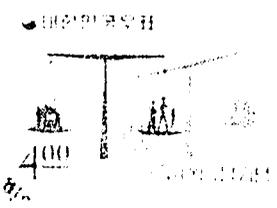
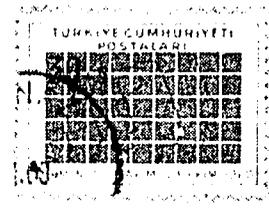
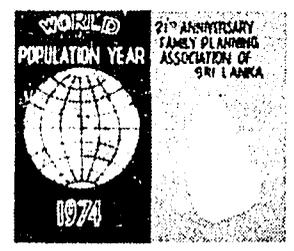
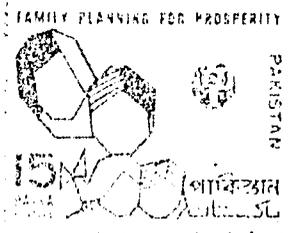


Population Program Assistance

United States aid to developing countries



Annual Report

Fiscal Year
1973

Office of Population

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

Population Program Assistance

United States aid to developing countries

- **Demographic and Economic Analysis**
- **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**

MAY 1974

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Preface

This annual report of the Office of Population, Bureau for Population and Humanitarian Assistance, Agency for International Development, reviews activities for the period July 1, 1972, through June 30, 1973.

Previous annual reports gave a comprehensive view of the support that is being given to population and family planning programs of the developing countries, not only by the United States but also by other countries and numerous international and private agencies. The current annual report concentrates on United States assistance under "Title X--Programs Relating to Population Growth" of the Foreign Assistance Act of 1961, as amended in 1968, to such overseas programs, as extended either directly through U.S. AID Missions or indirectly through multilateral and nongovernmental agencies. To provide perspective to the reader, a considerable amount of supplemental background data on population programs in assisted countries is included. In the summaries, only those countries are covered that directly or indirectly receive AID population program assistance.

- An overall summary of fiscal 1973 activities of the Office of Population.
- A review of specific activities of the Office's six functional divisions.
- A review of contributions to the world population program effort by the United Nations and private organizations that work closely with and whose efforts are supported by AID.
- Summaries of population and family planning program activity in regions and countries which AID, through the Office's four area divisions, is assisting.
- Latest demographic data on all countries of the world.
- Summary of AID projects in population and family planning, covering the fiscal years 1965 through 1973.

The report was prepared by the Office of Population and assembled and edited by its Information, Education, and Communication Division. Demographic data was prepared by the United States Bureau of the Census, working in cooperation with the Agency's Statistics and Reports Division of the Bureau for Program and Management Services.

Special acknowledgement is made of the cooperation and information provided by other agencies, including the United Nations and such private organizations as the International Planned Parenthood Federation, the Association for Voluntary Sterilization, Family Planning International Assistance, The Pathfinder Fund, and the Population Council. Special thanks also is made for the photographs and other illustrative material supplied by AID missions, private family planning organizations, and other groups and individuals.

World population statistics presented in this report 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.

Special terminology used in the demographic tabulations includes:

Infant deaths per 1,000 live births. Refers to liveborn 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.

AGENCY FOR
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COVER: Depicted on the cover are representative postage stamps issued by developing countries to draw attention of citizens to their family planning policies and programs. Most such stamps emphasize the ideal of a two-child family. Among developing countries that have issued family planning stamps are Afghanistan, Chile, Republic of China (Taiwan), Egypt, India, Indonesia, Iran, Korea, Pakistan, Philippines, Sri Lanka, Tunisia, and Turkey. Many others, such as Turkey and Brazil, have issued stamps focusing on their national censuses (whose accumulation of demographic data are a basis for establishing population policies and programs).

Latin America (Cont'd)

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Summary

Annual Report, Fiscal 1973 OFFICE OF POPULATION

Fiscal year 1973 was a year of heightened awareness of the crisis proportions of the world population problem. Emerging demographic data continued to show that many populations were multiplying at alarming rates. The threat of rapid resource depletion became more clearly apparent. Looming energy shortages added to the growing evidence of modern man's inability to sustain himself in ever-expanding numbers.

It was the ninth year that the United States, through the Agency for International Development, gave increasingly substantial assistance to the developing countries to help them achieve a better balance between resources and people.

AID's population program, since its beginning in fiscal 1965, has become the world's foremost source of such assistance. The Agency's contributions to population and family planning program efforts of developing countries in fiscal 1973 totaled \$125.6 million, making up an important part of the total world population program assistance from all sources, estimated for the year at about \$180 million.

AID's population program assistance is extended through the Office of Population of the Bureau for Population and Humanitarian Assistance. The work is performed under authority of "Title X - Programs Relating to Population Growth," of the Foreign Assistance Act of 1961 as amended in 1968 by the 90th Congress. The endeavor reflects the Nation's recognition that developmental assistance to the emerging nations, such as the United States and others have been providing for several decades, cannot achieve desired improvements in per capita income, nutrition, education, housing, health, and general living levels unless rates of population growth are brought into reasonable relationship with available resources and rates of resource development.

The period is historic in that it is the first time that the United States Government has engaged in an endeavor as sensitive, complicated, and difficult as that of helping other countries to reduce their rates of human reproduction.

What can be reported at this time as to progress being made?

- There is growing recognition, worldwide, of the urgency of the problem. There is growing belief that the goal must be not merely to prevent a doubling of population but the much harder task of trying to hold population as closely as possible to the current level—for the world's population already may be larger than can be durably supported by the world's resources.

- Much is being accomplished to set in motion the action programs that are required to slow population growth. Ten years ago comparatively few nations and organizations were tackling the problem. Today there are many. Public and private participation is growing. The technical methods available for people to practice family planning have been improved and made much more available. The threat of overpopulation remains grave but there is hope in the fact that many more people are electing to have smaller families.

- Finally, there is increasing evidence that nations, with determined effort, are able to slow their population growth. Progress toward development of effective population policies and family planning programs is evident in many developing countries, especially the People's Republic of China, Indonesia, Thailand, the Philippines, Colombia, and Costa Rica. On a world basis, during the last decade an accelerating decrease in birth rates has overtaken the decreasing death rates, yielding a slight decline in the rates of population growth. This is a general phenomenon, unmatched in any previous decade. Of 79 countries for which birth rates are available for 1960 and 1972,

65 countries- or 82 percent experienced a decrease in birth rates during the decade.

This annual report, then, is both a statement of the Agency's specific activities in the field of population and family planning program assistance during the 1973 fiscal year and an inventory of the progress that appears to be emerging from the expanding efforts, worldwide, in which for nearly a decade AID has been a foremost innovator, participant, and resource.

The report gives emphasis to these five principal program determinants:

- Policy development
- Organization and personnel
- Fiscal resources
- Technology
- Strategy

Policy development

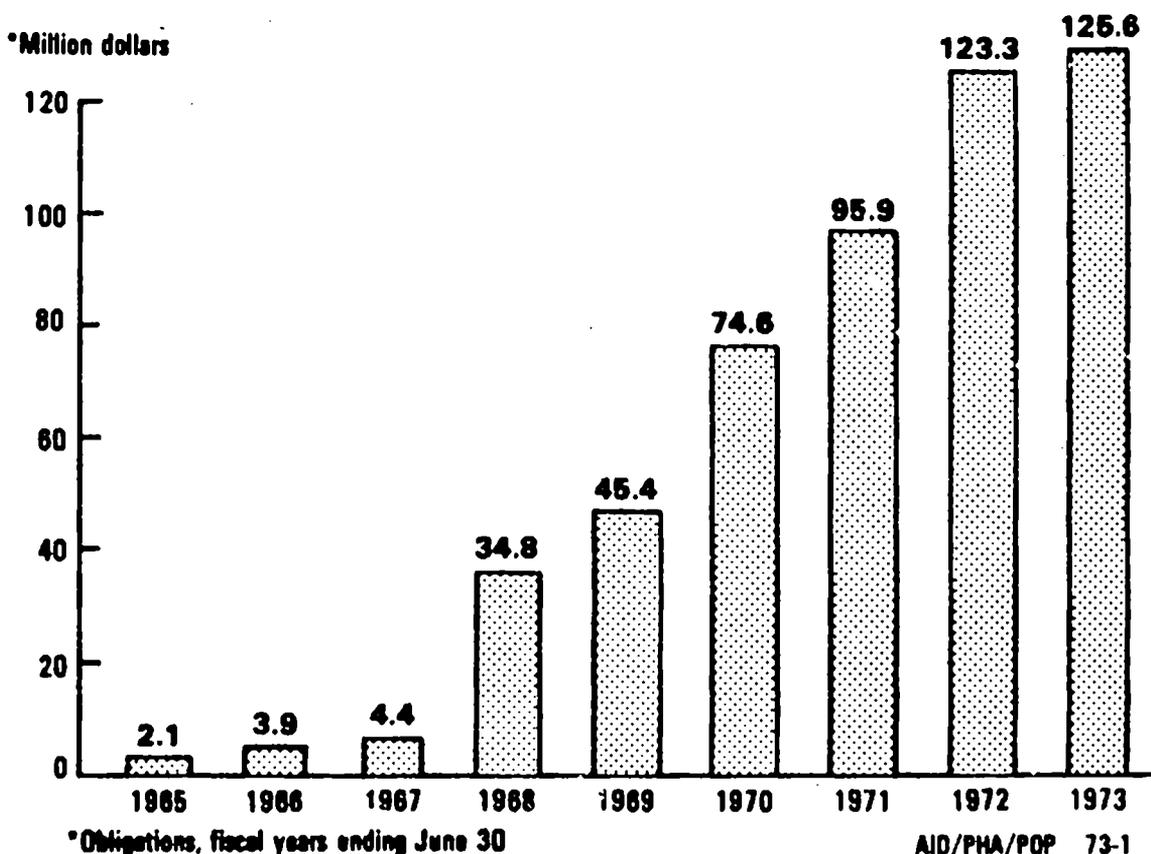
AID's own population program policies have been strengthened repeatedly since an earlier Administration announced in 1965 that the United States would "seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources."

A fundamental advance in U.S. assistance policy was made in 1967 when contraceptives were made eligible for financing in assistance programs. Very substantial amounts of contraceptives have been provided to the developing countries as a result.

The Title X amendment to the Foreign Assistance Act, made in 1968, was a major contribution to population program assistance for it provided a clear statement of U.S. support for "programs relating to

AID support for family planning programs in foreign countries, authorized by the Foreign Assistance Act of 1968, has expanded rapidly in recent years. Through fiscal 1973, cumulative obligations under this program totaled \$510 million, of which \$281 million had been expended.

U. S. AID Assistance to Population Programs



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

Project	1965-67	1968	1969	1970	1971	1972	1973
Nonregional:	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Office of Population	2,079	10,623	17,398	22,055	35,270	49,355	58,626
Office of Health	---	---	---	---	978	1,355	438
Office of Science and Technology	---	---	---	---	---	---	200
Office of International Training	132	38	40	304	546	503	430
AID/W other	524	435	1,431	1,932	2,536	3,265	4,725
U.N. Fund for Population							
Activities	---	500	2,500	4,000	14,000	29,040	9,000
Nonregional total	2,735	11,596	21,369	28,291	53,330	83,518	73,419
Africa:							
Country projects	23	404	983	2,484	2,084	9,008	7,596
Regional projects	30	259	457	179	5,699	2,259	3,556
Africa total	53	663	1,440	2,663	7,783	11,267	11,152
East Asia:							
Country projects	496	3,525	6,388	8,853	10,977	12,620	15,194
Regional projects	350	1,325	1,608	623	1,942	1,826	1,425
East Asia total	846	4,850	7,996	9,476	12,919	14,446	16,619
West Asia:							
Country projects	2,437	¹ 9,061	3,349	² 22,908	5,181	1,395	10,471
Regional projects	---	655	963	277	1,409	1,505	270
West Asia total	2,437	¹9,716	4,312	²23,185	6,590	2,900	10,741
Latin America:							
Country projects	1,539	5,457	3,071	5,437	7,085	7,223	6,230
Regional projects	2,861	2,468	7,256	5,520	8,161	3,911	7,393
Latin America total	4,400	7,925	10,327	10,957	15,246	11,134	13,623
Country and regional total	7,736	23,154	24,075	46,281	42,538	39,747	52,135
Grand total	10,471	34,750	45,444	74,572	95,868	123,265	125,554

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

population growth” and earmarked monies therefor. Continuing support has been clearly evidenced by the appropriations of increasing size in succeeding years.

Another landmark development came in 1969 when President Nixon sent to the Congress the first White House message on population. At that same time he asked the Secretary of State and Administrator of AID “to give population and family planning high priority attention for personnel, research, and funding among our several AID programs.”

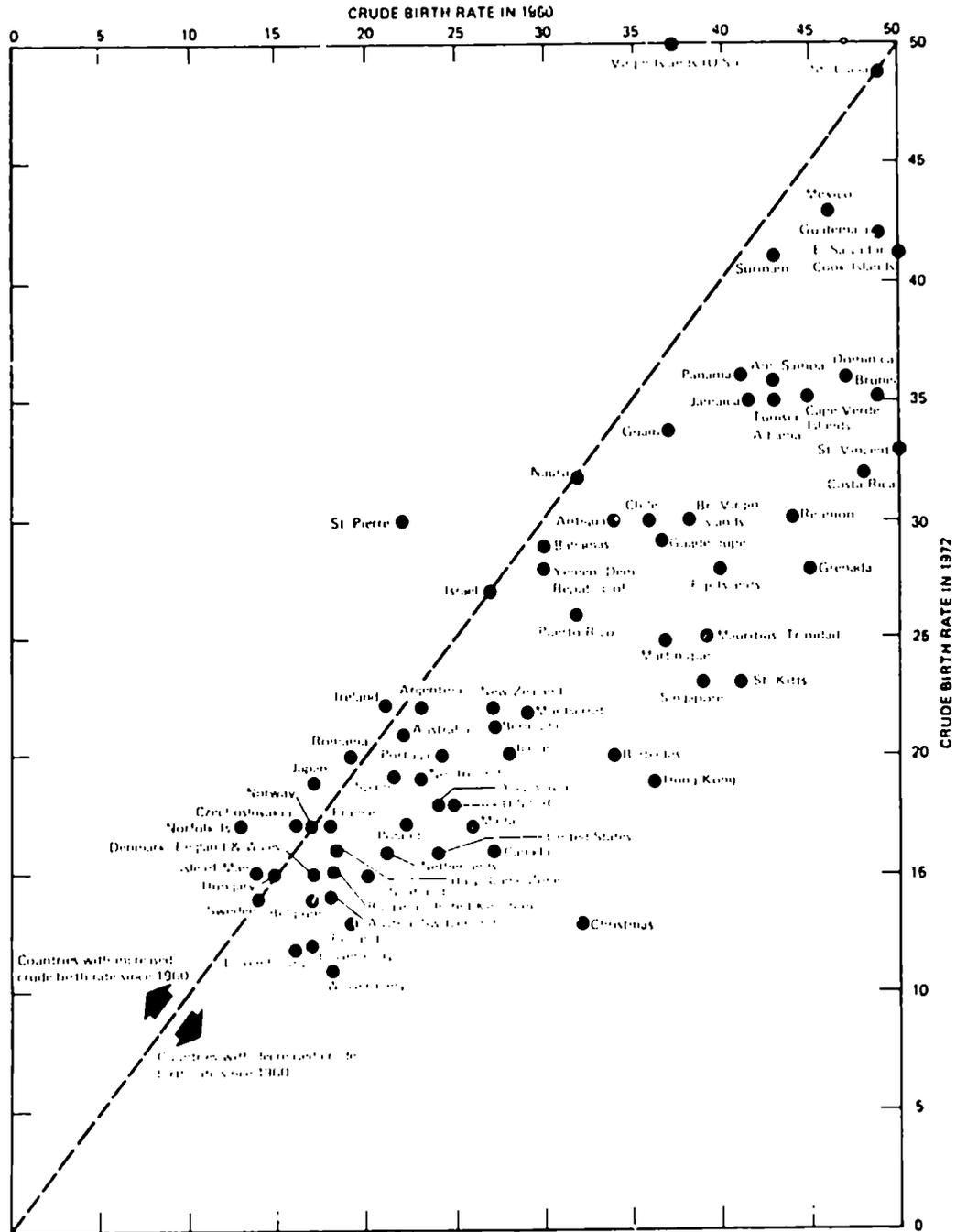
Increasing numbers of countries are announcing specific policies aimed at slowing their population growth. During fiscal 1973, four developing countries

announced major changes in their population policies—Colombia, Liberia, Mexico, and Zaire. By the end of the fiscal year, a total of about 40 developing countries comprising about four-fifths of the population of the developing world—had formulated population policies and national family planning programs.

India was one of the pioneers of population and family planning and at one time was the largest recipient of AID population assistance. However, direct U.S. support of the country’s program has been phased down from the high levels of the late 1960’s to the funding of only one project during fiscal 1973.

AID contributes to population policy formula-

Crude Birth Rates, 1960 vs 1972 (For 79 countries with complete registration of births)

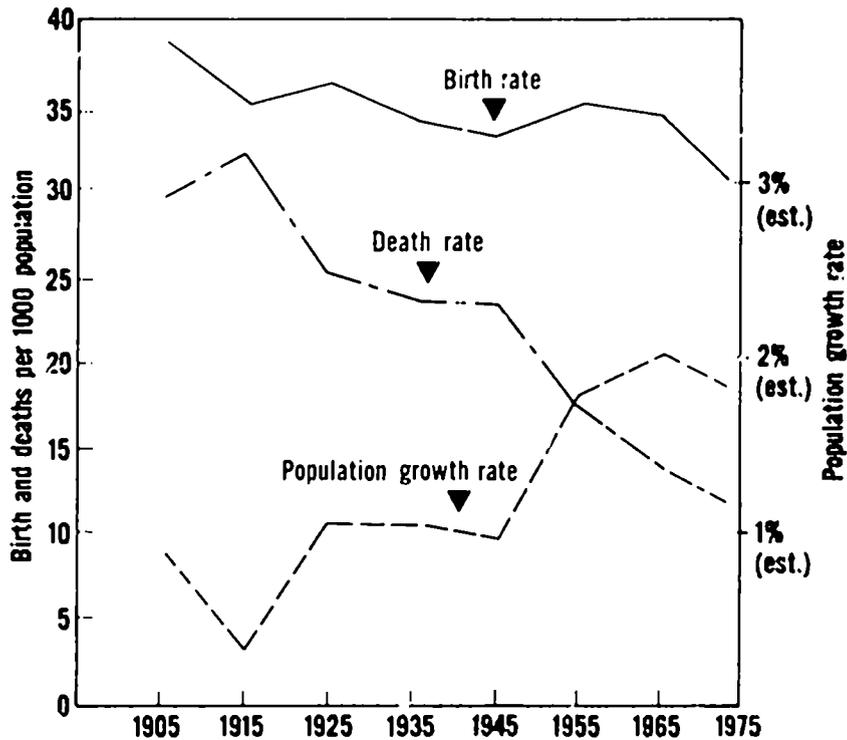


SOURCE: BEBA/UCEN/ISPC

AID/PHR/POP 73 11

Changes in fertility rates from year to year are small, but over a period of 13 years the changes become readily apparent. Countries with high birth rates in 1960 tended to show relatively large reductions by 1972, whereas those having low birth rates in 1960 notably the countries of Western Europe showed small rate changes. Countries showing exceptions to the generally declining trend in fertility rates included Japan, Czechoslovakia, Romania, and Ireland.

World Birth, Death, and Population Growth Rates, 1905-1973



AID/PHW/POP 73-12

The world population growth rate is a function of birth rates and death rates. For a number of years a generally declining birth rate was more than offset by a sharply falling death rate, which was a result of worldwide improvement in sanitation, nutrition, medical techniques, and medicines. Although the death rate is still declining, the birth rate has tended to drop even more sharply, reflecting in large part an increased awareness of population problems and emphasis on family planning.

tion by the developing countries through technical assistance. As countries become better able to gather specific information on their population growth, evaluate it, and relate it to their developmental aspirations, they are better able to see and act on the problems and alternatives that confront them.

Increasingly important assistance in world population policy evolution is given by the United Nations Fund for Population Activities (UNFPA), to which AID gives substantial financial support. UNFPA, like AID, does not prescribe any particular policy or goal, and acts only upon request, but it is concerned that when a government establishes a population policy it does so in the light of adequate understanding of its conditions.

The UNFPA in a recent statement said
 "It is now widely recognized that all govern-

ments should have a well-defined policy with regard to population. Although a number of governments have recently adopted national population policies with specific targets, population planning is still at a very rudimentary stage in most of the world. Where policies do exist, targets are often unrealistic and subject to frequent change.... Top priority must, therefore, be given to improving the 'state of the art' and to identifying and testing elements of a comprehensive population policy."

Contraceptive distribution. An area of changing policy is the liberalizing of contraceptive distribution, including commercial distribution of all contraceptives and nonprescription distribution of oral contraceptives.

Although publicly-financed family planning services, including clinics and service centers, play an



Above, women with their children wait for consultation at a family planning clinic in Tunis, Tunisia. The country has one of the most progressive family planning programs in North Africa.



Top, men and women interviewers in Afghanistan check responses to interviews made as part of a national demographic survey. Above, a family planning nurse in Ghana demonstrates the various contraceptives that are available.



important part in population programs of the developing countries, the potential for more effective distribution of contraceptives through commercial channels appears to be substantial. Current usage patterns indicate that, in the aggregate, more than 40 percent of couples in developing countries who practice family planning are getting their supplies from commercial sources. This development is even more significant in that few of the developing countries have promoted commercial distribution.

AID is supporting projects to test the potential for greater distribution of contraceptives through commercial outlets in the developing countries. In particular, it will weigh evidence indicating that the private sector is in many circumstances a less costly vehicle for delivery of contraceptives to users since it utilizes an existing distribution system rather than requiring the financing of new or expanded publicly-supported clinical outlets.

Nonprescription pills. Some countries now permit nonprescription distribution of oral contraceptives.

When the "pill" was first introduced some years ago, little was known of long-term side effects and the usual practice was to limit distribution to prescription by doctors. Initially and for countries such as the United States, where there is one doctor for every 600 persons the use of oral contraceptives under medical supervision was understandable and practicable. But in the developing countries, where there may be only one doctor for 5 000 or even 25,000 women, and the risk to a woman from pregnancy is many times greater than any known risk from taking the pill, supervision by a doctor or lesser trained person may not be practicable or possible.

The International Planned Parenthood Federation (IPPF), which receives financial support from AID, is urging its 84 member associations throughout the world to press for widespread liberalization of pill distribution. Its central medical committee has concluded that whoever normally meets the health needs of a community whether doctor, nurse, midwife, pharmacist, or storekeeper can appropriately distribute oral contraceptives.

Oral contraceptives can be purchased at retail in many countries, often without prescription. In the developing countries, cost even though relatively low often inhibits purchases. Some family planning associations are beginning to subsidize retail sales of pills.

During the past year, the Philippines, Pakistan, and Bangladesh have modified policies to permit more general distribution of oral contraceptives.

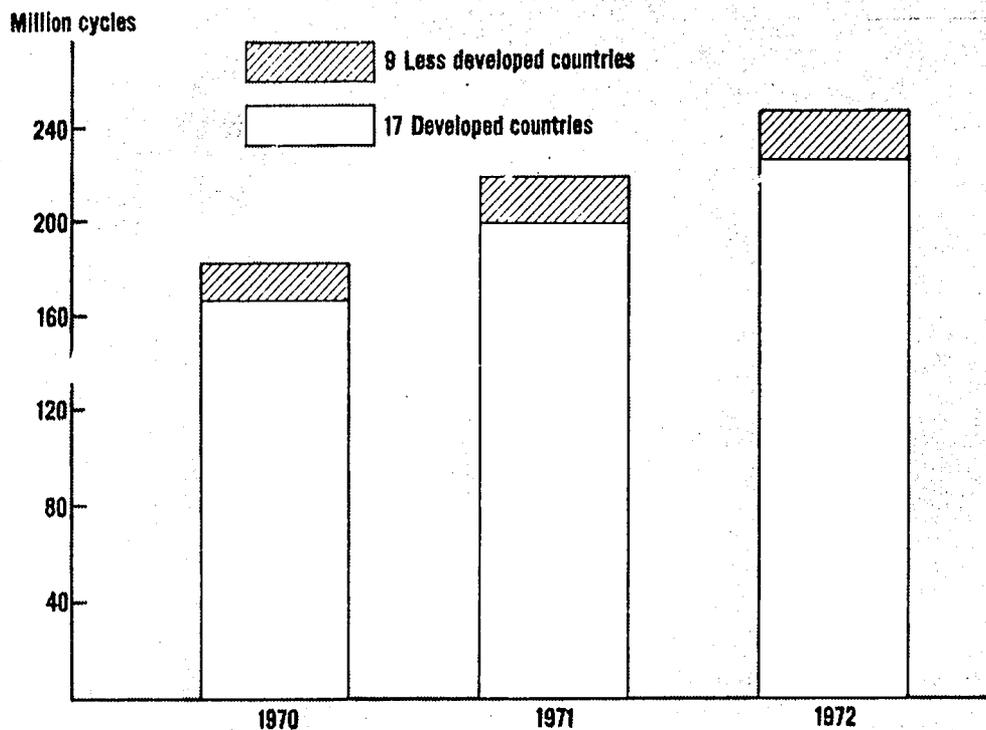
In general, however, it must be said that many more changes will have to be made—in removing constraints on family planning and making available the most effective specific means of fertility control—before each developing country will have an optimum population and family planning policy.

Organization and personnel

As experience has accumulated since the program's beginning in 1965, organization and personnel of AID's population program have evolved greatly.

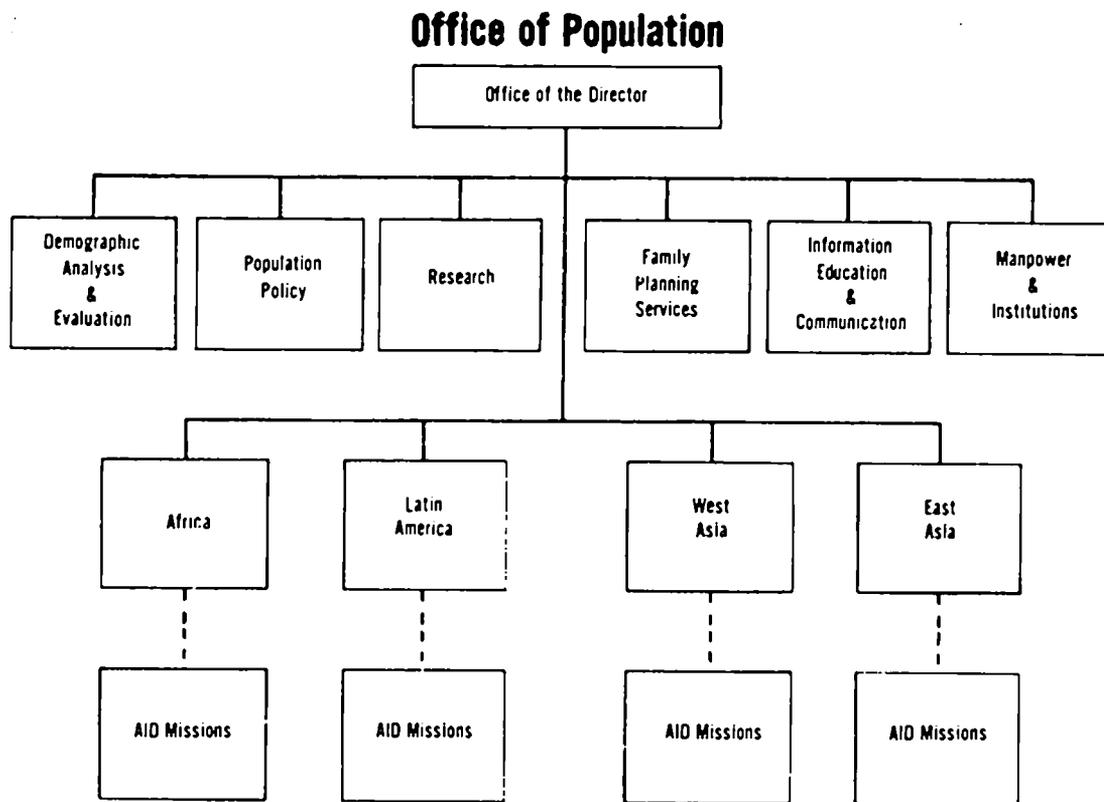
With creation of the Bureau for Population and Humanitarian Assistance at the beginning of fiscal 1973, a number of steps to strengthen the organization and staffing of the Office of Population were taken. (Prior to being made part of the new PHA Bureau, the Office of Population had been in the Bureau for Technical Assistance.)

Purchases of Oral Contraceptives in Retail Pharmacies - Selected Countries



Source: Intercontinental Medical Statistics, Ltd.

AID/PHA/POP 73-10



AID/PHM/POP 73-44

Organizationally, the administration of population and family planning assistance previously located in four geographic and one technical bureau of AID were centralized in the Office of Population. This made the Office a cohesive entity for the management of all Title X financed activity and strengthened AID's capacity for unified and rapid action in the population field.

At the end of fiscal 1973, the Office of Population consisted of 72 professional and 23 clerical personnel organized into six functional and four area divisions (see organization chart). In addition, AID had approximately 52 professional population officers in USAID missions in developing countries.

Similarly, in recent years, other organizations with whom AID works closely including the UNFPA, IPPE, and the World Health Organization have strengthened their internal organization and their staffing to increase their capability in handling population matter.

Of the developing countries themselves, however, it may be said that few have yet built the adequacy of organization and personnel needed for their population and family planning programs.

Fiscal resources

Fiscal resources available for the AID population program, and therefore available to many other programs that AID assists, have increased rapidly and progressively during recent years, reflecting strong Congressional interest and Congressional earmarking of such funds within foreign assistance appropriations.

Through fiscal 1973, cumulative obligations for AID's population program have exceeded \$500 million, and cumulative expenditures have approached \$300 million.

AID assistance to population programs is shown, year by year, in the chart appearing on page 2.

Technology

Fertility control technology has improved rapidly during the last few years—considerably due to AID's program of research which by the end of fiscal 1973 had applied \$35 million toward development of new and improved means.

Enough progress has been made in improve-

Right, women at a family planning clinic in Kenya discuss the pill, after hearing a lecture on methods available for contraception.

Below, a doctor at a Ministry of Health clinic in San Jose, Costa Rica, interviews a new family planning acceptor prior to pelvic examination.



Title X - Programs Relating to Population Growth

"It is the sense of Congress that, while every nation is and should be free to determine its own policies and procedures with respect to problems of population growth and family planning within its own boundaries, nevertheless, voluntary family planning programs to provide individual couples with the knowledge and medical facilities to plan their family size in accordance with their own moral convictions and the latest medical information, can make a substantial contribution to improve health, family stability, greater individual opportunity, economic development, a sufficiency of food, and a higher standard of living.

"To carry out the intent of Congress as expressed above, the President is authorized to provide assistance for programs relating to population growth in friendly foreign countries and areas, on such terms and conditions as he shall determine, to foreign governments, the United Nations, its specialized agencies, and other international organizations and programs, United States and foreign nonprofit organizations, universities, hospitals, accredited health institutions, and voluntary health or other qualified organizations.

"In carrying out programs authorized in this title, the President shall establish reasonable procedures to insure, whenever family-planning assistance from the United States is involved, that no individual will be coerced to practice methods of family planning inconsistent with his or her moral, philosophical, or religious beliefs.

"As used in this title, the term 'programs relating to population growth' includes but is not limited to demographic studies, medical, psychological, and sociological research and voluntary family planning programs, including personnel training, the construction and staffing of clinics and rural health centers, specialized training of doctors and paramedical personnel, the manufacture of medical supplies, and the dissemination of family-planning information, and provision of medical assistance and supplies...."

--AID's Basic Population Program Assistance Authority, from the Foreign Assistance Act of 1961, as amended in 1968 by the 90th Congress.

ment of fertility control technology that adequate methods of family planning no longer are a major handicap. Unfortunately, however, less than 20 percent of the people have yet gained full access to this very positive influence on their health, economic and social development, and familial and social well-being. The great task remaining ahead is to make the best means of fertility control fully and rapidly available throughout the developing world--and AID is giving high priority to helping with this task.

On a bilateral basis in many countries and through international and multilateral organizations, AID is moving to make improved means of fertility control generally available in all developing countries.

Barrier contraceptives, mainly condoms and vaginal spermicides, have been important means of fertility control for decades but are now increasing in popularity because of two developments:

(1) Colored condoms became available from U.S. production at the beginning of fiscal 1973 and were widely distributed through AID assistance by year's end. Significant increases in field purchase order requests indicate that acceptance of and demand for colored and lubricated condoms in attractive packaging has proved far greater than for earlier types.

(2) Vaginal spermicides now in use in many family planning programs have been demonstrated germicidal against both the gonococcus and spirochete in laboratory studies, and clinical trials are now in progress to measure their efficacy in the prevention of venereal disease. If demonstrated to have practical value for this task, as well as for the control of fertility, then an expected surge in demand for these contraceptives would likely occur.

Oral contraceptives are in great demand wherever they have been made available. Among women having access to all means of contraception, the majority ordinarily prefer oral contraceptives--especially young women.

It is estimated that approximately 50 million women now use oral contraceptives: 12 million in the United States, 15 million in the People's Republic of China, and 23 million in the rest of the world. If oral contraceptives were made fully available to all the world's women, it seems likely that more than 200 million women would use them, including 100 million women in those developing countries with which AID is concerned.

During fiscal 1973 AID greatly strengthened action in this field by purchasing 137 million monthly cycles of oral contraceptives, in standardized packaging, for delivery mainly during 1974.

Purchase and delivery of oral contraceptives



Above, Philippine women enter a rural family planning clinic. An accelerating Government program has led to rapid expansion of these and other family planning clinics in the last 5 years.

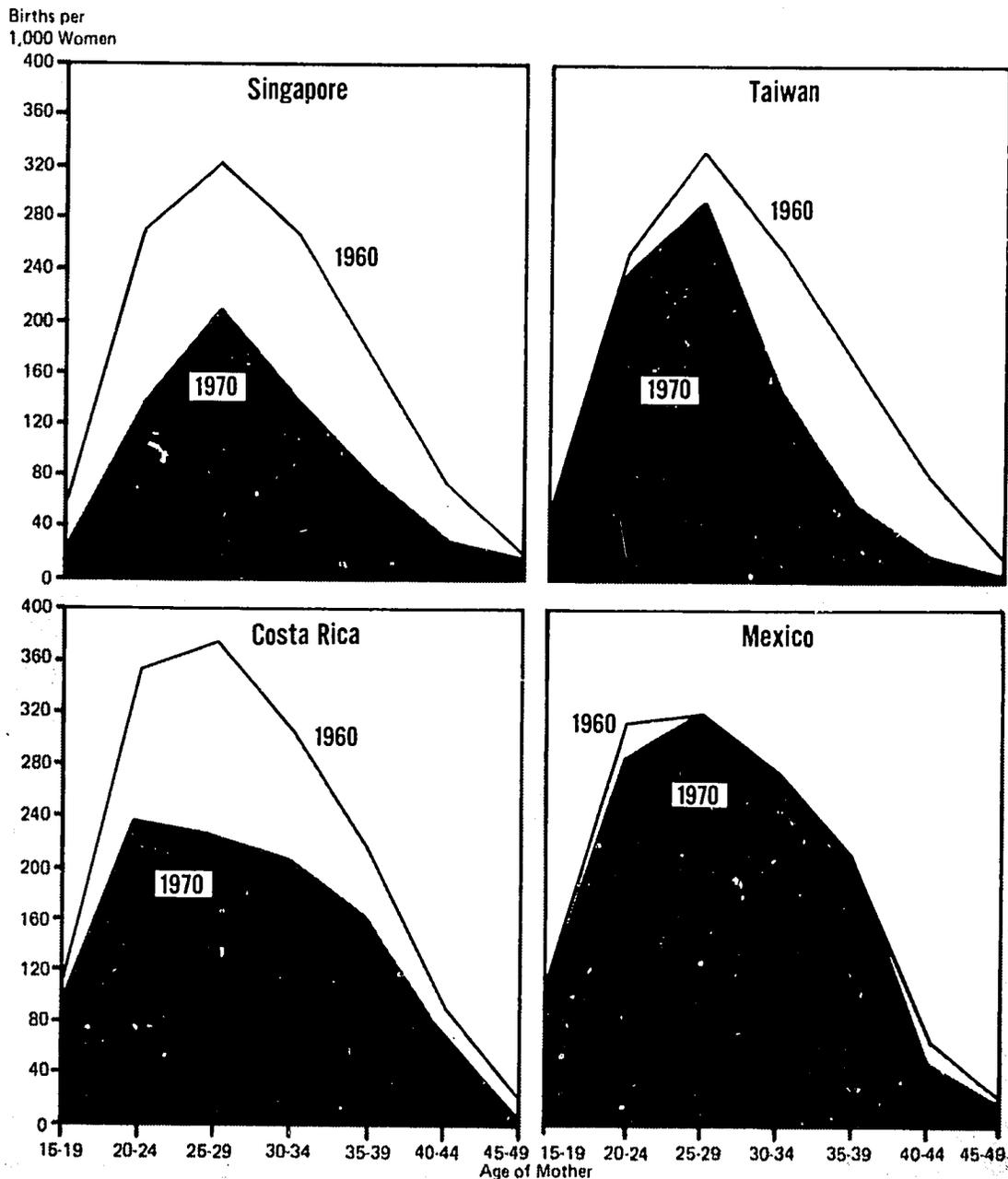


Above, home economists in Turkey at a 1973 workshop discuss how to encourage family planning as part of their professional work.



Left, Philippine women learn about use of the IUD during a postpartum family planning session at the Jose Fabrella Memorial Hospital.

Age-Specific Fertility Rates by Country and Time

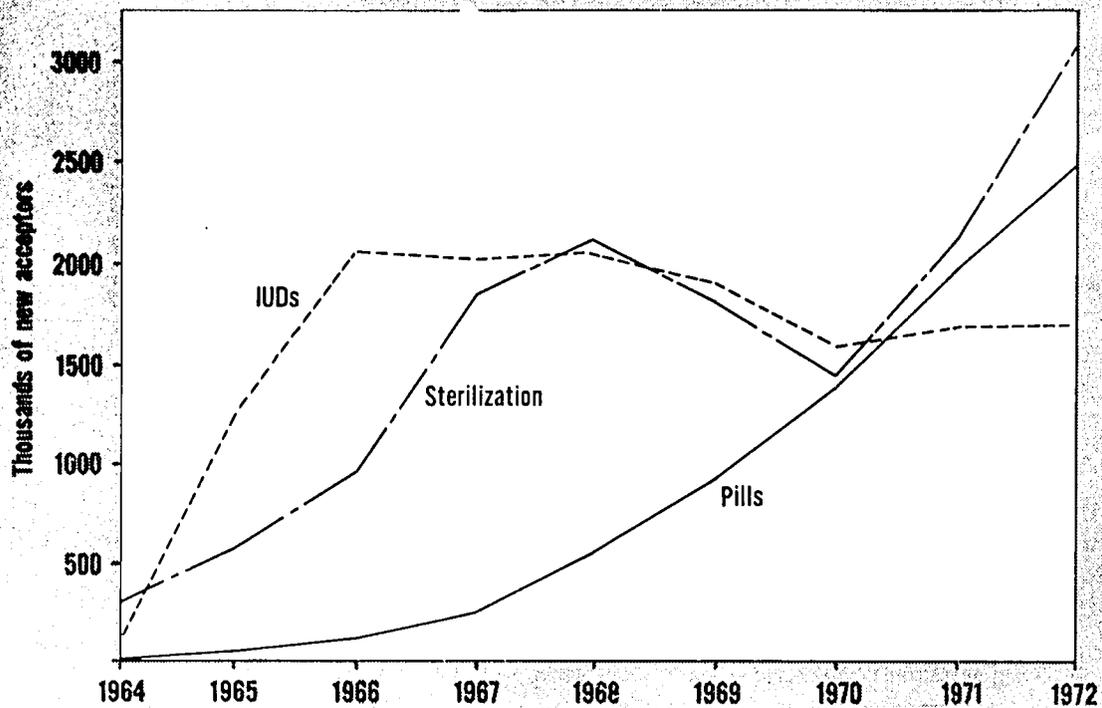


SOURCE: SESA/BUCEN/ISPC, taken from vital registration data of countries shown

AID/PHA/POP 73-13

These fertility silhouettes reveal the impact of family planning programs on births in Singapore, Taiwan, and Costa Rica as contrasted with the lack of fertility change in Mexico, where family planning until recently was inhibited by legal restrictions. (Mexico embarked on family planning in January 1973). The silhouettes also show a rapid decrease in fertility among young women in Singapore and Costa Rica, where oral contraceptives were made generally available, whereas the decrease was among older women in Taiwan, where the program depended heavily on use of IUD's.

New Acceptors of Pills, IUDs, and Sterilization in Family Planning Programs in 33 Countries, 1964-1972



SOURCE: SESA/BUCEM/ISPC, from data reported by Family Planning Programs

AID/PHA/PGP 73-15

The sharp increase in use of sterilization by new users of family planning services in developing countries reflects in large part an increase of almost 1 million sterilizations in India, which leads all other countries in use of this contraceptive method. But use of pills also continues to rise steadily, not only through clinical use but also through purchases in commercial channels.

should double each year during the next several years to fully meet the surge in demand expected as many more of the world's low-income women gain access to and experience with these much preferred contraceptives.

Intrauterine contraception has not yet achieved the popularity prophesized for it by leading foundations and some countries a decade ago. Attendant problems of bleeding and discomfort limit its acceptability and continued use. Nevertheless, AID continues to supply IUDs (mainly Lippes Loops) to country programs and has continued to provide strong support for research and development of new and improved devices.

Sterilization is an increasingly popular means of fertility control for older women and men who have completed their desired family size. During the last several years, AID has given particular emphasis to development of improved techniques for female

sterilization for use especially on an out-patient basis.

Important improvements have been achieved in equipment and training needed for laparoscopic sterilization, which has proved a popular procedure wherever introduced, especially in the United States, the United Kingdom, India, Thailand, Nepal, Philippines, El Salvador, Ecuador, Panama, and Costa Rica.

The recent development of single aperture laparoscopic sterilization with tubal (Hulka) clips now permits female sterilization to be done under local anesthesia and on an outpatient basis, avoiding the two main hazards of laparoscopic female sterilization—general anesthesia and intraabdominal electrocautery. Clinical trials with much improved tubal clips and clip applicators are now in progress in several countries—the United States, Britain, India, Thailand, Singapore, and El Salvador. As results of additional field trial experience become available,

AID will apply the knowledge gained to perfect specifications for laparoscopes, and then purchase laparoscopes in considerable number for delivery to developing countries.

Female sterilization by more traditional means, including colpotomy, is also popular in many countries.

During the last 2 years, AID has established intensive short-term training in Advanced Techniques of Fertility Control first at Johns Hopkins University, now also at the University of Pittsburgh, Washington University in St. Louis, and American University at Beirut. Each of these institutions is training a half-dozen carefully selected gynecologic surgeons each month, and AID and the Association for Voluntary Sterilization are moving to supply each graduate with a laparoscopic unit. Several hundred units should be distributed during 1974, and many more the following year. Because a skilled surgeon with laparoscopic equipment can perform as many as 2,000 sterilizations a year, this training-supply action should have substantial impact upon the fertility of

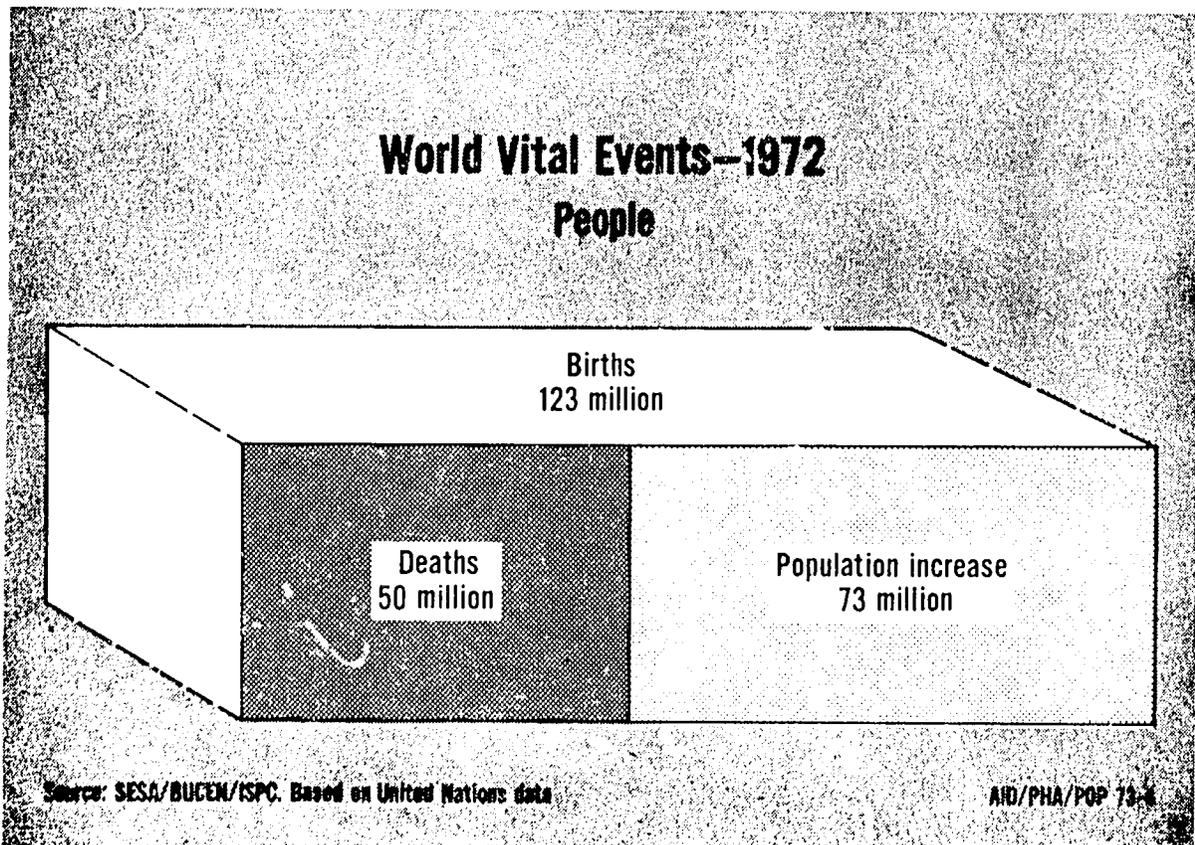
older couples in many countries.

An exciting possibility is that female sterilization with tubal clips will prove highly reversible by means of laparotomy, excision of the clip, and reanastomosis of the tubes. If so, laparoscopic sterilization with tubal clips will become increasingly popular with younger women—even those in their twenties.

Other technologies also are of interest in that pregnancy termination can now be achieved in a number of ways. Since its inception in 1968, a foremost goal of the AID research program has been to develop "a nontoxic and completely effective substance or method which, when self-administered on a single occasion, would ensure the nonpregnant state at completion of a monthly cycle." Research toward this goal has proceeded mainly along the following three avenues: (1) Luteolysis and antiprogestones, (2) prostaglandins, and (3) menstrual regulation by uterine aspiration.

Luteolytic and antiprogestone approaches to pregnancy termination remain theoretically attrac-

The world population increase of 73 million in 1972—the excess of births over deaths—was equivalent to adding the number of people in West Germany and the Netherlands to the existing total. Per month, the increase amounted to almost 6.1 million. Per day, the gain was 200,000.



tive, but little progress has been achieved in these avenues of research despite expenditure of considerable money and energy. A luteolytic or anti-progesterone means for controlling fertility seems as distant now as it did 5 years ago.

Prostaglandins are proving particularly useful for termination of midterm pregnancies. But because intravaginal and intramuscular administration of prostaglandins produces a substantial incidence of uncomfortable side effects—i.e., nausea, vomiting, and diarrhea—prostaglandins are currently usually administered by the transcervical, intrauterine route. Research continues toward development of materials and techniques for self-administration—and the more general sale and availability of prostaglandins will facilitate this action—but whether prostaglandins will achieve a *major* role in fertility control continues to be uncertain.

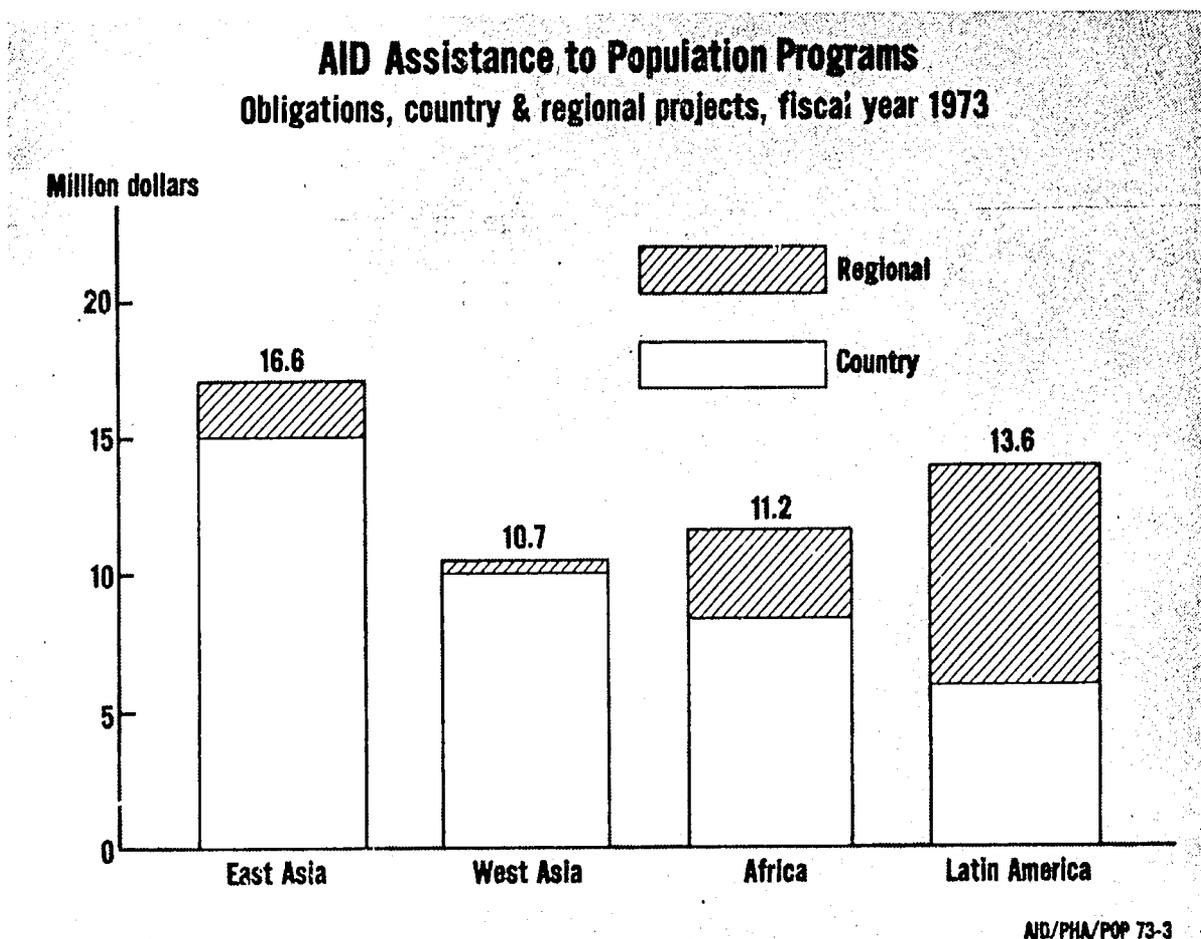
Program strategy

Since inception of the population program in 1965, AID has focused resources on those actions judged to be both feasible and most effective. Accordingly, U.S. funding has been used primarily to (1) draw attention to the population problem, (2) encourage multilateral and other donor support for a worldwide population effort, and (3) help create and maintain the means for attacking the problem, particularly the development of capability by the assisted countries themselves.

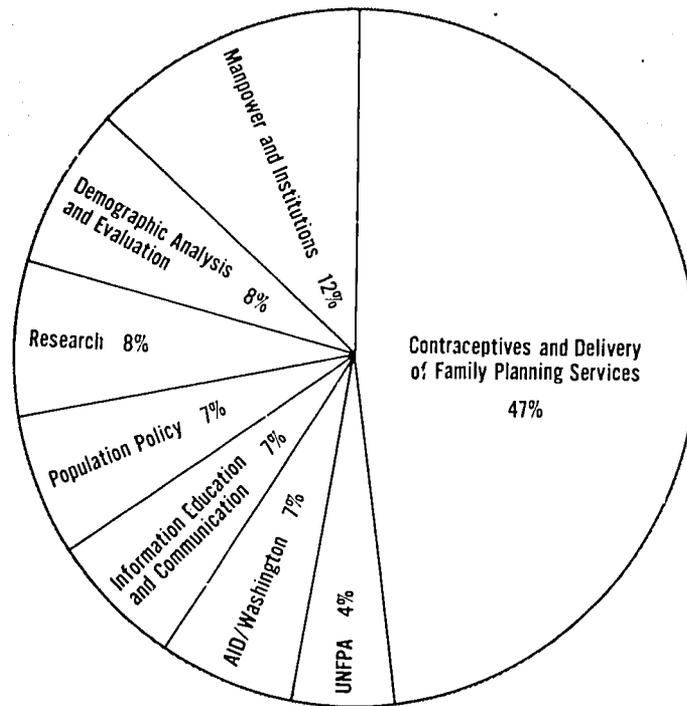
Guided by these strategy considerations, AID has used its resources to become a key—

- Contributor to the United Nations Fund for Population Activities;
- Contributor to the international and private family planning organizations which are the main sup-

AID provides population program support directly to developing countries and regions, together with assistance centrally programed through private, international, and multilateral organizations. In all, 37 developing countries have family planning policies and programs—14 in Asia, 15 in Latin America, and eight in Africa.



AID Assistance to Population Programs
Resources allocated by major work goals, fiscal year 1973



AID/PHA/POP 73-2

Delivery of family planning services in developing countries, including provision of contraceptives, is currently the prime goal in AID's population program. But attainment of this goal requires substantial supportive effort in related fields.

port of family planning actions in many countries;

- Supplier of contraceptives and other supplies to family planning programs in some 70 countries;
- Supporter of applied research aimed at developing new and improved fertility control means especially suitable for use in the developing countries.

Of the \$510 million cumulative total obligated by AID for population program assistance through fiscal 1973, 46 percent (or about \$235 million) has been used in direct support of country and regional projects; and 54 percent (or about \$275 million) has been programmed centrally, with much of it reaching more than 70 developing countries through international organizations, including the United Nations, International Planned Parenthood Federation, the Population Council, The Pathfinder Fund, Planned Parenthood Federation of America, and the World Assembly of Youth.

Throughout fiscal 1973, the Office of Population continued to carry out six principal categories of

action. The organization of the Office is focused around these categories. The six action areas and the resource allocations made to each of the areas were as follows:

- Development of more adequate demographic and social data, 8 percent.
- Development of more appropriate population policies, 7 percent.
- Development and use of improved means of fertility control, 8 percent.
- Development of more adequate systems for delivery of family planning services, 47 percent.
- Development of more adequate systems for delivery of information and education on family planning, 7 percent.
- Development of more adequate multipurpose institutions and trained manpower for support of population programs, 12 percent.

(The balance of total resource allocations, 11 percent, went for support of the UNFPA and Washington, D.C., headquarters expenses.)

Major Areas of AID Assistance

Demographic and Economic Analysis

From the beginning of its population program assistance, AID has recognized the basic role of demographic and social data to identify population growth problems in the developing countries and help guide development of programs to cope with them.

Throughout fiscal 1973, AID carried out five major types of activity in this area of work:

Assistance in demographic data collection, demographic and economic research and evaluation, family planning program management evaluation, demographic and family planning data acquisition and dissemination, and commercial contraceptive distribution analysis.

Demographic data collection

The Division of Demographic and Economic Analysis helps developing countries to improve their data collection through projects that include advisory assistance, training, and development and application of improved methods. A major initiative in this area, to which AID has subscribed startup funds, is the World Fertility Survey (WFS) being carried out by the International Statistical Institute in conjunction with the International Union for the Scientific Study of Population and with the United Nations. This international program of fertility research is aimed at assisting a large number of countries to carry out nationally representative, internationally comparable sample surveys of human fertility as part of observances of the United Nations World Population Year, 1974.

The WFS program made progress during fiscal 1973 in terms of setting up office facilities in London, recruiting staff, establishing and convening international committees to guide the work program, preparing a core questionnaire for use by all participating countries, and inaugurating efforts to enlist the participation of the world's nations.

AID is providing funds to the University of North Carolina for a technical assistance project which has established laboratories for population statistics, or "Poplabs," in statistical agencies in several countries. The Poplabs are designed to develop and test new demographic methods, particularly for vital registration of the population. Five participating countries—Colombia, Morocco, the Philippines,

Kenya, and Ecuador—form an international research network under the Poplab project, and negotiations are underway to create a sixth installation in Turkey. The project includes implementation of a dual record data collection system, and the evaluation and refinement of new methods aimed at the special statistical problems of developing countries.

In these and other aspects of demographic data collection, important assistance is given by the United States Bureau of the Census under Participating Agency Service Agreements (PASAs) with AID.

The Census Bureau has provided advisory assistance to many countries on censuses and surveys of population. Advisors have been supplied to several countries for census programs lasting two or more years. Others have served on a short-term basis to help with specialized problems such as designing samples or organizing a mapping program.

The Bureau also has presented short-term intensive training programs or workshops in overseas locations where technicians from several developing countries in a given region can participate. Such workshops are supplemented by followup short-term advisory services made available to help the participants apply the methods learned. During fiscal 1973 advisory assistance was provided to Bolivia, Brazil, Colombia, Costa Rica, Honduras, India, Jamaica, Korea, Malaysia, Nepal, Pakistan, Paraguay, Turkey, and Vietnam.

During fiscal 1973 the Bureau's advisory and training resources were used extensively in support of the African Census Program of the U.N. Economic Commission for Africa (ECA) under which 21 countries have been undertaking population censuses. At the request of the ECA, short-term advisors were supplied to help with development of country project proposals and to advise on the design of samples and the preparation of census maps in several countries. In cooperation with the ECA regional staff, the Census Bureau prepared training materials and helped to present workshops in population census methods in Rabat for Francophone African countries and in Addis Ababa for Anglophone countries. Also, the Bureau supplied training materials and instructional staff for a workshop in computer methods for processing the results of population censuses; this program was presented in two simultaneous workshops (in French and English) at the U.N. Statistical Training Center in Yaounde, Cameroon. The Bureau also assigned an expert advisor to the ECA regional staff

and one advisor each to the census programs of Ethiopia and Liberia.

Technical assistance of the Census Bureau has been accompanied by the development or improvement of methods of population measurement or processing of demographic data. One example is the effective application of the dual record system in a Population Growth Survey of Liberia to yield national measures of vital rates and demographic and social data. Another is the development and dissemination of the Census Tabulating System (CENTS), a new method of rapidly tabulating data from censuses and surveys. This method has, with the Bureau's assistance, been adopted by 19 developing countries to speed the publication of detailed census data. In fiscal 1973 the Census Bureau, at AID's request, undertook experimentation in the application of satellite imagery to demographic measurement.

AID also initiated a Disease and Demographic Survey Project, a PASA with Center for Disease Control, U.S. Public Health Service, designed to test methodology for the simultaneous collection of data on both vital events and incidence of disease. It will provide the data upon which remedial health programs and family planning services can be structured and provide a demographic profile of the study population. This project focuses on the rural areas of countries where such data has been largely non-existent. The survey utilizes a cluster sampling technique, requiring monthly household surveillance visits. Project agreements have been signed with Nigeria and Upper Volta, and sites in other regions are being sought.

Demographic-economic research, evaluation

Under AID auspices, the Census Bureau carries out a wide variety of activities in this area. The Bureau maintains current estimates of total population for all countries of the world and estimates of current levels of fertility, mortality, and population growth. Population projections by age and sex have been made for selected countries and the Bureau has undertaken a project for fiscal 1974 of preparing projections for all countries of the world. In order to make available to AID a broad overview of the demographic situation in each of the developing countries, the Bureau maintains a computer file containing data on a wide variety of demographic measures for both the most recent census year and the current year.

The Socio-Economic Analysis Staff of the Census Bureau has continued its work in population

policy and planning support. Its long-range planning model, which is an integrated socio-economic analysis system portraying the implications of different demographic and social service policy assumptions on economic development, was further developed. In particular, the family planning program submodel was modified to take account of postconception birth control methods in evaluating the effect of family planning programs on population growth.

The current version of this long-range planning model, LRPM2, is now being used to study the impact of population growth on economic development in several countries, including Nigeria and Turkey. A more advanced version, LRPM3 is being developed. A demographic projection submodel of LRPM3 was completed. This model incorporates assumptions concerning age-specific fertility and mortality rates, by urban and rural residence; it also makes allowance for both internal and international migration.

Family planning management evaluation

Under AID auspices, several groups provide assistance to family planning programs in developing countries to upgrade their management-evaluation capabilities, the objective being to help program administrators improve the effectiveness of their programs.

Continued support in such management planning and evaluation has been provided through Management Sciences for Health, Inc. (MSH). In Korea, MSH assisted the Ministry of Health family planning section on a full-time basis in developing specific operational plans for program monitoring and control, and provided ongoing technical support in the implementation and execution of those plans. In the Philippines, MSH helped the Philippine Population Commission devise a coordinated plan for staffing and expanding its Management Information System/Program Evaluation and Research Group, and developed a computer simulation model which serves as a tool for testing the implications of strategic policy decisions in the family planning area. MSH was called on to assess the family planning program in Ghana and to help devise a long-term plan for meeting its technical assistance needs. In Turkey, MSH consulted with the Ministry of Health to define the role of a full-time management evaluation specialist in family planning. The largest continuing project is in Afghanistan where MSH is helping to develop a public health/family planning network for the country, providing technical assistance in establishing the infra-

structure of the Ministry of Health, and training Ministry officials in techniques of strategic planning, evaluation, and management control.

AID has a contract with the University of Chicago, Community and Family Studies Center (CFSC), to provide both technical assistance and methodological development in family planning evaluation. In fiscal 1973, CFSC published these methodological manuals: *An Empirical Model for Demographic Evaluation of the Impact of Contraception and Marital Status on Birth Rates*, *A Simplified Client Record System for Family Planning Programs*, and *Single and Multiple Decrement Life Table Procedures for the Analysis of the Use-Effectiveness of Contraception*. Further drafts of manuals titled *Measurement of Cost-Effectiveness of Family Planning Programs* and *Population Projections* were submitted to AID for review prior to publication. These manuals incorporate the computer software necessary for performing the related data analysis.

The CFSC held a workshop in Indonesia on the use of computers in family planning evaluation and assisted the Economic Commission on Asia and the Far East in holding seminars in the analysis of fertility data and in the use of computers in demographic analysis and evaluation.

At the country level, the CFSC assisted PROFAMILIA in Colombia in improving its client records system and in analyzing historical patient data. CFSC initiated negotiations with Tunisia and Indonesia to provide long-term technical assistance in research and evaluation. In Indonesia CFSC helped survey contraceptive continuation and fertility.

The Census Bureau has been providing both training and technical assistance in the establishment and improvement of client record systems. Staff members helped the Social Security Institute of El Salvador in the design of such a system and is giving continuing assistance until the system is installed and functioning. A special evaluation study was made in Honduras to determine the effectiveness of followup visits. Personnel from the Bureau are working with the Pan American Health Organization and the International Planned Parenthood Federation in providing technical advice and assistance.

Census Bureau technicians also provided short-term consultative assistance to four countries (Afghanistan, Mexico, Pakistan, and South Vietnam) in studying their existing family planning data systems and making recommendations for improving the systems. In addition, two worldwide workshops were conducted in Washington, D.C. One workshop was held in February 1973 for the directors of family

planning programs to outline the importance and use of a management information system in the administration of a program. Twenty-four participants from 14 countries attended. The second workshop was held in May 1973 to instruct professional personnel of family planning programs in the design and implementation of a data system. Twenty-three participants from 15 countries attended.

These workshops were based on a model client record system called "Popland," developed by the Census Bureau. Popland is designed to teach the process of developing a client record system, rather than advocate a specific approach to service statistics. The model stresses the importance of relating the data collected and reports generated closely to the ongoing management concerns of the family planning program administrators.

The Battelle Memorial Institute is developing a computer program designed to process the data generated by client record systems. The development of this software is sufficiently advanced that preliminary programs for the processing of Venezuelan client records data have been generated. As yet the program has not been finalized and the program documentation remains to be done.

AID has a contract with Columbia University to develop methodology useful in evaluating and improving family planning programs. During fiscal 1973 work was done in Ecuador, Costa Rica, and El Salvador. The evaluation unit in Ecuador developed a comprehensive 5-year plan for family planning which is under consideration by the Ministry of Health. An urban migration study in Ecuador focused on family planning acceptance. An evaluation unit in Costa Rica, which was backstopped by Columbia University, is now able to function autonomously. Columbia professionals completed a study of private sector distribution of contraceptives in Costa Rica.

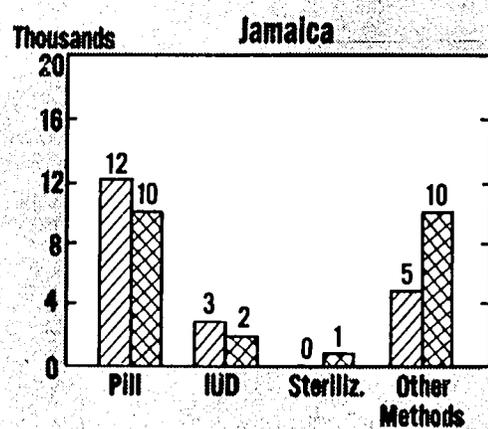
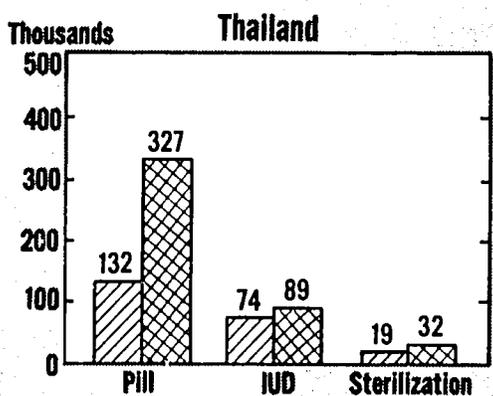
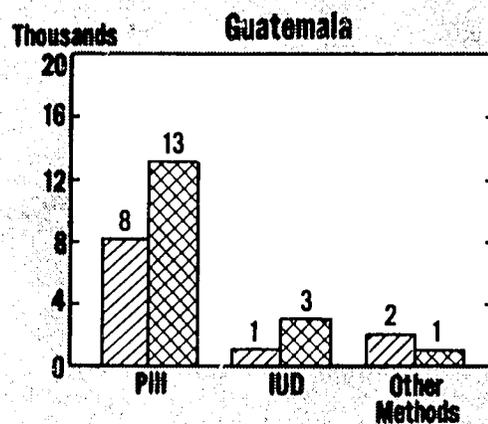
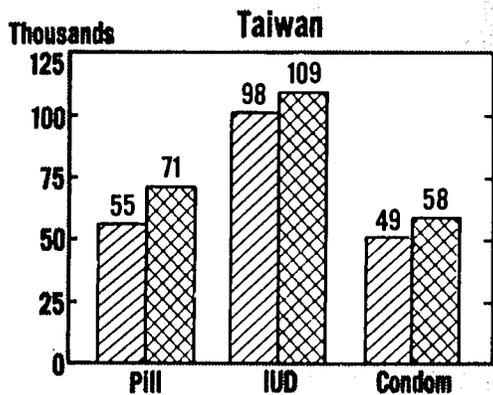
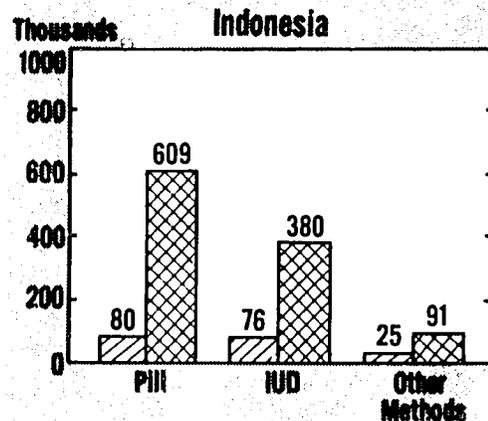
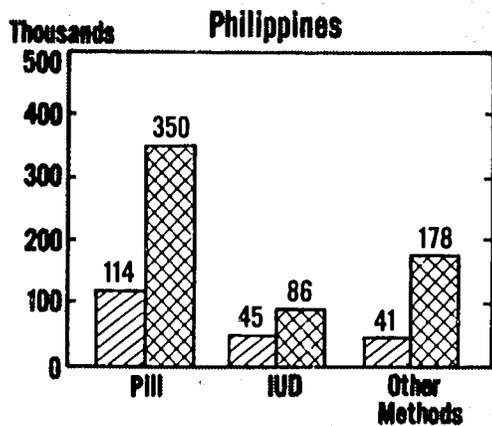
Over 10,000 copies of reports, manuals, and papers were distributed to government programs, family planning agencies, and academic institutions throughout the world. Work continued on seven new manuals concerning family planning evaluation.

Development of a Family Planning Program Evaluation Information Service went forward with publication of a *Fertility Modification Thesaurus*. A model information retrieval system was designed to be set up within AID's Office of Population.

Data acquisition and dissemination

The Census Bureau, with AID support, has developed a computerized information storage and

New Acceptors of Family Planning Services in Selected Countries: 1970 and 1972 (contraceptive methods)



1970
 1972

Source: SESA/BUCEN/ISPC

AID/PHA/POP 73-9

retrieval system for demographic and family planning data called the *International Demographic Data Directory*. Information in the Directory is available to other government and private users through computer terminals connected to a private computer system, or through request to the Bureau for printed copies or references.

Under an agreement with AID, the Census Bureau receives program data from family planning programs in developing countries and has initiated a series of statistical reports containing such data from 48 countries. These reports are updated and distributed on a quarterly basis. They have also been reprinted and given wider dissemination under the Rapid Diffusion of Population Research Findings project. The available data document the growing use of contraceptives in developing countries. They show that in Asian countries with aggressive national programs and expanding family planning services, such as Indonesia, the Philippines, and Thailand, encouragement of oral contraceptive use has been particularly successful. Between 1970 and 1972 the annual number of new pill acceptors increased from 80,000 to 609,000 in Indonesia; from 114,000 to 350,000 in the Philippines; and from 132,000 to 327,000 in Thailand. (See chart: New Acceptors of Family Planning Services in Selected Countries.)

Commercial contraceptive distribution analysis

During fiscal 1973 the Westinghouse Population Center, under AID contract, completed the second year of a 2-year marketing analysis of the commercial distribution of contraceptives in nine countries—Pakistan, South Korea, the Philippines, Thailand, Iran, Turkey, Venezuela, Panama, and Jamaica. The first year of the marketing study concentrated on a descriptive analysis of contraceptive manufacturing/import and pricing policies, marketing and distribution patterns, legal restrictions affecting distribution, and volume of contraceptives distributed through the public and private sectors. During the second year, retail outlet and consumer-use surveys were conducted in all countries except Pakistan. The retail surveys provided profiles of contraceptive users and nonusers, exploring source of supply and knowledge, attitudes, and practices of contraception, in both urban and rural settings.

The study was undertaken to provide both public and private sector suppliers of contraceptives with data on existing marketing and consumer patterns with the goal of providing a firm basis for expansion of distribution.

Policy Development

Population policy development is a relatively new formal action area of the Office of Population, having been formalized with creation of a Policy Development Division in 1972.

The Division concentrates on gathering and disseminating demographic and social science data and findings that will help leaders of developing countries to design and implement realistic policies as they cope with problems of population growth. Included in its mandate is assistance to aid-receiving nations “to consider in their national planning the impact of population dynamics on their own national development.”

The importance of AID contributions in this area is indicated by the fact that increasing numbers of countries are facing up to the need for specific population policies. During fiscal 1973, four of the developing countries (Mexico, Zaire, Colombia, and Liberia) announced major changes in their population policies. This brought to approximately 40 the number of nations that had articulated policies of fertility limitation or family planning.

The Division supports research and the dissemination of information on the causes and consequences of population growth and movement, including factors influencing the practice of family planning. Information must be made available to people in policymaking and policy-influencing positions in a form which is readily comprehensible and provides clear policy alternatives to them. During fiscal 1973 the Division supported activities in or including the participation of citizens of 68 countries.

A number of the projects sponsored by the Division perform both the functions of information-gathering and information-dissemination. The Law and Population Programme, supported by AID, the United Nations Fund for Population Activities, and the International Planned Parenthood Federation, is 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, taxation, and those pertaining to factors which directly affect fertility, such as the importation of contraceptives, minimum marriage age, and abortion).

In fiscal 1973, the Law and Population Program, which is based at the Fletcher School of Law and Diplomacy of Tufts University, had projects underway in 19 countries. Over the life of the project

(since 1970), the laws of 27 countries have been analyzed and reported on. In most cases, these analyses are done by legal scholars in the countries concerned. The results of the analyses are published as monographs and are widely disseminated within the governments and law schools of the countries under examination. Focusing on the human rights aspects of family planning, the program has drawn attention to the obstacles placed by obsolete and conflicting laws to the effective implementation of population policy. Having influenced legislative reforms in many countries, it continues to stimulate and to help in the compilation of population-related laws, in the in-depth study of the interrelation between law and fertility behavior, and in serving as a clearinghouse for information aimed at the publication of a legislative series on population.

Another project which seeks to wed research and communication of research is the International Program for Population Analysis (IPPA) of the Interdisciplinary Communications Program, Smithsonian Institution. This project is intended to attract younger social scientists in the less developed countries to population policy research, to support them in the investigation of problems which are amenable to short-term policy action, and to bring the producers of the research together with the potential users—i.e., policymakers—for the purpose of discussing the policy alternatives which the research itself suggests. The methodology of the program is small-scale work agreements with individual investigators and regular conferences, newsletters, and publications to disseminate the results. In its first year of operation, the IPPA undertook the support of 10 research projects, each in a different country. Five workshops brought together researchers and government officials of the Third World to discuss factors affecting population policy. A total of 29 countries were represented either in conferences or through research support. In addition, the IPPA issued three quarterly newsletters which were sent to scholars and government officials in nearly 90 countries.

Since 1969, the Caltech Population Program of the California Institute of Technology has been supporting and disseminating population situation reports under an AID contract. In fiscal 1973, the program produced 26 reports on countries in Africa, Latin America, and Asia. These reports cover a wide range of subjects, including the operations of family planning programs, the social and economic consequences of rapid population growth, and the political environment within which population policy alternatives are debated. Since it began, the Caltech program

has produced more than 100 reports on over 40 countries. Many of these are purchased from the American Universities Field Staff. In addition, Caltech prepares an annual publication that reviews the year's changes in population programs and policies in a large number of countries.

Under AID contract, the National Academy of Sciences last year undertook a program of five regional population policy seminars designed to promote discussion of the population problem among eminent citizens of 60 developing countries. Although the seminars are private meetings, the presence of an international group under the sponsorship of the local host institution has generated substantial interest and local publicity for each seminar. The five seminars, three of which were held in fiscal 1973, will lead to the publication of a volume on perceptions of population problems and policies which will appear during the 1974 World Population Year. Journalists, lawyers, cabinet ministers, religious leaders, medical men, and leading businessmen have participated in each of the regional meetings. The volume will be made available to all the delegates to the World Population Conference as well as to policymaking and policy-influencing elites throughout the Third World, but in the interim, host institutions are reporting local seminar results in their own publications.

The International Population Policy Consortium, which now numbers members from nine countries (Mexico, Brazil, Indonesia, Nigeria, Senegal, Turkey, Yugoslavia, Chile, and the United States) was organized with AID support to examine the population policy process and to hold seminars where leadership groups from less developed countries are brought together to discuss and debate population policy issues. In 1973 the consortium held three leadership seminars (in Yugoslavia, Venezuela, and Turkey), supported three population policy research projects, and produced three books of articles on political research in population. The consortium's headquarters are at the University of North Carolina's Carolina Population Center.

Other projects have been aimed at the direct development of local capacities to provide information to decisionmakers for the design of appropriate policies. These include: "A Study of Fertility Rates and Earning Capacities of Rural Migrants in Latin America," carried out by the University of Wisconsin; "Population/Economic Growth Analysis," conducted by GE-TEMPO; and the Bureau of Census "Population Data Systems" project.

During fiscal 1973, the University of Wisconsin research team completed the data-gathering phase of

its study of migration in Colombia. The purpose of this study is to relate earning capacity and community characteristics to migrant behavior so that appropriate policies can be designed to harmonize migration with other development objectives. Analysis of the earlier data collected has yielded findings which the AID Mission in Bogota has found helpful in designing assistance packages to the agricultural and urban sectors. The researchers have held briefings for the Mission and Embassy and have also shared their findings with the Colombian planning agency staff.

GE-TEMPO efforts during fiscal 1973 focused on intensive efforts to support research teams in Peru, Colombia, and Venezuela who have been adapting the basic TEMPO model into a development planning tool attuned to specific country needs. The TEMPO model is an economic/demographic projection model that relates population growth to resource-allocation decisions of the public sector. To disseminate preliminary findings and to encourage productive professional dialogue, TEMPO has sponsored several meet-

ings designed to bring the host country researchers into contact with each other and to encourage discussion of their findings within the Washington development assistance community. TEMPO also carried out a series of special studies designed to apply population/economic projections to the educational planning needs of Colombia, to lay the basis for systematic analysis of the pronatality arguments of low-density countries, to open up fresh insights into the systematic allocation of scarce resources for family planning objectives, and to provide a version of the TEMPO model that will serve as an effective teaching tool in developing nations.

The Socioeconomic Analysis Staff of the U.S. Bureau of the Census continued its efforts during fiscal 1973 to upgrade population planning capacities in developing countries. Assistance was provided to the Pakistan Institute of Development Economics, and a workshop was designed and carried out for the Population Division of the United Nations Economic Commission for Asia and the Far East in Bangkok.



These four African social scientists-- from Ghana, Nigeria, Senegal, and Tunisia participated in a 1973 Conference on Population Dynamics Research in Lome, Togo.



AID Population Funds Obligated for Research in Fiscal 1966-67 Through 1973

[Excludes technical assistance projects with a research component]

Subject	1966-67	1968	1969	1970	1971	1972	1973
	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>
Population dynamics and descriptive demography:							
Family size & growth (CELAP)	160,000	200,000	230,000	350,000	100,000	----	----
Pregnancy outcome	----	----	194,000	----	----	----	79,000
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	60,000
Determinants of fertility (Rand)	----	143,000	----	326,000	----	88,000	----
Cross cultural fertility behavior research	----	----	----	----	842,000	----	----
Study of Latin American migrants	----	----	----	----	223,000	----	77,000
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	330,000	717,000	808,400	1,035,000	808,000	1,636,000	644,000
Subtotal	<u>929,000</u>	<u>1,456,000</u>	<u>1,567,400</u>	<u>2,056,000</u>	<u>4,022,000</u>	<u>3,217,000</u>	<u>860,000</u>
Operational research:							
Integrated I/P 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	----	272,000
Contraceptive marketing, Kenya	----	----	----	----	----	165,000	245,000
Other studies	262,000	185,000	353,000	178,000	342,000	52,000	735,000
Subtotal	<u>562,000</u>	<u>310,400</u>	<u>1,653,700</u>	<u>907,600</u>	<u>2,351,000</u>	<u>1,144,700</u>	<u>1,252,000</u>
Improved methods of fertility regulation:							
Research to develop new means:							
Corpus luteum studies:							
Worcester Foundation	----	109,000	----	----	99,000	----	----
NICHD-CPR	----	----	1,510,000	53,000	----	----	----
Antiprogestine:							
Population Council	----	----	3,000,000	----	----	----	----
Prostaglandins:							
Worcester Foundation	----	----	----	2,980,000	----	----	----
University of Wisconsin	----	----	----	----	227,000	----	----
Washington University	----	----	----	----	293,000	----	----
Makerere University	----	----	----	----	821,000	----	----
University of Singapore	----	----	----	----	----	----	475,000
Other	----	----	----	----	217,000	150,000	----
Gonadotropin releasing factor inhibitors:							
Salk Institute	----	----	----	2,255,000	----	----	2,150,000
Research to improve current means:							
Intrauterine devices:							
Battelle Memorial Institute	----	----	----	150,000	495,000	----	874,000
Other	----	----	----	----	12,000	----	----
Contraceptive safety:							
Southwest Foundation	----	----	----	913,000	----	----	1,226,000
Contraceptive & disease prophylaxis agent:							
University of Pittsburgh	----	----	----	581,000	----	----	138,000
Devices, sterilization:							
Battelle Memorial Institute	----	----	----	----	830,000	199,000	----
University of N. Carolina	----	----	79,000	----	135,000	----	----
Johns Hopkins University	----	----	----	----	----	1,954,000	158,000
University of Colorado	----	----	----	----	----	----	76,000
Other	----	----	----	----	----	----	49,000
Small grants program: Applied research on fertility regulation:							
University of Minnesota	----	----	----	----	----	3,350,000	----
Other	97,000	107,700	103,000	99,000	182,000	66,000	----
Field trials:							
International IUD program:							
Pathfinder Fund	194,000	----	1,289,000	----	----	----	----
International fertility research program:							
Univ. of North Carolina	----	----	----	----	3,106,000	1,800,000	----
Conventional contraceptive studies	----	346,000	440,000	340,000	----	----	----
Subtotal	<u>291,000</u>	<u>562,700</u>	<u>6,421,000</u>	<u>7,371,000</u>	<u>6,417,000</u>	<u>7,519,000</u>	<u>5,146,000</u>
Total	<u>1,782,000</u>	<u>2,329,100</u>	<u>9,642,100</u>	<u>10,334,600</u>	<u>12,790,000</u>	<u>11,880,700</u>	<u>7,258,000</u>

more knowledge of these is needed, especially on what affects motivation to practice family planning, 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 have received \$16.5 million between fiscal 1965 and 1973.

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 that 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 policymaking 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 1973, AID has provided \$19.7 million for 70 technical assistance and operational research projects in 20 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 Ghanaian 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 success 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 characterized by low levels of education and rudimentary systems for movement of supplies, transportation, and delivery of health care.

Support of research for improved means of fertility control is currently a most important element in AID's research program. For example, 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. The AID program also 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 about \$34 million to support research on new and improved means of fertility control.

New means of fertility control

Corpus luteum and antiprogesterin 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 5-year program aimed at development of a once-a-month method and with particular emphasis on antiprogesterin 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 on 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, the University of North Carolina, Johns Hopkins, George Washington University, the University of Wisconsin, Washington University (St. Louis), and the University of Singapore.

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 prostaglandin analogs and improved delivery systems can overcome these problems.

Releasing factors. Since fiscal 1970, the Salk Institute received \$4.4 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. Along with oral contraceptives, IUDs 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 accidental pregnancies limit the effectiveness of IUDs in current use.

Since fiscal 1970 awards totaling \$1.5 million have been made to the Battelle Memorial Institute's Northwest Laboratories for research to improve IUDs. The program correlates IUD performance

patterns with physical and chemical characteristics of IUDs. Existing IUDs have been tested 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.

Safety of oral contraceptives. To obtain additional data concerning safety of the widely used and highly effective oral contraceptives, since fiscal 1970 \$2.1 million has been obligated for the Southwest Foundation for Research and Education and a number of subcontractors to study the metabolic and vascular effects of steroids used in current hormonal contraceptives and the health effects of the oral contraceptors in developing countries.

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 appears likely 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 have been initiated in six countries, and initial results are very promising.

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.

Since fiscal 1970, the University of Pittsburgh has received \$619,000 for a 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 is administered by the University of Minnesota and assisted by a Scientific Advisory Committee made up of experts in applied fertility research. It funds 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 trials, an International Fertility Research Program was funded in fiscal 1971. It is based at the University of North Carolina. This \$5-million program is conducting 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 of \$2.4 million at George Washington University.

The Population Information Program is providing 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 sterilization.

Family Planning Services

The Office's Family Planning Services Division is responsible for the development of activities designed to support initiation and expansion of family planning services upon request of developing countries and for providing commodities and technical consultation to help implement them. The Division monitors grants to private organizations, arranges delivery of contraceptives and other medical supplies and equipment, and provides technical consultation to help developing countries resolve special problems arising in development of their programs.

AID's supplying of contraceptives to family planning programs of the developing countries is, in itself, a highly important contribution. Since 1967, when AID removed contraceptives from its list of "ineligible commodities," the Agency has purchased a total of \$44.3 million worth of modern contraceptives for use in population programs of some 70 countries.

Major international organizations, such as the United Nations Fund for Population Assistance, International Planned Parenthood Federation, and Pathfinder Fund give support to improved distribution of contraceptives, and AID works closely with them and other participating organizations in carrying out such efforts.

Oral contraceptives

Oral contraceptives comprise by far the largest category of fertility control commodities that AID makes available in its assistance programs. They have appeal to younger women, they are effective, and they are easy to dispense.

In fiscal 1973, AID purchased 125.4 million monthly cycles of oral contraceptives representing a value of \$19.6 million. Cumulatively, through fiscal 1973, AID has financed purchase of 190.1 million cycles of oral contraceptives at a cost of \$32.6 million. (See accompanying charts). AID supplies oral contraceptives on a bilateral basis to 19 countries at the present time and, by working through other participating organizations, makes contraceptives available to some 70 countries.

AID has procured oral contraceptives through General Services Administration (GSA) negotiated contracts, using the competitive bid procedure, which resulted in changes in the brand or type of oral contraceptives supplied from time to time. Brand changes in some cases brought complaint from users, with

resultant detrimental program effect. In June of 1973, after a thorough review of oral contraceptive procurement practices, AID initiated a new policy of central procurement for oral contraceptives. The new policy of central funding and procurement allows procurement under generic specifications rather than under brands that may change and has resulted in cost savings to the U.S. Government.

The initial oral contraceptive procurement under central procurement guidelines in June 1973 was for 68 million monthly cycles of oral contraceptives at a price of 13.9 cents per cycle. The previous contract had been for 8 million cycles at 17.5 cents per monthly cycle. Thus, the large-scale central procurement enabled AID to make this purchase at a saving of more than \$2 million over the previous purchase price and a saving of approximately \$15 million over the price of 40 cents-plus currently in effect for other U.S. Government agencies.

Since June 1972, all AID-procured oral contraceptives have been in a standard Blue Lady pack, each

containing three monthly cycles. The Blue Lady pack, with a silhouette of a young woman putting a pill in her mouth, is fast becoming familiar to women in the developing world and is expected to facilitate education and communication concerning oral contraceptives as well as to enhance distribution.

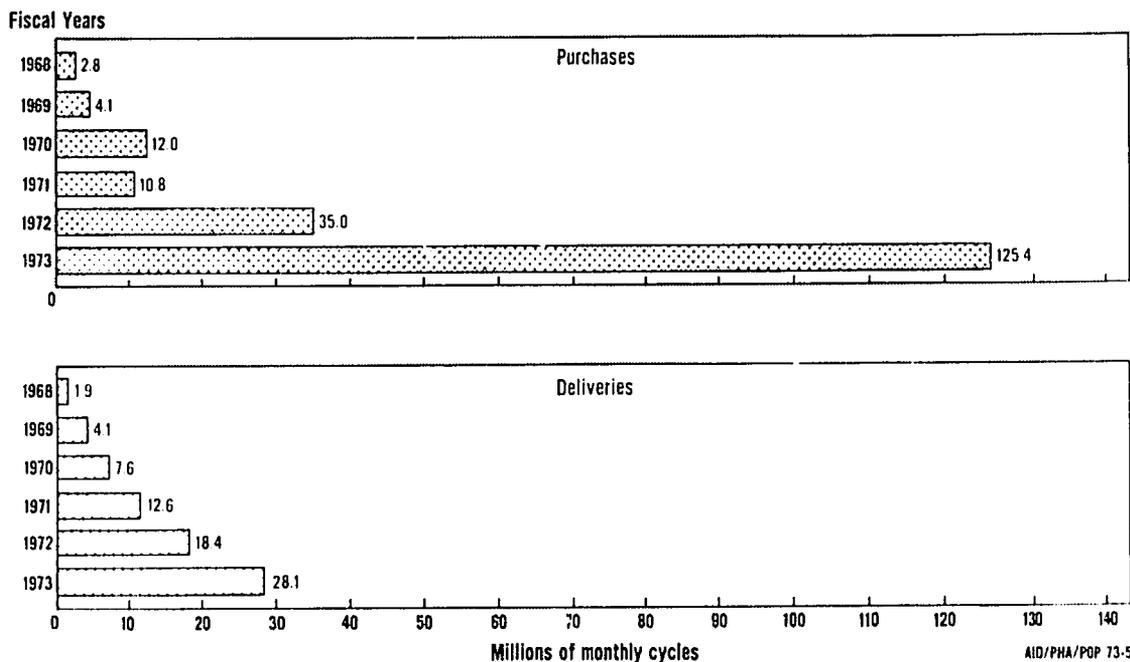
In an effort to expand and facilitate oral contraceptive distribution, new and improved distribution mechanisms, such as improving commercial distribution, are being explored.

Several nations such as the Philippines and Pakistan have recently removed prescription barriers to the distribution of oral contraceptives, and this liberalized approach is being considered by other nations such as Bangladesh and Jamaica.

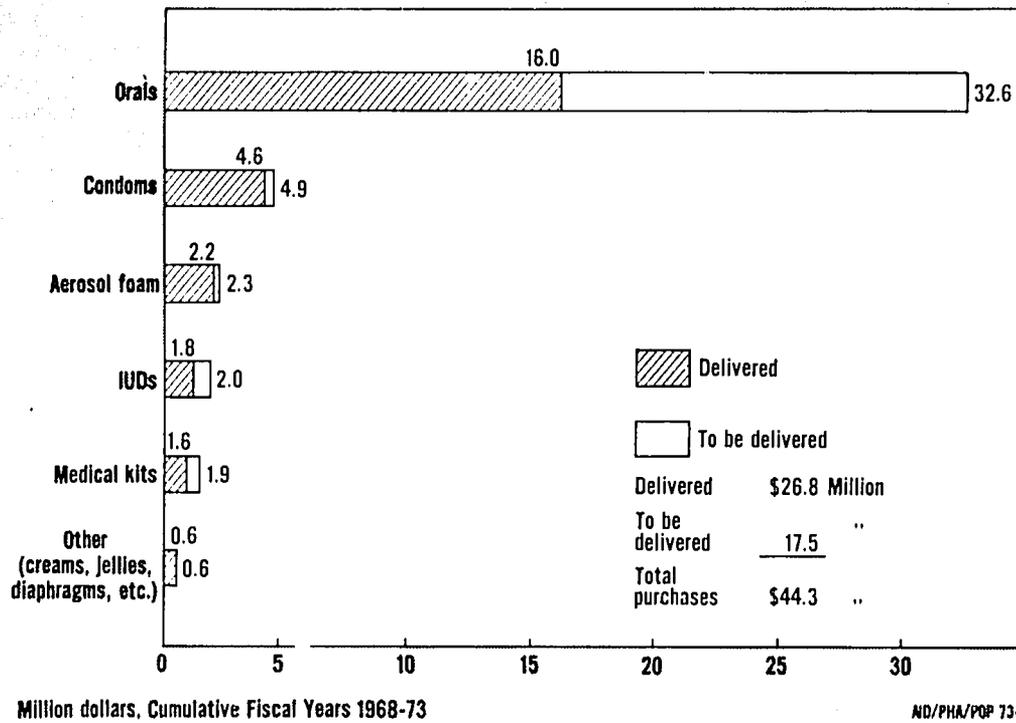
Since an estimated 60 percent of fecund women in developing countries are less than 30 years of age and over half of all children will be borne by women in their twenties, oral contraceptive distribution is being given priority support by AID. To meet the rapidly growing demand, alternative methods of

AID's large-scale purchasing of oral contraceptives in bulk, with standardized ingredients and packaging, has reduced procurement costs and increased acceptability. In June 1973 AID financed the purchase of 68 million monthly cycles of orals at 13.9 cents per cycle, as compared with an earlier contract for 8 million cycles at 17.5 cents per cycle.

Oral Contraceptives Financed by AID For family planning programs in less developed countries



Total Contraceptive Supplies Financed by AID
For family planning programs in less developed countries



Orals are the most widely used of all contraceptives. However, AID follows a policy of offering a wide range of safe and effective contraceptives, as well as equipment and supplies, to developing countries seeking to control fertility. This policy permits flexibility in choice of methods.

manufacture, procurement, and distribution call for vigorous exploration.

Intrauterine devices

Last year's demand for IUDs exceeded that of the previous year; in fiscal 1973 AID financed the purchase of 1.6 million IUDs. The Saf-T-Coil was added to the list of IUDs supplied by AID, which includes the Lippes Loop and Dalkon Shield.

AID supplied four sizes of Lippes Loops (A, B, C, & D) and two sizes of Dalkon Shields (small and standard) through GSA contracts in fiscal 1971 and 1972. Previously only Lippes Loops were supplied.

Cumulatively, AID has financed purchase of 4.6 million IUDs at a cost of \$2.0 million in the 6 years of the program.

Condoms

Condom orders in fiscal 1973 showed a marked increase from previous year purchases - 296,000 gross

as compared to 80,600 in fiscal 1972. Renewed interest in this type of contraceptive is expected, owing to the introduction of multicolored condoms which are now available in red, green, black, blue, and pink. Cumulatively, during the program 1.8 million gross condoms have been purchased at a total cost of \$4.9 million.

Other contraceptives

Aerosol foam continues to be provided by AID to developing countries requesting it for their programs. Purchase orders in fiscal 1973 amounted to \$334,000, representing a decrease over the previous year. Since the beginning of the program, AID has financed \$2.3 million worth of aerosol foam.

Diaphragms and vaginal creams and gels purchased and delivered in fiscal 1973 amounted to \$116,000. Cumulatively, purchase orders and deliveries for these commodities amounted to \$594,000.

In addition to supplying contraceptives, the commodity program also has standardized the com-

ponents supplied in medical kits so as to simplify procurement procedures and assure availability of the necessary equipment in the numerous special-purpose clinics that are taking form in the developing countries. Major activities have included development of specifications for a self-contained laparoscopic unit and development of a simple menstrual-regulation kit.

Population Communication

Timely and effective delivery of messages that population growth is a problem; that family planning is possible, desirable, inexpensive, and safe; and that necessary services and supplies are available is a keystone of any successful population communication program. Resource support, both financial and advisory, of this principle remained a major element of AID assistance to developing countries in the population field in fiscal 1973.

This assistance was provided directly on a bilateral basis, under agreements with other governments, as well as indirectly through such international agencies as the United Nations Fund for Population Activities (UNFPA) and a diverse range of private organizations and institutions whose reach is regional and in some cases worldwide. An important further element of AID support of information, education, and communication (IEC) efforts is its capacity to quickly field staff and consultant experts on request of appropriate developing country authorities and organizations.

AID funds and technical advice in this area, always with emphasis on the voluntary nature of population/family planning participation, were directed to one or more of the following purposes:

- To identify specific audiences to receive the message, in the mass or as individuals. Mass audiences include the general public or important segments thereof; for example, men and women in the fertile age group. Individual audiences range from a man or woman seeking counsel to national leaders concerned with the demographic dimension of development and able to influence development policy
- To identify and exploit any and all media useful for transmission of the family planning message and to design programs tailored to local situations, including pretesting.
- To encourage research oriented to practical field application and to test program results.
- To locate organizations engaged in family planning information, education, and communication

and assist them to do it better, to induce other organizations to enter the field, or to promote formation of new structures to carry out the work.

- To support establishment or improvement of training institutions specializing in teaching IEC to developing country family planning workers.
- To provide or assist in development of useful information, education, and communication materials.

Within AID's Office of Population, the IEC Division is charged with operational guidance of IEC assistance. Its staff specialists serve as program officers and monitors of grants and contracts covering a number of far-reaching information, education, and communication activities, frequently with advisory help from expert outside consultants. The division also advises and cooperates closely with other officers having geographical family planning program responsibilities, either regional or country-specific; operates a library and reference service for the benefit of AID field missions; and publishes this annual report.

Interregional IEC support

Interregional support describes assistance to a variety of activities benefiting population/family planning programs of more than one country. It embraces efforts of private and official internationally oriented organizations to build or strengthen IEC institutions, increase the number of trained specialists, strengthen IEC elements in existing population programs, develop and distribute communication materials, and encourage professional or other appropriate organizations to add population/family planning IEC to their present programs.

Examples of how such support produced results or led to new efforts in fiscal 1973 include the following:

East-West Communication Institute. This component of the East-West Center on the University of Hawaii Campus, one of five problem-solving institutes, conducted its second series of training programs in the field of population communication support. Participants included staff members and advisors of family planning programs in Asia, Africa, and Latin America of whom most now work actively in the IEC programs of their country. The Institute also developed a new modular system of professional development, to take effect in 1974, in which participants from developing countries select learning topics from 14 modules in the fields of communication research, consultant roles, management of IEC programs, and use of existing media. Innovative activities



Round-table discussion on family planning communication was part of an AID-sponsored training program for family planning communicators at the East-West Center, Honolulu.

in 1973 were seminars in use of commercial (advertising and marketing) resources in IEC programs and the importance to IEC of applied research. Two special workshops concerned population education. The Institute publishes a bimonthly IEC newsletter, numerous special bulletins and pamphlets, and a series of reports on population IEC activities in specific countries as well as on a regional basis.

The Institute serves as both a training and service institution with responsibilities for inventory and analysis of worldwide population IEC activities and needs, conduct of formal IEC specialist training plus short-term workshops, followup and consultant services with its graduates, and a consultative and supportive relationship with comparable training activities in developing countries.

University of Chicago. During the 1972-73 academic year 31 students from 14 countries were enrolled in the regular masters degree program in population communication conducted by the University of Chicago's Community and Family Study Center under an AID grant. In the same period four students advanced into the doctoral program and four others registered for short nondegree training. By the summer of 1973 the Chicago program had graduated

13 students from 11 countries, including two at the Ph.D. level. Three monographs appeared during the year, one of them summarizing an earlier conference held on the campus and entitled *Information, Education and Communication in Population and Family Planning: a Guide for National Action*. The AID-supported graduate program at Chicago, intended to train managers and designers of local and national family planning programs, began in 1971.

International Confederation of Midwives.

Under a grant from AID, the International Confederation of Midwives (ICM) began a program in 1972 to encourage midwives around the world to provide family planning information and services as an integral part of their work for maternal and child health. During fiscal 1973 the ICM held a working party in Ghana for midwives and obstetricians from five English-speaking West African countries. The working party program focused on the role of midwives in family planning, and was the first of a planned 3-year series of regional working parties which will include delegates from nearly all developing countries. The ICM's Triennial Congress, held in Washington in October 1972, also emphasized the family planning responsibilities of midwives.

American Home Economics Association. In fiscal 1973 the American Home Economics Association (AHEA) continued its program of informing home economists in developing countries of the importance of family planning information and education as a professional responsibility. The AHEA program included country workshops and surveys on the home economists' role in population and family planning programs, plus development of curriculum and materials to train home economists in family planning approaches.

World Assembly of Youth. A 1973 highlight of the population activities of the World Assembly of Youth (WAY) was a 3-week seminar at its Brussels headquarters of youth leaders from developing countries. Population information concepts imparted during the seminar will be incorporated into population awareness campaigns in countries to which participants returned. AID has extended support for population activities to WAY, an organization of more than 100 major youth groups of the world, since 1969.

World Education, Inc. Fiscal 1973 was a year of further growth for population/family planning efforts of this organization, whose major program emphasis is functional literacy and which provides family planning information through literacy teaching materials and curricula. Initial program steps were being taken in Ecuador, Afghanistan, Indonesia, and the Philippines. Expansion occurred in programs of Colombia's

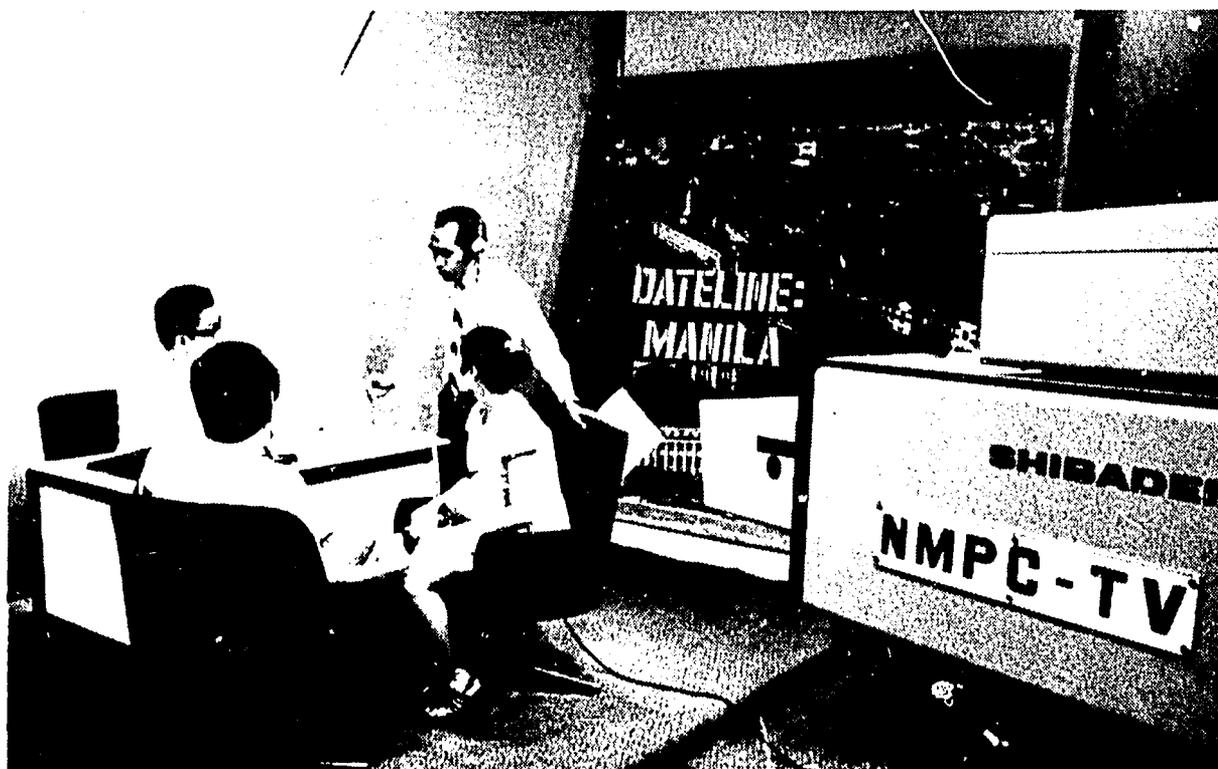
Accion Cultural Popular, the Women's Welfare Organization of Ethiopia, and the Philippine Rural Reconstruction Movement. And established programs continued in Turkey, Thailand, Honduras, Costa Rica, and the Philippines. The organization also played an increasingly active role, in concert with like-minded agencies, in the field of population education, both at formal and out-of-school levels.

Audio-Visual Training "Packages". During fiscal 1973 the Airlie Foundation, under AID contract, began and completed filming in 13 developing countries in connection with production of three teaching films and collateral materials designed to provide more effective training for high-level professional family planning workers. The "packages," first of a planned series, concern evolution of national programs, family planning delivery systems, and population communication.

Population Overview Film. In January 1973 the Office of Population released a 28-minute documentary-style film called *Population: Challenge and Response* that depicts representative activities being undertaken around the world to solve the problem of population growth. Filmed in six developing countries and the United States, it is being used for orientation of persons with professional interest in the subject. Producing contractor was Dick Young Productions, Ltd.

The Asia Foundation. Drawing on long experience and an existing network of country representa-

One example of IEC activities is this interview between a pregnant woman and her doctor—focusing on future family planning—staged by the National Media Production Center, Manila.



tives, and using resources afforded by an AID subgrant to assist population IEC in its region, the Asia Foundation during fiscal 1973 mounted more than 100 projects in 13 Asian countries. A particular thrust of its effort is to stimulate organizations not presently engaged in population/family planning work to become active in it.

Carolina Population Center. The first edition of the *International Directory of Population Information and Library Resources* was published during fiscal 1973 by the CPC Technical Information Service (TIS) of the University of North Carolina as part of its activities under an AID contract. Other 1973 accomplishments included issue of a quarterly called *Overview: The International Journal of Population Libraries* and commencement of a year's collaborative effort with the Pontifical Universidad Javeriana in Bogota, Colombia, as part of an internship program for training population librarians. Release of a *Population Family Planning Thesaurus*, intended to provide a standard professional vocabulary, and a *Population Library Manual* was planned for early 1974. Broad goal of the contract is increased ability of developing country libraries to support population research and policy development.

Planned Parenthood Federation of America (PPFA). Working principally through health and medical services offered by nearly 1,400 church-related hospitals in some 57 developing countries, PPFA, through its international division, Family Planning International Assistance (FPIA), conducted three regional IEC workshops during fiscal 1973 to focus on specific country projects. The workshops were held at Nairobi, Kenya; Bangkok, Thailand; and San Jose, Costa Rica. A conference of Christian Broadcasters, with Catholic and Protestant representative meeting together, was also funded in order to plan future radio and television broadcasting programming initiatives on population-related subjects. Of the 35 PPFA/FPIA projects underway during fiscal 1973 in Asia, Africa, and Latin America, 16 were IEC projects designed to strengthen and change the knowledge, attitudes, and behavioral patterns of potential parents.

Helping country programs

Korea. Through grantees, support of Korean family planning IEC activities during fiscal 1973 was largely devoted to training of Korean IEC staff of the Planned Parenthood Federation of Korea in anticipation of an expanded and comprehensive IEC project under consideration by the UNFPA. AID took an

active part in 1973 in deliberations of a United Nations consultation mission considering the expansion plans submitted by Korea.

Philippines. While looking to the United Nations to play an increasingly dominant role in IEC assistance in the future, some of the results achieved with strong AID support during 1973 included: More than 2 million comic books, 1.3 million brochures, 750,000 posters, 600,000 leaflets, 350,000 magazines, and nine films produced by the National Media Production Center, all in support of national population policies and programs; continued functioning of nearly 3,000 "motivators"; field operations of mass communication mobile teams whose chief instrument is films. Surveys indicate family planning awareness among 86 percent of the relevant population.

Thailand. Fiscal 1973 saw the entry to the IEC support field in Thailand of the Asia Foundation, assisted by AID support. Other grantee assistance, for the most part concentrating on adult literacy and population education, continued from World Education, Inc., the American Home Economics Association, International Planned Parenthood Association, and Planned Parenthood Association of America.

Indonesia. Awareness of Indonesia's growing family planning needs has spread rapidly through endeavors of private sector groups, health workers, fieldworkers, and the IEC efforts on the part of the National Family Planning Coordinating Board (BKKBN), some of whose personnel have received communication training from AID-supported institutions.

Pakistan. Reemergence of family planning as a priority development concern in Pakistan was matched, in fiscal 1973, by a planned rise in AID support, including emphasis on IEC. Support will come from staff of the AID Mission supplemented by short-term contract specialists. During the year the Mission worked extensively with the Government of Pakistan Population Planning Division on preparation of a phased publicity plan for the years 1975-78.

Ghana. "Family Planning Week" was observed during May 1973 throughout Ghana. Events included a week-long exhibit in Accra, the capital, as well as talks, lectures, and a television play on family planning themes. Support of mass media family planning information programs, and for training in mass media use, has high priority in AID assistance and among other aid donors.

Niger. An AID grant in fiscal 1973 supported production by the National Center for Social and Scientific Research of a short film portraying benefits of family planning for viewing by a variety of public

audiences. In a country lacking a population policy or family planning program, the film was considered a first step toward wider understanding of the population problem.

Ethiopia. The Ethiopian Women's Welfare Association was assisted by World Education, Inc., an AID contractor, in the introduction of family life education, including family planning information, in adult literacy programs. Development of publications and teacher training for use of new materials were among other Association activities.

Kenya. Expanded use of radio as a means of family planning education in rural areas, exhibits illustrating family planning concepts at agricultural shows, and widely distributed calendars whose illustrations link responsible parenthood with nutrition and employment were among IEC developments in Kenya.

Turkey. Some 3,000 adults in five districts took part in the first phase of a new adult literacy program which incorporated family planning education. Three textbooks with family planning content and the training of nearly 100 teachers to direct the special classes were among early accomplishments of the program assisted by World Education, Inc.

Ecuador. Malaria workers were trained to give short talks on the benefits of family planning to rural villagers visited in the course of regular duties. Volunteers, largely women, follow up the talks through home visits which include provision of information as to where low-cost clinical facilities are available. The pilot project has the joint sponsorship of the Government and local affiliates of the International Planned Parenthood Federation.

Colombia. The largest private radio and newspaper network in Latin America, *Accion Cultural Popular*, expanded its programs stressing improved family life and responsible parenthood, chiefly reaching rural audiences.

Manpower Development

The skills and capabilities of a nation's people are its greatest resources. Unfortunately, indigenous trained manpower is a scarce resource in all of the developing countries, and this scarcity results in competition for that which is available.

Population/family planning programs are not only hampered in the acquisition of skilled personnel by these competing forces, but by others as well. Such programs are of comparatively recent origin and therefore lack the historic cadre, even on a miniscule

scale, which prevails in the existing private and public sectors. Also, the activity is often looked upon as ephemeral, by both workers and governments, making it difficult to attract qualified personnel. All of these conditions conspire to seriously limit the number of skilled workers available for population/family planning programs.

While some skills and training from other fields are transferable to these new programs, additional specialized training usually is required. Diverse types of qualified people are needed to man a population/family planning program. Highly skilled and well-trained administrators, medical doctors, nurses, and other health specialists and paramedicals, training specialists, and other on-line personnel are needed. Numerous supportive positions are required, calling for sociologists, economists, communication specialists, demographers, statisticians, and computer technicians. Nonprofessional staff, too, is in short supply and requires training—supply clerks, recordkeepers, receptionists, outreach workers, and others.

The AID-supported training program is aimed at overcoming as many of these deficiencies as possible in the shortest possible time.

Summary of training

Training under AID sponsorship or in AID-supported institutions expanded perceptibly in fiscal 1973.

During the year 475 participants were enrolled in one or more AID-supported training/orientation programs in population/family planning in the United States. Also, under AID auspices, 183 participants went to other countries for some type of training.

The breadth and scope of training in the United States ranged from a few weeks of specialized training to a full academic program leading to higher degrees at outstanding universities. Data regarding the number of students at universities and the academic program are shown in the accompanying table on page 37.

Through its programmatic grant to the Population Council, AID supported 39 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 41 interns were working in 21 countries. Of these, 26 were appointed this year and the other 15 were carry-overs from prior years. The interns spent approximately 400 man-months of combined field study and

**Number of Participants Arriving in the United States and Third Countries
for Population/Family Planning and Statistics Training, Fiscal 1973**

Country and region of origin	United States				Third country				Total	
	Population/ family planning		Statistics		Population/ family planning		Statistics		Partic- ipants	Man- months
	Partic- ipants	Man- months	Partic- ipants	Man- months	Partic- ipants	Man- months	Partic- ipants	Man- months		
West Asia:										
Turkey	-	-	4	78	-	-	-	-	4	78
Afghanistan	7	30	11	138	-	-	-	-	18	168
Nepal	7	47	-	-	-	-	-	-	7	47
India	10	13	-	-	-	-	-	-	10	13
Bangladesh	2	2	-	-	-	-	-	-	2	2
Pakistan	4	5	-	-	-	-	-	-	4	5
Iran	4	5	-	-	-	-	-	-	4	5
Other Arab States	-	-	-	-	1	21	2	114	3	135
Total	34	102	15	216	1	21	2	114	52	453
East Asia:										
Hong Kong	2	3	-	-	-	-	-	-	2	3
Malaysia	2	3	-	-	-	-	-	-	2	3
British Oceania	1	1	-	-	-	-	-	-	1	1
Laos	2	2	-	-	51	86	6	4	59	92
Korea	8	57	5	72	32	26	-	-	45	155
Philippines	34	179	3	16	1	2	-	-	38	197
Thailand	24	316	2	26	9	8	-	-	35	350
Indonesia	11	157	5	61	1	1	-	-	17	219
Vietnam	6	42	11	130	16	22	-	-	33	194
Total	90	760	26	305	110	145	6	4	232	1,214
Africa:										
Malawi	2	3	-	-	-	-	-	-	2	3
Kenya	11	109	-	-	-	-	-	-	11	109
Uganda	1	19	1	12	-	-	-	-	2	31
Nigeria	9	24	-	-	-	-	-	-	9	24
Tanzania	-	-	3	35	-	-	-	-	3	35
Cameroon	3	23	-	-	-	-	-	-	3	23
Sierra Leone	9	46	-	-	-	-	-	-	9	46
Ghana	13	61	5	67	-	-	-	-	18	128
Mauritius	2	7	-	-	-	-	-	-	2	7
Swaziland	3	24	-	-	-	-	-	-	3	24
Ethiopia	1	2	-	-	-	-	-	-	1	2
Liberia	7	44	-	-	-	-	-	-	7	44
Ivory Coast	1	-	-	-	-	-	-	-	1	1
Senegal	2	-	-	-	-	-	-	-	2	-
Zambia	1	1	-	-	-	-	-	-	1	1
Total	65	364	9	114	-	-	-	-	74	478
Latin America:										
Argentina	15	19	-	-	-	-	-	-	15	19
Bolivia	1	-	-	-	-	-	-	-	1	-
Brazil	-	-	1	1	-	-	-	-	1	1
Chile	19	26	-	-	-	-	-	-	19	26
Colombia	72	483	-	-	4	-	4	2	80	485
Costa Rica	10	12	-	-	5	50	-	-	15	62
Dominican Rep.	6	10	-	-	-	-	-	-	6	10
Ecuador	15	46	-	-	-	-	-	-	15	46
El Salvador	4	5	-	-	3	27	-	-	7	32
Guatemala	10	24	-	-	7	1	-	-	17	25
Haiti	2	2	-	-	-	-	-	-	2	2
Honduras	3	5	-	-	15	60	-	-	18	65
Nicaragua	3	4	-	-	24	5	-	-	27	9
Panama	5	5	-	-	1	2	-	-	6	7
Paraguay	22	50	-	-	-	-	-	-	22	50
Peru	10	35	-	-	1	2	-	-	11	37
Uruguay	10	12	-	-	-	-	-	-	10	12
Venezuela	4	16	1	10	-	-	-	-	5	26
Jamaica	13	28	-	-	-	-	-	-	13	28
St. Vincent	1	3	-	-	-	-	-	-	1	3
St. Lucia	2	6	-	-	-	-	-	-	2	6
Grenada	1	3	-	-	-	-	-	-	1	3
Antigua	2	2	-	-	-	-	-	-	2	2
Trinidad-Tobago	4	9	-	-	-	-	-	-	4	9
Total	234	805	2	11	60	147	4	2	300	965
Grand total	423	2,031	52	646	171	313	12	120	658	3,110

service at such institutions as family planning centers, universities, ministries of health, ministries of education, and population research centers.

Late in fiscal 1972 AID established a World-wide Population Training Fund. This is a mechanism whereby funding and programming of participants can be accomplished directly from Washington, D.C. For the first time in the history of the Agency, it became possible to provide training for nationals directly from the AID/Washington office. This is particularly useful for participants from countries where there is no AID Mission. During fiscal 1973, 67 participants from 19 countries came to the United States for training through use of this fund.

Economists and behavioral scientists

Progress was made in the program at Harvard University to train scholars and public officials in the academic aspects of the population issue. With AID support, the Harvard Center for Population Studies was able to expand the university curriculum and faculty in population and population-related subjects. This program also supported 14 fellows who pursued graduate work in demography, population/economics, and other population social science-related disciplines. At the conclusion of this 5-year program it is anticipated that some 90 student years of training will be provided.

This program not only enables highly qualified people from less developed countries to become more skilled in the population field, but also will give them the status and capability needed to become influential voices in population policy matters in their own countries.

Family planning physicians

The ideal roles for physicians in family planning programs are to provide clinical and surgical methods of fertility regulation, to supervise paramedical and auxiliary personnel who administer nonclinical contraceptives, and to provide backstop services. A training program initiated in 1972 was continued in fiscal 1973 through the Johns Hopkins Hospital in Baltimore, Maryland, to provide month-long training for gynecologists, obstetricians, and surgeons in the most advanced techniques of fertility management. This includes pregnancy diagnosis, laparoscopy, and vacuum aspiration. In fiscal 1973 there were 37 physicians from 21 countries who completed the course.

As step II of the above program, in fiscal 1973 a highly promising new project was fully designed—the Advanced Technology Fertility Clinics Program. This project will establish several hundred clinics in developing countries with personnel trained through the above program to provide the most technologically advanced and comprehensive services for fertility management. These clinics will provide both training and services. Initially six training centers will be established in the developing countries, plus two more similar to the Johns Hopkins unit in the United States. In these nine centers, it is planned that by fiscal 1977 more than 1,400 clinicians will be trained to perform fertility regulation services and training in less developed countries where such services are legal and requested.

AID continued in fiscal 1973 to support a program at the Margaret Sanger Research Bureau which began in fiscal 1971. Each year, eight highly

Number of Students Receiving Population/Family Planning Training in AID-Supported University Programs, Fiscal Year 1973

University	Doctoral program	Master program	Special program	Total	Length of training
	<i>Students</i>	<i>Students</i>	<i>Students</i>	<i>Students</i>	<i>Man-months</i>
Johns Hopkins	37	130	11	178	654
North Carolina	66	72	29	167	1,440
Michigan	35	135	17	187	893
Hawaii	--	19	18	37	246
East-West Center	25	39	265	329	803
Harvard	1	13	1	15	135
Chicago	—	19	56	75	664
Total	164	427	397	988	4,235

qualified obstetrician-gynecologists from developing countries receive a full year of training in the medical and nonmedical aspects of family planning. The training deals with all aspects of human reproduction and fertility control, as well as with the sociological, administrative, demographic, and statistical aspects involved in maintaining an efficient program.

Midwives, nurse-midwives, and nurses

Under a contract with the Downstate Medical Center of the University of New York in Brooklyn, a postgraduate clinical training program in family planning is given to teams of senior professional nurse-midwives from developing countries. Since the inception of this program in April 1971, 64 midwives and nurses have been trained. In fiscal 1973, 46 participants representing 15 countries were trained. The next step in this program is for those who have completed the course to establish, with the help of the Downstate Medical Center Staff, similar advanced training centers in their own countries. In fiscal 1973, centers were established in Thailand, Ghana, and Ecuador.

In October 1972 a 4-week workshop for nursing educators in family planning/population was conducted at Chapel Hill. The purpose was to suggest curricula in family planning/population which could be introduced in the basic nursing schools in their home countries. It was attended by 13 nurse-educators from Nigeria, Iran, Taiwan, the Philippines, Colombia, and Panama. A followup effort indicated that all of the attendees had made progress in incorporating some of the family planning/population curricula into their basic courses.

In November 1972 the International Congress of Midwives held its triennial meeting in Washington, D.C. Approximately 2,500 midwives from some 80 countries attended. The Congress devoted a good portion of the meeting to population/family planning. AID provided half the program funds for the Congress and also provided travel and per diem for 70 of the participants. Prior to the Congress, AID supported a 1-week orientation in clinical procedures for these participants at Meharry Medical College in Nashville, Tenn., and at Johns Hopkins University.

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 to the organization and running of systems to collect, analyze, and interpret vital and family planning program statistics. During the year 134 participants were trained in these fields.

The Bureau of the Census has developed and administers a correspondence course through which individuals in some 30 countries obtain basic professional instruction in demography, statistics, sampling, and survey techniques. Active participants enrolled for one or more of these courses in fiscal 1973 numbered 150.

Family planning orientation training

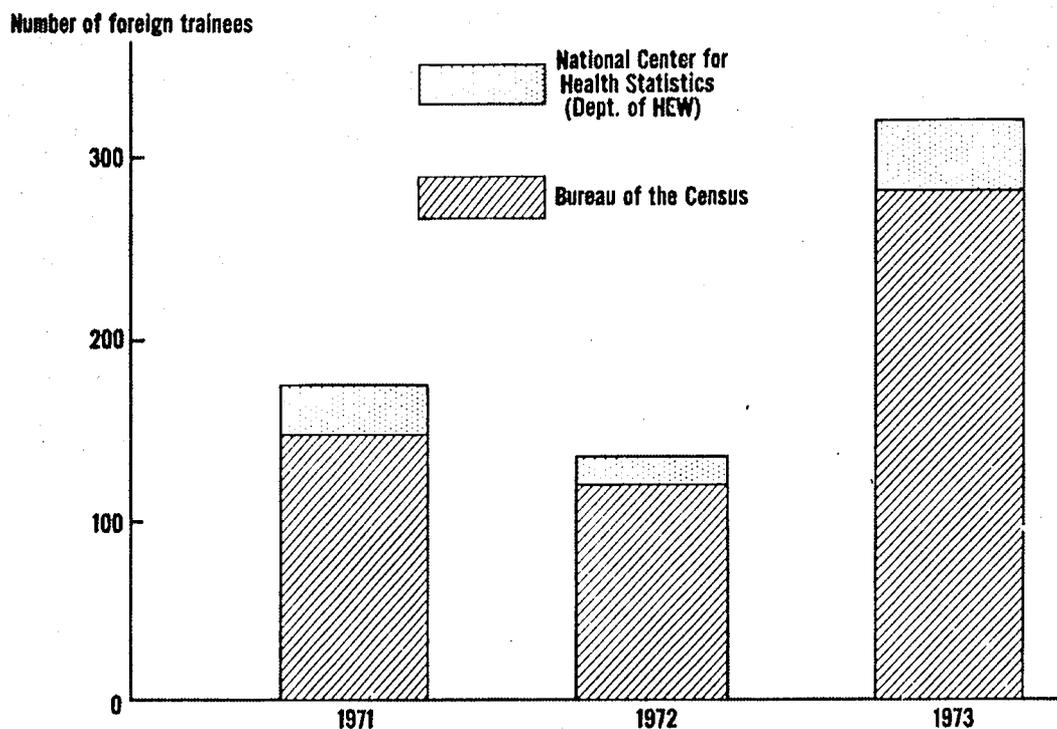
In fiscal 1973 a Washington-based orientation project was developed as a result of a felt need to have a strategically located family planning organization available for both foreign visitors who were unacquainted with U.S. domestic efforts in this field and also to provide an orientation resource for Americans traveling to the developing areas. During the year Planned Parenthood Association of Metropolitan Washington, D.C., provided orientation on U.S. family planning to 455 people. Of these, 345 were from developing areas and 110 were Americans involved in foreign travel.

AID also supports an orientation/training program at the Planned Parenthood Association of Chicago. Here one can receive a brief orientation program or a more comprehensive training program of from 1 to 8 weeks, tailored to individual needs and interests. This training program covers various aspects of medical and contraceptive methodology, administrative techniques, and communication methods and procedures in running a family planning clinic or program. During fiscal 1973, 160 foreign nationals and 15 Americans received orientation or training.

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. To inform home economists and involve them in active support of the family planning programs functioning in their countries, five workshops at five

Training in Population Statistics Under AID Auspices



Fiscal years ending June 30

AID/PHA/POP 73-8

AID-supported training of foreign demographers and statisticians helps the developing countries set up systems to collect, analyze, and interpret population and family planning program statistics. Training also includes social workers; midwives, nurse-midwives, and nurses; economists and behavioral scientists; communicators and educators; home economists; and physicians.

universities were conducted. Each was of 6 weeks' duration and was attended by a total of 60 home economists currently studying for graduate and undergraduate degrees in home economics in U.S. universities.

Communication and education

An efficient nationwide family planning program requires an information, education, and communication system for reaching people: to encourage concern with the population problems, to inform of the benefits and methods of limiting family size, and to provide information on the local availability of program supplies and services. However, population and family planning programs are so relatively new that very few specialists have received training and experience specifically in this field.

The Communication Institute of the East-West Center in Honolulu, Hawaii, maintains training pro-

grams in this area of specialization. The Institute conducted two programs during the past year in the use of commercial resources in IEC programs and the application of research to IEC. Also, a 6-week workshop/seminar was carried out in population education. There were 36 participants from four countries in these training programs.

The Community and Family Study Center at the University of Chicago also maintains a program designed to train professional specialists for managerial and planning positions in communication endeavors which have as one goal the acceleration of social change via persuasion or attitude change on the part of receiving audiences. Stress is placed on management skills, design, execution, diffusion, and testing of population/family planning messages. This training involved two seminar/workshops of 3 months' duration, primarily for Asian country program leaders and other key personnel in IEC activities.

Leadership development/speciality training

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

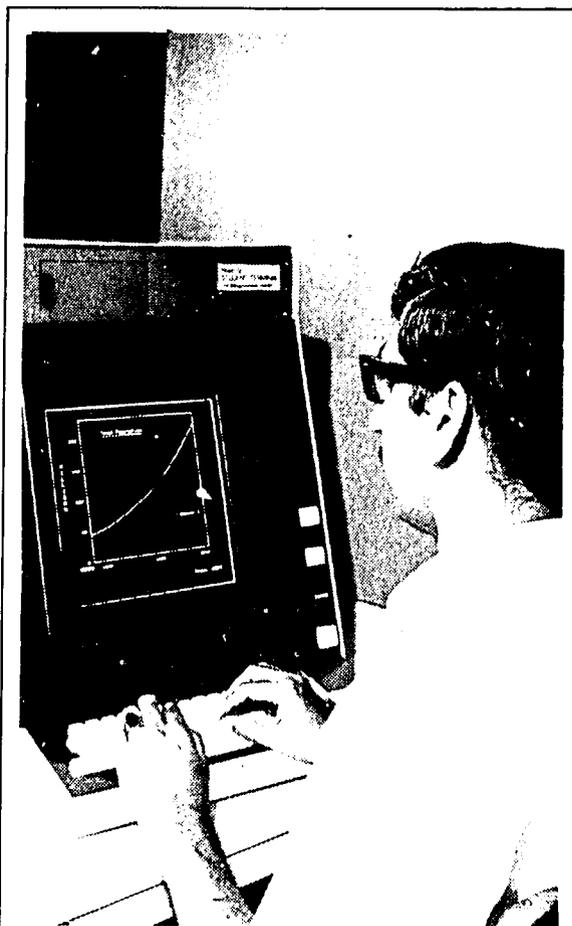
With AID support, the University of Connecticut maintains a program designed to train personnel from developing countries in how to organize and conduct training programs for family planning agencies. This train-the-trainers program provides 12 weeks of theoretical and field experience for 20 to 25 participants. During the fiscal year, two courses were held and attended by 31 participants from 10 countries.

AID continued to support a program in Population Training for Family Planning Managers at the Government Affairs Institute, which conducted three courses for 107 participants from 26 countries during fiscal 1973.

A 2-year program in Computer Assisted Instruction in Population Dynamics and Economic Development (commonly known as PLATO), carried out by the University of Illinois, was completed in fiscal 1973. This project was designed to help leaders from developing countries to become more fully aware of the critical nature of population growth and the resulting economic and social consequences and thereby stimulate efforts toward fertility regulation. During fiscal 1973 some 450 participants, ranging from students to cabinet ministers, took part in these population dynamics seminars. Late in fiscal 1973 a new contract to expand the basic original program was consummated. Under the new project, remote visual display screens will be installed at several population training centers in the United States, thereby increasing severalfold the capability to reach personnel from developing areas. Also, under this new contract a small free-standing unit that can easily be installed for training use in a developing country will be perfected.

Training in developing countries

While AID supports numerous training institutions and trainees in the United States, it also recognizes that other countries have training capabilities, and often it is more efficient to send participants to other (third) countries for training rather than to the United States. Many Latin Americans, for example, who qualify for and need specialized training do not speak English. Such persons are often sent to some other Latin American country that can perform the type of training required with no language



A trainee demonstrates the versatility of PLATO (Programmed Logic Automatic Training Organization) as a teaching tool in the field of population dynamics. The display screen is interfaced with a computer. By pressing various keys on the keyboard, the trainee is able to ask the computer to display an almost infinite number of graphs, charts, demographic profiles, and projections for 76 countries. Combinations of demographic and social and economic variables such as food demand, labor force, and educational costs can be plotted simultaneously.

PLATO was developed by the Computer-Based Educational Research Laboratory at the University of Illinois. Through contract with AID, it is being used in seminars for trainees from developing countries to help build awareness of the critical impact of population growth on national development. Under a 5-year program, as many as 5,000 participants from developing countries are expected to receive training using the PLATO system.



A Tunisian health educator trained in the United States by AID conducts a special class on the use of the IUD for a group of factory workers in Tunisia.

problem. During the fiscal year, 183 participants from 17 countries received third country training under AID sponsorship.

AID also provides support, both technical and financial, to a host of training activities within a number of developing countries. This generally is in conjunction with AID overall support of an ongoing family planning program within the country. Some 15 countries conducted in-country training programs with AID support during the past year.

Supportive institutions

One of the greatest contributions an assisting agency can make to a developing country's performance and independence is to help it build the institutional capacity required to conduct its own affairs without outside help. In fiscal 1973, as in preceding years, AID has carried out a program to help the developing countries improve and create the institutions needed for family planning efforts to succeed.

AID's population program institution building effort has two major foci. The primary focus is the institutional support requirements of the programs within the developing countries themselves. The other is the requirement that there be effective institutions within the United States that can help AID to help the developing countries.

To help develop an institutional base in the United States for extending assistance overseas, AID has provided funds to several universities and one nonuniversity organization within this country. The universities are Johns Hopkins, Hawaii, Michigan, and North Carolina. The nonuniversity organization is the Population Council.

The universities during the fiscal year have contributed through special projects, through institutional building in the developing areas, and through training of foreign nationals on their campuses. Twenty new projects were developed. Of these 14 were of the problem-solving type and six were directed to institutional development in the developing

countries. In addition, 22 other problem-solving type projects were continued from prior years. In all, 42 projects involving 20 countries were being worked on during the year. All projects, whether the problem-solving type or of an institutional-building nature, involved a collegial effort including professionals from both the United States and the host countries.

Within the developing countries the institutional development programs involve schools of social work, schools of public health, schools of management and public administration, and interdisciplinary graduate programs for population studies. The problem-solving projects cover a wide range of studies and investigations in response to their direct needs and requests. They include epidemiological studies, fertility studies, contraceptive distribution studies, studies of social and cultural determinants of fertility, family planning organizational structures, the use of auxiliaries in delivery systems, and maternal/child health and public health services in relation to family planning delivery systems.

AID support of the Population Council has enabled it to expand its institutional development activities overseas and to perform a variety of support functions, including provision of advisors or expatriate faculty where necessary, provision of staff development fellowships, technical assistance in the

preparation and implementation of research proposals, advice on curriculum and library development, and a major inventory and evaluation of institutional development needs and capacities in assisted countries. During the fiscal year the Population Council continued with its inventory efforts and established an institutional development program at the University of Zaire.

This broad effort is enabling the United States to maintain its own centers of excellence, assist the development of centers of excellence in developing areas, inventory institutional needs, and also, through special studies, provide overseas family planning programs with research, analytical, and evaluation findings which will be useful in the planning and conduct of their family planning programs.

The evolutionary process of AID support in manpower and institutional development in the field of population/family planning to date has placed more emphasis on training and less on institutional development. The development of institutions within the developing countries calls for more emphasis in the future. While a good beginning in this direction has been made, considerably more effort is needed. The aim will be to develop one or more such institutions over the next few years in each of some 15 countries.

Ghanaian midwives exhibit special midwifery kits received upon graduation from a training program at the Danfa Rural Health Centre a project sponsored in part by AID.



Other Assisting Organizations

AID recognized early that many instrumentalities would be needed in helping developing countries to attack their problems of population growth. Direct assistance could be helpful in those countries receptive to the bilateral approach. In some others, however, assistance from multilateral agencies and from private organizations appeared to be more welcome.

Accordingly, in an effort to use appropriated funds with maximum effectiveness, the Office of Population has given support to each of these approaches.

The pioneers in population/family planning

assistance have been the private organizations. AID works closely with and gives financial support to a number of them, including the principal ones hereafter described. Since the beginning of its population assistance work, AID has allocated nearly \$100 million to private organizations in support of their work with the developing countries. Such funds in fiscal 1973 totaled \$27.1 million.

The U.N. Fund for Population Activities has emerged as a potentially strong force in the world population movement. Its activities are described in the item that follows.

United Nations

Throughout fiscal 1973, the United States continued to give strong support to the United Nations Fund for Population Activities (UNFPA), the major source of financing for population projects undertaken in the U.N. system.

U.S. financial contributions to UNFPA come from the Foreign Assistance Act as part of the population program assistance expenditures. U.S. policy supports the premise that in the next 5 to 10 years the UNFPA should grow in strength and activity and thus become the world's principal provider of assistance in the population field and should play a global role as the principal coordinator of donor and recipient efforts.

In fiscal 1973 the United States obligated \$9 million for UNFPA, bringing its total obligations over a 6-year period to \$59 million.

UNFPA continued to draw voluntary contributions from increasing numbers of governments and private donors. Through the end of calendar 1972, pledges totaling \$79.2 million had come from 56 countries. By mid-1973, pledges were reported to have passed the \$100-million mark, with donor governments increasing to 63. Among large donors to the UNFPA, in addition to the United States, are the Netherlands, Japan, the Federal Republic of Germany, Sweden, Canada, the United Kingdom, Norway, and Denmark.

Coordination of U.S. and UNFPA programs expanded in fiscal 1973. Notable in this regard were close consultations on programming in Pakistan, Kenya, Bangladesh, and in several Latin American

countries as well as U.S. participation in a UNFPA assessment of projects in Korea.

UNFPA assistance to worldwide population activities increased significantly. Project approvals amounted to \$77.6 million by June 30, 1973. Comprehensive country programs covering a wide range of activities over a period of years were made with Malaysia and with Sri Lanka. This brings to 10 the number of countries with which the UNFPA has such agreements. The other countries are Chile, Egypt, Indonesia, Iran, Mauritius, Pakistan, the Philippines, and Thailand.

To facilitate preparation and execution of UNFPA projects in developing countries, UNFPA field coordinators are being appointed to the staffs of UNDP resident representatives. Coordinators have been assigned to Chile, Indonesia, Egypt, Iran, Jamaica, Kenya, Korea, Lebanon, Mexico, Nigeria, Pakistan, Senegal, Sri Lanka, Thailand, and Western Samoa.

Substantial momentum was generated in preparing for the 1974 World Population Year (WPY) for which the UNFPA was made responsible in June 1972. The main objectives of the WPY are to promote as well as focus worldwide attention on the many aspects of the population problem and to summon support for activities geared toward greater progress in meeting the needs of all countries of the world.

The highlight event of the WPY will be the World Population Conference, 1974, which will bring together governmental leaders to review and make



Emblem for U.N. World Population Year, 1974.

recommendations on the world's population situation. The Conference will take place in Bucharest, Romania, August 19-30, 1974.

The UNFPA's sponsorship of WPY activities is being conducted at the international and national levels to mobilize resources, to promulgate awareness

of population issues, and to encourage action programs. Member states of the United Nations have been asked to draw up their own WPY programs, and 50 countries have indicated their intention to do so.

In fiscal 1973 UNFPA's place in the U.N. system was solidified by decisions of the U.N. General Assembly and the Economic and Social Council. It was brought into closer relationship with the United Nations Development Program (UNDP), and thus U.N. population activities were better integrated into the overall U.N. development assistance effort. UNFPA was brought under the authority of the General Assembly, and the Governing Council of UNDP was made its governing body, subject to conditions laid down by the Economic and Social Council (ECOSOC). The Executive Director of UNFPA was elevated to the rank of Under-Secretary General. ECOSOC established the aims and purposes of the Fund and, in endorsing more direct UNFPA-recipient country relations, gave primary responsibility for the execution of population projects to the countries themselves. These new institutional and policy arrangements have brought about a situation and atmosphere which greatly facilitates the realization of UNFPA's goals and purposes.

International Planned Parenthood Federation

For 21 years the International Planned Parenthood Federation (IPPF) has been a leader in private worldwide efforts to cope with problems of population growth. It exists as a federation of autonomous national family planning associations dedicated to the belief that knowledge of family planning is a basic human right and that a balance between the population of the world and its natural resources is a necessary condition of human happiness, prosperity, and peace.

The IPPF system embraces more than 100 countries which have either member associations (83) or IPPF-supported family planning activities.

In fiscal 1973, with the addition of Australia, the Netherlands, and West Germany, the list of governments that give financial support to IPPF grew to 14. The Governments of Pakistan and Ghana became the first of developing countries to make grants to IPPF. The United States, through the Agency for International Development, has provided financial support to IPPF since 1968.

Throughout fiscal 1973, much of the coordi-

nated effort of IPPF was concentrated on improving management systems in its network of seven regional offices, 79 national associations, and some 20 other programs it funds.

The central management team of the Federation was strengthened by the appointment of Assistant Secretaries-General respectively for the Bio-Medical and Social Sciences and for Information, Education, and Training, to add to the existing Assistant Secretary-General in charge of Administration and Operations.

The Federation's regional system was completed in April 1973 by the appointment for the first time of an Executive Secretary for the Indian Ocean Region, consisting of national associations in India, Pakistan, Sri Lanka, and Nepal. The regional office is located in Colombo.

A Program Coordination Unit was set up to develop and monitor the implementation of a rolling 3-year plan throughout the Federation, as an expression of the regular funding on which IPPF can now count. A team of four management accountants was

recruited to assist national associations and regional offices to improve management and financial controls and skills. All IPPF grantees were asked to present standardized audited accounts from 1973 onward. The first of a series of regional workshops on finance and administration was held in Mombasa, Kenya, for executives from African national associations. Particular emphasis was laid on improving work programming, budgeting, and monitoring/reporting skills, as well as on financial control.

Further to assist programming, an evaluation unit was created to help constituents inject evaluation techniques into their activities. Two of the seven regional offices appointed evaluation officers. In Latin America a system of evaluation of national associations' programs by outside agencies was inaugurated in Venezuela and will be continued in other countries.

The Central Medical Committee, pursuing an earlier proposal of the Medical Committee of the Western Hemisphere Region, accepted the conclusion that 15 years of experience indicated oral contraceptives should be freed from medical prescription in various circumstances. This decision, ratified at the top policy level of the Federation, opened the way for a feasibility study of new areas of activity in non-clinical distribution of contraceptives, including the pill, in those countries which accept the new policies.

In Brazil IPPF funded oral contraceptives for a program under which 11,000 teachers, among others, of the State of Rio Grande do Norte, one of the poorest, will distribute supplies while undertaking a campaign of family planning education and motivation. In Sri Lanka detailed surveys of outlets and other market factors, including attitudes of potential users, the medical profession, and government officials, gave the go-ahead for a Social Marketing Campaign, to begin with condoms (2.5 million in the first year, estimated to prevent 12,500 pregnancies) and to extend later to pills.

In Antigua the Government and the national association joined in a pilot project to explore means of wider distribution of contraceptives, initially in 13 villages, through village stores, rum shops, trade union canteens, and other outlets. Subsidized distribution of condoms in Colombia, begun in 1971, was considerably expanded and extended to pills in 1972 when, with the collaboration of the Coffee Growers Association, rural extension workers were trained as distributors and motivators.

Some 400 doctors and scientists from 40 countries attended an IPPF Congress in Sydney, Australia, in August 1972, devoted solely to the medical and

biological scientific aspects of family planning.

In Latin America, in collaboration with other agencies, IPPF took part in a program which gathered together groups of high military officers and leaders of government and business to study population problems. In India, Pakistan, Sri Lanka, Iran, and Nepal, pilot projects were launched to integrate family planning into rural development. Family planning was made an essential element of the self-help community development program of the "Shadab" (Agroville) project launched in a population of 137,000 people with about 20,000 fertile couples, near Lahore in Pakistan.

In a number of countries the family planning associations enlisted the cooperation of other organizations as well as local leaders in introducing family planning in community development, particularly in slum and rural areas. Close cooperation with women's organizations was established in new programs in Ethiopia, Zambia, Kenya, Indonesia, and other countries.

The Central Office began a comprehensive survey of unmet needs in family planning in 209 countries in order to provide the Federation, United Nations, and other agencies and national governments with some measure of the task to be accomplished. The first stage of another study was completed - of the respective roles of volunteers and staff in national associations - which is intended partly to enable IPPF to attract a greater range of volunteers to the movement. In the Middle East and North Africa Region, leading volunteers and staff initiated a new system of analyzing work programs and budgets with representatives of each association. This permitted fresh appraisal of the role of each association in its own country, adaptation of its program to this role, and new emphasis on management and financial discipline.

As part of the effort to exploit IPPF's 21st Anniversary Year as a means of mobilizing public opinion, successful Family Planning Weeks were staged by the majority of Arabic-speaking countries as well as Iran and Afghanistan. In Latin America a fund-raising campaign, intended partly as a means to stimulate public commitment, produced \$300,000 in its first few months and shows good prospects for the future.

In Europe a survey was carried out of legal provisions governing the availability of contraceptive services and of abortion and sterilization. A similar survey was initiated in the Middle East and North Africa Region. The purpose of both surveys was to direct the attention of national associations to those



Above, Guatemalan women do embroidery work while they wait at a clinic of APROFAM—an active private family planning organization affiliated with IPPF.



Left, sign in Korea tells of a “Population and Sex Education Seminar” held in this building under joint auspices of the Planned Parenthood Federation of Korea—an IPPF affiliate—and the Korean Students Association. Above, a family planning acceptor in El Salvador receives advice from an auxiliary nurse of the El Salvadorean Demographic Association—a private organization that receives financial support from IPPF.



Inquiry desk in the waiting room of one of the family planning clinics of the Hong Kong Family Planning Association. Like many others around the world, it is an IPPF affiliate.

legal reforms required to remove constraints on family planning services and supplies.

The increasing recognition by governments that IPPF is making an important contribution to the economic and social objectives of the United Nations was indicated by the Federation's promotion to Category I consultative status with the Economic and Social Council (ECOSOC). In close cooperation with the U.N. Educational, Scientific, and Cultural Organization (UNESCO) and with assistance from the World Health Organization (WHO) and other agencies, plans were completed for the creation of an International Audio-Visual Resource Service to meet the vast needs of government and agency programs for audio-visual materials. The service was due to be initiated in January 1974.

A determined attempt to mount programs for young people, particularly out-of-school youth, began with a seminar in Singapore for national associations in nine countries of Southeast Asia. On the basis of studies of the attitudes of youth in the area and of methods of reaching young people, the participants drew up individual plans for application in their own countries. The seminar was the first of a series to be held in the various regions of the Federation.

Throughout the large portion of the world covered by the Federation's membership, hundreds of seminars, workshops, and training courses were held for doctors, paramedical personnel, fieldworkers, communication specialists, opinion leaders, and leaders of influential or significant groups. To coordinate the Federation's efforts in the field of training, a training officer was appointed at the center and embarked immediately on a world survey of available facilities and immediate needs. In Latin America a regular series of 8-week courses for communicators was inaugurated in San Jose, Costa Rica.

Association for Voluntary Sterilization

The work of the Association for Voluntary Sterilization, Inc. (AVS) is being extended to the developing countries through a newly created International Project.

AVS is an organization of American citizens who became concerned with promoting voluntary sterilization as a method of fertility termination and population control in the United States. Its pioneering efforts over the years have resulted in substantial gains in the acceptance, availability, and use of voluntary sterilization. Today, nearly 1 million

Americans annually select voluntary sterilization as a permanent method of family planning.

Numerous concerned groups and governments in other countries have turned to AVS for guidance and help with their family planning program and population problems. In response, and with the assistance of the Agency for International Development, AVS created the International Project in June 1972 to stimulate and support voluntary sterilization activities throughout the developing world.

The International Project's first major objective

was the organization of the Second International Conference on Voluntary Sterilization (held in Geneva, Switzerland, during February 25-March 1, 1973) to: Examine the current status of medical, scientific, and sociological aspects of voluntary sterilization; determine its potential in population stabilization; provide a forum for exchange of information; and focus world attention on voluntary sterilization. Assembled were 350 leaders of the international health community, representing 65 countries. The Conference resulted in the International Project becoming a significant factor in family planning. Subsequent proposals enabled the International Project to expand its family planning activities worldwide.

The International Project offers grants to help

medical groups in assisted countries in their efforts to provide voluntary sterilization services. In furtherance of this objective, it supports medical training programs and communications and public education projects; provides technical assistance; and initiates the formation of national associations for voluntary sterilization.

The International Project currently has 15 service, training, and IEC grants throughout Asia and Latin America. A significant accomplishment was the establishment of a voluntary sterilization program in Kenya. Grants in force total \$255,900. Additional proposals awaiting approval will increase the additional subgrants to over \$900,000. Several proposals are in process, and the influx of new requests is increasing daily.

Family Planning International Assistance

Family Planning International Assistance (FPIA) is the international division of the Planned Parenthood Federation of America. The division was organized in 1971 to develop and support family planning programs with church-related and other private service organizations.

FPIA has identified 1,626 organizations, primarily church-related hospitals, in 88 countries which provide health services to local populations. Over one-half are known to offer some form of family planning services. During fiscal 1973, FPIA provided a total of \$514,000 worth of material assistance to 243 of these institutions in 58 countries. The largest single item was oral contraceptives, which accounted for 41.4 percent of the total.

Financial and technical assistance is also provided for the development and support of family planning programs. For example, funds provided by FPIA helped to start in 1972 the first family planning program in Haiti. The recipient organization is the Centre d'Hygiene Familiale which provides comprehensive family planning service in three rural clinics which, in turn, serve as models for the delivery of such services in rural Haiti.

In the Philippines, financial and technical support from FPIA enabled the Gabriel Medical Assistance Group of the Philippines indigenous church, Iglesia Ni Cristo, to launch a 6-month demonstration project utilizing the mobile clinic approach to the provision of family planning services. The project surpassed its short-term goals and is now being expanded

to a 1-year project featuring eight fully equipped and staffed mobile clinics to serve a target population of 1.4 million men and women. FPIA was also responsible for helping to initiate the first voluntary sterilization program in the Philippines in the Mary Johnston Hospital.

In Colombia, FPIA financial assistance supports a large education program on responsible parenthood using the Catholic radio network, Radio Sutatenza. Support is also provided to two Catholic lay organizations in Peru, the Christian Family Movement and the Lay Apostles Family Program. Both of these organizations operate family planning clinics located within the church diocese. The development and implementation of such projects through Catholic auspices constitutes a rapidly expanding priority for the agency.

The year 1973 marked the beginning of FPIA's special information, education, and communications (IEC) activities. Three regional IEC workshops were held in Bangkok, Thailand; San Juan, Costa Rica; and Nairobi, Kenya; to provide in-depth training assistance to local IEC officials in the formulation of IEC materials and program strategies, as well as specific projects. One-hundred and seventeen participants from 44 countries attended these workshops and produced 77 project proposals, many of which will be funded through FPIA and other international agencies.

During the coming year, FPIA will establish regional field offices in Asia, Africa, and Latin America.

The Pathfinder Fund

The Pathfinder Fund was incorporated in 1957 by the late Clarence J. Gamble, M.D., of Boston, Mass., to continue the work which he began in 1929. During the 1930's Dr. Gamble assisted in the establishment of the first public family planning clinics in 40 U.S. cities in 14 States. Following World War II, he expanded his work internationally by providing assistance to start family planning clinics in developing countries. Since 1949 Pathfinder has stimulated and aided family planning in more than 75 countries.

Dr. Gamble's vision was an organization which was small enough to react quickly in situations where catalytic action was appropriate. The Pathfinder Fund continues this tradition.

Governed by a broadly representative Board of Directors and operated by a professional staff of 60, which includes key personnel in scientific disciplines and program management, Pathfinder functions as a public, nonpolitical, nonprofit foundation incorporated under the laws of the United States of America, with the objective of finding, demonstrating, and promoting new and more effective paths which will lead to optimum child spacing, family size, and population growth rates. Because Pathfinder's resources are limited, activities are concentrated in the developing countries of the world where the need for assistance is greatest.

Pathfinder endeavors, whenever possible, to assist people in developing countries to carry out their own projects, rather than supply outside experts, thus developing experience and expertise within the country. Assistance in project development, periodic consultation by field and scientific staff, and training of project staff are key factors in achieving this goal.

Closely aligned with the goal of developing individuals to function effectively in population/family planning activities is the goal to assist in the development of viable organizations and institutions with the capability and motivation to continue working in the population/family planning field after the project for which Pathfinder has provided support is completed.

In fiscal 1973 Pathfinder had 135 projects in progress in 44 developing countries. Of these, 106 were new projects initiated in fiscal 1973; 33 were continuations of projects started in previous years. An additional 33 projects started in previous years had been completed.

Geographically, Pathfinder has supported 41 projects in Africa and the Middle East, 36 in Latin America, and 64 in South Asia and the Far East. Nine other projects in Europe and the United States were supportive of those in the developing countries, mainly pertaining to research. Other projects not easily identified by region have provided support for conferences, participant training, and similar international activities. Listed below by program category are some typical activities supported by Pathfinder in fiscal 1973:

- The introduction and promotion of family planning services for populations, groups, and areas without significant family planning services. Example: In Zaire the Paul Carlson Family Planning/Mother and Child Health Project is introducing family planning in a remote rural area of the Ubangi district, commencing with missionary hospitals and a mobile clinic. This will lead to provision of services through rural clinics staffed by Zaïri paraprofessionals trained at the missionary hospitals.

- The provision of commodities, including contraceptives, for family planning/population activities. Example: In Nicaragua contraceptives were provided to the Ministry of Public Health to permit continuation of the family planning program following the earthquake on December 23, 1972. The supply on hand was destroyed by the quake.

- The field testing, introduction, and promotion of fertility control methods of proven or known effectiveness to complement fertility control methods in general use. Example: In Singapore, the Pathfinder project introduced outpatient female sterilization using the culdoscopic technique.

- The field testing, introduction, and promotion of techniques for the delivery of family planning services which appear to offer advantages over the techniques in general use in the country or culture. Example: In the Philippines, the Albay Family Planning Project is designed to test the feasibility of using village volunteers within the existing community organization as the promoters of family planning. As part of the project, village chiefs are persuaded to provide facilities for family planning services. The services are actually delivered by a team traveling on a prearranged schedule from a base clinic to each of the village clinics.

- The development, field testing, introduction, and promotion of techniques that appear to be effective.

tive in the culture or country in influencing attitudes and values bearing on family planning practices, concepts of small family size, or reproduction behavior. Example: In Indonesia, the University of Indonesia Motivational Study compares the effectiveness of radio spot announcements, home visits by trained and untrained motivators, village lectures, and lectures at meetings of men's organizations as motivation techniques on Java. Included is information to counter superstition and rumor.

- The development and conduct of programs which will bring to the attention of the leadership and the populace the causes and consequences of uncontrolled or high levels of fertility. Example: A seminar was held in Paraguay for directors of military medical programs in Paraguay, Peru, and Ecuador. The seminar was designed to alert these leaders to the

impact of population growth rates in the countries represented on available resources, economic development, and social services and the part each of the attendees could play in minimizing the problem. The seminar was conducted by Centro Paraguayo de Estudios de Poblacion.

- The development and conduct of training programs or the sponsoring of participants in training courses conducted by others for the purpose of providing or enhancing the techniques, skills, and knowledge required for the successful development and conduct of population/family planning programs. Example: A paramedical training program in Senegal trains midwives from Francophone Africa in the delivery of family planning services and IUD insertion. Four groups of 10 selected midwives are given 4 weeks of intensive training each year.

Population Council

The Population Council, a private, nonprofit organization, promotes research, training, and technical assistance in social and biomedical sciences, and acts as a center for the collection and exchange of information on significant ideas and developments related to population questions. Operating on a \$16.5-million budget in 1972, the Council draws support from Rockefeller sources, the Ford Foundation, the Agency for International Development, other organizations, and individuals. The Council has a staff of about 260 with 32 of these serving in 18 foreign countries.

The Council provides grants and fellowships in demography, physiology of human reproduction, 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 those countries.

Through its Demographic Division, the Council carries on substantial institutional development activities in Africa, as well as in Asia and Latin America, and supports the development of professional associations like the Population Association of Africa. The Division also supports work in measurement and models (e.g., it published a *Population Growth Estimation Handbook*); analysis of knowledge, attitudes, and practice surveys; research in fertility

behavior; studies in migration, urbanization, and distribution; and development of population education (including support of a workshop for population education program development held at the East-West Communication Institute in Hawaii jointly with Harvard University). Work is also being carried out on the population policy development, including the assignment of an advisor to planning bodies (e.g., the Overseas National Economic Development Board in Bangkok), and the preparation of a manual on Population Growth and Economic Development. Work is also supported by the Demographic Division on the social and economic determinants and consequences of population change and on population and the environment.

Through its Technical Assistance Division, the Council has provided major support to family planning programs in Colombia, the Dominican Republic, and Venezuela in Latin America; Morocco, Tunisia, and Kenya in Africa; Iran in West Asia; and Indonesia, South Korea, the Republic of China (Taiwan), the Philippines, and Thailand in East Asia. As the basic needs of family planning programs have been met by governmental and international agency funding, emphasis has been increasingly on experimental, innovative, and evaluative activities.

Information and education surveys and pilot activities have been conducted in Iran and Korea and are serving as the basis for expanded programs in these countries. Work has continued on the development of family planning delivery assistance through the hospital-based international postpartum program

and through the maternal/child health-based family planning demonstration program. Postpartum programs previously supported by the Council are being transferred to other funding such as the World Health Organization, the U.N. Fund for Population Activities, and local governments. Under the maternal/child health-based family planning demonstration programs, advisors are in Indonesia for a demonstration project there and an advisor is being made available for the proposed Philippines project. The commercial sector as a contraceptive delivery system is being explored through grants to El Salvador, South Korea, and the Colombia Association for Population Studies. Research and evaluation continued with a major new thrust being the newly organized International Committee on Applied Research in Population, whose purpose is to identify and test promising ideas for fertility reduction. The Committee consists of representatives of applied research units in developing countries.

Through its Biomedical Division, the Council seeks to develop new and better methods of fertility control. Earlier activities toward this end were given impetus in 1970 when AID awarded a \$3-million, 5-year contract to the Division for the development of a once-a-month pill. Under this program the Division has conducted and coordinated efforts to develop agents exhibiting contragestational activity. By mid-1973 nearly 300 compounds had been screened in a variety of animals and biochemical tests. Clinical studies on the role of the corpus luteum in early pregnancy are among those made.

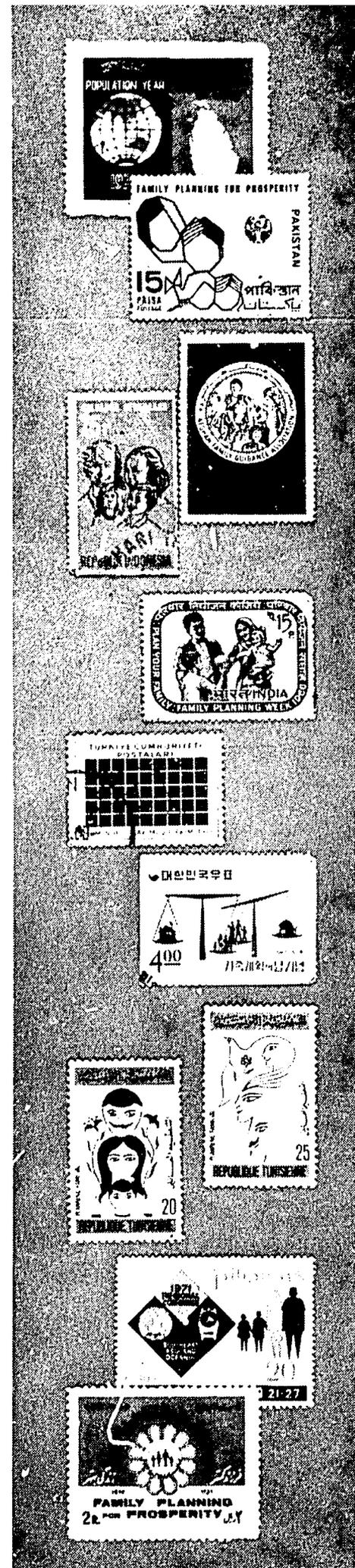
The Division's contraceptive development efforts increased in mid-1971 with the founding of the International Committee for Contraception Research (ICCR). The ICCR has focused on the development of 11 potential new fertility control methods

and by the end of 1972 had clinically tested over 45 different drugs and six different devices in a total of 45,000 men and women.

The Division's contraceptive development activities are closely linked with its intramural research program. Approximately 30 scientists on the Division's staff are engaged in research, including studies on hormones and hormone action, cytogenetics, immunology and reproduction, uterine function, and luteal function. The laboratory facilities include a primate colony of over 400 rhesus monkeys utilized exclusively for studies in reproductive biology; radioimmunoassay and radiochemistry units; ultrastructure research facilities including both transmission and scanning electronmicroscopes; a biomedical library; and a biometrics unit specializing in epidemiological studies of fertility control agents. Between 1968 and 1972, the biometrics unit coordinated and analyzed the results of clinical studies of 17 different intrauterine devices, totaling nearly 50,000 woman-years of testing. In 1972, the Division was designated one of the seven Population Research Centers by the National Institute of Child Health and Human Development.

The Biomedical Division has sought to stimulate research and training in reproductive biology and allied fields in both developed and developing countries through its Visiting Scientist, Fellowship Training, and Grant Programs. Small numbers of international scientists and scholars are invited to spend their sabbatical leaves working in the Division's laboratories. The Division's Fellowship Program enables biomedical scientists to carry out advanced training in their specialties at institutions of their choice. In addition, the Biomedical Division provides post-doctoral training for selected scientists in its own laboratories.

Regional and Country Summaries





Asia

A focal point of population and family planning activities in recent years has been the populous continent of Asia, where nearly 60 percent of the world's people live. Within this region are some of the most dramatic successes thus far achieved in slowing population growth rates.

Yet even in the more successful of the Asian nations, population is growing by around 2 percent a year¹ while in others the rate climbs to 3.2 percent and more. This means that most will have at least doubled their populations by the end of this century, limiting chances of escaping the malnourishment, poverty, and early death that have long plagued the region.

AID—through both bilateral and multilateral arrangements and along with numerous other government, international, and voluntary organizations—has lent extensive assistance to the regions' effort to slow population growth. During fiscal 1973 such AID support totaled \$27.4 million in direct country and regional project assistance, plus additional amounts provided through financial support given to international and voluntary organizations active in the region.

Highlights of AID and related assistance given to the region's population programs during fiscal 1973 are presented here by subregions—East Asia and West Asia.

East Asia

The countries of East Asia² have a combined population of about 350 million.¹ Given their young age structure and present rates of growth, this population will double in 25 to 30 years—regardless of the success of existing family planning efforts—unless, however, mortality rates should increase.

Confronted with this demographic situation, most East Asian governments have taken the lead in adopting policies and fertility control programs which are by far the most vigorous, well-financed, and increasingly well-executed of any in the world.

¹For population growth rates and other demographic information on the region and its countries, see demographic tables, beginning on page 162.

²Includes Burma, Hong Kong, Indonesia, Khmer Republic, Korea (South), Laos, Malaysia, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, and Vietnam (South).

As a result, progress has been made in East Asia in reducing population growth rates. In both the Republic of China (Taiwan) and Malaysia the birth rate declined 25 percent between 1965 and 1971; in South Korea it dropped 16 percent; in Singapore, 29 percent; and in Hong Kong, 34 percent.

Today the majority of East Asian countries acknowledge that the problem of too rapid population growth is of national importance and must be included among country priorities. National population programs exist in Indonesia, Laos, Malaysia, the Philippines, Taiwan, Singapore, South Korea, and Thailand.

In Hong Kong family planning activities conducted largely by private organizations are now receiving government support.

Burma and the Khmer Republic (Cambodia) have not adopted official policies, and no organized family planning services are offered in Burma. The Burmese Government, however, has indicated some willingness to accept outside assistance in this field, and the United Nations is helping conduct a 1973 census evaluation, which is beginning to provide a demographic base for recognition of the relationship between population and economic growth. In addition, several Burmese statisticians are participating in demographic and statistical training in the United States.

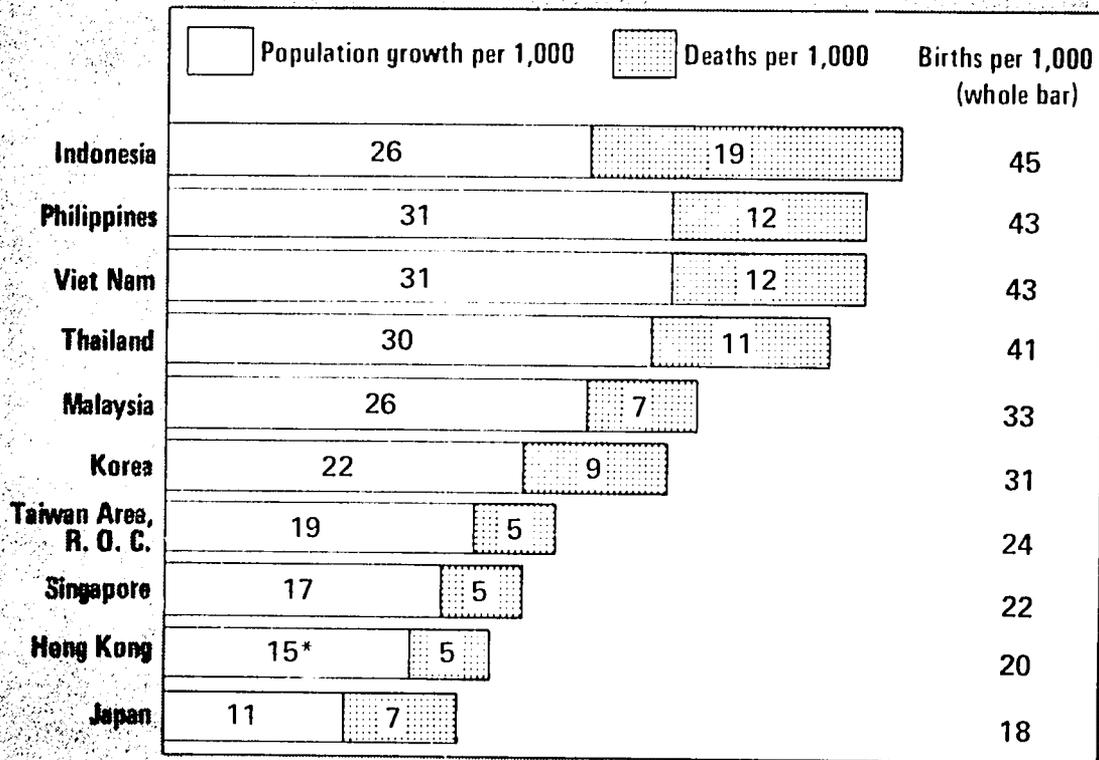
The present military and political situation in the Khmer Republic dictates that the country's resources and attention be largely focused on its survival. Family planning as a national concept or movement, consequently, will have to await stabilization of the country situation.

AID assistance

During fiscal 1973, AID assistance for bilateral family planning programs in East Asia totaled \$15.2 million, compared with \$12.6 million in fiscal 1972 and \$10.7 million in fiscal 1971. Regional family planning program assistance in fiscal 1973 was another \$1.4 million, bringing total AID support in East Asia to \$16.6 million.

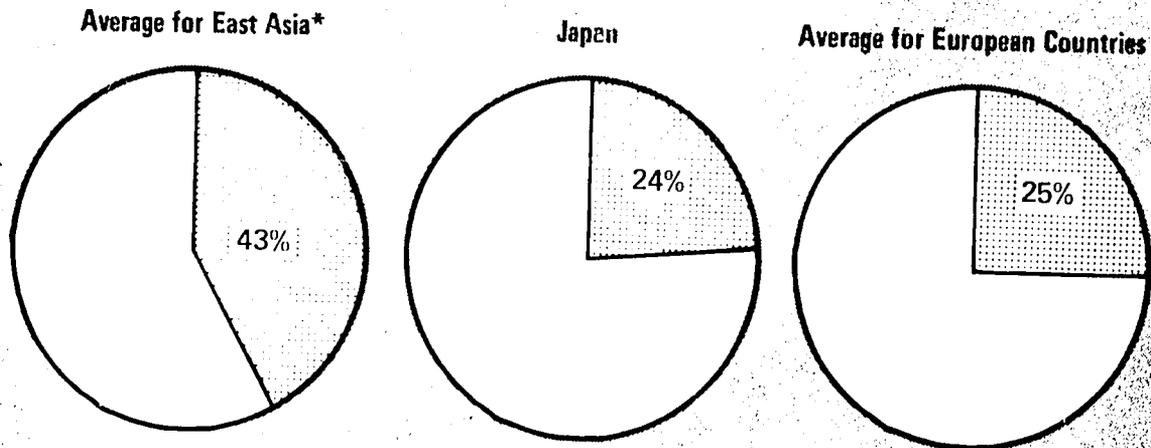
Indonesia, the second largest recipient of AID population program assistance in fiscal 1972, ranked first in fiscal 1973 with a total of \$9.2 million. This increase from \$2.7 million in the previous year was largely the result of additional costs of more than 10 million cycles of oral contraceptives, which is the

Estimated Vital Rates in East Asia, 1972



*Plus 6 in-migration. Source: "East Asia Review 1972," Keeny, ed. Studies in Family Planning, May 1973.

East Asia: Population Under 15 Years as Percent of Total Population, With Comparisons



*Young populations in East Asia vary from 38% in Hong Kong to 47% in the Philippines.
Source: World Population Data Sheet, Population Reference Bureau, 1972.

AID Mission's initial effort to provide at least a year's requirement of orals in the country and another year's requirement in the pipelines.

Philippine program assistance totaled \$7.9 million during fiscal 1973 for a 25-percent increase from the \$6.3 million of the previous year. In Thailand AID assistance increased to \$2.7 million from \$1.8 million in fiscal 1972.

AID also lends bilateral support to the programs of South Vietnam, Laos, and South Korea. Assistance to Korea, however, is gradually being reduced as the Government assumes a more important role in population and family planning.

AID Population Program Support, East Asia

Project	Fiscal year					
	1965-68	1969	1970	1971	1972	1973
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects ..	3,921	6,388	8,853	10,977	12,620	15,194
Regional projects ..	1,675	1,608	623	1,942	1,826	1,425
Total . . .	5,596	7,996	9,476	12,919	14,446	16,619

As part of the regional program, AID in fiscal 1973 provided some \$1 million to the East-West Center's Population Institute. This supported graduate training for family planning professionals, short-term training for key Asian leaders, research activities designed to provide Asians with the necessary information to make key policy and program decisions, and assistance in developing cooperative projects with host government institutions in the population dynamics field. Additionally, the East-West Center's Communications Institute and the University of Hawaii School of Public Health received AID funds for support of their population/family planning activities.

AID regional assistance also provided approximately \$200,000 to support the Inter-Governmental Coordinating Committee an organization of nine countries that promotes family planning and population programs in the Asian-Pacific area.

At the same time AID direct assistance to the Colombo Plan was terminated in fiscal 1973 with a final contribution of \$135,000. It is believed that this funding will give member nations time to determine whether they wish to continue population activities under the Plan's auspices.

Other assistance

More than 15 separate private, multilateral, and voluntary donor organizations are operating in the Asian-Pacific area.

The United Nations Fund for Population Activities (UNFPA), with U.S. financial assistance, has now developed or is in the process of developing population programs in South Korea, the Philippines, Indonesia, Malaysia, Thailand, and South Vietnam.

In Indonesia about 13 different donor organizations are providing assistance to the family planning effort. The World Bank and UNESCO are cooperating with the UNFPA in many of these programs.

Other international organizations assisting East Asian programs include the World Health Organization, the United Nations Children's Fund (UNICEF), and the Economic Commission on Asia and the Far East. Foreign government aid, in addition to that from the United States, comes from Denmark, Japan, the Netherlands, Norway, Sweden, and the United Kingdom.

Voluntary and other groups active in the region's population effort include American Friends Service Committee, Asia Foundation, Brush Foundation, CARE, Church World Service, Dooley Foundation, Family Planning International Assistance, International Planned Parenthood Federation, Lutheran World Relief, Mennonite Central Committee, Operation Brotherhood, OXFAM and OXFAM-Canada, Pathfinder Fund, Population Council, World Assembly of Youth, World Education, Inc., the Ford and Rockefeller Foundations, and the Universities of Michigan and North Carolina.

Outlook

Family planning programs in East Asia have benefited from a relative lack of opposition by religious organizations and cultural groups. In the Philippines, when the official program to provide family planning services began in 1968, the Catholic Church not only participated in the planning process but supported its own clinics and projects to promote responsible parenthood. In Buddhist countries such as Thailand, Vietnam, Cambodia, and Laos, there have been no serious religious constraints. In Indonesia, the Moslem population has largely accepted the concept that the Koran does not prohibit family planning, and Moslem leaders have become active supporters of the program.

Some programs, however, have suffered from legal restrictions.



Above, busy office of a family planning center of the Hong Kong Family Planning Association. Right, welcoming sign greets delegates to a regional family planning conference in Thailand.



In Vietnam, Laos, and Cambodia, old French laws still prohibit the distribution, use, and dissemination of information on contraceptives. However, this is increasingly ignored with family planning being promoted through the maternal and child health or health systems without undue publicity. Legislation is pending in Vietnam to remove the restrictions.

Abortion as a means of fertility control is not officially sanctioned in any of the major countries, although South Korea recently adopted legislation permitting legal abortion. On the other hand, abortions are practiced in all societies in some form or other; it has been estimated that one-fifth of Korea's prevented births is attributable to use of this method.

For the future East Asia will be striving against numerous obstacles to maintain the momentum achieved during the last decade in slowing population growth. Among the problems are those arising from rampant urbanization, as economically thriving countries like Korea and Taiwan increase their industrialization and de-emphasize agriculture.

Concurrently, the "baby boom" will have an accelerating impact in this region where the average

age is being steadily lowered. In every country except Japan children under 15 years make up nearly half the total population. This puts pressure on parents for upbringing and governments for education and social welfare support. Also, the rearing of children who are consumers, not producers, requires a large part of the national income, while proportionately less capital is available for industry and job creation.

Finally, in some countries where dramatic results in lowering fertility were achieved during the 1960's, further program achievements have shown signs of plateauing in the last few years, indicating a need for more intensive and innovative efforts in supplying services and greater understanding of what affects motivation to practice family planning if additional breakthroughs are to be made.

To meet these challenges, practically all countries of East Asia are continuing to increase their expenditures for family planning and population programs. Training programs are providing qualified doctors, nurses, midwives, paramedical personnel, and fieldworkers on an expanding scale. Most countries are meeting their delivery system goals, their acceptor



This mother and child were selected by the Nepal Family Planning and Maternal/Child Health Project to symbolize its slogan: "For the Health of Your Child—Family Planning."

The region also encompasses some of the most economically depressed countries. In these nations high death rates still are the major check on virtually unrestrained fertility rates.

While such factors have hindered progress in slowing population growth, they also have focused government and world attention on the problems. As a result, most governments of the area today have population policies and are directly involved in family planning efforts. Included in this group are Afghanistan, Egypt, India, Iran, Nepal, Pakistan, and Turkey. In most of the remaining countries, government interest and support is on the rise.

Among the individual countries, 1973 witnessed both a major comeback and a major setback in population and family planning programs.

The comeback occurred in Pakistan, where after a period of lagging interest in family planning the Government moved to treble its investment in this effort. The stepped-up program includes plans to train 6,000 new fieldworkers, a liberalized policy toward distribution and use of oral contraceptives, the creation of two new population research organizations, and efforts to expand the number of population planning clinics and mobile teams.

In India, on the other hand, the Government in 1973 announced reduction in its program.

targets, and their objectives in establishment and manning of family planning clinics. However, these goals in most cases are still too modest in terms of the magnitude of the population problem. Hopefully, therefore, the important experience gained to date will rapidly point the way to mounting the even more comprehensive efforts required in the future.

AID assistance

Regarding India, AID has phased out support to all but one of the Government's population programs. The exception is Johns Hopkins' research activity at Narangwal, which is expected to be taken over by the World Health Organization. Other projects formerly funded by AID have either been taken over by the Indian Government, phased out, or allowed to fold. Previous U.S. population program assistance to India totaled \$30 million through fiscal 1973. AID population assistance to India is now extended only through support of nongovernmental entities such as the International Planned Parenthood Federation, Family Planning International Assistance, and American universities.

West Asia

Despite a large and growing commitment to family planning, countries in West Asia have not yet achieved the breakthroughs evident in East Asia. Birth rates in this far-flung and diverse region still are generally over 40 per thousand, and population growth is around 2.5-3 percent a year, negating much of the benefit of economic growth.

Basic to the problem is the density of the population that already inhabits parts of West Asia. India, for instance, is second only to the People's Republic of China in total population, while Bangladesh has one of the most dense populations.

In most other countries of West Asia, the United States continues to provide bilateral population/family planning assistance, while supporting regional activities that supplement those programs and aid countries that have no bilateral framework.

AID assistance goes for research on the development of fertility control technology, help in understanding the economic and developmental implications of uncontrolled growth rates, statistical research on population policies and on family planning attitudes, and provision of supplies. AID personnel, as well as those of other institutions, have assisted in training of workers within the region.

Specific programs sponsored by AID have included projects to determine the safety of oral contraceptives, promote postpartum acceptance, train personnel in population dynamics, teach census enumeration techniques, improve communication techniques, and provide on-the-spot assistance.

AID Population Program Support, West Asia

Project	Fiscal year					
	1965-68	1969	1970	1971	1972	1973
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects ¹	11,498	3,349	22,908	5,181	1,395	10,471
Regional projects . . .	655	963	277	1,409	1,505	270
Total . . . ¹	12,153	4,312	23,185	6,590	2,900	10,741

¹Includes \$2.7 million loan to India for vehicle parts.

Other assistance

In addition to AID, over 30 international, national, and voluntary organizations have assisted West Asian family planning and population programs.

Voluntary organization support has come from the International Planned Parenthood Federation, which supports activities in 12 countries of the region through local family planning associations; Church World Service; The Pathfinder Fund; the Population Council; Family Planning International Assistance; the Ford and Rockefeller Foundations; CARE; Lutheran World Relief; the Mennonite Central Committee; OXFAM and OXFAM-Canada; the World Assembly of Youth; World Education, Inc.; and World Neighbors.

Other government support has come from the U.S. Peace Corps, Canada's International Development Research Center, Denmark, Japan, Sweden, and the United Kingdom.

Also involved in the family planning effort have been the University of North Carolina, Johns Hopkins, University of Michigan, and the State

University of New York, as well as the Organization for Economic Cooperation and Development.

The United Nations, largely through its Fund for Population Activities (UNFPA), 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 also assists the Demographic Training and Research Centers at Bombay and Cairo, as well as population activities of the United Nations Economic Commission for Asia and the Far East.

The United Nations Children's Fund has allotted equipment, drugs, and vehicles for programs in Afghanistan, Iran, India, Nepal, and Pakistan.

Other international organizations extending aid to regional and country programs include the World Health Organization, the Central Treaty Organization, and the International Labor Organization. The World Bank has provided loans to India and Iran.

Outlook

The renewed Pakistani population program effort was launched with a series of endorsements by high-level officials, including both President Fazal Elahi Chaudhry and Prime Minister Zulifkar Ali Bhutto. These endorsements, because of their ability to inspire lower echelon leaders and the general population, could prove to be a major boon to the Pakistani population movement.

Elsewhere, Bangladesh--in the process of nation building--is developing a family planning program, drawing on experience of the program in effect prior to independence. Simultaneously, the United Nations, the World Bank, U.S. AID, and other groups are preparing to lend additional assistance to the country. Iran has achieved success among its higher-income population in fertility control and is hoping to do the same in low-income groups. Plans to increase services in the countryside, training, research, and information-education are being implemented.

Turkey during 1973 submitted to donors more family planning proposals than in any other year since 1965, when its national program was launched. Should these bring a new momentum to the program, the country, through its extensive health infrastructure, is well equipped to deliver family planning services to much of the countryside.

Afghanistan is currently improving its statistical base through an AID-supported sample survey, as well as its basic health infrastructure and training programs. Nepal is establishing a clinic-worker network and experimenting with new fertility control technology.



Interview being conducted in Afghanistan as part of a demographic survey by the State University of New York (SUNY) under an AID contract

Afghanistan

Basic to Afghanistan's demographic problem is a lack of accurate data. No census has been taken; there is no vital registration; and there has been no attempt at estimates, even through sample surveys. What little is known indicates high birth rates (about 51 per thousand) and death rates (about 27 per thousand); short life expectancy; high maternal and child mortality; and a high dependency ratio.

Afghanistan's Ministry of Public Health has plans for providing family planning services through its expanding network of basic health centers. These centers are projected to number 180 by 1976. There is no Government population policy.

In the meantime, family planning activities are concentrated in the Afghan Family Guidance Association (AFGA)--a semiprivate agency that came into being about 5 years ago through efforts of a few physicians and women oriented toward social and health problems. The Association is an affiliate of the International Planned Parenthood Federation (IPPF) and draws most of its support from them.

The AFGA has established 20 clinics, primarily in Kabul (five) and other urban areas, and its family

guides make home visits. The organization has served as a stalking horse in exploring the acceptability of offering public contraceptive services in a conservative society. This has met with some measure of success.

The number of known family planning acceptors in Afghanistan now stands at about 50,000, with orals and IUDs being the main forms of contraceptives offered.

AID assistance

AID support of these activities totaled \$1.14 million in fiscal 1973. It has included a contract with the State University of New York (SUNY) to conduct a national sample survey, develop a basic demographic description of the population, and conduct a concomitant KAP survey. SUNY is based in the Ministry of Planning and has developed an efficient Afghan staff; the combined group is designated as Afghan Demographic Studies (ADS). Data collection from the settled population has been completed, and the preliminary report is expected about March 1, 1974. A survey of the nomad population will begin early in 1974.

In addition, SUNY is working with the AFGA



*Clockwise from above:
Family guides tell
mother of eight about
available clinic
services; others talk
with a mother of five;
a demographic interviewer
at work.*



in developing a client record system, and on a series of small studies to analyze client acceptance, continuation, differences between acceptors and nonacceptors, and other factors. These efforts should lead to the ability to accurately evaluate the efforts of the AFGA.

A second contract group, Management Sciences for Health (MSH), is based in the Health Ministry. It is assisting in developing a logistics system, information feedback system, and general management capability for the basic health clinics, which are the contact point for contraceptive services.

AID assistance also goes toward development of training schools for auxiliary nurse-midwives. Its support has included an advisor to develop curriculum, teaching aids, and some transport. Results have included graduation of the Kabul school's first class of 50 in October 1973; all students were recruited from the Provinces and have been returned to their towns of origin.

AID supplies all the contraceptives used in these programs.

Other assistance

Among the United Nations organizations, the United Nations Children's Fund (UNICEF) supplies equipment to the basic health clinics, as well as vehicles and drugs, and the World Health Organization (WHO) is providing advisory services in maternal and child health and public health and nursing education.

The International Planned Parenthood Federation provides financial support to the AFGA.

Outlook

The basic problem in Afghanistan is how to gain acceptance of contraception in a very traditional, male-dominated society that places a high value on



Family guides of the semiofficial Afghan Family Guidance Association prepare for a day of visiting mothers in their homes.

fertility. The success in coping with this has been minimal thus far.

In addition, the ability of the Government and AFGA clinics to manage and plan for delivery of services and supplies and data collection and analysis needs improvement. Active steps are being taken toward this end, including:

- A start in the training and placement of workers for the clinics. However, their performance remains to be evaluated.

- Increased information from the demographic survey currently being undertaken. This can help Government agencies define their problems and plan for the future and could lead to establishment of a national population policy.

- Improvement in the Ministry of Public Health's ability to support the basic health clinics as a delivery system for contraceptives. Again, however, it is too soon to measure success.

- Continued support to the AFGA in development of planning and evaluation capabilities. This is encouraging the AFGA to become more aggressive in exploiting opportunities for attracting acceptors.

- Completion of the nomad survey by SUNY.

- Utilization of demographic survey data to educate Afghans as to the problems of population growth and the country's economic and social potentials when effective health services are balanced by effective fertility control.

- Active small studies on acceptor motivation; worker performance; family decisionmaking regarding contraception; use of the commercial sector for contraceptive distribution and information; and use of indigenous *hakims* and *dais* in family planning work.

Bangladesh

The new nation of Bangladesh must contend with problems arising from its extreme population density—among the highest in the world—and rapid population growth.

Currently, the country's population is estimated at over 76 million, with a density of more than 1,300 per square mile and a yearly growth rate of about 2.7 percent. Among the estimated 14 million couples of reproductive age, about 65 percent of the women are in the 15-30 age group and contribute about 82 percent of all births. Although approximately 85 percent of the target population is reportedly "aware" of family planning, only an estimated 15 percent has effective knowledge, and only 7-8 percent has ever practiced family planning.

Before 1971, Bangladesh was involved in a Government of Pakistan family planning program. These activities, which included a large worker force, ground to a halt after the separation from Pakistan. However, the new Bangladesh Government is planning soon to reinstate large-scale programs to bring family planning services within reach of the masses.

The current Five-Year Plan (1973-78) assigns responsibility for the new program and related activities to the Health and Family Planning Ministry. Plans are to employ male and female family welfare worker teams at a ratio of one for each 5,000 persons. The team would conduct family planning consultations, deliver contraceptives, and refer receptors to clinics.

Private family planning efforts in Bangladesh are spearheaded by the Family Welfare Association. The Association's primary efforts include family planning education, motivation, and operation of model clinics in urban areas.

AID assistance

AID made available \$1,522,000 for contraceptives and other commodities in fiscal 1973.

Other assistance

The International Planned Parenthood Federation assists the Family Welfare Association. Ford Foundation has a population office in Bangladesh.

The United Nations Fund for Population Activities and the World Bank are discussing proposals for assistance in the population field.

Outlook

The language of Bangladesh's First Five-Year Plan reveals a clear understanding of the magnitude and the fundamental importance of the country's population problem. Of particular interest are insights into the urgency of the problem and its relevance to all the development programs.

As current plans develop, oral pills and condoms are to receive greater emphasis than in the preindependence Pakistani program. One of the largest initial tasks is the training of the family welfare worker field teams—about 12,000 teams began training in the fall of 1973.

Future program and project activities that AID and other donors might support include program evaluation, collection and analysis of demographic data, training, commercial distribution of contraceptives, population planning in nonhealth sectors, and effective involvement of nongovernmental groups.

China, Republic of (Taiwan)

The Republic of China (Taiwan), with one of the world's more successful family planning programs, has achieved its goal of reducing the population growth rate from 3 percent to 2 percent in the decade ended in 1973. At the same time, however, the country faces the difficult task of bringing further reductions among a population whose "ideal" family still includes an average of almost four children.

As of 1972 Taiwan's population growth had been slowed to 1.9 percent per year, despite rapidly increasing numbers of younger women of marriageable age (a 60-percent increase occurred in females aged 20-24 during the past 5 years of the planning period). Generally, the Taiwan family planning program has succeeded in bringing contraceptive services to all wives aged 30 and over who have achieved their desired family size. In addition it is estimated that more than half the island's married women between 15 and 44 years of age are using contraceptives.

The official Government family planning program has been carried out since 1968 by the Institute of Family Planning under the Provincial Health Department. Distribution of family planning services is achieved through more than 700 private doctors, about 400 health stations, and 30 public hospitals.

The IUD is the main form of contraception offered. However, several other methods are available.

During 1972 contraceptive acceptors in Taiwan included more than 152,000 IUD users, nearly 67,000 pill users, and over 53,000 condom users. These figures represented declines from peaks achieved in 1971 but are still impressive, and the coverage is widespread.

Also involved in family planning is the Planned Parenthood Association of China—formerly the Maternal and Child Health Association. Today, it provides support for the national program.

The Family Planning Association, in existence since 1954, also provides family planning assistance and operates a few clinics.

The Chinese Center for International Training in Family Planning, established in 1968, provides orientation and practical training to those from other countries who are working or have an interest in family planning. There were about 1,000 international visitors in 1972, mostly Asians (80 percent) from South Vietnam, Thailand, the Philippines, Korea, and Indonesia.

AID assistance

AID provides no direct assistance to Taiwan now. However, major donors include several organizations partially funded by AID, such as Population Council (technical and evaluation program activities, vital data processing, and international training) and Pathfinder Fund (oral contraceptives). Various U.S. universities, some with AID support, also assist in behavioral research being undertaken increasingly by Taiwanese universities.

Home economists attend a workshop on family planning at the Chinese Center for International Training in Family Planning, Taichung, Taiwan.



Other assistance

Other foreign contributors to the program include Church World Service; the Family Planning Federation of Japan--an affiliate of the International Planned Parenthood Federation; Family Planning International; Ford Foundation; Lutheran World Relief; OXFAM; and the U.N. Children's Fund.

Foreign aid totaled about \$200,000 in 1972 (not counting fellowships and advisory services) and about \$150,000 worth of pills.

Outlook

Most analysts of the Taiwan situation believe it presents the first clear-cut evidence that provision of contraceptive services alone is not enough to attain a two-child society, at least in that country's cultural setting. Attesting to this, the "ideal" average family still stands at about 3.8, with women under 30 thinking of an average of slightly over three children and those over 30 wanting about four.

Thus, the next step appears to be to find out why couples want more than two children and to move beyond family planning into longer-term demographic planning. This would include integrated educational concepts, a review of pronatalist laws and regulations, expanded social security and incentive systems, encouragement to women's economic opportunities, plus the possibilities of legalizing abortion and promoting sterilization.

Taiwan already is experimenting with many "phase II" innovations. At the same time, the family planning program is being progressively refined and improved to concentrate on remote rural areas with low incomes where fertility is high, as well as on all groups of younger women. Public education and information efforts continue through health personnel, organizations, and special campaigns.

In addition, progress also is being made on in-school educational efforts, which were a major focus in 1973, and on fertility-decline incentive plans.

Indonesia

The fifth most populated country in the world with over 128 million people, Indonesia combines relatively high birth and death rates in a yearly population growth of about 2.7 percent. Estimated completed family size is six children, and the country's dependency ratio stands at 90 dependents per 100 people of work age, contrasted with about 50 per 100 in more developed countries.

At the current rate of increase, the Indonesian

population will double in about 26 years to compound the already difficult socio-economic problems facing the Indonesian Government.

Given the anticipated rate of economic expansion and the current rate of population increase, per capita income would double to \$200 in 10 years--still less than several Asian nations' current per capita incomes. A side effect of economic development will be a declining death rate. But, simultaneously, women aged 15-29--the high childbearing years--will increase by 55 percent between 1971 and 1981. Thus, without the intervention of a massive, successful fertility control program, the rate of population growth could increase in years to come.

Additionally, the school-age (5-19) population will rise from 46 million in 1971 to almost 60 million in 1981. Currently, only about 50 percent of the eligible children are enrolled in primary or secondary schools. This 30-percent increase in school-age children will intensify demands upon the Government.

Family planning and population efforts in Indonesia were initiated in 1957 by the Indonesian Planned Parenthood Association (IPPA), now an affiliate of the International Planned Parenthood Federation (IPPF). Its work was restricted, however, by Sukarno's propopulation policies and largely devoted to an information program and very limited services. Under the Suharto Government, Indonesia's population problems were recognized and a modest service program was begun in 1957 by the IPPA through the Ministry of Health's clinic facilities.

In 1968 the Government became directly involved in family planning with the creation of the National Family Planning Institute (LKBN). This was transferred in 1970 to the National Family Planning Coordinating Board (BKKBN), under direct responsibility of the President.

Since its creation, the BKKBN has acted with increasing vigor in generating policy, drawing up implementation guidelines for other ministries involved, and coordinating foreign aid.

Accordingly, Government family planning obligations have risen from \$75,000 in fiscal 1969 to \$6.3 million in fiscal 1974. Foreign donor inputs during that period have climbed from \$2,051,800 to \$8.5 million.

The national program currently is directing its attention toward the crowded islands of Java and Bali, thus far reaching about 13 percent of their fertile women. In fiscal 1971 the program had over 183,000 acceptors; in fiscal 1972 over 519,000; and in fiscal 1973 over 1 million. For the current year the program target is 1,250,000 acceptors, of which at least 80 percent are expected to be reached.

The Government has adopted a cafeteria-style approach to its services, offering a fairly wide choice of family planning methods. About 60 percent of the commodities dispersed are pills, 35 percent IUDs, and 5 percent condoms and vaginal tablets.

AID assistance

AID has assisted the Government family planning program since fiscal 1968, supplying \$11.6 million through fiscal 1973. For the coming year alone, AID support is pegged at \$6.0 million and will focus on improving the national family planning logistical system, the services statistics system, and management training. AID has also provided the bulk of oral contraceptives and family planning medical equipment.

AID manpower efforts will include development of middle-level technical administrators (health/family planning educators, planners, and service administrators), as well as training of program evaluators and fellowships for training in the United States. AID also plans to provide training, advisory assistance, and local currency to the research and evaluation programs.

Other assistance

Much of AID effort in coming years will be toward coordinating its work with a 5-year \$33-million population project being financed by the International Development Association (IDA) and the United Nations Fund for Population Activities (UNFPA). This new program includes a \$13.5-million credit from IDA; \$13.5 million from UNFPA; and \$6 million from the Indonesian Government.

Despite its promising future implications, the new IDA/UNFPA program has encountered some problems. These largely center around the delay in implementing the project, but resources are expected to be flowing soon.

So far, the BKKBN has completed the needed reorganization, named a deputy chairman, and contracted with a U.S. firm for management consulting services. In addition, a foreign senior advisor and information/motivation advisor are working with the BKKBN. Foreign advisors in research and evaluation and training are expected to be added in the near future.

While the program provides for foreign costs (39 percent), it does not include contraceptives and medical equipment. IDA and UNFPA have agreed to consider the provision of contraceptives and medical equipment in any subsequent grant but have asked

AID to continue the financing of oral contraceptives, condoms, and selected medical equipment for the next several years. Alternatively, IDA and UNFPA are willing to consider assisting local companies in contraceptive production and packaging. However, only IUD manufacturing is definitely planned for the coming year.

AID has actively encouraged the involvement of numerous bilateral and multilateral donors in Indonesian family planning. At the same time, donors on their own initiative have responded to Indonesian requests for assistance and in some cases have assisted the National Family Planning Coordinating Board to increase Government resources. The result is a rapidly expanding program, both in terms of traditional activities such as clinic services and in broader approaches to the population problem.

Organizations involved in this far-reaching effort include the IPPF, Pathfinder Fund, Population Council, the American Public Health Association, Church World Service, East-West Center, Ford Foundation, OXFAM, Rockefeller Foundation, World Assembly of Youth, World Education, Inc., the Universities of Chicago and Hawaii, and the Governments of Japan and the Netherlands. In addition to the UNFPA, international organization involvement includes WHO, UNESCO, UNICEF, and, as mentioned earlier, the World Bank.

Outlook

Impact of the Government program on fertility and the rate of population growth is difficult to ascertain, owing to a lack of reliable fertility measures and contraception continuation experience. This will be improved in the near future when the Bureau of Statistics and the Demographic Institute, University of Indonesia, complete projects aimed at providing age-specific birth rates and publish data on fertility levels.

Additionally, most provinces are developing evaluation projects that will measure client continuation experience. These data will enable evaluators to gauge the program's impact.

The Government is planning to expand the family planning program to Sumatra, Kalimantan, Sulawesi, and other outer islands in 1974. The outer islands where the rate of population growth was found in the 1971 census to be higher than in Java and Bali have complained of being omitted from the national program. Expansion to those islands would concentrate on contraceptives and medical equipment in the first year, followed by accelerated Government support in the Second Five-Year Plan.



Above, Indonesian servicemen and their wives attend family planning discussion session. Right, a family planning worker discusses benefits of small family, using exhibit as illustration.



Left, an Indonesian acceptor listens to a midwife explain use of oral contraceptives. Orals account for about 60 percent of commodities dispensed by the national family planning program.

The BKKBN is also interested in widely expanding the supply and increasing the accessibility of oral contraceptives and condoms.

Because of a prescription requirement, attempts at increasing orals' supply and accessibility are currently limited to clinical channels. Within public health clinics, the BKKBN is expanding inventories and trying to liberalize distribution practices. Similar efforts may be considered for the private sector, especially if the prescription requirement is revised.

Condom availability and accessibility are being urged through both clinical and nonclinical channels. Four attempts at this are being considered: Expanding public clinic supplies and liberalizing distribution practices, testing the feasibility of distribution via the *Rukun Tetangga* (elected neighborhood chief), testing the feasibility of distribution via commercial outlets for consumer products, and testing the marketing of condoms through the traditional medicine system.

Iran

Recent estimates place Iran's rate of natural population increase at about 3.2 percent, which could bring a doubling of population in only 22 years.

The Iranian Government hopes to lower this rate to 2.4 percent by end of the Fifth Five Year Plan (1978). To accomplish the task, however, it will have to provide contraceptive services to 3.6 million women and avert approximately 1 million births. It also will be handicapped by the higher birth rate of an increasingly younger population (45 percent are under 15 years of age).

In contrast to many of its Asian neighbors, Iran still has a low overall population density. However, many of the Iranians are concentrated in a relatively few northern and western districts that are most favorable for agriculture. Moreover, as the population grows, it is becoming urbanized at the rate of 7 percent annually, so that urban population doubles in only 11 years.

Muslim religious thought does not run counter to population planning, but progress in general is hindered by a low—although rapidly increasing—literacy rate, particularly among women. At less than 25 percent, the low literacy rate is indicative of a whole range of social conditions that inhibit rapid adoption of family planning.

The Government of Iran has espoused enlightened population and family planning policies since 1960, and both the Shah and the Empress Farah seldom miss an opportunity to lend their strong support to these policies.

A national family planning program has been in effect for some 7 years. Responsibility for the program lies with the Ministry of Health, which has established a Family Planning Division to plan, organize, and carry out the program.

The Ministry provides training to both medical and opinion leaders; informs the general public; establishes family planning services in clinics throughout the country; conducts, supervises, and encourages research in demographic, medical, and the social sciences; extends contraceptive information and services to rural areas; provides supplies and technical advice; and arranges for international assistance wherever required.

Currently there are some 1,300 clinics and 300 mobile units involved in the Government program. Until now, most acceptors of family planning have used pills—some 80 percent of the new users—and there has been little acceptance of the IUDs or sterilization. Abortion is illegal except where advisable for medical reasons.

The Government relies in part on the expertise and organizational structure of a number of private and nongovernmental agencies. Most active among these are the Imperial Organization for Social Services, which operates 249 rural clinics; the Red Lion and Sun Society, which operates virtually all Government hospitals, many clinics, and numerous nursing schools; and the Family Planning Association of Iran, an affiliate of the International Planned Parenthood Federation (IPPF).

AID assistance

Because of its achievements in economic growth, Iran has not received direct bilateral AID assistance since 1967. However, substantial technical assistance continues through American university centers and through the Population Council. AID's University Overseas Population Internship Program has supported several interns in key posts in Iran.

AID also is supporting the Carolina Population Center of the University of North Carolina in helping establish a Population Secretariat and a Population Reference Unit at Pahlavi University in Shiraz. An institutional development project at Pahlavi University is currently under consideration.

Other assistance

In mid-1970, the Iranian Government requested the United Nations Development Program office in Tehran to coordinate all external inputs into the national family planning effort. The United Nations

Fund for Population Activities (UNFPA) provides the primary funding for such programs, thus far allocating over \$2 million for pilot projects, training, research, communications, assistance to nongovernmental organizations, reporting and statistics, vehicles, and investigations of legal aspects of population activities.

The Population Council, active in Iran since 1960, has in the last 6 years concentrated on training programs. These include a postpartum program at Farah Maternity Hospital; provision of consultants, research, evaluation, communications, data processing; and clinical trials of contraceptives.

In addition, the following organizations are assisting or cooperating in some way with the Iranian population effort: Regional Cooperation for Development (a three-country organization of Turkey, Iran, and Pakistan), the Central Treaty Organization, IPPF, the Pathfinder Fund, the Ford Foundation, the Swedish International Development Authority, and the U.K. Ministry of Overseas Development.

Outlook

Although it is perhaps too early for evaluation, the Iranian population program is not achieving the striking results reported from several countries in the Far East. Relatively low birth rates among the upper and middle income groups in Tehran indicate much success in private and commercial family planning efforts, but the Government program in the countryside is really just getting started.

Moreover, the program's high dependence on orals has caused some problems. Continuation of pill use in rural areas, for instance, is probably less than 30 percent, perhaps partly because women must revisit the clinic each month for a fresh supply. Greater, more balanced availability of contraceptive methods would seem desirable.

The Family Planning Division plans to strengthen and expand program components during the next 5 years through:

- Construction of 78 health centers in towns of less than 40,000 people. These centers would provide mainly preventive and curative health services, including family planning services. The plan target is one clinic per 10,000 rural inhabitants and one per 20,000 urban inhabitants.

- Construction in the provincial capitals of an additional nine family planning training centers for medical and paramedical personnel to meet the target of 400,000 trainees during the Fifth Plan. These centers will also provide training in family planning for a larger number of health corps women.

- Construction of seven multipurpose training schools for *bekhyars* (assistant nurse-midwives).

- An increase and elaboration of media-based and educational activities.

- Research and program evaluation.

- Study of population affairs to establish a socio-economic basis for policy decisionmaking.

Korea, Republic of (South)

The Republic of Korea has made significant advances in the past decade, with its economic growth rate averaging about 12 percent during the Second Five Year Plan (1967-71) and expected to total 15 percent for 1973. Per capita income has soared from about \$115 in 1965 to nearly \$300 at present. At the same time an effective national family planning program, in operation since 1962, has helped the country reduce population growth from about 3 percent a year at the beginning of the sixties to about 2 percent at the present.

As a result of this achievement, Korea has met many of its initial goals in population and family planning activities. However, the population growth has now leveled off, and a number of problems remain to be dealt with if the country is to meet its present goals of 1.5 percent and 1.3 percent growth by 1976 and 1981, respectively.

Since 1961 the Korean Government has had a family planning policy within the context of its 5-year economic development programs. This policy has set forth desired population sizes, rates of

Worker for Planned Parenthood Federation of Korea gives telephone counseling on family planning.





Family planning workers conduct a two-child campaign in Seoul.

increase, and Government investment in activities to support these objectives.

The national family planning program is directed by the Family Planning Section of the Bureau of Maternal and Child Health, located in the Ministry of Health and Social Affairs (MHSA). The two special cities, Seoul and Pusan, and the nine Provinces each have a Bureau of Public Health and Social Affairs, with a family planning section.

The health delivery system consists of 196 health centers, one for each county or city district, and 1,342 health subcenters. Family planning services are offered in some of these centers, but the main avenue is through a certified cooperating physicians program. There are currently 1,419 cooperating physicians certified for IUD insertions and/or vasectomy operations and 17 physicians certified for tubal ligations. The new maternal and child health law now allows trained nurses and midwives to insert IUDs, and a training program has been set up at the Korean Institute of Family Planning (KIFP) to implement this development.

MHSA statistics indicate that the average monthly pill usage for 1972 was 218,829 cycles and there were 223,226 new IUD insertions. Current estimates show that about 491,000 women use the IUD, but the retention rate is still low—about 51 percent. Condoms were distributed to an average of 155,561 people per month in 1972, and a yearly total of 16,396 vasectomy and 3,283 tubal ligation operations were performed. An estimated 2,120,000 of the estimated 4.4 million fertile women participated in family planning in 1972, 1,460,000 through the

national program and 660,000 through private channels.

To help the national program meet its challenges, the Government in 1973 initiated several important measures:

- On February 8, 1973, the Maternal and Child Health Law was promulgated and subsequently supplemented by two bylaws. Included was a section which conditionally legalized induced abortion.

- On August 1, 1973, a ban on advertising of oral contraceptives in mass media was lifted. This should benefit the Government's oral pill program.

- The Ministry of Education decided to incorporate some population awareness materials developed by the American Public Health Association into the 1974 secondary school textbooks.

- To counteract a common fourth-quarter slump in family planning efforts, area targets were revised upward in June 1973, with budgetary help coming from the United Nations Funds for Population Activities. The loop target was raised from 300,000 to 380,000 and the vasectomy target from 20,000 to 26,000. Heretofore, too-low targets have been a factor underlying a dropoff in activities.

In addition to the Government program, family planning services are offered in 14 demonstration maternal and child health clinics operated by the Planned Parenthood Federation of Korea (PPFK) and in 45 public and private hospitals, supported by a Population Council grant. Seventeen mobile clinics (13 AID-financed) also operate in the Republic.

The PPFK, which predates the national program, carries the portfolio for the national pro-

gram's information, education, and communication (IEC) activities, provides administrative assistance to special and experimental Government programs, and runs pilot clinical services of its own. It also provides support to "mothers' clubs."

In 1972, PPFK initiated some programs in conjunction with other organizations. These included family planning and information materials and condoms to the Navy's mobile information team for distribution to remote islands and family planning information as part of the regular training for 450,000 homeland reserve forces. PPFK has also obtained permission from the Government to incorporate family planning materials into all training programs for Government employees.

The Korean Institute of Family Planning is responsible for national-program training, including clinical training, evaluation of the national program,

and carrying out of relevant family-planning-related research. During 1973 KIFP provided training for 560 family planning administrators, 107 physicians on IUD insertions, 615 family planning fieldworkers, and 245 fieldworker supervisors. It also held family planning seminars and workshops for 622 Government and civic leaders. In 1972, 240 international participants attended conferences and family planning workshops at KIFP.

KIFP has also been directly involved in the national fertility/abortion survey and a sample demographic survey and publishes services statistics for the national program on a quarterly basis.

AID assistance

AID financing, along with assistance through other donors, has played a major role in Korea's



Left, a family planning exhibition in Seoul.

Below, members of a mothers' club carry posters saying, "Let's Have Only Two Children and Raise Them Well."



family planning program since its inception in 1962. Between 1969 and 1973, AID obligated \$5 million for health and family planning activities in Korea. Some \$3.2 million of this went for equipment and supplies and the remainder for participant training, support of institutions, funding of research projects, contract advisor and consultant services, and other activities. AID has also served in an advisory role to the Government program.

As more donors have made input into the Korean program, AID's role has shifted from that of a major provider of commodity assistance to providing essential incremental activities in related areas such as population policy planning, research, training, and modest commodity support; \$200,000 was provided for the fiscal 1973 program.

Other assistance

The International Planned Parenthood Federation (IPPF), Population Council, the Swedish International Development Authority (SIDA), and the United Nations Fund for Population Activities (UNFPA) help to support the Korean program.

The IPPF finances operations of its affiliate, the PPFK, allocating some \$486,000 for this purpose in 1973.

Population Council provides technical and financial assistance to the program. In 1973, \$588,000 was budgeted for staff members and consultants to the population research activities of KIFP and university-based research centers and for population and family planning studies.

SIDA financed construction of the physical facilities of the KIFP. It now supplies the oral contraceptives for the national program, partially supports KIFP's operational budget, and supplies newsprint for information programs. However, it is phasing out the pill and newsprint program in mid-1973 and out of budget support activities by mid-1975. SIDA's budget for 1973 totaled \$518,000.

The UNFPA, with \$1.2 million for the program in 1973, is involved in several areas. Activities supported by UNFPA include a population education project with CERI; seminars on management, evaluation, and labor; and an information, education, and communication project. About \$700,000 is earmarked in 1974 for a project to increase the IUD and vasectomy targets.

Other donors include the American Home Economics Association, the Asia Foundation, East-West Center, Family Planning International Assistance, Ford Foundation, Johns Hopkins University, the Japanese Organization for International

Cooperation, Lutheran World Relief, OXFAM, Pathfinder Fund, Rockefeller Foundation, and others.

Outlook

Despite Korea's impressive progress in family planning, a number of obstacles stand in the way of achieving future goals. These problems include:

- A less favorable demographic position than some planners had earlier assumed. For example, preliminary findings of the 1970 census indicated a 1.9-percent average growth rate for the 1966-70 period. However, further refinement of the data has led some planners to believe that the actual 1970 figure was closer to 2.1 percent.

- A change in the age structure of the Korean population, which favored rapid fertility declines in the 1960's but now is favoring fertility increases. The number of married couples in the 20-44 age range will increase from about 4 million in 1971 to 4.5 million in 1976 owing to the post-Korean-War "baby boom." The full effects of this population bulge will be felt during the Fourth Five Year Plan (1977-81).

- A continuing strong desire among Koreans for one or more sons and the "ideal family" size of 3.7--almost double that necessary to eliminate intrinsic growth. (Actual family size, however, showed a remarkable drop between 1962 and 1971 from about six to just over four.)

- Leveling off of the rising trend in marriage age that was evident in the 1960's. An estimated 30-40 percent of the total decline in fertility during that period was attributed to this rise, but no substantial change has taken place since 1968.

- The uneven distribution of family planning services. In the past, rural areas have been favored over urban areas--a problem aggravated by the high rate of urbanization. Currently, urban areas are characterized by high fertility and relative lack of access to contraceptive services, except for pills purchased through commercial channels.

- Low continuation rates for the pill and IUD and previous emphasis on terminal fertility acceptance.

- Inadequate Government budgets and a relative low priority for the national family planning program. Even though expenditures for family planning have increased annually, the national budget has risen more rapidly. Thus, the percentage allocated to family planning has actually declined.

Currently, this latter problem is the overriding concern of family planning program donors. A sense of complacency has followed Korea's marked past success with family planning and, until recently,

Government planners believed that their population growth targets could be reached through a continuation of the present program course. AID-financed collaborative efforts have helped dispel this notion and bring about the realization that achievement of 1.5-percent population growth by 1976 is in jeopardy.

Some planners feel strongly that the Government must increase its budget by at least 20 percent per year over the next several years if it expects to meet the population growth targets for 1976 and 1981.

Another concern involves the recent reduction of interest rates in Korea. Over 460 million won of the Government's 1973 budgetary contribution to family planning (including support to KIFP) is derived from interest earnings on a local currency endowment fund established under an AID Development Loan. The downward trend in interest rates will severely reduce funds available to the family planning budget. Thus, the Government needs not only to provide funds to expand the program, but also to cover this shortage.

Also, while many donors provide assistance to the program, their overall impact is lowered by a lack of coordination toward achieving program goals.

The IUD continues to be emphasized in the Korean family planning program. However, other contraceptive methods, particularly the pill, are rapidly gaining importance, while recent information suggests the number of IUD users is leveling off. The decline in continuation is sharpest in urban areas where the pill and abortions are more readily available, although not all dropouts avail themselves of other methods. Dropouts seem to be the marginally interested women, many of whom are young.

Increased use of the pill for all women desiring it should be an area of future program emphasis. The pill is especially good for the young urban poor women--a target group that has not been reached sufficiently in the current program.

As Korea is exposed to new and improved techniques for female sterilization (such as the laparoscope) and an increasing demand for male sterilizations, there should be an increase in acceptors of these methods. There is evidence that the health delivery system is inadequate. In the fall of 1973 a team of health experts studied a proposal of the Government for a project to improve the health delivery system, including family planning services, in both rural and urban areas. If recommendations of this team are favorable and the Korean Government seeks assistance, AID will consider financing a program to accomplish needed improvements.

The lifting of the ban on private sector advertising of oral pills has facilitated increased activity in this area.

Laos

A small, mountainous, and landlocked nation, Laos has been torn by 25 years of internecine warfare. Population dislocations resulting from this strife, plus ethnic differences between the hilltribes and the Mekong Valley farmers, accentuate the country's economic difficulties. Moreover, with a crude birthrate approaching 42 per thousand and a crude death rate of about 16, the average Lao family has had little chance to escape poverty.

Now, however, a marked reduction in the level of fighting has allowed the Royal Lao Government to embark on a program to lower both mortality and fertility rates.

Initial impetus came when the Prime Minister in January 1971 issued a decree establishing a Commission for the Study of Family Planning in the Kingdom of Laos. In its final report the Commission recommended that the Government undertake a program of fertility reduction. The program was to be aimed at a 50-percent lowering of the country's crude birth and death rates in 30 years.

These recommendations were approved by the Cabinet Council, and on January 5, 1972, the Prime Minister issued another decree establishing a Commission for the Promotion of Family Well-Being. It is composed of four Ministry of Health officials, six representatives of other ministries, and the counselor for the Ministry of Justice.

The Commission subsequently developed two subcommissions--one principally concerned with delivery of services and health aspects and the other largely concerned with the nonhealth aspects of population.

Responsibility for the national family planning program was given to the Ministry of Health, which is currently in the process of extending services to its clinic network. In the first year of the official program, family planning was made available in 12 locations. Addition of services to the remaining 21 Ministry of Health centers and subcenters is the next target.

Also, in order to establish the foundation of a delivery system and provide in-country training capability, a building program was begun in March 1971. The first phase, now completed, was a 226-bed National Training Center expansion on the Mahosot Hospital in Vientiane. Smaller 100-bed additions were

programmed in Pakse, Savannakhet, and the Royal Capital of Luang Prabang.

Plans formulated through 1976 call for renovating and equipping 12 district maternal and child health centers in coordination with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

To staff existing and future facilities, a program of participant training in maternal and child care and family planning was initiated, and the Ministry of Health began to upgrade and expand its training programs for all types of health manpower.

The Laos Family Welfare Association (LFWA) is the major private group involved in family planning. An affiliate of the International Planned Parenthood Federation (IPPF), the Association was founded in 1968 by the Prime Minister's daughter, Princess Moun, and a group of highly placed Lao women. The founding of the organization represented a reversal of passive pronatalist colonial statutes and paved the way for the official program.

The Association is currently operating 12 clinics in Laos and in earlier years provided most of the in-country family planning training.

These clinics are in addition to the Government clinics and AID-sponsored dispensaries, generally in small villages. Use in these clinics of paramedical personnel with only about 6 months of medical training has demonstrated to the Government that this type of health worker can master the prescription of oral contraceptives. It also has helped to dispel beliefs that rural Lao and hilltribe women do not desire or will not use modern contraceptives.

The total number of outlets for family planning services as of the first of 1973 stood at 66 clinics and two mobile teams. Of the total, 52 clinics were located in rural areas.

Family planning acceptors in Laos, while still small in number, have about doubled each year. In 1972 the number of new acceptors stood at 3,800, contrasted with 1,467 the year before. For the first 5 months of 1973 the total had already reached 2,605. About 83 percent of the new acceptors in 1973 chose oral contraceptives, 8 percent the IUD, and 9 percent other forms.

AID assistance

AID assistance to the national program totaled \$780,000 in fiscal 1973 and \$3,881,000 since it began in fiscal 1969. Support has gone for maintenance of 32 rural health centers, expansion of hospital and training facilities, commodities, and other services. For fiscal 1974 U.S. commodity support in

the form of contraceptives, milk and vitamins, and expendable commodities will reach \$361,000; \$20,000 will go toward information, education, and communication activities--an input that will be increased to about \$50,000 in fiscal 1975.

Other assistance

WHO, in addition to helping finance the 12 facilities, plans to utilize four of them as rural training centers for all categories of health personnel, from physicians to indigenous midwives. In cooperation with UNICEF, WHO has also provided advisory services, supplies, equipment, and other support to maternal and child health programs since 1968 and is now helping integrate family planning into nursing and midwifery school curricula.

UNICEF plans to contribute \$104,000 in commodities and equipment during fiscal 1974 to the new national maternal and child health training facility in Vientiane and the provincial facility in Pakse.

The International Planned Parenthood Federation for fiscal 1974 will provide \$25,000 in commodities for the LFWA.

The Thomas Dooley Foundation helps support nine rural family planning clinics in Laos. Operation Brotherhood, through an AID contract, distributes family planning information by means of its public health teams.

Outlook

While the Commission for the Promotion of Family Well-Being has helped increase awareness and concern about the consequences of unchecked population growth, the nonhealth component of the Commission has been inactive recently. A first priority for the future is to return the Commission to its former state of vitality so that it might consider such projects as studying the relationship of population growth and economic development; setting scientifically derived family planning targets (no systematic targets in terms of couples protected have yet been set); including family well-being in the Ministry of Health budget and table of organization; and creating provincial commissions for the promotion of family well-being.

Information, education, and communication activities likewise need to be expanded, although there is some feeling that the country is not yet equipped to meet the demand that might result from a far-reaching public information program.

There is also a great need to increase demographic data gathering capability, reporting evaluation, and information feedback.

In short, the future task involves providing the facilities, personnel, and supplies necessary to make population program services available and desirable to the largest possible segment of the Lao population. With addition of family planning services to the remaining Government clinics, it is expected that they will be accessible to roughly 20-25 percent of the Lao population under Royal Lao Government control.

Malaysia

With a population threatening to double in 25 years, Malaysia is giving high priority to family planning. It was one of the first signers of the United Nations Declaration on Population and since 1966 has had an official family planning program working toward a population growth rate of 2 percent a year, compared with 2.8 percent currently.

In its Second Five-Year Plan (1971-75) Malaysia has established the annual family planning acceptor rates needed to achieve this goal by 1985. The targets were set at levels increasing from 80,000 in 1971 to 160,000 in 1975 (including a conservative estimate of 8 percent for nonprogram acceptors). In 1972 the target was 100,000 92,000 of this through the national family planning program. The actual level achieved was 56,340 or 61.2 percent of the national target, contrasted with 64.8 percent during 1967-70

Responsibility for carrying out the Government program lies with the National Family Planning Board (NFPP), which coordinates its activities with those of numerous private groups. Among the latter is the Federation of Family Planning Associations (FFPA), which was formed in 1958 and consists of 11 autonomous organizations—one for each State of West Malaysia. The Federation, which receives a grant each year from the Government, operates over 300 clinics.

The Government program during 1972 included more than 100 private medical practitioners, dispensing services through some 700 clinics, substations, and mobile units. As with the FFPA, these efforts are concentrated in the 11 States of West Malaysia—home of 85 percent of the population. The other two States—Sarawak and Sabah—are considered by the Government to be underpopulated; they are reached by voluntary associations.

Orals are the main form of contraceptives used in the program, although many other methods are also offered.

Giving added thrust to family planning in Malaysia was the signing in 1972 of agreements with



Malaysian home economist, at the 1973 Summer Institute on Home Economics and Family Planning, Iowa State University, demonstrates use of puppets in communicating family planning messages.

the United Nations Fund for Population Activities (UNFPA) and the World Bank for a 5-year population/family planning project. Funded by \$4.5 million from UNFPA, \$5 million from the World Bank, and matching funds from the Malaysian Government, the project will provide for expansion in physical space; recruitment and training of personnel; the information, education, and communication program; and research and evaluation.

In 1972 the Government also began work toward in-school population education with a 3-year project to develop curricula and instructional materials for use in public schools. The project, supported in part by UNFPA, also includes teacher training.

The NFPP and several other agencies and organizations are giving similar emphasis to out-of-school education. The Malaysian Trade Union Congress, for instance, in 1972 began an active program of information and education in population/family planning through a series of seminars.

Another major breakthrough in 1972 was exploratory work into the possibility of including population planning in the development planning process. A first step was establishment of a new position in population studies within the Government's Economic Planning Unit. Population planning is to be coordinated with efforts of the national Department of Statistics, the NFPB, and other agencies and organizations concerned with population data.

To assess the potential contribution that traditional midwives (*kampong bidans*) might make in family planning, a 3-year pilot study of a sample of midwives was also started in 1972, with supporting funds from the University of Michigan's Center for Population Planning.

The Government of Malaysia has been a major backer of the Intergovernmental Coordinating Committee (IGCC) of South East Asia Regional Cooperation in Family Planning and Population—established in 1971 and headquartered in Kuala Lumpur. The Committee provides services to Malaysia and eight other countries—fieldwork, training, research, and mass communications and education—in population studies and family planning. The Committee also translates materials and publishes a newsletter.

The IGCC Secretariat coordinates the approved regional training, observation, and research programs within the nine member Asian countries. The Secretariat has recently been engaged in coordinating seven IGCC-approved programs scheduled for implementation during late 1973 and planning as many to be undertaken in the first half of 1974.

The IGCC recommended during its last meeting in May 1973 that it become a permanent regional body and as such have an international charter beginning July 1, 1974. This motion was subsequently approved by the nine member governments, who also agreed to finance the administrative budget of the Secretariat beginning July 1974.

AID assistance

AID provides no direct assistance to the Malaysian family planning program, although it provides indirect support through organizations such as the Population Council.

AID support to the IGCC programs was \$202,000 in fiscal 1973 and is planned at \$100,000 per year for the following two fiscal years.

Other assistance

UNFPA and the World Bank, through their \$9.5-million grant, are providing the major outside

assistance to future Malaysian Government programs, and the IPPF gives extensive support to programs of the FFPA and to the individual family planning associations in Sabah and Sarawak. Other donors include Ford Foundation, the International Labor Organization, U.N. Children's Fund (UNICEF), the World Assembly of Youth, World Education, Inc., and the Governments of Denmark and Sweden.

The Ford Foundation, the Population Council, Asia Foundation, U.N. Economic Commission for Asia and the Far East (ECAFE), the International Planned Parenthood Federation (IPPF), UNFPA, World Education, International Development Research Center of Canada, and Japan have either assisted or promised continued financial and/or technical assistance to the approved IGCC programs. All of these organizations serve on the informal advisory board of the IGCC.

Outlook

Despite its far-reaching program, Malaysia may have trouble achieving targets, as a result of the large number of women reaching adulthood and marrying. In fact, this development could well cause the country's crude birth rate to rise during the next few years.

At the same time, however, new impetus is being provided by the 5-year agreements with the World Bank and UNFPA.

A major goal of that program is to integrate family planning into health services of the rural areas, with the aim of covering all of them by 1976. For 1973 the goal was to provide increased coverage in the seven States where a study and pilot demonstration project have been operating. Coverage is to be extended throughout the States in 1974 and 1975.

Since recruitment and training of large numbers of staff are planned, the Ministry of Health will establish three new regional training centers and extend clinic facilities both for NFPB-operated clinics and health clinics in rural areas.

Preliminary consideration has also been given to conducting a major fertility and KAP survey in West Malaysia during 1974 in conjunction with the World Fertility Survey and to conducting a second acceptor followup survey the same year.

NFPB in the future will intensify its coverage of Federal Land Development Authority areas and give further attention to supporting family planning services for occupants of low-cost housing schemes in industrial areas. Extension of family planning services to the "new villages" established during the early 1950's has also been under consideration.

Nepal

A landlocked mountain kingdom with some 12 million people, Nepal ranks among the world's lowest in per capita gross national product.

The country's fertility is virtually unrestrained. Estimates of the crude birth rate run around 45 per thousand, with only a relatively high death rate (about 22 per thousand) holding the population growth rate to about 2.3 percent per year. Since death control appears somewhat less difficult than birth control, there exists the potential for future explosive population growth (such as is now being experienced in nearby Bangladesh).

Already the adverse effects of rapid population growth are being felt. Expansion in per capita GNP is very slow. Outmigration from the overcrowded hill areas of Nepal is a key economic, social, and political problem. Transmigration across the open boards with India further complicates the already-difficult situation.

To alleviate such problems, the Government of Nepal has committed itself to a policy of rapid economic and social development. It views rapid population growth as an impediment to the attainment of development objectives, chiefly because of the growing demand for investment in social services and because of the many interrelated problems associated with substantial migration into, out of, and within Nepal.

In 1968 the Government launched its first major program to control the rate of population growth. At present the program consists of 181 Family Planning/Maternal-Child Centers and nearly 1,000 workers to provide basic family planning and maternal and child health services to a target of 15 percent of the country's fertile population. Further expansion of the national program is planned for the near future.

The Family Planning Association of Nepal, assisted by the International Planned Parenthood Federation (IPPF), serves in a supporting role to the Government program. Recent activities of the organization have included seminars aimed at local leaders; information, education, and communication initiatives; and lobbying for a liberalized pregnancy termination bill.

At present Nepal has not enunciated a comprehensive national population policy, nor are there significant activities that aim in this direction. Among Nepal's intellectual leaders, however, there is an increasing concern and a growing realization of population problems. It appears that significant steps



Some of the Nepalese women who turned out for laparoscopic operations at a sterilization camp in West Nepal; a total of 215 operations were performed in 14 days.

toward the development of a national policy may be taken in the not-too-distant future.

AID assistance

U.S. AID is the only major donor working with the Nepal Government in family planning. In past years AID has provided approximately 75 percent of the local currency operating costs of the Nepal family planning and maternal and child health program. In fiscal 1973 and 1974 the percentage is 65 percent. In addition, AID provides commodities, technical assistance (chiefly through an intermediary), and participant training assistance, all dollar funded.

AID program funding totaled about \$1.4 million in fiscal 1973 and \$3.4 million since support for the program began in fiscal 1968. For the 5-year period beginning in fiscal 1973 and ending in fiscal 1978, AID assistance is projected at \$6.5 million.

During the next 5 years AID will continue to provide comprehensive assistance to the program, including advisors, commodities, participant training, and local costs financing. As in the past, AID interest will lie not only in improving the existing program



Above, medical officer visits homes to motivate people prior to opening of Laparoscopic Sterilization Camp for Women in West Nepal. Left, performing a laparoscopic operation.



but also in finding new approaches with promise for incorporation into the national program.

Other assistance

Assistance from other outside donors is minor. Pathfinder has provided a training fellowship. The United Nations Children's Fund (UNICEF) provides approximately \$16,000 in maternal and child health drugs each year. The World Health Organization (WHO) may in the future provide some related manpower development assistance to the Institute of Medicine (with UNFPA funding). The United Nations

Education, Scientific, and Cultural Organization (UNESCO) may provide one information, education, and communications advisor.

Outlook

Continuing major difficulties in the Nepal program stem from organizational, administrative, and supervisory problems. In addition, the limited physical infrastructure and extremely difficult terrain pose monumental problems for delivery of effective and efficient family planning and maternal and child health services.

In partial response to the problems, Nepal has begun to experiment with different patterns of service delivery and ways of increasing worker output. Preliminary results from two pilot areas (which use full-time family planning house visitors) seem encouraging.

New fertility control technology is also being introduced. Most notably, Nepal has had very good initial success in the introduction of the laparoscopic sterilization technique in a rural camp setting. There are plans to expand this program as rapidly as possible, paying due concern to relevant medical considerations.

In the future Nepal will continue to expand the availability of family planning and maternal and child health services and to experiment with various methods of increasing program effectiveness and efficiency.

Pakistan

Publication in early 1973 of figures from its 1972 national census reawakened Pakistan to its population growth dilemma. Estimated in that enumeration at about 65 million, the population is increasing by almost 3 percent annually. The result has been a 40-percent jump in the population over the past 12 years and a 2-million-person rise each year.

Problems arising from such a rapid growth rate have been aggravated by a massive migration from rural to urban centers. Additional difficulties have been posed by population dislocations—and need for emergency action—arising from the Indo-Pak War of 1971; the disastrous floods late in the summer of 1973, which left hundreds of thousands homeless in the vicinity of the Indus and its tributaries; and the repatriation of some 90,000 POWs and their dependents from India, along with the exchange of large numbers of Bengalis and Pakistanis.

Faced with problems of such magnitude, the nation will be hard pressed in the years ahead to provide its growing population sufficient employment, education, food, housing, and health care, along with such manifold related services as water, power, fuel, transport, and public security.

The Government of Pakistan seeks to ease the

pressure from population by reducing the country's 1972 crude birth rate of 45 per thousand to 40 per thousand by the end of fiscal 1975 and to 35 per thousand by the end of 1978. While this task continues to be handicapped by a low rate of national acceptance of family planning—now estimated at only 6 percent of eligible couples—it has received impetus from a revival of Government interest and involvement in family planning.

Reversing a dramatic decline during the past few years in family planning efforts, the Pakistan Government early in 1973 initiated a rapid program expansion. Among its provisions were a trebled budget outlay and expansion of an intensive "continuous motivation" program to reach 74 percent of the population. An additional 19 percent will be served by a less-intensive clinic-based delivery system.

This expansion involves recruitment and training of some 6,000 new fieldworkers; increased information, education, communication, and motivation activities; establishment and maintenance of a more meaningful data feedback system to monitor the population's acceptance of contraceptives and the program's overall performance; heavier emphasis on postpartum services; and additional maternal and child health services among the country's nearly 700 population planning clinics.

Training of women family welfare workers, which received impetus in the latter half of 1973 when Pakistan, with AID help, trebled its family planning budget.



Plans also call for more population planning clinics and mobile population planning teams in less densely populated areas.

To accommodate expanded training of workers, additional regional training centers are being constructed in Larkana, Karachi, Hyderabad, and Nawabshah of Sind Province; Lahore, Multan, and two other sites in the Punjab; and an additional place, still to be selected, in North West Frontier Province.

Cost of this expansion and maintenance of operations at optimum levels over the next 5 years is estimated at about \$50 million.

Of great importance to the Government program was the decision in May 1973 to distribute oral contraceptives without the previous requirement of a medical examination and prescription. Field trials to test acceptability of newly introduced orals are being conducted in two demonstration areas in Lahore and Lyallpur, where the new delivery policy also is being tested.

Reflecting liberalization of the orals requirement, a marked increase occurred in their use in 1973 from a January 1973 figure of 10,000 cycles to 95,700 by July. Still, the Government is proceeding with caution in introducing new or unfamiliar orals, with the hope of avoiding setbacks arising from its new policy.

By mid-1973, monthly usage of various contraceptive methods in Pakistan stood at the following averages:

IUD insertions	9,070
Vasectomies	72
Tubal ligations	190
Foam liquids (bottles)	5,895
Condoms (dozens)	187,770
Oral pills (cycles)	36,700
Other ¹ (applications)	15,680

¹ Foams, tablets, creams, etc

The Government has also created two new research organizations to identify and study the various factors related to population growth. These are a Population Section within the autonomous Pakistan Institute of Development Economics and a Demographic Policies and Action Research Center within the Population Planning Division. Both will draw upon Government and private sources for assistance and experience.

Communication strategy for the revitalized program initially focused on a "buildback and reassuredness" publicity campaign, based largely upon re-familiarizing the populace with the program symbol

(husband, wife, and two children in silhouette). Ongoing communication strategy includes use of virtually all mass media, along with folkloric messages and indigenous materials, emphasizing spacing, health of mother and child, better opportunities for smaller families, and other basic arguments.

A special attempt has been made to tailor messages to rural illiterate couples, which have been estimated to total some 6.8 million.

A budget of about \$2.5 million per year has been set for publicity.

Within the private sector, family planning efforts continue to be spearheaded by the 20-year-old Family Planning Association of Pakistan (FPAP). Receiving some funds from the Government but the bulk from the International Planned Parenthood Federation (IPPF), of which it is a member, the FPAP maintains headquarters in Lahore and has 14 district branches, mostly in urbanized high-density areas.

FPAP activities include communication and education, training, research, clinical and nonclinical contraceptive services, and integration of family planning work with that of other voluntary agencies and special projects. For 1973 and beyond, FPAP has placed priority on family planning among peasants, laborers, and slum dwellers.

In addition, the All Pakistan Women's Association (APWA) maintains family planning centers at Nazimabad, Lyari, and Golimar and a child welfare and maternity center in Karachi. In cooperation with FPAP, it has organized a midwifery training course.

Other voluntary agencies—some of which receive FPAP fiscal support—maintain family planning satellite cells within various clinical and health service facilities.

AID assistance

Heading the outside assistance to Government family planning program is that from U.S. AID. Totalling \$6,248,000, the fiscal 1973 AID funding is almost twice such support given in any single year to the Population Planning Program since AID first became actively involved in 1965-66. Cumulative AID contributions to the program through fiscal 1974 are estimated at \$12.5 million.

The fiscal 1973 grant covers direct foreign exchange costs for commodities, training, and technical assistance while providing a sizable sum to offset a local cost contribution to the program by the Pakistan Government. Over \$1 million of the total was earmarked for commodities. Other assistance included contract technical assistance in vehicle maintenance, supply delivery systems management, data



Left, over-the-counter condom sales are increasing in Pakistan, and commercial marketing of these and orals is in the final planning stage. Below, oral contraceptives are introduced in rural areas by women members of worker teams.



Below, one of the entertainment troupes that form a vital part of the rural motivation effort in Pakistan.



feedback techniques, training methodology, and overall management systems.

Financed under the grant has been a heavy input of technical guidance. Initially, the effort is from personnel of the U.S. Bureau of the Census international field staff in development of an improved client record data collection and processing system.

AID assistance also is being provided through fiscal 1977 to the new Population Section of the Pakistan Institute of Development Economics. AID assistance will involve mainly advisory and training help and provision of library and research equipment.

Other assistance

Among other external contributors to the Government program is the United Nations Fund for Population Activities (UNFPA), which pledged \$1.7 million under an agreement concluded in 1970. An unutilized balance of some \$700,000 of this was not made available until May 1973, when the UNFPA agreed to supply oral contraceptives, bicycles, vehicles and spare parts, uterine aspirators, laparoscopic equipment, and funds to train prospective operators of such devices. Also included was \$100,000 for fellowships.

Actual procurement of the supplies is normally carried out by the United Nations Children's Fund. The World Health Organization from time to time supplies support for fellowships to participants.

UNFPA reportedly expected to conclude a long-range 5-year agreement for future assistance to the Population Planning Program late in 1973.

The Ford Foundation, which maintains a resident staff member concerned with population activities, provided travel costs during 1973 for several participants to attend a U.S. Bureau of the Census Workshop in the United States and for one participant to attend a short course in population program management at the Governmental Affairs Institute, Washington, D.C. The Foundation also made a \$225,000-grant to the Pakistan Government's Statistical Division.

Outlook

The revitalization of Pakistan's Population Planning Program in 1973 followed a difficult period that began in the latter days of the Ayub presidency and continued through and after the Indo-Pak War of December 1971. In contrast to the loss of credibility with the masses and the low staff morale of that period, the Government program began calendar 1973 with new assurance of official commitment.

A historical landmark was reached in September 1973, when both President Fazal Elahi Chaudhry and Prime Minister Zulfikar Ali Bhutto issued strong statements emphasizing the urgency of the population problem and giving their highest endorsements to the Population Planning Program. Such high-level testimonials may have been the biggest boon of the year to public acceptance of the program.

In the intensive program buildup that ensued, the Government was faced with the tremendous task of recruiting and training--the former inhibited by difficulty in some areas of enlisting women to the "continuous motivation" man/woman teams that form a basic part of the program, the latter constrained by instructional limitations. Nonetheless, several thousand new workers were in place by autumn of 1973, although their immediate effectiveness was hampered by emergency duties in flood relief.

While Government efforts have accelerated, little interest has been evidenced by the private industrial sector in population planning. Some small schemes have been tried in medium-sized plants and by Pakistan International Airlines, but the public service concept has yet to surface in any large-scale private sector commitment.

A parallel diffidence, in some sectors bordering on hostility, exists still among the medical community, which is cautious about recent contraceptive innovations and often professionally cool toward antinatalist philosophies.

Often cited as the *bete noire* of the entire population planning concept is the body of religious orthodoxy and indigenous medicine. Still, the perceptibly growing number of practitioners in both areas who currently enter into public discussions some willing to cite or interpret Koranic justification for family planning under prescribed circumstances--gives encouragement for the program's designers.

Philippines

With one of the highest population growth rates in the world (about 3.2 percent per annum), the Republic of the Philippines is encountering many of the problems related to population growth.

The Philippines ranks 15th among countries of the world in total population and 57th in land area. At present growth rates its population of an estimated 41.3 million will double by the year 2000.

This population pressure already has contributed to periodic food shortages, despite

improvement in agricultural production and continued foodgrain imports. Malnutrition is a chronic condition, especially among young children. Unemployment and underemployment are major national problems. Many thousands of people are slum dwellers, and the vast majority are inadequately housed. Health services are inadequate, and despite a high national priority on education many school-age children are not educated beyond the fifth grade.

The strain on available resources to provide such basic services as elementary education and welfare and health services is already enormous and will become more acute in future years. This makes it increasingly difficult for the Government to invest in infrastructure development, improve agricultural production, promote industrialization, and otherwise improve the lot of the average citizen. Thus, unless the population growth rate is slowed to the point where it begins to level off at or near 2.0 percent over the next 25 years, future prospects for a good life for the average Filipino citizen are bleak.

In the face of these looming difficulties, the Philippines has shifted in the last 5 years from a basically pronatalist policy to support for an increasingly comprehensive population control program. This program has gained widespread national acceptance, and family planning is rapidly becoming a way of life for many Filipino couples.

The Philippine Government's resource input into family planning has increased from an insignificant amount in 1970 to an estimated 40 million pesos (about \$6 million) in fiscal 1974. Income tax and labor laws have been amended to encourage small families. All Government agencies have been instructed to support national efforts to reduce population growth rates.

Private organizations have become involved and are carrying out many family planning projects. Their efforts include establishment of a private foundation, with substantial Philippine Government assistance, to provide more dynamic leadership to the private sector, as well as to give added support to Government efforts.

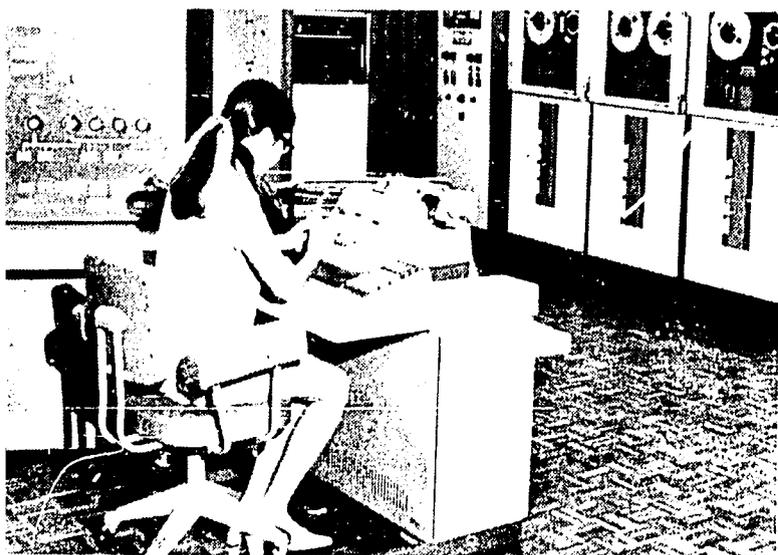
Outreach programs are underway to penetrate all education institutions and to reach the remotest barrios with service facilities and motivational efforts. And while the program remains a voluntary one, with "persuasion" the dominant element the general public is being rapidly educated and motivated, not only as to the "whys" of family planning but also as to the most effective methods available.

The number of Philippine clinics offering family planning services increased from 78 in fiscal 1968 to 2,040 by the end of fiscal 1973, at which



Above, women in a maternity ward of Jose Fabrella Memorial Hospital, Manila, listen to a talk on female reproductive systems and contraceptives. Below an overcrowded nursery in the hospital.





Top, at typical family planning clinic near Manila a mother with child in arms awaits her turn for consultation while an office worker checks her records. Above, family planning data is processed at the Philippines National Computer Center.

time more than 1.5 million acceptors of some type of contraception had enrolled in the program.

AID assistance

AID helped pioneer the Philippine population program, starting in fiscal 1968 with financing for private organizations that were providing family planning services to a relatively small number of acceptors.

With acceleration of these programs and adoption of the program by the Government in fiscal 1971, AID's role also grew. AID funds helped finance the opening of hundreds of new family planning clinics; the training of thousands of doctors, nurses, midwives, and motivators to operate the clinics; and development of information and education programs, and logistical support. AID dollars also helped buy and ship needed contraceptive supplies and equipment from the United States, as well as employ the advisory staff required.

Through fiscal 1973 AID inputs into the program had totaled approximately \$24.5 million; they are expected to reach \$34 million by June 1976.

Other assistance

Indirect AID assistance also has gone to a number of private international organizations supporting the Philippine program. Inputs from the International Planned Parenthood Federation, Pathfinder Fund, and the Population Council of New York were especially significant in the early stages of the program. Their assistance funding continues to be especially helpful in pioneering new activities.

Other AID recipients working in the Philippines include the Asia Foundation, the Association for Voluntary Sterilization, the Planned Parenthood Federation of America, and a number of universities.

The United Nations through its Fund for Population Activities is likewise playing an increasingly important role in the Philippine program. Its support, well coordinated with ongoing AID activities, includes population education, communications, and related fields.

Grants by the Ford and Rockefeller Foundations have been put to good use. Other assistance from the World Bank and the Japanese Government is under discussion.

Outlook

Despite this far-reaching effort, the Philippine population program faces a number of problems. Its

rapid growth and scope of activities have produced strains on local administration and probably will continue to do so over the next few years. There is increasing need for training to meet expanding administrative requirements. And opposition to the use of more effective birth control methods continues to come from some religious leaders.

However, there has been no major organized opposition to the concept of family planning. In fact, there has been extensive organized support from almost every quarter for the Philippine Population Program, which is now more than halfway through Phase I of its planned activities. The major goal of this phase is to make contraceptive services available to about 90 percent of the people who need them, along with knowledge about why and how they may be used most effectively. Although improvement and refinements need to be made in the delivery and education systems in coming years, success of this phase already seems assured.

But ahead lies the more difficult phase of persuading a large majority of childbearing-age couples to change their attitudes and plan for smaller families. Phase II activities are now in planning stages. The outlook for success is promising, but much remains to be done in improving the present delivery system.

Thailand

Thailand's population age structure is typical of a country whose past has been associated with a high birth rate, coupled with a rapidly falling death rate (89 dependents for every 100 persons of working age): With an estimated 1972 annual natural growth rate of 2.8 percent, Thailand without a national family planning program would double its estimated current population of 39.1 million in 25 years.

Such a rapid growth rate makes schooling a primary national concern as almost 20 percent of the national budget goes for education.

Another concern is the rural labor force, which is expanding more rapidly than jobs can be provided. It is feared that large numbers of rural inhabitants will emigrate to the cities, which are not prepared to handle the social problems generated by rapid population growth.

The Thai Government is committed to slowing population growth for economic and social development reasons. This commitment is gradually infiltrating all levels of Government, including the Ministries of Education, Interior, and Health and the Department of Local Administration. Specific responsibility for family planning lies with the Minister of Health,

whose undersecretary acts as Director of the National Family Planning Project.

In 1972 the Thai Government committed \$1.6 million to direct and indirect family planning expenditures, and for fiscal 1974 that total has risen to \$2 million. About \$200,000 of the fiscal 1974 figure is for purchase of orals—the main type of contraceptive offered through the Government program.

A unique aspect of the program has been its successful integration of family planning into a national health infrastructure without the use of full-time family planning workers, health worker targets, incentives payments, or—until recently—public information activities. Looking back, it appears that the program would not have developed nearly as rapidly had a separate bureaucracy and field structure been established first.

Results have been encouraging. The National Longitudinal Survey of Social, Economic, and Demographic Change (Chulalongkorn University Institute of Population Studies) revealed that 22 percent of married fertile women aged 15 to 44 were either sterilized or practising contraception in 1972, compared with 11 percent in 1969. Commercial distribution of contraceptives, primarily orals, remained at about the same level between 1969 and 1972, so the increase can be attributed largely to the Government program.

To date almost 1.5 million acceptors have been served by the national program. Under the 5-year plan prepared in 1970 and revised in December 1971, the Government target for new acceptors in 1972 was 350,000. Actual results, including all late reports, were 448,617 new acceptors. Of this, 89,134 were acceptors of the IUD, 327,353 of the pill, and 32,130 of sterilization procedures, largely female tubal ligations. However, a decrease in number of acceptors occurred after the first quarter of that year.

AID assistance

AID assistance has been a major factor in the national program, totaling \$1.79 million in fiscal 1973 and budgeted at \$890,000 for fiscal 1974. Cumulative AID assistance to the program since 1967 stands at \$7,916,000.

AID efforts have included provision of a full-time advisor to assist in upgrading training for field staff working with the Development Support on Communication Service (DSCS), a U.N. agency. Light mobile training teams are now operational, and training methods, skills, and materials are being developed.

AID assistance also has gone for project

monitors, contraceptives, vehicles, consultants, and medical equipment.

AID also is attempting to encourage broader participation in the population program by supporting new population-related projects in non-Ministry of Public Health organizations and ministries. Planned assistance inputs, however, are relatively small and directed at specific projects, rather than general infrastructure support. These include a population education program (with the Ministry of Education); a census analysis and population growth survey (National Statistical Office); and an experimental program to expand the role of community development workers in family planning (Ministry of Interior).

A coordinated private-public sector approach to expand nonclinical coverage is also receiving major attention.

Other assistance

AID and the Population Council are collaborating on improving the service statistics reporting system and speeding up feedback to project managers through computerization. Total Population Council expenditures for these and other projects amounted to some \$300,000 in 1972, primarily for a post-partum program, general support to the national family planning program, and provision of advisory services.

AID funds also contribute to the work of several other agencies. The American Public Health Association (APHA) is working with the Health Ministry on a project to improve maternal and child health, nutrition, and the family planning service network. The Association for Voluntary Sterilization (AVS) program is assisting in training Thai physicians in sterilization techniques. Asia Foundation is supporting research projects and family planning information, education, and communication activities. The Family Planning International Assistance (FPIA) of the Planned Parenthood Federation of America (PPFA) is assisting local Thai agencies in providing family planning information and services in slum areas, in industrial compounds, and to church groups.

The International Planned Parenthood Federation (IPPF) is providing major support to the Planned Parenthood Association of Thailand (PPAT), mainly in information, education, and communication activities and related projects. Such contributions totaled roughly \$320,000 in 1972.

World Education, Inc., is involved in population education through functional literacy for adults and the American Home Economics Association, working in the same functional area.

The United Nations Fund for Population Activities (UNFPA) in 1973 began its support for the Thai program, with grants of about \$4 million to extend over a 3-year period.

The Danish Government has provided approximately \$450,000 for the construction of a new headquarters building for the Government program, rental of the building used in 1972, and production of family planning films.

Outlook

In total, about \$4,450,000 was spent on family planning in 1972, for a cost per acceptor of approximately \$9.92 compared with \$7.55 in 1971.

Despite this comprehensive effort, family planning in Thailand has run up against some problems lately. A major difficulty has been the program's acquaintance with the "plateau effect"—a stalled, or more correctly, a static condition with a rough parity between dropouts and new acceptors. This is a recent phenomenon, first appearing in April 1972, when oral contraceptive usage dropped sharply, and reflecting several problems with the family planning services delivery system. These problems include:

- **A lack of qualified personnel.** Of the more than 4,000 health centers below hospital level in Thailand, only 160 have a physician in residence. Yet only physicians are allowed to insert IUDs, which consequently account for just 15 percent of new family planning acceptors. As demonstrated by the rapid increase in oral contraceptive use beginning in mid-1970 after prescription by auxiliary-midwife was permitted, it is probable that IUD acceptors would increase dramatically if nonphysicians were allowed to perform insertions.

During 1973 the Ministry of Public Health started a small pilot project in which nurses were trained to insert IUDs, but the project has not yet been evaluated. Moreover, 19 nurses who received special training in the United States are not now being used to train other nurses or insert IUDs.

- **A faltering pill program.** Beginning in April 1972, monthly new acceptors for oral contraceptives dropped sharply, from about 33,000 per month to about 22,000-25,000. Contributing to this decline were a "using up" of the early acceptor pool located near health centers; a change in brands of pills offered; and inadequate counseling and support for women who experienced temporary side-effects from the new pill. Responsibility for the decline has been placed almost solely on the change in the brand of pill being offered, ignoring some basic problems facing the family planning program.



Above, Thai village women, on learning that mobile family planning unit has arrived, assemble for orientation. Right, weighing in at a prenatal care clinic. Below, performing a sterilization at Rajburi MCH Center.



The pill program is recovering slowly now that three pill brands are available through the clinic system, but the auxiliary-midwives who prescribe the pills lack confidence in handling types with which they are not familiar.

Another problem within the pill program is the tendency of clinic personnel to wait at clinics for clients to come to them. U.N.-provided motorcycles for the midwives may help alleviate this problem.

- **Research and evaluation shortcomings.** With the exception of periodic analysis of patient characteristics, there is no analysis of program data, and no system exists for rapid feedback of information to operational units in the field. The Central Evaluation Unit of the Government program is experimenting now with a computerized reporting system, which should eliminate a current 3-month lag in reporting and allow for a meaningful analysis of the program. If this system is to work effectively, however, it will require a larger staff, which currently consists of a few junior statisticians, clerks, and a physician-director.

- **Lack of a broad population strategy.** When in 1970 a national population policy was declared and the Ministry of Public Health assumed responsibility for the family planning program, it was intended that the National Economic and Social Development Board—the Government planning agency—would help coordinate population activities. In addition, a National Population Policy Committee, including the undersecretaries of all ministries and directors of all pertinent specialized agencies, was to provide overall program direction. The Committee has not met in 2 years, while the Health Ministry holds primary responsibility for all aspects of the population program. This concentration in the more clinic-oriented Health Ministry has hindered movement toward a broader population strategy.

Overall, the program—having already reached the relatively eager “early acceptors”—must now work harder to enlist the indifferent or uninformed segment of the fertile population. It must also be able to retain these harder-to-get new acceptors at continuation rates higher than in the earlier period while continuing to hold the early acceptors.

This means the program must expand its outreach activities; broaden the institutional base of the family planning program to include other divisions of the Ministry of Health and other ministries and agencies; elicit support from the private sector; and improve the quantity and quality of family planning services through the Government clinic and hospital network.

These efforts depend not so much on money as

on leadership to ensure active participation of organizations in a high-priority population program.

Turkey

Growing at the rate of 2.6 percent per year, Turkey's population if left unchecked will double within 27 years.

The nation is aware of the adverse implications of this rapid growth rate and has made steady advances in family planning programs, although it has yet to develop the sense of urgency apparent in some more highly populated, urbanized countries.

The Turkish Government has had a Family Planning Law since 1965 setting forth the position that “no couple need have more children than it wants, when it wants.” Annual new acceptor rates were first established in the Second Five Year Plan (1968-73), but targets have yet to be reached.

In pursuit of its objectives, the Government has a national family planning program, administered by the Ministry of Health and Social Service (MOH), which has an extensive health infrastructure throughout the country's 67 provinces. With medicine nationalized in more than half the provinces and scheduled to be nationalized by 1983 in the remainder, the network can provide services to almost all persons in the country desiring them. Basic to the program are rural health centers, staffed by paramedicals who are supervised by physicians in town centers. Personnel of the Ministry currently number over 10,000, including about 7,000 midwives.

From the program's beginning in 1965, the IUD (Lippes Loop) has been virtually the only contraceptive available through Government clinics. The Population Council provides the molds and raw plastic materials to fabricate the IUDs locally. Statistics show that some 383,000 IUD insertions have been made, but data on retention and discontinuation are insufficient to form valid conclusions about effectiveness.

Assisting the national program is the Hacettepe University in Ankara, through its Institute of Population Studies (HIPS), which has been supported in large part by the Ford Foundation. The Institute is involved in social studies and demography, conducting national fertility studies in 1963, 1968, and 1973. Information is provided to Government policymakers, which assists them in program determinations.

The State Institute of Statistics (SIS), a large, modern organization attached to the Prime Ministry, is responsible for the national 5-year census.



Cigarette cartons in Turkey bear the message: "Healthy Mother - Well Cared For Child - Population Planning."

Other institutions involved in family planning are: The Academy of Social Services, a 4-year college which is now introducing family planning/population into its curriculum; the School of Public Health; and the Turkish Development Foundation.

Private family planning efforts include the Turkish Family Planning Association (TAPD), an affiliate of the International Planned Parenthood Federation (IPPF). In 1972-73, TAPD operated 16 local clinics throughout Turkey, serving 10,406 families.

Potential resources for family planning include: Hospitals and health facilities of the military, the Social Security organization, unions, and private industry. Financing for these organizations has not been made available, owing to the lack of formal family planning/population programs. There are a few examples of family planning teaching of good quality in a few institutions. But for the most part schools for physicians and paramedicals likewise lack formal family planning/population curricula.

The Ministry of Agriculture, Division of Home Economics, has begun family planning seminars for its personnel.

AID assistance

Direct U.S. AID assistance to the Government program has totaled \$2.5 million since it began in mid-1965. This has included provision of over 500 vehicles to the MOH for use in the general health delivery network, including family planning; training; research; and evaluation; and study tours in the United States.

In fiscal 1973 AID provided a resident advisor and consulting services to the MOH General Directorate of Population Planning under contract with Johns Hopkins University.

Currently, AID is developing with the MOH a national contraceptive distribution program that would make a wider selection of contraceptives available through MOH facilities.

The Government family planning program also has participated in a number of centrally funded AID programs and courses.

Other assistance

The United Nations Development Program, Ankara office, is currently developing with the Government of Turkey a comprehensive program for United Nations Fund for Population Activities (UNFPA) financing. The UNFPA is to provide a consultant team to assist the Turkish Government in preparing a 5-year family planning/population program.

Both the World Health Organization and United Nations Children's Fund provide consultants to the various family planning/population programs and related specialties. WHO also is assisting in establishing a hormone steroid research laboratory in the Ankara Maternity Hospital.

Outside assistance through private organizations includes IPPF assistance to the Turkish Family Planning Program. Pathfinder Fund assists the Turkish Development Foundation. Population Council assisted in the early population/family planning activities and currently administers projects financed by the UNFPA. Ford Foundation has given financial support to the Hacettepe Institute.

The United Kingdom provides financial assistance to the MOH, usually in the form of consultants for specific family planning/population projects.

Outlook

A major constraint continues to be the lingering pronatalist attitude in this large and sparsely populated country. There has not been a firm, continuing commitment by political leaders to family planning.

Also, personnel changes continue at a rapid rate, and no group with strong interest in population/family planning has remained long enough to enlist major commitments from higher, political levels.

Despite these handicaps, family planning legislation was passed in 1965 and a moderate abortion law was passed in 1968. There is an extensive health delivery infrastructure that can be utilized at such time as the policymakers implement a program to provide family planning services in all public medical and health facilities.

Vietnam, Republic of (South)

After years of delay caused by the war, political and religious opposition to family planning, and archaic laws, South Vietnam in 1973 began to make some headway toward developing a national population policy. In March 1973 the Government signed the World Leaders' Declaration on Population, and in April it created a National Population Council of Ministers.

Also significant was the change in name of the Ministry of Health's national family planning committee from the Committee for Research in Family Planning to the Committee for Family Health. This change reflects a new emphasis on family planning, not only in relationship to the health of the woman but also in terms of its impact on the health of siblings and of the family as a basic social unit.

These developments come in the face of a population growth of 2.6 percent annually—a rate that will go up in coming years unless the crude birth rate is reduced. Estimates indicate that between 1975 and 1980 the reduction would have to be to 38.3 births per thousand from an estimated 42 to offset an anticipated decline in the death rate from 12 per thousand to 8.3.

Currently, about 90 Government health facilities, mostly at provincial and district levels, offer family planning services to women who can qualify.

New family planning acceptors totaled 12,700 in 1972, or more than the cumulative total for 1968-71. And at the current rate of 20 new clients a month, the 90 clinics should add about 21,600 more acceptors in 1973. About 60 percent of the new acceptors are now pill users, contrasted with only 25 percent before 1971.

Some 550 Vietnamese health workers have had family planning related training. There is, however, no information, education, and communication program of any size owing to a long-standing French law

restricting dissemination of contraceptive materials or information.

The Ministry of Health plans to have all 45 provinces offering family planning services by the end of 1974 and all 257 districts by 1975. Much of its success will depend on Government support and repeal of the restrictive laws.

In the meantime, bilateral projects to influence leaders, assist with training and other technical assistance, and supply commodities are pending the preparatory groundwork.

Private family planning efforts in South Vietnam are spearheaded by the Family Happiness Protective Association. An affiliate of the International Planned Parenthood Federation, the Association has been in existence since 1967 and has chapters in Saigon and An-Giang Province. It focuses on information, education, and communication activities, but also conducts some training programs and operates a referral clinic at a Buddhist temple. Plans are to expand training in the future.

Also beginning to undertake family planning activities are the labor unions, which are receiving external assistance in this area from the West German International Solidarity Institute (ISI). The Vietnamese Ministry of Labor is also interested in supporting these programs and five subprojects, at a cost of about \$250,000, are under consideration.

AID assistance

AID inputs into the national program totaled \$722,000 in fiscal 1973 and are estimated at over \$1 million for fiscal 1974. Specific AID assistance planned include Bureau of Census services to assist the Vietnamese National Institute of Statistics (NIS) in--

- Integrating appropriate population growth research into the NIS studies;
- Developing, implementing, and analyzing a national population sample survey—at minimum a 5-percent sample;
- Commodity assistance, including an optical scanner for use in compilation of general population baseline information and for the national population sample in particular, questionnaires, and office supplies;
- Training for needed administrative and clerical personnel;
- Other local costs for printing, in-country travel, and local technical services connected with the sample survey.

AID also will be giving research assistance in the form of advisors, training, commodity support, and other expenses.



Above, television brings family planning messages to Vietnamese public. Right, social workers discuss child health and family planning with mother of nine.



Other assistance

Other groups providing external assistance to the South Vietnamese program include the International Planned Parenthood Federation, which supports activities of the Family Happiness Protective Association; Pathfinder Fund, which supports small clinical research projects; the Population Council, which trains up to 60 doctors in 1-week courses on population dynamics and clinical skills; OXFAM, which plans to assist with printing needs; the Asia Foundation, which supports demographic research in private programs and private sector training as needed; the Baptist Relief Service; the West German Institute for International Solidarity; and the Vietnamese Christian Service.

The Government of Vietnam has requested through the United Nations Fund for Population Activities (UNFPA) a World Health Organization (WHO)-assisted project in family health beginning January 1974 and continuing for 2½ years. The proposal requests a staff of experts, fellowships for refresher courses abroad, and material assistance amounting to about \$500,000 per year. It covers both maternal and child health and family planning.

Outlook

Despite the growing interest in family planning, South Vietnam still is handicapped in this effort by a

number of problems. The main problem revolves around the political and military situation, with fighting continuing despite the January 1973 ceasefire. Added to this are the many demands on the country's resources as it embarks on a postwar recovery program. Recovery is expected to be prolonged and accompanied by high social and capital development costs. Moreover, the contribution that an effective population and fertility control program can make is not completely accepted by the South Vietnamese leadership.

Thus, South Vietnam is not likely to invest large amounts of its own budget in population/family planning now, or in the immediate future.

Although the concentration of family planning activities lies in the Ministry of Health, efforts are being made to obtain participation by other Government agencies.

The basic ingredients are present in Vietnam for a successful population/family planning program. Ample and well-distributed physical and manpower resources require only specialized family planning training, contraceptives, and public information-education campaigns.

Vietnam has, for instance, the potential of having a successful postpartum program. Less than one percent of all deliveries are performed at home, with three-fourths of the deliveries in public maternities. All but complicated cases are attended by midwives.



Latin America

Population growth in Latin America is the highest in the world. For many countries of the region this growth has adversely affected economic development, employment, health services, education, housing, and the overall quality of life.

Fortunately, governments have become increasingly aware of the problems engendered by rapid population expansion. As a result, family planning organizations function in many Latin American countries with the consent and often support of health ministries. Family planning frequently is included as an integral part of public health services.

And some countries have begun to slow down their population increase. For example, between 1960 and 1972 crude birth rates¹ in countries having complete birth registrations declined by the following percentages: Argentina, 4; Mexico, 7; Guatemala, 14; Chile and Jamaica, 17; El Salvador, 18; Costa Rica, 33; Trinidad and Tobago, 36; and Barbados, 41.

But much still needs to be done. This nearby region, of great political and economic importance to the United States, already has over 300 million people. The rate of natural population increase—the excess of births over deaths per 1,000 population—was almost 2.9 percent in 1972, a rate which, if maintained, would bring about a doubling of the population in 24 years. The Latin American rate compares with 2.6 percent for Africa, 2.1 for Asia, 0.7 for North America and Europe, and the world average of 1.9 percent.

Population pressures in Latin America have meant reduced shares of economic growth benefits for individuals. This is clearly revealed by figures on total and per capita gross national product (GNP). Growth in total GNP in 1971 and 1972 averaged 6.4 percent—a quite respectable rate of gain. But that rate was reduced, because of population expansion, to a per capita increase of 3.6 percent.

The large number of young people in the population—close to 43 percent of Latin Americans are under 15 years of age—poses two problems:

First, a high proportion of young people provides “momentum” to population growth, even when progress is being made in reducing the fertility rate. Until the age structure of a population can be shifted away from one with a high proportion of young

people to one that has an increased proportion of older people, there will be more young people forming families and having babies at a faster rate than older people are dying, so the population will continue to grow. For the developing countries as a whole, this shift would take about 60 years, after which their populations would become stationary. But during the 60-year interim, populations of the developing countries would increase to at least twice their initial size.

Second, a large proportion of young people in the population helps to produce an unfavorable “dependency ratio.” This means that people of working age must support many others under age 15, plus some over age 64. The result is a reduced standard of living for both workers and dependents.

The problems of rapidly expanding populations are most apparent in the cities, some of which are expected to double in size within 10 years. This growth reflects not only high birth rates in the cities but also a continuing heavy influx of people from rural areas. In most of the large cities unemployment and underemployment are high. The great and increasing demand for goods, services, and facilities cannot be met completely, in particular in housing, education, and health. Crime rates have risen sharply, both in mainland Latin America and the Caribbean islands.

Everywhere—in cities and rural areas alike—the incidence of induced abortion is high, in spite of the fact that abortion is illegal in all countries of the region. Studies in one country indicated that there is at least one induced abortion per two live births and that nearly 40 percent of maternal deaths are the result of abortion. Illegal and crudely performed pregnancy terminations are rightly viewed as serious health hazards.

Although there is awareness of the need for family planning, and increasing acceptance of it, the degree of acceptance is varied. In some countries, reservations about the program have resulted in a generally cautious approach by public officials, who, though acquiescing to provision of services by private organizations and physicians, have not officially endorsed family planning. On the other hand, there are countries that have enunciated official policies and are giving active support to family planning through the maternal and child health programs of public health ministries, and, in some instances, are extending family planning through social security institutions, the armed forces, and other groups.

¹For crude birth rates and other demographic information on the region and individual countries, see world demographic table, beginning page 162.

Fiscal 1973 brought notable advances in acceptance of family planning by two large countries having a combined population of over 95 million—Mexico and Colombia.

With the endorsement of President Echeverria, Mexico in 1973 put 100 family planning clinics into operation—a real breakthrough for this country that has a population growth rate of 3.4 percent, one of the highest in the world. Furthermore, the Ministry of Public Health is proposing to offer family planning in its clinics throughout the country; and the Social Security Institute, which already offers services in some clinics, plans to expand its program.

Colombia in 1972 adopted an official population policy that gives married couples the “basic human right” to decide freely the size of their families. The Government now provides family planning services in 844 of the nation’s health clinics.

Family planning methods employed in Latin America vary rather widely.

Oral contraceptives (pills) are used throughout the region in family planning clinics and may be purchased without prescription in a number of countries. In calendar year 1972, a total of 5,034,000 monthly cycles of orals were used in the clinics of private family planning associations in 24 Latin American countries, and these clinics project a 10-percent increase in use of orals in 1973. Data on commercial sales by pharmacies indicate that the 15.4 million monthly cycles purchased by women in seven Latin American countries in 1970 had risen to 21.2 million in 1972.

Family planning clinics distributed 1,908,000 units of condoms in 1972, and estimated that distribution in 1973 would increase by about 117 percent.

These same clinics used 370,000 IUDs in 1972, but indicated that use of IUDs would decline by about 14 percent from the 1972 level—a decrease reflecting in part a shift to use of other methods.

Other methods include use of diaphragms, aerosol foam tablets, and injectibles.

A major thrust of the family planning associations in 1973, and one that will be pursued in 1974, is promoting the distribution of oral contraceptives without medical prescription. Distribution methods vary. In some countries permitting such distribution, sales of contraceptives are made through retail establishments at controlled prices; in others the distribution is accomplished through local leaders or by satisfied users of orals.

Another policy followed in 1973, which will be continued, is maximizing the training and employment of paramedical personnel. Like many other

areas of the world, Latin America has a shortage of physicians—a shortage that limits provision of normal medical services in many instances, to say nothing of family planning. Therefore, if the delivery of family planning at low cost is to be achieved in areas of high fertility, notably urban slums and rural sections, increasing use must be made of midwives, nurse-midwives, and nurses. Despite some opposition from national medical associations, more and more paramedics are being trained and employed to prescribe family planning methods. For example, the family planning association in Chile is reaching some 65,000 women through two new programs that place heavy reliance on the services of midwives. Training courses for Latin American paramedics were carried on in fiscal 1973 by country governments, family planning associations, and by AID, which financed training in various U.S. and Latin American institutions.

Physicians, social workers, teachers, motivators, community leaders, and others attended numerous training courses, seminars, conferences, and similar meetings during the year.

In the demographic field, the need for data on which to base planning for health, housing, education, employment, and nutrition continued to stimulate training in population statistics. Training in this field is given periodically in Spanish, with cooperation of the U.S. Bureau of the Census and the Latin American Demographic Center (CELADE), in Santiago, Chile. A regional center for the training of communication specialists was opened in Costa Rica early in 1973. For other family planning workers, training covered such diverse fields as sex education, human relations, library services, and management practices.

Providing information to potential acceptors is an essential part of the overall family planning program. Information not only increases awareness of the importance of family planning to the well-being of individuals and the nation but also apprises families of services available to them.

In recent years a number of international, regional, and national organizations have been devoting an increasing proportion of their resources to the dissemination of information on family planning. In this effort, radio is being used more and more because, in areas where literacy is low, the voice message can be understood. There also has been a great expansion in use of television, movies, film strips, and slides to reach people—even those in remote places. In many countries, there is circulation of posters, leaflets, and other materials.

However, it has become apparent that the over-

all information/education/communication program must include a "person-to-person" component to provide, when necessary, psycho-social support. This need is being met in many countries by community workers who establish continuous contacts with women in the fertile age groups. Through these contacts women are encouraged to accept the program, to stay with it, or if they have dropped out to rejoin it. In Barbados, for example, fieldworkers in 1974 will seek to re-recruit over 1,000 clients who have dropped out of the program. In Ecuador, a group of volunteer women work in hospitals to encourage new mothers to enter the family planning program.

Interest in family planning is growing throughout Latin America, as seen in an increasing number of debates and discussions among interested groups, particularly groups of young people.

AID assistance

AID provides assistance in Latin America through international and regional organizations, such as the United Nations Fund for Population Activities (UNFPA), the Pan American Health Organization (PAHO), the International Planned Parenthood Federation (IPPF), The Pathfinder Fund, the Population Council, the World Assembly of Youth, and World Education.

In fiscal 1973 AID sponsored 13 meetings at the Inter American Dialogue Center at Airlie House, Warrenton, Va., at which action to solve population problems was discussed by 472 participants from 15 Latin American countries. Among those attending the meetings were 163 physicians, 56 government officials, 40 editors, 35 radio station owners and commentators, 19 television station owners and commentators, and 18 military officers.

**AID Population Program Support,
Latin America**

Project	Fiscal year				
	1965-69	1970	1971	1972	1973
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects . . .	10,067	5,437	7,085	7,223	6,230
Regional projects . . .	12,585	5,520	8,161	¹ 3,911	7,393
Total	22,652	10,957	15,246	11,134	13,623

¹Reduction reflects consolidation of some regional projects into worldwide projects.

At the request of 10 countries, the Dialogue Center produced 17 films for exhibition in Latin America. The films were aimed at increasing acceptance for and support of family planning in both the public and private sectors.

Under a special contract, AID financed the training of 264 Latin American students, professionals, and paramedical personnel in the fields of demography, population programs, family planning, and related areas. Three participants enrolled in full academic programs. Of the 261 short-term trainees, 108 participated in group programs and individual observation training in the continental United States, 47 in Puerto Rico, and 106 in their own or third Latin American countries.

Other assistance

The UNFPA provides assistance both on a country and regional basis to population and family planning programs in Latin America. The emphasis has been on social research relating to population and, in a few cases, the introduction or expansion of family planning through improved health services.

Over a period of years UNFPA has supported the Latin American Demographic Center (CELADE), located in Santiago, Chile. CELADE provides demographic training, information, and advisory services for the benefit of its member countries. UNFPA assistance has helped CELADE expand its facilities and finance such special projects as exchange programs in teaching and research in the social sciences.

UNFPA is now supporting projects with government approval in 22 Latin American countries. The launching of large-scale programs in Mexico and Chile in 1972 with UNFPA assistance marks a development that may affect other countries in the region.

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. PAHO, for the most part, works 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 service to implementing agencies of governments.

The Pan American Federation of Associations of Medical Schools (PAFAMS) 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 and gynecology courses; and develops audio-visual materials for teaching population courses and family planning in medical schools.

IPPF provides financial and technical assistance to its affiliates in 27 Latin American countries. These affiliates provide a framework to demonstrate the need and demand for family planning. 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 paramedical 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. IPPF's expenditures for Western Hemisphere operations totaled \$10,749,000 in calendar 1972, as compared with an estimated budget of \$13,663,000 in calendar 1973.

IPPF Western Hemisphere Region programs continue to be clinic-oriented, but the organization, through its Western Hemisphere Regional Office in New York City, has been encouraging country associations to act on a wide variety of fronts.

To increase awareness and participation of governments and peoples, assistance was given to associations and government ministries in preparing long-range plans for UNFPA funding; conferences of Health Ministers and Social Security Institute Directors were sponsored; and participation in IPPF Anniversary/World Population Year activities was encouraged. To improve and expand fertility regulation, IPPF promoted and helped to establish model clinics which could serve as nationwide examples; encouraged use of new contraceptive techniques, such as IUDs and sterilization, and helped to promote an innovative nonclinical contraceptive distribution program. To improve training, IPPF collaborated in courses for midwives in New York and obstetrics/gynecology at Johns Hopkins University; the training center for communicators in Costa Rica opened its doors in 1973, and workshops in medical, informational, fund raising, and programing matters were held. To improve research and evaluation, IPPF is carrying out studies on the effectiveness of IUDs and supports research by individual associations in a variety of areas. A clinical evaluation workshop, which IPPF cosponsored with CELADE, was held in Santiago, Chile, in November 1972. As a result of the meeting, a committee was formed to develop a new clinical record-keeping system that could be used to standardize clinical records throughout the hemisphere and simplify evaluation.

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 1973 Pathfinder continued to place major emphasis on seminars on population and family planning for decisionmakers; 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.

The Population Council makes grants, supplies IUDs and books, provides fellowships, and offers technical advisory services to institutions and individuals throughout Latin America. Such regional organizations as PAFAMS and CELADE have received Council assistance for multinational activities in addition to local institution support.

Activities receiving grant support in calendar 1972 included research at various Latin American medical schools and institutions in contraceptives, reproductive physiology, and family planning. The Council supported demographic research in Brazil, Chile (largely through CELADE), Colombia, Guatemala, and Mexico. Grants were made to assist postpartum programs in Brazil, Honduras, Mexico, and Venezuela and family planning services in Colombia, the Dominican Republic, and Honduras.

The Council encourages population awareness and technical knowledge by supporting translation and distribution of pertinent literature. Substantial grants for translation were made to the Colombian Association for the Study of Population and to the Colombian Association of Medical Schools. 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, and other institutions.

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 November 1972 a regional conference was held for Latin American youth organizations in Managua, Nicaragua. National conferences were held in El Salvador, Nicaragua, Colombia, Mexico, and Trinidad and Tobago.

World Education, Inc., helps incorporate family planning concepts into functional literacy programs and nonformal adult education. The scope of the work falls into four categories: Country analysis, program design; project demonstration; and program expansion. By the end of the first half of fiscal 1973 projects were underway in Honduras and Costa Rica.

Argentina

Argentina has the lowest birth rate in Latin America. The population growth rate also is low—so low that it will take 53 years for the population to double. These trends are explained by the high incidence of abortion and the availability of contraceptive advice from the private medical sector. Also, a private family planning association provides contraceptives and services.

General health levels are high, reflecting a favorable nutritional status. The exceptions are in the far north, the northwest, and parts of Patagonia, in the south. In these areas general mortality, infant mortality, and the birth rate are considerably higher than the average.

The Government follows a pronatalist policy. It took a strong stand against family planning and birth control in 1968 when the President came out in opposition to the World Bank's suggestion that its aid might be tied to a nation's efforts to control its population growth. Also, the Government supported the attitude of the Catholic hierarchy which asserted obedience to the Pope's ruling on artificial birth control.

Pronatalism was reinforced by a law introducing a new wage policy that increases subsidies and school allowances for each child. Publicity for birth control is illegal and there are restrictions on the importation, manufacture, and distribution of contraceptives. Abortion is not illegal if it is performed by a qualified physician with the woman's consent to eliminate serious danger to her life and health or the pregnancy is the result of rape in respect to which criminal proceedings have been initiated.

Despite the law, illegal abortions are common and a prosecution is rarely made. One study carried out at Rawson Hospital, Buenos Aires, showed that among 532 married women, a third of the pregnancies ended in abortion, of which 72 percent were said to be illegal. A recent estimate of the rate of illegal abortion in urban areas says that there is at least one abortion for each live birth.

A continuation of such problems could well explain the growth in recent years of interest among health officials in family planning as a necessary part of general health programs for mothers and children. In 1971 the Government set up a new agency for Child and Family Welfare. In the meantime, work of the Family Protection Association of Argentina (AAPF) in establishing clinics and providing family planning services was moving forward. The AAPF, an affiliate of the International Planned Parenthood

Federation, got its start in 1966. Today, the AAPF is officially recognized by seven provincial governments, within whose jurisdictions family planning programs are being conducted.

The Family Planning Centers affiliated with the AAPF offer fertility, infertility, and cancer detection services; antenatal care; and gynecological attention. By the middle of fiscal 1973 there were 58 clinics. These served 22,901 new acceptors in calendar year 1972—a 100-percent gain since 1970. Of the new acceptors, 60 percent used orals and 33 percent IUDs. A total of 5,481 patients were treated for infertility, and 16,542 Pap tests were made. All clinics serve urban areas except certain ones in the northwest. Most of the clinics are located in Government premises.

In fiscal 1973 the AAPF continued its "Northwest Project," in San Luis, La Rioja, San Juan, Salta, Jujuy, Catamarca, and Santiago del Estero Provinces—a project to stimulate incorporation of family planning into Government maternal and child health programs. The AAPF assists State governments in the opening of clinics (three in the main hospitals of each province), training of personnel, and organization of an information and education campaign directed toward the whole population. By the middle of the fiscal year nine clinics of the projected 21 were in operation. About 3,000 new acceptors had been served.

In the sphere of education, the AAPF has designed and produced a wide range of basic motivational and informational material for children, teenagers, and adults. This material includes slide and wall-chart sets, leaflets, manuals, and posters. By the end of 1972 the AAPF had produced three films. One of the films was on the Association itself, another was on sex education, and the third was on contraceptive methods.

The AAPF also promotes knowledge of the Association, its aims, and activities. Information is exchanged with other institutions at home and abroad; coordination is maintained with government departments, hospitals, and other health institutions; and the Association publishes a newsletter four times a year.

In the third field of activity, the AAPF seeks to gain press coverage of the Association's work. In 1972 about 130 articles and other items on family planning appeared in the press.

At the level of the Family Planning Centers, talks, meetings and film and slide shows are held for acceptors. Seminars, meetings, and conferences for professional workers also are arranged. Sex education talks are given.

The AAPF holds regular training courses for its own personnel and those from other institutions. In 1972, 15 courses were held, from 3 days to 2 weeks in length. A total of 256 persons attended these courses, including 69 doctors and numerous social workers, obstetricians, psychologists, teachers, and other professionals.

Although most foreign assistance to the AAPF is provided by the International Planned Parenthood Federation, it also has come from the U.S. Department of Health, Education, and Welfare; the United Nations Fund for Population Activities; the Pan American Health Organization; Pathfinder Fund; the Population Council; and Ford Foundation.

Barbados

Unlike its Latin American neighbors, Barbados has one of the lowest population growth rates in the world, 0.5 percent annually, caused by the combination of a low birth rate and large emigration. This country of about 240,000 people has another characteristic that sets it apart from the general pattern of the Caribbean Islands and the South American mainland: it has a literacy rate of 91 percent, which compares favorably with the average of the developed countries.

The Government of Barbados has followed a constructive family planning policy for several years. The Government furnishes about half of the annual budget of the Barbados Family Planning Association (BFPA), which is the sole organization carrying out family planning on the island. BFPA receives the other half of its funds from the International Planned Parenthood Federation (IPPF), of which it is an affiliate member.

BFPA operated 15 clinics throughout the island in 1972. It had 2,498 new acceptors and 24,306 follow-up visits. Orals, followed by condoms, were the most widely used contraceptive commodities.

Since 1970 stress has been placed on family planning education rather than services. The education phase has been supported by countrywide radio and TV programs aimed primarily at youngsters. In addition, there has been a sex-education program in the schools.

Two new programs are planned for 1974. One will use fieldworkers to re-recruit some 1,000 women who have dropped out of the family planning program. The other will be directed toward Barbadian men, who will be urged through fieldworkers and mass media to make increased use of condoms, which will be available for distribution through BFPA.

Bolivia

Bolivia is estimated to have a birth rate of about 44 per thousand—among the world's highest. The death rate is estimated at 18 per thousand. These rates mean an annual population increase rate of about 2.6 percent, which if continued would double today's population of 5 million within 27 years.

About two-thirds of Bolivia's people are engaged in agriculture—a higher proportion than in most other Latin American countries. But distribution of this population is not well-balanced. While the high plain area and upper valleys are overpopulated, the extensive and potentially highly productive tropical and subtropical plains could well support more people. The Government is trying to encourage and support colonization in the low-lying plains but has made only limited progress.

Bolivia has no official family planning policy, nor are there any officially sponsored family planning clinics. However, the Government has been receptive to research by the National Family Center (CENAFE), which generates and disseminates information and data on demographic problems. In addition, the Ministry of Health's Maternal Child Health Department is scheduled to be strengthened, with emphasis on further service of rural areas and establishment of a strong family planning component. Finally, a joint Government/AID Health Sector assessment is scheduled to be carried out in fiscal 1974 and will include a consideration of what is needed to remedy deficiencies in vital statistics compilation, tabulation, and analysis.

There has been renewed interest in Bolivia in the formation of a private family planning organization, and a sex education association was recently organized. The latter is very active and expects to reach teachers, students, and parents.

Although dramatic changes are not anticipated in the near future with respect to Bolivia's population growth rate or its geographic population patterns, the Government is paying increasing attention to these problems. Accordingly, there is a prospect for new official initiatives to improve upon present health services to the rural areas—with attendant impact on death and probably birth rates, better demographic statistics, and some explicit attention to family planning programs. There is also the likelihood of stronger private sector initiatives, especially in urban areas.

AID assistance

AID is helping to finance the work of CENAFE and the Maternal Child Health Department, direct

financial assistance totaling \$234,000 in fiscal 1973. AID also is investigating possibilities of extending a loan to support selected colonization movements and a loan to strengthen the rural out-reach of the country's health delivery systems.

Other assistance

The Government has submitted a request to the United Nations Fund for Population Activities (UNFPA) for assistance in setting up the extended Maternal Child Health Department system, at a cost of \$1.3 million. If approved by UNFPA, implementation would begin in fiscal 1974.

The Pathfinder Fund has provided advisory services to CENAPA and some private, limited-scope, family planning operations. Development Associates and Airlie Foundation have provided some training, and a health documentary film, with family planning undertones, is to be produced by the Foundation.

Brazil

Brazil's population is estimated at 101.6 million. Its rate of natural increase, at 2.8 percent annually, would mean a doubling of the population in 25 years. Births total about 37 per thousand population and deaths, about 9 per thousand. As in most other countries of Latin America, a high proportion—some 42 percent—of the population is under 15 years of age.

Population pressure also has accentuated such problems in Brazil as an uneven distribution of incomes, illiteracy, and a backward agriculture.

Although the Government of Brazil has not embraced family planning as official policy, it permits states and municipalities to carry out family planning; or to enter into agreements with a private organization to carry out family planning services. The private organization, Brazilian Civil Society for Family Welfare (BEMFAM), has been providing family services in Brazil since 1965. Today BEMFAM operates 80 clinics, with over 300,000 acceptors, and has signed agreements with over 40 organizations.

BEMFAM's policy has been to obtain support of government entities at state and municipal levels—getting them to provide clinical facilities which make it possible for the Society to show how family planning can be offered as part of the overall public health service program. BEMFAM already has 19 agreements with states and municipalities and plans to open 20 additional clinics in 1974 through similar arrangements. Of the new clinics, seven are projected

for the northeast; seven for the southeast, including the populous States of Minas Gerais, Espirito Santo, Rio de Janeiro, and Sao Paulo; four for the south; and three for the west. BEMFAM has requests to open more than 80 new clinics and must weigh carefully which requests to honor.

BEMFAM plans to open two more model clinics in 1974—one in the State of Rio de Janeiro and one in a northeast city. These will be in addition to model clinics opened in 1972 in the cities of Rio, Sao Paulo, and the northeastern State of Maranhao, and those opened in 1973 in Recife and Porto Alegre. The Rio model clinic—Meier—after only 8 months in operation, is servicing over 8,000 new acceptors and is being used for training and demonstrations for medical students, paramedical personnel, and political leaders.

One of BEMFAM's newest special projects involves providing the governor of the State of Rio Grande do Norte, in the poverty stricken northeast, with oral contraceptives for widespread distribution. This project, which commenced in the summer of 1973, is funded for 18 months. It will use teachers and other community leaders who, following a course of training, will carry out an education and motivational program. Funds have been set aside for a radio campaign. This special project will be a joint effort: BEMFAM will provide technical assistance, contraceptives, and funds; the State, its entire health and education infrastructure.

BEMFAM's information and education program is designed to reach leadership groups at the federal state, and local levels. A core program to convince top leaders that family planning is an essential service continues to center around seminars in which about 80 leaders from diverse fields participate and wide press coverage results. BEMFAM proposes to hold two such seminars in 1974. Five meetings with student and university groups are scheduled as are four seminars with professional groups. In addition, there will be participation in numerous professional congresses and meetings.

The mass media program will be built around radio spots, films, and slides to be used in seminars, training courses, and within clinics. Also under discussion is extension to several other states of the radio programing now being experimented with in Rio Grande do Norte in support of nonmedical distribution of contraceptives.

BEMFAM has trained over 1,100 persons since it organized a 30-day course for medical and paramedical personnel to staff the BEMFAM clinics and others from other organizations. These courses will continue in 1974. Other short-term courses

are planned for social workers and community leaders.

External assistance

The International Planned Parenthood Federation (IPPF) assists BEMFAM's clinical, training, and information and education programs. BEMFAM's expenditures in calendar year 1972 totaled \$2,336,100. Projected for 1973 was an expenditure of \$3,005,000.

Chile

Chile has a population growth rate lower than that of most other Latin American countries. At the present rate of natural increase—1.6 percent—it will take 43 years for the population to double. There have been declines in the birth, death, and infant mortality rates during this century, contributing factors being an active family planning program in recent years and a general improvement in the quality of medical care.

The Chilean Government has supported family planning. Much of the support for family planning in Chile traces to the high incidence of abortion, which is generally recognized as a serious public health problem.

Family planning services are provided within the Maternal and Child Health Program of the National Health Service and in other semipublic and private institutions. The most recent figures indicate that 282 National Health Service clinics are offering family planning.

The private family planning association *Asociacion Chilena de Proteccion de la Familia* (APROFA)—has played an important role in Chile's family planning program for over a decade. Although APROFA does not run any clinics of its own, it provides vital support to the National Health Service clinics that do offer family planning. APROFA finances the cost of personnel in 36 of the clinics and provides all of them with contraceptive supplies and record cards. APROFA also has working agreements with other health organizations, in particular with the Armed Forces.

In May 1973 an agreement providing for a Program of Integrated Attention to Women (PAIM) was signed by APROFA and the National Health Service. Under PAIM, APROFA will provide, beginning in January 1974, family planning services within the northern region of Chile, which contains a population of about 2 million. In this region APROFA hopes to

cover in the first year 36,000 women, about 80 percent of whom will be attended by midwives, within 14 designated health areas in Government health facilities. The Government's program will be supported by volunteers from the ongoing responsible parenthood leaders' program and by a mass media effort in the region. APROFA will continue its Bio Bio project begun in January 1973 in the southern region. That program, like the proposed program for the northern region, employs the services of midwives in Government clinics.

In calendar 1972 use in Government clinics of contraceptives supplied by APROFA totaled almost 833,000 cycles of orals, over 100,000 IUDs, and 812,000 condoms. In 1973 use of orals was estimated at 500,000 cycles, IUDs at 30,000, and condoms at 1 million. Use of other contraceptives in the 2 years was very minor.

(Chile places no restrictions on the use and sale of contraceptives. Cytology tests are compulsory. Sterilization is illegal but frequently performed. Abortion is illegal unless carried out for therapeutic reasons, and even then the documented approval of two doctors is required. Yet, despite the law, the abortion rate is high. Studies indicate that there is at least one induced abortion per two live births. Other studies show that nearly 40 percent of maternal deaths are the result of such abortion.)

APROFA's information and education program has concentrated on the expansion of the volunteer leaders program, whereby primary school teachers train local leaders who then can act as motivators in their communities. During calendar 1972, APROFA also celebrated its tenth anniversary with public meetings, talks, and other special events. Among the other information and education activities were 1,069 film shows for over 98,000 people; 12 meetings and courses for 1,560 participants, including students, parents, and trade union members; five seminars including one for pharmacists and one for journalists for 331 participants; and two talks on youth, sex education, and family planning for 650 participants.

APROFA also offered periodic radio and television comments on its activities, published a regular bulletin, and distributed more than 100,000 pamphlets, manuals, reports, and flip charts for family planning information and motivation.

In 1974 APROFA plans to continue the volunteer leaders program, as well as holding a seminar for 40 mass media professionals, courses for Armed Forces instructors aimed at promoting responsible parenthood among young men, courses and talks for midlevel educators and students, radio and television programs on responsible parenthood, information

programs in the press, and publication of 500,000 copies of the folder "For You and Your Spouse."

APROFA provides training through regular 3- and 4-week courses for medical doctors, nurses, midwives, social workers, and clinic administrators. In 1972 five courses were held for 155 persons employed by the National Health Service, the National Workers Medical Service, the Air Force, and the National Police. In 1974 at least four courses for 100 health professionals are planned, with training to be concentrated on those who work in the clinics supported by APROFA under the PAIM agreement.

External assistance

The United Nations Fund for Population Activities (UNFPA) signed two agreements with the Chilean Government in June 1972:

- 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 in the Santiago and southern areas of the country. Under the agreement, technical assistance, scholarships, medical equipment, contraceptives, and vehicles are provided. The project got under way in January 1973.

- An agreement for a 2-year project with *Oficina de Planificación 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, have been working with Chilean experts).

The Latin American Demographic Center (CELADE), which is located in Chile, has helped the Chilean Government improve its collection and processing of statistics.

The International Planned Parenthood Federation (IPPF) has substantially supplemented APROFA's funds to make possible APROFA's widespread medical-clinical and information-education activities.

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 *Asociación de Estudios Científicos de Población* 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 also 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 Fisiología. It also supports a family planning statistical unit at the University of Chile.

Colombia

Colombia's high population growth rate of about 3.2 percent has brought with it a number of socio-economic problems—high dependency ratios, rapid rural-to-urban migration, and increasing pressures on health services, educational facilities, food supplies, and employment opportunities. No early solution of these problems is foreseen. Colombia's population, which grew from 3.8 million in 1900 to an estimated 21.9 million in 1970, was 23.7 million on January 1, 1973.

One hopeful sign has appeared, however; fertility rates seem to be headed downward. One study by the Colombian Association of Medical Schools (ASCOFAME) suggests that crude birth rates of 48.3 per 1,000 population in the 1960-64 period declined to 41.5 in 1968. Moreover, a demographic methodology study conducted jointly by the University of North Carolina and the Colombian National Statistics Agency (DANE) points to a significant decline in urban fertility and growth rates in the two large areas that were surveyed, stabilization of rates in rural sections of the same two areas, and overall rural/urban growth rates which may be as low as 2.5 to 2.8 percent.

Other indications support the premise that urban fertility is declining. The number of births in five of the nation's largest maternity hospitals leveled off in the late 1960's and dropped from 50,486 in 1970 to 45,270 in 1972. The estimated 500,000 cycles of oral contraceptives sold monthly through commercial channels and the 150,000 to 175,000 new patients requesting service annually through institutional family planning programs also argue persuasively that fertility is decreasing.

The Colombian Government recognizes the problems engendered by rapid population growth and has stated explicitly and publicly that couples enjoy a

"basic human right" to decide freely the size of their families and that information on that right and means for exercising it will be provided. The Government has been careful to develop its program in such a way as to minimize political or religious conflict, and to avoid offending the social and cultural traditions of the people. Actions to deal with population growth have consisted largely of education and the provision of family planning services within integrated health agencies. With a minimum of publicity, the Government now provides family planning services within a maternal and child health program in 844 of the nation's health clinics—more than 90 percent of the total.

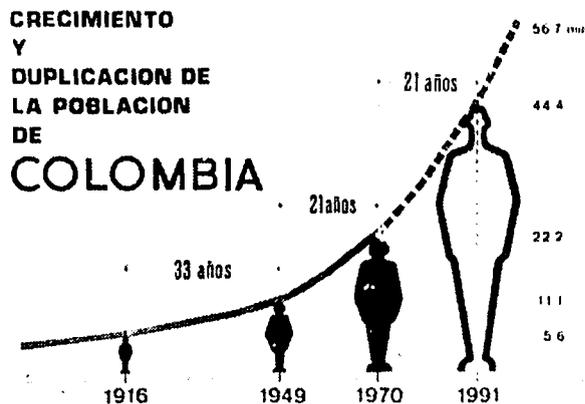
The Ministry of Health has also assumed responsibility for the postpartum program in 15 non-university hospitals that previously were coordinated by ASCOFAME. In addition to continuing its in-service training program for physicians, coordinators, and nurses, the Ministry program has emphasized training for professors of schools of practical nursing and changes in the curricula. These changes include increased attention to maternal child care and family planning. The Ministry also has embarked on an ambitious program to train 7,000 rural health promoters in the next 3 years. The promoters, selected from small rural communities, return to their home areas after 2 months of training. They serve as the link with the health post and provide health education, motivation, and information on family planning.

The recent restructuring of the National Council of Population and Ecology at the presidential/ministerial level suggests growing governmental concern for the population problem and the intention to seek solutions in a broader and more vigorous fashion.

The private sector performs an important and expanding function, both in the provision of services and through personal and broad mass-media approaches to information and education on population and family planning matters.

ASCOFAME, as part of its training and research program, continues to maintain out-patient family planning clinics and postpartum family planning services in the university hospitals. Results of many of its past research programs are beginning to be published; one of the most significant is the National Fertility Survey.

An outgrowth of previous work by ASCOFAME was the formation of the Regional Population Center with a charter which permits it to go farther afield into population activities carried out by nonmedical institutions. The major thrust of the Center's program is in training and research, but it has



This slide, showing population growth in Colombia, is one of the many teaching aids available through the Panamerican Federation of Associations of Medical Schools, Bogota.

shown an interest and ability to move into areas not being covered by other programs.

PROFAMILIA, an affiliate of the International Planned Parenthood Federation (IPPF), is a private organization that carries out educational and family planning programs in Colombia. The 42 PROFAMILIA clinics in 29 of the major cities provide a specialized, high-quality family planning service to a substantial portion of the urban population. The program encompasses a full spectrum of traditional and advanced concepts of fertility control. A first-rate professional medical staff is maintained, but increasing attention is being given to the use of paramedical personnel and nonclinical programs of contraception. PROFAMILIA's energetic and innovative approaches in these areas, as well as in mass media communication, experimentation in rural programs, local fund-raising, contraceptive market stimulus, and other activities have been pioneer efforts worthy of study and possible replication throughout Latin America.

A serious shortcoming in all the programs has been lack of adequate evaluation procedures. Some ad hoc evaluation has been done and has indicated good program results. However, there is no systematic approach to continuing evaluation of many aspects of the programs. An attempt to establish an evaluation section in PROFAMILIA has been limited by funding problems. Ministry of Health and ASCOFAME service statistics, formerly tabulated by ASCOFAME, are now being processed by the Regional Population Center. The Government currently is studying a proposal to establish an evaluation section in the Ministry of Health.

Organized family planning programs have

significant training and communication components. All the major institutions for training health personnel, including the School of Public Health, now have as a part of their normal curricula a considerable emphasis on maternal health and family planning. Substantial increases were made in training and public information programs in 1973. The Association for the Study of Population (ACEP) increased its information and education activities, reaching beyond its training programs for women leaders to new groups, such as the coffee growers federation, the agrarian reform agency, the national police, the military officer candidate school, and superior officers training programs.

Accion Cultural Popular (ACPO), an adult literacy program developed by Monsignor Salcedo, has injected the themes of responsible parenthood into its far-reaching rural radio program, its widely read newspaper CAMPESINO, and its rural leadership training program.

One of the leading universities, Javeriana, sponsored by the Jesuit order, has initiated an ambitious interdisciplinary graduate study program on population and development. Fourteen of its faculty attended a special short course at the University of North Carolina, and several faculty members are doing graduate study in the United States in preparation for their work in this program.

The National Agricultural Research and Extension Agency (ICA) is developing a graduate study program in rural development, with considerable emphasis on population problems. Several faculty members are presently studying in the United States to prepare themselves for this program.

Faculty members of the School of Home Economics, University of Caldas, are returning from graduate study in the United States and are including population problems and concepts of family planning in the curricula.

Several activities are being carried out by and for the Ministry of Education to develop curricula in sex education, family life education, and population problem awareness.

AID assistance

AID provides some assistance on a bilateral basis to support research and training. Assistance in fiscal 1973 amounted to \$600,000. Through an agreement with the National Statistics Agency and the University of North Carolina, a research project in demographic methodology was carried out. Fiscal 1973 saw the termination of field data collection and the initiation of the analysis phase, which should be

largely completed in fiscal 1974. An AID sector loan provides part of the financing for the census. AID has also financed international training in fields related to population. For example, 71 Colombians were sent out of the country during fiscal 1973 in 45 training programs.

Other assistance

AID has not provided bilateral financing for programs that deliver family planning services. Programs of this type have been encouraged to seek financing through international agencies, foundations, and universities, and substantial assistance from such sources has been forthcoming. Many of these international institutions receive financial assistance from AID, as well as other donors on a worldwide basis.

Rough estimates suggest that the annual amount from all the external sources assisting Colombian population programs approaches \$5 million.

Assisting in the general area of public health/family planning have been the Pan American Health Organization, the Population Council, Harvard University, and Tulane University.

Providing support for family planning, primarily through PROFAMILIA, have been the International Planned Parenthood Federation, Population Council, Pathfinder Fund, Development Associates, World Neighbors, Johns Hopkins University, George Washington University, and Tulane University.

Seeking to promote increased awareness of population problems and working mainly through the Association for the Scientific Study of Population (ACEP) have been the Population Council, Pathfinder Fund, Development Associates, World Education, Family Planning International, University of North Carolina, and UNESCO.

Cooperating on population censuses, demographic methodology, and demographic research have been the Population Council, University of North Carolina, University of Wisconsin, General Electric-TEMPO, United Nations Fund for Population Activities, the Organization of American States, and the Canadian International Development Research Corporation.

Assisting with training and information have been Harvard University, University of Chicago, Downstate Medical Center, Pan American Federation of Associations of Medical Faculties, Latin American Association of Communicators in Demography and Development, Population Reference Bureau, Friends Service Committee, Airlie Foundation, Ford Foundation, and the Canadian International Development Research Corporation.

Outlook

Programs of information and education and the provision of family planning services unquestionably have reduced urban fertility rates. But means also must be found to increase the availability of these programs to the rural population where fertility rates are extremely high and where changes will be more difficult to accomplish than in the cities.

Family planning and fertility reduction remain delicate issues in Colombia. Still, the Government is expressing emphatically a recognition that rapid population growth places an excessive burden on limited resources for development and that families are concerned when the means to limit family size are not readily available. Church leaders have acknowledged this as a problem to families and to society and are coming to grips with the issue, seeking to find solutions commensurate with their theological position.

Dramatic social and cultural change of the type required by the critical nature of this problem cannot be accomplished without offending the sensitivities of one group or another. Colombia has done well to date, however, in minimizing the conflict. It is probable that the more vigorous program expected in the future will maintain this relatively low level of dissonance. Colombia has a well-developed cadre of trained people. It also has the infrastructure provided by various widespread and influential agencies dedicated to contributing to the solution of the population problem, although the scope and character of that problem are such that external financial and technical assistance will be needed and requested for some time to come.

Outside assistance to the program will be welcomed if the help is extended with full sensitivity to the distinctive aspects of the nation's social, cultural, and religious traditions that demand indigenous, not imported, solutions.

Costa Rica

Costa Rica, with a population of about 1.9 million, has one of the highest literacy rates in Latin America—89 percent. The country's per capita gross national product has risen steadily to its current level of \$570. National income is the best distributed in Central America. Unemployment has been held well below 10 percent. The Costa Rican economy has been growing at 3 to 5 percent in real terms in recent years, spurred by foreign and domestic investments and the benefits derived from participation in the Central American Common Market.



A Costa Rican family planning information specialist interviews women for one of the over 2,500 radio programs per month sponsored by CRDA.

Costa Rica's basic demographic problem is the high dependency ratio (earners supporting large numbers of dependents, particularly children) and continued high fertility of families in rural areas. Family sizes in rural areas are quite large. The latest census shows that completed rural families average over 8 children per married woman 49 years old.

Overall, however, Costa Rica has been remarkably successful in coping with the problem of rapid population growth. Since 1960 the annual population growth rate has dropped from 3.4 percent to its present 2.6 percent. In 1973, 23 percent of all the women aged 15 to 49 were practicing contraception.

Costa Rica has a national family planning policy set forth by executive decree. The Government's highly organized program is coordinated at the national level by a central population committee consisting of Government representatives, a private family planning association, and university and religious groups.

Family planning services are offered by both the Ministry of Health (MOH) and the Social Security Institute (ISSS), each covering about half of the population. The two agencies provide services at more than 125 clinics.

The private Costa Rican Demographic Association (CRDA) administers two clinics, one located in a

hospital in the capital city of San Jose, the other on the Atlantic coast. CRDA also coordinates the Government's postpartum program, introduced into MOI and ISSS hospitals in 1971.

CRDA was one of the early promoters of non-clinical distribution of contraceptives. CRDA's system makes it possible for a woman visiting a public health clinic to receive a coupon enabling her to buy oral contraceptives at a subsidized price—25 percent of the retail market value—at any one of 140 participating pharmacies. Overall, CRDA was instrumental in the distribution in calendar year 1972 of 457,000 monthly cycles of orals, 138,000 condoms, 8,900 IUDs, and 60,000 units of other contraceptives through the three clinical family planning programs.

The training of family planning personnel is done at the university. Training is given to doctors, nurses, and paramedics; to teachers in primary and secondary schools; and to local community leaders.

But CRDA's main role in national family planning work has been to create favorable public opinion for the Government's program. This has been done through conferences, seminars, sex education, and related activities. To achieve a more lasting change of attitude toward family planning, one aspect of the educational program is to introduce family life and sex education in both primary and secondary schools.

In 1972 a drive to reach Costa Rica's rural population commenced. This drive combines an extensive mass media campaign with fieldwork and Government clinics. It will continue in 1974. The mass media aspect is a radio campaign beamed to target rural areas, including interviews with local leaders. Additionally, seminars are given to agricultural extension workers, teachers, and others who could then act as motivators in the Costa Rican countryside.

The success of family planning in Costa Rica is attributed in considerable degree to the policy of continued and gradual education of the people about demographic realities and the need for planning to improve health and family living conditions. The tactic has been to avoid direct confrontation with opposition groups and gradually win their support through continuous dialogue and information.

AID assistance

AID's role in the development of family planning in Costa Rica has been important. From the beginning of the program AID has provided substantial assistance (up to 40 percent in some years) to the Ministry of Health. AID also has strengthened the private agencies and some of the international groups. AID assistance in fiscal 1973 amounted to \$378,000.

Other assistance

The Pan American Health Organization is funding a 3-year postpartum program at Government hospitals.

The International Planned Parenthood Federation has provided very substantial inputs to the CRDA. The CRDA's expenditures in calendar year 1972 totaled \$711,800.

World Education, Inc., has provided \$8,000, and the United Nations Fund for Population Activities is contemplating a \$2.2-million grant.

Dominican Republic

The population of the Dominican Republic rose from 3.2 million in 1960 to 4.6 million in 1973—a 44-percent increase. Population density, at 89 people per square kilometer, is one of the highest in Latin America. Population pressure has had adverse effects on economic development, health and education facilities, and standards of living.

Cognizant of its population problems, the Government of the Dominican Republic administers a maternal infant care (MIC) program and carries on family planning activities through a National Council on Population and Family Planning (CONAPOFA). Family planning activities are moving forward vigorously. The number of CONAPOFA clinics has risen from nine in 1968 to 60 in 1973. New construction is expected to bring to 89 the number of clinics that will be in operation by the end of 1974.

The latest CONAPOFA figures show that 82,000, or about 8 percent of all the women of fertile age (15-49 years), are enrolled in the program, as compared with 36,000 enrollees in 1970, which represented 4 percent of all fertile women.

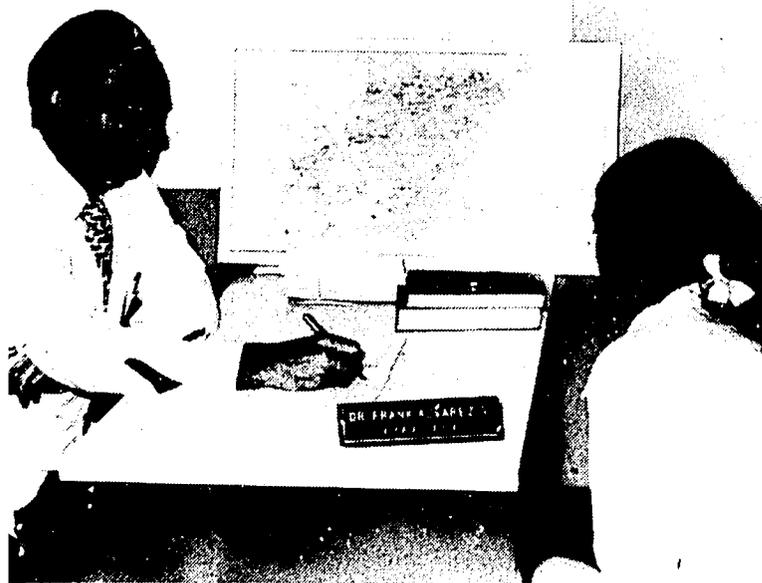
CONAPOFA has reassessed its 1968 goals of reducing the birth rate from 48 per 1,000 population to 38 in 4 years and to 28 in 10 years. It is now projecting a reduction from the current birth rate of 48 per 1,000 population to 30 in 4 years (1974-77). Efforts will also be made to expand family planning services to 220,000 women, or a 20-percent coverage of all fertile women.

The limited number of trained medical and paramedical personnel continues to be a restricting factor from the standpoint of program expansion.

The Government has had excellent assistance from domestic voluntary agencies, such as the Dominican Association for Family Welfare (DAFW), which is an affiliate of the International Planned Parenthood Federation (IPPF); from the National



Above, women wait with their children for consultations in a Dominican Republic family planning clinic.



A doctor consults with a patient in one of the Dominican Republic's family planning clinics. About 8 percent of all women of fertile age are enrolled in a government-run family planning program.

Institute for Sex Education; and from the Pedro Henriquez Urena University. These organizations work closely with CONAPOFA in connection with appropriate research and evaluation studies, information and education programs, the training of paramedical personnel, and the development of an indigenous capacity in the related areas of social work and program planning and administration.

AID assistance

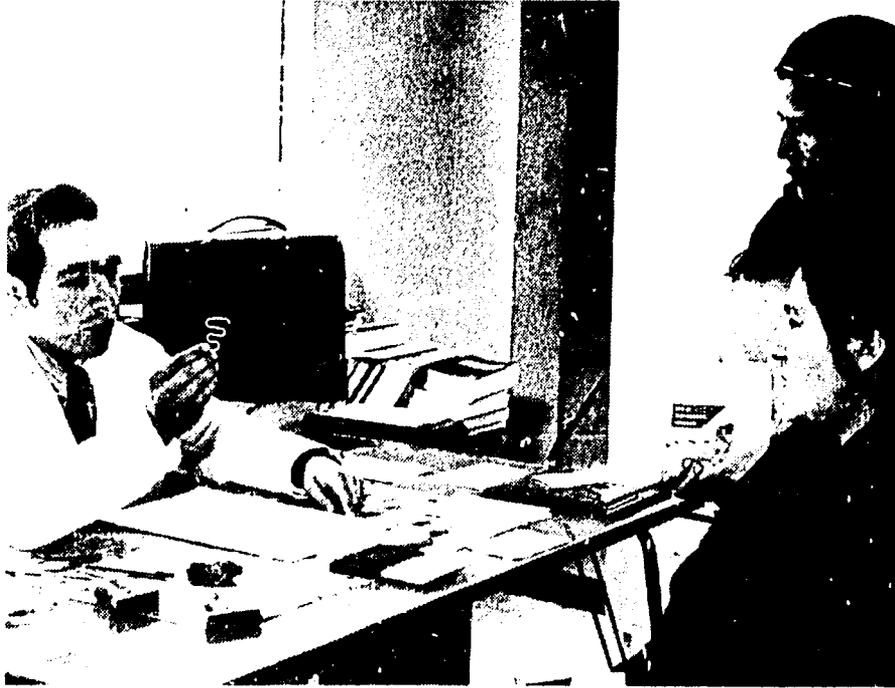
AID continues to support the Government's family planning program, working closely with the Secretariat of Health in connection with the final phases of the \$7.1-million AID loan for the Maternal Infant Care program. AID has encouraged the Government to give priority to development of a more comprehensive intersectoral approach to the closely related problems of family planning, nutrition, and food production over the coming months.

Other assistance

The United Nations Fund for Population Activities (UNFPA) and the Government of the Dominican Republic in June 1973 signed a comprehensive \$4.1-million multiyear (1973-76) family planning implementation agreement. The Population Council will coordinate the program, and CONAPOFA will be the principal executing entity.

Looking to the future, CONAPOFA will place major emphasis on the implementation of the UNFPA program, which will include such family planning related activities as development of clinical services, information and education work, training, testing and evaluation systems, and improvement of family planning program administration.

Prospects for the success of this program appear good. Selection of foreign advisors is in process and it is anticipated that the program will become fully operational in the near future. Beneficial consequences are expected from AID's MIC loan and the work of other external agencies such as UNFPA, IPPF, and Population Council.



In Ecuador, a rural doctor instructs women in family planning methods. Recently graduated medical students must spend a year practicing in rural areas before receiving diplomas.

Ecuador

Ecuador has a population of over 6.6 million and a population growth rate of 3.4 percent, one of the highest in the world. Almost half of the people are under age 15, which results in a high proportion of dependents in relation to the working force. High unemployment and underemployment, and a low savings rate, help to explain why 50 percent of the people still live in poverty. Even if population growth can be slowed significantly and the economic situation improves, it is likely to be more than a generation before Ecuador has satisfactory levels of employment, nutrition, education, health services, and other basic needs.

The obvious need for slowing the rate of population increase has brought about the development of public and private family planning services that are being used to an ever-expanding degree. The number of new acceptors using these services has risen from 6,024 in 1970 to an estimated 27,278 in 1973.

Major responsibility for planning and implementing Ecuador's planned parenthood activities is in the Ministry of Public Health (MOPH). Other Government agencies carrying on family planning activities include the Ministries of Defense, Social Welfare, and Agriculture. At least 14 private and semiprivate groups and institutions are functioning in the family planning field, including the Ecuadorian Association for Family Welfare (APROFE) and the Women's Medical Society.

Altogether, 168 public and private clinics were offering family planning services by June 1973. MOPH offered such services at 140 clinics—at health centers, hospitals, and rural health subcenters. Family planning programs were started in the Quita Maternity Hospital in January 1973 and were scheduled to start in Guayaquil Maternity Hospital in early 1974. Private physicians and pharmacies also are in the family planning picture.

Cancer detection services were being provided in practically all public and private family planning programs through the Cancer Detection Society.

Plans have been finalized and land is ready for construction of a National Family Planning Training Institute, which is expected to open in calendar year 1974. In calendar years 1972 and 1973 the Population Department of the MOPH trained 800 medical and paramedical and related professional personnel.

A limited information and education program is being conducted by MOPH and several other agencies, public and private. The National Malaria Eradication Service carries on educational work with rural people and refers them to family planning clinics.

Collection and analysis of demographic data were started in calendar year 1973 by the Demographic Analysis Center of the National Planning Board.

APROFE, an affiliate of the International Planned Parenthood Federation (IPPF), acts as an advisory body to the Government agencies as well as offering information and education, some train-



Ecuadorean Ministry of Public Health social worker and auxiliary nurse give motivational talks on benefits of family planning and contraceptive methods.

ing, and family planning services through its four clinics.

APROFE plans to conduct a mass media campaign in support of the nationwide family planning program in 1974, featuring use of radio, TV, press, and posters.

APROFE has been training about 300 people annually, including private and Government physicians, nurses, midwives, teachers, and staff members of the National Malaria Eradication Service. In 1974 APROFE plans 12 4-day courses for doctors and midwives who will work in family planning programs, four 1- to 2-week courses for doctors and midwives who will work in the Government's rural subcenters, and two 1-week courses for social workers, motivators, leaders, and others who work in family planning. All training is done in the Association's two clinics in Guayaquil.

Through its clinics, which operate as training and model centers, APROFE provided family planning services in calendar 1972 to 6,037 new and 38,181 followup acceptors. Orals had the widest use, followed by IUDs and condoms.

AID assistance

AID has participated, along with other donors, since 1968 in the development of population/family planning activities in Ecuador. Agencies of the

Ecuadorean Government have created and implemented programs of family planning services, training, evaluation, research, information and education, and supervision.

Other assistance

The Pan American Health Organization has provided support for training and for seminars on health and sex education.

Assistance is provided by Columbia University to the Evaluation Unit of the MOPH and by the University of North Carolina to the Demographic Analysis Center.

The Pathfinder Fund has assisted in clinic research, midwife training, and the 7th Latin American Congress of Obstetrics and Gynecology held in Quito in July 1973.

The IPPF supports APROFE.

Family Planning International Assistance provides assistance to the Women's Medical Society.

World Education, Inc., conducts educational seminars.

The American Public Health Association is carrying out a program of development and evaluation of an integrated health delivery system, emphasizing the delivery of family planning, nutrition, and maternal child health services in a selected pilot area of 500,000 people.



Left, patient at a family planning clinic in El Salvador learns about the pill. Above, auxiliary nurse gives women family planning advice.

El Salvador

With 3.8 million people occupying a country of only 8,000 square miles, El Salvador has one of the highest population densities in the Western Hemisphere. It is also a rapidly expanding population; its increase rate of 3.4 percent, if continued, would bring a doubling of the population within 20 years. Population pressures on limited resources have created numerous social and economic problems. For example, El Salvador's literacy rate and per capita gross national product are substantially below the average for mainland Latin America.

The Government of El Salvador is showing increased awareness that it must take action to stem the country's rapid population growth. Recently CONAPLAN, the governmental planning agency, began to formulate a course of action that is expected to lead to a national population policy and a concerted attack on the problem of too-rapid growth through the Ministries of Health, Education, Agriculture, and Labor. Programs that show promise are provision of family planning services for factory workers and military personnel; training of paramedical workers (malaria workers and auxiliary nurses) for delivery of services in rural areas; inclusion of family planning courses in the medical school; responsible parenthood courses for rural villagers as part of the P.L. 480 Title II distribution system; development of

education programs that include family planning; and use of school teachers, agricultural extension agents, and community development workers as conveyors of the message.

The Government already operates a network of family planning clinics throughout the country, which are providing services for about 40,000 acceptors. It is estimated that there are another 40,000 acceptors in the private area. The Ministry of Health (MOH) provides family planning services at about 100 health centers, and the Social Security Institute (ISSS) furnishes services for its insured workers at more than 30 clinics.

The private El Salvadorean Demographic Association (SDA) operates family planning clinics in each of El Salvador's two largest cities. The San Salvador clinic, which provides 22 hours of service daily, is a model operation aimed at popularizing IUDs. In calendar 1972 the SDA was instrumental in the distribution of 5,737 IUDs, 87,120 cycles of orals, and 33,984 condoms. The clinic's medical staff also performs laparoscopies and vasectomies. A post-partum program in the San Salvador Maternity Hospital, implemented in 1973, will continue as part of the Association's regular program in 1974.

The SDA provides the only family planning training in El Salvador for doctors, nurses, and paramedical personnel. Since 1967 the SDA has given basic 1-week courses to more than 450 doctors, 750

nurses, 550 paramedics, and 140 social workers. The course covers elements ranging from demography and reproductive biology to contraceptive techniques.

SDA employs social workers to locate and motivate women in urban slums and rural areas who have dropped out of the program, to help groups requesting information on sex education, and to assist in the program of female sterilization.

For the past 4 years SDA has been carrying on a mass media campaign, known as PATER, to publicize family planning. The campaign consists mainly of 30-second or 1-minute spot radio announcements that reach both urban and rural populations. Almost 25,000 spots were broadcast in calendar 1972. The campaign also included newspaper ads and publication of a PATER bulletin.

AID assistance

AID has continued its direct support to the Ministry of Health, the Social Security Institute, and the El Salvador Demographic Association. AID obligations in El Salvador in fiscal 1973 amounted to \$408,000.

Other assistance

A United Nations team visited El Salvador in 1973 to help the Government develop a long-range family planning program.

The International Planned Parenthood Federation provides substantial support for the SDA. IPPF expenditures in 1972 totaled \$348,100.

The Pathfinder Fund supports medical research.

Guatemala

Guatemala is a basically rural country of 5.5 million people, about one-fifth of whom live in the capital city. Although the growth rate for the nation as a whole is about 2.8 percent, the growth rate of the capital city is 5.5 percent, largely because of increasing migration from the predominantly Indian highland areas.

Three-fifths of Guatemala's population lives in isolated communities of 2,000 or fewer. These dispersed people, of whom about 60 percent are Indians speaking 22 dialects have complicated the development of a nationwide health delivery system. Some 2.0 million Guatemalans, mostly in remote villages, have no access to organized health services of any kind.

Although the Guatemalan Government has no

official demographic policy, it supports a national family planning program. Under an agreement reached several years ago, Guatemala's Ministry of Health (MOH) delivers family planning services outside the capital while the private Guatemala Association for Family Welfare (APROFAM) offers family planning to the people of Guatemala City. Of the 79,000 women currently enrolled in the national family planning program, the MOH reaches about 55 percent and APROFAM some 45 percent.

The Ministry of Health offers family planning services in 80 health centers outside Guatemala City and intends to expand the program to include 325 health posts. New "target groups" include the military and small industry. Guatemala has shown a willingness to train paramedics in family planning and to allow them to distribute contraceptives.

APROFAM, which is affiliated with the International Planned Parenthood Federation (IPPF), offers family planning services in its own downtown clinics in the Roosevelt Hospital, the capital's largest maternity hospital, and in several peripheral urban clinics. In 1972 APROFAM reached 8,800 new acceptors and 45,700 control visitors. The most widely used method was orals, followed by condoms and IUDs in that order. APROFAM now offers male and female sterilization.

The integrated office of the National Family Planning Program, operated jointly by the MOH and APROFAM, administers the national training, publicity, and motivation activities. The office is managed by a Director General and an Executive Director, who administer the departments within the organization.

APROFAM offers training in family planning for Government personnel who will be working in the field. In 1972, week-long courses were given for 46 health promoters, 220 paramedics, 60 nurses and social workers, 16 doctors, and 60 students of nursing and social work.

Information, education, and communications (IEC) is handled by a joint MOH-APROFAM staff which will continue its innovative program in 1973. Because of low literacy in Guatemala, heavy emphasis will continue to be placed on use of radio, which will feature spot announcements, a soap opera, and a question-and-answer show. Plans also are under way for a radio show that will be translated into Indian dialects before being beamed to rural areas. The staff plans to initiate late in 1973 training in family planning in the urban slum of La Limonada. Also to be initiated is an advertising campaign to be centered in pharmacies and supermarkets.

APROFAM carries on other lines of work. Its



Above, an interviewer for Guatemala's family planning association—APROFAM—conducts a survey in a Guatemala City market on methods of contraception.



Left, an APROFAM worker gives a talk on methods of contraception. Above, radio is used to beam the family planning message to the Guatemalan public—a vehicle which in the future will include a show translated into the Indian dialects.

research includes investigation into new methods of contraception, alternative ways of delivering family planning services, and greater use of paramedical personnel. It has an active fieldwork program, through which 12 social workers make house-to-house calls, hold meetings and do followup work.

AID assistance

AID provides financial support to the MOH and APROFAM as well as to the University of Del Valle for its school-based national program of sex education. Direct AID support for family planning in Guatemala in fiscal 1973 amounted to \$707,000.

Other assistance

IPPF strongly supports work of APROFAM through substantial annual grants.

The Pathfinder Fund and the Association for Voluntary Sterilization provide funds and equipment to APROFAM.

Haiti

Haiti, with an estimated population of 4.8 million, is one of the most densely populated countries in the world. In the areas under cultivation, the population averages 1,600 per square mile. The birth rate of 44.0 per 1,000 people is substantially higher than the average for Latin America. But the death rate of 18.0 per 1,000 population, attributable in considerable degree to an infant mortality rate of about 150 per 1,000 births, also is high. And there has been considerable emigration. The net result has been a rate of natural population increase of 2.6 percent annually, a level approximating the average growth rate for all of Latin America. People under 15 years of age make up about 42 percent of the population. The country's work force, as a result, is burdened by a very high proportion of dependents.

Haiti has other economic and social problems that trace in part, at least, to its dense population. Haiti is one of the least developed countries of the world, with a per capita gross national product of only \$93. About four-fifths of the people live in densely populated rural areas poorly served by roads and other transportation facilities. Nutritional levels are generally poor and disease is widespread. There are not enough medical and paramedical personnel to meet the ordinary needs of the people. In relation to population, available personnel are equivalent to one physician for every 12,000 people, one nurse for

every 12,000, and one paramedic for every 6,200. Nor is the medical situation improving. There has been an exodus of health professionals from the island. It is said that all medical school graduates in 1969 left Haiti because of the lack of economic opportunity. The literacy rate of only 10 percent puts Haiti among the lowest in the world.

In 1971, following a Government-ordered halt in all family planning activities, Haiti put its population program under the coordination and administration of the Division of Family Hygiene, within the Department of Public Health and Population. The Government still has as official policy the development of family planning within the overall framework of improved maternal and child care. But the Government has not been able to make a broad-scale program possible, owing principally to a lack of resources. However, it has energetically requested the aid of external groups in a position to help. No private population council exists, nor are there ties on the national level at the present time with private agencies.

AID assistance

In fiscal 1973 an AID-financed contract consultant completed a comprehensive survey of the structure and organization of the Division of Family Hygiene. The primary purpose of the survey was to help the Division elaborate its plan for implementation, coordination, and evaluation of a countrywide program of maternal health and family planning. The second purpose was to assess in general terms what roles external donors might play in a countrywide family planning program. (The Government presented a program proposal for discussion with AID and other donors in December 1973.)

In 1973 AID continued financing to the CARE-advised Haitian Community Help Organization project in northwest Haiti. This project, in cooperation with the Division of Family Hygiene, expects to include family planning services to women in the area served. Under AID auspices, the Johns Hopkins School of Hygiene and Public Health gave advice and insertion assistance to Haitian gynecologists in the technology associated with provision of IUDs and use of other Family Planning methods. AID continued to channel up-to-date information on family planning to the Division of Family Hygiene, and also facilitated liaison and open communication between the Division and private organizations such as The Pathfinder Fund, IPPF, Unitarian Universalist Service Committee, and others.

Representatives of AID and such international

organizations as Pan American Health Organization (PAHO), the United Nations Fund for Population Activities (UNFPA), the United Nations Children's Fund, and the Inter-American Development Bank met in April 1973 in Port-au-Prince to discuss the Haitian Government's health and family planning problems and agreed to hold future meetings on the subject. (The Government presented a program proposal for discussion with AID and other donors in the first half of fiscal year 1974.)

Other assistance

The UNFPA has continued in the implementation of its maternal and child health programs in the Port-au-Prince area. Its goals are to reinforce existing maternal and child health activities and provide training for public health personnel. Practical application of the principles and techniques involved in family planning are carried out in the maternity section of the University of Haiti Hospital and the Isaac Jeanty Maternity.

To begin to educate the rural population in good family planning practices, the Albert Schweitzer Hospital is now participating with the Government in providing special training for rural health personnel and mobile health teams.

The Unitarian Universalist Service Committee, under an arrangement with FPIA, continued support for a pilot project to conduct research programs in model health services in three selected rural communities near Port-au-Prince. In addition this project has supported the Radio Doctor Program in Port-au-Prince, which provides daily programs in family hygiene and counseling in family planning, and has also developed family planning educational materials.

Honduras

Honduras has an estimated population growth rate of 3.3 percent. Continued growth at this rate, one of the highest in Latin America, would bring a doubling of the population within 21 years.

The literacy rate of only 45 percent hampers administration of family planning. The topography of the country also is a problem; many areas are relatively isolated from health services.

Honduras does not have an official family planning policy, although the Government is considering adoption of one. But even without such a policy, a family planning program is being conducted under the Ministry of Health (MOH). During fiscal 1973, eight Maternal/Child Health-Family Planning Program (MCH) clinics were opened, bringing the total on June 30, 1973, to 37. These clinics were serving an estimated 100,000 family participants.

Two groups of Honduran citizens listen to health educators describe family planning methods.



AID assistance

AID has supplied and continues direct bilateral support to the country's Maternal/Child Health-Family Planning Program. AID assistance, amounting to \$984,000 in fiscal 1973, includes budget support for clinical staff, educators, social workers, administrative staff, training, and commodities. AID also provided support to the National Census Program for a population and housing census taken in March 1974.

AID's future bilateral emphasis will be on information and education. Services will be provided at the 40 clinics which will be in operation at the end of calendar year 1974. In addition, in the final quarter of 1973 AID initiated a health sector assessment in collaboration with the country's National Planning Council.

Other assistance

Indirect AID assistance is provided through World Education, Inc., which supports an adult literacy course using family planning materials; the International Planned Parenthood Federation, which provides support to the private Honduran Family Planning Association; Pathfinder Fund, which has supported seminars and training; General Electric-TEMPO, which is providing technical assistance to the National Planning Council in using a TEMPO model to show demographic effects on economic growth and planning; and Regional Technical Aids Center (RTAC/Mexico), which provides audio-visual materials.

The Latin American Demographic Center provides assistance in obtaining demographic data. The Pan American Health Organization funds scholarships for a variety of technical courses. The Population Council sponsors a patient followup system for the postpartum program. The United Nations Development Program (UNDP) lends support to the national census program.

Jamaica

Although Jamaica has a natural population increase rate of about 2.7 percent--a little above the average for all the Caribbean Islands--emigration has been on a relatively large scale. The result has been a net population growth rate of only 1.6 percent, substantially less than the average for the Caribbean area and for mainland Latin America.

Paradoxically, emigration, in large part a "brain

drain" of professional and technical people, has accentuated rather than alleviated Jamaica's economic and social problems. Health services are limited by a shortage of doctors and nurses, many of whom have left the country in search of improved opportunities. The overall educational level remains low; a shortage of teachers and facilities has prevented full application of the rule that education is compulsory for children between the ages of 6 and 15. The nation is plagued with a high rate of unemployment, estimated at 20 percent, and there is much underemployment. Slums are proliferating, and there is a sharp upward trend in crime rates.

The Government of Jamaica, convinced that fertility must be reduced, has strongly supported family planning. And the majority of church leaders favor, or at least do not oppose, the program. For example, the Roman Catholic Church has declared that it will not interfere with family planning so long as the program is free from pressures and coercion. The National Family Planning Board has set as its goal a birth rate of 25 per 1,000 population by 1977. To reach this goal, Jamaica must reduce the number of births by about 2,500 a year. Early statistics point to a slight drop in the number of births for 1973.

The National Family Planning Board renders services through 17 full-time clinics, 129 sessional clinics, and 11 satellite stations. The Board has established a full-time clinic in each major town in 12 rural parishes and five in Kingston-St. Andrew, the island's capital city.

The Jamaica Family Planning Association (JFPA), an affiliate of the International Planned Parenthood Federation, works in cooperation with the Board. JFPA's efforts are directed toward stimulating favorable attitudes and activities of religious and community leaders and groups. JFPA also operates two full-time family planning clinics.

Overall clinic statistics improved during the first 5 months of 1973 when there were 11,548 new acceptors, as compared with 9,010 in the same period of 1972. For the full calendar year 1973, the number of new acceptors is expected to exceed 25,000, as compared with 22,000 in 1972. The trend is toward younger acceptors. In the first 5 months of 1973, a total of 74 percent of all those seeking services for the first time were less than 30 years of age. Revisits to the clinics are averaging about 10,000 per month.

The choice of method in early 1973 was as follows, in terms of percent: The pill, 43; injection, 22; the condom (for clinic distribution only) 17; IUD, 8; foams and jellies, 6; and other methods, including rhythm, 4.

Condom distribution grew from 600 gross per

Right, a family planning educator conducts a question-and-answer session following a family planning lecture and film show at Jamaican manufacturing firm.



Left, a family planning education officer talks to a Jamaican mother at her bedside in the Victoria Jubilee Hospital, Kingston, as part of a national postpartum program. Below, a family planning advertisement placed by a commercial distributor of contraceptives.



month in April 1972 to 1,500 gross in June 1973, with colored condoms having a high popularity. Use of the injection method also increased rapidly.

Female sterilizations are in increasing demand, and the Board is taking steps to increase its services. About 1,100 tubal ligations were reported in a 6-month period following the adoption of a fee policy by the Board in July 1972.

Services of the National Training Laboratory (NTL) have been constructively utilized to improve organizational development and team-building for national and parish family planning personnel. NTL staff members participated in fiscal 1973 in an inter-agency workshop involving some 30 key personnel from the Ministries of Health, Education, Youth and Community Development, Agriculture, and Social Welfare. Another workshop on skill training in counselling and communications techniques for 30 education officers and nurses in the family planning program was completed in the summer of 1973.

AID assistance

AID's contribution to the Jamaica program totaled \$627,000 in fiscal 1973. Its assistance 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.

Other assistance

The United Nations Fund for Population Activities has assisted in a number of small projects in family planning and family life education.

Family planning concepts have been added to the curriculum of a new child care training center at the University of West Indies through sponsorship by the United Nations Children's Fund. This program is aimed at preparing family service workers to deal more effectively with parents.

The International Planned Parenthood Federation provides both financial and commodity assistance to the Jamaica Family Planning Association.

Outlook

Program priorities for the future include:

- Training family planning personnel to carry out more effective operations.
- Extension of education expansion to the

national program and followup services for post-partum patients, teenage mothers, and other high-risk groups, with particular attention to the problem of teenage pregnancies.

- Development of integrated services with health and social service agencies, with emphasis on client education and referral to family planning clinics.

- Special operational studies to provide better understanding of motivational factors in sexual and reproductive behavior, with stress on knowledge, attitudes, and practices of teenagers and young adults, and particularly on attitudes of males toward family planning.

- Development by the University of West Indies of a core staff of professional educators, trainers, and researchers to conduct supportive services for the national family planning program, with a capability to become a Caribbean Regional Population/Family Planning Center.

Mexico

Mexico's basic demographic problem is a very high population growth rate, estimated at 3.4 percent annually, on a base population of an estimated 55 million, almost half of whom are under 15 years of age. At the current growth rate, the population will double in 20 years.

The official program of integrated family planning began on January 1, 1973, and services have been initiated at 18 hospitals and clinics. A special training program was instituted in September 1972 and has trained over 400 participants. The Mexican Institute of Social Security (IMSS) introduced a plan to provide family planning services in January 1973 in its health facilities, beginning with eight major units.

In 1973 Mexico's President Echeverria for the first time included references to population in his annual message. He noted the seriousness of the problem and cited statistics on the nation's extremely rapid population growth. He has submitted a new draft general law on population to the Mexican Congress. The proposed legislation would assign responsibility for the direction, promotion, and coordination of national demographic policy to the Ministry of the Interior. The legislation would provide for a National Population Council, composed of representatives of relevant Government ministries (chaired by the Ministry of the Interior) to assure coordinated activities.

The Foundation for Population Studies

(FEPAC) has expanded its clinics to 91, with a total of 100 expected by the end of 1973. FEPAC has received a 4-year \$2.0 million grant from the United Nations Fund for Population Activities (UNFPA), primarily for expansion of clinical services. The grant, of which the International Planned Parenthood Federation is the executing agent, initially covers 18 months and is scheduled to be reviewed at the end of that period.

Most of FEPAC's clinics offer services at least 8 hours a day. New or less-frequented clinics are open only 4 hours daily.

The staffing and layout of the clinics is similar in most locations. A doctor, in charge of the clinic, sees each new woman visitor after she has been given a motivational talk by a social worker. The talks cover two points: what is family planning and what methods are available. Women who return to a clinic for a resupply of pills see the doctor only if there has been a problem. Otherwise, they go directly to a social worker who gives a short motivational talk, fills out the required forms, and gives them a new cycle of pills.

The clinics offer three contraceptive methods: orals, IUDs, or injections. Although there are regional variations, generally it can be said that they are used in almost equal proportions. FEPAC is now trying to emphasize IUDs, particularly in those areas of the country where women can get to a clinic only with difficulty.

FEPAC recently signed an agreement with the Vera Cruz State Government, under which personnel costs will be shared 50-50 and postpartum programs will be offered in each of the State hospitals' maternity wards. Eighteen clinics have been opened in Vera Cruz under this arrangement. Five other states have expressed interest in signing a similar accord.

With funding from the Population Council, FEPAC operates postpartum programs in three hospitals. This means, primarily, immediate insertion of IUDs. The Population Council is terminating support at the end of 1973, and FEPAC will absorb the clinics as part of its regular programs.

With funds provided by OXFAM, FEPAC is beginning use of a mobile unit in the State of Chihuahua. The unit will make a circuit of five towns on a once-weekly basis.

Three FEPAC clinics are beginning, on an experimental basis, to offer child care. The results, in terms of user acceptance, will be monitored and evaluated by FEPAC's evaluation staff. All clinics offer cancer-detection service. FEPAC has a cytology laboratory in Mexico City to analyze the result of Pap smears. Some clinics offer infertility services, prenatal

care, premarital counseling, and treatment of gynecological problems.

FEPAC gives preservice training to the doctors, social workers, and nurses who will work in its clinics. Training consists of a short orientation on family planning and the work of FEPAC, followed by on-the-job training at the clinic.

FEPAC also gives in-service training to its personnel in the form of yearly meetings of all staff doctors and social workers, and bimonthly meetings of the doctors working in Mexico City. In 1973, for the first time, FEPAC gave a short training course for nurses and receptionists.

FEPAC's information and education program focuses on a personal rather than a mass-communication approach. It is counting on the high quality of services and word-of-mouth publicity to bring women to the clinics. At the clinics social workers try to keep women motivated through talks, accompanied by motion pictures, flip charts, or slides.

But FEPAC does hold seminars for journalists, professional people, teachers, and union leaders. It also makes available movies from its extensive film library to governmental, business, and religious groups.

The National Advertising Council is considering a proposal for a nationwide mass media campaign. This would include radio, television, movies, and press and probably would be managed by a private advertising agency with the assistance of FEPAC.

Nicaragua

Nicaragua has a high birth rate of 47 per thousand and a relatively high death rate of 15 per thousand. This means an annual growth of about 3.2 percent which, if continued, will double the nation's population within 22 years.

The Government has generally adopted a positive attitude with respect to slowing its rapid population growth. Nicaragua is one of the few Latin American countries where the family planning movement was initiated by the Government. Today family planning programs are being carried on by the Ministry of Health (MOH), the Social Security Agency (INSS), the Moravian Mission Group, and, recently, the private National Demographic Association (ADN).

The Government offers family planning services in 66 clinics, of which 59 are under the MOH and seven under the INSS. In calendar year 1972 there were 13,620 acceptors (approximately the same as the previous year.) Over 10 percent of Nicaraguan

women aged 15-44 are now users of the clinics' services.

All of the approximately 300 people working in the family planning program have received special training. In addition, orientation and motivational seminars have been given to many other workers in the MOH, to teachers, and to other groups.

The ADN is carrying out a 1-year nationwide program of radio spots to acquaint women of child-bearing age with the clinical and other services available to them. The ADN, in addition, is constructing five family planning clinics and will soon construct a model clinic which will also be used for training purposes.

AID assistance

AID gives direct assistance to the Ministry of Health, the Social Security Agency, and the Moravian Mission Group. Such assistance in fiscal 1973 totaled \$400,000. Now AID is considering financial assistance to the National Demographic Association for training and investigation.

The cover of a comic-book-type pamphlet promoting family planning in Nicaragua.



Other assistance

Pathfinder Fund is financing ADN's nationwide radio spot program and the construction of five new MOH clinics. A model family planning clinic will be funded by the International Planned Parenthood Federation (IPPF). The Population Council is donating IUDs and inserters to the MOH family planning effort. Ford Foundation is funding family planning research and will assist in training administrators.

Outlook

Although the Government is supportive of family planning in Nicaragua, there have been difficulties. Some key Government officials are not concerned about population increases, arguing that the country has no problem as long as there are still large, sparsely populated areas.

The Government, following the earthquake of December 1972, has given priority to the immediate needs of reconstruction and income-producing activities, rather than family planning.

Low literacy has been a barrier in attempts to motivate large segments of the population toward family planning. This problem is only partially surmounted with the initiation of the nationwide radio network for reaching potential family planning participants.

Despite these difficulties, there is growing support for the family planning program. Favorable articles on family planning have been appearing in the press, and the proportion of women who are using the services of clinics is expected to increase.

Additional emphasis in the future will be directed toward increasing interest and participation in family planning. Expansion of the program, particularly in the rural areas, in connection with an integrated health sector approach, is now being considered by AID. Given increased promotion, including the mass communication effort of the ADN and increased work with leading national groups, the outlook is fairly good for increasing nationwide participation.

Panama

Panama's population growth rate of about 3.0 percent places great burdens on education, health, and other public services. Unemployment is high, and there is an increasing shortage of housing and food.

By the end of fiscal 1973, family planning services had been integrated into all Ministry of Health



A representative of the Panamanian Association for Family Planning tells visitors to her clinic about the available methods of contraception.

(MOH) operations and Panama's 67 MOH Health Centers were providing scheduled family planning services. Approximately 12.5 percent of the nation's fertile females were covered by the program.

The delivery of public services is a particularly troublesome problem for a few rural areas that are not accessible by road or water. Therefore, family planning is not available to approximately 2 percent of the fertile female population.

Services provided by the MOH include pills, IUDs, condoms, and tubal ligations.

Mass media promotion and an extensive continuing series of popular and professional seminars and training courses have been organized. Continued Government support for publicity has helped to establish family planning as a socially and politically acceptable program.

A National Commission for Population Studies has been created. Among its goals are the analysis of demographic and ecologic trends in Panama's development.

Following integration of the Social Security System (CSS) and MOH medical programs in the Province of Colon, a project agreement was signed

between the MOH, CSS, and AID to assist in adding family planning to the integrated health program. This assistance will permit the CSS and MOH to improve existing health facilities in the rural areas as well as to purchase needed equipment and supplies. The voluntary Panamanian Association for Family Planning (APLAFPA) and the University of Panama Medical School will assist by carrying out training courses in family planning for this integrated effort.

AID assistance

AID pays for clinical supplies and other commodities, contractual services, training, and construction cost for health facilities. AID also supports the program to send rural mobile health units into areas that would not otherwise have health services. AID's financial support for family planning in Panama amounted to \$597,000 in fiscal 1973.

Other assistance

The United Nations has started to implement projects aimed at helping the MOH improve its

statistical reporting and develop school sex education courses. The International Planned Parenthood Federation supports APLAFA through some training and provision of equipment and supplies.

A written agreement between APLAFA and the MOH is expected to lead to greater APLAFA participation in MOH programs. In essence, the voluntary agency will concentrate on information, education, and research, while actual delivery of services will remain the responsibility of MOH. This coordinated effort should lead to a more effective family planning program throughout Panama in the years ahead.

Paraguay

Paraguay's population of 2.4 million is increasing at a natural rate of 3.4 percent, which, if continued, would bring about a doubling of the nation's inhabitants within 20 years. A disproportionately large number of children in the population--about 46 percent of Paraguayans are under 15 years of age--is putting a heavy burden on the work force and creating demands for food, shelter, clothing, schools, medical services, and other basic needs that are difficult to meet.

Paraguay has a family planning program that is functioning under both public and private auspices. Basically, family planning is carried on by four organizations: The Department of Family Protection (DEPROFA), within the Ministry of Public Health and Social Welfare (MCH); the Paraguayan Center for Population Studies (CEPEP), an affiliate of the International Planned Parenthood Federation (IPPF); the Friendship Mission, which is supported by both the United Christian Mission Society of the Disciples of Christ, and World Neighbors; and the Institute for the Study of Human Reproduction, a dependency of the Faculty of Medical Sciences of the National University. The Institute, up to June 1973, had concentrated on the research rather than the action side of family planning, but is now pursuing a policy that coordinates its activities more closely to the programs of the action agencies. For example, the Institute now offers the action agencies its services in organizing in-service training and in preparing sex education materials.

Forty family planning clinics are functioning in Paraguay and the number of acceptors continues to increase. By the end of June 1973 continued acceptors numbered 23,691, a gain of 52 percent from the 15,560 acceptors on the same date in 1972. Of the total, DEPROFA had 7,365 acceptors, CEPEP had 14,103; and the Friendship Mission had 2,223.

Of contraceptive methods used, orals accounted for 49 percent, IUDs for 47 percent, and others for 4 percent.

Early in calendar 1974 a program will be started to provide low-cost, wide-coverage family planning services in rural areas. Within one of Paraguay's six health regions, services will be provided to four service areas. A family planning clinic will be established to offer services to rural women who regularly visit the market city to shop and sell agricultural products. There will also be regular visits to two or three selected rural clinics by a doctor who will provide family planning advice and services. If this approach proves successful in reaching rural women, similar activities will be started in other agencies.

The Institute for the Study of Human Reproduction completed two research projects. One, a study on abortion and the use of contraceptives, was conducted with the assistance of the Latin American Demographic Center. The second study, having to do with commercial sales of contraceptives, threw additional light on the country's overall family planning picture, and a followup survey is now being undertaken.

The census and household surveys are being assisted by a technician from the U.S. Bureau of the Census. Publication of the complete results of the 1972 census is scheduled for early in calendar 1974. The Government's census office is creating a special unit scheduled to be operational by March 1979, which will have an ongoing program of household surveys to collect additional demographic and related information.

In 1973 CEPEP operated 23 family planning clinics and in addition provided pediatric care. CEPEP also cooperates with the food and milk distribution program of several church-related voluntary organizations.

In 1973 CEPEP established a new model clinic in Asuncion and organized a pilot rural project in San Estanislao, a county having 60,000 inhabitants. The rural project was coordinated with the Government's program of establishing agricultural colonies in underdeveloped regions of the country. CEPEP plans to expand to another colonization area in 1974, setting up a central clinic and four or five satellite posts. CEPEP also plans to increase to eight the number of clinics operated for military personnel and their families in collaboration with the various branches of the Armed Forces.

CEPEP in 1973 organized an international seminar for Armed Forces medical directors of South America, a conference for 27 directors of secondary

schools, a seminar of gynecology and obstetrics doctors working in CEPEP clinics, and community meetings in collaboration with local Lions Clubs.

In 1974, CEPEP plans to hold an in-service training course in family planning for doctors. There are plans to publish a scientific medical journal on advances in physiology of reproduction and the latest advances in contraception, modern methods of abortion, and sterilization. The course and the scientific medical journal will be developed in collaboration with the Institute of Human Reproduction.

In 1974 CEPEP will organize, as it has in the past, a seminar for trade union leaders and will develop seminars and information programs for university students, business and professional persons, and community and political leaders. Of special significance is the plan to organize seminars for political leaders, including legislators and youth. CEPEP also will organize a seminar, in collaboration with the Social Security Institute, to discuss "Social Security and Population" with administrators and directors of the social security system.

AID assistance

AID has actively supported family planning work in Paraguay. Such assistance in fiscal 1973 totaled \$544,000.

Other assistance

The Pan American Health Organization (PAHO) has a 3-year project agreement with the Ministry of Health and the National University. Over the 3 years, \$135,000 is available for advisors, supplemental salaries, training, and commodities. In July 1973 a full-time population/maternal and child health advisor began development of this program using approaches which would coordinate best with activities of DEPROFA.

IPPF contributed \$197,000 in calendar 1972 to its Paraguayan affiliate CEPEP.

The Pathfinder Fund provided \$35,000 for the use of CEPEP for 1 year to carry out a new-type program involving a central clinic and a mobile team to provide services to four surrounding communities—a system being seriously considered by DEPROFA for replication in other Paraguayan rural communities.

The Mennonites quite successfully provide family planning services at their well-run general clinic 81 kilometers east of Asuncion. They receive commodities and a small budget from CEPEP.

World Neighbors contributes to the budgets of

clinics in Coronel Oviedo and Encarnacion, which are jointly run with CEPEP. They also assist the Mision de Amistad (United Christian Missionary Society) which has one of the larger, well-run family planning clinics in Asuncion. This clinic is also assisted by Family Planning International Assistance, which has been cooperating with church-related programs.

Peru

Peru has most of the "high" and "low" problems common to developing countries. For example, Peru has a high population growth rate, a high infant mortality rate, high unemployment (and underemployment), and a high rate of migration from rural to urban areas. At the same time it has a low income per capita, a low literacy rate, and inadequacies with respect to schools, medical services, housing, and other basic needs of the people.

Although Peru has not enunciated an official policy on population, there is growing Government awareness of problems that are accentuated by a population growth rate of 3.0 percent annually. In 1972 the Institute of Neonatology and Maternal-Child Care (INPROMI) was created to help solve population problems, with particular emphasis on the problem of high infant mortality. Furthermore, private groups, such as the Peruvian Family Protection Association (APPF), which is affiliated with the International Planned Parenthood Federation (IPPF), are free to work in the areas of family planning and sex education.

When a national policy on population will be adopted is uncertain. There is, however, an important study underway which should help to clarify the relationship between demographic growth and the socio-economic aspects of development. This demographic-economic model, based on methodology established by General Electric-TEMPO, is being developed by the National Planning Institute (INP). The first phase of the work has been completed and is being prepared for publication and distribution to ministries, university faculties, and other decision-makers and opinion shapers. A second project is expected to lead to more accurate statistics in the demographic area.

The Government is also involved in the preparation of a national maternal-child health program through INPROMI, which is being assisted by Pan American Health Organization (PAHO) advisors. When the project proposal is complete, it must be approved or cleared by the Ministry of Health, INP, and the Ministry of Foreign Relations and will be

presented to the United Nations Fund for Population Activities (UNFPA) for financing. Target date for initiation of services in the north of Peru is January 1974.

During 1972 APPF opened new clinics in the San Miguel municipal clinic and in La Victoria, Lima, and closed an unproductive center in Piura. The APPF's 12 clinics registered 3,100 new acceptors and 18,141 followup visits. APPF also provided infertility services to 206 people, 5,268 Pap smears, and 4,011 gynecological treatment consultations.

APPF has begun a followup program utilizing satisfied users of family planning services to make home visits to re-recruit dropouts and ensure that women with positive Pap smears receive treatment.

Early in 1973 the APPF sponsored two special events. The first, in March, was a post-graduate course in recent advances in human reproduction, obstetrics and gynecology held for about 60 physicians and a number of Peruvian leaders from other fields. The second was a 3-day roundtable held in April for two teachers from each of Peru's 12 universities offering social work degrees. The meeting provided the teachers with basic knowledge on family planning, responsible parenthood, and sex education as they relate to social work.

Information and education events sponsored during 1972 included 69 meetings for 5,514 participants from such groups as parents enrolled in Ministry of Education courses, students, hospital patients, cooperative members, workers and leaders; followup meetings for family planning volunteers in Huancayo and Ica, and a 5-day seminar on family and development for 255 specially invited leaders and professionals; publication of a quarterly bulletin, a new pamphlet on sex education for adolescent boys, and six slide series.

In 1972 APPF sponsored eight regular training courses for medical and paramedical personnel as well as teachers, reaching more than 300 people in this manner. APPF projects expanded training activities in 1973, including courses for physicians, pharmacists, educators, social workers, and in-service training for the APPF staff and conferences for teachers in nursing schools.

Other population work is going on in Peru.

The Peruvian Association of Faculties of Medicine (ASPEFAM) is quite active in working with medical school faculties to introduce demography into the schools' curriculums. Additionally, ASPEFAM is participating in the INPROMI program development and will be in charge of training personnel who will handle program operations. Also, ASPEFAM personnel are serving as consultants to

medical schools interested in developing family planning services.

Two projects are being conducted at Cayetano Heredia Medical School. One, in community health, is continuing. The other, a two-part program for the training of fellows in research in reproductive physiology and the offering of postgraduate seminars on reproductive physiology including contraceptive methods, will be extended for another year.

Catholic University conducts a Masters Degree in Sociology Program.

The Center for the Study of Population and Development (CEPD) has served as a coordinator for studies of the Peruvian population, offers scholarships for training in demography, disseminates information, and promotes demographic research. Its activities, however, have diminished somewhat in recent years.

Two Catholic Church affiliated programs—Christian Family Movement (CFM) and Lay Apostle Responsible Parenthood Program (PALF)—offer an extensive educational program on marriage and responsible parenthood and provide child spacing services through use of orals for 2 years postpartum and through the rhythm method. CFM operates in the "pueblos jovenes" in and around Lima; PALF's activities are carried out in the provinces.

AID assistance

AID supports family planning operations in Peru, such assistance in fiscal 1973 totaling \$149,000.

AID is providing financial assistance to the INP to develop its demographic-economic model. And a second project agreement has been entered into between AID and INP, under which funds will be provided to permit the input of more accurate statistics, including the 1972 census data. The last stage of the model is scheduled for completion by December 1974.

Complementing the project agreements signed locally is a regional contract signed between General Electric-TEMPO and third country consultants to assist with the work being done in Peru.

After 6 years of providing assistance to CEPD, AID financing is being discontinued. A number of factors led to the decision to withdraw AID support, including the lack of official priority and status accorded the Center, and a policy preference for multinational rather than bilateral funding in this field. Remaining AID assistance was to have terminated in December 1973, but AID proposes to contract with CEPD for special studies, if appropriate. A possibility in this direction is implementation of an

opinion leaders' poll which has been delayed for strategic reasons.

Other assistance

APPF is in its fifth year of operation with substantial financial support from IPPF.

The Population Council is quite active. It cosponsors, with the Ford Foundation, the Masters Degree in Sociology Program of Catholic University. The Council also finances the community health and training programs being carried on at Cayetano Heredia Medical School. And the Council is supporting ASPEFAM's work.

Family Planning International Assistance (FPIA) supports the two church-sponsored responsible parenthood and child-spacing programs of the CFM and PALF.

Surinam

Surinam has a population of about 424,000 and a rate of natural increase of 3.4 percent per year. (Emmigration has resulted in a net population growth rate of 3.1 percent.) A substantial proportion of the country's population—46 percent—is under the age of 15, which puts a heavy burden on the adult working force.

The Surinamese Government is permissive but has not taken a stand on family planning. The Dutch Government has expressed a desire to provide family planning assistance, but cannot do so until the Surinamese Government approves.

The family planning association, Stichting Lobi, is an affiliate of the International Planned Parenthood Federation. The Association in 1973 will continue to operate a clinic in Paramaribo which in 1972 handled 1,428 new acceptors and 8,452 followup visits. It is staffed by two nurses and four doctors working on a part-time basis. It is expected that in 1974 it will hire one more nurse and open two once-a-week clinics, each in health centers on the outskirts of Paramaribo. The three clinics will serve an estimated 8,000 acceptors. If funds can be obtained locally, the Association plans to begin a Pap smear campaign, the first of its kind in Surinam.

The Association plans to hire an information officer to oversee an expanded publicity program, including increased advertising on radio and television and the production of more literature for young people and acceptors.

In 1974, the Association will train about 30 people, including its own fieldworkers and interested

volunteers, group, and youth leaders. Two 2-week courses are planned on human reproduction and the sociological aspects of family planning.

Trinidad and Tobago

Trinidad and Tobago, with a population estimated at 953,000, has a population growth rate of 0.3 percent annually—one of the lowest in Latin America. The low rate is explained by a below-average rate of fertility (births per 1,000 population) and considerable emigration. Yet population density remains high, and unemployment and underemployment are serious problems in Trinidad and Tobago, particularly among young people in the urban areas.

The Government is an active supporter of family planning. Its Trinidad and Tobago National Family Planning Program, established in 1967, consists of three agencies—the Ministry of Health, the private Family Planning Association, and the Catholic Marriage Advisory Council. The three agencies are represented on the Government's Population Council, which advises the Ministry of Health on all matters relating to the family planning program and coordinates activities of all agencies in the country that are concerned with family planning.

The Government is responsible for the bulk of health services, which are provided free at about 100 health centers. The centers are situated throughout the country but tend to be concentrated in the urban areas of Port of Spain and San Fernando and in the oil- and sugar-producing areas.

The majority of doctors work in government service. There is a shortage of trained personnel within the Health Service as a result of emigration to the United States, Canada, and the United Kingdom. However, the number of nurses is being increased by a training program assisted by the United Nations Children's Fund.

The private Family Planning Association's clinical program complements the services provided by the Government. Jointly, they cover 44 clinic areas, of which eight are operated by the Association. The overall family planning program in Trinidad and Tobago includes free distribution of contraceptives, training of personnel, use of mass media to educate and motivate, preparation of publications, and evaluation of the program. In 1972 a total of 102,910 acceptors were seen, including 4,674 new clients.

The demand for condoms increased substantially between 1972 and 1973, whereas use of orals declined somewhat. Also available are IUDs,

diaphragms, foams and jellies, and traditional methods. Pregnancy testing and cancer detection services are available in the clinics for acceptors and for women referred from other sources.

Looking ahead, the Association proposed to institute in 1973 and expand in 1974 a new initiative in voluntary sterilization for both men and women. The program would be in collaboration with the University of the West Indies medical teaching unit and the obstetrics unit of the General Hospital in Port of Spain and in San Fernando.

The Association's information and education goals in 1973 included reaching young adults and parents, expanding its education program in the industrial sector, and pursuing its mass media program.

The Catholic Marriage Advisory Council receives Government financial support for its contribution to the family planning program. The Council's mainly volunteer staff provides general advisory services on marriage and the family, as well as advice on the rhythm method.

Outside assistance

The International Planned Parenthood Federation gives substantial financial and commodity grants to the Family Planning Association, with which it is affiliated. Expenditures in calendar 1973 were \$213,700, and \$288,999 has been projected for calendar 1974.

Uruguay

Uruguay has a population of 3.0 million, which is increasing at a rate of 1.2 percent. Although this population picture is considerably better than the average for Latin America, it still contributes to Uruguay's economic and social problems, many of which—including a high rate of inflation and budgetary deficits—are quite serious.

Although the Government has no official policy on family planning, the Ministry of Health permits family planning services to be furnished in its hospitals and health centers and provides some support in the way of supplies and equipment. In charge of Uruguay's family planning work is the private Association for Family Planning and Research on Reproduction (AUPFIRH). The Association has had a limited program of servicing 1,685 new acceptors in 1972, more than half of them treated in the new clinic in the Pereira Rossel State Hospital in Monte-

video. The AUPFIRH also furnishes services in 21 Government health centers. Services of physicians and nurses are voluntary.

The Association has held a number of meetings, conferences, and seminars to promote information, education, and training. These have included short courses for physicians and nurses on subjects ranging from induced abortion to contraceptive methods; sexual education meetings for community and public opinion leaders; and a 25-hour course for 72 midwives on family planning. A small mass media effort begun in 1972 was continued in 1973.

In 1972 short courses covering family planning topics were given for four doctors, 72 midwives, eight nurses, and 10 social workers. The Association trained approximately 180 people in 1973.

Outside assistance

The International Planned Parenthood Federation (IPPF) provides commodity and financial assistance to AUPFIRH on an annual basis.

Venezuela

Venezuela's population has more than doubled since 1950. The rate of natural increase was as high as 4.0 percent between 1950 and 1961. The present rate of growth, estimated to be about 3.3 percent per year, is attributed to three major factors: High fertility, declining mortality, and immigration.

Some of the problems engendered by rapid population growth led to the first offering of family planning services by a Venezuelan public facility in July 1962. Family planning since then has continued to expand. Today family planning is a virtually nationwide program carried out largely by the Venezuelan Family Planning Association (AVPF), an affiliate of the International Planned Parenthood Federation (IPPF).

The AVPF program is carried out in accordance with guidelines set forth in the 1969 "Declaration of Caracas," the principal ones being: family planning services should be offered freely to all who wish to use them; service personnel must not let their own ideological or religious convictions interfere in the selection of the best method for each case; methods used to space child-bearing must be either permanent or periodic abstinence or contraceptives, but never abortion; permanent sterilizations are not acceptable as a family planning instrument; there should be a widespread educational effort; and, finally, since

family planning services are not instruments for population policy but rather for the promotion of personal health, they should be offered by the state as well as by private persons and institutions, the only condition being that the personnel involved be technically qualified and legally authorized for medical practice.

This Declaration is credited with allaying some of the fears, criticisms, and misunderstandings about intent, procedures, and eligibility requirements.

AVPF in 1973 had 137 family planning centers, almost all of which are located in government health facilities. There is at least one family planning center in each State and territory, with the single exception of Amazonas. In addition to the centers, free family planning services also are available from the Maternidad Concepcion Palacios Hospital (MCP), one of the world's largest maternity hospitals. The hospital also provides training for medical and paramedical personnel.

In the first 9 months of 1972, acceptors of family planning methods totaled 61,890. Of this number 47 percent used orals (pills), 48 percent IUDs, and 5 percent other methods, including dia-

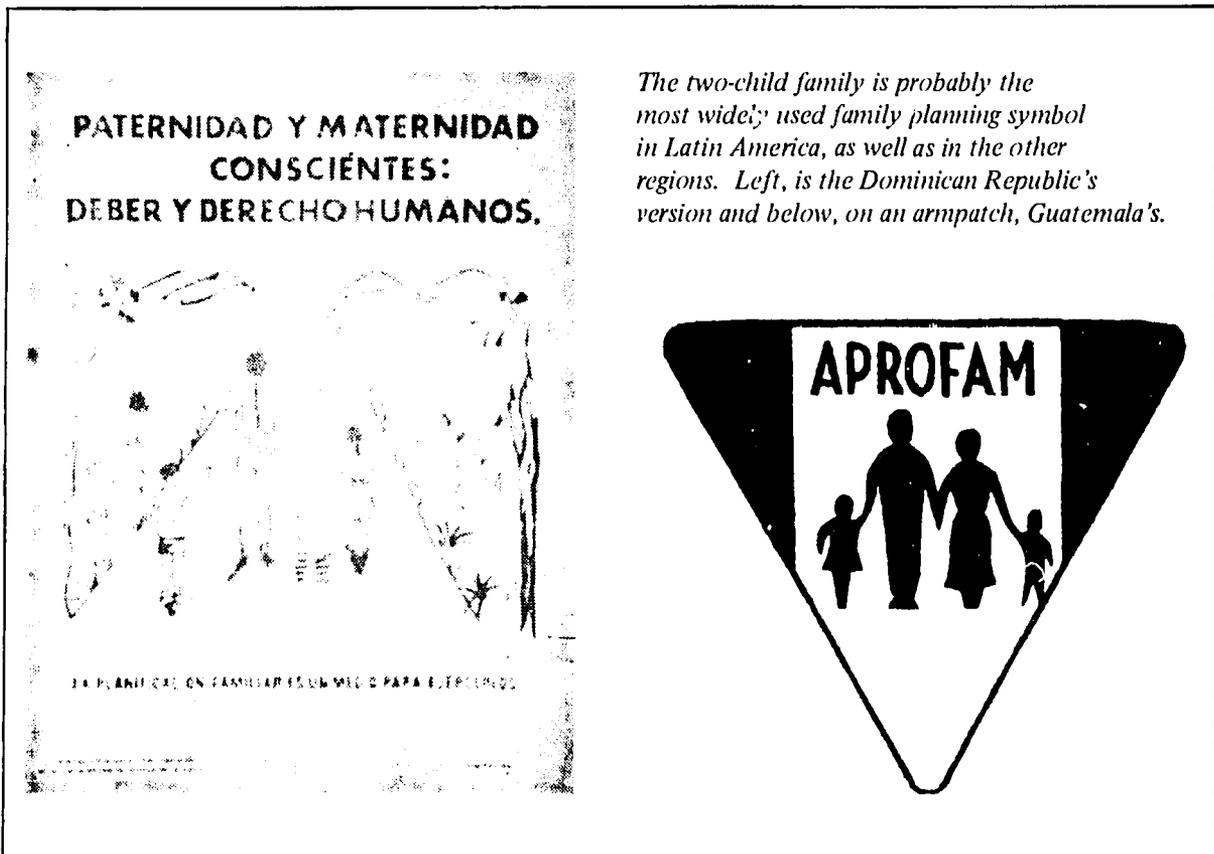
phragms, condoms, spermicidals, and rhythm method.

Several Venezuelan institutions have engaged in research related to family planning and demography. Among these are the Centro Venezolano de Poblacion y Familia (CEVEPOF) and the Instituto Estudios Superiores de Administracion (IESA).

Promotional work continues. In recent months the AVPF staff has had many conferences, seminars, and roundtable discussions with physicians, psychologists, sociologists, economists, educators, lawyers, and students. Other promotional contacts included presentations to such groups as Rotary Clubs, police departments, manufacturing firms, executives associations, and Junior Chambers of Commerce.

Funds for AVPF operations in 1973 have come from multiple sources. They include appropriations from the Venezuelan Government and contributions from the Venezuelan Foundation for Responsible Parenthood, as well as from external sources.

The AVPF plan for 1973 places emphasis on developing evaluation capabilities, increasing clinic efficiency, strengthening the promotional program, and improving administrative practices.



The two-child family is probably the most widely used family planning symbol in Latin America, as well as in the other regions. Left, is the Dominican Republic's version and below, on an armpatch, Guatemala's.



Africa

The continent of Africa has a quarter of the earth's surface and fewer than one-tenth of its people. As a result many Africans find it hard to believe that rapid population growth poses a significant problem to them. Yet population without commensurate economic development and expansion of social services has created severe problems in urban areas.

Africa's birth rate of 47 per thousand per year¹ is the highest in the world. With its total population of an estimated 337 million in mid-1972 and a current growth rate of 2.6 percent, Africa's population could double in 26 years. (In the 1920's, by comparison, the rate of growth was only 1.4 percent.) The mortality rate of 21 per thousand is the highest of any region in the world, although it is declining with improvement and expansion of basic health and sanitation services. Nearly half of the population is under 15 years of age- children that need to be cared for, educated, and eventually employed.

The economic and social development needed to support a growing population is slow in coming. The average per capita income is less than \$200. The average rate of growth of gross national product in Africa in 1970 and 1971 was 5.7 percent, but population growth reduced this favorable rate to 3.1 percent per capita. Some of the least developed countries experienced negative economic growth rates.

About 75 percent of Africans are engaged in subsistence agriculture; others are 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 8 percent annually. Thus, many countries are having difficulty meeting the economic and social needs of both rural and city dwellers.

Africa's potential resources for agriculture and industry are impressively large. However, very large investments of capital will be required over long years to enable significant utilization of these potentials, and Africa's accumulation of the required capital (savings) must necessarily be a reflection of the region's balance between its present population and available productive resources.

Difficult agricultural conditions further complicate Africa's population problems—for example, the drought now being experienced in the Sahel-Sudano region. 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 in 13 of them the index of per capita farm production has actually declined since 1961-65.

Difficulties also are being encountered with regard to employment opportunities and 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 have expanded and accelerated their existing population/family planning programs. In other countries the pressure of population growth on already extensive problems of economic and social development has encouraged adoption of measures aimed at lowering fertility rates and spacing births to benefit the health of mothers and children and thus improve the quality of life for all the people. A few countries once opposed to family planning now show an interest.

AID assistance

AID assistance to population and family planning activities in Africa is geared to improving the health and quality of people's lives. AID is providing support on two fronts: (1) 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 mothers and children; and (2) 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, Population Council, Planned Parenthood Federation of America (PPFA), and the International Planned Parenthood Federation (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. assistance through bilateral aid programs to respond to requests for assistance in carrying out relatively small population/family planning activities that the host country would otherwise be unable to finance. In fiscal 1973, \$199,899 was expended under this Fund. The

¹For complete demographic information on the region and countries, see table beginning on page 162.

recipient countries were Chad, The Gambia, Lesotho, Malawi, Mauritania, Niger, Rwanda, Senegal, and Swaziland.

AID obligations for African bilateral assistance in fiscal 1973 amounted to \$7,596,000. Recipient countries included Ethiopia, Botswana, Ghana, Kenya, Liberia, Morocco, Tunisia, Nigeria, Uganda, and Zaire.

Also in fiscal 1973, AID obligations for regional projects amounted to \$3,556,000. This included support for census and demographic studies, maternal and child health extension, training and research in maternal and child health, and family planning.

AID Population Program Support, Africa

Project	Fiscal year					
	1965-68	1969	1970	1971	1972	1973
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects . .	427	983	2,484	2,084	9,008	7,596
Regional projects . .	289	457	179	5,699	2,259	3,556
Total	716	1,440	2,663	7,783	11,267	11,152

The U.S. Bureau of the Census in fiscal 1973 continued to work closely with concerned African countries, appropriate United Nations organizations, and other donors in developing new approaches to obtaining census and demographic data adapted to the limited financial, personnel, and logistic capabilities of many African countries.

University of California, Santa Cruz, continued pilot activities designed to test new ways of providing integrated maternal and child health/family planning services in rural areas in The Gambia, Dahomey, and Lesotho. The Organization for Rehabilitation through Training (ORT) is conducting a similar maternal and child health extension program in Niger using existing minimal health facilities. Training of paramedical staff in delivering integrated maternal and child health/family planning is an important component of this program. The projects are progressing satisfactorily during these demonstration phases.

The Meharry Medical College's Maternal and Child Health Training and Research Center in Nashville, Tenn., during this reporting period trained 17 participants in the delivery of maternal and child health/family planning services. Seven students were from Kenya, one from Zaire, five from Liberia, two from Sierra Leone, and two from Nigeria. Clinical

clerkship experience for these participants was provided at various institutions in Georgia, Alabama, Mississippi, and Arkansas.

During October 16-27, 1972, the Center conducted a seminar for 43 nurse-midwives from both Anglophone and Francophone African countries. This preceded the 16th annual conference of the International Confederation of Midwives in Washington, D.C., October 28 through November 3, 1972.

From July 1972 through June 1973, approximately 21 students, who were in the United States under the sponsorship of AID and other organizations and agencies, spent from one day to a week at the Center as a part of their training experience. Among the countries represented were Ethiopia, Ghana, Sierra Leone, Nigeria, Botswana, Kenya, Swaziland, and Morocco.

The University of North Carolina has been assisting the University of Ghana in introducing interdisciplinary instructions and research on population dynamics into the regular curricula and research programs. The project has provided training for participants from adjacent Anglophone countries, and also a seminar sponsored by the University of Ghana on the approach to introducing population dynamics into curricula of the universities in West Africa. This will meet the broad interdisciplinary interests of African students and leaders who are becoming con-



Above, African family planning officers receive training, under an AID project, at the Meharry Medical College, Nashville, Tenn.

Right, participants in a meeting of African midwives and obstetricians in Yaounde; agenda included maternal and child health/family planning.

cerned with development problems—among them economists, sociologists, political scientists, statisticians, and public health experts.

The University of North Carolina also is assisting African health training institutions to develop the capability of teaching family planning and related subjects and to include them in their curricula. Some of these institutions have begun to teach these subjects as part of the regular maternal and child health curricula.

Other assistance

Indirect AID assistance in the form of grants is made available to such organizations as The Pathfinder Fund, PPFA, IPPF, and Population Council, allowing for greater flexibility in assisting population and family planning activities in Africa.

The United Nations Fund for Population Activities (UNFPA) assists population/family planning projects in individual African countries. The fund also supports in a significant way population activities carried out by the United Nations Regional Economic Commission for Africa (ECA) and other U.N. specialized agencies.

The emergence of the ECA is a significant development in African population programs and a force in Africa's population awareness and action.

Membership in ECA comprises virtually all independent African countries.

The major development last year was establishment of two fully operational regional institutes for population studies in Accra, Ghana, and Yaounde, Cameroon. Studies were completed on the volume and implications of migration in selected African countries. Information services produced eight issues of African population newsletters. The ECA secretariat convened several meetings on population, held seminars on statistics and studies on migration and urbanization, and convened working groups on fertility levels and differentials and prospects for the future. The third annual meeting of the Regional Inter-Agency Coordination Committee on Population Programs was held in Addis Ababa in May 1973.

Family Planning International Assistance, the international division of PPFA, has provided funds for church-related programs in African countries.

World Assembly of Youth sponsored African Regional Seminars on "Youth and Family Planning," in several African countries including Nigeria, Kenya, and Mauritius.

World Education provides assistance to incorporate family planning concepts into the functional literacy programs and nonformal adult education programs in African countries.



The International Confederation of Midwives (ICM) sponsored a Working Party in Accra for Anglophone West African countries December 6 and 7, 1972. The ICM also sponsored the 16th International Congress of Midwives, October 28-November 3, 1972, in Washington, D.C. The theme included family planning, and 41 nurse-midwives from several African countries attended the conference. The conference contributed to acceptance of family planning as an integral part of maternal and child health programs.

The African-American Labor Center under AID grant has sponsored regional medical seminars. One in Bathurst, The Gambia, September 10 through 16, 1972, involved representatives from trade unions, employers, local family planning associations, various health ministries, and several international organizations. Countries represented were Nigeria, Ghana, Sierra Leone, Liberia, and The Gambia.

The other seminar was held in Paris, January 9 through 12, 1973. Health projects in various Francophone countries in West Africa were discussed with a significant portion of the agenda devoted to maternal and child health activities including family planning. The West African representative of IPPF spoke on the integrated approach to maternal and child health/family planning in Africa. The conference established the fact that family planning is an integral component of maternal/child health services.

The following foundations, countries, and organizations also have been providing support for the African population and family planning programs: Ford Foundation, Rockefeller Foundation, OXFAM, OXFAM-Canada, World Neighbors, and the Governments of Canada, Denmark, Netherlands, Norway, Sweden, and United Kingdom.

Outlook

Population and family planning is still a sensitive subject in the African Region for political, religious, and cultural reasons. However, a number of African countries have requested and received direct AID assistance to improve and expand their maternal and child health programs to include family planning or child spacing. There have been some open endorsements of the maternal and child health/family planning approach that emphasizes improvement of health and well-being of mothers and children.

Religious and cultural barriers to family planning include resistance by Catholic, Muslim, and Orthodox Christian groups and the characteristic desire for a large family which is very much ingrained into the African culture. Change in family planning attitudes will be gradual because of limited

educational facilities and the high illiteracy rate. Also, financial resources are limited and are not keeping pace with rapid population growth; therefore, social services are at a minimum. However, most of the African countries are striving to improve their development programs.

One of the most formidable problems in the African region is lack of a sound health infrastructure to support maternal and child health/family planning activities. The ongoing programs are hampered by lack of trained personnel, managerial inexperience, and inadequate logistical support systems. AID has provided short-term managerial consultants to assist countries in overcoming these difficulties. Several training programs in maternal and child health/family planning have provided opportunities to train African middle and high level staff in the United States. They will return to their own countries to train the medical and paramedical staff to overcome the manpower shortages.

Some significant developments in the population/family planning programs have taken place during fiscal 1973 in the African region. A few African leaders have made important statements supporting family planning or child spacing as an integral part of maternal and child health and of rural development. There is increasing awareness that rapid population growth adversely affects social progress in crowded cities, contributing to high unemployment rates, limiting social services (e.g., education, health, housing, and food), and straining limited government resources.

There were more requests for assistance in maternal and child health/family planning from African countries in this reporting period than for any other aspect of population program assistance. The desire of African governments for participant training in maternal and child health/family planning, demography, and management of family planning programs is increasing. The increased multidonor approach to assist African countries to improve and expand their maternal and child health programs to include family planning is significant.

The assistance provided African countries by ECA, U.S. Bureau of the Census, and other AID grantees in conducting censuses and in collecting and analyzing demographic data is an important contribution to development planning.

While some years will be required before significant progress in population and family planning programs can be expected to emerge on a broad scale in Africa, it is encouraging that serious efforts to assist are being made, internal awareness of population problems is increasing, and a number of countries are beginning to take action.

Algeria

The estimated population of Algeria as of January 1, 1973, was 15 million; the birth rate, 50 per thousand; the death rate, 16 per thousand; and the growth rate, 3.4 percent. Therefore, the population would double in 20 years. This rapid population growth would put enormous pressure on existing social services and create an undesirable unemployment situation. Since the dependence rate at present is 47 percent, in 20 years the situation would be even worse.

Family planning is a sensitive subject in Algeria, and the Government has no official policy on it. However, the Ministry of Health does carry on a program to encourage spacing of 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 clinics provide contraceptive services (the main methods being oral contraceptives and IUDs) and 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 Algerian 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 in various studies. These include studies of the relationship between population growth and economic planning and population growth and vital rates.

The Council also has provided demographic consultants on various Algerian Government projects and continues to provide fellowships with Ford Foundation funding to qualified Algerians.

The Swedish International Development Authority has supplied contraceptives and clinical equipment for the three family planning pilot clinics at university hospitals.

Botswana

Although Botswana's land area totals some 232,000 square miles, most of the land is arid and nonproductive. Population is less than one million with 43 percent under the age of 15; birth rate is 45 per thousand; death rate, 14 per thousand. At the current growth rate of 3.1 percent, the population will double in 23 years.

The population is concentrated in a north-south belt on the eastern part of the country. While over 90 percent of the people depend on agriculture, the country is now experiencing a great increase in urban population. The Government of Botswana, recognizing the implications of high population growth rate and its present inadequacy in providing appropriate services, has included family planning in the National Development Plan for 1970-75.

AID assistance

The Government of Botswana initiated its family planning program in 1971 and soon after began negotiations with AID for assistance.

The maternal and child health/family planning training project for Botswana was agreed upon in fiscal 1972 and Meharry Medical College (Nashville) was designated as the contractor to implement the project. The first contract technician (administrative assistant) arrived in Botswana in March 1973; three nurses and one health educator arrived early in fiscal 1974. Commodities and participant training are other components of the project. The major area of assistance is concerned with manpower and institutional development, including training in maternal and child health/family planning for medical and paramedical personnel, as well as the establishment of a health education unit.

Other assistance

International Planned Parenthood Federation (IPPF) assistance to Botswana family planning consists of technical services, training, information and education, and contraceptives.

United Nations Fund for Population Activities is assisting with technical personnel.

Norway provides assistance for construction and operating costs for 40 health clinics and 120 health posts.

Burundi

Burundi is one of the most densely populated countries in Africa. The estimated population on January 1, 1973, was 3.8 million; the birth rate, 48 per thousand; the death rate, 24 per thousand; and the growth rate, 2.4 percent. At this rate it would take 29 years to double the population. The population under 15 years is 43 percent, and per capita income is \$60. As these young people become adults, the problems of finding jobs and earning a living will become increasingly great.

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

As the result of the civil strife in Burundi early in 1972, diplomatic relations have been minimized, permitting only humanitarian assistance. No direct AID assistance has been provided. A \$62,500 Special Population Activities project and a \$264,000 bilateral population project have been proposed but not implemented.

Other assistance

The United Nations Fund for Population Activities 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 has supported the family planning work of a social-worker/midwife who assisted in establishing a number of rural maternal/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

The estimated population of Cameroon as of January 1973 was 6.1 million; birth rate, 39 per thousand; death rate, 18 per thousand; and the rate, 2.1 percent. At this rate, it would take 33 years for the Cameroon to double its population. The dependency ratio of 41 percent adds problems to the already overloaded social services, as well as difficulties in providing shelter, food, and other basic necessities for the children.

The Cameroonian Government has no population/family planning policy. The Government considers the country underpopulated and stated in 1970 that it "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 Development 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 has 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 development of a regional institution for training physicians and other health workers (University Center for Health Sciences) in a manner relevant to the African setting, with emphasis on integration of public health, preventive medicine, nutrition, maternal and child health (including child spacing), and clinical medicine and 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.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

Church World Service has a limited family planning program.

The Pathfinder Fund has sent contraceptives to Cameroon and provided travel grants for health officials.

The Population Council has provided fellowship support.

The Canadian and the French Governments also are assisting the Cameroonian Government in the multidonor project for the regional training institution at the University Center for Health Sciences.

Dahomey

Dahomey's estimated population as of January 1, 1973, was 2.9 million; the birth rate, 50 per thousand; the death rate, 26 per thousand; and the growth rate, 2.4 percent. At this rate, the population will double in 29 years. The dependency ratio is 43 percent and its continuance will create an enormous burden on the social and economic resources of the country in the years ahead.

The Government of Dahomey has no official population policy. However, it 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 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.

Family planning programs, primarily in urban areas, are carried out by small groups of practitioners (midwives and doctors) who give information on an individual basis 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/child health and child spacing services.

The concepts of child spacing are introduced as part of the maternal/child health service. It is planned also to develop means to extend the local maternal/child health services, including training of personnel.

AID input to the contract is in the form of personnel, commodities, sponsoring of participant training, and other related costs.

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. It has provided funds to expand facilities at the Government hospital at Cotonou to incorporate family planning into the existing maternal and child health services.

Pathfinder supports the operation of a small family planning clinic with funds, medical equipment, and contraceptive supplies. During fiscal 1972 Pathfinder also assisted with the startup of the Dahomey Family Planning Association 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.

Lack of an adequate maternal/child health infrastructure to support an expanded child spacing program throughout the country is a problem that is compounded by lack of trained manpower. The assistance being provided by University of California, Santa Cruz, should help develop a trained staff for the program, and help demonstrate a simple but economical way of delivering maternal and child health/child spacing services.

Ethiopia

Ethiopia is one of the many African countries in which a general census in the modern sense has never been taken. The Central Statistics Office (CSO) of the Planning Commission has made considerable progress in collecting and analyzing population data obtained from sample surveys. A national sample survey, started in 1963, is now near second-round completion.

The estimated population of Ethiopia as of January 1973 was 26.9 million. The crude birth rate is 52 per thousand in the rural areas and 42 per thousand in urban areas. The crude death rate is 25 per thousand; infant mortality rate in rural areas, 200 per thousand, and in urban areas, 170 per thousand. Life expectancy is 40 years, and children under 15 years account for 45 percent of the population. Urban growth per year is about 6.5 percent with about 4 percent from rural to urban.

The population is growing at the rate of 2.6 percent per year and therefore will double in about 27 years. The literacy rate is 5 percent. Only 10 percent of the children of school age are in school, and health services are reaching only about 15 percent of the total population. Unemployment and under-employment are high. Population pressures are being felt now in urban areas, and the situation will worsen as the population continues to expand, creating severe socio-economic development problems.

The Imperial Ethiopian Government has no official population or family planning policy, but family guidance and child spacing are integral parts of the maternal and child health services provided in Addis Ababa and Asmara.

The Family Guidance Association of Ethiopia (FGA) provides family planning services in all municipal clinics in Addis Ababa and Asmara. A new medical director was appointed in September 1972 to direct the FGA.

The Government has passed legislation to strengthen the central statistics office. The Economic Commission for Africa (ECA) and the United Nations

Fund for Population Activities (UNFPA) have approved funding for the 1974 census program.

AID assistance

AID provided a statistical and demographic advisor in fiscal 1972 and the position was phased out by the Mission in September 1972. The Population Officer worked cooperatively with the CSO and the U.N. Economic Commission for Africa on the African Census Program and developed proposals for Asmara, Addis Ababa, and the Ministry of Health on integrated maternal child health/family planning projects. However, none has yet been implemented.

Other assistance

International Planned Parenthood Federation (IPPF) is supporting the efforts of the Family Guidance Association. Johns Hopkins University and Haile Selassie I University are conducting pilot studies on population dynamics and maternal and child health in rural Ethiopia.

The Swedish International Development Authority is supporting maternal and child health/family planning clinics in Addis Ababa. The UNFPA is supporting the Haile Selassie I University in a law and population project at the School of Law.

World Education, Inc., is helping the Ethiopian Women's Association to integrate family planning education into its literacy campaign.

The U.S. Bureau of the Census has provided two short-term consultants (a cartographer and data processing expert) to assist in preparing for the census program in 1974.

Outlook

There have been no open endorsements by the Government and the church on population/family planning; they do allow family planning to operate as an integral part of maternal and child health programs. CSO has made significant progress in collecting and analyzing demographic data that have been useful in socio-economic planning. The Family Guidance Association has been expanding its program. The census program scheduled by ECA for 1974 is a significant step.

Gambia, The

The estimated population of The Gambia as of January 1973 was 381,000; the birth rate, 42 per

thousand; the death rate, 22 per thousand; and the growth rate, 2 percent. At this rate it would take 35 years for the population to double. The per capita gross national product is \$135. Children under 15 years make up 40 percent of the population. It is difficult for the country to find ways to care for them now, and the problem threatens to increase as population continues to expand.

The Government of The Gambia has no official population/family planning policy. The Government cooperates with the Gambia Family Planning Association by permitting it to use the Ministry of Health clinics, and by providing personnel, giving publicity, and allowing duty-free imports of family planning supplies. The Government does not give a direct financial grant.

The Family Planning Association, organized in 1969, is a member of the International Planned Parenthood Federation (IPPF).

The Gambia was represented at the World Assembly of Youth's African Regional Seminar on Youth and Family Planning held in Lagos, Nigeria, in March 1972.

AID assistance

In fiscal 1972, AID initiated a project in The Gambia to help expand maternal and child health/child spacing services and thus improve the health and well-being of mothers and children. The concept of child spacing is introduced as part of the health services and ways are being sought to motivate people to space their children. Plans also call for developing means to extend local health services and provide family planning assistance. The project includes training of family planning personnel.

AID provides personnel and commodities, sponsors participant training, and assists with other costs related to the project. The Special Population Activities Fund provided \$15,000 to build a house for the maternal, child health/family planning project.

Other assistance

IPPF assisted in the establishment of the Family Planning Association and provides an annual grant to it.

The Pathfinder Fund has contributed funds to help the Family Planning Association and to equip its clinic. Pathfinder also has sent some medical supplies and literature.

At the request of The Gambia Government, Population Council has studied the country's population situation and has reported to the Government on impending population problems.

Outlook

The lack of adequately trained maternal and child health/family planning personnel and managerial staff, and a weak infrastructure to deliver the services, are delaying program progress. However, the cooperative attitude of the Government and the training assistance by the University of California, Santa Cruz, indicate hope for increased progress.

Ghana

The estimated population of Ghana was 9.8 million in January 1973; the birth rate, 47 per thousand; the death rate, 18 per thousand. At the present growth rate of 2.9 percent, the population will double in 24 years. This would exert tremendous pressures on the social services and the financial resources of the country. Forty-six percent of the population is under 15 years of age. These are children to be fed, clothed, housed, and educated.

The Government of Ghana announced an official population policy in March 1969 with the principal objective of stabilizing and eventually reducing the country's high population growth rate.

The Ghana National Family Planning Program (GNFPP) drew up a Five Year Plan in 1973 which is now under review by the Government. It is expected that the plan will be implemented beginning in 1974 and will assist in overall planning, coordination, and evaluation of programs.

Contraceptives are sold over the counter at a Ghana National Trading Company store in Accra.



During fiscal 1973 the number of clinics registered with the GNFPP increased by 14 to a new total of 154. Through April 1973, 244,411 people had visited the clinics since the establishment of the GNFPP in 1970. Of that number 73,140 were new acceptors and 171,271 were returnees who visited the clinics for supplies, advice, and consultation. The three most important agencies involved in running the clinics were the Ministry of Health, the Planned Parenthood Association of Ghana (PPAG), and the Christian Council of Ghana (CCG).

The GNFPP program for the commercial distribution of contraceptives through the Ghana National Trading Corporation (GNTC) continued in fiscal 1973. Condoms and foam provided by AID are sold at subsidized prices at GNTC retail outlets throughout the country. The foam was the more popular item during fiscal 1972 and exceeded the sales target by 14 percent with 121,288 bottles being sold.

Considerable work has been done in the information, education, and communication (IEC) field. "Family Planning Week" was celebrated in May 1973 at the national, regional, and district levels. In Accra, the vice president of the PPAG opened a week-long exhibition on family planning activities. Talks and lectures were organized, and a play in a local language was presented on TV. Publicity through the mass media continued.

In March 1973 the GNFPP organized the second in a series of seminars for personnel of the mass media. The purpose of the seminars was to make available to all staffs of the media in the country first-hand information on factors affecting national development and the role a family planning program can play in assisting the development plans of the nation. Participants were heads of mass media and the Information Services Department.

In May 1973 the Government of Ghana was host to the International Labor Organization (ILO) Employers' Seminar on Population and Family Welfare Planning. The seminar, the first of its kind to be held in Africa, brought together employers' representatives from Ghana, Ethiopia, The Gambia, Liberia, Mauritania, Nigeria, Sudan, Swaziland, Tanzania, and Zambia. Though the seminar was primarily a multinational African affair, its location in Ghana attests to the interest and initiative of the Ghana Government in population/family planning activities.

AID assistance

During fiscal 1973 AID continued to provide a major portion of the external assistance to the GNFPP. A total of \$224,100 was obligated, primarily to provide contraceptives and participant training. During fiscal 1973 there were 11 AID-financed



Above, a Ghanaian student exhibits posters contrasting problems of a big family with advantages of a small one. Right, taking blood pressure at a Ghanaian family planning clinic.



participants, the majority of whom attended short-term courses—family planning records systems, family planning program administration, and the University of Connecticut's training workshop. In addition, AID granted the local currency equivalent of \$293,000 as budget support to fund operational expenses.

AID also continued to support the Danfa rural health and family planning project which began operations in fiscal 1970. Significant progress has been made on the project, and the operations and research efforts are proceeding according to plan.

In fiscal 1973, AID obligated a total of \$800,000 for this project to cover contract services from the University of California (UCLA) and participant training for 2 years. In addition, the local currency equivalent of \$99,000 was granted to cover local costs of the project.

March 21 and 22, 1973, the Ghana Medical School hosted a meeting to review the progress of the Danfa project. An average of 70 people attended each session. Participants were drawn from AID, Ghana Medical School, UCLA, University of Ghana departments, the Ministry of Health, other agencies and departments such as the GNFPP, PPAG, Catholic Relief Services, International Planned Parenthood Federation, and World Health Organization.

At present AID is aware of 13 regionally or centrally funded AID activities which fall within the population/family planning sector and have affected Ghana. One such activity is the Population Dynamics Program (PDP), a regionally-funded project designed to develop an interdisciplinary approach to population activities with funds made available for research, seminars, fellowships, curriculum development, and teaching of population in various disciplines. PDP assisted GNFPP in the preparation of its Five Year Plan. Advisory help was provided by the resident scholar and a short-term consultant.

Other assistance

International Planned Parenthood Federation has continued to provide budgetary support and contraceptives to the PPAG and CCG to assist in their operation of 23 clinics.

Family Planning International Assistance has made a grant to the Government of Ghana to expand clinical services in the Volta region. Emphasis will be on the use of mobile teams and middle-level family planning personnel. The grant provides \$23,020 for the establishment of three new clinics. These will be used as bases for mobile teams which will work in the surrounding area to motivate, inform, and educate people, and will also provide family planning services to those who desire them.

World Assembly of Youth (WAY) has organized a number of activities such as seminars and film shows directed at the youth and seeking to enlighten them on population/family planning. WAY activities cover the youth in all sections of the Ghanaian society, focusing on family planning information, education, and communication activities. WAY is planning a seminar in May 1974 to evaluate work done.

A number of other countries and international organizations are also providing assistance for population/family planning activities. During late fiscal 1973 arrangements were completed for the Population Council to provide about \$240,000 to the University of Cape Coast to set up a demographic unit for research and teaching purposes. This grant is to be implemented starting in fiscal 1974.

The Canadian Government has presented a 27-minute 16 mm. film on family planning to the Ghana Government. The film, which was produced by the Canadian National Film Board, is a record of views of a cross section of the Ghanaian society on the rationale for family planning in Ghana. The cast includes doctors, chiefs, lecturers, religious leaders, fisherfolk, and farmers.

Also, the Canadian Government, together with the British Government, has provided assistance in the mass communication-public information programs of the GNFPP. Nine mobile cinema vans came from the British Overseas Development Agency.

The United Nations Fund for Population Activities through the Food and Agriculture Organization is planning to provide funds to the home science department, University of Ghana, to develop a project called Planning for Better Family Life (PBFL). Its aim will be to integrate educational efforts of various government and nongovernment agencies toward improving all aspects of family life. Details of the proposal are currently being worked out, and, if approved, the project may start toward the end of fiscal 1974.

Outlook

The difficulties that have plagued the Ghana program are shortage of qualified personnel, inadequate managerial and administrative support, and lack of adequate coordination and logistical support. The activities and results indicate that significant progress has been made despite these problems.

As outside assistance continues to be given to Ghana's family planning program, emphasis needs to be given to training of family planning workers and administrative and managerial staff and the providing of short-term consultants where requested.

Ivory Coast

The estimated population of the Ivory Coast as of January 1973 was 4.6 million; the birth rate, 46 per thousand; the death rate, 22 per thousand; and the growth rate, 2.4 percent. At this rate the population would double in 29 years. The population under 15 years is 44 percent. As the population increases, great pressures will be placed on social services such as education, health, and housing, and economic gains will be threatened.

The Government of Ivory Coast has no official population/family planning policy.

The nation has no organized family planning activities but some medical personnel show interest in encouraging child spacing.

Contraceptives are available in limited supply from some pharmacies, hospitals, and clinics.

AID assistance

AID has provided a grant of \$33,000 effective June 27, 1973, to the Government of Ivory Coast, through its Ministry of Finance, for the National Institute of Public Health to study factors affecting the Ivoirian child, working principally from existing studies and from maternal/child health clinics' records.

Other assistance

The Pathfinder Fund in 1969 provided a travel grant for the Director of Social Medicine, Ministry of Health, to attend a health and education conference in Buenos Aires.

The Ford Foundation provided travel grants to several Ivoirians for participation in the summer family workshop that was held at the University of Chicago during 1969.

Kenya

Kenya has a high and accelerating population growth rate, with a large dependency ratio, and a high and increasing rate of rural to urban migration. The growth rate acts to slow and reduce the potential for economic and social development. It makes a more healthy and prosperous family life difficult to achieve and reduces the ability to lower infant and maternal mortality. The rapid pace of urbanization creates heavy burdens on society's capacity to provide employment, social services, housing, transportation, and security. Rapid urbanization is associated

with a number of social problems which are difficult for the community to handle.

If current fertility and mortality trends continue, the population will increase from 12.8 million in 1973 to 16 million by 1980 and to 34 million by the year 2000. The labor force will increase from 3.8 million in 1970 to 11.2 million at the end of the century. School-age children will increase from 3.3 million in 1970 to 10.3 million in the year 2000. The 4.2 acres of productive land per person available in 1965 will be reduced to 1.3 acres per person by the year 2000.

The major difficulty the Kenyan Government has faced in coping with its population problems is a scarcity of high- and middle-level manpower for organizing and delivering needed services, especially to the 90 percent of the population which is rural. Associated with this have been a multitude of small, uncoordinated efforts carried on by a number of agencies which have not resulted in any measurable program impact. Fewer than 12 clinics offer family planning on a full-time basis; most clinics offer family planning only once a month. In spite of these difficulties the number of new acceptors is increasing, rising steadily to 45,000 in 1972. Revisits to clinics increased over 20 percent each year from 1970 to 1972. The percentage of women of reproductive age accepting family planning services for the first time has gone from 1.3 percent in 1969 to 1.9 percent in 1972.

In 1972 the distribution of acceptors by method of contraception was: Orals, 79 percent; IUD, 11 percent; injectables, 6 percent; condoms, 2 percent; and other, 2 percent. This represents a gain for the pill over the IUD and other methods compared with earlier figures.

Some of Kenya's earliest work in family planning was done by private organizations. In 1955 two family planning associations were formed, one in Nairobi and one in Mombasa. In 1961 the Family Planning Association of Kenya (FPAK) was established.

As a result of the 1962 census, which showed that the population had grown from 5.5 million in 1948 to 8.5 million and would double to 17 million by 1985, the Ministry of Finance requested the Population Council to conduct a study and make recommendations. In 1965 a report entitled "Family Planning in Kenya" was produced and the Cabinet adopted its recommendations to reduce fertility by 50 percent over a 10- to 15-year period by providing free family planning services throughout the country in Government clinics.

At the end of 1967 the national family planning program was launched under the Ministry of Health, which assumed responsibility for providing clinical services in Government facilities. The role of the FPAK changed almost exclusively to information and education activities, although it continued to operate eight clinics to supplement Ministry of Health services.

The FPAK has a field staff of 60 educators who provide information about family planning to rural people. The FPAK also provides training for its own staff and for Government personnel. Radio, TV, lectures, seminars, press releases, and other information, education, and communication avenues are utilized frequently.

The city councils of Nairobi and Mombasa also provide family planning services. In Nairobi the city council operates 39 clinics and accounts for 15 to 20 percent of the total acceptors each year.

In response to the multitude of family planning activities with little impact, the Ministry of Health has issued a draft 5-year plan for expanded services which has been appraised by a World Bank team and submitted for consideration to the Ministry of

Finance and Planning. This plan is currently under study. If adopted, it would aim at providing full-time family planning services in some 400 facilities by the year 1978.

AID assistance

Following an outlay of \$500,000 in fiscal 1972, AID contributed another \$155,000 in fiscal 1973 for direct assistance to population/family planning efforts in Kenya.

Funding was provided to establish an experimental project designed to test three different delivery systems as part of the Special Rural Development Project in Vihiga.

Two advisors were supported to assist the Health Education Unit of the Ministry of Health in the planning and production of graphic art, photographs, printing, regional exhibits, and other information, education, and communication materials. These advisors also assisted the Medical Training Center, which has now incorporated family planning courses in four of the nine educational programs conducted through the Center. The instruction of health

A family planning fieldworker gives a Kenyan mother a brochure on family planning while she waits for treatment at a health clinic.



educators is a new occupational category being added to the Ministry of Health. Family planning courses have been added to the Medical School at the University of Nairobi. A U.S.-trained Kenyan has joined the medical faculty as Kenya's first professionally trained health educator.

A major accomplishment during the year was the production of a prototype family planning calendar and its evaluation for potential use on a national basis. In addition, two pamphlets were produced in Swahili: "What Family Planning Means to Me--As a Woman" and "What Family Planning Means to Me--As a Man."

A major demographic studies project was established in Kenya at the beginning of fiscal 1973 through an AID contract with the University of North Carolina. The project is in the Central Bureau of Statistics of the Ministry of Finance and Planning. Its objectives include development of new methodologies in collection of vital statistics through use of sample surveys, in absence of an effective birth and death registration system, and better utilization and analysis of existing demographic data for national development purposes. The AID contract with the University of North Carolina covers similar projects in other countries, thus providing an international link for exchange of research results under different national conditions.

The research plan for the 5-year project includes testing of two major survey techniques in terms of cost/effectiveness: The dual record system; and the multiround retrospective system. The project includes collection of migration information, as well as births and deaths data.

Progress to date has included designation of a study area containing approximately one-third of the Kenya population, selection and detailed mapping of 36 pairs of contiguous sample clusters, completion of a baseline survey or census of the selected clusters, and initiation of the first phase of the dual record system, which involves a continuous surveillance survey of the households in the sample. A computer program for tabulating the baseline data has also been completed, and tentative plans are underway for analytical studies of existing data and data generated in the present project. Before the end of the project, it is planned to expand the study area sample into a national sample for ongoing demographic surveys that can be coordinated with the proposed World Fertility Survey.

Another activity using AID funds is a regional project designed to test the potential for the commercial marketing of contraceptives. Starting in March 1972 this project has focused on the



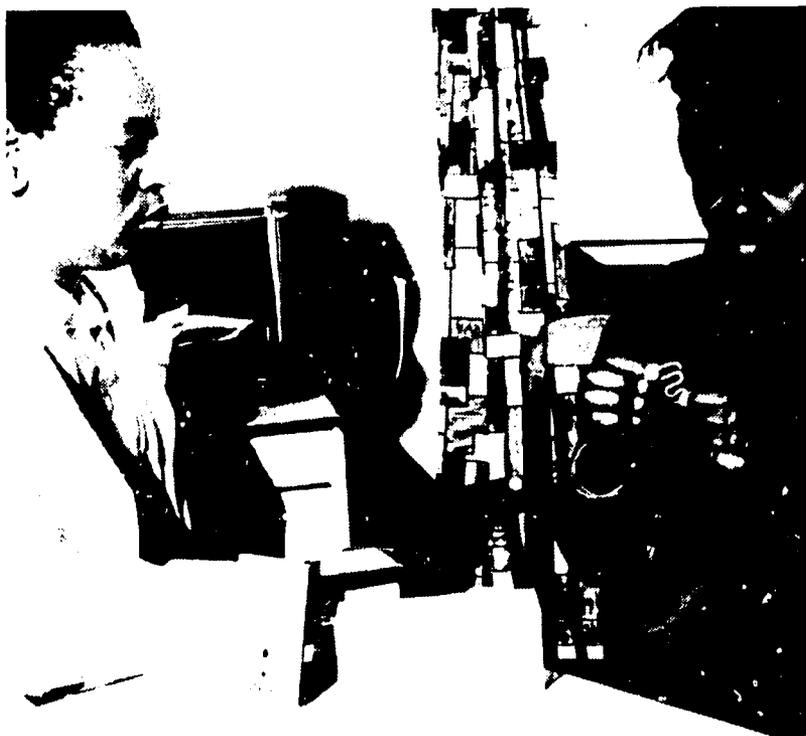
At a family planning clinic a Kenyan mother examines a monthly cycle of oral contraceptives.

distribution and sale of condoms through established market mechanisms in one rural district. The aim is to make Kinga condoms available in at least 840 of the 1,200 dukas (retail outlets) in the Meru district which has a population of some 500,000, with about 130,000 females aged 15-49. The first distribution of condoms was made in September 1972. A 6-months' survey conducted in April 1973 showed that Kinga condoms were available for purchase in 600 retail outlets and were being purchased by 10 percent of the male population aged 15-49.

Other AID assistance includes a research grant to the University of Nairobi to study the relationship between population and law in Kenya, a voluntary sterilization program at the Kenyatta and Pumwani hospitals, a pilot family planning program in a Presbyterian hospital in Wyeri, educational programs conducted by the World Assembly of Youth, and family planning activities of the National Christian Council of Kenya and the Catholic Church.

Other assistance

The Food and Agriculture Organization, through funds provided by the United Nations Fund



Above, the use of an IUD in contraception is explained to a visitor to a family planning clinic in Kenya.



Above, in the Meru District small shops called "dukas" are being tested as commercial outlets for condoms. Left, van used to deliver condoms to the shops.



for Population Activities, is conducting educational activities under the project title: Programmes for Better Family Living (PBFL). The project has included curriculum development for population education, a training film, a handbook for extension workers, cassette tapes on family welfare/planning, adult education, women's programs, seminars, and research activities related to information and training programs of other agencies.

The International Planned Parenthood Federation (IPPF) runs eight mobile units which serve some 90 clinics throughout the country. These units account for about one-third of all new acceptors. The IPPF also operates the Family Welfare Training Center in Nairobi where a good deal of the family planning is provided for operating agencies. This center has one of the most active clinics in the country accounting for about one-third of all new acceptors in the Nairobi area. The IPPF maintains a regional office in Nairobi where an AID-supported

population intern is assisting in research in Africa.

The Netherlands Government supports an obstetrician-gynecologist in the Ministry of Health to provide family planning training for the regional nurse supervisors and conduct courses at the National Medical Training Center.

The Norwegian Agency for International Development has been supplying funds for the purchase of clinical equipment for family planning clinics.

The Swedish International Development Authority has made assistance available since 1969. One administration expert is provided to the Ministry of Health's Family Planning unit. Budgetary support is given to the Government for training and information activities, and contraceptives are supplied.

Outlook

The population program outlook for Kenya is bright. If the Ministry of Health's 5-year plan now

being considered is adopted, family planning services will be available on a full-time basis in 400 clinics and part-time in 190 clinics.

The plan envisages training 400 community nurses to man the clinics and 800 fieldworkers to provide information and education services. A supervisory structure is to be provided, as is a central managerial function. A headquarters staff of some 60 personnel dealing with the clinical, training, information and education, research and evaluation, and administration aspects is projected. The total 5-year budget is \$31.2 million of which the Government of Kenya would provide \$8.4 million or 27 percent. It is planned that by the end of the 5-year program the Government would be paying all the operational costs.

The program aims at averting 150,000 births and reducing the population growth rate from 3.3 percent to 3.05 percent by 1979.

Lesotho

The estimated population of Lesotho as of January 1973 was 975,000; the birth rate, 39 per thousand; the death rate, 19 per thousand; and the growth rate, 2 percent. If this growth rate continues, the population will double in 35 years. The population under 15 years is 39 percent—a high dependency ratio which threatens to create tremendous pressures on the limited financial and social resources of the country. The per capita income is about \$90 and unemployment is frequent.

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 Government of Lesotho has no official population policy but is aware of the problems of overpopulation.

The Lesotho Family Planning Association (LFPA) was organized in 1966-67. It operates a clinic in Maseru which provides family planning services.

Some private physicians provide contraceptives, and 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 that include family planning.

AID is providing United States personnel, participant training, and commodities and also assists with other costs. It is anticipated this activity will continue for approximately 4 years. Five nurse-midwives from Lesotho have received training at Meharry Medical College in the United States.

Special Population Activities funds have been 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 Association.

The Pathfinder Fund supplied office equipment for LFPA.

World Neighbors also supports the Family Planning Association.

Liberia

The estimated population of Liberia in January 1973 was 1,654,000; the birth rate, 50 per thousand; the death rate, 21 per thousand. The growth rate was 2.9 percent. Therefore, the population would double in 24 years putting heavy pressure on available social services and the country's financial resources. The percent of the population under 15 years is 43.

Until recently there was no announced Government position on population policy. However, in May 1973 the President of Liberia made a public announcement in favor of family planning. Considering the strong role of the Liberian Executive in influencing governmental programs and actions, this pronouncement should stimulate more active governmental participation in family planning.

Additionally, the Family Planning Association of Liberia (FPAL) in July announced the appointment of a new executive secretary who is expected to give a new impetus to that organization's programs.

AID assistance

In the past AID has funded a maternal and child health program to help train Ministry of Health workers in this general area, with some emphasis on family planning. Participants have also been sent for family planning training, both from the Ministry and the FPAL.

AID is currently preparing a new project in rural health delivery services which will have a substantial family planning component.

Other assistance

The World Health Organization recently assigned a family planning doctor to the Ministry of Health and Social Welfare to advise on family planning matters.

No other outside assistance is now being given.

Outlook

The two primary obstacles to an effective program have been lack of a formalized governmental approach to the problem and a heavily rural population with little access to family planning services.

The long-range prognosis in family planning is encouraging, based on the improving attitudes toward such programs.

Malawi

The estimated population of Malawi as of January 1973 was 4.7 million; the birth rate, 49 per thousand; the death rate, 24 per thousand; and the growth rate, 2.5 percent. At this rate, the population would double in 28 years. Children under 15 years represent 45 percent of the population. Caring for these children, educating them, and finding a place for them in the labor market will put enormous pressures on social services and the Government.

The per capita income is about \$90 and the literacy rate is 22 percent.

The Government of Malawi does not believe the current growth rate will hinder economic and social development. It views a doubling of the population with favor.

There are no organized family planning activities in the country. However, family planning advice is available from some doctors and in some hospitals.

AID assistance

AID has provided \$48,798 in Special Population Activities funds to support the Malawi Government maternal and child health extension projects.

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.

Outlook

The Malawi Government's pronatalist views are not conducive to family planning programs. However, as Government policymakers start analyzing the demographic trends, they may become more aware of the situation to be faced if, in 28 years, they have to cope with a doubled population and such accompanying social and economic problems as insufficient housing, food, and educational and health facilities and lack of jobs for the emergent labor force.

Mali

The estimated population of Mali as of January 1973 was 5.4 million; the birth rate, 50 per thousand; the death rate, 27 per thousand; and the growth rate, 2.3 percent. If this rate continues, the population will double in 20 years. The population under 15 years is 44 percent. These children now need food, clothing, shelter, and schools. Later they will need jobs.

The Government of Mali has no official population/family planning policy, and Mali leaders have made no commitments on population growth. However, the Government is willing to cooperate in maternal and child health/family planning activities.

The Center for Population Study in Bamako—a family planning project financed by the Canadian Center for Development Studies—is undertaking research on fertility patterns and attitudes of Malian women. A clinic provides birth control advice and devices. 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

Pathfinder Fund is providing contraceptives.

Mauritania

The estimated population of Mauritania as of January 1973 was 1.2 million; the birth rate, 44 per thousand; the death rate, 22 per thousand; and the growth rate, 2.2 percent. At this rate, it will take 32 years to double the population. Population under 15 years is 42 percent. With the severe drought situation, the problem of caring for the growing population will be aggravated by lack of adequate food production and lack of sufficient water to meet basic needs.

Mauritania has no official population policy and no organized family planning activities. 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 Nouadchott gives advice on family planning and provides contraceptives on request for medical reasons. Orals are available in drug stores.

AID assistance

AID has provided \$24,492 in Special Population Activities funds for the construction of a maternal and child health clinic in Zouerate.

Other assistance

A Mauritanian representative attended the Colloque sur le Planning Familial organized by the International Planned Parenthood Federation (IPPF) in Cotonou, Dahomey, in 1971. The same year a Mauritanian, sponsored by IPPF, attended the African Population Development Conference in Accra, Ghana.

Mauritius

Mauritius is a small island of some 720 square miles with a population estimated in 1973 at 863,000. The birth rate is 25 per thousand; death rate, 8 per thousand; the growth rate, 1.8 percent. At this rate the population would double in 39 years. The percent of population under age 15 is 40. The population growth and high dependency ratio are creating problems such as living space, high rates of unemployment, and pressures on the limited social and financial resources of the island.

Principal family planning programs have been conducted by Mauritius Family Planning Association (MFPA). It has been subsidized by the Government and the International Planned Parenthood Federation (IPPF).

Action Familiale (AF), a Catholic association, also has received 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.

The Government has officially adopted a population policy and has established a family planning division in the Ministry of Health. The Ministry of Health took over MFPA in fiscal 1973. UNFPA provided a grant of \$600,000 over a period of 2 years to cover the integration of the major part of the

MFPA staff within a new family planning/maternal and child health division of the Ministry.

During 1972 the medical director with his staff of five full-time and some part-time physicians operated 155 clinics weekly all over the country. There were 6,200 new acceptors and a total of 269,000 visits to the clinics of which almost 80 percent were to collect supplies of oral contraceptives, the distribution of which increased by 15 percent over 1971. The MFPA had approximately 27,000 clients in 1972, a 16-percent increase over 1971. In the first half of 1973 the two clinics in Port Louis had more than 15,000 visits.

The MFPA hoped to start a pilot project in commercial distribution of contraceptives to small stores in 1973.

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. The Government has made wide use of radio and television.

Twenty-six local groups have been formed and have organized community forums, film showings, and programs for young people. One group sponsored a 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.

The integration of the MFPA into the Ministry of Health has had some problems, and there is a shortage of trained manpower in the maternal/child health and family planning managerial fields. Also, there are religious as well as cultural problems because most of the people would like to have enough children (especially sons) to carry on the household in the event of death. Nevertheless, progress is being made and the outlook is favorable.

AID assistance

AID has provided assistance through Special Population Activities 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 the family

planning and maternal and child health services.

IPPF provides commodity and financial support for the work of the Family Planning Association.

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 homes.

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.

The United Kingdom 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 to MFPA.

The World Bank provided services of a consultant to help the Government plan its countrywide family planning program.

Morocco

According to a January 1973 estimate, Morocco's population was 17.2 million and growing at an annual rate of 3.3 percent. Although this growth rate is slightly lower than previous estimates, it is still among the highest in the world and constitutes a primary threat to the country's social and economic development.

Another factor contributing to the demographic problem is age distribution—46 percent of Morocco's population is under 15, causing an unfavorable ratio of dependents to providers and foreboding continuing high birth rates during the next decades, even if the family planning program succeeds in reducing the high fertility rate. The Government of Morocco estimates the present birth rate at 49 and the gross mortality rate at 16 per thousand, thus indicating the population might be doubled in about 21 years.

The Moroccan population is mostly rural with only 24 percent living in cities over 100,000. However, in the period between the 1960 and 1971 censuses, the growth rate of the big cities was 60 percent compared to a rural growth rate of 20 percent.

The effect of these growth factors already has been felt in increased unemployment, especially in the 18-25 age group; a decreasing rate of children attending primary school; a growing gap in health facilities and in agricultural production, necessitating increasing imports of cereals. This need is estimated at 1 million metric tons for 1973, a staggering need which, if not satisfied, may further contribute to already serious problems of malnutrition, especially among preschool children. Malnutrition also is an important factor in the high infant mortality rate, which—although decreasing—still is estimated at 130 per thousand live births (100 in urban and 170 in rural areas).

The Moroccan Government has for some time officially recognized its demographic problems and in 1966 started a small pilot family planning project. With the advent of the 1968-72 Five Year Plan, the decision was made to establish a countrywide program with a goal of reducing the birth rate by 10 percent from 50 to 45 during that period. This was to be accomplished by IUD insertions in 500,000 fertile women and by provision of other contraceptives to an additional 100,000 fertile couples.

Introduction of a modern concept, like family planning, into the traditional Moroccan society has been slow, and numerous problems and obstacles have hampered development of a strong, viable program. Many Moroccan families, especially in rural areas, still believe "seven sons and seven pilgrimages to Mecca" are a man's greatest blessing. The average marriage age for women is 15-16 and 19-20 for men, and to have many children, preferably sons, is still a status symbol in the male-oriented Moroccan traditional society. Further, while some Islamic scholars emphasize the family's right to space its children, many traditional "Mahrabus" consider the use of contraceptives sinful and against the writings of the Koran.

To obtain an agreed policy on Islamic attitudes toward the use of contraceptives, abortion, and sterilization, the International Planned Parenthood Federation Middle East/North African Regional Office sponsored a conference on "Islam and Family Planning" in December 1971 in Rabat. Attended by some 80 Islamic scholars, scientists, and politicians from 24 Islamic countries in Africa, the Near East, and Asia, the conference produced a communique endorsing the Moslem family's right to space its children by "legitimate and safe (reversible) contraceptive methods," but the Moroccan political opposition launched an attack on family planning during and after the proceedings.

The Moroccan Government, while trying to

avoid arousing adverse publicity, launched a carefully planned mass communication program designed to inform, educate, and motivate the estimated 3 million fertile couples in Morocco to accept family planning. The knowledge, attitudes, and practice surveys conducted in 1967 with the assistance of the Population Council had demonstrated that 50 to 60 percent of Moroccan women and men in urban as well as rural areas were favorable to family planning (spacing births), and almost 25 percent of the women in the 25-45 year age group did not want any more children. The possibilities for a large-scale program to reach those families, especially women who want family planning, thus exists; however, the organization and administration of the "delivery of services" have shown many problems and shortcomings.

The decision to integrate family planning into the Ministry of Health's regular medical services (provided by health centers and dispensaries all over the country) was a logical one; but it does add another service to an already overworked staff. Another problem has been that the medical personnel--many of French nationality had little training or interest in family planning. Family planning technology is now included in the curricula of the Medical School and of all paramedical schools in Morocco, but attempts to provide in-service training for medical and paramedical personnel already in place have been sporadic and largely dependent on the interests of individual Ministry of Health officers in the different provinces.

In spite of these shortcomings, progress was made during fiscal 1973. An important factor in this improvement was the appointment in the spring of 1972 of a Minister of Health who is giving high priority to the family planning program and the subsequent promotion of the family planning director to Secretary General of the Ministry of Health.

Growing interest in family planning is being shown in the industrial sector. The Phosphate Office (Office Cherifien de Phosphates O.C.P.) recently conducted a survey of 3,000 women workers or dependents in the mining town Khouribga. Ninety-nine percent of the interviewees professed some knowledge of family planning, and 58 percent favored it. Most preferred the pill, and a surprising 19 percent of the 3,000 wanted to be sterilized. The O.C.P. has now opened a family planning clinic in Khouribga and has received an initial supply of pills and some maternal and child health/family planning kits from the AID regional Office in Accra. This may be the first family planning clinic in Africa sponsored by an industrial enterprise.

Interest in family planning in the private sector was demonstrated during the international

Casablanca Fair in May 1973 at which the local chapter of the Moroccan National Family Planning Association (MNFPA) sponsored a booth and distributed information. The last day of the Fair was dedicated to family planning and the MNFPA held a "cocktail conference" for some 300 to 400 businessmen and women. The Minister of Commerce, Secretary General of the Ministry of Health, Governor of Casablanca, president of the MNFPA, and president of its Casablanca chapter all endorsed family planning and urged the business community to follow the example of the O.C.P. Shortly after the Fair, Morocco celebrated "International Family Planning Week" with banners and posters in all larger cities and daily interviews and discussions on radio and television. The result was an overflow of clients seeking family planning information and services, especially in the MNFPA-sponsored clinics in Casablanca, Tangier, and Rabat-Salé.

While these are promising efforts, perhaps the most important accomplishment during fiscal 1973 was the appointment of a nucleus of qualified specialists in the Central Family Planning Services of the Ministry of Health. This team--consisting of a specialist in obstetrics and gynecology who is also assistant professor at the Faculty of Medicine, a nurse-midwife with special family planning training, and a communications/public relations specialist just returned from 18-months of AID-sponsored training in the United States--has already proved highly effective and is cooperating with Population Council and AID advisors. Through this cooperation, a new project agreement was signed with the Ministry of Health in June 1973 providing for medical equipment for laparoscopic female sterilizations, abortion suction, and other gynecological services for the postpartum and postabortion family planning clinics being established in the university-related maternity wards of Rabat and Casablanca. These clinics are already functioning and have performed a great number of tubal ligations. It is planned that they will also be able to demonstrate the value of postpartum and postabortion family planning to women when they are highly motivated to accept contraceptive advice. They will also serve as training centers in modern family planning technology for medical and paramedical personnel.

One of the most important results of the family planning team's efforts may be the finalization and refinement of the 1973-77 family planning plan.

Organizationally, the central family planning service will be upgraded to a "Direction des Services de la Planification Familiale" with an expanded staff including administrative, mass-education, and



Women and children at Moroccan maternal and child health/family planning clinic.

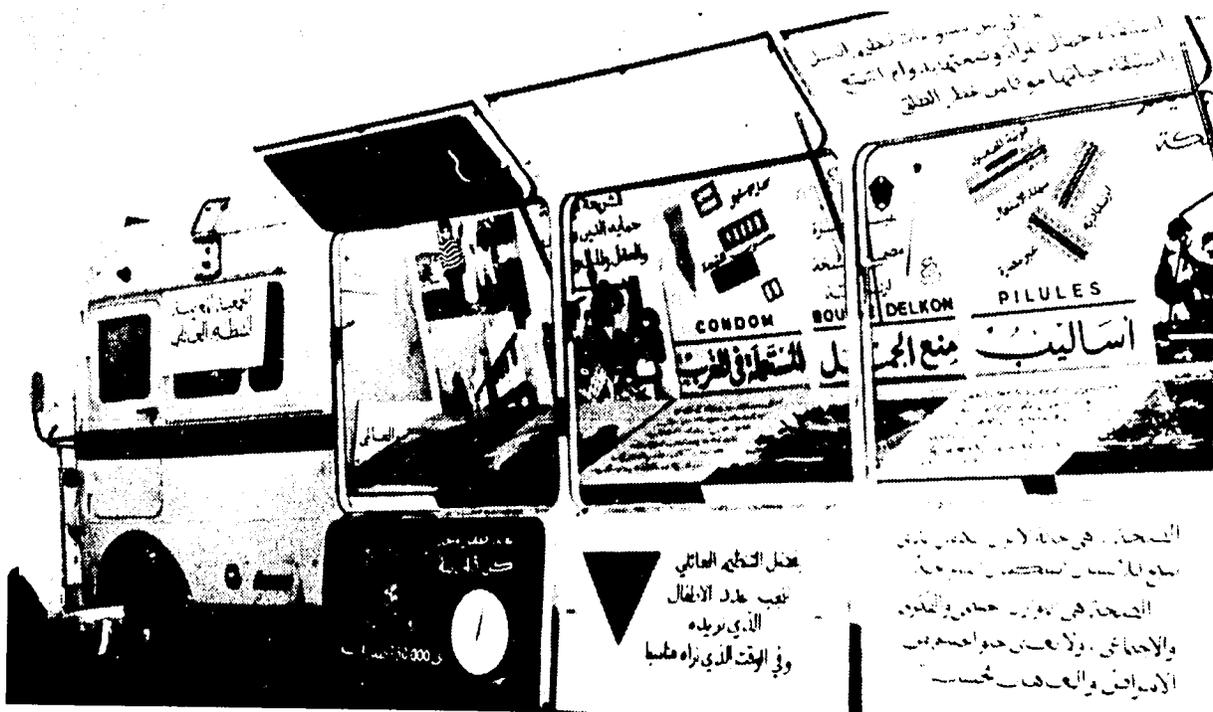
statistical personnel. It will be housed in the new National Family Planning Center. The Center, which is expected to be opened in 1974, will also house the sections of Statistics, Health Education, Information, and Training of the Division of Technical Services, thus enabling the family planning "Direction" to work directly with these important supporting services.

While plans for developing the Center into a training institution are still vague, great emphasis has been given in the Plan to organizing national and local seminars in all provinces to train medical and paramedical personnel in different aspects of family planning and to educate public leaders and social workers from other ministries in family planning education, information, and motivation.

An important aspect of the Plan is at the level of "delivery of services." Instead of the originally envisioned demonstration centers in the provinces of Kenitra, Marrakech, and Fez, the Plan now calls for establishing "Reference Centers" for family planning in each of the 21 provinces and prefectures in Morocco. They will be located in already existing health centers.

Moroccan nurse talks to a new mother as part of the postpartum family planning education program.





Mobile family planning exhibit in Morocco.

AID assistance

AID allocated \$510,000 in fiscal 1973 in continuation of its support of population program activities in Morocco. In fiscal 1972, \$417,000 was allocated.

Two project agreements were made in 1969. Under the first, AID provided technical assistance for the 1971 census.

The second agreement provided for support to the family planning project through technical advice by one public health physician, provision of contraceptive supplies, audio-visual and gynecological equipment, and a \$300,000 (local currency) grant toward the new National Family Planning Center. Construction of the Center was begun in fiscal 1973.

The organizational changes in the Ministry of Health, referred to earlier in this report, have fostered better cooperation between the ministries. As a result, AID was able to sign a joint project agreement with the Ministry of Labor, Social Affairs, Youth and Sports and the Ministry of Health whereunder the latter will provide training in family planning motivation and education to some 600 "monitrices" working in the 200 women centers administered by the Ministry of Youth and Sports. AID undertook to provide audio-visual equipment to the centers so that they can include family planning information and

education in curricula offered to their large audience of young women.

A similar agreement was made with the Ministry of Interior which administers a smaller number of women centers in rural areas. Included in this agreement is provision for some audio-visual equipment for the National Family Planning Association and a small grant to enable the Ministry of Education to print family planning brochures or booklets to be used in the sex education program recently introduced into the curricula of all secondary schools.

Other assistance

Supportive assistance is provided by several family planning organizations.

Outlook

The Moroccan family planning program has had a slow and difficult start and has met many obstacles. However, opposition to the program is diminishing and the accomplishments made in 1973 indicate progress.

While the pill is the favorite contraceptive method and the number of acceptors increased from 9,257 in 1969 to 19,346 in 1972, the continuation rate drops from 63.2 percent at 6 months to 11.5

percent by 48 months. This may be due—at least partially—to AID's earlier change from one brand to another. The different trade marks apparently led to some confusion and loss of acceptor confidence.

IUDs have a higher continuation rate. At 6 months, 81.9 percent were in use; at 48 months, 38.7 percent. Lippes Loops have been the most frequently used IUDs. The Ministry of Health is completing a small study on the Dalkon Shield and plans to establish a similar study of the Copper T, hoping that these IUDs may be more acceptable to Moroccan women.

The number of acceptors of condoms and other nonmedical contraceptives is not large. The Government has, however, recently requested a supply of foams and condoms and plans to promote their distribution through the dispensaries.

Niger

The estimated population of Niger as of January 1973 was 4.1 million; the birth rate, 52 per thousand; the death rate, 22 per thousand; and the growth rate, 3 percent. At these rates, the population will double in 23 years, putting a great strain on the Government's limited social service and financial resources. The lack of adequate food and water supplies in drought-ridden areas has aggravated the situation. The percent of population under 15 years is 47—a high ratio of dependents who will need care and services for many years.

The Government of Niger has no official population/family planning policy.

Niger has no organized family planning activities, but there is some informal dissemination of child spacing information. 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. A 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.

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. The pilot project will seek to motivate the people in Niger to space their children and also to train health personnel.

Technical assistance will include personnel, commodities, participant training, and other costs related to the project.

In fiscal 1973, AID provided \$19,250 of Special Population Activities funds to the Niger Center for Social Research for family planning film production.

Other assistance

The Population Council 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.

Nigeria

The estimated population of Nigeria in January 1973 was 58.1 million; the birth rate, 49 per thousand; the death rate, 25 per thousand; and the growth rate, 2.4 percent. At these rates the population would double in 29 years, straining governmental ability to provide and finance needed services. Adding to the problem is the fact that 45 percent of population is under 15 years of age.

The Government is moving cautiously on its implementation of the Second National Development Plan (1970-74), which tentatively supports the principle of incorporating family planning services into the maternal/child health program. Large families have traditionally been considered guarantees of social and economic security and have been desired in Nigeria.

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 in family planning. The Lagos State Government has made facilities available for family planning 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 such services; and a number of northern States have made inquiries. Midwives in Lagos, Ilesha, and Western State 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 fieldwork, its activities include distributing information, arranging national family planning weeks, showing films, and sponsoring lectures.

FPCN has 33 clinics and employs 105 fieldworkers. In 1970 the clinics served 7,660 new acceptors and more than 19,000 returnees. Token fees are charged those who can afford to pay; otherwise, information and devices are free. The shortage of trained personnel and lack of adequate managerial and logistical support systems are problems to the Association.

Realizing that religious and cultural barriers influence individual's attitudes toward family planning, FPCN has been conducting mass information, education, and communication activities dealing with the health and welfare of mothers and children and the advantages of small families. Motivational leaflets are distributed and radio and television programs sponsored.

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 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.

AID Assistance

AID has provided direct assistance of \$830,000 to improve the system of delivering preventive and curative services to children under 5 years and to integrate family planning counseling and services into the maternal/child health care system. The emphasis of the program is on providing training for auxiliary health manpower. At the end of the project the Institute of Child Health will have produced a cadre of nurse-trainers who in turn can train locally based nurse-midwives to operate State maternal and child health/family planning clinics.

An \$84,000-grant to the University of Lagos was made to provide general support for an expanded program of demographic training and research in the Human Resources Unit of the University.

Approximately \$10,000 was made available by AID to send three nurses to the University of Connecticut and two nurses to Meharry Medical College to attend courses in family planning.

Under a regional project grant, the Communicable Diseases Center was provided \$84,000 to assist the Federal Ministry of Health of Nigeria to accomplish the following:

- To develop economically feasible methodology of rural sector sampling to enable the Ministry to collect operationally useful data on vital events, fertility, population change, and the major causes of morbidity and mortality.

- To develop competence and a functioning unit within the Ministry to collect, analyze, and utilize data collected through random cluster sampling in the assessment of medical needs and in the planning, implementation, and evaluation of population and health programs.

The University of Michigan was provided \$114,000 to assist the Population Study Group of the University of Ibadan conduct a study whose focus is on rural-urban migration in Nigeria and its interrelationships with the other demographic processes.

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.

International Planned Parenthood Federation (IPPF) provided \$400,000 to the Family Planning Council of Nigeria to operate some 21 branches, employing 223 persons and serving approximately 18,000 new acceptors and 43,000 returnees in fiscal 1973.

Family Planning International Assistance has provided \$14,000 to the Christian Council of Nigeria for the purpose of organizing five regional conferences to discuss family planning concepts with about 60 local pastors, lay leaders, and youth leaders of the five major provincial centers.

Church World Service has provided supplies and literature.

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 and has provided a

number of grants for Nigerian nurse/midwives to go to the United States for training.

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, 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.

Ford Foundation maintains a resident West African advisor in its Lagos office and has begun an informal population information service.

The Rockefeller Foundation has provided \$59,300 to the University of Ibadan for research on family planning.

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 as part of an overall program of rural development.

Rwanda

The estimated population of Rwanda as of January 1973 was 3.8 million; the birth rate, 50 per thousand; the death rate, 22 per thousand; and the growth rate, 2.8 percent. At this rate, the population will double in 25 years. The percent of the population under 15 years is 45—a high ratio of dependents to be cared for and provided for by others. In 25 years, the doubled population would put great pressure on the Government's facilities and resources. Rwanda is one of the most densely populated countries in Africa, with a per capita income of \$65. The economic prospects appear to be dim if present growth rates continue.

The Government of Rwanda is opposed to family planning except by methods approved by the Catholic church.

A few Government leaders are showing some interest in the idea that encouraging a slower population growth rate might be one method of 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 on request. The scope of their operations is limited.

AID assistance

AID has provided \$44,296 of Special Population Activities funds for construction of dispensary/maternity projects in Rwanda.

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. IPPF helped finance a Government-organized international symposium on the "African Family."

The Pathfinder Fund supports 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 the project, including a treatise on the demographic explosion in Rwanda written by a Belgian sociologist who formerly was Pathfinder's project director in Rwanda.

Family planning education is included in the World Neighbors' rural development program.

Senegal

The estimated population of Senegal as of January 1973 was 4 million; the birth rate, 45 per thousand; the death rate, 21 per thousand; and the growth rate, 2.4 percent. At this rate the population will double in 29 years. Percent of population under 15 years is 42. With this many children to provide for, the Government will be faced with enormous demands on its limited social and financial resources.

While the Senegalese Government has no official family planning or population policy, some leaders are showing interest.

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 has served about 75 new acceptors a month. A few local doctors provide family planning advice and IUD insertions. A trained midwife at a private maternity clinic in Dakar also inserts IUDs.

AID assistance

AID has provided \$6,062 of Special Population Activities funds to support maternal and child health/family planning programs.

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 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 lasts one month. The program is for French-speaking nurses and midwives of West and Central Africa.

Senegalese paraprofessional personnel are being trained in the United States by Pathfinder. Pathfinder supported a trip to Moslem countries of North Africa and the Middle East for six Senegalese opinion leaders to enable them to visit family planning programs and thereby gain a better idea of the role of family planning in a Moslem society.

Sierra Leone

The estimated population of Sierra Leone as of January 1973 was 2.8 million; the birth rate, 45 per thousand; the death rate, 22 per thousand; and the growth rate, 2.3 percent—indicating the population

may double in 30 years. The rapid increase of rural-urban migration and the growth of the population puts an increasing burden on the Government to provide necessary services. The population under 15 years is 43 percent. This is an added burden as these children require food, shelter, clothes, and schools. In the coming years, they will need employment.

The local Planned Parenthood Association (SLFPA) is the only family planning organization in Sierra Leone.

The Government has not openly endorsed family planning, but does allow the SLFPA to utilize existing health facilities at Government hospitals and clinics and has sent participants for maternal and child health/family planning and census program training. There is also freedom for the SLFPA to conduct mass information, education, and communication campaigns on family planning. The Government has removed the duty on imported contraceptives.

SLFPA was established in 1960 and became a member of the International Planned Parenthood Federation (IPPF) in 1968. Initially the Association held one clinic session weekly at Freetown's principal maternity hospital. By the end of 1971, the Association had four clinics in operation.

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.

AID assistance

AID has provided worldwide participant funds for training of four participants, two at the U.S. Bureau of the Census and two at the Meharry Medical College Maternal and Child Health/Family Planning Center in Nashville, Tenn.

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 other African countries and study their family planning activities.

UNFPA also has provided funds for an expert to collaborate with World Health Organization on a vital and health statistics development program. It 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.

Family Planning International Assistance has provided contraceptive supplies and medical equipment to church-related family planning programs.

In 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, D.C., 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 supporting training for a staff member of the Central Statistics Office at the U.S. 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.

Sudan

The estimated population of Sudan was 16.9 million as of January 1973; the birth rate, 49 per thousand; the death rate, 18 per thousand; and the growth rate, 3.1 percent. At this rate, the population would double in 22 years, greatly straining the nation's financial resources and social services. The population under 15 years is 46 percent.

The Government of Sudan supports family planning although it as yet has no announced population policy. There are some religious, cultural, and political barriers to be overcome.

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, formed in 1965, opened its first clinic in 1966. It became a member of the International Planned Parenthood Federation (IPPF) in 1971. That year,

the Association operated eight clinics in the three main towns. The Government provided some premises and the attendant personnel for the clinics.

The Sudan Medical Association, the Khartoum Nursing College, physicians in Khartoum, and the University of Khartoum cooperate with the Family Planning Association.

AID assistance

AID has provided no direct assistance.

Other assistance

IPPF gives an annual grant to the Sudan Family Planning Association, and representatives of the IPPF and The Pathfinder Fund have visited the Association.

Swaziland

The estimated population of Swaziland in January 1973 was 453,000; the birth rate, 48 per thousand; the death rate, 19 per thousand; and the growth rate, 2.9 percent—meaning the population may double in 24 years. This increasing population will put pressure on the Government's financial and social resources, not to mention the limited arable land. Adding to the problem, 49 percent of the population is under 15 years, a high rate of dependency.

The Government of Swaziland is showing some interest in population problems, and a clause in the 1969 Development Plan gives authority for a family planning program to the Ministry of Health. The Government has made some efforts to implement this.

The Government has been working 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 would include a rural health clinic.

Some doctors give family planning advice.

AID assistance

AID provided \$49,000 of Special Population Activities funds to support two Government projects: (1) To construct a public health center at Hlatikulu area which will provide maternal and child health/family planning services; and (2) to expand and renovate the existing rural health clinic in Shiselweni District to provide maternity/family planning services.

Other assistance

United Nations Children's Fund provided contraceptives and transport for programs.

World Health Organization provided assistance for family planning programs in public health services.

Tanzania

The population of Tanzania was estimated at 14.2 million in January 1973; the birth rate, 47 per thousand; death rate, 20 per thousand; and the growth rate at 2.7 percent. At this rate the population would double in 26 years. Forty-four percent of the population is under 15 years, and the Government is aware of the resulting problems.

President Nyerere's introduction on May 28, 1969, to the second Five Year Plan stated: "... 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."

However, the Tanzanian Government has no formal population policy. The major commitment is through encouragement of the Tanzanian Family Planning Association (FPAT) activities and some support for its work. For example, 51 Government hospitals house FPAT clinics.

The municipality of Dar es Salaam has an active family planning program, and the Government has encouraged it to undertake extensive training, education, and information programs.

The Family Planning Association of Dar es Salaam was founded in 1959, in 1966 became the Family Planning Association of Tanzania, and in 1969 a member of the International Planned Parenthood Federation (IPPF).

By 1972 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 1972, of which 2,613 were new acceptors. An added 5,164 were reported by 33 other facilities.

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 center, Nairobi. The Association produces family planning literature and radio programs.

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.

The Government's main problems have been lack of adequate coverage of rural areas with social services such as health education, shortage of trained manpower, and inadequate managerial staff.

Tanzania has decentralized governmental administrative services and placed increasing emphasis on rural development, including health services of which maternal and child health/family planning are a part. The Government has called on many donors to assist in the rural development efforts and has taken positive steps to coordinate their activities.

AID assistance

AID is providing bilateral assistance of \$3,064,000 to assist the Tanzanian Government in construction of 18 maternal and child health training centers and 64 out-stations, for technical assistance, commodities, and participant training, and recurrent operational costs on a declining scale.

This assistance will enable the Government to train 2,600 aides locally to provide maternal and child health/child spacing services to rural areas.

Other assistance

United Nations Fund for Population Activities has helped finance printing census publications.

IPPF supports the work of the Family Planning Association and has provided support for work at three mission hospitals in the Masasi area.

The Population Council is providing a demographer for the staff of the University of Dar es Salaam. The demographer also advises the Central Statistical Bureau of the Tanzanian Government on census analysis. Population Council also has provided support to enable a member of the University Department of Geography to carry out special analyses of census data on migration.

OXFAM, through IPPF, provided funds to the Association in 1972 for three vehicles, their operating costs, and 2 years' staff salaries. Additional funds were approved for vehicle operating costs, maternal and child health work, and program expansion.

World Neighbors' rural workers are involved in programs including family planning education.

Sweden, Norway, Finland, and Denmark have been negotiating with the Government of Tanzania relative to proposed assistance in a countrywide rural health program which would complement family planning efforts. This assistance would basically be for construction of facilities.

The World Bank has conducted preinvestment studies as a prelude to a possible project.

Togo

The estimated population of Togo is 2,098,000; the birth rate, 51 per thousand; the death rate, 25 per thousand; and the growth rate, 2.6 percent. At this rate, the population will double in 27 years. The percent of the population under 15 years is 44; these are children to be cared for now and in the future provided with employment.

Togo has no official population policy 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 rising 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 anticontraceptive law of 1920 is not enforced.

AID assistance

AID has provided \$17,500 for the printing of a maternal and child health/family planning manual.

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

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 Pathfinder Fund has sent medical supplies and contraceptives to the Lome family planning clinic.

The Population Council and Ford Foundation have provided fellowships in 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, with family planning to 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.

Tunisia

Tunisia now has 5.4 million inhabitants. Of the women in the childbearing age group (ages 15-49), estimated to be 1.2 million in 1973, approximately 3 percent are protected by family planning program activities. Estimates vary as to the number of women protected by some method of contraception; however, a frequently stated estimate is 50,000.



Part of a crowd that attended a talk on Islam and family planning in Kairouan, Tunisia.



Mr. C. Trani, the Director General of the Tunisian Family Planning Agency meets with the first graduates of a 1-year supervisory program for midwives.

The birth rate, at 46 per thousand in 1965, is now 40 and hopes are to lower it to 36 by 1980. (Age structure from now to 1980 would tend to increase birth rates if the fertility rate remains unchanged.)

The population is young with approximately 45 percent under the age of 15. Unemployment is estimated at 12 percent and there is considerable underemployment. An estimated 200,000 male Tunisians have emigrated to Western Europe for jobs.

The annual rate of increase of the Tunisian population, estimated at 2.8 percent, should drop progressively to reach 1.3 percent by 2000 with a total population of 10 million instead of the 13.5 million which would exist if no population policy were developed.

The Government of Tunisia has stated that it is aiming at reaching a gross reproduction rate of 1.2 percent by the year 2000. (It is now 3.1.) Interim targets are implicitly derived from results of a linear decrease in the fertility rate.

The Government has clearly enunciated a policy in favor of family planning. The President, the Prime Minister, and other leaders make frequent references to the Tunisian population problem and the determination of the Government to successfully surmount it.

A pilot program offering family planning

services was begun in Bizerte in 1964. In 1966 the Government decided to generalize the program and during 1968-69 expanded it to all of Tunisia.

The Tunisian family planning program is the most advanced in North Africa. It has for 1973 the following targets: 21,000 new IUD insertions; 21,000 new pill users; 2,750 tubal ligations; and 6,500 social abortions. By 1976 the number of social abortions may be between 20,000 and 30,000 annually.

The Government has passed laws which have outlawed polygamy; raised the legal age of marriage to 17 for females and 20 for males; legalized "social" abortion for women with five living children; limited child support welfare payments to the first four children; and invalidated old French laws outlawing the import and sale of contraceptives.

Legislation is pending before the Tunisian parliament which would liberalize abortion. If the act is passed as submitted by the National Office of Family Planning and Population (ONPFP), abortion would become available to all who demand it.

ONPFP was established April 1, 1973, as a semiautonomous Government agency of commercial character under the Ministry of Health. Giving the ONPFP a commercial rather than an administrative character is expected to bring more flexibility.

The function of the ONPFP is to develop and



A Tunisian mother listens as a family planning worker describes contraceptives available in health centers.



A Tunisian woman feeds her child as she waits for consultation in a family planning clinic.

promote population policies and standards of service, to assure that adequate training programs are developed for personnel, and to provide central support in health education and communications, research and evaluation, and certain administrative support services.

Delivery of services is to be under the immediate control of the Regional Health Administrators who come under the Ministry of Health. All family planning clinical services, including provision of contraceptives, are free.

The Tunisian family planning program has had some difficulties in the past—including a shortage of capable trained personnel and communications problems within the organization. There have been frequent reorganizations—three since 1970—resulting in loss of momentum. The program is hindered by a shortage of trained Tunisian doctors and paramedical personnel. In 1972 Tunisia graduated its second class of doctors and, with time, the situation should improve. The first Tunisian-trained specialists in obstetrics and gynecology should graduate in 1975. The scarcity of Tunisian gynecologists is compounded by the fact that 16 of the total of 18 practice in the capital city.

For the present and the near future, the Ministry of Health is dependent on physicians

contracted for short periods (usually 2 years) from Eastern Bloc countries. At times, a medical slot is empty 6 months or more awaiting arrival of a replacement,

The Tunisian Association for Family Planning (ATPF), local affiliate of the International Planned Parenthood Federation (IPPF), has been active since 1969. Although the ATPF is a voluntary agency, it is strongly connected with the Government through the Ministry of Health. The ATPF operates the Montfleuri Clinic (belonging to the Ministry of Health) in which all types of family planning consultation is offered, in addition to surgical procedures for tubal ligations, social abortion, and vasectomy. The clinic has facilities for training doctors and paramedics in family planning techniques.

The Government also has given the ATPF responsibility for grassroots family planning education. Local chapters have been organized throughout the country and educational meetings and family planning campaigns have been held. This activity is beginning to gather momentum.

AID assistance

The broad objective of U.S. population program assistance to Tunisia is to help the Government

attain the demographic targets of its 4-year plan for 1973-76.

The specific goal is to help in the establishment and operation of an official Tunisian National Family Planning Program with an effective central administration; a capacity for effective family planning education, training, audio-visual materials production, research, demographic and statistical services; adequate commodity support in contraceptives, medicines, and equipment; and capacity for planning and supervision of clinical services.

U.S. assistance includes:

- Provision of contraceptives, medicines, and medical and other equipment required for carrying out the program;

- A team of 4 technicians working inside the ONPFP—public health trained medical doctor, management advisor, nurse-educator, and health educator;

- Provision of local, U.S., and third-country training for Tunisians in their specific population activities;

- Provision of budgetary support for special projects;

- Assistance in the amount of \$1 million in Tunisian dinars to enable the Government to pay the local currency costs of an International Bank for Reconstruction and Development (IBRD) loan under which maternities, maternal/child health centers, and paramedical teaching facilities are to be constructed; and

- Provision of \$2 million in local currency and technical assistance in carrying out a rehabilitation program to raise the quality of some 100 health installations in order to provide better maternal/child health and family planning services. This program is coordinated with the IBRD construction program for new facilities.

Indirect AID assistance is being given through centrally funded grants to IPPF, Population Council, The Pathfinder Fund, United Nations Development Program, and similar organizations.

Other assistance

World Health Organization is providing nursing/midwifery consultant services, some commodities, and some funds for local and overseas training of paramedical and medical personnel.

The Pathfinder Fund furnished the first IUDs in Tunisia and in 1972 furnished a supply of Dalkon Shields for research.

The Population Council has furnished technical assistance in demography, public health medicine,



A Tunisian health educator gives a talk on family planning methods to men in a rural area.

and health education. A full-time demographer is currently being provided.

The Ford Foundation contributed to the Population Council for the support of two resident advisors (medical doctor and demographer) in Tunisia from 1968 to 1972. Since 1972 only a demographer has been funded.

Over the past 7 years the Canadian International Development Authority (CIDA) has furnished a medical team of 12 to 50 persons (doctors, laboratory technicians, nurses, etc.) who have worked in the paramedical and medical schools, children's hospital and maternal/child health clinics in a program designed to train Tunisians and to lift the level of services.

West Germany has subsidized the operating costs of the Montfleuri Clinic for 1972-73 and is considering future subsidies.

The Netherlands Government sponsors a team

delivering maternal/child health and family planning services in the region of Le Kef.

Swedish International Development Authority (SIDA) furnished an expert in communications/audio-visual materials production for 3 years, a small sum annually for commodity support in the communications field, and a large offset printing press in 1970. SIDA is presently funding one nurse/midwife advisor to the family planning program.

Zaire

Zaire has a relatively high rate of population growth—2.3 percent. Forty-four percent of its population of 18.7 million (January 1973 estimate) is under 15 years of age. The birth rate is 44 per thousand, and the death rate, 21 per thousand. Thus the population could double in 30 years.

President Mobutu issued a national population statement on December 6, 1972, formulating a program of “naissances desirables” and creating a paragovernmental committee at the level of the presidency—Fonds Medical de Coordination (FOMEKO)—to coordinate population activities. Government programs will be directed initially toward slowing high urban growth; subsequently they will address rural growth problems.

The FOMEKO maternal and child health/family planning program is being carried on in association with Mama Yemo General Hospital in Kinshasa. This AID-supported program began family planning consultations in February 1973. It will soon move into satellite clinics where paraprofessional personnel will receive training from Mama Yemo personnel, supplemented by an AID-financed Organization for Rehabilitation Through Training (ORT) team of trainers.

RENAPEC, the national radio educational television production agency of the Government has agreed to produce maternal and child health/family planning tapes and films for national distribution.

AID assistance

AID provided assistance in 1971 to outline a proposed maternal and child health/family planning program. AID worked with the Government of Zaire in developing the present FOMEKO project, which was approved in June 1972, and will provide \$1.8 million over a 5-year period.

There was limited indirect assistance through agencies that cooperate with AID prior to the December 1972 statement.

Other assistance

United Nations Fund for Population Activities is undertaking a demographic and rural fertility survey in Kivu Region and has assisted the Government in a civil registration project.

The Pathfinder Fund has sponsored a limited program.

International Development Research Center, Montreal, is participating in basic demographic surveys of three Zairian cities.

Outlook

Zaire's population program emphasis is to broaden the initial program started at Mama Yemo to penetrate other major urban areas and subsequently the rural areas. A national family planning material distribution center will evolve. As a result of the December 6, 1972, statement, a considerable number of allied initiatives in the fields of demography, statistics, and rural health delivery are commencing. The outlook for population activities in Zaire is promising due to the favorable attitude of the National Government.

Zambia

The estimated population of Zambia was 4,751,000 as of January 1973; the birth rate was 50 per thousand; the death rate, 21 per thousand; and the growth rate, 2.9 percent. At this rate the population will double in 24 years. Since 44 percent of the population is under 15 years of age, this growth threatens to put tremendous pressures on the social services and the financial resources of the country.

The Government of Zambia has no official population policy but has supported significant progress by permitting establishment of the Family Planning and Welfare Association of Zambia (FPWAZ), a private organization, in September 1971. Also, it has decided to allow family planning services to be integrated into its basic health services. These steps have been taken despite political and cultural difficulties.

The FPWAZ received a first grant from the International Planned Parenthood Federation (IPPF) in 1972 and became an associate member of IPPF in 1973. IPPF provides contraceptives through FPWAZ to the Government's basic health services; the Association hopes to provide sessional clinics to supplement these services in 1974. Major activities of the Association are information, education, and communication.

In late 1972 the Government adopted an abortion act designed to clarify the position of the medical profession when performing legal abortions under certain conditions.

The United National Independence Party Women's Brigade conducted seven seminars to create awareness of the aims of the FPWAZ, leading up to the formation of branches in late 1972. In early 1973 a national seminar, comprising representatives from Government and local opinion leaders, was held and considered successful. This is to be followed by others in 1974.

FPWAZ will conduct some short training courses locally for paramedical staff, and others will be trained in Nairobi. The FPWAZ reported 1,264 new acceptors in 1972 (75 percent were on oral contraceptives), and participation increased in the first half of 1973.

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.

International Planned Parenthood Federation provides funds in support of FPWAZ.

Family Planning International Assistance has provided medical equipment to church-related family planning programs.

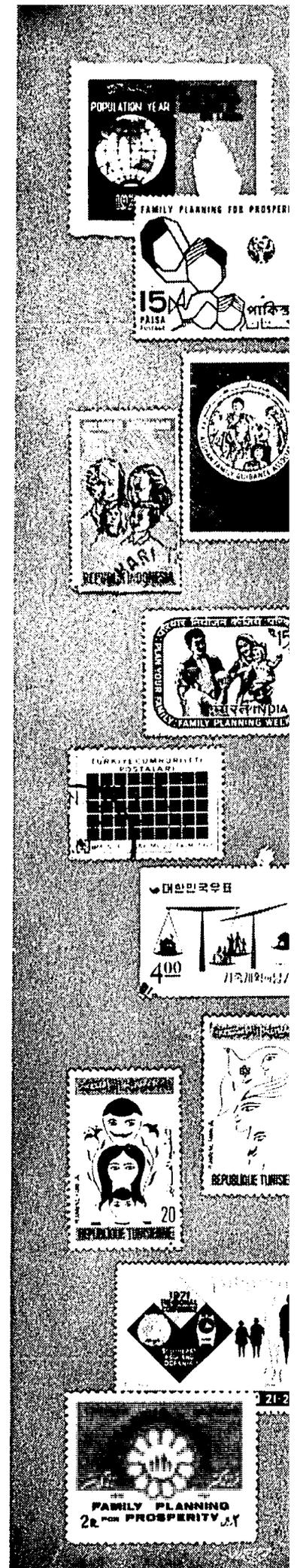
The Pathfinder Fund has supported development of a network of family planning clinics in the Copperbelt Province of Zambia under direction of an African midwife. Pathfinder also is sponsoring a program of family planning training and orientation for the provincial medical officer of the Copperbelt Province.

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.

In Zaire, a child is weighed and examined under the maternal and child health/family planning program.



Demographic and Population Project Data



WORLD POPULATION DATA

Country or region	Estimated population January 1, 1973 (thousands)	Births per 1,000 population 1972	Deaths per 1,000 population 1972	Infant deaths per 1,000 live births		Rate of natural increase 1972 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1972 (years)	Based on registered births				Urban population (percent)	Labor force in agriculture (percent)	Per capita GNP (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
World	3,808,571	32	13	-	90	1.9	36	37	58	-	27	-	2.4	39	50	904	53
Northern America	231,216	16	9	-	19	.7	113	27	71	-	24	-	2.0	75	4	5,022	98
Bermuda	54	21	8	1971	24	1.3	53	30	71	1965	26	1965	2.1	100	1	3,800	98
Canada	21,984	16	8	1970	19	.8	87	29	72	1970	25	1970	1.9	74	7	4,279	NA
Greenland	49	24	6	1970	46	1.8	39	46	61	1969	26	-	NA	67	35	1,870	NA
St. Pierre & Miquelon	6	30	13	-	32	1.7	41	32	66	1969	25	-	NA	86	11	NA	NA
United States - the 50 States and the District of Columbia	209,123	16	9	1972	19	.6	116	27	71	1968	24	1968	2.0	75	4	5,073	98
Latin America-Mainland	277,072	38	9	-	79	2.9	24	43	63	-	27	-	3.1	61	40	558	71
Argentina	25,018	21	8	1967	56	1.3	53	29	68	1966	27	-	NA	82	18	1,111	91
Belize	130	43	7	1970	54	3.6	10	NA	NA	1968	26	-	NA	58	39	580	89
Bolivia	4,952	44	18	1970	108	2.6	27	43	47	1966	28	-	NA	35	63	225	40
Brazil	¹ 101,582	37	9	1970	94	2.8	25	42	63	-	NA	-	NA	59	44	421	67
Chile	³ 9,453	25	9	1969	79	1.6	43	40	63	1969	26	1969	2.4	74	21	795	87
Colombia	23,716	43	11	1970	76	3.2	22	47	61	1967	27	1967	3.5	62	47	315	73
Costa Rica	1,859	32	6	1971	56	2.6	27	44	69	1971	25	1971	3.1	37	49	570	89
Ecuador	6,622	44	10	1972	75	3.4	20	47	59	1969	27	1967	3.4	40	53	251	67
El Salvador	³ 3,824	42	8	1971	53	3.4	20	47	59	1969	26	1968	3.2	40	60	300	60
Falkland Islands	2	16	7	-	NA	.9	75	NA	NA	-	NA	-	NA	0	NA	NA	NA
French Guiana	51	¹ 31	8	1970	44	2.3	30	37	NA	1969	26	1967	3.3	56	30	1,090	72
Guatemala	5,531	42	14	1971	83	2.8	25	44	54	1970	26	1970	3.1	36	65	355	38
Guyana	764	36	8	1966	40	2.8	25	46	67	1961	26	1956	3.5	36	30	365	80
Honduras	2,938	49	16	1971	115	3.3	21	47	51	1968	26	-	NA	27	67	262	45
Mexico	³ 54,963	43	9	1971	¹ 61	3.4	20	48	64	1969	27	1968	2.9	60	39	689	76
Nicaragua	³ 2,083	47	15	1971	123	3.2	22	47	52	1967	26	-	NA	48	51	463	58
Panama	1,546	36	6	1970	47	3.0	23	43	67	1970	25	1969	3.2	48	32	772	79
Canal Zone	46	17	3	1971	22	1.4	50	32	NA	1970	26	1968	1.9	6	0	2,760	NA
Paraguay	³ 2,406	45	11	1970	84	3.4	20	46	61	1965	27	1960	3.0	37	53	267	74
Peru	³ 14,489	41	11	1969	110	3.0	23	44	58	1965	27	1965	3.1	60	45	480	61
Surinam	424	41	7	1967	30	3.4	20	46	66	-	NA	-	NA	39	25	750	84
Uruguay	2,977	22	10	1971	40	1.2	58	28	70	1963	27	-	NA	80	21	697	90
Venezuela	11,696	40	7	1970	49	3.3	21	45	66	1971	26	1971	3.2	78	22	1,004	77
Caribbean Islands	25,984	34	10	-	63	2.4	29	41	63	-	26	-	3.1	46	46	630	67
Antigua	75	29	8	1970	45	2.1	33	43	68	-	NA	-	NA	44	42	410	89
Bahama Is.	195	28	6	1971	37	2.2	32	44	NA	1970	26	1970	2.8	73	7	2,400	85
Barbados	240	22	9	1971	29	1.3	53	37	72	1970	24	1970	2.4	45	24	745	91
British Virgin Is.	10	29	5	1969	46	2.4	29	48	NA	-	NA	-	NA	NA	29	NA	NA
Cayman Is.	12	¹ 27	¹ 6	-	NA	2.1	33	35	NA	-	NA	-	NA	0	NA	NA	93

See footnotes at end of table.

WORLD POPULATION DATA

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				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Caribbean Islands (cont'd):																	
Cuba	8,850	26	7	1971	36	1.9	37	37	69	1968	25	—	NA	61	42	510	78
Dominica	73	36	10	1969	58	2.6	27	45	65	1969	25	1966	3.8	19	50	310	60
Dominican Rep.	3,592	46	13	1971	98	3.3	21	47	54	1969	28	1969	3.4	42	61	382	64
Grenada	96	28	8	1969	34	2.0	35	47	69	1969	24	1968	3.3	19	40	330	76
Guadeloupe	346	29	7	1971	146	2.2	32	42	70	1969	27	1967	3.7	48	32	840	83
Haiti	4,824	44	18	1968	150	2.6	27	42	47	—	NA	—	NA	20	83	93	10
Jamaica	1,953	34	7	1971	31	2.7	26	46	70	1964	25	1964	3.3	39	36	729	82
Martinique	348	25	7	1971	28	1.8	38	42	70	1969	28	1967	3.6	52	28	970	85
Montserrat	12	22	10	1971	41	1.2	58	43	NA	—	NA	—	NA	44	57	NA	80
Netherland Antilles	232	24	5	1971	25	1.9	36	38	74	1966	28	—	NA	48	2	1,440	NA
Puerto Rico	2,821	26	7	1971	28	1.9	35	36	72	1970	25	1968	2.5	58	10	1,877	100
St. Kitts, Nevis & Anguilla	66	25	11	1970	46	1.4	50	46	64	1969	25	1968	3.6	44	46	340	88
St. Lucia	106	49	8	1970	60	4.1	17	44	63	1963	26	1963	3.7	19	48	370	52
St. Vincent	92	33	9	1969	101	2.4	29	49	66	1964	25	1964	4.0	19	40	230	76
Trinidad & Tobago	953	24	7	1970	35	1.7	41	41	69	1970	25	1970	2.6	52	22	933	89
Turks & Caicos Islands	6	32	10	—	NA	2.2	32	43	NA	—	NA	—	NA	0	50	NA	91
U.S. Virgin Islands	73	46	7	1970	24	3.9	18	36	70	1967	25	1966	2.9	24	1	3,370	93
Europe																	
Albania	2,288	35	7	1965	87	2.8	25	42	66	1969	28	1969	3.0	62	23	2,027	97
Andorra	20	18	6	NA	NA	1.2	58	29	NA	—	NA	—	NA	0	NA	NA	NA
Austria	7,460	14	13	1972	25	.1	693	25	70	1971	26	1971	1.9	55	16	2,411	98
Belgium	9,727	14	12	1971	20	.2	347	23	71	1969	26	1969	4.1.8	87	4	3,274	97
Bulgaria	8,601	15	10	1972	26	.6	116	22	71	1971	24	1971	4.1.6	55	33	820	95
Channel Is.	123	15	13	1971	16	.2	347	22	NA	1969	26	1967	2.2	45	NA	2,110	NA
Czechoslovakia	14,526	17	11	1972	21	.6	116	23	70	1970	24	1970	1.6	62	18	2,120	100
Denmark	5,010	15	10	1970	14	.5	139	23	73	1970	26	1970	4.1.8	45	11	3,612	99
Faeroe Is.	40	19	8	1970	18	1.1	63	32	75	1969	26	1966	2.2	85	26	2,210	99
Finland	4,634	13	10	1972	11	.3	231	24	69	1970	25	1970	1.6	62	25	2,457	99
France	51,921	17	11	1972	16	.6	116	25	73	1970	28	1970	4.1.8	67	13	3,449	97
Germany, East (Incl. East Berlin)	17,011	12	14	1972	18	-.2	—	21	71	1971	24	1971	1.6	74	12	2,190	99
Germany, Fed. Rep. of (Incl. West Berlin)	61,806	11	12	1972	23	.0	—	23	71	1970	27	1970	4.1.8	81	8	3,791	99
Gibraltar	28	22	10	—	NA	1.2	58	25	NA	1970	25	1968	1.9	100	NA	1,200	100
Hungary	10,415	15	11	1972	33	.3	231	20	69	1971	24	1971	1.5	47	23	1,200	97
Iceland	211	22	7	1972	12	1.5	48	32	74	1969	25	1987	2.2	47	17	2,898	99
Ireland	3,032	23	11	1970	20	1.2	58	31	73	1969	29	1969	2.6	47	28	1,672	98

See footnotes at end of table.

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				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Europe (cont'd):																	
Isle of Man	56	15	19	1970	26	² 0.3	-	20	NA	1961	28	1961	1.9	63	9	1,460	NA
Italy	54,642	16	10	1972	27	.6	116	24	71	1970	28	1970	1.9	53	19	2,001	93-95
Liechtenstein	22	20	8	-	NA	1.2	58	27	NA	1968	28	-	NA	27	NA	NA	98
Luxembourg	345	12	12	1972	14	0	-	22	NA	1968	27	1968	1.8	68	9	3,331	98
Malta	319	17	9	1972	17	.8	99	26	71	1972	27	-	NA	88	6	862	83
Monaco	24	9	11	-	NA	.2	-	13	NA	1966	27	-	NA	96	NA	NA	100
Netherlands	13,388	16	9	1972	12	² .8	87	27	74	1971	27	1972	1.7	78	6	2,990	98
Norway	3,948	17	10	1971	13	.7	99	24	74	1970	25	1970	⁴ 1.8	42	13	3,479	99
Poland	33,202	17	8	1972	29	.9	77	25	70	1972	25	1972	1.7	53	36	1,350	98
Portugal	8,524	20	11	1972	41	.9	77	28	69	1972	27	1972	2.0	NA	37	756	65
Romania	20,796	19	9	1972	40	1.0	70	25	69	1972	25	1972	2.0	42	48	740	98-99
San Marino	18	18	8	1970	14	1.0	69	26	NA	1970	26	1967	1.9	26	NA	NA	100
Spain	34,675	19	8	1972	16	1.1	63	28	72	1970	29	-	NA	62	29	1,154	86
Sweden	8,129	14	10	1970	11	² .3	231	21	75	1971	26	1966	1.7	81	9	4,690	99
Switzerland	6,310	14	9	1971	14	.5	139	23	71	1971	27	1971	1.8	60	7	4,158	98
USSR	248,626	18	9	1972	24	.9	77	29	70	1970	27	1970	1.8	58	30	1,400	99
United Kingdom	55,956	15	12	1972	18	.3	231	24	72	1970	⁵ 26	1970	⁵ 1.8	77	3	2,623	98-99
Yugoslavia	20,841	18	9	1971	49	² 1.0	77	27	67	1970	25	1970	1.8	35	43	730	80
Africa																	
Algeria	337,236	47	21	-	158	2.6	27	44	45	-	27	-	3.0	21	71	217	19
Algeria	15,074	50	16	1972	128	3.4	20	47	51	1963	¹ 28	1963	¹ 3.5	45	56	370	20
Angola	5,997	50	29	1972	203	2.1	33	42	35	-	NA	-	NA	15	63	370	10-15
Botswana	647	45	14	1972	97	3.1	23	43	55	1971	¹ 28	-	NA	37	91	105	20
Burundi	3,800	48	24	1971	175	2.4	29	43	41	1971	30	-	NA	3	86	60	10
Cameroon	6,122	35	18	1972	142	2.1	33	41	40	-	NA	-	NA	22	82	195	10-15
Cape Verde Islands	286	36	11	1972	95	2.5	28	42	60	-	NA	-	NA	9	40	180	NA
Central African Rep.	1,697	46	24	1972	175	2.2	32	42	40	1960	¹ 28	-	NA	27	97	145	5-10
Chad	3,935	48	24	1972	175	2.4	29	44	40	1964	¹ 27	-	NA	7	87	76	5-10
Comoro Islands	294	44	21	1972	160	2.3	30	44	44	-	NA	-	NA	4	NA	140	NA
Congo	992	44	21	1972	160	2.3	30	41	44	1961	⁶ 28	-	NA	31	45	260	20
Dahomey	2,861	50	26	1972	185	2.4	29	43	39	1961	⁶ 26	-	NA	14	52	97	20
Equatorial Guinea	303	35	22	1972	165	1.3	53	35	42	-	NA	-	NA	32	NA	277	20
Ethiopia	26,947	51	25	1971	181	2.6	27	45	40	1968	⁶ 28	-	NA	10	85	79	5
French Territory of Afars & Issas	100	NA	NA	-	NA	2.5	28	NA	NA	-	NA	-	NA	57	NA	680	NA
Gabon	505	34	24	1972	178	1.0	69	33	40	1960	¹ 28	-	NA	21	77	775	NA
The Gambia	490	47	27	1972	165	2.0	35	40	42	-	NA	-	NA	10	84	135	10
Ghana	9,808	47	18	1977	140	2.9	24	46	48	1963	28	-	NA	33	55	221	25
Guinea	4,149	47	24	1972	175	2.3	30	43	40	1955	⁶ 28	-	NA	12	83	81	5-10

See footnotes at end of table.

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				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Africa (cont'd):																	
Ivory Coast	4,621	46	22	1972	164	2.4	29	44	43	1957	26	-	NA	23	81	387	20
Kenya	³ 12,876	49	17	1969	135	3.2	22	47	49	-	NA	-	NA	11	80	140	20-25
Lesotho	975	39	19	1972	148	2.0	35	39	46	-	NA	-	NA	1	98	90	NA
Liberia	1,654	50	21	1971	160	2.9	24	43	53	1971	27	1971	2.9	11	74	238	9
Libya	2,057	46	16	1972	130	3.0	23	45	50	-	NA	-	NA	28	43	2,036	27
Malagasy Rep. (Madagascar)	7,152	46	23	1972	170	2.3	30	46	43	1971	25	-	NA	14	86	150	39
Malawi	4,728	49	24	1972	174	2.5	28	45	40	-	NA	-	NA	6	87	89	22
Mali	5,402	50	27	1972	188	2.3	20	44	38	1968	28	-	NA	13	91	60	5
Mauritania	1,236	44	22	1972	169	2.2	32	42	41	1957	27	-	NA	8	85	180	1-5
Mauritius	863	25	8	1971	65	1.8	39	40	66	1970	26	1970	3.1	44	38	265	61
Morocco	17,214	49	16	1972	130	3.3	21	46	53	1956	27	1956	2.1	36	61	245	14
Mozambique	8,612	44	22	1970	165	2.2	32	40	43	-	NA	-	NA	6	69	280	7
Niger	4,149	52	22	1972	162	3.0	23	47	43	1960	28	-	NA	3	91	100	5
Nigeria	58,148	49	25	1972	180	2.4	29	45	39	-	NA	-	NA	24	67	120	25
Portuguese Guinea	573	41	29	1972	208	1.2	58	36	34	-	NA	-	NA	19	67	250	NA
Reunion	474	32	8	1971	43	2.4	29	45	63	1967	29	1967	3.8	28	43	950	63
Rwanda	3,863	50	22	1972	163	2.8	25	45	43	-	NA	-	NA	0	91	65	10
St. Helena	5	29	13	1972	102	1.6	43	41	58	-	NA	-	NA	NA	NA	NA	NA
Sao Tome & Principe	76	50	14	1972	117	3.6	19	33	54	1958	27	1958	2.9	13	NA	420	NA
Senegal	3,978	45	21	1972	159	2.4	29	42	44	-	NA	-	NA	29	76	205	5-10
Seychelles	55	32	8	1970	40	2.4	29	38	67	1970	28	1967	4.1	35	NA	70	NA
Sierra Leone	2,807	45	22	1972	165	2.3	30	43	42	-	NA	-	NA	14	73	188	10
Somali Republic	2,939	45	24	1972	177	2.1	33	46	40	-	NA	-	NA	21	82	88	5
South Africa	23,288	40	14	1970	117	2.6	27	40	55	1969	26	-	NA	48	30	766	35
South West Africa (Namibia)	665	44	24	1972	177	2.0	35	40	40	1963	27	-	NA	34	55	NA	NA
Southern Rhodesia	³ 6,039	48	15	1972	123	3.3	21	46	53	1970	30	-	NA	18	63	273	25-30
Spanish Sahara	96	43	24	1972	155	1.9	36	40	41	-	NA	-	NA	47	NA	NA	NA
Sudan	16,979	49	18	1972	141	3.1	22	46	51	-	NA	-	NA	11	80	117	10-15
Swaziland	453	48	19	1972	149	2.9	24	49	45	1965	28	-	NA	5	NA	210	36
Tanzania	14,225	47	20	1968	165	2.7	26	44	44	1957	26	-	NA	7	86	103	15-20
Togo	2,098	51	25	1972	179	2.6	27	44	40	1961	28	-	NA	14	75	49	5-10
Tunisia	5,419	40	12	1968	128	2.8	30	45	55	1969	29	1960	3.8	45	46	331	30
Uganda	10,475	45	17	1971	136	2.8	25	43	49	1959	27	-	NA	10	86	141	20
Upper Volta	5,660	49	29	1972	204	2.0	35	43	35	-	NA	-	NA	4	89	64	5-10
Zaire	18,731	44	21	1972	160	2.3	30	44	44	1968	27	-	NA	18	78	114	15-20
Zambia	³ 4,751	50	21	1970	157	2.9	24	44	45	1968	27	1968	3.4	25	69	330	15-20

See footnotes at end of table.

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1973 (thousands)	Births per 1,000 population 1972	Deaths per 1,000 population 1972	Infant deaths per 1,000 live births		Rate of natural increase 1972 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1972 (years)	Based on registered births				Urban population (percent)	Labor force in agriculture (percent)	Per capita GNP (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
Near East	156,235	41	15	-	120	2.6	27	42	55	-	28	-	2.8	42	53	451	35
Bahrain	233	50	19	1971	138	3.1	22	45	47	1970	25	-	NA	65	9	640	29
Cyprus	650	22	6	1971	25	1.6	43	33	72	1970	¹ 27	1970	¹ 1.4	46	36	1,053	76
Egypt, Arab Rep. of . .	34,705	37	16	1971	144	2.1	32	42	53	1969	30	1969	3.4	44	53	207	26
Greece	8,929	16	8	1971	27	.8	87	25	69	1970	27	1969	1.8	53	41	1,222	80
Iran	32,778	50	18	1970	139	3.2	22	45	53	1969	¹ 27	1969	¹ 2.4	42	42	428	23
Iraq	10,199	48	15	1971	99	3.3	21	48	54	-	NA	-	NA	49	48	393	24
Israel	3,193	28	7	1971	20	2.1	33	33	73	1969	27	1968	2.6	80	8	1,823	84
Gaza Strip	359	46	15	-	NA	3.1	22	50	NA	-NA	NA	-	NA	84	27	NA	NA
Jordan	2,472	46	13	1971	99	3.3	21	46	55	1971	^B 28	1971	^B 3.1	48	35	286	32
Kuwait	813	43	7	1971	37	3.6	19	35	67	1968	¹ 27	1968	3.0	80	2	4,170	55
Lebanon	3,010	40	9	1965	59	3.1	22	43	61	-	NA	-	NA	43	47	580	86
Oman	710	50	19	1971	138	3.1	22	45	47	-	NA	-	NA	5	NA	450	NA
Qatar	84	49	19	1971	138	3.0	23	45	47	-	NA	-	NA	71	NA	2,370	10-15
Saudi Arabia	5,793	50	20	1971	152	3.0	23	44	45	-	NA	-	NA	25	60	708	15
Syrian Arab Rep.	6,809	48	14	1971	93	3.4	20	46	56	-	NA	-	NA	44	67	307	31
Turkey	37,737	39	13	1971	119	2.6	27	42	57	-	NA	-	NA	39	72	360	51
United Arab Emirates . .	208	50	19	1971	138	3.1	22	45	47	-	NA	-	NA	48	18	3,150	20
Yemen (Aden)	1,376	50	20	1971	152	3.0	23	44	45	-	NA	-	NA	30	62	110	10
Yemen (San'a)	6,177	50	20	1971	152	3.0	23	44	45	-	NA	-	NA	6	73	80	10
South Asia	781,239	39	16	-	132	2.3	30	42	51	-	27	-	2.9	18	72	95	31
Afghanistan	18,079	51	27	1971	182	2.4	28	44	40	-	NA	-	NA	10	82	90	8
Bangladesh	75,382	44	17	1972	132	2.7	26	45	50	-	NA	-	NA	5	80	60	22
Bhutan	921	47	24	-	NA	2.3	30	NA	NA	-	NA	-	NA	4	NA	80	NA
India	596,000	37	15	1972	131	2.2	32	42	51	1964	26	1964	2.8	20	73	100	34
Maldiv Islands	119	46	23	-	NA	2.3	30	44	NA	-	NA	-	NA	12	NA	90	NA
Nepal	11,962	45	22	1970	169	2.3	30	42	43	-	¹ 27	-	NA	5	92	80	9
Pakistan	64,461	45	16	1961	132	2.9	24	44	54	1965	¹ 27	1965	¹ 3.9	26	53	79	16
Sikkim	212	48	29	1972	208	1.9	36	40	NA	-	NA	-	NA	7	NA	NA	NA
Sri Lanka (Ceylon) . . .	13,059	30	8	1968	50	2.2	32	40	65	1969	27	-	NA	23	49	167	76
South East Asia	302,479	41	15	-	111	2.6	27	44	52	-	28	-	3.3	22	64	127	54
Brunei	142	38	6	1971	38	3.2	22	43	NA	-	NA	-	NA	56	34	1,370	43
Burma	29,213	40	17	1970	126	2.3	30	40	50	1963	¹ 28	1963	¹ 2.9	19	64	69	60
Indonesia	128,121	45	18	1971	135	2.7	26	45	48	1964	27	-	NA	18	63	69	43
Khmer Republic (Cambodia)	7,659	44	14	1962	120	3.0	23	45	53	1959	28	-	NA	13	76	90	41
Laos	3,163	42	16	1971	123	2.6	27	42	50	-	NA	-	NA	16	78	65	20-25
Malaysia (including West Malaysia, Sabah, and Sarawak)	11,681	38	10	1971	75	2.8	25	44	60	1969	⁹ 27	1967	⁹ 3.5	43	56	384	43

See footnotes at end of table.

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1973 (thousands)	Births per 1,000 population 1972	Deaths per 1,000 population 1972	Infant deaths per 1,000 live births		Rate of natural increase 1972 (percent)	Years to double population	Population under age 15 (percent)	Life expectancy at birth 1972 (years)	Based on registered births				Urban population (percent)	Labor force in agriculture (percent)	Per capita GNP (dollars)	Literate population (percent)
				Year	No.					Year	Median age of mother (years)	Year	Median birth order				
South East Asia (cont'd):																	
Philippines	41,288	43	11	1971	78	3.2	22	43	59	1971	30	1971	4.0	35	46	194	72
Portuguese Timor	632	43	25	1971	184	1.8	39	42	40	1954	¹ 30	—	NA	11	NA	110	NA
Singapore	² 2,201	23	5	1971	20	1.8	39	38	70	1971	27	1971	2.3	100	8	1,160	75
Thailand	³ 39,075	36	8	1971	68	2.8	25	46	62	1969	¹ 28	1969	¹ 3.1	15	76	181	68
Vietnam, North	19,743	31	25	—	NA	.6	⁽¹⁰⁾	41	45	—	NA	—	NA	18	78	100	NA
Vietnam, South	19,561	NA	NA	—	NA	2.6	27	41	53	1968	¹ 30	1968	¹ 2.7	25	74	125	65
East Asia	970,060	30	13		91	1.7	42	35	56		27		2.0	33	56	426	36
China, Peoples Rep. of	792,677	31	14	1970	NA	1.7	41	36	53	—	NA	—	NA	26	63	160	25
China, Rep. of (Taiwan).	15,289	24	5	1971	28	1.9	36	39	69	1971	26	1971	2.0	65	34	416	85
Hong Kong	³ 4,140	19	5	1971	18	1.4	50	37	71	1971	29	1970	2.6	92	5	1,007	71
Japan	106,663	19	6	1972	13	1.3	53	24	73	1970	27	1970	1.6	72	14	2,450	98
Korea, North	15,288	44	14	—	NA	3.0	23	46	52	—	NA	—	NA	39	53	310	NA
Korea, Rep. of	33,435	29	9	1970	60	2.0	35	42	60	1970	29	1964	3.0	41	47	261	71
Macau	261	31	8	1971	78	2.3	30	38	58	1970	¹ 29	1970	¹ 3.6	100	NA	150	70
Mongolia	1,340	40	11	—	NA	2.9	24	44	58	—	NA	—	NA	46	59	380	95
Ryukyu Islands	967	22	5	1971	¹¹	1.7	41	35	73	1970	29	1969	2.2	58	21	NA	76
Oceania	20,275	26	10	—	38	1.6	43	33	67	—	26	—	2.0	70	18	2,513	97
American Samoa	32	36	5	1971	25	3.1	22	47	66	1969	28	1967	3.5	0	2	870	94
Australia	13,090	22	³	1971	17	1.3	53	29	72	1970	26	1970	1.9	86	7	3,117	98
British Solomon Is.	173	41	11	1970	77	3.0	23	45	57	1971	¹ 29	—	NA	8	NA	200	NA
Cook Islands	¹ 22	41	8	1966	64	3.3	21	52	65	—	NA	—	NA	29	72	NA	92
Fiji	548	30	6	1971	21	2.4	29	45	63	1970	25	1968	2.7	33	54	470	64
French Polynesia	124	46	9	1967	52	3.7	19	43	60	—	NA	—	NA	30	41	2,040	94
Gilbert and Ellice Is.	61	42	7	1968	110	3.5	20	45	54	—	NA	—	NA	24	NA	470	90
Guam	107	34	4	1971	21	3.0	23	40	62	1970	25	1967	2.9	25	0	3,090	NA
New Caledonia	114	36	10	1970	41	2.6	27	39	59	1968	¹ 26	—	NA	45	34	2,660	84
Papua New Guinea	2,609	44	21	1966	159	2.3	30	47	45	—	NA	—	NA	6	72	320	NA
New Hebrides	88	44	13	1967	106	3.1	22	47	53	—	NA	—	NA	12	NA	460	NA
New Zealand	2,925	23	9	1971	17	1.4	50	32	71	1970	25	1968	2.1	80	12	2,670	98
Pacific Islands	110	40	9	1971	63	3.1	22	46	62	1970	¹ 26	1968	¹ 4.3	32	9	390	NA
Tonga	92	39	10	1966	107	2.9	24	46	56	—	NA	—	NA	20	NA	300	90-95
Western Samoa	146	42	8	1966	57	3.4	20	51	63	1969	¹ 28	—	NA	20	74	140	97

¹Based on incomplete vital registration data. ²Difference due to rounding of birth and death rates. ³Based on adjusted census figures. ⁴Legitimate live births only.
⁵For England and Wales only. ⁶Based on incomplete data on births from a sample survey. ⁷Non-African population only. ⁸Data for East Bank only.
⁹West Malaysia only. ¹⁰Figures distorted because of war losses. ¹¹Excluding Niue which is part of Cook Islands but administered separately.

Note: Estimates of demographic and socio-economic variables for the world regions and the world total are weighted averages for countries for which data are available.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
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 PASA¹ with National Center for Health Statistics, U.S. Public Health Service. Project 931-17-570-450; RA-1-66.	64 Completed Aug. 1967						
Demographic Studies. PASA¹ with U.S. Bureau of the Census to prepare a report on the population of Pakistan. Project 946-11-590-735; TCR-3-65.	27 Completed Jan. 1965						
Demographic Methods Handbook. PASA¹ 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. PASA¹ 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. PASA¹ 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. PASA¹ 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; esd-2161.		61 Phase I 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 932-11-570-861; esd-2495. To establish the Moroccan Demographic Research Center (CERED) in Rabat. PROAG. 608-70-10.			353	208	424	366	58
Population Data Systems. PASA¹ 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 932-11-570-966; PASA TA(CA)-8-72.				200			
						2,001	2,456

¹Participating Agency Service Agreement.

²Consolidated 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	1973
<i>Nonregional--Continued</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
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 932-17-570-547; esd-3606.						1,043	
Disease and Demography Survey. PASA ¹ with the U.S. Center for Disease Control, Atlanta, Ga., to develop and test a survey methodology to combine collection of both vital events and incidence of disease in rural areas of countries where health and demographic data collection methods are inadequate. Project 932-11-570-601; PHA(IIA)-5-73.							300
African Data for Decision Making. Contract with National Data Use and Access Laboratories to demonstrate through application of user-oriented computer software the uses of demographic data for decision making and development planning in African countries. Project 932-11-570-606; CM-pha-C-73-18.							798
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 foreseeable population trends upon economic development prospects and assistance needs of less developed countries, utilizing data for Pakistan. Project 946-11-590-735; esd-751.	11 Completed Jan. 1965						
Conference on Population Dynamics. Contract with Johns Hopkins University to orient selected AID personnel in population dynamics. Project 946-11-590-735; esd-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 research project. Project 931-13-570-818; esd-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; esd-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 932-11-570-827; esd-2166; esd-2782.		109		100			100
Population/Economic Growth Analysis. Contract with General Electric Co. to formulate suitable analytical models to assist AID Missions and host country organizations to analyze consequences of birthrates and other demographic rates. Project 932-11-570-016; esd-1936; esd-2611. To provide revision and extension of the basic models and analytical materials. (Task Order No. 1.)		110	24	147			

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional--Continued</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION--Goal 2--Cont'd.							
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	195
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	
To assist six LDC country teams in the application of the model, and to carry out in-depth studies of related issues. (Task Order No. 6.)							429
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 932-17-570-824; csd-2151.		143					
Improvement of Population Program and Policy Design. Contract with the University of North Carolina to analyze and 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 932-11-570-856; 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 contract with the National Academy of Sciences. Project 932-11-570-858; csd-2515.			405	398	411		582
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 932-17-570-496; 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 932-17-570-497; 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 932-17-580-510; csd-2512.			262		101		1
Law and Population Program. Contract with the Fletcher School, Tufts University, to establish a reporting network							

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional-Continued</i>	<i>1,000 dol.</i>						
OFFICE OF POPULATION--Goal 2--Cont'd.							
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 932-11-570-880; 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 932-17-570-517; csd-2533.				326			
A Study of Fertility Rates and Earning Capacity of Rural Migrants in Latin America. Research contract with the Land 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 932-17-570-528; csd-2863.					223		77
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 932-17-580-539; 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 a book on the subject of population policy analysis. Project 932-11-570-976; 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 932-11-570-979; 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 932-17-570-554; csd-3690.						88	
Cultural Factors in Population Programs. Contract with the American Association for the Advancement of Science, Washington, D.C., to organize working groups of U.S. and LDC anthropologists and other experts to (a) provide LDC policy makers with continuous policy-relevant information concerning the consequences of rapid population growth; and (b) assist family planning program administrators in identifying and modifying cultural factors associated with expansion and improvement of f/p delivery systems. Project 932-11-580-608; CM-pha-C-73-25.							828

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
<i>Nonregional - Continued</i>							
OFFICE OF POPULATION							
Goal 3: Development of Adequate Means of Fertility Control							
Research on Family Planning-Pathfinder Fund. Contract 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 932-17-580-478; esd-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 932-17-580-493; esd-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 932-17-580-512; esd-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 corpus luteum function, (4) target effects of products of the corpus luteum, and (5) the quantitative description of the menstrual cycle. Project 932-17-580-509; RA(11A)8-69.			³ 1,540	53			
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 932-17-580-496; esd-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 in April 1970. Project 931-11-580-870; esd-2577.				94 Completed			
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 932-17-570-518; esd-2785.				2,255			2,150
Development of a Combined Agent for Disease Prophylaxis and Contraception. Research contract with the University of Pittsburgh to develop an intravaginal				581			138

³Includes \$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	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>						
OFFICE OF POPULATION—Goal 3—Cont'd.							
agent, or combination of agents, which will be effective as a contraceptive as well as a prophylactic against infectious diseases. Project 932-17-570-526; esd-2822.							
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 932-17-580-520; esd-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 932-17-570-521; esd-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 932-17-570-527; esd-2819.				150	495		873
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; esd-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 932-17-570-532; esd-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 932-17-580-537; esd-2979.					3,106	1,800	
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 932-17-570-541; esd-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 932-17-570-538; esd-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 932-17-570-540; esd-3300.					821		Terminated April 1973

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION—Goal 3—Cont'd.							
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 932-17-570-546; esd-3608.						3,350	
Simplified Techniques of Fertility Control. Research contract with the John Hopkins Hospital and School of Medicine, Johns Hopkins University, to establish a research program for development and evaluation of simplified fertility control techniques suitable for use in LDCs. Project 932-17-580-548; esd-3627. (See also Goal 6).						2,674	158
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 932-11-570-981; esd-3643.						1,801	
Research on Prostaglandins in Relation to Human Reproduction. Research contract with the University of Singapore to further test and develop prostaglandins as a means of fertility control. Project 932-17-570-602; CM-pha-C-73-36.							475
Sterilization by Endometrial Ablation. Research contract with the University of Colorado to investigate in sub-human primates the potential of cryosurgical ablation of the endometrium as a method of female sterilization. Project 932-17-570-603; CM-pha-C-73-27.							76
Research on the Safety of Oral Contraceptives in Developing Countries. Research contract with the Southwest Foundation for Research and Education, San Antonio, Texas, to investigate the health effects, metabolism and side effects of contraceptive steroids in LDC populations. Project 932-17-570-607; CM-pha-73-32.							1,226
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; esd-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 for evaluation of family planning programs. Project 931-11-580-815; esd-1185.	329				Completed Feb. 1971		
Evaluation 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	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	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION—Goal 4—Cont'd.							
planning education and techniques to mothers following childbirth in large hospitals. Project 931-17-580-479; csd-1565.							
Population Technical Support. Support for purchases of technical films and publications; for consultant and other backstopping costs; for establishment of technical library; and for publication of Annual Report of the Office of Population. Project 932-11-570-002.		42	13	173	113	198	482
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 932-11-580-838; csd-1837.		3,500	4,000	5,550	3,000	8,000	11,404
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 932-11-580-807; csd-1870.		700	2,500		2,266	4,000	6,035
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 932-11-580-812; csd-2155.		500	750		956	607	1,080
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 March 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 932-11-580-855; csd-2479.			88	182	1,381		241
Accelerated Feedback for Family Planning Programs. PASA ⁴ with the National Communicable Disease Center, U.S. Public Health Service, to generate an experimental system to accelerate the feedback of service statistics to guide decision making by the staff of family planning programs. Project 931-11-570-853; WOH(HA)-7-69.			4 ¹⁰ 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 to assist evaluators, and conduct short-term workshops. Project 932-11-580-842; csd-2251.			175	98	399		257

⁴Includes \$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	1973
<i>Nonregional- Continued</i> OFFICE OF POPULATION--Goal 4--Cont'd.	<i>1,000 dol.</i>						
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 in such fields as: Institutional development; MCH/family planning; public information and communication activities; insight into socioeconomic factors in determining population policies; effects of population growth on economic planning and educational goals; and meeting need for additional and better trained specialists in population/family planning programs. Project 932-11-570-863; esd-2508; esd-2897.			1,000		1,000	1,000	6,200
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 932-11-570-877; esd-2604.				522		350	179
Development of Family Planning Programs. 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 932-11-580-955; esd-3289.					3,800	4,000	
Accelerated Feedback for Guidance of Family Planning Programs. Project to improve the collection, processing and utilization of family planning services statistics. Project 932-11-570-943. Implemented jointly through: (a) PASA ¹ with Bureau of Census PASA TA(CA)-11-71. (b) Contract with Battelle Memorial Institute, Richland, Wash.; esd-2966. (This contract is to develop the software required in the implementation of client record systems.)					43 52		66
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 932-11-570-942; esd-3319.					226	214	94
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 932-11-570-951; esd-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 932-11-580-968; esd-3611.						876	1,000
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 932-11-580-982; P/O/C 3124513.						4,000	9,500

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
<i>Nonregional Continued</i> 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. Project 946-11-590-735; esd-1948.		3 Completed April 1967					
Population Symposium. Contract to edit proceedings of the Pacific Science Congress, Tokyo, 1966. Project 931-11-570-003.		2 Completed Nov. 1967					
International Training Seminar. Contract with University of North Carolina for Asian family planning information leaders to carry out communication support for family planning. Project 931-11-580-809; esd-1914.		76 Completed Dec. 1968					
Foreign Service Institute Course on Population Matters. Course for selected State, AID, U.S. Information Agency, and Peace Corps personnel. Project 931-11-580-833.		6	(5)	(5)	(5)	(5)	
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 932-11-580-820; esd-2456; esd-3280.			53	295	470	1,275	257
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 932-11-570-850; esd-2271; esd-2610.			55	233	430	545	646
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 932-11-570-900; esd-2878.					312		131
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 932-11-570-857; esd-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 932-11-570-917; esd-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 932-11-570-922; esd-3318.					43	35	22

⁵Handled 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	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION—Goal 5—Cont'd.							
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 932-11-570-924; csd-2937.					281		727
Midwife Promotion of and Support for Family Planning. Grant to the International Conference 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 932-11-570-947; csd-2948; csd-3411.					23	675	
Family Planning Support Through Home Economists. (a) Contract with the American Home Economics Association to assess needs of and opportunities for associations and institutions in LDCs to provide family planning concepts and information. Project 932-11-570-925; csd-2964. (b) Contract with the American Home Economics Association to equip home economists in LDCs to promote family planning. Project 932-11-580-980; csd-3623.					118	73	
Training Films and Related Teaching Materials Series. Contract with Airlie Foundation, Warrenton, Va., to produce three training films and concurrent teaching materials. Project 932-11-570-953; csd-3304.					394		
Expansion of Population Program Communication. Grant to University of Chicago to enable it to expand its graduate training capabilities in population program communication. Project 932-11-570-958; csd-3314.					509		
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 932-11-570-985; csd-3678.						1,661	
Population Program Information System. Contract with the National Institute for Community Development, Washington, D.C. to develop and implement a computerized management reporting, forecasting and performance evaluation review system for the AID population program. Project 932-11-570-986; csd-3711.							653
The Asia Foundation. Grant to the Asia Foundation, San Francisco, Calif. in support of family planning IEC activities, manpower studies and population policy in developing countries. Project 932-13-950-017; csd-2228.							1,407
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			

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION—Goal 6—Cont'd.							
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 951-11-570-822; 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 932-11-570-875; csd-2790.				1,035		110	
University Overseas Population Internships. Contract with University of North Carolina to establish an internship program for 40 graduate and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 932-11-570-882; csd-2830.				939			451
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 932-11-570-893; csd-2831.				933			
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 932-11-570-894; csd-2832.				990			
University Services Agreement (Johns Hopkins University). 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 932-11-570-916; csd-2956.					7717	7223	7931

⁶ Authorized under Section 211(d), Foreign Assistance Act, 1966.

⁷ Project total. Core support and subtotals are shown in parentheses.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional- Continued</i>	<i>1,000 dol.</i>						
OFFICE OF POPULATION--Goal 6--Cont'd.							
University Services Agreement (Johns Hopkins University)--Cont'd.							
Core Services.					(444)		
Sub-Project JHU 71-1 Diffusion of Family Planning Innovations.					(123)		
Sub-Project JHU 71-2 Investigation of Clinical Efficacy of Prostaglandin F2 Alpha As Luteolytic Agent.					(50)		
Sub-Project JHU 71-3 Investigation of the Clinical Effects of Prostaglandin F2 Alpha in the First Trimester.					(50)		
Sub-Project JHU 71-4 Investigation of the Clinical Effects of Prostaglandin F2 Alpha in the Second Trimester.					(50)		
Sub-Project JHU 72-1 and JHU 73-3 International Sterilization training.						(50)	(25)
Sub-Project JHU 72-2 Luteolytic Action of Prostaglandin F2 Alpha in Human Pseudopregnancy.						(50)	
Sub-Project JHU 72-3 Clinical Trial for Tubal Sterilization (Hemoclips).						(123)	
Sub-Project JHU 73-1 Research and Teaching Project in Population Dynamics and Policy.							(78)
Sub-Project JHU 73-2 Pilot Studies on Population Dynamics and Maternal and Child Health in Rural Ethiopia.							(150)
Sub-Project JHU 73-4 Androgen Polydimethylsiloxane Implants: Contraceptive Efficacy of Different Androgens.							(49)
Sub-Project JHU 73-5 Development of a Project Development Bureau.							(302)
Sub-Project JHU 73-6 Analysis of Data Gathered in the Course of the Taiwan Study on Epidemiology of Outcome of Pregnancy.							(79)
Sub-Project JHU 73-7 Feasibility of Distributing Contraceptive Supplies To Encourage Family Planning Practices - Taiwan.							(150)
Sub-Project JHU 73-8 The Survey Method in Family Planning Research and Evaluation: A Methodological Study.							(98)
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 932-11-570-923; esd-3321.					71,089		7315
Core Services.					(517)		
Sub-Project UM 71-1 Trophoblast Study Program.					(120)		
Sub-Project UM 71-2 Effect of PGE-1 and PGF2 Alpha on Uterine Contractility and Endometrial Morphology.					(67)		

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional--Continued</i>	<i>1,000 dol.</i>						
OFFICE OF POPULATION--Goal 6--Cont'd.							
University Services Agreement (University of Michigan)--Cont'd.							
Sub-Project UM 71-3 Malaysian Family Planning Program Evaluation.					(108)		
Sub-Project UM 71-4 Medical Correlates of the Use of the Intrauterine Device in Taiwan.					(12)		
Sub-Project UM 71-5 Relationship Between Demographic and Economic Phenomena in Households of Baroda, India.					(18)		
Sub-Project UM 71-6 Utilization of Traditional Village Midwives for Family Planning Program in Malaysia.					(126)		
Sub-Project UM 71-7 and UM 73-3 Organizing for Social Change: The Family Planning Program in Uttar Pradesh - Kanpur.					(121)		(31)
Sub-Project UM 73-1 Field Trials of 3 Strategies of Persuasive Communications and Education in Family Planning in Venezuela.							(150)
Sub-Project UM 73-2 Internal Migration in Nigeria: Implications for Realistic Population Policies.							(134)
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 932-11-570-956; esd-3325.					71,083	71,145	71,375
Core Services.					(556)	(950)	
Sub-Project UNC 71-1 and UNC 72-1 Development of Methods for Estimating Fertility Changes in Individual Local Areas of LDCs.					(50)	(50)	
Sub-Project UNC 71-2 Training for Nursing Leadership in Population Programs.					(162)		
Sub-Project UNC 71-3 University Population Program Development.					(75)		
Sub-Project UNC 71-4 Demonstration Project for Developing a Simple Vital Registration System and for Extending Postpartum Family Planning Services to Rural Areas of Tanzania.					(75)		
Sub-Project UNC 71-5 and UNC 72-2 An Automated Information System: A Pilot Study.					(50)	(100)	
Sub-project UNC 71-6 and UNC 73-4 A Pilot Program in Population Policy Analysis, Development and Application.					(115)		(96)
Sub-Project UNC 72-3 Field Worker Evaluation.						(45)	
Sub-Project UNC 73-1 Training for Public Health Nutritionists' Leadership in Responsible Parenthood.							(150)
Sub-Project UNC 73-2 Developing Venezuelan Capacity to Teach Management Skills in Responsible Parenthood Programs.							(148)
Sub-Project UNC 73-3 Pahlavi University Population Program Development.							(150)

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>						
OFFICE OF POPULATION—Goal 6—Cont'd.							
University Services Agreement (University of North Carolina)—Cont'd.							
Sub-Project UNC 73-5 Population Family Planning Reference Unit.							(150)
Sub-Project UNC 73-6 Javeriana University Interdisciplinary Graduate Program for Population Studies.							(242)
Sub-Project UNC 73-7 Epidemiological Studies of Family Building and Family Health in Taiwan.							(98)
Sub-Project UNC 73-8 Institutional Development of the ACEP (Asociación Colombiana para el Estudio Científico de la Población) to identify and Facilitate Population Training Needs in Colombia.							(139)
Sub-Project UNC 73-9 Population, Health, and Family Planning in the Middle East (Arab Countries).							(100)
Sub-Project UNC 73-10 Family Structure and Fertility in Pakistan.							(102)
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 932-11-570-891; 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 932-11-570-918; 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 932-11-570-948; 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 932-11-570-952; csd-3310.					774		444
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 932-11-570-959; 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 932-11-570-967; 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 932-11-580-977; csd-3621.						191	19

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional--Continued</i>	<i>1,000 dol.</i>						
OFFICE OF POPULATION--Goal 6--Cont'd.							
Development of Advanced Technology Fertility Training Centers. Grants to develop centers to train LDC physicians in the latest techniques of clinical fertility management, including pregnancy termination, sterilization and backstopping of physicians as they begin establishing advanced technology fertility clinics in their countries. Project 932-11-580-604; (a) at University of Pittsburgh, Pa.; CM-pha-G-73-21 (b) at Washington University, St. Louis; CM-pha-G-73-22 (c) at American University of Beirut; CM-pha-G-73-23 (d) at Johns Hopkins University; CM-pha-G-73-74.							479 841 257 1,387
Simplified Techniques of Fertility Control. Contract with Johns Hopkins University to establish training programs 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 932-17-580-548; csd-3627. (See also Goal 3).							676
Office of Population--total	2,079	10,623	17,398	22,055	35,270	49,355	58,626
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	22
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		314
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 931-11-590-971; 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	30
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	72
Office of Health -total					978	1,355	438

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>						
OFFICE OF SCIENCE AND TECHNOLOGY							
Remote Sensing Census Project. PASA ¹ with U.S. Bureau of Census to provide advice and coordination for an experimental project designed to assess comparative value of remote sensing, particularly earth resource satellite imagery, in improving effectiveness of population and agriculture census activities in developing countries. Project 931-11-995-997; TA(CA)07-73.							200
Office of Science and Technology-total							200
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; esd-2894; esd-3421.					139	119	130
(c) University of Connecticut providing 11-15 week courses for training of trainers; esd-3674						93	14
(d) Worldwide Training Program providing opportunity for training at the request of the field of AID/Washington for participants from countries where there are no AID Missions.						14	206
(e) National Association of Foreign Student Advisors—To establish a national program of population awareness for foreign students in the U.S.; CM/otr-C-73-20.							79
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; esd-2876.				121	202	113	Completed
Population Impact on Technical Training Programs. Contract with Governmental Affairs Institute, Washington, D.C., to 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; esd-2789.				101	146	88	Completed
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	1

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
<i>Nonregional—Continued</i>	<i>1,000 dol.</i>						
OFFICE OF INTERNATIONAL TRAINING—Cont'd.							
Office of International Training--total	132	38	40	304	546	503	430
AID/W OTHER	524	435	1,431	1,932	2,536	3,265	4,725
U.N. FUND FOR POPULATION ACTIVITIES		500	2,500	4,000	14,000	29,040	9,000
AFRICA—							
<i>Country projects:</i>							
Botswana:							
Maternal/Child Health - Family Planning Training. A multi-donor project to support the Government of Botswana's efforts to give priority emphasis to rural social and economic development of an infrastructure for rural health thereby extending maternal child health - family planning services to a greater proportion of the population. (690-11-540-032).							510
Cameroon:							
University Center for Health Sciences. Grant to assist a multidonor 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	80
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	21
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	800
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	

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
AFRICA--Continued	<i>1,000 dol.</i>						
<i>Country projects--Cont'd.</i>							
Ghana:--Cont'd.							
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	234
Kenya:							
Population Dynamics. To provide an audiovisual expert, a demographer, and a computer programmer for the family planning program in Kenya. (615-11-580-141).			133	164	141	478	155
Liberia:							
Demographic Household Survey. A 5-year project to develop demographic data by household surveys. (669-11-570-109).		14	184	200	141	213	
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	96
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. (608-11-580-112).			156	170	90	14	310
Demographic Research Center. Established demographic research center to experiment with various methodologies for data gathering and information dissemination. (608-11-570-109).						269	200
Population-Family Planning. Assists Government of Morocco with census and family planning program, especially with training of personnel. (608-11-580-089).						134	
Nigeria:							
Nigerian Family Health Training. To increase receptivity for family planning through improving the delivery of maternal and child health/family planning services to the people of Nigeria. Emphasis is on providing training for teams of nurses from various states so they can set up state MCH/FP training centers. (620-11-580-789).							830
Tanzania:							
Manpower Training Program for Maternal and Child Health Aides. To achieve institutional capability to provide comprehensive MCH/FP services to the rural population, as an integrated part of the Ministry of Health rural health program. (621-11-580-121).							3,064
Tunisia:							
Family Planning. Jointly supported by the Government of Tunisia, Ford Foundation, Population Council, U.S. Public Health Service, and AID, a project to reduce population increase by developing institutional		260	223	665	858	884	870

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS--Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
AFRICA--Continued	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
<i>Country projects--Cont'd.</i>							
Tunisia:--Cont'd.							
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).							
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	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	301
<i>Regional projects:</i>							
Participation in IPPF Conferences. Support 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. (932-11-580-166).		9	24	151	297	421	435
Regional Demographic Survey Workshop. Agreement with the Bureau of the Census to carry out demographic sampling survey workshops for training of African statisticians. (695-11-570-337).			97	28	10		15
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					16		

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
AFRICA—Continued	<i>1,000 dol.</i>						
<i>Regional projects—Cont'd.</i>							
countries in carrying out demographic activities in coordination with Economic Commission for Africa and United Nations Fund for Population Activities. (698-11-570-361).							
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. Contracts with University of California Extension at Santa Cruz and American ORT Federation 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	685
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		796
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 19 countries. (698-11-580-500).					97	113	200
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	
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	245
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	1,180
Country projects--total	53	404	983	2,484	2,084	9,008	7,596
Regional projects--total		259	457	179	5,699	2,259	3,556
Africa—total	53	663	1,440	2,663	7,783	11,267	11,152
EAST ASIA—							
<i>Country projects:</i>							
Indonesia:							
Family Planning Program. To support a national family planning program by integrating family							

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
	<i>1,000 dol.</i>						
EAST ASIA—Continued							
<i>Country projects—Cont'd.</i>							
Indonesia:—Cont'd.							
planning services into existing health facilities. Major organizations receiving support include the National Family Planning Institute, Armed Forces Medical Division, Indonesian Planned Parenthood Association, Muhammadiyah Council of Churches, and the Ministry of Health. (497-15-580-188)		270	1,500	430	1,759	2,686	5,829
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	200
Laos:							
Maternal and Child Health/Family Planning. 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	780
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	5,774
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 extend family planning							

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
EAST ASIA—Continued	<i>1,000 dol.</i>						
<i>Country projects—Cont'd.</i>							
South Vietnam:—Cont'd.							
clinics to all districts; 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	546
Population Dynamics. To create population awareness through education by: 1) modernization of the curricula for the national educational system to include population awareness information and materials; 2) development of teaching resources and materials; 3) development of university research. Project also supports administrative training and social and demographic research. (730-11-590-416).							276
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	1,789
<i>Regional projects:</i>							
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. (932-11-580-200; ea-32)		1,000	1,083		1,000	750	1,047
Colombo Plan. To provide a population advisor to the Colombo Plan and to support a population-family planning program consisting of seminars, workshops, and population educational services in member countries. (932-11-580-200)				17	50	50	135
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	202
Seminars and Conferences. To promote population concepts and programs and stimulate Asian Institutional involvement in family planning.					27	25	
Seminar for Asia Trade Union Women on Labor and Population. To assist the Philippine Department of Labor to carry out a regional seminar for leading women trade unionists of 15 Asian countries to prepare them to assume a greater responsibility in alternative roles for women in society. (932-11-570-609).							41

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
EAST ASIA—Continued							
Country projects—total	496	3,525	6,388	8,853	10,977	12,620	15,194
Regional projects—total	350	1,325	1,608	623	1,942	1,826	1,425
East Asia—total	846	4,850	7,996	9,476	12,919	14,446	16,619
WEST ASIA—							
<i>Country projects:</i>							
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	1,144
Bangladesh:							
Population-Family Planning. To assist the Government of Bangladesh in reducing population growth rate through support in contraceptive supplies, family planning equipment, training and advisory services. (388-11-580-001).							1,524
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	⁸ 7,721	730	20,318	540	517	130
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	1,331
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; -370; -384 and -393)	210	1,031	2,297	2,000	2,078	282	6,248
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	2,100				77		91

⁸Includes \$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	1973
WEST ASIA—Continued	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
<i>Country projects Cont'd.</i>							
Turkey:—Cont'd.							
maintenance and audiovisual equipment; technical assistance in demographic education. (Loan 227-II-068; 277-11-580-595)							
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	3
<i>Regional projects:</i>							
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 (932-15-580-019).					270		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	⁸ 9,061	3,349	22,908	5,181	1,395	10,471
Regional projects—total		655	963	277	1,409	1,505	270
West Asia—total	2,437	⁸ 9,716	4,312	23,185	6,590	2,900	10,741

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
LATIN AMERICA—	<i>1,000 dol.</i>						
<i>Regional projects:</i>							
Latin American 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 for 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				
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. (932-15-570-470; AID/la-430, AID/la-547, AID/la-551, and AID/la-552)	175		2,346	553	2,750		2,703
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) for production of movie film and film strips on family planning in social development. (598-15-990-438; AID/la-298)	40	Completed					

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973
	<i>1,000 dol.</i>						
LATIN AMERICA—Continued							
<i>Regional projects—Cont'd.</i>							
Communications Techniques in Population Programs. Contract with Design Center, Washington, D.C., to report on communications 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) for research in rural areas. (598-15-990-438; AID/la-417)	140		Completed				
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. (932-15-570-438; AID/la-672; LA(HA)17-69; AID/la-123)	34	29	53	153	784	1,412	1,434
Assistance for Regional Organization for Central America. Program for Health and Demographic Studies. (596-15-570-023)	243	424	186	260	209		
Translation and Distribution of Population/Family Planning Informational Materials. Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials regionwide. (598-15-580-477)		100	54	62	65	140	300
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. (932-15-580-479; AID/la-605)			150	241	362	475	456
MCH/FP Model Delivery System. Contract with Family Health Foundation, New Orleans, La. to develop and test three low cost/high coverage integrated health/family planning systems. (932-11-580-610; CM/pha-C-73-35).							2,500
Country project--total	1,539	5,457	3,071	5,437	7,085	7,223	6,230
Regional project--total	2,861	2,468	7,256	5,520	8,161	3,911	7,393
Latin America--total	4,400	7,925	10,327	10,957	15,246	11,134	13,623
GRAND TOTAL	10,471	34,750	45,444	74,572	95,868	123,265	125,554