensive technical assistance capability in the information field.

D. Technical Assistance.

The Population Council has agreed to serve as executing agency for the United Nations Fund for Population Activities (UNFPA) in its comprehensive funding of national family planning programs, first in the Dominican Republic and most recently in El Salvador. Although this important assignment is consistent with the Council's earlier idea of providing overseas technical advisors to country programs, the Council was at first reluctant to take on any administrative responsibility for national program operations. The UNFPA pressed it to do so only after the Government of the Dominican Republic voted against permitting Pan American Health Organization (PAHO) to be executing agency. Because of its widely recognized ability in the administration and management of overseas projects, the Council can serve as a viable alternative to PAHO, WHO, or other United Nations or private agencies in providing this form of technical assistance.

UNFPA is very satisfied with the Council's field work, but is trying to secure more headquarters backup. Although, strictly speaking, direct AID support is not needed for this work, which is funded by UNFPA, it is very much in AID's interest to assure that all national family planning programs are well administered and therefore AID might consider strengthening the Council's headquarters support capability for this work.

With future UNFPA grants, where outside executing agencies may be needed, it could follow naturally from the Population Council's role in providing advisors and offering research

and advisory services, that the Council might be asked to take on this administrative role. In fact, if the Population in Development Planning program is successful in any country, the first result might well be efforts by that government to initiate or expand a national family planning program. Then the Council would be a reasonable place for development planners to turn for administrative help in implementing such a program, just as they would reasonably turn to the UNFPA for grant funding.

We believe that the Council should be less negative toward the role of executing agent and should, in fact, consider it a natural evolution of its role of technical assistance at a time when U.S. advisors provided by bilateral government agreement are less welcome. Although it is probably not wise to actively seek the role of executing agency, the Council has much to contribute and also much to gain by performing this function well. Making a family planning program effective today on a national level is probably more important -- and more difficult -- than designing or evaluating a demonstration project. In fact, it might even be argued that real leadership in the population field today will not rest with intellectuals whose good ideas are divorced from operational responsibility, but rather with those organizations which can implement their ideas through extensive national programs (as the Council did in the 1960's in Taiwan and Korea).

E. Implementing Population Council Projects.

Country concentration. Population Council projects supported by AID are concentrated in a few countries. Because funds for all population activities and organizations will continue to be limited and requests for assistance will undoubtedly grow, it is increasingly important for AID, UNFPA, the Population Council, and other major organizations to avoid duplication or undue competition in field activities.

AID should encourage the Population Council in supporting a limited number of projects in countries that are not yet ready for extensive policies or programs. Areas where the Council might begin to move at this time include Central America, Brazil, Venezuela, and Francophone Africa. In the latter especially, an indirect professional approach might be more acceptable than direct government-to-government aid.

In countries where institutional development with universities and professional organizations has been underway for five years or more, the Council should try to phase out this role and transfer such responsibility to local units while directing its own attention toward government policy-making bodies.

Population Council staffing. Although recognizing the success of the Council in recruiting excellent staff, AID should encourage it to include women, blacks and, where appropriate, non-US citizens for positions in New York and overseas. The Council is unique among population organizations in the absence of both women and blacks in positions of authority and influence. Recognizing that the Council often seeks very specific professional skills and high mobility, nevertheless, it is possible to entrust lesser responsibilities to women or blacks who have a proven competence in related fields, if not directly in demography or family planning.

In several projects there has apparently been less than optimal staff and back-up support from New York. In matters ranging from personal travel and living arrangements to research skills and management assistance, the field staff needs headquarters support. This is an area where additional AID assistance might be helpful.

Working level communications. Among those consulted, and from previous evaluations made available to us, there was uniform agreement that the Council recruits exceptionally able staff with a high level of professional and managerial competence. Field representatives, especially, are almost without exception rated as highly influential and effective by their counterparts in other organizations. AID should therefore encourage closer communication between AID staff and the Council staff at all levels. Communication between staff in Washington and New York appears to be less good at all levels than communication in the field. Proposals for funding subgrants, for instance, are often not discussed initially by AID and Council staff and are submitted with only a brief description.

The Population Council has taken a useful initiative in scheduling meetings with representatives of other organizations, including AID, to coordinate activities in specific Latin American countries. These meetings could well be expanded to cover additional countries and to include staff members working in applied research, institutional development, or policy studies as well as those with primarily regional or country responsibility. Such communication would cost little and would be beneficial to both organizations.

V. SUMMARY OF RECOMMENDATIONS

- A. AID should encourage and support the Population in Development Planning Program and collaborate with the Council in making population data and issues a more important element of development planning.
- B. AID should review some of the projects now underway by ICARP and consider using ICARP to help evaluate and encourage sterilization techniques and delivery networks.
- C. AID should encourage the Council to provide additional technical assistance and evaluation in information activities overseas and to tailor its own publications, especially translations, somewhat more to local interests and needs.
- D. AID should encourage the Council to serve as an executing agent for UNFPA where appropriate, since this is a logical and important extension of the Population in Development Planning Program.
- E. AID should encourage the Council to include additional women, blacks, and non-US citizens on its staff. AID should also encourage the Council to provide sufficient headquarters back-up to facilitate the work of the field staff. AID and the Council should both seek to improve communications between all levels of staff on matters of mutual interest.

PERSONS INTERVIEWED

We extend our appreciation to the following persons who met with and/or provided information for this report:

AID

R. T. Ravenholt, M.D., Director, Office of Population
William Boynton, M.D., Deputy Director, Office of Population
John Dumm, Project Monitor
Charles Johnson, Latin American Division
Vernon Scott, Central American Division
Ain Kivimae, Africa Division
Gerald Bowers, Asia Division (Thailand)
Carl Hemmer, Chief, Population Policy Division
J. Joseph Speidel, Chief Research Division
Asia Division

The Population Council

Paul Demeny, Vice President and Director, Demographic Division
Hugo Hoogenboom, Associate, Office of the President
Marilee Bulfin, Administrative Associate
Clifford A. Pease, Jr., Director, Technical Assistance Division
Henry G. Elkins, Staff Associate
Walter Watson, Staff Associate
Frederic A. Shorter, Associate Director, Demographic Division
Barnett Baron, Assistant to the Director, Demographic Division
Susan Robbins, Head, Information Office

Other Organizations

Alan Rosenfield, Director, International Institute for the Study
of Human Reproduction, Columbia University
Oscar Harkavy, Program Officer in Charge of Population, The Ford
Foundation
Jose Donayre, Deputy Chief, Population Projects Division, UNFPA
Peter Davies, Executive Director, IPPF-WHR

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