Analyze African Official Attitudes, Opinions, and Recommendations Concerning U.S. Population Assistance: A Summary Report of Four Case Studies
Lesotho, Tanzania, Sénégal and Togo

to

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I. EXECUTIVE SUMMARY

Fertility has declined substantially in several Asian and Latin American countries over the past decade (i.e., Colombia, Costa Rica, Indonesia, China, Sri Lanka). However, in Africa, rapid population growth remains unchecked and shows no sign of abating despite the existence of (1) mostly laissez-faire environments, (apropos the provision of modern family planning services), (2) the presence of the International Planned Parenthood Federation (IPPF) affiliates throughout the continent, and (3) official population policies with demographic goals in a number of large, influential nations.

To examine closely African attitudes and opinions regarding various aspects of population dynamics and family planning issues, and then to seek their specific recommendations for U.S. population assistance to particular African countries, the Battelle Human Affairs Research Centers (HARC) under sponsorship by the Agency for International Development (AID), assessed and analyzed four countries in Sub-Sahara Africa: two Francophone (Sénégal and Togo) and two Anglophone (Lesotho and Tanzania). This effort was unique not only in its approach, but also in its use of African Advisors as Consultants to assist in the actual interviewing process and in preparation of the country assessment reports.

Although each case study country is distinct in several respects, all four countries are currently experiencing rapid population growth and associated problems. Their citizens' perceptions of population growth dynamics are shaped by circumstances peculiar to the socioeconomic environment, as are their attitudes and recommended solutions for what should be done about such growth phenomena.

There are, nevertheless, many significant parallels that can be drawn among four countries. These similarities include:

1. the desire for large families, shaped by centuries of traditions which place a high value and premium on children;

2. concern for the process of urbanization and associated ills, such as housing shortages, under- and unemployment, overcrowded facilities and congestion, urban sprawl, and reduced agricultural production due to rural exodus;

3. identification of the urgent need for accurate and reliable demographic data for effective development planning;

4. a lack of understanding and appreciation for the linkages between population variables and socioeconomic development, among politicians, planners, and decision makers; and,

5. uniform insistence that international development assistance agencies, whether in the population field or otherwise, actively solicit their advice and counsel to determine the appropriate form and substance of such assistance.

In Lesotho, family planning is provided through the Lesotho Family Planning Association, and through a number of private and church related institutions, such as Scott Hospital. There is no official population policy, and the formulation of one will not be easy because of the predominance of the Catholic Church.

UMATI (the IPPF affiliate in Tanzania) has been active since 1959, training nurses and midwives in maternal and child health care and family planning service delivery techniques and in the administration of several clinics. But UMATI remains small and has not had a significant impact in reducing or stabilizing Tanzania's estimated growth rate of 3.0% per annum. Male attitudes are basically inflexible on the issue of family planning. There is no official policy related to population growth and its consequences. Urban areas attract migrants daily; unemployment is rising; food shortages are acute; and schools do not have adequate numbers of skilled teachers and instructional materials.

Since 1976, Sénégalese authorities have overtly expressed concern about population growth. However, few maternal and child health care and family planning services are provided, and those which do exist are confined to urban areas rather than being spread to rural areas where the problems are greatest and the need most apparent. Islam is also a factor in Senegal, whose influence is clearly seen as having a negative impact on the expansion of maternal and child health care and family planning services to rural areas, and in the promulgation of a GOS population policy.

Togo has recently emerged as a proud, forward-looking nation. It is the only country of the four studied which appears to follow a pronatalist policy, believing that increased numbers of Togolese will contribute to the development and prosperity of the country.

African officials in all four of the countries view population assistance, in some form, as desirable. They expressed specific preference for: (1) long-term support; (2) use of local professional expertise, where feasible; (3) training programs to help fill the void of skilled technicians; (4) social science research to analyze and increase understanding of how population growth affects socioeconomic development at both the micro and macro levels; and (5) their active involvement, in tandem with USAID and other donor agencies, in making development assistance decisions.

The following report presents an accurate and detailed portrayal of what approximately one hundred and seventeen (117) men and women had to say about population, and of Battelle HARC's experience in reporting it. The IDSC, within the context of its international development research, and specifically in response to experience gained in the course of this project, strongly endorses the aforementioned recommendations concerning development assistance, as well as others, detailed in Section IV-F. of this report.

II. HISTORY AND RATIONALE

Between March and July, 1981, the International Development Study Center of Battelle's Human Affairs Research Centers conducted a series of four country-specific assessments and analyses of African opinion regarding population and family planning issues and U.S. assistance for such programs. Through the close collaboration and active participation of respected African scholars, physicians, demographers, and public professionals, the countries of Lesotho, Tanzania, Sénégal, and Togo were visited; their citizens--both public and private--were interviewed in depth and their candid thoughts, beliefs, and recommendations were recorded and analyzed. This exercise was unprecedented in its scope and intent, and initiated long-overdue dialogue between Africans and the Agency for International Development on important population and development matters.

The project's Principal Investigator, Leonard H. Robinson, Jr., has worked in the population and family planning field for more than a decade, with special focus on Africa. During this period, he has witnessed the parade of representatives from western-based family planning institutions to various countries throughout Africa; he has worked with private, church-related, and IPPF affiliated agencies as they have struggled to develop and implement small scale quality family planning service delivery programs, often in a vacuum and usually with little or no LDC government financial support or active encouragement. The Agency for International Development, through its contractual arrangements with private voluntary organizations (PVOs) and through its respective country Missions and their bilateral programs, has contributed significantly to this process. However, from the very outset of United States population assistance to Africa--especially assistance related to family planning service delivery and population policy development--a critical factor has been overlooked. This crucial link is the absolute necessity to actively and seriously consult African opinion and attitudes regarding appropriate approaches to the sensitive topic of population. The consequences of this omission are graphic. Africa continues to record among the highest birth rates in the world, with Kenya leading at 4.1 percent. The vast majority of maternal and child health care and family planning programs are still small in scale and characteristically low in their recorded rates of contraceptive prevalence. Countries like Kenya and Ghana, which have had official population policies with specific demographic objectives and targets for more than ten years, have not made any definitive progress toward stabilizing their rates of growth. (Kenya, in fact, has increased from an estimated 3.3% in 1970 to the current 4.1%.) Finally, African government fiscal allocations to support family planning and population programs through ministries of health and private organizations are negligible. (Ghana's recent preliminary WFS report projects a contraceptive prevalence rate of 9.6%--possibly the highest rate in Sub-Sahara Africa, but quite low compared to rates in some Asian and Latin American LDCs.)

The failure to work hand-in-glove with Africans in the population arena has been due largely to an unwillingness to recognize and accept deeply rooted African cultural and religious values attached to fertility and motherhood. It has also been a failure to fully appreciate African sensitivities and

suspicions regarding the need for and motivation behind western financed population and family planning assistance efforts, given Africa's colonial history, the ravages of the slave trade, and her continuing battle with an incredibly high incidence of infant and child mortality. Thus, the Battelle HARC/IDSC project was designed with four major goals in mind.

1. To bridge the gap in understanding between USAID Missions and the African community in a select number of countries.

2. To provide AID with insight into the attitudes, thoughts, and recommendations of Africans vis-a-vis their views on population and family planning issues.

3. To facilitate AID's Congressional mandate of providing population assistance to developing countries, by suggesting appropriate paths and approaches to such assistance on a country-specific basis.

4. To demonstrate to African officials and leaders that AID is genuinely committed to the establishment of an effective dialogue and active collaboration on development policy matters of mutual interest and concern, in particular, rapid population growth.

Contract No. AID/afr-C-1702, between AID's Africa Bureau and Battelle's Human Affairs Research Centers, was signed on September 30, 1981 with several specific objectives.

1. The establishment and organization of a small, active African Advisory Committee (AAC) on U.S. population assistance to Africa, to participate in country assessments as Consultants to Battelle.

2. The identification, in collaboration with the AID Africa Bureau Offices of Development Resources and Regional Affairs, of four countries in which the project would be active.

3. The assessment of the attitudes and opinions of leaders in each of the four countries concerning population growth, family planning, and U.S assistance in dealing with rapid population growth.

4. The preparation and submission of detailed country reports following each assessment, and a comprehensive final report.

This final report represents a summary of the project's experience, and outlines recommendations for further actions.

[Separate and detailed analyses of Lesotho, Tanzania, Sénégal and Togo have already been officially submitted to the AID Africa Bureau, containing data as told by African respondents.]

III. METHODOLOGY AND APPROACH

A. Country Selection

The project was originally designed for twelve (12) priority countries as defined and identified in the Africa Bureau's Proposed Population Strategy for Sub-Saharan African, A Functional Review of Population Programs, prepared by the Africa Bureau in July 1979. In the course of project negotiations with officials in the Bureau, a decision was reached to launch initially a pilot effort focusing on four countries.

Prior to contract signing, unclassified Department of State cable #224267 (see Appendix A) was dispatched to every USAID Mission in Sub-Sahara Africa to determine their views apropos the Battelle HARC/IDSC project and their interest in having such an assessment conducted in their respective countries. USAID Mission reactions to the proposed project were mixed, and ranged from very favorable to not interested. Tanzania, Upper Volta, Sénégal, Lesotho, and Kenya indicated interest in and support for the project (see Appendix B for a representative response). Several other Missions, such as Zaire, voiced support for the project, but felt that the timing was not appropriate or that the project assessment possibly duplicated the designated role of population and health officers. Cameroon rejected the project outright even though Battelle HARC/IDSC has in its employ a highly respected and U.S.-trained Cameroonian demographer who thought the project would be most useful in the sensitive Cameroon context.

It was also apparent that many of the Missions were confused by another Battelle HARC/IDSC project which was, by coincidence, going through a similar country selection process. Battelle's Population and Development Policy Program (PDP), sponsored by the AID Office of Population's Policy Division, is markedly different from the African Advisory Committee (AAC) country assessment. PDP is a long-term project with a predetermined and fixed set of objectives. Designed to facilitate the formulation and operational implementation of population policy, the PDP project functions for up to two years in ten target countries, and features collaborative activities between local social science research institutions and government policymakers and planners. The Africa Bureau project is much simpler in its scope and duration. With a two-week maximum time period per country, the AAC project had as its prime objective the gathering and analysis of data to assist AID in addressing specific and appropriate population assistance requirements as identified and recommended by African interviewees. The dichotomy between the two projects is clear; yet, the confusion lingered for quite some time.

Final country selection was completed in January, 1981 with Lesotho, Tanzania, Upper Volta, and Sénégal designated as pilot countries. Due to complications encountered in appropriately scheduling the Upper Volta assessment, Togo was chosen as the replacement, following discussions with John Lundgren of the USAID/Lome Mission.

B. African Advisory Committee (AAC)

One of the principal objectives of the project was to assemble a cadre of reputable, professional Africans to assist Battelle HARC/IDSC research scientists in the actual assessment and analysis of African attitudes and opinions on population matters. A cross-section of professionals was considered: those actively involved in and supportive of family planning; physicians and demographers; private business people; government officials and civic leaders; and, those presently involved in other aspects of the important process of socioeconomic development.

In anticipation of project approval, copies of the project proposal were mailed, along with an explanatory cover letter, to several prospective AAC candidates to solicit their reactions, recommendations and expressions of interest to serve as Consultants to the project. Among those contacted was Commissioner Robert Gardiner (see Appendix C), former Executive Director of the Economic Commission for Africa, Commissioner of Economic Development and Planning (Government of Ghana), and a member of the Willy Brandt Commission on North-South Relations. During the summer of 1980 (when the project was broader in scope and encompassed twelve countries), the Principal Investigator met with Commission Gardiner in Washington, D.C. to discuss his interest in being Chairman of the AAC. The Commissioner endorsed the project's objectives, urged close collaboration with the ECA and the Organization of African Unity (OAU) because of its scope and importance, and agreed to serve as the AAC Chairman, contingent upon funding and his schedule. Responses received from all Africans contacted were highly supportive and represent a significant, positive step forward for AID and its approach to population assistance in Africa (see Appendix D for a sample of written responses). After the contract was signed, nine African leaders were selected for the AAC, and notified of their appointment (see Appendix E):

Table 1

African Advisors Committee Members

Committee Member	Country
Dr. Frederick Sai	Ghana
Mr. Robert Ellis	Liberia
Dr. Pierre Sende	Cameroon
Mrs. Angela Gethi	Kenya
Dr. Hamid Rushwan	Sudan
Mrs. Tsahai Yitbarek	Ethiopia
Dr. Karim Diop	Senegal
Dr. Sadiki Coulibaly	Upper Volta
Dr. Senga	Kenya (Alternate)

Dr. Sai eventually declined as an AAC member due to other commitments; and, because the operational contract with the Africa Bureau was reduced in scope from the original proposal, Commissioner Gardiner's input as AAC Chairman was no longer appropriate.

C. Implementation

Plans were formulated to hold a planning meeting and project orientation in Nairobi, Kenya prior to the first country assessment, to be conducted in Lesotho. IDSC staff had prepared and tested a draft interview protocol for the country assessments. This protocol was discussed with Africa Bureau officials, revised per their suggestions, and later tested on three African officials residing in Washington, D.C. A reporting format was devised and discussed with the Africa Bureau.

The Nairobi meeting, held March 12-14, 1981, provided the opportunity for discussion with AAC members of the project's objectives and methodology, and for refinement of the interview protocol and country reporting format. The final interview protocol and reporting format were adopted in Nairobi as the standard for use in all country assessments and analyses (see Appendices F and G).

In cooperation with the Africa Regional Affairs' technical project monitor (Mary Ann Riegelman), the Principal Investigator prepared a series of cables to USAID Missions in Lesotho, Tanzania, Sénégal, and Upper Volta (later Togo) to arrange definite schedules for the country visits. A priority was placed on setting the schedule early in the project, so that Battelle HARC/IDSC could obtain commitments from AAC members well in advance of proposed country assessment dates. Extensive efforts were initiated with AAC members to ascertain their availability to attend the Nairobi planning session, and for subsequent visits to the four target countries.

Background demographic data and other pertinent information was researched, compiled and prepared in written form for use in each of the four country assessments. Additional information regarding expeditious and reliable contact channels, and banking and local airline facilities, was also compiled.

Contacts were made with the Washington, D.C. based Embassies of Lesotho, Tanzania, Sénégal, and Togo. A decision was made to arrange official interview schedules though these channels, in addition to direct contacts in each country. In some instances, local IPPF affiliates were contacted by phone to assist in arranging appointments in the local private sector. The Honorable M. Tau of Lesotho, the Honorable Paul Bomani of Tanzania (assisted by Mr. Peter Mwombella), and Dr. Karim Diop (former Executive Director of Sénégal's National Population Commission, CONAPOP) were exceedingly cooperative in arranging in-country protocols and necessary interviews.

Country assessments were held as presented in the following table.

Table 2

AAC Country Assessments

Country	Assessment Team	Month	Final Report
Lesotho	Moses Ebot Tsahai Yitbarek Anne Sheffield	March '81	April '81
Tanzania	Leonard Robinson, Jr.	May '81	July '81
Sénégal	Moses Ebot Karim Diop Sadiki Coulibaly Anne Kubisch	June '81	October '81
Togo	Moses Ebot Sadiki Coulibaly	July '81	October '81

Extensive communication with AID officials was an integral component of this project. USAID Missions were briefed and debriefed during each country assessment. Africa Bureau and other AID/Washington officials were also debriefed by the Battelle IDSC team representative shortly after his/her return to Washington, D.C. This offered AID immediate insight into how well the assessment exercise was carried out, and provided an advance report of the conclusions of each country visit.

Prior to these AID/Washington debriefing sessions, a draft country report was prepared and disseminated to AID/Washington officials for their perusal and substantive comment. This procedure was quite effective in stimulating lively exchange during the debriefings. Following incorporation of suggested written and stated comments of AID/Washington officials, final country reports were officially submitted to Africa Regional Affairs.

IV. CRITICAL FINDINGS AND RECOMMENDATIONS

This section details the perceptions of population change, including causes, trends, and associated problems, as articulated by government officials, bureaucrats, and civic leaders in Lesotho, Tanzania, Sénégal, and Togo (see Table 3 on following page, Selected Demographic, Social, and Population Policy Indicators for Recent Years in Project Countries). While those respondents interviewed in each of the four countries had certain comments and perceptions which were unique, there were definite common elements reiterated in each country analysis. Unless otherwise indicated, the following statements and observations are representative composites of comments provided by the Africans interviewed.

A. Perceptions of Causes of Population Change

The knowledge of interviewees on population growth trends for their countries was more qualitative than quantitative. Although they all realized that population is growing rapidly (from 2.4% per annum in Togo to 3.0% in Tanzania), they often did not have accurate statistics to document their general impressions. This probably reflects and substantiates the fact that good, reliable sources of demographic data and data collection systems do not exist in the majority of African countries. (In Tanzania, for example, the Census of 1978 has yet to be reported due to the lack of adequate computer facilities and technicians to process the data.)

There was concensus among the target countries as to the root causes of perceived population growth and change: (1) vast improvements in health care delivery and accessibility; (2) better sanitary conditions and the provision of potable water supplies; (3) increased life expectancy; (4) reductions in infant and child mortality (although they generally remain higher in Africa than other parts of the developing world); and finally, (5) strong traditions and customs that favor large families.

In Lesotho, the causes of population trends most frequently cited were: out-migration to gold and diamond mines in the Republic of South Africa; improvements in health care and a resultant gradual decline in mortality; a depressed rural agricultural economy; traditional preferences for large families and other factors associated with Basotho cultural values and mores; a strong Catholic influence; and, a perceived "laissez-faire" attitude toward population issues on the part of the Government of the Kingdom of Lesotho.

Tanzanians cited the quality of medical and health care facilities, which have reduced infant and child mortality and lengthened the average life span for men and women, as the major causal factor for rapid population growth.

In Sénégal, the majority of respondents directly attributed population growth to the influence of Islam, specifically citing the Koran and their interpretation that the Koran prohibits the use of contraceptives and encourages polygyny.

Table 3

Selected Demographic, Social, and Population Policy Indicators for Recent Years in Project Countries

Indicator	Country			
	Lesotho	Tanzania	Senegal	Togo
Total Population Estimate, mid-1980 (millions)	1.4	19.2	5.8	2.6
Projected Population by 2000 (millions)	2.1	35.0	9.7	4.7
Crude Birth Rate, 1975 (per 1,000)	40	46	48	49
Crude Death Rate, 1975 (per 1,000)	16	16	22	19
Annual Population Growth Rate, 1975 (%)	2.4	3.0	2.6	3.0
Total Fertility Rate, 1975	5.4	6.5	6.5	6.7
Life Expectancy at Birth, 1975 (in years)	50	51	42	46
Adult Literacy Rate, 1975*	40	66	10	16
Population Policy	No	No	In Process	No
IPPF Association	Yes	Yes	Yes	Yes

Sources:

Population Reference Bureau. 1981. World Population Data Sheet. Washington, D.C.: PRB.

* The World Bank. 1980. World Development Report. Annex: World Development Indicators. Washington, D.C.: The World Bank.

Togolese respondents, in addition to the more general perceptions cited above, talked about the repatriation of countrymen and women who had migrated to other African countries to seek employment, and rising nationalism fostered by a people increasingly proud of their recent economic gains and international recognition, for instance, as the location of the headquarters for ECOWAS.

B. Perceptions of Effects of Population Change

In every country assessed, the following population issues were deemed significant and served to document respondents' qualitative sense of the effects of rapid population growth.

- The rapid growth of cities, due in part to a large influx of migrant laborers from rural villages in search of work and better economic opportunities, is a very real concern. Urbanization and its negative impact on employment, housing, and agriculture production is felt everywhere, from Dar es Salaam to Lome and Dakar. Every respondent bemoaned this fact and appeared somewhat at a loss for solutions.

- Agricultural land currently under cultivation is overtaxed; this is one cause of declining agricultural production. Tanzania's leaders perceive that rapid population growth has increased the density of the population, especially on land used for agricultural purposes, resulting in pressures such as environmental deterioration, in particular the overgrazing of livestock and in deforestation for firewood and the production of charcoal. They also feel that such rapid growth has hastened both rural to rural and rural to urban migration, causing a reduction in agricultural productivity.

- With increased government interest in improved and expanded maternal and child health care and family planning services, infant and child mortality is falling; however, it is still very high. Life expectancy has also increased, thus widening the dependency ratios in each country, which currently range from 45-50 percent of the population below the age of fifteen, and a growing percentage of elderly, non-productive citizens.

- In all four countries, the unchecked movement of people is a problem. In some cases, it is an issue of in- and out-migration. In others, rural to urban migration is the main issue, not only in terms of urban congestion and the corresponding burden on municipal services, but again in terms of the negative impact on food production.

- There is concern for the provision of education for all who want it and, consequently, of sufficient jobs to ensure full employment for all. Primary and secondary schools are overcrowed and not properly staffed; teachers and textbooks are in short supply. This is indicative of limited financial resources, and as the population grows, so will the magnitude of these problems. Tanzania decreed Universal Primary Education in 1977, making education compulsory for children seven years of age or older. An estimated 800,000 were

registered for primary schools in 1977. One million students are projected to complete school by 1985, placing additional pressures on secondary schools and employment opportunities.

- There is a natural preference for large families. Total fertility rates in the target countries range from 5.4 (Lesotho) to 6.7 (Togo) live births per female. This high rate is characteristic of Africa as a whole.

- Culturally, there appears to be a breakdown in traditional values and mores, especially as people move to urban environments and families becomes less close. This is resulting in, inter alia, an increase in preganacies out of wedlock and an increasing incidence of illegal abortion (with as yet an undetermined incidence of associated septic poisoning, sometimes resulting in death). [Repondents in Lesotho spoke of a marked increase in illegal abortion, following a rise in teenage pregnancies, especially in urban areas. Rapid urbanization was blamed for this trend, along with a general lessening of the constraints which previously regulated relations between the sexes before marriage. In Sénégal, high fertility was equated with a breakdown in traditional values and practices, both of which have combined to foster premarital sex and early marriage. The absence of sex education for adolescents in the target countries and elsewhere in Africa only compounds these problems. The experience of Lesotho and Sénégal repeats itself in Tanzania, and although this particular phenomena was not recorded for Togo, we suspect similar circumtances exist there.]

- Politically speaking, in some countries, especially Togo, there is a strong feeling that a rapidly growing population is a positive factor. It is seen as a yardstick for measuring national confidence and maturity, as well as clout in the international community.

- In Sénégal, interviewees spoke of large numbers of unemployed youths who often turn to crime, or lose confidence in government and become "latent time bombs" for fomenting revolution.

C. Official Positions on Population Policy

None of the countries assessed by Battelle HARC/IDSC and the AAC have official pronouncements or policies which delineate specific demographic objectives and goals designed to slow down or stabilize population growth. Not only are there no overt policies designed to encourage the practice of family planning or child spacing, there were, in fact, no indications in any of the countries that demographic variables are even integrated into socioeconomic planning processes. What we did discover in each country were a difference of opinion or interpretation as to what constituted a bona fide population policy, and varying degrees of official attitudes and progress toward policy formulation. For example, in Tanzania many respondents considered the presence of UMATI, the Tanzanian IPPF affiliate, as proof positive of the existence of a population policy. Still others in Dar es Salaam equated the GOT's practice of providing paid maternity leave

for up to four children with a population policy. Those who were aware that Tanzania did not have an official policy did not support the formulation of one, citing political and cultural reasons for exercising prudence in this area.

Togo comes out clearly as basically pro-natalist in its stance on population matters. Fifteen of the Togolese interviewed expressed no confidence in population policies, citing Ghana, Kenya, and Egypt as examples where such policies were largely ineffectual. Others argued that government has no right to legislate the sexual behavior of its citizens. The majority of respondents (60%) stated that the GOT's current laissez-faire attitude is a prudent approach to the complex problems of population dynamics in Togo, and that the government needs to understand the basic elements of population variables before undertaking the difficult task of policy formulation and promulgation.

The situation is markedly different in Sénégal. While 40 percent of those interviewed in Sénégal did not think there is a policy, 33 percent contended there is. In reality, Senegal does not have an official policy. Nevertheless, there is definitive movement in the direction of official legislation, supported by a chain of events which have occurred since 1976. In December of 1976, the then President, Senghor, warned that rapid population growth posed a danger to the country and that if the annual growth rate continued at the current estimated rate of 2.9%, the population would reach 10 million by the year 2000. President Senghor also stressed the implications of rapid population growth, including unemployment and increasing demand for food, schools and other basic human needs. On October 14, 1979, the Commission Nationale de Population was established. The Commission's tasks are: (1) to assemble and analyze all available data on population and cultural, economic, and social aspects liable to influence demographic factors; (2) to develop a population policy in perfect coherence with the standard of living and the sociocultural characteristics of the Sénégalese people to achieve harmonious social and economic development; and, (3) to study the possibilities of integrating the demographic variable into the methodology of economic and social development planning. Later, in December of 1980, the Sénégalese National Assembly repealed the decree of 1933 which enforced the French colonial law of 1920, effectively banning the importation, manufacture, and sale of contraceptives and the dissemination of material describing contraception. This law has hampered efforts to effectively introduce modern methods of family planning throughout Francophone Africa. Although positive steps have been taken in Senegal, the influence of Islam and of the marabouts (religious leaders) as an opposing force to widespread access to family planning has forced a cautious approach upon GOS officials.

Our AAC team members came close to finding concensus among respondents in Lesotho that there is no official population policy. There were three dissenting entitites. Two high ranking government officials argued that the forthcoming Third Five Year Plan would spell out a clear policy. Representatives of the Lesotho Family Planning Association pointed to a speech given on October 25, 1980 by the then Director of Health Services in the Ministry of Health, in which he stated,

"This seminar comes only eight months after the adoption of the ten resolutions passed by the National Conference on Population Management as a factor in Development, Including Family Planning as National Policy, for it was on 5 Feburary 1980 that the Cabinet passed those resolutions as National Policy."

In point of fact, no population policy exists. Rather, in this country where the population is 39% Catholic, there is broad agreement that the influence of the Catholic church acts as an anti-population policy force. There is also agreement that serious sensitivities surround the issue that access to contraceptives encourages promiscuity among young people and will thus aggravate rather than solve problems of growing illegitimacy, teenage pregnancies, and illegal abortion. Most respondents felt that traditional Basotho conservatism would thwart efforts to develop population policy for sometime to come.

What emerges from these studies is clear evidence that official policymakers and planners are not conversant with the linkages between population growth and economic development. Thus, there is no appreciation for the role family planning can play in facilitating the process of development, or the positive impact the integration of population variables into development planning could have on the process. In the absence of education and exposure to these and other factors, officials will remain aloof and basically opposed to population policy as defined in the west. It is equally true that religion and traditional cultural values weigh heavily on the minds of Africans and also shapes their behavior. This results in attitudes which are primarily pro-children and encourage large families. Family planning and child-spacing practices are evident, particularly in urban areas, and there are IPPF associations located in each of the target countries. Nevertheless, nationwide availability and practice of family planning does not appear likely for years to come.

D. External Population Assistance

International donor agencies are active in each country surveyed. UNFPA and IPPF are by far the most visible institutions working in the four countries, with several PVOs like FPIA (Family Planning International Assistance) and Pathfinder evident to a lesser extent.

Lesotho has received assistance from AID for the training of nurses and midwives in maternal and child health care and family planning service instructional training. UNFPA (United Nations Fund for Population Activities) supports the maintenance of a family planning physician in the Ministry of Health and Social Welfare. IPPF provides annual core costs to the Lesotho Family Planning Association, as well as contraceptive commodities and information and education materials. Pathfinder and World Neighbors have also assisted the Association.

AID has donated approximately $10.4 million for maternal and child health care and family planning service efforts in Tanzania, including the construction of eighteen maternal and child health care and family planning service centers, participant training in the U.S., and contraceptive

supplies. UNFPA has funded population activities since 1971, including publication of Tanzania's Census results, family life education seminars, and population education and communications projects. Total contributions through June 1979 were $1.5 million. Additional assistance has come from the Swedish International Development Authority (SIDA) for the construction of health centers; from the Norwegian Agency for International Development (NORAD) for the construction of 400 rural dispensaries; from the Government of Finland for rural medical aid schools; from the FPIA; and annual core costs support from IPPF to UMATI.

Population assistance to Sénégal has been irregular and evident only in recent years. Data processing and reporting for the population census of 1976 was funded in part by UNFPA. Pathfinder contributed to the efforts of the Clinique de la Croix Bleue for several years. USAID was successful in developing the first ever bilateral family planning project with the GOS in 1978-79, but the program has yet to be fully implemented. Both the Research Triangle Institute and Battelle HARC are currently providing assistance for applied research and analysis in population and development policy through the National Population Commission.

In Togo, population assistance has been dominated by UNFPA. FPIA, in conjunction with the USAID Mission, has for several years been involved in the design and implementation of a maternal and child health care and family planning service delivery center and program, including the training of nurses and midwives, but the project has experienced several setbacks and is not yet fully operational. IPPF provides support to the local Association (ATBEF) and Pathfinder and the Population Council have also contributed to project support.

Large scale, effective family planning programs are not apparent in any of the project countries analyzed.

E. Recommendations for USAID Population Assistance: The View of African Respondents

The recommendations presented in this section represent a composite reconstruction of statements articulated by Africans interviewed in Lesotho, Tanzania, Sénégal, and Togo. These recommendations represent the views of these Africans; they have not been altered by Battelle HARC/IDSC or by members of the AAC; nor does Battelle HARC/IDSC necessarily endorse all of these recommendations. (The Battelle HARC/IDSC perspective is presented in the following section, IV-F.)

- Population assistance programs should be developed in response to needs as articulated by government officials, not by the international donor community.

- Family planning should not be promoted alone or in lieu of other development oriented programs. Most donors focus too narrowly on family planning as a solution to a country's development problems.

- Family planning should be integrated with maternal and child health care delivery and expanded specifically to rural areas. Additional

training of nurses and midwives in MCH and family planning is required to facilitate these efforts.

- There is a crippling lack of accurate and reliable demographic data for use in sound socioeconomic development planning. In addition, ample cadres of statisticians, demographers, and other technicians trained to analyze such data are not available. Therefore, training assistance from AID and other donors is urgently required.

- Politicians, policymakers, and planners are not fully conversant with or receptive to linkages between population dynamics and development. Workshops and seminars need to be designed to fill this void.

- Male attitudes are consistently opposed to family planning, especially in Lesotho and Tanzania. Special information and education programs are needed for men, to heighten their awareness and acceptance of the health and economic advantages of family planning. This is especially critical, since men directly influence the size of families.

- Respondents suggested long-term assistance to ensure continuity and self-sufficiency when donor funding eventually terminates.

- There is a lack of adequate and relevant social science research and analysis, the data of which could be used for more effective development planning. In particular, the impact of population growth on development sectors such as agriculture, housing, labor force, education, and health care. Assistance is required to help local research institutions carry out such studies and for effective dissemination of findings and recommendations. [As one respondent (a planner) said in Dar es Salaam, "We are often flying in the dark when it comes to sound development planning."]

- AID should utilize African talent and expertise, where feasible, for specific technical assistance inputs, instead of bringing in expatriate technicians.

F. Recommendations for USAID Population Assistance: The Battelle HARC/IDSC Perspective

When contemplating population assistance to Africa, the Agency for International Development must take into account the social, cultural, and, economic realities of Africa and the challenges thrust upon those who seek to bring about social change, often through ill-advised shortcuts to complex sociocultural conditions. Africans, especially politicans, government officials, and the educated elite, are politically and culturally sensitive to population issues, in particular family planning and population control. Cultural traditions, deeply rooted and constantly reinforced, dictate that large families constitute the norm, not the exception. High rates of infant and child mortality (reaching the rate of 200/1000 in some countries) almost single-handedly negates public and official support for nationwide family planning efforts. Finally, many African women suffer the indignity of infertility and subfertility,

conditions which often result in broken marriages, disgrace and ostracism. Is there wonder, then, as to why Africa poses difficulties for those in the west who are frustrated at the lack of significant movement in the population arena? What is required is a commitment to assist in building an African constituency, in every country, for family planning and for the use of population variables in development planning. The simple fact is, most Africans do not understand or appreciate the effects of population growth on socioeconomic development. We have made some strides among the leadership in Kenya and in several other countries, but much remains unfinished.

Battelle HARC/IDSC offers the following specific recommendations for appropriate population assistance to Africa, based on insight gained from the interviews, and from a decade or more of experience on the part of the Principal Investigator in the African continent.

- Family planning should be integrated with maternal and child health care, particularly in those countries where the introduction of modern family planning practices is relatively new and where high infant and child mortality is apparent.

- Indigenous systems of maternal and child health care and family planning service delivery should be fully investigated and tried on an experimental basis, to enhance the acceptance and credibility of services. Women's political organizations, the network of market women's associations throughout West Africa, traditional birth attendants, local medicine men, and healers should all be utilized, where feasible, in the effort to expand services through known and trusted systems.

- Special education and information programs for men should be actively designed and implemented. The "machismo factor" is stronger in Africa than in Latin American, and until men are fully supportive of family planning, the environment in African homes and villages will not be conducive to the free use of family planning modalities.

- Contraceptives should be packaged according to local customs and requirements, using local motifs and advertising slogans. This step alone will improve consumer acceptance and satisfaction. The Westinghouse experience in Ghana with Panther condoms and other Ghanaian inspired items supports this recommendation.

- Biomedical and contraceptive research into perceived and actual contraceptive-induced side effects is crucial. There are high dropout rates in many parts of Africa among women who use orals or IUDs. We need to know why. We also need to counter the impact of frequent western-based news reports concerning documented side effects of orals and IUDs, and the continuing saga of Depo Povera, issues which make front page headlines in every African country, often precipitating political hassles with local IPPF Associations because of the active dissemination of various contraceptive methods. Efforts to analyze causal factors in reported side effects among African women would

clearly demonstrate AID's concern for the well-being of African acceptors and could very well augment the spread of family planning in the long run.

- As reported in the Tanzania Assessment and Analysis, UMATI has been somewhat successful in motivating men to use condoms. Zimbabwe has also achieved notable success in this area, a surprising development in Africa where most men shun the condom as distasteful and associated with prostitution. AID should study the approach adopted in Tanzania and Zimbabwe and determine if it can be replicated in other African countries. If condoms were widely used in Africa, not only would this result in births averted, but it would reduce the incidence of venereal disease as well.

- USAID Missions should actively recruit and hire Africans as population and health officers. This has been done in very few countries, with Ghana and Nigeria notable among the few. The practice should be encouraged, not only because the Africans would be in a position to facilitate the development and implementation of large bilateral projects, but because AID personnel ceilings have hindered attempts to place population and health officers in every USAID Mission in Africa, especially in priority country Missions.

- Social science research, analysis, and dissemination is urgently required, using local research institutions and research scientists. Planners and policymakers are more often than not unaware of the impact of population variables on key development sectors, thus their appreciation for rapid population growth is negligible. This void needs to be addressed quickly.

- Parliamentarians, politicians, and government decision makers should be exposed to population and development theory, actual country-specific case studies, and research findings. This process will facilitate the requirement to build a constituency for population and family planning. Seminars and one-day workshops are excellent mediums for this input.

- Demographers and statisticians are in short supply. Training is required to build cadres of these technicians, particularly in-service training to familiarize them with the latest techniques and developments.

- Educational tours should be provided for high level officials to countries where governments have adopted active and effective policies and programs. The multiplier effect may foster definitive action on the part of participants.

V. PROJECT EXPERIENCE

With the exception of one country, Tanzania, members of the AAC and all of the Africans interviewed during the execution of this research effort were impressed and pleased with AID's intent to solicit and consider their specific, candid opinions and recommendations regarding population dynamics, family planning, and related issues. Difficulties were encountered in Tanzania due to the fact that population issues are extremely sensitive to some of the country officials. Without reservation, Battelle HARC/IDSC is convinced that the exercise was a strong, positive, and essential intervention in AID's ongoing effort to extend important population assistance to Africa through bilateral and centrally funded channels. This activity helped to dispel many of the long-held African suspicions vis-a-vis perceived United States and western motivations behind such assistance, and clearly demonstrated AID's commitment to and concern for learning about the African point of view. We also believe that the information compiled and analyzed will assist USAID Missions in designing population programs which are needed and wanted by respective host-country officials in the four countries assessed, and will provide Missions with certain entrees and strengthened interpersonal relationships (so vital in the population field) in the actual implementation of mutually approved project activities.

As a spin-off effect, the project has demonstrated to several black Americans, long involved in the process of socioeconomic development within the African context, that the United States Government is interested in and willing to involve Africans in matters of development assistance policy, especially in the critical but politically sensitive arena of family planning and population (see Appendix H, letter from Mr. C. Payne Lucas, Executive Director of AFRICARE).

A. Project Design and Procedures: A Self-Evaluation

The project was not void of the usual problems and headaches one expects to emerge during a pilot effort; thus, a brief discussion of these should help to avoid similar circumstances in future country assessments. (Solutions to these problems are discussed in Section VI., Recommendations for Further Action.)

The goal of finalizing each country assessment schedule in conjunction with USAID Missions prior to the project's implementation, was not realized despite the concerted efforts of Africa Bureau and Battelle HARC/IDSC officials. This somewhat compromised our objectives of establishing an advance schedule of country visits, determining assessment team composition and country assignments, and obtaining important advance commitments from AAC members for their participation.

Specific examples will serve to illustrate the point. The Lesotho assessment schedule slipped from January to March, 1981 due to official holidays in Lesotho and delays in the USAID/Maseru process of obtaining final approval from the Government of the Kingdom of Lesotho. In addition,

the USAID/Nairobi Mission was initially hesitant to allow Battelle to stage its planning and orientation session in Nairobi, contributing to further delays in implementation. (The Mission's eventual approval resulted in sizable savings in project travel costs, since the session was held in relatively close proximity to Lesotho.) The inability to set a firm country visit timetable two-to-three months prior to the initial assessment resulted in two or three AAC members being unavailable for country assignments due to conflicting schedules and intervening priorities beyond their control.

Characteristically poor communication systems throughout Africa resulted in several logistical difficulties. These difficulties were encountered in writing and cabling AAC members apropos their availability for country assessments; in receiving responses in a timely manner; in transmitting airline tickets smoothly; in the transfer of travel and per diem funds; and in the timely receipt of project-related materials from AAC members. Cables were often not received by the addressee; airline companies in some African cities failed to inform travelers of receipt of their air ticket; and, cabling funds for travel expenses through the international banking system proved tricky on a country-by-country basis. (One AAC member was in Maseru for over one week before he was able to clear his travel expenses through the local banking establishment.) With a great deal of persistence, however, contact was eventually effected in each case and required country research activities were conducted as planned. Battelle HARC/IDSC has now worked out the logistical support system, and is able to carry out all functions smoothly and efficiently.

In one country, Tanzania, the assessment team member was viewed as an AID official, despite the indirect affiliation. This prompted some respondents to strongly allude to their suspicions concerning United States motivations in population assistance and to otherwise vent their displeasure at AID in general on many population related issues. Serving as a "lightning rod" was not an inappropriate role for the American team member to assume, for it did tend to foster candor.

At least two interviewing days were lost in each two-week country schedule. This was due to the necessity of finalizing appointments upon arrival, briefing and coordinating with host government and USAID Mission officials, and (in two countries) disseminating the interview protocol in advance. As a consequence, the interviewing pace was hectic and often negated the intent to interview people in villages outside the capital city. The short assessment period also necessarily limited the sample interviewing size. Team members spent evenings and nights working together to compile and analyze data obtained during working hours, and jointly prepared country report drafts for exit debriefings with USAID Mission officials. However, there was not time allocated for AAC input into final country reports, or for interaction with AID/Washington officials--an exercise which could have solidified AID's appreciation for the value and impact of African participation in this project.

During the course of the project, many of the problems cited above were resolved and procedures for handling specific requirements were refined. Given budget and time constraints of the pilot effort, the project achieved several noteworthy results as discussed in Section V.B.

B. Some Specific Results and Impacts

The AAC project produced several significant results. While these are detailed by country in the specific assessment reports, several of the results will have impacts which extend beyond the bounds of any one nation. The most important of those results are outlined in this section.

1. An African Advisory Committee, composed of respected professionals in various disciplines, has been established and is committed to the ideals and objectives of this project.

2. An important dialogue has been cemented with officials and representatives in four countries--two Francophone, and two Anglophone.

3. Four analysis and assessments reports have been completed for Lesotho, Tanzania, Sénégal, and Togo, and the results and recommendations have been discussed with both AID/Washington and the respective USAID Missions.

4. These assessments can now become meaningful points of departure for AID's internal discussions of future population assistance activities in those countries.

5. There is also a key psychological factor at work here. In local government circles there is now a cadre of officials who are beginning to feel that USAID respects their opinions (and, by implication those of their fellow countrymen) and wants to understand what they perceive as important population issues and strategies for improving the living conditions and standards in their country. In addition, the candid comments of the respondents can perhaps justify experimenting with a new in-country modus operandi: inviting certain host-government officials to work with local USAID personnel in planning and designing new projects.

6. The local USAID Missions have been provided with the names of all persons contacted and can follow-up to further this definitive step toward candid interactions.

VI. RECOMMENDATIONS FOR FURTHER ACTION

From July 6-9, 1981, the first ever Parliamentary Conference on Population and Development in Africa was held in Nairobi, Kenya. Attended by parliamentarians throughout the continent of Africa, the Conference was remarkable, inter alia, for many of its conclusions and recommendations, as reported by the Inter-Parliamentary Union (Geneva).

> It is important to integrate the population component in all aspects of economic planning. The taking of a population census is not alone sufficient; what is important is to use the census data to project the components of the population as related to the different sectors, e.g., agriculture, education, health, labour employment, etc., and thereby to make a calculation of both current and capital budgets consonant with the targets set by the planners. This implies a need for comprehensive population policies and activities to bring together population change and development targets.
>
> The conference appeals to those Governments which have not yet recognized family planning as human right for citizens to do so in accordance with the concensus reached at the Bucharest Conference in 1974. Family planning programmes should be integrated in overall programmes of family health, but they may be given added prominence through separate programmes. (Conclusions and Recommendations, 1981; emphasis added.)

Five years ago, a parliamentarians conference on population and development issues in Africa would have been difficult, if not impossible, to convene. That it was in fact held is indicative of maturity in the African knowledge base apropos population dynamics, and the increasing recognition and acceptance of the link between population growth variables and official socioeconomic development objectives. The international population assistance community, especially the multi-faceted efforts of the Agency for International Development (through its PVO channels), has contributed much to the evolution of these positive events. However, the Conference also served to demonstrate the fact that Africans are adamant in their resolve to determine for themselves the appropriate paths and policies required to address the issues and problems of rapid population growth, including the provision of family planning services and the role of population assistance in development planning.

This project (AID/afr-C-1702) was undertaken to facilitate the participation of Africans and their thinking in the complex and sensitive arena of United States population assistance as mandated by Congress through the Foreign Assistance Act of 1961, as amended in 1975. Among African official leaders, there is rapidly emerging recognition and acceptance of the relevance of population growth and the role of family planning in the achievement of socioeconomic development. The convergence of this phenomenon with the demonstrated willingness of AID to consider the

African perspective in United States population assistance augurs well for continued positive momentum in Sub-Sahara Africa. Anything less than effective collaboration and cooperation could set the evolutionary momentum back ten years.

In light of the environment discussed so far in this section, and in keeping with Battelle HARC/IDSC's pilot initiative, we offer the specific recommendations for consideration of possible future country studies.

A. Country Selection

USAID Missions interested in seeing an assessment and analysis conducted in their country should commit themselves early in the project and designate a prime time and an alternate time for scheduling the country visit. It would be advisable for each USAID Mission to consult local government officials prior to contacting AID/Washington, to ensure that suggested assessment dates are convenient to all parties concerned. Battelle HARC/IDSC also could contact USAID Mission officials through members of the AAC, to discuss the efficacy of their countries being selected for assessment.

B. In-Country Appointment Scheduling

An advance Battelle HARC/IDSC visit to each participating country would tremendously facilitate a project of this type. USAID Mission and most country officials could be briefed; a desirable cross-section of government, civic and community officials and leaders could be contacted and appointments scheduled; and, Battelle HARC/IDSC could finalize all logistical support requirements prior to the assessment team's arrival.

C. Assessment Procedures

The ideal period of time for in-country research is three weeks. This would allow for a greater number of interviews beyond the average 25-30 conducted in two weeks, and ensure the objective of assembling a better random sample, including villagers. In addition, an extra week would afford team members greater access to and interaction with USAID Mission personnel to enhance their understanding of findings and recommendations, as they unfold. This would also allow for the preparation of more detailed country reports and increased input from the African members of the team.

D. Necessary Follow-up

We believe that USAID Mission and AID/Washington follow through vis-a-vis specific recommendations for project activities, where feasible, are absolutely essential if trust and credibility is to be sustained. Although Battelle HARC/IDSC scrupulously avoided making promises under any circumstances, and rejected those rare accusations of functioning as "brokers" for AID, there can be no doubt that the expectations of some

respondents increased as a consequence of our inquiries and our statements of AID's interest in their opinions. Therefore, it is AID's responsibility to pursue the leads and ideas generated through this important exercise. To proceed otherwise would mean losing the initiative and good will generated by this project.

To initiate this process, we suggest that USAID Missions hold meetings with their host-government counterparts, especially with the officials interviewed by the AAC team. In future assessments, we suggest that USAID Mission and government officials participate in joint debriefing sessions with Battelle HARC/IDSC representatives.

Battelle HARC/IDSC is intereted in working with the USAID Missions in each of the four countries recently assessed, to assist with follow-up and implementation activities, including the design, implementation, and administration of family planning service delivery and training projects, and population policy formulation and analysis.

E. African Advisory Committee (AAC)

Without the participation of AAC members, the success and credibility of this pilot effort would have been negligible. Their reputations, their individual styles, and their professionalism are keys to initiating significant dialogues in the areas of population and family planning. Their understanding and sense of cultural, social, and political nuances as they relate to the issues at hand are natural and instinctive to them as citizens of African nations. Their continued, active involvement is a vital component of additional in-depth country studies. We also recommend that the AAC members be afforded an opportunity to exchange ideas and concerns directly with AID/Washington officials in the execution of a Phase II, should such an additional phase materialize.

F. Suggested Additional Countries

On the basis of Battelle HARC/IDSC's continuous monitoring of events in Africa, especially those related to developments in population and family planning, we propose several additional countries for detailed assessment and analysis. The primary objectives remains unchanged: to provide AID with candid, succinct insight; to assist in breaking the logjam of population related issues; to ease tensions formed by decades of suspicion vis-a-vis population assistance; and, to chart new avenues for appropriate and acceptable interventions--especially in Francophone Africa.

Table 4

Proposed New Countries (in order of priority)
Nigeria
Cameroon
Ivory Coast
Zambia
Sierra Leone
Upper Volta
Niger

VII. CONCLUSION

These and other population-related efforts of Battelle HARC's International Development Study Center are explicitly designed to actively expose African political and official leadership to the linkages between socioeconomic development and population growth variables. If their understanding of, appreciation for, and concerted action vis-a-vis rapid population growth is not fully galvanized, Africa will suffer mightly in the decades of the 1980's and 1990's. Correspondingly, those family planning activities, funded directly and indirectly by AID, will remain small in scope and largely ineffectual in their impact. Even more disturbing, LDC officials will not have committed significant percentages of their national budgets to the support of family planning services through Ministries of Health and local, private institutions, a development which must eventually occur.

A day will come when international population assistance will cease to flow as it has in previous years; in fact, ominous signs are already on the horizon. We in the international donor community must commit ourselves to the vital task of enlisting he support and political commitment of African politicians and decision makers, through policy initiatives and the projects such as we have undertaken with Africa Bureau support. If we do not, population and family planning programs will remain small scale. If the international donor supply of funds runs out, this Principal Investigator fully expects that family planning initiated through the most difficult of circumstances, will cease to become the positive force it should be throughout Africa.

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APPENDIX A

UNCLASSIFIED DEPARTMENT OF STATE CABLE No.224267

Department of State

OUTGOING TELEGRAM

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TAGS:

SUBJECT: POPULATION: UNSOLICITED PROPOSAL FROM BATTELLE INSTITITE TO AFRICA BUREAU

AFR HAD RECEIVED AND REVIEWED AN UNSOLICITED PROPOSAL FROM BATTELLE POPULATION STUDY CENTER, THE BASIC PROVISIONS OF WHICH ARE OUTLINED IN PARA 3.

2. OUR REVIEW WAS GENERALLY FAVORABLE, AND INCLUDED INPUT FROM DR/POP, DR/HN, DR/PROJECTS, DR/PSS, AFR/DP, AFR/GC, AA/AFR, AFR/RA, DS/POP AND DS.8/HEA. AT THIS TIME, WE WISH TO ELICIT YOUR COMMENTS ON THE PROPOSAL. IF IT IS POSSIBLE TO INDICATE HOST COUNTRY OPINIONS AS WELL, THESE WOULD BE WELCOME ALSO.

3. PROPOSAL PROVISIONS:

A. GOAL: IMPROVE AID POPULATION PROGRAMMING IN TERMS OF RELEVANCE TO PERCEIVED PROBLEMS AND HOST COUNTRY PREFERENCES FOR U.S. ROLE IN ASSISTANCE.

B. PURPOSE: DEVELOP COUNTRY-SPECIFIC GUIDELINES FOR AID POPULATION PROGRAMMING BASED ON INTERVIEWS OF HOST COUNTRY GOVEVNMENT OFFICIALS AND OTHER LEADERS (BOTH PUBLIC AND PRIVATE) BY MEMBERS OF A WORKING GROUP OF AFRICAN DEVELOPMENT AND POPULATION PROFESSIONALS EMPLOYED PART-TIME BY BATTELLE FOR THE PROJECT. INTERVIEWS WOULD BE CONDUCTED IN A GIVEN COUNTRY BY 2 AFRICAN MEMBERS AND ONE BATTELLE STAFFER.

C. OUTPUTS:

(1) WORKING GROUP ESTABLISHED AND ORGANIZED.

(2) BACKGROUND BRIEFS PREPARED (FOR EACH COUNTRY TO BE INCLUDED).

(3) AFRICAN OFFICIALS/LEADERS ATTITUDES/OPINIONS ASSESSED.

(4) COUNTRY-SPECIFIC PROFILES AND RECOMMENDATIONS PREPARED.

4. PROPOSED COST FOR 12 COUNTRIES: DOLS 387,000 OVER 18 MONTHS.

5. IN ADDITION TO GENERAL COMMENTS FROM MISSIONS ON THIS PROPOSAL TO BUREAU, AID/W WISHES INDICATION OF INTEREST, USEFULNESS TO YOUR MISSION IN BEING ONE OF PROJECT SITES. BATTELLE PROPOSAL COVERS TWELVE COUNTRIES: AFR CONSIDERING TRYING PROJECT IN 4-6 AS PILOT EFFORT.

6. AS AFR WISHES TO MAKE CONTRACT WITH FY 80 FUNDS IF YOUR RESPONSE GENERALLY POSITIVE, PLEASE CABLE RESPONSES NLT 29 AUGUST SLUGGED FOR AFR/DR/POP. CHRISTOPHER

APPENDIX B

USAID NAIROBI CABLE No.16457

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Department of State

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ATTENTION: AFR/DR/POP

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SUBJECT: POPULATION: UNSOLICITED PROPOSALFROM BATTELLE INSTITUTE TO AFRICA BUREAU

REF: STATE 224267

1. USAID RESPONSE TO THE UNSOLICITED BATTELLE PROPOSAL IS FAVORABLE AND WE RECOMMEND THAT TTEADR CABUREAU CONSIDER PILOT EFFORT IN 4-6 COUNTRIES PROVIDED THERE IS SUFFICIENT INTEREST. WE VIEW PARTICIPATION BY AFRICAN DEVELOPMENT AND POPULATION PROFESSIONALS IN PROPOSED ACTIVITIES AS DEFINITE PLUS.

2. WE RECOMMEND THAT INITIAL BATTELLE EFFORT BE LIMITED TO COUNTRIES WHICH ARE JUST BEGINNING POP/FP ACTIVITIES. IT IS NOT CLEAR FROM THE BRIEF DESCRIPTION CONTAINED IN THE REFTEL WHETHER THE PROPOSED ACTIVITIES WOULD BE APPROPRIATE FOR KENYA. THE UNFPA 1978 NEEDS ASSESSMENT FOR POPULATION ASSISTANCE IS A COMPRETENSIVE COMPILATION OF KENYAN PERCEIVED NEEDS. USAID HAS AN ONGOING DIALOGUE ON POPULATION MATTERS WITH A VARIETY OF KENYAN INSTITUATIONS. WE HAVE HAD BILATERAL POP/FP ACTIVITIES FOR MORE THAN A DECADE AND AID INTERMEDIARIES ARE QUITE ACTIVE WITH BOTH PUBLIC AND PRIVATE SECTOR GROUPS. THE GOK IS FINALIZING ITS PLANS FOR MCH/FP AND IEC ACTIVITIES, AND USAID HAE BEEN INVITED TO PARTICIPATE IN THE MULTI-DONOR FINANCING OF THESE ACTIVITIES. USAID WILL PARTICIPATE IN THE IBRD APPRAISAL MISSION WHICH IS TENTATIVELY SCHEDULED TO BEGIN ON SEPTEMBER 29, 1980.

3. BEFORE DECIDING ON KENYAN PARTICIPATION IN THE PROPOSED BATTELLE ACTIVITIES WE WOULD LIKE TO REVIEWTHE PROPOSAL ITSELF AND DISCUSS IT WITH OUR KENYAN COLLEAGUES TO SEE IF THEY WOULD FIND ITUSEFUL. PLEASE POUCH COPY OF PROPOSAL.
HARROP

UNCLASSIFIED

APPENDIX C

BATTELLE HARC/IDSC LETTER TO COMMISSIONER ROBERT GARDINER

27 May 1980

Dr. Robert Gardiner
P.O. Box 9274
Airport Post Office
Accra, Ghana
West Africa

Dear Commissioner Gardiner:

One of my longstanding personal objectives as a professional in the field of population and MCH/family planning, has focused on the vital necessity to fully incorporate the thinking and expertise of Africans into U.S. Government population assistance planning, appropriate for Africa. This objective was vigorously pursued in my previous positions with the House Select Committee on Population, U.S. Congress, and most recently as Chief of Population for Africa, Agency for International Development (AID).

Enclosed for your immediate review and comment is a document prepared for AID's Africa Bureau which proposes the establishment of an African Executive Committee (AEC), to advise the U.S. on population assistance to Africa. I have proposed you to serve as one of eight members on this permanent committee. Your views apropos this document and its stated purpose, as well as your availability to serve on this precedent-setting body, are eagerly awaited. AID's approval is anticipated within the next six weeks. Incidentally, AEC members will be compensated for their professional services.

With every best warm wish.

Sincerely yours,

Leonard H. Robinson, Jr.
Deputy Program Director
Population and Development Policy Program

/dem

Enclosure

bcc: GW Duncan

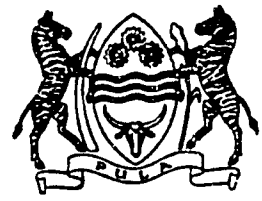
APPENDIX D

SAMPLE RESPONSE TO BATTELLE LETTERS

TELEPHONE:

TELEGRAMS: RABONGAKA

REFERENCE: MH. 10/33



REPUBLIC OF BOTSWANA

MINISTRY OF HEALTH,
PRIVATE BAG 0038,
GABORONE.

30th June, 1980

Leonard H. Robinson, Jr.,
Deputy Program Director,
Population and Development Policy Program,
Battelle Human Affairs Research Centers,
2030 M. Street, N.W.
Washington D.C. 20036

Dear Mr. Robinson,

Your letter of 27th May, 1980 and its enclosures is acknowledged with many thanks.

I have reviewed the document prepared on the establishment of an African Executive Committee to advise the U.S. on population assistance to Africa. I fully endorse this and cannot agree more on the value of seeking African opinion on population matters in the manner outlined in the document.

Concerning my membership of the AEC I regret to say that with the limited manpower we have and the number of standing committee assignments I have with the Expanded Programme on Immunisation, UNICEF Executive Board and World Health Organisation Assembly, I cannot regard myself as available to do justice to this committee.

However I would gladly give any support and assistance I may without being a member of the A.E.C.

Yours sincerely

N. N. Mashalaba

N. N. Mashalaba

11th July, 1980.

Dr. Leonard H. Robinson Jr.,
Deputy Program Director,
Population & Development Policy Program,
Battelle Human Affairs Research Centers,
2030 M Street, N.W.,
Washington D.C. 20036,
United States.

Dear Dr. Robinson,

Many thanks for your letter of 27th May and the copy of the document prepared for AID's Africa Bureau on the proposal to establish an African Executive Committee to advise the U.S. on population assistance to Africa which you enclosed. I have gone carefully through this document and wish to congratulate you for a very thoughtful appraisal and plan of action.

I note that your letter also included an invitation to me to agree to serve as one of eight members on the proposed Executive Committee. I regret that the range and scope of my present commitments both nationally and internationally make it impossible for me to be able to serve. I hope, nonetheless, that you will have no serious difficulty in finding a substitute and I like to wish the venture the very best.

Yours Sincerely,

ALM

Akin L. Mabogunje
Professor of Geography.

SEP 11 1980

HOWARD UNIVERSITY
INTERNATIONAL HEALTH
515 1/2 W. STREET, N.W.
WASHINGTON, D. C. 20059
(202) 636-6160

3 June, 1980.

Leonard H. Robinson, Jr
Deputy Program Director
P D P Program,
Bateelle Washington Operations
Washington, D.C 20036

Dear Leonard,

I have read with great interest the proposal document which you sent me. I am impressed with the clear thinking which has gone into its preparation and I would be very pleased indeed to serve as a member of the African xecutive Committee. As the occasions arise I would also be willing to serve as a consultant in the preparation of specific country profile reports during the interval between meetings of the committee.

I also support the nomination of Mme Phebean Whest-Allegre as a member of the AEC because of her pioneering role in family planning activities in West Africa and her knowledge of the attitudes and concerns of women Her work in the Clinique Croix Bleue is widely known and recognised as a model of the integration of family planning actively in a maternal and child health program.

The following are preliminary comments for your consideration:
1. The goal of the project might be amplified from merely "asking Africans what they themselves think about family planning and population issues" to include exploring, in collaboration with Africans appropriate approaches to family planning which are consonant with, and will help in the attainment of, their own national aspirations and goals.

2 I suggest that the Gambia be considered as an alternate site for the planning meeting. Following too closely on recent events, a meeting in Liberia could be misrepresented.

Please do not hesitate tocall on me for any further discussions during the planning os the project.

With best wishes,

Yours sincerely,

John

John Karefa-Smart, MD
Supervisor of Medical Programs
Office of International Health

JUN 04 1980

تليفون ٧٩٧٤٨ ص.ب ٧٠٩٣
الخرطوم - سودان
تلغرافيا : سوفكا
Telephone 79748
P.O. Box 7093
KHARTOUM SUDAN
CABLE : SUFCA

جمعية تنظيم الخصوبة السودانية

SUDAN FERTILITY CONTROL ASSOCIATION

SFCA

17.6.1980.

Mr. Leonard H. Robinson, Jr.
Deputy Program Director,
Population and Development Policy Program,
Battelle,
Human Affairs Research Centers,
Washington Operations,
2030 M. Street, N.W.,
Washington, D.C.20036,
U. S. A.

Dear Leonard,

Thank you very much for your letter dated 27th May, 1980. I consider your move to tackle the population and MCH/FP matters and assistance in Africa in a more rational approach as being an important milestone in this issue.

It has always been my concern that programs designed to suit one setting are usually not transferrable to other areas, at least without major modifications.

The population and family planning issues in Africa have been tackled in a very haphazard unco-ordinated way by most International Assistance programs, in most cases without putting in their mind other priorities which are engaging physicians and health planners in this part of the World.

I endorse your proposal which I think will bring about useful dialogue which will help Africa and AID to gear mutural co-operation in the population problem with a strong and sound approach.

The countries chosen are priority countries and active work in this respect has to start soon.

I have no other comments about the details and plan of action of the AEC which I think have been worked out very well.

It gives pleasure to participate in the AEC and do hope for a successful program.

With best personal regards,

Yours sincerely,

Hamid

Hamid Rushwan
Director.

JUN 27 1980

P.S. Please find enclosed my C.V.

Family Planning Association of Kenya

TELEPHONE NO. 28029/25697/22125
TELEGRAPHIC ADDRESS: FAMPLAN
Executive Director: Mrs. A.W. Gethi B.A., Dip. (Soc. Sc.)

REF. NO. FPA/36/A

HEAD OFFICE
P. O. BOX 30581
NAIROBI

DATE, 3rd January, 1981

Mr. L.H. Robinson Jr.,
Acting Director,
Population & Development Policy Program,
Battelle,
Human Affairs Research Centres,
Washington Operations,
2030 M Street, N.W.,
Washington, D.C. 20036,
U. S. A.

Dear Leonard,

Thank you for your letter of 8th December, 1980 in connection with Battelle Population and Development Policy.

I am really looking forward to this exercise as I believe that we all stand to benefit through this kind of project. Please note that the letter was delayed mainly due to lack of proper postal number on the envelope. As you know our Box Number 30581, NAIROBI should read in all the mails directed to us. This way all letters do reach us in time. I hope the delay in responding to the same has not affected plans for the smooth administration of this particular project.

Also please find enclosed the Curriculum Vitae as requested by you.

Yours Sincerely,

A. GETHI (MRS)
EXECUTIVE DIRECTOR

Enc.

AG/gao.

Doctor P. SENDE
P.O. Box 4066
- YAOUNDE -

Yaoundé, 23rd June, 1980

Leonard H. Robinson, Jr.
Deputy Program Director
Population & Development Policy Program
Battelle
Human Affairs Research Centres
Washington Operation
2030 M. Street, N.W.
WASHINGTON, DC 20036

Dear Leonard,

Your letter was received.

I shall be glad to participate in the project as one of the eight members of the permanent committee.

In a separate package, I am sending you a book I have just published on "Pregnancy, Family Planning and Infertility".

Our best regards.

Sincerely yours,

P. SENDE, M.D.,

TELEPHONES: 44 82 90
44 82 91

CABLE ADDRESS: UNICEF-ADDISABABA
P.O. Box 1169

UNICEF

UNITED NATIONS CHILDREN'S FUND - FONDS DES NATIONS UNIES POUR L'ENFANCE

OFFICE OF THE UNICEF
REPRESENTATIVE
ADDIS ABABA, ETHIOPIA

YOUR REF:
OUR REF:

12 June 1980

Dear Leonard,

It was very nice to hear from you after such a long interval. I have received your kind letter of May 27, 1980 and the enclosure regarding the establishment of an African Executive Committee (AEC) to advise the U.S. on population assistance to Africa.

I have carefully read through the proposal and noted the great merits contained within the objectives. I am really delighted to have been proposed to serve as one of the members of the AEC and thank you for the confidence you bestowed on me. As you know, I would be very much interested and am actually tempted to readily accept the offer but as I am working with UNICEF Addis Ababa as a Programme Officer, I have to consult with the Representative of UNICEF about the possibility of being permitted to engage in the undertaking of the AEC. Incidentally, as my boss Dr. Manzoor Ahmed is coming back to Addis Ababa from a mission on June 15th, 1980, I would like to take up this matter with him before I make any firm commitments and shall be writing you soon.

With very best wishes,

Sincerely yours,

Tsehai Yitbarek

Mr. Leonard H. Robinson, Jr.
Deputy Program Director
Population and Development Policy Program
2030 M. Street, N.W.
Washington, D.C. 20036
U S A

TY/ad.

APPENDIX E

NOTIFICATION OF APPOINTMENT TO AAC

08 December 1980

Dr. Fred Sai
P.O. Box M. 197
Accra, Ghana

Dear Fred:

International population assistance to Africa has been a subject of intense debate and oftentimes, controversy, for many years. My colleagues and I at Battelle Population and Development Policy (PDP), intrigued by and committed to population issues within the content of Africa; therefore, developed a research project designed to carefully assess and analyze through personal interviews the current attitudes of African officials and policymakers regarding USAID population assistance. We also expect to measure levels of awareness and understanding regarding population phenomena. This effort is unique in that it emphasizes the participation of Africans in formulating strategies and policies in the complex and important field of population dynamics.

Four countries have been initially selected (in conjunction with the Africa Bureau, AID) to participate in this research project: Lesotho, Tanzania, Upper Volta and Senegal. In this regard, I am pleased that you have agreed to serve as one of Battelle PDP's Africa Population Assistance Advisors (APAA). A 2-3 day planning meeting will be held in Nairobi, Kenya, at the Nairobi Hilton, January 15-17, 1981 to discuss the following factors:

1. To meet the other APAA members;
2. Discussion and review of interview protocol;
3. To formulate appropriate Battelle PDP and APAA country team representatives for each country;
4. To develop lists of country leaders and technicians who should be interviewed;
5. To finalize format for country-specific reports to AID;
6. Other relevant business as appropriate.

As an APAA member, you will be required to travel to, and interview officials, in 1-2 countries. Each country assessment is scheduled for a period of two weeks. Prior to departure from each country, a draft country report will serve as a basis for a final debriefing session for the local AID Mission(s), and for the preparation of a final country report at Battelle PDP headquarters in Washington, D.C.

For your professional services, Battelle PDP will provide the equivalent of U.S. $115 per day as compensation, plus travel and per diem expenses. All financial arrangements and plane tickets will be the responsibility of Battelle PDP through international facilities. At your earliest convenience, please fill out the enclosed form to facilitiate the disbursement of funds and plane tickets.

Your advice, counsel and expertise is vital to the success of this important research effort. Once again, we are honored to have you as an APAA member. I look forward to seeing you in Nairobi.

Sincerely,

Leonard H. Robinson, Jr.
Acting Director
Population and Development
Policy Program

LHR:cb

Enclosures

P.S. I have sent two cables to you and have not received an answer to them. Thus, I am assuming that you have sent one in response to my initial invitation for you to be one of Battelle PDP's Africa Population Assistance Advisors and sending this letter to incorporate you as such. Please let me know if this assumption is incorrect.

APPENDIX F

INTERVIEW PROTOCOL

F.1. ENGLISH

F.2. FRENCH

Battelle Interview Protocol

Introduction

We represent the Battelle Human Affairs Research Center in Wasl D.C. As a part of a research project funded by the U.S. Agenc International Development, we are trying to find out the attit and opinions of African leaders concerning population phenomen want to use this information to help us design population assi programs. But above all, because of the magnitude of concern by African leaders, we want to get your candid and frank views population and population policy.

Interview Questions

Section I: Population Trends

1. How would you describe the population trends in Lesotho; how would would you characterize the rate of increase, and the stability of these trends?

2. What are some of the similarities and differences in the population trends as compared to neighboring countries; as compared to other African countries?

Section II: Causes of Population Trends

3. What are some of the factors that influence population trends in Lesotho, of a political, cultural, economic or social aspect?

Section III: Effects of Population Trends

4. What effects do the population trends what we've discussed have in Lesotho, on the following areas, in particular?

    a. overall economic growth
    b. agriculture
    c. urbanization
    d. energy
    e. environment
    f. health
    g. education
    h. integration of women into overall development
    i. housing
    j. employment
    k. social services

5. How would you rank these issues according to priority?

Section IV: Perception of the Policy Domain

6. There is much discussion these days about population policy. Does Lesotho have a population policy? If so, how would you describe it; how was it formulated; what is your opinion about this policy and its effectiveness?

(If the respondent says that his or her country has no population policy, skip to Question 7.)

7. Within the realm of development planning, what population programs are feasible in Lesotho?

8. What are some of the problems what these programs might encounter, of a cultural, political or economic aspect?

Section V: Perceptions of International Population Assistance Activities

9. What kinds of international population assistance activities (bilateral and multilateral) would be appropriate for Lesotho and what kinds would be inappropriate? Please consider the following as illustrative examples only.

    a. collection and analysis of demographic data
    b. programs aimed at changing the role and status of women (e.g., female employment)
    c. education and information (for men as well as women)
    d. maternal and child health care
    e. family planning
    f. training (paramedics, physicians, short/long-term demographers, planners)

10. Within what time frame would you implement international population assistance activities in Lesotho?

11. Who would administer this program?

QUESTIONNAIRE

SECTION I - TENDANCES DE LA POPULATION

1. Pouvez-vous nous parler des tendances de la population

.....

.....

2. Quelles sont les différences et ressemblances des tendances de la population avec celles des pays voisins ?

.....

.....

.....

SECTION II - CAUSES DES TENDANCES DE LA POPULATION

1. Quels sont les facteurs qui expliquent les tendances de la population

.....

.....

.....

SECTION III - CONSEQUENCES DES TENDANCES DE LA POPULATION

1. Quels sont les effets des tendances que vous avez citées plus haut dans le pays ? Par exemple, quels sont les effets sur :

a) la croissance économique .....

b) l'agriculture .....

c) l'urbanisation .....

d) l'énergie .....

e) l'environnement .....

f) la santé .....

g) l'éducation .....

h) l'intégration des femmes dans le développement en général .....

.....

i) l'habitat .....

j) les emplois .....

k) les services sociaux .....

l) autres ? .....

SECTION IV - POLITIQUE DE POPULATION

1. On parle beaucoup de nos jours de politique de population. Est-ce que le a une politique de population ? Si oui, pouvez-vous en parler ?

.....

.....

.....

.....

2. Quel est votre opinion face à cette politique ? .....

.....

.....

3. Dans le cadre d'un plan de développement réel, quelles sortes de programmes de population sont réalisables au

.....

.....

4. Quels sont les problèmes que ces programmes pourraient rencontrer ?

.....

.....

SECTION V - ACTIVITES DE L'ASSISTANCE INTERNATIONALE EN POPULATION

1. Décrivez-nous les programmes de l'assistance internationale en population (bilatéral ou multilatéral) que reçoit votre pays :

.....

.....

.....

2. Cette assistance répond-elle à vos besoins ?

.....

.....

.....

3. Quelles sortes de programmes d'assistance internationale en population seraient les plus adéquats selon vous pour résoudre vos problèmes à court, moyen et long termes ?

.....

.....

.....

.....

4. Selon vous, à qui doit être confiée la responsabilité de ces programmes ?

.....

.....

.....

.....

.....

APPENDIX G

REPORTING FORMAT

Reporting Format for Country Assessment

During the in-country analysis, the assessment team will meet daily to compile the information gathered from each of the interviews conducted during the day. The Battelle staff representative will administer these meetings; however, full participation of the consultants is critical. This regular reporting will comprise the basis of a draft country report, completed prior to the team's departure from the country. The draft report, as well as general conclusions from the assessment, will also serve as the guideline for a comprehensive debriefing for the USAID Mission at the end of the country visit.

This draft will be submitted to the AID/W Africa Bureau within two weeks of the return of Battelle staff to Washington. The Battelle staff member will then prepare a final report (including comments from the Africa Bureau) in Washington for submission to AID. The final report will not require substantive changes from the report prepared by the African Advisors and Battelle team in country; it will, however, include more details in a polished standardized format. It will also include a preliminary two-page summary of findings.

DRAFT REPORT -- Contents

I. Introduction (2pp.)

The introduction will describe project rationale, timing, team members, etc.

II. Procedures (5pp. plus contacts)

Project methodology: The bulk of the project methodology will have been prepared prior to the country visits. It will include a description of the interview protocol (research questions), training and pre-testing at Nairobi planning session.

In-country activities: This section will describe the primary procedures used in gaining access to the respondents and an evaluation of interview opportunities. (For example, were the proper people identified and interviewed?)

Contacts: A list of contacts/respondents will be provided with the draft report and classified according to status, title and whether technical or political (government or civic leaders).

III. Background (6pp.)

To be prepared prior to country visit and supplemented as necessary in country.

Key Development Issues: This will summarize the principal development issues facing the country, (e.g. balance of payments, oil dependency, political relationships, etc.) to provide some

context for understanding the environment in which population issues are likely to be discussed and a notion as to what types of population problems may be evident in the country. A list of development indicators for the country, including basic demographic, health and economic status measures will be included.

Demographic Status: This short section will include a summary of current population trends and projections in the country, including size, growth rates, age/sex structure, projected size, distribution and fertility and mortality.

Experience With Population Assistance: This will be an annotated listing of population projects sponsored in the country to date by international or national agencies. In part, this can be prepared in Washington and supplemented during country visit.

IV. Principal Findings(10-20pp.)

To be prepared in draft form by in-country team; Battelle staff member to be primarily responsible for coordinating group production and preparation of final form in Washington.

Perceptions of Causes and Consequences of Population Change: This section will 1) summarize major themes concerning the beliefs respondents express in response to the first set of questions on the interview protocol; 2) include an analysis of their understanding of the relationship between population change and development objectives; 3) break respondents down into sections according to political and technical (by sector) respondents.

Beliefs About Feasibility, Utility and Design of Population Policy: This section will 1) summarize major themes in response to the second set of interview questions, including an analysis of what the respondents perceive population policy to be, whether they think it is valuable, etc.; 2) report on the degree to which respondents draw attention to linkages with other forms, types of development projects (i.e. health, agriculture, employment, education, etc.).

Views on Population Related Programs: This section will 1) summarize responses to questions in the third part of the interview; 2) relate the range of possible respondents' programs; 3) describe beliefs about major constraints to population programs, as well as understanding of the benefits which they think they may entail.

Views on U.S. Population Assistance: This section should reveal attitudes toward both appropriate and inappropriate forms of assistance.

V. Implications for U.S. Population Assistance (5-10pp.)

This section will detail the team's assessment for U.S. population assistance for each country. (The report will insert the caveats about what can be expected from the interviews, e.g. it will not be able to discuss an evaluation of difficulties so far, etc.)

Topics to be included are: 1) services, training, education/awareness, research, planning activities which could help to bring AID population assistance and in-country development goals together; 2) discussion of the degree of variance found among the respondents in the country (are leaders consistent among themselves about the topics at hand, are there several schools of thought, etc.?); 3) suggestions for linking population activities to perceptions about other development goals and objectives.

APPENDIX H

AFRICARE ENDORSEMENT

Africare

"Improving the quality of life in rural Africa through the development of water resources, increased food production and the delivery of health services."

1601 Connecticut Avenue, N.W. Washington, D.C. 20009
Telephone (202) 462-3614

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JAMES M. HARKLESS, Esq.
Arbitrator, Washington, D.C.

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GROVER E. MURRAY, Ph.D.
President Emeritus
Texas Tech University

ERVIN B. OWENS
Coordinator, Older Student Program,
Mott Community College, Flint, Michigan

DOREEN F. TILGHMAN
Asst. Gen. Secretary
UMCOR

DSW ALDENE E. WALKER, M.S., D.D.S.
Asst. Professor, Howard University
College of Dentistry

MARTIN WINSOR, JR., Ph.D.
Associate Director
Alliance for Free Enterprise

HON. ANDREW J. YOUNG, JR.
Former US Representative
to the United Nations

Executive Director:
C. PAYNE LUCAS

September 9, 1981

Mr. Leonard H. Robinson, Jr.
Director
International Development Study Center
Battelle Human Affairs Research Centers
2030 M. Street, N.W.
Washington, D.C. 20036

Dear Mr. Robinson:

Thank you for forwarding to me a copy of the final report on your team's March 1981 visit to Lesotho. Population programs and issues are often a sensitive topic, whether here in the U.S. or in the developing world, but it appears that your team went in there with the right approach and perspective.

In your report you underline the need to regard child spacing efforts within the overall context of health care. I feel that this cannot be emphasized enough, and that it is both naive and presumptuous to promote family planning in terms of strictly economic or demographic indicators. Each individual and each society has its preferences with respect to family, life and well-being. It is out of the question to promote family planning to individuals wishing to have and raise children when not enough is being done to help them raise a healthy family. Health education, preventive health care services, and primary curative services then become major factors in the equation. Children who are born must have a reasonable chance, not merely for survival but also for healthy development.

If family planning services are desired by the government and the people of Lesotho as a part of health care, then assistance along those lines will be well met as long as it is provided within a context desired by and acceptable to the nation and its people. Your team's work in helping to create a dialogue between planners, implementing agencies, assistance groups and recipients appears to have provided a basis for further decisions regarding international assistance.

Thanks for sharing the report with us. It provides useful insights and recommendations.

Sincerely,

C. Payne

C. Payne Lucas,
Executive Director

SEP 1 1981

SEP 1 1981

CPL/tmm