POPULATION PROGRAM ASSISTANCE

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by

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Here is the dialogue record of my several hours of testimony to the U.S. House of Representatives Select Committee on Population, Chairman, Congressman James H. Scheuer, on April 15, 1979 -- my last testimony to the Congress on USAID's population/family planning program; which I had directed during 14 turbulent years but which was then being usurped by adversary religious zealots appointed by President Jimmy Carter.

Congressman Scheuer was one of the earliest and most able members of the Congress on the issue of the World Population Crisis and the U.S. response: generally supportive but also deeply interested in understanding what was and should be done to resolve the problem. (This testimony dialogue is followed by my written presentation and many tables documenting how we had applied more than a billion dollars of Congressionally earmarked funds "for programs relating to population growth.")

DR. RAVENHOLT: Thank you, Mr. Chairman. And thank you for this opportunity to provide a global perspective on AID's population program assistance and activities. You are aware, as I am, that we are engaged in a momentous task, trying to balance the world population with its resources, especially food and energy.

It is no easy task and perhaps because of that fact it has drawn a large number of truly outstanding people to do this work. As I was preparing this testimony, I reflected upon the tremendous contributions made by such people as Senator Ernest Gruening, Dr Alan Guttmacher and, most of all, Gen. William Draper, in the early years of this program. Likewise Senator William Fulbright, then Chairman of the Senate Foreign Relations Committee, who was instrumental in earmarking funds for this program, beginning in 1968. This was indispensable for getting the program started and going.

Without it, we just wouldn't have had a program. And I'm also mindful of the tremendous contributions made by many in this room -- yourself, members of my staff, some of whom have worked more than ten years on this program, members of the Committee, many of whom have worked in a variety of positions in the field as well as in Washington making in each their own way important, unique contributions toward the further understanding and forward motion of the world action to resolve the population crisis.

You have my prepared remarks [which are appended hereto] and without further introductory comments I'd like to respond to your questions.

MR. SCHEUER: Very good.

QUESTIONS AND REMARKS

MR. SCHEUER: On page 3 of your testimony, you state in the bottom paragraph that the "availability of family planning information and means is now usually a dominant determinant in the complex of forces influencing reproductive behavior." And throughout your paper you do say that the availability of family planning is a major determinant. You stop short of saying it's the over-riding determinant and so on and so forth. What do you consider the other major determinants which influence reproductive behavior?

MR. SCHEUER: For example, an page 27 you say, "Fertility patterns . . . in developing countries . . . are affected by so many diverse factors that it is ordinarily exceedingly difficult to accurately measure the impact of a single factor, even if it be the dominant factor. Well , do you think, there is a dominant factor?"

DR. RAVENHOLT: This varies somewhat by situation. I usually analyze determinants of fertility under three principal headings: firstly, the *need* that a person, couple or society has to control its fertility; secondly, the *opportunities or means* they have to control their fertility; and, thirdly, the extent of their *knowledge* of the need and opportunities for controlling fertility. Which one of these factors is dominant will vary from time to time, so there are times indeed when the *sheer need for control of fertility* becomes so intense that it overrides the other factors; for example, the Irish potato famine in the 1840s, and the pervasive economic depression in the 1930's.

MR. SCHEUER: You mean the 1930's in the United States?

DR. RAVENHOLT: In the United States and in many other countries.

MR. SCHEUER: That's when the means were available.

DR. RAVENHOLT: Well, means were available to a limited extent, which did not change much from 1929 to 1940 -- mainly barrier contraceptives and abstinence. But there's no doubt that responding to the sudden intensification of need for control of fertility, many millions of individual couples and entire societies greatly increased their control of fertility so that the fertility dropped.

The birth rate dropped to an all time low, until that time, during the 30's. And this was not a function of increased availability of methods, it was a function of the intensification of need for fertility control. We have seen similar changes in the developing countries. In Bangladesh during the fall of 1974 and into 1975, they had a massive crop failure and suddenly the price of rice increased five-fold. Therewith came severe economic deprivation, a rapid increase in the death rate and a rapid *decrease* in the birth rate.

This has happened in many places, many times, in smaller and larger populations. So the objective need that a couple has to control its fertility is indeed very determinative. In many situations, large numbers of couples have ongoing need to control their fertility but very limited knowledge and opportunities for the control of fertility. This is largely the situation in the developing countries with which we're concerned. It's not that these people don't have a need to control their fertility, but they have not heretofore had the information and the means to control it.

MR. SCHEUER: When you say need, do you mean need as we perceive it, or as their governments perceive it, or as the people perceive it? Are you talking about motivation on their part?

DR. RAVENHOLT: As they perceive it. I'm reminded, for example, when I was in Asia a couple of months ago and in Bangladesh visited a clinic of the Bangladesh Association for Voluntary Sterilization. There I observed a woman coming for tubal ligation who had had nineteen pregnancies and yet had only two living children.

Comparing the *need* for sterilization of two women: one who has had two live births and both have survived, with a woman has had nineteen births, seventeen of whom have died, surely it is the poor woman who has gone through the agony of bearing nineteen children and watching seventeen of them die, who has the most intense need to control her fertility. This is not an unusual situation in the developing countries. Although there are many arm-chair strategists, particularly on the American scene, who think that all kinds of other things must be done before poor, illiterate, peasant people will wish to control their fertility, within our experience -- and it's quite an extensive experience -- this is simply not the case. And as we now get much more precise data from many countries from the World Fertility Survey, we see indeed that right now in the developing countries, approximately one-half of married women of reproductive age do not want anymore children. Whenever good quality voluntary sterilization services is provided in the developing countries, the demand for those services ordinarily exceeds the capacity of the surgical clinics. There is ordinarily a long queue waiting for those services. There is also great demand for other means, but the demand for female tubal ligation services is most easily measured.

MR. SCHEUER: Congressman Beilenson, one of our most distinguished and hard-working members.

MR. BEILENSON: Thank you, Mr. Chairman. No questions.

MR. SCHEUER: When you refer somewhat waspishly to the sidewalk superintendents and their fanciful proposals, I suppose you're including a good many people who have some criticism of the AID Program, myself included. I concur totally in your estimate that there's an awfully large constituency out there in the developing world

of women who don't need motivation and they don't need information or education and they don't need indoctrination. They know that they want to control their fertility. And I've been to Asia and I've been to Africa and I've been to Latin America and I've been to the family planning clinics out in the bush in all of these continents I have seen the waiting lines.

So I concur that we have a long ways to go before we even meet the needs of the constituency that is ready and available and wants help now. I think the reservations some of us have about the way that the AID program has been cast and the seeming concentration on supplies, as is characterized innundation of the developing world with contraceptives, condom innundation, as it's sometimes called.

Our reservations are that when family planning is presented in the initial stage of a country's halting entrance into the field of contraceptive practices -- that presenting family planning as a free-standing program, not related to other health programs, not even related to maternal and child health programs, tends to give it the perception that this is an AID program coming from the West because we want you to reduce your population or control your population.

I have found this criticism of the AID program a persistent drumbeat. Wherever I have gone in the developing world, people who are wholeheartedly enthusiastically behind family planning find that this perception of family planning, that hinges on the view that all we want to do is control population growth rate for our own purposes and it is not related to any compassionate concern for overall health matters, is crippling their efforts to get going with family planning programs. Do you have any reaction to this?

DR RAVENHOLT: Thank you, Mr. Chairman. Yes, I have several. When I speak of sidewalk superintendents, I'm really speaking of an embarrassment of riches. I've run other public health programs, where one has to work very hard to generate interest in the program and support for the program. We are both fortunate and unfortunate in the population field that there is such tremendous, widespread interest in this problem and program, because it is so central to the improvement of the human condition, particularly in the developing countries, that a tremendous number of people are intimately interested in it.

The thing that bemuses me is that thousands and thousands of people, who have not had any particular education or experience in trying to implement a fertility control program, are perfectly confident and assertive that they know best how to do it. They may not know how to fix the plumbing under their own sink, but they know precisely how the world population problem should be solved. Sometimes we enjoy their comments and contributions, but sometimes it gets a bit onerous, which is what I was referring to.

With respect to contraceptive supplies and a term coined by the Pakistan government, "innundation", and the criticism of AID's program as somehow being overly concerned with provision of contraceptives, I would submit that …

MR SCHEUER: It's the setting, Ray. It's the setting. A free-standing contraceptive program unrelated to other health programs or other social

programs, but particularly unrelated to maternal health programs, this is the note. This is the canker under the saddle, as I perceive it in country after country I have been to.

DR RAVENHOLT: Let me come back to that in a moment, but first say that with respect to contraceptive supplies we are concerned here in Washington, my office is, with taking far-sighted action to ensure that the supplies are actually in the countries where they're needed and can be used. For that reason we must battle for monies from Congress, write specifications, purchase contraceptive supplies, arrange the shipping – we have a supply line often two years long, delivering supplies by diverse routes to more than seventy countries, many on the other side of the world.

When it comes to the magnitude of contraceptive supplies, we have learned from experience that if the program is going to work, we must plan for success, a certain minimum of supplies must become present in that program. With respect to the overall magnitude of supplies, of the one billion dollars expended through fiscal 1977, about 162 million has gone for contraceptives and related supplies, surgical equipment, and so forth.

This may seem like a lot of money for contraceptives to some, but let me assure you it is still far too little to get the necessary work done. We are currently delivering a little more than 100 million monthly cycles of oral contraceptives per annum, which is only enough OCs to supply 9 or 10 million women for a year.

We're dealing with a total population of about 300 million couples of reproductive age, and far more than 100 million cycles annually are needed to supply all women who would wish to use them if made readily available.

Likewise, since the beginning of the program we have supplied 1.7 billion condoms, which may sound like a lot, but that's less than six condoms per male of reproductive age. Many of those criticizing our emphasis upon getting adequate supplies of contraceptives available in every country with which we are concerned, simply do not have enough knowledge of the quantitative needs of the program with which we are concerned.

Now responding to your comments on program design and the relation of family planning and other health programs: Let me say that all our programs are integrated with health programs, especially with maternal and child health programs, and always have been so integrated. Name me one program in Africa that is not so integrated; one in Latin America that is not so integrated; likewise in East Asia. In all of Asia, the only one not largely integrated is in Pakistan, where they have ignored many of our suggestions. Keep in mind that country family planning programs are ultimately the responsibility of those countries. We have some influence, and can mold the programs somewhat by our provision of supplies and other support, but we do not have line authority over those programs. Please keep in mind that much of the noise concerning our emphasis on making adequate contraceptive supplies available in every country program we support, comes from Catholic adversaries of all effective means of birth control. They sometimes seek more complete "integration" of family planning programs into health programs, mainly to hide or obliterate the birth control element. When that happens, the poor people can't find them.

We have wrestled with many fully integrated FP/MCH programs, costing several dollars per capita per annum, where after 8 or 10 years the prevalence of contraceptive use by fecund couples was still less than 3 percent.

MR SCHEUER: Of women of child bearing age?

DR RAVENHOLT: Right. In places like Guatemala, we have learned that family planning is not achieved by simply throwing money at integrated health programs. I am an epidemiologist and public health professional, and I view family planning as the most essential public health program. But I do not believe that this country can afford to finance total spectrum health programs for all the less developed countries; when we can hardly afford it for our own country

Altogether our annual budget for AID's family planning program – with which we are supposed to drop the excess fertility of the less developed world, a population of more than two billion people – has been only about the level of the budget for the U.S. domestic family planning program, concerned with just 10 million women, and with which you, Mr Chairman, have been much concerned.

MR SCHEUER: We still have trouble reaching our goals here. We are still not serving 3 ½ million women in their childbearing years who don't have access to family planning through the private sector.

DR RAVENHOLT: Right. Our very limited budget is aimed at helping the LDC's provide fertility control services to 300 million women and couples of reproductive age, on the other side of the world, in poorest countries, where communication and transportation and all other social conditions are difficult. So sometimes I feel that we should have had better sense than to have undertaken this virtually impossible task. But we have gotten at it, and have made considerable headway.

For a number of years after the Congress began earmarking funds for the program in 1968, the budget went up about $25 million each year, to $125 million in Fiscal 1972. Unfortunately, they did not earmark personnel for the program, and we've always been shorthanded. In 1974, Senator Wm Fulbright was not re-elected; and Congressman Otto Passman, Chairman, House Foreign Operations Appropriations Committee -- angered when we refused to provide several million loose dollars as requested to one of his constituents -- engaged in negative earmarking against the population program, reducing the annual budget for Fiscal 1975 to $100 million.

Hence we were confronted with the need for intense scrutiny of every aspect of the program – seeking to preserve essential projects and programs while pruning non-essentials. This forced a further sharpening of the program focus; and we harvested criticism from those organizations we could no longer support with the diminished resources provided by the Congress.

MR SCHEUER: Yeah, you might know that we've been working closely with the International Relations Committee and now have recommended a budget for next year of $220 million.

DR RAVENHOLT: Well, I am delighted to hear that and to have the help of your committee.

MR SCHEUER: Congressman Beilenson here played a major role in getting them to raise their sights significantly. He serves on the International Affairs Committee, as does Cardiss Collins and Mike Harrington. The three of them had a substantial role in raising that figure.

DR RAVENHOLT: With respect to program settings again, let me say that the kind of program configuration countries want varies greatly by continent and country. It is true that some countries want help with broad configuration health programs having only a smidgen of contraceptives in them. For these we provide contraceptives; but with our limited population funds we cannot fund the general health programs. In Africa and Latin America, numbers of countries request that we fund program elements not essential for birth control, which we must decline doing because of our defined mission and scarcity of funds. But in East Asia – South Korea, Indonesia, and Thailand – there is ample opportunity for application of our funds for high priority population program elements.

During the last several years, the Indonesian family planning program has functioned so well in implementing the family planning program that we have supported their addition of some nutrition, health, and crafts elements thereto, in recognition of their outstanding birth control efforts and to reward and sustain the program. But they recognized and agreed that the main focus and action of the program was for control of fertility. There has certainly been no resentment of our support for sharply focused family planning programs in Indonesia, Thailand, and Korea. Their goals and our goals are very much the same, and rapid improvements in fertility control are occurring there.

MR SCHEUER: Dr Teitelebaum informed me that the director of that program will be testifying next week.

DR RAVENHOLT: Right.

MR SCHEUER: When we get a little further along, I am going to ask you what you consider the key element in the success of the Indonesian program. Now can I recognize John Erlenborn, the ranking minority member of this committee, and as hard-working and as thoughtful a member as we have.

MR ERLENBORN: Thank you, Mr. Chairman. Dr Ravenholt, some of the witnesses that we have heard from before have discussed what I think of sometimes as the chicken and egg dilemma. Which comes first, motivation of the population in the underdeveloped countries or the provision of birth control information, devices, and family planning services.

Let me ask you, do you feel – and I have glanced by the way through your testimony – haven't had a chance to read it thoroughly – I see very little about the issue of motivation, improvement of social services, security of the aged, maternal child care, and so forth.

Do you feel that the population in the under-developed countries are now quite well motivated to utilize what you are able ti furnish in the way of family planning information and services?

DR RAVENHOLT: Thank you, Mr. Congressman. You perhaps were not here when I went over some of this earlier, but I will respond more explicitly to your questions. Yes, we know that right now there is tremendous motivation in the developing countries for effective means of fertility control.

We know this from many sources: If one goes to villages and maternity hospitals in the LDCs, as I have done in many countries, and systematically ask the women of reproductive age whether they wish to be pregnant soon, a majority of women will respond that they do not, and they are ordinarily eager for help to avoid any such pregnancies. Also, depending greatly upon how many children they have, many will respond that they do not want any more children. In fact, recent findings of the World Fertility Survey, now operating in many countries, document that roughly one-half of married women of reproductive age in the developing world do not want anymore children. There is tremendous motivation for fertility control, even among the poorest and illiterate peasants in the less developed world.

Where fertility control information, means and practices have not yet penetrated traditional societies, women ordinarily bear more than a half-dozen children – often more than a dozen - and are fatalistic about their fate of bearing large numbers of children. They have not given much thought to controlling their fertility – just as was the case in the United States and Europe until this century. But bearing and nurturing large numbers of children is hard work for any mother, and dangerous for the health and life of mothers in the LDCs – where in many countries the maternal mortality rate is more than 10 maternal deaths per 1000 births.

It is not until effective means of fertility are introduced into such societies, that women and couples give much thought to using such neans for control of their fertility. But when they see neighbors and friends beginning to use effective means of fertility control and beginning to harvest the extraordinary advantages gained therefrom: freedom from the burden of unwanted pregnancy, freedom from fear of possible dreadful consequences of unwanted pregnancy, lesser work and expense, more food for existing children, more time with her husband, and with neighbors, etc, then they quickly become enthusiastic for family planning.

Furthermore, we have tested the demand for fertility control very directly, by offering oral contraceptives to every household in substantial poorest populations of dozens of poor countries; and ordinarily discover that a majority of households accept such contraceptives; many immediately begin using the contraceptives, and the use of effective contraceptives becomes a growing practice in such

populations, regardless of whether they are literate or illiterate, Moslem, Catholic, Protestant, or any other religion.

And when we introduce quality out-patient voluntary sterilization services, as in the high valleys of Nepal, and in the slums of Dacca, Calcutta, and Mexico, the demand for tubal ligation services ordinarily exceeds the clinical capacity. In the mountainous valleys of Nepal, women walk for several days to obtain tubal ligation in camp settings.

Surely, these many direct experiences in every continent, in diverse settings, gives us a solid basis for asserting that the motivation for birth control continues to greatly exceed the services offered in most of the less developed world.

For example, in Indonesia – and you can discuss this directly with Harry Haryono and Tom Reese, the principals who will be here -- the findings have been that the first sweep of their program – going to every household with oral contraceptives and related services – roughly one-half of eligible couples in West Java are actually initiating fertility control; and that is just on the first sweep of the program. So the difference between a month before and a month after the implementation of such a program gives a vivid measure of unmet need and the motivation for fertility control.

MR ERLENBORN: From what you tell me then the varying experiences with the results of fertility control programs would vary -- I am not sure how to put it – but vary according to the way the program is set up and its administrative success rather than varying motivations from one society to another?

DR RAVENHOLT: Yes, but motivations for fertility control does vary with time and circumstances. As I mentioned before you came in, there are times when societies undergo remarkable changes in their motivations for fertility control: as with a sudden crop failure, or a collapse of the stock market, and so forth, large numbers of couples may suddenly become intensely motivated to control their fertility. But we are confident that right now – out there in the less developed world – there are far more couples wishing to control their fertility than we are yet able to serve by providing USAID assistance to country leaders and programs.

MR ERLENBORN: I understand that in delivering the services you have available you use intermediaries or wholesalers to a great extent; that is, International Planned Parenthood, Pathfinder Fund, Family Planning International Assistance, and so forth. Who monitors their programs of each one of these and evaluates their effectiveness?

DR RAVENHOLT: I have a hard working, dedicated staff. Most of these contracts with private, voluntary organizations, active in the family

planning field, are monitored by our Family Planning Services Division, which has a grants branch, and Jerry Bowers is currently chief of that.

He and his staff monitor each of these cooperating agencies very closely. They are very important elements of our general program. The development of these relationships with these private and voluntary organizations, I must say, was born from necessity – because we have always been short-handed, unable to directly employ all hands needed, because of the intense constraints on AID's personnel because of Viet Nam warfare needs, etc. We have only a very small staff with which to move a very large and far-flung program. Fortunately, they have participated with great enthusiasm and effectiveness. Lenny Robinson was with Family Planning Assistance International in Africa, and can testify that in many countries, were it not for the pioneering and innovative work of these private organizations, supported by USAID, there would be no family planning activity there. During the late 1960s and early 1970s, we were thoroughly busy creating these cooperating agencies. Then with the Congressional cut-back of population funds for Fiscal 1974,'75 and '76, we were forced to consolidate and prune many activities.

Generally we are delighted with the effective work these organizations are doing; though always aware that the strength of each organization is highly dependent upon its leadership, and with changing leadership we must sometimes shift the load-bearing of the several organizations working in a country or region.

Responding to your comments on program configuration and other developmental concerns, general health and social services, maternal and child health, care of the aged, and so forth, I wish to emphasize that throughout the decade of the 1970s, USAID's population/family planning program has only had approximately 5% of USAID's developmental assistance dollars. Those other programs mentioned – general health and social services, education, and so forth are the prime responsibility of the rest of the agency, for which work they have 95% of USAID's budget. It would not be realistic for us to attack the many problems in other sectors of developmental assistance with our 5% share of the general budget.

We were fortunate that with the consistent striving for an effective program by USAID staff during more than a decade; with great help from numbers of very able and dedicated persons such as General William Draper, yourself and other dedicated members of Congress, USAID Administrator John Hannah, and Deputy Administrator Maurice Williams, a population program with greater thrust power than the ordinary AID program was created. In 1972 all technical personnel concerned with the population program in AID/Washington were amalgamated into the Office of Population, enabling us to create a unified program, able to move with remarkable speed during a half-dozen years. This degree of functional program unity was denied most programs. Because we have been able to move with greater strength than most programs, it is suggested

that we undertake additional activities. But we have neither the dollars nor the personnel needed for that; and now the agency has moved to disperse population personnel back into the scattered configuration which we know is far less efficient than what we had.

MR ERLENBORN: Would you comment as to the relative merits of bilateral versus multilateral aid in this area.

DR RAVENHOLT: Each of these has merit. It varies greatly by country. In some countries almost all of the needed assistance can be provided on a bilateral basis. Indonesia is a case in point, where there is such powerful support for the program – from the President on down – that only a limited amount of assistance must be made available through private and voluntary organizations.

At the other end of the assistance spectrum, there are countries where bilateral assistance is impossible for various reasons and family planning action is entirely dependent on the assistance we provide through cooperating agencies. Fortunately, we have over the past decade developed a very effective network of cooperating agencies. A case in point is Mexico, where in the early seventies birth control was still such a sensitive political issue that the government wanted no bilateral family planning assistance. But we made a particular effort to facilitate rapid fertility control changes by enlisting coordinated assistance from and through Planned Parenthood Western Hemisphere, the Pathfinder Fund, Family Planning International Assistance of PPFA, Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), the International Fertility Research Program, the World Fertility Survey, Contraceptive Prevalence Surveys, the Population Information Program, etc, etc. Through these many private organizations receiving USAID assistance, we were providing as much as $12 million family planning assistance to Mexico annually, including all the contraceptives needed.

MR SCHEUER: And the assumption is that after a few years the concept of family planning becomes acceptable and it has been defused as a hot political issue, then countries themselves might begin to get involved.

DR RAVENHOLT: This has been our experience. We must be very sensitive to the difference between countries, and whether to program our assistance through bilateral action or alternative routes – otherwise many opportunities, much time, and family planning resources would be wasted. In Mexico, as in Brazil, support for family planning actions through private organizations was eagerly accepted by so many of the public that it proved an ice breaker, and family planning soon became a much less sensitive political issue.

There is a larger number of countries, where although these countries request some bilateral assistance for population and family planning, there are so many deficiencies of executive leadership, policy constraint, bureaucratic malfunction, and slothful execution of

government programs that a substantial add-on of USAID Cooperating Agency action is needed to make relief from unwanted childbearing a reality for millions of impoverished couples in the LDCs. This is especially true when adding certain more efficient technologies to the methods mix – especially the surgical skills and technology needed for successful tubal ligation programs.

I have included a number of tables in my written testimony documenting the magnitude and interplay of USAID assistance provided by the considerable number of organizations we support and work with in each developing country. But I did not have such tables for all countries in time for this hearing; so will add more later. In most of the countries to which we began providing assistance a decade ago, it was a singular action. But as other sources of assistance have been created and strengthened the assistance action has become more complex, including assistance from many other donor countries -- Sweden, Norway, Denmark, United Kingdom, Japan, Netherlands, etc. Unfortunately, the World Bank has been more of a hindrance than a help in this field; for the reason that it only offers loan assistance, which is ineffectual for family planning, and when interjected into a multilateral project greatly retards the implementation of that project.

Along the way, the host government ordinarily begins picking up increasing amounts of the P/FP budget, which enables us to gradually shift the burden to the host country and other donors. It is in most cases essential that we continue to be a ready source of contraceptives to ensure continuance of programs.

MR ERLENBORN: One last question – if you had the resources and the capacity to deliver them to all of the currently unmet demand for family planning services worldwide, how far with your crystal ball to aid you would you believe the birth rate would fall?

DR RAVENHOLT: Well I do think the evidence is clear that full provision of family planning supplies and services to all the less developed counties would reduce the birth rates in the developing countries by more than half. In other words in a traditional society with the crude birth rate close to 50 births per 1000 population, the full provision of information and all the most effective means and services would reduce the birth rate to less than 25, and usually to less than 20 births per 1000.

Now when it comes to achieving zero population growth – perhaps dropping birth rates to equal death rates below 10 -- then additional social actions would probably be needed. The sheer intensity of social action toward birth control would be highly determinative. Powerful death control efforts in countries with young populations may bring the death rates as low as 6 per 1000 population. To bring birth rates that low would be difficult and require extraordinary programs.

MR SCHEUER: Doesn’t it also take a network to make that commitment at the top level in the villages – a network such as you have in Indonesia?

DR RAVENHOLT: Right. It takes a powerful program that reaches all the way through the country. And it takes a steadfast commitment over time to do this. You asked about Indonesia?

MR SCHEUER: Well, this is the question. In Africa you have villages in the bush that are really quite isolated. You may have 10 or 20 or 30 mud-thatched huts way out in the middle of the veldt and very little communication even with any other village much less any central government.

To the extent they know about a central government, they don’t like it. They don’t want to hear about it. The less they know about it the better. Of course, in Indonesia you have this incredible up and down communications network with pressure coming down from Suharto and the lateral pressure we call peer group pressure.

So you develop a whole gestalt for or in support of family planning. And it seems to me that that, in addition to the sheer availability of it, which is your great point and on which I concur completely, is sort of a good part of the missing link, such as you have in China undoubtedly with some coercive aspects that none of us find very attractive but certainly in terms of peer group pressure and the message coming from the top of the ruling elite to the villages. You would have, I suppose, a structure with up and down communication and peer group pressures that would be even more effective – more Draconian perhaps is a better word – than even the Indonesian experience.

But isn’t that means of communication, up and down and laterally and the existence of peer group pressure and the message from the top, part of the success of the Indonesian program?

DR RAVENHOLT: Oh, yes, Mr Chairman, I heartily agree. I don’t think we have a disagreement. Our communications may sometimes be incomplete, but I heartily agree with that. And the thing I was impressed with when spending a week in Indonesia and visiting several areas of the country, was again the importance of leadership in determining program results. Leadership is the key determinant of program progress in many countries. Where there is outstanding leadership –

MR SCHEUER: On the part of the country, itself?

DR RAVENHOLT: And its principal leaders. Right. In Indonesia you have President Suharto steadfastly committed – strongly committed to this action for about 12 years and over that time he has put good people into key positions and supported them.

MR SCHEUER: Let me just interject a second. In January 1976 the Armed Services Committee had a meeting with President Suharto – a delegation from the Armed Services Committee in which I was invited to come along. A member asked President Suharto what was the greatest threat to Indonesian security?

And he came right back without a moment's hesitation and said, "Without any question the greatest threat to our security is the cohort," – Now he didn't use that word -- like people like Teitelbaum use that word -- but what he meant was "the cohort of young people coming into their education needs, coming into their health needs, coming into the job market in the years ahead; and if unable to get a handle on population growth, so we could satisfy their needs, so as to provide an indispensable minimum of public services, community facilities and services of all kinds – particularly employment – we are ripe for infiltration, subversion and overthrow."

And then he added, sort of gratuitously, "And you Americans left six or eight billion dollars worth of small arms and implements of war of all kinds in Viet Nam that are now all over East Asia and you left them the means to do it, so thanks to you. This has been our number 1 problem, getting a handle on our galloping rate of population growth."

And there was no Professor Teitelbaum or Congressman Erlenborn to give him a cue. I think members of the Armed Services Committee were absolutely flabbergasted. And there I sat with a big Cheshire cat smile on my face, because those members heard and they understood.

DR RAVENHOLT: I was impressed on this visit to Indonesia how the steadfast and understanding commitment by President Suharto over time has caused all the, so to speak, iron filings in Indonesia to be lined-up in the same direction, so that out in the provinces, the districts, localities and villages there is a profound recognition that the constraint of fertility – the solution of the population problem – is one of Indonesia's foremost essential tasks.

MR SCEUER: And there's a perception that the top guy perceives it as that.

DR RAVENHOLT: Right.

MR SCHEUER: Now when I was in Africa a year and a half ago, I was in six countries – Kenya, Tanzania, Zaire, Nigeria, Ghana, the Ivory Coast, Senegal. Is that seven? The Ivory Coast, as you know, doesn't have much of a problem. That's a whole different scene there.

But in the six countries that had problems and all of which have programs now, although I don't think any of them cover as many as 10 percent of the women of childbearing years, I asked everyone of our ambassadors, "When was the last time -- now that was a loaded question

–- you spoke to your chief of state here, to whom you are accredited, about the importance of the population problem?"

And to a man, they all said they had never spoken to the chief of state to whom they were accredited about population problems, and they gave the reasons you could have predicted. "It's much too sensitive. I have too many other brush fires I have to put out." – and so forth.

It seemed – now, of course, I can't lay this to you and I can't lay it to AID, but I can lay it to the State Department that they haven't done enough to sensitize their ambassadors, our own missions. All of the development people, it seems to me, the agricultural aide, the economic consular aide, the economic aide, the military attache, all of them, it seems to me, should be carrying the population message that is relevant to their mission.

And it seems to me this isn't being done enough by far. And I was wondering if you know anyway we could sensitize our own State Department, so that our own Mission people could complement the work that AID has done and sort of do a sensitizing job and consciousness-raising job that isn't being done or at least it wasn't being done a year and a half ago in Africa.

And let me say that these ambassadors, for example, Ambassador Easum in Nigeria, one of the most brilliant men that you would ever hope to see on the international scene and an outstandingly effective ambassador – they were all first-rate people. I'm not trying to say they were dummies. They weren't at all. But what I am trying to say is that for all of their effectiveness and their brilliance – and Easum is a perfect example – population concerns had been put way on the back burner. It was nowhere on their priorities list.

DR RAVENHOLT: Well, Mr Chairman, we share the same perceptions, the importance of this, and how agonizing it is that we don't get the support we need. Our constant finding around the world is that the problem of getting more effective work toward solution of the excess fertility/excess population growth problem, is usually a political problem. The problem is not at the people level. Out at the village level and the household level, there is usually great receptivity for family planning services and actions.

MR SCHEUER: I agree. They are way ahead of their policy people.

DR RAVENHOLT: The problem is primarily political and it starts in Washington. Our biggest problems for many programs is right here in Washington, in AID and the State Department. If we can ever get through that thicket we've got a pretty good chance of persuading the leaders of the developing countries to do something useful. But often we are stymied. And there are countries where the negative decree of the ambassador has prevented USAID family planning assistance during years, even though the country was ready to accept such help.

MR SCHEUER: Which countries?

DR RAVENHOLT: Well,--

(laughter)

MR SCHEUER: This would help us. I mean let's fine tune our thinking.

DR RAVENHOLT: Yes, let us do that, but let me submit this for the record with the help of our staff, because of personnel turnover. I am sensitive to the fact that in some countries where ambassadors were obstructing the USAID population program assistance, there has been turnover of ambassadors, and the ambassador who was obstructing may already have moved on. I would hate for the onus to fall on a new ambassador who has just come on board and may be very supportive of the population program.

(laughter)

MR SCHEUER: What we need is a system. There has to be some organized way in which these ambassadors can be counseled so that they can be given refresher courses in the impacxt of population on the countries to which they are accredited. They need a little hand-holding on a systematic basis.

DR RAVENHOLT: Well, I think if this Committee – Why wouldn't this Committee invite a half-dozen key ambassadors to come here and discuss this matter?

MR SCHEUER: That's an excellent idea.

DR RAVENHOLT: I think this would be the most powerful way in which we could get a handle on this.

MR SCHEUER: Excellent idea.

MR ERLENBORN: Are you going to give us the hit list?

DR RAVENHOLT: And you could have some real fun!

MR SCHEUER: Congressman Erlenborn says, "Are you going to give us the hit list?"

DR RAVENHOLT: You have a very effective staff and I am sure that somehow, despite my best efforts to the contrary, certain communications between my staff and your staff will occur.

(laughter)

MR SCHEUER: Very good. Dr Ravenholt, we've been very challenged and intrigued by your testimony. We've gone over an hour and we're way, way beyond our time schedule. I'm going to ask you just a couple of questions. And I hope we can try and keep both the questions and answers brief.

The major channels for international population program assistance from your '77 budget are: Private, non-profit organizations – 36% of your budget; UNFPA – 21% of the budget; direct bilateral assistance (that is, U.S. to the recipient government) – also 21%; and U.S. universities – 13%.

What is the rationale governing these relationships – this distribution of resources and would you advocate any change in that relationship based on your experience?

DR RAVENHOLT: Budget formation in AID, as I am sure in most of the agencies in Washington, is a complex, many-sided and many stages process. Initial proposals are made, sometimes from the field, sometimes from the Office of Population, often from elsewhere, for certain levels of support for various organizations.

And then this is chewed over repeatedly at various levels and by many people in the agency before a concensus emerges that so much should go to this and so much to that and so much here or there. So it tends to be a complex process. Again let me emphasize the role of leadership. When we are considering an organization that has demonstrated outstanding leadership, and can really move, my staff and I get turned on to giving that organization increased resources with which to move the action. But sometimes the leadership falters and then we cut back on our support for that organization. Ordinarily there are many parties to USAID budget decisions.

MR SCHEUER: Dr Ravenholt, I just have a couple more minutes. As I say, we are way over on our time.

DR RAVENHOLT: Okay

MR SCHEUER: I'm going to ask you if you'd be kind enough to give us a breakdown of your current projects and indicate which of them are integrated with some kind of health program – maternal and child health or whatever – and which are free-standing programs. If you can get that to us in the next 10 or twelve days, we'll hold the record open for that. Also, on page 8 you talk of sponsoring studies in the developing world in various countries on the status and implications of laws bearing on family planning activity.

And elsewhere you talk about some of the impediments, the institutional impediments and the governmental impediments, to the wide dissemination of family planning. We'd very much like a memo on that, if you can possibly do it for us, on a country by country basis for the major

countries. I'm not talking about Abu Dhabi and countries with less than a million population. The reason I'm asking this is that there is now coming into existence a group of parliamentarians concerned with population; and Congressman Beilenson represented our Committee in a meeting at Bonn a few months ago that got it going.

Congressman Beilenson and Congressman Simon were among the initial instigators of that. And Congressman Akaka and Congressman McCloskey and I were at a follow-up planning meeting in Tokyo a few weeks ago. They will be having a major conference next August – this group of parliamentarians.

And that conference will include, I suppose, well over a hundred parliamentarians, probably from 40 or 50 countries, in Sri Lanka in August of 1979. We got out a paper and I'll get you a copy of it. It gave the Executive Committee on which I serve as Vice Chairman the mandate to investigate the institutional barriers and the governmental barriers to better dissemination of family planning and more effective use of family planning.

We'd like to have whatever insights you have. So if you could get these studies of the status and implications of laws and other barriers to the widespread dissemination of family planning, we'd appreciate that very much. On page 9 you talk about the battelle Memorial Institute bringing governmental officials and researchers together in Guatemala, Haiti, and Ecuador. This covers the Western Hemishere pretty well – Latin America. Have they done anything for Africa or Asia?

DR RAVENHOLT: This is a fairly new project contract with Battelle. They're moving and strengthening, and I am sure they will be doing this there also. What we are trying to do in the policy area, is to identify specific policy blocks to program advancement and then seek to remove such blocks by focusing information, by studies, conferences, and actions such as enlisting the help of the ambassador, etc.

MR SCHEUER: Yeah, but you haven't gotten to Africa yet?

DR RAVENHOLT: No, but we will see that we do.

MR SCHEUER: On page 21 you talk about the reorganization of December 1977. How has this affected your operational effectiveness in the field?

DR RAVENHOLT: Yes, the Agency went through a reorganization in December 1977, which has not yet been fully implemented. During most of the subsequent time, my staff has continued backstopping these programs pretty much the way they had previously, but currently backstopping responsibility for the bilateral programs is being transferred from the Office of Population to the geographic bureaus.

We are sensitive to the fact that this means further scatteration of program responsibilities. The geographic bureaus do not yet, and may never have, the staff to really backstop these programs well. We're concerned, but the decision has been made by the administrator and we're doing our best to keep the program going despite the unfavorable organizational changes.

MR SCHEUER: On page 25 of your testimony you say that global experience indicates that family planning is not a problem at the people level. It's a political problem. Solving it can be done with remarkable speed, regardless of whether the country is large or small, literate or illiterate, and rich or poor.

In effect, as I take it, you're coming down against those who say that reductions in fertility levels must follow economic and social development progress. I don't want to put words in your mouth, but is this the message I get when you say, "literate or illiterate, rich or poor." There seems to be a difference.

DR RAVENHOLT: No. I'm saying the development assistance for education, economic development, and so forth are all valuable in their own right. But there has been an unfortunate tendency in the past to think and assert that all these other things must be done *before* a couple, or a society will control their fertility.

The evidence is very much to the contrary -- in China, Columbia, Korea, Indonesia and elsewhere – rapid progress on fertility control can be made at whatever level of development exists. Hence fertility control actions should be emphasized early on –- to put the fertility control horse in front of the development cart -- thus greatly improving the rapid effectiveness of the whole developmental assistance program.

During most of the three decades of foreign assistance since 1949, after we moved from Europe to the less developed countries, much of our developmental assistance has been a wheel-spinning exercise, because most of those populations continued exploding in uncontrolled fashion. Now we know we can move forthrightly and rapidly with intelligent family planning programs to curb excess fertility as a leading element in development assistance programs.

MR SCHEUER: Regardless of the literacy –

DR RAVENHOLT: Yes.

MR SCHEUER: And regardless of those other standards. We had testimony last week comparing Venezuela with Sri Lanka. There was an indication that incomes had gone up to the point where individual incomes had gone up to the point where individual incomes were almost ten times as much in Venezuela as in Sri Lanka. Yet in Sri Lanka they have been significantly more successful in getting a handle on their population growth rates.

DR RAVENHOLT: Exactly.

MR SCHEUER: Dr Ravenholt, I have one or two more questions to ask you, but we are desperately short of time. The women of my staff have requested me to ask a question. (laughter)

MR SCHEUER: We understand, say these great ladies, that there are only two women population officers in the field. We have heard testimony encouraging the placement of qualified, and they say dynamic, women overseas to boost AID's population assistance efforts. What actions have you taken and if not, what action do you propose to take since you are under the gun of these redoubtable ladies?

DR RAVENHOLT: Well, we greatly value and admire the work of quite a large number of women now in the Office of Population. It is true that there are not now very many women population officers overseas – for a number of reasons, but mainly because of the sheer lack of hiring power for quite a long while. Even though the population program was given special priority status by the Congressional earmarking of monies for the program, the Congress did not earmark *personnel* for the population program. Hence, we have ordinarily had to do the best we could with a very small crew; and have been subjected to the vicissitudes of repeated agency-wide reductions-in-force. Such reductions ordinarily prune-off personnel with least seniority, especially recently hired women.

MR SCHEUER: Well, Dr Ravenholt, we have successfully recruited over half of our professional staff from the ranks of the women and there are PhD's among them and substantial experience behind them. And I'm afraid that if I get them started – and took a poll of your ladies, I would think that they would say that particular explanation is not acceptable to them.

DR RAVENHOLT: Well, Mr Chairman, during the same time and a longer time that you have been so remarkably fortunate in recruiting the very talented staff that you have, we have also recruited, and more than half of ours have been women. In the last couple of years more than half of the professional staff that we've recruited into the Office of Population have been women.

MR SCHEUER: Excellent. That's very encouraging.

DR RAVENHOLT: But as far as overseas placement, this has been held back by the sheer lack of being able to place people into the developing countries. It is also a problem having to do with marriage, and placement overseas of a woman has such large implications for her marriage and child raising and so forth that it is sometimes difficult.

But the principal reason that this has been so slow is that most of the time in recent years our ability to recruit has been frozen. We couldn't recruit anyone.

MR SCHEUER: Thank you Dr Ravenholt.

DR RAVENHOLT: Thank you, Mr Chairman. It's precisely on this kind of an issue that this Select Committee, with its deep interest in this problem, I think, could make a very large contribution on the matter of minimally adequate staffing in important countries around the world.

We've been held back enormously in key countries because of the inability to persuade everybody that has to be a party to that decision to put a full-time population officer into certain countries. I recall when we were trying to get a full-time population officer into Egypt. And the AID representative who was there initially, said, "Well, when the program gets big enough to warrant it," then he could see putting a full-time population officer there, but until that occurred we should make-do with some temporary duty personnel.

MR SCHEUER: The AID person?

DR RAVENHOLT: Yes, this was the AID Representative.

MR SCHEUER: Well, physician, cure thyself.

DR RAVENHOLT: We don't just have problems of priorities with ambassadors, we also have them with Mission Directors and AID Representatives. Because, if indeed a large and adequate family planning program would grow in a needful country without the full-time promotive efforts of someone –

MR SCHEUER: It wouldn't happen.

DR RAVENHOLT: Then we wouldn't need to put anybody in. The country has already proved during centuries that it doesn't need a population officer -- because no family planning program has developed there! It is this curious , inverse thinking which has held back family planning program development in many countries. And I believe the interest of this Committee, with specific invitations to ambassadors and mission directors from key countries, and perhaps most important, the Secretary of State, could bring the kind of action that is needed to implement this program fully in all countries where the Congress wishes it to be implemented.

On barren soil, where no practice of birth control has ever developed before, it takes the particular missionary efforts of one or more persons utterly dedicated to the task, to make a family planning program bloom. In many ways, our work has been a missionary work, awakening fertility control illiterates in the LDCs to the wonderful family and social benefits which may be obtained by the exercise of

fertility control. But for this to happen, we must be permitted to place at least one able, dedicated proponent of birth control into every LDC of consequence.

MR SCHEUER: Do any of our staff people have questions?

MR ROBINSON: One question first for you, Mr Chairman.

MR SCHEUER: One question first. When I was in Africa a year and a half ago, I got repeated signals from the Health Ministries there that they would very much like to see us license Depo Provera, at least conditionally, for women who had finished their child bearing. They felt that because African women had become accustomed to injections for diphtheria and malaria and cholera and all the other communicable diseases, they perceived injections as producing good things, and good results. The fact that it was a one-time shot in the arm, and that it was cheap and inexpensive and reversible to the best of our knowledge, made it a very attractive kind of family planning alternative and very cost effective.

They wanted us to license it, at least provisionally, to remove the stigma of non-American approval: "Well, if it is not good enough for American women, it's not good enough for Nigerian or Ghanaian or other African women. What is your perception of the desirability or utility of Depo Provera at this time?

DR RAVENHOLT: Mr Chairman, I am happy to respond to that, it is an important issue. I think your intuitions are entirely correct. Not only in Africa, but in Asia and Latin America, there is great demand for an injectable contraceptive, such as Depo Provera.

Depo Provera was developed already long ago, and has been extensively used in the world. It is licensed for use by the Health Ministries in dozens of countries, other than the United States, and is an important element in quite a few family planning programs.

When I was in Thailand in January, they expected to receive a million doses of Depo Provera through an arrangement with the UNFPA, actually funded by Australia. But then at a certain point, when Australia became aware that it was not licensed by the U.S. Food And Drug Administration, they cancelled there support for Depo Provera for Thailand.

Now I understand they have subsequently changed their decision, and will provide some Depo Provera. But these problems of Depo Provera supplies for Thailand demonstrate "the tyranny of the Beagle dog over man."

MR SCHEUER: Could you explain to me how Australia was inhibited from supplying Depo Provera because of our FDA?

DR RAVENHOLT: Well, quite correctly many nations in the world take their cue from the United States Food and Drug Administration. The FDA is no doubt the foremost such quality control organization in the world dealing with pharmeceuticals. And the freedom of the American press and the intensity with which they pursue any possible hazard in this or that material reassures the rest of the world that if the USFDA licenses a product it is probably a safe product for them to use.

I was in Europe as Epidemiology Consultant for the USPHS, in 1961-63, visiting and working with many Ministries of Health, following-up on the Thalidomide-caused congenital malformations tragedy; and learned that the Scandinavian and many other European Health Ministries depend heavily upon USFDA when deciding whether or not to license a drug for use in their respective countries.

Unfortunately, mainly because of intense Catholic opposition, the licensure of Depo Provera by FDA has become an intense political issue. A month or two ago, the FDA decided not to issue such a license despite the positive recommendation of its expert committee.

But it seems ridiculous for this country to be spending many millions of dollars researching for new and improved means of fertility control, while ignoring and repressing the use of Depo Provera – which is a well-proven excellent new means. It doesn't make good sense, and is really an insult to the taxpayer.

DR SANHUEZA: That's true.

MR SCHEUER: I agree with you. Can I hear from Mr Rizzo and Dr Tamayo?

DR TAMAYO: I think as far as Depo Provera is concerned, IPPF has been supplying quite a lot for some countries; and that is being monitored by Dr Sai. And you will have Dr Sai tomorrow. He can give you a good view of what is happening with Depo Provera in the world, because he is in charge of monitoring this for the IPPF.

MR SCHEUER: And we're finding now women in their twenties who have had two or three or perhaps four kids, who perceive that they've finished their child bearing – some by the middle of their twenties – and seek sterilization. So you don't perceive that Depo Provera would be an appropriate form of contraception for a single woman who hasn't married and who won't marry for several years, but is becoming sexually active?

DR SANHUEZA: No, I would not recommend the use of Depo Provera for any woman who has not yet proven her fertility.

MR SCHEUER: Yeah, Dr Ravenholt.

DR RAVENHOLT: Thank you, Mr Chairman. Indeed I would add that in earlier years, a decade ago, I was somewhat hesitant about pushing for large numbers of women to be on Depo Provera injections, because of the

difficulties which might ensue from maintaining extensive programs for repetitive injections every three months.

From a family planning program point of view this posed some problems; but also from an oncologic point of view -- and I was deep in cancer research before commencing population work at USAID -- if large numbers of women were placed on continuous unopposed progestogen injections during many years, this has somewhat worrisome implications for possible increased cancer occurrence.

But it is precisely now, as voluntary surgical sterilization programs are reaching out into the hinterlands of many countries, that Depo Provera could have its very best application: Because a field worker, armed with Depo Provera injectables, can go into villages and rural areas and when identifying women who wish to terminate their childbearing, can give an immediate injection of Depo Provera – thus protecting the woman from unwanted pregnancy during the several months it may take to arrange for the woman to have a tubal ligation at a surgical clinic. This has the additional advantage, that it gives the woman time to mull-over whether she truly wishes to permanently terminate her child bearing.

MR SCHEUER: Yeah.

DR RAVENHOLT: So it is a very valuable addition to our fertility control armamentarium. Furthermore, looking ahead to greater program activity in Africa, as you quite correctly identified there is great avidity for injectables in Africa; and unless we apply the very best methods there, the programs will go more slowly than they otherwise could.

MR SCHEUER: Dr Ravenholt.

DR RAVENHOLT: Mr Chairman, I would like to interject that I did just receive from the World Fertility Survey, in a communication dated April 11, a breakdown for eleven countries on the distribution of fertility control by method. These are national representative sample surveys, ordinarily including 5 to 10 thousand households in each sample.

This report shows the proportion of couples using each method – the pill, IUD, injections, condoms, sterilization, also rhythm, withdrawal, abstinence and douche. If you wish, we can submit this analysis for the record.

MR SCHEUER: That would be very helpful, indeed.

DR TEITELBAUM: Dr Ravenholt, I think, has a question.

DR RAVENHOLT: I would like to speak to the matter of audits because it's becoming an ever-increasing, important part of the program. And at

specific issue now is the matter of the audits of the IPPF and the family planning programs they support.

When we began to provide assistance to the IPPF, there was considerable discussion of auditing and how it should be done. And it was agreed that while AID would audit the IPPF accounts in London, the auditing of the affiliate family planning accounts would be done by Price Waterhouse, the auditors at that time employed by IPPF for this purpose; and it was agreed that AID would not send it's auditors to audit the individual country accounts. This was a sound, wise approach to the auditing required to assure that fiscal responsibility was being exercised.

But if now, as has been proposed, the USG insists on auditing every family planning organization receiving support from USAID/IPPF, and if other countries providing support for IPPF likewise insist on auditing every country family planning program supported by IPPF, then Dr Tamayo may be over-run by auditors from a dozen countries. Surely, we must protect him from such wastage of human resources.

MR SCHEUER: Dr Ravenholt, you mentioned before that you have a two year procurement time frame. Is that right?

DR RAVENHOLT: Yes, for certain kinds of contraceptives we have pipelines that long. From the time a contraceptive request is formulated in country, requesting the quantity required of each kind of contraceptive, until the contraceptives are delivered in that country, not infrequently two years may elapse: we must agree or perhaps modify the country request, then we must budget for and purchase those contraceptives, meld those requests with other requests, and they must be produced and shipped to their destinations. Of course, we do usually succeed in shortening the time lag from contraceptive request to fulfillment by buying larger quantities of contraceptives and maintaining the pipeline flow at levels close to expected demand. But many modifications of distribution and delivery schedules must be made according to political and personnel changes, to take full advantage of all opportunities for program advancement.

MR SCHEUER: Are there any changes in the budget procedure or procurement procedure that Congress elaborates or the administration requires that could additionally rationalize and make your response to local governments more prompt and more responsive?

DR RAVENHOLT: No, I think this has been worked-out about as well as could be done. I don't mean to imply that the current logistics operation is not what it should be.

MR SCHEUER: You just told us a few minutes ago that in terms of the 300 million women or couples who need contraceptive services, that we are only filling the needs of about 10 million.

DR RAVENHOLT: The 10 million is about the number for whom we are currently providing oral contraceptives – somewhat over 100 million monthly cycles annually. In addition, of course, many of the contraceptive needs of the 300 million couples are being met by IUDs, condoms, injections, tubal ligations, etc; but we still have a long way to go – especially in Africa – to meet total contraceptive need and demand.

In the case of Indonesia – which now has about 3 million women taking oral contraceptives, needing 40 million cycles per year – the supply situation has been complexified and OC action hobbled somewhat by the recent decision by AID political appointees that Indonesia must begin to manufacture their OCs, utilizing AID loans for that action. The Congress has not dictated that we interject loans for this purpose, but there are elements in AID finding new ways to slow the family planning programs.

MR SCHEUER: Well, thank you very much, all of you, for a very thoughtful and stimulating group of testimony. We'll now excuse you. If you want to stay for the next panel, we'd be delighted to have you stay.

MR SCHEUER: Dr Ravenholt, your testimony has been remarkably interesting to us. You're a leader in this field who has created a certain amount of controversy in your wake, but perhaps that's a great testimony to your driving will and your incredible determination to move ahead and overcome all obstacles and maybe during this last ten years, where we were trying to break the sound barriers in terms of getting family planning programs accepted around the world, this kind of activist, indefatigable determination and driving energy and single mindedness of purpose were necessary and appropriate, albeit they did create some controversy.

So I want to pay tribute to the remarkable job and the remarkable leadership role you have played in the last decade to bring us where we are today and to have brought the developing world along to where it is today. I know of no single individual who has contributed more to that process.

So if we have needled you a little bit from time to time and if we continue to needle you a little bit from time to time, those are really footnotes to history and you've had a major role in creating this encouraging history of the last ten years and for that, as well as for your very stimulating testimony today, we thank you very much. (applause)

DR RAVENHOLT: Thank you, Mr. Chairman.

End of verbal testimony, Dr Ravenholt's prepared, written testimony follows.

POPULATION PROGRAM ASSISTANCE

USAID Population/Family Planning Assistance Program, 1965-1978

For presentation to the U.S. House of Representatives Select Committee on Population, April 15, 1979, Chairman, Congressman James H. Scheuer.

Mr. Chairman and Members of the Committee:

Reflection upon twelve years experience in development of population program assistance on a global basis -- how far we have come and have yet to go -- brings to mind Winston Churchill's statement on Allied Forces progress after victory at El Alamein in October 1942: "Now this is not the end; it is not even the beginning of the end. But it is, perhaps, the end of the beginning."(1)

Likewise we are now "at the end of the beginning" of the momentous task of mobilizing global action to solve the World Population Crisis, and we can begin to see and measure substantial progress from where this program began more than a decade ago.

Program Beginnings

Population program assistance is now such an established and prominent part of total U.S. foreign assistance that it is already difficult to recall and appreciate the intense reaction and controversy which followed issuance of the "Draper Report" in 1959, which recommended: "That, in order to meet more effectively the problems of economic development, the United States assist those countries with which it is cooperating in economic aid programs, on request, in the formulation of their plans designed to deal with the problem of too rapid population growth.(2)

This recommendation was disavowed by President Eisenhower as "not the government's business" and six more years of political ferment ensued before President Johnson, in January 1965, announced, "I will seek new ways to use our knowledge to help deal with the explosion in world population and growing scarcity of world resources." (2)

Thereupon the U. S. Agency for International Development and the Department of State commenced development of what has since become the world's most extensive population and family planning program; which by the end of the current fiscal year will have provided 1.2 billion dollars of population program assistance -- approximately half of all international grant assistance to date (Figure 1).

Although the total of 1.2 billion dollars may seem an impressive figure, it is a very modest sum when weighed against the magnitude of the task of solving the problem of excessive fertility and population growth for half the world population. $1.2 billion over 13 years for the target population of 2 billion people provides less than 5 cents per capita per annum -- a very modest sum by any standard for this global task.

During the last decade the annual population budget of A.I.D. aimed at curbing the excess fertility of 300 million couples of reproductive age living in more than 100 poor countries, has been roughly equal to the U.S. domestic family planning program budget aimed at curbing excess fertility of less than 10 million poor couples living in the United States.

Because of the disparity between the size of the A.I.D. population budget and the size of the world population problem, there has been great need to apply these funds most carefully so that they could mike an important difference.

Program Strategy

The basic strategy of AID's population program, fashioned during the first several years and published in *Science*, January 1969, has guided the program throughout:

"The ultimate goal of this program is to improve the health, well being and economic status of the peoples of the developing countries by improving the condition of human reproduction in these societies. We propose to move toward this goal by support of broad gauge population and family planning programs, designed to make family planning information and services fully available to all elements of these societies so that women everywhere need reproduce only if and when they choose.

"Because the extent of availability of family planning information and means is now usually a dominant determinant in the complex of forces influencing reproductive behavior, no definitive studies nor final judgments of additional measures which may ultimately be needed to achieve a desired rate of population growth can be made in advance of the full extension of family planning services. But as family planning information and services are made appropriately available, key impediments to optimal utilization of such services can be identified. Thereupon, research studies should be performed as needed to overcome recognized obstacles and for advancement of the program. Naturally, many non-clinical actions, such as rational alteration of legal and fiscal codes, should be taken concurrently with clinical actions to enhance the effectiveness of the population and family planning program.

"Regardless of what special social measures may ultimately be needed for optimal regulation of fertility, it is clear that the main element initially in any population planning and control program should be the extension of family planning information and means to all elements of the population. It seems reasonable to believe that when women throughout the world need reproduce only if and when they choose, then the many intense family and social problems generated by unplanned, unwanted and poorly cared for children will be greatly ameliorated and the now acute problem of too rapid population growth will be reduced to manageable proportions." (3)

This direct and sharply focused strategy troubles many sidewalk superintendents in the population field, who offer a plethora of fanciful proposals on how they would solve the world population crisis. Unimpeded by any responsibility for successful implementation of their proposals they are vociferous in their criticisms of what is being done and aggressively assertive in trying to impose their favorite strategies on the program.

Many adversaries and some friends of the program have tried to broaden its focus, seemingly oblivious of the fact that only 5 percent of AID's developmental assistance resources have been allocated for the population program during recent years,

A.I.D. has a broad development assistance program, and while there is every reason for relating the population program appropriately to many other actions, we insist that those other programs be mainly funded from non-population accounts -- from the 95 percent of A.I.D. appropriations -- and that integration of family planning with other development programs not be permitted to slow or block population programs.

Creation of an effective global population program is like waging a global war: reasonably simple and reliable strategy must be chosen and then implemented thoroughly until the task is completed. At least a decade is required for full implementation of a single national family planning program; and at least another decade will be required for implementation of the bulk of the global program in which we are now engaged.

Program Structure

Population program assistance by A.I.D. is provided through hundreds of projects which are grouped according to the six principal goals at which they are aimed, and to which divisional structure of the Office of Population conforms.

Some appreciation of program structure and evolutionary changes can be gained from Table 1 and Figure 2, showing annual program content, and

from the compendium of all projects supported with A.I.D. Title X funds presented in Appendix A.

In the interest of brevity only a few of the most notable projects and activities are discussed below by goal:

1. Development of Adequate Demographic and Program Data

Since 1965, $37 million has been provided for the collection and analysis of demographic and related data by means of surveys, registration of vital events and censuses.

The most original and perhaps the most notable action undertaken by A.I.D. in the field of demographic data collection and analysis is development of the World Fertility Survey, which we originated in 1971 and the Office of Population has supported to the extent of $11.2 million, along with a similar amount from the UNFPA. Fruition of the WFS has required years of work by many dedicated individuals and organizations but this project is now producing massive quantities of uniquely adequate data from nationally representative sample surveys and providing definitive answers to such questions as the relative importance of availability of contraceptive services and the role of other factors such as changes in education, occupation, and income in determining fertility patterns.

The kinds of international comparisons which now become possible because of WFS data are indicated in Table 2. (4)

The comprehensive and dependable findings of the World Fertility Survey are rapidly dissipating the mists of ignorance and argumentation which have obscured what poor and illiterate peasant couples in developing countries will or will not do when given the information and services and therewith the option for controlling their fertility. Fortunately the findings of the WFS document a tremendous yet-unsatisfied demand for improved fertility control in developing countries -- *highlighted by the fact that currently roughly one-half of married women of reproductive age in the developing world do not want any more children.*

2. Development of Adequate Population Policies.

Modification of population policies is inherently a difficult task, frequently necessitating use of oblique approaches because of intense political sensitivities.

Attitudes on population matters differ widely among countries. Some countries announce as official policy their determination to slow the population growth rate through certain types of family planning programs. Others, though espousing no official policy, permit both public and private population programs to function and may even support or encourage them. Within each of these two categories some programs are more advanced, more purposeful, and more goal-minded than others.

Some other countries have adopted a policy of population growth control but do not adequately implement a program. And still others have not yet developed any significant national policy on family planning. A.I.D. has identified among countries experiencing serious population growth problems four stages of population policy development: (a)pronatalist, (b)start-up, (c)intermediate and (d)self-sustaining. To support and speed policy development in countries, A.I.D. is disseminating information to decision makers on the unfavorable impact of too rapid population growth on national development goals and on the need for measures to encourage reduced fertility. Also, A.I.D. is furnishing numerous countries periodic information on the social and economic determinants of fertility, and sponsoring studies of the status and implication of laws bearing on family planning activity.

A.I.D.'s objective in the policy field consists primarily of enlisting and supporting indigenous leaders who will themselves determine and implement whatever measures are needed to promote policy development. In pursuing this objective, A.I.D. uses research and persuasion to discover and elaborate lines of informal national self-interest that, in turn, can buttress an adequate fertility control policy.

Country studies and conferences have been A.I.D.'s principal means of bringing together population experts and decision makers. The Population Policy Analysis Project, for example, indicates the complex set of activities that promote policy development. Under this new project, the Battelle Memorial Institute has brought government officials and researchers together in Guatemala, Haiti, and Ecuador, helped them to define the ways in which rapid population growth obstructs their national development programs, and assists them to study and clearly identify the ways in which government programs, especially family planning, can be used to lower fertility.

From 1965-1977 A.I.D. provided $23 million aimed at development of more adequate population policies in developing countries.

3. <u>Development of Improved Means of Fertility Control and More Efficient Delivery Systems.</u>

Since the mid 1960's, A.I.D. has supported population research with the purpose of developing and implementing improved means of controlling fertility. This research falls into two major categories: (1) biomedical research to develop improved fertility control technology and (2) operational or "action" research to improve implementation of family planning programs. Both types of research are essential to improve effectiveness of family planning programs.

<u>Biomedical Research</u>

Between 1967 and 1977, A.I.D. provided about $52 million for biomedical research to develop improved means of fertility control. The high priority given this work has been based on the assumption that when

more effective fertility control technologies are developed and delivered to countries with rapid population growth, the people of these countries use those technologies with considerable avidity.

A.I.D.Os research program has been directed toward applied rather than basic research and has pursued a limited number of leads in depth rather than attempting to explore all possible approaches to the development of new technology. Relevance to the needs of developing countries has been a most important consideration in selection of topics for research.

In view of the fact that a separate presentation to the Select Committee on A.I.D. biomedical research will be made by Dr. J. Joseph Speidel, Deputy Director, Office of Population, this presentation will simply note that the most important products of A.I.D.'s contraceptive research program have been improved means for female sterilization (falope ring and improved laparoscopes) and simplified uterine aspiration equipment. Not only has A.I.D. provided vital support for development of improved surgical equipment, but substantial support has been provided for closely geared training programs and for purchase and delivery of equipment to trained physicians in developing countries.

Operations Research

In the period 1965-77, A.I.D. provided $30 million for over 85 technical assistance and operational research projects in countries of Africa, Asia and Latin America to improve delivery of family planning services (See Appendix B). A decade of program and operations research experience has consistently demonstrated that the extent of availability of contraceptives and fertility control services is usually a foremost determinant of fertility in developing countries. (4.5)

In many developing countries, especially in Asia, despite favorable policies and considerable program activity, there are numerous economic, administrative, geographic and cognitive barriers which restrict full availability of contraceptive services. In many countries people still must travel long distances, wait many hours, fill out lengthy forms, receive services only during certain hours, and pay excessive fees for services. In addition, many persons are not aware of the services that are available, or have inaccurate information about specific fertility regulation methods. The general objective of "action" research projects is to develop delivery systems that eliminate or minimize such barriers, thereby making fertility regulation methods truly available. These systems must be cost effective and have the potential for replication by the host countries.

As shown in Appendix B, operations research projects begun and supported by A.I.D. have demonstrated high rates of acceptance of family planning by poor and illiterate couples in many countries and have led to marked improvement of country programs.

4. Development of Adequate Family Planning Services.

From the beginning of its assistance to family planning programs of developing countries, A.I.D. has emphasized support for development and strengthening of field services of country programs. Through its Office of Population and Country Missions, A.I.D. acts in this sphere to provide and encourage adequate availability of contraceptives and program services, promote the development of improved delivery systems for family planning supplies and services, and provide technical consultation on program problems.

Commodities

Through fiscal 1977 A.I.D. provided $162 million for purchase of contraceptives and surgical equipment. Nearly 600 million monthly cycles of oral contraceptives and 1.7 billion condoms have been provided (Table 3, Figures 3 and 4). These supplies have been indispensable for effective implementation of family planning programs.

The reason A.I.D. has consistently given high priority to provision of adequate supplies if contraceptives and equipment to family planning programs is that experience has taught us that until these supplies are actually available to a program, effective action does not occur.

A great deal of anticipatory and far-sighted action by the Office of Population staff is essential for country family planning programs to thrive: monies must be obtained and budgeted for commodities, specifications and purchase documents must be prepared, purchasing must be accomplished with the help of G.S.A. and competitive bidding, and deliveries must be made in timely and consistent fashion to faraway countries despite customs and many other barriers. Pipelines are sometimes inescapably more than two years long.

Even after contraceptives are delivered to capital cities in timely fashion, the program may not move because host country officials fail to move them to the states, regions, districts, localities and households.

There is an old Roman proverb: "Swords worn in Rome win no battles". Our motto is: "Contraceptives stored in capital cities prevent no births''.

On occasion we have been criticized by Congressional staff because contraceptives have accumulated in a number of capital cities. And I have been challenged: "Dr. Ravenholt, when you purchased all those contraceptives for country X how did you know they would all be used?" To which I have replied: "When we commit to deliver contraceptives to developing countries on the other side of the world, we cannot know for certain that the contraceptives will be used in every country. But if we do not deliver them, we can be sure they will not be used."

We must do our part of the action even while knowing that some of the less developed countries we are trying to help will fail to use our assistance well. To withhold supplies because we do not have a guarantee that each program will be a success would be analogous to a military quartermaster withholding supplies and ammunition because he has no advance guarantee that each battle will be won.

Partners in Population Program Assistance

In addition to providing assistance to 28 country family planning programs on a bilateral basis, A.I.D. has long emphasized the work of developing and supporting a number of private organizations which work in partnership with A.I.D. and developing country programs to provide a great deal of essential assistance in rapid and flexible fashion.

Foremost among these private organizations supported by A.I.D. are the International Planned Parenthood Federation (IPPF); Family Planning International Assistance (FPIA), the international division of the Planned Parenthood Federation of America (PPFAIP); the Pathfinder Fund (PF); and the Association for Voluntary Sterilization (AVS).

With funds from A.I.D. and from many other donors the IPPF provides support for affiliate associations in more than 90 countries. These associations operate more than 3,000 family planning clinics and provide support for community-based distribution programs as well as doing a great deal of training and education of the leaders, program personnel and the public.

FPIA uses A.I.D. assistance to help provide financial, technical and commodity assistance to church-related and private service organizations in developing countries. Since inception of the program, FPIA has provided support for 137 projects in 32 countries with emphasis on low cost, innovative projects which have potential for replication elsewhere. In addition to direct project grants FPIA has provided contraceptives, surgical equipment and supplies, and educational materials to 71 countries.

The Pathfinder Fund, as the name implies, has been a pioneer in family planning. Many of its early projects and activities led to formation of country family planning associations. With A.I.D. assistance Pathfinder has provided support for projects in more than 60 countries.

The Association for Voluntary Sterilization was almost entirely a domestic organization until the International Project was created with A.I.D. support in 1971. Since then AVS has rapidly become a world leader in promoting voluntary sterilization as a safe, efficient means of fertility control.

By means of world conferences in Geneva in 1973 and Tunisia in 1976, and many regional and country conferences; with training and equipment,

and support for service projects and education, AVS has contributed in large measure to the rapid acceptance of voluntary sterilization -- which by the end of 1977 was the most popular means of fertility control in the world, being used by an estimated 80 million couples.

To date, AVS has provided support for more than 100 projects in 35 countries, and the World Federation of Associations for Voluntary Sterilization now has 22 affiliate national AVS members.

A.I.D.'s support of these organizations during the last decade ($107 million) and their creative help have been indispensable for moving quickly and flexibly to advance family planning in myriad places and ways.

5. Development of Adeguate Information, Education and Communication (IEC) Program

New contraceptive technologies have made family planning methods more effective and safer. However, the mere existence of new information and materials is ordinarily not enough. To bring these findings to public attention and generate action, dozens of organizations, many with A.I.D. support, have mounted a broad range of information, education and communication (IEQ programs through a variety of channels.

IEC activities supported by A.I.D. have greatly expanded public knowledge and interest concerning the problems of high rates of population increase, have stimulated needed program action and provided information on family planning methods and program services. Radio, television, posters, pamphlets, newspaper articles, and films have spread the word; health and family planning curriculums have been developed and introduced in thousands of schools; local, national and regional meetings have brought people together for discussion and to initiate action.

Funding Channels

Approximately 11 percent (more than $100 million) of A.I.D. population resources over the past decade has gone into IEC activities including those conducted by various organizations such as the United Nations Fund for Population Activities (UNFPA), the International Planned Parenthood Federation (IPPF), East-West Institute, University of Chicago, American Home Economics Association, International Confederation of Midwives, Airlie Foundation, Asia Foundation, World Assembly of Youth and World Education, Inc., as well as support of country programs on a bilateral basis.

Perhaps the most creative information and education project the Office of Population has supported has been the Population Information Program of the George Washington University begun in 1972. This program was established for the rapid diffusion of research and other findings to a

broad range of officials, population and family planning program workers, research scientists, educators, and the general public through the mechanism of thoroughly researched and carefully written Population Reports, disseminated in five languages throughout the world. These Reports are highly respected and widely read and have no doubt made an important difference.

The Community and Family Study Center of the University of Chicago, is a foremost center for training of IEC personnel, which has carried out a number of population research, training, publication and consultation activities for more than a decade, with funding from both private and public sources.: Since it began, the degree program has granted 45 Master0s degrees, and 18 NON to students from 25 countries. The program has a capacity of 25 students annually and has 8 fellowships to award to professionals who will become key communication experts in their own countries.

Some 1200 participants from 90 countries have attended CFSC's summer workshops on "Mass Communication and Motivation for Family Planning" since they began in 1963. The workshops have been funded mainly by A.I.D. since 1971 with fellowship support also from the Ford Foundation, the UNFPA and other donor agencies. overseas workshops, initiated under the expanded grant since 1977, have included 3 country workshops (Mexico, Guatemala and Yemen) and one regional workshop in Kenya involving 54 participants from 26 African countries.

6. Development of Adequate Manpower and Institutions

Population and family planning programs in developing countries require the services of many skilled and dedicated people. To meet these needs, A.I.D. since 1965 has developed an active manpower training effort, through contracts and grants to universities, public and private foundations, institutes, agencies and other organizations for training both within the United States and abroad. This program has received 10 percent ($100 million) of A.I.D. resources allocated to population/family planning work.

To a maximum extent, the training and utilization of population manpower should take place within the countries where programs operate. Nevertheless, especially in the early stages of a new program, such as the training of surgeons in advanced techniques of fertility management, it is desirable to bring a cadre of leaders to the United States -- "to light the candle".

U.S. Participant Training

Each year between 400 and 500 participants have come to the United States under existing bilateral agreements and contracts to study in a variety of institutions and centers. As part of this worldwide training effort, A.I.D. provides professional guidance, funds, placement and support to these individuals and is actively engaged in recruitment in

those countries where A.I.D. missions exist. Mostly participants are recruited annually by U.S. universities under contract with A.I.D. The majority have been women.

The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) is one of the most important training programs supported by A.I.D. Physicians play a key role in family planning programs. They provide clinical and surgical methods of fertility regulation, supervise paramedical and auxiliary personnel, and are active in administering non-clinical and contraceptive services.

Since 1972, training for obstetricians, gynecologists and other surgically qualified physicians has been carried on under the leadership of JHPIEGO, both directly and through associated institutions.

PIEGO training consists of intensive 4 to 6 week courses in advanced techniques of fertility control for obstetricians and gynecologists. It includes extensive review of reproductive physiology and medicine and provides the necessary equipment and supplies to permit trainees to return to their countries and establish operating clinics and training centers in the procedures and methods that they have been taught. In addition, it has a follow-up program that sends qualified Americans or third country nationals to the medical institution of each participant to give further training within the local environment and to assist in developing and maintaining proper standards for the advanced medical procedures they have learned. Since 1972, more than 1300 physicians from 72 countries have received surgical laparoscopy training in PIEGO centers and 809 A.I.D. purchased laparoscopes are currently distributed in 62 less developed countries among trained gynecological surgeons, most with PIEGO training (Figure 5).

Office of Population Organization

In addition to the six functional divisions indicated above, the Office of Population from 1972 to 1977 had four area divisions and unified responsibility for A.I.D.'s population program. But the reorganization of December 1977 dispersed the area divisions and responsibility for bilateral programs to the Geographic Bureaus, while reducing Office of Population staff from 89 to 65 full time positions. The current organization chart is presented in Figure 6. A very talented, experienced and dedicated staff has worked mightily to rapidly implement A.I.D.'s population program, but it will be difficult to maintain program momentum.

Program Progress

With strong support from the U. S. Congress, A.I.D.'s population program has given impetus to the work of many other organizations and programs during the last decade -- as indicated by the ways a billion dollars was applied through fiscal 1977:

- **$146 million to the United Nations Fund for Population Activities, approximately 45 percent of UN population resources. With these funds from the U.S. and other donor countries, the UNFPA has provided assistance upon request in more than 100 countries.**

- **$92 million to the International Planned Parenthood Federation (including $10 million for contraceptives). With these funds and supplies from the U. S. and funds from other donors, the IPPF is providing support to family planning associations in more than 90 countries.**

- **$107 million to four other action intermediaries -- Pathfinder Fund, Population Council, Family Planning International Assistance/Church World Service, and the Association for Voluntary Sterilization (including $15 million for contraceptives). With these funds from USAID these organizations are supporting the innovative and pioneering activities of hundreds of subgrantee projects in more than 110 countries.**

- **$52 million for research and development of new and improved means of fertility control. With these resources, A.I.D. provided vital assistance for improvement of techniques of female sterilization -- i.e. improved laparoscopes, minilaparotomy techniques, tubal bands and clips to obviate the need for use of electrocautery; and menstrual regulation equipment for simplified and safer uterine aspiration.**

- **$162 million for purchase and transportation of contraceptives and surgical equipment. To date, A.I.D. has provided 600 million monthly cycles of oral contraceptives and 1.7 billion condoms to family planning programs in more than 100 countries. Likewise, A.I.D. is the major source of surgical equipment for family planning programs, and thru 1977, in addition to the 809 laparoscopes, A.I.D. supplied 17,000 minilaparotomy and vasectomy kits to trained surgical personnel in 85 countries. With these surgical supplies skilled surgeons are rapidly moving to greatly increase availability of voluntary surgical sterilization in the developing world.**

- **$261 million has been provided for support of family planning programs on a bilateral basis (exclusive of contraceptives). Foremost recipients of USAID assistance have been:**

Philippines	**Pakistan**	**Tunisia**	**Korea**	**Nepal**
Indonesia	**Thailand**	**Tanzania**	**Afghanistan**	**Guatemala**
India	**Bangladesh**	**Ghana**	**Ecuador**	**Jamaica**

In the Philippines, bilateral assistance totaled $50 million through fiscal 1977, including 51 million monthly cycles of oral

contraceptives; in Indonesia assistance totaled $48 million including more than 160 million cycles of oral contraceptives.

- **$179 million for development of more adequate demographic data, policy development, training, research on determinants and consequences of fertility and evaluation; and $34 million for administration of the program.**

The Changing Scene

In considerable measure due to the resources provided by the United States through the Agency for International Development, plus resources provided by other donors and the increasing contributions of the developing countries themselves, the world population scene has changed with great speed during the 13 years since the A.I.D. program began: -- The Pathfinding and Pioneering phase of the world population and family planning movement is largely accomplished. The majority of nations now recognize population growth as a key developmental variable and are dealing with it forthrightly. This is especially true in Asia and Latin America; though many African nations have not yet fully addressed this task.

Rapid improvement in fertility control technology has been accomplished -- especially development of simplified techniques of female sterilization and pregnancy termination -- which in addition to oral contraceptives, condoms and intrauterine devices now provides adequate technology for control of fertility wherever these means are made fully and appropriately available. Additional technological evolution will no doubt occur, which will further strengthen fertility control programs; but fertility can be reduced to a low level in any country with current means if there is a will to make them fully available. Most nations have begun to provide information and means for control of fertility to their populations, though only a few nations have yet achieved general availability of the most effective means.

A most notable discovery of recent years is the finding that the *majority* of married women of reproductive age in developing countries want help now for control of their fertility; and when the most effective means are made generally and appropriately available in households and villages in rural areas, poor and illiterate peasants use these means to approximately the same extent as literate urban residents (4). Global experience during the last decade has amply demonstrated that the problem in implementing family planning programs is not at the people level but rather it is a political problem: and if the political leaders of a country are truly dedicated to solving this problem it can be done with remarkable speed-regardless of whether the country is large or small, literate or illiterate, and rich or poor.

Table 1.

Population and Family Planning Projects, by Fiscal Year

(In $ Thousands)

Project	1965-67	1968	1969	1970	1971	1972
Worldwide						
Office of Population						
Demographic Division	119	151	904	1,123	1,536	3,410
Population Policies Division	24	495	1,476	2,845	1,971	5,376
Research Division	194	109	5,996	7,208	7,447	9,823
Family Planning Services Division	671	4,834	9,261	6,917	13,073	21,004
Information-Education Division	3	84	108	528	4,151	3,312
Training & Institutions Division	1,068	4,950	-	3,897	7,735	2,528
Subtotal	2,079	10,623	17,745	22,518	35,913	45,453
Other AID Offices Provided Funds for Population Projects						
Office of Health	-	-	-	-	978	1,355
Office of Science and Technology	-	-	-	-	-	-
Office of International Training	132	38	40	304	546	503
Bureau for Program and Policy Coordination	-	-	-	-	-	-
AID Operating Expenses	524	435	1,084	1,469	1,893	2,414
U.N. Fund for Population Activities	-	500	2,500	4,000	14,000	29,040
TOTAL, WORLDWIDE	2,735	11,596	21,369	28,291	53,330	78,765
Country & Regional [a/]						
Africa						
Country projects	23	144	604	1,649	1,136	4,707
Regional projects	30	259	457	179	5,699	2,259
TOTAL, AFRICA	53	403	1,061	1,828	6,835	6,966
Asia						
Country projects	833	12,576 [b/]	9,637	31,584 [b/]	14,301	16,645
Regional projects	350	1,625	2,226	947	3,092	2,890
TOTAL, ASIA	1,183	14,201	11,863	32,531	17,393	19,535
Latin America						
Country projects	1,539	5,457	3,071	5,437	7,085	7,326
Regional projects	2,861	2,468	7,256	5,520	8,161	5,572
TOTAL, LATIN AMERICA	4,400	7,925	10,327	10,957	15,246	12,898
Near East						
Country projects	2,100	270	466	965	2,765	4,644
Regional projects	-	355	358	-	299	457
TOTAL, NEAR EAST	2,100	625	824	965	3,064	5,101
TOTAL, COUNTRY & REGIONAL	7,736	23,154	24,075	46,281	42,538	44,500
GRAND TOTAL	10,471	34,750	45,444	74,572	95,868	123,265

a/ Includes contraceptives

b/ Includes a loan of $2.7 million to India for program vehicle parts in FY 1968, a special grant to Taiwan, loans totaling $13 million to Indonesia and Philippines for contraceptives in FY 1970.

DS/POP

21 April 1978

Table 1.–Con.
Population and Family Planning Projects, by Fiscal Year
(In $ Thousands)

1973	1974	1975	1976	TQ	1977	Total 1965-1977	Est. 1978	Est. 1979
3,612	5,800	6,754	6,024	3,715	4,175	36,823	8,650	11,480
2,212	553	1,742	1,537	695	1,911	22,817	6,900	7,400
5,337	2,917	4,249	6,532	1,428	11,174	62,414	11,565	14,815
28,993	24,319	26,423	22,462	5,367	45,246	208,550	15,950	49,585
3,993	2,547	2,503	2,021	-	1,261	20,511	4,905	4,500
7,175	6,562	2,348	6,022	2,140	8,454	52,879	11,450	14,750
51,322	42,698	44,019	44,598	12,825	74,221	404,014	79,400	102,550
438	750	667	586	293	669	5,716	800	566
200	200	180	109	40	-	729	-	-
430	530	399	500	75	769	4,266	450	450
-	-	-	-	-	-	-	1,700	2,400
3,929	12,300	10,000	-	-	-	34,068	-	-
9,000	18,000	20,000	16,000	4,000	29,393	146,433	28,000	30,000
65,319	74,478	75,265	61,791	17,233	105,052	595,226	110,150	135,966
6,294	3,394	2,990	3,599	556	4,397	29,491	6,035	7,040
3,556	334	1,296	1,170	12	1,010	16,261	245	2,500
9,850	3,728	4,286	4,769	568	5,407	45,754	6,280	9,540
31,798	21,652	20,802	28,522	13,100[b/]	19,617	221,067	37,126[b/]	40,609[b/]
1,428	122	264	-	-	-	12,944	-	-
33,226	21,774	21,066	28,522	13,100	19,617	234,011	37,126	40,609
6,448	5,476	4,680	3,620	611	4,718	55,488	4,970	7,035
7,393	3,832	2,630	2,216	865	2,908	51,682	-	7,000
13,841	9,308	7,310	5,836	1,476	7,646	107,170	4,970	14,035
3,048	3,097	1,848	2,059	91	2,528	23,881	3,074	5,295
270	60	200	13	-	-	2,012	-	-
3,318	3,157	2,048	2,072	91	2,528	25,893	3,074	5,295
60,235	37,967	34,710	41,199	15,235	35,198	412,828	51,450	69,479
125,554	112,665	109,975	102,932	32,468	140,250	1,008,054	161,800	205,445

of $20 million to India in FY 1970, a loan of $7.3 million to Indonesia for oral contraceptives in and loans totaling $9 million to Indonesia and Philippines for contraceptives in FY 1979.

Table 2

WORLD FERTILITY SURVEY FINDINGS

Percent Wanting No More Children

	Dominican Republic	Fiji	Korea	Malaysia	Nepal	Pakistan	Thailand
NUMBER OF LIVING CHILDREN							
0	a/	a/	12.5	a/	1.3	2	5.4
1	10.5	6.7	13.0	3.5	5.2	7	18.9
2	33.3	34.0	65.5	21.4	23.4	30	45.6
3	54.0	48.5	85.8	31.1	39.4	48	64.1
4	61.6	66.6	92.0	51.9	58.0	69	81.3
5 or more	72.1	82.6	96.3	78.3	75.4	87	92.9
EDUCATIONAL ATTAINMENT							
None	53.1	69.8	88.3	53.0	29.8	50	66.2
Primary	46.5	54.6	71.4	39.7	24.4	44	57.9
Secondary	23.7	40.7	62.9	27.5	47.1	46	31.4
College	27.6	29.4	69.9	41.9	b/		20.3

Percent With Fewer Than Three Living Children Wanting No More Children

EDUCATIONAL ATTAINMENT							
None	38.0	25.5	50.0	9.4	9.6	14	26.3
Primary	18.5	16.6	34.8	9.0	9.3	13	30.7
Secondary	a/	15.2	43.0	15.7	a/	15	20.0
College	a/	15.0	56.4	32.6	b/		a/

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a/ The sample contained fewer than ten cases. See Appendix tables for sample frequency distribution.

b/ No WFS respondent in Nepal had attended college.

TABLE 3

OFFICE OF POPULATION
OBLIGATIONS OF COMMODITIES
BY TYPE

FY	TOTAL	ORALS	CONDOMS	IUDS	MED EQPMT	AEROSOL FOAM	OTHER TYPE
1968	$ 1,052,346	620,144	323,218	532	10,702	-	97,750
1969	4,094,873	840,561	2,711,390	117,489	94,581	188,949	141,903
1970	4,040,233	2,198,753	177,142	238,867	376,487	1,025,440	23,544
1971	3,493,447	2,016,651	567,486	389,640	158,787	303,001	57,882
1972	6,624,436	4,366,087	275,950	483,865	775,860	567,529	155,145
1973	34,659,444	25,813,626	7,125,502	754,804	523,172	325,958	116,382
1974	20,867,834	14,644,800	3,076,800	525,261	1,844,725	615,968	160,280
1975	23,745,968	10,370,400	10,362,942	387,674	1,978,129	516,780	130,043
1976	29,257,593	17,560,877	10,036,899	162,587	1,306,490	135,186	55,554
TQ	7,214,048	5,762,900	400,000	123,070	915,765	1,246	11,067
1977	27,210,476	16,209,900	8,427,765	247,187	1,791,682	332,646	201,296
SUBTOTAL	162,260,698	100,404,699	43,485,094	3,430,976	9,776,380	4,012,703	1,150,846
1978 Estimate	40,829,200	23,097,000	10,235,000	394,042	6,420,118	265,362	417,678
GRAND TOTAL	$203,089,898	123,501,699	53,720,094	3,825,018	16,196,498	4,278,065	1,568,524

Prepared by
DS/POP/FPSD
4/18/78

TABLE 6

PHILIPPINES -- Family Planning Program Statistics, 1965-1975

($ in thousands)

INPUTS	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976 /TQ	1977	TOTAL
A. USAID Bilateral Assistance by Fiscal Year													
	25	210	1,064	1,400	4,948	5,000	6,290	7,984	5,694	5,675	7,489	4,005	49,784
B. Assistance by Organizations Receiving USAID Support													
UNFPA	cumulative thru 1971				→	357	522	609	237	1,800	2,403	1,046	6,974
IPPF	-	-	164	226	363	565	900	505	700	874	1,406	1,293	7,076
Pathfinder Fund	-	-	-	8	25	26	130	43	282	349	80	12	955
Population Council	-	-	103	77	139	21	78	0	0	0	532	29	979
Fam Plan Int'l Asst	-	-	-	-	-	-	89	264	170	610	1,290	761	3,184
Assoc Vol Sterilization	-	-	-	-	-	-	-	-	-	285	176	178	639
C. Assistance by Other Countries and Organizations Not Receiving USAID Support													
Canada	-	-	-	-	-	-	40	n/a	n/a	n/a	-	-	40
Japan	-	-	-	-	-	-	n/a	53	196	280			529
Ford	82	102	102	102	131	0	122	n/a	n/a	n/a			641
Rockefeller Found	4	n/a	n/a	n/a	n/a	15	544	250	250	250			1,313
D. Host Government Inputs to Family Planning													
	-	-	-	-	-	1,266	1,267	1,267	4,200	6,300	5,300	10,737	30,337
Combined Monetary Inputs	111	312	1,433	1,813	5,606	7,250	9,982	11,055	11,729	16,423	18,676	18,061	102,451
Contraceptives Delivered *													
Pills (1000 Mo. Cy.)	-	-	-	290	2,147	1,340	4,952	4,731	22,442	13,610	426	651	50,589
Condoms (1000 pcs.)	-	-	-	-	20	432	1,451	1,440	288	27,194	33,077	42,750	106,651
OUTPUTS (New Acceptors in 1000s)													
Pills	-	9	23	43	102	246	357	401	369	308	308	209	2,375
Condoms	-	-	-	-	-	17	193	133	198	209	220	136	1,006
IUDs	-	9	12	15	41	81	88	95	75	110	49	43	618
Sterilizations	-	-	-	-	-	-	-	-	-	31	50	62	143
Other	-	5	8	27	48	66	85	90	106	61	74	44	614
Total Outputs	-	23	43	85	191	410	623	719	748	719	701	494*	4,756

*Estimated based on Jan.-June Figures

Table 7

COLOMBIA -- Family Planning Program Statistics, 1966-1977

($ in thousands)

INPUTS	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	TOTAL
A. USAID Bilateral Assistance by Fiscal Year													
	-	50	116	70	470	417	680	600	470	436	240	240	3,789
B. Assistance by Organizations Receiving USAID Support													
UNFPA	-	-	-	-	-	76	146	128	1,061	1,400	1,512	1,660	5,983
PAHO	-	-	-	182	357	619	709	887	203***	-	-	-	2,957
IPPF	-	-	-	393	500	816	865	978	1,376	2,339	1,996	2,349	11,612
Pathfinder Fund	-	-	-	-	-	378	214	183	159	282	159	328	1,703
Population Council	-	-	-	90	137	485	694	604	528	586	258	465	3,847
Fam Plan Int'l Asst	-	-	-	-	-	-	-	105	150	65	122	77	519
Assoc Vol Sterilization	-	-	-	-	-	-	-	10	304	0	-	-	314
Develop Asst Inc	-	-	-	-	-	-	7	25	38	n/a	231	306	607
Univ North Carolina	-	-	-	-	-	-	-	104	0	113	28	-	145
C. Assistance by other Countries and Organizations Not Receiving USAID Support													
Canada	-	-	-	-	-	7	7	0	0	0	n/a	n/a	14
Int'l Develop Research Ctr	-	-	-	-	-	-	6	18	20	n/a	23	28	65
Sweden	-	-	-	27	54	14	0	0	0	0	n/a	n/a	95
Ford Foundation	-	-	-	-	127	65	152	0	173	0	n/a	n/a	517
Rockefeller Foundation	-	-	-	60	7	n/a	21	0	0	0	n/a	n/a	88
D. Host Government Inputs to Family Planning													
	-	-	-	-	-	-	1,458	1,964	2,180	3,438	4,460	5,350	18,850
Combined Monetary Inputs	-	50	116	822	1,652	2,877	4,959	5,606	6,662	8,659	9,029	10,803	51,105
Contraceptives Delivered													
Pills (1000 Mo. cy.)	-	-	-	50	60	140	260	462	1,633	2,129	6,720	3,918	15,372
Condoms (1000 pcs.)	-	-	-	-	-	-	-	841	1,411	12,269	6,802	95,040	116,363
OUTPUTS (New Acceptors in 1000s)													
Pills	-	1	16	34	47	71	77	75	80	162*	170**	156	889
Condoms 1/	-	-	-	-	-	-	-	-	-	-	10	17	27
IUDs	-	35	32	62	73	79	79	70	134	71	83	70	787
Other	-	-	2	4	5	6	8	14	15	22	34	92	200
Total Outputs	-	36	50	100	125	156	164	159	229	254	297	335	1,903

1/ Condoms included with other until 1976

* beginning of reporting on Profamilia CBD

** beginning of reporting on Profamilia commercial sales stimulus

*** AID assistance thru PAHO shifted to UNFPA

Table 8
EGYPT -- Family Planning Program Statistics, 1966-1977
($ in thousands)

INPUTS	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	TOTAL
A. USAID Bilateral Assistance by Fiscal Year **	-	-	-	-	-	-	-	-	-	-	-	4,000	4,000
B. Assistance by Organizations Receiving USAID Support													
UNFPA	(- 300	-	-	-	-	(	-	-	7,100	-	-	-)	7,400
IPPF	-	-	-	-	-	-	69	153	541	324	312	275	1,674
Pathfinder Fund	-	-	-	-	-	-	-	-	-	52	18	28	98
Population Council	(- 123	24	7	-	1	1	-	25	-	-	-	-	181
Fam Plan Int'l Asst	-	-	-	-	-	-	-	-	-	53	19	69	141
Assoc Vol Sterilization	-	-	-	-	-	-	-	-	-	91	6	34	131
Care	(-	-	-	-	-	-	1,250	-	-	-	-	-	1,250
C. Assistance by Other Countries and Organizations Not Receiving USAID Support													
Denmark	-	-	(-	-	-	1,750	-	-	-)	-	-	-	1,750
Japan	-	-	-	-	-	-	-	-	-	30	-	-	30
Sweden	-	-	-	-	100	-	-	-	-	-	-	-	100
Ford Foundation	(-	-	-	-	-	1,250	-	-	-	-	-	-)	1,250
IBRD	-	-	-	-	-	-	-	(- 5,000-	-)	-	-	-	5,000
D. Host Government Inputs to Family Planning	*	*	*	*	*	*	*	*	*	*	*	*	*
Combined Monetary Inputs	423	24	7	1,750	2,601	1	69	5,178	7,641	550	355	4,406	23,005
Contraceptives Delivered													
Pills (1000 Mo. cy.)	-	-	-	-	-	-	-	-	82	1,500	50	20	1,652
Condoms (1000 pcs.)	-	-	-	-	-	-	-	-	290	576	-	30,966	31,832
OUTPUTS (New Acceptors in 1000s)													
Pills	-	90	87	93	115	87	77	55	48	108	*	*	760
Condoms	-	-	-	-	-	-	-	-	-	-	*	*	-
IUDs	-	51	47	55	57	69	85	75	66	76	*	*	581
Other	-	-	-	-	34	65	75	20	29	*	*	*	223
Total Outputs	-	141	134	148	206	221	237	150	143	184	*	*	1,564

* Not Available
** Includes funds for contraceptives obligated by AID/W

Table 9

DOMINICAN REPUBLIC -- Family Planning Program Statistics, 1966-1977

($ in thousands)

INPUTS	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	TOTAL
A. USAID Bilateral Assistance by Fiscal Year*													
	-	90	570	209	0	0	0	0	0	0	0	0	869
B. Assistance by Organizations Receiving USAID Support													
UNFPA	-	-	-	-	-	84	27	8	587	519	831	1,274	3,330
IPPF	-	-	-	-	-	-	279	208	281	453	320	289	1,830
Pathfinder Fund	-	-	-	-	-	-	6	3	0	0	0	88	97
Population Council	-	-	-	-	-	-	74	37	0	0	0	0	111
Fam Plan Int'l Asst	-	-	-	-	-	-	47	0	0	0	46	58	151
Assoc Vol Sterilization	-	-	-	-	-	-	-	-	-	-	0	0	0
Develop Assoc, Inc	-	-	-	-	-	-	-	24	33	99	153	91	400
C. Assistance by other Countries and Organizations Not Receiving USAID Support													
	-	-	-	-	-	-	-	-	-	-	-	-	-
D. Host Government Inputs to Family Planning													
	-	-	80	80	295	270	179	239	454	823	**	**	4,339
Combined Monetary Inputs	-	90	650	289	295	354	612	519	1,355	1,894	1,350	1,800	9,208
Contraceptives Delivered													
Pills (1000 Mo. cy.)	(-	-	-	-	296)	200	226	-	428	157	1,391	96	2,794
Condoms (100 pcs.)	(-	-	-	-	432)	-	150	-	1,581	2,224	5,252	0	9,639
OUTPUTS (New Acceptors in 1000s)													
Pills	-	-	1.6	6.5	6.0	8.2	8.7	12.5	20.4	44.2	47.2	56.7	212.0
Condoms	-	-	-	-	-	-	-	-	2.0	5.4	5.4	36.4	49.2
IUDs	-	-	1.7	5.5	7.0	6.8	7.3	6.6	9.1	7.4	6.2	5.9	63.5
Other	-	-	0.9	3.5	4.2	4.9	4.3	6.0	5.6	13.5	10.9	15.1	68.9
Total Outputs	-	-	4.2	15.5	17.2	19.9	20.3	25.1	37.1	70.5	69.7	114.1	393.6

*Includes funds for contraceptives obligated by AID/W

** Not Available

Note: Host Government Inputs obtained from Dorothy Nortman, "Population and Family Planning Programs: A Factbook," Studies in Family Planning, Vol. 2, Nos 1-8, 1970-1976

World Fertility Patterns

From 1965, when the A.I.D. population program began, until 1976 (the last year for which we have fertility and population estimates) powerful changes occurred in the world demographic situation:

	1965	1976
World Population Total	3.3 billion	4.1 billion
Average World Birth Rate	34 per 1000	26.2 per 1000
Average World Death Rate	14 per 1000	11.1 per 1000
Annual Population Growth Rate	2 percent	1.51 percent
Annual Population Increment	66 million	62 million

As shown, world fertility and population growth rates have dropped with unprecedented speed, reflecting action population and family planning programs in many developing countries receiving international population program assistance; remarkably effective planned birth action in China; and further decrease in the fertility of most developed countries. A panoramic view of World Fertility Patterns is presented in Appendix C.

Clearly, there are many deficiencies in world demographic data and even under the best of circumstances the data lag several years, but a number of conclusions are nevertheless warranted. World fertility is declining rapidly. Fertility is declining in virtually all developed countries except those such as Bulgaria, Hungary, Romania, and Russia which have pronatalist policies and already have low fertility. Fertility is declining rapidly in many developing countries, especially in East Asia and Latin America; but changing very little in other countries, especially in Africa. Fertility has declined at least as rapidly in some developing countries in recent years as it ever did in developed countries. Fertility decline in developing countries is especially apparent in those countries which have implemented family planning programs since the mid 1960's, e.g. Egypt, Mauritius, Reunion, Barbados, Chile, Colombia, Costa Rica, Dominican Republic, Greenland, Guyana, Panama, Trinidad and Tobago, Hong Kong, Indonesia, Korea, Singapore, Sri Lanka, Taiwan, and Thailand. Also, a number of countries such as Pakistan and Bangladesh have planned large family planning programs but have failed to implement them well because of political and leadership difficulties. Fertility in these countries has remained close to traditional levels. For many countries age-specific fertility data are not yet available; or are only available for one year; or are not available for a sufficiently recent year that one can know from these data what changes in fertility patterns have recently occurred. But other data indicate that fertility has declined substantially during the last 5 years in India, Indonesia and Tunisia, although the age-specific data presented here do not fully reveal these changes.

P/FP Program Impact on Fertility

Fertility patterns in the world in general and in developing countries in particular are affected by so many diverse factors that it is ordinarily exceedingly difficult to accurately measure the impact of a single factor, even if it be the dominant factor. But by relating the timing, place, nature

and magnitude of fertility control programs to changing fertility patterns throughout the world one can gain a considerable appreciation of which programs are effective, and why.

To gain an adequate knowledge of the impact of family planning programs upon fertility in individual countries, one must thoroughly analyze program inputs and outputs each year (Tables 4-9) and relate those changes closely to changing fertility patterns (Figure 7).

Such analyses must not only consider the monetary inputs but must also be sensitive to just when each program component was implemented and how well. For example, the inputs table may show monetary and contraceptive inputs during certain years but fail to reveal the otherwise known fact that the program was poorly managed and the contraceptives were held in the capital city for 18 months before distribution to the villages. But we can now identify a number of countries where family planning programs have been well implemented during the last decade and where they are surely a major cause of rapid decreases in fertility.

Foremost examples of such programs where A.I.D. assistance has made a crucial difference are Indonesia, Korea, Thailand, and Colombia.

Indonesia, especially, has developed a powerful and efficient program which has become a model worthy of emulation (Appendix D). It will take additional years of vigorous and determined action to fully implement the Indonesian population and family planning program. But with continued action along current lines, the birth rate for all of Indonesia could be under 20 by 1983. If so, Indonesia would become the first large, populous country in the free world to demonstrate that it too, like China, can develop and implement a sharply focused, national family planning program to reduce its birth and population growth rates to less than half in just one brief decade. Others will testify in detail on these programs and so I limit my remarks to a few overview comments:

We now know and have demonstrated that fertility can be rapidly decreased in developing countries if sensible programs are thoroughly implemented to make contraceptive services and information readily and appropriately available to all the people.

But population program assistance is nevertheless a difficult task because of severe intervening political and bureaucratic obstacles, often resulting in crucial deficiencies of personnel, commodities, strategy and leadership. We have no magic wand which we can wave to correct these deficiencies. Energetic, imaginative and tenacious work by a considerable number of key people at home and abroad -- and a large measure of good fortune – are necessary for the rapid success of country programs. The first indispensable element in successful population programs in the developing countries has been, and remains, the understanding and steadfast support of this program by the U. S. Congress and the White House.

<u>World Demographic Trends</u>

From 1965 to 1976 the World Birth Rate decreased from 34 to 26.2 live births per 1000 population (22 percent); while the World Death Rate decreased from 14 to 11.1 deaths per 1000 population--2.9 points (21 percent). The resultant

decrease in the World Population Growth Rate -- from roughly 2 percent in 1965 to 1.51 percent in 1976 -- reverses the historical post war trend toward increasing growth rates.

The annual increment in world population -- the product of the world population x its growth rate -- was 66 million in 1965 and 62 million in 1976. But the peak annual increment of approximately 70 million people occurred about 1970. A rapid downward trend is now underway. Had the world birth rate continued at its 1965 level of 34 per 1000, while the death rate fell from 14 to 11.1 per 1000, then the 1976 population growth rate would have been 2.29 percent and the 1976 population increment would have been 94 million people (2.29 percent x 4.1 billion) instead of the actual increase of approximately 62 million.

This decrease of 32 million in the annual increment of people, from what it would have been if world fertility had remained constant since 1965, is a tremendous step forward toward resolution of the World Population Crisis. Fully half of that decrease can be credited to the Peoples Republic of China, but I estimate that roughly half of the balance, approximately 8 million non-births in 1976, can reasonably be credited to international population program assistance -- to which the U. S. Agency for International Development has been the major contributor.

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Figure 1

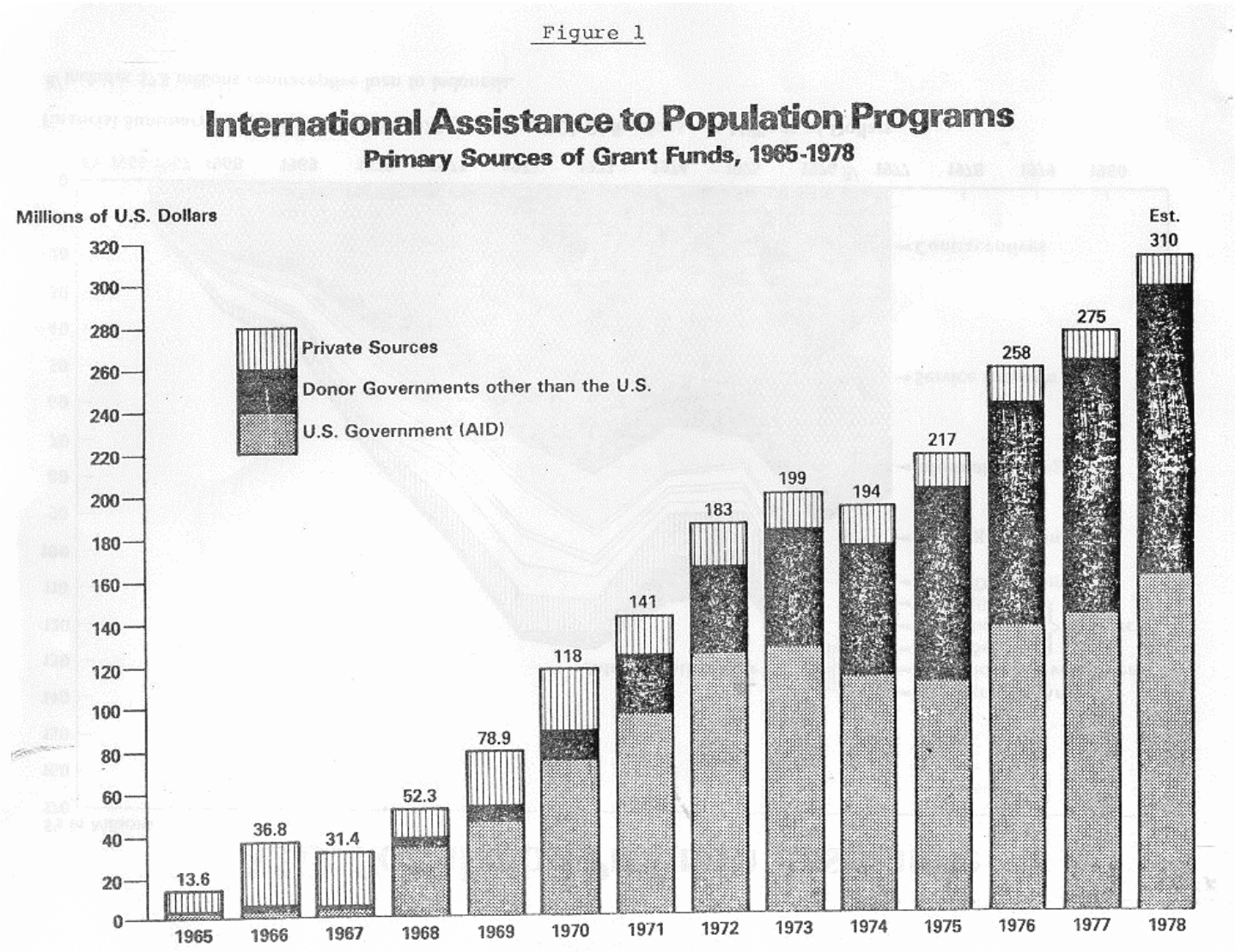
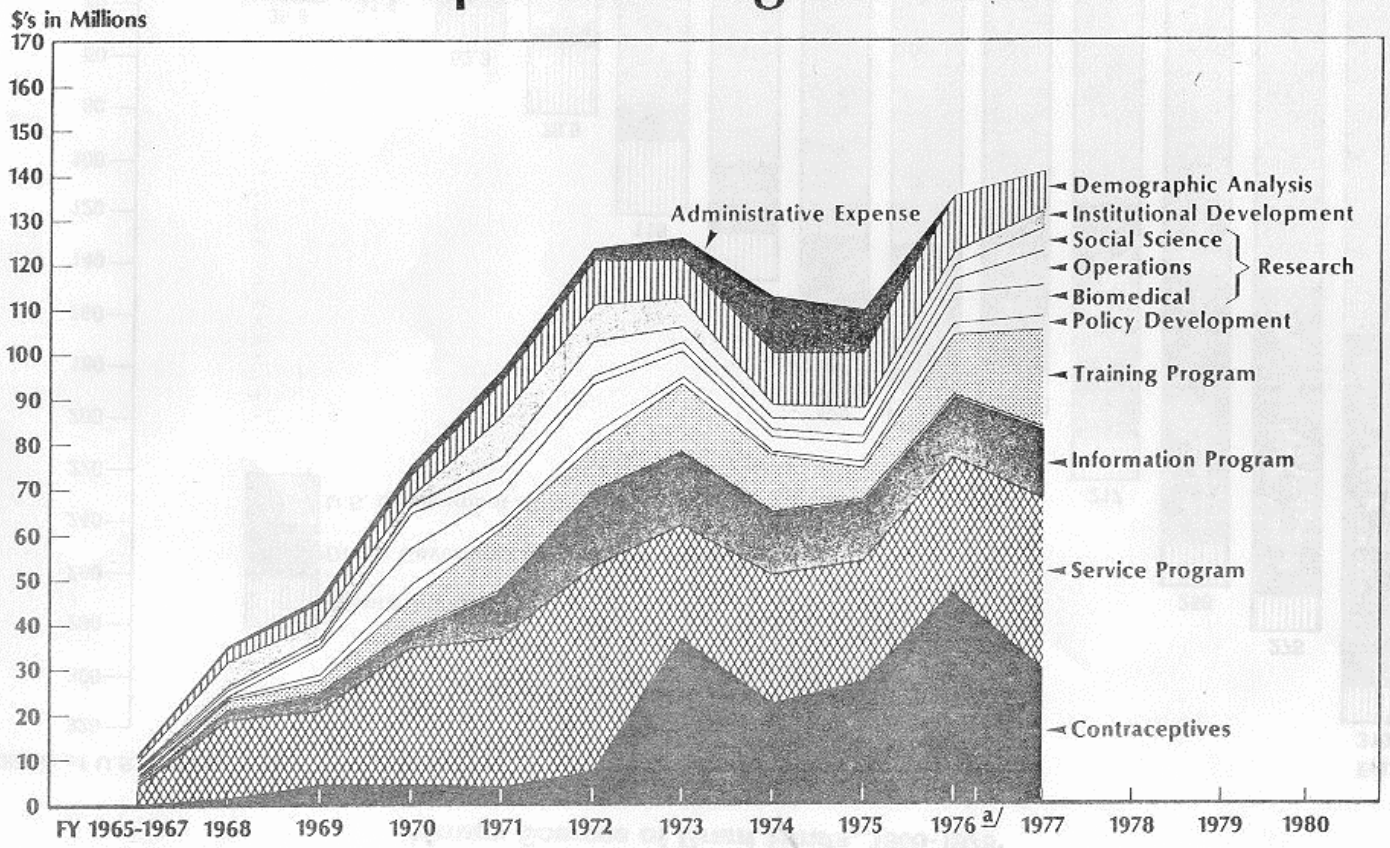

International Assistance to Population Programs
Primary Sources of Grant Funds, 1965-1978
Millions of U.S. Dollars
Private Sources
Donor Governments other than the U.S.
U.S. Government (AID)
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
13.6
36.8
31.4
52.3
78.9
118
141
183
199
194
217
258
275
Est.
310
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978

Figure 2

A.I.D. Population Program Assistance



Financial Summary by Function FY 1965-1977 (Including TQ) Obligations - in Millions of Dollars.

a/ Includes $7.3 millions contraceptive loan to Indonesia.

Figure 3

Oral Contraceptive Cycles Purchased and Delivered to Developing Countries by the Office of Population, A.I.D.

(Purchases by Fiscal Year; Deliveries by Calendar Year)

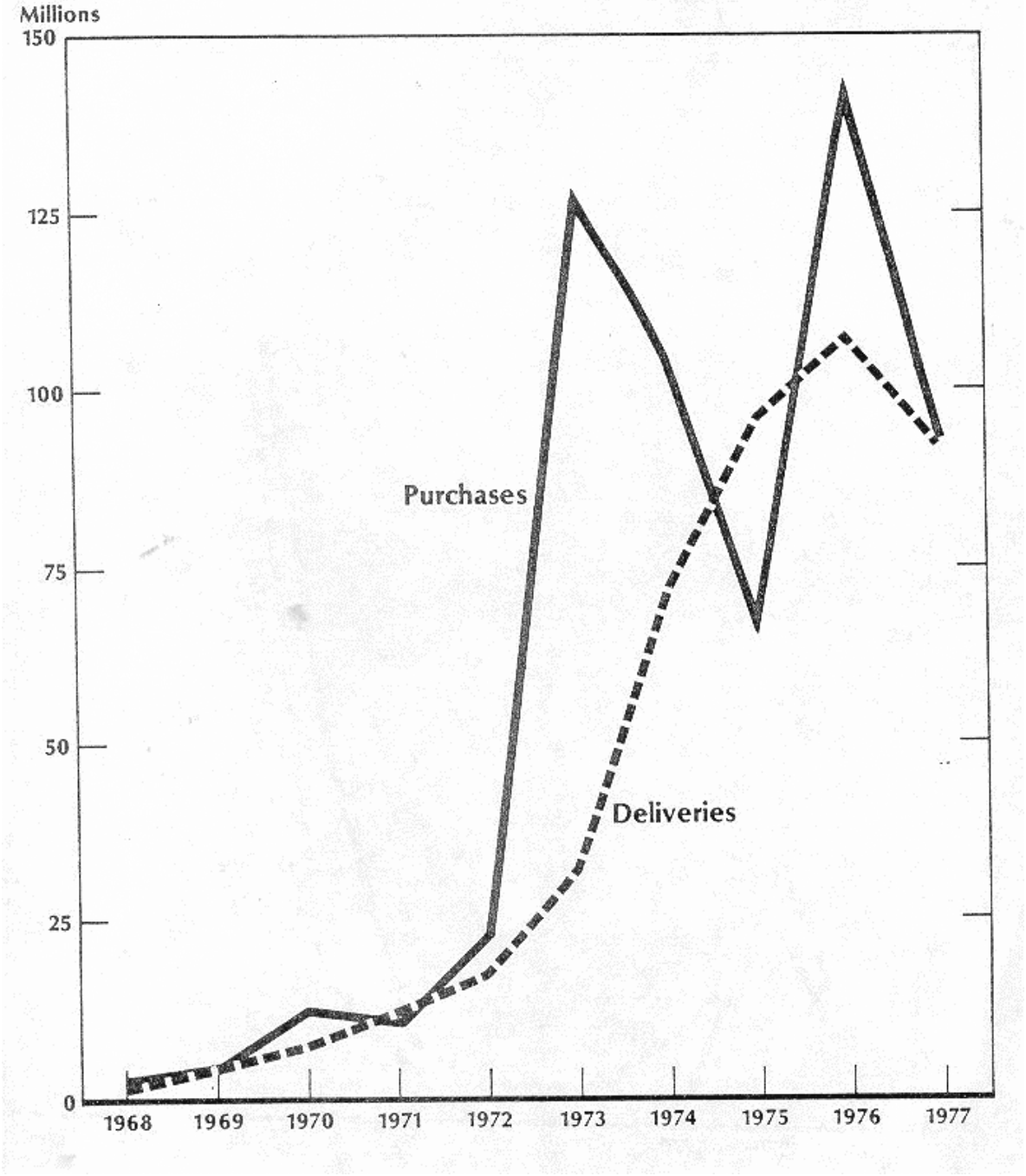


Figure 4

Condoms
Purchased and Delivered to Developing Countries by the Office of Population, A.I.D.

(Purchases and Deliveries by Fiscal Year)

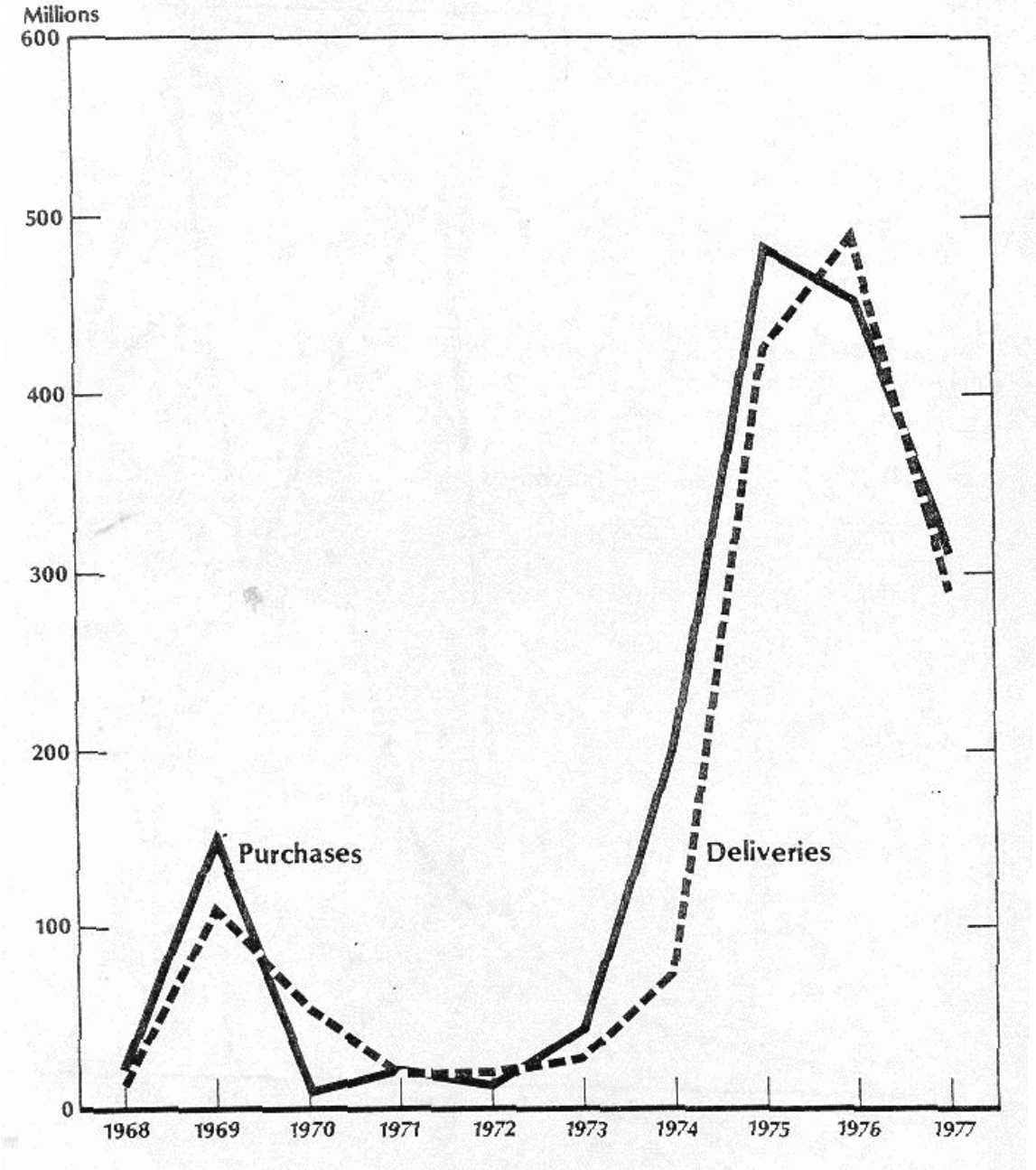


Figure 5

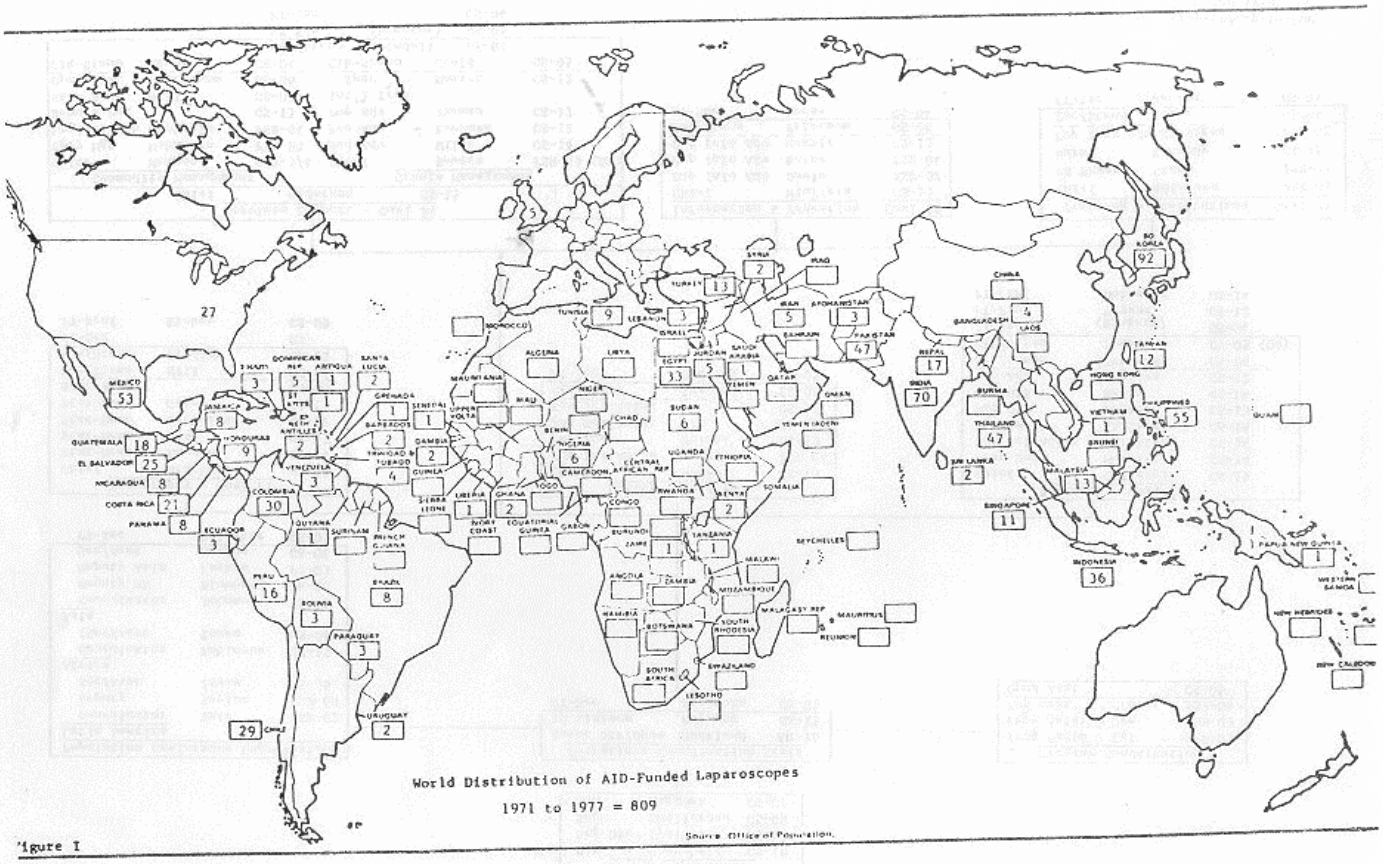


Figure 1

Figure 6

Summary		
Professionals	51	
Secretaries	15	66
PT Professionals	3	
PT Secretaries	9	12

OFFICE OF POPULATION
FUNCTIONAL TABLE OF ORGANIZATION

Office of Director

Dir	Ravenholt	GS-18
Dep Dir	Speidel	GS-16
Sec	Shallcross	GS-08
Sec	Murdock	GS-07

Population Assistance Coordination

Latin America		
Coordinator	Bair	FSR-02
Deputy	Taylor	FSR-03
Sec/Asst	Tasus	GS-06
Africa		
Coordinator	Robinson	GS-15
(Sec/Asst	Tasus	GS-06)
Asia		
Coordinator	Johnson	GS-15
Deputy NE	Blumberg	FR-03
Deputy Asia	Layton	FR-03
Sec/Asst	Levine	GS-06
PT-Sec	Seliskar	GS-05

Operations Coordination Staff

Assoc Dir/Opns	Backlund	AD-16
IO Liaison	Emerson	GS-15
PT-Sec	Appleman	GS-05

Program Coordination

Prog Coord	Egi	FSR-03
Prog Anlst	Jee	FSR-03
Pop Asst	Cromer	FSR-06
Opns Asst		GS-05

Demography - Goal #1

Chief	Brackett	GS-15
Stat-Demo	Lawson	GS-14
Stat-Demo	Chao	GS-13
Stat-Demo	Cornelius	GS-12
Stat-Demo	Green	GS-12
Stat/Asst		GS-06
Sec/Steno	Hill	GS-06
Clk/Steno	Bradley	GS-05
PT-Sec		GS-
PT-Prof	Slobey	GS-09

Policy - Goal #2

Chief	Henmer	GS-15
Soc Sci Anlys	James	FSR-04
Pop Econ	Holmes	GS-13
Soc Sci Anlst	Ott	GS-11
Soc Sci Anlst		GS-12
Sec/Steno	Stevens	GS-06
PT-Sec	Bowling	GS-05

Research - Goal #3

Chief	Gillespie	GS-15
Stat-Demo	Merritt	GS-14
Soc Sci Anlst	Mutchler	GS-14
Epidem	Shelton	GS-14
Med Off	Labbok	GS-13
Med Off	Melby	GS-14
Pop Adv	Maguire	GS-12
Sec/Steno	(Pearson)	GS-06
Clk/Steno	Boozer	GS-05 (04)
PT-Sec	(Kingery)	GS-06
PT-Prof	Prager	GS-12
PT-Prof	Dobrovir	GS-14

Services Support - Goal #4

Chief: Pedersen GS-15

Commodity Management			Grants Management		
Chief	Newman	FSR-3/4	Chief	Bowers	FSR-03 (04)
Sply Mgt	Nakamura	FSR-03	Med Adv	Wiley	GS-14
Logistician	Michaels	FSR-04	Pop Adv	Knufman	GS-12
Requis Mgt		GS-13	Pop Adv	Thomas	GS-12
Stat Asst	Hill	GS-07	Int'l Trad Spec	Danart	GS-12
Opns Asst	Hutchison	GS-06			
Clk-Steno	Henne	GS-04	Clk-Steno	Gould	GS-05
			Sec/Steno	Swindell	GS-06
			PT-Sec	(Proctor)	GS-05
			PT-Sec		GS-04

Information & Education - Goal #5

Chief	Winfield	GS-15
Pop Info Adv	Davis	FSR-02
Pop Info Adv	Rothe	FSR-04
Pop Info Adv	Massie	GS-13
Sec/Steno	Frierson	GS-06
PT-Sec	Lucas	GS-04

Training & Institutions - Goal #6

Chief	Edlefsen	FSR-03
PH Physc	Glenn	FSR-02
Nurse	Kennedy	GS-12
Pop Trng Adv	Milligen	FSR-02
Sec/Steno	Reece	GS-06
PT-Sec	Waring	GS-05

Prepared by DS/POP
20 March 1978

APPENDIX A

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional:									
OFFICE OF POPULATION									
Goal 1: **Development of Adequate Demographic and Social Data**									
Development of Methodology for Estimating Birth and Death Rates and Population Changes from *Interview Data.* Research PASA[1] with National Center for Health Statistics, U.S. Public Health Service. Project 931-17-570-450; RA-1-66.	64 Completed Aug. 1967								
Demographic Studies. PASA[1] with U.S. Bureau of the Census to prepare a report on the population of Pakistan. Project 946-11-590-735; TCR-3-65.	27 Completed Jan. 1965								
Demographic Methods Handbook. PASA[1] with the U.S. Bureau of the Census to prepare a book on statistical methods which will fill demand by demographers and statisticians and serve as a basic text for training foreign demographers. Project 931-11-570-802; WOH(CA)-7-67.	28	58		8	8	(2)			
Demographic Services. PASA[1] with International *Demographic Statistical Center, Bureau of the* Census, to store, retrieve, tabulate, analyze, and project data, so that analyses of the socioeconomic implications of alternative demographic policies will be based on more accurate projections of available data. Project 931-11-570-810, WOH(CA)-10-68.		17	393	557	766	(2)			
New Florencia Workshop. PASA[1] with Bureau of the Census to improve censuses and surveys in less-developed countries (LDC) for the 1970's. Procedural models have been devised for developing countries. These models are used in a worldwide workshop training program to facilitate their incorporation in national programs. Project 931-11-570-808; WOH(CA)-9-68.		15	158	129	204	(2)			
Correspondence Training in Household Sample *Surveys.* PASA[1] with the Bureau of the Census to develop and implement correspondence training courses in specialized fields of statistical operations. Project 931-11-570-881; PASA TA(CA)-6-70.				21	134	(2)			
Laboratories for Population Studies—Phase I. Contract with University of North Carolina to prepare detailed proposals for establishing two or more population studies laboratories overseas to test population measurement instruments and obtain information under controlled population conditions. Project 931-11-570-825; csd-2161.		61 Phase I Completed							
Laboratories for Population Studies—Phase II. Task order with the University of North Carolina to establish laboratories for population studies in collaboration with academic and research institutions overseas to be administered by local nationals. The laboratories will collect population data and experiment with data collection techniques. Project 932-11-570-861; csd-2495.			353	208	424	366	58	658	
To establish the Moroccan Demographic Research Center (CERED) in Rabat. PROAG. 608-70-10.				200					

[1] Participating Agency Service Agreement.

[2] *Consolidated into Population Data Systems* project for fiscal 1972.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional—Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION—Goal 1—Cont'd.									
Laboratories for Population Statistics—Phase III. Contract with the University of North Carolina to develop in selected LDC's (worldwide) the institutional capabilities and manpower resources for the application of improved demographic methodology in the collection and analysis of fertility statistics and other demographic data. Project 932-11-570-861; C-1114.									759
Population Data Systems. PASA[1] with U.S. Bureau of the Census to support development of adequate demographic and social data by training and advisory services to build LDC data infrastructure; also to provide adequate demographic services to AID's population program. 932-11-570-966; PASA TA(CA)-8-72.						2,001	2,456	2,864	2,635
World Fertility Survey. Research grant to the International Statistical Institute at the Hague, Netherlands, in support of a program of comparative research to be conducted in conjunction with the 1974 World Population Year. Project 932-17-570-547; csd-3606.						1,043		1,000	1,800
Disease and Demography Survey. PASA[1] with the U.S. Center for Disease Control, Atlanta, Ga., to develop and test a survey methodology to combine collection of both vital events and incidence of disease in rural areas of countries where health and demographic data collection methods are inadequate. Project 932-11-570-601; PHA(HA)-5-73.							300	352	455
African Data for Decision Making. Contract with National Data Use and Access Laboratories to demonstrate through application of user-oriented computer software the uses of demographic data for decision making and development planning in African countries. Project 932-11-570-606; CM-pha-C-73-18.							798		165
Population Dynamics in Asia and the Pacific. Grant with the East-West Population Institute, University of Hawaii, to establish capabilities within priority Asia and Pacific Basin countries to plan and develop policies and programs to cope with population problems and to reduce fertility. Project 932-11-570-200; AID/pha-G-1058 (prior year funding in East Asia Regional projects, contract ta-32).								926	800
Evaluation of Family Planning Effectiveness. Contract with the Community and Family Study Center of the University of Chicago to insure the availability of demographic and program data to relevent LDC organizations and to AID for evaluating the effectiveness of family planning programs. Project 932-11-570-619; AID/pha-C-1108.									140
OFFICE OF POPULATION **Goal 2: Development of Adequate Population Policy and Understanding of Population Dynamics**									
Study of the Effect of Population Growth on AID Goals. Contract with the University of Pittsburgh to prepare a report on the impact of alternative foreseeable population trends upon economic development prospects and assistance needs of less developed countries, utilizing data for Pakistan. Project 946-11-590-735; csd-751.	11 Completed Jan. 1965								

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION–Goal 2–Cont'd.									
Conference on Population Dynamics. Contract with Johns Hopkins University to orient selected AID personnel in population dynamics. Project 946-11-590-735; csd-833.	13 Completed June 1965								
Multivariate Factors Influencing Fertility. Contract with Harvard University to develop and pretest a questionnaire schedule designed to evaluate the interrelationships of the level of living, fertility behavior, and mortality for use in research project. Project 931-13-570-818; csd-2153.		61		Completed March 1970					
Rationale for Population Policies. Contract with National Academy of Sciences to conduct symposia to explore and define interactions between population change and economic and social development as a basis for developing a comprehensive rationale for appropriate population policies applicable to individual country situations. Project 931-11-570-817; csd-1925.		72	40		Completed July 1971				
Development Center Population Project. Grant to the Organization for Economic Cooperation and Development (OECD) to help support the operation of the Population Center at the OECD Development Center. Project 932-11-570-827; csd-2166; csd-2782.		109		100			100	50	
Population/Economic Growth Analysis. Contract with General Electric Co. to formulate suitable analytical models to assist AID Missions and host country organizations to analyze consequences of birthrates and other demographic rates. Project 932-11-570-016; csd-1936; csd-2611.		110	24					215	767
To provide revision and extension of the basic models and analytical materials. (Task Order No. 1.)				147	Completed Dec. 1971				
To assist Mission in Chile in the application of analytical materials. (Task Order No. 2.)				60	Completed Nov. 1970				
To assist five LDC expert teams in country applications. (Task Order No. 3.)					239	404	195	Completed Oct. 1974	
To carry out in-depth studies on issues raised by model applications. (Task Order No. 4.)					155	Completed Oct. 1972			
To carry out detailed studies to demonstrate the advantages of lower fertility rates. (Task Order No. 5.)						265	Completed Aug. 1973		
To assist six LDC country teams in the application of the model, and to carry out in-depth studies of related issues. (Task Order No. 6.)							429	Completed Nov. 1974	
Human Fertility Patterns–Determinants and Consequences. Research contract with Rand Corporation to analyze determinants and consequences of human fertility patterns, for use in formation of AID policy. Project 932-17-570-824; csd-2151.		143							

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional—Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION—Goal 2—Cont'd.									
Improvement of Population Program and Policy Design. Contract with the University of North Carolina to analyze and evaluate current systems of delivering family planning services and to test alternative approaches in order to more effectively reach rural populations not yet receiving conventional services. Project 932-11-570-856; csd-2507.			435	1,174			Completed Dec. 1973		
Situation Reports on Population Problems, Policies, and Programs. Contract with the California Institute of Technology to establish regional observers and compare the economic and social context of population policies and family planning programs as a sequel to the Rationale for Population Policies contract with the National Academy of Sciences. Project 932-11-570-858; csd-2515.			405	398	411		582		226
International Union for Scientific Study of Population. Grant in support of the general conference of the International Union for Scientific Study of Population held at the School of Economics, London, in September 1969. Project 931-11-570-839; csd-2258.			10	Completed May 1970					
The Epidemiology of Outcome of Pregnancy in Diverse Cultures in Selected Countries. Research contract with Johns Hopkins University to conduct epidemiological studies in several countries to ascertain the epidemiology of induced abortions and its relationship to health, fertility levels, fertility control measures, demographic and socioeconomic variables. Project 932-17-570-496; csd-2246.			194			31	Completed Dec. 1973		
Determinants of Family Planning Attitudes and Practices. Research contract with Harvard University to conduct studies of the determinants of fertility patterns and family planning practices as a basis for the formulation and evaluation of policy and program planning. Project 932-17-570-497; csd-2478.			106			15	Completed Sept. 1973		
Utilization of Family Planning Services. Research contract with the Bowman Gray School of Medicine, Wake Forest University, to ascertain and evaluate factors contributing significantly towards participation in fertility limitation, and those contributing to indifference and to strong resistance to family planning; and to experiment with nonclinical health-oriented models for family planning programs. Project 932-17-580-510; csd-2512.			262		101		1	Completed Sept. 1974	
Law and Population Program. Contract with the Fletcher School, Tufts University, to establish a reporting network on legal data, for subsequent publication and distribution, and to undertake studies and seminars that will provide a better understanding of the living law and legal changes as related to several countries. Project 932-11-570-880; csd-2810.				640		326			150
Determinants of Fertility. Research contract with Rand Corporation to develop a general theoretical statement of knowledge of the determinants of fertility, and a set of associated papers that explore elements of the theory from various conceptual, empirical, and policy points of view. Project 932-17-570-517; csd-2533.				326			Completed Dec. 1973		

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued									
OFFICE OF POPULATION–Goal 2–Cont'd.									
A Study of Fertility Rates and Earning Capacity of Rural Migrants in Latin America. Research contract with the Land Tenure Center, University of Wisconsin, to determine differential fertility rates and earning capacities before and after migration, and between migrants and nonmigrants, the study to be conducted in two Latin American countries. Project 932-17-570-528; csd-2863.					223		77	38	Completed Sept. 1975
Cross-Cultural Research in Fertility Behavior. Research contract with American Institutes for Research to establish an International Reference Center to collect data on pregnancy termination and to conduct studies into behavioral factors associated with acceptance of new fertility control methods. Project 932-17-580-539; csd-3155.					842				
International Seminars on Population Policy Analysis. Task Order issued to the National Academy of Sciences, Washington, D.C., under a Basic Ordering Agreement, to organize approximately six international conferences and produce a book on the subject of population policy analysis. Project 932-11-570-976; csd-3600.						317		Completed March 1974	
Analysis and Evaluation of Population Policies and Dynamics. Contract with the Smithsonian Institution, Washington, D.C., to administer grants to individual analysts in United States and LDC's for nonbiomedical, noncontraceptive analyses and evaluation. Project 932-11-570-979; csd-3598.						3,930			
Statistical Research on Population Policies. Research contract with the Rand Corporation to develop specific and well designed research plans and budgets for country survey research studies. Project 932-17-570-554; csd-3690.						88			Completed March 1975
Cultural Factors in Population Programs. Contract with the American Association for the Advancement of Science, Washington, D.C., to organize working groups of U.S. and LDC anthropologists and other experts to (a) provide LDC policy makers with continuous policy-relevant information concerning the consequences of rapid population growth; and (b) assist family planning program administrators in identifying and modifying cultural factors associated with expansion and improvement of f/p delivery systems. Project 932-11-580-608; CM-pha-C-73-25.							828		
Survey of Economic and Demographic Family Behavior. Research contract with the Rand Corporation to determine the relationship of fertility with biomedical, institutional, and socioeconomic factors in Malaysia. Project 932-17-570-615; AID/pha-C-1057.								250	221
Research on Fertility Determinants. Contracts with the Smithsonian Institution and with the American Association for the Advancement of Science to develop stronger empirical basis for the formulation of national population policies in family planning and other action programs. Project 932-17-570-616; C-1127 and C-73-25.									379

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION									
Goal 3: Development of Adequate Means of Fertility Control									
Research on Family Planning–Pathfinder Fund. Contract to carry out collaborative international field studies of IUD performance patterns in 40 countries and to carry out research to develop and study other means of fertility control. Project 932-17-580-478; csd-1573.	194		1,289						
Research for Development of a Once-a-Month Birth Control Pill. Research contract with the Worcester Foundation for Experimental Biology to study uterine luteolytic substances and factors which control corpus luteum function. Project 932-17-580-493; csd-2169.		109			99				
Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity. Research contract with the Population Council for research in order to develop "a nontoxic and completely effective substance or method that when self-administered on a single occasion would ensure the nonpregnant state at completion of one monthly cycle." Project 932-17-580-512; csd-2491.			3,000						
Research into the Corpus Luteum Function. Research PASA[1] with the Center for Population Research, National Institute of Child Health and Human Development, Department of Health, Education, and Welfare (DHEW), to study ways of controlling the function of the corpus luteum leading towards the development of an effective and safe once-a-month contraceptive. Five major areas of study are being covered in 28 separate activities. These areas include such factors as (1) development of methods, (2) the role of female sex hormones in the initiation and maintenance of early pregnancy, (3) specific areas of control of corpus luteum function, (4) target effects of products of the corpus luteum, and (5) the quantitative description of the menstrual cycle. Project 932-17-580-509; RA(HA)8-69.			[3]1,540	53					
Operation Research for Family Planning Programs. Contract with Columbia University to develop a framework for family planning program evaluation, methods, and indices for components of family planning programs, for application by evaluation units to be established within host country programs upon their request. Project 932-11-580-855; csd-2479; C-1107.			88	182	1,381		241		264
Research on Reversible Sterilization. Research contract with the University of North Carolina to explore simpler and more reversible sterilization procedures by (1) undertaking studies on the biologic effects of vasectomy, (2) by developing vasoeclusion devices and evaluating them preclinically, and (3) conducting preclinical studies in female tubal occulsion. Project 932-17-580-498; csd-2504.			79		135				
6th World Congress of Gynecology and Obstetrics. Grant in partial support of the 6th World Congress of Gynecology and Obstetrics held in New York in April 1970. Project 931-11-580-870; csd-2577.				94 Completed					

[3]Includes $30,000 deobligated in FY 1970.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION									
Goal 3: Development of Adequate Means of Fertility Control									
Research on Family Planning–Pathfinder Fund. Contract to carry out collaborative international field studies of IUD performance patterns in 40 countries and to carry out research to develop and study other means of fertility control. Project 932-17-580-478; csd-1573.	194		1,289						
Research for Development of a Once-a-Month Birth Control Pill. Research contract with the Worcester Foundation for Experimental Biology to study uterine luteolytic substances and factors which control corpus luteum function. Project 932-17-580-493; csd-2169.		109			99				
Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity. Research contract with the Population Council for research in order to develop "a nontoxic and completely effective substance or method that when self-administered on a single occasion would ensure the nonpregnant state at completion of one monthly cycle." Project 932-17-580-512; csd-2491.			3,000						
Research into the Corpus Luteum Function. Research PASA[1] with the Center for Population Research, National Institute of Child Health and Human Development, Department of Health, Education, and Welfare (DHEW), to study ways of controlling the function of the corpus luteum leading towards the development of an effective and safe once-a-month contraceptive. Five major areas of study are being covered in 28 separate activities. These areas include such factors as (1) development of methods, (2) the role of female sex hormones in the initiation and maintenance of early pregnancy, (3) specific areas of control of corpus luteum function, (4) target effects of products of the corpus luteum, and (5) the quantitative description of the menstrual cycle. Project 932-17-580-509; RA(HA)8-69.			[3]1,540	53					
Operation Research for Family Planning Programs. Contract with Columbia University to develop a framework for family planning program evaluation, methods, and indices for components of family planning programs, for application by evaluation units to be established within host country programs upon their request. Project 932-11-580-855; csd-2479; C-1107.			88	182	1,381		241		264
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6th World Congress of Gynecology and Obstetrics. Grant in partial support of the 6th World Congress of Gynecology and Obstetrics held in New York in April 1970. Project 931-11-580-870; csd-2577.				94 Completed					

[3]Includes $30,000 deobligated in FY 1970.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued **OFFICE OF POPULATION–Goal 3–Cont'd.**									
niques for male and female sterilization and improved and simplified techniques and equipment for other means of fertility control. Project 932-17-570-538; csd-3152.									
Research on Prostaglandins in Relation to Human Reproduction. Research contract with Makerere University, Kampala, Uganda, to further test and develop prostaglandins as a means of fertility control. Project 932-17-570-540; csd-3300.					821		Terminated April 1973		
Program for Applied Research on Fertility Regulation. Research contract with the University of Minnesota to develop and administer a small grants program for new and improved means of applied fertility research to be carried out by subcontracts in U.S. and overseas institutions. Project 932-17-570-546; csd-3608.						3,350			
Simplified Techniques of Fertility Control. Research contract with the John Hopkins Hospital and School of Medicine, Johns Hopkins University, to establish a research program for development and evaluation of simplified fertility control techniques suitable for use in LDC's. Project 932-17-580-548; csd-3627. (See also Goal 6.)						2,674	158		
Rapid Diffusion of Population Research Findings. Contract with George Washington University to provide a service of analysis of population information and rapid diffusion of population research findings to individuals working in population programs, particularly in LDC's. Project 932-11-570-981; csd-3643.						1,801		897	504
Research on Prostaglandins in Relation to Human Reproduction. Research contract with the University of Singapore to further test and develop prostaglandins as a means of fertility control. Project 932-17-570-602; CM-pha-C-73-36.							475		
Sterilization by Endometrial Ablation. Research contract with the University of Colorado to investigate in subhuman primates the potential of cryosurgical ablation of the endometrium as a method of female sterilization. Project 932-17-570-603; CM-pha-C-73-27.							76		
Research on the Safety of Oral Contraceptics in Developing Countries. Research contract with the Southwest Foundation for Research and Education, San Antonio, Texas, to investigate the health effects, metabolism and side effects of contraceptive steroids in LDC populations. Project 932-17-570-607; CM-pha-73-32.							1,226		
Matlab Contraceptive Study. Research contract with the Cholera Research Laboratory of Dacca, Bangladesh, to assess a household delivery of contraceptives in rural Bangladesh by comparing acceptor data, periodic estimations of prevalence of contraceptive use, and age-specific fertility rates. Project 932-17-570-617; C-1105.									99
Research on Development of Improved and New IUD's. Research contract with the International Fertility Research Program, Inc., Chapel Hill, N.C., to develop IUD's with improved performance, particularly regarding side effects in the early months of use. Project 932-11-570-618; AID/pha-C-1111.									210

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional—Continued									
OFFICE OF POPULATION									
Goal 4: Development of Adequate Systems for Delivery of Family Planning Services									
Support to Regional Conference. Grant to International Planned Parenthood Federation (IPPF) to assist in supporting the Western Pacific Regional Conference held in Korea, May 1965. Project 946-11-590-735; csd-825.	2 Completed June 1965								
Training Resources for Nurses and Midwives. PASA[1] with Children's Bureau, Welfare Administration. DHEW, to develop and administer a training program for foreign nurses, nurse midwives, and professional midwives. Project 915-11-990-039; TCR-12-65.	40 Completed June 1966								
Evaluation of Family Planning Programs. Contract with Population Council to produce a series of manuals for evaluation of family planning programs. Project 931-11-580-815; csd-1185.	329				Completed Feb. 1971				
Evaluation Studies of an International Postpartum Family Planning Program. Research contract with the Population Council to test, through a large-scale experimental project, the effectiveness of the Council's international postpartum family planning program of providing family planning education and techniques to mothers following childbirth in large hospitals. Project 931-17-580-479; csd-1565.	300		300		Completed Aug. 1971				
Population Technical Support. Support for purchases of technical films and publications; for consultant and other backstopping costs; for establishment of technical library; and for publication of Annual Report of the Office of Population. Project 932-11-570-002.		42	13	173	113	198	482	673	614
Participating Agency Support. Support for technicians and consultants through the National Center for Health Statistics, DHEW, and the Bureau of the Census, Depatment of Commerce. FY 1975 funding in Project 002. Project 929-11-570-641.			347	463	643	851	796	100	133
International Planned Parenthood Federation. Worldwide grant to strengthen IPPF's support of family planning associations and affiliates in less developed countries and to provide contraceptives, medical supplies, vehicles, and audiovisual and office equipment. Project 932-11-580-838; csd-1837.		3,500	4,000	5,550	3,000	8,000	11,404	10,000	9,263
Family Planning Services—Pathfinder Fund. Grant to augment Pathfinder's capacity to make small grants in selected countries to initiate and support family planning activities including contraceptives and related equipment. Project 932-11-580-807; csd-1870.		700	2,500		2,266	4,000	6,035	3,500	2,985
Cost-Benefit Analysis of Pilot Family Planning Programs. Contract with Pennsylvania State University to undertake an empirical study of actual costs and benefits of family planning in terms of service statistics and demographic implications to learn how the effectiveness and efficiency of various technical and administrative approaches vary in different cultural, economic, and demographic contexts. Project 931-11-570-806; csd-1884.		92	6	111	14 Completed June 1971				
Expansion of Postpartum Family Planning Program. Grant to Population Council to support the		500	750		956	607	1,080		

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional—Continued **OFFICE OF POPULATION—Goal 4—Cont'd.**	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
rapid expansion of postpartum family planning to more large maternity hospitals in less-developed countries. Project 932-11-580-812; csd-2155.									
Conference on Social Work Responsibility Relating to the Dynamics of Population and Family Planning. Contract with the Council on Social Work Education, New York City, to plan, organize, and conduct a 4-day international conference in the United States in March 1970 on the role of the social worker in population and family planning. Project 931-11-580-862; csd-2483.			160		Completed March 1971				
Accelerated Feedback for Family Planning Programs. PASA[1] with the National Communicable Disease Center, U.S. Public Health Service, to generate an experimental system to accelerate the feedback of service statistics to guide decision making by the staff of family planning programs. Project 931-11-570-853; WOH(HA)-7-69.			[4]10 Completed June 1969						
Rapid Feedback for Family Planning Improvement. Contract with the Community and Family Study Center, University of Chicago, to design improved evaluation systems in selected countries, develop new computer programs to assist evaluators, and conduct short-term workshops. Project 932-11-580-842; csd-2251.			175	98	399		257		
Programmatic Grant to the Population Council. Project to make use of the experience and competence of the Population Council in population/family planning to assist AID to develop and implement approved programs in such fields as: Institutional development; MCH/family planning; public information and communication activities; insight into socioeconomic factors in determining population polices; effects of population growth on economic planning and educational goals; and meeting need for additional and better trained specialists in population/family planning programs. Project 932-11-570-863; csd-2508; csd-2897.			1,000		1,000	1,000	6,200		750
Field Support Technical Services. Contract with the American Public Health Association to provide technical and professional personnel for consultation to the Missions and their host countries. Project 932-11-570-877; csd-2604.				522		350	179	328	350
Development of Family Planning Programs. A grant to the Planned Parenthood Federation of America to develop and improve family planning programs, assisted by Church World Service and other charitable organizations. Project 932-11-580-955; csd-3289.					3,800	4,000		2,950	2,750
Accelerated Feedback for Guidance of Family Planning Programs. Project to improve the collection, processing, and utilization of family planning services statistics. Project 932-11-570-943. Implemented jointly through:									
(a) PASA[1] with Bureau of Census PASA TA(CA)-11-71.					43				
(b) Contract with Battelle Memorial Institute, Richland, Wash.; csd-2966. (This contract is to develop the software required in the implementation of client record systems.)					52		66		

[4]Includes $4,000 deobligated in FY 1970.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional–Continued OFFICE OF POPULATION–Goal 4–Cont'd.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries. A contract with Westinghouse Electric Corp., Columbia, Md., to carry out an inventory and analysis of contraceptive production, marketing, and distribution through the private sector in selected LDC's. Project 932-11-570-942; csd-3319.					226	214	94	95	56
Family Planning Management Information System. Contract with Management Services for Health, Inc., Cambridge, Mass., to improve the management of family planning programs through the application of modern management techniques. Project 932-11-570-951; csd-3298.					561			364	172
Program in Voluntary Sterilization. A grant to the Association of Voluntary Sterilization, Inc., New York, N.Y., to support an action program in voluntary sterilization in those LDC's where people and organizations are ready and willing to participate in this activity. Project 932-11-580-968; csd-3611.						876	1,000	1,250	1,850
Bulk Procurement of Contraceptives (Orals). Authorization to the General Services Administration to contract for an adequate supply of suitable oral contraceptives for AID-assisted family planning programs. Project 932-11-580-982; PIO/C 3124513.						4,000	9,500	14,645	10,370
Commercial Contraceptive Marketing. Contract with the Population Services International to involve the commercial sector in developing countries in bringing a significant increase in the number of users of contraceptives principally orals and condoms. Project 932-11-580-611; AID/pha-C-1055.								277	704
Commercial Contraceptive Distribution. Contract with Westinghouse Electric Corporation, Columbia, Md., to involve the commercial sector in developing countries in bringing about a significant increase in the number of users of contraceptives, principally condoms and orals. Project 932-11-580-612; AID/pha-C-1063.								581	
Bulk Procurement of Contraceptives (Condoms). Authorization to the General Services Administration to contract for an adequate supply of condoms for AID-assisted family planning programs. Project 932-11-580-613; PIO/C 3247248.								3,077	10,352
Management and Consultant Services for Family Planning Program Evaluation. PASA[2] with the Center for Disease Control, DHEW, Atlanta, Ga., provides assistance in improving the management and evaluation capability of family planning services programs by reviewing progress, assessing problems, and providing actionable recommendations concerning future activities in this field. Project 932-11-580-978; HEW/CDC 6-74.								151	270

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional—Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION									
Goal 5: Development of Adequate Systems for Delivery of Information/Knowledge									
Prototype Pamphlets on Family Planning Programs. Contract with Jay Richter and Associates. Project 946-11-590-735; csd-1948.	3 Completed April 1967								
Population Symposium. Contract to edit proceedings of the Pacific Science Congress, Tokyo, 1966. Project 931-11-570-003.		2 Completed Nov. 1967							
International Training Seminar. Contract with University of North Carolina for Asian family planning information leaders to carry out communication support for family planning. Project 931-11-580-809; csd-1914.		76 Completed Dec. 1968							
Foreign Service Institute Course on Population Matters. Course for selected State, AID, U.S. Information Agency, and Peace Corps personnel. Project 931-11-580-833.		6	(5)						
Family Planning Education Through Adult Literacy Programs. Contract with World Education, Inc., of New York City to encourage and implement use of population/family planning information in functional literacy programs throughout the developing world. Project 932-11-580-820; csd-2456; csd-3280.			53	295	470	1,275	257	581	413
World Assembly of Youth (WAY) Family Planning Conferences. Grant to the World Assembly of Youth in Brussels to support national and local conferences of youth organizations in developing countries to promote family planning. Project 932-11-570-850; csd-2271; csd-2610.			55	233	430	545	646	375	60
Inventory and Analysis of Information, Education and Communication Support. Contract with East-West Center, University of Hawaii, to establish a continuing inventory and analysis service covering information, education, and communications (IEC) activities, plans, and needs of population programs. Project 932-11-570-900; csd-2878.					312		131		
Improvement of Population Library and Reference Services in Less Developed Countries. Contract with the University of North Carolina to raise the overall adequacy of population library and reference institutions in LDC's for stronger population research, program, and policy development. Project 932-11-570-857; csd-2936.					524			47	150
Development of Institutional Capacity of IEC Support of Population Programs. Grant to the Center for Cultural Technical Interchange Between East and West, Honolulu, Hawaii, to improve and maintain institutional capability for support of information/education/communication activities for population programs. Project 932-11-570-917; csd-2977; G-1059.					1,047			639	520
Training Film in Population Field. Contract with Dick Young Productions, Ltd., New York, N.Y., to produce a 16-mm sound and color motion picture for orientation and training use in United States and overseas. Project 932-11-570-922; csd-3318.					43	35	22		

[5]Handled by Office of Personnel and Manpower, AID.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional – Continued **OFFICE OF POPULATION – Goal 5 – Cont'd.**									
Computer Assisted Instruction in Population Dynamics and Economic Development. Contract with the University of Illinois at Urbana to develop and present a computerized course in Population Dynamics and Economic Development to approximately 300 participants a year. Project 932-11-570-924; csd-2937.					281		727		419
Midwife Promotion of and Support for Family Planning. Grant to the International Conference of Midwives, London, England, to conduct working parties for education and preparation of midwives in developing countries for participation in family planning programs, and to provide assistance for the ICM Triennial Congress held in Washington, D.C., October 1972. Project 932-11-570-947; csd-2948; csd-3411.					23	675			250
Family Planning Support Through Home Economists.									
(a) Contract with the American Home Economics Association to assess needs of and opportunities for associations and institutions in LDC's to provide family planning concepts and information. Project 932-11-570-925; csd-2964.					118	73			
(b) Contract with the American Home Economics Association to equip home economists in LDC's to promote family planning. Project 932-11-580-980; csd-3623.						709	150	390	244
Training Films and Related Teaching Materials Series. Contract with Airlie Foundation, Warrenton, Va., to produce three training films and concurrent teaching materials. Project 932-11-570-953; csd-3304.					394			102	36
Expansion of Population Program Communication. Grant to University of Chicago to enable it to expand its graduate training capabilities in population program communication. Project 932-11-570-958; csd-3314.					509			214	260
Inter-American Dialogue Center. Grant to the Airlie Foundation, Warrenton, Va., to establish and develop a center which will organize and conduct information/education seminars on population growth matters. Project 932-11-570-985; csd-3678.						1,661		1,177	1,200
Population Program Information System. Contract with the National Institute for Community Development, Washington, D.C., to develop and implement a computerized management reporting, forecasting, and performance evaluation review system for the AID population program. Project 932-11-570-986; csd-3711.							653		
The Asia Foundation. Grant to the Asia Foundation, San Francisco, Calif., in support of family planning IEC activities, manpower studies, and population policy in developing countries. Project 932-13-950-017; csd-2228.							1,407	200	150

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued									
OFFICE OF POPULATION									
Goal 6: Development of Adequate Manpower and Institutional Capacity and Utilization									
Population Dynamics Unit. Grant to Johns Hopkins University to establish an academic unit within the Division of International Health, develop needed manpower in population and related disciplines, design improved procedures for program implementation, and provide consultants. Original grant extended in FY 1969 to carry out population research in selected overseas areas. Project 931-11-570-813; csd-841.	475			Terminated June 1970					
Center for Population Studies. Grant to University of North Carolina to establish the Carolina Population Center to provide both short- and long-term training facilities and consultative services to AID for development and implementation of population programs. Project 931-11-570-814; csd-1059.	268	Completed June 1968							
Family Planning Studies Unit. Grant to University of Hawaii to establish a family planning studies unit with the School of Public Health to provide training facilities for foreign participants, develop and conduct short- and long-term courses, and develop and maintain institutional capacity to provide consultant and advisory services. Project 931-11-570-822; csd-1439.	325			Terminated June 1970					
Institutional Grant to the University of North Carolina. Grant[6] to develop within the University of North Carolina specialized competency in the population and family planning field. Project 931-11-570-102; csd-1940.		2,400							
Institutional Grant to Johns Hopkins University. Grant[6] to develop within John Hopkins University specialized competency in the population and family planning field and in international health. Total amount of grant $1.8 million of which $1.3 million is for development in population and family planning. Project 931-11-570-101; csd-1939.		1,300							
Institutional Grant to the University of Michigan. Grant[6] to develop within the University of Michigan specialized competency in population planning in developing nations. Project 931-11-570-110; csd-2171.		1,250							
Expansion of Margaret Sanger Research Bureau. Grant to the Margaret Sanger Research Bureau of New York City to enable it to make qualitative improvements in its research and training program and in the clinical, demographic, and administrative aspects of family planning operations. Project 932-11-570-875; csd-2790.				1,035		110			
University Overseas Population Internships. Contract with University of North Carolina to establish an internship program for 40 graduates and postgraduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 932-11-570-882; csd-2830.				939			451		
University Overseas Population Internships. Contract with the University of Michigan to establish				933					

[6]Authorized under Section 211(d), Foreign Assistance Act, 1966.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued									
OFFICE OF POPULATION–Goal 6–Cont'd.									
an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 932-11-570-893; csd-2831.									
University Overseas Population Internships. Contract with Johns Hopkins University to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 932-11-570-894; csd-2832.				990					
University Services Agreement (Johns Hopkins University). Grant to Johns Hopkins University to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 932-11-570-916; csd-2956.					[7]717	[7]223	[7]931	[7]450	
Core services.					(444)				
Subproject JHU 71-1. Diffusion of Family Planning Innovations.					(123)				
Subproject JHU 71-2. Investigation of Clinical Efficacy of Prostaglandin F2 Alpha as Luteolytic Agent.					(50)				
Subproject JHU 71-3. Investigation of the Clinical Effects of Prostaglandin F2 Alpha in the First Trimester.					(50)				
Subproject JHU 71-4. Investigation of the Clinical Effects of Prostaglandin F2 Alpha in the Second Trimester.					(50)				
Subprojects JHU 72-1 and JHU 73-3. International Sterilization Training.						(50)	(25)		
Subproject JHU 72-2. Luteolytic Action of Prostaglandin F2 Alpha in Human Pseudopregnancy.						(50)			
Subproject JHU 72-3. Clinical Trial for Tubal Sterilization (Hemoclips).						(123)			
Subproject JHU 73-1. Research and Teaching Project in Population Dynamics and Policy.							(78)		
Subproject JHU 73-2. Pilot Studies on Population Dynamics and Maternal and Child Health in Rural Ethiopia.							(150)		
Subproject JHU 73-4. Androgen Polydimethylsiloxane Implants: Contraceptive Efficacy of Different Androgens.							(49)		
Subproject JHU 73-5. Development of a Project Development Bureau.							(302)		
Subproject JHU 73-6. Analysis of Data Gathered in the Course of the Taiwan Study of Epidemiology of Outcome of Pregnancy.							(79)		
Subproject JHU 73-7. Feasibility of Distributing Contraceptive Supplies To Encourage Family Planning Practices–Taiwan.							(150)		

[7]Project total. Core support and subtotals are shown in parentheses.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional – Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF POPULATION – Goal 6 – Cont'd.									
University Services Agreement (Johns Hopkins University) – Cont'd.									
Subproject JHU 73-8. The Survey Method in Family Planning Research and Evaluation: A Methodological Study.							(98)		
Subproject JHU 74-1. Study of the use of Danazol, an antigonadatropin, as a means of fertility control.								(50)	
Subproject JHU 74-2. Prolongation of Post Partum Infertility – Induction by Prolactin Release.								(100)	
Subproject JHU 74-3. Clinical Epidemiological Studies in Fertility Control in Bangladesh.								(150)	
Subproject JHU 74-4. Field Studies of Contraceptive Techniques in Bangladesh.								(150)	
University Services Agreement (University of Michigan). Grant to University of Michigan to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 932-11-570-923; csd-3321.					[7]1,089		[7]315	[7]400	[7]150
Core services.					(517)			(400)	(150)
Subproject UM 71-1. Trophoblast Study Program.					(120)				
Subproject UM 71-2. Effect of PGE-1 and PGF2 Alpha on Uterine Contractility and Endometrial Morphology.					(67)				
Subproject UM 71-3. Malaysian Family Planning Program Evaluation.					(108)				
Subproject UM 71-4. Medical Correlates of the Use of the Intrauterine Device in Taiwan.					(12)				
Subproject UM 71-5. Relationship Between Demographic and Economic Phenomena in Households of Baroda, India.					(18)				
Subproject UM 71-6. Utilization of Traditional Village Midwives for Family Planning Program in Malaysia.					(126)				
Subprojects UM 71-7 and UM 73-3. Organizing for Social Change: The Family Planning Program in Uttar Pradesh (Kanpur).					(121)		(31)		
Subproject UM 73-1. Field Trials of Three Strategies of Persuasive Communications and Education in Family Planning in Venezuela.							(150)		
Subproject UM 73-2. Internal Migration in Nigeria: Implications for Realistic Population Policies.							(134)		
University Services Agreement (University of North Carolina). Grant to University of North Carolina to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 932-11-570-956; csd-3325.					[7]1,083	[7]1,145	[7]1,375	[7]530	[7]317
Core services.					(556)	(950)		(530)	(26)
Subprojects UNC 71-1 and UNC 72-1. Development of Methods for Estimating Fertility Changes in Individual Local Areas of LDC's.					(50)	(50)			

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional—Continued									
OFFICE OF POPULATION—Goal 6—Cont'd.									
University Services Agreement (University of North Carolina)—Cont'd.									
Subproject UNC 71-2. Training for Nursing Leadership in Population Programs.					(162)				
Subproject UNC 71-3. University Population Program Development.					(75)				
Subproject UNC 71-4. Demonstration Project for Developing a Simple Vital Registration System and for Extending Postpartum Family Planning Services to Rural Areas of Tanzania.					(75)				
Subprojects UNC 71-5 and UNC 72-2. An Automated Information System: A Pilot Study.					(50)	(100)			
Subprojects UNC 71-6 and UNC 73-4. A Pilot Program in Population Policy Analysis, Development, and Application.					(115)		(96)		
Subproject UNC 72-3. Field Worker Evaluation.						(45)			
Subproject UNC 73-1. Training for Public Health Nutritionists' Leadership in Responsible Parenthood.							(150)		
Subproject UNC 73-2. Developing Venezuelan Capacity To Teach Management Skills in Responsible Parenthood Programs.							(148)		
Subproject UNC 73-3. Pahlavi University Population Program Development.							(150)		
Subproject UNC 73-5. Population Family Planning Reference Unit.							(150)		
Subproject UNC 73-6. Javeriana University Interdisciplinary Graduate Program for Population Studies.							(242)		
Subproject UNC 73-7. Epidemiological Studies of Family Building and Family Health in Taiwan.							(98)		(114)
Subproject UNC 73-8. Institutional Development of the ACEP (Association Colombian a para el Estudio Cientifico de la Poblacion) to Identify and Facilitate Population Training Needs in Colombia.							(139)		
Subproject UNC 73-9. Population, Health, and Family Planning in the Middle East (Arab Countries).							(100)		
Subproject UNC 73-10. Family Structure and Fertility in Pakistan.							(102)		(45)
Subproject UNC 75-1. Relative Merits of Family Planning Development in Reducing Fertility.									(50)
Subproject UNC 75-3. Pilot Program of Self-Instructional Family Planning Materials.									(12)
Subproject UNC 75-5. Inventory of Persons Receiving International Family Planning Training (CCFPA).									(70)
Expansion of Harvard University for Population Studies. Grant to the Center for Population Studies, Harvard University, to provide an expanded program of training, research, and public service. Project 932-11-570-891; csd-3290.					1,458			230	

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional—Continued **OFFICE OF POPULATION—Goal 6—Cont'd.**									
Clinical Training of Nurse-Midwives in Family Planning. Grant to the Research Foundation of the State University of New York to expand its program of family planning clinical training of nurse-midwives from LDC's. Project 932-11-570-918; csd-2940.					1,176			121	400
International Development of Qualified Social Work Manpower for Population/Family Planning Activities. Contract with the International Association of Schools of Social Work, New York, N.Y., to introduce relevant population/family planning content into social work curriculums and prepare LDC social workers for more effective service in population. Project 932-11-570-948; csd-2971.					963			368	216
Institutional Development for Family Planning. Grant to the University of Hawaii to develop in the School of Public Health a comprehensive academic center for family planning training, research, and advisory services. Project 932-11-570-952; csd-3310. (See project 932-11-570-620 below.)					774		444	449	
Institutional Utilization of Family Planning. Grant to the University of Hawaii's Medical School and the School of Public Health to develop a center for research in family planning training and advisory services. Project 932-11-570-620; Grant G-1110 (formerly Project 932-11-570-952).									363
Advanced Training to Develop a Leadership Cadre in Preventive Social Work. Contract with the University of Michigan to develop and provide advanced training in social work with a population/family planning specialty relevant to LDC schools of social work. Project 932-11-570-959; csd-3313.					475			63	166
Management of Population Institutional Development Programs in LDC's. Grant to the Population Council to develop professional population/family planning expertise in selected LDCs' research and training institutions. Project 932-11-570-967; csd-3435.						859			
Family Planning Orientation. Contract with the Planned Parenthood Association of Metropolitan Washington, D.C., to establish a family planning orientation and demonstration unit. Project 932-11-580-977; csd-3621.						191	19		136
Development of Advanced Technology Fertility Training Centers. Grants to develop centers to train LDC physicians in the latest techniques of clinical fertility management, including pregnancy termination, sterilization, and backstopping of physicians as they begin establishing advanced technology fertility clinics in their countries. Project 932-11-580-604:									
(a) at University of Pittsburgh, Pa.; CM-pha-G-73-21.							479		
(b) at Washington University, St. Louis; CM-pha-G-73-22.							841		
(c) at American University of Beirut; CM-pha-G-73-23.							257		
(d) at Johns Hopkins University; CM-pha-G-73-24.							1,387		
(e) JHPIEGO project at Johns Hopkins University. Consolidation of (a), (b), (c), and (d) above. (The name is derived from Johns Hopkins Program for International Education in Gynecology and Obstetrics.) G-1064.								3,950	600

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Nonregional–Continued									
OFFICE OF POPULATION–Goal 6–Cont'd.									
Simplified Techniques of Fertility Control. Contract with Johns Hopkins University to establish training programs for development and evaluation of simplified fertility control techniques suitable for use in LDC's and training of LDC physicians in up-to-date techniques of fertility control. Project 932-17-580-548; csd-3627. (See also Goal 3.)							676		
Office of Population nonregional–total	2,079	10,623	17,745	22,518	35,913	50,206	59,422	57,547	59,415
OFFICE OF HEALTH									
Medical Education-Association of American Medical Colleges. Support for a contract with the Association of American Medical Colleges which provides technical advice and information on matters relating to international medical education including training in family planning. Project 931-11-540-212; csd-2587.					24	27	22	20	
Institutional Development and Program Grant (Family Health, Inc.). A grant to Family Health, Inc., New Orleans, La., to develop its capability to provide a variety of services to collaborating institutions in LDC's concerned with family planning programs. Project 931-11-580-957; csd-3311.					954		314		97
Development and Evaluation of Integrated Systems for Health, Family Planning, and Nutrition. Contract with the American Public Health Association to undertake the development and evaluation of integrated delivery systems for health, family planning, and nutrition. Project 931-11-590-971; csd-3423.						1,155		700	540
Teaching Community Medicine, Including Family Planning and Public Health. Partial funding of contract with Harvard University to organize and conduct training courses in teaching methods and curriculum design for LDC instructors including teachers of family planning. Project 931-11-540-975; csd-3613.						22	30	30	30
Role of Voluntary Health Organizations. Partial funding of contract with American Public Health Association to develop and test methodology for strengthening indigenous voluntary health organizations and professional associations to support national objectives in health and population. Project 931-11-590-890; csd-2801.						151	72		
Office of Health–total					978	1,355	438	750	667
OFFICE OF SCIENCE AND TECHNOLOGY									
Remote Sensing Census Project. PASA[1] with U.S. Bureau of Census to provide advice and coordination for an experimental project designed to assess comparative value of remote sensing, particularly earth resource satellite imagery, in improving effectiveness of population and agriculture census activities in developing countries. Project 931-11-995-997; TA(CA)07-73.							200	200	180
Office of Science and Technology–total							200	200	180

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Nonregional–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
OFFICE OF INTERNATIONAL TRAINING									
Training Program for Vital Statistics and Measurement of Population Change. PASA[1] with National Center for Health Statistics, U.S. Health Service, DHEW, to develop and administer a training program in vital statistics registration, and analysis and estimation of current population change, including training. Project 926-11-570-038; IT-1-68.	132	38	40	42	59	59			
Family Planning Seminars and Facilities. Project emphasizes individually tailored training programs, each geared to meet training requirements of professionals in the population, family planning, and related field. Project 926-11-580-045:									
(a) 1-week seminar at Columbia University for participants from the 6th World Congress of Gynecology and Obstetrics.				40					
(b) Planned Parenthood of Chicago–providing management and operational expertise in all areas of family planning, including administration, personnel management, volunteer workers, and community relations; csd-2894; csd-3421.					139	119	130	75	100
(c) University of Connecticut–providing 11-15 week courses for training of trainers; csd-3674.						93	14	100	50
(d) Worldwide Training Program–providing opportunity for training at the request of the field of AID/Washington for participants from countries where there are no AID Missions.						14	206	300	249
(e) National Association of Foreign Student Advisors–to establish a national program of population awareness for foreign students in the United States; CM/otr-C-73-20.							79	56	
Management of Population Programs. Contract with Governmental Affairs Institute of Washington, D.C., to provide a range of expertise required for the administration of national family planning programs. This project is directed at upper- and middle-level management. Project 926-11-580-048; csd-2876.				121	202	113	Completed		
Population Impact on Technical Training Programs. Contract with Governmental Affairs Institute, Washington, D.C., to organize a series of one-week seminars for non-population participants in the United States to give them an awareness of population problem concepts, with special emphasis on the third world. Project 926-11-570-050; csd-2789.				101	146	88	Completed		
Population/Family Planning Training in Puerto Rico. Task Order under contract with the University of Puerto Rico to conduct 3-day seminars to provide an awareness of population growth in relation to economic development for participants receiving training in Puerto Rico. Project 926-11-580-051; la-403.						17	1		
Office of International Training–total	132	38	40	304	546	503	430	531	399
Nonregional–total	2,211	10,661	17,785	22,822	37,437	52,064	60,490	59,028	60,661

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
AFRICA *Country Projects*									
Botswana:									
Maternal/Child Health–Family Planning Training. A multidonor project to support the Government of Botswana's efforts to give priority emphasis to rural social and economic development of an infrastructure for rural health thereby extending maternal child health–family planning services to a greater proportion of the population (690-11-540-032).							510	74	215
Cameroon:									
University Center for Health Sciences. Grant to assist a multidonor project for the development of a regional institution for training physicians and other health workers in a fashion relevant to the African setting (625-11-550-531).						2,500	80		
Ethiopia:									
Study of Births and Deaths. Portion of Public Health Demonstration and Evaluation Project dealing with registration of births and deaths in sample households (663-11-530-055).	23 Completed Sept. 1967								
Demographic Planning. Consultant services to prepare recommendations for grant assistance to family planning and demographic studies in Addis Ababa and selected provinces and to provide a demographic advisor (663-15-570-165).				1	30	Completed			
Training in MCH Care. To assist the Ethiopian Government to expand an integrated health delivery system which will include maternal/child care and family planning (663-11-513-170).						36	21	Completed	
Ghana:									
Family Planning and Demographic Data Development. Three-year project to provide technical and financial support for sample demographic survey, University of Ghana (641-15-570-051).		130	98	20	Completed				
Danfa Rural Health-Family Planning Program. Contract with the University of California (Los Angeles) to establish a demonstration family planning/maternal and child health program at Danfa (641-11-580-055).			21	770	393	67	800	740	514
National Family Planning Program Supplies. Five-year project to provide commodity support for the National Family Planning Program. Project provides full support for 2 years with decreased graduated support over remaining 3 years (641-15-580-065).					215	476	Completed		
Population Program Support. Project provides support for participant trainees to upgrade technical capabilities of National Family Planning Program personnel (641-15-580-064).					35	107	234	224	199
Kenya:									
Population Dynamics. To provide an audiovisual expert, a demographer, and a computer programmer for the family planning program in Kenya (615-11-580-141; 165).			133	164	141	478	155	335	230

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Country Projects–Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
AFRICA–Continued									
Family Planning. To support training, a health education unit, research, and evaluation units in the Ministry of Health as part of a multidonor effort to develop a national capability to make family planning services available to the rural areas (615-11-580-161).									52
Liberia:									
Demographic Household Survey. A 5-year project to develop demographic data by household surveys (669-11-570-109).		14	184	200	141	213	Completed		
Maternal Child Health/Family Health Training. Agreement with DHEW to provide a public health nurse and a nurse-midwife supervisor for the maternal and child health/family health program (669-11-580-110).			95	94	81	95	96	Completed	
Lofa County Rural Health. To restructure the health delivery system and family planning practices of rural health posts and health centers staffed by paramedical personnel and strategically located to serve rural populations (669-11-530-125).									110
Morocco:									
Population/Family Planning. Project provides equipment and supplies to maternal and child health/family planning program and health education, and also to provide services of a cartographer, a demographer, and a computer programmer (608-11-580-112).			156	170	90	14	310	270	200
Demographic Research Center. Established demographic research center to experiment with various methodologies for data gathering and information dissemination (608-11-570-109).						269	200	140	125
Population-Family Planning. Assists Government of Morocco with census and family planning program, especially with training of personnel (608-11-580-089).						134			
Nigeria:									
Nigerian Family Health Training. To increase receptivity for family planning through improving the delivery of maternal and child health/family planning services to the people of Nigeria. Emphasis is on providing training for teams of nurses from various states so they can set up state MCH/FP training centers (620-11-580-789).							830	225	560
Tanzania:									
Manpower Training Program for Maternal and Child Health Aides. To achieve institutional capability to provide comprehensive MCH/FP services to the rural population, as an integrated part of the Ministry of Health rural health program (621-11-580-121).							3,064	1,165	511
Tunisia:									
Family Planning. Jointly supported by the Government of Tunisia, Ford Foundation, Population Council, U.S. Public Health Service, and AID, this project is assigned to reduce population increase by									

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Country Projects–Continued **AFRICA–Continued**	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
developing institutional capacity for family planning through a National Family Planning Bureau. The program includes family planning services utilizing all standard contraceptive techniques (664-11-580-224).		260	223	665	858	884	870	562	818
Program Assistance Grant. Grant helps support an International Development Authority loan for renovation and operating costs of maternal and child health/family planning centers.						3,000			
Uganda:									
Population Data. Agreement with the Bureau of the Census to provide a data processing specialist for 2 years (617-11-780-051).			73	25	32	Completed			
Maternal-Child Health Training. Contract with University of California at Berkeley to provide training of personnel in maternal and child health techniques and family planning at Makerere University for regional hospitals and rural family health centers (617-11-570-057).				375	68	125	125	Completed	
Zaire:									
Maternal Child Health/Family Planning. To develop Government of Zaire family planning delivery system by providing maternal and child health/family planning training and formalizing distribution network for family planning information and materials. (660-11-531-049).						610	301	336	328
Regional Projects									
Participation in IPPF Conferences. Support for participants to attend the International Planned Parenthood Federation conferences in Copenhagen in 1966 and in Santiago in 1967.	30	Completed							
Pathfinder Fund Activities. Support for family planning activities carried on by Pathfinder Fund in a number of African countries (698-11-580-189).		250	Completed						
Regional Population Support. Provides AID backstopping for field activities, translation of information materials, and regional population officers, covering all of Africa, stationed in Ghana (932-11-580-166).		9	24	151	297	421	435	Completed	
Regional Demographic Survey Workshop. Agreement with the Bureau of the Census to carry out demographic sampling survey workshops for training of African statisticans (698-11-570-337).			97	28	10		15	Completed	
Census Data Analysis. Contract with Northwestern University to analyze data obtained in census of Douala and Yaounde, Cameroon (625-11-570-512).			36	Completed Sept. 1969					
Regional Population Planning, Population Council. Grant to the Population Council to assist African programs in demography, census, and family planning programs (698-11-580-346).			300		600	275			
Population Census and Demographic Studies. Agreement with Bureau of the Census to assist African countries in carrying out demographic activities in coordination with Economic Commis-					16	Completed			

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Regional Projects—Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
AFRICA—Continued									
sion for Africa and United Nations Fund for Population Activities (698-11-570-361).									
University Teaching of Population Dynamics. Contract with University of North Carolina to assist in establishment of Population Centers in selected African Universities (698-11-570-360).					1,034				163
Maternal and Child Health Extension. Contracts with University of California Extension at Santa Cruz and American ORT Federation to improve maternal and child health services and to include child spacing activities in selected African countries (698-11-580-358).					1,414	1,163	685		863
Maternal and Child Health/Family Planning Training and Research Center Development. Grant to Meharry Medical College, Nashville, Tenn., to develop center to improve American competence to assist African countries in maternal and child health/family planning and provide training in it to African scholars (698-11-580-373).					2,231		796		63
Special Population Activities. Provides support for various population activities such as training, assistance to maternal and child health/family planning clinics, and the supply of vehicles or other equipment in 19 countries (698-11-580-500).					97	113	200	334	173
Labor Project. Grant to the African-American Labor Center for motivating and developing a program of African Trade Union involvement in family planning and maternal and child health activities. Four regional seminars and pilot projects involving six countries. First seminar held in the Gambia in September 1972 (698-11-490-363).						65	Completed		
Marketing Research—Population. Tests the effects of an intensive marketing campaign upon acceptance and use of nonmedical contraceptives in a selected rural area of Kenya and determines the potential role of the commercial/private sector in the promotion of family planning (698-11-570-374).						165	245		
Family Planning Courses in Health Training Institutes. Assists African Health Training Institutions to increase/improve their capacity for teaching family planning (698-11-580-359).						57	1,180		
Country projects—total	23	404	983	2,484	2,084	9,008	7,596	4,071	3,862
Regional projects—total	30	259	457	179	5,699	2,259	3,556	334	1,262
Africa—total	53	663	1,440	2,663	7,783	11,267	11,152	4,405	5,124
EAST ASIA									
Country Projects									
Indonesia:									
Family Planning Program. Supports a national family planning program by integrating family planning services into existing health facilities. Major organizations receiving support include the National Family Planning Institute, Armed Forces Medical Division, Indonesian Planned Parenthood Association, Muhammadijah Council of Churches, and the Ministry of Health (497-15-580-188).		270	1,500	430	1,759	2,686	5,829	1,767	1,682

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Country Projects—Continued	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Korea:									
Health and Family Planning. Assists Korean family planning program by providing funds for direct hire of family planning technicians, consultants in vital statistics training, public school education, teaching methodology, commodities for training in public health, and participant training (489-11-580-649).	151	1,491	1,200	888	1,660	436	200	84	350
Laos:									
Maternal and Child Health/Family Planning. Assists the Lao Government in improving health care to mothers and infants and introduces family planning techniques. First phase of the program concentrated on developing trained medical personnel as a foundation for a nationwide maternal child care and family planning program. Other assistance has been in the form of providing family planning technicians, participant training, construction and renovation of facilities, and commodities (439-11-570-081).			990	1,112	925	500	780	385	349
Philippines:									
Reprints and travel.	60								
Population Planning. Funds family planning activities through the Asian Social Institute; City Health Departments in Angeles City, Davao City, and Manila; Project Office of Maternal and Child Health of the Department of Health; Philippine National Land Reform Council; Philippine Rural Reconstruction Movement; University of the Philippines (UP); Population Institute; U.P. College of Medicine; U.P. Institute of Hygiene; Institute of Maternal and Child Health; Silliman University Medical Center; and the Province of Laguna (492-11-570-220).	210	1,064	1,400	4,948	5,000	6,290	5,774	4,021	3,595
South Vietnam:									
Family Planning—Population Council. Financed Vietnam portion of the East Asia-Vietnam contract, enabling Population Council to expand its training, conference, and assistance programs in Vietnam (730-11-590-200; ea-8).	50	50							
Administration and Health. Provided funds to support various population/family planning activities in the following projects:									
(a) Statistical Services (730-11-780-341).						78			
(b) National Institute of Administration (730-11-770-345).						193			
(c) Public Health (730-11-530-347).						17			
(d) Public Health Services (730-11-530-348).						236			
(e) Health Logistic Support (730-11-590-350).						250			
Population/Family Planning. Assistance to the Ministry of Health (MOH) to extend family planning clinics to all districts; to supply information to Vietnamese officials to demonstrate the economic and health benefits of fertility reduction; to provide training programs for Vietnamese personnel; and to assist in carrying out public information programs (730-11-580-405).				180	238	334	546	704	116
Population Dynamics. To create population awareness through education by:									

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Country Projects–Continued									
EAST ASIA–South Vietnam–Continued									
1) modernization of the curricula for the national educational system to include population awareness information and materials;									
2) development of teaching resources and materials;							276		
3) development of university research. Project also supports administrative training and social and demographic research (730-11-590-416).									
Thailand:									
Family Planning Clinics. Provides equipment for 40 family planning research clinics in provincial hospitals.	25								
Family Planning. Provides family planning technicians, commodities, participant training, and improved and expanded family planning training. Family planning services are now offered to some extent in all 71 provinces (493-11-580-209).		650	1,298	1,295	1,395	1,600	1,789	1,010	528
Regional projects									
Family Planning Seminar. Grant to Economic Commission for Asia and Far East (ECAFE) for family planning seminar.	25								
Asian Family Planning Assistance. Assists the Population Council to expand its family planning program in East Asia and Vietnam (498-11-580-200).	325	325	525	600	800	800			
East-West Center Population Institute. Establishes in East-West Center, University of Hawaii, a program for Asians and Americans to study population dynamics in Asia and the Pacific area (932-11-580-200; ea-32).		1,000	1,083		1,000	750	1,047	([8])	
Colombo Plan. Provides a population advisor to the Colombo Plan and to support a population-family planning program consisting of seminars, workshops, and population educational services in member countries (932-11-580-200).				17	50	50	135	25	
Regional Development (RED). Finances a secretariat for nine Southeast Asia countries to develop regional population–family planning programs (498-11-580-200).				6	65	201	202	69	29
Seminars and Conferences. Promotes population concepts and programs and stimulates Asian Institutional involvement in family planning.					27	25			
Seminar for Asia Trade Union Women on Labor and Population. To assist the Philippine Department of Labor to carry out a regional seminar for leading women trade unionists of 15 Asian countries to prepare them to assume a greater responsibility in alternative roles for women in society (932-11-570-609).							41	2	
Country projects–total	496	3,525	6,388	8,853	10,977	12,620	15,194	7,971	6,620
Regional projects–total	350	1,325	1,608	623	1,942	1,826	1,425	96	29
East Asia–total	846	4,850	7,996	9,476	12,919	14,446	16,619	8,067	6,649

[8]Funding transferred to Goal 1, Office of Population.

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
Regional Projects **LATIN AMERICA**	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Latin American Demographic Center. Grant to the Latin American Demographic Center (CELADE), Santiago, Chile, to strengthen demographic research in Latin American institutions, support field studies and research projects, and teach demography to Latin American trainees (598-15-570-459, AID/la-200, and AID/la-603).	240	294	361	316	300				
Demographic Research and Training. Grant to the University of California for research in demography and for improving the quality and increasing the quantity of demographic expertise (598-15-990-438, AID/la-247).	164 Completed								
Sociological Study of Family Structure. Grant to the University of Notre Dame to provide assistance to selected institutions in developing and conducting studies in population dynamics and family structures (598-15-570-455, AID/la-309).	417	96	Completed						
Assistance to Latin American Family Planning. Grant to the International Planned Parenthood Federation (IPPF) Western Hemisphere to support family planning organizations and programs in Latin America (598-15-580-457, AID/la-308, and AID/la-523).	346	500	1,964	1,750	2,000				
IPPF Conference. Grant to International Planned Parenthood Federation for partial costs of International Conference in Family Planning held in Chile, April 1967 (598-15-990-457, AID/la-468).	100	Completed							
Research and Analysis of Population Growth in Latin America. Grant to the Population Council to expand analytical activities relating to population growth problems and to sponsor research studies, pilot projects, consultation on problems of research design, and data collection and analysis (598-15-570-456, AID/la-286, AID/la-549, and AID/la-604).	400	300	993	1,115	891	1,884			
Assistance to Country and Regional Postpartum Projects. Grant to the Population Council to expand its support to hospitals providing postpartum family planning information and services (598-15-570-456, AID/la-550).		525	619	720					
Research Training in Population Dynamics with Relation to Public Health and Medical Care. Grant to the Pan American Health Organization (PAHO) to develop and carry out a program in population dynamics and its relationship to public health and medical care and support development (932-15-570-470, AID/la-430, AID/la-547, AID/la-551, and AID/la-552).	175		2,346	553	2,750		2,703		
Study of Family Size and Family Growth. Grant to the Latin American Center for Studies of Population and Family (CELAP) to conduct research in sociology, psychology, and anthropology focused on family size and population growth (598-15-570-460, AID/la-266).	560	200	230	350					
Research, Training and Production of Educational Audiovisual Materials. Grant to the Colombian Institute for Social Development (ICODES) for production of movie film and film strips on family planning in social development (598-15-990-438, and AID/la-298).	40	Completed							
Communications Techniques in Population Programs. Contract with Design Center, Washington,	2								

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Regional Projects–Continued									
LATIN AMERICA–Continued									
D.C., to report on communications as related to population program support (598-15-990-425, AID/la-232).									
Sociological Research in Rural Areas. Grant to the Federation of Institutes for Sociological Research of Latin America (FERES) for research in rural areas (598-15-990-438, AID/la-417).	140		Completed						
Advisory Services. Project provides for the development and evaluation of innovative family planning programs, especially in the field of education, information, and communication, and for consultants' services and seminars related to implementation of population programs (932-15-570-438, AID/la-672, LA(HA)17-69, AID/la-123).	34	29	53	153	784	1,412	1,434	1,698	1,026
Assistante for Regional Organization for Central America. Program for Health and Demographic Studies (596-15-570-023).	243	424	186	260	209				
Translation and Distribution of Population/Family Planning Information Materials. Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials regionwide (598-15-580-477).		100	54	62	65	140	300	350	220
Assistance to Latin American Family Planning Services. Grant to The Pathfinder Fund to increase support to interested nonaffiliated institutions and individuals by making available small amounts of financial assistance and contraceptive supplies (598-15-570-471, AID/la-599).			300		800				
Demographic and Family Planning Training and Development of Audiovisual Materials. Grant to the Pan American Federation of Associations of Medical Schools to conduct seminars in the teaching of demography in medical schools (inclusive of family planning) throughout the region, to conduct workshops in teaching of family planning in obstretics and gynecology courses, and to develop audiovisual materials for teaching population dynamics and family planning in medical school curriculums. (932-15-580-479, AID/la-605).			150	241	362	475	456	300	150
MCH/FP Model Delivery System. Contracts with the Family Health Foundation, New Orleans, La., and with the University of Wisconsin to develop and test low cost/high coverage integrated health/family planning systems (932-11-580-610, CM/pha-C-73-35 and C-1038).							2,500	307	34
Country projects–total	1,539	5,457	3,071	5,437	7,085	7,223	6,230	4,792	4,238
Regional projects–total	2,861	2,468	7,256	5,520	8,161	3,911	7,393	2,655	1,430
Latin America–total	4,400	7,925	10,327	10,957	15,246	11,134	13,623	7,447	5,668
NEAR EAST AND SOUTH ASIA									
Country Projects									
Afghanistan:									
Population–Family Planning. Assistance in building a stronger base for strategy planning, decision making, and program implementation in population/family planning activities. A university team under a long-term contract will initiate this		10	87	130	1,740	275	1,144	1,517	479

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Country Projects–Continued									
NEAR EAST AND SOUTH ASIA–Afghanistan–Continued									
process by conducting, with Afghan assistance, a sample census survey of the population (306-11-570-110).									
Bangladesh:									
Population–Family Planning. Aids the Government of Bangladesh in reducing population growth rate through support in contraceptive supplies, family planning equipment, training, and advisory services (388-11-580-001).							1,524	38	
India:									
Population–Family Planning. Assists the Indian Government to accelerate its population–family planning program by providing a 19-man U.S. advisory staff, a training program in the United States and in other countries, local currency for key research and demonstration activities, and in fiscal 1970, granting $20 million for U.S. imports in order for the Indian Government to spend an equivalent amount for rupee local currency (386-51-580-332, 386-1642).	127	[9]7,721	730	20,318	540	512	130		
Nepal:									
Population–Family Planning. Assists the Nepalese Government to develop and expand the organization necessary to initiate a nationwide population–family planning program by providing advisory services, training in the United States and in other countries, and selected equipment and supplies (367-11-580-096).		299	222	413	706	310	1,331	649	298
Pakistan:									
Population–Family Planning. Aids the population–family planning project through commodity support and by stengthening the government's program in training, evaluation and planning, and improvement of demographic statistics (391-11-580-256, -370, -384, and -393).	210	1,031	2,297	2,000	2,078	282	6,248	606	661
Turkey:									
Family Planning. A development loan to purchase U.S. vehicles for use by the Turkish family planning program in rural areas, and for vehicle maintenance and audiovisual equipment; technical assistance in demographic education (Loan 227-H-068; 227-11-580-595).	2,100				77		91	302	
CENTO:									
Population–Family Planning. To finance training of leaders of family planning programs from Iran, Pakistan, and Turkey; also preparation for CENTO (Central Treaty Organization) workshops and seminars (290-11-580-250).			13	47	40	16	3	26	35
Regional Projects									
Family Planning Expansion. Grant to Pathfinder Fund to assist private organizations in countries in Near East and South Asia to expand family planning operations (298-15-580-010).		350	270			350			

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

AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
	1,000 dol.	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*	*1,000 dol.*
Regional Projects—Continued									
NEAR EAST AND SOUTH ASIA—CENTO—Continued									
Postpartum Program in India. Grant to Population Council to support a postpartum family planning program in 150 hospitals (298-15-580-019).		100				100			
Family Planning Training. Grant to Planned Parenthood Association, Chicago, training program to provide training in Chicago to family planning professionals at varying levels of education and competence (298-13-995-015).		200							
Middle East Population Center Study. Grant to American University in Beirut to study possibility of a population center in the Middle East (298-13-995-015).		5							
Colombo Plan Advisor. To support a Population Advisor to the Colombo Plan countries (298-15-580-019).			30			40			
Family Planning and Health Services. A study by Johns Hopkins University on integration of family planning with rural health services in India. (298-15-590-019).			575		630	908			200
Middle East Survey. To survey demographic patterns, socioeconomic factors, and family planning policies in Middle East countries (298-15-590-019).			86		29				
Research Triangle Institute. Contract with Research Triangle Institute to undertake information and data synthesis and analysis as assistance to regional strategy planning (298-15-590-019).				277	480				
Regional Family Planning. Consultants.			2						
Population/Family Research in the Middle East. Grant to American University in Cairo to support a 3-year research program (932-15-570-109; nesa-547).					270		270	60	200
Introduction of Family Planning in Rural Health Clinics. Contract with Medical Assistance Programs, Inc., to integrate family planning into basic health services (298-15-580-110).						107			
Country projects—total	2,437	9,061	3,349	22,908	5,181	1,395	10,471	3,138	1,473
Regional projects—total		655	963	277	1,409	1,505	270	60	400
Near East and South Asia—total	2,437	9,716	4,312	23,185	6,590	2,900	10,741	3,198	1,873
Country and regional total	7,736	23,154	24,075	46,281	42,538	39,747	52,135	23,117	19,314
U.N. FUND FOR POPULATION ACTIVITIES									
The United States contribution covering its part of the support for the population programs of the United Nations.		500	2,500	4,000	14,000	29,040	9,000	18,000	20,000
AID OPERATING EXPENSES	524	435	1,084	1,469	1,893	2,414	3,929	12,300	10,000
GRAND TOTAL	10,471	34,750	45,444	74,572	95,868	123,265	125,554	112,445	109,975

MEMORANDUM

TO: See Distribution **February 13, 1978**

FROM: DS/POP, R. T.Ravenholt

SUBJECT: Family Planning Program Success in Indonesia

As detailed in the attached cable from Jakarta, the Indonesian Family Planning Program is rapidly becoming the foremost fertility control program in the Free World. It has demonstrated that "where there is a will there is a way" to rapidly reduce fertility and population growth as a leading element in a general development program.

The Indonesian success story derives from the fact that all the essential elements for a successful family planning program have been present in the Indonesian equation throughout the last eight years:

1. President Suharto has provided strong, consistent and very meaningful leadership for an effective fertility control program, including:

a) Frequent and consistent statements emphasizing the basic importance of the population growth problem and marshalling resources for its solution.

b) appointment of sound administrators to key positions and solid support for them.

c) periodic reviews of program progress and problems.

2. Dr. Suwardjono, Head of the BKKBN (National Coordination Board for Family Planning) throughout the last 9 years has proved to be a very wise and effective program leader. In January 1978, on the strength of the family planning program success, President Suharto promoted him to be Secretary General of Health for Indonesia. Dr. Suwardjono has chosen and strongly supported able lieutenants, especially Dr. Harry Haryono, Chief of Research and Development, who received a Ph.D. from the University of Chicago with AID support and has proved to be a dynamic and capable driver of key actions, especially the Village Family Planning Proqram.

3. USAID, first with Richard Cashin as Mission Director and Dr. Jarrett Clinton as Chief Population Officer, succeeded by Tom Niblock as Mission Director and Tom Reese as Chief Population Officer, (with valuable contributions by Bill Johnson, Charles Terry, et al) has provided strong and consistent support for the Indonesian Family Planning Program.

4. The Office of Population, AID/W has likewise provided strong and consistent support to the Mission with such tasks as development of improved program strategy, taking anticipatory action to buy and deliver massive quantities of contraceptives, helping with training, and research and measurement of program progress, and enlisting and supporting the work of intermediary organizations.

With respect to the strategy of the Indonesian program it should be noted that family planning services were first made available through the existing MCH clinics, but when the limits of that system were reached a truly innovative Village Family Planning Program (VFPP) was launched to bring contraceptive services and information to every village and household. It is this VFPP which is now providing the most vivid and exciting evidence that family planning services made quickly and immediately available by a single purpose program are used in large measure.

Harry Haryono and Tom Reese, with the AID-supported Research and Development Project have perfected the VFPP strategy in West Java and outer Islands so that the initial action to make family planning services available throughout a village to all households is being done at the remarkably low cost of roughly $50 per village (average population 5,000) or 1 cent per capita (plus AID-supplied contraceptives).

This action is possible because of the general strong supportive political climate, the outstanding leadership of key persons involved, and the mobilization of local leadership and workers (mainly as volunteers).

The strength of the Indonesia program is revealed by the fact that when this proqram is implemented in areas with traditional fertility, with birth rates in the mid forties, fully one-half of eligible couples (Elcos) are recruited to pill or IUD use during the first several months with high rates of continuing use. And now in many villages more than 80 percent of Elcos are using either the pill or IUD despite the fact that they are mostly illiterate housewives of poor farmers and no incentives are offered except that this action is well recognized to be in the self interest of the family, community and nation.

Also, it should be noted that though the ideal overall development assistance objective may be to achieve an "integrated" development program, this is ordinarily not possible nor desirable in the initial action phase.

Sound development assistance requires a number of sequential actions leading to full fledged "integrated" programs. An analogy is the work of the chef whose goal is to combine a number of ingredients to create a smooth, "integrated'' cake batter -- but he begins by the singular act of breaking and beating the eggs.

It will take several more years of vigorous and determined action to fully implement the Indonesian population and family planning program. But with continued action along current lines, the birth rate for all of Indonesia should be under 20 by 1982. If so, Indonesia will become the first large populous country in the free world to demonstrate that it, too (like China) can develop and implement a sharply focused, national family planning program to reduce its birth and population growth rates to less than half in just one brief decade.

The cost of this very successful population proqram assistance is remarkably modest: through fitcal 1978, AID will have provided $56 million support (including 200 million monthly cycles of oral contraceptives), and under the new Project Paper authority $76 million additional support is planned. Hence, the total cost of AID assistance, actual and planned during the 12 years

required to make Indonesia self-sufficient in fertility control, is roughly one dollar per capita. Other donors are also helping, but the total of all international population program assistance will probably total less than $200 million, or roughly $1.50 per capita. With the early success of the Indonesian Family Planning Program, other development programs should become more efficient and rapidly successful.

Attachment

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CABLE FROM JAKARTA

R 030925Z Feb 78
FM AMEMBASSY JAKARTA
TO SECSTATE WASHDC 6599

UNCLAS SECTION 1 OF 2 JAKARTA 1576

AIDAC

EO 11652: NA
SUBJ: THEY SAID IT COULDN'T BE DONE

1. That poor, illiterate, rural societies would never adopt modern contraceptive practices without many antecedent development changes. They said it couldn't be done in Bali -- in this intensely traditional child-centered Hindu culture of 2.2 million population, 90 percent rural, 40 percent illiterate, poor (per capita GNP less than dollars 200per annum), where in 1968 the birth rate was 44, the death rate 18, and the infant mortality rate more than 120.

2. But it has been done. With a clinic centered program begun in 1970 which recruited approximately one-fourth of eligible couples to theuse of IUDs and oral contraceptives during four years; and especially by the village family planning program begun as an operations research and development project in 1974 with USAID assistance and rapidly implemented by the BKKBN to make contraceptive services readily available in every sub-village or Banjar. And with the remarkable result that by September 1977, 61 percent of eligible couples were using modern contraceptives, mainly IUDs and oral contraceptives;
further recent indications are that the birth rate in 1977 for all of Bali was less than 20 and the growth rate under one percent. It is noteworthy that this achievement has been accomplished by a single purpose family planning program, at remarkably low cost, and offering no adopter incentives. Essential elements of the village family planning program or Banjar system are:

A. Outstanding BKKBN leadership inspiring and leading a well-trained cadre of field supervisors.

B. Training of the Klian (Banjar leaders) in the need for family planning in Indonesia and in the elements of the Banjar System, consisting of:

I. Registration of all eligible couples (married, menstruating women) hereafter referred to as ELCOS.

II. Mapping of every household containing ELCOS.

III. Color coding of contraceptive use status of every ELCO, e.g., blue for IUD, red for oral contraceptives, on a publicly-displayed map of the Banjar.

IV. Monthly meeting of the Klian (Village Chief) with the male heads of all households, at which time family planning progress is reviewed, problems discussed, and contraceptives distributed.

V. Thorough reporting of contraceptive use status and fertility by every Banjar (3725) at quarterly intervals to the BKKBN, with feedback of cumulative data and analysis to Banjars.

Effect of this vigorous community level program is not only apparent in survey and registration data, but also has begun to reverberate through Bali society as some of the Districts with a more advanced family planning program report greatly reduced first grade school enrollments.

3. They said it couldn't be done in Java. In this traditional Moslem society of 84 million, 80 percent rural, 40 percent illiterate, poor (per capita GNP less than

dollars 200 per annum) where in 1968 the birth rate was 43, the death rate 19, and the infant mortality rate more than 125.

4. But it has been done in large measure especially in East Java, and with rapidly advancing programs in Central and West Java. The clinic centered program begun in 1970 achieved contraceptive use by 15 percent of ELCOS in four years; and, according to a recent BKKBN survey, the village family planning program begun in 1974 with USAID assistance rapidly increased contraceptive use to 37 percent of ELCOS in all of Java by late 1977 (42 percent in East Java, 39 percent in Central Java and 29 percent in West Java). In close relation with the advancing past to west) implementation of village family planning services in Java, birth rates dropped by 1977 to the low twenties in East Java, high twenties in Central Java and mid-thirties in West Java. According to the 1976 Inter-censal Survey, growth rates in Java are under two percent with East Java growing at 1.2 percent, Central Java 1.5 percent and West Java 1.7 percent. Surprisingly, and again contrary to conventional wisdom, Jakarta's urban population is increasing at a natural rate (excluding migration) of about 2 percent. The essential elements of the Java village family planning program are:

A. Strong BKKBN leadership at National, Provincial and Local (Kabupaten) levels.

B. Recruitment of participation and active support of village and sub-village formal and informal leaders (including religious leaders).

C. Establishment of contraceptive re-upply depots (POS KB) in every village, with volunteer villagers in charge who register all ELCOS and maintain records of contraceptive use status.

D. Development and support of sub-village family planning groups, linked to the POS KB Leader; in West Java these field workers, accompanied by paramedic from the Ministry of health, visit each household to educate couples; do a simple health check; leave a cycle of pills; and, refer acceptors to the village re-supply (POSKB) center.

5. The BUM with increased USAID assistance, is rapidly extending the village family planning program in Java and to the outer islands. On the basis of current progress and plans the Indonesia family planning program should be fully in place by late 1979. Achievements to date have been accomplished mainly with oral contraceptives and IUDs (AID has provided 200 million monthly cycles of orals) but injectables and surgical contraceptive services are being added. Building upon the success of the village family planning program in delivering services to villages and households, the BKKBN is now adding other program elements to solidify gains won and to strengthen general development programs, e.g., nutrition education by family planning field workers, cooperative production of poultry and clothing, and adult literacy classes for villagers. Experience in developing the village family planning program has strengthened village capacity for planning and administration of other development programs.

6. Clearly President Suharto's strong and continuing interest in the family planning program has been essential to the speed and success the BKKBN has enjoyed in establishing services in the village. The President continues to monitor the progress of the program quarterly with his Ministers and Provincial Governors. Recently the BKKBN held a family planning exhibition in the President's working offices which was reviewed favorably by Suharto.

7. The burgeoning success of Indonesia's family planning program during the last seven years provides heartening evidence that this large, underdeveloped non-communist country, by vigorous and steadfast leadership, with modest amounts of foreign assistance, and non coercive methods can rapidly solve its excess fertility and population growth problem, and thereby contribute greatly to the efficiency of hits general development program.