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Population Program Assistance

A report on developing assistance by the United States, other donors, and recipient countries

AGENCY FOR INTERNATIONAL DEVELOPMENT
Bureau for Population and Humanitarian Assistance Office of Population
Washington, D.C. 20523 December 1972

Population Program Assistance

Aid to developing countries by the United States, other nations, and international and private agencies

- Demographic and Social Data
- Population Policy Development
- Research on Fertility Control
- Delivery of Family Planning Services
- Information and Education Support
- Manpower and Supportive Institutions

Agency for International Development
Bureau for Population and Humanitarian Assistance
Office of Population

December 1972

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Preface

This document provides a comprehensive summary of population program assistance to the developing countries provided by the United States through the Agency for International Development. It also includes background information on similar actions by other nations and international and private agencies. AID program data is on a fiscal year basis, totals complete as of June 30, 1972.

The report's primary use is by persons directly involved in assisting the family planning and population program efforts of the developing countries where population pressures are the greatest. These workers include the population officers of the Agency for International Development, of international agencies, of nongovernmental organizations, and of the countries themselves.

Also, the report is available for use by the many others who have a continuing concern with the population challenge—legislators, government officials, journalists, teachers, and public leaders.

This is the sixth annual report on "Population Program Assistance." It was assembled and edited by the Office of Population, Bureau for Population and Humanitarian Assistance, Agency for International Development. Preparation was under direction of the Information, Education, and Communication Division.

Major sections were contributed by the Agency's Regional Bureaus—Africa, Asia, Latin America, and Vietnam— and by the United States Bureau of the Census. The Agency's Bureau for Program and Management Services, Statistics and Reports Division, cooperated with the Bureau of the Census in the preparation of the population and demographic data.

Special acknowledgement is made of the cooperation and information provided by numerous agencies and institutions, including the United Nations and other international bodies; U.S. Government agencies; such organizations as the International Planned Parenthood Federation, the I.P.P.F. Population Council, the Ford and Rockefeller Foundations, The Pathfinder Fund, the Population Crisis Committee, the Population Reference Bureau, and numerous other international, national, private, and church groups active in population and family planning work.

The publication contains world population data by countries and regions. Statistics used are subject to various qualifications and often represent approximate orders of magnitude rather than precise measurements. Current population estimates based on earlier censuses in some cases have been adjusted to compensate for estimated underenumerations.

In order to help round out the world population situation, a number of countries are included in this report that do not receive assistance from the Agency for International Development.

Special terminology used in the demographic tabulations includes:

Infant deaths per 1,000 live births. Refers to live-born children who die during their first year of life.

Birth order. Refers to whether the child whose birth is tabulated is the first live-born child of the mother, or the second, third, fourth, etc.

Percent of registered births born to women less than 20 years old, median maternal age, and median birth order are based on registration data.

SESA/BUCEN/ISPC. On charts, identifies data source as Social and Economic Statistics Administration, U.S. Bureau of the Census, International Statistical Programs Center.

AID/SER/FM/SR. Identifies data source as AID's Bureau for Program and Management Services, Statistics and Reports Division.

AID/PHA/POP. Identifies data source as AID's Bureau for Population and Humanitarian Assistance, Office of Population.

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Private Organizations With Family Planning Programs

Assistance by the U.S. Government

Agency for International Development

Principal responsibility for United States assistance to the population and family planning programs of developing countries lies with the Agency for International Development (AID). The operating arm is the Office of Population of the Bureau for Population and Humanitarian Assistance.

In carrying out the mandate of Congress since passage of Title X legislation in fiscal 1968, AID has provided a broad variety of population and family planning assistance to developing countries through multilateral, bilateral, and private organizations. Both in theory and practice, population program assistance is tied closely to the foreign aid goals of the United States Government and to the development goals of the recipient countries.

AID's general population strategy is designed to assist and cooperate with the developing countries on two levels: The governmental level where policies are determined and programs are funded, implemented, and carried out; and the individual level where personal, family, and cultural practices determine fertility levels.

In focusing population and family planning assistance at both the governmental and individual levels, AID anticipates that rapid decrease in fertility and population growth rates will be achieved and the time required for the development process in many countries will be greatly reduced.

This should not suggest that fertility regulation is a substitute for total developmental assistance but it does suggest that development in many categories can be speeded along by family planning policies and programs that provide specific information and means for control of fertility.

Since inception of AID's population program in 1965, the strategy guiding this program has evolved in response to changing needs, resources, program structure, political circumstances, and technological evolution.

In the first year, from limited population program resources, AID provided support to a few selected institutions such as the Bureau of the Census and the Universities of Johns Hopkins and North Carolina, to enable them to develop capability to provide training, research, and technical assistance.

In 1966 and 1967, AID began providing support also to the International Planned Parenthood Federation, the Population Council, and The Pathfinder Fund to expand their action programs, and on a bilateral basis, to country family planning programs. In 1967, removal of contraceptives from AID's "Ineligible Commodities List" further strengthened opportunities for action.

In fiscal 1968, with enactment of the Title X amendment to the Foreign Assistance Act, and the earmarking by the U.S. Congress of increasing funds for "programs relating to population growth," AID's population program entered a period of rapid expansion which has continued to the present time.

With the rapid growth in the size and complexity of AID's population program, there emerged a natural need to categorize the many population projects and activities to facilitate analysis and planning. During 1970-71, six principal categories of action were developed and the divisional structure of the Office of Population has been molded to them. They are:

- Development of more adequate demographic and social data.
- Development of more appropriate population policies.
- Development and use of improved means of fertility control.
- Development of more adequate systems for delivery of family planning services.
- Development of more adequate systems for delivery of information and education.
- Development of more adequate multipurpose institutions and trained manpower for support of population programs.

Current role and strategy

With the resources provided by the Congress, AID has moved during the last 7 years to become the

SUMMARY OF AID DOLLAR OBLIGATIONS FOR POPULATION AND FAMILY PLANNING PROJECTS, FISCAL YEARS

Project	1965-67	1968	1969	1970	1971	1972
Nonregional	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Office of Population	2,079	10,623	17,398	22,055	35,270	49,355
Office of Health	---	---	---	---	978	1,355
Office of International Training	132	38	40	304	546	503
AID/W other	524	435	1,431	1,932	2,536	3,265
U.N. Fund for Population Activities	---	500	2,500	4,000	14,000	29,040
Nonregional total	2,735	11,596	21,369	28,291	53,330	83,518
Africa:						
Country projects	23	404	983	2,484	2,084	6,508
Regional projects	30	259	457	179	5,699	4,759
Africa total	53	663	1,440	2,663	7,783	11,267
East Asia:						
Country projects	446	3,475	6,388	8,673	10,739	11,512
Regional projects	350	1,325	1,608	623	1,942	1,826
East Asia total	796	4,800	7,996	9,296	12,681	13,338
Near East-South Asia:						
Country projects	2,437	[1]9,061	3,349	[2]22,908	5,181	1,379
Regional projects	---	655	963	277	1,409	1,521
Near East-South Asia total	2,437	[1]9,716	4,312	[2]23,185	6,590	2,900
Latin America:						
Country projects	1,539	5,457	3,071	5,437	7,085	7,223
Regional projects	2,861	2,468	7,256	5,520	8,161	3,911
Latin America total	4,400	7,925	10,327	10,957	15,246	11,134
South Vietnam	50	50	---	180	238	1,108
Country and regional total	7,736	23,154	24,075	46,281	42,538	39,747
Grand total	10,471	34,750	45,444	74,572	95,868	123,265

[1] Includes $2.7 million loan to India for program vehicle parts.
[2] Includes special $20 million grant to India.

leading contributor in several areas of world population programs.

AID is the foremost contributor to the United Nations Fund for Population Activities and has played an important part in the establishment and organization of that agency.

AID is a principal contributor to international and private family planning organizations such as the International Planned Parenthood Federation, the Population Council, The Pathfinder Fund, and others. These in turn are the main supporters of family planning programs in many developing countries.

AID is a foremost source of bilateral assistance to family planning programs, extending such help to 35 countries.

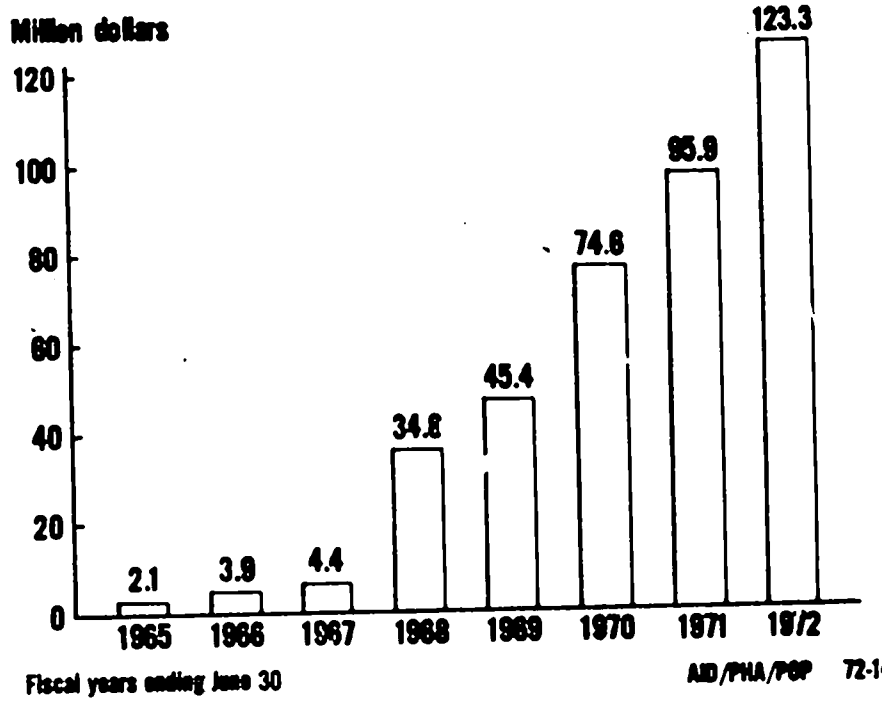
AID is a principal supplier of contraceptives and other supplies, extending such help to some 70 countries.

AID is the leading supporter of applied research aimed at developing new and improved contraceptives especially suitable for use in the developing countries.

Financial Support

AID has applied its resources through the years as shown in the accompanying table. The $386

A.I.D. Assistance to Population Programs



The increasing assistance given by the Agency for International Development to population/family planning programs of the less developed countries makes possible a broad variety of actions. These include development of more adequate demographic and social data; more appropriate population policies; improved means of fertility control; more adequate systems for delivery of family planning services; more adequate systems for public information and education in family planning; and more adquate supportive institutions and trained manpower.

million obligated through fiscal 1972 has been used in the following ways:

- About $180 million, or 46 percent, has been used in direct support of country and regional population and family planning projects. The allocations to country programs include: India, $30 million; the Philippines, $19 million; Pakistan, $8 million; South Korea, $6 million; and Indonesia, $6 million. Some 30 other countries have received varying amounts of direct assistance. AID has given special attention to those countries with the most pressing population problems but also has helped all countries which have sought U.S. assistance on a bilateral basis.
- About $206 million, or 54 percent, was programmed centrally with most of it reaching more than 70 developing countries through international organizations. These include: United Nations population programs, $50 million; International Planned Parenthood Federation, $31 million; Population Council, $20 million; The Pathfinder Fund, $11 million; Planned Parenthood Federation of America (for overseas programs), $7.5 million; and the World Assembly of Youth, $1.5 million.

The remainder of the centrally programmed funds have been provided to domestic universities and other institutions for research, training, and technical assistance activities aimed at supporting population and family planning activities in the developing countries.

While it is expected that AID will continue to be looked to as a leading source of support for international population program action in developing countries during the rest of this decade, its proportionate share could well decrease after 1972 as other countries increase their contributions.

AID's population program assistance to developing countries is made under precepts that have

been its guidelines since the program began. These include:

- Assistance is extended only upon the request of the host country.
- The program must be the host country's own program, not a United States program.
- The program must be voluntary in terms of participation by the country's citizens, if it is to qualify for AID support.

Major Areas of AID Assistance

Manpower Development

As family planning programs mature and delivery systems expand to cover increasing proportions of target populations, the need for and the problems of providing adequate manpower persist and in some situations intensify.

The nature of manpower and training problems have not materially changed in the past year. The most severe difficulties are in finding enough auxiliary personnel and in placing trained medical personnel, both professional and auxiliary, in rural areas.

To obtain and utilize family planning manpower satisfactorily requires practical manpower planning, adequate recruitment and retention, effective training, and efficient utilization. In its continuing manpower development efforts, AID assists operating family planning agencies in solving their manpower problems by working with each of these requirements. (For additional discussion of these requirements, see the 1971 edition of *Population Program Assistance.)*

A significant AID manpower development is the training that has been developed with the professions that actually or potentially have major roles in the delivery of family planning services. Through a number of worldwide projects, this training is being pursued with several professions.

Professional social workers

Through contracts with the International Association of Schools of Social Work (IASSW) and with the School of Social Work at the University of Michigan, a 5-year program is in its second year. It aims to stimulate and assist schools of social work in the developing countries in modifying their curricula to include population/family planning components and experiences that equip their new graduates and their alumnae for work in this field. A major purpose is to implement the concept that successful family planning diminishes social problems.

Under this program the IASSW will institute pilot school agreements with up to 30 schools in Asia, Africa, and Latin America. Each school or national association of schools that enters into a pilot agreement will conduct a faculty seminar on curriculum changes that can be made to better equip students for roles at the service delivery, community, and policy levels of family planning programs.

This faculty study will be assisted by a selected reference shelf and by the consultation of a two-man team of a social work curriculum specialist with family planning experience and a population/family planning specialist with a knowledge of social work.

There will be follow-up visits to the pilot schools, as well as regional workshops and conferences to compare experience and evaluate progress. The expected outcome will be effective curriculum change and much wider involvement of the social work profession in population/family planning activities.

As pilot schools change and develop their curricula, a demand will arise for fully qualified professors to teach these new offerings. The contract with the University of Michigan provides for the development of an advanced program of study especially tailored to requirements of these new specialists and for fellowships to finance advanced degree programs for faculty members selected from the pilot schools.

Midwives, nurse-midwives, and nurses

A second program involves midwives, nurse-midwives, and nurses.

It, too, has two interrelated parts. The first, already well under way, is headquartered at the Downstate Medical Center of the University of New York in Brooklyn. Under this program postgraduate clinical training in family planning is given in Brooklyn to teams of senior professional nurse-midwives from developing countries.

Number of Participants Arriving in the United States and Third Countries for Population/Family Planning and Statistics Training, Year Ending March 31, 1972

Country and region of origin of participants	United States		Third country		Total participants
	Population/ family planning	Statistics[1]	Population/ family planning	Statistics[1]	
Near East-South Asia:					
Turkey	26	-	-	-	26
Afghanistan	4	-	9	-	13
Nepal	21	-	36	-	57
India	8	-	-	-	8
Jordan	-	2	-	-	2
Total	59	2	45	-	106
East Asia and South Vietnam					
Korea	6	1	2	-	9
Philippines	13	-	-	-	13
Laos	-	-	45	2	47
Thailand	17	1	5	-	23
Indonesia	39	-	1	-	40
South Vietnam	11	11	32	-	54
Total	86	13	85	2	186
Latin America:					
Chile	-	-	1	-	-
Colombia	26	-	-	-	26
Costa Rica	-	-	12	-	12
Bolivia	1	-	-	-	1
Ecuador	1	-	7	-	8
El Salvador	1	-	20	-	21
Guatemala	-	-	13	-	13
Honduras	3	-	19	-	22
Nicaragua	1	-	56	-	57
Panama	26	-	21	-	47
Paraguay	1	1	6	-	8
Peru	3	-	2	-	5
Uruguay	-	-	-	1	1
Venezuela	-	1	-	-	1
Jamaica	14	-	-	-	14
Total	77	2	157	1	237
Africa:					
Nigeria	6	-	-	-	6
Ghana	13	1	-	-	14
Morocco	1	-	-	-	1
Sierra Leone	-	1	-	-	1
Liberia	1	-	-	-	1
Tunisia	1	-	-	-	1
Ethiopia	-	3	-	-	3
Uganda	-	2	-	-	2
Total	22	7	-	-	29
Grant Total	244	24	287	3	558

[1] Covers projects to improve general government statistics and census statistics. Includes an undetermined number of participants not directly involved in population/family planning.

These teams then return home and, with assistance from the Downstate Medical Center staff, start advanced training for the midwives, nurse-midwives, and nurses of their own countries.

The second part of the program consists of a contract with the International Confederation of Midwives. Under it that body, through its national associations and members, will develop and carry out a program to stimulate and educate professional midwives and nurse-midwives in their understanding of the population problem and the important role their profession needs to play in family planning.

It is expected that this activity will rapidly expand the demand for effective clinical training for midwives of the type supplied by the network of training centers that Downstate is helping develop.

Demographers and statisticians

Assistance in training demographers and statisticians is given through the United States Bureau of the Census and the National Center for Health Statistics of the Department of Health, Education, and Welfare. These agencies offer a wide variety of programs tailored to the needs of overseas participants who range from persons seeking Ph.D. and M.S. degrees in demography to those seeking shorter programs relating to census and survey taking and the organization and running of systems to collect, analyze, and interpret vital and family planning program statistics.

The Bureau of the Census has developed and is administering a new correspondence course through which individuals in about 30 countries are obtaining basic professional instruction in demography and census taking.

AID contributes to fellowships administered by the Population Council and by The International Planned Parenthood Federation under which individuals are being supported while they pursue programs of study in a number of institutions in the United States and Europe that lead to Ph.D. level professional qualification.

Economists and behavioral scientists.

The Harvard University Center for Population Studies, under contract with AID, has started a program for advanced training of economists and other behavioral scientists in population economics, sociology, and policy. This is a 5-year program. It will include both doctoral and masters' degree candidates as well as specialized instruction for students who are studying in related subject matter fields.

Fellowships are available to support qualified individuals from the developing countries. This program should be able to provide the development planning agencies of the developing countries with personnel trained to evaluate the impact of population variables on the development process.

Communicators and educators

AID is directly supporting two major projects to meet the growing need for information specialists and communicators in population programs.

The first project is through a grant to the Community and Family Study Center at the

Number of Students Receiving Population/Family Planning Training in AID-Supported University Programs, Fiscal Year 1972

University	Doctoral program	Master program	Special program	Total	Length of training
	Students	*Students*	*Students*	*Students*	*Man-months*
Johns Hopkins	25	100	24	149	484
North Carolina	75	89	4	168	1,442
Michigan	6	42	32	80	568
Hawaii	--	14	--	14	230
East-West Center	17	28	60	105	479
Chicago	--	13	--	13	119
Harvard	1	2	--	3	28
Total	124	288	120	532	3,350

University of Chicago. This program is designed to train professional specialists for managerial and planning positions in communications ende vors which have as one goal the acceleration of social change via persuasion, behavior change, or attitude change on the part of receiving audiences.

The need to train experts in population communication who can plan and conduct sustained programs of information and motivation to promote the adoption of family planning in developing countries is an important factor in this orientation.

The second project covers training working communications specialists in population/family planning communication. It is conducted by the Communication Institute of the East-West Center in Honolulu, Hawaii, and consists of two types of training.

Type one is a three-month seminar/workshop, held twice yearly primarily for Asian country program leaders and other key personnel in information, education, and communication (IEC) activities. Stress is placed on management skills, design, execution, diffusion, and testing of population/family planning messages.

The second type is specialist training for consultants and advisors in population/family planning communication, of three months duration and held once a year. Its purpose is to enhance the ability of senior IEC specialists of all nationalities to serve as consultants and advisors to national population programs in developing countries or in related bilateral or multilateral supporting programs. Both programs feature a 4-week internship or field observation period in an Asian country.

The Center also plans to sponsor shorter training workshops in population/family planning communication on a regional and country basis.

Indirectly through several private and multilateral organizations which it assists, AID also supports a population education workshop for program development specialists at the East-West Communication Institute. Its primary goal is to enhance the capability of private and governmental agencies in Asia to systematically plan, implement, and evaluate school and nonschool population education programs.

Home economists

Home economics is a growing field in many developing countries. Since home economists work directly with women and girls over a wide spectrum of interests, they are in a strategic position to assist in the understanding of family planning needs and processes.

Number of Students Receiving Population/ Family Planning Training in AID-Supported Special Courses, Fiscal Year 1972

Institution and type of training	Students	Man-months	Percent students from developing countries
Margaret Sanger Research Bureau			
Medical Training Program	12	144.0	50
Special Courses	5	17.0	100
Total MSRB	17	161.0	
Downstate Medical Center, SUNY			
Nurse-Midwife Training in FP	18	54.0	100
Census Bureau			
Degree in demography	8	96.0	100
Pop. statistics and demographic research	20	56.0	100
Pop. training for other specialists	22	37.0	100
Other related training	99	735.0	96
Correspondence Course	156	--	100
Total Census	305	924.0	
National Center for Health Statistics			
Ph.D. in demography	1	12.0	100
M.S. in demography	5	40.5	100
Measurement of pop. change	28	95.0	97
Total NCHS	34	147.5	
Planned Parenthood Assoc. Chicago			
FP operations	71	30.5	86
Government Affairs Institute			
Planning and Management of Pop/FP Programs	66	95.5	92.4
Pop. dynamics seminar	150	37.5	99.3
Pop. & devel. for Turkish leaders	32	27.5	100
Professional devel. for Pop. officers	20	5.0	--
Total GAI	268	165.5	
University of Pittsburgh			
Pop. dynamics seminars	13	3.5	100
University of Chicago, Community and Family Study Center			
Rapid feedback for the evaluation of FP programs			
Chile workshop	36	54.0	100
Korea workshop	69	52.0	100
Summer workshop	125	250.0	86
Total CFSC	230	356.0	
East-West Communication Institute			
Communication for family planning	8	2.5	100
Participant workshop	15	41.5	100
Summer population seminar	25	8.5	100
Specialist training programs	7	18.5	70
Total E-W CI	55	71.0	
University of Illinois Population Dynamics Group	121		80
AID and Foreign Service Inst.			
Senior level seminars	35	9.0	
Mid-level seminars	23	5.0	
Total AID&FSI	58	14.0	
Grand Total	1,190	1,927.0	

Through an AID contract with the American Home Economics Association, an International Family Planning Project has begun. Its goal is to inform and involve home economists in active support of the family planning programs functioning in their countries.

The Association will use many methods to help home economists become informed about population/family planning needs and developments in their own countries and the world; know local resources; participate in seminars and lectures both as learner and as family life resource persons; integrate family planning concepts into home economics curricula primary and elementary school programs, and extension activities; and otherwise support action programs.

Family planning physicians

The ideal roles for physicians in family planning programs are to provide the clinical and surgical methods of fertility regulation, to supervise paramedical and auxiliary personnel who administer nonclinical contraceptives, and to provide backstop services.

This year an exciting new training program was initiated through the Johns Hopkins Hospital in Baltimore, Maryland to provide month-long training for gynecologists, obstetricians, and surgeons in the most advanced surgical techniques of fertility management. This includes pregnancy diagnosis, laparoscopy, and vacuum aspiration. It is planned to expand this type of training both in the U.S. and overseas as rapidly as possible to meet the increasing demands for these types of clinical methods.

A year-long training program for potential developing country leaders in clinical procedures and the biomedical aspects of contraception is conducted through the Margaret Sanger Research Bureau in New York. Graduates of this program are making significant contributions to development of medical aspects of family planning.

Training accomplishments

Training under AID sponsorship or in AID-supported institutions continued to expand in fiscal 1972.

Between April 1, 1971 and March 31, 1972, 558 participants, with the support of their own countries and AID, arrived in training sites in the United States or third countries. They came from 34 countries as shown in the accompanying table. Of the total, 268 were trained in the United States and 290 were trained overseas in countries other than their own.

AID-supported population/family planning training, principally at the advanced degree level, continued in four universities that had previously received grants—Johns Hopkins, North Carolina, Michigan, and Hawaii, including the East-West Center.

In addition, two new advanced degree programs began to function, one at the University of Chicago in family planning communication at the Community and Family Study Center, and one at Harvard in population economics, dynamics, and policy at the Center for Population Studies. The numbers and types of programs are shown in the accompanying table.

Through its programmatic grant to the Population Council, AID supported 35 overseas fellows who were given advanced training in demography or in several biomedical subjects in United States and European universities.

The University Overseas Population Internship program continued to expand. During the fiscal year, 20 interns were on the job in 17 countries. The interns were programmed to spend 413 manmonths of combined field study and service at such institutions as family planning centers, universities, ministries of health, and population research centers.

Candidates came from population planning, demography, sociology, public administration, and other related academic disciplines. Both men and women have been selected. Their ages range from mid-20's to early 30's. The internships are arranged and supervised by Johns Hopkins, North Carolina, and Michigan universities.

Leadership development/specialty training

Population and family planning programs require leadership of many types in the governmental, societal, administrative, and professional arenas where action is taken.

AID-assisted training provides a wide variety of ways in which leaders and specialists learn about population variables. A number have already been described under the various profession-center approaches dicussed above.

The accompanying table lists the programs and numbers of people trained in AID-supported special courses. The total number of people trained, including long- and short-term programs regardless of sponsorship or nationality, was 1,190 with an aggregate of 1,927 man-months.

Late in the fiscal year, the Office of International Training signed a contract with the University of Connecticut to provide a new, specially designed program to train personnel from developing

countries in how to organize and conduct training programs for family planning agencies. This train-the-trainers program will provide 12 weeks of theoretical and field experience for 20 to 25 participants and will be conducted once each year.

Training in developing countries

The largest amount of training given family planning takes place in the countries where public and private programs of service delivery are functioning. The form and amount of this training varies widely from country to country.

One example illustrates both the volume and variety of training. In the Philippines, where more than a score of agencies work in family planning, most of the training is done by four organizations.

The Institute of Maternal and Child Health (IMCH) was one of the first agencies to do training. It has trained an impressive number of people for both government and private agencies. The cumulative totals have now reached 2,123 physicians, 1,629 nurses, 1,827 midwives, and 2,582 social workers, lay motivators, and others. Training includes regular 3-week courses for medical personnel, special 2-week courses for lay workers, and refresher staff development courses for the IMCH staff.

A second Philippine agency doing training is the Office of Health, Education, and Personnel Training in the Department of Health. It seeks to provide and supervise in-service training for family planning personnel of the Department of Health.

It expects that 1,457 rural health units will integrate family planning in their health services in the next 3 to 5 years. To provide the needed personnel, it expects to train at least 150 administrators, 1,200 medical/paramedical personnel and 1,500 family planning outreach workers.

The University of the Philippines College of Medicine and the Philippine Medical Association are the other two training agencies. They are principally involved in training physicians. In addition, the College of Medicine is also training medical undergraduates.

Supportive Institutions

An institution is an organization that has been created or modified to perform certain functions on a long-term basis. In operating complex programs such as population/family planning, two classes of institutions are needed. One is comprised of the organizations which perform the line functions required for program operations; the other, the organizations which perform staff or support functions to help carry out program operations.

Ordinarily, line functions tend to receive budgetary priority and greater attention than the supportive functions which are aimed at improving the quality of line functions. Thus, to achieve balance, there is a need to give special emphasis to helping build the supportive institutions.

Supportive functions required in population/family planning programs include research (both basic and applied), training (both academic and practical), data collection and analysis for both policy and programming uses, technical advisory services, program evaluation and feedback, and information and knowledge storage and retrieval services.

These functions are long range in nature and require well trained personnel to perform them. A formal institutionalized mechanism is required to organize their performance into a coordinated and continuous effort.

AID's interest in supportive institutions for population programs has two major foci. The primary focus is the institutional support requirements of population/family planning programs in the less developed countries. The other is the need for an institutional base within the United States that gives support to AID's population program assistance overseas.

The future of family planning/population programs in the developing countries relies in large part on the existence of trained manpower and professional resources capable of performing the skills required for successful job accomplishment. This, in turn, demands that adequate training be given to a substantial number of people and that each trained person be provided with adequate job and working conditions, including supervision and continuing education.

These needs can best be supplied through a country's own supportive institutions. The staff functions of research and training must be provided within the country and at a sufficiently decentralized level to be realistically tied in with the local circumstances within which the program operated.

Data collection and analysis for policy and programming uses are best performed by indigenous investigators and analysts with a minimum of outside assistance.

Technical assistance to operational personnel can be provided more realistically, less expensively, and with greater continuity by indigenous experts, provided they are available, than it can be by outsiders.

Clearing-house services providing information and knowledge in the country's own language are obviously of greater utility if available within the country rather than coming from outside.

One of the greatest contributions assistance agencies can make to a developing country's performance and independence is to help it build the institutional capacity required for conducting its own affairs without outside help.

A practical way to do this is to provide phased amounts of resources over an agreed-upon time period during which the outside assistance builds up to a peak and gradually drops back to zero—at which point the entire activity is being conducted by the country itself and there is no longer any need for outside resources. This type of institution building is an absolute essential of development.

The second major focus, as indicated earlier, is the institutional support requirements of AID itself. AID needs professional expertise within the United States from which it can draw to help assisted countries to organize, plan, implement, evaluate, and do their own training and research in the broad fields of population and family planning.

In order to ensure an adequate supply of well qualified personnel who have long-range interests which can be sustained through time, these professional resources need to be funded and the performance of assistance functions needs to be institutionalized.

To help develop an institutional base in the United States for extending assistance overseas, AID has provided funds to eight universities and four non-university organizations for the purpose of building their professional and service capabilities.

The universities are North Carolina, Johns Hopkins, Michigan, Harvard, East-West Center, Hawaii, Chicago, and Meharry.

The four non-university organizations are Family Health, Inc., the Margaret Sanger Research Bureau, the Population Council, and Planned Parenthood of Metropolitan Washington.

Between fiscal years 1965 and 1972, a total of $20 million was made available to these institutions to enable them to develop their capacity; $16 million of this went to the universities.

In fiscal 1972, two significant steps were taken to establish a mechanism for helping developing countries to build their own population/family planning support institutions.

A grant to the Population Council will provide planning and administrative assistance to help countries decide on what institutional capacity is needed, to develop concrete plans for achieving this capacity, and to provide a mechanism through which advisory services and outside resources may flow.

Another grant to the University of North Carolina will enable institution-to-institution relationships to be established on a collaborative arrangement through which an interchange of information, professional staff, and students may take place. The aim of this collaboration is to strengthen the capacity of the developing country institutions to provide services to their country's population/family planning program.

A separate small scale grant has been provided to the University of North Carolina to study the process of institution building in order to add to the fund of knowledge about how best to go about the task of institution building.

AID field missions play an important role in assisting countries to build up their own institutional capacity for the support of population/family planning programs. The participant training programs which provide professional training to host country nationals provide needed manpower for indigenous institutions.

Direct assistance to research and training institutions to enable them to carry on their activities has been made in such countries as the Philippines, Thailand, Indonesia, Korea, Ghana, Uganda, Kenya, and Nepal.

Additional attention needs to be given to building supportive institutions in the developing countries. AID encourages other donors and international agencies such as the United Nations Fund for Population Activities, the World Health Organization, and the United Nations Educational, Scientific, and Cultural Organization to provide needed resources on a long-term basis to assist countries in this important area.

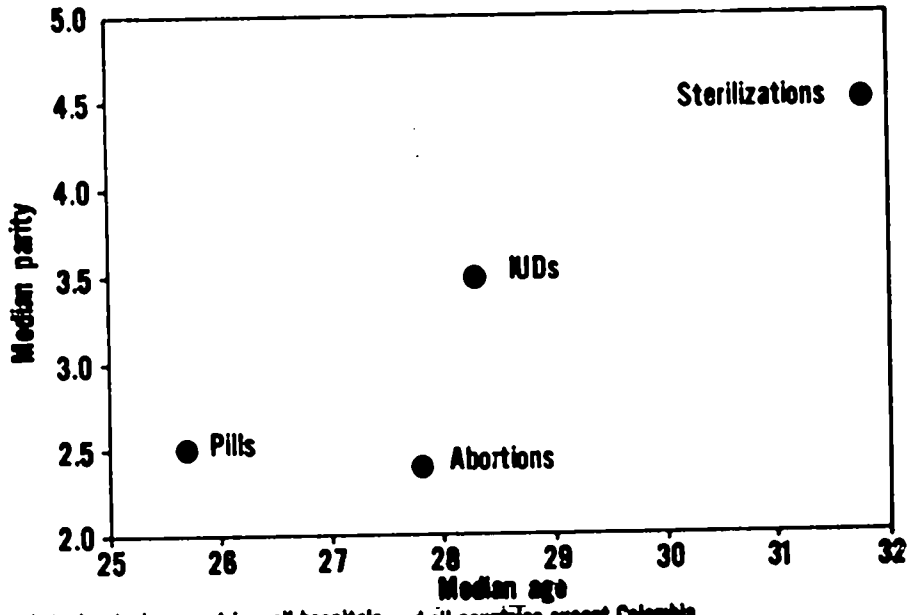
The strategy of providing family planning services is evolving from the general to the specific: toward focusing program effort more intensely upon that part of the population in greatest need of family planning services.

Postpartum Approach

A first step in this direction was the International Postpartum Program (IPP) of the Population Council—begun in 1966 with private support and funded mainly by AID since 1967. This program in 1971 achieved more than 200,000 new acceptors of contraceptive services which was 37 percent of the annual obstetrical case load of the 116

Postpartum Family Planning Program

Family Planning Acceptors[1/] by Median Age and Median Parity[2/] of Mothers, 1971



1/ In developing countries; all hospitals and all countries except Colombia.
2/ "Parity" refers to total number of live births per mother.
SOURCE: Population Council

AID/PHA/PGP 72-28

Program data indicate that pills are most popular with young women who have borne fewer than 3 children. As the age of mothers increases, they tend to favor use of IUDs and sterilization as a means of fertility control. Women of all ages use abortion to correct lapses in preventive contraceptive practice.

participating hospitals in 12 countries. This is one of the largest family planning programs in the world.

The postpartum program is based on the fact that in the period immediately following delivery (or abortion), many women are highly motivated for fertility control and are more than usually responsive to family planning information, education, and services.

Furthermore, women clients in obstetrical wards represent the fertile segment of society. They are readily reached by family planning educators, the aura of confidence in the hospital staff is favorable, and the setting for subsequent delivery of contraceptive services seems appropriate and logical to the potential clients. The hypothesis that a program conducted in keeping with this setting would be effective has been verified by the results.

As a demonstration project, the IPP has been limited to hospitals with no fewer than 1,000 deliveries a year. There are approximately 600 such hospitals in the developing world—excluding the Peoples' Republic of China and including the 116 which have been associated directly with the program.

In addition, as a partial consequence of the IPP demonstration activity worldwide, 120 large hospitals in India have been organized into a network as part of the National Family Planning Program. Venezuela, Colombia, Indonesia, Thailand, and Hong Kong have network programs on the postpartum approach, extending these from the largest urban hospitals to smaller and smaller units.

An overall summary of the number of women who have accepted contraceptive services within the continually expanding international program is shown in table 1, together with the "target" population and the percentage accepting.

Women have been offered a variety of contraceptive methods in IPP hospitals. The preferences and medical judgment of institutions and the prescribing physician often greatly influence the method selected. Table 2 shows the relative acceptance of the different methods.

There have been marked differences in the

Table 1.-Number of Patients and Acceptors in International Postpartum Program, 1966-71

Year	Obstetrical and abortion patients	Family planning acceptors	Percentage accepting
1966	198,307	71,829	36
1967	291,803	123,097	42
1968	313,295	108,655	35
1969	477,736	131,465	28
1970	607,967	164,266	27
1971	689,000	232,237	37

characteristics of the women accepting the various methods offered. Since 1970, participating hospitals regularly send to the Population Council monthly reports showing the distribution, by age and number of living children, of their obstetrical and abortion patients and their family planning acceptors.

In the accompanying chart, the age and parity status of women accepting different methods of family planning differ greatly—with younger women having few or no children preferring oral contraceptives, while sterilization acceptors were of a median age of over 32 years and had a median of 5 living children.

Maternity-centered approach

During the past 2 years, the World Health Organization (WHO) has moved to extend postpartum family planning programs to additional hospitals and countries and has placed greater emphasis upon the prenatal aspects of this program. This broader concern for the total reprodutive experience of women is in harmony with WHO maternal and child health program strategy.

Pregnancy-centered approach

But as legal restrictions on postconceptive fertility control are removed, for example in India in 1971, it is foreseeable that family planning program strategy will center upon the early diagnosis and relief of unwanted pregnancy, followed by provision of the contraceptive information and services needed to prevent subsequent unwanted pregnancies.

Such pregnancy-centered programs can be much more efficient than ordinary family planning programs because women who believe they may have an unwanted pregnancy will actively seek out any facility offering relief, and hence educational and promotional costs of the family planning program can be greatly reduced, and the time from inception of the program to reduction of fertility can be minimized.

Provision of relief of unwanted pregnancy plus effective contraception, for example, sterilization, can achieve fertility reduction of more than one birth per clinic acceptor and have a powerful and rapid effect upon fertility patterns.

Table 2.-Acceptance of Specified Contraceptive Methods in International Postpartum Program, 1966-71

	Percentage distribution of acceptors					
Year	IUD	Pill	Sterilization	Injection	All other methods	Total
1966	55	24	10	0	11	100
1967	41	32	9	0	18	100
1968	43	34	11	1	11	100
1969	51	34	9	1	5	100
1970	52	34	8	2	4	100
1971	49	37	8	2	4	100

Research

Seeking new knowledge and methods for use of population programs in less developed countries, AID has provided ongoing support for a broad range of population research activities.

In fiscal 1972, $12.6 million was obligated for research activities. In addition, funding for other population projects with research components totaled $8.4 million in fiscal 1972. (See table on page 37.)

AID emphasizes applied or goal-directed research designed specifically to contribute to the success of AID-assisted population programs. As much as possible, this work is carried on within the less developed countries.

Research needs and activities

AID's population research program is divided into four areas of research activity—descriptive demography, analysis of population dynamics, family planning program operations research, and development of improved means of fertility control.

Descriptive demography.—This field poses a challenging research problem—the development of better methods to obtain and analyze representative demographic information in the numerous countries which do not have full-scale census and complete vital registration systems.

Among projects in this area, AID is providing funds to the University of North Carolina for a technical assistance project which is helping to establish population laboratories at universities and research institutions in several countries. These laboratories are intended to improve the reliability and predictive value of data for population and family planning programs. The project includes surveys, development of experimental data systems, and research on the effectiveness and validity of data-collection techniques. Laboratories have been set up in Morocco, Colombia, Kenya, and the Philippines.

A new initiative, undertaken in fiscal 1972, to improve demographic data relating to fertility behavior and performance was the support of a World Fertility Survey (WFS). The WFS is a major 5-year international program of fertility research aimed at assisting some 30 to 50 countries throughout the world to carry out nationally representative, internationally comparable sample surveys of human fertility.

Overall organizational responsibility for conducting the WFS rests with the International Statistical Institute (ISI), a scientific association with headquarters in The Hague, Netherlands, and an elected membership of eminent statistical scientists from all countries of the world. The ISI will work in collaboration with the International Union for the Scientific Study of Population and the United Nations.

In fiscal 1972, AID awarded a grant of $1 million to ISI in partial support of the first 2-year costs of the WFS. Additional contributions are anticipated from the United Nations Fund for Population Activities and other donor countries.

While the concept of a World Fertility Survey originated in AID, it was timely for several reasons. One was the announcement of the United Nations World Population Year in 1974. In the research field, a coordinated international program of fertility surveys represents an appropriate response to the United Nations' call for focusing world attention on population problems.

A second stimulus was the realization that, although fertility research is growing rapidly throughout the world, this growth has been uneven in quality and coverage. In some countries, no fertility surveys of any kind have as yet been carried out, and estimates of population parameters are based on crude guesswork.

The usefulness of fertility surveys conducted in a number of other countries has been found to be limited because of inadequate sample sizes, the use of vague or untested questions, poor quality control or other shortcomings—even complete lack of tabulation and analysis. And relatively little effort has been

Research goes on worldwide in family planning. Here laboratory technicians of the National Research Institute of Fertility Control in Pakistan can test contraceptives for quality and efficiency and conduct clinical trials on various contraceptive methods.

AID POPULATION FUNDS OBLIGATED FOR RESEARCH IN FISCAL 1966-72

[Excludes Technical Assistance Projects with a Research Component]

Subject	1966	1967	1968	1969	1970	1971	1972
	Dollars	*Dollars*	*Dollars*	*Dollars*	*Dollars*	*Dollars*	*Dollars*
Population dynamics and descriptive demography:							
Family Size & Growth (CELAP)	---	160,000	200,000	230,000	350,000	100,000	---
Pregnancy outcome	---	---	---	194,000	---	---	---
Study of family structure	---	239,000	96,000	---	---	---	---
Population growth in Latin America (Pop. Council)	---	200,000	300,000	300,000	300,000	500,000	450,000
Determinants of fertility (Rand)	---	---	143,000	---	326,000	---	---
Cross Cultural Fertility Behavior Research	---	---	---	---	---	842,000	---
Study of Latin American Migrants	---	---	---	---	---	223,000	---
Fertility Survey in Afghanistan	---	---	---	35,000	45,000	1,431,000	---
Demographic Study in Pakistan	---	---	---	---	---	118,000	---
World Fertility Survey (ISI)	---	---	---	---	---	---	1,043,000
Other studies	204,000	126,000	717,000	808,400	1,035,000	808,000	1,636,000
Subtotal	204,000	725,000	1,456,000	1,567,400	2,056,000	4,022,000	3,129,500
Operational research:							
Integrated FP and Health Services	---	---	---	575,000	---	630,000	908,000
Postpartum family planning studies	---	300,000	---	300,000	---	---	---
Evaluation studies in Philippines	---	---	41,000	55,000	336,000	200,000	---
Utilization of family planning services	---	---	---	262,000	---	101,000	---
Population decisions study	---	---	---	---	276,000	480,000	---
Family planning in East Asia	---	---	84,400	108,700	117,600	328,000	19,700
Family planning in the Middle East	---	---	---	---	---	270,000	---
Other studies	2,000	260,000	185,000	353,000	178,000	342,000	217,000
Subtotal	2,000	560,000	310,400	1,653,700	907,600	2,351,000	1,144,700
Improved methods of fertility regulation:							
Corpus luteum studies:							
Worcester Foundation	---	---	109,000	---	---	99,000	---
NICHD-CPR	---	---	---	1,510,000	53,000	---	---
Antiprogestins, Population Council	---	---	---	3,000,000	---	---	---
Prostaglandins:							
Worcester Foundation	---	---	---	---	2,980,000	---	---
University of Wisconsin	---	---	---	---	---	227,000	---
Washington University	---	---	---	---	---	293,000	---
Makerere University	---	---	---	---	---	821,000	---
Other	---	---	---	---	---	217,000	150,000
Gonadotropin releasing factor inhibitors, Salk Institute	---	---	---	---	2,255,000	---	---
Intrauterine devices:							
Battelle Memorial Institute	---	---	---	---	150,000	495,000	---
Other	---	---	---	---	---	12,000	---
Contraceptive safety, Southwest Foundation	---	---	---	---	913,000	---	---
Contraceptive & disease prophylaxis agent, University of Pittsburg	---	---	---	---	581,000	---	---
Devices, sterilization, and training:							
Battelle Memorial Institute	---	---	---	---	---	830,000	199,000
University of North Carolina	---	---	---	79,000	---	135,000	---
Johns Hopkins University	---	---	---	---	---	---	2,797,000
Field Trials:							
International IUD Program–Pathfinder Fund	---	194,000	---	1,289,000	---	---	---
International Fertility Research Program–University of North Carolina	---	---	---	---	---	3,106,000	1,800,000
Conventional contraceptives	---	---	346,000	440,000	340,000	---	---
Small Grants Program:							
Applied Research on Fertility Regulation–University of Minnesota	---	---	---	---	---	---	3,350,000
Other studies	---	97,000	107,700	103,000	99,000	182,000	66,000
Subtotal	---	291,000	562,700	6,421,000	7,371,000	6,417,000	8,362,000
Total	206,000	1,576,000	2,329,100	9,642,100	10,334,600	12,790,000	12,636,200

directed at international comparability of survey results. Comparative analysis greatly enhances a country's understanding of its own population dynamics. Variations in concepts and procedures had previously rendered such comparability unattainable.

The basic aim of the WFS is to provide scientific information which will permit each participating country to describe and interpret the fertility of its population. Individual country surveys undertaken as part of the WFS will strive to identify meaningful differentials or patterns of fertility and fertility regulation, and to help in the clarification of factors affecting fertility. Improved data on these topics will facilitate national efforts in economic, social, and health planning for development as well as give guidance concerning development of family planning programs.

The value of fertility surveys as a basis upon which to plan fertility control programs has amply been demonstrated in the United States where a series of National Fertility Surveys carried out at 5-year intervals allowed program planners to identify groups not receiving or using family planning and to quantitate acceptance and continuing use of various means of fertility control.

AID missions in many countries are also supporting research to collect demographic data, develop new methods of analysis, and improve the accuracy of descriptive and predictive demographic information. Considerable support has been provided to demographic institutions, particularly in Latin America.

To meet the need for improved demographic data and methods, AID had provided about $17 million for technical assistance and research projects between fiscal 1965 and fiscal 1972.

Population dynamics research.–Population dynamics research involves study of the factors affecting population growth and distribution within a given society and the effects of population characteristics and changes on the society. Much more knowledge of these is needed as an aid to less developed countries in discovering best means for coping with population problems.

In AID's program, behavioral and social science technical assistance and research projects had received $14 million between fiscal 1965 and fiscal 1972.

A new program initiated in fiscal 1972 provides $3.9 million to the Smithsonian Institution for the administration of an International Program for Population Analysis. The Smithsonian will solicit and support small projects in the social sciences and humanities which bear directly on population and dynamics policy.

In addition, the program will sponsor a series of international workshops and seminars in which the results of the program-sponsored research (and other research of a similar nature) will be presented to policy-making and policy-influencing figures in less developed countries.

The program is intended to increase the output of policy-relevant social science research and to make the policy implications of the research obvious and available to persons in positions to make use of research findings.

Operational research.–Research is needed to determine the optimal organization and administration of family planning action programs in the less developed countries. This includes research on the best methods of education and recruitment of acceptors, development of optimal staffing patterns, improved training methods for program workers, and evaluation of the impact of the program.

From fiscal 1965 to fiscal 1972, AID has provided $17 million for over 60 technical assistance and operational research projects in 18 countries in Africa, Asia, and Latin America to meet these needs. The Population Council has received AID assistance to conduct research on the impact of a demonstration postpartum family planning program in selected maternity hospitals in more than 15 countries.

Pilot studies on the use of various fertility control methods, development of improved service statistics systems, and testing of mobile clinics and other delivery systems have been carried out in India, Pakistan, Turkey, the Philippines, and other Asian, Caribbean, and Latin American countries.

One project currently underway is a broad-ranging program of research and evaluation at the American University in Cairo. Sponsored jointly by the Ford Foundation and AID, the program involves intensive and repeated studies of sample communities within the Arab Republic of Egypt on topics ranging from basic demographic data to changes in the roles of women, from communications and educational investigations to improvement of client recordkeeping systems.

In Africa, investigators from the University of California at Los Angeles are working with the University of Accra and the Ghanian Government to study various patterns of delivery of family planning services. In the Danfa rural district, researchers are testing pilot systems to deliver services independent of, and linked to, other services such as health care.

This area of research is one of importance for

the delivery system frequently is a crucial element in the sucess of a family planning program. Operational research will continue to be an essential part of AID's total population research program.

Improved fertility control.–New fertility control techniques more suitable for use in less developed countries are much needed. Improvement in the acceptability of methods is crucial. Therefore, AID seeks a variety of methods which are suitable for use in countries which may be characterized by low levels of education and rudimentary systems for movement of supplies, transportation, and delivery of health care.

A working definition of one improved means of fertility control sought by AID is: "A nontoxic and

In a hospital in San Salvador, a specially-trained gynecologist/obstetrician administers voluntary sterilization to a 32-year old mother of six children, using the advanced medical procedure of laparoscopic tubal ligation. The mother had requested the operation because of fear of unwanted pregnancy. The invention of the laparoscope enables the doctor to see inside the patient's body as he divides and seals the tubes between the ovary and womb. The required abdominal opening is so small that a band-aid suffices to cover it upon completion of the 10-minute operation. Mild anesthesia is used and the patient, after a few hours of recovery, is able to go home and resume activity. The laparoscope used in this scene was provided by The Pathfinder Fund as part of a project to introduce and evaluate the technique in El Salvador.

completely effective substance or methods which when self-administered on a single occasion would ensure the nonpregnant state at the completion of a monthly cycle."

Support of research for this "ideal" means of fertility control is currently a most important element in AID's research program. If a once-a-month method could be developed, control of fertility in developing countries could be attained more quickly, with greater reliability, and at a much lower cost than with current methods.

In addition, the AID program seeks improvements in currently available means of fertility control and supports field studies of fertility control methods under use conditions in the less developed countries.

Since fiscal 1966, AID has obligated over $29 million to support research on new and improved means of fertility control.

New means of fertility control

Corpus luteum and antiprogestin studies.–The corpus luteum is essential for the establishment and maintenance of pregnancy. By altering its function it should be possible to regulate fertility. The Worcester Foundation for Experimental Biology, Shrewsbury, Mass., has received $208,000 and the National Institute of Child Health and Human Development, $1.6 million to finance 28 projects to study ways of controlling the function of the corpus luteum.

In fiscal 1969, the Population Council received $3 million for a 4-year program aimed at development of a once-a-month method and with particular emphasis on antiprogestational investigations.

Prostaglandins.–Prostaglandins show promise of a breakthrough in contraceptive technology particularly suited to the needs of AID-assisted programs in developing countries.

Since fiscal 1968, AID has obligated $6.2 million for prostaglandin studies which have included research on new means of measurement, new approaches to prostaglandin synthesis, studies of formulation and delivery methodology, compound screening, studies of the effects of prostaglandins or mammalian and primate reproductive physiology, human clinical trials, and a prostaglandins information service.

This work has been carried out at 18 different institutions, either funded directly or through a program coordinated by the Worcester Foundation for Experimental Biology. They have included Harvard, Makerere University (Uganda), The Royal Veterinary College (Sweden), Oxford, Yale, and the Universities of North Carolina, Johns Hopkins, George Washington University, University of Wisconsin, and Washington University (St. Louis).

Although further testing and development is necessary, these compounds and their analogs appear to be very promising as a means of regulating fertility. However, use is still hampered by side effects and some therapeutic failures. It is hoped that new prostaglandins analogs and improved delivery systems can overcome these problems.

Releasing factors.–In fiscal 1970, the Salk Institute received $2.3 million for research to develop inhibitors of gonadotropin releasing factors as contraceptive agents.

Releasing factors are chemical "messengers" that link an area of the brain, the hypothalamus, with the anterior pituitary, which as one of its functions, produces hormones involved in conception. The Salk project will seek compounds that can disrupt the link and prevent conception.

Improvement of current methods

IUDs.–IUDs, along with oral contraceptives, are among the most important contraceptive means now used in family planning programs in most countries. However, high rates of removal caused by side effects, spontaneous expulsions, and accidential pregnancies limit the effectiveness of IUDs in current use.

An award of $645,000 was made in fiscal 1970 to the Battelle Memorial Institute's Northwest Laboratories to correlate IUD performance patterns with physical and chemical characteristics of IUDs. This program has tested existing IUDs to determine their physical characteristics such as size, surface area, edge sharpness, compliance in various directions, and the like. A regression analysis has shown which of these characteristics correlate with performance and several new IUDs have been designed to seek improved performance. (See figure 1.)

Safety of oral contraceptives.–To obtain additional data concerning safety of the widely used and highly effective oral contraceptives, the Southwest Foundation for Research and Education was awarded $913,000 in fiscal 1970 for a 3-year study of the metabolic and vascular effects of steroids used in current hormonal contraceptives.

Sterilization.–Although sterilization is available as a means of fertility control to some extent in many developing countries, current drawbacks are the requirements of skilled medical personnel,

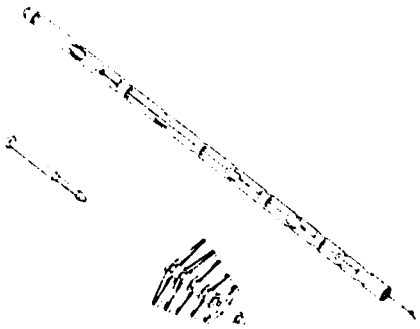
intra-abdominal operation with general anesthesia for female sterilization, and limited acceptability of vasectomy owing to irreversibility.

Awards of $1,029,000 to the Battelle Memorial Institute and $214,000 to the University of North Carolina have been made for research to develop simpler and more reversible means of male and female sterilization. Developed by the Carolina project, it is hoped that a new clip which is applied through a laparoscope can be used to occlude the fallopian tubes as an outpatient procedure with increased safety. Clinical trials are just beginning on this simplified sterilization technique. (See figure 2.)

Local methods.–Rapid worldwide increases in venereal diseases have been documented by the World Health Organization (WHO) and both WHO and the Pan American Health Organization have received a steady increase in requests to combat the problem.

Availability of an agent effective against venereal and other genital tract diseases as well as against unwanted pregnancy would advance both health programs and family planning programs and could be distributed at both type facilities. Such an agent would be especially useful for women where clinical methods of contraception and treatment facilities are not available.

Figure 1. The IUD illustrated at top was designed to be fundal-seeking, to be flexible, and to have a large surface area, yet insert through a 4 mm. diameter cervical os. The IUD at bottom was designed to determine whether fundal seeking characteristics obtained by a texture reacting against the anterior-posterior surfaces of the uterus would improve IUD retention.



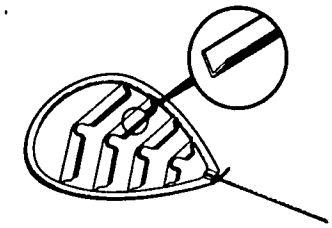


Figure 2. An experimental clip for female tubal sterilization, developed at the University of North Carolina.

In fiscal 1970, the University of Pittsburgh was awarded $581,000 for a 3-year program of research to develop a combined disease prophylaxis and contraceptive agent. Several promising compounds are now undergoing field studies.

Research and training.–An award of $2.7 million was made in fiscal 1972 to Johns Hopkins University to conduct research seeking simplification of techniques of fertility control currently in use in less developed countries.

As an integral part of this program, obstetricians and gynecologists occupying key roles in family planning programs in developing countries will be offered a short-term training program to learn and practice the most up-to-date techniques of fertility control.

Small grants program.–Another award in fiscal 1972 provided $3.4 million to initiate a small grants program for Applied Research on Fertility Regulation. This program will be administered by the University of Minnesota and assisted by a Scientific Advisory Committee made up of experts in applied fertility research. It will fund research projects of modest magnitude giving preference to workers in less developed countries.

Field trials.–To evaluate fertility control methods which may have differing efficacy and risks associated with them when used in the less developed countries, a strong component of the AID research program is collaborative and comparative clinical trials of new methods in the field. The focus of this effort is the epidemiologic evaluation of the value of these methods under use conditions.

Beginning in fiscal 1967, AID supported the development of the International IUD Program of the Pathfinder Fund. This $1.5 million field study has provided high quality data on IUD performance from 40 countries.

To extend the availability of a clinical network for field trails, an International Fertility Research Program was funded in fiscal 1971. It is based at the University of North Carolina. This $5 million program will conduct collaborative field trials on new IUDs, sterilization techniques, pharmacologic means of contraception, and other promising new means of fertility control in many countries.

Dissemination of information.—As the amount of funds devoted to fertility control technology research and the number of investigators and laboratories increases, rapid and effective communication to make information available concerning work in process and completed will be important. To meet this need, a new program for information interchange has been established with AID support at the Biological Sciences Communication Project of George Washington University.

This population information program will provide a series of organized and indexed publications containing references, abstracts, and analysis for each of the important means of fertility control including steroidal contraception, IUDs, and sterlization.

Population Policy

In the spring of 1972, the Office of Population established a new Policy Development Division. The creation of the new division reflected a growing awareness within the Agency of the importance of population policy as a condition of optimal family planning program development. Part of the mandate of the new division, as reflected in a report on AID's population program, is "to assist aid-receiving nations to consider in their national planning the impact of population dynamics on their own development." Its function is technical assistance, not advocacy.

The Agency has long been concerned with the policy area. Indeed, a substantial proportion of the AID population budget has been devoted to projects with primary or secondary relation to policy since the inception of the program.

Specific activities

Roughly speaking, there are two different kinds of AID activities in the population policy area: (1) Sponsorship of policy research and demonstration projects, and (2) support for activities designed to communicate knowledge bearing on population policy to decision-makers and others interested in the policy area in the developing countries.

Much of what AID attempts to do in its assistance program is affected by population policies of other countries. By the same token, much consultation assistance may have direct or indirect implications for policy development or change in other countries. In a sense, the population dimension of assistance is intended to bring to the attention of policy-making and policy-approving groups in other countries the results of work being carried out in or sponsored by the rest of AID's and other donors' programs.

Research and demonstrations

For a number of years, AID has been assisting population research and demonstration activities designed to provide information for decision-makers in less developed countries and in the United States.

One such program, conducted by GE-TEMPO and now in operation in several countries of Latin America, is designed to improve the capacity of national economic planning agencies in developing countries to include demographic variables in their economic projections.

Econometric models designed in the United States have been adapted to the countries and are being implemented, using economic and demographic data available in the countries themselves. All of the technical work is done by citizens of the countries. Now developed to the extent that they can provide projections for various sectors of an economy, the models are intended to show the effects that different rates of demographic change imply for country development goals. Information of this type is essential for decision-makers. It is hoped that these models will one day become an integral part of the national development planning efforts of a number of countries.

In the area of research, the division is sponsoring, in collaboration with the United Nations Fund for Population Activities and the International Planned Parenthood Federation, a project designed to survey the laws of most of the countries of the Third World in order to identify those laws which might

have demographic consequences (for example, laws governing female employment, social security, taxes, and those pertaining to factors which directly affect fertility such as the importation of contraceptives, minimum marriage age, and abortion).

Legal analysis, supervised by the Law and Population Program at the Fletcher School of Law and Diplomacy and carried on by citizens of the countries themselves, is expected to yield better understanding of the legal barriers to the solution of population problems.

Because many potential researchers of population problems in less developed countries are unable to obtain funds to carry out research, the division has recently created a program designed to make funds available for small studies through the Smithsonian Institution.

In this program, the variables being analyzed are susceptible to short term change in response to direct public sector action. This research is in the field of social science and humanities. Explicitly excluded are biomedical and contraceptive research. It is felt that the potential for governmental action in population is enhanced where research is kept relatively simple and where those undertaking the research are nationals of the country in which it is carried out.

Other research activities include a worldwide study of the potential for commercial distribution of contraceptives, studies of the relationship between group and mass attitudes toward population and the family, research on the formulation of population policies, and investigations of leadership attitudes toward national population policies in less developed countries, and research into economic, social, or other conditions which may influence parents' views on desirable family size.

Communications

Most of the research projects have communications components built in. For example, the program to promote more research by scholars in developing countries on variables subject to government action includes a major provision for international workshops and seminars for the discussion of policy implications in the research findings. In these workshops, policymakers and researchers are brought together in an effort to wed science and government in a more systematic manner than has been the case heretofore in the population field. A major publications program accompanies both this and the Law and Population Program.

AID is supporting an international consortium of institutions concerned with population policy to sponsor research and also to hold seminars where leadership groups from less developed countries are brought together to discuss and debate population policy issues.

Also, AID is sponsoring with the National Academy of Sciences a series of seminars on population policy in all the major regions of the world over the next 14 months in anticipation of the United Nations' World Population Year in 1974. These seminars will draw their members from among various policy-making and policy-influencing groups in most countries of the world. The results of the seminars will be reported in a volume scheduled for publication during World Population Year.

In addition, the division supports the California Institute of Technology Population Program, which gathers and disseminates scholarly reports on the population situation in many countries. These "situation" reports are written by people who are resident in the areas on which they write and who have extensive knowledge of the socio-cultural and political milieu in which population changes are occurring.

Commodities

During fiscal 1972, AID expanded its program of providing commodities to private organizations and to government-sponsored programs to help advance family planning in developing countries. It financed delivery of contraceptive supplies to more than 60 countries and areas during the year.

The private organizations which were major recipients of AID grants for commodity assistance for family planning include the International Planned Parenthood Federation, the Population Council, The Pathfinder Fund, and the Planned Parenthood Federation of America for the Church World Service Planned Parenthood Program.

Both for fiscal 1971 and cumulatively since the beginning of the commodity assistance program, bilaterally-assisted government-to-government aid has exceeded assistance provided through private agencies.

The commodities provided under Title X of the Foreign Assistance Act cover a wide range of supplies and equipment. In addition to contraceptive supplies, such as oral contraceptives, intrauterine devices (IUDs), condoms, aerosol foam, diaphragms, creams, and jels, AID has provided a line of medical kits for family planning purposes. These medical instruments are used to perform pelvic examinations, insert IUDs, take Pap smears, and perform tubal ligations, uterine aspirations, and vasectomies.

AID also provides a broad line of transportation equipment to increase mobility of family planning workers in the field.

To assist in expanding local family planning programs and in bringing into being additional family planning clinics, AID has provided examining tables, medical instruments, sterilizing equipment, and the like for both stationary and mobile clinics.

Expanding education and training activities has required increased amounts of training aids, audiovisual equipment, and a wide range of auxiliary supplies including films, booklets, pamphlets, and the like.

As a reflection of expanded activity in family planning programs in developing countries and of increased demand for contraceptive supplies of all types, purchase orders for contraceptives increased from $3.4 million in fiscal 1971 to $6.8 million in fiscal 1972. Cumulatively for the 5 years of the program, purchase orders have amounted to $19.4 million and deliveries totaled $16.6 million.

Of the $19.4 million of purchase orders for contraceptives placed in the past 5 years, the big part, or $14 million, was destined for countries in Asia. For deliveries, the pattern was the same, with $11.8 million going to Asia of a total of $16.6 million. Similar patterns were maintained in fiscal 1972.

All AID-financed contraceptives were obtained under centralized procurement for AID by the General Services Administration (GSA). AID's specifications continued to call for United States Food and Drug Administration approval, thus assuring that such contraceptives met the same standards of safety and efficacy as those on the United States market. All AID-financed contraceptives are produced in the United States.

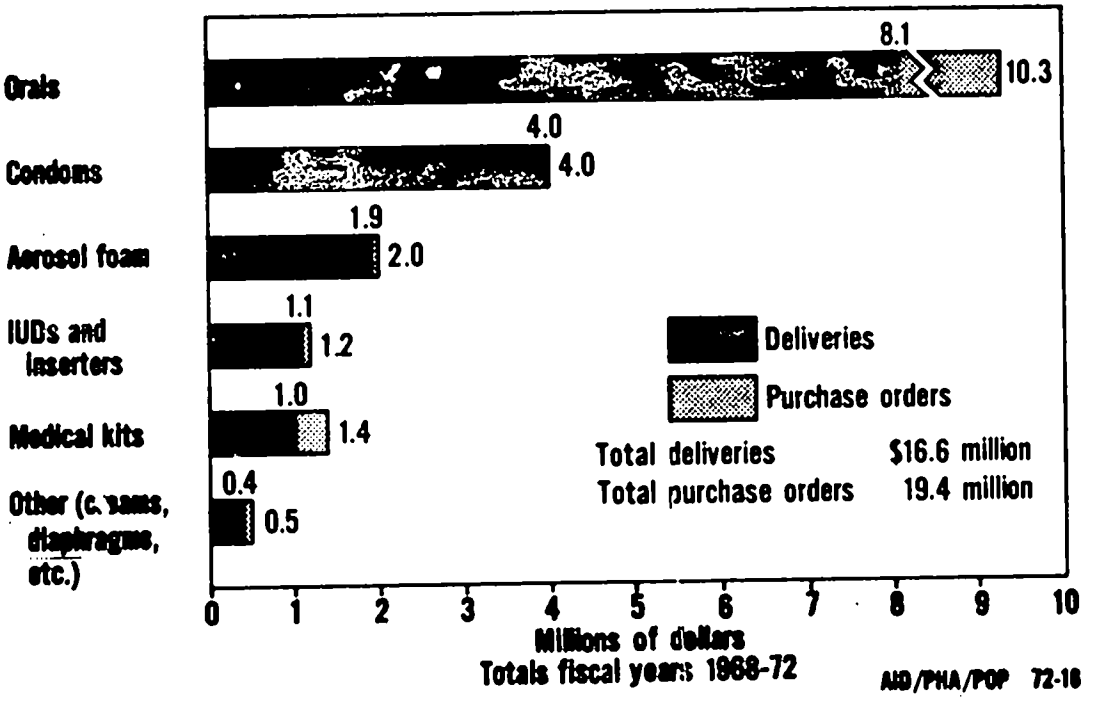
Oral contraceptives

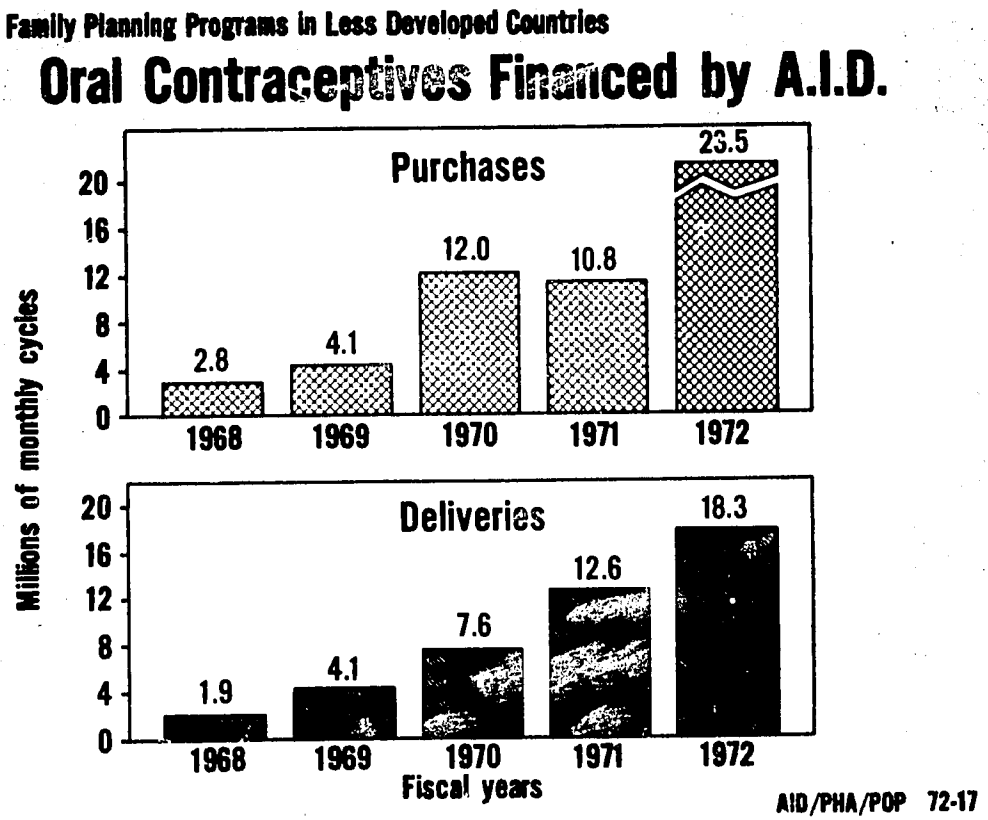
In fiscal 1972, AID placed purchase orders with GSA for 23.5 million monthly cycles of oral contraceptives, up from 11.1 million in fiscal 1971.

Orals are the most widely used of all contraceptives. However, the Agency for International Development follows a policy of offering a wide range of safe and effective contraceptives, as well as equipment and supplies, for other methods of fertility control in its family planning support to less developed countries. This policy permits flexibility in choice of methods by those who want to limit their number of children and space births in accordance with individual wishes.

For Family Planning Programs in Less Developed Countries

Total Contraceptive Supplies Financed by A.I.D.





Sharply increasing purchases and deliveries of oral contraceptives by AID attest to their popularity in family planning programs in the less developed countries. Orals have proven effectiveness in preventing pregnancies. Excessive alarm about side effects has subsided. For young women, orals are by far the preferred means of fertility control.

Cumulatively through fiscal 1972 AID has financed the purchase of 50.4 million cycles in the 5 years of the program.

Of the total $5.8 million of contraceptive supplies purchased by AID in fiscal 1972, more than half, or $3.7 million, were represented by the purchase of pills. Of the 18.3 million cycles delivered during 1972, 14 million were financed under bilateral government-to-government programs, while 4.3 million were delivered by the various private organizations.

During the year, AID firmed up its specifications for a standardized presentation of oral contraceptives. The new package, which will include three monthly cycles in each package, will be distinguished by the stylized silhouette of a young woman putting a pill in her mouth.

In fiscal 1973, a stepped-up information, education, and communications project will feature the silhouette of the young woman on billboards and posters. Through this familiar image, the availability and use of family planning pills will become known even to illiterate women in rural villages.

In moving to a standardized package for oral contraceptives, AID experienced some difficulties with the United States pharmaceutical industry in that there were no affirmative responses to a GSA solicitation in February 1972 for bids for 16 million cycles in standardized packages. The reasons given by the industry were that open-end contracts which resulted in erratic purchasing were uneconomical and unacceptable, and that the specifications were too tightly drawn.

This resulted in a delay in introducing the standardized pack into the program from July 1972, as originally planned, to an extended date of October 1972, along with a considerable increase in price per cycle.

To meet the demand during this period, AID made a number of stopgap arrangements with three United States suppliers. Thus at the end of the fiscal year AID was supplying three separate brands of oral contraceptives to fill requests from the field.

With adoption and production of a

Starting in the fall of 1972, all AID-financed oral contraceptives were packaged in a foil packet containing 3 monthly cycles of pills and bearing the symbol shown. This identifying symbol for oral contraceptives is expected to be seen more and more often throughout the world as pill manufacturers adopt it for use on their packages and as commercial distributors and family planning clinics use it on signs and placards to indicate availability of pills. Devised by AID, it is being made freely available as a public service.

standardized pack, problems in the annual shift-over from one brand to another (the result of competitive bidding) should be a thing of the past. Presentation of pills in the standardized pack will be exclusively 21 steroid pills with 7 iron tablets–28s with iron (ferrous fumarate). This decision was taken to simplify manufacturing procedures.

In the past, AID has supplied three presentations of pills–21s, 28s with 7 placebo tablets, and 28s with iron tablets. Of the 50.4 million cycles purchased in the 5 years of the program. 39.1 million have been 28s with iron, 8.7 million 28s with placebo, and 2.6 million 21s.

In fiscal 1972, the distribution was 18.2 million 28s with iron, 1.8 million 28s with placebo, and 4 million 21s. Thus, it is not considered that the discontinuation of the 21s only or of the 28s with placebo presentations will have any unfavorable effects on the program.

With liberalized pill distribution programs being adopted by several countries, AID anticipates a substantial increase in the demand for oral contraceptives in the coming year, particularly by younger women. In Thailand, for example, in the past year since Thai authorities changed the former restrictive medical-prescription-only method of distribution to allowing distribution by nurse-midwives, there has been a four-fold increase in pill acceptors.

Intrauterine devices (IUDs)

The demand for IUDs in fiscal 1972 continued strong. This reflected the fact that older women continued to use IUDs even though younger ones were more inclined to use the pill.

AID financed the purchase of 1.2 million IUDs in fiscal 1972, mostly Lippes Loops, types C and D. This compares with purchase orders of 941,000 in fiscal 1971. Deliveries for both years was at the 1 million unit level.

In fiscal 1972, AID financed purchase of a substantial quantity of a second type of intrauterine device, the Dalkon Shield. This was done in order to be able to offer an alternative configuration to women unable to retain the standard item, the Lippes Loop.

Cumulatively, AID has financed 3 million IUDs and 2.4 million IUD inserters in the 5 years of the program. Although one inserter can be used to insert multiple IUDs, the numbers of IUDs and inserters provided are more or less comparable because inserters are not manufactured in developing countries. The IUDs themselves, on the other hand, are.

With the assistance of the Population Council, production facilities to produce Lippes Loops have been brought into being in Korea, Taiwan, India, Pakistan, Turkey, Arab Republic of Egypt, and, most recently, Indonesia.

Condoms

The volume of condom orders in fiscal 1972 was sharply down from fiscal 1971–80,600 gross as opposed to 146,000 gross. (A gross is 144 individual condoms). Deliveries were down a lesser amount–106,500 gross from 118,400 gross. There is no ready explanation for this decline.

Cumulatively, 1.5 million gross have been purchased and delivered throughout the program. The lubricated reservoir end condom continued to be the most popular type, amounting to more than 75 percent of fiscal year 1972 purchases.

Two innovations by the industry in fiscal 1972

may lead to increased demand in fiscal 1973—smaller contoured condoms and multi-colored condoms in shades of red, black, gold, green, and blue being tested for local acceptability in several countries.

Also, trials are underway in several different areas to test the effectiveness of different methods of distribution of condoms to maximize their availability for family planning, not just "for prevention of disease only."

Distribution of subsidized condoms through commercial channels is also being tested in different locales using the NIROHD experience in India as an example. NIROHD is the system whereby subsidized distribution of contraceptives is made through private commercial channels.

Other contraceptives

AID continued to supply two brands of aerosol contraceptive foam upon request. Purchase orders and deliveries in fiscal 1972 amounted to $500,000. Since the beginning of the program, AID has financed $2 million worth of aerosol foam.

It provided lesser amounts of diaphragms and vaginal creams and jels in fiscal 1972 when purchase orders and deliveries amounted to $136,000. Cumulatively, purchase orders and deliveries of these commodities amounted to $457,000.

In general, distribution of these older contraceptive methods has been discouraged because of their lesser effectiveness.

Other sources of supplies

The United Nations Fund for Population Activities has become a major new source of contraceptives and related supplies.

The Swedish International Development Authority has continued to supply contraceptives in volume to selected developing countries around the world, particularly oral pills and condoms.

The Population Council, which has distributed Lippes Loops to developing countries over the years and established local IUD manufacturing facilities, has decided to taper off its distribution of contraceptive supplies and to concentrate on other aspects of the world population problem.

Other

Contract work to study ways and means might substantially increase the distribution and marketing of contraceptives wherein the private sector has proceeded. Teams have visited eight representative countries and studied local manufacturing and distribution facilities. Preliminary reports have been submitted and are the basis of an article in the front section of this publication. (See page 15.)

Communication

Family planning programs, rooted in voluntary participation by millions of decision-makers, must depend upon public knowledge and understanding of the benefits, methods, and program services of family planning. To help achieve rapid spread of public participation and adoption of family planning practices, population/family planning programs everywhere are giving important attention to their public information, education,. and communication (IE&C) aspects.

In fiscal 1972, AID has continued to provide appropriate support for IE&C activities in response to requests from country programs and international organizations. This support is wholly for family planning programs in developing countries.

The Agency's assistance for family planning IE&C activities is for dissemination of extension education and information through varying communication media and channels, both broad-reach and selective.

The country programs and related institutions conduct a wide range of work in this field, including stimulation of public awareness and understanding of the population growth problem, dissemination of information on benefits and methods of birth control, and, at local levels, providing information to the public on the local availability of program supplies and services.

Face-to-face communication through field workers and community groups is a key element, as well as communication through radio, newspapers, films, publications, television, local song and drama groups, civic and business groups, and other channels. Direct mailings of relevant information to key groups of leaders and program workers, including physicians and nurses, are also a feature of several country programs.

In addition to helping meet immediate operational needs of the programs, these IE&C activities seek to increase and maintain public and individual concern with the need for responsible parenthood and to promote the adoption of family planning practices. The overall aim is that of improving general living conditions and facilitating

economic and social development. Voluntary participation and individual decision-making are stressed as well as individual choice of methods consistent with his/her culture and beliefs.

AID's assistance includes direct technical and financial aid to programs of developing countries on a government-to-government basis, and also help to such programs through grants to international bodies and other institutions engaged in population assistance work. In light of the worldwide and continuing character of the population growth problem, AID is continuing to emphasize and assist in strengthening the population program role of multilateral organizations such as the United Nations, its specialized agencies, and international voluntary organizations.

Within the Office of Population, Bureau for Population and Humanitarian Assistance, operational guidance of IE&C assistance activities is assigned to the Information, Education, and Communication (IEC) Division. Through its specialists and consultants, the Division is responsible for technical guidance of a number of interregional assistance projects, providing communication advisory services for regional and country projects/programs, and rendering specialist staff services to the Office of Population. Preparation of the annual publication, *Population Program Assistance*, as a program inventory report, is one of the Division's responsibilities.

The examples below are illustrative of the types of IE&C assistance supplied.

Aid to individual country programs

Asia assistance for IE&C support of family planning programs is contributing importantly to program action in India, Pakistan, Turkey, Afghanistan, Nepal, Thailand, Indonesia, Korea, and the Philippines.

Korea.–In fiscal 1972, consultant assistance was supplied to the Planned Parenthood Federation of Korea, at its request, for strengthening its public information and field extension education work. This has resulted in a funding proposal now under consideration by the United Nations Fund for Population Activities (UNFPA).

Philippines.–With the help of the Philippine press, radio, television, periodicals, and other media, as well as the Population Institute of the University of the Philippines, the Philippine Government began sponsorship of its family planning program in 1970 and established the Population Commission of the Philippines.

In addition to the indirect assistance being extended earlier for the work of The Pathfinder Fund, the International Planned Parenthood Federation, and other organizations, direct assistance to the Philippine program was then requested.

Part of the aid extended in response includes continuing assistance to the Population IE&C Unit of the National Media Center. This Center produces a broad range of population information materials, including radio and television programs, motion pictures, and printed materials to meet the needs of numerous Philippine organizations. Its services are guided, in coordination with the Population Commission, on behalf of the national program. In fiscal 1972, initial planning was begun by the National Media Center for operation of a direct mail system to assure effective communication with key groups of leaders and population program workers.

India.–The family planning program's direct mail system in India, first funded with AID help in fiscal 1969, is enabling the program to maintain selective communication with about 70,000 program workers, in addition to other groups such as private physicians, nurses, midwives, village leaders, and key interest groups.

The project, utilizing equipment donated by AID and the Swedish International Development Authority, now has approximately 1 million names on its mailing lists. The Indian mailing system has attracted wide interest among program leaders in other countries.

Thailand.–The Maternal and Child Health Program, including key family planning elements, was granted substantial IE&C assistance in fiscal 1972 through the U.N. Development Program and the UNFPA. The AID Mission to Thailand advised and encouraged this assistance. The UNFPA is a major recipient of AID funds.

Latin America.–As part of the growth of population programs in this region, increased attention is being given to IE&C support needs of the programs. As in other regions, the need for broad public involvement and understanding is evident from program experience. Interest and action in the IE&C elements of family planning, as part of the maternal and child health programs, has grown, particularly in Jamaica, Colombia, Honduras, Costa Rica, El Salvador, and Panama.

Africa.–The Government of Kenya, with an established policy for family planning, in fiscal 1972 began drafting its new Five Year Development Plan, including plans for broadened IE&C responsibilities in its Family Planning Program. The AID Mission to

Kenya has provided limited initial assistance to help implement the completed plan.

The Agency's direct assistance in the population IE&C field in Africa was confined in fiscal 1972 to Kenya, Ghana, and Tunisia. Also, limited indirect help was extended in other countries through the International Planned Parenthood Federation, the Population Council, and other AID grantees.

Interregional IE&C support

Support for IE&C population work is also being extended on an interregional front in addition to within-country activities. Such support aims at improvement of public information/education effectiveness and IE&C work skills in this field in developing countries. It also seeks to strengthen and broaden the participation of multilateral agencies, international organizations, and other assisting countries in IE&C assistance and related program activities.

Key activities rendered AID interregional assistance in fiscal 1972 in the IE&C field included:

East-West Communication Institute.—This Institute at the East-West Center, University of Hawaii, conducted in early 1972 its first two training programs in the population communication support field, funded through an AID population project grant. One was a 3-month session for 15 leaders from developing countries, including IE&C leaders. Held in February-May, it was followed in mid-year with a special training course for population communication advisors, to equip them for fuller help to developing countries. Participants included four specialists nominated by UNESCO.

The Institute also initiated planning and arrangements for a population education planning seminar of interested agencies and specialists and a conference sponsored by United Nations Education, Scientific, and Cultural Organization on population communication, both of them held at the East-West Center late in calendar 1972.

This 3-year project is designed to provide broad key services for family planning communication support through creation of an on-going institutional base and capability for service. It includes: (1) Inventory and analysis of education and information activities and needs of population programs; (2) conduct of three training sessions per year at the Center for population IE&C leaders, plus short-term workshops; (3) development of essential IE&C research, as an aid to training and to program operation; and (4) conduct of followup and consultant services with graduate trainees.

The Institute will also work to strengthen institutional bases for similar training activities in appropriate developing countries.

University of Chicago.—To help strengthen or establish population communication training and improve their effectiveness in developing countries, a program of M.A. degree training was begun at the University of Chicago in October 1971. This study program, basically for training managers and planners of national population communication programs is being conducted by the University's Community and Family Study Center, under a 3-year grant by AID. Approximately 25 participants a year, drawn mostly from developing countries, may participate.

This program is designed to train professional specialists for managerial and planning positions in communications endeavors which have as one of their goals the acceleration of social change via persuasion, behavior change, or attitude change on the part of the receiving audience.

International Confederation of Midwives (ICM).—The ICM, under a fiscal 1972 grant from the Agency, has undertaken to enlist the interest and cooperation of organized midwives, worldwide, in country programs for family planning. The planned work is informational-educational, within the context of midwife professional responsibilities.

Planned Parenthood Federation of America (PPFA).—Working through the country organizations and hospital installations of private charitable institutions, for example Church World Service, in more than 40 developing countries, PPFA has undertaken to guide and assist needed information/education activities to these organizations in behalf of family planning. Such organizations and affiliates, long interested in family planning, will be helped to meet their informational needs to a fuller extent than has previously been possible. This new IE&C work through PPFA was funded in fiscal 1972 as an additional element in an existing AID grant.

American Home Economics Association.—Under a new 1972 grant, the American Home Economics Association is being assisted in its efforts to inform and enlist the cooperation, worldwide, of home economics specialists and their organizations in the advancement of family planning, as a matter of quality of home and family life.

World Assembly of Youth.—More than 100 of the major youth organizations of the world, including those in developing countries, are directing specific attention to population problems and family planning through the information-education program of the World Assembly of Youth (WAY). This program has

received funding help from AID since 1969, on a yearly basis. International, regional, and national seminars have led to thousands of local population workshops in the past 4 years, involving over 250,000 youth leaders.

World Education, Inc.–This organization, putting major emphasis on functional literacy training in developing countries, is assisting numerous country literacy programs to incorporate family planning information in literacy teaching materials and curricula. Funding assistance is provided by AID on an interregional basis. In fiscal 1972, literacy training programs with this component were being conducted in Turkey, Thailand, Honduras, Costa Rica, and the Philippines. Initial program steps were also underway in Ecuador, Colombia, Afghanistan, Indonesia, and Malaysia.

Asia Foundation.–IE&C assistance in the population program field is being extended through the Asia Foundation, with AID funding help. Though the Foundation has given limited help to various population programs in past years, IE&C assistance will now receive specific emphasis.

Training "Packages".–Since production of training materials for many kinds of program personnel normally lies in the information-education sphere, production of several "packages" of staff training materials has been initiated by the IEC Division under contract. These "packages" are to be composed of teaching films, study materials, and teaching manuals.

These "packages" are for use in United States training institutions, AID staff training, and population programs of developing countries. Three of the "packages" are in the early production stage.

World Population Year.–Much of the Agency's cooperation in planning and aiding observance of World Population Year in 1974, proclaimed by the United Nations, is in the sphere of information and education. The Department of State and AID are collaborating in planning U.S. participation in this important population milestone observance.

Analysis and Evaluation

Good program management is essential to the success of family planning programs, and an important key to good management is a well planned system to produce timely and reliable information for program administrators about the acceptability of their programs and the demographic impact.

All programs have some type of management information system. Some are quite simple and informal–relying on unstructured verbal or written reports from the operating units (that is, clinics) to the central administration. When programs grow beyond a few units, however, direct personal contact between administrators and operating units become less frequent and more formal systems are required.

The best designed management information systems are based on stepwise analysis of the decision-making process. The first step is an identification of the program structure, the environment in which it operates, and the decision points within the structure–that is, a determination of who makes what decisions on what basis at what intervals.

Administrators frequently do not perceive all of the decision points. Decisions are made more or less routinely without much thought to the decision making process itself. The explicit definition of decision points provides program directors and sub-directors a better understanding of the organization they are directing which can lead to improvement of the organizational structure.

Once the decision points are known, the next step is a determination of the type of information necessary for making each decision. The emphasis must be on minimizing the data needs so as not to overburden the collection machinery while obtaining the required information.

Some items of information are required from all reporting units and all family planning clients while others may be collected on a sample basis. Some information will be required on a regular (that is, on a monthly basis) while some will be needed less regularly or at greater intervals (that is, quarterly or annually).

The final step is the design of a reporting and feedback system to collect information from the operating units, analyze it, and feed the results of the analysis back to the appropriate individuals in the family planning organization. Clearly, the design of such a system must be practical within local financial and physical constraints.

During fiscal 1972, AID continued and expanded its efforts to assist host countries in improving their management information systems in response to a growing interest from host countries.

Management Services for Health, Inc. (MSH) began providing long-term assistance to the Korean program. MSH also responded to requests for assistance from Afghanistan, the Philippines (under United Nations auspices), Ghana, and Turkey. MSH also helped the United Nations Fund for Population Activities to organize a workshop for family planning

administrators held in New York in July 1972.

The University of Chicago conducted workshops on evaluation in a number of cities around the world. More than 100 participants attended these workshops during fiscal 1972; approximately 300 have attended since the inception of this contract. Much of the current interest in evaluation undoubtedly came about as a result of these workshops. In addition, the University of Chicago has held discussions with two countries, Colombia and Tunisia, regarding direct evaluative assistance to their programs.

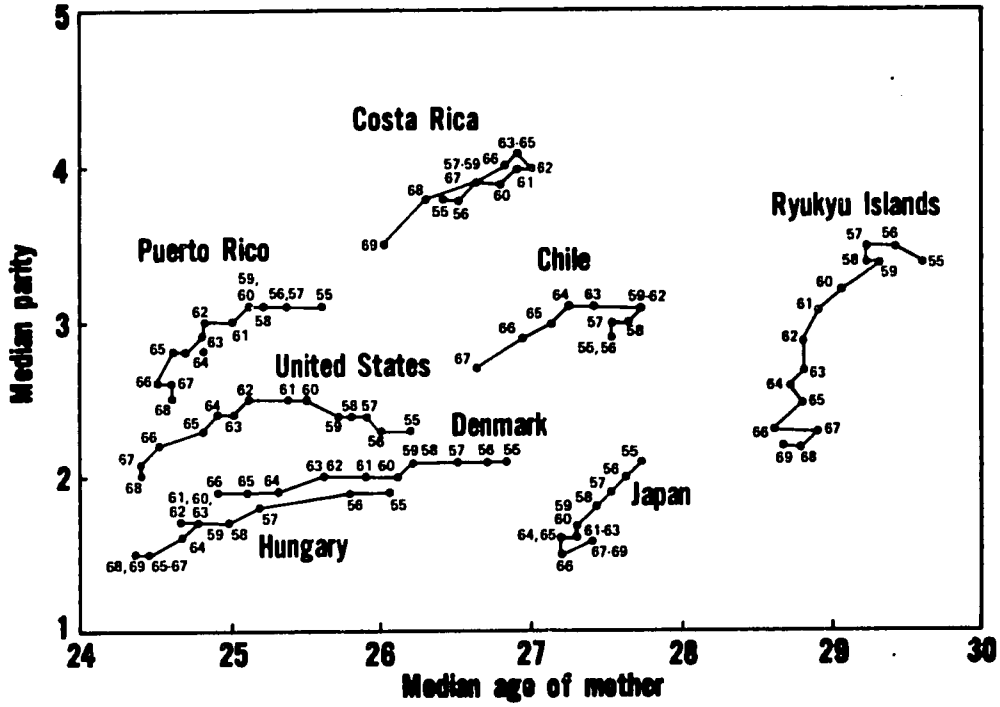
Expansion of efforts by the Institute for the Study of Human Reproduction, Columbia University, resulted in the production of seven technical manuals on evaluation methodology, with seven more set for publication in 1973. Field evaluation units were established in Ecuador, Costa Rica, and El Salvador. An urban migration study in Ecuador focused upon family planning acceptance and a study of private sector distribution of contraceptives was made in Costa Rica. Over 10,000 copies of reports, manuals, and papers were distributed to family planning agencies, government programs, and others in population programs throughout the world.

With the assistance of an outside consultant and technicians from the Bureau of the Census, AID

The distribution of ages at which women bear their children, and their parity (a number showing whether the current birth is the mother's first, second, third, etc.) give an indication of both the level and timing of fertility in a country. Each dot on the chart represents the median number of children ever born to mothers giving birth during the particular year, plotted according to their median age, while the successive data, joined by lines, show changes in the various countries' fertility patterns.

Graphing these variables in this way also permits comparisons among countries. Thus it can be seen that Japanese mothers tend to have children at a rather late age and to have relatively few children. Hungarian mothers have small families but have them somewhat earlier in life than do Japanese women. Puerto Rican mothers tend to have their babies early and to have more of them than their Japanese or Hungarian counterparts.

Live Births by Median Age and Median Parity* of Mothers

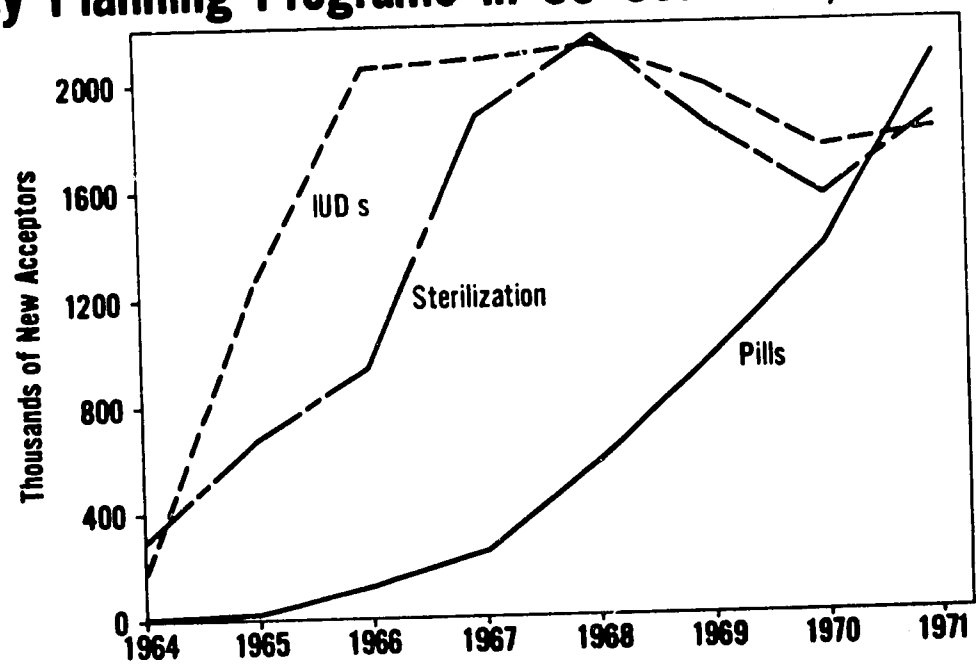


*"Parity" refers to total number of live births per mother.

SOURCE: SESA/BUCEN/ISPC, based on United Nations data.

AID/PHA/PDP 72-22

New Acceptors of Pills, IUDs, and Sterilizations in Family Planning Programs in 35 Countries, 1964-1971



SOURCE: SESA/BUCEN/ISPC, from data reported by Family Planning Programs in 35 less developed countries. **AID/PHA/POP 72-23**

Program data indicate that pills have become most popular with new users of family planning services in less developed countries. Reports from key countries in the first half of 1972 indicate a further rapid rise in use of "orals." In fiscal 1972, AID's purchases of orals exceeded 20 million monthly cycles. Also, Sweden provided large quantities of pills to a limited number of countries. In addition to contraceptives moving through family planning programs, large quantities (especially orals and condoms) move into use through commercial channels.

assisted the Venezuelan family planning program in designing a client record system. The basic design work on the system has been largely completed and is currently being reviewed by the International Planned Parenthood Federation (IPPF).

The Bureau of the Census also provided short-term consultative assistance to four other countries. It also proceeded with the development of instructional materials for two workshops on management information systems to be held in early 1973. One of these is designed to provide an overview for program directors while the other is intended to provide the basic working tools to the evaluation staff.

Another tool now available to host country programs is a computer software package designed to simplify the processing of family planning client records. This program was developed under contract by Battelle Northwest Laboratories. Battelle and Bureau of the Census have joint responsibility for assisting countries who wish to use the system.

The Center for Disease Control continued to provide assistance to Guatemala in the client records area. In addition, it has continued to provide short-term training in the operational aspects of client records systems, in follow-up surveys, and in the collection of data on abortions. It has also represented AID at several technical conferences on population.

Population planning support

Development planning is the basic decision-making process whereby scarce resources are allocated among competing and complementary goals. Normally, national development plans project needs and required actions only some 4 to 5 years

into the future. The result is that the impact of rapid population growth–which significantly affects the feasibility of development goals over a 15 to 25 year period–is frequently ignored.

Ideally, all countries should take account of population growth patterns in allocating public and private resources to achieve development goals. The need for population planning within the total development planning process is more acute for countries experiencing rapid population growth because urgently needed efforts to speed the development process can be strongly reinforced by immediate investments–easily undervalued in the normal planning process–to slow the rate of population growth.

Three basic kinds of analytic work are needed to promote widespread adoption of population planning by planning ministries of developing countries.

Initially, studies must be undertaken to demonstrate the need and value of population planning. This kind of effort is especially critical in countries where public officials currently regard rapid population growth as an asset in the development process.

Second, once public acceptance of population planning has been established, planning ministries need assistance in integrating longer-range planning into their regular procedures for elaborating and evaluating shorter-range plans.

Third, there is need for a set of supporting inquiries that provide in-depth examinations of details of the larger planning picture, depending upon the special interests and problems of a particular country.

During fiscal 1972, AID continued to support the introduction of population planning in a number of countries and initiated the development of a new analytic tool designed to address the views of low-density pronatality countries.

GE-TEMPO continued its technical support of Peruvian experts at the National Institute of Planning, revised and expanded its support of a Venezuelan team located at the Graduate Business School of Caracas, conducted joint workshops with Bolivian experts, and initiated support of a Colombian team based at the University of the Andes.

In collaboration with experts working on these projects, TEMPO also carried out a major revision of its basic economic-demographic model, now called the Human Resources and Budget Allocation model.

In addition, TEMPO staff accomplished in-depth examinations of two related issues: Population program strategies to maximize old age security, and the economic tradeoffs related to various financial incentive schemes to promote family planning acceptance.

The Socio-economic Analysis Staff of the Bureau of the Census completed and published its revised Long-Range Planning Model and initiated recruitment to meet mission requests for assistance in using the model. Further support of the National Development Board of Thailand was provided and a workshop was carried out for the National Planning Board of Jamaica.

The heavy emphasis on completion of the model during fiscal 1972 is expected to prompt a complementary emphasis on support of field applications during the coming few years.

Family planning data

With assistance from the Bureau of the Census, AID collects and analyzes data on family planning programs from countries around the world. Data on total numbers of new acceptors and revisits by method; numbers of new acceptors by age, parity (number of children), and method; numbers of operating clinics by methods offered, hours of service, and the like; results of follow-up surveys; and other data are collected.

In addition to their use as a measure of accomplishent for individual programs, these data permit comparative analysis of alternative strategies.

New acceptor data are now available for some 35 countries as well as from multinational programs such as the International Postpartum Program and IPPF, although some of the series are not complete. Age-parity data on acceptors are available for several countries as well as for the Postpartum Program. Using these data, it is possible, for example, to gauge the likely impact of programs emphasizing various means of fertility control.

As demonstrated by the data used to construct chart No. 72-29 (page 34), a program based on sterilizations will affect most heavily older women of relatively high parity. The median age for sterilization patients in the postpartum program was almost 32 years and the median parity was about 4.5. IUD acceptors were somewhat younger (28 years) and of lower parity (about 3.5) but there is very little impact on women in their teens and early 20's or those with fewer than 3 children.

The median age of pill acceptors was 26.5 years and the median parity 2.5. The pill is an especially attractive method for younger women who wish to space their children or to increase the interval between marriage and the birth of their first child.

Department of State

The United States Government recognizes that high rates of population growth in many developing countries in whose welfare and progress the United States is deeply interested prevent or seriously impede their economic advancement and social improvement.

The substantial efforts these countries are making to achieve such progress and the assistance of many kinds provided them by others are offset, and their purposes frustrated, by the continuation of traditionally high birth rates after death rates have fallen sharply from former levels.

Increasing unemployment and underemployment, together with disappointed hopes of major segments of populations, create conditions which threaten the orderly progress of nations and peace among nations. Unrestricted population growth is also a threat to the total world environment.

The Department of State is therefore deeply interested in the policies and programs of international bodies and individual countries to bring rapid population growth under control.

The Department understands that such programs, to be effective, will require the attention of many skilled people, expenditure of considerable resources, and decades of sustained effort. The Department also recognizes that the problem, though long-term in nature, is also urgent because, for all but a few developing countries, each year of delay in initiating major population growth control programs significantly increases the momentum of growth and the burden of population pressure for the country for future years.

Therefore, the Secretary of State has directed that high priority be given to assistance to individual countries and international organizations to analyze the effects of rapid population growth and to undertake needed action programs.

Recognizing that the population problem is a long term matter, the Secretary has also directed that officers dealing with foreign affairs matters at home and abroad, particularly those serving in or working with developing countries, should inform themselves thoroughly on the subject.

The Department's responsibility for generating and coordinating policies and stimulating program action on population matters by and among U.S. agencies is assigned to the Special Assistant to the Secretary for Population Matters. An officer in each regional bureau of the Department is also designated for part-time responsibility for population matters. Each Ambassador has also been directed to designate a member of the Country Team for this purpose.

The Bureau of International Organization Affairs in the Department is responsible for liaison with the United Nations and other international agencies concerned with population/family planning programs. The Special Assistant, the Bureau of International Organization Affairs, and AID's Office of Population, together with relevant bureaus of State and AID, work with the United Nations Fund for Population Activities (UNFPA), the United Nations Secretariat, the several specialized agencies, and other United Nations and international bodies to promote action in the population field and assure cooperation among various donor entities.

State Department officers, along with colleagues in AID and other agencies, regularly represent the Government at international conferences on population matters conducted by the United Nations and its specialized agencies. In cooperation with the UNFPA and the United Nations Population Commission, the Department is currently focusing special attention on plans and preparations for United States participation in the U.N.-sponsored World Population Year 1974 and the related world conference to be held in August 1974.

In order to increase the capabilities of Department officers in the population field, the Foreign Service Institute conducts a special course for key officers and has introduced a brief survey of population matters into foreign affairs training courses for junior, middle-grade, and senior officers.

Members of the Department's staff frequently provide briefings on population matters and lecture in many United States institutions and in government-sponsored courses for officials from developing countries studying population-related subjects.

U.S. Information Agency

The United States Information Agency (USIA), which provides information overseas on United States Government policies, is giving significant program emphasis to problems of population growth and family planning.

USIA disseminates information in many countries, especially to opinion leaders, to encourage greater awareness and understanding of population problems and family planning. In developing countries with population programs, it endeavors by informational means to strengthen public interest in and support for these programs. In each country the extent and nature of USIA's efforts are determined by country policies and sensitivities.

USIA initially concerned itself with population problems as they relate to questions of food supply and nutrition. This emphasis still exists but has been broadened. Population growth and distribution are recognized as a world concern, with demographic trends affecting a wide range of economic and social factors in the United States and other industrialized countries as well as in developing countries.

Increasingly, USIA information activities relate population problems to housing, education, health and the ability of countries to achieve their own development goals for an enhanced quality of life and better living conditions.

Emphasis is placed on the initiatives and activities of international agencies, notably those connected with the United Nations, and of other countries' organizations.

To support U.S. policies and programs, USIA has prepared, both in Washington and at field posts, a variety of informational materials dealing with population and related problems. These materials include press and radio news, features, and commentary output; interviews with leading authorities; special booklists and translations; special exhibits, publications, and photo materials; and motion picture and television productions.

In addition, USIA, in its posts and libraries abroad, makes available copies of pertinent speeches, publications, articles, films, and other materials on population and family planning prepared by other governments, by international institutions, and by private groups and experts.

Department of Health, Education, and Welfare

The work of the Department of Health, Education, and Welfare (HEW), though primarily domestic, also includes direct and indirect services to international programs. The interdependence of domestic and international programs is recognized and emphasis is given to this in planning activities.

Domestic activities

Family planning services have been developed rapidly in the United States during the past 5 years. Active programs have been established on Federal, State, and local levels. Family planning services are now regarded as an integral part of comprehensive health services. The President has given emphasis to these programs by establishing as a national goal that these services will be provided to all who want but cannot afford them.

The Family Planning Services and Population Research Act of 1970 provided the Federal legislation necessary for HEW to mount this important program. Funds obligated for population research and family planning activities under HEW increased from $51,503,989 in fiscal 1969 to $239,631,000 in fiscal 1973.

Highlights of fiscal 1972 included the presentation to the President and Congress of a 2-year study report by the Commission on Population Growth and the American Future; the submission to the Congress of a 5-Year Plan for Population Research and Family Planning Services by the

Secretary of HEW; and the institution of an improved National Reporting System for Family Planning Services by the National Center for Health Statistics.

The HEW program is directed by the Deputy Assistant Secretary for Population Affairs. The Office of Population Affairs serves as the primary focus within the Federal Government on matters pertaining to population research and family planning.

Funding and program responsibilities are delegated to several agencies within the Department: Health Services and Mental Health Administration, National Institutes of Health, Office of Education, Social and Rehabilitation Services, and Food and Drug Administration.

The Office of Population Affairs coordinates the programs within the Department and works in close cooperation with other agencies of the Federal Government and private agencies to develop programs in this field.

HEW's population and family activities include the promotion and support of: *Services*—making family planning information and services available and accessible to all in the population who desire and need them; *training*—meeting the professional and lay manpower needs in health, social services, and education; *research*—promoting and supporting research and research training in the biomedical and broad behavorial aspects of fertility, sterility, population dynamics, and program implementation; and *public education*—increasing opportunities for sex education, public understanding of human sexuality, and information about family planning and population growth.

Family planning and information services are provided under the HEW program through various local agencies: Hospitals, clinics, health departments, voluntary agencies, private physicians, public assistance agencies, voluntary social agencies, and Federal employee health services. Nine operating agencies of the HEW have funding and program responsibility for development of these services.

HEW-supported training programs in population and family planning include short-term, pre-service, and in-service courses for physicians, nurses, other professional health personnel, social workers and other public assistance personnel, teachers, and subprofessional workers. These programs are administered by 11 operating agencies.

HEW education programs include sex and family life education at elementary and secondary school and college levels and professional preparation at professional schools for physicians, nurses, and other health professionals, social workers, demographers, and teachers.

HEW research and evaluation activities include studies of reproduction—physiology and contraceptive development, evaluation of safety and side effects of contraceptives, research on social factors in fertility, and studies of administrative aspects of the program including utilization, evaluation methods, and development of innovative delivery mechanisms.

The National Institutes of Health, the largest government-supported research institute in the world, has a population research program of international significance.

The Center for Population Research of the National Institute of Child Health and Human Development serves as a focus of coordination and information for a variety of population research efforts of the Federal Government and organizes and directs a contract program in population research which is carried out by the Contraceptive Development, Fertility Regulating Methods Evaluation, and Behavioral Sciences Branches of the Center. The research is carried out in the laboratories of the Institute and through grants to other research institutions.

Studies of the Contraceptive Development Branch aim at forming a solid base for developing new contraceptives and emphasis is given to the role of the pituitary gland and the brain in control of ovulation and sperm formation, the role of immunological processes in controlling fertility, processes regulating formation of the sperm and the egg, methods to prevent maturation of the sperm and the egg, and prostaglandins and their role in the control of corpus luteum function and implantation.

The program of the Fertility Regulating Methods Evaluation Branch is essentially on the non-contraceptive effects of contraceptives. In fiscal 1973, the evaluation program will expand its surveillance of women using oral contraceptives in order to detect long-term effects and trends.

In addition, the evaluation of intrauterine devices from the standpoint of design, safety, mode of action, and effectiveness will be increased and studies begun this year on the evaluation of possible medical effects of vasectomy will be continued.

The Behavioral Sciences Branch has focused primarily on the determinants of fertility trends and behavior. New research projects in fiscal years 1972 and 1973 will explore strength of motivation for fertility control; perceptions and attitudes concerning various fertility regulating methods, including abortion; contraceptive practices and attitudes of

single and married individuals; and the dynamics of decision-making relating to use or non-use of fertility control methods.

Investigators supported by the Institute will study the accessibility of fertility control methods to subgroups of the population, the use-effectiveness of various contraceptives in different population subgroups, and the incidence and nature of illegitimacy and use of fertility control among teenagers and young adults.

The Food and Drug Administration is responsible for approving contraceptive drugs for safety and effectiveness before they are marketed and for maintaining surveillance over the drugs after their approval. In 1971, there were 37 oral contraceptives on the market approved by the FDA.

As part of its ongoing program, FDA consults with scientific and administrative representatives of pharmaceutical firms to ensure safety and effectiveness of contraceptive drugs. This agency also maintains close liaison with regulatory agencies of foreign governments, with the Agency for International Development, and with organized family planning groups.

International activities

The Office of International Health serves as HEW's principal focal point for policy guidance and program coordination relating to all international health matters. It prepares analyses and evaluations of international health policies and programs as a resource for the Department and the Department of State. It maintains liaison with international institutions and organizations.

An important part of this work is in population and family planning programs. Through a Participating Agency Service Agreement (PASA), the Office of International Health provides consultative and other professional services to AID Missions overseas and AID regional and technical bureaus in Washington, D.C.

Such specialists have included physicians, nurses, health educators, a communications expert, and a social psychologist. The activity includes responding to technical inquiries, serving on short-term assignments in AID Missions, assisting in technical aspects of monitoring AID contracts, and developing special educational and training aids and in-service training opportunities.

Through PASA arrangements, some operating agencies of the Department provide short-term and long-term health specialists for AID Missions and AID bureaus in Washington.

The Office of International Health also has primary responsibility for scientific activities overseas (Special Foreign Currency Program). Under the authorities provided by the International Health Research Act of 1960 and the Agricultural Trade Development and Assistance Act of 1954 (Public Law 480), HEW health agencies support health research, research training, and other related activities abroad using U.S.-owned excess foreign currencies. These currencies are currently available in the Arab Republic of Egypt, Burma, Guinea, India, Morocco, Pakistan, Poland, Tunisia, and Yugoslavia.

To qualify for support under this program, projects must be collaborative in nature and of mutual interest to the United States and the host country. All projects are designed to complement and extend the funding agency's domestic objectives.

Currently there are 21 active population research studies in 6 "excess currency" countries representing a total funded cost of $4.4 million equivalent in foreign currencies. These studies include basic research in reproductive biology, development of new fertility regulating methods, evaluation of fertility regulating methods currently in use, and the behavioral and social science aspects of population and family planning.

Also emphasized is research focused on improving the organization and delivery of family planning services, developing improved techniques for vital registration, demographic analysis of population in transition, and population dynamics.

A number of new projects are currently in various stages of development. It is anticipated that 5 of these projects will be funded during fiscal 1973.

Several agencies of the Department provide services to AID participants. The National Center for Health Statistics, through a PASA, is carrying out a training program for AID in vital statistics and measurement of population change. This HEW program is designed to serve the personnel of developing countries.

Until the end of fiscal 1972, the Foreign Students Training Branch arranged for professional and continuing training programs in family planning for AID participants.

Other agencies of the Department, as part of their activities, provide AID-sponsored students with various training opportunities including formal courses, observational experiences, and practical training in family planning programs.

The Peace Corps

The Peace Corps, now the international arm of the citizens' service corps ACTION, has been involved in family planning on a limited scale since 1966. At the request of the Indian Government, 57 volunteers started working in family planning during that year in India. Peace Corps volunteer assistance has always been restricted to countries that have requested the volunteers for established national programs or that encourage the development of national family planning structure through local initiative.

At the technical level, physicians and other staff members have contributed to establishment of programs in Tonga, the Dominican Republic, Western Samoa, and elsewhere. Volunteer nurses, highly skilled in specialized clinical techniques, have trained auxiliary nurses in India, Tonga, Afghanistan, Tunisia, and some of the Caribbean countries. They are still active in the family planning programs of Tonga and Afghanistan.

Non-medical or "generalist" volunteers have participated in family planning activities as part of general village health programs in Malaysia, the Dominican Republic, El Salvador, the Philippines, and Tunisia, primarily in education and referral aspects. These "generalists" volunteers also have participated in family health and nutrition education programs in a number of other countries.

In the Dominican Republic, volunteers have worked with the medical staff of designated maternal and child health/family planning clinics in population centers. They have trained clinic personnel in interviewing techniques, methods of education, patient care, and administration procedures. Most of these activities are now being continued by newly trained country nationals.

In Togo, volunteers teach family planning along with other health subjects in schools and in adult education classes at the health centers. In Upper Volta, Dahomey, Niger, Senegal, and several other African countries, volunteers are working in maternal and child health centers which will soon provide family planning services.

Volunteers can reach only a very small proportion of a local population through traditional extension work, and are further limited in this role by the whole constellation of political, religious, and cultural forces that affect family planning. Most recent requests for volunteers, therefore, have been for skills to be utilized at an intermediate program supportive level, including specialists in the use of mass media, production of audio-visual aids, and administration.

Volunteers often are approached informally by local people with questions about family planning. Where host country policy is favorable, the volunteers' orientation includes basic instruction to enable them to respond sensitively, accurately, and informatively and to refer questioners to local family planning services.

As developing countries around the world set up and operate population/family planning programs, frequently they receive help from a number of sources in addition to assistance given by the United States Government.

These sources are of three principal types: Private organizations, multilateral agencies, and other governments. Their contributions are described in the following pages.

Other Assistance

Private Organizations

For many years, private organizations have led the way in calling attention to the dangers of unrestricted population growth and in helping countries to establish family planning programs capable of meeting the challenge. In 1972, the private organizations continued to broaden and strengthen their assistance efforts.

The London-based International Planned Parenthood Federation (IPPF), which gives support to member family planning associations in 79 countries, has maintained its remarkable record of program growth. Its 1961 budget of $30,000 had grown to $26 million by 1972 and is targeted at $30 million for 1973.

Principal funding continues to come from concerned national governments but IPPF also has embarked on an intensive campaign to expand individual and organizational contributions, particularly in developing countries. Such contributions are sought both for their intrinsic value and as indicators of sympathy and support for the family planning movement.

Similar progress is being made by United States-based organizations. An example is the postpartum concept of family planning, initiated by the Population Council and now active in 116 maternity hospitals and clinics in a dozen countries in Asia, Latin America, and Africa.

Plans call for further expansion through participation by the World Health Organization and its regional programs. The Population Council contributes to a number of other activities as well.

The Pathfinder Fund continues to help initiate, support, and nurture the provision of family planning information and services where they are needed but not otherwise available. A number of such locally administered projects have graduated into larger privately sponsored family planning organizations or government-administered family planning programs.

The stimulus provided by The Pathfinder Fund in responding to locally felt needs for information, training supplies, and modest financial support has been a useful catalytic force for both policy and program development in the countries assisted.

Progess is being made by other private organizations. Planned Parenthood Federation of America (PPFA) has embarked on a new program overseas to help Church World Service develop its already substantial Planned Parenthood Program in the network of hospitals and clinics to which it provides health supplies. It also assists other charitable organizations.

The list of United States and foreign private organizations active in the delivery of family planning information and services is long and growing, as shown in the following pages of this section and elsewhere in this publication. OXFAM and OXFAM-Canada are representatives of the foreign organizations actively involved.

Some organizations assist in development and delivery of family planning services as an auxiliary activity. CARE, the Unitarian Universalist Service Committee, the Mennonites, and many church and charitable organizations headquartered in the United States and overseas are in this group.

Recognizing the problem and wishing to help from within their special interest areas, other types of private organizations are becoming officially active in popular and technical support and in participation in expanding family planning services.

Among these are the International Confederation of Midwives, which has a natural interest because of the well recognized shortage of physicians and the need to make increasing use of midwives as well as other paramedical personnel in providing family planning services. Home Economics, Social Welfare, and similar professional associations have each been examining and defining their appropriate roles. Youth organizations, such as the World Assembly of Youth (WAY), already have active educational programs.

The mobilization and application of the concerns of these and other technical groups is being encouraged.

Within the family planning service programs currently sponsored by private organizations, increasing emphasis is being placed on improvements in program formulation and administration through conferences, seminars, workshops, and supplementary and more formalized training.

Additional professionally trained, full-time personnel are being employed as they, and funds for this purpose, are available. From the beginning, private organizations have necessarily relied heavily on volunteers and part-time professional personnel. Both groups have made an important contribution. Recruited in part because of their qualifications as

local and national leaders, they have contributed importantly to development of local acceptance as well as national policy. Organizations are beginning to plan in terms of specific objectives and to follow through in evaluating progress in achieving them.

The role of the private organization is a changing one. As governments have developed formal policies and programs to provide family planning services, private organizations ordinarily transfer their established clinics to the government-sponsored program. A few pilot clinics have ordinarily been retained for use as demonstration and training centers. This transfer is in progress in Indonesia where the Indonesia Planned Parenthood Association is now centering its efforts on training, education, and pilot clinics but is also proceeding to establish clinics in areas outside Java and Bali.

In most countries, however, private organizations are still actively assisting family planning clinics and are busily opening new ones. Mobile clinics are frequently used to reach small towns and rural areas. Such private clinics are often the sole source of family planning services for the bulk of the population in many countries.

In recognition of their unique qualifications and experience, private organizations are responding to specific requests to devote additional resources to information and education activities. These activities are meeting a broad spectrum of needs and make use of the full range of media.

Programs include development of spot and longer radio and television programs; development of locally produced films based on the culture of the people in the area; preparation and placement of exhibits in strategic locations; and development and distribution of brochures, technical papers, publications, and specially designed token gifts such as match boxes and calendars to convey the family planning message. A start has been made in cooperation with local schools.

World Education, Inc., (WE) of New York City, is one of the private organizations helping family planning programs overseas. An example of its work is shown here–the "Family Life" education program in Thailand by the Department of Adult Education of the Ministry of Education. This program has been operating for 2 years in Bangkok and the northern provinces and is being expanded to southern provinces during the winter of 1972-73.

International Planned Parenthood Federation

Established in 1952, the International Planned Parenthood Federation (IPPF) is a nonprofit organization composed of 79 autonomous national family planning associations.

It stimulates formation of indigenous associations in all countries of the world and provides them with financial support, technical assistance, and advisory services in the medical, educational, training, and administrative aspects of their work. In addition to its regional meetings and conferences, the Federation sponsors workshops, seminars, and training courses.

IPPF also stimulates appropriate scientific research in biology, demography, and sociology, as well as in various methods of contraception, and in fertility and subfertility, sex education, and marriage counseling.

IPPF's role as critic, advocate, and educator has helped to establish national birth control policies and programs in many countries. Even after governments have assumed major responsibility for providing family planning facilities, IPPF's voluntary associations have helped to sustain interest and high standards.

For administrative purposes, and in recognition of the wide diversity of problems that confront its members, the IPPF is divided into seven regions. The regional offices in Beirut, Colombo, Kuala Lumpur, London, Nairobi, New York, and Tokyo assist family planning associations in their areas, arrange regional conferences, encourage establishment of new associations, sponsor applications for IPPF membership, and submit reports and accounts to its governing body, under the direction of their regional councils. IPPF also has a resident representative in Accra, Ghana.

Technical assistance is provided to the associations both by the IPPF central office and by the regional offices. Various types of IPPF assistance include: Providing advice on the delivery of medical services, administration, program planning and evaluation; helping to develop publicity and educational materials; training family planning workers and administrators; informing associations of international and regional family planning activities and publicizing new medical developments and significant research.

Voluntary contributions from private citizens and foundations all over the world and grants from governments finance IPPF. In 1971, the IPPF's gross budget of nearly $20 million enabled it to provide technical assistance and financial support to both member and nonmember family planning associations in 79 countries. A gross budget of $25.9 million was used for IPPF's 1972 programs.

In addition to private donations through the Victor-Bostrom Fund and Planned Parenthood-World Population in the United States, IPPF received grants in 1972 from the Governments of Canada, Denmark, Finland, Japan, New Zealand, Norway, Sweden, the United Kingdom, the United States, and the United Nations Fund for Population Activities.

To meet the ever-increasing need for family services and information, education, and training programs throughout the world, fund-raising campaigns have been established in several countries, and many family planning associations are being helped to seek local private and government support for their work.

The library of IPPF is an important source of information on all aspects of human fertility, contraception, sex education, and demography. IPPF also maintains a collection of audiovisual materials and teaching aids and is planning a clearinghouse with United Nations Educational, Scientific, and Cultural Organization.

Regular publications of the IPPF include the *International Planned Parenthood News,* the *Medical Bulletin, Research in Reproduction, Family Planning in Five Continents,* the *Library Bulletin,* and the *Calendar of International Meetings.*

Other publications include a series of working papers on family planning programs, medical publications on contraception and the latest research developments, patient literature such as *Introducing Contraception,* and periodic reports summarizing family planning developments and demographic statistics for each country.

The *International Planned Parenthood News,* an illustrated periodical issued monthly from IPPF's London office, provides continuing current information on interesting and significant developments and activities in population and family planning, as reported by IPPF's numerous affiliates from areas and countries around the world.

IPPF has consultative status with United Nations Economic and Social Council, World Health Organization; United Nations Children's Fund; United Nations Education, Scientific, and Cultural Organization; Food and Agriculture Organization of the United Nations; and International Labor Organization.

It works closely with the United Nations at international and country levels and is represented on the Technical Panel of the United Nations Fund for Population Activities and at the population meetings of the Organization for Economic Cooperation and Development.

Through the presentation of papers and reports at international and regional conferences the IPPF has publicized the need for greater efforts in the development of family planning programs and has promoted increased cooperation among all organizations concerned.

Church World Service

Church World Service (CWS) supports cooperative family planning activities in 600 of the approximately 1,200 church-supported hospitals in more than 40 developing countries.

Family Planning International Assistance has been providing it with substantial commodity assistance for its Planned Parenthood Program in these countries.

CWS carries on its largest family planning program in India where 435 church-related hospitals cooperate. It also maintains a program in Indonesia.

In July 1971, CWS began a program of expansion with assistance from AID. This assistance will greatly increase the effectiveness and outreach of its program.

Through the international division of family planning of Planned Parenthood Federation, overseas technical staff and material support is given in program development and administration, medical and paramedical standards and practices, patient-oriented motivation, and training and manpower development. This expanded program has now made available a larger quantity and wider diversity of materials.

Family Planning International Assistance

The International Division of Planned Parenthood Federation of America, Inc.

Family Planning International Assistance (FPIA) was established in 1971 as the international division of Planned Parenthood Federation of America, Inc. (PPFA).

FPIA's purpose is to provide a wide variety of material, human, and financial resources to church-related and other private, charitable family planning programs in developing countries.

As the oldest, largest, and most active private family planning agency in the United States, PPFA is now able—through FPIA—to offer to programs overseas the expertise it has acquired in the United States over many years through operating a family planning service delivery system. This system now numbers approximately 200 Planned Parenthood affiliate organizations and over 600 family planning clinics.

During its first year of operation, FPIA worked in close cooperation with Church World Service (CWS) to extend CWS' family planning assistance to church-related medical facilities and other church-related groups and agencies in Asia, Africa, and Latin America.

During this first year of operations, FPIA awarded 28 separate grants totaling just over $500,000 to family planning projects in 10 different developing countries. In addition, contraceptive supplies, medical equipment, and educational materials worth another $500,000 were distributed to some 800 church-related family planning programs located in over 40 countries.

FPIA like its parent agency, the Planned Parenthood Federation of America, Inc., is non-sectarian; its programs are based on the humanitarian concept of responsible parenthood and the right of all people, regardless of race, creed, or economic conditions, to plan their families.

FPIA headquarters in New York City is staffed with experts who have extensive family planning experience. Their specialities lie in planning and

program development, medical standards and procedures, training and manpower development, and public information, patient education, and communications systems.

FPIA provides supplies and equipment needed for all aspects of family planning. In addition, FPIA helps develop effective systems for controlling and accounting for material resources.

FPIA provides technical assistance to local family planning programs to help:

–plan, manage, and evaluate family planning activities.

–establish medical standards and procedures.

–design innovative ways to respond to local family planning needs.

–develop information, education, and communications programs.

–develop and implement training and manpower development programs.

Finally, FPIA will provide financial assistance to private family planning agencies to help defray the costs of implementing new or expanding family planning program activities.

The Population Council

The Population Council promotes research, training, and technical assistance in social and biomedical sciences. A private, nonprofit organization, it is a center for collection and exchange of information on significant ideas and developments related to population questions.

Activities include publication of books, papers, bibliographies/abstracts, and of *Country Profiles Studies in Family Planning, Reports on Population/Family Planning, and the Population Chronicle.*

The Council provides grants and fellowships in demography, physiology of human reproduction, and family planning, and small demographic and biomedical grants. It also has undertaken a program of institutional development for demographic and population research in each of the three major developing areas of the world. It provides support in population and demographic training to research institutions in developing countries and technical assistance to family planning and other population projects in developing countries.

Operating on a $16.9 million budget in 1971, the Council draws support principally from Rockefeller sources, the Ford Foundation, and AID, as well as from other foundations and individuals. It has a staff of about 250, with 32 of these serving in 17 foreign countries.

Through its technical assistance division, the Council provides major support to family planning programs in Colombia, the Dominican Republic, and Venezuela in Latin America; Morocco, Tunisia, and Kenya in Africa; Iran in Near East-South Asia area; and Indonesia, Korea, Republic of China (Taiwan), the Philippines, and Thailand in East Asian area.

It has established a research and evaluation section whose primary emphasis is to study the effectiveness of family planning programs.

The Council has been involved in postpartum activities since the inception of the International Postpartum Program in 1966. With substantial support from AID, the program has grown to include 116 hospitals and clinics operating in 12 nations in Asia, Africa, Latin America, and the Near East.

There are now five country network programs: Colombia, Indonesia, Thailand, Venezuela, and Hong Kong. This postpartum program is an international demonstration effort to provide family planning information and services immediately after childbirth to urban women of low socioeconomic status in settings where delivery is institutionalized in public hospitals and clinics.

The demographic division has assisted the United Nations demographic centers in Bombay, Cairo, and Santiago, and national centers of population studies in Argentina, Colombia, Ghana, India, Indonesia, Kenya, Nigeria, Peru, Pakistan, the Philippines, Sierra Leone, South Korea, Tanzania, Thailand, Tunisia, and Uganda. The Council also provides demographic assistance to planning ministries for demographic projects in Algeria and Thailand. It has made other grants to numerous university departments and study centers in the developing countries.

The demographic division also conducts research on fertility, estimates of rates of population growth, population policy, and related topics. Demographic fellowships for 1972 have been awarded to 11 students from Africa, 11 from Latin America, 5 from East Asia, and 12 from the Near East and South Asia.

The biomedical division has focused much of its resources upon research in various methods of contraception. In 1967, it began a project to establish fertility regulation by continuous "microdose" progestin therapy administered by daily oral route or by means of progestins implanted subcutaneously within slow contiuous-release capsules made of silastic. The progestin, in this instance megestrol acetate, has been field-tested both as an oral contraceptive in Brazil, Chile, Colombia, Guatemala, Mexico, Philippines, Taiwan, Korea, and Pakistan, and as an implant in Chile, Brazil, Pakistan, and India.

The field studies of the oral preparation have been completed and it was established that the drug was moderately effective but has few advantages over conventional "pill" methods. No further studies seem indicated at this time.

The studies of subcutaneous silastic capsules filled with a progestin have continued and have been cautiously expanded to include one new progestin, norgestrel. Although this implant method has some encouraging features, many technical and biological questions remain to be solved before wide-scale clinical studies can be initiated.

In 1971, an extensive field trial of the Population Council's Copper T intrauterine contraceptive device for the regulation of fertility was initiated. By the end of 1971, approximately 25 countries representing Europe, Asia, Africa, the Near East, and the Americas were included within this testing program. The clinical results with the Copper T continue to be encouraging, and it is anticipated that the testing will be continued and expanded. The Council's cooperative statistical program, now in its seventh year, continues to be an important source of information on the comparative effectiveness of IUDs.

A similar joint program to study the complications related to abortion, with a sample of about 73,000 cases, has been completed in the United States. It represents the first compilation of nationwide data on morbidity associated with abortion in the United States in which special consideration has been taken of age and parity of women, operative technique, gestational age, and inpatient versus outpatient treatment of abortion.

The Pathfinder Fund

The Pathfinder Fund, a nonprofit public foundation, was established by the late Clarence J. Gamble, M.D., of Boston, Mass. Dr. Gamble began family planning work in the United States in 1929, expanding his work internationally in the late 1940s. In 1957, the work was incorporated into The Pathfinder Fund.

In fiscal 1972, Pathfinder sponsored more than 125 projects in 34 developing countries.

Purposes of The Pathfinder Fund are to introduce and promote improved methods for delivery of population/family planning services, for influencing those attitudes and values of people which determine pregnancy spacing and family size, and for prevention of unwanted pregnancies.

Pathfinder works through nationals of the country where projects are conducted to develop the ability of the people to handle their own problems and to develop viable local organizations which will aggressively continue population/family planning activities after Pathfinder support ends.

In selected developing countries of Africa, Latin America, and Asia, Pathfinder has provided technical, financial, commodity, equipment, and educational support as follows:

1. For training local medical practitioners, paramedical personnel, educators, social workers, agricultural extension workers, and others in the benefits to the family of pregnancy spacing and family size limitation as well as the techniques whereby this may be accomplished safely.
2. To individuals and organizations to introduce family planning services to those segments of the population without such services.
3. To local organizations to develop family planning associations.
4. To local organizations to develop population education curricula and their introduction into local school systems.
5. To local organizations for communication and motivation programs aimed at the general populace.
6. To local organizations for introduction of techniques for preventing unwanted pregnancies.

Pathfinder is also conducting field trials of selected, approved contraceptive devices and techniques. Emphasis during fiscal 1972 was on field testing of laboratory-proven, outpatient female sterilization techniques.

The Ford Foundation

The Ford Foundation embarked in 1950 on a program of national and international assistance aimed at relieving the causes of poverty through better agricultural methods, improved education, limitation of population growth, and improved planning and administration.

Most of these activities take place overseas in the developing countries themselves, and the Foundation maintains 20 overseas offices headed by resident representatives.

The Foundation has contributed substantial funding for population work through its Population Office in New York and its overseas offices which maintain resident population advisors. Since 1952, it has committed over $164 million in three areas concerned with problems of population: Research and training in reproductive biology and contraceptive development; establishment and expansion of university population centers in the United States; and assistance to family planning programs in developing countries.

Major emphasis has been on reproductive biology and contraceptive development, with some $89 million in grants going primarily for fundamental research and training programs. Forty-two institutions in the United States, 23 in Europe, 15 in Asia, nine in Latin America, and seven in the Middle East, including Israel, have received assistance for their work in this field.

Grants totaling about $17 million had been made by June 1972 to 15 university centers focusing on population problems. While two-thirds of the Ford Foundation's population expenditures have gone to American institutions, such activities in the main are directed toward population problems in developing countries.

An example is the Population Studies Center at the University of Michigan–largely responsible for the design and evaluation of pioneering family planning programs in Taiwan and Korea. It has received $4 million since 1965 to prepare students for careers in family planning, to study the relationships of population and health, and to provide technical assistance in the United States and abroad.

Since the mid-1960s, resources devoted to assisting population work in developing countries have grown significantly. The Ford Foundation has financed family planning work in 26 developing countries either directly or through other grant recipients such as the Population Council.

Since 1959, aid to programs in Asia, particularly India and Pakistan, has amounted to more than $19 million; to the Middle East and Africa, $8.7 million; and to Latin America and the Caribbean, $10 million.

In Asia and Africa, the Ford Foundation is assisting family planning action programs and training and research. In Latin America, the Foundation's emphasis is on study of population problems and reproductive biology.

Staff member of the Ford Foundation teaches a class in population communication to some of the 30 students from 17 countries at a Tenth Annual Summer Workshop on Family Planning: Communications - Administration - Evaluation. This workshop was held by the University of Chicago's Community and Family Planning Center in 1972.

The Rockefeller Foundation

It was not until the late 1950's and early 1960's that the Rockefeller Foundation made major commitments to solving population problems, although it had supported biomedical research in fertility control in the early 1930s.

Since 1963, the Foundation has provided more than $48.6 million, a yearly average of about $8 million, to population problems. In 1971, it allotted more than $3.6 million to this program, with $610,113 going to overseas-oriented projects. Appropriations and grants in the field for the first half of 1972 totaled $1.9 million, with $442,260 of this going to overseas-oriented projects.

The Foundation is concentrating increasingly on the interaction of social, medical, and biological sciences in its work on population stability, particularly in the search for better contraceptive methods.

One example of this is the grant of $5 million in 1971 that Ford and Rockefeller Foundations made to the Population Council. This supports a program with internationally known specialists screening current leads in contraceptive research.

So far specialists have included world authorities from Brazil, Chile, Austria, Sweden, and Finland, as well as the United States. Known as the Committee for Contraceptive Development, these scientists meet every 3 months and keep in close contact between meetings to share research possibilities and results.

Another example is the Foundation's support of research in basic biological and physiological aspects of human reproduction. During 1971 and the first 6 months of 1972 it provided grants totaling over $2 million for this purpose to scientists and universities in U.S., Canada, England, and Peru.

The Foundation is providing increasing assistance to improve family planning services and fertility control procedures. It also continues its support to technical assistance programs in family planning abroad through support of action-oriented programs.

Asia Foundation

The Asia Foundation, a publicly supported, nonprofit philanthropic organization, has been assisting Asians and Asian institutions for the past 18 years in undertakings that promote the growth and improvement of their societies.

In mid-1972, after several years of limited exploratory assistance to selected Asian population activities, the Foundation entered into a long-term expanded program of activity in that field.

In population and family planning, the Foundation concentrates its resources principally in supporting those Asian institutions, both public and private, with which the Foundation has been associated in the past. In particular, the Foundation responds to expressions of need to support development or advancement of national population policies and programs. It mainly assists in public information, education, and communication (IE&C) but also with law and manpower, as they relate to excessive population growth.

The Foundation's underlying approach is to encourage and support individual and institutional programs that fit into national and regional strategies for reaching stated population/family planning goals. At the same time, it supports innovative projects and provides resources for exchange and cooperation among Asian population institutions.

Thus, the Foundation assists efforts in IE&C training, especially within Asia, in population-related social science research for use in framing programs, in improving program management, and in IE&C activity to spread public awareness, acceptance, and adoption of fertility control measures.

The Foundation is especially interested in problems associated with the selection of effective mass media and interpersonal communication techniques and with the anomaly of high resistance and drop-out rates among publics that otherwise profess acceptance of the small-family norm.

The Foundation has resident representatives or officers-in-charge in 14 countries. The countries where the Foundation provides or plans to provide direct assistance are Afghanistan, Bangladesh, Hong Kong, Indonesia, Korea, Laos, Malaysia, Pakistan, the Philippines, Republic of China (Taiwan), Singapore, Thailand, and South Vietnam. In Japan, it is exploring ways the Japanese population/family planning experience can appropriately contribute to solution of population-related problems elsewhere in Asia.

Illustrative of the kind of institutions and

activities supported by the Foundation are: (1) The Intergovernmental Coordinating Committee in Southeast Asia for Population and Family Planning, to assist in its formation and early work in regional cooperation and exchange; (2) the services of a senior advisor in population, available to institutions throughout Asia; and (3) the Asian Broadcasting Training Institute, for workshops to upgrade radio and television broadcast planning, with emphasis on population and family planning.

The Tinker Foundation

The Tinker Foundation, established in 1959, is a private foundation. All its grants relate to activities or organizations in the Latin American area.

The first grant the Foundation made for demographic education and information went to the Population Reference Bureau (PRB) in 1965. However, it was not until 1968 that the Foundation gave significant support to the Latin America Department of the PRB.

Since that date, the Foundation has supported a yearly series of population dialogues for opinion leaders from within the Americas. Additionally, the Foundation has helped finance the Spanish and Portuguese publications program of the PRB.

Other recipients of Foundation funds for demographic conferences, training, research, or program development include Duke University, the American Universities Field Staff, the Center for Studies in Education and Development at Harvard University, the University of Florida, and the North American Educational Foundation for the Instituto Tecnologico y de Estudios Superiores de Monterrey in Mexico.

The Foundation does not support clinical projects in family planning or medical and biological research.

CARE

CARE, Inc. (Cooperative for American Relief Everywhere, Inc.) has as its objective helping the less fortunate peoples of the world in their struggle against hunger, ill health, ignorance, and low productivity by converting as effectively as possible the voluntary, people-to-people contributions of Americans and Canadians and the support of host governments into various forms of relief and development assistance.

CARE officially entered the field of family planning in 1965 when a policy was approved to render technical and educational aid to family planning programs overseas.

Implicit in CARE's population/family planning program support is recognition of the relationship between the quality of life and the motivation of people to limit family size.

Among CARE's activities in this field are providing equipment, literature, and supplies to family planning clinics. Also, it allocates food supplies from the Public Law 480 program for use as incentives in getting participation in family planning programs. Such use has shown its effectiveness in India, for example, in connection with tubectomy and vasectomy promotions.

Lutheran World Relief

Although Lutheran World Relief has shipped family planning supplies to missionary hospitals for many years, it was not until 1964 that a special family planning project received financial underwriting. At that time Lutheran World Relief began providing funds to Korea for a mobile medical unit, which served as pilot family planning program in rural areas. This was followed by funds for family planning seminars, with travel costs for leaders.

Beginning in 1967, funds were authorized for family planning projects in India. Currently, the work is based at Bethesda Hospital in Ambur and aims to expand family planning services by focusing on all mothers, plus fathers with three or more living

children, reached by the hospital primarily through the maternity unit and the outpatient department.

Lutheran World Relief continues to give regular help to Taiwan Christian Service for its family planning work, as carried on in the low-cost housing developments in Taipei.

Mennonite Central Committee

The Mennonite Central Committee (MCC) has family planning activities in Indonesia, India, South Vietnam, and, to a more limited extent, in Haiti and Paraguay.

In all of these countries family planning work is being done in conjunction with broader medical and community development programs. In most of these countries MCC is cooperating with the Planned Parenthood Program of Church World Service and with local government family planning programs.

OXFAM

OXFAM, a voluntary British-based relief and development organization, began giving financial assistance to family planning in 1965. A nonoperational agency, OXFAM provides this assistance through the International Planned Parenthood Federation or individual country family planning associations.

In addition, assistance to maternal and child health programs now increasingly includes an element of family planning. Between February 1965 and May 1972, approximately $800,200 in OXFAM assistance went to programs in Asia, Africa, and Latin America, including nearly $182,700 in 1971 to 1972. Further commitments from May 1972 total $229,700.

OXFAM-Canada

OXFAM-Canada, sister organization of the British OXFAM, was established in 1963 as an autonomous charitable organization under the patronage of the Governor-General of Canada. It has its own board of directors and its own projects committee.

It is one of the largest nongovernmental agencies in Canada that funds indigenous self-help projects and offers emergency relief and assistance in the less developed countries of the world.

In the fiscal year May 1971 to April 1972, OXFAM-Canada approved close to $100,000 in grants for family planning activities in the following six countries:

Bolivia–Family planning program	$2,600
India–Christian Medical Association of India, about 10 percent of this year's family planning budget	38,073
Indonesia–Family planning project on Lombock Island	10,000
Mexico–Population Studies Foundation	5,000
Philippines--Responsible Parenthood Council family planning program in Tarlac Province	40,000
Trinidad--Trinidad Family Planning Association, supplies	2,980
	$98,653

As more and more of OXFAM-Canada's grants are directed to "global approach" projects, future activities will encompass many family planning programs within multi-faceted, community-wide programs.

Population Crisis Committee

The Population Crisis Committee is a private, nonprofit organization established in 1965 to promote public understanding and action in the face of the world population crisis.

The Committee is active in population education, in fund raising for the United Nations Fund for Population Activities (UNFPA) and the International Planned Parenthood Federation (IPPF), and is stimulating governments and other private organizations to adopt or increase population programs.

The Committee works with concerned citizens in all walks of life and with leaders in business, the professions, science, religion, and government. Its aim is to reach an ever-widening audience through meetings, discussions, and the publication and distribution of educational and policy statements on population problems.

In 1972, the Committee helped to publicize the final report of the U.S. Commission on Population Growth and the American Future and at the same time worked to call attention to the more serious population problem in the developing world. The Committee sponsored a 28-page supplement to the Sunday *New York Times* of April 30 and helped to obtain contributions from 19 national and international leaders with a wide diversity of viewpoints.

The May 1 issue of *Senior Scholastic* magazine carried a 16-page selection of this supplement with an accompanying Teacher's Guide. The educational service bureaus of the *Chicago Tribune* and the *Los Angeles Times* printed and distributed population supplements which adapted Committee materials. Nearly two and a half million high school and college students used these various supplements in their classes.

Other Committee publishing contributions included an occasional Washington newsletter covering important events in the population field, and the Victor-Bostrom Fund Reports for the IPPF, which deal with current international developments.

Members of the Committee, through the Victor-Bostrom Fund, have marshalled private support for the worldwide family planning programs of the IPPF during the past 7 years amounting to over $10 million.

At the request of the Administrator of the United Nations Development Program and of the Executive Director of the UNFPA, members of the Committee have also helped the Fund by contacting many governments and requesting voluntary contributions. In 1970, 24 governments contributed over $15 million and in 1971, 46 governments contributed nearly $30 million toward this important international effort.

The Committee intends to concentrate its efforts during the coming two years largely toward helping assure the success of the 1974 World Population Year and the World Population Conference in August 1974. The Committee is initiating discussions with many national organizations to inform them of these forthcoming U.N. activities.

Population Reference Bureau

The Population Reference Bureau (PRB), founded in 1929, is a private nonprofit organization that works to focus public attention on the facts of population dynamics and their implications. An informed public, the Bureau believes, is essential to rational decisions and actions on problems created by population growth and distribution.

The Bureau publishes articles and periodicals for worldwide distribution in English, Spanish, and Portuguese. Its periodicals include *Population Bulletins, Selections, Profiles,* the annual *World Population Data Sheet, Poblacion* (a monthly newsletter in Spanish and Portuguese), and *Interchange,* a population education newsletter focused primarily on population instruction in United States secondary schools.

The Bureau's program in population education has included the preparation of three ancillary textbooks: *This Crowded World* (for grades 4-6); *People!* (for grades 7-9); and *The World Population Dilemma* (for grades 10-12 and undergraduate college classes).

The Bureau has also sponsored two national population workshops for teachers and others concerned with secondary school education. With the recent inauguration of its population education

newsletter, *Interchange,* the Bureau is also moving into a more active clearinghouse and reference role in this field.

The Bureau's international programs are focused primarily on population problems of Latin America. From its regional office in Bogota, Colombia, it distributes books, articles, and the monthly newsletter *Poblacion.* Radio, television, and films are also used to reach Latin American audiences with demographic information. In 1972, PRB began the biweekly publication of a factsheet (known as *Que Pasa* in Spanish and *O Que Ocorre* in Portuguese) designed especially for radio and television use and distributed to major stations throughout Latin America.

The Bureau also inaugurated an educational program to introduce population concepts into the Brazilian school system by means of an experimental bilingual bulletin *(Gente, Coisas e Fatos)* for English language teachers.

The Bureau participates in numerous population conferences and forums, and also holds its own seminars (Population Dialogues) to which Latin American opinion leaders in labor, medicine, journalism, and other fields are invited. Since 1968, the Bureau has worked with the Inter-American Regional Organization of Workers in cosponsoring seminars on the population problem.

Other important arms of the Bureau are its information office and library. Together these serve scores of researchers, magazines, newspapers, and other individuals and institutions each week.

Unitarian Universalist Service Committee

The Unitarian Universalist Service Committee uses a multidisciplinary, multidimensional approach in its international programs on family planning. This activity is a major component of maternal and child health care services. The Committee is a private, nonprofit, nonsectarian organization.

It is developing family planning activities in its Nigerian program.

The Committee's program in Haiti has also focused on family planning. The work in Haiti began in March 1966 and was reorganized in January 1969 into a family planning field laboratory in urban and rural settings. In cooperation with the Pan American Health Organization, the Haitian Government has now absorbed the urban component as a first step toward building a national program.

Two health projects in Togo and Zambia will also eventually include family planning components.

World Neighbors

Since 1952, World Neighbors has been engaged in self-help programs of community development in the villages of many developing nations. Program emphasis has been on food production, literacy, public health, village industries, and leadership training. Although family planning has always been a part of the programs, since 1964 (when the IUD became available) it has become second only to food production in emphasis and expenditure.

Currently World Neighbors has self-help programs in 20 nations in Asia, Africa, and Latin America.

The new Production Center for rural development training materials at the World Neighbors headquarters has completed its first year of operation. Materials are designed for village-level use by workers and volunteers. Filmstrips and manuals on a variety of topics include material on family planning, public health, and food production. In addition, training materials staff members conducted communications training sessions in Haiti and the Philippines.

World Neighbors has allocated approximately 23 percent of its overseas budget to family planning for a total expenditure in fiscal 1972 of $264,511. A substantial portion represents investment in personnel and equipment.

World Neighbors' project directors (usually nationals of the countries where its projects are located) supervise family planning programs. Overall direction is given by World Neighbors' director of overseas program and five resident representatives.

World Neighbors will continue to work principally through local personnel indigenous to its project areas. It intends to expand its programs of family planning as opportunity and resources permit.

Milbank Memorial Fund

The Milbank Memorial Fund's work in population began in 1928 when its division of research was established. Exploring first the question of differential fertility according to socioeconomic status, it proceeded to investigations of the prevalence and effectiveness of contraceptive practices and then to studies of the social and psychological factors affecting fertility.

In 1928, the Fund agreed to support the International Union for the Scientific Study of Population Problems for its initial 5 years. In 1936, the Fund helped to establish the Office of Population Research at Princeton University, and it continues partial support to this office.

To honor the retirement of Dr. Clyde V. Kiser—the Fund's president—and at the same time to take stock of the status of research in fertility and family planning, the Fund held a conference May 5-6, 1971 on Forty Years of Research in Human Fertility: Retrospect and Prospect. Proceedings were published as Part 2 of the October, 1971 *Milbank Memorial Fund Quarterly*.

Although major program emphasis at the Fund will be in health services for the next several years, some interest in population research will be continued, particularly if oriented to health services.

Multilateral Agencies

The United Nations and its specialized agencies and the United Nations Fund for Population Activities are assuming increasingly important roles in helping member countries with population problems.

The World Bank is becoming increasingly concerned with the restraints on economic growth caused by overly rapid population growth.

The Colombo Plan and the Organization for Economic Cooperation and Development also give specialized assistance to population programs.

Contributions by these agencies are described in the following pages.

The United Nations and Its Specialized Agencies

The United Nations (U.N.) and its specialized agencies provide the principal avenues for multinational attention to population problems. Many international agencies have adopted resolutions authorizing them to assist requesting countries in addressing population and family planning matters.

The U.N. Fund for Population Activities (UNFPA) is the major source of financing for the projects undertaken in the U.N. system. This Fund was established by the U.N. Secretary-General in 1967, became fully operational in 1969, and is the principal funding, programming, and coordinating body for all U.N. activities.

The Fund has defined its principal purposes as:

- To assist in promoting an awareness of the economic and social implications of population problems in developing countries and of their possible solutions;
- To extend systematic and sustained assistance to developing countries desirng assistance to assess and cope with their population problems;
- To expand the capabilities of the relevant organizations of the United Nations system, within the framework of their respective mandates, with the means for extending efficient and effective assistance to countries in plannin[illegible] [illegible]ramming, and implementing population projects [illegible]d
- To provide the leadership for expanded population activities within the United Nations system and to coordinate the programming, planning and implementation of projects supported by UNFPA.

Financial support for the UNFPA is growing rapidly. In 19[illegible], nine donors pledged over $5 million. In 1970, 24 donors pledged over $15 million and in 1971, 46 donors pledged over $29 million. These donors are from every region of the world. The United States has provided about one-half the total funds pledged. For 1972, the Fund s[illegible]ks $40 to $50 million. The United States has pledged up to $24 million at a ratio of $48 to $52 from other sources.

The UNFPA is currently providing support for some 430 projects benefitting over 60 developing countries.

Through its maternal-child health and family planning programs, Kenya is trying to provide a better future for its children. These village children are in line to receive a daily milk ration which is contributed by the United Nations Children's Fund.

The Specialized Agencies

The World Health Organization (WHO) is the principal executing agency of UNFPA projects. It was allocated $4.1 million by UNFPA in 1971, an increase of $2.8 million over 1970.

Health personnel within WHO receive training in family planning. Assistance in developing a family planning program for medical, nursing, and midwife schools is provided to countries specifically requesting such help. Active research is conducted in the fields of human reproduction, fertility control, and the health implications of population change.

WHO conducts studies in population dynamics and demographic measurement techniques. Additional assistance includes refresher training and fellowship programs for family planning personnel.

The United Nations Children's Fund (UNICEF) has long recognized family planning as an integral part of its extensive maternal and child health services. During 1971, increased emphasis was placed on the education and training of indigenous health personnel for wider dissemination of family planning information.

UNICEF also has expanded its inter-agency programs. The UNICEF/WHO Joint Committee on Health Policy has substantially increased its programs in family planning. The effectiveness of UNICEF's approach was recognized by UNFPA in its increased funding from an initial $665,000 in 1970 to over $3.1 million in 1971.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) is involved in population matters in three areas. In education, UNESCO has programs aimed at developing effective teaching materials, at curricula reform, and at better, more expansive adult education.

Within the cultural area, the varying social and cultural traditions of different countries are examined as a basis for the direction of national population policies. Scientific concerns involve demographic research into the effects of population change. UNFPA supports programs in all three areas with an allocation of $852,000, an approximate doubling of the 1970 allocation.

The Food and Agriculture Organization (FAO) includes family planning information within the context of its food and agriculture development programs, and has developed three pilot programs consisting of action-oriented research in family and community life. UNFPA support for such programs increased from $137,000 in 1970 to $446,000 in 1971.

The International Labor Office (ILO) supports active population planning through worker education in its direct contact with employer and worker organizations. Through regional seminars, the ILO has publicized the correlation between high fertility rates and unemployment and underdevelopment. The UNFPA supported such activities through an allocation of $285,000 for 1971.

World Population Year, 1974

The General Assembly, in a major U.N. initiative in population activities, has designated 1974 as World Population Year. The resolution also requests the U.N. Secretary-General to prepare a program of proposed measures to be undertaken by U.N. organizations and invites member states to participate fully. A major event will be an intergovernmental World Population Conference to convene at U.N. headquarters in New York in August 1974.

The United States regards the World Population Year and the Conference as matters of major interest to the community of nations and has indicated vigorous support. The Secretary-General and U.N. agencies have been urged to undertake a major effort to make the Year the occasion for focusing the attention of leaders and citizens of all countries on the dangers of continued high rates of world population growth and the urgent need for active measures to bring it under control as soon as possible.

Another goal is to use the Year as the occasion for substantially raising the resources devoted to population activities through the U.N. system, by national governments, and by non-governmental organizations.

> *"In the population field, the time has now come to recognize that the proliferation of people, no less than the proliferation of nuclear weapons or international pollution, is against the long-range interests of the entire human race. We must move toward world population stabilization. International agreement on this objective would, of course, not involve coercing individuals in their personal behavior. It would focus the attention of governments throughout the world on appropriate voluntary and humanitarian measures, . . . designed to enhance, not to restrict, individual opportunity . . ."*
>
> William H. Draper, Jr.
> U.S. Representative to the United Nations Population Commission

The United States has recommended World Population Year Activities designed to do the following: Advance knowledge of population and family planning; encourage national leaders to select population policies in their respective countries in the light of demographic situations and trends and their implications for economic and social development; disseminate information to the public concerning population matters through education and public relations; create the cultural, social, and economic changes necessary to encourage adoption of family planning and a reduction in desired family size; and promote the development and coordination of action programs and international aid in these fields.

The Conference holds promise of being a major event in the worldwide effort to understand, assess, and respond to rapid population growth.

Preparations already are underway. These include regional population conferences and international U.N. seminars on specific topics such as population and development; thoughtful attention to the agenda and background papers for the Conference; and focusing on policy measures needed to address the problems posed by rapid change in the size, distribution, and composition of the world's population.

World Bank

The World Bank Group has entered the population field chiefly because of its conviction that attempts to raise living standards in a great many developing countries are being seriously undermined if not thwarted by excessively high rates of population growth.

The Bank looks on its support to population programs as a logical part of its activities in the field of economic development. It is aware that during the last decade less developed nations have achieved some of the highest economic growth rates in their history but too often the benefits to individuals and to the nation have been lowered or even wiped out by excessively rapid population expansion. Allocating Bank resources to population programs has the intended effect of helping development programs to yield their intended benefits.

Following establishment of a Population Projects Department in fiscal 1969, the Bank has become increasingly active in assisting population programs.

The first population program loan ($2 million) of the International Bank for Reconstruction and Development was made to the Government of

The World Bank has made a loan to the Government of Jamaica t[illegible] finance construction of a much needed maternity wing at the Victoria Jubilee Hospital in Kingston. The [illegible]nt shortage of hospital beds in the maternity ward, illustrated here, often forces women to share their [illegible] with other mothers and limits their stay in the hospital to 24 hours.

Jamaica in June 1970 to help develop a postpartum family planning program. The loan is financing construction of rural maternity centers and a 150-bed wing at a Kingston hospital.

The Bank made its second such loan ($3 million) to Trinidad and Tobago in May 1971 to help construct various types of health facilities, a family planning institute, and training centers, and to give technical assistance. The total cost will be $4.6 million.

The International Development Association (IDA) entered the field for the first time by extending credit ($4.8 million) to Tunisia in March 1971. The funds will be used to build medical facilities and a paramedical school, as well as to provide technical assistance. Technical assistance elements for Tunisia, as well as for Trinidad and Tobago, include program evaluation, management, family life education, manpower utilization, and training of family planning workers.

IDA signed a credit agreement of $13.2 million with the Indonesian Government in March 1972 to which the United Nations Fund for Population Activities committed an equal amount and the Indonesian Government $6.6 million. The total project cost of $33 million will finance the most comprehensive family planning project assisted by the Bank Group.

The project will expand the Government's national program and broaden its activities. It includes not only the physical facilities and technical assistance associated with earlier projects but also support for training, motivation, evaluation, research and population education.

In May 1972, IDA approved a credit of $21.2 million to India for a population project. The Government of Sweden agreed to contribute $10.6 million to this project. The project, a comprehensive, applied research-oriented family planning one in selected areas of Mysore and Uttar Pradesh States, will test and evaluate different methods of providing family planning services which will be relevant to the Indian program as a whole.

The project includes financing physical facilities and technical assistance, as well as support for the development of two population centers to operate a management-information-evaluation system and research. It also includes, for the first time, a nutrition component related to family planning.

The Bank has in preparation a series of population projects in addition to the five in operation, and the volume of lending for such projects is expected to increase. The Bank has sent population program missions to 12 countries, especially to some of the largest and most populous, to assist governments in developing population policies and programs, possibly leading to project development.

Projects are developed at the request of the governments in countries where favorable population policies have been adopted. In others, the Bank has reviewed the impact of population on socio-economic development.

In 1972, the Board of Governors of the Bank adopted a sectoral paper on population, establishing a major action program. Under this program, during fiscal years 1972-76, the Bank expects to develop a portfolio of 25 population projects, covering 70 percent of the citizens of the developing countries belonging to the Bank.

Depending upon the needs of the recipient country, these programs will include not only the provision of family planning services but also information and educational activities, research on the determinants of fertility and family-size decisions, adjustments in the social and welfare legislation affecting the age of marriage or the size of families, improvement of vital statistics, and training in demography, nutrition, and population-related activities.

The Bank recognizes that for it to be effective in population assistance, there must be commitment on the part of the government concerned. Such commitment still is not common in a number of areas, including some where population growth is having its most retarding effects. Where it does exist, the potential benefits of population programs are great and the Bank or IDA can help to realize them.

Colombo Plan

The Colombo Plan Bureau in Sri Lanka has established a population office with local staff and facilities. Population program assistance is available to 24 member nations. Though small, the program can work in areas not now covered by AID programs and can supplement United States and other donor assistance in those areas where the multilateral approach appears to be more feasible and desirable.

Since 1968, the Colombo Plan population program has had the assistance of a United States

population specialist, supplied by the United States Government. The specialist assisted in setting up the program's office in Sri Lanka. He serves as a catalyst in stimulating Asian leadership interest in the population program and as a coordinator with U.S. assistance programs.

Considerable progress is reported in the field of population education. A current activity includes the initiating of population education programs through liaison with government officials of host countries and through creation of workshops to train host country teachers in the development of educational supplements for use in pilot projects in elementary and secondary schools.

New workshops have been initiated with national approval in the Philippines and Indonesia, and new workshops were held 1971-72 in Sri Lanka, Malaysia, and Iran.

The Organization for Economic Cooperation and Development

The Development Assistance Committee (DAC) is the agency within the Organization for Economic Cooperation and Development (OECD) that is primarily responsible for coordinating policy for economic assistance by developed nations.

The need to curb rapid population growth has been increasingly recognized by the DAC as an essential element of development programs. On the recommendation of the DAC, the OECD Council in April 1968 authorized a population program to be carried out by a Population Unit within the OECD Development Center.

The program has been supported by donations from Belgium, Canada, Denmark, Finland, Germany, Norway, Sweden, Switzerland, the United Kingdom, and the United States.

By the end of 1971 as a result of the existence of this program, these activites had been undertaken by the OECD:

- To make member countries aware of the significance of population growth as it affects economic development and to take this factor into account in drawing up assistance policies;
- To put assembled family planning information at the disposal of the interested countries and facilitate the carrying out of an effective dialogue between developed and developing countries.

Discussions are underway between the OECD and member governments to determine the kind of program that will assure continued attention to the population factor in the work of the OECD and the DAC and that will relate to similar work by other international institutions.

Other Governments

The nine countries discussed here provide both government and private support to the population/family planning programs of a number of developing countries. Sweden, a pioneer in the field, has been giving such assistance since 1958.

The aid given by the nine countries covers a wide spectrum of helpful activities in the field of population and family planning program.

Canada

Canada announced in 1970 an official policy authorizing international assistance to family planning programs. In implementing this policy, the Canadian International Development Agency (CIDA) is prepared to provide assistance in population and family planning within the overall framework of its aid programs.

CIDA can provide assistance through multilateral organizations, bilateral aid in response to requests from developing countries, and support for research related to population and family planning.

During fiscal 1972, CIDA contributed $2 million to the United Nations Fund for Population Activities, $750,000 to the International Planned Parenthood Federation, and $15,000 to the population program of the Organization for Economic Cooperation and Development. Similar grants are planned for fiscal 1973.

Canada's bilateral aid has included a grant to the Government of Ghana for production of a movie film on family planning and a workshop on the production of audio-visual aids; a summer workshop on family planning in Montreal for delegates from Francophone Africa; and scholarships for up to 8 trainees from Francophone Africa who undertake a Master's Degree program in demography at the University of Montreal.

Matching grants to nongovernmental organizations were made for construction of training schools for auxiliary nurse midwives in India, to the Responsible Parenthood Council of the Philippines, and for a workshop on family planning in Guadeloupe

The International Development Research Center, a crown corporation, since its inception 2 years ago has developed a population and health sciences program of research grants. The grants primarily go to people and institutions in the developing countries for research in demography and population policy, fertility regulation, family planning operational research, and health care delivery systems. Thirteen grants were made during the January 1971-August 1972 period to recipients in Africa, Latin America, and the Near East.

Denmark

Denmark gives a high priority to population activities and increased its foreign assistance considerably in 1971. The assistance is channelled through multilateral organizations and bilateral programs; the bilateral grants largely help to finance local costs, including building projects.

In 1971, Denmark provided multilateral assistance primarily through the United Nations Fund for Population Activities (UNFPA) that was granted $200,000, and the International Planned Parenthood Federation (IPPF) that received a total of $215,000 of which $65,000 was allocated to special projects administered by the IPPF.

The Development Center of the Organization for Economic Cooperation and Development (OECD) received $15,000 for the population program and the International Union for the Scientific Study of Population (IUSSP) $10,000 for the Union's African Regional Population Conference held in Accra in December 1971.

Among the bilateral contributions and commitments for 1971-72 was a grant of $470,000 to cover the construction costs for an administration building. This was in addition to an earlier contribution to the newly established National Thai Family Planning Program. At the same time Denmark agreed to make a contribution of up to $110,000 to finance production of three educational films and

some short television spots for use in the Thai family planning program.

An additional grant of about $42,500 at current rates was made in 1972 to supply the family health training center at Makerere University College in Kampala, Uganda, with equipment and furniture. The center will provide family planning and maternal and child health education and training. It will operate as part of the University College's medical school.

In the spring of 1972, Denmark made the following commitments and contributions for 1972: $700,000 to UNFPA, with $200,000 of this earmarked for the World Health Organization (WHO) Expanded Program of Research, Development, and Research Training in Human Reproduction; $970,000 to IPPF with $715,000 of this earmarked for projects in India and in Bangladesh; $17,000 to the OECD Development Center; and $10,000 to the Committee on Economics and Demography of the IUSSP.

Family planning training courses have been arranged for students from developing countries in collaboration with the Danish Family Planning Association. A grant of about $58,000 at current rates made in June 1971 covered expenses in connection with a course to be held in Denmark in the summer of 1972 for teachers and civil servants from Indonesia, Egypt, Malyasia, South Korea, and the Philippines.

An increase of the contributions to the UNFPA and the IPPF is being considered for future years. The Danish authorities feel that the activities of the UNFPA in particular should receive increased support so that it can play a central role in the United Nations family planning effort.

Federal Republic of Germany

The Federal Republic of Germany considers the population problem very important for both developing and developed countries. It shares the United Nations view that is is a human right for every family to decide how many children it wants. The country endorses the recommendations of the Pearson report on this subject in which family planning is seen mainly as a question of education.

Germany is ready to assist family planning activities in developing countries if requested to do so by their governments. The emphasis is on aid in support of, not as a substitute for, each country's own efforts. The support is limited to programs that are entirely voluntary.

The Federal Republic feels that assistance should be given on a multilateral basis, though not to the exclusion of bilateral aid, and that it should preferably be granted through cooperation with private organizations working in the field of population/family planning. This general policy guideline was confirmed by a cabinet decision on February 11, 1971. This decision summarizes the development policy of the Federal Republic of Germany for United Nations second development decade.

In 1971, the Federal Republic of Germany allocated, as it had done in 1970, $1.5 million to the United Nations Fund for Population Activities. In January 1970, United Nations Secretary U Thant appointed the German Federal Minister for Economic Cooperation, Dr. Erhard Eppler, to the Fund's Advisory Board. Other financial support has gone to the United Nations Development Program, which was granted $250,000 in 1969, and to the population group in the Development Center of the Organization for Economic Cooperation and Development.

The first contribution on a project basis was given in 1971 in support of a multifunctional training and research center in Tunis. German allocations to this project, which is executed in cooperation with the World Health Organization and with the Tunisian and German affiliates of the International Planned Parenthood Federation, amount to $210,000 for 1971-73. Expanded activity in cooperation with IPPF is under consideration.

Finland

The Government of Finland, since 1969, has provided funds for population and family planning programs through multilateral agencies.

It will give increasing consideration to multilateral assistance but this does not exclude a possibility of bilateral assistance. It will consider requests from those countries into which the Finnish bilateral assistance is mainly directed. In deciding

bilateral contributions to family planning programs, priority will be given to programs which also include other aspects of development such as health, education, and rural development.

In 1972, the Finnish multilateral contribution was $315,000. This was channeled in the following ways: The United Nations Fund for Population Activities, $200,000; the International Planned Parenthood Federation, $100,000; and the Development Center of the Organization for Economic Cooperation and Development, $15,000. In 1971, the same organizations received $260,000.

Japan

Japan gives both governmental and private support to international family planning efforts.

The Government of Japan in 1971 pledged $2 million to the United Nations Fund for Population Activities (UNFPA) and contributed $1.5 million to the Fund the previous year. Also, it held a seminar on family planning as it relates to the work of UNFPA. Japan plans to be host in November 1972 to the Second Economic Commission for Asia and the Far East (ECAFE) Conference on Asian Population, to be held in Tokyo.

Last year the Government supplied a population statistics expert to ECAFE, assisted the Singapore conference of the Committee for Asian Manpower Studies, provided approximately $47,000 of equipment for family planning services in Indonesia, and held a four-course seminar on family planning for trainees from Asian countries.

Japanese Organization for International Cooperation in Family Planning, an affiliate of International Planned Parenthood Federation, in 1971 provided $55,555 worth of equipment and materials for family planning in Indonesia, the Philippines, and Taiwan.

The Netherlands

The Government of the Netherlands has contributed to the United Nations Fund for Population Activities and is providing nearly $1.7 million to assist family planning activities in Pakistan, Kenya, Tunisia, and Indonesia. The Government does not expect to continue its bilateral assistance in family planning after existing programs end but instead will extend such assistance through multilateral organizations.

The Netherlands 1968-72 budget for Pakistan's family planning work, totaling $359,000, has a principal purpose of financing experts and equipment for research into attitudes and motivation.

The 1968-72 budget for Kenya, totaling $591,000, supports training of medical personnel in family planning and equipment, and a statistician/demographer for campaign evaluation.

The 1968-72 budget for Tunisia, totaling $240,000, provides support for medical personnel and equipment.

The Netherlands has made grants to Indonesia. Such grants, totaling $283,000 for 1970-72, will help a training institute finance medical doctors, paramedical personnel, and social workers. (This is being done in cooperation with the Indonesian Planned Parenthood Association and the Indonesian Government.)

Other grants, totaling $187,000, also for 1970-72, will help finance a 4-year research project in the field of social and clinical research performed by two Indonesian universities and the National Family Planning Institute.

Norway

The Norwegian Agency for International Development (NORAD) has since 1970 aimed at allocating to family planning activities in developing countries about 10 percent of the total official Norwegian development aid budget.

The assistance is channeled through both multilateral organizations and bilateral programs. The bilateral aid will mainly go to those countries where the Norwegian bilateral aid program in general is concentrated. However, contributions to other countries can be considered.

In 1972, NORAD granted $2.2 million to the

United Nations Fund for Population Activities, $775,000 to the International Planned Parenthood Federation, $450,000 to the World Health Organization's Expanded Program in Research, Development, and Research Training in Human Reproduction, and $30,000 to the Population Program of the Development Center of the Organization for Economic Cooperation and Development.

Under the bilateral program, $1.1 million was granted to the postpartum family planning program in India and $100,000 for information and motivation films for Indonesia's family planning program.

Sweden

Family planning is receiving the highest priority in Sweden's foreign development aid program. Extended through the Swedish International Development Authority (SIDA), this aid grew from a single project in Ceylon in 1958 to assistance in materials, finances, and personnel to numerous developing countries.

Disbursements for 1970-71 amounted to approximately $6.4 million and will reach an estimated $11 million for 1971-72. Allocations for 1972-73 total $15.6 million.

SIDA has provided supplies and equipment to Algeria, Ceylon, Chile, Colombia, Costa Rica, Cuba, El Salvador, Ethiopia, the Gaza strip, Guatemala, India, Indonesia, Iran, Kenya, the Republic of Korea, Malaysia, Mauritius, Morocco, Nepal, Pakistan, Trinidad, and Tobago, Tunisia, Turkey, and South Vietnam.

In four of these countries—Ceylon, Kenya, Pakistan, and Tunisia—SIDA has also provided expert personnel to assist government programs. Today the Swedish bilateral assistance is concentrated in a limited number of countries.

Sweden has a special arrangement whereby governments and organizations can buy contraceptives at reduced prices made possible by SIDA's volume purchases.

Sweden also provides multilateral assistance. Yearly allocations for the budget of the International Planned Parenthood Federation help to support training, information, clinical, and research activities in various countries. In fiscal 1970-71, the contribution amounted to roughly $1 million.

To promote population and family planning activities within the United Nations system of organizations, Sweden has contributed to the United Nations Fund for Population Activities (UNFPA), World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization, and United Nations Children's Fund. In fiscal 1971-72 the UNFPA received $3 million.

SIDA also helps to finance the population activities of the Development Center of the Organization for Economic Cooperation and Development, the World Council of Churches, and the International Union for the Scientific Study of Population.

In family planning education, Sweden has contributed to conferences and seminars in Santiago, Bandung, Bangkok, Dacca, and other cities, and has provided grants and fellowships. Assistance has also been given to the Medical Faculty of the University of Stockholm (Karolinska Institutet) for research in human reproduction. SIDA is providing support to WHO's Expanded Program of Research, Development, and Research Training in Human Reproduction.

The United Kingdom

The United Kingdom has been extending population program assistance since 1964 both bilaterally and multilaterally.

In addition to earlier contributions to the United Nations Fund for Population Activities, the United Kingdom announced early in 1972 a new grant of $2,068,000.

The Government has been expanding its contributions to the International Planned Parenthood Federation and has announced a 1972-73 grant of $1.2 million.

Also a further contribution of $24,500 is being made in 1972-73 to the Development Center of the Organization for Economic Cooperation and

Development. A grant of $12,000 was made to the International Union for the Scientific Study of Populations toward the African Population Conference (Accra-December 1971).

The United Kingdom has given bilateral assistance in population programs to the following countries: Afghanistan, Bahrain, British Virgin Islands, the Dominican Republic, Fiji, Ghana, Gilbert and Ellice Islands, India, Indonesia, Iran, Kenya, Mauritius, New Hebrides, Pakistan, St. Vincent, and Trinidad and Tobago.

Support is given to population research being conducted in Hong Kong and Singapore.

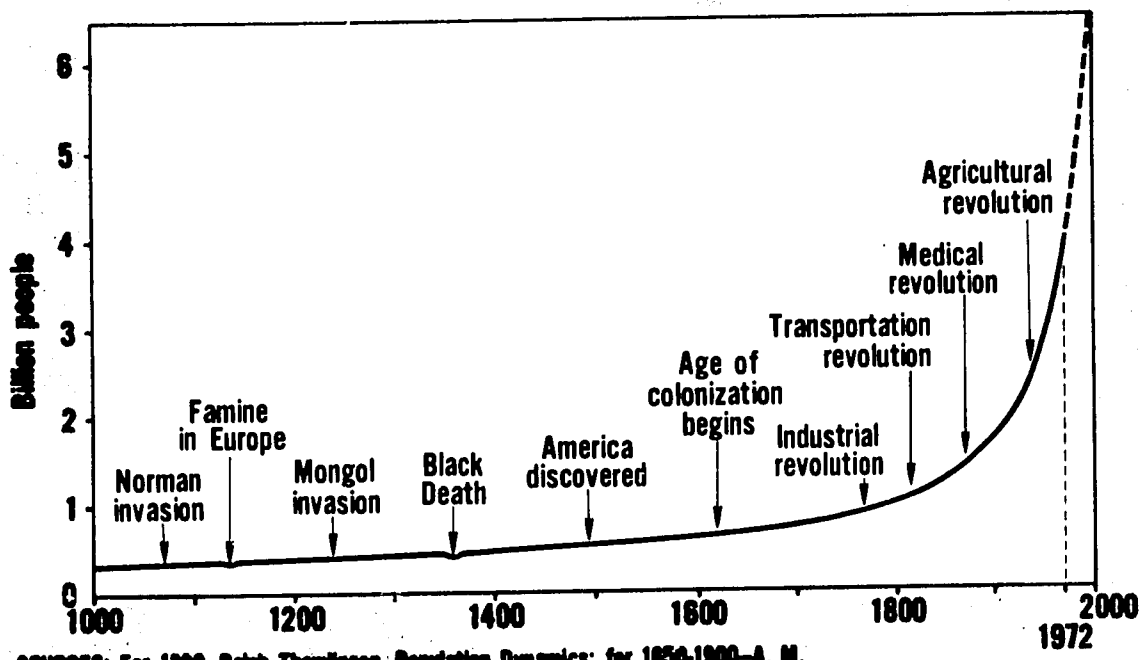
A Population Bureau set up in 1968 by the Ministry of Overseas Development (now Foreign and Commonwealth Office Overseas Development Administration) acts as a center for launching assistance to family planning programs overseas. The Bureau encourages training and research, helps to provide operational and advisory personnel for overseas programs and generally tries to attract personnel for these programs.

The Bureau was instrumental in establishing a fertility research unit (for research into decision-making processes in family limitation and birth control practice) and a graduate course in medical demography at the London School of Hygiene and Tropical Medicine in 1970.

General Charts

The following additional charts provide background data on world population developments as they pertain to AID's program activities in this field. On the charts, SESA/BUCEN/ISPC identifies data source as Social and Economic Statistics Administration, U.S. Bureau of the Census. AID/SER/FM/SR identifies data source as AID's Bureau for Program and Management Services, Statistics and Reports Division. AID/PHA/POP identifies data source as AID's Bureau for Population ahd Humanitarian Assistance, Office of Population.

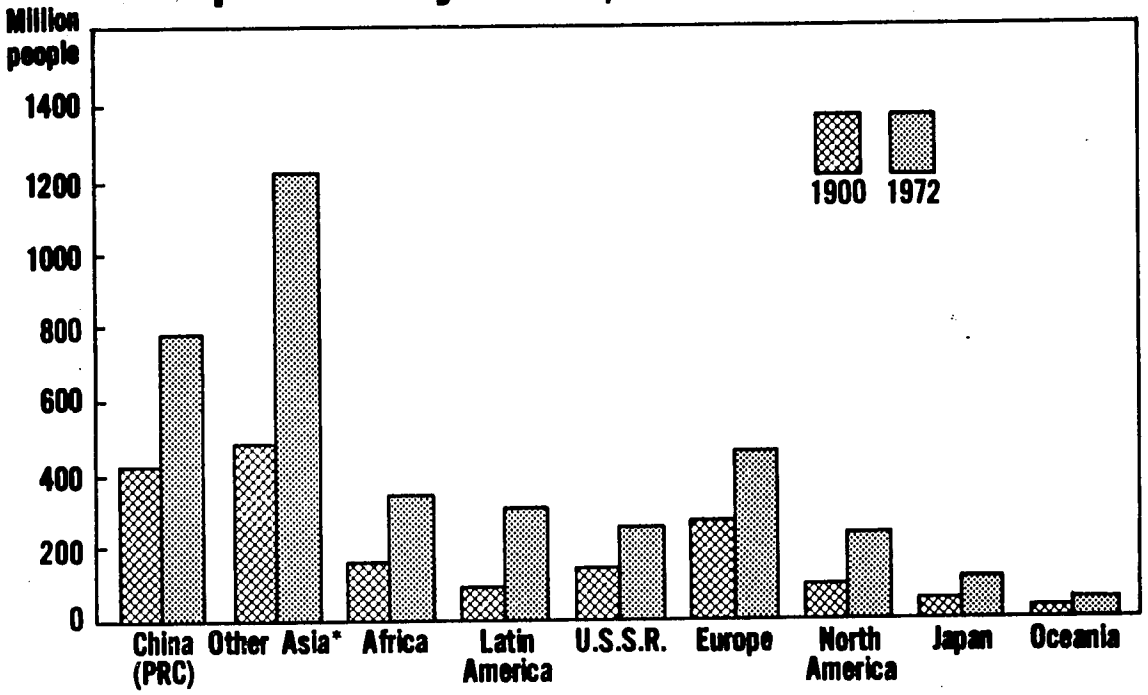
Ten Centuries of World Population Growth



SOURCES: For 1300–Ralph Thomlinson, Population Dynamics; for 1650-1900–A. M. Carr-Saunders, World Population; for 1950-2000–United Nations data; other estimates by SESA/BUCEN/ISPC.

AID/PHA/POP 72-19

Population by Areas, 1900 and 1972

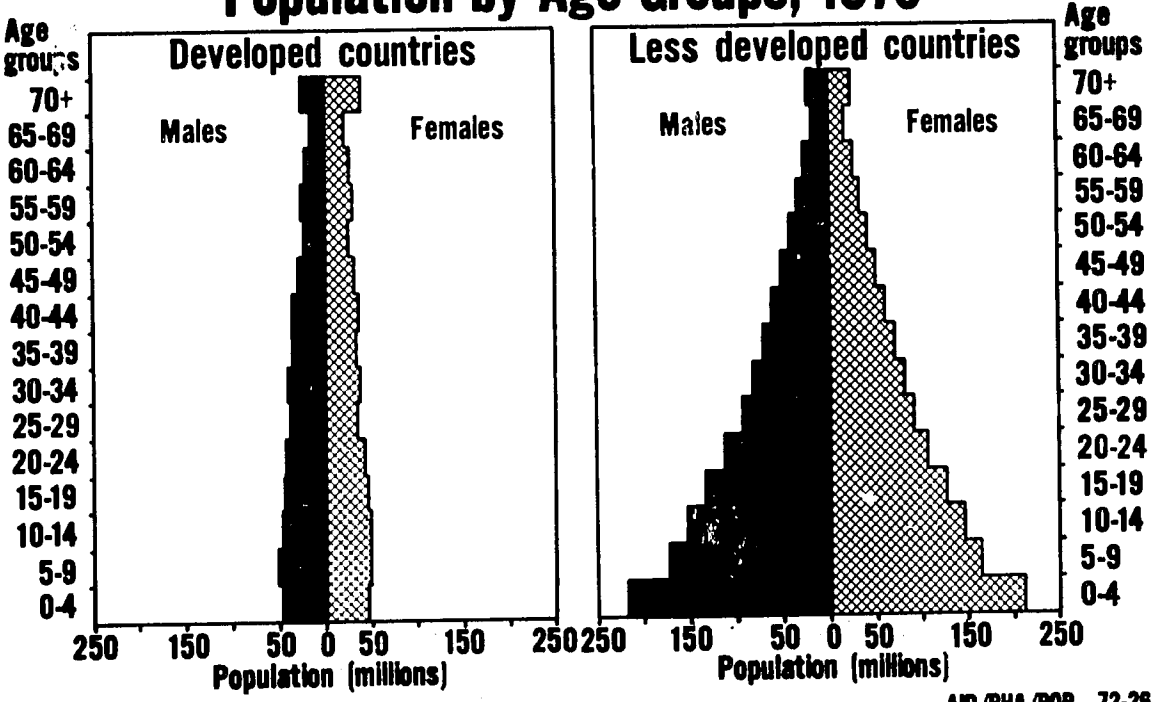


*Excluding Japan.

SOURCES: For 1900, by J. D. Durand. For 1972, SESA/BUCEN/ISPC, based on United Nations data. AID/PHA/POP 72-21

Two Groups of Countries Compared

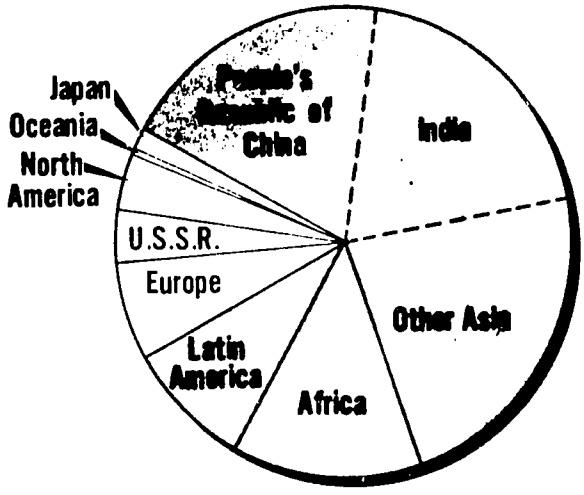
Population by Age Groups, 1970



SOURCE: United Nations

AID/PHA/POP 72-26

World Births, Percent by Region, 1972



Region		Percent of births
Asia*		61.5
China	19.2	
India	19.8	
Other Asia	22.5	
Africa		13.4
Latin America		9.0
Europe		6.7
U.S.S.R.		3.7
North America		3.8
Oceania		0.4
Japan		1.5
		100.0

Developed nations

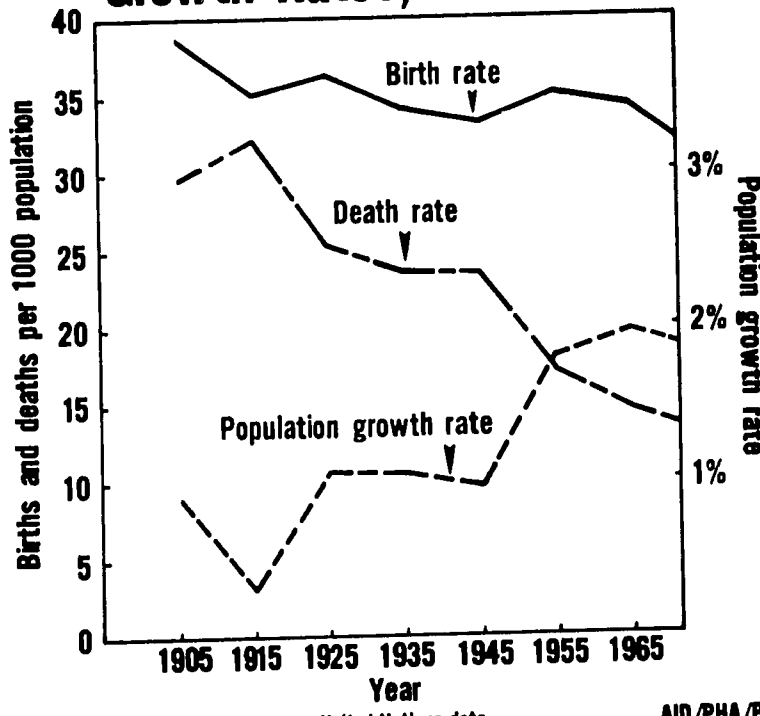
Less developed nations

*Except Japan

SOURCE: SESA/BUCEN/ISPC, based on United Nations data.

AID/PHA/POP 72-20

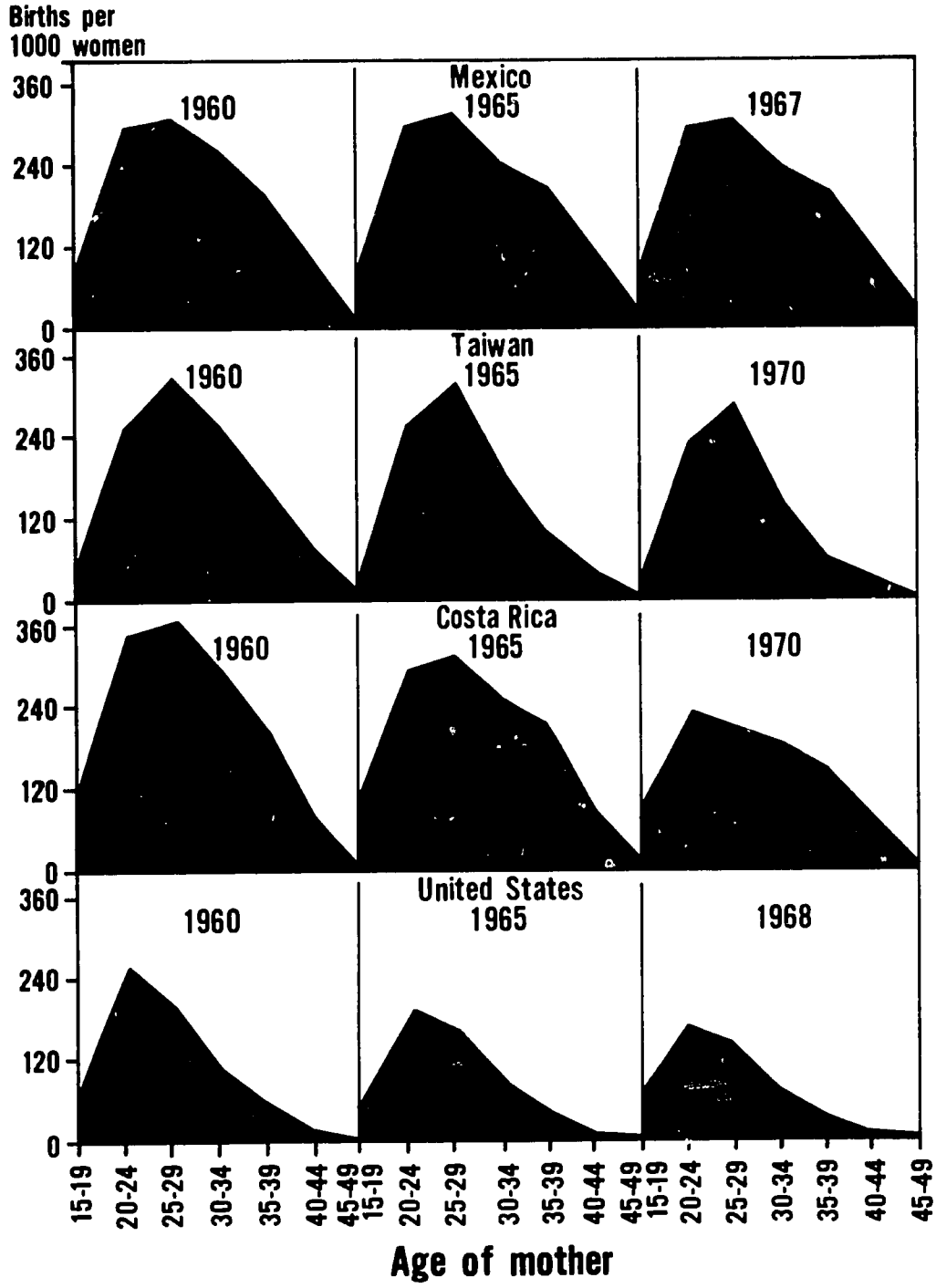
World Birth, Death, and Population Growth Rates, 1905-1971



SOURCE: SESA/BUCEN/ISPC, based in part on United Nations data.

AID/PHA/POP 72-27

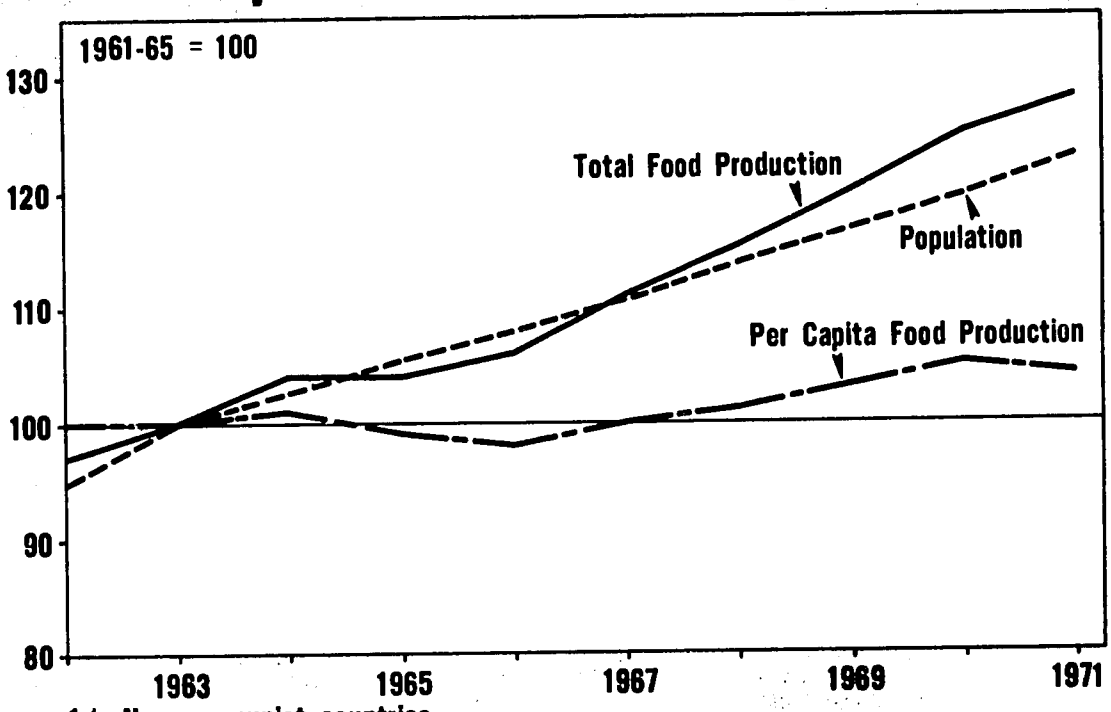
Age - Specific Fertility Rates -- Selected Countries



SOURCE: SESA/BUCEN/ISPC.

AID/PHA/POP 72-28

Food & Population -- Less Developed Countries[1/]

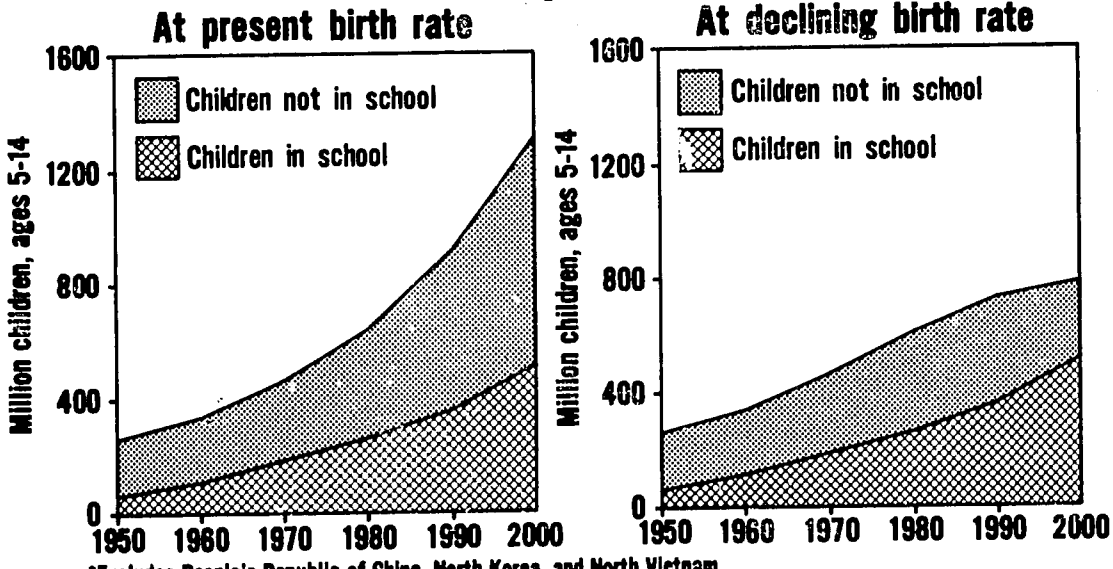


1/ Non-communist countries

SOURCE: AID/SER/FM/SR.

AID/PHA/POP 72-8

Population Pressure on Education in Less Developed Countries*



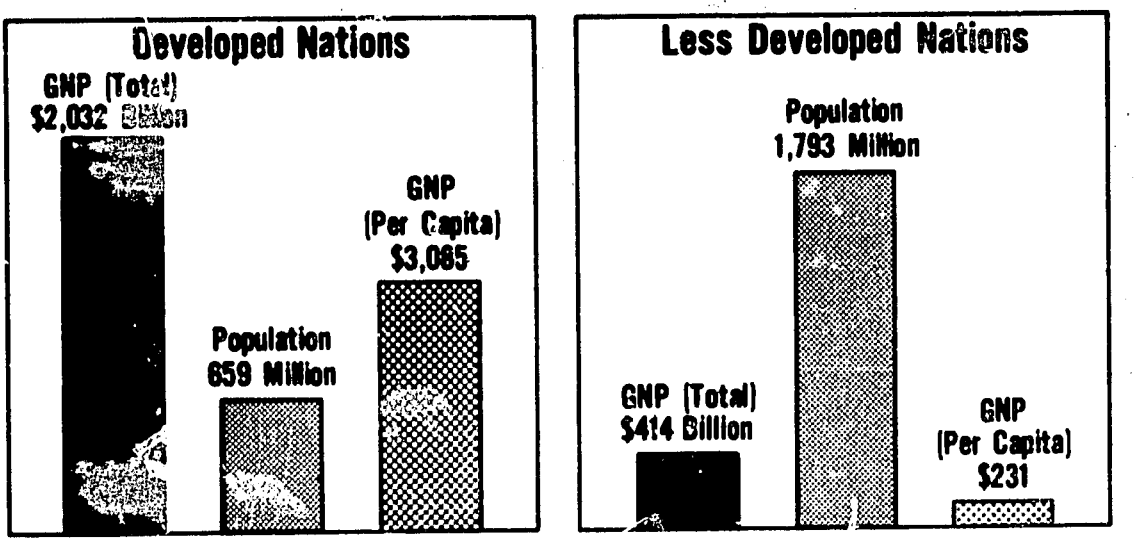
*Excludes People's Republic of China, North Korea, and North Vietnam.

SOURCE: SESA/BUCEN/ISPC. Enrollment estimates were projected at the 1965 rate with the U.N. constant fertility variant used as base population. Estimates of number of children aged 5-14 were from U.N. constant and low fertility variants.

AID/PHA/POP 72-25

Two Groups of Countries Compared

Economic Status Related to Population



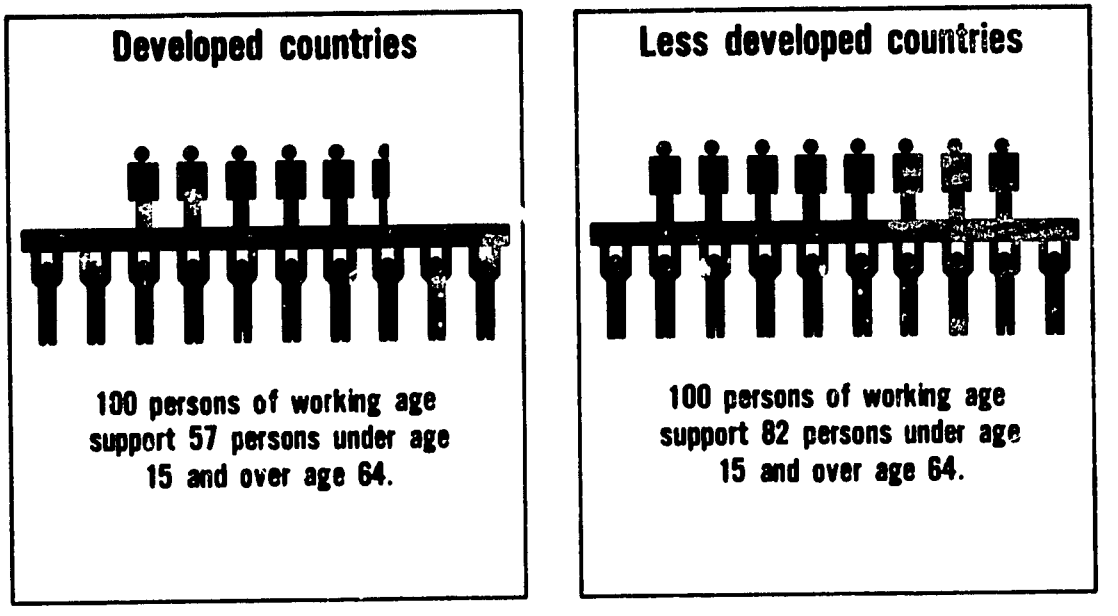
1970 Gross National Product for non-communist countries.
Calendar year 1970 in current market prices.

SOURCE: AID/SER/FM/SR.

AID/PHA/POP 72-1

Two Groups of Countries Compared

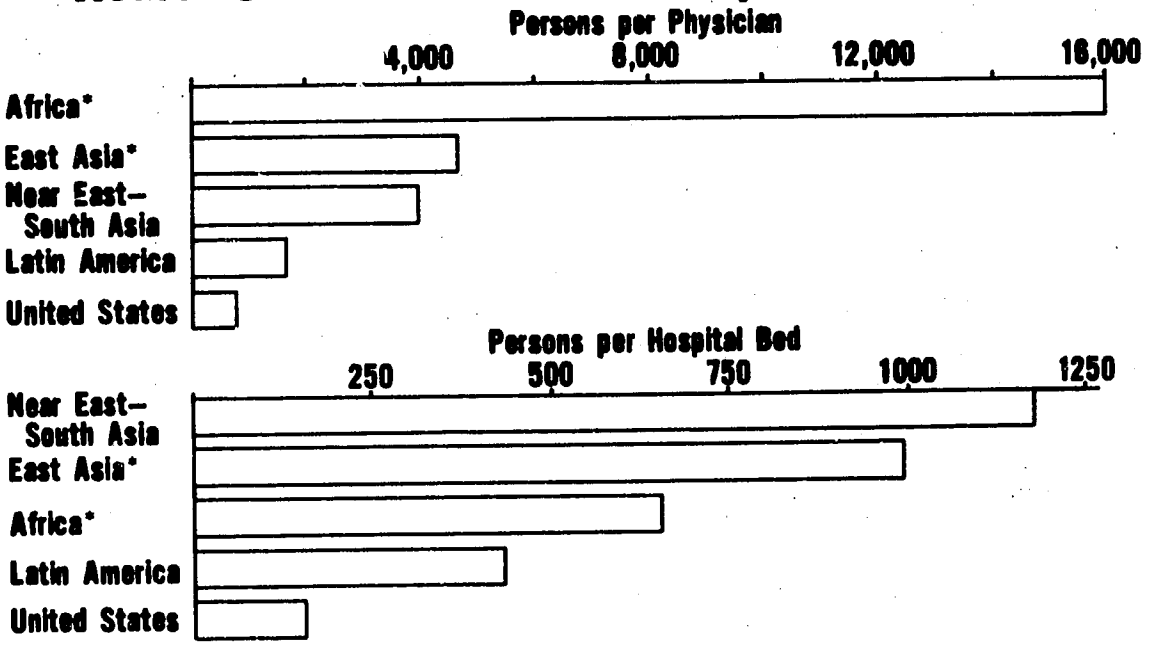
Dependents Supported by Adults, 1972



SOURCE: SESA/BUCEN/ISPC, based on United Nations data.

AID/PHA/POP 72-24

Health Services Related to Population, 1970

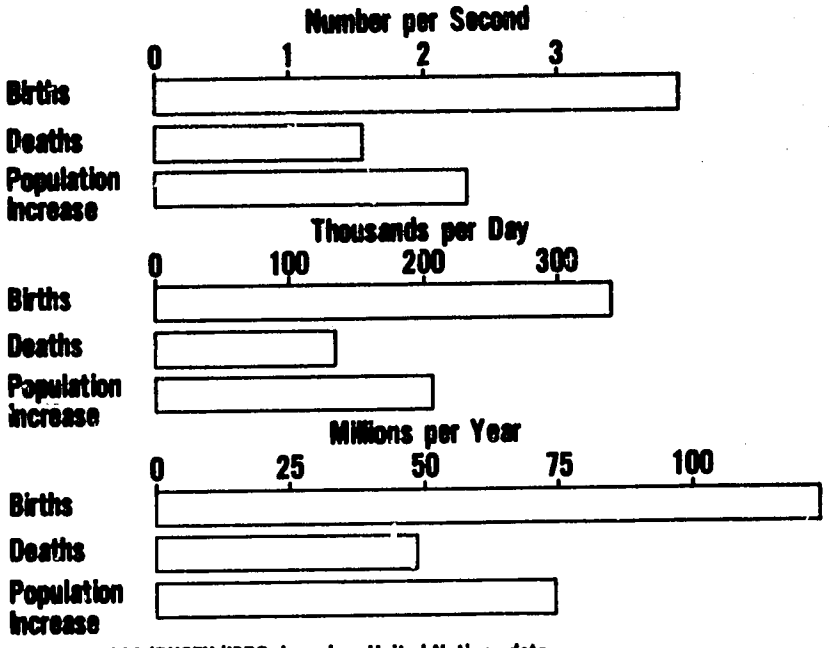


*Data for Africa exclude South Africa; for East Asia exclude Japan and People's Republic of China.

SOURCE: AID/SER/FM/SR.

AID/PHA/POP 72-13

World Vital Events -- 1971

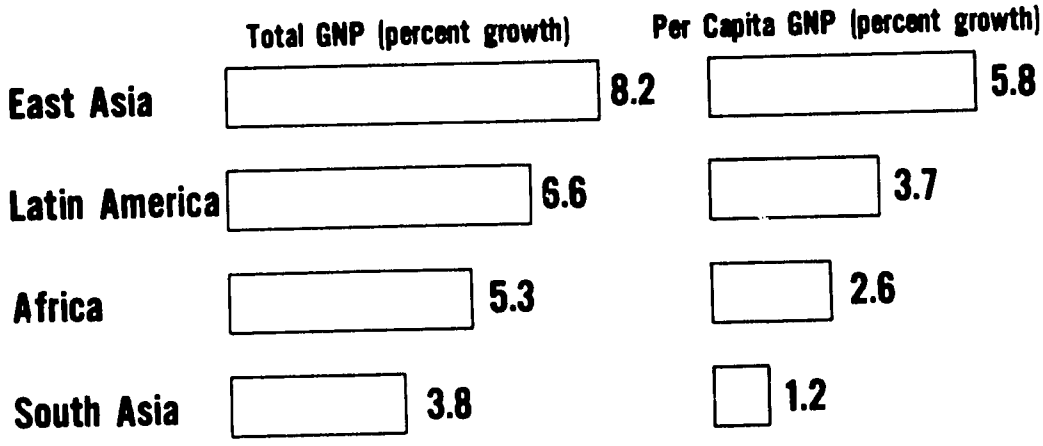


SOURCE: SESA/BUCEN/ISPC, based on United Nations data.

AID/PHA/POP 72-15

Asia

Economic Growth Rates[1/] -- Four Regions[2/]



1/ Average of percent changes in Gross National Product in 1970 and 1971.

2/ Non-Communist countries. East Asia includes Japan; Africa includes South Africa.

SOURCE: AID/SER/FM/SER.

AID/PHA/POP 72-2

Substantial growth of total GNP in East Asia reflects continuing industrialization, notably in Japan, South Korea, Republic of China, Hong Kong, and Singapore where per capita GNP has been helped by effective programs to hold population in check. Moderate gains in total GNP recorded by Latin America, Africa, and South Asia have been sharply diminished in per capita GNP terms by continued high rates of population increase. (Chart data does not include the Near East.)

Asia

Asia and the Near East are for the most part densely populated and have had rapid population growth.

However, many of the countries have now adopted a policy of trying to slow population growth and some have had considerable success with their family planning programs.

Highlights of activities within these countries and assistance given by multinational organizations, other governments, and private organizations are presented here by regions–for East Asia and for the Near East and South Asia.

East Asia

East Asian countries have made notable progress during the past few years in initiating and expanding family planning programs designed to reduce population growth rates. In January 1972, Laos adopted a national family planning policy and this brought to 10 the number of countries where family planning activities are reported.

The combined population of the East Asian countries is over a quarter billion. At current growth rates, this population would double in another third of a century.

Governments and the public are becoming increasingly aware of the many social and economic problems associated with rapid population growth. Official programs are operating in Indonesia, Laos, Malaysia, the Philippines, Republic of China (Taiwan), Singapore, South Korea, and Thailand. In Hong Kong, family planning programs are conducted largely by private organizations, notably the Hong Kong Family Planning Association. The Government provides about 35 percent of the Association's financial support. On the other hand, in Burma there is little official activity in the family planning field as the Government believes that the country is underpopulated.

Family planning programs in East Asia have encountered little religious opposition. Even in the Philippines, an official program to reduce the population growth rate got underway in late 1969, and the Catholic Church there is developing its own program to encourage responsible parenthood. Growing levels of literacy and urbanization have boosted these programs.

Primary obstacles to promoting family planning include communications difficulties in countries with several languages and large rural populations, sociocultural attitudes which promote large families, and discontinuance of contraceptive practices for various reasons.

Progress has been made in reducing population growth rates. In Taiwan, where a voluntary association has been active since 1954 and the Government has supported family planning since 1964, the birth rate of 45 per thousand in 1956 had dropped to 27 by 1971.

In the same period, the birth rate in Singapore was reduced from 48 to 22; in South Korea from 45 to 29; and in Hong Kong from 40 to 19. Malaysia, with a current birth rate of 38 per thousand and a population growth rate of 2.8 percent has a goal of reducing its growth rate to 2 percent by 1985.

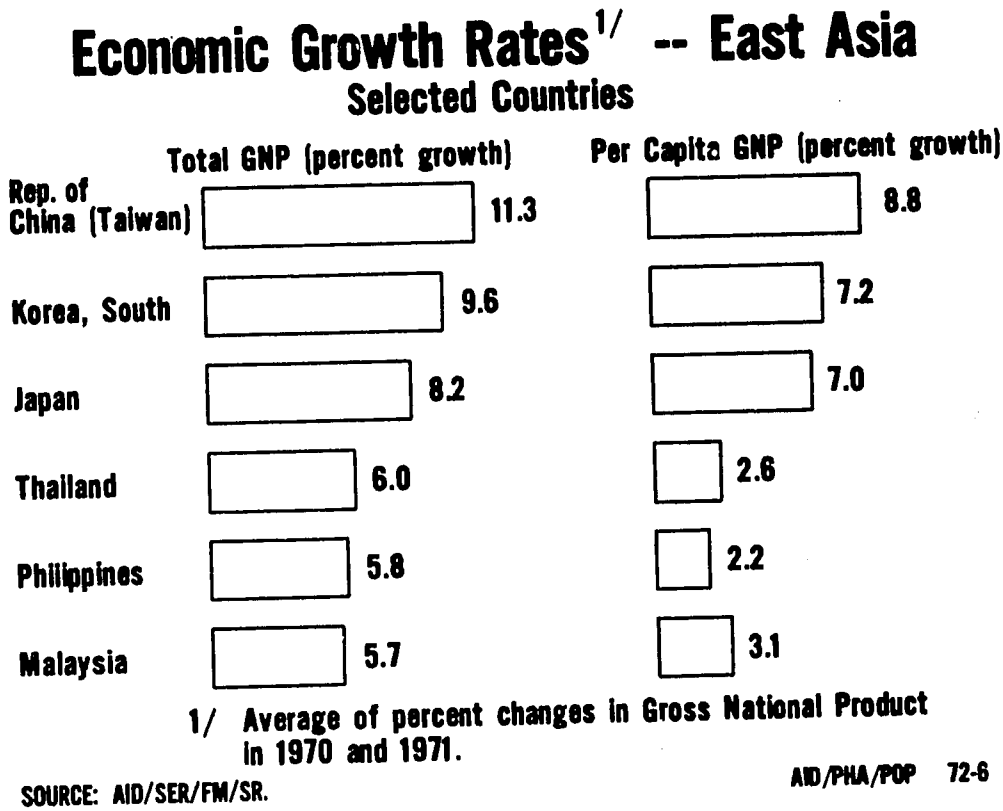
Some Asian countries are barely able to maintain their current standards of living, with little or no added income for economic and social development. Most of the governments recognize this problem and seek to improve the quality of life by planning population growth so as to support economic and social progress.

Moreover, a difficult challenge confronting family planning in East Asia is still to come. Births climbed substantially after World War II, with the result that an exceptionally large number of young people will be reaching marriageable age within the next half-dozen years. This applies particularly to Singapore, Hong Kong, and Republic of China.

For this reason, family planning efforts are being directed more and more to younger age groups. They have become a principal focus of the national program of Malaysia, which some observers believe could achieve more rapid decreases in fertility than any Asian country–provided that the current program impetus is maintained and the program is extended to rural areas.

AID assistance

AID grants in fiscal 1972 for bilateral assistance to family planning and population programs in East



East Asia is in a period of rising industrialization. Gains in per capita GNP have been relatively higher than in other major regions of the world, due in part to continuing programs to reduce population growth.

Asia amounted to $12.6 million, $1.9 million more than fiscal 1971, and $4 million more than fiscal 1970.

The largest single recipient was the Philippines which had announced an official population policy in December 1969. In fiscal 1972, aid to the Philippine population program was $6.3 million.

Indonesia was the second largest recipient with $2.7 million. Others receiving AID assistance included Thailand with $1.6 million and South Vietnam with $1.1 million.

Regional family planning projects for all Asia received assistance totaling $1.8 million. This included $800,000 to the Population Council and $750,000 to the Population Institute of the East-West Center, Honolulu. The Center offered studies in population dynamics for Asian students.

In the Philippines, AID supports the training of doctors and paramedical personnel and helps 14 institutions engaged in population and family planning activities, including research. In Thailand, AID funds support training and the extension of family planning activities to all provinces, as well as staff and commodities for the existing program.

AID assistance to South Korea helps support the new National Family Planning Research Training Center, finances research, and provides supplies and equipment. In Indonesia, AID funds are used for medical equipment, contraceptive supplies, vehicles, training, and educational programs.

AID terminated its bilateral assistance program to Taiwan in 1965 as the Taiwanese economic development program had become self-sustaining. However, this country's family planning program is benefiting from a trust fund that was originally established by Taiwan and the United States with local currencies obtained from Public Law 480 sales of agricultural commodities. Taiwan's Center for International Training and several research and auxiliary activities continue to be assisted through private organizations and research institutions in programs benefiting other countries.

On a regional basis, AID is continuing a grant program begun in 1967 with the Population Council to implement new projects in selected East Asian countries.

Total AID funding for assistance to population/family planning activities in the East Asia

region from fiscal 1965 through fiscal 1972 is summarized in the accompanying table.

AID Population Program Support, East Asia

Program	Fiscal year					
	1965-67	1968	1969	1970	1971	1972
	$1,000	*$1,000*	*$1,000*	*$1,000*	*$1,000*	*$1,000*
Country Projects	446	3,475	6,388	8,673	10,739	12,620
Regional Projects	350	1,325	1,608	623	1,942	1,841
Total	796	4,800	7,996	9,296	12,681	14,461

Other assistance

About a score of private and voluntary organizations in recent years have provided various kinds of assistance to family planning activities in East Asia.

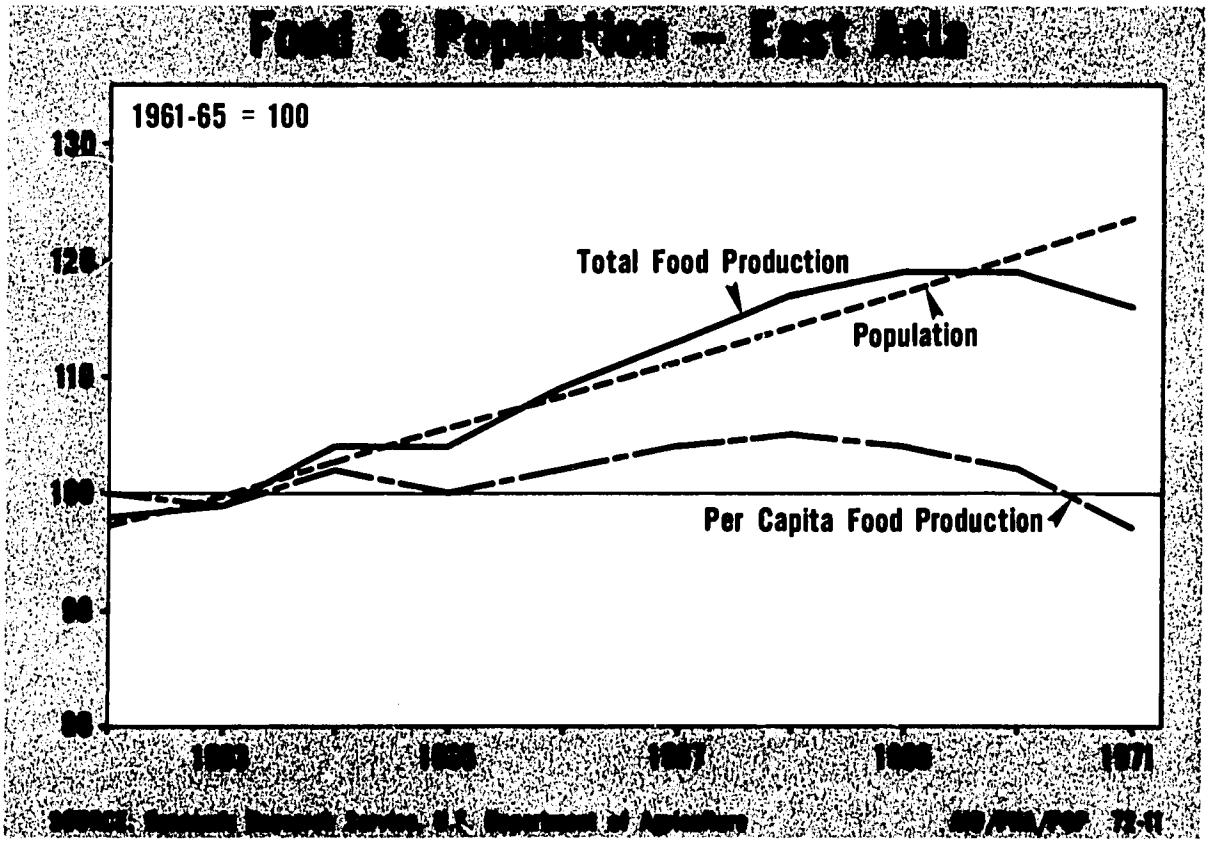
Foreign governments–including Denmark, Japan, the Netherlands, Norway, Sweden, and the United States–also have contributed to individual country programs, directly or through such organizations as the United Nations and its related agencies and the International Planned Parenthood Federation (IPPF).

United Nations has provided funds for family welfare clinics and other population assistance in the area.

The United Nations Fund for Population Activities is also active in the area. For example, it provided $3 million over a 3-year period for programs and research in Thailand. And it joined with the World Bank–with each contributing $13.2 million–in a 5-year project in Indonesia.

The World Bank in 1972 also sent population

The decline in total and per capita food production in East Asia in recent years traces to: (1) Japan's official policy of reducing its high-cost rice production; (2) a general disposition by Japan, South Korea, and Republic of China to import food and devote energies to industrial production; and (3) the continuing effects of war in Vietnam, the Khmer Republic, and Laos. Not shown in the chart, there was a continued downturn in total and per capita food production in 1972. The decline in per capita production would have been even sharper in absence of programs to slow population growth.



missions to India, Indonesia, and the Philippines.

Other international organizations involved in family planning and population programs in this area included World Health Organization, United Nations Children's Fund, and the Economic Commission on Asia and the Far East.

IPPF funds are used for the development and administration of family planning services, evaluation activities, and educational and informational services. Until 1969, IPPF had a regional training institute in Singapore where participants from East Asian countries received family planning training. Emphasis now is given to development of national training programs.

IPPF's regional offices are responsible for providing advisory services and for assisting in promoting the growth and effectiveness of local voluntary family planning associations. The office of the Western Pacific region provides training and medical support to family planning associations in the region. IPPF in Japan is working to encourage greater government involvement in family planning assistance.

Church World Service helps its affiliate hospitals in East Asian countries.

Family Planning International Assistance also works with church groups and provides supplies and medical equipment in a number of countries in this region.

The Pathfinder Fund gives aid to projects in public communications, motivation, population education, and rural and urban health services for provision of family planning services. Pathfinder has also provided consultant services, training, contraceptives, medical supplies, and field testing of new contraceptive methods.

The Population Council has assisted family planning and population activities in a number of East Asian countries: Hong Kong, Indonesia, Korea, the Philippines, South Vietnam, Taiwan, and Thailand.

It has also furnished advisors in Indonesia, Korea, Taiwan, and Thailand; and supported family planning programs, research and evaluation through grants and supply of contraceptives, population activities in universities and research institutions, and local training fellowships for study in the developed world.

World Assembly of Youth (WAY) has held seminars for youth in this area to inform them about family planning. Representatives from Indonesia, the Philippines, Singapore, and Thailand attended a regional seminar for Asia at Ubud, Bali, in the spring of 1972.

WAY's national program officers and youth council officials from this region attended the first International Youth Seminar on Environment in Vienna, Austria, in July 1971. Family planning programs were described and discussed there.

It sponsored national conferences in Indonesia, Malaysia, and Thailand, and local seminars in these countries as well as in the Philippines. Its regional office for Asia is at Kuala Lumpur.

World Education, Inc., is helping instill family planning ideas into functional literacy programs and into nonformal adult education in Indonesia, Malaysia, the Philippines, and Thailand.

The Ford Foundation through June 1972 had made grants totaling over $3 million to population programs in five East Asian countries. The Foundation's projects included providing a full-time consultant to the Indonesian Planned Parenthood Association, as well as funds toward purchase of an Association headquarters location, for short-term advisors, and for vehicles.

In Thailand, the Foundation maintains a resident population advisor and has supplied funds for short-term experts. In Malaysia it has provided assistance for the family planning program through a contract with the University of Michigan and also funds a resident population advisor. In Singapore, it has provided $582,000 to a center for economic and demographic research at the University of Singapore.

Foundation activities in the Philippines have included assistance to two universities. In 1969, the Foundation provided a grant of $175,000 to the Press Foundation of Asia in Manila to train journalists specializing in development reporting and to establish a regional development economics/population news service in Asia.

The Rockefeller Foundation in 1969 entered into a cooperative program of population studies with the University of North Carolina Population Center and the Center for Population and Social Research of Mahidol University, Bangkok, providing a grant of $100,000. This was in addition to its previous grant of $133,000 to those institutions.

CARE provided funds for family planning activities in Hong Kong in 1971 and equipment for clinics. It also assisted family planning programs in the Philippines and South Vietnam.

Lutheran World Relief has helped finance operation of a mobile clinic in South Korea, gives support to clinics in Taiwan, and also supports family planning activities in India.

The Mennonite Central Committee has given commodities and assistance to family planning projects in Indonesia and South Korea.

OXFAM has supported family planning work in Fiji, Hong Kong, Korea, the Philippines, Taiwan, and South Vietnam. In 1971, several major projects in Indonesia received OXFAM support for the first time.

OXFAM-Canada provided family planning assistance in Indonesia and the Philippines.

World Neighbors supports clinics, training, and family planning work in the Philippines and India.

Denmark held a course in family planning attended by civil servants and teachers from many countries in this region in the summer of 1972. It also contributed to family planning programs.

The Government of the Netherlands provided assistance for a national training center in Indonesia and grants for training.

Norway helped with a mobile clinic in Singapore and contributed funds for information and motivational films for Indonesia's programs.

The Japanese Government has held seminars for family planning workers from Southeast Asia. The Japanese Organization for International Cooperation in Family Planning helped the Singapore Conference of the Committee for Asian Manpower Studies; provided funds for supplies and equipment in Indonesia, the Philippines, and Taiwan; and helped with seminars on family planning for trainees.

The Swedish International Development Authority (SIDA) has supplied funds, contraceptives, and other commodities for Indonesia, Malaysia, and South Korea for a number of years.

Starting in 1971, SIDA has supplied contraceptives, clinical supplies, and equipment to South Vietnam.

The United Kingdom provides bilateral assistance in the region and supports research on family planning and population in Hong Kong and Singapore.

United States Peace Corps volunteers participate in family planning activities in some countries in this area.

Others providing assistance in East Asia include American Friends Service Committee, Asia Foundation, Universities of Michigan and North Carolina, Brush Foundation, Dooley Foundation, and Operation Brotherhood.

Near East and South Asia

In almost all countries of this broad area of the Near East and South Asia, birth rates exceed 40 per thousand--over double that of the more developed nations.

For a dozen or more countries in the Near East and South Asia, population policy by the governments is becoming a reality. These governments have recognized that their economic gains will have gone for naught if too many individuals must share the gross national product.

Planning commissions have slowly but surely begun to introduce the factor of overgrowth into their blueprints for the future. Officials charged with utilizing a nation's resources are giving more thought to impending demands of the rapidly increasing populations.

Demography has found a firm place in the disciplines called upon to solve the problems of economies that grow arithmetically while populations increase geometrically.

New legislation has been enacted to provide the framework for slowing the pace of population growth by voluntary means.

Varying stages of program planning and development in population/family planning continue to reflect widely disparate conditions in these countries which, together, comprise well over a fourth of the world's population.

Some countries, such as India with its mature governmental institutions and diversified private organizations devoted to population problems, are well into a phase of sophisticated approaches to the problem. Others, such as Afghanistan, are only laying the groundwork by measuring the size and range of their population targets.

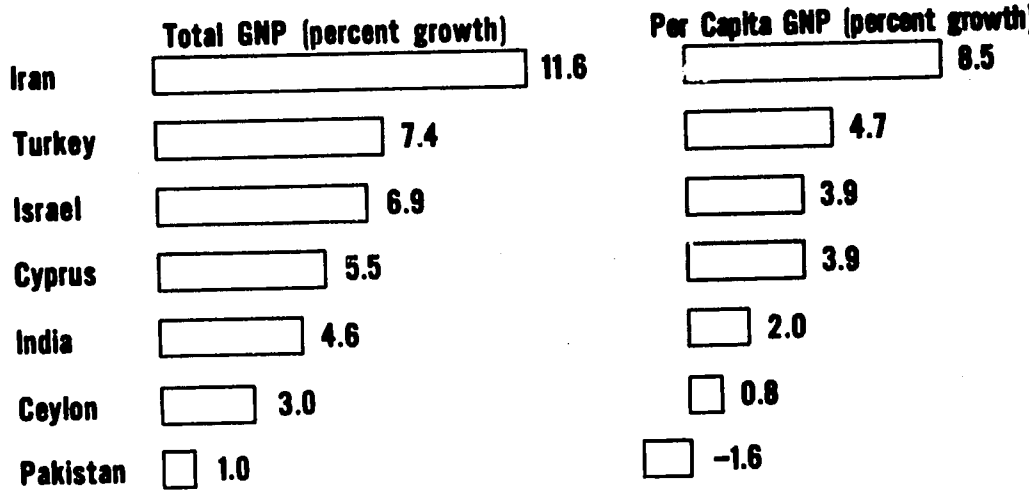
For the larger countries, the current priority is to establish and equip delivery systems for service to acceptors already well past the awareness stage. In others, where mass media are less well developed and only beginning to penetrate established mores and beliefs, the priority is to make family planning an acceptable concept among the people.

Combinations of government, private organizations, and international organizations such as the United Nations are all beginning to have considerable, if not always measurable, impact.

Yet in the past year, the region's progress has been slowed some because of both man-made and natural forces. The India-Pakistan war of December 1971 and the civil strife that separated East and West Pakistan all had their effects. The influx of nine million refugees from East Pakistan into India and then their return to the newly created Bangladesh is a case in point.

Nonetheless, the past year was characterized in several countries by innovation and occasional breakthroughs that signaled solid achievements. The

Economic Growth Rates[1/] -- Near East & S. Asia
Selected Countries



1/ Average of percent changes in Gross National Product in 1970 and 1971.

SOURCE: AID/SER/FM/SR.

AID/PHA/POP 72-5

following are examples of such achievements:

- India.–It has successfully continued its intensive-effort campaigns and camps offering vasectomies, most frequently with incentive payments in cash and kind for acceptor and motivator.

India has the oldest and largest family planning program in the region, one inaugurated in 1951 but not gaining much momentum until the late 1960's. India's economy is hard pressed to support its population which it estimated at 547 million in 1971. India hopes to reduce its growth rate to 1.5 percent in less than a decade.

- Pakistan.–A "continuous motivation" system is being tried with success in the Sialkot Pilot Project. It appears to be a model that could be widely duplicated. It provides for excellent recordkeeping and followup among eligible couples of reproductive age. Its net acceptor rate among fertile couples is believed larger than that of the nation as a whole.

- Afghanistan. Traditionally a predominantly Muslim country with only minimal enumeration of its population, Afghanistan now hopes to leapfrog decades of census development with a project expected to tally its rural population by using estimates scientifically obtained through electronic remote-sensing techniques.

The country's Ministry of Health plans to construct some 117 basic health clinics that will include family planning as one of their services.

- Iran.–This country continues to provide a motivational family planning message to rural people around Isfahan by innovative radio broadcasting.

- Bangladesh.–After the serious disturbances in the area now known as Bangladesh, early in 1972 there was established an intensive induced abortions program under medical supervision for scores of women who reported they had been violated by occupying troops.

International and private organizations and agencies have also moved in to help with family planning projects.

- Nepal.–This country makes unique use of helicopters and STOL (Short Take Off and Landing) aircraft to enable family planning program personnel in Kathmandu to keep in touch with district office operations otherwise virtually inaccessible because of mountains and the scarcity of roads.

Use of aircraft permits delivery of supplies and special servicing of activities such as vasectomy camps by an airborne team that usually includes a doctor and an assistant or two.

Nepal also uses mass media, primarily radio, to reach people, especially in the large number of remote rural areas, with information on family planning.

• Turkey.—A group of 20 members of Parliament in Turkey came to the United States with AID assistance for a family planning study tour, an unusual undertaking for legislators of any country. Turkey has a high growth rate and a high unemployment rate; thus, its government is turning increased attention to population problems.

In spite of progress such as that cited above, the region as a whole is still faced with understanding the need for population programs and expanding family planning programs, evaluating current population efforts, and undertaking new approaches to reduce birth rates. These approaches must be carefully planned and based upon improved statistical data with frequent and reliable feedback.

AID assistance

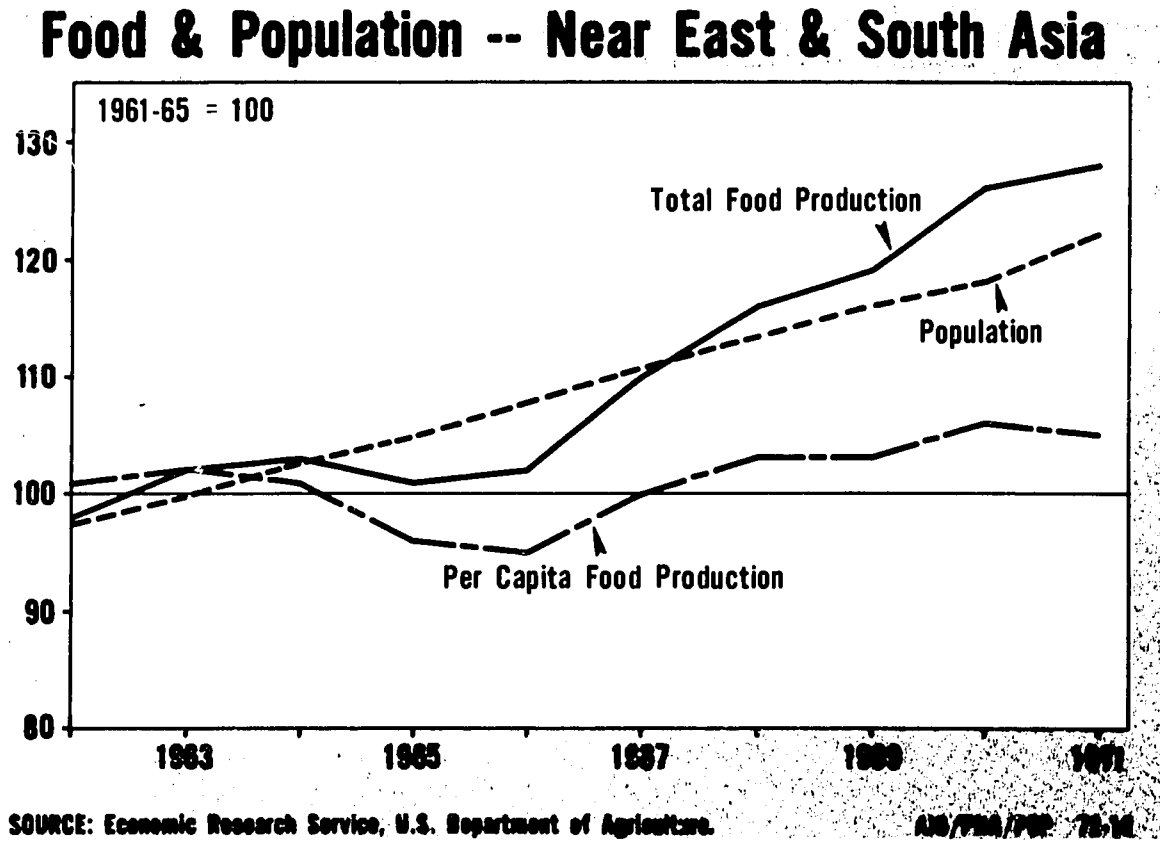
In most countries of this region, the United States continues to provide bilateral population/family planning assistance. Moreover, AID supports regional activities that supplement those programs and provide a channel of aid to countries with no bilateral framework.

Basically, AID supports research and development of fertility control technology; assists the developing countries in understanding the economic and developmental implications of uncontrolled growth rates; bolsters statistical research on population policies; helps sponsor research on family planning attitudes; and provides supplies.

AID has enlisted the skills and facilities not only of its own management and technical personnel but those of American and other institutions to train family planning staffs in developing countries.

With contracts and under other working

Total food production in this large region was helped during 1967-71 by generally favorable weather, increased plantings of high-yielding wheat and rice, notably in India and Pakistan, application of more fertilizer, and a broad improvement in technology. The sharp gain in total food output helped the region to improve per capita supplies. Not shown on the chart, however, there was a downturn in total and per capita food production in 1972 because of poor crops in South Asia.



arrangements, AID has initiated such projects as determining safety of oral contraceptives, promoting postpartum acceptance, training personnel in population dynamics, teaching census enumeration techniques, improving communication techniques, and providing on-the-spot assistance.

AID funding for population and family planning activities in the region since 1965 is summarized in the accompanying table:

AID Population Program Support, Near East and South Asia

Program	Fiscal year					
	1965-67	1968	1969	1970	1971	1972
	$1,000	*$1,000*	*$1,000*	*$1,000*	*$1,000*	*$1,000*
Country Projects	2,437	[1]9,061	3,349	22,908	5,181	1,379
Regional Projects	–	655	963	277	1,409	1,521
Total	2,437	[1]9,716	4,312	23,185	6,590	2,900

[1]Includes $2.7 million loan to India for program vehicle parts.

Other assistance

Population and family planning programs in countries of the Near East and South Asia have received extensive assistance from voluntary national and international organizations.

Over 30 such groups have made contributions to these programs. This assistance has ranged from limited commodity, advisory, or training assistance to grants running into millions of dollars.

United Nations (U.N.) assistance has come mainly through the United Nations Fund for Population Activities (UNFPA). It has provided supplies and advisory assistance to the Arab Republic of Egypt, Iran, Jordan, Lebanon, Pakistan, and Sri Lanka (Ceylon); and training fellowships to Afghanistan and Jordan. It has also given assistance to the Demographic Training and Research Centers at Bombay and Cairo.

UNFPA regional activities funded in 1972 included training courses, seminars, and conferences on various aspects of population and family planning; team visits; special studies; and consultant services.

It also gave support to the United Nations Economic Commission for Asia and the Far East.

United Nations Children's Fund has allotted medical equipment, drugs, and vehicles for programs in Afghanistan, Iran, India, Nepal, and Pakistan.

World Health Organization (WHO) has given consultative assistance in Afghanistan, India, and Pakistan; held seminars in Iran; and helped with teaching seminars in Turkey.

In addition, United Nations Educational, Scientific, and Cultural Organization and WHO sent a mission to Sri Lanka to help with family planning in 1972.

Other international organizations providing help in this region included the Central Treaty Organization and the International Labor Organization.

The International Planned Parenthood Federation (IPPF) is helping strengthen family planning work in most countries in this region through its direct assistance to local family planning associations.

Activities for IPPF's Indian Ocean Region are coordinated by an office in Colombo, Sri Lanka. During 1970, IPPF established an office in Beirut for the Middle East and North African countries. It also provided a grant to Beirut University in 1972 to expand its facilities so they can be used for regional training.

IPPF's grant assistance to family planning programs in 12 countries in this region was expected to total $2,675,000 in 1972.

Church World Service has donated commodities and promoted family planning at its related hospitals and clinics in the region.

Family Planning International Assistance has provided supplies, equipment, and printed materials; courses for church leaders; training of medical personnel and home visitors; and support for mobile clinic teaching projects in this area.

The Pathfinder Fund has provided technical assistance, financial support, commodities, equipment, and educational supplies to assist population and family planning projects in the region.

Included in Pathfinder's program has been field testing of commercial contraceptives, distribution techniques, outpatient female sterilization, family planning training for medical residents, multi-level population/family planning education, and other activities.

Pathfinder has worked through local organizations such as rural women's societies, rural development programs, social welfare organizations, and other activities.

The Population Council has given support for research and special projects, technical assistance, participant training, fellowships, and commodities.

The Council was instrumental in setting up

family planning programs in several countries in the region, and many hospitals here were members of the Council's postpartum family planning programs. Countries receiving Council aid included India, Iran, Israel, Pakistan, and Turkey.

World Assembly of Youth conducted a number of seminars–local, regional, and national–for young people in the countries of this region to inform them about family planning.

World Education, Inc., introduced family planning into the Turkish adult literacy program, as one example of its work in this region.

The Ford Foundation, through June 1972, had made grants totaling over $20 million for general support to population programs in the region–for research and training in reproductive biology, for dissemination of information, and for project specialists and consultants.

While India was the principal recipient, with $11 million provided, Ford Foundation assistance also went to the Arab Republic of Egypt, Israel, Pakistan, Sri Lanka, and Turkey.

The Rockefeller Foundation has provided grants to institutions in India and Turkey for research and training and other projects associated with family planning programs. The Foundation has also furnished these countries with materials and equipment. Together with the Ford Foundation it has helped fund research projects in Israel.

OXFAM has supported programs in India, Pakistan, and Sri Lanka with funds for technical assistance, educational materials, and administration.

OXFAM-Canada has contributed to programs in India and Pakistan.

World Neighbors has given assistance to a wide variety of family planning programs in India.

Other organizations providing assistance to this region have included CARE, Lutheran World Relief, Mennonite Central Committee, and Peace Corps.

Canada's International Development Research Center has developed a program of research grants for this and other regions over the past 2 years.

Denmark financed a pilot study on IUD use in India and has given grant and commodity assistance to programs in the Arab Republic of Egypt, Bangladesh, and India.

Japan has provided equipment to programs in Nepal and Pakistan. The Netherlands and Norway have also provided assistance in this region.

Swedish International Development Authority (SIDA) and the World Bank's International Development Authority each provided over $13 million for a comprehensive family planning project in India that will spread over 6 years.

SIDA has made bilateral agreements with the Governments of India, Iran, Pakistan, Sri Lanka, and Turkey through which these countries have been supplied with contraceptives and other commodities. Its support to Bangladesh was channeled through IPPF.

The United Kingdom has provided assistance to several countries in this region–substantial loan funds to India for supplies and programs, advisory help on a family planning film to Nepal, and supplies and assistance to Iran and Pakistan.

Other organizations and institutions providing family planning assistance in this region include the University of North Carolina and the Office of Economic Cooperation and Development.

World Health Organization sponsored this midwifery class held on the roof of a clinic in Lahore, Pakistan. This organization has also given consultative assistance in a number of other countries in this region of the world.

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Afghanistan

Demographic information

Population according to census of	[1]
Estimated population, January 1, 1972	*17,650,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*24*
Infant deaths per 1,000 births, 1971	*184*
Expectation of life at birth, 1971	*39*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*2.5*
Number of years to double population at the 1971 rate of natural increase	*25*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*8*
Percent of labor force in agriculture, 1965	*87*
Per capita gross national product, 1970	*$88*
Percent literate	*8*

[1] No census has been taken in Afghanistan.

Highlights of activities

Afghanistan's support for family planning services began in 1968 when the Afghan Family Guidance Association (AFGA) was created. The AFGA is a semi-official body with the board members elected by the General Assembly of the membership of the Association.

It opened its first clinic in November 1968. By the middle of 1972, 19 family planning clinics were operating—five in the capital city, Kabul, and 14 in the provinces.

A cautious but firm beginning has been made but AFGA remains a clinically-oriented operation. Acceptors stay at about 40,000. AFGA family guides make home visits as the major information and motivation effort.

The Cabinet decided in 1970 that the family guidance program should enjoy more open Government support. Training in family planning is now included in the curricula for all medical personnel.

The Government of Afghanistan has steadily increased its concern and plans for both demographic research and family planning.

In Afghanistan, the Afghan Family Guidance Association is encouraging spacing of child births to promote better health for mother and child. This Association is a semi-official body with the board members elected by the members. Its family guides primarily make home visits as their major motivation effort.

A request from the Government for assistance in doing a knowledge, attitudes, and practices survey has been expanded to assistance with a national sample survey in order to get a basic demographic description of the population. A further development will be the institutionalization of regular demographic research in the newly created Central Statistics Office.

The Ministry of Public Health has also included new family-health activities in the Fourth Five-Year Plan which covers the period 1972-76. Family health (maternal and child health, health education, and family planning) will be available in urban and rural clinics and Government hospital outpatient departments in the future.

The plan calls for creation of a family health unit under the Department of Preventive Medicine at the national level, provincial supervisory teams, and family health personnel in the 180 basic health centers and 100 subcenters to be established during the period of the plan.

A family health program has required vigorous

Male family guides work on motivation of the male population (above) and women family guides make home visits to promote family planning practices.

recruitment of rural Afghan women to be trained as auxiliary nurse-midwives. An auxiliary nurse-midwife school has been established in Kabul and three additional schools are proposed. Training for all personnel assigned to basic health clinics will be done at the Central Training Center. Both the doctor in charge and basic health workers have been assigned family planning responsibilities.

Family health is also included in a project in functional literacy jointly sponsored by the Ministry of Education and the United Nations Children's Fund.

AID assistance

The major AID assistance has been a contract with the State University of New York at Buffalo to undertake national sample demographic and knowledge, attitudes, and practices surveys, to provide technical assistance to AFGA in research and evaluation, and to make a number of family guidance studies such as a survey of the commercial marketing of contraceptives and field experiments in motivation/communication involving family planning acceptors.

AID has provided three professional staff members, consultants in family planning, contraceptive supplies, training materials, and transportation. Some 51 participants or persons on invitational travel orders have returned from or are presently undergoing training.

The population/family planning assistance may be summarized as:

1. Demographic research and research related to increased acceptance of family planning.
2. Training personnel for family planning services, including auxiliary nurse–midwives and individuals serving in basic health clinics.
3. Management consultation and training.
4. Distribution of contraceptives, including commercial distribution.
5. Creating population awareness.

AID has obligated over $2 million for population and family planning work through the end of fiscal 1972.

Other assistance

The United Nations Children's Fund contributes equipment and drugs for the family health units within the basic health clinics and will provide a vehicle for each clinic.

The United Nations Development Fund has offered up to seven scholarships each year for a period concurrent with the 4th Five-Year Plan; also these are to highlight the 1974 World Population Year.

The World Health Organization contributes advisory services in maternal and child health, basic health clinics, public health, and nursing education.

In fiscal 1972, the International Planned Parenthood Federation provided $125,000 to the AFGA which became a member of the Federation in 1971. These funds cover salaries of administrative personnel, allocations for information and education, short training courses for obstetricians and midwives, and clinical and audio-visual equipment.

The Population Council has underwritten a basic library on family planning for the AFGA.

World Education, Inc., provides assistance to help incorporate family planning concepts into functional literacy programs and into nonformal adult education in Afghanistan.

The United States Peace Corps, the corresponding German organization, and CARE-Medico provide volunteers in family planning work, maternal and child care, and applied nutrition. U.S. Peace Corps volunteer nurses have trained auxiliary nurses in specialized techniques and are still active in Afghanistan's family planning programs.

The president of the Afghan Family Guidance Association, Mrs. Masifa Ghazi Nawaz, inaugurates the opening of a new clinic. By mid-1972, this Association had 19 family planning clinics in operation in Afghanistan.

A social worker visits a peasant's home in the Arab Republic of Egypt to give advice on family planning.

Arab Republic of Egypt

Demographic information

Population according to census of May 30, 1966	*30,075,858*
Estimated population, January 1, 1972	*34,473,000*
Births per 1,000 population, 1971	*37*
Deaths per 1,000 population, 1971	*17*
Infant deaths per 1,000 births, 1970	*120*
Expectation of life at birth, 1971	*52*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.0*
Number of years to double population at the 1971 rate of natural increase	*35*
Median birth order, 1969	*3.4*
Median maternal age, 1969	*30*
Percent urban, 1971	*41*
Percent of labor force in agriculture, 1965	*55*
Per capita gross national product, 1970	*$200*
Percent literate	*26*

Highlights of activities

Historically, and particularly in this century, the area comprising the Arab Republic of Egypt has experienced one of the world's highest birth rates, a level of population growth that continues to negate its substantial developmental efforts.

To contend with this problem, a number of programs have been instituted, commencing in 1953 with establishment of the National Committee on Population Problems. This was re-formed into the Egyptian Committee for Population Studies in 1963.

Following the formation of the Supreme Council for Family Planning in 1965, the Committee was reconstituted as the Egyptian Family Planning Association (EFPA) to coordinate activities of all private family planning organizations in the country.

The EFPA now operates 418 clinics which had more than 1 million patient visits in 1971 and attracted 65,353 new acceptors. The Association holds regular training courses in cooperation with the International Planned Parenthood Federation (IPPF).

The overall family planning program offers pills, IUDs, and conventional methods assistance and is targeted to serve more than 5 million women in the reproductive age group.

The nation (formerly the United Arab Republic) has been in the forefront of Islamic countries in supporting family planning efforts. Under study at the present time is a proposal to establish a Demographic Institute at the Al Azhar University in Cairo, the world's oldest university.

AID assistance

There is currently no AID assistance being given to the Arab Republic of Egypt.

Other assistance

The United Nations Fund for Population Activities in April 1971 signed a supplementary agreement with the Arab Republic of Egypt to provide continuing support until 1974. This is in addition to $417,200 previously provided.

The initial contribution under the supplementary agreement was $1,250,000 to cover the first 12 months. The funds supplement existing family planning activities in such fields as public information, education, study of population trends, program evaluation, research, fellowships, and supply of commodities.

IPPF gives an annual grant to the Egyptian Family Planning Association.

A male social worker talks to Egyptian fathers about planned parenthood. The Egyptian Family Planning Association coordinates activities of all private family planning organizations in the country.

The Pathfinder Fund has been involved in Egypt since the early 1950's when Pathfinder representatives helped organize a voluntary society for family planning. Since a national program was developed, Pathfinder has provided equipment, contraceptives, and vehicles for clinics. It has also helped introduce IUD research and completed a study of three devices as part of its International IUD Program.

The Population Council has assisted the North African Regional Demographic Center in Cairo and the Egyptian Association for Population Studies since 1965. The Council has also supported various demographic and medical studies.

The Shatby Maternity Hospital and the Cairo University Hospital participated in the Council's International Postpartum Family Planning Program. In 1968, the Council helped carry out a study on use of mobile teams to provide IUD service in rural areas. It has also provided fellowship support as appropriate.

The Council has supplied IUDs and other materials and in 1971 made a grant to the Supreme Council for Family Planning for such purposes.

The Ford Foundation in the 1965-71 period provided a total of $1.5 million for projects associated with reproductive biology and family planning. The Foundation has provided participant training, advisory services, and equipment in support of the national family planning program.

The Canadian International Development Agency provided funds in 1971 for a clinical trial of the Copper T contraceptive device and for a study of induced abortion in rural areas.

Bangladesh

Demographic information

Population according to census of January 31, 1961	*50,840,235*
Estimated population, January 1, 1972	*75,293,000*
Births per 1,000 population, 1971	*43*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1968	*125*
Expectation of life at birth, 1971	*46*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1961	*5*
Percent of labor force in agriculture, 1965	*75*
Per capita gross national product, fiscal year ending June 1970	*$105*
Percent literate	*22*

Highlights of activities

The newly independent country of Bangladesh is approximately the size of the state of Louisiana in area. Within the boundaries of this relatively small country live some 75 million people, making Bangladesh the eighth most populous nation in the world.

At the time of independence in December 1971, Bangladesh had, as part of its legacy from its days as an integral part of Pakistan, a family planning organization with a large force of family planning workers. Although the program had come to a complete stop during the independence struggle, the Government quickly recognized and articulated the need for rehabilitating the family planning effort and reorganizing it within the framework of the new Bangladesh.

The Family Planning Association was reorganized after independence as the Family Welfare Association. It has broadened its sphere of activities and its functions are primarily directed toward family planning education and motivation and the maintenance of urban model clinics. The association plans to extend its work in rural areas.

The problems of Bangladesh are enormous, and the problem of rapid population growth is among the most pressing facing the new country. Population/family planning activities are being given high priority by the government which recognizes the urgent need to reduce the rate of population growth to ease pressures on the country's resources.

AID assistance

In November 1972, AID assigned a full-time population officer to Dacca to assist Bangladesh in developing new projects aimed at reducing the population growth rate. AID has reserved $3 million for fiscal 1973 for population programs in Bangladesh and has indicated its willingness to consider a like amount for the next fiscal year.

Other assistance

The International Planned Parenthood Federation (IPPF) was the first organization to pledge its support to the Bangladesh program of relief and rehabilitation aimed at the emancipation of women. IPPF gave $13,000 toward maternal and child health services, contraceptive supplies, and, where requested, termination of pregnancy. It set up abortion centers for the large number of women violated during the war.

An IPPF consultant is assisting the Family Welfare Association with a plan for a training, education, and communication program.

The Pathfinder Fund has provided funds for a seminar on family planning to afford Bangladesh the opportunity to learn what various donors may be able to provide in population/family planning assistance. In addition, Pathfinder in 1972 agreed to support a postpartum program and to supply contraceptives.

The Ford Foundation opened an office in Dacca shortly after the war and is currently surveying the Bangladesh population situation.

The Swedish International Development Authority has given $100,000 through the IPPF for use in the Bangladesh Women's Rehabilitation Program.

Burma

Demographic information

Population according to census of March 5, 1941	*16,823,798*
Estimated population, January 1, 1972	*28,549,000*
Births per 1,000 population, 1971	*40*
Deaths per 1,000 population, 1971	*17*
Infant deaths per 1,000 births, 1971	*139*
Expectation of life at birth, 1971	*49*
Percent of population under age 15, 1970	*40*
Rate of natural increase, 1971 (percent)	*2.3*
Number of years to double population at the 1971 rate of natural increase	*30*
Median birth order, 1963	[1]*2.9*
Median maternal age, 1963	[1]*28*
Percent urban, 1971	*19*
Percent of labor force in agriculture, 1965	*70*
Per capita gross national product, 1970	*$75*
Percent literate	*60*

[1] Based on incomplete registration of births.

Highlights of activities

The Government of Burma considers the country to be "relatively underpopulated." Burma has a population density of 110 per square mile, available land that can be brought under cultivation, and substantial mineral resources. Thus it considers its population problem to be one of equipping and mobilizing the people for economic growth rather than one of controlling the birthrate.

Although health officials consider family planning to be desirable for maternal and child health, government controls on importation of contraceptives and restrictions on sterilization inhibit any broadening of family planning services at this time. Pills and condoms that are available are expensive. Abortion is apparently fairly easy to obtain. A number of individual physicians give family planning advice.

In 1960, a family planning association was formed with assistance from The Pathfinder Fund. Sixteen Burmese physicians were trained in Singapore in IUD techniques. The association has since discontinued its activities because of the negative government attitude toward family planning.

AID assistance

AID does not provide direct assistance for family planning to Burma.

Other assistance

Family Planning International Assistance has provided contraceptive supplies to church-related family planning programs.

The Pathfinder Fund helped set up the Family Planning Association of Burma. However, when the new Government of Burma adopted a negative attitude toward family planning activities in 1963, Pathfinder discontinued its assistance.

China, Republic of (Taiwan)

Demographic information

Population according to census of December 16, 1966	[1]*13,512,143*
Estimated population, January 1, 1972	[1]*15,159,000*
Births per 1,000 population, 1971	*27*
Deaths per 1,000 population, 1971	*5*
Infant deaths per 1,000 births, 1969	*18*
Expectation of life at birth, 1971	*70*
Percent of population under age 15, 1970	*41*
Rate of natural increase, 1971 (percent)	*2.2*
Annual growth rate, 1971 (including migration)	*2.4*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order	*NA*
Median maternal age, 1968	*27*
Percent urban, 1971	*65*
Percent of labor force in agriculture, 1970	*34*
Per capita gross national product, 1970	*$373*
Percent literate	*85*

[1] Including military personnel.

Highlights of activities

The Republic of China's (Taiwan) family planning program contributed to lowering the 1963 rate of population increase from around 3 percent to 2.2 percent by 1971. The goal of the current program is a reduction of the growth rate to less than 2 percent per year by 1973.

An unofficial family planning program got

underway in 1964. The Government declared family planning a national policy and assumed responsibility for the program in May 1968. A year later, an official national population policy was promulgated. All Government agencies were asked to provide help to the program.

The Provincial Government has been funding about 50 percent of the local budget since 1969. Before promulgation of the official policy, the Government funded only 39 percent of the local budget. The other 50 percent of the budget is funded by foreign governments' aid and private and international organizations.

During 1969, the Institute of Family Planning was established under the Provincial Health Department to administer and evaluate the program. Incorporated into the Institute were the Taiwan Population Studies Center and the Committee on Family Planning; the latter has been set up to help form policy and promote education on family planning.

The Maternal and Child Health Association, set up by the Government in 1963, now functions under the title of the Planned Parenthood Association of China and shares responsibility for the family planning program. A smaller, voluntary association, the Family Planning Association, was formed in 1954. It provides advice on family planning, subfertility, adoption, and marriage and operates a few clinics.

Family planning services are provided by private and public institutions. About 450 family planning fieldworkers refer potential acceptors to some 700 private doctors (contracted by the Government), 380 health stations, and about 30 public hospitals. The highest year to date for loop, pill, and condom acceptors was 1971. The condom was officially introduced into the program in May 1970 in order to provide a wider choice of methods to new acceptors, and has proven popular.

By early 1971, 45 percent of the 1.8 million wives (age 20-44) were practicing contraception. Approximately four in ten of these were using methods provided by the program. Current users of program methods include approximately 372,000 IUD users, 60,000 regular pill users and 20,000 regular condom users. An estimated additional 360,000 couples are protected by methods obtained outside the program for a total of about 812,000 couples practicing family planning.

The Committee on Family Planning continues to provide staff assistance to the Chinese Center for International Training in Family Planning. The Center was established in 1968 to provide orientation and practical training to those from other countries, particularly Asian, who are working or have an interest in family planning. During 1971, 1,006 visitors spent a total of 4,150 man-days at the Center.

Other training programs, initiated earlier, provide classroom and field practice courses for doctors and healthworkers. Fieldworkers in the family planning program are brought back for a 2-day training session twice a year.

Mass communications media are used extensively to promote family planning, including: Radio spots, television, slides at movie theaters, posters in buses and trains, advertisements on matchboxes, and releases to newspapers. In addition, new mothers are sent letters inviting them to receive free IUD insertions. Since 1966, over 300,000 military recruits have been given orientation courses in family planning.

The Ministry of Finance in 1971 lowered the import duty on commercial contraceptives from 42 percent of the country's retail price to 20 percent of the wholesale price. Also in 1971, the Department of Social Welfare began giving three hours of family planning instruction to selected trainees in the day care nursing project, which has established a day care nursery in each of 1,000 villages.

It is estimated that if the birth rate had continued to decline only at the 1964 rate (before the Island-wide program began), then by 1970, 12 percent more children would have been born. This reflects about 245,000 births prevented in six years.

Further declines in the birth rate here will depend heavily on the adoption of family planning by young women, large numbers of whom will be reaching childbearing age in the next few years.

AID assistance

AID provides no direct assistance.

Other assistance

United Nations Children's Fund provided $200,000 for cars and motorcycles to strengthen family planning work in the Republic of China.

Church World Services provides family planning promotion and contraceptives through 11 church-supported hospitals in the country. It also works closely with the Provincial Ministry of Health in providing IUD insertions in mountain regions.

Family Planning International Assistance has provided funds to the Taiwan Christian Service to support a family planning training program for aboriginal church leaders, a family planning outreach program in urban slum areas, translating into Chinese

and printing and distributing a family planning teaching guide for nurses, and administrative costs of coordinating family planning program efforts.

The Pathfinder Fund assisted in formation and development of the Family Planning Association and has continued to provide contraceptives and other supplies. In addition, Pathfinder is providing large supplies of oral contraceptives to the training and research center which is operated here.

The Population Council has supported a broad range of population activities in this country. These include research and evaluation; a program to include population and family planning in medical education; an experimental effort to reach younger women; technical advisory services; and general support.

The Council supports fellowships for overseas study and has helped with activities at the University of Michigan Center for Population Studies in its research into fertility and family planning here.

Ford Foundation has provided $4 million to the Population Studies Center at the University of Michigan. The Center has been largely responsible for pioneering family planning programs in Taiwan and Korea. It prepares students for careers in family planning, studies relationships of population and health, and provides technical assistance in the United States and overseas.

Lutheran World Relief gives regular help to the Taiwan Christian Service for its family planning work in low-cost housing developments in Taipei. It has also helped in family planning work carried on primarily through five community development centers in various sections of the country.

It provided a mobile team—a public health nurse, a social worker, and a driver to counsel women, hold group meetings, distribute literature, and give introductory letters for loop insertions at nearby hospitals.

OXFAM, through the Taiwan Christian Service, subsidized family planning work in eight hospitals in 1971.

Taiwan is among the three Asian countries that received a total of $55,000 worth of equipment and materials for family planning from the Family Planning Federation of Japan, an affiliate of the International Planned Parenthood Federation.

Other groups that have provided assistance to family planning programs in this country are the Brush Foundation and the Asia Foundation.

Harvard University and Johns Hopkins University are engaged in research programs in the area of family planning in cooperation with Taiwan institutions.

Hong Kong

Demographic information

Population according to census of March 9, 1971	*3,950,802*
Estimated population, January 1, 1972	*[1]4,086,000*
Births per 1,000 population, 1971	*19*
Deaths per 1,000 population, 1971	*5*
Infant deaths per 1,000 births	*18*
Expectation of life at birth, 1971	*71*
Percent of population under age 15, 1970	*37*
Rate of natural increase, 1971 (percent)	*1.4*
Annual growth rate, 1971 (including migration)	*2.0*
Number of years to double population at the 1971 rate of natural increase	*50*
Median birth order, 1970	*2.6*
Median maternal age, 1970	*28*
Percent urban, 1971	*92*
Percent of labor force in agriculture, 1966	*5*
Per capita gross national product, 1970	*$885*
Percent literate	*71*

[1]Includes adjustment for underenumeration in 1971 census of 1.05 percent.

Highlights of activities

The birth rate per thousand for Hong Kong in 1971 was 19 – a decided drop from the 36 per thousand in 1960 and indication of the effectiveness of the active family planning program there.

However, a considerable increase in the number of women of marriageable age is about to take place and program leaders are striving to maintain and expand family planning activities.

Heavy immigration contributes to the population growth, with refugees making up about a fourth of the population. Resulting annual growth rate for 1971, including the immigration factor, was 2 percent.

The Hong Kong Family Planning Association, established in 1936 and reorganized in 1950, carries on the major family planning activities. It is affiliated with International Planned Parenthood Federation.

The Government does not have an official program or policy on family planning, but it subsidizes about 40 percent of the Association's expenses. It also helps operate the maternal and child health centers and hospitals.

The Government's Resettlement Department—responsible for the accommodation of over 1 million people—also provides clinics, and its Social Welfare Department helps with family planning activities.

In 1972, the 46 clinics held over 189 sessions weekly. Attendance had climbed from less than 3,000 in 1951 to nearly 348,000. In 1972, the medical, paramedical, and clerical staff of the clinics totaled 113. Coverage of clinics was being extended further, particularly into the rural areas. Clinics were also opening in new Government welfare centers and in new housing estates.

In addition to family planning clinics, the Family Planning Association conducts subfertility and married life information clinics. It employs welfare workers to promote family planning through consultations at maternal and child health centers. It also sponsors training courses for welfare workers and other personnel.

The Association, in collaboration with the Government's Medical Director, carried out three research projects in 1971. It conducted a joint knowledge-attitude-practice study in 1972 with the Chinese University.

The Association expanded its informational activities in 1972, with greater emphasis on radio and TV. It uses all possible media. A family life education officer and a subcommittee direct the family life education program. Contacts started with schools in 1970. The officer organizes lectures and film showings.

In 1970 and 1971, the Association conducted a poster campaign directed at men and industrial workers and made a short cartoon film. In 1972, it made a second motivational cartoon film.

The Association has issued a number of publications on family planning methods. It also has an office collection of books, pamphlets, and reports on population and family planning topics. It issues a newsletter and uses tape recorded programs in maternity wards.

A full-time educational and training officer began directing the training program in 1971. This program expanded in 1972 to serve the Family Planning Association staff, university students, private and government nurses, and health visitors.

A regional seminar on Family Life Education in Hong Kong in September 1971 also drew participants from Japan, Korea, and Okinawa.

Oral contraceptives have become the most popular method among those patronizing the clinics for the first time. Of 30,445 new patients in 1971, 77 percent preferred orals and 6 percent IUDs.

The low cost of orals is one reason for their wide use; others are that they do not require a medical prescription and are widely available through commercial outlets.

AID assistance

AID does not provide direct assistance to the family planning program.

Other assistance

International Planned Parenthood Federation (IPPF) provides both financial and commodity assistance on an annual basis to the Hong Kong Family Planning Association.

Church World Service has helped pay salaries of social and welfare workers.

The American Friends Service Committee has conducted motivation and family planning projects. It is now concentrating on specific problems of high discontinuation rates by users of IUDs. It has also helped finance an urban family life survey at Chinese University.

The Catholic Church operates its own clinics on use of the rhythm method.

The Pathfinder Fund supports a floating clinic. It brings family planning information and services to fishing communities and neighboring rural areas.

Doctors and women health visitors are among the tens of thousands of medical and paramedical workers in family planning in India. Here one is explaining a contraceptive device and registering expectant mothers and those wanting to get contraceptive information.

The Population Council has supported postpartum family planning programs in six hospitals and three maternal and child health centers. It also provides support for fellowships.

OXFAM helped equip and operate four new Family Planning Association clinics and pay salaries for staff in them.

OXFAM-Canada provided $5,000 to IPPF in 1967-68 to help with the operating costs of additional family planning clinics in Hong Kong.

The Population Studies Center at the University of Michigan is conducting an age specific birth rate study in Hong Kong.

CARE gave financial assistance to the Family Planning Association in 1971 and provided equipment to clinics.

Cambridge University Campaign for World Development and Unitarian Service Committee of Canada provide financial help.

India

Demographic information

Population according to census of April 1, 1971	*547,949,809*
Estimated population, January 1, 1972	*583,000,000*
Births per 1,000 population, 1971	*38*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1971	*128*
2 *Expectation of life at birth, 1971*	*51*
1 – *Percent of population under age 15, 1970*	*45*
Rate of natural increase, 1971 (percent)	*2.2*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order, 1964	*2.8*
Median maternal age, 1964	*26*
3 *Percent urban, 1971*	*20*
4 *Percent of labor force in agriculture, 1965*	*70*
Per capita gross national product; fiscal year beginning April 1970	*$93*
5 *Percent literate*	*29*

Highlights of activities

India, the world's most populous country next to the People's Republic of China, boasts the oldest family planning program.

The Government of India continues to follow the fourth 5-year plan which calls for further expansion of family planning. In expanding its program, India has placed high priority upon sterilization programs for both men and women. Such emphasis includes a number of mass vasectomy camps involving thousands of volunteers. In addition, India continues to emphasize delivery of family planning services, increased family planning training, and expanded maternal and child health care.

Since passage in the summer of 1971 by the India Parliament of a liberalized abortion law, the Indian Government has taken steps to make abortion services available in its medical facilities.

Involvement by the Government in family planning dates back 20 years to 1951 when a Family Planning Policy was adopted. It was 14 years before the Government program began to make significant headway. The turning point came in 1966 when the Indian Government greatly increased its own commitments and the United States and other foreign countries began to offer assistance for the family planning program.

India's budget allocations for family planning have increased considerably, from less than $2 million equivalent in fiscal 1964 to $80 million equivalent in fiscal 1972.

The family planning program is administratively designated as a department within the Ministry of Health and Family Planning. It has an authorized strength of 125,000 positions, with about 70,000 of these filled.

The aim of the program has been to reduce annual rate of population growth from an estimated 2.5 percent to 1.5 percent within the next decade. Success in achieving this goal hinges on reaching the over 100 million couples estimated to be in the reproductive age group, on establishing programs in the rural areas where 80 percent of the population lives, and on overcoming the traditional bias in favor of large families.

Of these 100 million couples, 14 percent have been reached by one or another of the contraceptive services offered to date. The goal is to reach 56 percent of the total group.

In India, the Central Government provides the bulk of the family planning funds; however, the programs are carried out by the individual States. So far, the program has established some 41,780 family planning centers and subcenters and has 863 mobile units. In addition, more than 9,000 medical and other institutions engage in family planning work.

These clinics provide a number of pregnancy prevention methods, mainly sterilization, IUDs, and

A billboard in New Delhi shows the basic family planning symbol for India. It promotes the concept of a family of four. India, the world's most populous country next to the People's Republic of China, boasts the oldest family planning program. It hopes to reduce the annual rate of population growth from 2.5 to 1.5 percent within the next decade.

condoms. India, which accounts for half the world's sterilizations, is the only country to rely on sterilization as one of its major contraceptive methods; 60 percent of the Government-supplied contraception to date has been through sterilization, and the number of people accepting this method in the past few years totals over 8 million.

Intensive promotional drives, financial incentives and gifts, providing mobile clinic services, and organizing vasectomy and tubectomy camps account for much of this method's success.

The IUD was introduced in 1965, and despite some decline in use remains a major method of contraception here. Over 3.6 million couples have used IUDs. There has been a steady increase in the use of condoms and in April 1969 a factory capable of producing 114 million condoms a year was opened. Condoms are distributed free through Government clinics and, since 1968, extensive use has been made of subsidized commercial distribution channels. Over 2 million couples use this method.

Oral contraceptives are available to those able to purchase them through commercial channels but have not been made generally available in the Government family planning program. Research is under way to develop an indigenous pill.

The impact of the Government program is hard to measure at this point. However, official estimates indicate that the program prevented about 2.7 million births in 1970-71. Drops in birth rates have been

reported in several areas. In Gandhigram, Tamil Nadu, for example, the rate is estimated to have fallen from 40 births per thousand to 36.3 between 1962 and 1966; in Calcutta, there was a drop from 26 to 22.

Policymakers feel that there is no substitute for public education, information, and efficient services, including followup. Because of the voluntary nature of the program, publicity and education are of prime importance. Mass media publicity includes regular newspaper and magazine articles and broadcasts by all the leading radio stations of family planning information and speeches by noted personalities.

Of the Government's mobile publicity units, 30 are devoted exclusively to family planning and the rest make it a major activity. Feature films, newsreels, regional films, and film shorts have been made and family planning fortnights have been organized at State and national levels.

Compensatory payments are made to patients for IUD insertions and sterilization, varying from 10 to 250 rupees. New legislation being considered in the family planning field includes raising the marriage age to 18 for girls and 21 for men. Some States have also passed legislation affecting family size. Madhya Pradesh and Maharashtra, for instance, limit free Government medical help to families with three children or less.

Predating entry of the Government into family planning were activities of private groups. These began in the 1920's and included opening of the first clinic and founding of the Family Planning Association of India in 1949.

The FPAI today has 35 branches and runs 175 of the 500 voluntary family planning clinics. Its main emphasis is on clinic services, education, training personnel, and research. Financing comes mainly from the Government.

AID assistance

AID made a $20 million grant to India in June 1970 to help finance local currency costs of an

Indian railways also carry the family planning symbol and message on locomotive tenders to help support family planning. Railway officials helped inaugurate the first display of such advertising on the "Frontier Mail."

A district extension educator for family planning discusses recordkeeping with an auxiliary nurse midwife in a health subcenter in the Punjab, India. The family planning program is administered within the Ministry of Health and Family Planning as a special department.

expanded family planning program. The Government gave high priority to training, research and evaluation, extension of family planning facilities to new areas, and improvement in the effectiveness of existing services.

The $20 million grant is in addition to other United States assistance, which through fiscal 1971 had included $5.8 million in grants for support of the Government's experimental program to test oral contraceptives; a direct mailing system for family planning materials; provision of 150 million condoms to initiate the subsidized commercial condom distribution program; advisory and commodity assistance in the training field; the "intensive district" program and biomedical research; work at the International Institute for Population Studies at Chembur, Bombay; a 1968 loan of $2.7 million; and an $8 million local currency grant to help finance the manufacture of 6,000 family planning vehicles.

While the United States continued to provide technical assistance in population programs in 1972, no new activities were initiated.

Other assistance

United Nations Fund for Population Activities provides funds in support of the Demographic Training and Research Center in Bombay. It also assists programs to strengthen teaching of human reproduction, family planning, and population dynamics, and to improve nurse and midwife training.

United Nations Children's Fund has provided supplies, equipment, and vehicles for primary health centers.

World Health Organization has provided fellowships for training dais (rural midwives).

The International Development Association of the World Bank Group and the Swedish International Development Authority (SIDA) are jointly providing $31.8 million to finance over a 6-year period a research-oriented family planning project in selected

areas of Mysore and Uttar Pradesh States. This is testing and evaluating the most effective design of family planning services that will be relevant to performance of the Indian program as a whole.

The project not only includes financing physical facilities and technical assistance, but involves development of two population centers to operate a management-information-evaluation system and research, and also has, for the first time, a nutrition component to be related to the family planning program.

The International Planned Parenthood Federation (IPPF) assists its affiliate, the Family Planning Association of India (FPAI), through grants for "Victor" projects in Bombay, New Delhi, Hyderabad, South Kanara, Indore, and Jabalpur. These projects offer family planning education and other services in low income and industrial areas. IPPF has also donated mobile units for educational services.

The FPAI today has 25 branches and operates 56 clinics. Two of its recent projects are the Population Education Project which aims to interest educational institutes and teachers in population education as well as to reach out-of-school youths, and the Rural Family Planning Project, a 5-year action research project begun in January 1972, to study ways to integrate family planning with the provision of other services in agriculture and health.

The Church World Service (CWS) Planned Parenthood Program promotes family planning in India through 435 Christian hospitals and clinics. Its program furnishes IUDs, encourages leadership training, develops motivational materials, and sponsors seminars and conferences. CWS budgeted $25,000 for family planning activities in India during fiscal 1971.

The Pathfinder Fund has provided technical assistance, financial support, commodities, equipment, and education supplies for introduction of family planning in tribal and rural areas in lower socio-economic districts and in the Howrah District of Calcutta.

In addition, Pathfinder has developed a population education curriculum for grades 1 through 11, an outpatient female sterilization program, and a program for rehabilitation of the IUD program.

Doctors and nurses arrive by jeep at a tubectomy camp in central India and begin setting up camp to perform tubectomies on hundreds of women. India places high priority on sterilization programs for both men and women.

The Population Council has helped establish a small factory for producing IUDs and has contributed equipment in the form of loops and inserters. It has provided both technical assistance and commodity support for the All-India Postpartum Program.

The Council has helped establish and operate a demographic research center at Benares Hindu University and demographic training and research at the University of Bombay and at Jadavpur University. It also supports biomedical research and provides fellowships for graduate study abroad.

The purpose of the many youth seminars sponsored throughout the world by the World Assembly of Youth (WAY) is to promote awareness of the population problem among young people. The December 1971 war in the subcontinent for a time caused suspension of WAY's plans for a number of local seminars in India. The program was resumed in April 1972 and a number of village level, block level, and state seminars took place thereafter.

In May 1972, a National Evaluation Seminar was held in Hyderabad. Several new youth clubs were formed. Circulars and publications have been distributed to university students and some 500 schools cooperate in the program.

World Education, Inc., provides assistance to incorporate family planning ideas into Indian functional literacy and nonformal adult education programs.

The Ford Foundation since 1959 has provided $11 million in assistance grants for family planning in India, principally for technical assistance and support of research training in population, social science, and reproductive biology.

The Foundation is assisting two other established organizations formed to strengthen non-governmental family planning efforts. A grant was made to the Population Council of India in 1970 and another to the Family Planning Foundation in 1971.

For a number of years, the Rockefeller Foundation has provided assistance to a Rural Health Service project near Delhi that includes demographic and family planning studies and services. The Foundation has made grants to Harvard University for population and family planning studies in India, as well as to Indian scholars for population research.

The Rockefeller Foundation also supports a center in Ballabhgarh where early efforts were made to integrate community medical care with training of health personnel.

CARE has provided Public Law 480-funded food to vasectomy camps in several Indian States. As an example, such food with an approximate value of $33,500 was contributed to the massive Vasectomy Camp at Ernakulam, State of Kerala, late in 1970. A CARE food package was one of the incentives for each patient. The program resulted in an average of 500 operations a day, and reached its target of 15,000 vasectomies. Based on this experimental trial, 63,000 men were vasectomized in a month-long Family Planning Festival in Ernakulam near Cochin in July 1971.

AID's Food for Peace Office provided United States-owned rupees to CARE to purchase incentive packages for the vasectomy acceptors. Each parcel contained a shopping bag, clothing, and rice. The Government of India provided all the staff, including 50 surgical cubicles operating simultaneously, needed equipment, and financial incentives for acceptors.

Lutheran World Relief provides funds for family planning projects in India. Its work is based at Bethesda Hospital in Ambur and focuses on parents reached by the hospital, principally through its maternity unit and outpatient department.

The Mennonite Central Committee carries on family planning activities in India in conjunction with its general medical and community development programs.

OXFAM has given considerable support to family planning programs in India since 1966, much of it channeled through the Protestant mission hospitals of the Christian Medical Association for help in expanding its work. These family planning projects are usually part of an integrated mother and child health, public health, and family planning program.

In 1971, OXFAM gave support to the Sane Guruoji Hospital, run by an Indian organization, to help it complete a 20-bed family planning ward.

OXFAM-Canada has allocated about 10 percent of its annual family planning budget for the Christian Medical Association of India.

World Neighbors (WN) works primarily in rural development, but it ranks family planning as one of the top priority activities. It provides audio-visual equipment for educational programs in most areas where it operates.

Its program with the Rural Life Center at Deenabandupuram in Tamil Nadu States includes a team of doctors, nurses, women motivators, paramedical workers, and laymen who carry on extensive educational work in the villages.

In cooperation with the National Council of Young Men's Christian Association of India, WN centers in southern Tamil Nadu and central Kerala

organize Hunger Crusade Clubs with the emphasis on food production and family planning and work closely with the government and local agencies in conducting mass family planning festivals and camps.

An essential part of WN's rural development program in Maharashtra State is an active family planning team of doctors, nurses, paramedical workers, and puppeteers.

WN supports the Center for Studies in Rural Development at Ahmednagar College. It has helped equip a small rural teaching hospital in Andra Pradesh State, assists a rural service center in Gujarat State, and in Kerala—through its association with the Kerala Gandhi Smarak Nidhi, and works through large district centers and with government and private agencies in their family welfare approach that includes maternal and child health.

In the spring of 1972, Denmark provided $715,000 to the IPPF for family planning in India and Bangladesh. Earlier, in 1970, it made a grant of $827,000—as yet unutilized—to help finance a new building for the National Institute of Family Planning in New Delhi along with disbursements to cover the 1971-74 period.

Also in 1970, Denmark committed nearly $267,000 to the United Nations Children's Fund to help train auxiliary nurse-midwives in Bihar.

Japan has provided credit for contraceptives and helped with training programs over the years.

The Norwegian Agency for International Development provided $1.1 million to the postpartum family planning program in India under its bilateral program during 1972.

The Swedish International Development Authority, in addition to its joint research project with IDA mentioned earlier, signed a $2 million agreement with the Indian Government in 1968 to provide supplies and equipment such as condoms, offset equipment, and printing paper. It has also given the Christian Medical Association of India yearly grants for its integrated family planning projects totalling $900,000. During 1972-76, SIDA will give this Association $1.4 million.

United Kingdom Overseas Development Administration has provided some support to family planning programs in this country since 1964, both bilaterally and multilaterally.

The United States Peace Corps started its family planning work in India in 1966 when 57 volunteers were assigned at the request of the Indian Government. Volunteer nurses of the Corps trained auxiliary nurses in India in specialized clinical techniques. The Peace Corps involvement ended in 1972.

Indonesia

Demographic information

Population according to census of September 1971	[1] *119,182,542*
Estimated population, January 1, 1972	*124,708,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*18*
Infant deaths per 1,000 births, 1971	*135*
Expectation of life at birth, 1971	*48*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order	*NA*
Median maternal age, 1964	*27*
Percent urban, 1971	*17*
Percent of labor force in agriculture, 1965	*66*
Per capita gross national product, 1970	*$105*
Percent literate	*43*

[1] Preliminary figure, not used as base for 1972 estimate.

Highlights of activities

Indonesia, the fifth most populous country in the world, has a population estimated in January 1972 at 124.7 million which is expanding at a rate of 2.7 percent annually. At this rate, its population would double in 26 years.

Although the nationwide population density is well under those of countries like Japan and South Korea, the Indonesian islands of Java and Bali have the world's highest concentrations of population engaged in agriculture.

During the Sukarno regime, pronatalist leanings by the Government limited family planning activities. Nevertheless, the Indonesian Planned Parenthood Association (IPPA) was formed in 1957 and became affiliated with the International Planned Parenthood Federation (IPPF). By 1963, the IPPA was operating 11 clinics and had six branches.

With the change of government in 1965, the family planning policy was reversed and the IPPA was able to expand its activities. By 1967, the IPPA had 16 branches and was operating some 100 clinics in Government health centers. By 1969 there were 225 clinics in Java, Madura, and Bali alone, and the association had 85 branches.

A family planning orientation course conducted by the Indonesian Islamic Organization was held in March 1972. At its present growth rate of 2.7 percent annually, this country's population would double in 26 years.

To slow down population growth the Indonesian Government (GOI) in 1968 established the National Family Planning Institute. It was replaced in early 1970 by the National Family Planning Coordinating Board (BKKBN) and provided broader authority by President Suharto himself.

With the appointment of effective leadership in June 1970, the BKKBN has moved with increasing vigor to implement the country's 5-year family planning program (1971-76). The plan calls for 6 million acceptors and operation of 3,000 family planning clinics by the fifth year of the program.

The Government estimates the 5-year effort will cost at least $52 million. It is concentrating its initial thrust on the densely populated areas of Java, Madura, and Bali and it will gradually extend services to outer islands.

In early 1972, the BKKBN was reorganized to deal more effectively with the recently agreed to International Development Association–the United Nations Fund for Population Activities 5-year population project. Currently, the BKKBN is moving into a new building which will provide it more spacious quarters.

As of mid-1972, approximately 1,850 family planning clinics were operating in the national program. The great majority of these were operated either by the Department of Health or the Armed Forces.

Since the GOI 1971-72 fiscal year, the BKKBN reporting and recording bureau has been tabulating and analyzing results of the national program through its recently implemented service statistic program. The reports to date have been encouraging, with acceptors averaging about 45,000 a month. Total new acceptors for fiscal 1971-72 exceeded 519,000. As a result, the Government revised its target for fiscal 1972-73 from 550,000 to 1 million.

In light of the Government's commitment to family planning, the IPPA's future role was redefined in 1970 as entailing responsibility for providing services in the outer islands and operating a national training center and six provincial training centers.

Indonesia has no legislation against birth control. The once high duty on imported contraceptives has been abolished. The Government's budgeted support for family planning increased from $75,000 in 1968 to $3.9 million in 1971 and $5.6 million in 1972.

AID assistance

AID has provided both financial and technical aid to Indonesia's family planning program. Technical aid is currently focusing on service statistics, program evaluation, innovative pilot studies, and research.

AID funds are used to buy commodities such as clinic equipment and contraceptives and to finance participant training, short-term advisory services, and a health-education-manpower development program.

From the beginning of the program in 1968 through fiscal 1970, AID bilateral assistance totaled $2.2 million. It was $1.8 million in fiscal 1971 and $2.7 million in fiscal 1972.

Other assistance

The United Nations Fund for Population Activities (UNFPA) and the International Development Association (IDA) of the World Bank Group are jointly financing a 5-year project to expand the Indonesian Government's family planning programs and to broaden the range of activities in this area.

Of a total of $33 million, IDA is providing a credit of $13.2 million, UNFPA the same amount in the form of a grant, and the Indonesian Government $6.6 million.

Significant areas of assistance planned are: Civil works, $10.9 million; vehicles, $2.6 million; technical assistance, $4.8 million; equipment, $1.2 million; and operating costs, $7.5 million.

Included in the grant are provisions also for training, research, evaluation, motivation, and population education.

UNFPA and the World Health Organization have jointly provided funds for a project to integrate family planning services into the national health program in Indonesia, to establish cytology laboratory services, and to strengthen medical school courses in human reproduction, family planning, and population dynamics. They have also jointly funded training courses.

UNFPA has joined with United Nations Children's Fund in a project that focuses on paramedical family planning training.

A joint United Nations-World Health Organization-World Bank advisory mission visited Indonesia in 1969. It recommended a 5-year family planning program which formed the basis for the current program.

The International Planned Parenthood Federation gives financial assistance to the Indonesian Planned Parenthood Association (IPPA) annually.

Support in the past years has included a grant used for a training center, a family planning

A family planning fieldworker gives information to Armed Forces families in Indonesia. The great majority of the country's 1,850 family planning clinics are operated by the Department of Health or the Armed Forces.

conference in Bandung, and a fieldworker's project. A community education project is also now underway.

Church World Service has budgeted about $30,000 for its Indonesian program, mainly to support family planning training and operational clinics for medical personnel in North Sumatra and Sulawesi, motivational materials, and a mobile family planning display used on Java. It has provided the services of a consultant to the Family Welfare Institute of Surabaja.

Family Planning International Assistance has provided funding to the Indonesia Council of Churches to support a traveling family planning exhibit in East Java; produce, distribute, and evaluate printed materials for patient recruitment; develop and produce family planning slide shows; conduct family planning courses for church leaders; and train and employ outreach workers who will be assigned to family planning programs in Christian hospitals. It has also sent contraceptive supplies and medical equipment to church-related programs.

The Pathfinder Fund has provided technical assistance, financial support, commodities, equipment, and literature for clinics and for population educational programs.

Pathfinder is working primarily through private Indonesian agencies and is supporting establishment and operation of family planning clinics; development and field testing of school curricula; and education and training for the out-of-school population. This latter program includes training and support of home visitors and puppeteers.

The Population Council supports postpartum family planning programs in 26 Indonesian hospitals, including three each in Jakarta and Bandung using AID funds. It also supports demographic activities at the Institute of Demography of Indonesia and has supplied a resident advisor to the Institute.

The Council supports training of Indonesia's family planning officials at the Chinese Center for International Training in Republic of China (Taiwan), supplies IUDs, and has provided fellowships.

World Assembly of Youth held a seminar in Bali in March 1972 to evaluate the progress of its program and prepare plans for continuing and extending activities.

It has held 39 local level seminars. A training seminar in communications techniques was held in Yogyakarta for participants from groups of villages in Central Java and Yogyakarta. The seminar involved young people who were organizing a rural youth and family planning information program in five villages.

World Education, Inc., provides assistance to incorporate family planning concepts into functional literacy programs and into nonformal adult education.

The Ford Foundation made grants in 1967 and 1969, totaling $350,000, to the Indonesian Planned Parenthood Association to support pilot programs in family planning. The Foundation provided one resident advisor until June 1972.

In 1969, it provided a $75,000 grant to the City of Jakarta to establish an integrated population information program. In 1970, it made a grant of $37,000 to the Indonesian Government for training demographers by the Demographic Institute at the University of Indonesia.

In 1972, Ford Foundation planned to provide advisory and commodity assistance to the National Institute of Public Health in Surabaja, East Java. Ford

As Indonesian family planning fieldworkers make their visits, a walk through rice fields is not uncommon. This country's five-year family planning program calls for 6 million acceptors by the end of the period, 1975.

Newly trained field workers at the model clinic run by the Indonesian Planned Parenthood Association at Wonotjolo, Surabaja, complete their weekly reports on home visits and design maps and plans for their next week's activities.

and the East-West Center in Hawaii are jointly helping with a fertility analysis of 1971 census data.

The Rockefeller Foundation in 1970 made a grant of $14,000 to the Faculty of Medicine, University of Indonesia, for equipment and teaching family planning. A second similar grant is planned.

In cooperation with the Subcommission on Responsible Parenthood of the Council of Churches in Indonesia, World Neighbors (WN) supports five field workers in Semarang, Kudus, and Parakan in Central Java. These workers provide both family planning motivation and maternal child health education. They all work out of hospitals in these communities.

WN supports the Commission's communications/information staff. It has also helped the Commission to produce three educational family planning slide sets beamed at the rural population. Field workers use these sets, done in cartoon form, in their group meetings and for home visits.

The Mennonite Central Committee since 1967 has supported the Taju Christian Hospital in Central Java.

OXFAM provided vehicles, costs of radio programs, and funds for a Jakarta clinic. It has provided funds through IPPA to subsidize family planning operations in eight hospitals and for a 2-year family planning program on the island of Lombock. It has also financed educational work and a maternal and child health clinic offering family planning in Sulawesi.

OXFAM-Canada also provided $10,000 to the family planning project on the island of Lombock.

The Danish Family Planning Association provided a grant that helped bring teachers and civil servants from Indonesia to Denmark in the summer of 1972 for a course on family planning training.

The Japanese Organization for International Cooperation in Family Planning has provided commodity assistance. In 1968, it provided contraceptives, vehicles, and equipment valued at $15,031; in 1969, at $9,236; and in 1970, at $40,278.

In October 1969, the Japanese Government sent a family planning mission to Indonesia and subsequently began receiving Indonesian trainees in Japan.

The Government of the Netherlands is helping with family planning activities in Indonesia. Its grants totaling $283,000 for 1970-72 were to help a training center finance medical doctors, paramedical personnel, and social workers. Other grants totaling $187,000 for the same period are helping finance a 4-year research project by two Indonesian universities and the National Family Planning Institute.

Norway has provided under its bilateral

program $100,000 for information and motivation films for Indonesia's family planning program.

The Swedish International Development Authority has provided supplies and equipment in Indonesia.

The United Kingdom has given bilateral assistance in population programs to Indonesia.

Iran

Demographic information

Population according to census of November 1-20, 1966	*25,785,210*
Estimated population, January 1, 1972	*31,187,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*15*
Infant deaths per 1,000 births, 1966	*139*
Expectation of life at birth, 1971	*52*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*3.0*
Number of years to double population at the 1971 rate of natural increase	*23*
Median birth order, 1969	*2.4*
Median maternal age, 1969	*27*
Percent urban, 1971	*42*
Percent of labor force in agriculture, 1966	*42*
Per capita gross national product, fiscal year beginning March 1970	*$355*
Percent literate	*23*

Highlights of activities

Iran's government-sponsored family planning program is now some six years old. Together with the parallel efforts of private agencies, it embraces more than 1,300 clinics in the country offering family planning services.

In mid-1970, the High Plan Council of the Iranian Government set the ambitious goal of reducing population growth to 1 percent per year by 1990. To reach more than 5 million couples in the reproductive age group, a massive educational campaign has been launched, mobilizing the efforts of health personnel, social workers, rural cooperative supervisors, members of women's associations, and others.

More than 480 fixed clinics and 330 mobile units serve rural areas. Of these more than a third are directly supervised by the Ministry of Health and about one-fourth are operated by the Health Corps. A score or so other governmental, nongovernmental, and private agencies offer family planning services in the context of other health services, among them the Labor and Defense Ministries, universities, private industrial concerns, and social service and women's organizations.

Oral contraceptives have played a large role in the Iranian family planning effort and represent the choice of about 80 percent of new acceptors.

Until recently the overall program was inadequately equipped with demographic and social research data as well as the means of evaluating its progress and shifting to alternative organizational, motivational, and program designs. An increasing body of material, generated both by Iranian and outside researchers, is becoming available.

Noteworthy among the Iranian approaches to problems of motivation, education, and delivery has been the use of young men and women involved in various voluntary and national service organizations such as the Literacy Corps, the Health Corps, the Rural Development Corps, the Women's Corps, and others. The latter, for example, numbers well over 1,000 individuals working directly in family planning efforts.

The Ministry of Education in cooperation with the Ministry of Health has provided textbook publishers with population and family planning information suitable for grades 6 through 12. Similar inputs have been developed for primary grades.

The Iranian family planning movement was pioneered by the voluntary Family Planning Association founded in 1958. In support of the government program, the Association concentrates on education and motivation activities although it also operates 15 clinics, mostly at community welfare centers.

In 1971, the Association clinics registered 48,754 patient visits which resulted in 13,503 new acceptors.

Educational activities of the Association aim at reaching rural people, youth groups, and factory workers, and at changing male attitudes toward family planning. The Association also carries out several research projects.

AID assistance

In view of Iran's accomplishments in economic development, bilateral AID assistance to the country ended in 1967.

Other assistance

The United Nations Fund for Population Activities (UNFPA) gives support to the Iranian family planning program, including currently the provision of a population program officer who also serves Turkey and Pakistan. One of UNFPA's demographers supervised the first basic studies for family planning efforts in the country.

The United Nations Children's Fund has given substantial aid in the form of vehicles and medical equipment, at the same time funding teachers' salaries and per diem costs for training classes at the Firouzgar Family Planning Training Center.

World Health Organization (WHO) in 1969 sponsored a seminar in Teheran on Advances in Basic, Clinical, and Public Health Aspects of Human Reproduction, attended by university chancellors, public health officials, social scientists, leading gynecologists, nurses, midwives, and family planning workers, including many from the provinces, and participants from Afghanistan, Iraq, and Kuwait. Iranian participants also have attended WHO training seminars abroad.

The International Planned Parenthood Federation (IPPF) provides financial support to the Family Planning Association of Iran, which became a member of IPPF in 1971.

The Pathfinder Fund has sent field workers and representatives to Iran and helped establish its Family Planning Association.

The Population Council sent an advisory mission to Iran in 1966 to help the Ministry of Health develop a family planning program. It has had a resident advisor in Teheran since 1967 and an information and education advisor in Isfahan since 1970.

The Council has provided consultant services to several universities, awarded fellowships and travel grants, provided funds for purchase of contraceptives, and helped the Institute for Social Studies and Research to prepare and publish a demographic dictionary in Persian and to complete a fertility survey.

The Farah Pahlevi Hospital, largest maternity hospital in Iran, has joined in the Council's international postpartum family planning program.

The Council has supported a major demonstration and research project involving use of mass communications by the Ministry of Health in the Province of Isfahan. Starting in the summer of 1972, the project began to be enlarged, and with Council support, the Ministry will implement a program of improved clinical services in two model counties near the city of Isfahan.

The Council provided calculating machines for the Ministry of Health in 1971 and since then has supported work in communications and population education as well as general advisory and financial assistance in training and program evaluation.

The Swedish International Development Authority has provided a grant for printing equipment and contraceptive supplies with a value of $85,000.

The United Kingdom has given bilateral assistance to Iran's population programs.

Others that have provided assistance to Iran's family planning programs are the Central Treaty Organization and the University of North Carolina.

Iraq

Demographic information

Population according to census of October 14, 1965	*8,047,415*
Estimated population, January 1, 1972	*9,868,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*15*
Infant deaths per 1,000 births, 1971	*99*
Expectation of life at birth, 1971	*53*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.4*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*48*
Percent of labor force in agriculture, 1965	*50*
Per capita gross national product, 1970	*$300*
Percent literate	*14*

Highlights of activities

The Government of Iraq has recently shown interest in family planning and is exploring ways of integrating family planning services into the basic health network.

In 1970, a Family Planning Section of the Iraqi Medical Association was set up by a group of doctors. Its activities were funded by the International Planned Parenthood Federation (IPPF) until July 1971 when the Section was formally changed to the Iraqi Family Planning Association.

The Association became an associate member

of the IPPF in October 1971. The Association runs a clinic at the Kharkh Maternity Hospital in Baghdad. IPPF provides financial assistance to the Association.

AID assistance

AID does not provide assistance to the Iraq Government's program.

Israel

Demographic information

Population according to census of May 22, 1961	*2,183,332*
Estimated population, January 1, 1972	*[1]3,116,000*
Births per 1,000 population, 1971	*27*
Deaths per 1,000 population, 1971	*7*
Infant deaths per 1,000 births, 1970	*24*
Expectation of life at birth, 1971	*73*
Percent of population under age 15, 1970	*33*
Rate of natural increase, 1971 (percent)	*2.0*
Annual growth rate, 1971 (including migration)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*35*
Median birth order, 1968	*2.6*
Median maternal age, 1969	*27*
Percent urban, 1971	*80*
Percent of labor force in agriculture, 1970	*9*
Per capita gross national product, 1970	*$1,487*
Percent literate	*84*

[1] Estimate includes adjustment for underenumeration in census of 0.5 percent; includes East Jerusalem.

Highlights of activities

While the Government of Israel has no official population policy it does assist in funding clinics that provide a variety of family planning services. Contraceptives, including IUDs, are available at three Government hospitals and a clinic.

Training in family planning, demography, and population geography are offered at the Hebrew University of Jerusalem and the International Training Center. Clinics, certain kibbutzen, and rural settlements hold lectures and demonstrations.

AID assistance

AID does not provide direct population program assistance to Israel.

Other assistance

The International Planned Parenthood Federation has previously provided assistance to the Israel Planned Parenthood Federation.

The Population Council has supported medical research, demographic studies, and fellowship training.

The Pathfinder Fund has conducted a number of studies on acceptance of IUDs, among them the Dalkon Shield.

The Ford Foundation has made a number of grants since 1962, among them a $3 million donation in 1963 to found the Institute of Biodynamics within the Weizmann Institute of Science. The Foundation through the Population Council made other grants to that Institute in 1962, 1966, and 1971.

In 1967, a five-year grant of $325,000 was extended by the Foundation for research and training in human reproduction at the Tel-Hashomer Government Hospital.

In 1971, a joint Ford and Rockefeller Foundation Award for Social Science and Legal Research was made to the Maurice Falk Institute for Economic Research.

Jordan

Demographic information

Population according to census of November 18, 1961	*1,706,226*
Estimated population, January 1, 1972	*[1]2,473,000*
Births per 1,000 population, 1971	*46*
Deaths per 1,000 population, 1971	*13*
Infant deaths per 1,000 births, 1971	*99*
Expectation of life at birth, 1971	*54*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*3.3*
Number of years to double population at the 1971 rate of natural increase	*21*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*47*
Percent of labor force in agriculture, 1965	*33*
Per capita gross national product, 1967	*$286*
Percent literate	*32*

[1] Includes the West Bank and Palestinian refugees numbering 747,434 in 1968.

Highlights of activities

The scheduled 1971 census of Jordan was not taken but it is estimated that the country's population increased from 1.1 million in 1950 to over 2.4 million by 1972. About one-third are refugees.

The Government of Jordan is well aware of the population problem and appears to be generally favorable toward family planning. However, because of certain political and religious opposition, as well as mores and traditions, there is no official policy on planned parenthood.

Nonetheless, the Ministry of Health is actively engaged in increasing the number of maternal and child health centers as well as primary health clinics which will offer maternal and child health services as an integral part of the government efforts to improve the health and well-being of its citizens.

A midwifery school is administered by the Ministry of Health and the number of maternal and child health clinics on the East Bank of the Jordan–only 18 before the June 1967 war–has now been increased to 33. Although these centers do not provide family planning services, women requesting contraceptive advice and materials are informally referred to voluntary agency clinics which do offer such services, as well as to private physicians.

The Family Planning and Protection Association–founded in 1963 to offer maternal and child health service and family welfare services and operated with International Planned Parenthood Federation assistance–was reduced to a single clinic in Amman after the 1967 hostilities. To assume its responsibilities, a voluntary group of physicians, nurses, and social workers are asking approval from the Jordanian Federation of Voluntary Organizations for a Family Planning Society which would not only seek to spread awareness among opinion-formers and policy-makers but to organize family planning centers providing advice and services.

The United Nations (U.N.) has been assisting the Government's Department of Statistics with a national fertility sample survey which already has collected data on some 4,800 households–urban (including refugee and displaced persons camps), semi-urban, and rural.

In collaboration with the U.N., the Department of Statistics scheduled a National Seminar on Population Policy in Relation to Development Strategy for early December 1972.

As the Government completes a 3-year development plan (1972-75), it appears that the sector dealing with Ministry of Social Affairs and Labor responsibilities may provide for a family guidance entity charged with explaining to the family the benefits of birth control and may call for establishment of family planning centers cooperating with voluntary organizations already in that field.

AID assistance

AID gives no direct assistance to the family planning program but has supported selected activities. Among these have been sponsorship of Jordanians at family planning seminars and conferences, providing equipment and training to the Department of Statistics, and distributing educational materials on family planning to officials.

Otl assistance

The United Nations provided assistance for the 1972 seminar described above. It also awarded a fellowship for statistical and demographic training in the United States.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Pathfinder Fund has supplied contraceptives, as have the Swedish International Development Authority and the World Council of Churches.

CARE has made donations and provided equipment for family planning activities.

In Korea (see next page) a family planning worker visits a home in the course of her work.

Korea, Republic of

Demographic information

Population according to census of October 1, 1970	[1] *31,469,132*
Estimated population, January 1, 1972	*32,746,000*
Births per 1,000 population, 1971	*29*
Deaths per 1,000 population, 1971	*10*
Infant deaths per 1,000 births, 1970	*60*
Expectation of life at birth, 1971	*60*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	[2] *1.9*
Number of years to double population at the 1971 rate of natural increase	*36*
Median birth order, 1964	*3.0*
Median maternal age, 1964	*29*
Percent urban, 1971	*39*
Percent of labor force in agriculture, 1970	*48*
Per capita gross national product, 1970	*$258*
Percent literate	*71*

[1] Unevaluated figure, not used as base for 1972 estimate.

[2] Preliminary analysis of Post Enumeration Survey and other data indicates an intercensal growth rate of about 2.1 percent.

Highlights of activities

The Republic of Korea (ROK) adopted a population policy in 1962, not long after the establishment of the Planned Parenthood Federation of Korea (PPFK) in late 1961.

In 1963, a Family Planning Sub-Section was established in the Maternal and Child Health Section of the Ministry of Health and Social Affairs (MHSA). In 1970, family planning was upgraded to a section within the Bureau of Public Health; and in 1972, this work was shifted to the newly formed Bureau of Maternal and Child Health.

The national program is directed by the nine-man staff of the Family Planning Section in the MHSA. The two special cities, Seoul and Pusan, and the nine provinces each have a Bureau of Public Health and Social Affairs.

The PPFK has regional offices in the two special cities and in each of the nine provinces to conduct their affairs on a national basis.

Of the 192 health centers, 52 are located in urban areas. In the 1,473 towns and townships, 1,342 sub-centers have been erected. In Seoul City, family planning services are directly available in the nine health centers and two sub-health centers.

In the remainder of the country, however,

Members of the Mothers Club in Korea, in their uniforms, help new clients as they come in for registration, examination, and operations at a new mobile clinic van in Imshil in the Cholla-Pukto Province.

services are primarily provided through the certified cooperating physicians. About 2,200 cooperating physicians are certified for IUD insertion and/or vasectomy and 17 are certified for tubal ligations.

The PPFK, with the financial support of the Government, operates 14 demonstration maternal and child health and family planning clinics; four in Seoul, one in Pusan, and one in each of the nine provinces.

In addition, family planning services are available in 24 public and private hospitals supported by a Population Council grant to the Government program.

Thirteen mobile vans were delivered by AID in May 1972 to the MHSA and a total of 17 mobile clinics now operate throughout the Republic.

Service statistics for 1971 show the pill gaining in popularity with the monthly average at 197,000 cycles. There were 294,000 new IUD insertions; however, the retention rate is still considered low. The monthly average distribution of condoms was 161,000; and there were 18,581 vasectomies for the year.

According to the MHSA, in 1971 more than 1.4 million women of the estimated 4 million fertile women were participating in family planning–980,000 through the Government program and 460,000 through private channels.

MHSA designated the PPKF to conduct information, education, and communications for the national population/family planning program. Primary activities of the PPFK are: To motivate the leadership of the country; develop information materials that include mass-media programs; and provide support to the "mothers' class." These classes have a leader, meet monthly, and act as spokesmen for family planning in their area. The number of classes has increased rapidly, up from 1,700 reported in 1971 to nearly 21,000 in 1972 with a membership of 288,000.

While the Ministry of Communications and Information has not been actively involved in the program to date, the Ministry of Education through the Central Education Research Institute (CERI) has conducted research to include population characteristics in elementary and secondary school curricula.

During 1970, a building to house the Institute was completed and a Presidential Order defining its functions was issued. The Institute is responsible for training, coordination of family planning research, and for evaluation of the family planning program; and it serves as a central clearing house for information on population programs. The building houses the Population Council office, in addition to its own staff.

A seminar on integrating the teaching of family planning into the curriculum of the 48 schools of nursing was sponsored by the Yonsei University Center for Population and Family Planning, with the support of the United Nations Fund for Population Activities.

Some courses in demography are given at the university level. No concerted effort has been made to include demography in the regular curriculum at the university level nor in the medical school curriculum.

The Korean Institute of Family Planning (KIFP) is responsible for the national program of training for family planning activities, including clinical training. In 1971, KIFP conducted courses at the national level (with attendees shown in parenthesis) for: Family planning administrators (77); family planning physicians (177); family planning field workers (627); and family planning supervisors (345). An evaluation seminar was held for provincial family planning administrators (422).

Training institutes at the provincial level, as well as country health centers, provide orientation courses for family planning field workers.

KIFP is also responsible for evaluation of the family planning program, receiving data from the government payment coupon system. The service statistics are processed and published quarterly.

KIFP has the responsibility to promote and to support research on the many and varied aspects of population/family planning. KIFP has been directly involved in the national fertility/abortion survey and a sample demographic survey.

Other organizations involved in population studies are: Korean Institute for Research in the Behavioral Science (KIRBS); Central Education Research Institute (CERI); Yonsei Center for Population and Family Planning; Seoul National University, Urban Population Studies Center, Department of Urology, and the School of Public Health; and the Department of Preventive Medicine and Public Health of Kyongpuk University.

AID assistance

AID obligated $4.8 million for the health and family planning project in Korea from fiscal 1969 through fiscal 1972. Some $3.2 million of this went for equipment and supplies and the remainder was for advisory services, contractual services, institution and research projects, and participant training.

AID has (1) helped the Koreans with their

family planning program since 1967; (2) provided jeeps, mobile health equipment, teaching aids, and grants for study inside Korea to teachers, students, and government personnel, and short-term technical consultants to help organize and operate the National Family Planning Institute; (3) financed research on attitudinal and behavorial aspects of family planning by the Korean Institute for Behavorial Sciences under a contract with East-West Center of the University of Hawaii, and (4) assisted the research efforts and the action family planning program of Yonsei University.

AID's continued assistance to the national program has placed increasing emphasis on major urban areas. In fiscal 1972, $436,000 was provided for support of population/family planning. This included United States technical and local staff; contract services for family planning administration; family planning training in the United States and countries other than the United States or Korea; and training in such fields as vital statistics. Commodities for the KIFP to complete the training center and film for the vital registration information program were also provided.

The study, "Psychological Perspectives: Family Planning in Korea," financed from local currency with technical assistance from the East-West Center Population Institute under an AID contract, was published in book form.

Other Trust Fund studies are in process in areas such as population education, family planning administration, and vital events registration.

Other assistance

The United Nations World Health Organization—through the United Nations Fund for Population Activities—provided $29,000 in 1971 for training teachers to include family planning in the nursing-midwife school curriculum.

The International Planned Parenthood Federation (IPPF) provides financial assistance to the Planned Parenthood Federation of Korea (PPFK)—$396,000 in 1971 and $450,000 in 1972—for conferences, information and informal education, training, administration, and clinical activities.

Family Planning International Assistance has provided funding for the National Council of Churches of Korea to support in-service training in family planning for physicians, nurses, and other staff of Christian hospitals; to support a pilot project for church women to make home visits for family planning patient motivation and recruitment; and to help defray family planning program administrative costs. It has also sent contraceptive supplies and

This condom factory in Anyang, Korea, manufactures and packages the product for distribution inside the country as well as for export to Japan and India. About 161,000 was the average monthly distribution of condoms in Korea in 1971.

medical equipment to church-related family planning programs.

The Pathfinder Fund has supported a family planning clinic and made grants for educational materials and contraceptives in Korea.

The Rockefeller Foundation provided $7,500 in 1971 to Ewha Women's University to teach family planning.

Ford Foundation has provided $4 million to the Population Studies Center at the University of Michigan. The Center has been largely responsible for pioneering family planning programs in Korea and Republic of China (Taiwan). It prepares students for careers in family planning, studies relationships of population and health, and provides technical assistance in the United States and overseas.

The Population Council provides both technical and financial assistance to the program: $440,000 in 1971 and $400,000 planned for 1972. Two of the three staff members primarily assist the population research programs of KIFP and universities. The Council supports university-based population research centers and makes grants for both population and family planning studies.

The Council has been involved in the Korean program since its beginning in 1962. In addition to the above assistance, it helps in training, information, and evaluation; supports studies in family planning and delivery systems; is helping in the development of a population research and training center; and supports field and clinical trials.

Major institutions to which the Council has provided help include the Ministry of Health and Social Affairs, Seoul National University, and Yonsei University Center for Population, and the Planned Parenthood Federation of Korea. It has provided fellowships for education in family planning.

Lutheran World Relief has helped finance a mobile clinic's operations and family planning seminars, including travel costs for those attending.

As part of its overall assistance to 200 Korean families, the Mennonite Central Committee promotes family planning.

OXFAM since 1965 has helped the Planned Parenthood Federation of Korea establish family planning clinics and has financed family planning teams and an integrated maternal and child health/public health family planning program run by the Korean Church World Service. It has provided funds also to the Christian Reformed Korean Mission for ten family planning clinics.

The Swedish International Development Authority (SIDA), through June 1972, has given about $2.1 million worth of supplies, mainly oral contraceptives, printing paper, and vehicles.

In addition, SIDA is providing 90 percent—$500,000—of the building costs for KIFP in Seoul and is contributing funds for its first 5 years of operation.

The Japanese Organization for International Cooperation in Family Planning has provided vehicles and equipment for use in the family planning programs in Korea. In 1971, it provided a boat to bring family planning services to islands off the Korean coast.

The Danish Family Planning Association helped finance a family planning training course for civil service workers and teachers from Korea and other countries. The course was held in Denmark in the summer of 1972.

Laos

Demographic information

Population according to census of	[1]
Estimated population, January 1, 1972	*3,082,000*
Births per 1,000 population, 1971	*42*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1971	*123*
Expectation of life at birth, 1971	*50*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.6*
Number of years to double population at the 1971 rate of natural increase	*27*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*16*
Percent of labor force in agriculture, 1965	*81*
Per capita gross national product, 1970	*$73*
Percent literate	*15*

[1] No census has been taken in Laos.

Highlights of activities

On January 5, 1972, the President of the Council of Ministers in Laos issued a decree to the Public Health Service directing the service to use its maternal and child health program to give parents the opportunity to freely choose the number of children they wish to have and the spacing of their births.

The President of the Council similarly charged other national services with implementation of those

recommendations of a study commission relating to their specialty.

To broaden the scope of the program and to realistically encourage development, formation of a permanent, Inter-ministerial Commission for the Promotion of Family Well-being was recommended and then authorized by the decree.

Participating Directors General decide on overall policy while officers they designate do the promotion and coordination. Thus the promotion office of the Ministry of the Plan, for example, remains alert to issues bearing on population policy.

Under the authority of the decree, the Ministry of Education has already included in the teacher-training program consideration of the same demographic transition options the study commission had earlier reviewed.

There is every indication that the mechanism established for promotion—both inter- and intra-ministerial— will lead to appropriate advances in population/family planning in these nine areas—health, education, information, social welfare, agriculture, plan, religious affairs, justice, and interior. The national program is just getting underway.

To increase the base of understanding, the First Lao Seminar on Population and Family Well-being was held August 28-30, 1972. It was planned and carried out by the Commission for the Promotion of Family Well-being.

In anticipation of the development of a population/family planning program, a start has been made by training personnel, constructing facilities, and adding equipment and supplies.

AID assistance

Through fiscal 1972, AID obligated $3.5 million for maternal and child care and assistance in family planning programs in Laos. These funds have provided in-country, United States, and third country training programs; United States, Lao, and third country technicians; commodities; and construction and renovation of facilities.

Other assistance

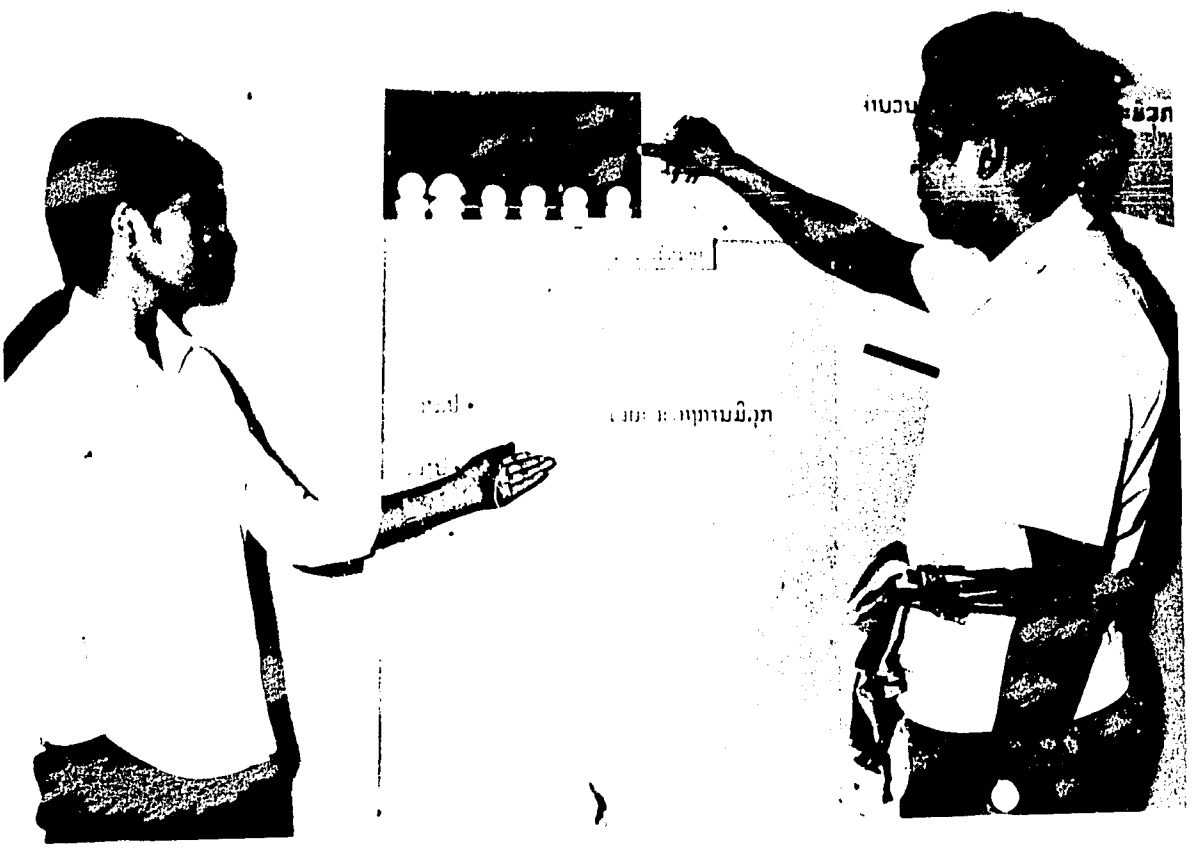
World Health Organization (WHO) and United Nations Children's Fund have provided advisory service, supplies, equipment, medication, stipends, and transportation for maternal and child health care services since 1968.

WHO is now helping with the integration of family planning into the nursing and midwifery curricula in the schools of Laos.

Sixty-five of the 202 rural midwives have

Some 65 of the 202 rural midwives in Laos, such as those shown leaving a home in the rural area, received short-term family planning in-service training under a program carried out by the Laos Family Welfare Association.

Midwife and new mother and child in one of the 7 district maternal and child health centers in Laos are shown above. At right, rural midwives leave a home in a rural area. Below, a sliding door and "babies" strung on rubber bands draw attention to literature on family planning.



received short-term in-service training on family planning under a program carried out by the Lao Family Welfare Association. This Association is a private organization sponsored by International Planned Parenthood Federation (IPPF).

Since 1969, IPPF has provided family planning service for those families in Laos who have requested it. IPPF reports over 2,672 IUDs and 1,626 oral contraceptive acceptors.

The Ford Foundation supported the first Lao Seminar on Population and Family Well-being held in August 1972.

The Dooley Foundation has started to provide family planning information and services as part of its maternal and child health program.

Through an AID contract, Operation Brotherhood public health teams now include family planning information and services in connection with their work in the villages.

Lebanon

Demographic information

Population according to census of	[1]
Estimated population, January 1, 1972	*2,918,000*
Births per 1,000 population, 1971	*NA*
Deaths per 1,000 population, 1971	*NA*
Infant deaths per 1,000 births, 1965	*59*
Expectation of life at birth, 1971	*67*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*3.1*
Number of years to double population at the 1971 rate of natural increase	*22*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*42*
Percent of labor force in agriculture, 1965	*55*
Per capita gross national product, 1970	*$529*
Percent literate	*86*

[1] No census has been taken in Lebanon.

Highlights of activities

The Government's attitude toward family planning in Lebanon is quite favorable in spite of unsympathetic legislation. Family planning supplies and advice can be obtained from the clinics of the Lebanon Family Planning Association (LFPA) in the three largest cities and from a clinic at the American University of Beirut Hospital.

Early in 1971, the Family Planning Association arranged the first national training course in family planning for about 30 women doctors, nurses, midwives, social workers, and health visitors.

AID assistance

AID does not provide direct assistance to the Lebanese Government's family planning program.

Other assistance

The LFPA has received from United Nations Fund for Population Assistance a grant for a family planning survey. Results of this survey will be used to guide the Association in forming a 3-year plan of activities.

The Association—founded in 1969 with financial and technical assistance from International Planned Parenthood Federation (IPPF)—now operates four clinics and concentrates on providing information, education, and training.

IPPF maintains its regional office for the Middle East and North Africa in Beirut.

IPPF has been providing an annual grant since 1970 to the American University of Beirut to help it expand family planning facilities for regional training. The American University is conducting research on family planning and reproductive biology.

Malaysia

Demographic information

Population according to census of August 24–25, 1970	[1] *10,434,034*
Estimated population, January 1, 1972	*11,253,000*
Births per 1,000 population, 1971	*38*
Deaths per 1,000 population, 1971	*10*
Infant deaths per 1,000 births, 1971	*75*
Expectation of life at birth, 1971	*59*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*2.8*
Number of years to double population at the 1971 rate of natural increase	*25*
Median birth order, 1967	[2] *3.5*
Median maternal age, 1967	[2] *27*
Percent urban, 1971	*45*
Percent of labor force in agriculture, 1965	*55*
Per capita gross national product, 1970	*$355*
Percent literate	[2] *43*

[1] Unevaluated figure, not used as base for 1972 estimate.

[2] West Malaysia only.

The Sarawak Family Planning Association in Malaysia held a training course for government midwives in March 1972. They are shown here in a classroom session on contraception and reproduction.

Highlights of activities

The Government of Malaysia in 1966 was among the first signers of the United Nations Declaration on Population. It has had an official population program since the same year when its Parliament passed the Family Planning Act.

The family planning program was incorporated into the First Malaysia Development Plan, 1966-70, which stated: "To prevent any increase in income from being nullified by rapid population growth, a large program of family planning will be implemented."

The program's goal is to reduce the population growth rate to 2 percent. It had been reduced to 2.8 percent in 1971, down from the 3 percent rate in 1966.

The country has no anti-contraceptive legislation. Abortion is illegal except on medical grounds.

Both the Government and private groups have active family planning programs with the Government taking more responsibility and more of an action role in recent years and private groups moving into more of a supportive and educational role.

The Government concentrates its efforts and resources on the 11 states of West Malaysia where 85 percent of the total population lives. It operates some 75 State clinics and 415 mobile centers in this area. In 1972, 186 estates and 100 private medical practitioners participated in the national program.

Family planning in the other two States–Sarawak and Sabah–is being carried out by voluntary associations who receive assistance from the International Planned Parenthood Federation (IPPF).

The Government's program is now administered by the National Family Planning Board (NFPB). Representatives from the Government, voluntary family planning groups, trade unions, chambers of commerce, and religious and medical associations serve on the Board.

NFPB started in 1966 and operates through 10 regional offices. It has main clinics, substations, and mobile clinics to help carry out family planning activities. In 1970, NFPB personnel reached nearly 184,000 people directly through talks and films and 119,000 through 58 exhibitions.

The first family planning associations in Malaysia began in 1953 in Selangor. Its Federation of Family Planning Associations–formed in 1958 by several independent groups and now an IPPF member–has a membership of 11 autonomous associations, one in each state.

The Federation operates over 300 clinics,

including some in health centers of estates and mines. The Government provides a grant to it annually.

In 1970, the Federation began an overall survey of its family planning services. Objective was to help it make the transition from a predominant to a supportive role to the Government—to plan services so no duplication of efforts existed between the Government and the family planning associations.

Thus the Federation moved into a new phase of activity—that of developing educational activities to back up the Government program.

The Federation does field work, training, and education, primarily in West Malaysia. Its library at Setapak, Selangor, has general population materials.

Its information section produces such materials as fact sheets for speakers, folders for participants at various courses and seminars, books, and other materials. It also issues publications and posters to state family planning associations and opinion forming and professional groups. The Federation employed a full-time education and publicity officer in July 1971.

The Federation has a Demonstration Training Center in Kuala Lumpur—set up by a special grant from IPPF and provides services through its 11 state family planning associations at 177 clinics and 122 rubber plantations.

The Demonstration Training Center trains doctors, state organizers, nurses, clinic supervisors and assistants, midwives, field workers, voluntary workers, and others.

In 1971, it trained 115 Federation and government family planning workers. In addition, 50 government family planning and health workers attended lectures and clinic observations.

Staff at the Center consists of visiting lecturers from the NFPB and from university and Government departments.

The Federation planned to open a second training center in Penang in 1972 to serve the northern region of the country.

Training is a vital part of family planning activities by others in the country also. To implement the integration of family planning into Government health services, the NFPB trained 230 Ministry of Health staff.

The training division of NFPB conducted a total of 45 training courses in 1970, 27 in Kuala Lumpur and 16 in other localities. These courses trained 898 family planning personnel—107 on the Board's staff, 542 from the Ministry of Health, and 149 traditional midwives.

The Board has scheduled 58 courses for 1971, with plans to train over 1,000 persons.

The Government conducts an active training program for family planning workers, both professional and others. The Government's Ministry of Information and its mobile units help the NFPB information officers by including family planning as a subject in various civic courses.

Rural Broadcast Service of Radio Malaysia includes family planning as a subject for talks, interviews, and publicity given through all radio services.

In 1970, representatives of the Federation of Family Planning Associations participated in meetings to plan conferences organized by NFPB and the Malaysian Government. These included the Second Malaysian National Seminar on the General Consequences of Population Growth: the Combined Conference on Evaluation of the Malaysian National Planning Program and the East Asian Population Program: and the South East Asia Ministerial Conference on Regional Cooperation in Population and Family Planning.

As another example of the Government's policy toward family planning, it initiated formation of the Intergovernmental Coordinating Committee of South East Asia Regional Cooperation in Family Planning and Population—established in 1971 with headquarters in Kuala Lumpur.

This committee provides services to Malaysia and eight other countries—field work, training, research, and mass communications/education in population studies and family planning. It translates materials and publishes a monthly newsletter.

In Sarawak, the Family Planning Association—established in 1962—operates family planning centers in nine main towns and 16 branch clinics. Total attendance during 1971 was 77,146.

The Association has 10 full-time and four part-time doctors and paramedics, as well as 45 voluntary assistants.

It produces leaflets, slide ads for cinemas, distributes films, and broadcasts over radio. In 1970-71, it held training courses for rural midwives and planned two additional ones for 1972.

Its field work consists of home visiting, education, and motivation in rural areas as well as supervising rural clinics. It also works through urban centers.

The Sarawak Government provides funds and facilities for clinics, but the Association raises three quarters of its financing from patient dues and sales of contraceptives. It also receives financial and commodity support from IPPF.

In Sabah, the Government does not support family planning as it feels that the state is

underpopulated. However, the Government is concerned about illegal abortions and allows its facilities to be used for family planning clinics.

The clinics—23, including rural sub-clinics—are all run by the Sabah Family Planning Association which was formed in 1967. Total attendance at the clinics was 31,680 for 1971, with 2,800 of these new patients.

Educational activities focus on maternal and child health centers and hospital maternity wards. The Association expected to train 20 nurses in family planning in 1972.

About 92 percent of new acceptors in 1970 chose oral contraceptives. Many methods of contraceptives are freely available and injectable methods have been tried out with success.

AID assistance

AID does not provide direct assistance in Malaysia.

Other assistance

The United Nations Fund for Population Activities (UNFPA) is supporting the family planning program in Malaysia with grants.

The International Labor Organization has given $9,000—through UNFPA—in support of the work.

The United Nations Children's Fund is providing equipment to the Ministry of Health for midwife clinics and health centers. It has also given a grant to the National Family Planning Board for training traditional midwives in family planning.

The Malaysian members of IPPF—the Federation of Family Planning Association (FFPA) in West Malaysia and the individual family planning associations in Sabah and Sarawak—get a wide range of commodities and considerable financial support from IPPF.

The new regional office of IPPF for East Asia and Oceania at Kuala Lumpur started operating in 1971. Its primary function is to provide training for staff in 6 of 11 affiliated state associations.

The Population Council is providing fellowships and IUDs for Malaysia. It also supported the second East Asian Population Conference held here in March 1970.

The World Assembly of Youth held a national seminar in Kuala Lumpur in February 1972. It also held five seminars at the local level. Purpose of these youth seminars was to promote awareness among youth of the population problem.

World Education, Inc., provides assistance to help incorporate family planning concepts into functional literacy programs and into nonformal adult education in Malaysia.

Ford Foundation has supported the work of the University of Michigan in giving short and long term advisory assistance to family planning programs in Malaysia. The Foundation also maintains a resident advisor here and has supported the family planning program in the country since 1964. It has also provided advisory services and fellowships.

The Swedish International Development Authority (SIDA) has assisted the Malaysian program since 1967, mainly by providing contraceptives and other supplies. These supplies have included vehicles and materials for educational projects. Through mid-1972, SIDA had given about $800,000 in family planning assistance to Malaysia.

Danish Family Planning Assistance helped cover expenses of civil servants and teachers from this area for a family planning course in Denmark in the summer of 1972.

Non-medical volunteers of the United States Peace Corps have participated in family planning activities as part of general village health programs in Malaysia, primarily in education and referral aspects.

A doctor is checking the child of a young mother in Malaysia. This country was among the first signers of the United Nations Declaration on Population.

A mobile team of the Family Planning Association of Nepal stops in a snow-covered pass on its way to Mawalpur to see that the clinic equipment is securely fastened to the jeep and to take a rest.

Nepal

Demographic information

Population according to census of June 22, 1971	*11,289,000*
Estimated population, January 1, 1972	*11,636,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*23*
Infant deaths per 1,000 births, 1971	*162*
Expectation of life at birth, 1971	*42*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.2*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*5*
Percent of labor force in agriculture, 1965	*92*
Per capita gross national product, 1970	*$80*
Percent literate	*9*

Highlights of activities

The Government of Nepal has had a family planning program since 1966. It is part of maternal and child health activities of the Directorate of Health Services.

The policy-making body since 1969, the Family Planning and Maternal and Child Health Development Board is semiautonomous and made up of representatives from various ministries.

Some progress has been made in the family planning program even though it operates under a number of handicaps. Among these are the lack of economic development, ruggedness of the terrain which has retarded road building, high rate of illiteracy (90 percent), and the scarcity of doctors, only one per 50,000 people nationwide and less than one per 200,000 in the hill areas.

In spite of these handicaps, the Government now has 30 family planning district offices functioning. Besides expanding the number of clinics, now up to 116, the program is focusing on better design of its clinic and field programs.

The program is experimenting also with a staffing pattern, one using local workers who can provide service at any time from their homes.

The total number of new acceptors since the program began are: Vasectomy–15,296; IUD–7,903; condom–51,031; and pill–36,031.

This covers only a small percent of the eligible fertile couples in the total population of about 11.3 million, latest count by preliminary results of the 1971 census.

Vasectomy mobile camps reach many areas where family planning services are not otherwise available.

The Family Planning Association of Nepal (FPA) began clinical activity in 1963 at the Kathmandu Maternity Hospital in cooperation with the Women's Voluntary Society, and is a member of the International Planned Parenthood Federation. The Association was reorganized in 1965 and was instrumental in bringing the Government into the family planning effort.

The FPA now has one rural and three urban clinics as well as a program of family planning camps with teams of doctors and nurses using mobile units to visit outlying districts. It carries out information and education activities through press, radio, exhibits, and film shows.

AID assistance

AID dollar grants in fiscal 1972 were about $316,000. Since 1970 the University of Michigan has assisted the Government in clinical and operational research activities under an AID contract.

Other assistance

United Nations Children's Fund has allotted drugs and supplies for maternal and child health clinics in Nepal.

World Health Organization advisors assigned to other programs in the Ministry of Health have periodically coordinated their services with specific needs of family planning and maternal and child health projects.

International Planned Parenthood Federation provides financial assistance and commodities to the Family Planning Association for expansion of its clinic and educational activities.

Church World Service allocates supplies to a number of the country's hospitals and gives a subsidy to them through the United Mission to Nepal.

Pathfinder Fund has provided contraceptives.

Population Council has provided fellowships for graduate study in demography.

The Japanese Organization for International Cooperation in Family Planning in 1968 supplied contraceptives and equipment.

This young woman is working in a family planning clinic near Kathmandu. Nepal has had a family planning program since 1966 and now has 30 family planning district offices functioning.

Pakistan

Demographic information

Population according to census of January 31, 1961	*39,442,439*
Estimated population, January 1, 1972	*60,297,000*
Births per 1,000 population, 1971	*43*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1961	*132*
Expectation of life at birth, 1971	*50*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order, 1969	*3.9*
Median maternal age, 1969	*32*
Percent urban, 1961	*23*
Percent of labor force in agriculture, 1965	*59*
Per capita gross national product, fiscal year beginning July 1970	*$150*
Percent literate	*16*

Highlights of activities

Pakistan's family planning program in the past year suffered some of the most serious setbacks it has experienced since the government first entered the field in support of voluntary organizations two decades ago.

Hostilities with India in December 1971, the independence of Bangladesh, and the fall of General Yahya Khan's regime necessitated a reordering of the nation's priorities which is still in process. Earlier because of unrest in the former East Pakistan, among other things, the 1971 census was postponed.

Notwithstanding the loss of East Pakistan and its heavily concentrated population, the nation is still faced with supporting around 60 million people with an increase per year estimated at about 2 million.

Of these, around 44 percent are under 15 years of age; educating them to the acuteness of the population problem is urgently required if Pakistan is to avoid the doubling of its numbers in some 26 years.

The area that is West Pakistan has a population density of 210 persons per square mile. However, large portions of the country can support only a very sparse population. The bulk of the people are located chiefly along the Indus and other rivers where density may range anywhere from 700 to 1,100 persons per square mile—almost reaching the levels of such countries as Belgium and the Netherlands.

A staff member of the National Research Institute for Fertility Control (NRIFC) in Karachi, Pakistan, reviews various antifertility substances.

Despite its problems, the Pakistani Government has managed to keep its family planning program moving. The program has benefited from varying but generally strong Government support and an infusion of financial and technical assistance from the developed countries.

The Government of Pakistan became involved in family planning as early as 1952 when it began endorsing and supporting the programs of volunteer organizations. In 1959, the government began pilot programs of its own.

Allocation of $59.7 million to family planning in the Third Plan (1965-70) and introduction of the IUD provided the basis for rapid expansion.

A new Family Planning Commission reshaped the service to include administrative units at all major Government levels—from the Central Family Planning Council at Cabinet level to the union councils at village level—and attracted outstanding personnel. Spending on family planning during this period rose well above allocations and reached $75 million, with the United States and other developed countries providing substantial assistance.

By the Plan's end, some 30 percent of the women in the reproductive age group (about 20 million) had practiced contraception at one time or another. Some 3.1 million IUDs had been inserted, 1.2 million sterilizations performed, and over a half billion conventional contraceptives distributed.

Although the Fourth Plan targets and budgets have undergone considerable adjustment because of the unsettling conditions following the 1971 war, few factors have contributed to the program's uncertainties as much as the long standing question of its possible integration with health services. Current indications, however, point to continuance of a "free standing" family planning effort.

In the midst of these fluctuations, several changes in field structure and organizational setup have been made, based on experience gained in the Third Plan period. At the national level, a new Directorate of Statistics was established. National postpartum programs were launched. Clinics have been established in 11 of the most heavily attended hospitals.

A Training, Research, and Evaluation Center

(TREC) at Lahore centralizes training, research, and evaluation activities previously carried out by three separate units and is becoming increasingly useful.

TREC undertakes program and action oriented research, evaluation, and training, utilizing its pool of social scientists, educators, clinicians, and mass media specialists.

The National Research Institute of Fertility Control (NRIFC) in Karachi is headed by a director responsible to the Joint Secretary, Family Planning. The Institute tests contraceptives for quality and efficacy and conducts clinical trials on various contraceptive methods.

It is developing a project in an area of Karachi to combine maternal and child health services with contraceptive services.

One element of the Institute is located in Islamabad at the National Health Laboratory. This unit conducts basic research on reproduction as related to fertility control. AID has helped finance laboratory equipment for the project.

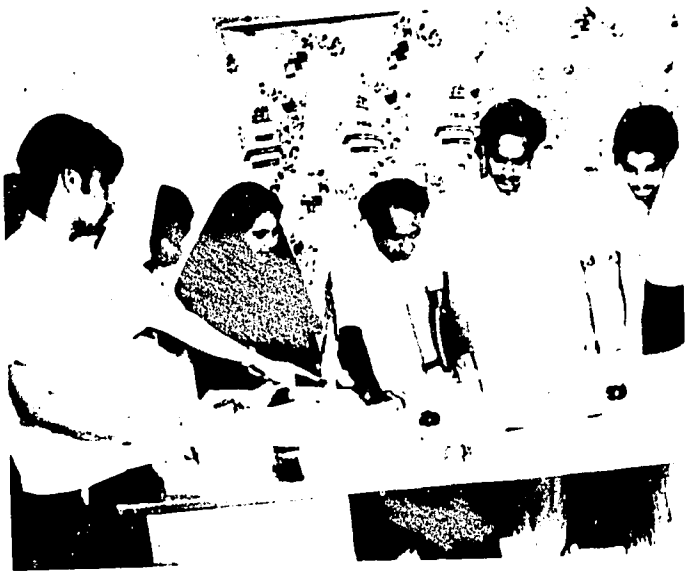
With the breakup of West Pakistan into four administrative provinces, the Provincial Family Planning Board of West Pakistan was also decentralized and four autonomous provincial boards have been created.

A major and innovative change in the family planning program in Pakistan has been the shift away from dependence on largely illiterate dais (rural midwives) as the primary family planning counselors. Now, two-person teams (male and female), better trained, and better paid, are engaged on full-time basis. The new approach has shown encouraging results in the Sialkot District (near Lahore) where a "continuous motivation" scheme for contraceptive acceptance was launched on a pilot basis in January 1970.

Highly dependent upon interpersonal communication, the scheme provides that field teams contact target couples once every three months, acceptors at shorter intervals. The service is in the home, ordinarily precluding the necessity for visits to a clinic. Field teams make on-the-spot sales of pills, condoms, foam liquids, and they are accompanied by paramedical personnel who perform IUD insertions.

A system of incentives for the workers has been made dependent on the number of births prevented among the accepting group and not on the number of IUDs inserted or other targets met.

It is claimed that the acceptance rate is higher among the Sialkot couples, compared to the all-Pakistan acceptance rate - an indication that may lead to extension of the scheme from 9 districts to most of the country's most populous districts containing 40 million persons, about 60 percent of the total population.



Family planning workers are briefed at the health and social welfare project site office of the National Research Institute for Fertility Control. Teams of men and women go out together into the field to do house registration and motivational work in family planning.

TREC at Lahore supports this field program which, by virtue of its goal of "motivational outreach", is oriented to training, research, and evaluation techniques. A major concern of the Sialkot scheme's administrators currently is developing meaningful public participation.

A major step in strengthening Pakistan's family planning program appears to have been taken in recent months through organization within the Planning Commission of a Population Cell charged with making recommendations for governmental and private sector actions that are responsive to the country's pressing demographic needs.

Since family planning programs were first instituted in Pakistan, family planning has been promoted through publicity and educational campaigns. These use all major media - press, radio, and TV; puppet and minstrel shows; films; leaflets; pamphlets; posters; frequent conferences, seminars, and meetings; and involvement of officials and private citizens at all program levels. Remote areas are reached by jeep-mounted audiovisual units.

Incentive payments have been used to encourage educators, doctors, and other personnel, as well as patients.

As in most countries, the Pakistan

Government's family planning program was preceded by private activities--in this case, the Family Planning Association (FPA) of Pakistan, a member of the International Planned Parenthood Federation (IPPF).

The Association was created in 1953, with separate branches serving the west and the east wings of the country. It developed an extensive network of clinics, especially in densely populated East Pakistan. The organization helped to popularize family planning and to pave the way for the Government program.

FPA runs 57 fixed and eight mobile clinics and concentrates on research, publicity, and education. Recent Association projects have included a survey to test the effect of a mass media campaign on family planning in the Lahore area and a postpartum project to promote family planning in three leading hospitals.

A family life education project is developing curricula for introduction into various grades in educational institutions, with an ultimate view of including parents. FPA has also carried out clinical trials and researched acceptability and continuation of various contraceptives.

AID assistance

In fiscal 1971, AID allocated $2.1 million for population programs in Pakistan. (This total was for both West Pakistan and the former East Pakistan.)

A Training, Research, and Evaluation Center (TREC) at Lahore, Pakistan, now centralizes work formerly carried on by three separate units. Here an artist at TREC creates publicity material for family planning.

Funds included $853,000 for commodities, $990,000 for advisory and contract services, and $235,000 for participant training.

Funds for such training included extension of the previous year's participants and training of 23 new participants in the United States and third countries.

AID family planning advisory service to Pakistan began in 1964 and reached its highest level in fiscal 1969 with six full-time and two part-time technical advisors. Five advisors from the United States were in the country at the end of fiscal 1971.

In fiscal 1970, AID provided some commodity assistance to the Family Planning Association and also helped to get family planning services included in the work of voluntary social welfare agencies.

Because of the civil strife in Pakistan, all AID-funded population assistance ceased in 1971 except for direct-hire people providing technical support. It may be possible to resume activities in family planning in the country in fiscal 1973 if Pakistan requests such assistance.

AID expects to provide consultant and advisory assistance to the new TREC organization.

Other assistance

United Nations sent a team to Pakistan in 1968 to evaluate the family planning program there.

During fiscal 1970, the United Nations Fund for Population Activities (UNFPA) agreed to support the aims in Pakistan's Fourth Five-Year Plan and provided $1.7 million of family planning assistance in fiscal 1971. This is the Fund's largest commitment so far to any one country.

UNFPA also provides consultant and advisory assistance to TREC. Pakistan is served by the Population Program Officer of UNFPA who is headquartered in Iran.

United Nations Childrens Fund (UNICEF) has given both direct and indirect assistance in maternal and child health care in Pakistan. Through fiscal 1969, it has expended a total of $1.6 million for family planning. In addition, the Swedish International Development Authority provided UNICEF a grant to buy vehicles for the program.

World Health Organization has sent a consultant to Pakistan to devise a system of vital registration.

International Planned Parenthood Federation provides financial and technical assistance to the Pakistan Family Planning Association. In fiscal 1971, it made a grant to the Association for $345,000.

The Pathfinder Fund made a grant in 1971 to enable a sociologist from Pakistan to study at Johns

Hopkins University for a doctoral degree in demography. In 1969, Pathfinder provided a travel grant for a Pakistani nurse to visit family planning clinics in the United States. Evaluation of IUD insertions was done as part of Pathfinder's international IUD program.

As long ago as 1961, the Population Council funded a population growth estimation study carried out by the Pakistan Institute of Development Economics (PIDE) and the Central Statistical Office.

Since then, the Council has provided demographic advisors to the Pakistan Academy for Rural Development in Comilla (now in Bangladesh) and to the National Family Planning Council. The Population Council has also provided seven advisors—four physicians, two health educators, and one social scientist—to PIDE. In addition, the Council has provided help for demographic research at universities and financed fellowships for overseas training.

In late 1968, the Council provided funds to help plan a center for advanced training in population. It has also helped pilot projects at the Ministry of Health and Social Welfare, and, with Ford Foundation funding, assisted in the development of the National Research Institute for Family Planning.

It transferred its medical advisor to the Pakistan Family Planning Council in the summer of 1971 and closed its offices in Karachi. It retains an interest in Pakistan, however, and continues to provide fellowship support.

Ford Foundation's assistance to family planning in Pakistan commenced in 1961 with a $549,000 grant to the Ministry of Health for support to advisory services, foreign training, pilot research, and the National Research Institute for Family Planning.

Ford Foundation has also made grants to Johns Hopkins University for a family training and research center in Lahore and to the University of California before the independence of Bangladesh for a similar center at Dacca. Grants thus far to the Pakistan program total $4 million. The Foundation now maintains an office in Islamabad.

OXFAM first supported family planning work in Pakistan in 1965 through the IPPF by financing publicity for family planning work.

In 1971 and 1972, OXFAM-Canada made a small grant to the Family Welfare Cooperative Society to help build a maternal child welfare, family planning, and public health clinic in Lahore and help finance its operating costs. It also granted $17,350 to the Family Planning Association to help in research, motivation, and publicity.

The Swedish International Development Authority (SIDA) since 1961 has helped to develop and operate clinics, organize communications research, assist in education programs concentrated on training paramedical personnel, and provide equipment.

Two mass communication centers were also created to help the family planning program produce material for information, education, and promotion.

The Sweden-Pakistan Family Welfare Project was transferred to Pakistan authorities on July 1, 1970. Sweden has, however, continued to assist the national family planning program through one adviser on mass communications and one on paramedical training. It has also given equipment and financial assistance to the mass communications program.

SIDA also provides consultant and advisory assistance to TREC. Total SIDA expenditures in Pakistan since 1961 have been almost $10 million.

The Netherlands budgeted $359,000 for 1968-72 for family planning work in Pakistan. This financed experts to assist with motivation and family planning research and fellowships to train Pakistanis in family sociological and evaluation methods.

The United Kingdom has provided bilateral assistance in population programs to Pakistan.

Philippines

Demographic information

Population according to census of May 6, 1970	[1] *36,684,486*
Estimated population January 1, 1972	*40,078,000*
Births per 1,000 population, 1971	*44*
Deaths per 1,000 population, 1971	*10*
Infant deaths per 1,000 births, 1971	*78*
Expectation of life at birth, 1971	*59*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.4*
Rate of population growth, 1971 (percent)	*3.3*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1971	*4.0*
Median maternal age, 1971	*30*
Percent urban, 1971	*37*
Percent of labor force in agriculture, 1968	*57*
Per capita gross national product, 1970	*$266*
Percent literate	*72*

[1] Unevaluated figure, not used as base for 1972 estimate.

A group of postpartum patients at the Jose Fabella Memorial Hospital in Manila hear a motivator explain the use of contraceptive pills. In 1971, the legislature established a national policy of reducing population growth rate and authorized funds for that purpose. It has over a thousand family planning clinics operating.

Highlights of activities

During the past three years, the Republic of the Philippines has initiated and implemented national population policies and programs. In 1971, the legislature established a national policy of reducing the rate of population growth and authorized funds for that purpose. An example of the progress being made is the fact that the total number of new family planning acceptors in calendar 1971 was 400,070.

As of December 1971, 1,030 family planning clinics were operating. Private clinics number 486 and government clinics 544. The long range goal is to provide family planning services within reasonable commuting distance of at least 90 percent of the population, with plans for 1,800 family planning clinics eventually.

Agencies operating the largest number of clinics are the Institute of Maternal and Child Health (IMCH), the Family Planning Organization of the Philippines (FPOP), the National Department of Health, and the Manila City Health Department.

Public concern with the Philippine population problem is widespread and increasing. The rate of population increase–about 3.4 percent a year–is one of the highest in the world. Population is growing at a higher rate than per capita gross national product which was increasing at a rate of 3 percent in 1971.

In the past, the country's official stand on population was largely pronatalist, as illustrated by the special benefits it provided to large families. Government officials believed a growing population would help to populate and develop the country's large tracts of uninhabited land.

The Government's new position began to take form when President Marcos established a Commission on Population on February 19, 1969. The President approved the Commission's conclusions on December 6, 1969. These conclusions were that a reduction in population growth was in the vital interest of the nation.

On January 25, 1970, the proposed legistlation made family planning an official policy–calling for a national program of information and education on family planning methods and providing facilities, especially in rural areas, where family planning assistance could be extended to the poor.

On July 1, 1970, the Commission on Population became the overall coordinating and planning body of the national population program. This Commission administers 28 projects through some 32 organizations, both governmental and nongovernmental.

During fiscal 1971, the national Government made progress toward its first large commitment of instituting family planning services in 200 rural health units.

Private family planning efforts helped to pave the way for Government participation. Two private organizations had been active for several years– the

Planned Parenthood Movement of the Philippines, Inc., and the Family Planning Association of the Philippines, Inc. These merged in February 1969 to become the Family Planning Organization of the Philippines (FPOP), an affiliate of International Planned Parenthood Federation. FPOP trains workers, helps to establish and operate clinics, stimulates and underwrites related research, and seeks and gives financial support.

The number of people trained in family planning during calendar 1971 were:

Type of person trained	By government	By private organizations	Total
Physicians	166	723	889
Nurses	159	491	650
Midwives	170	478	648
Motivators	358	556	914
Others (social workers, civic leaders, etc.)	656	97	753
	1,509	2,345	3,854

With Government approval of family planning, mass-oriented information and education programs are being conducted. Radio stations carry skits on problems of parenthood and large families. National periodicals carry articles about planned parenthood. Booklets are distributed widely in rural areas.

FPOP carries on an extensive information and education program. It has made a motivational film and instituted a special project to provide family planning services information for agricultural-industrial films.

Research and evaluation is primarily the responsibility of the University of the Philippines Population Institute (UPPI) and the Institute of Philippine Culture (IPC) at the Ateneo de Manila. The UPPI is determining demographic impact of clinical efforts as well as what can contribute to improved clinical performance. The IPC focuses on evaluating and suggesting improvements in the information and education program.

AID assistance

AID began assisting the Philippines in family planning projects in 1967 by providing small grants to private organizations.

Its total support since 1967 has amounted to $17.5 million. These funds go for technical assistance, clinic operations, medical and other equipment, training, commodities, and research.

A nurse explains the IUD to a new acceptor at the clinic run by the Family Planning Organization of the Philippines at Quezon City, Manila.

Other assistance

The United Nations Fund for Population Activities has provided funds for census processing and analysis; maternity-centered family planning training and services at teaching hospitals and associated institutions; family planning trainers at the Center of Mass Communications, University of Philippines; a senior advisor on family planning; and a study of family size and health relationships.

The World Health Organization initiated a new program this past year to assist the Department of Health in establishing postpartum family planning programs in 25 hospitals.

The International Planned Parenthood Federation (IPPF) has been providing financial and commodity assistance each year to the Family Planning Organization of the Philippines, a member of IPPF. Church World Service provides informational material and supplies through church-supported hospitals.

Family Planning International Assistance (FPIA) has provided funding to the National Council of Churches in the Philippines, the Inter-Church Commission on Medical Care, and directly to the Lorma Hospital.

These funds support a mobile family planning clinic, a survey of potential church-related providers of family planning services within a nutrition program, an in-service training program in family planning for nursing students, and administration of a coordinated family planning supplies system among 22 Christian hospitals and 68 clinics.

FPIA also has sent contraceptive supplies and

AID provided this mobile family planning clinic which is operated by the provincial government of Laguana.

medical equipment to church-related family planning programs.

The Pathfinder Fund provides technical assistance, financial support, commodities, equipment, and educational materials. These are used in developing a multi-level educational program in population, for providing clinic services to certain segments of the country's population not serviced by the public health system of the Government, for infusion of population education in labor training and agricultural extension work, and for support of mass media delivery of population/family planning information to the general populace.

It has also started a new project to provide family planning education to the women of Rural Improvement Clubs in three provinces.

Several new family planning clinics are now functioning with Pathfinder support. It assists private and religious organizations in developing motivational and training seminars on family planning and population education.

The Population Council supports postpartum family planning programs at Fabella Memorial Hospital and the Philippines General Hospital, training of private physicians in family planning, development of demographic studies at Xavier University, and the carrying on of a Copper T field trial. It has also provided fellowships and IUDs.

World Assembly of Youth held seminars for young people in the Philippines during the year—two of them at Lepazpi City and Cebu City. Purpose of these seminars was to promote awareness among youth of the population problem.

World Education, Inc., provides assistance to incorporate family planning concepts into functional literacy programs and into nonformal adult education in the Philippines.

The Ford Foundation has made a new grant of $5,000 to the Asian Institute for Management to develop case studies of management problems in family planning.

The Foundation has made numerous grants to various Philippine organizations over the years. These included a 3-year grant of $208,500 in 1964 to establish the Population Institute for Demographic Research at the University of the Philippines and two later grants totaling $465,700 to expand its research.

In 1968, the Foundation made a 2-year grant of $113,000 to the Royal and Pontifical University of Santo Tomas of Manila to develop the Institute for the Study of Human Reproduction.

The Rockefeller Foundation has recently made grants to the University of the Philippines for ancillary research and earlier made a grant to a Philippine physician to study cytogenetics at the University of Wisconsin.

The Rockefeller Foundation provided $15,000 to the family planning program of Children's Medical Center and about $3,500 to the University of the Philippines for rural community health teaching service last year.

The Rockefeller Foundation has also contributed to pilot programs at the University of Philippines.

CARE has provided the Rural Improvement Clubs with commodities.

OXFAM and OXFAM-Canada helped the Responsible Parenthood Council in 1971 and 1972 with $40,000 for the family planning program in Tarlac Province.

World Neighbors (WN) works mainly in four regions: Quezon City, Northern Luzon, Cebu, and Mindanao. Among the agencies cooperating with it are: The Family Planning Organization of the Philippines, Institute of Maternal and Child Health, Department of Health-Rural Health Units, Southwestern University, and a number of area and local family planning associations.

In cooperation with the Southwestern University College of Medicine, WN supports a family welfare clinic in Cebu City and a mobile unit reaching nine municipalities in Cebu. Resident-motivators act as spearheads of the program. In 1971, this program recruited 2,715 acceptors at the cost of $2.71 per acceptor. In addition, he city clinic provides interns from the Medical College with clinical practice in family planning techniques.

In northern Luzon, a mobile family planning clinic initiates educational and motivational campaigns in rural areas and follows these up with medical and contraceptive services.

Last year the clinic reached people in 35 barrios in seven provinces with assistance. The director attended the University of Chicago's Family Planning Workshop as a Pathfinder Scholar.

WN's community development staff in seven provinces includes family planning as an integral part of its agricultural, nutritional, and health activities. In 1971, 36,812 Filipinos were brought into this program at a cost of 89 cents per acceptor.

WN provides facilities for a barrio clinic in Quezon City, staffed by Family Planning Organization. It served last year as a training center for about 520 physicians, nurses, and social workers. The WN Information Center in this city also produces family planning motivational materials.

In Zamboanga City, WN supports a clinic also staffed by the Family Planning Organization. An intensive campaign using spot maps last year enabled 5 motivators to reach 5,191 people in 30 barrios with family planning information. Special mass communications efforts through newspaper, advertising, radio spots, and film showings significantly increased local interest. Total cost for motivational efforts amounted to 37 cents per acceptor.

In the province of Zamboanga del Sur in Western Mindanao, WN operates a mobile family welfare unit. This unit, one of the few in the country, includes a doctor, medical assistant, and driver-audio-visual technician.

The clinic—which began this year—serves Tambulig, Ramon Magsaysay, Tukuran, Labangan, Kumalarang, Siay, and Buug. This is at least one resident fully-trained motivator in each of these municipalities. The project serves an estimated 144,650 persons. It is coordinated with the Provincial Health Office and helped by commodities from Family Planning International Assistance.

The Philippine Press Institute, in cooperation with population specialists, supported a series of population seminars for 200 Philippine journalists in 1970. These seminars provided background about population problems and resulted in more favorable news coverage of local and national family planning programs.

The Danish Family Planning Association helped with the expenses of teachers and civil servants from the Philippines who attended a training session in Denmark in the summer of 1972.

The Japanese Organization for International Cooperation in Family Planning provided funds for equipment and material to the Philippines.

The Brush Foundation has contributed $1,000 to family planning in this country through the IPPF.

A midwife from a rural health unit discusses family planning with a housewife in the Philippines.

Nonmedical volunteers of the Peace Corps have participated in family planning activities as part of general health programs in the Philippines, primarily in education and referral aspects.

Singapore

Demographic information

Population according to census of June 22, 1970	[1]*2,074,507*
Estimated population, January 1, 1972	[2]*2,157,000*
Births per 1,000 population, 1971	*22*
Deaths per 1,000 population, 1971	*5*
Infant deaths per 1,000 births,	*21*
Expectation of life at birth, 1971	*70*
Percent of population under age 15, 1970	*38*
Rate of natural increase, 1971 (percent)	*1.7*
Annual growth rate, 1971 (including migration)	*1.6*
Number of years to double population at the 1971 rate of natural increase	*41*
Median birth order, 1968	*2.8*
Median maternal age, 1969	*27*
Percent urban, 1971	*81*
Percent of labor force in agriculture,	*7*
Per capita gross national product, 1970	*$960*
Percent literate	*75*

[1] Excludes 4,565 transients afloat and 47,959 non-locally domiciled military and civilian services personnel and their dependents.

[2] Based on adjusted 1971 Census figure.

Highlights of activities

Singapore strongly supports family planning.[3] As a result of a White Paper on Family Planning published by the Government, the Parliament passed a Family Planning Act in 1965. This established the Singapore Family Planning and Population Board, a statutory body responsible for implementing the first Five-Year Family Planning Program.

Under this plan, the Government budgeted $1 million for the national program. Aim was to reduce the 1964 birth rate of 32 per 1,000 to an eventual 20 per 1,000. By 1971 this goal was nearly reached with an estimated birth rate of 22 per 1,000.

Singapore encourages family planning in a number of ways. No anti-contraceptive legislation exists. Employed women with more than three children find it hard to get maternity privileges. Childless couples find public housing readily available. Abortion laws have been liberalized and sterilization is free of charge. IUDs, orals, and condoms are available at low cost.

The Government's family planning program is administered by the Singapore Family Planning and Population Board. The Board operates 35 clinics as part of maternal and child health services.

When the Government assumed responsibility for family planning in early 1966, it found the groundwork for its program already well laid by the Singapore Family Planning Association, started in 1949 and a founder member of International Planned Parenthood Federation (IPPF).

With strong government support and assistance from the Ford Foundation, this association had established some 27 clinics and developed a training and education program. IPPF reported that in 1965 an estimated 10 percent of eligible women were practicing contraception under the Family Planning Association program and that the birth rate had already fallen substantially.

This association had turned over its activities to the national program in November 1968. However it is now being revived in order to supplement the government program. In December 1971, the association elected a new board and started negotiating with the National Family Planning Board to define its supporting role.

Latest reports show that about 64 percent of all married women between 15 and 44 years of age practice family planning. About 51 percent of the persons accepting family planning choose oral contraceptives, 41 percent use condoms, 3 percent IUDs, and 5 percent other methods.

An extensive postpartum program is operated at Kandang Kerbau Maternity Hospital where 70 percent of Singapore's births take place. More than half the new acceptors have adopted family planning through this program.

Initial phase of a publicity program started in 1966 used mass media to generate public awareness and create a favorable attitude. Continuing publicity has helped with the program.

To assist newlyweds, a Family Planning Advisory Service was started in 1967. To provide motivation to employees, an Industrial and Factory Service was started in 1968. It used film shows, lectures, and demonstrations, and then followed up by providing clinical services with mobile clinics.

The Singapore Family Planning and Population Board has been host to two conferences on family planning—one on Aspects of Family Planning Programs sponsored in 1967 by the United Nations Economic Commission for Asia and the Far East for the Working Group on Communications and the other a Population Information Workshop in 1969 the Board co-sponsored with the University of Hawaii for Asian journalists.

An Asian Mass Communication Research and Information Center (to help with family planning) was set up in Singapore in 1971 by the Ministry of Health, the Government of Singapore, and Friedrich Ebertstiflung.

AID assistance

AID support to family planning in Singapore is provided through various international associations.

There is no program of direct assistance.

Other assistance

IPPF will resume financial assistance to the Family Planning Association of Singapore in 1973. It supported this association in the early years of its work.

IPPF's Family Planning Training Institute gave training courses to about 800 participants from East Asian Countries between 1964 and mid-1969.

The Population Council has provided fellowships and made small grants for population studies and IUDs.

The Pathfinder Fund has sent contraceptives.

The Ford Foundation provided a 3-year grant of $583,000 to the University of Singapore in 1964 that made it possible to establish a center for economic and demographic research. It also made a

[3] Late in 1972 the Government of Singapore instituted new fiscal and educational policies to encourage small—preferably 2-child—families.

3-year grant of $180,000 at the same time to the Family Planning Association of Singapore to expand training activities, research, communications, and clinical services.

The Foundation also provided $51,000 to the University in 1969 for a program of national and regional analysis by the Organization of Demographic Associates.

The Rockefeller Foundation gave $10,000 to the London School of Hygiene and Tropical Medicine in 1967 for a research and action program in population control at the Department of Social Medicine and Public Health of the University of Singapore.

The United Kingdom provided a technical assistance expert for the same program. It also continues to provide support for population research in this area.

Norway provided aid for a mobile clinic at a rubber estate in 1970.

Swedish International Development Authority helps with purchasing arrangements for contraceptives.

South Vietnam

Demographic information

Population according to census of	[1]
Estimated population, January 1, 1972	*19,059,000*
Births per 1,000 population, 1971	*NA*
Deaths per 1,000 population, 1971	*NA*
Infant deaths per 1,000 births, 1970	*NA*
Expectation of life at birth, 1971	*52*
Percent of population under age 15, 1970	*41*
Rate of natural increase, 1971 (percent)	[2] *2.6*
Number of years to double population at the 1971 rate of natural increase	*27*
Median birth order, 1968	*1.7*
Median maternal age, 1968	[3] *30*
Percent urban, 1971	*25*
Percent of labor force in agriculture, 1968	*65*
Per capita gross national product, 1970	*$175*
Percent literate	*65*

[1] No census has been taken in South Vietnam.

[2] Preliminary analysis of recent data suggests annual growth rate may approximate 3 percent.

[3] Based on incomplete registration of births.

Highlights of activities

With a growth rate of 2.6 percent annually and a population of 19 million as of January 1972, South Vietnam, in spite of the effects of the war, has a population problem which requires national attention.

No national policy on population exists and birth control practices are not officially sanctioned. The 1933 law against the proliferation of birth control practices still exists, and even though an amendment to the law is proposed, it has not yet been released from committee to be considered by the National Assembly.

A Committee for Research in Family Planning was established in the Ministry of Health (MOH) of the Government of Vietnam (GVN) by decree of the Minister of Health in 1967. In April 1972, the Committee's name was changed to the Committee for the Protection of Family Health.

The present committee is composed of 13 officials of the MOH and five advisors, the special assistant to the Minister of Health, one advisor from the National Institute of Public Health, and one advisor from each of the Ministries of Economy, Education, and Social Welfare.

Although the law has not been changed, the MOH provides information and free contraceptive devices to eligible women.

In December 1971, MOH's Committee for the Protection of Family Health established the eligibility criteria for women to obtain contraceptive services as follows: She has a marriage or cohabitation certificate; she has at least one living child; she has the child's birth certificate or a copy of the household register; and the husband is agreeable to the use of contraceptive methods.

This means that families may now use contraceptive methods to aid in spacing their children as well as to prevent unwanted pregnancies.

Special emphasis has been given to the orientation and education of influential persons and government officials on population problems. During 1970, 16 Congressmen, two Senators, the Ministers of Health and Social Welfare, and the Director General of Health visited national family planning programs in Korea, Singapore, Republic of China (Taiwan), and Thailand. The Minister of Social Welfare and some official delegates from the MOH attended population conferences in Jakarta and Tokyo in 1971.

Most recently, a group of four women representing the Military Dependent Welfare Assistance Association observed the national family

planning program in Taiwan. This included observation of a clinic in operation at a military installation.

In 1967, a private sector organization, the Family Happiness Protective Association, was started in Saigon and its charter was recognized by the Ministry of the Interior in April of 1968.

Since that time, a chapter has been organized in An-Giang Province. Main functions of the association are to educate, motivate, and inform. During the past year, the association sponsored a course to train 20 social workers in family planning motivation. In addition, the association is operating a referral clinic at a Buddhist temple.

At the end of June 1972, there were 35 MOH family planning clinics in operation. By the end of 1972, this number will have been increased to 84. The clinics are located at three levels as shown in the accompanying tabulation.

Number of planned and actual clinics by jurisdictional level

Status	Provincial	Autonomous city	District	Total
Operating as of June 30, 1972	26	5	4	35
Planned to open by December 31, 1972	22	1	26	49
Total	48	6	30	84

With the change in eligibility requirements, the number of new acceptors is expected to increase significantly. This trend has already started since the number of new acceptors for both the pill and the loop have more than doubled during the past year. Percentage increases for the first quarter of the year over the same period last year were 182 and 130, respectively, for the pill and loop. The pill is becoming more and more the choice of the new acceptors. Before 1971, only 25 percent of all new acceptors chose the pill. However, in the first quarter of 1972, 55 percent of all new acceptors chose the pill.

As in the past, training is an important element of the program. During the past fiscal year, 222 personnel were trained in aspects of family planning relating to their current positions, with emphasis on how they can be most effectively utilized in the family planning program.

The number of personnel trained in family planning during fiscal 1972 was: Doctors 46; midwives, 130: social workers, 20; health technicians, 11; and others, 15.

Personnel in front of a family planning clinic in South Vietnam. Although this country has no national policy on population, its Ministry of Health provides information and free contraceptive devices to eligible women.

During 1972, over 75 percent of the persons trained will have had the major portion of their training in-country. The overseas training is now limited to observational experiences, some field practice, and to very specialized areas of training not available within Vietnam.

The dissemination of family planning educational information to the public was begun during the past year. There are now three official family planning posters. Themes of these posters are "family planning on time", "to make the burden of living lighter", and "to regulate pregnancy to make the family burden lighter". There are 20,000 of these posters on display with the majority of them in health facilities such as outpatient clinics and maternal and child health centers.

Six hundred thousand leaflets containing information on the eligibility requirements and the location of family planning clinics have been printed. These are being distributed to potential acceptors by health workers and also by current acceptors to their friends. Pamphlets for disseminating family planning information are now being reproduced. One, "Happiness within the Reach of Your Hands", will be distributed to all women in maternities and through maternal and child health centers.

A family planning film in Vietnamese is currently under production. Its title is "Looking to the Future". It will be utilized in mass communication motivational meetings. Also, research is underway for

a television series on family planning. The series will integrate the spacing of births with family budget, education of children, and overall improvement of family life.

Motivational coupons are being used by health and social workers who have had family planning training. Referral coupons are given to eligible persons who come to health or social welfare facilities, or to people visited at home as a part of their health or social workers' daily routine.

In July 1972, the National Institute of Statistics will start a continuing National Household Sample Survey. The results will be utilized in making more accurate estimates of the population and birth and death rates.

The Ministry of Health is planning a National Knowledge, Attitude and Practice and Fertility Survey to be conducted by midwives. Efforts are also being made to improve the reporting of birth and population figures and to improve the demographic capability within Vietnam.

AID assistance

AID provides assistance to the Ministry of Health through the advisory service of a direct-hire Population Officer/Physician; a PASA (Participating Agency Service Agreement) demographer/statistician, and a contract training advisor; participant training in-country and offshore for medical, paramedical, and social welfare personnel; and commodity assistance including contraceptives, basic clinic equipment, and information/education materials.

With the extension of clinic services and the liberalization of acceptor eligibility requirements, the AID assistance effort is currently under review to develop activities in other GVN agencies that will support the MOH program.

Other assistance

International Planned Parenthood Federation has assisted the Government program by providing family planning training for 26 doctors and 28 midwives in third countries; by funding in-country training, motivational materials, and commodities; and by providing financing and commodity assistance and training facilities to the Family Happiness Association.

The Population Council has contributed both to gaining official acceptance of the program and to development of services by providing observation tours of national family planning programs for government officials and contraceptives for distribution by Government services.

The Vietnam Christian Service, administered by the Church World Service, supplies and staffs hospital clinics that promote family planning.

Starting in 1971, the Swedish International Development Authority supplies contraceptives and clinical material and equipment to Vietnam.

CARE provided funds for printing booklets which help the Association explain use of contraceptive devices.

Sri Lanka (Ceylon)

Demographic information

Population according to census of October 9, 1971	*12,747,755*
Estimated population, January 1, 1972	*12,930,000*
Births per 1,000 population, 1971	*29*
Deaths per 1,000 population, 1971	*8*
Infant deaths per 1,000 births, 1968	*50*
Expectation of life at birth, 1971	*65*
Percent of population under age 15, 1970	*40*
Rate of natural increase, 1971 (percent)	*2.1*
Number of years to double population at the 1971 rate of natural increase	*33*
Median birth order	*NA*
Median maternal age, 1968	*28*
Percent urban, 1971	*20*
Percent of labor force in agriculture, 1965	*54*
Per capita gross national product, 1970	*$169*
Percent literate	*75*

Highlights of activities

While family planning continues to be a politically sensitive subject in Sri Lanka (Ceylon) it does have general acceptance as an integral part of the Government Health Department's island-wide system of health clinics and their related maternal and child health facilities.

Moreover, family planning appears to have received a considerable boost with publication of Sri Lanka's Five-Year Plan (1972-76) which calls for a marked emphasis on the program and outlines the implications ahead if the country's annual population growth continues at its present rate of 2.1 percent.

Sri Lanka has a very high dependency ratio; of every 100 persons, 40 are under 15 years of age. Moreover, according to the nation's socio-economic survey of 1969-70, 63 percent of all mothers who had

Family planning doctors meet for a training session in Sri Lanka (Ceylon). Its 5-year plan calls for a marked emphasis on family planning and outlines implications ahead if the present population growth rate continues.

5 or more children were in households earning less than $32 a month.

At present, only 40 percent of the maternal and child welfare centers operated by the Health Ministry carry out family planning work. The new Five-Year Plan calls for wider coverage and for integration of family planning and maternal and child health work.

Sri Lanka's first seminar on population awareness education was held in March 1972 at Colombo. Educators, development planners, and other government officials recommended the introduction of such programs in state schools, with curriculum development, materials, testing and evaluation, and teacher orientation and training to be made the responsibility of a central agency of the government. The seminar was co-sponsored by the Colombo Plan Organization.

Popularization of family planning in plantation and industrial sectors received additional Government support in 1972 through a $938,233 grant from the United Nations Fund for Population Activities (UNFPA).

AID assistance

AID does not provide direct assistance to the Ceylon program.

Other assistance

The UNFPA has contributed $36,000 for a consultant to help prepare, implement, and evaluate a survey in attitudes toward and practice of family planning.

UNFPA also granted $50,600 for a mission of the United Nations/United Nations Educational, Scientific, and Cultural Organization/World Health Organization. In early 1971, this mission reviewed the national family planning program, particularly its

overall organization, implementation, evaluation, and research.

The International Labor Organization through UNFPA has given $9,000 for a mission to Sri Lanka, Indonesia, and Malaysia.

International Planned Parenthood Federation (IPPF) has annually provided both financial and commodity assistance to its affiliate, the Family Planning Association of Sri Lanka.

The Population Council has assisted the Ministry of Health in developing and implementing its family planning program and it provided a resident medical advisor between 1967 and early 1970. It has provided a consultant to the Ministry of Planning and Economic Affairs to help develop studies on the economic implications of demographic trends.

Fellowships have also been given by the Council.

The Pathfinder Fund helped organize and expand the work of the Family Planning Association. It has also sent contraceptives to Sri Lanka and provided funds to print and distribute family planning literature. As part of its international IUD program, Pathfinder published results of a 3-year study of IUD insertions in Sri Lanka.

World Assembly of Youth held a national seminar in Colombo in March 1972. This organization conducts youth seminars to help promote the awareness of the population problem and to incorporate family planning concepts into international conferences.

The Rockefeller Foundation provided fellowships and scholarships in Sri Lanka during 1971.

Ford Foundation, through the Population Council, made a grant of $271,000 for the family planning program in 1968.

OXFAM provided $4,800 for information program materials and salaries for a new program in Colombo hospitals in 1969. In 1965, it had granted $16,800 for a 3-year project. This covered salaries for medical personnel and visual aids and publicity materials for mobile IUD programs in the Colombo harbor area and on tea estates.

The Swedish International Development Authority has supported family planning work in Sri Lanka since 1958 to the extent, through mid-1972, of $1.9 million. Up to 1965, the assistance had consisted of experimental and research activities in a limited geographical area and training of medical and paramedical personnel.

Sweden signed a 2-year agreement with the Government of Sri Lanka in 1968 to provide an education advisor, to help plan a broad educational campaign, and to purchase contraceptives and audio-visual materials. A new 3-year agreement was signed in 1970 providing for an advisor on training and information as well as contraceptive supplies and other equipment.

Thailand

Demographic information

Population according to census of April 1, 1970	[1] *34,152,000*
Estimated population, January 1, 1972	*39,043,000*
Births per 1,000 population, 1971	*42*
Deaths per 1,000 population, 1971	*9*
Infant deaths per 1,000 births, 1971	*68*
Expectation of life at birth, 1971	*61*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*3.3*
Number of years to double population at the 1971 rate of natural increase	*21*
Median birth order, 1969	*3.1*
Median maternal age, 1969	*28*
Percent urban, 1971	*15*
Percent of labor force in agriculture, 1967	*74*
Per capita gross national product, 1970	*$174*
Percent literate	*68*

[1] Unevaluated figure, not used as base for 1972 estimate.

Highlights of activities

Primarily an agricultural country, Thailand had a 1971 population estimated at 39 million. Its population will exceed 70 million by the year 2000 even if the current fertility level of 3.1 percent drops by half during this 30-year period. There is increased recognition by the Thai government of the need for emphasis on decreasing the population growth rate.

Thailand's family planning program made great strides during calendar 1971. During the year, 404,187 new acceptors were recorded, a figure 150,000 over the original planned target.

Oral contraceptive acceptors constitute a majority, primarily because orals are distributed by auxiliary midwives located in over 3,500 health centers throughout the country. Other family planning methods offered through the program include IUDs and male and female sterilizations.

The "Family Life" education program in Thailand, illustrated here, is conducted by the Department of Adult Education of the Ministry of Education through assistance provided under contract with World Education, Inc., New York City. The program has been operating for 2 years in Bangkok and northern provinces and is expanding to southern provinces.

Contraceptive methods are now offered in 84 provincial hospital clinics in addition to the health centers. The program is totally integrated into all health services.

It was in 1970 that the Government formally anncunced a national population policy and created a National Family Planning Project within the Ministry of Health. An Inter-Ministry Coordinating Committee coordinates activities of all government departments on family planning.

The two family planning associations in Thailand are the Family Planning Association and the Planned Parenthood Association of Thailand (PPAT).

Throughout 1971, PPAT cooperated with the Thai Red Cross Society, the Ministry of Public Health, and the Bangkok Municipality to provide clinic services. PPAT also operated a mobile unit of the Ministry in the welfare centers in Khonkaen and Ratburi.

PPAT conducts information and education programs, using radio and television, the press, pamphlets, and newsletters. Its program in 1971 provided training for 442 doctors, nurses, and social workers.

Family planning was included as a major objective of the Third National Social and Economic Development Plan for 1972-76.

The first budget specifically for planning activities was allocated and the Civil Service Commission made a small number of positions available for family planning staff.

The Thai Government signed a memorandum of understanding with the United Nations Fund for Population Activities (UNFPA). This resulted in a

UNFPA grant of over $3 million to be used over a period of 3 years.

The first national seminar on population education was held. Here leading educators agreed that population education should be introduced into all levels of formal and informal education systems.

Another first was a public information campaign carried out in a northeast province as a forerunner to a national public information component of the family planning program.

The Thai military requested assistance from the Ministry of Health to provide family planning services to military families and to help train army medical personnel in family planning techniques.

Assistance is also being provided to the Accelerated Rural Development Mobile Medical Teams to support their efforts to provide family planning motivation and service to couples in remote areas of Thailand.

The Ministry of Education (MOE) disseminates information of family life, health, and family planning through a nationwide functional adult literacy program. A committee of MOE is also developing means of incorporating population awareness into textbooks for all levels of students in the country's schools.

The Bureau of Public Health of Bangkok Municipality is developing plans to increase its family planning services in all the Bureau's 23 municipal health clinics.

The Chulalongkorn Hospital family planning clinic has extended its mobile unit operations to include other provinces near Bangkok. McCormick Hospital, in addition to providing IUDs and orals, had attracted worldwide attention to its program of long-term contraceptive injections. The continuation rate for this program is a high 78 percent. Active family planning programs are also carried out at Vijira, Chantaburi, and Siriraj Hospitals.

During calendar 1971, there were a total of 33,257 new direct acceptors and an additional 32,341 indirect acceptors, accounting for 16 percent of all acceptors in the program.

Staff of the health, education, and information section, national family planning project, Ministry of Health, develop materials for use in information, education, and communication activities on family planning in Thailand.

AID assistance

AID supports many of Thailand's population/family planning projects with technical advisory services, a participant training program, and contraceptives and equipment supplies through the Ministry of Public Health.

In fiscal 1972, AID allocated $1.23 million for contraceptives, vehicles, and medical equipment; $260,000 for participant training; $105,000 for advisors and consultants. This totals $1.6 million. AID's support through fiscal 1972 has totaled slightly over $6 million.

AID has trained 41 midwives in Thailand, and the Asia Foundation, 7. These, along with 216 graduates of the four midwifery schools in Laos–and with 73 currently enrolled–form the staff of 11 provincial, 7 district, and 12 village and maternal and child health centers.

Other assistance

United Nations Fund for Population Activities has provided $3 million over a 3-year period in direct program support and research in Thailand.

United Nations Children's Fund (UNICEF) and the World Health Organization support family planning as part of their maternal and child health clinic services. UNICEF also has provided equipment and supplies, including vehicles, and gave $15,000 for the period 1969-71 to train midwives.

The Economic Commission for Asia and the Far East, with its headquarters in Bangkok, assists Thailand population/family planning activities through regional seminars and workshops.

The Church World Service supports family planning programs through its work in hospitals and provides contraceptives.

The Population Council has provided budgetary and advisory support for the national family planning program and for postpartum programs in 14 hospitals and maternal and child health centers.

It has also given advisory support and research grants to the Population Institute at Chulalongkorn University, advisory assistance to the National Economic Development Board to study effects of population growth on national development, and fellowships for overseas training. The Council has three advisors in Thailand.

The Pathfinder Fund in 1969 published results of a study of IUD insertions in Thailand as part of its International IUD Program. It has supported IUD research at three hospitals. Representatives of the Fund have visited Thailand since 1953 and helped organize its Family Planning Association.

The Ford Foundation has provided advisory assistance through resident population advisors and short term technical consultants since 1969. It has also provided fellowships for study abroad.

The Rockefeller Foundation spent about $46 million on population programs in Thailand between 1963 and 1971. Last year, $15 million, nearly a third of its grants, went into various aspects of population problems.

The Foundation has been instrumental in

A large number of women wait at a local customs house at Fang in Thailand for the arrival of the mobile clinic team from McCormick Hospital in Chiang Mai. This scene is near the Burma border. Time 8 a.m.

bringing a better understanding of contraception into medical curricula in universities in Thailand. It provided about $2,500 to Mahidol University for research on reproductive biology in 1971.

The Rockefeller Foundation has assisted in the overall development of the Faculty of Sciences at the Ramathibodi Medical School.

The Rockefeller Foundation and AID are also providing advisory and financial support to the School of Public Health in the field of family planning.

The Brush Foundation has helped the FPA and the Red Cross at Chulalongkorn Hospital.

World Assembly of Youth (WAY) held a national level seminar for 54 young people in April 1972. A report of the seminar is being widely distributed in Thailand.

WAY has also held three provincial level seminars for young people–in Rayong, Nakhon-Rajsima, and Phitsanuloke. Following the one at Rayong, a committee of 16 participants worked on developing a family planning information service to distribute information, posters, pamphlets, and booklets to villagers, especially the young people; hold public meetings; and give advice on family planning to young people.

Participants from the Nakhon Rajsima Provincial conference formed a similar committee to work in schools and youth organizations.

WAY also arranged four training courses in family planning in Songkhala, Pattania, and Yala Provinces. Girl Guide leaders and selected trainees from the courses started a home visiting campaign in September 1971.

World Education, Inc., provides assistance in Thailand to help incorporate family planning concepts into functional literacy programs and into nonformal adult education.

Denmark contributed $60,000 to cover office rental costs for the newly established Thai family planning program. This covers the 1971-74 period while an administration building is being erected.

The University of North Carolina–with the aid of a Rockefeller grant–has provided an adviser to the Population and Social Research Center at Mahidol University for the past three years.

Turkey

Demographic information

Population according to census of October 25, 1970	*35,666,549*
Estimated population, January 1, 1972	*36,768,000*
Births per 1,000 population, 1971	*39*
Deaths per 1,000 population, 1971	*13*
Infant deaths per 1,000 births, 1971	*119*
Expectation of life at birth, 1971	*57*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.6*
Number of years to double population at the 1971 rate of natural increase	*27*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*38*
Percent of labor force in agriculture, 1970	*39*
Per capita gross national product, 1970	*$257*
Percent literate	*46*

A monthly report on family planning is ready for distribution by the Ministry of Public Health in Thailand.

Highlights of activities

Until the mid-1960's, Turkey's policies and laws favored large families, and distribution of contraceptive information and devices was prohibited. However, the threat of population growth to economic and social wellbeing and the widespread problem of illegal abortion prompted the Government to adopt a new family planning policy.

In 1965, the Government passed a family planning law, created a General Directorate of Population Planning within the Ministry of Health

and Social Assistance (MOH), and set up family planning clinics on a trial basis.

The family planning program has grown slowly and social and political factors have limited opportunities for expansion. However, by the end of 1970, family planning clinics had been established in 540 maternal and child health care centers, maternity hospitals, and health centers. In addition, mobile units provide family planning education and commodities to the towns and villages of 16 provincial districts. One thousand doctors and 5,660 other personnel have received family planning training.

Through early 1971, the MOH's major effort was directed toward gaining new IUD acceptors and approximately 273,000 insertions were made from 1966 through April 1971. A study by the Institute of Population Studies of Hacettepe University in 1968 indicated a total of over 300,000 had tried pills, with regular users numbering about 90,000. It is estimated that this figure grows by 10 percent a year and that regular users now number approximately 125,000, almost all of these obtaining their pills from pharmacies which offer up to eight name brands at a cost of 65 cents per cycle.

The Turkish government has changed twice since late 1971. These changes have resulted in some delays in the development of new program plans and implementation of tested models. However, in March 1972, the Ministry of Health prepared a comprehensive program and policy paper, and this still remains the basis for project design and integration.

Through the government changes, the pro-family planning attitudes of the Ministry of Health appeared to grow even stronger. The Ministry and prospective external donors expect fiscal 1973 to be a year of program design with some activities getting underway, and others prepared for implementation in fiscal 1974.

Training for program personnel in Turkey is carried out at the Ministry of Health training center and Hacettepe University. A number of doctors, midwives, and social workers have received training in the United States and also participated in International Planned Parenthood Federation's (IPPF) Europe and Near East Regional training courses.

Turkey has a Family Planning Association, founded in 1963. This Association became a member of IPPF in 1965. At the end of 1971, it had 28 branches, 11 fixed clinics, and 5 mobile units. Total number of new acceptors at FPA clinics was 8,568, the majority selecting IUDs. In 1971, more than 20 members of the Association attended family planning program seminars in five Asian countries.

AID assistance

AID assistance to Turkey's family planning effort dates from mid-1965 with the visit of a survey team. Early the following year, a $277,777 grant in

A thousand doctors have received family pla ing training in Turkey. Here a doctor explains family planning to a group of village women.

Turkish lira derived from Public Law 480 sales of U.S. agricultural products furnished 50 jeeps for use by rural health centers.

In April 1967 a further grant of $500,000 in U.S.-owned lira was given to the Ministry of Health (MOH) to encourage the work of mobile teams, for training expenses, and for research and program evaluation costs. Following a loan of $2.7 million (with an option to increase it 25 percent) earmarked for 530 vehicles and vehicle maintenance advisory services, vehicles began arriving in Turkey in early 1971 and since have been placed with the Provincial Family Planning Offices.

Also in 1971, the Government of Turkey and World Education, Inc., jointly funded a program to introduce family planning concepts into the large Turkish adult literacy programs in which both the MOH and the Ministry of Education are participating. The budget for the initial phase (20 months) was approximately $200,000 in lira equivalent, of which AID allotted $77,500.

During fiscal 1972, AID financed family planning study tours to the United States–each of four weeks duration–for 20 members of the Turkish Parliament, a special women's group of eight, and another private group of four. Participants upon their return have been increasingly active in their organizations and the program has been widely featured by the media.

Also during the past year, the AID Mission contracted with Admiral Bristol Hospital for preparation of a new "Pill Casebook" for the Turkish medical community. A Turkish language edition is being distributed, and an English version is available to other AID missions.

This Turkish language 100-page book, "The Pill - A Handbook for Medical Practitioners," is being distributed to Turkish doctors and other medical personnel. It was prepared as a joint effort of Turkish and U.S. medical specialists to help meet the need for reliable information by potential contraceptive pill users and also to correct negative information. Prior to its publication, little reliable information on the pill was available in Turkey. An English language version of the handbook is being shared with other countries.

Other assistance

Turkey is served by a population program officer of the United Nations Fund for Population Activities who is headquartered in Iran.

World Health Organization sponsored a 4-day teaching seminar in Turkey in 1969–bringing in teachers from abroad.

International Planned Parenthood Federation (IPPF) assists the Turkish Family Planning Association. Since 1966, it has provided development costs for new clinics and training manuals and has conducted seminars. It also has financed the travel of Turkish officials to IPPF conferences.

The Pathfinder Fund has provided technical assistance, financial support, commodities, equipment, and educational materials for the family planning program in Turkey. This has included providing professional consultants in various fields and support through private organizations in Turkey of a program to field test commercial contraception distribution techniques in rural areas

In 1970 and 1971, Pathfinder provided over $70,000 to assist the Turkish Development Foundation, a nonprofit organization active in family planning research and pilot projects.

The Population Council has had a major role in aiding the national family planning program. In 1963, the Council conducted a feasibility study and recommended guidelines for a national program.

Since then Council funds have been used for demographic training, research, distribution of IUDs

and oral contraceptives, and general program support. The Council has supported the postpartum program at the Ankara Maternity Hospital and maintained a resident medical advisor in Turkey until 1971. The Council's support from 1963 to 1971 totaled about $2 million.

In 1971, the Council made a grant to the Ministry of Health to support regional seminars for officials involved in family planning; it also made a grant to the Turkish Development Foundation to explore the possibilities of an integrated maternal and child health family planning program.

The Ford Foundation in 1967 and 1970 made two 3-year grants totaling $682,000 to the Hacettepe Institute of Population Studies, Ankara, for training and research in population and demography. The Foundation has also been instrumental in bringing a better understanding of contraception into medical curricula in Turkish universities.

The Rockefeller Foundation in 1967 made a 4-year grant of $250,000 to the Hacettepe Institute for developing family planning clinics for research, teaching, and demonstration projects.

The Swedish International Development Authority has made a grant of $97,000 to the Turkish Government for purchase of contraceptives. A grant of $15,000 was made in 1971 to equip a new offset printing facility for production of family planning educational and promotional materials. Another $94,000 was allocated for seven vehicles (including snow trucks) and 20,000 gross of condoms.

Latin America

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Latin America

The population growth rate in tropical Latin America, including the Caribbean, continues to be the highest in the world. And here, as in other areas, there is increasing concern about the consequences of such growth on economic development, health, education, per capita food availability, and the quality of life generally.

Heightened awareness of the problems brought about by rapid population expansion has kindled a growing determination to do something about it. The changing attitude is seen in the rise of family planning organizations and in the frequent inclusion of family planning in public health services.

Population growth in mainland Latin America in 1972 was at a rate of 2.8 percent—which, if maintained, will double the present population of 270 million in 25 years.

Population growth in the Caribbean Islands in 1972 was at a rate of 2.4 percent—which, if maintained, will double the present population of 25.8 million in 29 years.

Cities, attracting a constant in-flow of rural people, are growing much more rapidly than rural areas. At present growth rates, some Latin American cities are on the way to doubling in size within 10 years.

Latin America has much to gain economically by reducing its population growth rate. Growth in total gross national product (GNP) in 1970 and 1971 was at a rate of 6.6 percent. But that respectable rate of increase in total GNP was reduced, because of population expansion, to a per capita gain of only 3.7 percent.

Another dimension of the population problem in Latin America is its large number of young people. Over 40 percent of Latin Americans are under 15 years of age, whereas in the developed countries the figure is only 25 to 30 percent.

The large number of young people introduces the element of "momentum" into population growth; that is, even when progress is being made in reducing the fertility rate, the population continues to expand. Population will keep on rising until the age structure shifts away from a high proportion of young in relation to older persons, because there will be more young couples having babies than there are older people dying.

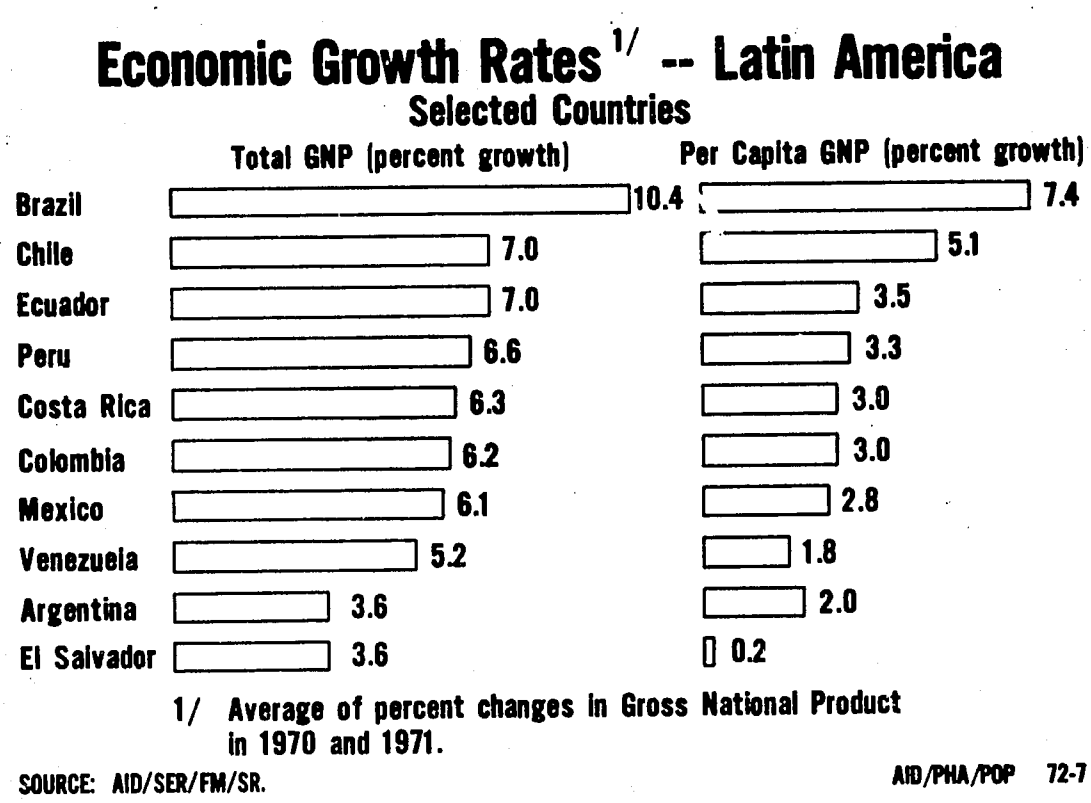
Official attitudes toward the population problem vary rather widely. Almost everywhere family planning is a sensitive political issue. A few governments prefer high birth rates. Others have official policies and are giving increasing support to family planning. Some governments are neutral, permitting family planning services to be offered but making no policy statement.

One way or another, however, acceptance of family planning is growing throughout Latin America. Part of this comes from a general recognition of the problem of high incidence of induced abortions which probably has done as much as anything else to focus attention on the need for action. Illegal and crudely performed abortions are rightly viewed as a serious health hazard.

Working through maternal and child health programs, government public health services increasingly are offering family planning as a substitute for this dangerous method of limiting family size.

Hopeful signs of progress are found in declining birth rates. Some of the declines have been substantial. Costa Rica's birth rate fell from 46.1 per thousand live births in 1962 to 34 in 1971. Over the same period, Chile's birth rate declined from 35.9 to 27 and El Salvador's from 48.7 to 40. Very sharp declines were noted in some of the Caribbean islands, including St. Vincent, Trinidad and Tabago, St. Kitts, and Barbados. Small declines, but declines nevertheless, were shown for Brazil, Colombia, Ecuador, Mexico, Panama, and Venezuela. Bolivia's birth rate was unchanged over the 10-year period

As to the reason for such declines, the United Nations Economic and Social Council, in reporting a 1971 session of the Economic Commission for Latin America, suggests: "A plausible hypothesis would be that during this period large numbers of persons already trying or wanting to control their fertility gained access through their own initiative to more efficient methods of doing so."



The rate of population growth in Latin America, currently 2.8 percent, is higher than that of any other major region. This high rate introduces a key factor in the inexorable equation: Total GNP growth divided by a rapidly increasing population means reduced per capita GNP growth and a barely improving standard of living for most individuals.

Comprehensive government programs, utilizing public health services, have been developed in several countries. In addition, some governments have extended their family planning services through their social security institutions, their armed forces, and other national organizations. Private family planning organizations, usually affiliated with the International Planned Parenthood Federation (IPPF), exist in nearly all countries.

In 1970, Chile was the site for a conference of the International Conferation of Midwives, which addressed the subject of population growth and family planning. Other conferences in 1970 included a Latin American regional conference of the International Union for the Scientific Study of Population in Mexico City. The 14th session of the U.N. Economic Commission for Latin America met in April-May 1971 in Chile to discuss "Population Trends and Policy Alternatives in Latin America."

The need for data on which to base realistic planning for health, housing, education, employment, and nutrition has resulted in an increase in training for accurate methods in census taking. This training is given periodically in Spanish. Cooperating in carrying out the training are the U.S. Bureau of the Census and the Latin American Demographic Center (CELADE) located in Chile.

More and more people are hearing about population problems and what can be done about them through available family planning programs. In the last year or two a number of international, regional, and national organizations have been devoting an increasing proportion of their resources to the dissemination of information. Today, radio, television, movies, film strips, and slides are being used more than ever before to reach people—even those in remote places. The circulation of posters, leaflets, and other materials is being pushed.

There are an increasing number of debates and discussions among interested groups, particularly groups of young people. Schools are now adding sex education and family life courses to their curricula.

AID assistance

AID has provided assistance in Latin America through international and regional organizations such as the IPPF, the Population Council, The Pathfinder Fund, the Pan American Health Organization (PAHO), and the Pan American Federation of Associations of Medical Schools (PAFAMS).

In 1971, an interdisciplinary conference on education, information, and communication action in population and family planning programs was held at Airlie House, Warrenton, Va. Latin and North American experts studied various ways to develop educational support planning and to inform people about family planning and population problems. They agreed to continue to study the problem intensively for 2 years while testing tentative solutions in field situations.

Over a period of several years, AID has made grants totaling $5.6 million ($1.9 million in fiscal 1972) to the Population Council to expand analytical activities relating to Latin America's population growth problems and to sponsor research studies, pilot projects, consultation on problems of research design, and data collection and analysis.

AID funding support for population and family planning activities in the Latin American region since 1965 has been:

AID Population Program Support, Latin America

Program	Fiscal year				
	1965-68	1969	1970	1971	1972
	$1,000	*$1,000*	*$1,000*	*$1,000*	*$1,000*
Country Projects	6,996	3,071	5,437	7,085	7,223
Regional Projects	5,329	7,256	5,520	8,161	[1]3,911
Total	12,325	10,327	10,957	15,246	11,134

[1]Reduction reflects consolidation of some regional projects into worldwide projects.

Sex education teachers in a round table discussion during a regional course on Sex Education and Family Planning attended by representatives of the Central America countries and Panama.

United Nations and regional assistance

The United Nations Fund for Population Activities (UNFPA) provides assistance, both on a country and a regional basis, to population and family planning programs in Latin America. Regional activities include support of population activities of CELADE; provision of advisory services to the Economic Commission of Latin America and to the regional Educational Planning Center; and financing of a training course in demography, seminars on use of demographic data and census tabulations, and a study of induced abortions.

The United Nations Economic Commission for Latin America (ECLA) is responsible to the United Nations Economic and Social Council and receives some assistance from UNFPA. ECLA, under an agreement with the Chilean Government, helped establish a new legal status for CELADE.

CELADE offers courses in demography and statistics, conducts demographic research, and makes technical and demographic assistance available to national governments.

A subregional center of CELADE was established in 1967 in San Jose, Costa Rica, to assist in demographic training and research in the Central American region. The subcenter also makes assistance available to other countries.

The Pan American Health Organization (PAHO), the regional arm of the World Health Organization and a specialized agency of the Organization of American States, provides technical assistance related to population and family planning in Latin America. PAHO, for the most part, works directly with governments, at their invitation, almost exclusively in the health sector. It seeks to incorporate population/family planning in existing health systems and organizations through education of professional staffs, provision of necessary supplies and commodities, and encouragement and support of related social and medical research. Its principal role has been to supply advisory and consultative services to implementing agencies of the government.

The Institute for Population and Family in Guatemala was established in 1967 by the Central American Institute for Economic and Social Development to carry out studies of attitudes toward family responsibility and family planning.

The Pan American Federation of Associations of Medical Schools is urging the inclusion of population studies and family planning in medical schools. Its Population Studies Unit conducts demography seminars and workshops which include family planning; introduces family planning techniques in obstetrics/gynecology courses; and develops audiovisual materials for teaching population courses and family planning in medical schools.

The Organization of Central American States established the Office for Coordination of Health Programs in 1966 as the focal point for all regional health and population activities. The Office has compiled and published information on the effects of population growth on economics and social development.

IPPF provides financial and technical assistance to its affiliates. These affiliates provide a framework to demonstrate the need and demand for family planning services. IPPF provides member associations with information on all aspects of world population developments; assists in the formation of new family planning associations in non-member countries; supports the training of medical and para-medical personnel for their service in family planning clinics; and promotes and organizes international and regional meetings concerned with the exchange of ideas on related subjects.

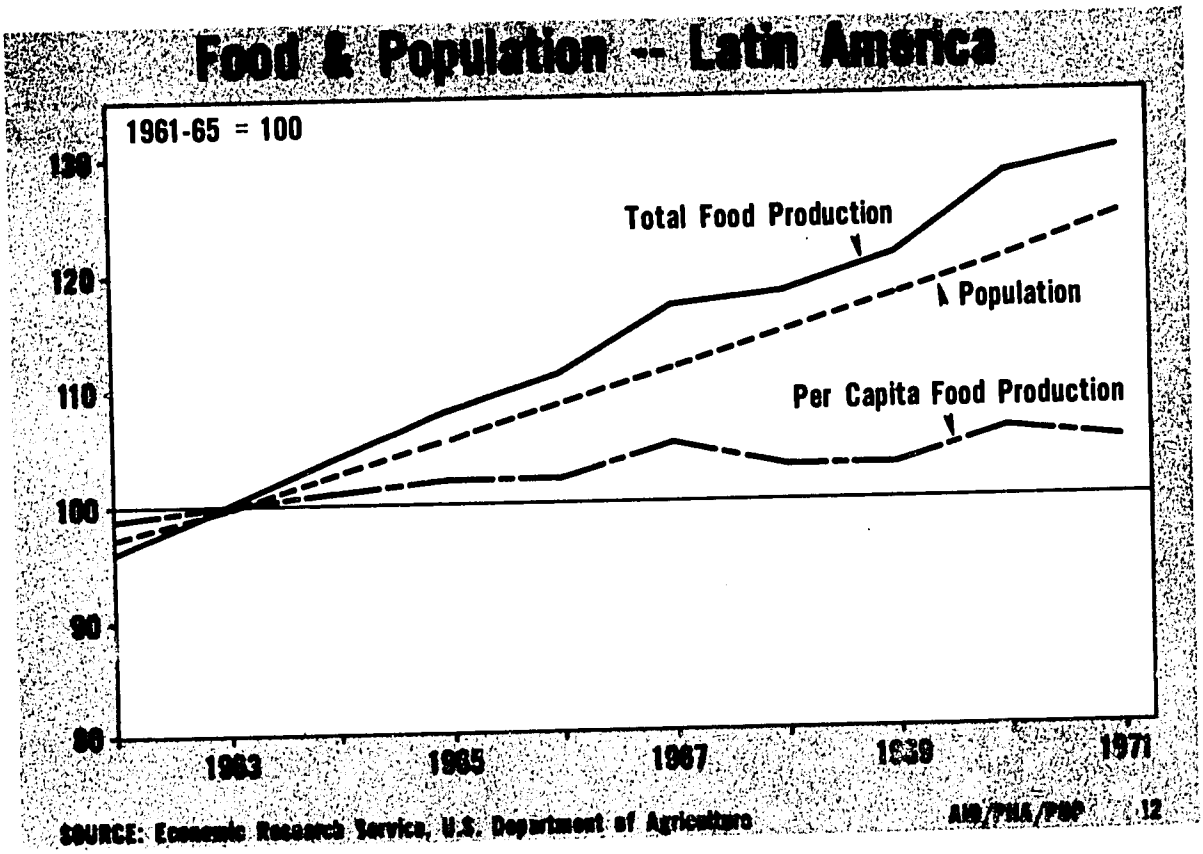
While IPPF Western Hemisphere Region programs have traditionally been clinic-oriented, recent efforts have focused on improving education and communication programs. Support for clinical services is generally limited to a few demonstration clinics rather than national clinical networks.

Church World Service is contributing to family planning programs in a number of Latin American countries and the Caribbean area.

Family Planning International Assistance, the International Division of Planned Parenthood Federation of America, Inc., has provided funding to church-related family planning programs in Costa Rica, Dominican Republic, Haiti, and Peru. Contraceptive supplies and medical equipment have been sent to church-related programs in Colombia, Haiti, and Paraguay.

The Pathfinder Fund has furnished technical and financial assistance, contraceptive supplies, and literature to pioneering family planning groups in almost all Latin American countries.

In fiscal 1972, Pathfinder concentrated its efforts on seminars on population and family planning for decision makers, sterilization clinical services and research, use of mass communications to disseminate information on family planning to the general populace, introduction of clinical services in both urban and rural areas, and training programs in family planning techniques.



Total food production in Latin America has increased rapidly in the last decade, permitting the area as a whole to raise current per capita food output somewhat above the 1961-65 level. In some countries, however, a significant part of some foods is produced for export, reducing per capita availability. Food production per capita has been well above the base period in Mexico, Central American countries, Venezuela, Brazil, and Chile. But a number of countries now have smaller per capita food production than in 1961-65, notably Uruguay, Peru, Paraguay, Guyana, Colombia, Bolivia, Jamaica, and Haiti.

The Population Council makes grants, supplies IUDs and books, provides fellowships, and offers technical advisory service to institutions and individuals throughout Latin America and the Caribbean. Such regional organizations as the Organization of American States (OAS), the Pan American Federation of Associations of Medical Schools, and CELADE have received Council assistance for multinational activities in addition to the local institution support described in detail in the country sections that follow. Council support for Latin American activities exceeded $2.2 million in calendar 1970.

Activities receiving grant support from the Population Council include demographic research by the Colombian Association of Medical Schools, the College of Mexico, Peru's Center for Population and Development Studies, CELADE, and numerous universities and government agencies; institution building in schools of public health at the Catholic University of Lima, Peru, and at related research institutions; family planning services in the Dominican Republic, Colombia, and Venezuela; training at the Colombian Association of Medical Schools, Pan American Federation of Associations of Medical Schools, CELADE, and elsewhere; and biomedical research and contraceptive development and testing in collaboration with a number of countries.

The Council encourages population awareness and technical knowledge by supporting translation and distribution of pertinent literature; by assisting leadership seminars organized by the OAS, the Pan American Federation, the Population Reference Bureau, and others; and through provision of resident advisors and visiting consultants. Most Council publications are translated for broad distribution in Latin America, and basic books and research studies

are made available to libraries of government agencies, universities, research centers, and other institutions.

Two Council advisors assist the Colombian Association of Medical Schools and other institutions in Colombia; the Regional Medical Advisor in Caracas assists numerous institutions in Venezuela and in other countries of the region; and a consultant is financed in Mexico. A Council advisor also assists the demography program of the Catholic University of Lima, Peru. Twenty graduate-level fellowships were provided in 1971.

The World Assembly of Youth (WAY) conducts seminars that promote among young people an awareness of the population problem and incorporates family planning concepts into international conferences. In the 1971-72 program year, national conferences were held in Colombia, El Salvador, Nicaragua, and Trinidad and Tobago. A pilot seminar was held in Mexico.

World Education, Inc., helps to incorporate family planning concepts into functional literacy programs and into nonformal adult education. By mid-1972, studies had been made on contacts established with projects in Jamaica, Honduras, Costa Rica, Dominican Republic, El Salvador, Guatemala, Nicaragua, Ecuador, Peru, Paraguay, Colombia, and Venezuela.

Ford Foundation assistance in Latin America has focused on population studies and research in reproductive biology. Ford grants to Latin American universities and institutions totaled over $10 million between 1962 and June 1972. Recipients of Ford funds include institutions in Argentina, Brazil, Chile, Costa Rica, Colombia, Ecuador, Jamaica, Mexico, Peru, Uruguay, and Venezuela.

Ford Foundation support in Latin America has also included a number of regional grants. In 1962, 1968, and 1971, the Foundation made grants totaling $722,500 to CELADE for demographic teaching and research activities. In 1967, 1969, and 1971, the

Women enrolling for family planning service at a clinic in Latin America. Population growth rates in tropical Latin America continue to be the highest in the world. But there is increasing concern about consequences of such growth on economic development, health, per capita food availability, and quality of life generally.

Foundation provided financial assistance totaling $350,000 to the Pan American Federation of Associations of Medical Schools for support of their Division of Population. The Latin American Association for Research in Human Reproduction received $40,000 in 1970 for general support, research fellowships, its biennial conference, and four seminars.

The Ford Foundation maintains resident population advisors in Brazil, Colombia, and Mexico and provides short-term advisory assistance. A staff member of the Foundation's New York Population Office has assisted in the analysis of present communications activities in selected countries of Central America and the Caribbean.

The Rockefeller Foundation has actively supported several family planning programs in Latin America, particularly in Colombia and Chile. The Foundation also is concentrating on the interaction of social, medical, and biological sciences, particularly in the search for better contraceptive methods. It is supporting research in basic biological and physiological aspects of human reproduction. In 1971, and 1972, grants totaling over $2 million were given for this purpose to scientists and universities in the United States and other countries, including Peru.

Grants of the Tinker Foundation relate to activities or organizations in Latin America. The Foundation gave significant support in 1968 to the Latin American Department of the Population Reference Bureau (PRB). Since that date, the Foundation has supported a yearly series of population dialogues for opinion leaders from within the Americas. Additionally, the Foundation has helped finance the Spanish and Portuguese publications program of the PRB.

The Mennonite Central Committee includes family planning in its medical program. The Committee is currently funding programs in Haiti and Paraguay.

OXFAM and OXFAM-Canada have provided financial assistance through local family planning associations to Bolivia, Colombia, Guatemala, Mexico, Trinidad, and some eastern Caribbean Islands.

The Population Reference Bureau's international programs are focused mainly on population problems of Latin America. From its regional office in Bogota, Colombia, it distributes books, articles, and the monthly newsletter *Poblacion*. Radio, television, and films are also used to reach Latin American audiences with demographic information.

In 1972, PRB began the biweekly publication of a fact sheet, known as *Que Pasa* in Spanish and *O Que Ocorre* in Portuguese. Designed especially for radio and television use and distributed to major stations throughout Latin America. The Bureau also inaugurated an educational program to introduce population concepts into the Brazilian school system by means of an experimental bilingual bulletin for English language teachers.

The Bureau participates in numerous population conferences and forums, and also holds its own seminars to which Latin America opinion leaders in labor, medicine, journalism, and other fields are invited. Since 1968, the Bureau has worked with the Inter-American Regional Organization of Workers in co-sponsoring seminars on the population problem.

World Neighbors is emphasizing family planning as strongly as local attitudes and its budget will permit. It works in 10 Latin American countries -- three in Central America: Costa Rica, Guatemala, and Honduras; in Haiti; and six in South America: Bolivia, Brazil, Colombia, Ecuador, Paraguay, and Peru. World Neighbors provides leadership training for doctors, nurses, and paramedical workers; supplies contraceptives, audiovisual films, and equipment; and cooperates with such agencies as BEMFAM, PROFAMILIA, Servicio de Orientacao da Familia, Mennonite Central Committee, Young Men's Christian Association, The Pathfinder Fund, and with local clinics and doctors.

The Canadian International Development Research Center has formulated a population and health sciences program of research grants primarily to people and institutions in the developing countries for studies in demography and population policy, fertility regulation, family planning, and health care delivery systems. In 1971 and 1972, grants were made for research in Barbados, Brazil, Colombia. Dominica, and to CELADE, the latter funded at $149,300.

The Swedish International Development Authority (SIDA) has initiated assistance to family planning programs in Chile, Colombia, Costa Rica, Cuba, El Salvador, and Trinidad and Tobago. Responding to the need for sex education in Latin America, SIDA has arranged two seminars for experts from Latin America and the Caribbean. SIDA also has provided substantial quantities of contraceptives, equipment, and other supplies.

The United Kingdom provided some population program assistance to the British Virgin Islands, the Dominican Republic, St. Vincent, and to Trinidad and Tobago.

Argentina

Demographic information

Population according to census of September 30, 1970	[1] *23,364,431*
Estimated population, January 1, 1972	*24,828,000*
Births per 1,000 population, 1971	*21*
Deaths per 1,000 population, 1971	*8*
Infant deaths per 1,000 births, 1970	*56*
Expectation of life at birth, 1971	*68*
Percent of population under age 15, 1970	*29*
Rate of natural increase, 1971 (percent)	*1.3*
Annual growth rate, 1971 (including migration)	*1.4*
Number of years to double population at the 1971 rate of natural increase	*53*
Median birth order	*NA*
Median maternal age, 1966	*27*
Percent urban, 1971	*81*
Percent of labor force in agriculture, 1965	*18*
Per capita gross national product, 1970	*$1,055*
Percent literate	*91*

[1] Not used as base for 1972 estimate.

Highlights of activities

Argentina, unlike most other Latin American countries, has a low population growth rate. The emphasis in family planning, therefore, is on providing contraceptive and clinical services to discourage abortions. (The high rate of abortion traces in large part to heavy migration from rural areas and consequent overcrowding of the cities, which accentuates the problem of unwanted pregnancies.)

Population programs also stress detection of cancer and insurance of physical and mental health of the family.

The Argentine Family Protection Association was organized in 1966 to coordinate and expand the family planning movement throughout the country. It became affiliated with the International Planned Parenthood Federation (IPPF) in 1969.

The number of clinics operated by the Association has increased from 3 in 1966 to 56 in early 1972. Moreover, 52 of the 56 are operated in public hospitals, with approval of the Secretariats of Public Health, either provincial or municipal. In 1972, a total of 38 of the 56 centers were government-supported.

Coordination in varying degree has been established by the Association with the Ministry of Social Welfare, mainly through the Department of Health Education, for utilization of the Association's audio-visual material.

At the provincial level, the Association has cooperated with the Ministry of Social Welfare of the Buenos Aires Province in developing family planning courses for social workers who are or who will be active in the plan to eradicate shanty towns. Similar progress has been made in the Provinces of Catamarca, San Luis, Newquen, Chaco, Mendoza, and Santa Fe, and in some municipalities in Buenos Aires and Rio Negro.

The Subsecretariat of Public Health's expert committee has dealt with regulations concerning gynecological assistance, including use of contraceptive methods as adequate means for fertility control. Four members of the IPPF local affiliate's national council participated in working sessions held by this committee. It issued a document endorsed by the Ministry of Social Welfare and circularized to health institutions throughout the country.

On the academic side, the subject of family planning and contraceptives has been introduced into the gynecology courses of medical schools. In addition, a national commission has been appointed to review the possibility of incorporating sex education in primary and secondary school curricula.

Formalization of family planning programs has been effected through agreements subscribed to by provincial governments and the Association in Jujuy, San Juan, La Rioja, Salta, San Luis, Catamarca, and Santiago del Estero. The bilateral agreements set forth the work scope, responsibilities, and commitments of the signatories for 3 years, with the Association phasing down its own contribution towards the end of the period. The Association now subsidizes only 10 clinics, two of them private and all operating on a pilot-project basis.

The Association has organized an educational program of talks, meetings, and film shows for the parents attending its family planning centers and also has sponsored regional and provincial seminars on related subjects; 12 seminars and meetings of this kind were held in 1970.

The Association also conducts a series of training courses for personnel already working in family planning or who intend to participate in the program. An intensive course on human fertility was held in October 1971—a course jointly developed

with the Argentine Council for Studies on Reproduction (CADER) as well as the Departments of Gynecology, Histology, and the School of Public Health of the University of Buenos Aires; the National Institute of Neurobiology; and the Latin American Institute of Reproductive Biology.

That same month, a national course on the role of family planning in health programs was held for hospital directors. Fifteen physicians holding this position in national, provincial, and municipal institutions participated.

While Argentina has no official population programs, there appears to be increasing acceptance of such programs. Evidence of this is the participation in the programs by university departments of obstetrics and gynecology, recognition of and support to educational activities by the national and provincial ministries of education, and governmental approval of programs in certain provinces.

There are no legal regulations pertaining to the import, manufacture, distribution, advertisement, or use of contraceptives in Argentina.

External assistance

Through a grant agreement entered into with AID in June 1971, central funds totaling $2.7 million were allotted for use by the Pan American Health Organization's (PAHO) Special Fund for Health Promotion to assist in Latin American programs on population growth and health care.

Activities developed in Argentina in connection with the above grant include a seminar on human reproduction carried out in the autumn of 1971, with attendance of 24 Colombian professors of medicine; a total of thirteen 1-month fellowships for a pediatrics course; and a 1-year maternal and child health-family planning training program in Costa Rica for an Argentine nurse-midwife.

PAHO also has provided short-term consultants for pediatric residency programs, for the International Meeting on Social Psychology and the Latin American Course in Maternal and Child Health and Family Welfare, and for the Biology of Human Reproduction Seminar.

A regional project is being approved for United Nations support to the Latin American Demographic Center (CELADE) in Chile for approximately $1.5 million. Argentina will benefit from the undertaking through program-related personnel being trained in demography and human resources.

The United Nations also is assessing a project presented by the National Institute of Statistics and Census for analysis of a sample of the 1970 Population and Housing Census. Technical assistance as well as equipment and local costs were part of a request for $80,000 which was approved in November 1971 for execution by the United Nations Fund for Population Activities.

IPPF gives an annual grant to the Argentine Association of Family Planning.

The Pathfinder Fund has supplied contraceptives and literature.

Population Council grants have included these: For medical research—Institute of Medical Investigations, Buenos Aires, $1,000; Mercedes and Martin Ferreya Institute of Medical Investigation, Cordoba, $19,500; and National Council of Scientific and Technical Investigations, Buenos Aires, $44,700. For demographic research—National University of Cordoba, Cordoba, $5,000; Torcuato de Tella Institute, Buenos Aires, $32,220; and University of Buenos Aires, Buenos Aires, $30,400.

From 1965 to June 1972, the Ford Foundation made grants totaling over $1 million to the University of El Salvador in Buenos Aires for training and research in reproductive biology and population dynamics.

For 7 years, the National Institutes of Health, U.S. Department of Health, Education, and Welfare, provided grants to the Institute of Medical Research, Cordoba, for biomedical research related to reproduction.

Barbados

Demographic information

Population according to census of April 7, 1970	*238,141*
Estimated population, January 1, 1972	*[1] 239,000*
Births per 1,000 population, 1971	*21*
Deaths per 1,000 population, 1971	*9*
Infant deaths per 1,000 births, 1970	*45*
Expectation of life at birth, 1971	*72*
Percent of population under age 15, 1970	*37*
Rate of natural increase, 1971 (percent)	*1.2*
Number of years to double population at the 1971 rate of natural increase	*58*
Median birth order, 1969	*2.7*
Median maternal age, 1969	*24*
Percent urban, 1971	*44*
Percent of labor force in agriculture, 1965	*25*

Per capita gross national product, 1970 . . . *$618*
Percent literate *98*

[1]Based on preliminary 1970 census figure.

Highlights of activities

Barbados has achieved a sharp decline in its birth rate—from 30.5 per thousand to 21 in 1971. A Family Planning Association, supported by the government and the International Planned Parenthood Federation (IPPF), has played a key role, although rising incomes and improved education also have contributed to the change.

The Association maintains three clinics that offer full-time planning services while another 13 offer part-time services. There is a permanent staff of 30, including one resident doctor. The Association also offers films, lectures, and radio announcements to build interest. Contraceptives are made available through an AID/IPPF grant at less than one-third market price.

Although the program in its entirety has been effective through wide dissemination of information and followup visits, teenagers are difficult to reach. The Association is prohibited from advising youngsters under age 16 about contraceptives and local schools have no adequate courses in planned parenthood. The Association, under the circumstances, may be expected to expand its efforts particularly with reference to the 14-19 age group.

External assistance

The United Nations has given assistance to the Government of Barbados to help strengthen the publicity for family planning.

IPPF provides assistance on an annual basis.

The Canadian International Development Research Center made a grant of $69,790 to the University of Western Ontario to study the role of family planning in recent fertility declines in Barbados.

Bolivia

Demographic information

Population according to census of September 5, 1950 . . . . . [1]*2,704,165*
Estimated population, January 1, 1972 . . . . . *4,832,000*
Births per 1,000 population, 1971 . . . . . *44*
Deaths per 1,000 population, 1971 . . . . . *18*
Infant deaths per 1,000 births, 1970 . . . . . *108*
Expectation of life at birth, 1971 . . . . . *46.5*
Percent of population under age 15, 1970 . . *43*
Rate of natural increase, 1971 (percent) . . . *2.6*
Annual growth rate, 1971 (including migration) *2.5*
Number of years to double population at the 1971 rate of natural increase *27*
Median birth order . . . . . *NA*
Median maternal age, 1966 . . . . . [2]*28*
Percent urban, 1971 . . . . . *35*
Percent of labor force in agriculture, 1965 . . *65*
Per capita gross national product, 1970 . . *$199*
Percent literate *40*

[1]Enumerated population adjusted for estimated 8.4 percent underenumeration.

[2]Based on incomplete registration of births.

Highlights of activities

Bolivia has no official family planning policy but has been receptive to AID-sponsored research being carried out by the National Family Center (CENAFA) and the Ministry of Social Welfare/Public Health to study the feasibility of eventually promulgating a policy on population problems.

CENAFA's first major work, Study on Induced Abortion and the Use of Contraception, produced evidence that various elements of the population in an important economic region are asking about availability of family planning clinics and methods.

Also, family planning has received favorable discussion in seminar meetings, conducted with assistance of government personnel and medical professionals. Near-future plans envision similar seminars for labor union leaders.

Departments of Preventive Medicine at universities in La Paz, Sucre, and Cochabamba have added the teaching of demography.

External assistance

AID provides support to three universities that are introducing preventive medicine techniques and courses on demography into their curricula. AID not only supports CENAFA's research activities but also its dissemination of demographic information and its training of physicians.

The Pathfinder Fund continues to support a mobile family planning clinic serving the interior areas. It provided funds for sex education seminars for nurses—seminars organized by CENAFA.

Pathfinder also has provided funds for seminars on population problems for leaders of Bolivian labor organizations.

The Population Council has maintained correspondence with several institutions in Bolivia but has not directly supported any population activities.

Fellowship support has been provided.

OXFAM has contributed to the United Methodist Committee for Overseas Relief for a Bolivian program of maternal and child health and family planning.

OXFAM-Canada in 1971-72 contributed $2,600 to a family planning program.

World Neighbors helps conduct a limited program of family planning education, aided by several cooperating doctors. The program is now being developed in two major segments. One will serve the Altiplano areas radiating from La Paz; the other will concentrate on more remote northeastern areas of the country.

Brazil

Demographic information

Population according to census of September 1, 1970	*93,204,379*
Estimated population, January 1, 1972	*[1]99,988,000*
Births per 1,000 population, 1971	*37*
Deaths per 1,000 population, 1971	*9*
Infant deaths per 1,000 births, 1970	*94*
Expectation of life at birth, 1971	*63*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.8*
Number of years to double population at the 1971 rate of natural increase	*25*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1970	*56*
Percent of labor force in agriculture, 1965	*44*
Per capita gross national product, 1970	*$364*
Percent literate	*67*

[1]Based on adjusted preliminary 1970 census figure.

Highlights of activities

BEMFAM (the Sociedade de Bemestar Familiar) is a private organization that has been carrying out family planning activities in Brazil since 1965. In 1968, a reorganization brought the previously autonomous local clinics under administration of a central office in Rio de Janeiro.

In 1971, the number of BEMFAM clinics expanded to 68, and 110,000 women had accepted contraceptives for the first time. The great majority of these new acceptors chose oral contraceptives.

BEMFAM, in cooperation with university medical schools, conducts clinical research and experimental programs and offers monthly training courses for medical and paramedical personnel and other interested people.

In June 1971, BEMFAM signed agreements with the state governments of Rio Grande de Norte and Pernambuco to provide family planning services in state-supported facilities. BEMFAM also has signed agreements with mayors of two important industrial cities for developing cooperative projects on family planning. In 1972, BEMFAM signed an agreement with the state of Alagoas.

In April 1970, BEMFAM sponsored the Fourth Brazilian Seminar on Family Planning in Natal, with 98 participants. In October 1970, it sponsored the fifth seminar in Santa Maria, with 102 participants. These meetings were attended by leaders from the government, military, and church.

By federal decree, BEMFAM became in April 1971 a federally recognized "utilidade publica"—somewhat similar to a United States nonprofit tax exempt organization but with wider ramifications.

In June 1971, the BEMFAM Fund was initiated to support family planning activities in Brazil with a 1972 target of $250,000.

External assistance

The Pan American Health Organization, together with the University of Sao Paulo, offers training in demography and conducts population research programs.

The International Planned Parenthood Federation (IPPF) assists BEMFAM's clinical, training, and information and education programs.

The Population Council has made grants totaling approximately $150,000 to various Brazilian institutions for biomedical and demographic research, and a postpartum family planning program. The Council has assisted the Laboratory of Physiology of Reproduction at the National Faculty of the University of Rio de Janeiro, where oral contraceptive tests are being conducted, and has also supported a study of male attitudes toward fertility and family size at the School of Politics and Sociology in Sao Paulo. Fellowship support also is provided.

The Pathfinder Fund has aided several doctors, from both urban and rural areas, by providing contraceptives.

The Ford Foundation in 1966 made a 5-year grant of $476,500 to the Federal University of Bahia for basic and clinical research in reproductive physiology, research on the incidence of abortion, and demonstration family planning clinics.

In 1970, the Foundation provided an additional grant of $410,000 to continue and amplify the University's research program, expand its educational and training programs, and strengthen its staff development efforts.

In 1967, 1970, and 1971, the Foundation made grants totaling $254,000 to the Federal University of Rio de Janeiro to conduct a research program on the effects of contraceptives on patients at BEMFAM clinics and a training program for technicians in cervical cancer detection. In 1967 and 1970, grants totaling $522,440 were given to BEMFAM to support an experimental program of "satellite" clinics.

In July 1971, the Foundation made a 2-year grant of $100,000 to the Federal University of Juiz de Fora for development teaching in reproductive biology and research on the evaluation of the effects of contraceptive drugs. In the same year, a $70,000 grant was awarded to the University of Brazilia for teaching and research in family planning, population dynamics, applied nutrition, and maternal and child health. In 1970 and 1971, a total of $665,000 was made available by the Foundation for research and training in Brazilian population studies.

On the outskirts of Natal, World Neighbors (WN) shares with BEMFAM the support of an integrated program, which involves family planning, vocational training, job guidance, and community development. In Campinas, an earlier project has been enlarged. In cooperation with the Medical School of the University of Campinas, the program now involves fourth and fifth year medical students in family planning clinics in several of the city's major hospitals.

In Salvador, WN is cooperating with the Bahia Chapter of the Brazilian Red Cross in an integrated program including pre-natal and post-natal health, sex education, and family planning. WN assistance provides for increased emphasis on family planning orientation and education and for a program of followup visits to homes and neighborhood areas.

In Sao Paulo, WN assists the Servicio de Orientacao da Familia, as it conducts family planning programs in three needy areas of this large industrial city. The program is completely integrated, providing responses to a wide variety of family needs.

Church World Service helps to finance the Sao Paulo Family Guidance Service which provides marriage and family planning counseling by a well-trained group of social workers and doctors.

OXFAM-Canada in 1969-70 made a grant totaling $10,000 to BEMFAM to conduct two seminars on family planning.

The Canadian International Development Research Center made a grant of $17,300 to the Centro Brasileiro de Analise e Planejamento (CEBRAP) to study development of regional typology.

Chile

Demographic information

Population according to census of April 22, 1970	*8,834,820*
Estimated population, January 1, 1972	*[1]9,597,000*
Births per 1,000 population, 1971	*27*
Deaths per 1,000 population, 1971	*9*
Infant deaths per 1,000 births	*92*
Expectation of life at birth, 1971	*63*
Percent of population under age 15, 1970	*40*
Rate of natural increase, 1971 (percent)	*1.8*
Number of years to double population at the 1971 rate of natural increase	*39*
Median birth order, 1967	*2.7*
Median maternal age, 1968	*26*
Percent urban, 1971	*74*
Percent of labor force in agriculture, 1970	*21*
Per capita gross national product, 1970	*$794*
Percent literate	*84*

[1]Based on adjusted 1970 census figure.

Highlights of activities

The Chilean Government has centralized all family planning activities in the National Health Service (NHS). An integrated maternal and child care program, aimed at strengthening the socio-economic structure of the family, has been established.

Within this framework, family planning efforts are carried out in conjunction with gynecological, obstetric, and sex-education activities. The NHS's maternal and child care program is still undergoing revision, however.

Chile's family planning program in its entirety is probably one of the most advanced in Latin America. Some 200 clinics dispense family planning

information and contraceptives throughout the country and world-renowned training courses have been developed at the United Nations-sponsored Latin American Demographic Center (CELADE) and the Barros Luco Hospital.

Family planning activities in Chile received a strong stimulus in 1962 when prominent medical specialists from the University of Chile and Catholic University organized themselves as the Chilean Association for the Protection of the Family (APROFA) in an effort to reduce the high rate of induced abortion. APROFA now serves as an advisory council for the government program and runs the family planning clinics, most of them located in government hospitals or clinics.

Each year the Association, in cooperation with the National University, conducts training courses on family planning for medical and paramedical personnel from Chile and other Latin American countries. It also has sponsored annual training grants to recent medical school graduates who will work throughout the country and a public education course using mass media, conferences, and seminars.

The main emphasis is now on training personnel for a community education project which started this year. This project will use volunteers to encourage acceptance of family planning. The target is to train 18,000 motivators in 2 years.

The government, assisted by the Association, is implementing a family life and sex education program in public and private primary and secondary schools.

An estimated 10 percent of the Chilean women in the child-bearing age group (15-44) practice family planning, using mainly oral contraceptives (pills) and IUDs. The aim of the Government program is to obtain 40 percent participation by 1976. Need for a more effective contraception program is indicated by the large numbe duced abortions taking place, especially in the San o area.

External assistance

The United Nations Fund for Population Activities (UNFPA) signed the following agreements with the Chilean Government in June 1972:

1. A $3,198,000 agreement with the National Health Service to carry out a 4-year maternal and child care and family planning program in 24 health areas. Technical assistance, scholarships, medical equipment, contraceptives, and vehicles will be provided. The project will sta in January 1973.

2. An agreement for a 2-year project with Oficina de Planificacion Nacional (ODEPLAN) to establish a Population Unit that will compile existing population information and conduct surveys and studies to gather further information. Five international experts (one international director, two demographers, one economist, and one sociologist) will work with Chilean experts. Equipment also will be provided under this contract.

UNFPA is studying a project with Instituto Coordinador de Investigaciones Sociologicas (ICIS) of Facultad Latinoamericana de Sociologia (FLACSO) to undertake research studies on population legislation.

The United Nations continues to assist the Chilean program through CELADE which organizes courses in demographic analysis for Latin American students, promotes establishment of similar courses in universities throughout Latin America, studies demographic problems using existing data or conducting new research, and provides demographic consulting services for all Latin American countries.

The International Planned Parenthood Federation (IPPF) has supplemented APROFA's funds to make it possible for APROFA to carry out two types of activities:

1. Information-education. Under this program APROFA organizes seminars for professional groups, some of them at a regional level, and conducts short training courses for other groups such as carabineros, armed forces personnel, labor leaders, community organizations, and school teachers.

In 1972, corps of leaders trained by APROFA started a nationwide mass communications program to incorporate planned parenthood practices at all levels of the community. This program should be fully developed by 1974.

APROFA continues to prepare and distribute teaching materials and to make available to schools and institutions different types of audiovisual equipment.

2. Medical-clinical activities. APROFA carries out activities through 282 National Health Service clinics, 14 Servico Medical Nacional de Empleados (SERMENA) clinics, 2 Red Cross health posts, and 1 private clinic. In all of them it provides contraceptives, registration cards, and informational material. It pays the salaries of personnel working in 36 NHS clinics and 4 SERMENA clinics.

The Association aims to extend its services to other institutions such as armed forces clinics, which at present do not provide planning services on a regular basis.

APROFA's actual 1971 budget was $290,000. Its estimated 1972 budget is $390,000 and the 1973 budget is $335,870.

The Pathfinder Fund is financing a program for

medical research on effects of contraceptives, the work being carried out by a group at Hospital Barros Luco. It also is providing funds for scholarships for community leaders to attend courses given by the Asociacion de Estudios Cientificos de Poblacion in Colombia. And it is paying for distributing literature and limited quantities of contraceptives to private clinics and family planning centers serving low-income people.

The Pathfinder Fund has provided financing to the University of Chile to initiate a 3-year study comparing the effectiveness of three intrauterine devices–Dalkon Shield, Copper T-200, and Lippes Loop "D". It has also provided funds to the Latin American Federation of Obstetricians and Gynecologists to initiate publication of a professional journal which will include articles on population and family planning.

The Population Council continues to support biomedical research at the Catholic University, the University of Chile, Catedra "E" de Obstetricia, and the Instituto de Fisiologia. It also supports a family planning statistical unit at the University of Chile.

Fellowships in demography, public health, and biomedical subjects have been awarded. In addition, the Council supports CELADE's comparative regional research programs in fertility and abortion as well as methodological studies on abortion measurement.

The Ford Foundation has granted $328,000 to the University of Chile for research in reproductive biology.

The Rockefeller Foundation made a grant of $50,000 in 1970 to the University of Chile to further that institution's work in family planning. Earlier grants by the Foundation in the overall area of family planning, some of it provided through Harvard University, totaled $751,000.

The Swedish International Development Authority has provided equipment for IUD insertion and projectors for 46 maternal and child health centers.

Colombia

Demographic information

Population according to census of July 15, 1964	[1] *17,484,508*
Estimated population, January 1, 1972	*22,164,000*
Births per 1,000 population, 1971	*43*
Deaths per 1,000 population, 1971	*11*
Infant deaths per 1,000 births, 1970	*76*
Expectation of life at birth, 1971	*60*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.2*
Number of years to double population at the 1971 rate of natural increase	*22*
Median birth order, 1967	[2] *3.5*
Median maternal age, 1967	[2] *27*
Percent urban, 1971	*61*
Percent of labor force in agriculture, 1965	*45*
Per capita gross national product, 1970	*$313*
Percent literate	*73*

[1] Enumerated population adjusted for estimated 3.4 percent underenumeration.

[2] Based on incomplete registration of births.

Highlights of activities

The Government of Colombia has adopted a population policy setting forth the following objectives:

1. A better territorial distribution of the population.

2. Efforts to decrease the vital rates of the population.

3. Reduction in the actual growth rate of the population through decrease in fertility.

Implementation of these objectives assumes coordination of efforts in the sectors of Health, Education, Agriculture, Development, Public Works, and Labor.

The Health Sector carries out plans and programs aimed at improving health generally, but particularly that of the more vulnerable groups–mothers and children. One of the priority programs is Extension of Services of Maternal and Child Care which the Health Sector has been carrying out since 1968. Its objectives are to reduce maternal and child morbidity and mortality through improved and more complete health care to the two groups.

Following the adopted Population Policy, the Health Sector has provided information and family planning services as its contribution to decreasing Colombia's high rate of fertility.

A monthly average of 5,000 women of the fertile age group seeks these services in the 495 municipios where the program operates. Through March 1972, a total of 163,672 women had registered in this program to receive information and contraceptive services. The rhythm method was chosen by about 10 percent; IUDs by 37 to 40

percent; and oral contraceptives by more than 50 percent.

Family planning services have made possible a systematic program of examination for female genital cancer throughout the country. Excellent results in early detection have been obtained. Emphasis is now being placed on training personnel of the health system to bring their training up to date and, within the general policy of the government, provide the attention the community is demanding.

During 1971, 495 municipalities (counties) out of a country total of 915 increased their maternal and child care activities. In 1972, the program spread to 604 municipalities, including for the first time the special federal district of Bogota. This represents a coverage of 88 percent of all the municipalities that have permanent medical service.

There has been a significant increase under the program in the hours of attention given mothers and children up to 15 years of age by health centers and hospital out-patient service.

In 1972, the government expects to provide attention to more than half of the almost 200,000 women it is estimated will become pregnant in the municipalities covered by the program. The same coverage is expected for infants under 1 year of age. It is expected that 310,000 consultations will be provided to some 155,000 children between 1 and 4 years of age—a coverage of 25 percent. More than 200,000 family planning consultations will be provided with a coverage of 15 percent in the areas in the program.

Personnel trained under the Maternal and Child Care Program through December 1971 included doctors of local health services, 484; auxiliary nurses, 629; departmental coordinators (doctors and nurses), 66; and rural health promoters, 2,589.

The function of the rural health promoter is to serve as a link between the health post and the community—encouraging better health habits and greater use of health facilities and providing simple health care at the local level. More health promoters will be trained in 1973.

In 1973, the Colombian Government plans to double its financial support to the Maternal and Child Care Program and hopes to receive additional external aid on a scale permitting extension of this program to the entire nation.

The Colombian Association of Medical Schools (ASCOFAME) continues to play a major role in Colombia's population and family planning activities.

ASCOFAME's Division of Population Studies, organized in 1964, coordinates a variety of teaching, training, and research operations conducted for the most part by the nine medical schools affiliated with the Association. Instruction in demography and family planning is provided to medical students in most of Colombia's medical schools. Post-graduate courses in these areas are also provided under ASCOFAME direction.

In 1971, training was given to 183 health professionals including 25 medical coordinators and 15 nurses of the Maternal and Child Care Program.

In 1971, ASCOFAME significantly expanded its activities in family life and sex education. It sponsored a national seminar on sex education, which followed a 3-month course for university teachers and personnel of the Ministry of Education. Other local seminars were held in the various medical schools. The ultimate goal is to provide instruction in family life and sex education in the primary or secondary school curricula.

ASCOFAME also provides the major impetus for most of Colombia's research on population and family planning. Some investigations are carried out by its own research staff, which is currently completing the analysis of data collected in a national fertility survey conducted in 1969.

Among the more significant findings to date is that Colombian fertility rates began to decline in the early part of the 1960-69 decade and the rate of decrease accelerated toward the end of the period. The birth rate, calculated from pregnancy histories of some 5,500 women, was estimated to be 48 for 1960-64; [illegible] 1967-68 it had dropped to 41.3, a drop of 14 pe[illegible]. Much of this decline occurred before family pl[illegible]g programs in Colombia could have exerted a major effect.

Other ASCOFAME studies cover topics such as characteristics of family planning acceptors, changes in structure and function of the Colombian family, migration, and the role of the druggist in providing family planning information.

ASCOFAME also finances and provides technical assistance for investigations conducted by member universities. In 1971, some 34 such projects in seven medical schools were either approved or were in process of being reviewed.

Since 1968, ASCOFAME has participated in a supervisory capacity in an international demonstration program to introduce family planning in the immediate postpartum period. By the end of 1971, over 86,700 postpartum or abortion patients in 26 participating hospitals had received family planning services, 40 percent of these in 1971 alone. Increasing attention has been focused on program evaluation and improving patient records.

ASCOFAME also publishes and distributes literature related to population and family planning. In 1971, it published and disseminated through its Distribution Center 74,000 copies of 44 different publications ranging from pamphlets to books. The more than 3,000 regular subscribers on its distribution list represent every country in Latin America.

ASCOFAME is represented on the Colombian Population Council, an official government entity organized in 1970 which is charged with the basic responsibility of formulating national population policy.

PROFAMILIA, an affiliate of the International Planned Parenthood Federation (IPPF), is a private organization that carries out educational and family planning programs in Colombia.

One of PROFAMILIA's major objectives is education, both within the clinic and among the general population, to change public opinion in favor of family planning, and to break down the traditional resistance based on religious or political factors or lack of information.

PROFAMILIA also provides clinical services of contraception for those patients who voluntarily request it, systematically examines every clinic patient for early cancer detection, and carries out research on acceptability and effectiveness of new contraceptives.

Through its training programs, both national and international, for medical and paramedical personnel, PROFAMILIA has made a substantial contribution to the level of trained personnel available in this field in Colombia and other countries. As a private institution, it has been able to engage in many pioneering efforts such as use of the radio as a means of mass communication in family planning.

After covering the 29 major cities of Colombia with family planning clinics, it has turned its attention to designing and implementing an experimental program in rural areas.

The Association for the Scientific Study of Population (ACEP) is a private non-profit association of leaders in medicine, demography, sociology, and community organization who have become concerned with the population situation in Colombia.

In the first half of calendar 1972, this Association held five seminars for 171 women leaders representing more than 20 institutions in different geographic areas of Colombia. The second international course for women leaders was held for 2 weeks in Bogota with an attendance of 55 from 7 countries and all the departments of Colombia. Ten short courses have been held for personnel of the National Coffee Growers Association. Four courses were given on the national policy and continuing supervision given to the course work which has now been assimilated into the regular curricula of the national military academy.

External assistance

AID has contracted with the University of North Carolina to help Colombia's National Statistics Agency improve its capacity to gather and analyze demographic statistics.

In fiscal 1972, AID also provided assistance to short and long-term training programs for 49 participants in disciplines related to demography.

Since 1968, Colombia has used about $1,410,000 in funds from the Pan American Health Organization in carrying on its Maternal and Child Care Program.

The Population Council has provided financial and technical assistance to ASCOFAME since 1964 and currently has two advisors in residence The Council supports ASCOFAME's nationwide postpartum program, a broad training and assistance program involving seven universities; extensive knowledge, attitudes, and practices and other population-related research; a special program for evaluation; and a joint Spanish translation and publication program. The Association's activities have been studied by other Latin American countries. Efforts to institutionalize the population activities and to shift to local financing have been meeting with some success.

The Council has continued its support of the Pan American Federation of Associations of Medical Schools in its efforts to improve the population activities of member associations and schools. The Council also supports the institutionalization of demographic research and training at the University of the Andes and at the School of Public Health of the University of Antioquia in Medillin, and biomedical research at the University of Valle, in Cali. Numerous fellowships also have been provided.

The Pathfinder Fund is supporting four PROFAMILIA programs—the Pilot Clinic in Bogota, the Vasectomy Clinic in Bogota, a radio program covering the entire country with spot announcements on advantages of family planning, and a program to train field motivators for dissemination of information on advantages of family planning and availability of family planning services.

Pathfinder also provides support to the Colombia Association for the Scientific Study of

Population, which is conducting a program of courses and seminars to educate and motivate women leaders primarily from Colombia.

The Ford Foundation in 1971 granted $65,000 to the Colombian Association of Faculties of Medicine for an experimental training laboratory in population education. Earlier, the Foundation made a $25,000 grant to the University of Valle for tabulating the 1964 census returns for Cali and its vicinity, and three grants totaling $747,000 to the Colombian Association of Medical Faculties for a division of population studies, fellowships, seminars, and research in social demography and family planning.

The Rockefeller Foundation in 1970 gave $80,000 to the University of Valle for population studies. Earlier contributions for family planning programs totaled $64,161.

OXFAM helped provide audiovisual equipment, educational materials, and staff salaries in 1971 for "rhythm method" family planning promotion organized by a Colombian magazine.

In a joint undertaking with PROFAMILIA, World Neighbors provides a substantial portion of the costs of the San Jose Clinic in Bogota. It also provides the basic budget for a family planning program at Cincelejo, Sucre—a needy semi-rural area. The project provides the services of a doctor, nurse, "motivator" and assistant, plus rents, utilities, transportation, and equipment.

The World Assembly of Youth (WAY) conducts seminars promoting an awareness of the population problem and incorporates family planning concepts into international conferences. A WAY conference held in Bogota in January 1972 examined youth and family planning questions and drew up a time-table of activities. Four regional seminars were held, which attracted young people from youth organizations and student bodies. Regional councils are now operating in three towns under auspices of worker's federations. Family planning youth clubs also are being organized to provide followup to the regional seminars.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Swedish International Development Authority has provided supplies for family planning activities in Colombia since 1969. Up to June 1971, the disbursements amounted to $80,000.

All of the Population Reference Bureau's Spanish and Portuguese publications are printed at and distributed from its regional office in Bogota.

Various United States universities, such as Cornell University and the University of Chicago, are aiding the Association of Medical Faculties in its research program.

The United Nations Fund for Population Activities has provided funds to explore the possibility of using malaria eradication personnel in family planning activities.

The Canadian International Development Research Center made a grant of $6,531 to ASCOFAME for a detailed analysis of certain aspects of two fertility surveys and for ASCOFAME seminars on techniques of data analysis. The Center also granted $6,950 to ACEP for an evaluation of family life education.

Costa Rica

Demographic information

Population according to census of April 1, 1963	[1]*1,379,000*
Estimated population, January 1, 1972	*1,810,000*
Births per 1,000 population, 1971	*34*
Deaths per 1,000 population, 1971	*7*
Infant deaths per 1,000 births, 1969	*67*
Expectation of life at birth, 1971	*67*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order, 1969	*3.5*
Median maternal age, 1969	*26*
Percent urban, 1971	*37*
Percent of labor force in agriculture, 1965	*48*
Per capita gross national product, 1970	*$530*
Percent literate	*84*

[1]Enumerated population adjusted for estimated 3.2 percent underenumeration.

Highlights of activities

Costa Rica in 1972 created a Department of Population Studies as a new phase of its continuing attack on family planning problems. This drive began in 1967 when a Population Office was established within the Ministry of Health with responsibility for working out a comprehensive study and plan for a national population program.

In 1968, family planning became an integral part of the National Health Service. In 1970, the

Population Office was placed in the Maternal and Child Care Division of the Ministry of Health.

Population activities in Costa Rica are brought together by the National Family Planning Coordinating Committee, made up of one delegate from each agency, government and private, involved in family planning. These include the Ministries of Health and Education, Costa Rica Demographic Association, Center for Social and Population Studies, Center for Family Orientation, Center for Family Integration, and Costa Rica Social Security Institute.

The growth of family planning services has been impressive.

Family planning is now offered by 95 Ministry of Health facilities. In the past 2 years the number of first consultations has almost doubled and total consultations have more than tripled.

The Costa Rica Social Security Institute (ISS) now offers family planning services in 4 clinics and a postpartum program in 3 hospitals. Future plans call for extension of services to an additional 42 clinics and hospitals by the middle of calendar 1973. ISS has an insured population of 864,000 or 48 percent of the country's total population–a proportion that represents some 90,000 women of fertile age.

An integrated family planning center has been opened by the Costa Rican Demographic Association in the province of Limon. This center is designed to offer all components of family planning, including family guidance, sex education, and family planning clinical services. Limon has the second highest fertility rate in the country and the lowest use of contraceptives.

The Costa Rican Demographic Association (CRDA) became an affiliate of the International Planned Parenthood Federation in 1967. The Association conducts informational, motivational, and educational programs by means of radio, TV, and the press, and produces the bulk of the printed material for all family planning/population programs. It also publishes a monthly bulletin, *PLANIFAMILIA*.

The Association has transferred all its clinics to the official program, except two which are pilot clinics. It administers the oral contraceptive program through a network of drugstores. It also provides technical and material support to other institutions.

The Center for Social and Population Studies of the University of Costa Rica trains health personnel in population/family planning dynamics and leadership. In cooperation with Columbia University, it evaluates the national family planning program. It also has established a sociodemographic research division. Both units receive assistance from Ford Foundation, the Latin American Demographic Center (CELADE), Pan American Health Organization, and AID.

The Center for Family Orientation provides sex education and family planning courses and individual counseling for students, other youths, and engaged and married couples. It gets technical and financial assistance from the Demographic Association.

The Center for Family Integration provides services to the Center for Family Orientation. Catholic-sponsored, its services are aimed primarily at Catholic students and married couples. It also gets assistance, technical and financial, from the Demographic Association.

The Ministry of Education has established a sex education training program for high school teachers to serve as a basis for such education in high schools. Courses for parents also are provided.

Some other institutions indirectly related to the program are:

- CELADE, the United Nations sponsored Latin American Demographic Center, with regional offices in San Jose, conducts demographic studies and training, and provides technical assistance.
- The General Bureau of the Census conducts population surveys as well as taking the census.
- The Good Will Caravan provides medical aid, including family planning, to remote areas.

External assistance

AID provided $313,000 of financial and technical assistance in fiscal 1972.

The Pan American Health Organization provides technical and financial assistance for postpartum programs in the Ministry of Health and the Social Security Institute.

Family Planning International Assistance has provided funding to the Center for Family Orientation to support continuation and expansion of its family planning information, education, and communications program.

The Pathfinder Fund supports a program of mobile health clinics that bring medical and family planning services to the remote interior of Costa Rica. Pathfinder also is supporting a 2-year program to provide vasectomy services in San Jose and in rural areas. This latter program includes training for medical doctors in vasectomy procedures and techniques.

Ford Foundation made two grants totaling $326,000 in 1968 and 1971 to the University of Costa Rica for family planning training and demography. It has provided a short-term communications consultant to the Ministry of Health.

The Swedish International Development Authority has provided contraceptives, equipment, and paper worth $27,000.

Dominican Republic

Demographic information

Population according to census of January 9, 1970	*4,006,405*
Estimated population, January 1, 1972	[1]*4,464,000*
Births per 1,000 population, 1971	*48*
Deaths per 1,000 population, 1971	*13*
Infant deaths per 1,000 births, 1971	*98*
Expectation of life at birth, 1971	*54*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.5*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1969	[2]*3.4*
Median maternal age, 1969	[2]*28*
Percent urban, 1971	*39*
Percent of labor force in agriculture, 1965	*57*
Per capita gross national product, 1970	*$343*
Percent literate	*65*

[1] Based on adjusted census figure.

[2] Based on incomplete registration of births.

Highlights of activities

Since inauguration of the first government clinic in 1969, the Dominican Republic has substantially increased availability of its family planning services. By mid-1972, the number of family planning clinics had risen to 49, with an additional 35 new and 9 remodeled facilities funded, programmed, and scheduled for completion by the end of 1973.

All services provided by the government clinics are free of charge and include Pap smear tests, IUDs, and oral contraceptives, and a variety of contraceptive counseling services. More than 70 percent of the patients are below 30 years of age.

Although official interest in a comprehensive population and family planning program can be traced back to the 10-year health plan adopted in 1962, it was in 1967 that the Dominican Republic incorporated family planning services into the maternal and infant care program of the Secretariat of Public Health and Social Assistance. It was also in 1967 that the government endorsed family planning as a basic human right and set the stage for the implementation of broad programs.

In 1968, the government organized the National Council on Population and Family Planning (CONAPOFA) and gave it responsibility for short and long-range planning, research, training, coordination, supervision, and evaluation.

CONAPOFA began with a short-range program to expand moderately the nation's family planning facilities. Shortly thereafter, however, it called for establishment of a coordinated family planning program in all the general hospitals, regional health centers, municipal subcenters, and rural health clinics. Progress since 1968 has been rapid.

Also active in family planning and population programs is the Dominican Association of Family Welfare (ADPBF), which was incorporated as a private organization in 1966. In 1969, it became the first private organization represented on the CONAPOFA.

ADPBF, a member of the International Planned Parenthood Federation (IPPF), works closely with government-sponsored programs primarily in the areas of education and information. ADPBF has sponsored an aggressive, nationwide family planning radio series and it also operates in the capital a number of clinics that train the staff for government facilities.

CONAPOFA and ADPBF are jointly developing an intensive information and education program, utilizing radio, TV, and press, as well as lectures, seminars, posters, bulletins, pamphlets, and other literature. For example, a 1-hour radio program, "Towards a New Family", reaches into the remotest parts of the country every day. Intensive training courses are held throughout the year for all medical and paramedical personnel, both private and public, involved in family planning services. Courses are also given for health aides, social workers, social promoters, and administrative staff. The first workshop on family planning for journalists was held in 1970 under CONAPOFA/ADPBF auspices.

The National Institute for Sex Education (INES) is also involved in training activities and coordinates its programs with CONAPOFA and Pedro Henriquez Urena National University. CONAPOFA

and the University are jointly involved in research and evaluation studies.

At a meeting of donor organizations sponsored by CONAPOFA in March 1972, the groundwork was laid for a comprehensive 4-year expansion program of family planning activities under leadership of the United Nations Fund for Population Activities (UNFPA).

External assistance

A $7.1 million AID loan, signed April 15, 1969, is assisting the Secretariat of Health to expand its maternal and infant care program. The loan includes funds for remodeling and construction of health facilities, procurement of commodities, education and training of personnel, studies, mass media materials, and technical assistance. All facets of this program are now underway and should be completed by the end of 1974.

UNFPA, which has assisted the National Statistics Office with a sample survey and with the development of family planning statistics, is expected to assume a major role in assisting with planning, coordinating, and implementing the Dominican Republic's family planning program under the proposed multi-year plan.

IPPF has provided annual financial and commodity assistance to the Association.

Family Planning International Assistance is providing funds to the Dominican Church's Social Service/Church World Service family planning program to support its service and referral activities as well as to test the general effectiveness of combining family planning services with a nutrition program in the Dominican Republic.

The Pathfinder Fund has worked with the Government, providing assistance to the Cornell University Center for International Population Studies to conduct research on use of barrio residents as motivators in encouraging women to accept and practice family planning.

The Population Council is supporting the central office of CONAPOFA and its supervision and evaluation of the government's family planning program and research on the effectiveness of communications, materials, and programs. The Population Council also provides support for fellowships.

The United Kingdom has supplied three mobile family planning clinics. These units are being used as temporary facilities in priority areas where permanent family planning clinics are contemplated under the expansion program.

Ecuador

Demographic information

Population according to census of November 25, 1962	*4,649,648*
Estimated population, January 1, 1972	*6,402,000*
Births per 1,000 population, 1971	*44*
Deaths per 1,000 population, 1971	*10*
Infant deaths per 1,000 births, 1971	*76*
Expectation of life at birth, 1971	*59*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.4*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1967	*3.4*
Median maternal age, 1968	*27*
Percent urban, 1971	*40*
Percent of labor force in agriculture, 1962	*56*
Per capita gross national product, 1970	*$263*
Percent literate	*68*

Highlights of activities

Four ministries of the Government, the National Planning Board, and at least 14 private and semi-private groups and institutions are carrying out responsible parenthood and sex education activities in Ecuador. Major responsibility for planning and implementing the responsible parenthood program is in the Ministry of Public Health (MOPH).

The MOPH provides family planning information and services at 49 health centers and approximately 25 rural health posts. With the reorganization of the Ministry in April 1972, its National Population Department and its branches have been moved from Guayaquil to Quito. Organizationally, the Population Department is responsible to the Division of Health Programs Development.

Several institutions collaborate with the MOPH in its responsible parenthood program. The Women's Medical Society is providing family planning motivation, information, and services in its clinic in Quito and in rural areas, and training for the National Police. The Cancer Detection Society is making Pap tests for women utilizing MOPH clinics. The Foster Parents' Plan is providing family planning services in Guayaquil.

The Ministry of Defense has incorporated family planning services and motivation within the health programs of the Army, Navy, and Air Force. Eight Ministry of Defense hospitals and health centers, 9 rural health centers, and two mobile units are providing family planning services.

The Ministry of Social Welfare is carrying out a community development program, including family planning motivation and information, with rural communities throughout the country. The Andean Mission of the Ministry of Social Welfare is providing family planning services and education in 10 communities.

In June 1972, a Demographic Research and Analysis Center was created within the National Planning Board. One of the Center's first functions will be to help plan the November 1973 Population and Housing Census, and analyze a 7 percent sample of that census.

The Ministry of Agriculture, through its Home Economics Division, is providing family planning information and motivation in rural areas.

In May 1972, the National Malaria Eradication Service of the MOPH began a 1-year pilot project that will employ the Service's agents and rural community volunteers for the dissemination of family planning information. Health Centers of the Ministries of Public Health and Defense will provide family planning services in the project's area of influence.

In July 1972, the MOPH created the Institute for Family Welfare in Quito to serve as the principal responsible parenthood training facility in the country. Construction of the Institute should be completed by December 1973.

The Social Security Hospital in Quito provides family planning services for members. This program is being expanded to include 40 social security health dispensaries.

In the area of sex education, the Ecuadorean Center for Family Education (ECFE) is working with the Ministries of Education and Public Health in the preparation of sex education materials for introduction into the public school system and health centers.

ECFE is also carrying out sex education research, training teachers, and providing sex education seminars for civil and community groups.

Other institutions active in sex education include the Christian Family Movement, the Ecuadorean Sex Education Society, the YMCA, and the Ecuadorean Family Welfare Association (EFWA).

EFWA was formed in 1965 and became a member of the International Planned Parenthood Federation (IPPF) in 1967. EFWA operates four family planning clinics in Quito, Guayaquil, and Cuenca, and provides training and material assistance to approximately 30 private physicians. From July 1971 through May 1972, EFWA assumed responsibility for 90 percent of all in-country population and family planning training, both public and private.

Since June 1972, EFWA has shared its training responsibility with the MOPH's Population Department. Future activities which EFWA plans to undertake include: Expanding family planning service capacity from 4 to 10 clinics, increasing the training of private physicians, carrying out pilot efforts with mass media, and administering the family planning clinic that will function in the MOPH's Family Welfare Institute.

The Ecuadorean Institute of Planning for Social Development (INEDES) carries out periodic seminars for civil leaders, school teachers, and professionals involved in community development. These seminars generally contain subject matter in demography, family planning, and sex education.

External assistance

AID and other donors have assisted the Ministries of Public Health, Defense, Social Welfare, Agriculture, and the National Planning Board.

The Pan American Health Organization has provided support for the training and salaries of nurses' aides working in family planning, for seminars on health education and sex education, and a postpartum family planning program in the Quito Maternity Hospital.

IPPF provides financial and commodity assistance to EFWA.

The Pathfinder Fund is supplying contraceptives for the MOPH's responsible parenthood program, and is assisting in the organization of the Seventh Annual Latin American Congress of Obstetrics and Gynecology to be held in Quito in July 1973.

The Population Council has provided IUDs to the Ministry of Health.

The Latin American Center for Studies of Population and Family assisted and supported research carried out by INEDES.

The Ford Foundation is paying the salary of a coordinator in the Ecuadorean Association of Medical Faculties for research and the teaching of demography and family planning in the three medical schools. In 1970, the Ford Foundation made a 2-year grant to the Association of Ecuadorean Medical

Schools for support of their Division of Population Studies.

World Parenthood Federation is supporting family planning services at the Voz Andes Hospital.

World Education supported a seminar on adult literacy and family planning carried out by the Ministry of Education in November 1972.

A program initiated by World Neighbors, in cooperation with the YMCA, brings sex education and family planning to the public schools of the Quito area. It works mainly through parent-teachers organizations.

El Salvador

Demographic information

Population according to census of June 28, 1971	*3,541,010*
Estimated population, January 1, 1972	*3,649,000*
Births per 1,000 population, 1971	*40*
Deaths per 1,000 population, 1971	*10*
Infant deaths per 1,000 births, 1970	*67*
Expectation of life at birth, 1971	*59*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.0*
Number of years to double population at the 1971 rate of natural increase	*23*
Median birth order, 1968	*3.2*
Median maternal age, 1969	*26*
Percent urban, 1971	*39*
Percent of labor force in agriculture, 1965	*59*
Per capita gross national product, 1970	*$294*
Percent literate	*49*

Highlights of activities

Increasing numbers of new patients are coming to family planning clinics in El Salvador, where family planning is officially endorsed and supported Seminars have been held with both Catholic and Protestant leaders.

Three agencies offer family planning services at 135 clinics throughout the country: Ministry of Health (MOH), 101; the Salvadoran Social Security Institute (ISSS), 32; and the Salvadoran Demographic Association (SDA), 2.

In 1968, the MOH adopted a 5-year program under which it has institutionalized family planning clinical services within most of its countrywide

School children marching to sex education displays and lectures are a common sight in El Salvador. This group of 1,500 trudged several miles early this year to a nearby town where trained teachers and illustrated charts as shown below were among aids to learning arranged by the Ministry of Health. Insights into human reproduction will provide a helpful start toward future responsible parenthood.

A village in El Salvador was the scene early this year of the funeral procession for a little girl, youngest of eight children, a victim of malnutrition. Her brothers and sisters and their playmates led the procession. In the local tradition, they sang their way to the burial ground, accompanied by a volunteer guitarist. El Salvador has the greatest population density of any Latin American country and one of the fastest population growth rates in the world. The little girl's father was not unique in being unable to provide adequately for his large family.

network of health installations by opening new services and by accepting gradual transfer of clinics previously operated by the SDA.

Also, the MOH has absorbed payment of much of the personnel previously paid by AID. The MOH operates a cytology laboratory which provides services to MOH and all SDA patients.

SDA is a nonprofit entity organized in 1962 to promote and support population activities. It has received continuous AID support since 1966. It trains all health personnel needed in the family planning clinics. At its Regional Training Center, it gives year-round practical courses for medical, paramedical, and leadership personnel from Central American countries. Also, it conducts a broad educational program using mass media facilities, and conducts research and special studies.

The ISSS, by providing clinical services for insured workers, now offers family planning services in 32 clinics. ISSS, which has received AID assistance since fiscal 1970, has a cytology laboratory that provides laboratory examinations for its patients.

Evaluation of the work of the three programs is being done by a unit established in the MOH and advised under a contract with Columbia University, scheduled for completion in December 1972. The work is directed towards finding specific problems and proposing solutions.

Various activities are coordinated through a National Coordinating Committee whose members come from the three organizations. Meetings are held monthly.

External assistance

AID assists the programs of all three agencies; assistance in fiscal 1972 amounted to $465,000.

The United Nations Fund for Population Activities has provided money for developing teacher training programs in family and sex education. In addition, United Nations Educational, Scientific, and Cultural Organization is supporting SDA's mass communication research/production activity and SDA also is getting help from the United Nations for special projects.

The Pan American Health Organization is developing an assistance package that will provide

coordination between all family planning clinic activities and maternal and child health activities carried out in clinics and hospitals.

The International Planned Parenthood Federation gives financial support to the SDA.

In fiscal year 1972, The Pathfinder Fund provided support for establishing a female sterilization clinic where the laparascopic sterilization technique will be used on an outpatient basis. This is the first such clinic in Central America. Pathfinder also has furnished contraceptives to the Government for distribution to its health centers.

The World Assembly of Youth (WAY) seeks to promote among young people an awareness of the population problem and family planning concepts. It sponsored a national family planning seminar in July 1971 and eight local level seminars. Several public meetings were held among local villagers.

A new feature of the WAY program is the growth of "activity groups for development." These groups distribute publications of WAY and the Demographic Association; discuss problems of population and family planning among groups of young people; evaluate work being done by former participants at WAY conferences; approach youth clubs and organizations to increase their awareness of population and family planning problems; and assist in preparing for future WAY conferences.

The Swedish International Development Agency supplies contraceptives as well as equipment.

The United States Peace Corps, now the international arm of the citizens' service corps ACTION, has carried on several activities. Non-medical or "generalist" volunteers have participated in family planning activities as part of El Salvador's general village health programs. This participation has involved primarily education and referral aspects.

Patients waiting their turn to receive medical care at a family planning clinic in Guatemala City.

Doctor and nurse helping a patient at a family planning clinic located in a crowded city district in Guatemala.

Guatemala

Demographic information

Population according to census of April 18, 1964	*4,287,997*
Estimated population, January 1, 1972	*5,582,000*
Births per 1,000 population, 1971	*43*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1969	*91*
Expectation of life at birth, 1971	*53*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order, 1970	*3.1*
Median maternal age, 1970	*26*
Percent urban, 1971	*36*
Percent of labor force in agriculture, 1965	*64*
Per capita gross national product, 1970	*$348*
Percent literate	*38*

Highlights of activities

The Guatemalan Government has no officially stated demographic policy but supports a national family planning program operated jointly by the Ministry of Health (MOH) and the private Family Planning Association (Asociacion Pro-Bienestar de la Familia de Guatemala). All training, promotion, purchasing, and statistical aspects of the program are directed by a board of members from both groups.

The MOH is continuing its expansion and integration of family planning services into maternal and child health clinics in regional hospitals, bringing the total MOH-operated clinics to 75, all outside the capital.

The Association, an affiliate of the International Planned Parenthood Federation (IPPF),

Partial view of the files of the Family Planning Central Clinics of APROFAM (Associacion Pro-Bienestar de la Familia de Guatemala) in the city of Guatemala. In these files are kept the records of the patients receiving family planning service through this private association.

also operates capital city clinics which account for approximately half of all new acceptors into the national program.

A rapid feedback client-record system developed with consulting help of the Center for Disease Control (CDC) has been functioning since January 1971. As of May 1972, some 56,500 women had enrolled in the national program and half continued active.

The Ministry and the Association jointly staff an integrated Office of Education, Training, and Promotion. The office develops promotional materials such as a radio "soap opera" and radio jingles (in Spanish and 10 Indian languages), TV spots, posters, and teaching aids. It provides training for medical and paramedical personnel, social workers, and health promoters.

Public demand for family planning services continues to increase. Guatemala City clinics are functioning to the limit of their capacity.

External assistance

AID provided assistance to the family planning program amounting to $693,000 in fiscal 1972.

The United Nations Fund for Population Activities has financed short-term consultants to help with the 1972 census and establishing a sex and family education program.

IPPF makes annual grants to the Association.

During 1972, The Pathfinder Fund initiated a program to inform and educate men on their responsibilities for family planning and the methods available to them. This program includes newspaper articles, lectures in men's organizations, and printing a distribution of handout materials for clinics. A radio campaign is planned.

World Neighbors supports the work of the Chimaltenango Clinic, whose director counsels patients as they seek birth control assistance and prescribes oral contraceptives and IUDs. Paramedical workers serve more than 60 communities. World Neighbors also supports extension nurses who regularly hold classes with women's groups in villages of the Chimaltenango area and promote family planning through their classes and individual counseling.

OXFAM is supporting the work of this clinic as well as family planning activities at San Martin Jitotepeque.

The Swedish International Development Authority has equipped 30 family planning clinics for IUD insertion and has provided other equipment, contraceptive supplies, and printing paper.

Haiti

Demographic information

Population according to census of October 9, 1971	[1]*4,205,755*
Estimated population, January 1, 1972	*5,021,000*
Births per 1,000 population, 1971	*44*
Deaths per 1,000 population, 1971	*18*
Infant deaths per 1,000 births, 1970	*130*
Expectation of life at birth, 1971	*47*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.6*
Number of years to double population at the 1971 rate of natural increase	*27*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*19*
Percent of labor force in agriculture, 1950	*83*
Per capita gross national product, 1970	*$90*
Percent literate	*10*

[1] Not used as base for 1972 estimate.

Highlights of activities

The Government of Haiti has now made it official policy to develop an orderly national family planning program within the framework of generally improved maternal and child care.

The new policy stems from a decree enacted in

August 1971 which puts the population program under the coordination and administration of the Division of Family Hygiene within the Department of Public Health and Population. (In March 1971, the government had halted all Haitian family planning activities pending establishment of a governmental coordinating mechanism.)

Although a National Family and Population Council was created by the decree, no private population council exists, nor are there any ties on the national level with private agencies such as the International Planned Parenthood Federation.

Government family planning experts estimate that there are approximately one million females of child-bearing age in Haiti out of a total population of 5 million. The long term goal of the Government is to reach with family planning information and materials 20 percent of that group, or 200,000 women.

Because of organizational difficulties and lack of funds, the immediate family planning target group, through the program of 40 proposed clinics, is 20 percent of the long-range goal; that is, 40,000 women of child-bearing age.

External assistance

An AID-funded, CARE-administered Haitian American Community Help Organization project in northwest Haiti includes family planning services.

The United Nations Fund for Population Activities has provided financing for a population, housing, and agricultural census and demographic survey.

A 2-year, $373,000 United Nations Special Population Fund pilot project is being carried on in the Port-au-Prince area. Its goals are reinforcement of the maternal and child health program of the Department of Public Health, training of personnel, and establishment of the framework for a national maternal and child care/family planning program.

The Population Council has provided assistance to the research program of the Haitian Center for Research in the Social Sciences. The Council also has provided IUDs to the hospital of the National University.

The Pathfinder Fund provided a fellowship to a Haitian doctor for study in bio-statistics and epidemiology prior to assuming an important post at a major Haitian hospital where her responsibilities will include directing family planning programs.

Church World Service is providing contraceptive supplies, audio-visual equipment, and literature to medical clinics operated by Service Chretien d'Haiti.

Family Planning International Assistance has provided funding and supplies to the Division of Family Hygiene to support establishment of a rural health and family planning field demonstration project. This will include family planning training for medical and paramedical students and personnel from the University of Haiti and the National Department of Health and Population.

In rural villages in the Northwest Peninsula of Haiti, CARE is cooperating in community programs of health, education, family planning, and agricultural production. Here a family planning education class is in progress.

Unitarian Universalist Service Committee is carrying on a pilot project in a rural area near Port-au-Prince. The purpose of this program is to study the feasibility of developing family planning and community health activities in the context of a maternal and child health approach to rural health problems.

In cooperation with the Mennonite Central Committee, World Neighbors is providing limited educational programs in the Grande Riviere du Nord.

OXFAM-Canada in 1969-70 made a grant to the Christian Service of Haiti for family planning seminars in a training course.

In the waiting room of a family planning clinic in Honduras—a staff member describes the reasons for family planning. Program emphasis is on child spacing and family responsibility. Honduras had 26 family planning centers in 1972.

Honduras

Demographic information

Population according to census of April 17, 1961	[1]*1,985,000*
Estimated population, January 1, 1972	*2,843,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1971	*115*
Expectation of life at birth, 1971	*51*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.3*
Number of years to double population at the 1971 rate of natural increase	*21*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*27*
Percent of labor force in agriculture, 1965	*67*
Per capita gross national product, 1970	*$251*
Percent literate	*45*

[1] Enumerated population adjusted for estimated 5.3 percent underenumeration.

Highlights of activities

The Government population program of Honduras has put into operation over the past 2 years 15 family planning clinics, bringing the total number of these centers to 26. They are staffed with trained physicians, nurses, auxiliary nurses, social workers, and health educators.

Current objective for the period ahead is to strengthen the delivery system and improve coordination and management of related family planning programs so as to provide an effective base for attacking the high rate of population growth by 1974. Plans are to expand the number of family planning clinics to 40, which would provide coverage to an estimated 90 percent of the fertile women.

Much effort in the past 2 years has been devoted to training, with some 150 persons provided out-of-country and in-country training. The out-of-country training was principally for physicians, nurses, social workers, administrators, and statisticians.

In-country training consisted of courses for health education auxiliaries and administrative personnel. Seminars and short courses in family planning have been given to teachers, army and police personnel, union members, factory workers, cooperative members, civic leaders, and others.

These courses have been implemented jointly by the Ministry of Health and the private sector Honduran Family Planning Association (AHPF), organized in 1963 and an affiliate of the International Planned Parenthood Federation (IPPF).

The Government coordinates its educational activities with those of AHPF, which carries the main burden of publicizing family planning. AHPF's most important dissemination of information of family planning is carried out through conventional media, including radio and television.

Also, AHPF has expanded a project with World Education, Inc., to utilize family planning materials in improving literacy. AHPF operates two postpartum clinics and one family planning training clinic for physicians and nurses.

The Government of Honduras has had a national family planning program since 1966. That year, family planning services were included in the Ministry of Public Health's maternal and child health program.

In 1969, a reorganization resulted in establishing a special section, under the Director of Health, to promote family planning, maternal and child health, and nutrition activities. The new program was bilaterally financed by the Government and by AID.

Although Honduras does not have a national population policy, there has been agreement by some officials of the Honduran Government on the necessity of family planning if—considering the rapid

Cytology technicians, trained at the Regional Cytology Laboratory in Guatemala, prepare and read uterine cancer test slides at a family planning clinic in Honduras. Women who participate in the family planning program receive Pap tests.

Pamphlets on family planning and responsible parenthood make useful reading material for the classes in literacy at Yoja, Honduras.

This Honduran acceptor of family planning is told by her doctor that she can choose between the pill and the IUD.

Honduran population growth rate—the country is to achieve its economic and social development goals.

External assistance

AID provides supplementary support to the Government program. Assistance in fiscal 1972 to the USAID's Maternal and Child Health Project amounted to $606,000.

The United Nations Fund for Population Activities has provided funds for a demographic survey.

The IPPF provides financial and commodity assistance to the AHPF on an annual basis.

The Pathfinder Fund supported a seminar for journalists and broadcasters to inform them of the consequences of uncontrolled demographic growth. Pathfinder also provided support for a maternal and child health training course for two Honduran doctors.

The Population Council is assisting AHPF in implementing postpartum family planning programs in Tegucigalpa and San Pedro Sula.

World Education, Inc., is providing assistance to incorporate family planning information in adult literacy programs.

A secretary files health records in the clinic of the Jamaica Family Planning Association in Kingston.

Jamaica

Demographic information

Population according to census of April 7, 1970	*1,865,400*
Estimated population, January 1, 1972	*[1]1,928,000*
Births per 1,000 population, 1971	*35*
Deaths per 1,000 population, 1971	*8*
Infant deaths per 1,000 births, 1970	*32*
Expectation of life at birth, 1971	*70*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*2.7*
Annual growth rate, 1971 (including migration)	*1.9*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order, 1964	*3.3*
Median maternal age, 1964	*25*
Percent urban, 1971	*38*
Percent of labor force in agriculture, 1965	*36*
Per capita gross national product, 1970	*$630*
Percent literate	*82*

[1]Based on 1970 preliminary census figure.

Highlights of activities

Jamaica's family planning program has the full support of the government. Like most other developing countries, Jamaica in the 1950's and 1960's had a high rate of population growth reflecting a continuing sharp decline in mortality rates but a much smaller decline in birth rates. The serious effects of rapid population growth on socio-economic development were recognized by the government in 1962, when Jamaica became an independent nation within the Caribbean Commonwealth. Both national political parties have consistently given high priority to development of an island-wide family planning program.

A family planning unit was established in the Ministry of Health in 1966. In 1967, the government established a semi-autonomous National Family Planning Board within the Ministry of Health with a mandate to accelerate development of a network of family planning clinics and to promote an intensive educational program. A National Family Planning Act was adopted by Parliament in 1970 under which the Board was granted statutory authority.

The Government's goal is to lower the island's birth rate from the 1966 rate of 40 births per

thousand population to 25 by 1976. The birth rate had declined to 34.4 in 1970 but rose slightly to 34.9 in 1971.

From mid-1968 through March 1972, approximately 80,000 women entered the program. Of these, 60 percent chose the pill, 10 percent IUDs, while the remainder chose other methods. Now the injection method (depoprovera) is increasing in popularity, whereas there is a high drop-out rate for pill acceptors, a trend that continues to cause concern.

The National Family Planning Board has a network of 152 clinics, all but 4 of them part-time before January 1972. The Board has now established 16 full-time clinics, one in each major town in 12 rural parishes and four in Kingston-St. Andrew, the island's capital city.

The Jamaica Family Planning Association (JFPA), an affiliate of the International Planned Parenthood Federation (IPPF), works in cooperation with the Board. The JFPA's efforts are directed toward stimulating favorable attitudes and activities of religious and community leaders, groups, and health committees. The JFPA operates two full-time family planning clinics.

Major shifts in program strategy by the Board have been taking place over the past 2 years. Greater emphasis is now being placed on quality of services. The Board's education staff has been tripled, from one education officer to three in each parish.

The entrance to a family planning center in Jamaica. The Government has an active family planning program, seeking to slow down the rapid growth of population.

Women who have given birth 24 hours before and are now ready to go home are given family planning lectures at the Victoria Jubilee Hospital in Kingston. World Bank assistance to Jamaica's family planning program helps expand maternal services at this hospital. Jamaica adopted a National Family Planning Act in 1970 that accelerates this work.

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A planning committee represented by religious, social, and health organizations in 1972 assisted the Jamaica National Family Planning Board in launching a series of training seminars on counseling for family planning clinic personnel, education officers, and health and social service workers. The Board now has 16 full-time clinics operating.

Full-time clinic nurses have been assigned to each parish. Because of a serious shortage of doctors, the senior clinic nurses have been trained in pelvic examinations, IUD insertions, and other duties under the direction of the parish health officers.

Program priorities include:

1. Training family planning personnel to carry out more effective counselling and client education functions.

2. Extension of education and followup services for postpartum patients, teenage mothers, and other high risk groups. Particular attention is given to the problem of teenage pregnancies.

3. Development of integrated services with health and social services agencies, with emphasis on client education and referral to family planning clinics.

4. Special operational studies to provide better understanding of motivational factors in sexual and reproductive behavior, with particular attention to knowledge, attitudes, and practices of teen-agers and young adults, and to male attitudes toward family planning.

External assistance

AID has assisted the Jamaica program since 1966, its contribution in fiscal 1972 totaling $779,000. Its assistance has included technical consultation in administration, education, training, statistics, and communications; procurement of

contraceptives, clinic equipment and supplies, educational equipment, and teaching materials; participant training; and local funding for several private organizations providing family planning services in areas of special need.

AID is assisting in development of training, research, and evaluation capability at the University of the West Indies. Technical assistance to the university is provided through an AID contract with the University of Pittsburgh's Graduate School of Public Health.

The United Nations Fund for Population Activities has been asked to assist in a number of projects in family planning and family life education.

United Nations Educational, Scientific and Cultural Organization is assisting the Ministry of Education in curriculum development for the schools.

The Pan American Health Organization has assigned a medical consultant in maternal and child health to the Ministry of Health. This consultant is helping the Ministry strengthen its national maternal and child care services and emphasize integration of such services with family planning.

The International Planned Parenthood Federation provides both financial and commodity assistance to the Jamaica Family Planning Association.

The Pathfinder Fund has donated contraceptives and literature. In 1972, it granted $15,133 to establish a Female Sterilization Clinic at the University of the West Indies Hospital where the culdoscopic method of sterilization will be used on an outpatient basis.

The Population Council has assisted the Government with a postpartum study and the University with census research. The Council also has provided IUDs to the National Family Planning Board for use in the national program.

The Ford Foundation in 1964 made a grant of $138,000 to the University for demographic research, followed in 1969 by a grant of $200,000 to the institution for support of social and economic research. Ford continues to provide consultation to the University.

OXFAM helped meet running costs of a family planning service run by Operation Friendship in 1968 and 1969, and in 1971 provided funds to build a family planning clinic.

The World Bank made a loan of $2 million to the Government of Jamaica to construct a 150-bed wing in the island's largest maternity hospital, Victoria Jubilee, in Kingston, and to build 10 rural community centers. A World Bank team in 1969 made a study of the Jamaica Family Planning Program, and a followup evaluation was conducted by a second team in June 1972.

Mexico

Demographic information

Population according to census of January 28, 1970	*48,377,363*
Estimated population, January 1, 1972	*[1]53,126,000*
Births per 1,000 population, 1971	*42*
Deaths per 1,000 population, 1971	*8*
Infant deaths per 1,000 births, 1970	*68*
Expectation of life at birth, 1971	*64*
Percent of population under age 15, 1970	*48*
Rate of natural increase, 1971 (percent)	*3.4*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1968	*2.9*
Median maternal age, 1969	*27*
Percent urban, 1970	*59*
Percent of labor force in agriculture, 1970	*40*
Per capita gross national product, 1970	*$662*
Percent literate	*76*

[1] Based on adjusted 1970 census figure.

Highlights of activities

A nationwide program of integrated family planning is scheduled to start in Mexico January 1, 1973. The program, announced in April 1972 by the Mexican Secretariat of Health and Assistance, will be integrated with existing health centers and will comprise all aspects of maternal and child care. It will place emphasis on "responsible paternity" and on making it possible for couples to decide freely on how many children they bring into the world.

Attention is given to education and training of key medical and paramedical personnel in family planning services through week-long courses started in June 1972 with financial assistance from the Pan American Health Organization (PAHO). It was hoped that from 180 to 200 doctors, nurses, and social workers could be trained by the end of the year.

The Foundation for Population Studies (FEPAC), an affiliate of the International Planned

Parenthood Federation (IPPF), continues to operate 48 clinics, 13 of them in Mexico City.

FEPAC conducts training courses for its own personnel and also for staffs of the Ministry of Health, Mexican Institute for Social Security, and Social Security Institute for State Employees. It organizes seminars and courses for national opinion leaders and is now planning a training course in family planning clinic administration.

In 1968, the Foundation signed an agreement with 20 medical schools to provide technical assistance so that demography and contraception could be included in their curriculums. The schools are establishing pilot family planning clinics which will teach modern family planning methods.

The Foundation has not yet made wide use of the mass media. No radio broadcasts were made in 1970, but eight TV interviews on family planning were given at the invitation of channel owners. The number of press articles increased. Also, greater use is being made of lectures and seminars to specific groups.

Also operating in this field is the Association for Maternal Health. A private nonprofit organization, the Association concentrates mainly on clinical research and training in population and family planning. It provides some family planning services in this area.

External assistance

PAHO granted $25,000 to the University of Wisconsin for anthropological and social study of population change and urbanization in Huixquilucan, State of Mexico, including effects of urbanization and health conditions of fertility.

The IPPF provides annual assistance to FEPAC.

Church World Service supports limited family planning work in Mexico.

The Pathfinder Fund has sponsored training for five doctors and contributed toward salaries of two social workers. Also, it funded two seminars by the Inter-American Regional Workers Organization, covering various aspects of population problems.

The Population Council is supporting a rural knowledge, attitude, practice study carried out jointly by the College of Mexico and the National University as well as a postpartum program, research on clinic dropouts, and a publication series of the FEPAC. Fellowship support is provided. The Council also has supported biomedical research by several Mexican institutions.

The World Assembly of Youth (WAY), which conducts international, national, and local seminars to focus attention on population problems and family planning concepts, supported as a pilot project a national level seminar at Tantoco in April 1972 in consultation with leaders of the Mexican National Youth Council. Subjects covered included family planning, family education, and sex education; propulation problems of Mexico; role of youth in development; and rural exodus to the cities and its relation to unemployment. Participants in these seminars agreed that the Mexican National Youth Council should organize local seminars on youth and family planning.

The Ford Foundation provided three grants amounting to $324,125 to the College of Mexico in 1963, 1966, and 1967 for establishment of a center for economic and demographic studies.

Additional grants were made to the College of Mexico in 1969 for a Latin American seminar on demography, and in 1971 for a seminar on internal migration for Latin American demographers.

Three grants totaling $259,937 were made to the Mexican Institute for Social Studies for a study of Catholic attitudes toward family planning. In 1970 and 1971, two additional grants totaling $300,000 were made to the Institute to support research and training in population studies and other applied social sciences.

The Foundation provided $100,000 in 1970 to the Foundation for Population Studies for development of administrative training, evaluation, and informational services for family planning.

The Ford Foundation has also provided support for research in reproductive biology and fertility control. The Hospital of Nutritional Diseases of the Mexican National Institute of Nutrition received three grants for clinical research and testing of contraceptives, for support of a birth control clinic, for development of clinical research laboratories, and for research and training in reproductive biology.

In 1966, the Foundation made a 3-year grant of $200,000 to the Hospital de la Mujer in Mexico City for teaching and research in reproductive biology and for a family planning demonstration program. In 1966, 1969, and 1970, the Foundation provided grants totaling $855,000 to the Mexican Institute of Social Security for research in post-abortion fertility control.

In 1971, the Foundation granted $100,000 to the Institute of Biomedical Research at the National Autonomous University to support basic research and graduate training in the biology of reproduction.

OXFAM has provided funds for the Foundation for Population Studies in Chihuahua to buy a mobile family planning unit and provided salaries and equipment for a 3-year program.

The Rockefeller Foundation has provided grants of $210,000 to the Center for Economic and Demographic Studies at the College of Mexico for a demographic research program.

Nicaragua

Demographic information

Population according to census of April 20, 1971	[1]*1,911,543*
Estimated population, January 1, 1972	*2,010,000*
Births per 1,000 population, 1971	*47*
Deaths per 1,000 population, 1971	*15*
Infant deaths per 1,000 births, 1970	*121*
Expectation of life at birth, 1971	*52*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.2*
Number of years to double population at the 1971 rate of natural increase	*22*
Median birth order	*NA*
Median maternal age, 1967	[2]*26*
Percent urban, 1971	*48*
Percent of labor force in agriculture, 1965	*51*
Per capita gross national product, 1970	*$433*
Percent literate	*58*

[1]Not used as base for 1972 estimate.

[2]Based on incomplete registration of births.

Highlights of activities

Family planning as a government program started in Nicaragua in 1967 when the Ministry of Public Health established an Office of Family Welfare within the Maternal and Child Health Program.

Three other groups are involved in family planning activities. One, the National Social Security Institute (INSS), established family planning services in its clinics following a study of induced abortions. The other, the Moravian Missionary Group, has a small program in the Atlantic Coast area. A new private demographic association (ADN), an affiliate of the International Planned Parenthood Federation (IPPF), is working to build membership from all sectors of the country.

In 1970, the family planning program of the Ministry of Health was expanded to 60 health centers, plus one mobile unit to cover the peripheral areas of Managua, the capital city. The INSS program was also expanded to include all nine of its health facilities. The Moravian Mission enlarged its program in Indian communities along the Coco River and the Atlantic Coast.

The trend has continued through recent months. The Health Ministry, as well as INSS and the Moravian Missionary group, have expanded their on-going family planning programs, both through increased funding from AID, and, to a more limited extent, from their own contributions.

The Health Ministry's program has prepared an administrative manual and has taken other necessary steps to increase the efficiency of the organization.

The Moravian Missionary group has acquired an airplane to make more frequent trips to distant and less accessible villages. The group also has a pediatrics specialist from the AID population intern program. In addition, the group will receive help from the University of Wisconsin Medical School and from the Nicaraguan Medical School through interne programs.

The ADN is working on plans for assuming training functions that have been carried on by the Health Ministry. ADN will also carry on mass communication and research, which will enable the Health Ministry to devote more time to its family planning clinics and to improve recordkeeping and followup of dropouts.

External assistance

AID supported the programs of the Ministry of Health, the INSS, and the Moravian Misssion with funds which totaled $559,000 in fiscal 1972.

The United Nations Fund for Population Activities has financed expanded demography teaching and research and a system of civil registration and vital statistics.

The Pan American Health Organization has taken over the Health Ministry clinic in the El Retiro Hospital (General hospital) and will also carry on a postpartum program in that hospital.

IPPF provides annual assistance to the Nicaraguan Demographic Association.

CARE has provided assistance to five INSS clinics.

The Pathfinder Fund is sponsoring a radio program aimed at a countrywide audience. It will begin operating in fiscal 1973.

The Population Council is supplying IUDs for the family planning program.

A national seminar on youth and family planning was held in Managua in August 1971 by the World Assembly of Youth. Later, local seminars were organized in seven towns. Following these meetings, teams of young people between the ages of 16 and 18 visited schools, youth clubs, and private homes to distribute literature and talk with young people and parents about family planning.

Panama

Demographic information

Population according to census of April 10, 1970	*1,428,082*
Estimated population, January 1, 1972	*[1] 1,500,000*
Births per 1,000 population, 1971	*39*
Deaths per 1,000 population, 1971	*7*
Infant deaths per 1,000 births, 1970	*47*
Expectation of life at birth, 1971	*65*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*3*
Number of years to double population at the 1971 rate of natural increase	*23*
Median birth order, 1967	*3.3*
Median maternal age, 1968	*25*
Percent urban, 1971	*48*
Percent of labor force in agriculture, 1970	*37*
Per capita gross national product, 1970	*$708*
Percent literate	*79*

[1] Based on unadjusted 1970 census data.

Highlights of activities

Population planning in 1972 continued along lines established in 1971—with strong emphasis on integrated delivery of family planning services within the Ministry of Health programs. Also, as in the year before, there was broad use of mass media promotion of family planning through TV, radio, press, billboard advertising, and other means.

At present, 48 of Panama's 64 health centers provide scheduled family planning services. The Ministry of Health has targeted coverage of 10 percent of Panama's fertile females by the end of calendar 1972; 12.5 percent by the end of 1973; and 15 percent by the end of 1974.

Panama's interest in population programs began in 1966 when the Panamanian Association for Family Planning (APLAFA) opened a pilot clinic in Panama City.

By 1968, the Ministry of Health became interested in developing a nationwide program. A National Committee for Demographic Policy was established to coordinate the program, a director was appointed, and APLAFA began to turn over its clinics to Government management.

External assistance

APLAFA, which is supported by the International Planned Parenthood Federation (IPPF), continues to maintain an active role in information and education. Activities have included local training courses; distribution of literature; promotion of family planning through press, radio, and TV; and motivational work among parents. APLAFA operates 4 family planning clinics.

AID has contributed technical and financial support to the Ministry of Health. Funding in the amount of $615,000 was provided during fiscal 1972.

The United Nations Fund for Population Activities granted financial support to the Ministry of Health for family planning evaluation and statistical services.

The Pan American Health Organization made a grant to the Regional Maternal and Child Health Nursing Center at the University of Panama but provided no explicit family planning assistance.

The Population Council helped the University of Panama and the private association with an abortion survey and a related methodological study and has provided IUDs to the Ministry of Health for the national program. Fellowship support also has been provided.

The Pathfinder Fund has continued to evaluate a study of postpartum IUD insertions in Panama as part of its International IUD Program. Also, it has supported a series of seminars on sex education for teachers selected by the Panamanian Ministry of Education.

Paraguay

Demographic information

Population according to census of October 14, 1962	*1,819,103*
Estimated population, January 1, 1972	*[1]2,345,000*
Births per 1,000 population, 1971	*42*
Deaths per 1,000 population, 1971	*9*
Infant deaths per 1,000 births, 1970	*84*
Expectation of life at birth, 1971	*61*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*3.3*
Annual growth rate, 1971 (including migration)	*3.1*
Number of years to double population at the 1971 rate of natural increase	*21*
Median birth order, 1960	*[2]3.0*
Median maternal age, 1965	*[2]27*
Percent urban, 1971	*36*
Percent of labor force in agriculture, 1965	*53*
Per capita gross national product, 1970	*$243*
Percent literate	*74*

[1] Estimate includes and census figure excludes adjustment for undernumeration and an estimate of 35,000 jungle Indians.

[2] Based on incomplete registration of births.

At the Public Health and Social Welfare Clinic in Concepcion, Paraguay, the director, Dr. Tomas Ortellado, explains to a family planning acceptor the placement and function of an IUD.

Highlights of activities

The Ministry of Public Health and Social Welfare (MCH) and private agencies have made great strides in family planning during the past 2 years. The Ministry has implemented 12 family protection clinics within the MCH services at 3 hospitals and 9 health centers.

In 1971 the Paraguayan Center for Population Studies (PCPS), an affiliate of the International Planned Parenthood Federation (IPPF), was operating or affiliated with 24 clinics, mostly in Asuncion. The number of new acceptors served was 5,559, an increase of almost one-third over the 1970 total.

PCPS activities have been reduced somewhat, however, while it is working out details of how to comply with a new MCH regulation for sponsoring family planning clinics. The number of PCPS clinics declined to 19 in 1972. Future activities of the PCPS will place more emphasis on motivation, seminars, and training.

An important development in 1972 was establishment of a new Department of Family Protection in the Ministry. It will provide greater supervision of clinics.

A special lecture/conference was held with military leaders this past year under sponsorship of the PCPS.

The Ministry over a 10-year period intends to open no less than 45 family protection clinics. Additional studies to improve statistics, training, motivation, and operations are proposed.

A significant proposal for the future is a plan to effect active coordination between government and nongovernment agencies. The Ministry will try to broaden family protection services by involving the Social Security Program, the Ministry of Education, the military, private industry, and other sectors and groups.

The Medical School, with AID assistance, is developing an Institute for the Study of Human Reproduction, where training in all sectors of family planning will be conducted. A limited amount of research will also be undertaken.

With AID project funds, the following research projects have been completed or are in progress with or by various government, private, and international agencies.

Completed:

The Institute for Integral and Harmonic Development, a Catholic-church oriented private organization, performed two separate studies:

The Paraguayan Center for Population Studies sponsors family planning courses for parent's clubs. This representative scene from one of the classes shows an attentive audience of adults.

Leaders' Opinion Concerning Family Planning and The Economic and Social Implications of a Slow, Medium, and Rapid Growing Population. The latter study was confined to six different regions of the country.

The ARA-ANDU Center made a study entitled Birth Control and the Humanae Vitae.

In progress:

Paraguayan Center for Economic and Social Development is performing a study based on the TEMPO papers (prepared by General Electric for AID) as applied to Paraguay projected to the year 2000.

The Institute for the Study of Human Reproduction is engaged in two research projects: An Abortion Study and a Use of Contraceptives Study in Asuncion and in selected interior cities. This project is being conducted with the assistance of the Latin American Demographic Center (CELADE) in Santiago, Chile. The other project is a nationwide survey to determine kind, amount, and cost of contraceptives manufactured, imported, and sold in Paraguay.

The Paraguayan Center for Sociological Studies is performing a study concerning migration into greater Asuncion. Knowledge and attitudes of the migrant and the nonmigrant population with respect to family planning, along with other data, will be obtained.

External assistance

AID has actively supported population work in Paraguay. Assistance in fiscal 1972 totaled $416,000.

The Pan American Health Organization (PAHO) recently executed a 3-year project agreement with the Ministry of Health and the National University for a maternal and child health program whereby young physicians will receive special training and special inducement to remain in rural areas. Funds in the amount of $135,000 are provided in this 3-year project for PAHO advisors, supplementary salaries, training, and commodities.

IPPF contributes funds and commodities to the PCPS.

Family Planning International Assistance has provided contraceptive supplies to church-related family planning programs.

The Population Council assisted the PCPS in carrying out a general-purpose socio-demographic survey in Asuncion and other cities and has provided support to PCPS for seminars on family planning.

The Pathfinder Fund has helped to expand clinic facilities and has supplied educational and audiovisual materials, study grants, contraceptives, and equipment to family planning clinics.

The Mennonites, in one of their East Paraguay colonies, have offered IUDs since 1966 in conjunction with their maternal and child health clinics. In the Chaco area of West Paraguay, they are providing financial, administrative, and health service assistance to four Indian settlements with a total population of 7,000. An additional 2,000 Indians also receive medical assistance from nine clinics operated by the Mennonites. Family planning services, including the distribution of IUDs, are part of the Indian medical program.

World Neighbors continues its support of the Clinica de Proteccion de la Familia in Asuncion—a project it started as a joint effort with the Mision de Amistad. The Clinic provides birth control information and services. Its courses on family planning and contraception are open to accredited teachers, nurses, social workers, and religious leaders.

World Neighbors has also joined hands with PCPS to operate family planning centers at Coronel Oviedo and Encarnacion. Orientation is also offered through a general program in Arroyos y Esteros and through the programs of the Comision Pro-Desarrollo de Centros Comunales.

Peru

Demographic information

Population according to census of July 2, 1961	[1] *10,420,357*
Estimated population, January 1, 1972	*14,057,000*
Births per 1,000 population, 1971	*42*
Deaths per 1,000 population, 1971	*11*
Infant deaths per 1,000 births, 1961	*106*
Expectation of life at birth, 1971	*57*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*3.1*
Number of years to double population at the 1971 rate of natural increase	*22*
Median birth order, 1965	[2] *3.1*
Median maternal age, 1965	[2] *27*
Percent urban, 1971	*52*
Percent of labor force in agriculture, 1965	*45*
Per capita gross national product, 1970	*$436*
Percent literate	*61*

[1] Includes adjustment for undernumeration of 5.2 percent and estimated jungle Indian population of 100,830.

[2] Based on incomplete registration of births.

Highlights of activities

The Government of Peru has no official policy on population but private groups are free to work in the areas of responsible parenthood, child spacing, and family planning.

In 1964, the Center for the Study of Population and Development (CEPD) was established by Presidential decree to investigate population growth and demographic matters. The Center serves as coordinator for studies of the Peruvian population, offers scholarships for training in demography, disseminates information, and promotes demographic research.

In June 1971, a project agreement was signed by AID and Peru with the National Planning Institute to enable that center to develop an economic-demographic model, applicable to national development planning. GE-TEMPO investigators are collaborating in the development of the model which will be used to analyze demographic variables in relation to the Peruvian economy.

On June 4, 1972, a national census was begun (the previous one was taken in 1961). Detailed results will not be completed until mid-1974.

In early 1972, a new organization whose area of responsibility will be maternal-child care was instituted by the Ministry of Health. It is planned that this organization, called INPROMI (Instituto Nacional de Neonatologia y Proteccion Materno-Infantil) will begin operation as a pilot project in Lima but later this organization will be extended nationally.

Two Catholic church affiliated programs—Christian Family Movement (CFM) and Lay Apostle Responsible Parenthood Program (PALF)—formerly sponsored by CEPD were sponsored by the Planned Parenthood Federation of America (PPFA) beginning July 1, 1972. Both programs offer an extensive educational program on marriage and responsible parenthood and provide

child spacing services through use of the pill for 2 years postpartum and through the rhythm method. CFM operates in the "peublos jovenes" in and around Lima; PALF's activities are carried out in the provinces.

The Peruvian Association for Family Protection (APPF), a private organization founded in 1967, was reorganized in 1969 and became a member of IPPF. APPF runs 10 clinics, mostly in greater Lima.

Much of APPF's emphasis for the foreseeable future will be on information activities such as distributing literature, seminars, exhibits, publication of a newsletter, and producing teaching materials for use in Peru.

External assistance

AID has joined with the Peruvian Government in helping the National Institute of Planning apply the GE-TEMPO model to analyze demographic variables in the Peruvian economy. Assistance in fiscal 1972 totaled $193,000.

A Pan American Health Organization grant to the School of Public Health, co-sponsored by CEPD for the study of population dynamics and human reproduction in two Peruvian towns, has been used and the study completed. Under study now is a project with the Health Organization acting in an advisory capacity to INPROMI in research and training in the general area of maternal and child health.

The IPPF provides technical, financial, and commodity assistance to the APPF.

Family Planning International Assistance has provided funding and supplies to the CFM and the PALF to support continuation and expansion of their activities.

Completed is a project financed by the Population Council and carried out by Cayetano Heredia to study the biomedical and social effect of high altitude on human reproduction.

A project was begun in 1971 at Cayetano Heredia involving fellowships in reproductive endocrinology, 2-week courses in human reproduction, and a comprehensive maternal health program. Complementary to this activity is a Macy Foundation grant providing pediatric care under a broad maternal-child care program for the Rimac area. Also initiated in 1971 by CEPD with Population Council financing was an analysis of urban and rural knowledge, attitude, and practice studies.

A post-graduate social science program with major emphasis on rural sociology, industrial sociology, and the sociology of population is under way at Catholic University under Population Council-Ford Foundation sponsorship. Its first students have been selected and have begun their first of 2 years of study. A visiting professor provided by the Population Council and appointed by the Catholic University will assist in this project.

In 1965 and 1971, the Ford Foundation provided grants totaling $370,000 to the Center of Studies on Population and Development for partial support for staff and research and for fellowships and technical advisory services.

Church World Service is supplying help for family planning through church-related clinics.

World Neighbors works with the Young Men's Christian Association at Huancayo in helping to make family planning an important part of a total family welfare program. Family planning also is a feature of a jungle rural development project with the Summer Institute of Linguistics.

Surinam

Demographic information

Population according to census of March 31, 1964	*324,211*
Estimated population, January 1, 1972	*410,000*
Births per 1,000 population, 1971	*41*
Deaths per 1,000 population, 1971	*7*
Infant deaths per 1,000 births, 1966	*30*
Expectation of life at birth, 1971	*66*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.4*
Annual growth rate, 1971 (including migration)	*3.1*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*38*
Percent of labor force in agriculture, 1964	*25*
Per capita gross national product, 1970	*$633*
Percent literate	*80*

Highlights of activities

Family planning in Surinam is carried on by Stichting Lobi, a private, independent foundation which encourages family planning and provides medical counseling and fertility controlling drugs and devices to individuals requesting its aid. Members of the Foundation represent nearly all of Surinam's many racial groups.

The Foundation has recruited field workers from various government agencies and trained them in sex education and family planning. One clinic is maintained in a hospital in Paramaribo. During 1971 there were 935 new acceptors and 2,500 follow-up visits to the clinic.

Major activities of the Foundation in 1971 included lectures and film shows on family planning, distribution of printed material, use of radio and television, and house-to-house visits by field workers. The staff has received training in Trinidad.

It is estimated that there are 62,700 women in the fertile 15-44 year group in Surinam. Of that total, it is estimated that 9,000 are using contraceptive pills, while 1,000 use other methods. These figures coincide with the Foundation's experience with female acceptors. Of these, 90 percent used pills; 5 percent, IUDs; and 5 percent used foam, jelly, and injections.

External assistance

AID in 1971 financed $8,107 worth of contraceptive and medical supplies and equipment.

The International Planned Parenthood Federation provides 85 percent of the Foundation's budget; the remainder comes from donations by acceptors and interested local sources.

The Pathfinder Fund in 1969 completed a study of IUD insertions in Surinam as part of its international IUD program.

Trinidad and Tobago

Demographic information

Population according to census of April 7, 1970	*945,210*
Estimated population, January 1, 1972	*[1] 950,000*
Births per 1,000 population, 1971	*24*
Deaths per 1,000 population, 1971	*7*
Infant deaths per 1,000 births, 1970	*40*
Expectation of life at birth, 1971	*69*
Percent of population under age 15, 1970	*41*
Rate of natural increase, 1971 (percent)	*1.7*
Annual growth rate, 1971 (including migration)	*0.3*
Number of years to double population at the 1971 rate of natural increase	*41*
Median birth order, 1968	*3.1*
Median maternal age, 1968	*25*
Percent urban, 1971	*51*
Percent of labor force in agriculture, 1965	*21*
Per capita gross national product, 1970	*$880*
Percent literate	*89*

[1] Based on 1970 preliminary census figure.

The Caribbean Film Committee, shown here at a working session, is producing a 30-minute motion picture showing the problems of over-population within the Caribbean area. Joint sponsors of the movie are AID, Church World Service, and the Government of Trinidad and Tobago.

Highlights of activities

Population growth continues upward in Trinidad and Tobago. Population has doubled twice since the turn of the century, a circumstance which has led the Government to enunciate a policy of support for family planning as an essential complement to the country's social and economic development.

The World Bank in 1971 announced approval of a $3 million loan to help finance a new maternity hospital, seven health centers, a clinic, training facilities, and substantial technical assistance. This loan is expected to help the government reach its objective of a birth rate reduced to 15.5 per thousand by 1980.

Government family planning activities began in 1965 with the setting up of a Population Council under the Minister of Health. Since 1967, planning has been offered through the Maternal and Child Health Services as part of the public health system. The program includes training of personnel, free distribution of contraceptives, use of mass media to educate and motivate, preparation of literature, and evaluation.

Existing facilities are to be expanded and family planning services offered to all hospitals; to antenatal, postnatal, and child welfare clinics; and to health centers. The government is contributing $1 million annually.

Trinidad and Tobago also has a private Family Planning Association. It has been functioning since 1956 and has been a member of the International Planned Parenthood Federation (IPPF) since 1961. In 1971, some 4,970 new acceptors were served in the Association's eight clinics. Information activities stressed motivation of men in industry—a stress maintained and strengthened in 1972. IPPF gives financial and commodity grants annually and provides technical assistance.

Family planning services also are offered by the Catholic Marriage Advisory Council.

External assistance

The Pan American Health Organization has provided assistance in obtaining equipment and supplies for the official family planning program. In addition, advisory services have been made available to the Ministry of Health for developing training courses.

IPPF gives financial and commodity grants annually.

The Pathfinder Fund has provided contraceptives.

The Population Council has made grants for clinical trials, IUDs, and fellowships.

The World Assembly of Youth (WAY) which conducts youth seminars aimed at promoting an awareness of the population problem and family planning concepts, held a national level seminar in Port of Spain in October 1971. Later four regional seminars and four district seminars were held.

OXFAM made grants in 1964 and 1970 to the Association for supplies and mobile clinic equipment.

The Swedish International Development authority has supplied oral contraceptives and has equipped eight clinics for IUD insertion.

The United Kingdom is providng a doctor to help build up the official program.

Uruguay

Demographic information

Population according to census of October 16, 1963	[1]2,658,900
Estimated population, January 1, 1972	2,941,000
Births per 1,000 population, 1971	21
Deaths per 1,000 population, 1971	9
Infant deaths per 1,000 births, 1969	49
Expectation of life at birth, 1971	70
Percent of population under age 15, 1970	28
Rate of natural increase, 1971 (percent)	1.2
Number of years to double population at the 1971 rate of natural increase	58
Median birth order	NA
Median maternal age, 1963	27
Percent urban, 1971	7[illegible]
Percent of labor force in agriculture, 1963	21
Per capita gross national product, 1970	$819
Percent literate	91

[1]Includes adjustment for underestimation of 2.05 percent.

Highlights of activities

Uruguay's voluntary family planning organization—the Association for Family Planning and Research on Reproduction (AUPFIRH)—is an affiliate of the International Planned Parenthood Federation (IPPF).

It offers family planning services, sex

education, and treatment of genital diseases and sterility at its main clinic in the Hospital Pereira Rossel, Montevideo. The clinic is open 4 hours a day, 4 days a week, and, in 1971, served 1,826 new acceptors.

The Association runs a human reproduction research laboratory at the hospital, the first of its kind in Latin America. It operates 26 other family planning clinics.

In 1971, the Association continued its sex education program and held courses throughout the country. However, hostility to family planning led to the partial suspension of the mass media campaign in 1971-72. The Association then conducted its motivational work with influential groups such as labor leaders and teachers.

The activities of the Family Studies and Research Center (CIEF), a private organization with Catholic orientation, include sex education courses and seminars, research in religious, sociological, psychological, and medical aspects of the Uruguayan family, and distributing publications.

External assistance

The National Institutes of Health of the U.S. Department of Health, Education, and Welfare has granted $127,300 for research in reproductive physiology at the University of the Republic.

The United Nations Fund for Population Activities has provided funds for preparation and publication of demographic data and studies.

The IPPF provides commodity and financial assistance to AUPFIRH on an annual basis.

The Pathfinder Fund donates contraceptives.

The Population Council assists biomedical research at several Uruguayan institutions.

The Ford Foundation in 1969 made a 5-year $460,000 grant to the Pan American Health Organization for the establishment of an international center for training and research in reproductive physiology in Uruguay.

Venezuela

Demographic information

Population according to census of February 26, 1961	[1] *7,987,390*
Estimated population, January 1, 1972	*11,316,000*
Births per 1,000 population, 1971	*40*
Deaths per 1,000 population, 1971	*7*
Infant deaths per 1,000 births, 1968	*46*
Expectation of life at birth, 1971	*66*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*3.3*
Number of years to double population at the 1971 rate of natural increase	*21*
Median birth order, 1967	[2] *3.3*
Median maternal age, 1967	[2] *26*
Percent urban, 1971	*69*
Percent of labor force in agriculture, 1965	*29*
Per capita gross national product, 1970	*$921*
Percent literate	*76*

[1] Includes adjustment for underenumeration of 5.8 percent.

[2] Based on incomplete registration of births.

Highlights of activities

This calendar year for the first time the Venezuelan Congress appropriated funds explicitly for family planning—$363,000 to the Venezuelan Family Planning Association (AVPF).

The Health Ministry's Public Health Director met with leaders in the field to discuss the possibility of including family planning information in the Government's health services and formalizing the relationship between the Ministry and the AVPF.

In 1971, the AVPF, an affiliate of the International Planned Parenthood Federation (IPPF), served over 44,000 first-visit patients in 52 clinics operated in Government health facilities.

The Responsible Parenthood Foundation, established in 1971, raised funds enabling the AVPF to more than double its number of clinics in 1972 and AVPF expects 100,000 first visits and 300,000 followups.

In addition, the Family Planning Service of Caracas' Concepcion Palacios Maternity Hospital, one of the world's largest, served over 6,400 new acceptors in 1971. The hospital also provides family planning training for medical and paramedical personnel, including all students of the medical school of the large Central University.

The Venezuelan Population and Family Center (CEVEPOF) conducts research in demography and studies of knowledge and attitudes of marginal families. A new project planned to begin in 1972 emphasizes utilization of demographic materials for policy formulation. A major area to be explored is the impact on family structure of Venezuela's high rural-urban migration.

External assistance

AID, in cooperation with the National Planning Board (CORDIPLAN), has given CEVEPOF support for research demography, population growth, and attitudes of marginal families.

During 1972, the IPPF made grants to AVPF and Maternidad Concepcion Palacios for their family planning services.

A Pathfinder Fund grant to the Responsible Parenthood Foundation enabled AVPF to open 40 new clinics in 1972, bringing its present total to 92 clinics.

The Population Council supports the postpartum programs at the Maternidad Concepcion Palacios and 21 centers, the latter through the AVFP.

The Ford Foundation in 1967 and 1969 made grants totaling $98,000 to the Maternidad Concepcion Palacios Maternity Hospital for training in family planning for medical and paramedical personnel. In 1971, the Foundation granted $100,000 to the Venezuelan Association for Family Orientation to support research and training in sex education.

Eastern Caribbean

Highlights of activities

Some of the Caribbean islands rank among the most densely populated areas of the world. The pressure on land, continuing high rates of population growth, and the heavy incidence of induced abortion have brought active family planning programs to the islands.

Among the West Indies, Grenada, St. Vincent, St. Lucia, Anguilla, St. Kitts-Nevis, Antigua, and Monserrat have programs.

On Grenada, a Planned Parenthood Association carries out family planning activities through four clinics, field workers, and private doctors. About 10 public health clinics also provide family planning services. Most of the work is done on an irregular basis by the fieldworkers and private doctors supplying contraceptives on request.

St. Vincent offers family planning services through the Planned Parenthood Association and government health centers. At the end of 1970, the Association was running a family planning center at Kingstown, serving 306 new acceptors that year. With official permission, it provided family planning services at 25 government mother and child health centers. In 1971, a total of 1,336 ne[illegible]ptors were served. Motivational work by fieldwor[illegible] the chief educational activity.

The St. Lucia Planned Parenthood Association increased its clinics from 7 in 1970 to 14 in 1971. It also runs a mobile clinic. Other activities include education of church and community leaders, motivation of patients, and provision of sex education material and courses. Government doctors and nurses cooperate.

The Family Planning Association of St. Kitts operates one clinic and also carries out education and information programs.

The Netherlands Antilles provides family planning services through government health centers in Aruba and the Foundation for Promotion of Responsible Parenthood of Curacao. The Foundation provides family planning services in three clinics and served 485 new acceptors in the first half of 1970. The Foundation uses all available methods of communication to promote family planning and responsible parenthood.

The Bahamas have a Family Planning Association, and private doctors give contraceptive advice.

External assistance

The International Planned Parenthood Federation provides annual grants to the Caribbean family planning associations.

The Pathfinder Fund completed a study of IUD insertions in St. Lucia in 1969.

OXFAM is financing construction of 12 health centers in Dominica, including the cost of family-planning equipment. OXFAM has also supported the St. Vincent Planned Parenthood Federation and has made commitments for staff salaries up to 1973.

Shell Oil Company has given grants to the Foundation for Promotion of Responsible Parenthood, Curacao.

The United Kingdom provides assistance to population programs of the British Virgin Islands and to St. Vincent.

The Canadian International Development Research Center granted the Government of Dominica $19,846 for a pre-operational family planning study.

Africa

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Africa

Living on a continent that has a quarter of the earth's surface and fewer than one-tenth of its people, many Africans find it hard to believe that population growth poses a significant problem to them. Yet population growth without commensurate economic development and expansion of social services has already created severe problems.

Africa's birth rate of 47 per 1,000 per year is the highest of all the continents, and its population of an estimated 328 million on January 1, 1972, could double in 27 years at the current growth rate. The mortality rate of 21 per 1,000 is the highest of any region in the world although it is declining with the expansion of health and sanitation facilities. The rate of growth—only 1.4 percent in the 1920's—is now 2.6 percent per year. Nearly half the population is under 15 years of age—children that need to be fed, clothed, housed, educated, and eventually employed.

The economic and social development needed to support a growing population is slow in coming. With an average per capita gross national product of less than $200, Africa has many people living on the edge of subsistence, some in remote rural areas, others caught up in the vortex of urbanization that has touched many parts of the continent. Africa's urban population is growing at the rate of 5 percent annually. Thus, many countries on the continent are having a difficult time meeting the economic and social needs of both rural and city dwellers.

For example, the average rate of growth of gross national product in Africa in 1970 and 1971 was 5.3 percent. Population growth reduced this favorable rate to 2.6 percent per capita.

Africa's potential resources for agriculture and industry are impressively large. However, very large investments of capital will be required, and over long years, to enable significant realization of their potential. And Africa's accumulation of the required capital (savings) must necessarily be a reflection of the region's balance between its present population and productive resources available.

Difficult agricultural conditions further complicate Africa's population problems. In many cases, food production has not kept pace with population growth. A survey of 31 African countries by the U.S. Department of Agriculture showed that the index of per capita agricultural production has actually declined since 1961-65 in 13 of them.

Other important difficulties are also being encountered with regard to employment opportunities and the provision of adequate public services and facilities.

African awareness of the implication of rapid population growth is increasing. So is the readiness to go from awareness to action. Some countries with existing population programs have expanded and accelerated them. In other countries the pressure of population growth on their already extensive problems of economic and social development has encouraged the adoption of various measures aimed at lowering population growth rates and at spacing births to benefit the health of mother and child and to improve the quality of life for all the people. A few countries once opposed to family planning now show an interest or have asked for some aid.

Governments of black African countries for the greater part either support family planning programs or permit such efforts to exist under private auspices.

A significant development in the field of African population is the emergence of the Economic Commission for Africa (ECA) as a force in African awareness and action on the population problem. (Membership in the ECA, one of the regional commissions of the United Nations, comprises virtually all independent nations of Africa.) The ECA has an expanding population program, supported by the United Nations Fund for Population Activities, with most of its phases concentrated in the ECA Population Program Center in Addis Ababa. Among the Center's functions are assistance to governments, on request, in organized research, training, and operational population programs, and preparation of reports and studies on demographic aspects of population.

Responding to the need for fuller and more accurate demographic data for Africa, the ECA, in cooperation with statistical and population units of the United Nations, organized a Consultative Group on African Census Programs. Purpose of the group, which first met in Addis Ababa in January 1971, was to formulate a comprehensive program for the collection and analysis of population data in Africa.

An event of importance for the future course of African population programs was the African Population Conference in Accra, Ghana, in December 1971. First conference of its kind in Africa, it was sponsored jointly by the ECA and the International Union for the Scientific Study of Population (IUSSP), with the cooperation of the International Planned Parenthood Federation (IPPF). The

conference dealt with all aspects of population trends and their implications for development.

AID assistance

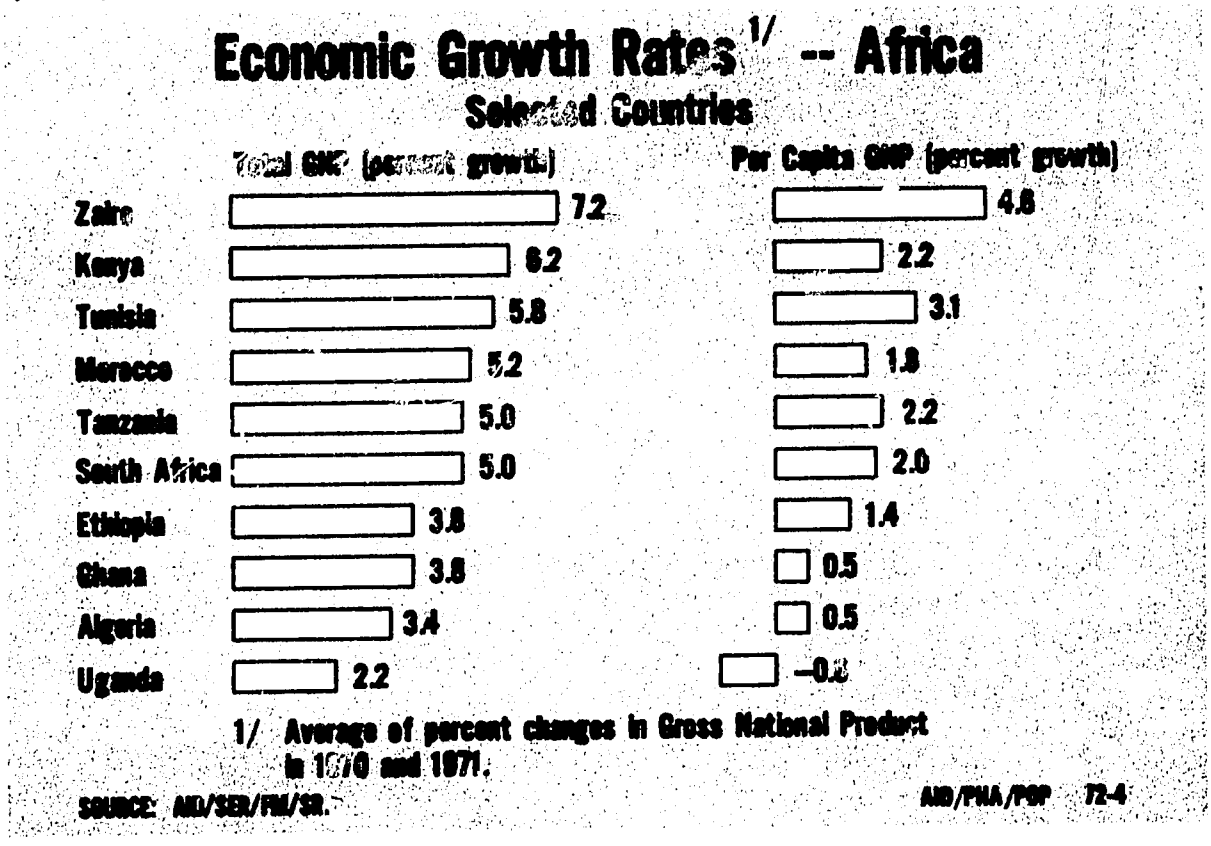
AID assistance to population and family planning activities in Africa is geared to improving the quality of people's lives. Under this general goal, AID is providing support on two fronts: To family planning programs, as integrated components of maternal and child health services, where emphasis is on the relationship between child spacing and better health for both children and mothers; and to demographic and statistical programs, through which countries can be assisted to collect and analyze demographic data and to incorporate demographic considerations into development plans.

AID assistance is extended directly to country programs or through regional and interregional projects, including grant agreements with such organizations as The Pathfinder Fund, the Population Council, the Planned Parenthood Federation of America, and the IPPF. In order to provide greater flexibility in assisting population and family planning activities in Africa, a special Population Activities Fund was established in fiscal 1971. Administered under the self-help concept, the Fund permits U.S. ambassadors in countries not receiving U.S. Government assistance through bilateral aid programs to respond to requests for assistance in carrying out relatively small population-family planning activities which the host country would otherwise be unable to finance; $96,494 was expended in fiscal 1971.

AID obligations for bilateral assistance in fiscal 1972 amounted to $6,508,000. The recipient countries included Ethiopia, Botswana, Ghana, Kenya, Liberia, Morocco, Tunisia, Uganda, and Zaire.

Also in fiscal 1972 AID obligations for regional projects amounted to $4,759,000. This included support for census and demographic studies, maternal and child health extension, training and research in maternal and child health and family planning, and for Population Council activities in the population studies field.

Most African countries show gains in total GNP. But growth of per capita GNP is being slowed by high rates of population increase. Population growth is 3 percent or more in a number of countries and averages 2.6 percent for the continent as a whole, compared with 1.1 percent for United States, 0.7 percent for Europe.



These regional projects include:

- Development by the U.S. Bureau of the Census, working closely with concerned countries, appropriate U.N. organizations, and other donors, of new approaches to obtaining census and demographic data adapted to the limited finance, personnel, and logistic capabilities of many African countries.

- Initiation, with interested governments, of a number of pilot activities designed to test new ways of providing integrated maternal and child health and family planning services in rural areas. Using existing minimal health facilities, $1,163,000 was allocated for this project in fiscal 1972.

- Teaching family planning and related subjects in curricula of health training institutions, to be introduced at first in a few interested medical and paramedical training institutions. (Some of these institutions have begun to teach these subjects as part of the regular curriculum.)

- Assistance to universities desirous of introducing interdisciplinary instruction and research on population questions into their regular curricula and research programs. This will meet the broad interdisciplinary interests of African students and leaders who are becoming concerned with development problems—among them economists, sociologists, political scientists, statisticians, public health experts, and others.

- Assistance in the establishment by a group of U.S. universities of a Training and Research Center in Maternal and Child Health/Family Planning at Meharry Medical College, Nashville, Tenn., aimed at provision of a wide range of professional assistance in developing and strengthening integrated maternal and child health family planning services in Africa.

Substantial assistance to population/family planning programs in Africa is a relatively new development for AID. Prior to 1968, AID assistance was limited primarily to support for demographic research and training. That year marked the initial acceleration of the Agency's assistance to include maternal and child health programs and other population activities. For fiscal 1972, AID's obligations for regional and country programs totaled more than $11.2 million. This compares with AID's fiscal 1971 allocation of $7.7 million for family planning and population assistance—and with only $10,000 in 1965.

AID funding for assistance to population and family planning activities in Africa since 1965 is given in the accompanying table.

AID Population Program Support, Africa

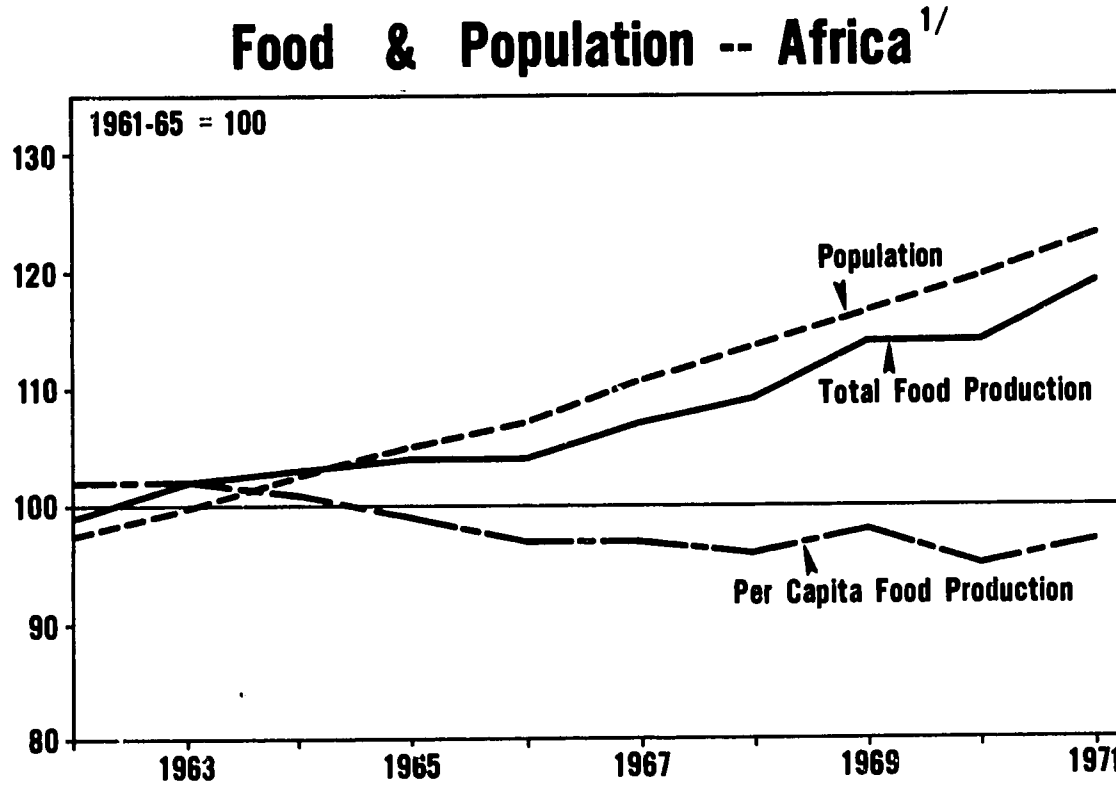
Project	Fiscal year				
	1965-68	1969	1970	1971	1972
	$1,000	*$1,000*	*$1,000*	*$1,000*	*$1,000*
Country Projects	427	983	2,484	2,091	6,508
Regional Projects	289	457	179	5,696	4,756
Total	716	1,440	2,663	7,786	11,264

Other assistance

Private foundations and organizations, agencies of other governments, and international organizations are actively engaged in assisting population-related activities in Africa. Their assistance covers a wide range of population/family planning activities, from provision of contraceptives, vehicles, and clinic equipment to support of family planning organizations and aid to demographic and statistical programs.

As indicated earlier, the United Nations has played an increasing role in African population programs. The U.N., in the spring of 1968, sent a population mission to Africa to identify needs for assistance in demographic activities in nine countries. Through its Fund for Population Activities, the United Nations has provided fellowships, as well as support for personnel, training, and advisors. The Fund assists population/family planning projects and programs in individual countries and has provided funds for a three-man exploratory mission to choose a site for a demographic center in French-speaking Africa. The Fund's budget for Africa in 1972 was $6 million, compared with $0.6 million in 1970. The Fund also supports, in a significant way, population activities carried out by the Economic Commission for Africa and by the United Nations specialized agencies.

The International Planned Parenthood Federation provided approximately $3.3 million in grants during 1971 to support family planning work in 23 African countries. The Federation has a regional office in Nairobi, Kenya, and a resident representative for West Africa based in Accra, Ghana. Special projects in the field of family planning have included the operation of 7 mobile clinics working from various provincial headquarters in Kenya and the appointment of an information and education advisor, stationed in Nairobi, to work with African



1/ Excludes Republic of South Africa.

SOURCE: Economic Research Service, U.S. Department of Agriculture. AID/PHA/POP 72-9

Africa's farmers, despite problems in modernizing their agriculture, have succeeded in expanding food production in recent years. As a result of rapid growth in population, however, each year larger numbers of people must be fed—and per capita food production is less today than it was 10 years ago.

family planning associations to develop education programs. Among other IPPF activities in Africa during 1971 was a family planning seminar in Dahomey attended by representatives of 13 African countries.

Church World Service cooperates with doctors and clinics and has provided supplies and literature for family planning in Algeria, Burundi, Cameroon, Dahomey, Ethiopia, Ghana, and Malagasy Republic, Malawi, Niger, Nigeria, Rhodesia, Tanzania, Uganda, and Zaire.

During fiscal 1972 The Pathfinder Fund furnished technical assistance, financial support, commodities, equipment, and literature for training medical and paramedical personnel and for the introduction of family planning services.

The Population Council provides technical assistance, financial support, fellowships, and related assistance to institutions and individuals in a number of African countries. It is providing resident public health advisors and/or demographers to the governments of Algeria, Kenya, Morocco, and Tunisia. Until the summer of 1972, its regional public health advisor was stationed in Accra. The Council has demographic advisors in Sierra Leone, Tanzania, and Kenya, and three in Nigeria, teaching and doing research in universities.

Family Planning International Assistance, the International Division of Planned Parenthood Federation of America, Inc., has provided funds to church-related family planning programs for training nurse-midwives in Tanzania and the orientation of lay and religious leaders in Kenya. Contraceptive supplies and medical equipment have been sent to church-related programs in Cameroon, Dahomey, Nigeria, Rhodesia, Sierra Leone, and Zambia.

World Assembly of Youth sponsored an African Regional Seminar on "Youth and Family Planning" in Lagos, Nigeria, in March 1972. Twenty-two participants came from The Gambia, Ghana, Nigeria, Sierra Leone, Kenya, and Liberia.

World Education provides assistance to incorporate family planning concepts into functional literacy programs and non-formal adult education programs in Ghana and Tunisia.

The Ford Foundation has supported population

Participants and some of the hosts at the Nurse Midwife Conference at the Meharry Medical College's Maternal Child Health Family Planning Center in Nashville, Tenn. Some 18 African countries sent participants to this 1972 conference.

activities in individual African countries through grants to international voluntary organizations and country programs. In addition, the Foundation supports regional programs in West Africa, East and Central Africa, and North Africa. In 1968 the Foundation initiated a program of exploratory work in 20 West African countries that includes travel awards permitting West African leaders to become familiar with family planning programs in other parts of the world, financing visits to West Africa by short-term consultants, and supporting small research activities.

Since 1968 a total of $924,000 has been provided for these activities. The Foundation has provided three grants (1970, 1971, and 1972) totaling $24,500 for research and training in East and Central Africa, focusing particularly but not exclusively on communications and motivation. In 1969 and 1970, the Foundation provided two grants totaling $575,500 to the Population Council for support of advisors, program and operational research, and training fellowships in North Africa. As of June 1972, Foundation grants for population activities in Africa totaled $3.5 million.

The Rockefeller Foundation between 1964 and 1971 provided appropriations and grants to the following African universities: University of Ibadan, $109,300; University of Dakar, $15,000; Dar es Salaam School of Medicine, $19,000; Makerere University Medical School, $12,850; University of California, Berkeley, exchange program with Makerere University Medical School, $94,000. Since 1966, nurse-midwives, chiefly from Africa and Asia, have been trained in population work in an intensive 12-week course at the Downstate Medical Center of the State University of New York in Brooklyn. The Foundation has provided scholarship aid for these candidates, who are selected by their governments or by local medical institutions.

OXFAM, through IPPF, has provided clinic salaries, equipment, and expenses for family planning activities in Kenya, the Malagasy Republic, Mauritius, Nigeria, Rhodesia, Rwanda, Sierra Leone, Tanzania, and Uganda. OXFAM-Canada has provided support for family planning associations in the Malagasy Republic, Rhodesia, and Uganda.

The Unitarian Universalist Service Committee is developing family planning activities within its broader program in Nigeria, Togo, and Zambia.

World Neighbors assists family planning programs in Ethiopia, Kenya, Nigeria, Rhodesia, South Africa, Tanzania, and Uganda.

The Swedish International Development Authority has provided bilateral aid to several African countries for family planning and considerably more in multilateral grants. Supplies and equipment have been made available to Algeria, Ethiopia, Kenya, Mauritius, Morocco, and Tunisia.

The Government of Denmark is covering furniture and equipment costs for a family health training center at Makerere University College in Uganda.

The Government of the Netherlands is assisting with training and clinical research in Kenya and Tunisia by providing personnel, funds, and equipment. In Kenya two mobile training teams are working around Nairobi and in rural districts, and in Tunisia funding from the Netherlands is being used to

help implement the country's family planning program.

The Norwegian Government has provided funds to the Government of Kenya for establishment of 50 family planning units in health centers.

The United Kingdom has assisted population programs in Ghana, Mauritius, and Kenya.

Algeria

Demographic information

Population according to census of April 4, 1966	*11,821,679*
Estimated population, January 1, 1972	*14,570,000*
Births per 1,000 population, 1971	*50*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1970	*86*
Expectation of life at birth, 1971	*53*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.4*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1963	[1] *3.5*
Median maternal age, 1963	[1] *28*
Percent urban, 1971	*43*
Percent of labor force in agriculture, 1965	*60*
Per capita gross national product, 1970	*$304*
Percent literate	*20*

[1] Based on incomplete registration of births.

Highlights of activities

Algeria has no family planning association.

The official attitude toward family planning was stated by President Boumediene in June 1969: "I take this occasion to say—on the subject of what some are pleased to call the population explosion—that we are not in favor of false solutions such as birth control. . . We are, on the contrary, in favor of positive solutions, such as the creation of new jobs, of schools for children, and better social conditions for all."

While this is still the official position, the Ministry of Health does carry on a "family protection" program aimed at spacing births at wider intervals.

Birth control devices are available to those who seek them.

A number of statisticians, health workers, and doctors are working in demography and, to some extent, in family planning.

Family planning clinics, clearly labeled as pilot programs, operate at university hospital clinics in Algiers, Constantine, and Oran. The three clinics provide contraceptive services, the main methods being oral contraceptives and IUDs. They also familiarize medical students, nurses, midwives, social workers, and other professionals and semiprofessionals with the concepts and techniques of family planning.

AID assistance

AID has provided no direct assistance.

Other assistance

The United Nations Fund for Population Activities (UNFPA) has allocated funds for two consultants to the Government.

The World Health Organization, with UNFPA financing, has consultants in Algeria offering training in childbirth spacing.

The International Planned Parenthood Federation has provided training for doctors and paramedical personnel and has supplied contraceptives and literature to clinics.

Church World Service has provided limited assistance for planned parenthood activities.

The Pathfinder Fund has sent contraceptives and literature.

Since 1969, the Population Council, with Ford Foundation financing, has provided a resident advisor to the Ministry of Finance and Planning to assist it in various studies. These include studies of the relationship between population growth and economic planning and population growth and vital rates.

The Council has also provided demographic consultants on various Algerian Government projects and continues to provide fellowships with Ford Foundation funding to qualified Algerians.

In 1965 and 1967, the Ford Foundation provided two grants totaling $83,200 to support a vital statistics advisor and consultants to aid the Government in improving its vital registration system. A Foundation grant of $62,000 in 1967 financed a Population Council study of knowledge, attitudes, and practices. Since 1968 the Foundation has supported an advisor in demography.

The Swedish International Development Authority has supplied contraceptives and clinical equipment for the three family planning pilot clinics.

Botswana

Demographic information

Population according to census of January 15 - June 1964	[1] *543,105*
Estimated population, January 1, 1972	*644,000*
Births per 1,000 population, 1971	*44*
Deaths per 1,000 population, 1971	*22*
Infant deaths per 1,000 births, 1970	*175*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*41*
Rate of natural increase, 1971 (percent)	*2.2*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*25*
Percent of labor force in agriculture, 1964	*91*
Per capita gross national product, 1970	*$105*
Percent literate	*20*

[1] Population is *de jure;* includes an allowance for nomads estimated at 14,150 at 1964 Census.

Highlights of activities

The National Development Plan of Botswana for 1970-75 makes a forceful case for family planning. The Government has sponsored a "child spacing" program since 1971 and services are to be offered eventually in all hospitals and health centers. At the end of 1971, more than 25 clinics were providing services.

Oral contraceptives and IUDs are available in Government hospitals and in some mission hospitals.

There is no private family planning association.

AID assistance

AID has provided no direct assistance. However, in April 1972, the Government submitted a written request to AID for three nurse educators and one health educator plus materials and training.

A maternal/child health/family planning project is contemplated for early 1973 to assist the Government in training medical and paramedical personnel in family planning practices/knowledge.

Other assistance

The United Nations Fund for Population Activities in 1971 authorized $159,000 over 2 years to fund one medical officer, one public health nurse, and one nurse-midwife, plus fellowships, to make family planning advice available at maternal and child health centers.

It also committed $74,000 to cover costs of contraceptives and for building two maternity and child health clinics—one at Francistown and one at Bobonong—and for two vehicles to be used in association with the clinics.

The International Planned Parenthood Federation (IPPF) provides a direct grant to the Botswana Government which became an affiliate member of IPPF in 1971. IPPF has been active in Botswana since 1969 when it sponsored a training team to promote an understanding of family planning as a part of family health. The team lectured at Government hospitals and before women's groups. This was followed by the appointment, at the Government's request, of a doctor to help develop family planning services in Serowe.

During 1970, IPPF detailed one doctor, three staff nurses, eight family welfare educators, and one driver to work with the Botswana national maternal and child health and family planning programs. IPPF also provides contraceptives to township and district councils.

The Danish International Development Agency made a grant in 1971 for construction of a family planning training center.

Burundi

Demographic information

Population according to sample survey February 25 - July 31, 1965	[1] *3,210,090*
Estimated population, January 1, 1972	*3,712,000*
Births per 1,000 population, 1971	*48*
Deaths per 1,000 population, 1971	*4*
Infant deaths per 1,000 births, 1971	*161*
Expectation of life at birth, 1971	*41*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*2.4*

Number of years to double population at the 1971 rate of natural increase	*29*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*3*
Percent of labor force in agriculture, 1965	*95*
Per capita gross national product, 1970	*$64*
Percent literate	*10*

[1] Based on a 10% sample of households in urban commune of Bujumbura and 2% sample of population in rural areas.

Highlights of activities

Burundi has no official family planning program and no family planning organization. Some consideration is being given to including family planning in maternal and child health services.

Some family planning work is carried out by missionary groups.

AID assistance

AID provided $62,500 from Special Population Activities funds to assist the Government of Burundi in building and equipping three postnatal clinics offering family planning services and in obtaining vehicles and equipment for census and other demographic activities.

Other assistance

The United Nations Fund for Population Activities has provided funds for an advisor to help the Government plan and carry out the 1972 census.

At the request of the Burundi Government, International Planned Parenthood Federation (IPPF) assigned a doctor to the Ministry of Health to help introduce family planning into maternal and child health centers. The doctor worked in Bujumbura between 1970 and 1972. Two nurses and two social welfare workers have received family planning and maternal and child health training at IPPF's Family Welfare Training Center in Nairobi.

The Pathfinder Fund supported the family planning work of a social-worker/midwife who assisted in establishing a number of rural maternal and child health and family planning clinics in central Burundi, trained paramedical personnel in delivery of family planning services, and lectured at the nursing school at Gitega.

In addition, Pathfinder provided for training two Burundian nurses in the family planning program at the Down State Medical Center in Brooklyn, N.Y., and is supporting the family planning work of a medical missionary group in central Burundi.

The Population Council has provided a fellowship for demographic training in Canada.

Cameroon

Demographic information

Population summation of 1960–65 sample surveys	*5,017,000*
Estimated population, January 1, 1972	*5,995,000*
Births per 1,000 population, 1971	*39*
Deaths per 1,000 population, 1971	*18*
Infant deaths per 1,000 births, 1970	*110*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*41*
Rate of natural increase, 1971 (percent)	*2.1*
Number of years to double population at the 1971 rate of natural increase	*33*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*13*
Percent of labor force in agriculture, 1965	*84*
Per capita gross national product, 1970	*$170*
Percent literate	*10–15*

Highlights of activities

The Government of Cameroon considers the country underpopulated and, according to a statement made in 1970, "does not. . contemplate any measures to limit population growth until the target population of 15 million is reached."

There is no family planning organization. However, some private physicians give advice on a limited scale and on an individual basis. A few doctors prescribe orals and insert IUDs.

The Cameroonian Government is trying to improve its vital demographic statistics and statistical services. The Office de la Recherche Scientifique et Technique Outre-Mer and the Societe d'Etudes pour la Developement Economique et Social in Pans have made several demographic studies.

AID assistance

AID has had a contract with Northwestern University for an Urban Fertility Study in the cities of Douala and Yaounde. The study provided valuable information on the socio-cultural aspects of rapid population growth.

A bilingual Cameroonian from the Bureau of Statistics is being trained at the U.S. Bureau of the Census in computer programming of census data.

AID has also been assisting the Government of Cameroon in a multidonor project for the development of a regional institution for training physicians and other health workers (University Center for Health Sciences) in a fashion relevant to the African setting, with much greater emphasis on integration of public health, preventive medicine (including child spacing), and clinical medicine and implication for extending low-cost methods of health protection and improvement to all the population.

Other assistance

Demographic analysis is included in the training program for statisticians at the International Statistics Center in Yaounde, established in 1961 by the United Nations Economic Commission for Africa. The United Nations provides scholarships for the center.

The United Nations Development program provides fellowships for Cameroonian students at the Rabat Institute.

Church World Service has a limited family planning program.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Pathfinder Fund has sent contraceptives to Cameroon. In 1969, Pathfinder provided a travel grant for two health officials to attend the Seventh International Health and Health Education Conference in Buenos Aires.

The Population Council has provided fellowship support.

Central African Republic

Demographic information

Population according to census of August 1966	*1,464,690*
Estimated population, January 1, 1972	*1,660,000*
Births per 1,000 population, 1971	*46*
Deaths per 1,000 population, 1971	*24*
Infant deaths per 1,000 births, 1970	*163*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.2*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order	*NA*
Median maternal age, 1959–60	*[1] 28*
Percent urban, 1971	*25*
Percent of labor force in agriculture, 1965	*90*
Per capita gross national product, 1970	*$135*
Percent literate	*5–10*

[1] Based on incomplete registration of births.

Highlights of activities

There are no organized family planning projects in the Central African Republic.

The Government position on population growth is strongly influenced by religious beliefs and by the desire of a new country to fill up uninhabited areas.

Some individual doctors give family planning advice. However, family planning by individuals is limited by lack of information on techniques and the cost of contraceptives for a population living largely at subsistence level.

AID assistance

AID has provided no direct assistance.

Chad

Demographic information

Population according to sample surveys December 1963 - August 1964	*3,254,000*
Estimated population, January 1, 1972	*3,842,000*
Births per 1,000 population, 1971	*48*
Deaths per 1,000 population, 1971	*24*
Infant deaths per 1,000 births, 1970	*155*
Expectation of life at birth, 1971	*40*

Percent of population under age 15, 1970 . . 44
Rate of natural increase, 1971 (percent) . . . 2.4
Number of years to double population at the 1971 rate of natural increase 29
Median birth order . . . . . NA
Median maternal age, 1964 . . . . . [1]27
Percent urban, 1971 11
Percent of labor force in agriculture, 1965 . . 92
Per capita gross national product, 1970 . . . $70
Percent literate 5–10

[1] Based on incomplete registration of births.

Highlights of activities

Chadian leaders have made no commitments with regard to population growth. Vital statistics are lacking and the precise birth rate is not known.

There are no organized family planning activities. The prevalent attitude toward family planning is conservative.

Sale of contraceptives is illegal but the prohibition is not enforced and contraceptives are available to those who seek them.

Economic and sociological research on Chad's population and related problems is being undertaken by the Office de la Recherche Scientifique et Technique Outre-Mer in Paris and the National Museum at Fort Lamy.

AID assistance

A former Chadian health official expressed interest in participating in the AID regional maternal and child health and family planning project. A feasibility study was made during fiscal 1971 but no agreement has been reached so far on implementation of the project.

Other assistance

The Population Council is supporting a survey by the Institut National Tchadien pour les Sciences Humaines of knowledge, attitudes, and practices.

The French Government is supporting demographic research.

Comoro Islands

Demographic information

Population according to census of July - September 1966 243,948
Estimated population, January 1, 1972 287,000
Births per 1,000 population, 1971 46
Deaths per 1,000 population, 1971 21
Infant deaths per 1,000 births, 1971 140
Expectation of life at birth, 1971 44
Percent of population under age 15, 1970 . . 44
Rate of natural increase, 1971 (percent) . . . 2.5
Number of years to double population at the 1971 rate of natural increase 28
Median birth order . . . . . NA
Median maternal age . . . . . NA
Percent urban, 1971 3
Percent of labor force in agriculture . . . . . NA
Per capita gross national product, 1969 . . $130
Percent literate 58

Highlights of activities

Comoro Islands, a French Overseas Territory, has no official population policy. There is no family planning association.

AID assistance

AID has provided no direct assistance.

Other assistance

The Pathfinder Fund in 1970 completed a small study of IUD insertions as part of its International IUD Program.

Dahomey

Demographic information

Population according to sample survey, May 25 - September 30, 1961 2,106,000
Estimated population, January 1, 1972 2,592,000
Births per 1,000 population, 1971 50
Deaths per 1,000 population, 1971 26
Infant deaths per 1,000 births 150
Expectation of life at birth, 1971 41
Percent of population under age 15, 1970 . . 45
Rate of natural increase, 1971 (percent) . . . 2.4
Number of years to double population at the 1971 rate of natural increase 29
Median birth order . . . . . NA

Median maternal age, 1961	[1] *26*
Percent urban, 1971	*14*
Percent of labor force in agriculture, 1965	*84*
Per capita gross national product, 1970	*$94*
Percent literate	*20*

[1] Based on incomplete registration of births.

Highlights of activities

The Government of Dahomey has sanctioned the Dahomey Family Planning Association (DFPA) formed in 1971 and headed by the Director of Social Service, Ministry of Health. DFPA has received support from International Planned Parenthood Federation (IPPF). The Pathfinder Fund, and Mouvement pour le Planning Familiale. Plans are being developed to increase the number of maternal/child health centers throughout the country.

A public maternal/child health team (two nurses and a doctor from the University of California under contract) are attached to the maternal/child health center in Cotonou.

On an individual basis, family planning programs, primarily in urban areas, are carried out by small groups of practitioners (midwives and doctors) who give information to patients requesting it. Advice on child spacing is given in some maternal/child health centers.

AID assistance

In fiscal 1972, AID initiated, through a contract with University of California, Santa Cruz, a project to assist in improving the health and well-being of mothers and children by demonstrating an effective method of expanding Government maternal and child health/child spacing services.

The concepts of child spacing will be introduced as part of the maternal/child health service and ways to motivate the people to space children will be explored. It is planned also to develop feasible means to extend the local maternal/child health services through which family planning services can be provided. Training of maternal/child health/family planning personnel will be an important aspect of the project.

AID input to the contract is in the form of personnel, commodities, sponsoring of participant training, as well as for other costs related to the project.

Other assistance

Family Planning International Assistance has provided contraceptive supplies for church-related family planning programs.

The Pathfinder Fund has supported family planning activities in Dahomey for several years and provided funds to expand facilities at the Government hospital at Cotonou to incorporate family planning into existing maternal and child health services.

Pathfinder is now supporting the operation of a small family planning clinic with funds, medical equipment, and contraceptive supplies. During fiscal 1972, Pathfinder also assisted with the start-up costs of the new officially registered Family Planning Association of Dahomey and sponsored several paramedical trainees to the family planning training center in Dakar.

OXFAM has paid for a vehicle and 2 years' operating costs (1971-73) for a family planning program of the Comite pour le Planning Familiale.

Ethiopia

Demographic information

Population according to census of 1966–1968	[1] *23,662,000*
Estimated population, January 1, 1972	*26,111,000*
Births per 1,000 population, 1971	*46*
Deaths per 1,000 population, 1971	*24*
Infant deaths per 1,000 births, 1970	*162*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.2*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*9*
Percent of labor force in agriculture, 1965	*88*
Per capita gross national product, 1970	*$69*
Percent literate	*5*

[1] Estimated population at beginning of 1968.

Highlights of activities

The Imperial Ethiopian Government (IEG) has no official population or family planning policy but

family guidance and child spacing are integral parts of maternal and child health services provided in Addis Ababa and Asmara.

Since 1966, Ethiopia has had a Family Guidance Association (FGA), a voluntary organization operating as part of the Haile Selassie I Welfare Foundation. Its establishment was stimulated by visits of Pathfinder Fund representatives beginning in 1964. Included on the Association's Executive Committee are representatives of the Ministries of Education, Community Development, and Public Health; the Addis Ababa Municipal Government; and the University School of Social Work.

In Addis Ababa, the Family Guidance Association conducts a family planning clinic employing a full-time social worker and a part-time consultant, both trained in the United States. The Association runs six clinics of its own in Addis Ababa and assists many others. In 1971, it received information from 17 clinics, showing a total of 12,127 client visits, with 1,826 new acceptors. The Family Guidance Association is supported by the International Planned Parenthood Federation (IPPF).

The Imperial Ethiopian Government has passed legislation to strengthen its Central Statistics Office. The Economic Commission for Africa and the United Nations Fund for Population Activities have approved the IEG preliminary proposal for the census program and allocated $2.5 million for the project.

Central Statistics Office asked the United States Bureau of the Census to provide both short and long-term consultants for a program to provide more accurate data to be used in planning for the socio-economic development of the Empire. A data processing expert and a census cartographer were expected to start the initial work on the program in July 1972.

AID assistance

In fiscal 1971, AID allocated $30,000 for assistance in the population field, consisting of statistical-advisor-demographic services. In fiscal 1970, AID allocated $1,000 primarily for consultant help in demographic statistics.

AID in Ethiopia has worked cooperatively with the Economic Commission for Africa on the Imperial Ethiopian Government's first census program, now scheduled for 1974.

Informal discussions have been held regarding possible AID support for programs to integrate family guidance and child spacing within the maternal/child health programs and to expand maternal/child health services.

Other assistance

The International Planned Parenthood Federation makes an annual grant to the Family Guidance Association. It provided a doctor to work for 2 years, 1969-70, with the Association to extend and coordinate the program.

Church World Service has given some assistance under its planned parenthood program.

The Pathfinder Fund has contributed funds and contraceptives to the family planning clinics and has supported a family planning leader's attendance at a course given by the University of Chicago.

The Population Council supports a survey of knowledge, attitudes, and practices being conducted by the Institute of Ethiopian Studies of Haile Selassie I University. Fellowships also have been provided.

World Neighbors cooperates with the Ethiopian National Young Men's Christian Association Rural Service Program in a total approach to rural development. This includes emphasis on family health and welfare, nutrition, immunization, hygiene, and sanitation. Family planning and maternal and child health are included as vital parts of such programs. At present, these programs are centered around the towns of Jimma and Nekemte, both in heavily populated areas of western Ethiopia.

The Swedish International Development Authority has contributed to extension of a maternal and child health project under the auspices of the Swedish Save the Children Federation and the municipality of Addis Ababa. A Swedish doctor works part time in family planning activities. Contributions have totaled approximately $35,000.

Gabon

Demographic information

Population according to census of 1970	*448,564*
Estimated population, January 1, 1972	*488,000*
Births per 1,000 population, 1971	*35*
Deaths per 1,000 population, 1971	*25*
Infant deaths per 1,000 births, 1970	*184*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*33*
Rate of natural increase, 1971 (percent)	*1.0*

Number of years to double population at the 1971 rate of natural increase	*69*
Median birth order	*NA*
Median maternal age, 1960–61	[1]*28*
Percent urban, 1971	*20*
Percent of labor force in agriculture, 1965	*84*
Per capita gross national product, 1970	*$630*
Percent literate	*12*

[1] Based on incomplete registration of births.

Highlights of activities

Gabon has no organized family planning activities. The Government considers the country to be underpopulated and opposes family limitation.

AID assistance

AID has provided no direct assistance.

Other assistance

The World Health Organization has a basic health services program including maternal and child health.

Gambia (The)

Demographic information

Population according to census of April 17, 1963	*315,486*
Estimated population, January 1, 1972	*373,000*
Births per 1,000 population, 1971	*42*
Deaths per 1,000 population, 1971	*22*
Infant deaths per 1,000 births, 1971	*146*
Expectation of life at birth, 1971	*43*

At a health center in The Gambia, a welfare assistant discusses family planning methods with waiting clients. The Government permits use of its Ministry of Health clinics for this service.

create serious social, economic, and political difficulties before the turn of the century."

As a result of this policy and the availability of donor assistance, there has been considerable activity in the population/family planning field among government, educational, and private organizations in Ghana. The most active government agency involved in this sub-sector is the Secretariat of the Ghana National Family Planning Program (GNFPP).

In addition to its role as coordinator for the Government's program, the Secretariat is active in mass communication-public information, training family planning workers, and is sponsoring projects on commercial distribution of contraceptives, and post-partum family planning in three Ghanian hospitals.

In the mass communications-public information field, the Secretariat conducted its third annual "family planning week" in May 1972. This year's campaign stressed the importance of spacing births. The message was delivered through mass media advertising, on radio and TV, in newspapers, billboards, speeches, and displays.

The Secretariat has developed a supplementary five-track training program for medical and allied health personnel. By April 1972, 30 family planning nurses, 50 family planning auxiliaries, and 100 multipurpose workers had completed training.

The Secretariat also operates a project dealing with commercial distribution of contraceptives. In the project, AID-provided condoms and foam are sold at subsidized prices to the largest commercial outlet chain in Ghana–The Ghana National Trading Corporation (GNTC). They are then resold to the public at an estimated 400 GNTC retail outlets throughout the country. The Secretariat supports the sale of these contraceptives through a national advertising campaign.

In establishing the GNFPP, the Ghana Government recognized the importance of active participation and support of several Ministries including Health, Social Welfare, and the Public Relations Department. The Ministry of Health provides staff and facilities at 84 hospitals, clinics, and health posts for family planning services. From July 1970 through April 1972, there have been over 40,000 new family planning acceptors. The Ministry of Health Medical Stores Unit also stores and distributes the AID-financed contraceptives to clinical and commercial outlets.

The Ministry of Social Welfare assists the program by assigning to its field workers the task of disseminating family planning information.

The University of Ghana's interest and involvement in the population field has expanded rapidly in the past years. With major support (especially in the early years of 1961-67) provided by the Population Council for a demographic unit in the Department of Sociology, the University has become a leader in West Africa in research and instruction in population-family planning.

Location in Accra of the Regional Institute for Population Studies, supported by the U.N. Economic Commission for Africa (ECA) and the AID-assisted University Teaching of Population Dynamics project, attest to the University's leadership.

The Planned Parenthood Association of Ghana (PPAG) was set up in 1966 and became a member of International Planned Parenthood Federation (IPPF) in 1968. By the end of 1971, PPAG was operating 16 clinics, 9 of them opened during the year. A total of 45,252 clinic visits were made, of which 14,522 were new acceptors.

PPAG also has an extensive education program involving use of an IPPF-financed film for village women produced in English and five Ghanaian dialects; leaflets; lectures; and visits to homes, health centers and hospitals by fieldworkers. Fifty fieldworkers were employed by the end of 1971. Mass media, including radio and television, are extensively used.

PPAG has taken the initiatve in the field of sex and family life education by appointing a committee to study the subject. The National Programme Secretariat will consider its report.

World Assembly of Youth (WAY) sponsored a national level seminar at Nungua, near Accra, in October 1971. The 77 participants represented schools, colleges, and various youth and student organizations. The program included films, discussions, and visits to two secondary schools to discuss population problems with students. More than 900 young people attended 11 district level seminars in 1971-72. Five family planning youth clubs were formed.

Ghana was represented at WAY's African Regional Seminar on Youth and Family Planning held in Lagos, Nigeria, in March 1972.

AID assistance

AID allocated $650,000 for assistance to family planning projects in fiscal 1972.

Funds included $512,000 for the Danfa Rural Health-Family Planning Project. The purpose of this project is to determine the most cost-effective method of providing rural health and family planning

services. It is being carried out by the Ghana Medical School in association with the School of Public Health, University of California (Los Angeles).

AID also included $86,000 to provide contraceptives for the GNFPP and $52,000 for 11 participant trainees in fiscal 1972 from the Central Bureau of Statistics, Ministries of Health and Social Welfare, and Public Information Secretariat.

As part of the regional University Teaching of Population Dynamics project, the University of North Carolina will assist in developing a Regional Population Center at the University.

Other assistance

The Regional Institute for Population Studies is supported by ECA. Additionally, the United Nations Fund for Population Activities recently presented 23 vehicles to the GNFPP to be used by the various cooperating agencies.

The International Planned Parenthood Federation provides major financial and commodity support to the Planned Parenthood Association's operating budget. IPPF provided initial supplies to the Government of Ghana. It also assists the Christian Council of Ghana, administered through the Association.

The Christian Council, assisted by Church World Service, operates four family planning clinics, conducts information and education programs, and trains personnel. Church World Service has provided family planning literature and a small grant.

The Population Council has given financial assistance for demographic teaching and research at the University of Ghana since 1961. The Council provided $41,160 in 1966 and 1967 toward establishing and operating the demographic unit in the Department of Sociology at the University and granted $7,000 in 1966 to the University of Western Ontaria in Canada to complete the processing and analysis of data from a fertility survey conducted in Ghana.

In 1968, the Council gave $130,000 to the demographic unit in support of a 5-year development program. Three hospitals in Ghana are members of the Council's International Postpartum Program. Fellowship support has also been provided for training medical and paramedical personnel working in this program.

WAY distributed 1,000 copies of Youth and Family Planning, printed in English, and 950 copies of another new booklet in 1971.

World Education, Inc., provides assistance to incorporate family planning concepts into functional literacy and nonformal adult education programs.

In 1970 and 1971, the Ford Foundation provided $210,000 for a number of family planning activities in Ghana, including short-term consultants, travel and study awards, pilot projects, and special conferences.

The Foundation provided technical assistance to the Government of Ghana in formulating a population policy and in organizing a population program, and currently supports a resident population advisor in Accra.

The British and Canadian Governments are providing assistance in the mass communications-public information programs of the GNFPP. The British Overseas Development Agency has provided nine mobile cinema vans and the Canadian International Development Agency is providing a documentary film.

Guinea

Demographic information

Population according to sample survey January 15 - May 31, 1955	[1]*2,570,519*
Estimated population, January 1, 1972	*4,055,000*
Births per 1,000 population, 1971	*47*
Deaths per 1,000 population, 1971	*24*
Infant deaths per 1,000 births, 1971	*155*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*2.3*
Number of years to double population at the 1971 rate of natural increase	*30*
Median birth order	*NA*
Median maternal age, 1955	[2]*28*
Percent urban, 1971	*12*
Percent of labor force in agriculture, 1965	*85*
Per capita gross national product, 1970	*$80*
Percent literate	*5–10*

[1] African population

[2] Based on incomplete registration of births.

Highlights of assistance

Guinea has no family planning or population control programs.

Guinea considers itself underpopulated. Government leaders believe rapid population growth

can contribute positively to political and economic development.

AID assistance

AID has provided no assistance.

Ivory Coast

Demographic information

Population according to sample surveys November 1957 - October 1958	*3,100,000*
Estimated population, January 1, 1972	*4,493,000*
Births per 1,000 population, 1971	*51*
Deaths per 1,000 population, 1971	*27*
Infant deaths per 1,000 births, 1971	*154*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*2.4*
Annual growth rate, 1971 (including migration)	*2.8*
Number of years to double population at the 1971 rate of natural increase	*29*
Median birth order	*NA*
Median maternal age, 1957–58	*26*
Percent urban, 1971	*24*
Percent of labor force in agriculture, 1965	*86*
Per capita gross national product, 1970	*$338*
Percent literate	*20*

Highlights of activities

The Ivory Coast has no organized family planning activities. However, some interest in child spacing is being shown by some medical personnel.

Contraceptives are available in limited supply from some pharmacies, hospitals, and clinics.

AID assistance

AID has provided no assistance.

Other assistance

The Pathfinder Fund in 1969 provided a travel grant for the Director of Social Medicine, Ministry of Health, to attend the Seventh International Health and Education Conference in Buenos Aires.

The Ford Foundation provided travel grants to several Ivorians for participation in the summer family workshop at the University of Chicago in 1969.

Kenya

Demographic information

Population according to census of August 24–25, 1969	*10,942,705*
Estimated population, January 1, 1972	*[1] 12,539,000*
Births per 1,000 population, 1971	*51*
Deaths per 1,000 population, 1971	*17*
Infant deaths per 1,000 births, 1971	*115*
Expectation of life at birth, 1971	*48*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.4*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*11*
Percent of labor force in agriculture, 1965	*88*
Per capita gross national product, 1970	*$141*
Percent literate	*20–25*

[1] Based on adjusted 1969 census figures.

Highlights of activities

The Kenya Government, the first in sub-Sahara Africa to adopt a national family planning program, is committed to the important role of family planning in overall economic development.

The Kenya National Family Planning Program has been in operation since 1967. Free family planning services are offered through existing health facilities utilizing government medical and paramedical staff. The number of clinics offering family planning services now totals 282.

In May 1972, the government drafted an ambitious 5-year Family Planning Plan which lays out a far-reaching and comprehensive program. The plan was expected to be issued late in 1972 or early 1973. Almost 120,000 contraceptive acceptors have been recruited into the program during the past 5 years; the target for the next 5 years is 1.16 million.

The services required to make this target

achievement possible are provided as an integral part of the health services of the country. Educational, information, motivational, and follow-up services are to be expanded.

Voluntary family planning activities, begun as early as 1952, led to establishment in 1961 of the Family Planning Association of Kenya (FPAK), which became a member of International Planned Parenthood Federation in 1962. The Association now has 21 branches. Although it continues to run clinics, it is concentrating increasingly on education and training as the number of clinics run by other groups expands.

Fieldworkers are the core of the Family Planning Association's educational program. It has trained some 35 who talk to wives of village leaders, school staff, civic organizations, and community development officials. Courses also have been given for midwives.

In other educational activities, the Association holds lectures and film shows, organizes seminars throughout the country, and distributes leaflets printed in various local languages.

Much of the family planning training in Kenya takes place at the International Planned Parenthood Federation's Family Welfare Training Center in Nairobi.

Some family planning training is also given at the University College, Nairobi, Department of Medicine.

Six Kenyans participated in World Assembly of Youth's International Youth Seminar on Environment in Vienna, Austria, in July 1971. Family planning was one of the major themes of the seminar.

AID assistance

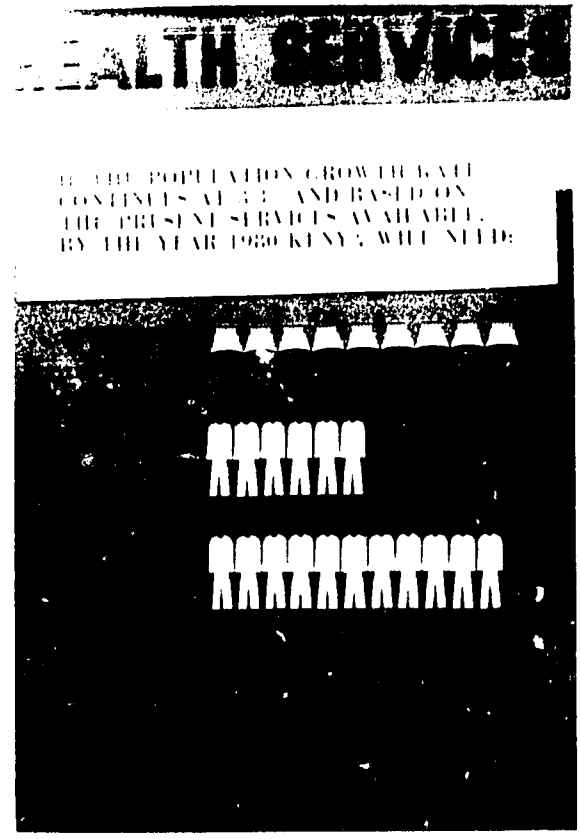
AID has endorsed the government's initiative in family planning; obligations totaled $478,000 for fiscal 1972.

The current AID program consists of technical assistance in demographic studies, public health education, and audiovisual aids production; selected commodity support; and participant training.

A full-time demographer is provided under a contract with the University of North Carolina to help the Kenyan Ministry of Finance and Planning establish a demographic studies unit (Population Laboratory).

One public health education advisor and one audiovisual specialist work with the Ministry of Health's Health Education Unit in support of national motivation programs.

Commodity assistance is limited to equipment



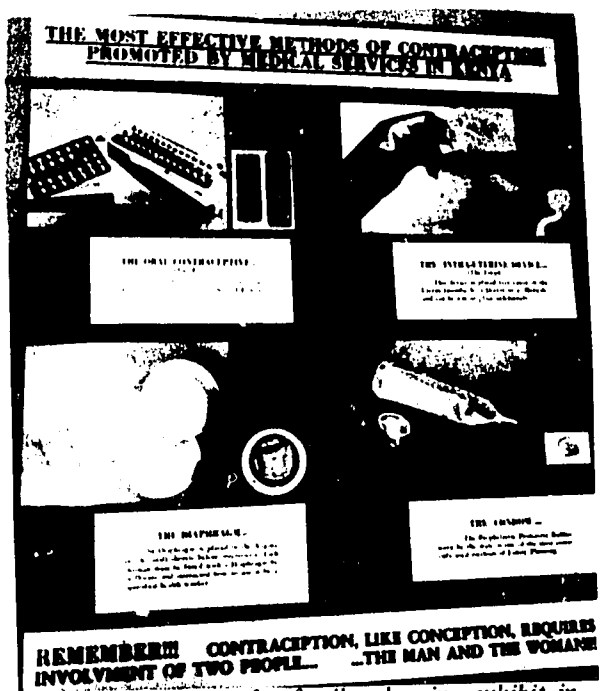
Kenya uses a family planning exhibit to help promote its national family planning program. This panel warns of the great expansion in helath services required if population growth rates are not reduced.

and supplies for the Health Education Unit and the new Demographic Studies Unit. AID provided limited contraceptive supplies to Kenya in the initial stages. Participant training to date has been limited to five trainees in the general field of Health Education.

Through a regional project started in 1972, AID is conducting a pilot study to determine the potential role of the commercial/private sector in delivery of family planning services in Kenya. The activity is being carried out through a U.S. contractor.

In fiscal 1971, AID allocated $141,000 to a demographer and short-term computer programmer to work on the census, and a health educator and a communications media advisor to develop education materials for maternal and child health/family planning programs. In fiscal 1970, in addition to helping support the Government's family planning program, AID gave census and statistical assistance.

In 1969, by means of a $133,000 grant, AID funded services of two census experts, plus short-term consultants to assist with the national census. The grant also covered services of an audiovisual expert and a health educator, as well as equipment and



Another element of a family planning exhibit in Kenya. This panel describes available methods of contraception.

commodities, including contraceptives, to strengthen the national family planning program.

Other assistance

The United Nations Fund for Population Activities in 1969 provided funds for personnel and the World Health Organization supplied some funds for advisors and training.

The International Planned Parenthood Federation (IPPF) supports the work of the Family Planning Association and of the seven mobile teams. These mobile units are estimated to account for 35 percent of new acceptors. IPPF also finances and administers the regional Family Welfare Training Center in Nairobi. This center is used by the Government, the Family Planning Association, and the Nairobi City Health Department for their training programs. Its facilities also are used by other African governments.

IPPF has a regional office in Nairobi, where an education/information officer is assisting in development of information and educational materials based on local cultural patterns and languages.

Family Planning International Assistance is providing funding support to the National Christian Council of Kenya to conduct a series of five regional family planning orientation conferences for youth leaders and laymen from among the churches in Kenya.

The Pathfinder Fund has financed its representatives' many visits to Kenya and has helped pay the salary and expenses of the organizing secretary of the Family Planning Association. It has supported home visitors in Nairobi and Mombasa, donated contraceptives, and sent a health educator to work with the Ministry of Health in training nurses. In 1969, Pathfinder supported a family planning center in Kaimosi, a densely populated area near Lake Victoria.

The Population Council in late 1965 supported a study on "Family Planning in Kenya" at the request of the Kenya Government. Since 1965, the Council has provided a demographer in teaching and research at the University of Nairobi. The Council has also supported the demographic research carried out by the University's Department of Sociology. Fellowships in demography have been provided.

The Council supported a public health physician as medical advisor in Kenya's Ministry of Health until the summer of 1972. Pills and IUDs have been supplied to the Ministry.

In late 1969, a seminar on the relationships between population growth and economic development was held at the University College. In the spring of 1972, a grant was made to the Kenya Red Cross Society for a followup study of mothers who had attended the Kirathimo Model Village.

World Assembly of Youth (WAY) conducts seminars to promote awareness of the population problem and to motivate young people to discuss family planning in student and youth meetings and in their homes. A national level evaluation conference was held in Kenya in May 1972. Eight local level seminars were held during 1971-72 with senior and provincial government officials among the speakers. More than 400 attended these local seminars.

WAY distributed 750 copies of its booklet Youth and Family Planning, written in English, and 600 copies of another of its booklets.

The Ford Foundation made a grant of $48,000 to the Ministry of Health in 1967 to provide resources for informing all paramedical staff employed by the Government, rural missions, and local authorities about family planning. In 1970, the Foundation also provided a $28,000 grant to the Family Planning Association of Kenya for attitude studies of selected target groups.

Through its East Africa regional office in Nairobi, the Foundation provided three grants in

1970, 1971, and 1972 totaling $241,500 for a number of activities in East and Central Africa particularly, but not exclusively, for research and training in communications and motivation.

In 1966 and 1967, OXFAM provided assistance through IPPF for the costs of training doctors, midwives, and social workers for the Kenya Family Planning Association, and for advertising and exhibitions to publicize the need for family planning. In 1968, OXFAM provided the salaries of 39 Association fieldworkers.

World Neighbors is working closely with the Family Planning Association of Kenya and the IPPF Regional Office is using training facilities, audiovisual aids, and clinics. Liaison has also been established with the Program for Better Family Living (PBFL) office recently set up in Nairobi by the Food and Agriculture Organization of the United Nations.

Workers in the Rural Service Program (RSP) in Kaimosi, which covers Bungoma and Kakamega Districts in the Western Province, have undertaken periodic refresher courses in family planning to keep them abreast of newest trends and facilities in their area.

After July 1972, the staff was augmented by two midwives trained in family planning services. Since women are the sole target of Government motivation teams, male staff of the RSP concentrate on male motivation. The motivational work is supplemented by an audiovisual van that holds intensive teaching sessions throughout the program area. There has been close cooperation with the FPAK District Officer in Kakamega.

World Neighbors' workers in the Kaaga Extension Program in Meru (north central Kenya) regard family planning educational and motivational work as an integral part of their total approach to rural development. Worker's efforts are supplemented by an audiovisual van. Those motivated are sent to one of the two fixed clinics or 11 mobile teams serving the Meru area.

In extension programs in the Nakuru and Lugari areas of central Kenya, rural workers are promoting family planning in their work with women's groups and farmers. Much of this work is being done to break down fears regarding limitation of family size.

Both programs utilize audiovisual vans and a variety of materials, including the Walt Disney films on family planning (with Swahili soundtrack) and on health. World Neighbors is considering the possibility of starting a transportation scheme to move more people to the available clinic services.

World Neighbors cooperates with the National Freedom From Hunger Committee of Kenya by financing the post of Field Education Officer. Work in 1971-72 concentrated on presenting information and education programs in secondary schools and training institutions on family planning, nutrition, family health, and food production.

The Government of the Netherlands supports training of medical personnel in family planning and provides equipment and a statistician/demographer for campaign evaluation. The 1968-72 budget for Kenya totaled $591,000.

The Norwegian Government has supplied equipment for establishing 50 family planning clinics in health centers.

The Swedish International Development Authority since 1969 has provided a Swedish expert for coordinating national and international programs in Kenya. The support also includes contraceptives and a contribution in cash for education and information. The total value of the Swedish assistance up to fiscal 1971-72 amounted to $360,000. Allocations for 1972-73 total $260,000.

The United Kingdom contributed $79,000 worth of equipment in 1969-70 to be used for evaluation and other purposes.

Lesotho

Demographic information

Population according to census of April 14–24, 1966	[1]*852,351*
Estimated population, January 1, 1972	*956,000*
Births per 1,000 population, 1971	*39*
Deaths per 1,000 population, 1971	*19*
Infant deaths per 1,000 births, 1970	*137*
Expectation of life at birth, 1971	*45*
Percent of population under age 15, 1970	*39*
Rate of natural increase, 1971 (percent)	*2.0*
Number of years to double population at the 1971 rate of natural increase	*35*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*1*
Percent of labor force in agriculture, 1960	*98*
Per capita gross national product, 1970	*$90*
Percent literate	*NA*

[1] Population excludes absentee workers amounting to 12 percent of the total population at the 1966 Census.

Highlights of activities

Over-population is a problem in Lesotho because large parts of the eastern area are unsuitable for settlement and the population is concentrated in the western lowlands and in valleys of the upland zone.

The Lesotho Family Planning Association (LFPA) was organized in 1966-67. After being closed by the Government several times in 1970, it was reorganized in August 1971 under a wholly African committee and has a 1972 budget of $12,000. It operates a clinic in Maseru which provides family planning services.

Some private physicians provide contraceptives and some IUDs are inserted at Scott Memorial Hospital.

AID assistance

AID is providing assistance in Lesotho through a regional maternal and child health/family planning project initiated in 1972 under a contract with the University of California, Santa Cruz.

The project is designed to introduce concepts of child spacing as a health service and to seek ways to motivate people to space their children. The project also will develop feasible ways to extend local health services through which family planning can be provided.

A young mother receives family planning and health counseling from a nurse at a clinic of the Family Planning Association of Liberia, Monrovia. This photograph was taken in 1972 during production of an AID orientation film on family planning.

AID will provide United States personnel, participant training, and commodities, and will assist with other costs. It is anticipated this activity will continue for approximately 4 years.

Special Population Activities funds are being provided for construction of lecture rooms at the maternal/child health center at Tsakholo, Mafeteng District.

Other assistance

United Nations Fund for Population Activities is helping finance a demographic survey.

International Planned Parenthood Federation provides an annual grant to the Lesotho Family Planning Assoication.

The Pathfinder Fund supplied office equipment for LFPA.

World Neighbors also supports the Family Planning Association.

Liberia

Demographic information

Population according to population growth survey, June 1970	*1,548,000*
Estimated population, January 1, 1972	*1,601,000*
Births per 1,000 population, 1971	*50*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1970	*137*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*3.4*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1970	*2.7*
Median maternal age, 1970	*27*
Percent urban, 1971	*10*
Percent of labor force in agriculture, 1965	*80*
Per capita gross national product, 1970	*$231*
Percent literate	*9*

Highlights of activities

In Liberia, acceptance of family planning as an integral part of the maternal/child health program is growing.

The Family Planning Association of Liberia was

founded in 1956 and became a member of International Planned Parenthood Federation (IPPF) in 1967. The Association runs three clinics, two in Monrovia and one at Bomi Hills. In 1971, a total of 6,473 family planning visits were made, of which 1,739 were new acceptors.

The Association's clinic staff includes five part-time doctors, seven full-time and three part-time nurse-midwives, and 11 fieldworkers. The information and education program of the Association emphasizes contact through group meetings; over 400 such meetings were held in 1971. In addition, 16 special motivational programs in urban and rural areas were conducted. These included lectures, films, and distribution of literature.

Physicians provide family planning services at a number of industry and missionary hospitals and at private clinics around the country.

AID assistance

AID obligated $308,000 in fiscal 1972 for assistance to two population projects in Liberia.

AID is supporting the training of 80 nurse-midwives over a 5-year period. Training is especially for those serving in rural parts of the country. Public health nursing and maternal and child health aspects of the basic nursing curriculum are being strengthened. Services of a public health nurse and a nurse-midwife are being provided by AID.

AID also has funded a 5-year sample household survey, now completed, to collect and analyze demographic data. Information on infant mortality rates, fertility rates, migration, household composition, and general population trends have been collected to build a statistical base for agricultural, industrial, educational, and health planning.

AID also funded two participants in Family Planning at the University of Chicago workshop in fiscal 1972.

Other assistance

The United Nations Fund for Population Activities provided a fellowship to a Liberian for training in population census planning, and demographic research at the United States Bureau of the Census. Through the Economic Commission for Africa, it is helping finance a population growth survey and a census of urban population.

IPPF assists the Family Planning Association with an annual contribution for salaries, transportation costs, and educational activities. In the fall of 1967, IPPF sent a team to Liberia to provide training in family planning methods for medical personnel and to advise on training programs. It also has been active in promoting acceptance of family planning.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Pathfinder Fund gave encouragement and supplies for beginning family planning work in Liberia. This led to establishment of the Family Planning Association.

In 1969, Pathfinder provided staff salaries and supplies to establish two family planning centers in conjunction with the Association. Pathfinder also sponsored a 3-month training program at the Margaret Sanger Research Bureau for a senior official of the Liberian Ministry of Health.

The Population Council has provided fellowship support.

Liberia was represented at the World Assembly of Youth (WAY) African Regional Seminar on Youth and Family Planning held in Lagos, Nigeria, in March 1972.

The Ford Foundation has provided travel awards to several Liberians to allow them to participate in the summer family planning workshop of the University of Chicago.

Libya

Demographic information

Population according to census of July 31, 1964	*1,564,369*
Estimated population, January 1, 1972	*1,996,000*
Births per 1,000 population, 1971	*46*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births	*NA*
Expectation of life at birth, 1971	*54*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*3.0*
Number of years to double population at the 1971 rate of natural increase	*23*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*27*
Percent of labor force in agriculture, 1965	*60*
Per capita gross national product, 1970	*$1,670*
Percent literate	*27*

Highlights of activities

The Government of Libya has made no commitments to population programs; the official policy is that the country is underpopulated. Some awareness of potential problems is developing as a result of population movement from rural to urban areas.

Libya has no organized family planning services. Traditional attitudes favor numerous children. However, interest in the health aspects of family planning is growing among medical and paramedical personnel, some of them trained by International Planned Parenthood Federation.

Pharmacies are not allowed to sell contraceptives without medical prescriptions and doctors are instructed not to prescribe them except for medical reasons.

AID assistance

AID provides no direct assistance.

Malagasy Republic

Demographic information

Population according to sample surveys of May 9 - November 11, 1966	*6,200,000*
Estimated population, January 1, 1972	*6,989,000*
Births per 1,000 population, 1971	*46*
Deaths per 1,000 population, 1971	*23*
Infant deaths per 1,000 births, 1966	*102*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*2.3*
Number of years to double population at the 1971 rate of natural increase	*30*
Median birth order	*NA*
Median maternal age, 1967	[1]*27*
Percent urban, 1971	*14*
Percent of labor force in agriculture, 1965	*84*
Per capita gross national product, 1970	*$120*
Percent literate	*39*

[1] Based on incomplete registration of births.

Highlights of activities

The Government of the Malagasy Republic considers the country to be underpopulated. Large families are regarded as a blessing.

While the Government takes no part in family planning activities, at the end of 1970 a private family planning organization was permitted to hold lectures, announce its meetings by radio, and sell and distribute literature.

The private organization, Fianakaviana Sambatra, founded in 1964, maintains three clinics. The two in Tananarive have seven sessions weekly with full-time doctors and nurses; the one in Antsirabe has two sessions a week. The three clinics served 2,472 clients in 1971–952 of these new acceptors.

Many urban families, particularly in Tananarive, are showing interest in limiting family size because of housing costs and rising costs of living and education.

Sale of contraceptives is legal only with a doctor's prescription. Cost, however, puts contraceptives out of the reach of most people.

AID assistance

AID has given no direct assistance for family planning.

Other assistance

The United Nations Fund for Population Activities provided a fellowship for study in population census training and demographic research at the United States Bureau of the Census.

The family planning association receives a grant from International Planned Parenthood Federation (IPPF).

In 1968, OXFAM provided funds through IPPF for salaries of the medical staff and other costs of the Family Planning Association. OXFAM-Canada provided over $5,000 for conferences, educational and motivational work, and medical and clinical activities. In 1970, OXFAM made a grant to send two doctors for training and to equip the family planning clinic at Antsirabe.

Malawi

Demographic information

Population according to census of August 9, 1966	*4,039,583*
Estimated population, January 1, 1972	*4,611,000*

Births per 1,000 population, 1971 49
Deaths per 1,000 population, 1971 24
Infant deaths per 1,000 births, 1971 141
Expectation of life at birth, 1971 40
Percent of population under age 15, 1970 . . 45
Rate of natural increase, 1971 (percent) . . . 2.5
Number of years to double population at the 1971 rate of natural increase 28
Median birth order . . . . . NA
Median maternal age . . . . . NA
Percent urban, 1971 5
Percent of labor force in agriculture, 1965 . . . 81
Per capita gross national product, 1970 . . $72
Percent literate 22

Highlights of activities

The Government of Malawi views a doubling of the population with favor. It does not believe the current rate of growth will hinder economic and social development.

There are no organized family planning activities in the country. However, family planning advice is available from some doctors and hospitals.

AID assistance

Through the United States Bureau of the Census, AID provided statistical advisors for the 1966 Malawi population census.

Other assistance

The International Planned Parenthood Federation has supported a baby clinic at a mission hospital near Zomba. This clinic serves people who wish to limit their families.

World Neighbors provides limited assistance in family planning.

Mali

Demographic information

Population according to sample survey June 15, 1960 - May 1961 . . . . [1]4,100,000
Estimated population, January 1, 1972 5,279,000
Births per 1,000 population, 1971 50
Deaths per 1,000 population, 1971 27
Infant deaths per 1,000 births, 1971 168
Expectation of life at birth, 1971 39
Percent of population under age 15, 1970 . . 44
Rate of natural increase, 1971 (percent) . . . 2.3
Number of years to double population at the 1971 rate of natural increase 30
Median birth order . . . . . NA
Median maternal age, 1968 . . . . . [2]28
Percent urban, 1971 12
Percent of labor force in agriculture, 1965 . . 90
Per capita gross national product, 1970 . . $100
Percent literate 5

[1]Estimate based on results of sample survey; including nomad population estimated at 200,000 and persons in the zone controlled by the Niger Office estimated at 30,000.

[2]Based on incomplete registration of births.

Highlights of activities

Mali leaders have made no commitments on population growth. However, the Government has not opposed family planning as part of maternal and child health.

One family planning project has recently started—the Center for Population Study in Bamako which is financed by the Canadian Center for Development Studies. The Center is undertaking research on fertility patterns and attitudes of Malian women. A clinic will make birth control advice and devices available.

This project is nonofficial but is closely controlled by a Board of which the Minister of Production is president.

AID assistance

AID has provided no assistance.

Other assistance

The Pathfinder Fund is providing commodity assistance (contraceptives).

Mauritania

Demographic information

Population according to sample survey, December 1964 - December 1965 [1]1,050,000
Estimated population, January 1, 1972 1,209,000
Births per 1,000 population, 1971 44

Deaths per 1,000 population, 1971	22
Infant deaths per 1,000 births, 1970	137
Expectation of life at birth, 1971	43
Percent of population under age 15, 1970	42
Rate of natural increase, 1971 (percent)	2.2
Number of years to double population at the 1971 rate of natural increase	32
Median birth order	NA
Median maternal age, 1957	[2]27
Percent urban, 1971	7
Percent of labor force in agriculture, 1965	90
Per capita gross national product, 1970	$154
Percent literate	1–5

[1] Estimate of *de jure* population based on sample survey Includes an estimated 90,000 persons not covered in survey.

[2] Based on incomplete registration of births.

Highlights of activities

Mauritania has no organized family planning activities and the Government is opposed to any attempt to regulate population. The population is almost entirely Muslim and 80 percent nomadic.

A maternal/child health center at Nouakchott gives advice on family planning and contraceptives for medical reasons or on request. Orals are available in drug stores.

AID assistance

AID has provided no assistance for family planning.

Other assistance

A Mauritanian representative attended the Colloque sur le Planning Familial, organized by the International Planned Parenthood Federation (IPPF) in Cotonou, Dahomey, in November 1971.

A Mauritanian also attended the African Population Development Conference in Accra, Ghana, in December 1971. He was sponsored by IPPF.

Mauritius

Demographic information

Population according to census of June 30, 1962	701,016
Estimated population, January 1, 1972	832,000
Births per 1,000 population, 1971	27
Deaths per 1,000 population, 1971	8
Infant deaths per 1,000 births, 1970	57
Expectation of life at birth, 1971	65
Percent of population under age 15, 1970	42
Rate of natural increase, 1971 (percent)	1.9
Number of years to double population at the 1971 rate of natural increase	36
Median birth order, 1970	3.1
Median maternal age, 1970	26
Percent urban, 1971	44
Percent of labor force in agriculture, 1962	38
Per capita gross national product, 1970	$226
Percent literate	61

Highlights of activities

The Government has officially adopted a population policy and has established a family planning division in the Ministry of Health. However, through fiscal 1972, the principal family planning programs were conducted by Mauritius Family Planning Association (MFPA). It is largely subsidized by the Government and the International Planned Parenthood Federation (IPPF).

Action Familiale (AF), a Catholic association, also receives Government support. It advocates only the rhythm method and its aim is betterment of family life in general. Most of its teaching is through home visits although it operates some advice centers.

MFPA runs family planning clinics, usually in social welfare centers, village halls, child welfare centers, and Government dispensaries and hospitals, and it distributes commodities.

During 1971, the Association operated 107 clinics. Visits made totaled 209,528, of which 7,975 were new acceptors. Extensive information and education work also was carried out. The 64 welfare officers of the Association do home visiting and followups.

The Association has a small branch on Rodrigues, an island dependency of Mauritius.

The family planning agencies, under the auspices of the Ministry of Health, give courses on contraceptive techniques and services to student nurses and midwives, practicing midwives, and social workers. Courses on population problems have been included in the adult education program.

The Association has undertaken an extensive family planning information program in accordance

with Government policy. The Government has made extensive use of radio and television.

Twenty-six local groups have been formed and these have organized community forums, film showings, and programs for other young people. One group sponsored a week-long, door-to-door campaign to emphasize the need for family planning. Another sponsored an essay contest.

The Family Planning Association is cooperating with World Assembly of Youth in publishing two booklets dealing with youth and population questions.

AID assistance

AID has provided assistance through Special Population Assistance Funds for a movie projector for AF and has facilitated training in the United States for several Mauritian specialists.

Other assistance

The United Nations Fund for Population Activities is providing help in organizing family planning and maternal and child health services.

IPPF provides commodity and financial support for the work of the Family Planning Association.

The Pathfinder Fund has supplied tape recorders and contraceptives. In 1970, Pathfinder sponsored a United States training program for a Mauritian doctor, who is in charge of the New Action Program in Family Planning under the Ministry of Health.

The Population Council has provided IUDs and inserters.

World Assembly of Youth (WAY) conducts seminars to instill awareness of the population problem, to relate this to other environmental issues, and to motivate young people to discuss family planning in student and youth meetings and in their homes.

WAY sponsored five local and six regional level seminars in 1971-72. About 500 attended the regional sessions. A district motivational seminar held at Bambous was attended by 100. At a national level evaluation seminar in June 1971, the 40 participants reviewed activities and examined the proposed program for the coming year.

Representatives from Mauritius attended WAY's International Youth Seminar on Environment in Vienna, Austria, in July 1972. Family planning was one of the two major themes of the seminar.

In 1966 and 1967, OXFAM, through IPPF, provided the salary for the director of the Mauritius Family Planning Association, and in 1967 supplied two vehicles and a calculating machine. In 1967, OXFAM also supplied two vehicles to Action Familiale and contributed toward the costs of its family planning program.

The United Kingdom, through the Ministry of Overseas Development, has provided medical personnel for the family planning program. The Population Investigation Committee of the London School of Economics is evaluating the Government's family planning program, with financial assistance from the Nuffield Foundation.

The Swedish International Development Authority supplied oral contraceptives and condoms valued at $35,000 during the years 1966-70.

The World Bank provided services of a consultant to help the Government plan its countrywide family planning program.

Morocco

Demographic information

Population according to census of July 20, 1971	[1] *15,379,259*
Estimated population, January 1, 1972	*16,655,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*16*
Infant deaths per 1,000 births, 1971	*149*
Expectation of life at birth, 1971	*53*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*3.3*
Number of years to double population at the 1971 rate of natural increase	*21*
Median birth order, 1956	*2.1*
Median maternal age, 1956	*27*
Percent urban, 1971	*35*
Percent of labor force in agriculture, 1965	*54*
Per capita gross national product, 1970	*$211*
Percent literate	*14*

[1] Preliminary figure, not used as base for 1972 estimate.

Highlights of activities

The cornerstone for a National Family Planning Center in Morocco to house the Family Planning Administration, health education, information, training, and statistical evaluation services was laid in May 1972. The Center, expected to open in 1974,

also will provide space for an auditorium for 500 persons.

Implementation of family planning policy is the responsibility of the ministry of Public Health. A voluntary family planning association was formed in December 1970.

Two Royal Decrees laid the groundwork for family planning programs. In 1967, a Decree legalized publicity on contraceptives and permitted abortion if the mother's life or health were endangered. Previously, a 1966 Decree established the High Commission of Population and local commissions at provincial and prefecture levels.

From the outset of the official program, the Government has emphasized research and training. A survey of attitudes toward family planning, conducted in 1966-67, showed that a large number of couples favored the idea of family planning and wished to know more about it.

Training was begun by sending medical and paramedical personnel abroad with assistance from International Planned Parenthood Federation (IPPF). Since their return, they have instructed colleagues in family planning and contraceptive methods. The chief methods are IUDs and orals.

The Government, in the Five-Year Plan published in 1968, set a goal of IUD insertions at 500,000 in the 5-year period 1968 through 1972.

There are now 159 rural and urban health centers providing family planning services. By the end of 1971, the total number of IUD and pill acceptors since the onset of the program totaled about 110,000. The continuation rates are not yet available, but the Ministry of Health began a survey on these two categories in June 1972, with the assistance of the Population Council and collaboration of the Ministry of Youth and Sports.

Sales of oral contraceptives from private pharmacies reached 80,000 cycles a month in the first part of 1972.

National family planning seminars were conducted in 1966 and January 1971 under Government sponsorship. In December 1971, Morocco was host to an IPPF-sponsored seminar on "Islam and Family Planning" which was attended by 69 delegates from 23 Islamic countries in Africa, Asia, and the Near and Middle East.

A demographic research center, (Centre de Recherches Demographiques (CERAD), was opened in May 1971. It is one of several Population Laboratories established in developing countries in Africa, Asia, and Latin America with the technical assistance of the University of North Carolina under an AID contract. It will conduct research in demographic measurements and provide a constant flow of demographic data from its sampling areas. This will be useful for Morocco's development planning.

In July 1971, the Government conducted a nationwide population and housing census.

AID assistance

AID allocated $417,000 in fiscal 1972 in support of the Family Planning Program and the Demographic Research Center. It further obligated $300,000 in local currency to pay part of the construction costs of the National Family Planning Center. In fiscal 1971, AID allocated $90,000 and, in 1970, $171,000 to assist the Government of Morocco with its national census and family planning program.

Three census technicians trained Moroccans for the 1971 census, and one resident advisor from the University of North Carolina arrived in May 1971 to give technical advice in developing the Demographic Research Center. Short-term technical assistance has been provided during fiscal 1972 to the Center and in processing census data.

One Moroccan participant has studied family planning and population at the University of North Carolina since 1971; two other Moroccan students left for the United States in the spring of 1972 for short-term studies in demography and family planning.

Other assistance

International Planned Parenthood Federation provides a grant to the Family Planning Association.

In September 1971, the Population Council assigned a demographer for one year to assist the Division of Health Statistics in the Moroccan Government with family planning statistics and the survey of IUD and pill acceptors.

At the invitation of the Ministry of Development, a two-man mission from the Ford Foundation and the Population Council went to Morocco in June 1967 to examine the program and make suggestions about it to be proposed as part of the development plan for 1968-72. Since 1969, the Council's activities have been undertaken under a North African Regional Grant from the Ford Foundation to the Population Council. The grant was extended for the period 1970 to September 1972.

A team of demographic and family planning experts visited Morocco in June 1972 to evaluate the

Ford Foundation-Population Council's efforts in Morocco and make recommendations for future support after the present Ford Foundation regional grant expires in September 1972.

The Ford Foundation made grants in 1966 and 1970 totaling $363,000 to the Ministry of Public Health for training, fellowships, consultant services in family planning administration and communications, equipment, and supplies. The Council, in cooperation with the Ford Foundation, has supported surveys of knowledge, attitudes, and practices in Morocco; made study awards; and supplied IUDs.

In 1970, the Council helped to support a meeting of experts to design a project for obtaining vital statistics estimates for Morocco. In cooperation with the Ford Foundation, the Population Council continues to provide a resident public health physician. Since the winter of 1971, they have provided a demographer/statistician to work on service statistics and a major study of IUD and pill continuation rates.

The Swedish International Development Authority donated vehicles and other equipment for family planning clinics to a value of $65,000 during 1966-71.

Niger

Demographic information

Population according to census of October 1959 - March 1960	[1]*2,766,130*
Estimated population, January 1, 1972	*4,026,000*
Births per 1,000 population, 1971	*52*
Deaths per 1,000 population, 1971	*22*
Infant deaths per 1,000 births, 1971	*140*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*47*
Rate of natural increase, 1971 (percent)	*3.0*
Number of years to double population at the 1971 rate of natural increase	*23*
Median birth order	*NA*
Median maternal age, 1960	*28*
Percent urban, 1971	*3*
Percent of labor force in agriculture, 1965	*96*
Per capita gross national product, 1970	*$82*
Percent literate	*5*

[1] Includes population of Niamey City (numbering 30,030) and also an estimate of 234,300 in other areas not covered by the survey.

Highlights of activities

Niger has no organized family planning activities. There is some informal dissemination of child spacing information and contraceptives are available in a few urban dispensaries and pharmacies at comparatively high prices.

The Government is presently reluctant to sponsor any program whose central purpose or primary public identification is family planning An extremely high infant mortality rate, scarce public health facilities, widespread poverty, and the weight of tradition are factors acting against any family planning program in this predominantly agrarian country.

The French Family Planning Movement has visited Niger, consulted with authorities, and given presentations to groups of party workers, teachers, and the public. The French organization reportedly might assist in establishing one or more maternal/child health/child spacing information centers early in 1973.

AID assistance

AID has contracted with the American Organization for Rehabilitation and Training (ORT) to assist the Government of Niger in establishing a pilot maternal/child health project which will develop methods for expanding and improving present maternal/child health and child spacing services. It will also seek to motivate people to space their children and to train health personnel.

Technical assistance will include personnel, commodities, participant training, and other costs related to the project.

Other assistance

The Population Council has provided funds to the International Population Program of Cornell University to carry out a knowledge, attitudes, and practices survey and related methodological evaluation in Niger during 1970 and 1971.

Peace Corps volunteers are working with village women on programs to improve maternal and child health care.

Nigeria

Demographic information

Population according to census of November 5–8, 1963	[1]*55,670,055*
Estimated population, January 1, 1972	*56,769,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*25*
Infant deaths per 1,000 births, 1970	*157*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*2.4*
Number of years to double population at the 1971 rate of natural increase	*29*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*23*
Percent of labor force in agriculture, 1965	*80*
Per capita gross national product, 1970	*$105*
Percent literate	*25*

[1] Believed to be overenumerated.

Highlights of activities

The population of Nigeria is increasing about 2.5 percent annually and many leaders believe development of the country's resources can outpace population growth.

The Second National Development Plan (1970-74) supports the principle of incorporating family planning services into the maternal/child health program. However, the Government is moving cautiously on its implementation. Religious beliefs influence individual attitudes toward family planning and, in general, large families have traditionally been considered guarantees of social and economic security.

The Ministry of Health has taken a favorable attitude toward the concept of child spacing as part of maternal/child health care.

Some State governments have taken an active interest and several make facilities available for family planning clinics. The Lagos State Government has made facilities available for such clinics. Western State has asked hospitals to provide family planning services as part of maternal and child health care. Kwara has indicated its support, Mid-West has introduced the service, and a number of northern States have made inquiries. Midwives in Lagos, Ilesha, and Western States have been trained to insert IUDs. In some northern states, physicians are holding family planning clinics in private and mission hospitals. Some 21 Christian Mission hospitals also offer family planning services.

The Family Planning Council of Nigeria (FPCN), organized in 1964, is almost entirely dependent on outside support. In addition to clinics and field work, its activities include distributing information, arranging national family planning weeks, showing films, and sponsoring lectures.

FPCN has 33 clinics. In 1970, these served 7,660 new acceptors and more than 19,000 returnees. Token fees are charged those who can afford to pay for contraceptives; otherwise, information and devices are free. More than 25,000 motivational leaflets were distributed during the year; 25 radio and four television programs were sponsored. FPCN employs 105 field workers.

Family Planning Week was held in May 1972 under FPCN sponsorship. Exhibits and press and radio coverage were provided.

FPCN receives the cooperation of the Universities of Lagos and Ibadan, which have demonstration clinics for medical and nursing students as part of their curricula. A family planning training and demonstration clinic, opened in March 1968 at Gbaja Street in the city of Lagos, is a joint project of the Department of Obstetrics and Gynecology, the Department of Community Health of the Lagos University Teaching Hospital and of the Family Planning Council. It trains nursing students, physicians, and workers from Nigeria and other countries in family planning and in treating infertility.

Universities also are doing some research in the field of maternal and child health/family planning.

A nursing sister has started a mobile unit operation in villages near Lagos with FPCN support.

In March 1971, FPCN participated in a seminar on Population Problems and Policy in Nigeria at the University of Ife.

AID assistance

AID is not currently providing direct assistance to Nigeria for family planning activities but has provided training in health and vital statistics and demography for a number of Nigerian students and statisticians. This training was done through the United States National Center for Health Statistics and the Regional Development Workshops conducted by the United States Bureau of the Census.

A proposal for AID assistance in family health training is pending.

Other assistance

The United Nations Fund for Population Activities is financing the services of a professor/assistant professor or senior lecturer in demography and quantitative economics at the University of Lagos and also has helped finance a population seminar.

The World Health Organization has supplied funds for training and research.

FPCN receives a substantial annual grant and commodities from the International Planned Parenthood Federation (IPPF). Training activities at the University of Ibadan and the University of Lagos Medical School also receive IPPF support. IPPF has scheduled workshops for field workers in Nigeria in 1972-73.

Church World Service has assisted by providing limited supplies and literature.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Pathfinder Fund has provided funds and other assistance to FPCN and has assisted with payment of some local salaries. Pathfinder also has conducted field trials of IUDs in the country. Additionally, Pathfinder provided a number of travel grants for Nigerian nurse/midwives for training programs in the United States.

The Population Council is providing major support to the Universities of Ife and Lagos, and to Ahmadu Bello University for developing demographic research and training facilities. It continues to assist the rural family planning project at Zuma Memorial Hospital in Urrua, a postpartum family planning programs at the Lagos Island Maternity Hospital and the University of Ibadan, and a demonstration family planning clinic at Ahmadu Bello University.

World Assembly of Youth (WAY) sponsored an African Regional Seminar on Youth and Family Planning in Lagos in March 1972 with six countries represented.

In October 1971, WAY arranged a national level seminar on youth and family planning in Lagos. Nine of Nigeria's 12 states were represented; a transportation accident detained representatives from the other three. Dignitaries from all aspects of national life, including government officials, attended the opening session and gave their support to the objectives of WAY's family planning program in Nigeria. The Family Planning Council of Nigeria supported the seminar by lending two films.

Representatives from Nigeria participated in WAY's International Youth Seminar on Environment in Vienna, Austria, in July 1971. Family planning was one of the major themes of the seminar.

WAY distributed 1,000 copies of its publication, Youth and Family Planning, written in English and 820 copies of another publication last year.

In 1966, the Ford Foundation provided a 3-year grant of $380,000 to the University of Lagos Teaching Hospital, Department of Community Health, for maternal and child health and family planning services and for demographic research. This program was extended for 18 months by a $50,000 grant in 1969. The Johns Hopkins School of Hygiene and Public Health under an AID contract also supplied a project director and other support to the program.

Through its West Africa regional office in Lagos, the Ford Foundation has provided $924,000 since 1968 for an exploratory program in population studies and family planning in West Africa. Through this assistance, Nigerian leaders have toured Asian family planning programs, and a number of West African countries have sent participants to the summer population workshops at the University of Chicago.

Ford Foundation consultants have advised on Nigerian clinic operations, health education, mass communications, and staff training. The Foundation maintains a resident West African advisor in its Lagos office. That office has begun an informal population information service.

The Rockefeller Foundation has provided $59,300 to the University of Ibadan for research on family planning.

OXFAM, through IPPF, has provided equipment, salaries, and transportation costs for the FPCN.

The Unitarian Universalist Service Committee has initiated family planning education activities in conjunction with maternal and child health services.

World Neighbors' agricultural extension, community development, and poultry development centers at Benin City and Asaba reach thousands of families in the Mid-West, Southeastern, East Central, and River States of Nigeria in a total program of rural development. In this program, strong emphasis is placed on the family with its problems of nutrition, health education, and family planning. Through an audio-visual aid program and educational campaigns,

workers are encouraging acceptance of family planning. Specially trained family planning workers work directly with families and with Government health agencies.

The Swedish International Development Authority has granted $28,400 to IPPF for assistance to the Family Planning Council.

Réunion

Demographic information

Population according to census of October 16, 1967	*416,525*
Estimated population, January 1, 1972	*463,000*
Births per 1,000 population, 1971	*30*
Deaths per 1,000 population, 1971	*8*
Infant deaths per 1,000 births, 1970	*[1]50*
Expectation of life at birth, 1971	*62*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*2.2*
Number of years to double population at the 1971 rate of natural increase	*32*
Median birth order, 1967	*3.8*
Median maternal age, 1967	*29*
Percent urban, 1971	*28*
Percent of labor force in agriculture, 1961	*42*
Per capita gross national product, 1969	*$660*
Percent literate	*63*

[1] Based on incomplete registration.

Highlights of activities

Réunion, as an Overseas Department of France, comes under the provisions of a French law that encourages local government support for family planning. Despite some religious opposition, the Government's attitude toward family planning activities is favorable.

Orientation Familiale, a family planning organization wholly financed by the French Government, was established in 1966. Eleven family planning centers are open daily. The association hoped to reach 25,000 to 30,000 women by the end of 1971.

The Association Reunionaise pour l'Education Populaire, a primarily Catholic organization, teachs marriage guidance and the rhythm method.

More than 30 private practicioners are prescribing orals.

The birth rate has been falling since 1967.

AID assistance

AID has given no direct assistance.

Other assistance

International Planned Parenthood Federation has sent personnel, at the Government's request, to provide guidance and advice on Orientation Familiale's educational and information program in family planning.

Rwanda

Demographic information

Population according to sample survey May - November 1970	*[1]3,724,000*
Estimated population, January 1, 1972	*3,752,000*
Births per 1,000 population, 1971	*52*
Deaths per 1,000 population, 1971	*22*
Infant deaths per 1,000 births, 1971	*133*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*3.0*
Number of years to double population at the 1971 rate of natural increase	*23*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*0*
Percent of labor force in agriculture, 1965	*95*
Per capita gross national product, 1970	*$54*
Percent literate	*10*

[1] Not used as base for 1972 estimates.

Highlights of activities

The official government policy in Rwanda is opposed to family planning, except by methods approved by the Catholic church.

A few government leaders are beginning to show some interest in the idea that encouraging a slower population growth rate might be one of the methods for helping solve the country's economic ills. The more widely held opinion, however, is that the solution lies in industrialization. Limiting factors to any family planning program are religious beliefs and the general desire of Rwandans for large families.

At a seminar organized by the Ministry of Health in 1968, it was agreed that the concept of child spacing should be incorporated into health education. The relationship between child spacing

and health development is emphasized to social workers, nurses, and educators.

A few doctors provide family planning guidance and assistance to women who request it. The scope of their operations is very limited.

AID assistance

AID has provided no direct assistance.

Other assistance

International Planned Parenthood Federation (IPPF) has given some support for family planning activities. Two nurse-midwives were trained in family planning at a special French language course at IPPF's Family Welfare Training Center in Nairobi, Kenya.

With funding from OXFAM, IPPF is helping to include health education and family planning in the program of the Ruhengeri Nutritional Center in northern Rwanda. In July 1970, IPPF helped finance a Government-organized international symposium on the "African Family."

The Pathfinder Fund is continuing to support a project at the University of Rwanda Medical School in Butari which seeks to incorporate family planning services into the public health structure. Family planning services are offered as part of a maternal and child health care and postnatal clinic. Rwandan medical students are participating in the program and providing services on a demonstration basis in the neighboring countryside.

Several publications have resulted from this project, including a treatise on the demographic explosion in Rwanda written by a Belgian sociologist who formerly was Pathfinder's project direct in Rwanda.

Family planning education is included in the World Neighbors' rural development program.

Senegal

Demographic information

Population according to sample surveys of May - October, 1970	[1]*3,755,286*
Estimated population, January 1, 1972	*3,959,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*21*
Infant deaths per 1,000 births, 1971	*158*
Expectation of life at birth, 1971	*42*
Percent of population under age 15, 1960	*42*
Rate of natural increase, 1971 (percent)	*2.4*
Number of years to double population at the 1971 rate of natural increase	*29*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*29*
Percent of labor force in agriculture, 1965	*74*
Per capita gross national product, 1970	*$178*
Percent literate	*5–10*

[1]Not used as base for 1972 estimate.

Highlights of activities

While the Senegalese Government has no official family planning or population policy, some leaders are showing interest. At an Economic Commission for Africa meeting in 1970, the Senegalese delegate said his Government has requested demographic help.

A private family planning association was founded in Dakar in 1970 but closed in 1971 because of organizational difficulties. A private clinic, supported by The Pathfinder Fund, is active both in family planning and in providing training for midwives. It serves about 75 new acceptors a month.

Family planning advice and IUD insertions are provided by a few local doctors. IUDs also have been inserted by a trained midwife at a private maternity clinic in Dakar.

AID assistance

AID has provided no direct assistance for family planning.

Other assistance

The United Nations Fund for Population Activities has provided an expert to assist with a sample survey covering the structure of the population, internal migration trends, and fertility trends. The United Nations African Institute for Economic Development and Planning in Dakar includes some demographic material in its course on development planning.

International Planned Parenthood Federation has provided some assistance.

The Pathfinder Fund helped to set up and for several years has supported an active family planning clinic in Dakar. Clinic personnel have held regular family planning service and motivation sessions throughout the country. Two satellite clinics have been established on a permanent basis, one in a suburb of Dakar and one in the interior of Senegal.

With Pathfinder support, a training center for paramedical personnel has been established at the family planning clinic. Each course in family planning is one month long. The program is for French speaking nurses and midwives of West and Central Africa. This practical training is presently offered to a maximum of ten participants four times a year and has had 50 graduates.

Senegalese para-professional personnel are being trained in the United States by Pathfinder. During the year Pathfinder supported a trip to Moslem countries of North Africa and the Middle East for a group of six Senegalese opinion leaders. The purpose of the trip was to enable the group to visit ongoing family planning programs and thereby gain a better idea of the role of family planning in a Moslem society.

The Ford Foundation has provided travel awards to several Senegalese to attend the summer family planning workshop at the University of Chicago.

The Rockefeller Foundation contributed $15,000 in 1965 toward the cost of a rural health teaching and research field station for population studies operated by the Department of Preventive Medicine at the University of Dakar.

Seychelles

Demographic information

Population according to census of May 4, 1960	*41,425*
Estimated population, January 1, 1972	*54,000*
Births per 1,000 population, 1971	*32*
Deaths per 1,000 population, 1971	*8*
Infant deaths per 1,000 births, 1970	*40*
Expectation of life at birth, 1971	*67*
Percent of population under age 15, 1970	*38*
Rate of natural increase, 1971 (percent)	*2.4*
Number of years to double population at the 1971 rate of natural increase	*29*
Median birth order, 1967	[1]*4.1*
Median maternal age, 1969	[1]*27*
Percent urban, 1971	*2[illegible]*
Percent of labor force in agriculture,	*NA*
Per capita gross national product, 1970	*NA*
Percent literate	*50*

[1] Based on incomplete registration of births.

Highlights of activities

Seychelles, a British colony, has no official family planning policy but reportedly is showing growing interest.

Operating originally under a grant from the United Kingdom Ministry of Overseas Development, an English doctor has been working since 1965 to initiate family planning services. Four clinics have been opened—one in Mahe, two in Praslin, and one on the island of La Digue.

The clinics serve about 500 patients a month. All methods of contraception are offered but orals are the most popular. The doctor also distributes literature and encourages concern for maternal and child health.

Two trained nurse-midwives, a nurse, and a fieldworker also are engaged in family planning services.

AID assistance

AID has provided no direct assistance.

Other assistance

International Planned Parenthood Federation supports the family planning program.

The Pathfinder Fund has provided contraceptives.

Sierra Leone

Demographic information

Population according to census of April 1, 1963	[1]*2,180,355*
Estimated population, January 1, 1972	*2,743,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*22*
Infant deaths per 1,000 births, 1970	*136*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.3*
Number of years to double population at the 1971 rate of natural increase	*30*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*14*
Percent of labor force in agriculture, 1965	*75*
Per capita gross national product, 1970	*$160*
Percent literate	*10*

[1] Census excludes, and estimate includes adjustment for underenumeration of approximately 5%.

Throughout Sierra Leone there are many health centers where village women gather and learn basics of nutrition, hygiene, and family planning. CARE donates food and construction materials.

Highlights of activities

The local Planned Parenthood Association is the only family planning organization in Sierra Leone. It receives support from International Planned Parenthood Federation, London, and other private organizations. The Government's support is in the form of facilities at Government hospitals and in clinics allowing family planning activities.

For religious, sociological, and political reasons, Government leaders have made no commitments to deal directly with family planning. The infant mortality rate is still very high. Religious beliefs and traditional attitudes favor large families.

The Planned Parenthood Association was established in 1960 and became a member of the International Planned Parenthood Federation (IPPF) in 1968. Initially the Association held one weekly clinic session at Freetown's principal maternity hospital. By the end of 1971, the Association was running four clinics. A total of 4,654 visits were made, with 701 of these being new acceptors.

A major part of the Association's work is in the field of education. It has conducted a massive publicity campaign using radio, television, and the press. It organized a Planned Parenthood Week; has produced and distributed leaflets and publications; and, at the invitation of the Department of Health, is participating in a program to introduce sex education into the schools.

The Government has removed the duty on imported contraceptives at the Association's request.

AID assistance

AID supported the attendance of selected family planning leaders at the regional conference of the International Planned Parenthood Federation in Copenhagen in 1966.

Other assistance

The United Nations Fund for Population Activities (UNFPA) provided funds for the organizing secretary of the Planned Parenthood Association of Sierra Leone to visit and study family planning activities in other African countries.

UNFPA also has provided funds for an expert to collaborate with World Health Organization on a vital and health statistics development program. It also has provided communications fellowships and has helped finance a demographic unit at Fourah Bay College.

IPPF provides an annual grant to the family planning association. In 1967, the IPPF training team visited Sierra Leone to give lectures on radio and television and to contact people in rural areas, mining camps, and hospitals.

Family Planning International Assistance has provided contraceptive supplies and medical equipment to church-related family planning programs.

In fiscal 1972, The Pathfinder Fund supported the participation of six officials of the Planned Parenthood Association of Sierra Leone and the Ministry of Health in a 7-week seminar sponsored by the Government Affairs Institute in Washington on the planning and management of population/family planning programs.

The Population Council has supplied a demographer to Fourah Bay College and bursaries for Master's Degree students in population and geography at the same college. It is also supporting training for a staff member of the Central Statistics Office at the United States Bureau of the Census. A national knowledge, attitudes, and practices survey also was funded.

Sierra Leone was represented at the World Assembly of Youth (WAY) African Regional Seminar on Youth and Family Planning held in Lagos, Nigeria, in March 1972.

The Ford Foundation has provided travel awards to several Sierra Leoneans for participation in the summer family planning workshop at the University of Chicago.

OXFAM in 1966 supplied education materials through IPPF.

Somalia

Demographic information

Population according to census of	[1]
Estimated population, January 1, 1972	*2,878,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*24*
Infant deaths per 1,000 births, 1970	*154*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*2.1*
Number of years to double population at the 1971 rate of natural increase	*33*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*20*
Percent of labor force in agriculture, 1965	*89*
Per capita gross national product, 1970	*$65*
Percent literate	*5*

[1] No census has been taken in Somali Republic.

Highlights of activities

No organized family planning or population projects are underway in the Somali Democratic Republic, although there is some urban interest in child spacing and limiting family size. Somalia's population is almost entirely Moslem and an estimated 75 percent of the population is nomadic. Both facts severely inhibit dissemination of family planning information and practice of birth control.

Somalia is one of 14 members of the Economic Commission for Africa which is planning to conduct a census within the next 3 years.

AID assistance

AID has provided no direct assistance for family planning.

South Africa

Demographic information

Population according to census of May 6, 1970	*21,448,169*
Estimated population, January 1, 1972	[1] *22,503,000*
Births per 1,000 population, 1971	*41*
Deaths per 1,000 population, 1971	*17*
Infant deaths per 1,000 births, 1971	*117*
Expectation of life at birth, 1971	*55*
Percent of population under age 15, 1970	*40*
Rate of natural increase, 1971 (percent)	*2.4*
Number of years to double population at the 1971 rate of natural increase	*29*
Median birth order	*NA*
Median maternal age, 1963	[2] *26*
Percent urban, 1971	*51*
Percent of labor force in agriculture, 1965	*29*
Per capita gross national product, 1970	*$805*
Percent literate	*35*

[1] Based on unevaluated 1970 census figure.

[2] For white and colored populations only.

Highlights of activities

The South African Government helps support family planning activities. Since 1966, the Government has helped finance family planning services for participants on the same basis as for other health services.

Together with local authorities, the Government supports the National Council for Maternal and Child Welfare, the coordinating body for regional family planning associations. Founded in

1932, the Council has been a member of International Planned Parenthood Federation since 1953.

The regional associations continue to open new clinics which, when established, are turned over to local authorities. At last report, 97 had been transferred and 132 were still being run by the associations. There are clinics in all provinces, serving some 2,500 acceptors a month.

Currently the major expansion of the Council's activities is in education. It has initiated farm clinics for women in rural areas and factory clinics to combat the high dropout rate among working mothers.

AID assistance

AID has provided no direct assistance for family planning.

Other assistance

The International Planned Parenthood Federation has made a small grant to the Transkei branch of the Council.

The Pathfinder Fund is analyzing data on IUD performance as part of its International IUD program.

The Population Council has provided fellowship support.

World Neighbors, work in the Transkei and Zululand includes a total rural development approach involving food production, general economic development, and social development. Strong emphasis is placed upon "Family Welfare" which includes health of mothers and children, nutrition, immunization, sanitation, pure drinking water, and home improvements. The approach is one of total needs of the family and is considered under the heading of family welfare and health. Where possible, family planning education is included.

Southern Rhodesia

Demographic information

Population according to census of April 21 - May 2, 1969	[1]*5,099,344*
Estimated population, January 1, 1972	[2]*5,862,000*
Births per 1,000 population, 1971	*50*
Deaths per 1,000 population, 1971	*15*
Infant deaths per 1,000 births, 1971	*115*
Expectation of life at birth, 1971	*53*
Percent of population under age 15, 1970	*46*
Rate of natural increase, 1971 (percent)	*3.5*
Annual growth rate, 1971 (including migration)	*3.6*
Number of years to double population at the 1971 rate of natural increase	*20*
Median birth order, 1968	[3]*1.9*
Median maternal age, 1965	[3]*26*
Percent urban, 1971	*18*
Percent of labor force in agriculture, 1965	*73*
Per capita gross national product, 1970	*$269*
Percent literate	*25–30*

[1] Includes non-African population of 252,414 enumerated on March 20, 1969.

[2] Based on adjusted 1969 census figure.

[3] Based on incomplete registration of births.

Highlights of activities

The Government of Southern Rhodesia supports family planning and has shown increasing interest since it first decided in 1966 to incorporate family planning into its maternal/child health services.

The Family Planning Association of Rhodesia (FPAR), organized in 1957, receives a substantial grant from the Government. Much of the clinical work formerly carried out by the Association has been transferred to the Government.

Family planning services are available in over 400 locations including Association, Government, private, industrial, and mission clinics. The Association has seven urban and three mobile clinics which served 9,831 new acceptors in 1971. About 70 percent of the new acceptors prefer orals.

FPAR is responsible for family planning education in Rhodesia. It provides literature, maintains film units, and has 68 field workers who visit families in their homes for motivational purposes. Another 25 field workers were to be added in 1972. The field staff visited nearly 74,000 homes in 1970 and gave group talks to another 29,000 people.

In 1970, film units held 943 showings, mainly in rural areas. FPAR has made six family planning films and three short advertising films for use on cinema circuits. In 1971, it exhibited at five agricultural/industrial shows. It has started weekly radio programs in two vernacular languages.

In 1970, the Spilhaus Family Planning Center, situated at the entrance to Harari Maternity Hospital, conducted seven courses for field workers and trained

23 paramedicals and 21 medical assistants. It gives family planning education to approximately 300 patients a month in the nearby hospital.

The Faculty of Medicine at the University College is actively involved in training students for family planning. Government nurses at maternal and child health centers receive family planning training and family planning courses are given at the Domboshawa Government Training Center.

AID assistance

AID has provided no direct assistance.

Other assistance

International Planned Parenthood Federation provides an annual grant to the FPAR.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Pathfinder Fund has completed a series of long-range IUD evaluation projects which were initiated in the late 1950's.

From 1968 to 1972, OXFAM provided funds for FPAR's educational film unit, for furnishing and equipping a clinic in Salisbury, for a nurse's salary, and to provide free contraceptives for destitute mothers.

World Neighbors is assisting the Hlekweni Rural Training Center serving the Matabele area in the rural program of agricultural extension, livestock, water conservation, and small industries. The women's program in cooperation with the Young Women's Christian Association is actively engaged in home and family improvement and in promoting family planning. Specially trained workers are providing intensive educational programs with women in helping gain acceptance of family planning. World Neighbors works closely with the Family Planning Association which provides clinical services.

Sudan

Demographic information

Population according to census of January 7, 1956	*10,262,536*
Estimated population, January 1, 1972	*16,461,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*18*
Infant deaths per 1,000 births, 1970	*121*
Expectation of life at birth, 1971	*50*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*3.1*
Number of years to double population at the 1971 rate of natural increase	*22*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*10*
Percent of labor force in agriculture, 1967	*78*
Per capita gross national product, 1970	*$120*
Percent literate	*10-15*

Highlights of activities

The Government of Sudan supports family planning although it as yet has no announced population policy.

A report prepared for the January 1970 meeting of the Economic Commission for Africa stated: ". . .the country cannot afford the rise in fertility which might follow economic development. It is necessary to emphasize that unless measures are initiated at this stage to control the birth rate, and thereby the rate of population growth, a continuously increasing amount of effort on the part of the community will have to be used to maintain existing standards of consumption. . . . In these circumstances it is necessary to stress the need for population policy as part of economic planning."

The Sudan Family Planning Association was formed in 1965 and opened its first clinic the following year. It became a member of the International Planned Parenthood Federation (IPPF) in 1971. During 1971, the Association operated eight clinics in the three main towns. Six of these recorded a total of 2,302 visits, with 626 of these new acceptors. The Government provided some clinic premises and the attendant personnel.

The Sudan Medical Association, the Khartoum Nursing College, physicians in Khartoum, and the University of Khartoum cooperate with the Association.

AID assistance

AID has provided no direct assistance.

Other assistance

IPPF gives an annual grant to the Family Planning Association and representatives of the IPPF and The Pathfinder Fund have visited the Association.

The Pathfinder Fund has contributed literature and contraceptives to the Ministry of Health and helped start a program at Omdurman.

The Population Council has provided fellowships and supported a study of rural-urban migration at the University of Khartoum.

A small Rockefeller Foundation travel grant was awarded in 1967 to a University of Khartoum faculty member studying population.

Swaziland

Demographic information

Population according to census of May 24, 1966	*374,697*
Estimated population, January 1, 1972	*440,000*
Births per 1,000 population, 1971	*48*
Deaths per 1,000 population, 1971	*19*
Infant deaths per 1,000 births, 1970	*168*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*48*
Rate of natural increase, 1971 (percent)	*2.9*
Number of years to double population at the 1971 rate of natural increase	*24*
Median birth order	*NA*
Median maternal age, 1965	[1]*28*
Percent urban, 1971	*5*
Percent of labor force in agriculture	*NA*
Per capita gross national product, 1970	*$215*
Percent literate	*36*

[1]Based on incomplete registration of births.

Highlights of activities

No population or family planning projects are in effect in Swaziland. However, Government interest is growing to some extent and a clause in the 1969 Development Plan gives authority for a family planning program to the Ministry of Health.

By the end of 1972, the Government is planning to launch a small, low key, family planning program with assistance from the United Nations Fund for Population Activities and the United Nations Children's Fund. The project will include a rural health clinic with two doctors, five vehicles, and other supplies and equipment.

Some individual doctors give family planning advice.

AID assistance

AID has provided no direct assistance.

Tanzania

Demographic information

Population according to census of August 26, 1967	*12,313,469*
Estimated population, January 1, 1972	*13,846,000*
Births per 1,000 population, 1971	*47*
Deaths per 1,000 population, 1971	*20*
Infant deaths per 1,000 births, 1968	*165*
Expectation of life at birth, 1971	*44*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order	*NA*
Median maternal age, 1957	*26*
Percent urban, 1971	*7*
Percent of labor force in agriculture, 1970	*95*
Per capita gross national product, 1970	*$100*
Percent literate	*15-20*

Highlights of activities

Tanzania has no formal population policy. The major commitment consists of acquiescence to Family Planning Association activities and some support for work being done. For example, 51 government hospitals house Family Planning Association clinics.

Government leaders are aware of the population problem. The President's introduction on May 28, 1969, to the second Five Year Plan stated: "These 350,000 extra people every year will be babies in arms, not workers. . .it is important for human beings to put emphasis on caring for children and ability to look after them properly, rather than thinking about only numbers of children and ability to give birth."

The municipality of Dar es Salaam has an active family planning program and the Government of Tanzania has encouraged the voluntary association to undertake an extensive training, education, and information program.

The Family Planning Association of Dar es Salaam was founded in 1959 with one clinic. In 1966,

it became the Family Planning Association of Tanzania and in 1969 a member of the International Planned Parenthood Federation (IPPF).

At the end of 1971, there were 105 clinics in Tanzania, five run by the Association's staff in Dar es Salaam. Others are in Government and voluntary agency hospitals. The role of the Association is to advise, equip, train, and provide supplies. The Association's Dar es Salaam clinics recorded a total of 8,524 visits during 1971, of which 2,562 were new acceptors.

The Association has trained doctors, nurse-midwives, and medical students, and pays three health educators to work through maternal and child health centers. Eight health educators received training at the IPPF training center in Nairobi.

At the end of 1970, the Family Planning Association initiated a 1-year program to train personnel working for Government and voluntary hospitals and health centers. The Association also produces literature and radio programs on family planning.

The Dar es Salaam School of Medicine is conducting population studies and the East African Statistical Training Center offers Government employees a 1-year, middle-level course in statistics, including census taking and vital statistics.

AID assistance

AID has provided no direct assistance.

Other assistance

The United Nations Fund for Population Activities has helped finance printing of census publications.

IPPF supports the work of the Family Planning Association and also has provided financial support for work at three mission hospitals in the Masasi area.

Church World Service has provided limited family planning assistance.

The Pathfinder Fund supported the organization which developed the Family Planning Association of Tanzania until such time as the IPPF began assistance. This assistance included financial, commodity, and equipment support. In fiscal 1972, Pathfinder sponsored two Tanzanian medical students to the Family Planning Summer Workshop of the University of Chicago.

The Population Council is providing a demographer for the staff of the University College of Dar es Salaam; the demographer also is advising the Central Statistical Bureau of the Tanzanian Government on census analysis. Support has also been provided to a member of the University College's Department of Geography to carry out special analyses of census data on migration.

The Rockefeller Foundation gave grants to the Department of Social and Preventive Medicine at the Dar es Salaam School of Medicine for population studies in 1965 and in 1966.

OXFAM, through IPPF, provided a vehicle for the Family Planning Association activities in 1969. Further funds were given in 1972 for three vehicles, their operating costs, and 2 years' staff salaries. In 1964, a clinic was re-equipped at Muhumbili Hospital. In 1970, a nurse's salary was provided for the Diocese of Masai family planning program, and further funds have been approved for a vehicle operating costs, maternal and child health work, and an extension of the family-planning program in 1972 and 1973.

World Neighbors' rural workers are involved in total rural development programs in which family health, nutrition, and sanitation are stressed. Family planning education is a vital part of these programs.

The World Bank has conducted pre-investment studies in family planning as a prelude to a possible project.

Sweden, Norway, Finland, and Denmark have been negotiating with the Government of Tanzania relative to proposed assistance in a countrywide rural health program which should complement family planning efforts. This assistance will be basically for construction.

Togo

Demographic information

Population according to census of April 30, 1970	[1]*1,955,916*
Estimated population, January 1, 1972	*2,043,000*
Births per 1,000 population, 1971	*51*
Deaths per 1,000 population, 1971	*25*
Infant deaths per 1,000 births, 1961	*155*
Expectation of life at birth, 1971	*40*
Percent of population under age 15, 1970	*45*
Rate of natural increase, 1971 (percent)	*2.7*
Number of years to double population at the 1971 rate of natural increase	*26*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*14*

Percent of labor force in agriculture, 1965 . . 79
Per capita gross national product, 1970 . . $144
Percent literate 5-10

[1] Preliminary figure, not used as base for 1972 estimate.

Highlights of activities

Togo has no official population or family planning programs and no family planning association.

While the Government does not consider the present population growth rate a problem, interest in family planning is growing in some Government circles.

Some Togolese health officers have made family planning and contraceptive materials available to interested women on an irregular and limited basis. Some physicians provide contraceptives.

An anti-contraceptive law of 1920 is not enforced.

AID assistance

AID has provided no direct assistance.

The Ministry of Health and AID are discussing construction of a family health center in Lome. Plans for the center have not been completed.

Other assistance

The Pathfinder Fund has sent medical supplies and contraceptives to the Lome family planning clinic.

The Population Council has provided fellowships.

Ford Foundation provided four scholarships for summer family planning courses in 1969.

Quaker Service in Lome organized and sponsored a refresher course for rural midwives with cooperation of the World Health Organization and the Ministry of Health. The course included concepts of the need for family planning.

At the request of the Togolese Government, the Unitarian Universalist Service Committee is assisting with a project to develop maternal and child health services and education. Family planning will be introduced when appropriate.

Peace Corps volunteers teach family planning along with other health subjects in schools and in adult education classes at the health centers.

A seminar on population was planned for December 1972 by the American Friends Service Committee.

Tunisia

Demographic information

Population according to census of May 1, 1966 4,533,351
Estimated population, January 1, 1972 5,317,000
Births per 1,000 population, 1971 38
Deaths per 1,000 population, 1971 15
Infant deaths per 1,000 births, 1971 120
Expectation of life at birth, 1971 51
Percent of population under age 15, 1970 . . 46
Rate of natural increase, 1971 (percent) . . . 2.3
Number of years to double population at the 1971 rate of natural increase 30
Median birth order, 1960 . . . . . 3.8
Median maternal age, 1965 29
Percent urban, 1971 46
Percent of labor force in agriculture, 1966 . . 63
Per capita gross national product, 1970 . . $235
Percent literate 30

Highlights of activities

The Tunisian Government, including the Prime Minister and the Ministers of Plan and Health, has made repeated strong pronouncements in the last year on the need to control demographic pressure. Recently announced goals are to reduce the growth rate to 2 percent by 1980, with the fertility rate hopefully coming down from 190 to 140.

The Government carried out its decision, announced in 1971, to make family planning a permanent activity by legally establishing a National Institute of Family Planning and Maternal and Child Health on January 1, 1972, and giving its personnel permanent civil service status.

As before, the Institute has put heavy reliance on mobile teams (a gynecologist and paramedical personnel) to reach even the most remote points in Tunisia. Tighter organization provided greater continuity of field services during the summer of 1971 than had previously been the case, and was one of the causes of an increase in the total number of visits and patients for the year.

The crude birth rate is slowly but steadily declining. Changes in age composition, postponement of the age of marriage, and the family planning program itself are credited with approximately equal roles in this phenomenon. The migration of young men out of the country must also have had an impact but this has not yet been quantitatively assessed.

Explaining family planning on home visits during the April 1972 campaign organized by the Health Education Service in Tunisia.

A talk on the legitimacy of family planning is here being given at a mosque in Kairouan in Tunisia.

A social worker explains family planning techniques to members of the Tunisian National Women's Union. The Government established a National Institute of Family Planning and Maternal and Child Health on January 1, 1972, and gave it permanent civil service status as part of its policy of making family planning a permanent activity.

The Government of Tunisia has favored planned parenthood since the early 1960's. It officially launched a nationwide family planning program in 1966 and announced its target of reducing the annual birth rate from 46 to 38 per thousand population in 10 years.

In an experimental national program begun in 1963, the Family Planning Program Director and other Tunisian officials were sent to Japan, Pakistan, and the United States to become familiar with family planning developments. Gynecologists, demographers, sociologists, and information-communications leaders were trained.

A 1964 Population Council survey of knowledge, attitudes, and practices showed that a high percentage of Tunisian women favored family planning but only 15 percent of the women surveyed had any knowledge of contraceptive methods.

In 1964, family planning clinics began operation in hospitals and maternal and child health centers. The program was expanded in 1966 to meet a goal of providing assistance to between 30 and 40 percent of Tunisian women of childbearing age. At present, family planning services are available at over 300 locations. In addition, 15 mobile clinics provide family planning services in rural areas.

A postpartum program, including house-to-house visits, is being developed. Training general practitioners in government service in IUD insertions has continued since the beginning of the Government program. The Ministry of Health runs educational courses for nurses, midwives, auxiliary health workers, and social workers involved in planned parenthood activities.

The Ministry of Health has undertaken to expand its statistical services with the training of several demographers at the African Demographic Research Institute in Cairo, which is sponsored by the United Nations Economic Commission for Africa. Several Tunisians have been enrolled in the United Nations-sponsored National Institute of Statistics and Applied Economics in Rabat.

The Union Nationale Feminine Tunisienne works in family planning at the village level.

The Tunisian Association for Family Planning, founded in 1968 and a member of the International Planned Parenthood Federation (IPPF), has decided to concentrate its educational activity on men, particularly workers and the military.

The year 1971 witnessed increased practice of contraception in Tunisia. The private sector distributed some 113,000 cycles of pills. In the Government program, IUD insertions increased about one-third—from 9,000 to 12,000, and pills gained increasing acceptance with 7,000 women protected. Tubal ligations (2,500 in 1971) and social abortions (3,000 in 1971) played an important role. The impact of these surgical methods has been uneven in the country due to lack of training and equipment, but steps are now being taken to correct this.

Other particularly significant activities in 1971 included a highly publicized, national medical meeting on new techniques in family planning for medical and paramedical personnel in April and one on health education in family planning for a wide audience to promote cooperation between personnel of various ministries in November.

The November seminar on health education in family planning helped alert local and regional officials to the need to work in cooperation. Family planning committees have been created in various provinces, grouping health personnel and representatives of other ministries and national organizations.

Consistent with the high priority it has given to family planning, the Tunisian Government has signed an agreement with the International Development Association (IDA) for a $4.8 million credit to help it expand and improve its family planning services.

In May 1972, it signed an agreement with AID which will provide a grant for support of local costs of the IDA project ($1 million) and for rehabilitation of the existing Family Planning infrastructure ($2 million).

AID assistance

AID obligated $510,000 for support of the operational costs of the Tunisian Family Planning Program in 1971 and also provided substantial commodities and participant training. It had four specialists working in the program: a medical officer, a public health nurse, an administrative specialist, and a health educator.

The participant program, which has concentrated on training health educators in the United States, was expanded in fiscal 1972 to include medical and hospital administrators and statisticians.

Other assistance

A wide spectrum of organizations helps Tunisia in its family planning effort. United Nations Fund for Population Activities has a representative in Tunis. The emphasis of his work to date is on family planning education and communication, the proposed executing agencies being United Nations Educa-

Scene here is in Kairouan, Tunisia, where early in 1972 musicians and the camel paraded the streets to advertise the local family planning program. Tunisians say that centuries ago Arab tribesmen discovered that a small pebble placed in the uterus of a female camel would prevent conception—which would make this technique a forerunner of the IUD and the camel the first animal to practice family planning. The Tunisian Institute of Family Planning and Maternal Child Health has chosen the camel as a symbol and the bearer of the family planning message.

tional, Scientific and Cultural Organization, International Labor Organization, Food and Agriculture Organization, and the United Nations Children's Fund.

A project on vital statistics has been submitted by the Tunisian Government to the United Nations. It would provide evaluation and experiments in improving birth and death registration.

World Health Organization (WHO) had a budget of $45,110 for family planning in Tunisia in 1971, with one physician. In 1972, the budget had grown to $139,584 for Family Planning and Maternal and Child Health with its staff to include one physician, one statistician, and two nurse-midwives.

WHO provides financial assistance for training auxiliary midwives and assisted in preparation of a "Seminar of Health Education for the Welfare of the Family" planned for November 1972.

International Planned Parenthood Federation maintains its support of the Tunisian Association for Family Planning.

The Population Council, with assistance of the Ford Foundation, spent $101,000 in 1971 and maintained one public health physician, one demographer-statistician, and a health educator in Tunisia. The Population Council focused its activities on research and evaluation.

Since 1964, the Council has provided assistance to the University of Tunis Centre d'Etudes et de Recherches Economiques et Sociales for demographic training and research.

Since 1969, the Council's activities have been undertaken under a Ford Foundation North African Regional grant which was augmented for the period 1970-72. The Council has continued to provide a limited number of fellowships for Tunisians to study abroad. It also provided an education advisor in 1969 who worked on school education prototype films and audiovisual teaching materials.

World Education, Inc., provides assistance to incorporate family planning concepts into functional literacy programs and into nonformal adult education.

The Government of the Netherlands spent $114,000 in 1971 and maintained a family planning team in Le Kef—two physicians, two midwives, and a social worker. With their assistance, family planning has shown impressive progress in Le Kef.

Swedish International Development Authority (SIDA) financed a physician, two midwives, a health educator, and operational costs of the Family Planning/Maternal and Child Health Center at Kelibia. It also supported a cytology program, with this assistance amounting to about $160,000. Through mid-1971, Swedish assistance had totaled approximately $1.3 million.

The Canadian Government, which has acquired long experience in maternal and child health programs in Tunisia, decided to send a medical team to Kairouan in 1972. The team will include family planning in its range of assistance.

A limited number of United States Peace Corps volunteers have provided specialized assistance in the Tunisian family planning program in the last year.

Peace Corps volunteer nurses with special clinical techniques have trained auxiliary nurses. Nonmedical volunteers have participated in family planning activities as part of general village health programs. Volunteers also include an architect and an electronic equipment repair specialist.

Medical and other personnel provided to the Tunisian Government under a number of different arrangements with France, Belgium, Canada, and Eastern European countries have been used by the Ministry of Health directly or indirectly to support the family planning program.

The International Development Association extended credit of $4.8 million to Tunisia in March 1971. The funds will be used to build medical facilities and a paramedical school. Technical assistance will include program evaluation, management, family life education, manpower utilization, and training of family planning workers.

Uganda

Demographic information

Population according to census of August 18, 1969	*9,548,847*
Estimated population, January 1, 1972	*10,185,000*
Births per 1,000 population, 1971	*45*
Deaths per 1,000 population, 1971	*17*
Infant deaths per 1,000 births, 1971	*113*
Expectation of life at birth, 1971	*49*
Percent of population under age 15, 1970	*43*
Rate of natural increase, 1971 (percent)	*2.8*
Annual growth rate, 1971 (including migration)	*2.8*
Number of years to double population at the 1971 rate of natural increase	*25*
Median birth order	*NA*
Median maternal age, 1959	*[1]27*
Percent urban, 1971	*10*
Percent of labor force in agriculture, 1965	*89*
Per capita gross national product, 1970	*$133*
Percent literate	*20*

[1] Based on incomplete registration of births.

Highlights of activities

The Uganda third 5-year-development plan was issued in fiscal 1972. The plan recognizes rapid population growth as a problem that is impeding future economic growth; because of this, it sets aside a million shillings ($140,000) over a 5-year period as a beginning contribution to solving the problem.

In addition, the new plan states that the Government will disburse the money through the voluntary Family Planning Association of Uganda. Family planning leaders in Uganda anticipate using the funds to improve and expand family planning programs throughout the country.

During 1972, the Maternal and Child Health Training project at Makerere Medical School, financed by AID funds, continued expanding its work in institution building among the medical and allied health professions. This program seeks to introduce family planning curricula in the medical school and allied health professions and to train a cadre of staff related to family planning.

The Family Planning Association of Uganda dates from 1957 and is a member of the International Planned Parenthood Federation. The Association opened its own offices and clinic in Kampala in 1968.

At the beginning of 1972, the Association was running 38 clinics in its own premises and in government and mission hospitals. In 1971, a total of 19,292 clinic visits were made, with 4,012 of these new acceptors. A full-time medical director took up an appointment in March 1971, and 24 fieldworkers were employed by the end of the year.

The Association sponsors branch clinics at Mengo Hospital and in Jinja, Tororo, Fort Portal, Kilembe Mines, Mbarara, Kasangati, Lugazi, Kakira, Gulu, Soroti, Kahale, and Toro/Kahuna. Some of these clinics are incorporated in municipal health centers. The Association supports a full-time cytologist at the Medical School of Makerere University College in Kampala.

In its educational program, the Family Planning Association uses films and leaflets printed in English, Luganda, and four vernacular languages.

Talks on benefits of family planning and

maintenance of sound health are given by trained workers in the Mulago Hospital wards and outpatient clinics in Kampala, Kampala City Council clinics, and mission clinics in rural areas surrounding Kampala.

Instruction in the medical, social, and economic aspects of family planning as a part of public health is available to students of medicine, nursing, midwifery, and public health. The Department of Sociology at Makerere University offers a course in demography.

AID assistance

AID allocated $1,012,000 for assistance to population projects in Uganda in fiscal 1972. Of this amount, $212,680 was spent on maternal and child health service projects at the Makerere Medical School for the project described above. The additional $821,000 was for a centrally funded project in prostaglandin research, also at Makerere.

AID allocated $100,000 for assistance to population projects in Uganda in fiscal 1971 to continue activities under a maternal and child health training project, and support of the Uganda Computer Center charged with processing the 1969 census of Uganda.

Two new participants from the Computer Center were trained in statistics during the year, and services of the American data processing computer programer-manager were extended several months. The Family Planning Association of Uganda received some AID assistance partially to finance a training course for rural FPA employees.

Other assistance

The International Planned Parenthood Federation (IPPF) provides financial and commodity support to the Family Planning Association of Uganda. IPPF also supports the training of maternal and child health demonstrators at Makerere University.

Church World Service has a limited family planning program.

The Pathfinder Fund financed the services of a doctor who is a professor of preventive medicine and director of the Regional Family Health Education Center at Makerere University. Pathfinder has also supplied oral contraceptives and IUDs, as well as films.

In 1970, it provided a travel grant for a nurse-midwife to study at the Margaret Sanger Research Bureau in New York. Four members of the Family Planning Association of Uganda received a travel grant from Pathfinder to attend the International Family Planning Conference in Pakistan in 1969.

As part of its International IUD Program, Pathfinder has analyzed 1,200 primary IUD insertions.

The Population Council provided a resident advisor in demography to the Social Studies Center of Makerere University and supported a program of research in vital registration and differential growth in the various regions of Uganda, carried out by the same unit. The Council is also providing fellowships.

The Rockefeller Foundation provided grants in 1967 and 1968 to the Medical School of Makerere University for research on blood clotting mechanisms in relation to ovarian steroid hormones. In 1967, the Foundation made a $94,000 grant for a 2-year period to the University of California, Berkeley, toward the cost of an exchange training program in maternal health services, with emphasis on family planning, between the University's School of Public Health and the Faculty of Medicine at Makerere University. In 1969, the Foundation made a grant of $12,500 to The Pathfinder Fund for expenses of a visiting lecturer in the Faculty of Medicine.

In 1969, OXFAM, through IPPF, helped finance educational work and staff salaries for the maternal and child health program run by the Family Planning Association. In 1968, salaries and travel costs were provided for nurses working in Association clinics. In 1972, a vehicle, 3 years' operating costs, and salaries were approved for the Church of Uganda's Ngora Hospital family planning program.

World Neighbors is working closely with the Family Planning Association of Uganda in utilizing their rural clinic network and personnel. Women workers at the Martyrs Community Center in Kampala have incorporated family planning into their home visits and work done with women's groups. Women are brought to family planning clinics at the center, or if more convenient, to the mobile clinics held in several areas of Kampala.

Rural workers in both the Kigezi and Provincial Programs are emphasizing family planning in their total approach to villagers and farmers, trying to combat fears and entrenched social customs relating to family size. On July 1, 1972, the Kigezi program was scheduled to be enlarged to include another woman worker with special responsibility for family planning, relating it to maternal and child health.

Effectiveness of the World Neighbors' program was greatly increased by the delivery of audiovisual equipment and materials (chiefly films and filmstrips) in the second half of fiscal 1972.

In 1969, Denmark made a grant of $148,000 to cover building costs of a family health training center

at Makerere University in Kampala, and necessary equipment. A supplemental grant of $28,000 in 1970 was made to build a top floor on the center for use as laboratories. The center will provide family planning and maternal and child health education and training. It will operate as part of the medical school.

An additional $50,000 has been allocated by the Danish Government to finance purchasing equipment and furnishings for the new Family Care Building at Makerere.

Upper Volta

Demographic information

Population according to sample survey, September 30, 1960 to April 22, 1961	[1]*4,400,000*
Estimated population, January 1, 1972	*5,548,000*
Births per 1,000 population, 1971	*49*
Deaths per 1,000 population, 1971	*29*
Infant deaths per 1,000 births, 1970	*181*
Expectation of life at birth, 1971	*37*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*2.0*
Number of years to double population at the 1971 rate of natural increase	*35*
Median birth order	*NA*
Median maternal age	*NA*
Percent urban, 1971	*4*
Percent of labor force in agriculture, 1965	*87*
Per capita gross national product, 1970	*$60*
Percent literate	*5-10*

[1]Includes an estimated 100,000 persons not covered in survey.

Highlights of activities

Upper Volta has no official policy on population or family planning. No mention of family planning was made in the 1972-76 National Plan.

The only family planning project to date was a seminar in April 1972 sponsored by a private Association of Voltan Women and funded by the American Friends Service Committee.

Some individual doctors give family planning advice.

AID assistance

Approximately $16,000 in Special Population Activities funds has been provided for construction of two maternity dispensaries where maternal/child health programs are operating.

AID has been discussing with the Government the establishment of a disease and demography project which would provide data on various diseases and on demographic variables in Upper Volta.

Other assistance

The United Nations Economic Commission for Africa is planning a pilot census to be taken in December 1972. A full enumeration is scheduled for December 1973. The Government is aware that there is a relationship between population and economic development.

The Population Council has given fellowship support.

Zaire[1]

Demographic information

Population according to census of May 31, 1970	[2]*21,637,876*
Estimated population, January 1, 1972	*18,305,000*
Births per 1,000 population, 1971	*44*
Deaths per 1,000 population, 1971	*21*
Infant deaths per 1,000 births, 1970	*115*
Expectation of life at birth, 1971	*43*
Percent of population under age 15, 1970	*42*
Rate of natural increase, 1971 (percent)	*2.3*
Number of years to double population at the 1971 rate of natural increase	*30*
Median birth order	*NA*
Median maternal age, 1957	[3]*27*
Percent urban, 1971	*17*
Percent of labor force in agriculture, 1965	*69*
Per capita gross national product, 1970	*$109*
Percent literate	*15-20*

[1]Formerly Democratic Republic of the Congo.

[2]Not used as base for 1972 estimate.

[3]Based on incomplete registration of births.

Highlights of activities

The Government of the Republic of Zaire (formerly Democratic Republic of the Congo) has no official population policy. However, the Government has 250 "social centers" to which it would like to add maternal and child health services.

Some religious missions are doing family planning work. No family planning association has been established.

AID assistance

A project to assist the Government in setting up six pilot maternal and child health/family planning clinics in Kinshasa and the Kinshasa area has been approved.

Other assistance

Church World Service provides contraceptives and other supplies and family planning literature.

The Pathfinder Fund is supporting the maternal and child health/family planning work of a medical missionary group in the Ubangi district to assist them with mobile and stationary clinics. Pathfinder assistance includes equipment, supplies, and financial support. Through another medical missionary group in the Kivu Province, Pathfinder is supporting establishment of a network of rural maternal and child health/family planning clinics.

In addition, Pathfinder is supporting a sociological research project on an island in Lake Kivu. It has in the past supplied medical equipment to doctors doing family planning work in slum clinics of Kinshasha. Pathfinder supported participation of two Zairian midwives in the family planning training program in Dakar.

The Population Council provides fellowship support.

Zambia

Demographic information

Population according to census of August 22-30, 1969	*4,307,329*
Estimated population, January 1, 1972	*4,609,000*
Births per 1,000 population, 1971	*50*
Deaths per 1,000 population, 1971	*21*
Infant deaths per 1,000 births, 1970	*159*
Expectation of life at birth, 1971	*45*
Percent of population under age 15, 1970	*44*
Rate of natural increase, 1971 (percent)	*2.9*
Number of years to double population at the 1971 rate of natural increase	*24*
Median birth order, 1968	*1.9*
Median maternal age, 1968	*27*
Percent urban, 1971	*24*
Percent of labor force in agriculture, 1965	*81*
Per capita gross national product, 1970	*$405*
Percent literate	*15-20*

Highlights of activities

The Government of Zambia has not initiated family planning projects or made any official commitments on population policy. Some local government leaders show an interest in family planning, particularly the Lusaka City Council. Family planning is offered in local clinics in Lusaka.

The Family Planning and Welfare Association of Zambia, a private organization, was established in September 1971.

Although the Government provides no family planning training to medical or paramedical personnel, they are authorized to advise on family planning as part of normal medical service.

Sale of contraceptives is not illegal in Zambia. However, providing such devices at Government facilities is officially prohibited.

AID assistance

AID has provided no direct assistance for family planning.

Other assistance

The United Nations Fund for Population Activities has provided assistance to the Government of Zambia in analyzing census data and advising on their use.

The International Planned Parenthood Federation provides funds in support of the new Family Planning and Welfare Association.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

The Pathfinder Fund has supported development of a network of family planning clinics in the Copperbelt Province of Zambia under direction of an African midwife. Pathfinder also is sponsoring a program of training and orientation for the Provincial Medical Officer of the Copperbelt Province in order to permit this program to move ahead.

The Population Council has made two grants to the University of Zambia for research on rural-urban migration and for processing and publishing a survey on population growth in selected areas. Fellowship support also is provided.

The Unitarian Universalist Service Committee is developing an integrated nutrition program. The program may introduce family planning in connection with other education.

Population Situation and Activities in Additional Countries

People's Republic of China

With the recent broadening of contacts with the rest of the world by the People's Republic of China (PRC), a good deal is being learned about its family planning programs. This summary draws heavily on observations by two visitor teams[1] but also uses information from other visitors who have made written and oral reports.

The picture that begins to take form is one of a serious and sustained population growth-control effort that is achieving considerable success in the cities and in an undetermined number of rural communes. The effort has several elements.

- First, family planning is an officially supported program that has had three nationwide campaigns. These campaigns have included experimentation with organization for service delivery, methods of propaganda, and methods of fertility control. Despite several ups and downs, family planning is now regarded as an integral part of the broad revoluntionary program to build a modem socialist state. Five official needs are given.

1. The need to regulate family size to help create a socialist country.
2. The need to plan births in order to have healthy children and mothers.
3. The need to create time during which the mother can study and work.
4. The need to create necessary conditions for the best possible education for the coming generation.
5. The need to regulate family size because of its impact on the domestic economy.

- Second, the program has been in operation long enough (18 years) for a new generation to reach reproductive age—and they have been told, for as long as they can remember, that family planning is patriotic and Chairman Mao wants them to practice it.

The older generation has been propagandized about family planning long enough that earlier resistance to small families has begun to abate, though belief in the desirability of having many children, as Chairman Mao in 1970 reminded the American writer Edgar Snow, is still strong in the villages.

- Third, family planning is an integral part of a health service system that extends pretty well throughout the country. It is organized in the form of health service institutions that correspond to production and administrative units. In the countryside the lowest administrative unit is the production team of 200 to 700 people. Several production teams are a "production brigade" or village. Six to 20 or more brigades are a commune. Each production team has a health station, each brigade a health center, and each commune a commune hospital. It is reported that there are some 70,000 commune hospitals.

In the city, large factories maintain hospitals. Smaller factories have health centers. Large factories also may have health stations in each section.

In urban areas, aside from factories, the city is organized in neighborhoods. Health care is provided by neighborhood or district hospitals and by health stations called "Street and Lane Health Stations." Health care organizations have a high degree of autonomy, operating with the financing and management of elected revoluntionary committees in each of the administrative units.

Health stations are manned by "barefoot doctors" who are community selected individuals, male or female, with short term training in emergency aid, basic sanitation, preventive medicine, and family planning.

Brigade health centers are manned by barefoot doctors alone or with other health professionals, doctors, midwives, male nurses, and medical assistants. The center functions as an out-patient clinic. Its services include child care, treatment of common diseases, prenatal and postnatal care, IUD insertions, normal deliveries, and suction abortions.

The medical care in centers and stations includes traditional Chinese as well as modern Western medical procedures and pharmacology.

Through these health institutions, family planning reaches almost all city people and a growing

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[1] Anibal Faundes, M.D., Professor of Obstetrics of Barros Luco Hospital in Santiago, Chile; and Tapani Luukkainen, M.D., Docent of Obstetrics and Gynecology at the University of Helsinki, visited PRC in March 1972. They traveled to Canton, Peking, Nanking, Wuhan, and Shanghai. Tameyoshi Katagiri, Regional Secretary IPPF Western Pacific Region, and Professor Takuma Terao, eminent demographer and member of the executive committee of the Planned Parenthood Federation of Japan, spent most of April on a similar visit. Both teams were guests of the Chinese Medical Association.

number of rural people. It is an aspect of women's health care and is provided as contraception or legal induced abortion in connection with prenatal or postnatal care. Chinese health authorities have said that almost 99 percent of deliveries in both urban and rural areas are attended by trained personnel.

In each administrative unit, family planning is the responsibility of a Family Planning Committee which includes Party members and medical personnel. Family planning workers, mostly barefoot doctors, visit families and give advice. They discover side-effects of contraceptives and encourage patients to continue long enough to determine if the side effects will subside. They remind pill users to take their tablets regularly. Clinical side-effects are treated as soon as possible. Old taboos are discouraged. Old traditions of large family size are reexamined in the light of the new low infant mortality rates.

In all the communes, loudspeakers provide music, education, and family planning messages. The frequency of the family planning messages varies seasonally. In urban areas, it is reported to be especially intensive before vacations. All contraceptives are free and come from the Party.

- Fourth, family planning is achieved by methods that include four kinds of fertility control: Late marriage, use of contraceptives, abortion, and sterilization.

An important factor contributing to population limitation appears to be late marriage accompanied by strictly observed pre-marriage chastity. The legal marriage age is 18 but Chairman Mao asks women to postpone marriage at least to age 23 and men until after 26. It is evident, visitors report, that his request is respected, and these ages represent the usual urban behavior. In the villages, marriage is earlier.

Pills are the most frequently used reversible contraceptive method. They surpass IUD use by 2 to 1 in Shanghai and 10 to 1 in Canton. The popularity of the pills is probably at least partially due to the relatively low effectiveness of currently used IUDs, most of them stainless steel and plastic versions of the Ota ring.

Pills are also more easily distributed. In the communes, distribution is the responsibility of the barefoot doctors who take the month's supply to the homes of women who cannot conveniently pick them up. Records are kept of the dates for initiation of the monthly dose of pills for each user, and a variety of personnel, including committee cadres, assist in distribution. Conventional contraceptives such as diaphragms and condoms are also used.

Induced abortion is performed free on request. The most common reason for abortion is failure of contraception. Abortion arrangements aim at minimal physical and psychological trauma for the woman. As soon as a woman realizes that she has missed a period, she is expected to attend the clinic. The diagnosis of pregancy is made clinically or by laboratory test. If diagnosis is positive and the woman declares that she does not want to have the baby, she is immediately taken to the appropriate ward where she waits her turn.

If the woman is lax about going to the clinic, the barefoot doctor or cadre of the revoluntionary committee in her factory, commune, or neighborhood will urge her to attend the clinic for prenatal care if she wants to have a child or for an early abortion if she does not.

Almost 100 percent of early abortions are done by vacuum aspiration. Patients do not usually receive any medication. Acupuncture analgesia is sometimes used but seems to have limited utility. A large percent of abortions are performed by nurses. In the communes they are performed by trained barefoot doctors or midwives.

In the countryside, aspiration is done by using flasks which contain a prevacuum. An IUD may be inserted immediately if the patient has requested it. She receives instruction for personal hygiene and is advised to take iron and protein at home; antibiotics are not generally given. She will have 15 days of paid vacation and 18 days if an IUD was inserted postabortion.

Most applicants for abortion have two children. However, many women with only one child have abortions when pregnancy occurs due to contraceptive failure. The complication rate seems to be very low because of good aseptic procedures. It was stated in Canton, Wuhan, and Peking that an abortion performed by nurses is considered safer than one by doctors because nurses tend to be more careful.

Female sterilization by tubal ligation has been widely used. Because of reported excellent medical techniques, it does not seem to produce unfavorable reactions that could diminish its acceptability. Patients are generally aged 35-40, with two or three children. The authorization of the husband is not always required.

Tubal ligation is performed transabdominally, usually with acupuncture or local anesthesia. It is regarded as a minor operation and is performed in basic health units as well as in hospitals. It is reported that tubal ligations are being performed in village homes and are not resulting in increased infection.

Acceptance of vasectomy is low. A movement to popularize this technique began about two years ago. Now family planning workers ask the couple which one can be more easily operated on, the man or the woman. The family planning workers report only moderate success in the vasectomy campaign because it is a common belief that vasectomy will reduce the working capacity of a man.

- Fifth, this combination of official support, campaign duration, operation through a nationwide health service, and use of both social and medical methods of fertility control seem to be producing results.

No visitor to China has reported any health or family planning statistics aggregated at the national level. The Population Council team said, "We found a complete lack of knowledge about such data for the national, regional, and provincial levels among all of those we spoke with, including officials of the Chinese Medical Association, health professionals and other officials associated with family planning."

At the same time the team reported ". . . the extent and quality of recorded health information improve markedly as the level of social organization becomes more local. The clinical records of the hospitals were on a par from both medical and data collection standpoints with those in Western countries."

It is instructive to examine the data which was included in the published reports on the two teams of observers.

Starting with the most dependable data from clinical records of hospitals, a number of points emerge. At the Hope Hospital in Shanghai in the 10 years between 1962 and 1971, there were 46,018 deliveries. In the same period there were 42,939 abortions and 14,376 tubal ligations. The number of IUD insertions is not reported. At Maternity Hospital in Nanking in those 10 years there were 76,550 abortions; 20,471 tubal ligations; and 23,260 IUD insertions. Number of deliveries was not reported.

In both hospitals there was a build-up of a number of family planning procedures in 1962 and 1963 as the second family planning campaign began but after that there was no marked trend either up or down. This data does not indicate any drop off of these procedures during the Cultural Revolutions between 1966 and 1969.

Data were made available early in 1972 from six local family planning units–four in and near Shanghai (one urban, one suburban, two rural); one urban Hangchow; and one in a commune near Peking. Total population involved was about 170,000. There were about 23,400 married women in the child-bearing ages, comprising about 14 percent of the population. (Perhaps this percentage shows the effects of the older age at marriage, since this percentage is 17 or higher in many rapidly developing countries.)

Among the fecund married women, 15,900 (68 percent) were protected either by contraception or sterilization. Of those protected, the larger portion, 10,300 or 65 percent, were protected by sterilization -- 8,400 had tubal ligations, while 1,900 were living with vasectomized husbands. The other 5,500 (35 percent) of protected women were using contraceptives. Of these 3,400 were using the pill, 184 were using experimental injectables, about 1,400 were fitted with IUDs, and diaphragms. These are rounded figures, reflecting the fact that the original data included a number of estimates and roundings.

This lack of complete precision in the data, however, should not obscure the following conclusions:

1. About two-thirds of the fertile married women in these six populations were reported to be practicing family planning.
2. Almost two-thirds of the protected women were reported to be protected by either female or male sterilization.
3. The one-third of the protected women using reversible contraception were reported further protected by abortion.

In two of the rural communes outside of Shanghai, the visitors were given birthrate figures. One commune reported a birth rate of 28 per thousand in 1965 and 18.48 per thousand in 1971. The second reported a birth rate of 46 in 1963 and 13.6 in 1971.

In considering the data given the visitors, the crude rates for China's two largest municipalities are of interest.

Shanghai Municipality was reported to have a death rate of 5.20 and a birth rate of 12.08 per thousand population, and an annual natural increase rate of 0.688.

Peking Municipality reported a death rate of 6.4, birth rate of 18.8, and an annual increase rate of 1.24. These death rates are similar to those of Hong Kong, Singapore, and Taiwan. The birth rates were lower than those of the three Chinese populations outside of PRC.

As to the national picture, visitors have been given estimates of the total population that range frm 750 to 820 million. Health authorities are said to estimate that infant mortality is down to 17 to 20 per

thousand live births, that the number of families that practice contraception nationwide varies by locality from 30 to 89 percent with the highest percentage in Shanghai, and that the present population growth rate is less than 20 per thousand per year.

These rough estimates plus some assumptions, provide a provisional answer to the question: How many of China's married fertile women are protected and how many unprotected? The assumptions: 15 percent of the total population is urban; 14 percent of the urban and 17 percent of the rural population are fertile married women; 65 percent of urban and 30 percent to 45 percent of rural women are practicing family planning.

Application of these assumptions to a 750 million population (the smaller population estimate) indicates 10.2 million urban women and 32.5 to 48.7 million rural women protected, with 65.2 to 81.4 million unprotected. Applying them to a 820 million population (the larger population estimate) we get 11.2 million urban and from 35.5 to 53.3 million rural women protected, with 82.4 to 100.2 million unprotected

The limited data available indicates that the People's Republic of China is seriously attacking the problem of slowing its population growth. It seems to have an excellent program in its cities and in those selected rural areas where visitors have been able to observe and report.

Even when the most optimistic interpretation is put on present reports, however, there is still a considerable way to go for more than half the couples in the Republic of China appear not to be practicing family planning.

Canada

Canada's population is growing at a natural increase rate of 1 percent a year, slightly higher than that of the United States. At this rate, the present population of 21.7 million would double in 71 years.

Canada has recently liberalized its official attitude toward family planning. Until 1969, under the heading "Practices Tending to Corrupt Morals," Canada's Criminal Code prohibited advertising, sale or disposal of, or instruction in any item having to do with contraception. During the 1960's, the Family Planning Federation of Canada (an International Planned Parenthood Federation affiliate organized in 1963) led a successful campaign to reform the law.

In 1969, changes made contraceptives a legal commodity, legalized a network of family planning clinics, made it possible for the Family Planning Federation to achieve charitable status, and enabled the Federal Government to support new domestic and foreign family planning activities.

The amended law permits therapeutic abortion if a woman's mental or physical health is in danger.

Family planning services currently are provided throughout Canada by the Federation's member associations, by private doctors, and by some health departments. Several associations conduct or sponsor family planning training for professionals involved with medical services and community welfare. Efforts are being made to make family planning a part of medical education.

Despite some opposition, the Federal Government of Canada has acknowledged the need to expand family planning services and has entered the population program field, both at home and abroad.

In 1970, the Minister of Health and Welfare announced a federal family planning program. Public and private agencies receive grants and contracts for research; the national government collaborates with provincial governments and private agencies in disseminating information; and assistance is given to training health and welfare professionals.

The Minister of Health has given a grant to the Family Planning Federation for a program aimed at providing information to low-income families.

Europe

Europe, with its rate of natural increase at 0.7 percent, has the lowest population growth of any continent.

Most of Europe's people are in their economically productive years, supporting the 26 percent of the population that is under age 15. (This contrasts with Africa, Asia, and Latin America where 40 to 44 percent of the population is under age 15.)

Europe's population problems, like those of other economically developed areas, are expressed more in terms of urbanization and pollution of the environment than in terms of retarded national development.

Europe's population at mid-1971 is estimated at somewhat more than 700 million. The overall birth

rate is 17 per thousand and the death rate is 10 per thousand. At the current 0.7 rate of national increase, it will require 99 years for Europe to double its population.

Even though Europe is one of the pioneers in birth control, family planning policies and facilities vary considerably from country to country. Sweden, for example, had a family planning organization as far back as 1932 and today provides full family planning services through its public health department and requires sex education in schools. Belgium and Ireland, while permitting voluntary planned parenthood activities, have laws against the sale of contraceptives. Spain has an official negative attitude toward planned parenthood.

It may be said for most of Europe, however, that family planning associations are active, many governments either aid such associations or extend the services themselves, contraceptives are usually readily available, abortion laws often are liberal, and sex education in school systems is frequent.

An important factor in Europe's low birth rates is said to be the practice of induced abortion. The practice is widespread in a number of countries where abortion is legally restricted. In such countries, efforts to substitute contraception for abortion are increasing.

Japan

Japan's population is increasing at the lowest rate of any country in Asia. Since 1948, Japan has purposefully reduced its population growth rate from nearly 2 percent to a current 1.2 percent. The population today is 105 million. At the 1971 rate of natural increase, this would double in 58 years.

Family planning is an accepted part of Japanese life; it is practiced by more than half the fertile population. The Government does not have a specific family planning program but has supported voluntary and local government activities since the early 1950's. It seeks to enlighten the public on family planning, promote responsible parenthood, and replace induced abortions with use of contraceptive methods.

Some controversy exists as to the extent population growth should be limited. Business firms tend to fear that limited population growth will mean a shrinking labor force. Also, official reservations exist with regard to general use of pills and IUDs, though other contraceptives are fully available.

The family planning movement has a long history in Japan, going back to a visit by Margaret Sanger in 1922 and pioneering work by several Japanese family planning leaders. For a time preceding World War II, the Government adopted a pronatalist policy and banned family planning activities. After the war, Japan experienced a sudden population increase because of returning troops and a postwar baby boom. In absence of effective contraception, many people resorted to abortion, causing the Government in 1948 to make abortion legal. In 1952, Japan launched a program to promote contraception as an alternative to abortion.

Japan's prefectural and municipal governments play leading roles in making available family planning services, including public and voluntary efforts. Large numbers of public health and maternal and child health centers offer services. Also, some industries encourage family planning among their employees, motivated by the thought that family planning leads to happier employees which in turn causes them to be more effective in their work.

The Family Planning Federation of Japan, a member of the International Planned Parenthood Federation (IPPF), was organized in 1954. It conducts research, seminars, and training courses, and raises funds for overseas family planning activities. The Japanese Government gives financial support to IPPF, as well as direct family planning aid to Asian countries that request it.

Oceania

Australia

Australia, with its 13.1 million people, has the largest population of any Pacific area. Its rate of natural increase is 1.3 percent a year, which would double its population in 53 years.

The Australian Government has been inviting population growth through its immigration policies and in past years has expressed concern about the falling birth rate. Nevertheless, the Government today is steadily increasing its support of family planning activities and birth control is extensively practiced. No method of contraception is illegal, but there are laws that restrict the advertising of contraceptives. South Australia liberalized its abortion laws in 1970.

The Family Planning Association of Australia was founded in 1926 and significantly expanded its activities beginning in 1968. It receives grants from the International Planned Parenthood Federation (IPPF). It was host in 1972 to IPPF's First Southeast

The new emblem of the Fiji Family Planning Association uses the popular theme of the two-child family.

Asia Medical and Scientific Congress which emphasized family planning as part of social medicine.

Its national program calls for setting up family planning clinics in all states; conducting trials for contraceptive research, training medical and paramedical personnel from Australia and overseas; and conducting public education on family planning.

About one-third of Australia's eligible women are reported to practice family planning. Per capita use of orals is said to be highest in the world. There is growing interest in vasectomy.

Several Australian universities are introducing family planning at undergraduate levels. The Ministry of Education is considering sex education within public schools.

New Zealand

New Zealand has a population somewhat under 3 million and a natural increase rate of 1.3 percent. At this rate, its population would double in 53 years.

The attitude of the Government toward family planning is conservative, based on the belief that the country is underpopulated. Nevertheless, the Government's Department of Health recognizes that family planning is a part of family health and the general public attitude favors planned families.

The New Zealand Family Planning Association, an IPPF member, was founded in 1935. It has eight branches which run clinics in the larger towns. It is financed by clinic charges, donations from private firms, and a small grant from a state lottery. All clinics provide family planning training for their personnel.

The Association also carries out an active education-information program through the press, films, talks, and discussion.

An estimated 40 percent of eligible women practice contraception, mainly through use of orals.

The Maoris (a Polynesian-type native population) tend to remain aloof from family planning efforts, partly because many of the men consider large families a mark of prestige. Maori birth rates and death rates are much higher than those of the non-Maoris population. Special effort is being made to motivate them toward family planning.

Fiji

Fiji, an island group that lies east of Australia, has been successful in sharply lowering its birth rate from 42 per 1000 population in 1959 to 30 per 1000 in 1971. The Government's aim is to cut this further. At the current natural growth rate of 2.5 percent, Fiji's population of somewhat more than one-half million would double in 28 years.

The Government of Fiji has a well-established family planning program, started in 1962, in which the Family Planning Association (an IPPF member) plays a major role, particularly in education.

Among contributors to Fiji's family planning work are the Population Council, OXFAM, United Kingdom Ministry of Overseas Development, and AID.

Papua-New Guinea

The Papua-New Guinea area forms the eastern half of the island of New Guinea. It is administered by Australia. A family planning program is being developed by the Department of Public Health and mission hospitals. Family planning services are available at 46 health centers. A survey indicates general willingness by women to accept family planning.

Other

Family Planning programs exist in varying

In the Gilbert and Ellice Islands, family planning workers such as these two nurses from the Government's chartered boat must wade to shore during low tide or most travel in outrigger canoes to reach their patients.

degree in other areas of Oceania–Gilbert and Ellice Islands, Tahiti, and Tonga, among them.

In the Gilbert and Ellice Islands (a British island colony) a Family Planning Association recently has been formed. The Government is including family planning in its matemal/child health services, and family planning has been built into the 1970 Development Plan. Contraception is increasingly practiced. An education-information campaign includes daily radio spots and use of other media.

Tahiti (French Polynesia) is a French Island territory. It has a high birth rate–46 per 1000 population–and a rate of natural increase of 3.7 percent. At this rate, its population would double in 19 years. A new French law permits local governments to initiate family planning policies. Two voluntary associations for family planning recently have been formed and one of them has undertaken to train a group of doctors and nurses in family planning.

Tonga, formerly under British protection, is another island group of the South Pacific. The Government has provided family planning services to its citizens since 1958. The Tonga Family Planning Association, formed in 1969, has a long-range aim of cutting in half the birth rate which in 1971 was 40 per 1000 of population.

United States

Recent population statistics show marked declines in United States' birth rates. There were 16.4 births per thousand population during the July 1971-June 1972 period, 9 percent fewer than during the previous 12 months. The birth rate of 15.5 per thousand for the first 6 months of 1972 was the lowest in recorded history.

These reduced U.S. birth rates are closely comparable to those of some northern European countries, such as the United Kingdom and Scandinavia, which often are cited as leading examples of slow population growth.

U.S. birth rates are variable and demographers are not yet prepared to say that today's low rates are the pattern of the future. There is no doubt, however, that the small family is becoming the ideal of most Americans, especially the younger people who increasingly recognize that the quality of life is easier to maintain and improve under conditions of moderate or slow population growth.

A survey of 50,000 households by the U.S. Bureau of the Census in June 1972 showed that 70 percent of the younger wives (ages 18 to 24) expected to have two or fewer children and only 30 percent of them expected to have more than two.

The wives 18 to 24 years old interviewed in the Census survey expected, as a group, to have an average of 2.3 children. Adjusted to include single women, the figure implies an average of 2. 1 children desired by women 18 to 24 years old. This is the number required, in the absence of immigration, for eventual stabilization of the U.S. population at zero growth.

The emerging national desire for slower population growth was given impetus early in 1972 when the Commission on Population Growth and the American Future–authorized by the Congress and appointed by the President–recommended after 2 years of study that "this nation should welcome and plan for a stabilized population."

The report, which is under review by the Executive Branch, said: "Because of the pervasive impact of population growth on every facet of American life and its implications for the quality of life, the Commission has concluded that the time has come for the United States to adopt a deliberate population policy.

"The United States today has a declining birthrate, low population density, enormous amounts of open space, and population leaving the central

cities–but that does not eliminate the concern about population. . . . .

"No substantial benefit will result from the continued growth of our population beyond that made almost unavoidable by the rapid growth of the past. On the contrary, it is our view that population growth of the current magnitude has aggravated many of the nation's problems and made their solutions more difficult. The Commission believes that the gradual stabilization of population–bringing births into balance with deaths–would contribute significantly to the nation's ability to solve its problems, although such problems will not be solved by population stabilization alone. It would, however, enable our society to shift its focus increasingly from quantity to quality.

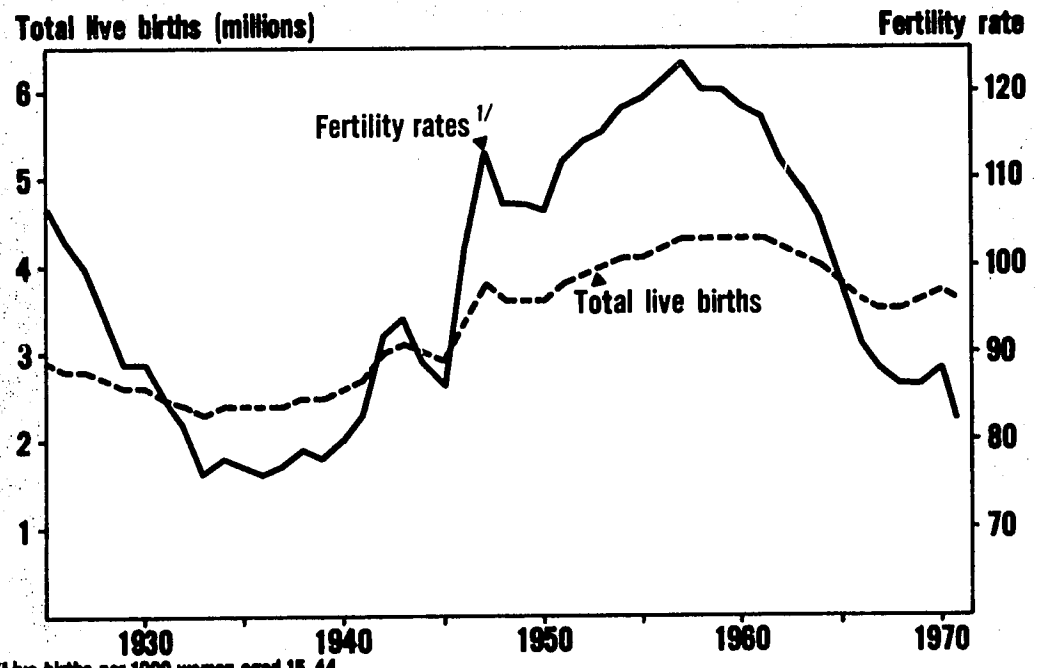
"The nation has nothing to fear from a gradual approach to population stabilization. We have looked for, and have not found, any convincing economic argument for continued national population growth. The health of our economy does not depend on it, nor does the prosperity of business or the welfare of the average person. In fact, a reduction in the rate of population growth would bring important economic benefits, especially if the nation develops policies to take advantage of the opportunities for social and economic improvement that slower population growth would provide."

The Commission included in its report a number of specific suggestions, among them recommendations that school programs take on the responsibility of better preparing children both for future parenthood and for the citizenship challenges arising from population change, that existing maternal/child health programs be expanded, and subsidized family planning services be extended, and

The number of births in the U.S. is influenced by factors that include: The number of women of child-bearing age (15-44 years); the number of women aged 20-29 years, the most fertile group; number of marriages and earliness or lateness of marriage; and the fertility rate (the number of births per 1,000 women of child-bearing age).

The number of women of child-bearing age has been rising rapidly in recent years, reflecting the large number of births immediately following World War II and a generally upward trend in number of births through 1957. This rise also was accompanied by a steeply climbing fertility rate. But since 1957 a sharp decline in the fertility rate has tended to offset the effects of other factors, including the rise in number of potential mothers. The result has been a gradual trend toward fewer births.

U.S. Live Births and Fertility Rates, 1925-1971



1/Live births per 1000 women aged 15-44.
SOURCE: National Center for Health Statistics, Department of Health, Education, and Welfare.

AID/PHA/POP 72-18

Early in 1972, the United States Postal Service issued this 8-cent postage stamp, based on the family planning theme. The Postal Service said that the stamp follows the policy of issuing stamps to focus national attention on areas of major concern to this nation and other nations of the world. In depicting the "ideal" two-child family, the United States joins a number of other countries which have issued similar stamps in recent years.

that the widest possible means of family planning be readily available to all Americans to enable them to realize their own preferences in childbearing and family size.

In the United States, efforts of pioneering individuals and private organizations have helped to make family planning respectable, accepted, and widely practiced. Most American couples today believe that they should have only as many children as they can adequately support. Contraception is widely practiced, with advice and materials mainly provided from private and, to a smaller extent, from public sources.

Family planning in the United States is principally a matter between couples and their private physicians and pharmacists, although there is expanding interest and support in specific areas by the Federal Government. The Government's domestic family planning activity is largely within its public health and antipoverty programs and includes family planning research and family planning services for low-income families who otherwise might not have such services within reach.

The entry of the United States Government into the sensitive and hitherto private area of population programs was given impetus on July 18, 1969, when President Nixon sent to the Congress the first Presidential message on population.

"One of the most serious challenges to human destiny in the last third of the century will be the growth of population," the President said. "Whether man's response to that challenge will be a cause for pride or despair in the year 2000 will depend very much on what we do today."

The message proposed that the Congress authorize a Commission on Population Growth and the American Future, with responsibility for inquiry into and recommendations on the probable course of population growth to the year 2000, and ways that Federal, State, and local Governments may be affected.

The Congress enacted legislation setting up the Commission. The President signed it into law on March 16, 1970, as Public Law 91-213. The Commission submitted its findings and final recommendations early in 1972.

Just before the end of 1970, the U.S. Government began major program action in the population field. By overwhelming majorities the Congress passed landmark legislation, the Family Planning and Population Research Act of 1970, Public Law 91-572.

Its main purposes are: (1) To make family planning information fully available to the five million American women who were lacking such services; (2) to support research for new and better methods of family planning; (3) to create an Office of Population Affairs in the Department of Health, Education, and Welfare, as the primary focus for family planning programs in the United States; and (4) to support manpower training and preparation of informational materials in family planning.

This legislation brought the U.S. Government for the first time strongly into domestic population program activity.

U.S. Government agencies

Family planning programs of the U.S. Government, as carried out within the United States, are administered in the main by two agencies: the Department of Health, Education, and Welfare (HEW) and the Office of Economic Opportunity (OEO).

HEW.–This agency has been involved to some extent in population programs for several years, as shown by its budgetary obligations for fiscal 1968 of

In the brief history of this nation, we have always assumed that progress and "the good life" are connected with population growth. In fact, population growth has frequently been regarded as a measure of our progress. If that were ever the case, it is not now. There is hardly any social problem confronting this nation whose solution would be easier if our population were larger.

Commission on Population Growth and the Nation's Future

$27.7 million for population research and family planning activities. With enactment of Public Law 91-572, however, its work was greatly expanded. Funds obligated for such objectives increased from $51.5 million in fiscal 1969 to $211 million in fiscal 1973.

HEW's family planning activities today are nationwide, comprehensive, and diverse. They involve training, research, and public education in many aspects of population affairs and providing direct family planning services to all Americans who want and need them.

HEW performs helpful functions of collecting data on births, deaths, marriages, divorces, and health needs and is developing a system for reporting local family planning activities.

OEO.–OEO's family planning program is a pioneer in the field of Government activity. In 1964, OEO made the first Federal grant in the United States specifically for family planning support.

The program began and continues to be a response to the initiative of local groups. The program supports numerous family planning activities throughout the United States, providing family planning information and services as part of OEO-funded projects totaling an estimated $15 million in fiscal 1973. As of July 1, 1972, OEO was funding 390 programs and research and demonstration projects in family planning through its community action agencies.

Other.–A few other Federal agencies are involved, directly or indirectly, in various aspects of family planning.

The Department of Defense makes family planning services available to U.S. military personnel and dependents through its numerous hospitals and facilities.

The U.S. Bureau of the Census provides a flow of information on national population trends.

Private agencies

The U.S. Government's recent entry into population program activity is an important milestone. The fact that the Government today is lending its prestige, its technical resources, and its financial support to family planning has been a helpful factor in speeding up and strengthening the total effort.

Clearly, however, Government effort might still be cautious, nominal, or nonexistent had not the way been paved by private effort. Extensive effort by private individuals and organizations has been going on since the early part of the century. Today's accelerating action, with Government help, is the fruition of such action.

Estimated U.S. Government Obligation For Family Planning Services and Research[1]

	1971 actual	1972 estimated	1973 estimated
	(millions of dollars)		
Research (total)	40.3	51.3	57.8
National Institute of Health	28.3	39.3	44.8
Agency for International Development	12.0	12.0	13.0
Services to low-income persons in the United States (total)	80.3	147.7	182.6
Health, Education, and Welfare (HEW) (total)	57.1	123.7	167.6
National Center for Family Planning Services	33.6	98.9	140.0
Maternal and child health	17.0	17.0	17.0
Other HEW	6.5	8.7	10.6
Office of Economic Opportunity	23.2	24.0	15.0
Number of individuals served (millions of persons)	2.2	3.1	3.5

[1]Source: Special Analysis of the Budget of the United States Government, Fiscal Year 1973, by Office of Management and Budget, Executive Office of the President, page 175.

The leading private organizations concerned with population policies and family planning include: Planned Parenthood Federation of America (also known as Planned Parenthood-World Population), Population Reference Bureau, The Pathfinder Fund, Population Council, Population Crisis Committee, Population Institute, Zero Population Growth, the Ford and Rockefeller Foundations, and a substantial number of universities.

U.S.S.R.

The Soviet Union has a comparatively low rate of natural population increase of 1 percent per year. At this rate, 73 years would be required to double the population--now about 246 million.

The Soviet Union does not appear to have a clearcut population policy. On the one hand, there seems to be a general desire for small families so parents can provide better for their children. On the other hand, some public leaders have taken the pronatalist view that anything approaching zero population growth could weaken the Sovet Union's world position. Some have suggested the need for higher birth rates in those areas where such rates are exceptionally low (such as European Russia).

One leading Soviet economist has said that "If (Soviet) families take the view that they want to have one to two children only, then even this will not ensure replacement. In our country, therefore, it is becoming necessary to follow a demographic policy that would encourage the births of second and third children."

Soviet interpreters of Marxist doctrine maintain that Marxism is not antagonistic toward birth control as shown by freedom of women to determine the number of children they have, the fact that sale of contraceptives is not prohibited, and the availability of abortions for other than medical reasons. At the same time, they tend to think of population control as needed by the overpopulated, less developed nations but extraneous to needs of the U.S.S.R.

Reports on the extent of contraceptive practice in the Soviet Union vary widely. Soviet spokesmen maintain that birth control based on responsible parenthood is practiced throughout all of the nation except for some of the central Asian areas where ethnic factors intervene. A general impression from various sources, however, indicates that while contraceptives are freely available in theory, they may not always be available in practice.

The extent of professional planned parenthood training is not clear. Reports indicate, however, that it is routinely included in the curricula of physicians and midwives. Advice to the public on birth control is reported to be available within the public health service, at local health centers, and at gynecology departments of hospitals. Strictly controlled trials of orals and IUDs are reported being conducted by medical institutes and hospitals.

Many periodicals carry papers and articles on various aspects of planned parenthood. Booklets have been produced by the Ministry of Health on contraceptives and abortion.

Demographic and Project Data

- World Population Facts
- A I D Projects in Population and Family Planning

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1972 (thousands)	Births per 1,000 population 1971	Deaths per 1,000 population 1971	Infant deaths per 1,000 live births		Rate of natural increase 1971 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1971 (years)	Based on registered births				Urban population 1971 (percent)	Labor force in agriculture (percent)	Per capita GNP about 1970 (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
World	3,741,213	32	13	1970	100	1.9	36	38	58	–	–	–	–	38	51	231	51
Northern America	229,178	17	9	1970	19	0.8	87	28	71	–	–	–	–	74	4	327	90
Bermuda	54	19	7	1970	15	1.2	58	32	71	1965	26	1965	2.1	100	NA	1,460	85
Canada	21,731	17	7	1970	19	1.0	69	31	72	1969	26	1967	2.0	78	6	3,446	NA
Greenland	51	29	6	1969	49	2.3	30	46	NA	1967	26	–	NA	67	35	840	99
St. Pierre & Miquelon	6	30	13	1970	32	1.7	41	32	66	1969	25	–	NA	86	11	NA	99
United States - the 50 States and the District of Columbia	207,336	17	9	1971	19	0.8	87	28	71	1968	24	1968	2.0	74	4	5,073	99
Latin America - Mainland	270,416	38	9	1970	81	2.6	25	43	62	–	–	–	–	58	41	525	71
Argentina	24,828	21	8	1970	56	1.3	53	29	68	1966	27	–	NA	81	18	1,055	91
Bolivia	4,832	44	18	1970	108	2.6	27	43	47	1966	(1) [illegible]	–	NA	35	65	199	40
Brazil	99,988	37	9	1970	94	2.8	25	42	63	–	NA	–	NA	56	44	364	67
British Honduras	126	43	7	1970	54	3.6	19	NA	NA	1968	(1) 26	–	NA	58	36	520	89
Chile	9,597	27	9	NA	92	1.8	39	40	63	1968	26	1967	2.7	74	21	794	84
Colombia	22,164	43	11	1970	76	3.2	22	47	60	1967	(1) 27	1967	(1) 3.5	61	45	313	73
Costa Rica	1,810	34	7	1969	67	2.7	26	46	67	1969	26	1969	3.5	37	48	530	84
Ecuador	6,402	44	10	1971	76	3.4	20	47	59	1968	27	1967	3.4	40	56	263	68
El Salvador	3,696	40	10	1970	67	3.0	23	47	57	1969	26	1968	3.2	39	59	294	49
Falkland Islands	2	17	7	NA	NA	1.0	69	NA	NA	–	NA	–	NA	0	NA	NA	NA
French Guiana	50	31	7	1970	44	2.4	29	37	NA	1968	(1) 26	1967	(1) 3.3	56	30	890	72
Guatemala	5,582	43	16	1969	91	2.7	26	46	53	1970	26	1970	3.1	36	64	348	38
Guyana	746	36	8	1968	40	2.8	25	46	67	1961	26	1956	3.5	36	30	350	80
Honduras	2,843	49	16	1971	115	3.3	21	47	51	–	NA	–	NA	27	67	251	45
Mexico	53,126	42	8	1970	68	3.4	20	48	64	1969	27	1968	2.9	59	40	662	76
Nicaragua	2,010	47	15	1970	121	3.2	22	47	52	1967	(1) 26	NA	NA	48	51	433	58
Panama	1,500	37	7	1970	47	3.0	23	43	65	1968	25	1967	3.3	48	37	708	79
Canal Zone	45	16	2	1970	14	1.4	50	32	NA	1969	26	1968	1.9	6	0	1,810	NA
Paraguay	2,345	42	9	1970	84	3.3	21	46	61	1965	(1) 27	1960	(1) 3.0	36	53	243	74
Peru	14,057	42	11	1961	106	3.1	22	44	57	1965	(1) 27	1965	(1) 3.1	52	45	436	61
Surinam	410	41	7	1966	30	3.4	20	47	66	–	NA	–	NA	38	25	633	80
Uruguay	2,941	21	9	1971	49	1.2	58	28	70	1963	27	–	NA	79	21	819	91
Venezuela	11,316	40	7	1968	46	3.3	21	45	66	1967	(1) 26	1967	(1) 3.3	69	22	921	76
Caribbean Islands	25,778	34	10		65	2.4	29	[illegible]	62	–	–	–	–	45	45	457	69
Antigua	65	29	8	1970	45	2.1	33	NA	68	–	NA	–	NA	44	42	340	29
Bahamas	186	25	6	1970	35	1.9	36	NA	NA	1970	26	1970	2.8	73	16	1,880	91
Barbados	239	21	9	1970	45	1.2	58	37	72	1969	24	1969	2.7	44	25	618	98
British Virgin Islands	11	29	5	1964	67	2.4	29	NA	NA	–	NA	–	NA	NA	NA	NA	NA
Cayman Islands	11	27	6	–	NA	2.1	33	NA	NA	–	NA	–	NA	0	NA	NA	93
Cuba	8,707	27	6	1970	38	2.1	33	37	70	1966	(1) 25	–	NA	60	37	280	94
Dominica	72	36	10	1969	58	2.6	27	NA	65	1966	26	1966	3.8	19	50	300	59
Dominican Rep.	4,464	46	13	1971	98	3.3	21	47	54	1969	(1) 28	1969	(1) 3.4	42	61	343	65
Grenada	96	26	7	1969	40	1.9	36	NA	68	1969	24	1968	3.3	19	40	230	NA
Guadeloupe	339	28	8	1970	45	1.9	36	42	70	1967	29	1967	3.7	48	NA	540	88
Haiti	5,021	44	18	1970	130	2.6	27	42	47	–	NA	–	NA	19	83	90	10
Jamaica	1,928	35	8	1970	32	2.7	26	46	70	1964	25	1964	3.3	38	36	630	82
Martinique	344	27	8	1970	35	1.9	36	42	68	1967	31	1967	3.6	51	28	690	85
Montserrat	12	20	8	1970	56	1.2	58	NA	NA	–	NA	–	NA	44	NA	NA	80
Netherland Antilles	228	23	6	1968	(2) 20	1.7	41	40	74	1966	28	–	NA	48	2	1,260	NA
Puerto Rico	2,779	25	7	1970	29	1.8	39	36	72	1968	25	1968	2.5	58	10	1,358	89

See footnotes at end of table, page

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1972 (thousands)	Births per 1,000 population 1971	Deaths per 1,000 population 1971	Infant deaths per 1,000 live births		Rate of natural increase 1971 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1971 (years)	Based on registered births				Urban population 1971 (percent)	Labor force in agriculture (percent)	Per capita GNP about 1970 (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Caribbean Islands–Continued																	
St. Kitts, Nevis & Anguilla	58	24	8	1969	45	1.6	43	NA	65	1968	24	1968	3.6	44	46	320	88
St. Lucia	10[illegible]	41	7	1966	42	3.4	20	NA	63	1963	26	1963	3.7	19	48	240	52
St. Vincent	89	33	9	1969	101	2.4	29	NA	66	1964	25	1964	4.0	19	40	220	76
Trinidad & Tobago	950	24	7	1970	40	1.7	41	41	69	1968	25	1968	3.1	51	21	814	89
Turks & Caicos Islands	6	29	8	–	NA	2.1	33	NA	NA	–	NA	–	NA	0	50	NA	91
U.S. Virgin Islands	69	46	7	1970	24	3.9	18	36	69	1966	24	1966	2.9	24	1	2,967	93
Europe	703,839	17	10	1970	25	0.7	99	26	71	–	–	–	–	62	24	2,044	94
Albania	2,225	35	8	1965	87	2.7	26	42	66	1969	28	1969	3.0	34	56	571	72
Andorra	19	18	6	–	NA	1.2	58	29	NA	–	NA	–	NA	0	NA	NA	NA
Austria	7,451	15	13	1971	26	0.2	347	24	71	1969	26	1968	2.0	54	20	1,936	98
Belgium	9,718	15	12	1970	21	0.3	231	24	71	1968	26	1967	1.9	70	5	2,656	97
Bulgaria	8,565	16	9	1970	27	0.7	99	23	71	1970	24	1970	1.7	53	40	1,375	90
Channel Islands	125	13	15	1971	18	-0.2	NA	22	NA	1969	26	1967	2.2	45	NA	1,140	NA
Czechoslovakia	14,442	17	12	1971	22	0.5	139	23	70	1969	24	1969	1.6	62	19	2,240	NA
Denmark	4,955	14	10	1969	15	0.4	173	24	73	1968	25	1966	1.9	81	11	3,110	99
Faeroe Islands	41	22	8	1970	18	1.4	50	32	75	1968	25	1966	2.2	85	26	2,010	99
Finland	4,695	13	10	1971	12	0.3	231	25	69	1968	25	1967	1.7	61	23	2,175	99
France	51,480	17	11	1971	14	0.6	116	25	73	1969	26	1969	1.8	71	14	2,906	97
Germany, East (incl. East Berlin)	17,045	14	14	1971	18	[illegible]	–	23	71	1969	25	1969	1.8	74	14	2,320	99
Germany, Federal Rep. of	60,030	13	12	1970	24	0.1	693	24	71	1968	28	1967	1.8	82	9	3,027	99
West Berlin	2,089	10	19	1970	26	-0.9	–	16	71	1968	27	1967	1.4	100	–	NA	99
Gibraltar	27	22	9	–	NA	1.3	53	25	NA	1969	25	1968	1.9	100	NA	630	NA
Hungary	10,374	15	12	1971	35	0.3	231	21	69	1970	24	1970	1.5	44	24	1,530	98
Iceland	211	20	7	1970	13	1.3	53	33	75	1968	25	1967	2.2	72	35	2,351	99
Ireland	2,997	23	11	1970	19	1.2	58	30	73	1969	29	1968	2.7	47	28	1,393	98
Isle of Man	56	14	16	1970	26	-0.2		19	NA	1961	28	1961	1.9	63	9	1,420	NA
Italy	55,007	17	10	1971	28	0.7	99	25	73	1968	28	1968	1.9	54	19	1,736	95
Liechtenstein	22	20	8	–	NA	1.2	58	27	NA	1968	(1) 28	–	NA	26	NA	NA	98
Luxembourg	342	13	12	1970	25	0.1	693	22	72	1969	27	1968	1.8	74	11	2,926	98
Malta	322	16	9	1970	28	0.7	99	28	70	1969	27	–	NA	94	6	694	83
Monaco	24	9	11	–	NA	-0.2	–	13	NA	1966	(1) 27	–	NA	95	NA	NA	NA
Netherlands	13,267	19	8	1971	11	1.1	63	27	75	1969	27	1968	1.8	81	7	2,398	98
Norway	3,919	17	10	1969	14	0.7	99	25	74	1969	25	1968	1.9	43	14	2,936	99
Poland	32,852	17	9	1971	30	0.8	87	27	70	1970	25	1970	1.8	52	37	1,420	95
Portugal	9,751	18	10	1970	58	0.8	87	29	69	1969	28	1967	2.3	38	40	646	63
Romania	20,577	20	10	1970	49	1.0	69	26	69	1970	25	1970	2.1	41	49	1,200	89
San Marino	19	15	7	1970	14	0.8	87	24	NA	1969	26	1967	1.9	27	NA	NA	NA
Spain	34,300	20	9	1970	28	1.1	63	27	71	1969	29	–	NA	61	30	964	86
Sweden	8,115	14	10	1969	12	0.4	173	21	75	1969	26	1966	1.7	80	8	4,052	99
Switzerland	6,312	15	9	1970	15	0.6	116	24	71	1968	27	1967	1.8	59	10	3,261	98
USSR	246 300	18	8	1971	23	1.0	69	29	70	1970	27	1970	1.8	57	31	2,000	99
United Kingdom	55,519	16	12	1971	18	0.4	173	24	72	1969	26	1967	1.9	81	3	2,172	99
Yugoslavia	20,646	18	9	1970	55	0.9	77	28	67	1969	25	1969	1.9	28	49	902	80
Africa	327,634	47	21	1970	137	2.6	27	44	45	–	–	–	–	20	75	202	18
Algeria	14,570	50	16	1970	86	3.4	20	47	53	1963	(1) 28	1963	(1) 3.5	43	60	304	20
Angola	5,872	50	29	1970	192	2.1	33	42	36	–	NA	–	NA	15	82	210	10-15
Botswana	644	44	22	1970	175	2.2	32	41	43	–	NA	–	NA	25	91	105	20
Burundi	3,712	48	24	1971	161	2.4	29	43	41	–	NA	–	NA	3	95	64	10
Cameroon	5,995	39	18	1970	110	2.1	33	41	43	–	NA	–	NA	13	84	170	10-15
Cape Verde Islands	266	39	14	1969	121	2.5	28	42	51	–	NA	–	NA	9	40	120	27

See footnotes at end of table, page

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1972 (thousands)	Births per 1,000 population 1971	Deaths per 1,000 population 1971	Infant deaths per 1,000 live births		Rate of natural increase 1971 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1971 (years)	Based on registered births				Urban population 1971 (percent)	Labor force in agriculture (percent)	Per capita GNP about 1970 (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Africa–Continued																	
Central African Rep.	1,660	46	24	1970	163	2.2	32	42	40	1959-60	(1) 28	–	NA	25	90	135	5-10
Chad	3,842	48	24	1970	155	2.4	29	44	40	1964	(1) 27	–	NA	11	92	70	5-10
Comoro Islands	287	46	21	1971	140	2.5	28	44	44	–	NA	–	NA	3	NA	130	58
Congo	970	44	21	1970	148	2.4	29	42	43	1961	(1) 28	–	NA	31	64	249	20
Dahomey	2,592	50	26	–	150	2.4	29	45	41	1961	(1) 26	–	NA	14	84	94	20
Equatorial Guinea	299	35	22	1971	140	1.3	53	35	43	–	NA	–	NA	31	NA	270	20
Ethiopia	26,111	46	24	1970	162	2.2	32	42	40	–	NA	–	NA	9	88	69	5
French Territory of Afars & Issas	99	NA	NA	–	NA	2.5	28	NA	NA	–	NA	–	NA	57	NA	600	5
Gabon	488	35	25	1970	184	1.0	69	33	40	1960-61	(1) 28	–	NA	20	84	630	12
The Gambia	373	42	22	1971	146	2.0	35	40	43	–	NA	–	NA	10	86	125	10
Ghana	9,528	48	18	1970	122	3.0	23	47	48	1963	28	–	NA	32	56	272	25
Guinea	4,055	47	24	1971	155	2.3	30	43	40	1955	(1) 28	–	NA	12	85	80	5-10
Ivory Coast	4,493	51	27	1971	154	2.4	29	43	43	1957-58	26	–	NA	24	86	338	20
Kenya	12,539	51	17	1971	115	3.4	20	47	48	–	NA	–	NA	11	88	141	20-25
Lesotho	956	39	19	1970	137	2.0	35	39	45	–	NA	–	NA	1	98	90	NA
Liberia	1,601	50	16	1970	137	3.4	20	43	43	1970	27	1970	2.7	10	80	231	9
Libya	1,996	46	16	–	NA	3.0	23	44	54	–	NA	–	NA	27	60	1,670	27
Malagasy Rep. (Madagascar)	6,989	46	23	1966	102	2.3	30	46	43	1967	(1) 27	–	NA	14	84	120	39
Malawi	4,611	49	24	1971	141	2.5	28	45	40	–	NA	–	NA	5	81	72	22
Mali	5,279	50	27	1971	168	2.3	30	44	39	1968	(1) 28	–	NA	12	90	100	5
Mauritania	1,209	44	22	1970	137	2.2	32	42	43	1957	(1) 27	–	NA	7	90	154	1-5
Mauritius	832	27	8	1970	57	1.9	36	42	65	1970	26	1970	3.1	44	38	226	61
Morocco	16,655	49	16	1971	149	3.3	21	46	53	1956	27	1956	2.1	35	54	211	14
Mozambique	7,963	44	22	1970	140	2.2	32	40	43	–	NA	–	NA	6	69	210	7
Niger	4,026	52	22	1971	140	3.0	23	47	43	1960	(1) 28	–	NA	3	96	82	5
Nigeria	56,769	49	25	1970	157	2.4	29	45	40	–	NA	–	NA	23	80	105	25
Portuguese Guinea	566	41	29	–	NA	1.2	58	36	35	–	NA	–	NA	18	85	260	3-5
Reunion	463	30	8	1970	50	2.2	32	45	62	1967	29	1967	3.8	28	42	660	63
Rwanda	3,752	52	22	1971	133	3.0	23	45	43	–	NA	–	NA	0	95	54	10
St. Helena	5	33	10	–	NA	2.3	30	41	NA	–	NA	–	NA	NA	NA	NA	NA
Sao Tome & Principe	76	48	14	1969	80	3.4	20	33	NA	1958	27	1958	2.9	18	NA	NA	NA
Senegal	3,959	45	21	1971	158	2.4	29	42	42	–	NA	–	NA	29	74	178	5-10
Seychelles	54	32	8	1970	40	2.4	29	38	67	1969	(1) 27	1967	(1) 4.1	29	NA	NA	50
Sierra Leone	2,743	45	22	1970	136	2.3	30	42	43	–	NA	–	NA	14	75	160	10
Somali Republic	2,878	45	24	1970	154	2.1	33	46	40	–	NA	–	NA	20	89	65	5
South Africa, Republic of	22,503	41	17	1971	117	2.4	29	40	55	1963	(1) 26	–	NA	51	29	805	35
South West Africa (Namibia)	652	44	24	–	NA	2.0	35	40	40	1963	(1)(2) 27	–	NA	33	55	NA	15
Southern Rhodesia	5,862	50	15	1971	115	3.5	20	46	53	1965	(1)(2) 26	1968	(1) 1.9	18	73	269	25-30
Spanish Sahara	86	38	24	1971	155	1.4	50	42	41	–	NA	–	NA	48	NA	NA	15
Sudan	16,461	49	18	1970	121	3.1	22	45	50	–	NA	–	NA	10	78	120	10-15
Swaziland	440	48	19	1970	168	2.9	24	48	43	1965	(1) 28	–	NA	5	NA	215	36
Tanzania	13,846	47	20	1968	165	2.7	26	44	44	1957	26	–	NA	7	95	100	15-20
Togo	2,043	51	25	1961	155	2.7	26	45	40	–	NA	–	NA	14	79	144	5-10
Tunisia	5,317	38	15	1971	120	2.3	30	46	51	1965	29	1960	3.8	46	63	235	30
Uganda	10,185	45	17	1971	113	2.8	25	43	49	1959	(1) 27	–	NA	10	59	133	20
Upper Volta	5,548	49	29	1970	181	2.0	35	44	37	–	NA	–	NA	4	87	60	5-10
Zaire	18,305	44	21	1970	115	2.3	30	42	43	1957	(1) 27	–	NA	17	69	109	15-20
Zambia	4,609	50	21	1970	159	2.9	24	44	45	1968	(1) 27	1968	(1) 1.9	24	81	405	15-20

See footnotes at end of table, page

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1972 (thousands)	Births per 1,000 population 1971	Deaths per 1,000 population 1971	Infant deaths per 1,000 five births		Rate of natural increase 1971 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1971 (years)	Based on registered births				Urban population 1971 (percent)	Labor force in agriculture (percent)	Per capita GNP about 1970 (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Near East	152,297	40	14	1971	114	2.5	28	42	55	–	–	–	–	41	56	373	34
Bahrain	226	50	19	1971	138	3.1	22	45	46	–	NA	–	NA	65	9	420	29
Cyprus	639	22	6	1971	25	1.6	43	33	71	1969	(1) 27	1969	(1) 2.0	45	39	844	76
Egypt, Arab Republic of	34,473	37	17	1970	120	2.0	35	42	52	1969	30	1969	3.4	41	57	200	26
Greece	8,818	16	8	1970	29	0.8	87	24	71	1969	27	1969	1.7	49	54	1,071	80
Iran	31,187	45	15	1966	139	3.0	23	46	52	1969	(1) 27	1969	(1) 2.4	42	42	355	23
Iraq	9,868	48	15	1971	99	3.3	21	47	53	–	NA	–	NA	48	48	300	14
Israel	3,116	27	7	1970	24	2.0	35	33	73	1969	27	1968	2.6	80	9	1,487	84
Gaza Strip	350	45	18	–	NA	2.7	26	46	NA	–	NA	–	NA	83	27	NA	NA
Jordan	2,400	46	13	1971	99	3.3	21	46	54	–	NA	–	NA	47	35	286	32
Kuwait	862	42	6	1971	41	3.6	19	35	66	1968	(1) 26	1968	(1) 3.0	80	1	3,725	53
Lebanon	3,100	NA	NA	1965	59	3.1	22	45	67	–	NA	–	NA	42	55	529	86
Oman	688	50	19	1971	138	3.1	22	45	46	–	NA	–	NA	5	NA	210	NA
Qatar	82	49	19	1971	138	3.0	23	45	46	–	NA	–	NA	70	NA	1,550	10-15
Saudi Arabia	5,622	50	20	1971	152	3.0	23	44	44	–	NA	–	NA	24	72	584	15
Syrian Arab Republic	6,565	48	14	1971	93	3.4	20	46	55	–	NA	–	NA	44	66	261	31
Turkey	36,768	39	13	1971	119	2.6	27	42	57	–	NA	–	NA	39	72	257	46
United Arab Emirates	202	50	19	1971	138	3.1	22	45	46	–	NA	–	NA	48	NA	1,590	20
Yemen (Aden)	1,337	50	20	1971	152	3.0	23	44	44	–	NA	–	NA	30	78	110	10
Yemen (San'a)	5,994	50	20	1971	152	3.0	23	44	44	–	NA	–	NA	6	89	80	10
South Asia	762,030	39	16	1971	128	2.3	30	45	50	–	–	–	–	18	70	100	27
Afghanistan	17,650	49	24	1971	184	2.5	28	43	39	–	NA	–	NA	8	87	88	8
Bangladesh	75,293	43	16	1968	125	2.7	26	45	46	–	NA	–	NA	5	75	105	22
Bhutan	900	47	24	–	NA	2.3	30	NA	NA	–	NA	–	NA	4	NA	NA	NA
India	583,000	38	16	1971	128	2.2	32	45	51	1964	26	1964	2.8	20	73	~~85~~ $140 (1973)	29
Maldive Islands	116	46	23	–	NA	2.3	30	44	NA	–	NA	–	NA	12	NA	NA	NA
Nepal	11,636	45	23	1971	162	2.2	32	42	42	–	NA	–	NA	5	92	80	9
Pakistan	60,297	43	16	1961	132	2.7	26	44	50	1969	32	1969	3.9	23	59	150	16
Sikkim	208	48	29	1970	208	1.9	36	40	NA	–	NA	–	NA	6	NA	NA	16
Sri Lanka (Ceylon)	12,930	29	8	1968	50	2.1	33	40	65	1968	28	–	NA	20	49	169	75
South East Asia	296,208	40	14	1971	97	2.7	26	44	52	–	–	–	–	22	67	152	50
Brunei	138	40	6	1969	42	3.4	20	47	NA	–	NA	–	NA	47	34	1,220	43
Burma	28,549	40	17	1971	139	2.3	30	40	49	1963	(1) 28	1963	(1) 2.9	19	70	75	60
Indonesia	124,708	45	18	1971	135	2.7	26	45	48	1964	27	–	NA	17	66	105	43
Khmer Republic (Cambodia)	7,436	44	14	1962	120	3.0	23	45	52	1959	28	–	NA	12	80	111	41
Laos	3,082	42	16	1971	123	2.6	27	42	50	–	NA	–	NA	16	81	73	15
Malaysia (including West Malaysia, Sabah, and Sarawak)	11,253	38	10	1971	75	2.8	25	44	59	1967	(3) 27	1967	(3) 3.5	42	55	355	43
Philippines	40,078	44	10	1971	78	3.4	20	47	59	1971	30	1971	4.0	37	57	266	72
Portuguese Timor	619	43	25	1971	184	1.8	39	42	40	1954	(1) 30	–	NA	11	NA	110	NA
Singapore	2,157	22	5	1970	21	1.7	41	38	70	1969	27	1968	2.8	81	7	960	75
Thailand	39,043	42	9	1971	68	3.3	21	46	61	1969	(1) 28	1969	(1) 3.1	15	74	174	68
Vietnam, North	20,085	33	21	–	NA	1.2	58	43	47	–	NA	–	NA	18	80	85	NA
Vietnam, South	19,059	NA	NA	–	NA	2.6	27	41	52	1968	(1) 30	1968	(1) 1.7	25	65	175	65
East Asia	953,750	30	13	–	NA	1.7	41	36	55	–	–	–	–	33	57	365	36
China, Peoples Rep. of	779,444	31	14	–	NA	1.7	41	37	52	–	NA	–	NA	26	63	160	25
China, Republic of	15,159	27	5	1969	18	2.2	32	41	70	1968	27	–	NA	65	34	373	85
Hong Kong	4,086	19	5	1971	18	1.4	50	37	71	1970	28	1970	2.6	92	5	885	71
Japan	105,312	19	7	1970	13	1.2	58	24	73	1969	27	1969	1.6	72	17	1,904	98

See footnotes at end of table, page

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1972 (thousands)	Births per 1,000 population 1971	Deaths per 1,000 population 1971	Infant deaths per 1,000 live births		Rate of natural increase 1971 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1971 (years)	Based on registered births				Urban population 1971 (percent)	Labor force in agriculture (percent)	Per capita GNP about 1970 (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
East Asia–Continued																	
Korea, North	14,481	38	11	–	NA	2.7	26	44	59	–	NA	–	NA	39	70	246	NA
Korea, Republic of	32,746	29	10	1970	60	1.9	36	43	60	1964	29	1964	3.0	39	48	258	71
Macau	255	31	8	1971	78	2.3	30	38	58	1967	(1) 32	1967	(1) 4.1	100	NA	150	70
Mongolia	1,301	39	11	–	NA	2.8	25	44	59	–	NA	–	NA	38	59	615	95
Ryukyu Islands	966	22	5	–	11	1.7	41	35	73	1969	29	1969	2.2	57	26	1,050	76
Oceania	20,083	24	10	1970	33	1.5	46	32	67	–	–	–	–	70	19	2,137	82
American Samoa	29	35	5	1970	31	3.0	23	47	57	1967	27	1967	3.5	11	0	744	94
Australia	13,121	22	9	1970	18	1.3	53	29	72	1970	26	1970	1.9	86	8	2,649	93
British Solomon Islands	168	36	13	1969	52	2.3	30	45	NA	–	NA	–	NA	7	NA	180	NA
Cook Islands	25	41	8	1957	56	3.3	21	52	NA	–	NA	–	NA	0	72	NA	92
Fiji	552	30	5	1970	19	2.5	28	45	70	1969	26	1968	2.7	24	54	430	64
French Polynesia	123	46	9	1967	52	3.7	19	43	NA	–	NA	–	NA	30	41	1,890	94
Gilbert and Ellice Islands	58	NA	NA	–	NA	1.9	36	45	58	–	NA	–	NA	22	NA	390	90
Guam	89	34	4	1970	22	3.0	23	40	61	1967	27	1967	2.9	25	0	2,507	NA
New Caledonia	108	36	10	1970	41	2.6	27	39	NA	1968	(1) 26	–	NA	44	38	2,430	84
New Guinea	1,816	44	22	1966	173	2.2	32	42	49	1969	27	1967	1.8	5	86	300	NA
New Hebrides	87	45	20	1971	103	2.5	28	46	53	–	NA	–	NA	12	NA	430	NA
New Zealand	2,889	22	9	1970	17	1.3	53	32	71	1969	25	1968	2.1	79	13	2,165	98
Pacific Islands	96	40	9	1971	63	3.1	22	46	62	1969	(1) 26	1968	(1) 4.3	0	7	437	NA
Papua	682	NA	NA	–	NA	2.7	26	44	49	1969	27	1968	2.1	4	34	300	NA
Tonga	90	40	10	1971	81	3.0	23	46	58	–	NA	–	NA	20	NA	290	90-95
Western Samoa	150	41	8	1970	56	3.3	21	51	63	1965	(1) 28	–	NA	25	74	140	86

(1) Based on incomplete registration of births.
(2) For white and colored population only.
(3) West Malaysia only.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION						
Goal 1: Development of Adequate Demographic and Social Data						
Development of Methodology for Estimating Birth and Death Rates and Population Changes from Interview Data. Research PASA[1] with National Center for Health Statistics, U.S. Public Health, to develop techniques and methodology by which birth and death rates, and population changes can be estimated from interview data where no detailed census information is available or no registration, or incomplete registration, is in effect. Project 931-17-570-450: RA-1-66.	64 Completed Aug. 1967					
Demographic Studies. PASA[1] with U.S. Bureau of the Census to prepare a report on the population of Pakistan including population projections, demographic data, and analysis. Project 946-11-590-735; TCR-3-65.	27 Completed Jan. 1965					
Demographic Methods Handbook. PASA[1] with the U.S. Bureau of the Census to prepare a book on statistical methods which will fill demand by demographers and statisticians and serve as a basic text for training foreign demographers. Project 931-11-570-802; WOH(CA)-7-67.	28	58		8	8	([2])
Demographic Services. PASA[1] with International Demographic Statistical Center, Bureau of the Census, to store, retrieve, tabulate, analyze, and project data, so that analyses of the socioeconomic implications of alternative demographic policies will be based on more accurate projections of available data. Project 931-11-570-810; WOH(CA)-10-68.		17	393	557	766	([2])
New Florencia Workshop. PASA[1] with Bureau of the Census to improve censuses and surveys in less developed countries (LDC) for the 1970's. Procedural models have been devised for developing countries. These models are used in a worldwide workshop training program to facilitate their incorporation in national programs. Project 931-11-570-808; WOH(CA)-9-68.		15	158	129	204	([2])
Correspondence Training in Household Sample Surveys. PASA[1] with the Bureau of the Census to develop and implement correspondence training courses in specialized fields of statistical operations. Project 931-11-570-881; PASA TA(CA)-6-70.				21	134	([2])
Laboratories for Population Studies - Phase I. Contract with University of North Carolina to prepare detailed proposals for establishing two or more population studies laboratories overseas to test population measurement instruments and obtain information under controlled population conditions. Project 931-11-570-825; csd-2161.		61 Phase 1 Completed				
Laboratories for Population Studies - Phase II. Task order with the University of North Carolina to establish laboratories for population studies in collaboration with academic and research institutions overseas to be administered by local nationals. The laboratories will collect population data and experiment with data collection techniques. Project 931-11-570-861; csd-2495.			353	208	424	366
To establish the Moroccan Demographic Research Center (CERED) in Rabat. PROAG. 608-70-10.				200		
Population Data Systems. PASA[1] with U.S. Bureau of the Census to support development of adequate demographic and social data by training and advisory services to build LDC data infrastructure; also to provide adequate demographic services to AID's population program. Project 931-11-570-966; PASA TA(CA)8-72.						2,001

[1] Participating Agency Service Agreements.
[2] Consolidated into Population Data Systems project for fiscal 1972.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional—Continued						
OFFICE OF POPULATION—Goal 1—Cont'd.						
World Fertility Survey. Research grant to the International Statistical Institute at the Hague, Netherlands, in support of a program of comparative research to be conducted in conjunction with the 1974 World Population Year. Project 931-17-570-547; csd-3606.						1,043
OFFICE OF POPULATION						
Goal 2: Development of Adequate Population Policy and Understanding of Population Dynamics						
Study of the Effect of Population Growth on AID Goals. Contract with the University of Pittsburgh to prepare a report on the impact of alternative forseeable population trends upon economic development prospects and assistance needs of less developed countries, utilizing data for Pakistan. Project 946-11-590-735; csd-751.	11 Completed Jan. 1965					
Conference on Population Dynamics. Contract with Johns Hopkins University to conduct a conference to orient selected AID personnel in population dynamics, including planning and implementation. Project 946-11-590-735; csd-833.	13 Completed June 1965					
Multivariate Factors Influencing Fertility. Contract with Harvard University to develop and pretest a questionnaire schedule designed to evaluate the interrelationships of the level of living, fertility behavior, and mortality for use in the research project "Determinants of Family Planning Attitudes and Practices." Project 931-13-570-818; csd-2153.		61		Completed March 1970		
Rationale for Population Policies. Contract with National Academy of Sciences to conduct symposia to explore and define interactions between population change and economic and social development as a basis for developing a comprehensive rationale for appropriate population policies applicable to individual country situations. Project 931-11-570-817; csd-1925.		72	40		Completed July 1971	
Development Center Population Project. Grant to the Organization for Economic Cooperation and Development (OECD) to help support the operation of the Population Center at the OECD Development Center. Project 931-11-570-827; csd-2166; csd-2782.		109		100		
Population/Economic Growth Analysis. Contract with General Electric Co. to formulate suitable analytical models to assist AID Missions and host coun[illegible] [illegible]ganizations to analyze consequences of birthrates an[illegible] [illegible]r demographic rates. Project 931-11-570-016; csd-193[illegible] [illegible]d-2611.		110	24			
To provide revision and extension of the basic models and analytical materials. (Task Order No. 1.)				147		
To assist Mission in Chile in the application of analytical materials. (Task Order No. 2.)				60		
To assist five LDC expert teams in country applications. (Task Order No. 3.)					239	404
To carry out in-depth studies on issues raised by model applications. (Task Order No. 4.)					155	
To carry out detailed studies to demonstrate the advantages of lower fertility rates. (Task Order No. 5.)						265
Human Fertility Patterns - Determinants and Consequences. Research contract with Rand Corporation to analyze determinants and consequences of human fertility patterns, for use in formation of AID policy. Project 931-17-570-824; csd-2151.		143				
Improvement of Population Program and Policy Design. Contract with the University of North Carolina to analyze and						

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION–Goal 2–Cont'd.						
evaluate current systems of delivering family planning services, and to test alternative approaches in order to more effectively reach rural populations not yet receiving conventional services. Project 931-11-570-856; csd-2507.			435	1,174		
Situation Reports on Population Problems, Policies, and Programs. Contract with the California Institute of Technology to establish regional observers and compare the economic and social context of population policies and family planning programs as a sequel to the rationale for population policies under contract with the National Academy of Sciences. Project 931-11-570-858; csd-2515.			405	398	411	
International Union for Scientific Study of Population. Grant in support of the general conference of the International Union for Scientific Study of Population held at the School of Economics, London, in September 1969. Project 931-11-570-839; csd-2258.			10	Completed May 1970		
The Epidemiology of Outcome of Pregnancy in Diverse Cultures in Selected Countries. Research contract with Johns Hopkins University to conduct epidemiological studies in several countries to ascertain the epidemiology of induced abortions and its relationship to health, fertility levels, fertility control measures, demographic and socioeconomic variables. Project 931-17-570-496; csd-2246.			194			31
Determinants of Family Planning Attitudes and Practices. Research contract with Harvard University to conduct studies of the determinants of fertility patterns and family planning practices as a basis for the formulation and evaluation of policy and program planning. Project 931-17-570-497; csd-2478.			106			15
Utilization of Family Planning Services. Research contract with the Bowman Gray School of Medicine, Wake Forest University, to ascertain and evaluate factors contributing significantly towards participation in fertility limitation, and those contributing to indifference and to strong resistance to family planning; and to experiment with nonclinical health-oriented models for family planning programs. Project 931-17-580-510; csd-2512.			262		101	
Programmatic Grant to the Population Council. Project to make use of the experience and competence of the Population Council in population/family planning to assist AID to develop and implement approved programs; public information and communication activities; knowledge and insight to socioeconomic factors in determining population policies; effects of population growth on economic planning and educational goals; and need for additional and better trained specialists in population/family planning programs. Project 931-11-570-863; csd-2508; csd-2897.			1,000		1,000	1,000
Law and Population Program. Contract with the Fletcher School, Tufts University, to establish a reporting network on legal data, for subsequent publication and distribution, and to undertake studies and seminars that will provide a better understanding of the living law and legal changes as related to several countries. Project 931-11-570-880; csd-2810.				640		326
Determinants of Fertility. Research contract with Rand Corporation to develop a general theoretical statement of knowledge of the determinants of fertility, and a set of associated papers that explore elements of the theory from various conceptual, empirical, and policy points of view. Project 931-17-570-517; csd-2533.				326		
A Study of Fertility Rates and Earning Capacity of Rural Migrants in Latin America. Research contract with the Land						

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued						
OFFICE OF POPULATION–Goal 2–Cont'd.						
Tenure Center, University of Wisconsin, to determine differential fertility rates and earning capacities before and after migration, and between migrants and nonmigrants, the study to be conducted in two Latin American countries. Project 931-17-570-528; csd-2863.					223	
Cross-Cultural Research in Fertility Behavior. Research contract with American Institutes for Research to establish an International Reference Center to collect data on pregnancy termination and to conduct studies into behavioral factors associated with acceptance of new fertility control methods. Project 931-17-580-539; csd-3155.					842	
International Seminars on Population Policy Analysis. Task Order issued to the National Academy of Sciences, Washington, D.C., under a Basic Ordering Agreement, to organize approximately six international conferences and produce also a book on the subject of population policy analysis. Project 931-11-570-976; csd-3600.						317
Analysis and Evaluation of Population Policies and Dynamics. Contract with the Smithsonian Institution, Washington, D.C., to administer grants to individual analysts in U.S. and LDCs for non-biomedical, non-contraceptive analysis and evaluation. Project 931-11-570-979; csd-3598.						3,930
Statistical Research on Population Policies. Research contract with the Rand Corporation to develop specific and well designed research plans and budgets for country survey research studies. Project 931-17-570-554; csd-3690.						88
OFFICE OF POPULATION						
Goal 3: Development of Adequate Means of Fertility Control						
Research on Family Planning-Pathfinder Fund. Research contract with the Pathfinder Fund to establish a Family Planning Evaluation Center to carry out collaborative international field studies of IUD performance patterns in 40 countries and to carry out research to develop and study other means of fertility control. Project 931-17-580-478; csd-1573.	194		1,289			
Research for Development of a Once-a-Month Birth Control Pill. Research contract with the Worcester Foundation for Experimental Biology to study uterine luteolytic substances and factors which control corpus luteum function. Project 931-17-580-493; csd-2169.		109			99	
Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity. Research contract with the Population Council for research in order to develop "a nontoxic and completely effective substance or method that when self-administered on a single occasion would ensure the nonpregnant state at completion of one monthly cycle." Project 931-17-580-512; csd-2491.			3,000			
Research into the Corpus Luteum Function. Research PASA[1] with the Center for Population Research, National Institute of Child Health and Human Development, Department of Health, Education, and Welfare (HEW), to study ways of controlling the function of the corpus luteum leading towards the development of an effective and safe once-a-month contraceptive. Five major areas of study are being covered in 28 separate activities. These areas include such factors as (1) development of methods, (2) the role of female sex hormones in the initiation and maintenance of early pregnancy, (3) specific areas of control of			1,540[3]	53		

[3] Includes $30,000 deobligated in FY 1970.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION–Goal 3–Cont'd.						
corpus luteum function, (4) target effects of products of the corpus luteum, and (5) the quantitative description of the menstrual cycle. Project 931-17-580-509; RA(HA)8-69.						
Research on Reversible Sterilization. Research contract with the University of North Carolina to explore simpler and more reversible sterilization procedures by (1) undertaking studies on the biologic effects of vasectomy, (2) by developing vasocclusion devices and evaluating them preclinically, and (3) conducting preclinical studies in female tubal occlusion. Project 931-17-580-498; csd-2504.			79		135	
6th World Congress of Gynecology and Obstetrics. Grant in partial support of the 6th World Congress of Gynecology and Obstetrics held in New York City in April 1970. Project 931-11-580-870; csd-2577.				94		
Development of Releasing Factor Inhibitors as Contraceptive Agents. Research contract with the Salk Institute of San Diego, Calif., to develop a new contraceptive based on the characterization of gonadotrophin-releasing factors and development of substances which interfere with their function. Project 931-17-570-518; csd-2785.				2,255		
Development of a Combined Agent for Disease Prophylaxis and Contraception. Research contract with the University of Pittsburgh to develop an intravaginal agent, or combination of agents, which will be effective as a contraceptive as well as a prophylactic against infectious diseases. Project 931-17-570-526; csd-2822.				581		
Prostaglandin and Other Contraceptive Development Research. Research contract with the Worcester Foundation for Experimental Biology, Inc., Shrewsbury, Mass., to develop prostaglandins as contraceptives; to study the effects of progestins and antiestrogens on fertility, and the development of agents which inhibit the corpus luteum function. Project 931-17-580-520; csd-2837.				2,980		
Research on the Safety of Contraceptive Steroids. Research contract with Southwest Foundation for Research and Education, San Antonio, Tex., to test the safety in long-term use of contraceptive steroid hormones in a variety of populations. Project 931-17-570-521; csd-2821.				913		
Development of IUD and Controlled-Release Contraceptives. Research contract with the Pacific Northwest Laboratories, Battelle Memorial Institute, Richland, Wash., to develop an improved intrauterine device which is effective and will not cause bleeding, pain, or other side effects. Project 931-17-570-527; csd-2819.				150	495	
Third International Conference on Prostaglandins. Grant to New York Academy of Sciences in support of an international conference on prostaglandins held in New York City Sept. 17-19, 1970. Project 931-11-570-898; csd-2867.					60 Completed	
Studies on the Synthesis of Prostaglandins. Research contract with University of Wisconsin to develop a simplified synthesis of prostaglandins using microorganisms to simplify and reduce the cost of prostaglandin synthesis. Project 931-17-570-532; csd-2965.					227	
International Fertility Research Program. Research contract with the University of North Carolina to establish an international network of field trials centers to evaluate new methods of fertility control on a comparative basis in a spectrum of countries and cultures. Project 931-17-580-537; csd-2979.					3,106	1,800

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued						
OFFICE OF POPULATION–Goal 3–Cont'd.						
A Study on Side Effects and Mechanism of Action of Prostaglandins. Research contract with Washington University at St. Louis, Mo., to carry out controlled clinical trials on human subjects using prostaglandins as a means of fertility control and to study mechanisms of action of prostaglandins. Project 931-17-570-541; csd-3160.					293	
Surgical & Engineering Research on Means of Fertility Control. Research contract with Battelle Memorial Institute to develop simplified techniques for male and female sterilization and improved and simplified techniques and equipment for other means of fertility control. Project 931-17-570-538; csd-3152.					830	198
Research on Prostaglandins in Relation to Human Reproduction. Research contract with Makerere University, Kampala, Uganda, to further test and develop prostaglandins as a means of fertility control. Project 931-17-570-540; csd-3300.					821	
Program for Applied Research on Fertility Regulation. Research contract with the University of Minnesota to develop and administer a small grants program for new and improved means of applied fertility research to be carried out by subcontracts in U.S. and overseas institutions. Project 931-17-570-546; csd-3608.						3,350
Simplified Techniques of Fertility Control. Research contract with the Johns Hopkins Hospital and School of Medicine, Johns Hopkins University, to establish a research and training program for development and evaluation of simplified fertility control techniques suitable for use in LDCs and training of LDC physicians in up-to-date techniques of fertility control. Project 931-17-580-548; csd-3627.						2,674
Rapid Diffusion of Population Research Findings. Contract with George Washington University to provide a service of analysis of population information and rapid diffusion of population research findings to individuals working in population programs, particularly in LDCs. Project 931-11-570-981; csd-3643.						1,801
OFFICE OF POPULATION						
Goal 4: Development of Adequate Systems for Delivery of Family Planning Services						
Support to Regional Conference. Grant to International Planned Parenthood Federation (IPPF) to assist in supporting the Western Pacific Regional Conference held in Korea, May 1965. Project 946-11-590-735; csd-825.	2 Completed June 1965					
Training Resources for Nurses and Midwives. PASA[1] with Children's Bureau, Welfare Administration, HEW, to develop and administer a training program for foreign nurses, nurse midwives, and professional midwives. Project 915-11-990-039; TCR-12-65.	40 Completed June 1966					
Evaluation of Family Planning Programs. Contract with Population Council to produce a series of manuals to facilitate use of service statistics, knowledge-attitude-and-practice statistics, and vital statistics for evaluation of family planning programs. Project 931-11-580-815; csd-1185.	329				Completed Feb. 1971	
Evaulation Studies of an International Postpartum Family Planning Program. Research contract with the Population Council to test, through a large-scale experimental project, the effectiveness of the Council's international postpartum family planning program of providing family planning education and techniques to mothers following childbirth in large hospitals. Project 931-17-580-479; csd-1565.	300		300		Completed Aug. 1971	

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION–Goal 4–Cont'd.						
International Planned Parenthood Federation. Worldwide grant to strengthen IPPF's support of family planning associations and affiliates in less developed countries and provide contraceptives, medical supplies, vehicles, and audiovisual and office equipment. Project 931-11-580-838; csd-1837.		3,500	4,000	5,550	3,000	8,000
Family Planning Services - Pathfinder Fund. Grant to augment Pathfinder's capacity to make small grants in selected countries to initiate and support family planning activities including contraceptives and related equipment. Project 931-13-580-807; csd-1870.		700	2,500		2,266	4,000
Cost-Benefit Analysis of Pilot Family Planning Programs. Contract with Pennsylvania State University to undertake an empirical study of actual costs and benefits of family planning in terms of service statistics and demographic implications to learn how the effectiveness and efficiency of various technical and administrative approaches vary in different cultural, economic, and demographic contexts. Project 931-11-570-806; csd-1884.		92	6	111	14 Completed June 1971	
Expansion of Postpartum Family Planning Program. Grant to Population Council to support the rapid expansion of postpartum family planning to more large maternity hospitals in less-developed countries. Project 931-11-580-812; csd-2155.		500	750		956	607
Conference on Social Work Responsibility Relating to the Dynamics of Population and Family Planning. Contract with the Council on Social Work Education, New York City, to plan, organize, and conduct a 4-day international conference in the United States in March 1970 on the role of the social worker in population and family planning. Project 931-11-580-862; csd-2483.			160		Completed Mar. 1971	
Methodology for Evaluating Family Planning Programs. Contract with Columbia University to develop a framework for family planning program evaluation, methods, and indices for components of family planning programs, for application by evaluation units to be established within host country programs upon their request. Project 931-11-580-855; csd-2479.			88	182	1,381	
Accelerated Feedback for Family Planning Programs. PASA[1] with the National Communicable Disease Center, U.S. Public Health Service, to generate an experimental system to accelerate in feedback of service statistics to guide programmed responses by the field staff of family planning programs. Project 931-11-570-853; WOH(HA)-7-69.			10[4] Completed June 1969			
Rapid Feedback for Family Planning Improvement. Contract with the Community and Family Study Center, University of Chicago, to design improved evaluation systems in selected countries, develop new computer programs for evaluation, and conduct short-term workshops. Project 931-11-580-842; csd-2251.			175	98	399	
Field Support Technical Services. Contract with the American Public Health Association to provide technical and professional personnel for consultation to the Missions and their host countries. Project 931-11-570-877; csd-2604.				522		350
Development of Family Planning Programs of Church World Service (CWS) and Other Charitable Organizations. A grant to the Planned Parenthood Federation of America to develop and improve family planning programs assisted by Church World Service and other charitable organizations. Project 931-11-580-955; csd-3289.					3,800	4,000

[4] Includes $4,000 deobligated in FY 1970.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued						
OFFICE OF POPULATION–Goal 4–Cont'd.						
Accelerated Feedback for Guidance of Family Planning Programs. Project to improve the collection, processing and utilization of family planning services statistics through the use of computers in selected LDCs. Project 931-11-570-943. Implemented jointly through:						
(a) PASA[1] with Bureau of Census PASA TA(CA)-11-71.					43	
(b) Contract with Battelle Memorial Institute, Richland, Wash.; csd-2966.					52	
Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries. A contract with Westinghouse Electric Corp., Columbia, Md., to carry out an inventory and analysis of contraceptive production, marketing and distribution through the private sector in selected LDCs. Project 931-11-570-942; csd-3319.					226	214
Family Planning Management Information System. Contract with Management Services for Health, Inc., Cambridge, Mass., to improve the management of family planning programs through the application of modern management techniques. Project 931-11-570-951; csd-3298.					561	
Program in Voluntary Sterilization. A grant to the Association of Voluntary Sterilization, Inc., New York, N.Y., to support an action program in voluntary sterilization in those LDCs where people and organizations are ready and willing to participate in this activity. Project 931-11-580-968; csd-3611.						876
Bulk Procurement of Contraceptives. Authorization to the General Services Administration to contract for an adequate supply of suitable oral contraceptives for AID-assisted family planning programs. Project 931-11-580-982; PIO/C 3124513.						4,000
OFFICE OF POPULATION						
Goal 5: Development of Adequate Systems for Delivery of Information/Knowledge						
Prototype Pamphlets on Family Planning Programs. Contract with Jay Richter and Associates to provide an informational pamphlet on AID's population program assistance, and a program data bulletin prototype. Project 946-11-590-735; csd-1948.	3 Completed April 1967					
Proceedings of Population Symposium. Contract to edit proceedings of population symposium of the Pacific Science Congress, held in Tokyo in 1966. Project 931-11-570-003.		2 Completed Nov. 1967				
International Training Seminar in Communication Aspects in Family Planning Programs. Contract with University of North Carolina for a 2-week seminar in 1968 for family planning information leaders from the NESA, East Asia, and Vietnam areas with intensive training in structuring and carrying out communication support for family planning. Project 931-11-580-809; csd-1914.		76 Completed Dec. 1968				
Foreign Service Institute Course on Population Matters. Agreement with Foreign Service Institute to organize and conduct 1-week courses on population matters for selected State, AID, U.S. Information Agency, and Peace Corps personnel. Project 931-11-580-833.		6	([5])	([5])	([5])	([5])
Population Technical Support. Support for purchases of technical films and publications; for consultant and other backstopping costs; and for establishment of technical library and publication of annual "Population Program Assistance." Project 931-11-570-002.		42	13	173	113	198

[5] Now handled by Office of Personnel and Manpower, AID.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION–Goal 5–Cont'd.						
Family Planning Education Through Adult Literacy Programs. Contract with World Education, Inc., of New York City to encourage and implement use of population/family planning information in functional literacy programs throughout the developing world. Project 931-11-580-820; csd-2456; csd-3280.			53	295	470	1,275
World Assembly of Youth (WAY) Family Planning Conferences. Grant to the World Assembly of Youth in Brussels to support national and local conferences of youth organizations in developing countries to promote family planning. Project 931-11-570-850; csd-2271; csd-2610.			55	233	430	545
Inventory & Analysis of Information, Education and Communication Support. Contract with East-West Center, University of Hawaii, to establish a continuing inventory and analysis service covering information, education, and communications (IEC) activities, plans, and needs of population programs. Project 931-11-570-900; csd-2878.					312	
Improvement of Population Library and Reference Services in Less Developed Countries. Contract with the University of North Carolina to raise the overall adequacy of population library and reference institutions in LDCs for stronger population research, program and policy development. Project 931-11-570-857; csd-2936.					524	
Development of Institutional Capacity of IEC Support of Population Programs. Grant to the Center for Cultural Technical Interchange Between East and West, Honolulu, Hawaii, to improve and maintain institutional capability for support of information/education/communication activities for population programs. Project 931-11-570-917; csd-2977.					1,047	
Training Film in Population Field. Contract with Dick Young Productions, Ltd., New York, N.Y., to produce a 16-mm sound and color motion picture for orientation and training use in U.S. and overseas. Project 931-11-570-922; csd-3318.					43	35
Computer Assisted Instruction in Population Dynamics and Economic Development. Contract with the University of Illinois at Urbana to develop and present a computerized course in Population Dynamics and Economic Development to approximately 300 participants a year. Project 931-11-570-924; csd-2937.					281	
Midwife Promotion of and Support for Family Planning. Grant to the International Confederation of Midwives, London, England, to conduct Working Parties for education and preparation of midwives in developing countries for participation in family planning programs, and to provide assistance for the ICM Triennial Congress held in Washington, D.C., October 1972. Project 931-11-570-947; csd-2948; csd-3411.					23	675
Family Planning Support Through Home Economists. (a) Contract with the American Home Economics Association to assess needs and opportunities for home economics associations and institutions in LDCs to provide family planning concepts and information. Project 931-11-570-925; csd-2964.					118	73
(b) Contract with the American Home Economics Association to equip home economists in LDCs to promote family planning. Project 931-11-580-980; csd-3623.						709
Training Films and Related Teaching Materials Series. Contract with Airlie Foundation, Warrenton, Va., to produce three training films and concurrent teaching materials. Project 931-11-570-953; csd-3304.					394	
Expansion of Population Program Communication. Grant to University of Chicago to enable it to expand its graduate training					509	

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued						
OFFICE OF POPULATION–Goal 5–Cont'd.						
capabilities in population program communication. Project 931-11-570-958; csd-3314.						
Inter-American Dialogue Center. Grant to the Airlie Foundation, Warrenton, Va., to establish and develop a center which will organize and conduct information/education seminars on population growth matters. Project 931-11-570-985; csd-3678.						1,661
OFFICE OF POPULATION						
Goal 6: Development of Adequate Manpower and Institutional Capacity & Utilization						
Population Dynamics Unit. Grant to Johns Hopkins University to establish an academic unit within the Division of International Health; develop needed manpower in population and related disciplines; design improved procedures for program implementation; and provide consultants. Original grant extended in FY 1969 to carry out population research in selected overseas areas. Project 931-11-570-813; csd-841.	475			Terminated June 1970		
Center for Population Studies. Grant to University of North Carolina to establish the Carolina Population Center to provide both short- and long-term training facilities and consultative services to AID for development and implementation of population programs. Project 931-11-570-814; csd-1059.	268	Completed June 1968				
Family Planning Studies Unit. Grant to University of Hawaii to establish a family planning studies unit with the School of Public Health to provide training facilities for foreign participants; develop and conduct short- and long-term courses; and develop and maintain institutional capacity to provide consultant and advisory services. Project 931-11-570-822; csd-1439.	325			Terminated June 1970		
Institutional Grant to the University of North Carolina. Grant[6] to develop within the University of North Carolina specialized competency in the population and family planning field. Project 931-11-570-102; csd-1940.		2,400				
Institutional Grant to Johns Hopkins University. Grant[6] to develop within Johns Hopkins University specialized competency in the population and family planning field and in international health. Total amount of grant $1.8 million of which $1.3 million is for development in population and family planning. Project 931-11-570-101; csd-1939.		1,300				
Institutional Grant to the University of Michigan. Grant[6] to develop within the University of Michigan specialized competency in population planning in developing nations. Project 931-11-570-110; csd-2171.		1,250				
Expansion of Margaret Sanger Research Bureau. Grant to the Margaret Sanger Research Bureau of New York City to enable it to make qualitative improvements in its research and training programs, in the clinical, demographic, and administrative aspects of family planning operations. Project 931-11-570-875; csd-2790.				1,035		110
University Overseas Population Internships. Contract with University of North Carolina to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 931-11-570-882; csd-2830.				939		
University Overseas Population Internships. Contract with the University of Michigan to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 931-11-570-893; csd-2831.				933		

[6] Authorized under Section 211(d), Foreign Assistance Act 1966.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION–Goal 6–Cont'd.						
University Overseas Population Internships. Contract with Johns Hopkins University to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 931-11-570-894; csd-2832.				990		
University Services Agreement. Grant to Johns Hopkins University to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 931-11-570-916; csd-2956.					717	223
University Services Agreement (University of Michigan). Grant to University of Michigan to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 931-11-570-923; csd-3321.					1,089	
University Services Agreement (University of North Carolina). Grant to University of North Carolina to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 931-11-570-956; csd-3325.					1,083	1,145
Expansion of Harvard University Center for Population Studies. Grant to the Center for Population Studies, Harvard University, to provide an expanded program of training, research and public service. Project 931-11-570-891; csd-3290.					1,458	
Clinical Training of Nurse-Midwives in Family Planning. Grant to the Research Foundation of the State University of New York, to expand its program of family planning clinical training of nurse-midwives from LDCs. Project 931-11-570-918; csd-2940.					1,176	
International Development of Qualified Social Work Manpower for Population/Family Planning Activities. Contract with the International Association of Schools of Social Work, New York, N.Y., to introduce relevant population/family planning content into social work curriculums and prepare LDC social workers for more effective service in population. Project 931-11-570-948; csd-2971.					963	
Institutional Development for Family Planning. Grant to the University of Hawaii to develop the School of Public Health into a comprehensive academic center for family planning training, research, and advisory services. Project 931-11-570-952; csd-3310.					774	
Advanced Training to Develop a Leadership Cadre in Preventive Social Work. Contract with the University of Michigan to develop and provide advanced training in social work with a population/family planning specialty relevant to LDC schools of social work. Project 931-11-570-959; csd-3313.					475	
Management of Population Institutional Development Programs in LDCs. Grant to the Population Council to develop professional population/family planning expertise in selected LDCs' research and training institutions. Project 931-11-570-967; csd-3435.						859
Family Planning Orientation. Contract with the Planned Parenthood Association of Metropolitan Washington, D.C. to establish a family planning orientation and demonstration unit. Project 931-11-580-977; csd-3621.						191
Office of Population–total	2,079	10,623	17,398	22,055	35,270	49,355

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional—Continued						
OFFICE OF HEALTH						
Medical Education-Association of American Medical Colleges. Support for a contract with the Association of American Medical Colleges which provides technical advice and information on matters relating to international medical education including training in family planning. Project 931-11-540-212; csd-2587.					24	27
Institutional Development and Program Grant (Family Health, Inc.). A grant to Family Health, Inc., New Orleans, La., to develop its capability to provide a variety of services to collaborating institutions in LDCs concerned with family planning programs. Project 931-11-580-957; csd-3311.					954	
Development and Evaluation of Integrated Systems for Health, Family Planning and Nutrition. Contract with the American Public Health Association to undertake the development and evaluation of integrated delivery systems for health, family planning and nutrition. Project 931-11-589-971; csd-3423.						1,155
Teaching Community Medicine, Including Family Planning and Public Health. Partial funding of contract with Harvard University to organize and conduct training courses in teaching methods and curriculum design for LDC instructors including teachers of family planning. Project 931-11-540-975; csd-3613.						22
Role of Voluntary Health Organizations. Partial funding of contract with American Public Health Association to develop and test methodology for strengthening indigenous voluntary health organizations and professional associations to support national objectives in health and population. Project 931-11-590-890; csd-2801.						151
Office of Health—total					978	1,355
OFFICE OF INTERNATIONAL TRAINING						
Training Program for Vital Statistics and Measurement of Population Change. PASA[1] with National Center for Health Statistics, U.S. Health Service, HEW, to develop and administer a training program in vital statistics registration, and analysis and estimation of current population change, including training. Project 926-11-570-038; IT-1-68.	132	38	40	42	59	59
Family Planning Seminars and Facilities. Project emphasizes individually tailored training programs, each geared to meet training requirements of professionals in the population, family planning, and related field. Project 926-11-580-045:						
(a) 1-week seminar at Columbia University for participants from the 6th World Congress of Gynecology and Obstetrics.				40		
(b) Planned Parenthood of Chicago—providing management and operational expertise in all areas of family planning, including administration, personnel management, volunteer workers and community relations; csd-2894.					139	119
(c) University of Connecticut—providing 11-15 week courses for training of trainers.						93
(d) Worldwide Training Program—providing opportunity for training at the request of the field or AID/Washington (AID/W) for participants from countries where there are no AID Missions.						14
Management of Population Programs. Contract with Governmental Affairs Institute of Washington, D.C., to provide a range of expertise required for the administration of national family planning programs. This project is directed at upper and middle-level management. Project 926-11-580-048; csd-2876.				121	202	113
Population Impact on Technical Training Programs. Contract with Governmental Affairs Institute, Washington, D.C., to						

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF INTERNATIONAL TRAINING–Cont'd.						
organize a series of one-week seminars for non-population participants in the U.S. to give them an awareness of the population problem concepts, with special emphasis on the third world. Project 926-11-570-050; csd-2789.				101	146	88
Population/Family Planning Training in Puerto Rico. Task Order under contract with the University of Puerto Rico to conduct 3-day seminars to provide an awareness of population growth in relation to economic development for participants receiving training in Puerto Rico. Project 926-11-580-051; la-403.						17
Office of International Training–total	132	38	40	304	546	503
AID/W OTHER	524	435	1,431	1,932	2,536	3,265
U.N. FUND FOR POPULATION ACTIVITIES		500	2,500	4,000	14,000	29,040
AFRICA–						
Country projects:						
Ethiopia:						
Study of Births and Deaths. Portion of Public Health Demonstration and Evaluation Project dealing with registration of births and deaths in sample households. (663-11-530-055)	23 Completed Sept. 1967					
Demographic Planning. Consultant services to prepare recommendations for grant assistance to family planning and demographic studies in Addis Ababa and selected provinces, and to provide a demographic advisor. (663-15-570-165)				1	30	
Training in MCH Care. To assist Imperial Ethiopian Government to expand an integrated health delivery system which will include maternal child care and family planning. (663-11-513-170).						36
Ghana:						
Family Planning and Demographic Data Development. Three-year project to provide technical and financial support for sample demographic survey, University of Ghana. (641-15-570-051).		130	98	20		
Danfa Rural Health-Family Planning Program. Contract with the University of California (Los Angeles) to establish a demonstration family planning/maternal and child health program at Danfa (641-11-580-055).			21	770	393	67
National Family Planning Program Supplies. Five-year project to provide commodity support for the National Family Planning Program. Project provides full support for 2 years with decreased graduated support over remaining 3 years. (641-15-580-065).					215	476
Population Program Support. Project provides support for participant trainees to upgrade technical capabilities of National Family Planning Program personnel. (641-15-580-064).					35	107
Kenya:						
Population Dynamics. To provide an audiovisual expert, a demographer, and a computer programmmer for the family planning program in Kenya. (615-11-580-141).			133	164	141	478
Liberia:						
Demographic Household Survey. A 5-year project to develop demographic data by household surveys. (669-11-570-109).		14	184	200	141	213

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
AFRICA–Continued						
Country projects–Cont'd.						
Maternal Child Health/Family Health Training. Agreement with HEW to provide a public health nurse and a nurse-midwife supervisor for the maternal and child health/family health program. (669-11-580-110).			95	94	81	95
Morocco:						
Population/Family Planning. Project provides equipment and supplies to maternal and child health/family planning program and health education, and also to provide services of a cartographer, a demographer, and a computer programmer. (608-11-580-089).			156	170	90	14
Demographic Research Center. Established demographic research center to experiment with various methodologies for data gathering and information dissemination. (608-11-570-109).						269
Population-Family Planning. Assists Government of Morocco with census and family planning program, especially with training of personnel. (608-11-580-089).						134
Tunisia:						
Family Planning. Joint support by the Government of Tunisia, Ford Foundation, Population Council, U.S. Public Health Service, and AID for project to reduce population increase by developing institutional capacity for family planning through a National Family Planning Bureau. The program includes family planning services utilizing all standard contraceptive techniques. (664-11-580-224).		260	223	665	858	884
Program Assistance Grant. In support of International Development Authority loan for renovation and operating costs of maternal and child health/family planning centers.						3,000
Uganda:						
Agreement with the Bureau of the Census to provide a data processing specialist for 2 years. (617-11-780-051).			73	25	32	
Maternal-Child Health Training. Contract with University of California at Berkeley to provide training of personnel in Maternal and Child Health techniques and family planning at Makerere University for regional hospitals and rural family health centers. (617-11-570-057).				375	68	125
Zaire:						
Maternal Child Health/Family Planning. To develop Government of Zaire family planning delivery system by providing maternal and child health/family planning training and formalizing distribution network for family planning information and materials. (660-11-531-049).						610
Regional projects:						
Participation in IPPF Conferences. Support by certain country missions for participants to attend the International Planned Parenthood Federation conferences in Copenhagen in 1966 and in Santiago in 1967.	30	Completed				
Pathfinder Fund Activities. Support for family planning activities carried on by Pathfinder Fund in a number of African countries. (698-11-580-189)		250	Completed			
Regional Population Support. Provides AID backstopping for field activities, translation of information materials, and regional population officers covering all of Africa, stationed in Ghana. (698-11-580-166)		9	24	151	297	421

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
AFRICA–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Regional projects–Cont'd.						
Regional Demographic Survey Workshop. Agreement with the Bureau of the Census to carry out demographic sampling survey workshops for training of African statisticians. (698-11-570-337)			97	28	10 Completed	
Census Data Analysis. Contract with Northwestern University to analyze data obtained in census of Douala and Yaounde, Cameroon. (625-11-570-512)			36	Completed Sept. 1969		
Regional Population Planning, Population Council. Grant to the Population Council to assist African programs in demography, census and family planning programs. (698-11-580-346)			300		600	275
Population Census and Demographic Studies. Agreement with Bureau of the Census to assist African countries in carrying out demographic activities in coordination with Economic Commission for Africa and United Nations Fund for Population Activities. (698-11-570-361)					16	
University Teaching of Population Dynamics. Contract with University of North Carolina to assist in establishment of Population Centers in selected African Universities. (698-11-570-360)					1,034	
Maternal and Child Health Extension. Contract with University of California Extension to improve maternal and child health services and to include child spacing activities in selected African countries. (698-11-580-358)					1,414	1,163
Maternal and Child Health/Family Planning Training and Research Center Development. Grant to Meharry Medical College, Nashville, Tenn., to develop center to improve American competence to assist African countries in maternal and child health/family planning and provide training in it to African scholars. (698-11-580-373)					2,231	
Special Population Activities. Provided support for various population activities such as training, assistance to maternal and child health/family planning clinics, and the supply of vehicles or other equipment in five countries, namely Botswana, Burundi, Dahomey, Mali, and Mauritius. (698-11-580-500)					97	113
Labor Project. Grant to the African-American Labor Center for motivating and developing a program of African Trade Union involvement in family planning and maternal and child health activities. Four regional seminars and pilot projects involving six countries planned. First seminar held in the Gambia in September 1972. (698-11-490-363)						65
University Center for Health Sciences. Grant to assist a multi-donor project for the development of a regional institution for training physicians and other health workers in a fashion relevant to the African setting. (625-11-550-531)						2,500
Marketing Research-Population. To test the effects of an intensive marketing campaign upon acceptance and use of non-medical contraceptives in a selected rural area of Kenya and to determine the potential role of the commercial/private sector in the promotion of family planning. (698-11-570-374)						165
Family Planning Courses in Health Training Institutes. To assist African Health Training Institutions to increase/improve their capacity for teaching family planning. (698-11-580-359)						57
Country projects–total	53	404	983	2,484	2,084	6,508
Regional projects–total		259	457	179	5,699	4,759
Africa–total	53	663	1,440	2,663	7,783	11,267

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
EAST ASIA–						
Country projects:						
Indonesia:						
Family Planning Program. To support a national family planning program by integrating family planning services into existing health facilities. Major organizations receiving support include the National Family Planning Institute, Armed Forces Medical Division, Indonesian Planned Parenthood Association, Muhammadijah Council of Churches, and the Ministry of Health. (497-15-580-188)		270	1,500	430	1,759	2,686
Korea:						
Health and Family Planning. To assist Korean family planning program by providing funds for direct hire of family planning technicians, consultants in vital statistics training, public school education, and teaching methodology; commodities for training in public health; and participant training. (489-11-580-649)	151	1,491	1,200	888	1,660	436
Laos:						
Maternal and Child Health. To assist the Lao Government in improving health care to mothers and infants and to introduce family planning techniques. First phase of the program concentrated on developing trained medical personnel as a foundation for a nationwide maternal child care and family planning program. Other assistance has been in the form of providing family planning technicians, participant training, construction and renovation of facilities, and commodities. (439-11-570-081)			990	1,112	925	500
Philippines:						
Reprints and travel.	60					
Population Planning. To fund family planning activities through the Asian Social Institute; City Health Departments in Angeles City, Davao City, and Manila; Project Office of Maternal and Child Health of the Department of Health; Philippine National Land Reform Council; Philippine Rural Reconstruction Movement; University of the Philippines (UP); Population Institute; U.P. College of Medicine; U.P. Institute of Hygiene; Institute of Maternal and Child Health: Silliman University Medical Center; and the Province of Laguna. (492-11-570-220)	210	1,064	1,400	4,948	5,000	6,290
Thailand:						
Family Planning Clinics. To provide equipment for 40 family planning research clinics in provincial hospitals.	25					
Family Planning. To provide family planning technicians, commodities, participant training, and improved and expanded family planning training. Family planning services are now offered to some extent in all 71 provinces. (493-11-580-209)		650	1,298	1,295	1,395	1,600
Regional projects:						
Family Planning Seminar. Grant to Economic Commission for Asia and Far East (ECAFE) for family planning seminar.	25					
Asian Family Planning Assistance. To assist the Population Council to expand its family planning program in East Asia and Vietnam. (498-11-580-200)	325	325	525	600	800	800
East-West Center Population Institute. To establish in East-West Center, University of Hawaii, a program for Asians and Americans to study population dynamics in Asia and the Pacific area. (498-11-580-200; ea-32)		1,000	1,083		1,000	750
Colombo Plan. To provide a population advisor to the Colombo Plan and to support a population-family planning				17	50	50

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
EAST ASIA–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Regional projects–Cont'd.						
program consisting of seminars, workshops, and population educational activities in member countries. (498-11-580-200)						
Regional Development (RED). To finance a secretariat for nine southeast Asia countries to develop regional population-family planning programs. (498-11-580-200)				6	65	201
Seminars and Conferences. To promote population concepts and programs and stimulate Asian Institutional involvement in family planning.					27	25
Country projects–total	446	3,475	6,388	8,673	10,739	11,512
Regional projects–total	350	1,325	1,608	623	1,942	1,826
East Asia–total	796	4,800	7,996	9,296	12,681	13,338
NEAR EAST AND SOUTH ASIA–						
Country projects:						
Afghanistan:						
Population Family Planning. To assist in building a stronger base for strategy planning, decision-making, and program implementation in population/family planning activities. A university team under a long-term contract will initiate this process by conducting, with Afghan assistance, a sample census survey of the population. (306-11-570-110)		10	87	130	1,740	275
India:						
Population-Family Planning. To assist the Indian Government to accelerate its population-family planning program by providing a 19-man U.S. advisory staff; a training program in the U.S. and in other countries; local currency for key research and demonstration activities; and in fiscal 1970, granting $20 million for U.S. imports in order for the Indian Government to spend an equivalent amount for rupee local currency. (386-51-580-332; 386-1642)	127	[7]7,721	730	20,318	540	512
Nepal:						
Population Family Planning. To assist the Nepalese Government to develop and expand the organization necessary to initiate a nationwide population-family planning program by providing advisory services, training in the U.S. and in other countries, and selected equipment and supplies. (367-11-580-096)		299	222	413	706	310
Pakistan:						
Population-Family Planning. To assist the population-family planning project through commodity support and by strengthening the government's program in training, evaluation and planning, and improvement of demographic statistics. (391-11-580-256)	210	1,031	2,297	2,000	2,078	282
Turkey:						
Family Planning. A development loan to purchase U.S. vehicles for use by the Turkish family planning program in rural areas, and for vehicle maintenance and audiovisual equipment; technical assistance in demographic education. (Loan 227-H-068; 277-11-580-595)	2,100				77	
CENTO:						
Population-Family Planning. To finance training of leaders of family planning programs from Iran, Pakistan, and Turkey; also preparation for CENTO (Central Treaty Organization) workshops and seminars. (290-11-580-250)			13	47	40	16

[7] Includes $2.7 million loan to India for program vehicle parts.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
NEAR EAST AND SOUTH ASIA–Continued						
Regional projects:						
Family Planning Expansion. Grant to Pathfinder Fund to assist private organizations in countries in Near East and South Asia to expand family planning operations. (298-15-580-010)		350	270			350
Postpartum Program in India. Grant to Population Council to support a postpartum family planning program in 150 hospitals. (298-15-580-019)		100				100
Family Planning Training. Grant to Planned Parenthood Association, Chicago, training program to provide training in Chicago to family planning professionals at varying levels of education and competence. (298-13-995-015)		200				
Middle East Population Center Study. Grant to American University in Beirut to study possibility of a population center in Middle East. (298-13-995-015)		5				
Colombo Plan Advisor. To support a Population Advisor to the Colombo Plan countries. (298-15-580-019)			30			40
Family Planning and Health Services. A 5-year study by Johns Hopkins University on integration of family planning with rural health services in India. (298-15-590-017)			575		630	908
Middle East Survey. To survey demographic patterns, socioeconomic factors, and family planning policies in Middle East countries. (298-15-590-019)			86		29	
Research Triangle Institute. Contract with Research Triangle Institute to undertake information and data synthesis and analysis as assistance to regional strategy planning. (298-15-590-019)				277	480	
Regional Family Planning. Consultants.			2			
Population/Family Research in the Middle East. Grant to American University in Cairo to support a 3-year research program. (298-15-580-109)					270	
Introduction of Family Planning in Rural Health Clinics. Contract with Medical Assistance Programs, Inc., to integrate family planning into basic health services. (298-15-580-110)						107
Country projects–total	2,437	[7]9,060	3,349	22,908	5,181	1,379
Regional projects–total		655	963	277	1,409	1,521
Near East-South Asia–total	2,437	[7]9,716	4,312	23,185	6,590	2,900
LATIN AMERICA–						
Regional projects:						
Latin America Demographic Center. Grant to the Latin American Demographic Center (CELADE), Santiago, Chile, to strengthen demographic research in Latin American institutions, support field studies and research projects and teach demography to Latin American trainees. (598-15-570-459; AID/la-200 and AID/la-603)	240	294	361	316	300	
Demographic Research and Training. Grant to the University of California to provide consultation, technical advice, and assistance by performing research in demography and improving the quality and increasing quantity of demographic expertise. (598-15-990-438; AID/la-247)	164 Completed					
Sociological Study of Family Structure. Grant to the University of Notre Dame to provide assistance to selected institutions in developing and conducting studies in population dynamics and family structures. (598-15-570-455; AID/la-309)	417	96	Completed			

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
LATIN AMERICA–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Regional projects–Cont'd.						
Assistance to Latin American Family Planning. Grant to the International Planned Parenthood Federation (IPPF) Western Hemisphere to support family planning organizations and programs in Latin America. (598-15-580-457; AID/la-308 and AID/la-523)	346	500	1,964	1,750	2,000	
IPPF Conference. Grant to International Planned Parenthood Federation for partial costs of International Conference in Family Planning held in Chile April 1967. (598-15-990-457; AID/la-468)	100	Completed				
Research and Analysis of Population Growth in Latin America. Grant to the Population Council to expand analytical activities relating to population growth problems and to sponsor research studies, pilot projects, consultation on problems of research design, and data collection and analysis. (598-15-570-456; AID/la-286, AID/la-549 and AID/la-604)	400	300	993	1,115	891	1,884
Assistance to Country and Regional Postpartum Projects. Grant to the Population Council to expand its support to hospitals providing postpartum family planning information and services. (598-15-570-456; AID/la-550)		525	619	720		
Research Training in Population Dynamics with Relation to Public Health and Medical Care. Grant to the Pan American Health Organization (PAHO) to develop and carry out a program in population dynamics and its relationship to public health and medical care and support development. (598-15-570-470; AID/la-430, AID/la-547, AID/la-551, and AID/la-552)	175		2,346	553	2,750	
Study of Family Size and Family Growth. Grant to the Latin American Center for Studies of Population and Family (CELAP) to conduct research in sociology, psychology, and anthropology focused on family size and population growth. (598-15-570-460; AID/la-266)	560	200	230	350		
Research, Training and Production of Educational Audiovisual Materials. Grant to the Colombian Institute for Social Development (ICODES), a private, nonprofit organization, for production of movie film and two film strips on the role of family planning in social development. (598-15-990-438; AID/la-298)	40	Completed				
Communications Techniques in Population Programs. Contract with Design Center, Washington, D.C., to furnish a report on communications channels and techniques as related to population program support. (598-15-990-425; AID/la-232)	2					
Sociological Research in Rural Areas. Grant to the Federation of Institutes for Sociological Research of Latin America (FERES), a private, nonprofit organization to carry on research in the rural areas among the clergy, community leaders, and women of various social levels. (598-15-990-438; AID/la-417)	140		Completed			
Translation and Distribution of Population/Family Planning Informational Materials. Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials region-wide. (598-15-530-477)		100	54	62	65	140
Advisory Services. Project provides for the development and evaluation of innovative family planning programs, especially in the field of education, information, and communication, and for consultants' services and seminars related to implementation of population programs. (598-15-570-438; AID/la-672; LA(HA17-69; AID/la-123)	34	29	53	153	784	1,412
Assistance for Regional Organization for Central America. Program for Health and Demographic Studies. (596-15-570-023)	243	424	186	260	209	

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS–Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
LATIN AMERICA–Continued						
Regional projects–Cont'd.						
Assistance to Latin American Family Planning Services. Grant to The Pathfinder Fund to increase support to interested nonaffiliated institutions and individuals by making available small amounts of financial assistance and contraceptive supplies. (598-15-570-471; AID/la-599)			300		800	
Demographic and Family Planning Training and Development of Audiovisual Materials. Grant to the Pan American Federation of Associations of Medical Schools to conduct seminars in the teaching of demography in medical schools (inclusive of family planning) throughout the region, to conduct workshops in teaching of family planning in obstetrics and gynecology courses, and to develop audiovisual materials for teaching population dynamics and family planning in medical schools curriculums. (598-15-580-479; AID/la-605)			150	241	362	475
Country project–total	1,539	5,457	3,071	5,437	7,085	7,223
Regional project–total	2,861	2,468	7,256	5,520	8,161	3,911
Latin America–total	4,400	7,925	10,327	10,957	15,246	11,134
SOUTH VIETNAM–						
Family Planning - Population Council. To finance Vietnam portion of the East Asia-Vietnam contract, enabling Population Council to expand its training, conference, and assistance programs in Vietnam. (730-11-590-200; ea-8)	50	50				
Administration and Health. To provide funds to support various population/family planning activities in the following projects:						
(a) Statistical Services. (730-11-780-341)						78
(b) National Institute of Administration. (730-11-770-345)						193
(c) Public Health. (730-11-530-347)						17
(d) Public Health Services. (730-11-530-348)						236
(e) Health Logistic Support. (730-11-590-350)						250
Population/Family Planning. Assistance to the Ministry of Health (MOH) to establish at least one family planning clinic in each province; to supply information to Vietnamese officials to demonstrate the economic and health benefits of fertility reduction; to provide training programs for Vietnamese personnel; and to assist in carrying out public information programs. (730-11-580-405)				180	238	334
South Vietnam–total	50	50		180	238	1,108

Names and Addresses of Private Organizations

The Asia Foundation
550 Kearney Street
San Francisco, California 94108

CARE
660 1st Avenue
New York, New York 10016

Church World Service
475 Riverside Drive
New York, New York 10027

The Ford Foundation
320 East 43rd Street
New York, New York 10022

International Planned Parenthood Federation
18-20 Lower Regent Street
London SW1, England

Lutheran World Relief
315 Park Avenue South
New York, New York 10010

Mennonite Central Committee
21 South 12th Street
Akron, Pennsylvania 17401

Milbank Memorial Fund
40 Wall Street
New York, New York 10005

Oxfam
274 Banbury Road
Oxford, England

Oxfam of Canada
97 Eglinton Avenue
Toronto 12, Ontario
Canada

The Pathfinder Fund
1575 Tremont Street
Boston, Massachusetts 02120

The Population Council
245 Park Avenue
New York, New York 10017

Population Crisis Committee
1730 K Street, NW
Washington, D.C. 20006

Population Reference Bureau
1755 Massachusetts Avenue, NW
Washington, D.C. 20036

The Rockefeller Foundation
111 West 50th Street
New York, New York 10020

The Tinker Foundation
645 Madison Avenue
New York, New York 10022

Unitarian Universalist Service Committee
78 Beacon Street
Boston, Massachusetts 02108

World Assembly of Youth
39-41 Rue d'Arlon
Brussels 4, Belgium

World Education, Inc.
667 Madison Avenue
New York, New York 10021

World Neighbors
5116 N. Portland Avenue
Oklahoma City, Oklahoma 73112

World Population Grov

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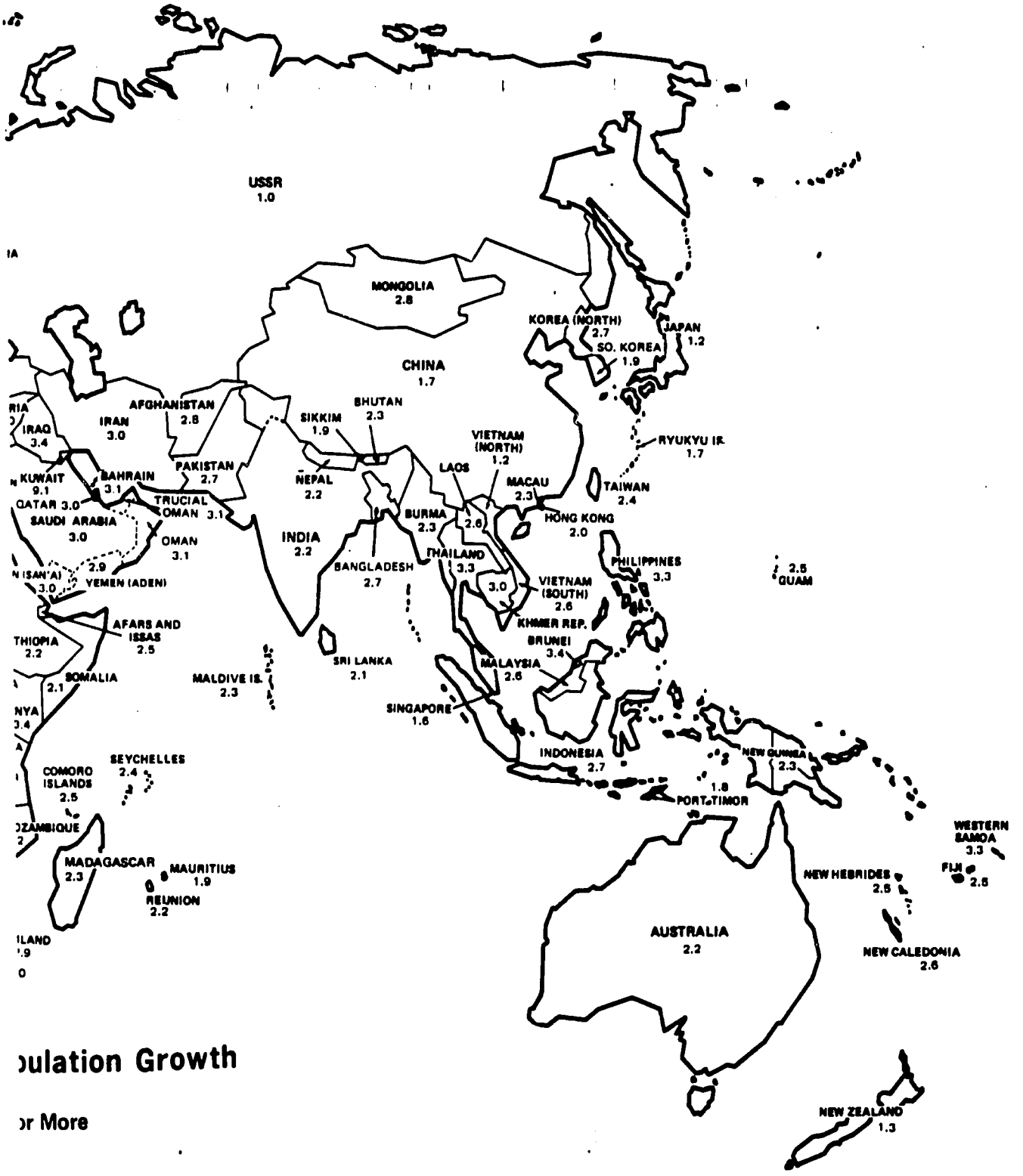
Source: SESA/BUCEN/IDSC- AID/PHA/POP,
Washington, D.C., September, 1972

th Pattern, 1971

Dr. Karan Singh
Minister of Health & Family Planning
India



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to 2.9%

:o 1.9%

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