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THE WORLD BANK

Washington, D.C.

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The World Bank

1818 H Street NW

Washington DC 20433

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PNP FRONT OFFICE

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Liaison with International and other Organizations - Population Council - Volume 2

DECLASSIFIED
WBG Archives

PRES - C. Zeldenstein
V. PRES - P. Demeny
SR. ADVISOR - P. Mauldin

Pop. COUNCIL (DEC. '76)

International Programs - New York *
1977 B Level Staff List

POSITION TITLE AND DESCRIPTION

INCUMBENT

Vice President and Acting Director:
Overall program development and guidance. (Permanent position vacant. Seeking person with professional background in population and/or development, extensive international and managerial experience.)

James J. Bausch
Formerly program officer in population, the Ford Foundation international assignments in Indonesia, and Bangladesh; U.S. Peace Corps: deputy director for North Africa, Near East and South Asia and Chief, South Asia Division; citizen of U.S.

Associate:
Development and support of Council's international activities in the field of development planning and policies and related research and training.

Barnett F. Baron
Political scientist; PhD Yale Univ.; experience in institutional development and in teaching and research in Africa; citizen of U.S.

Associate:
Development and support of Council's international activities in the field of assessment of the impacts of development policies and projects on population dynamics.

Anrudh Jain
Sociologist; PhD Univ. of Michigan; international experience in conducting research on clinical and commercial family planning programs and field testing of contraceptive methods; citizen of India.

Associate:
Development and support of Council's international activities in the field of design, management, and evaluation of fertility regulation delivery systems.

William A. Van Wie
Health management specialist; DrPH Univ. of North Carolina; experience in domestic and international health and family planning programs; citizen of U.S.

Associate:
Development and support of Council's international activities in the field of medical aspects of fertility regulation, including abortion and sterilization.

Vacant
Extensive medical experience and skills in fertility regulation, particularly abortion and sterilization, to take the leading role in program development.

①
Inst. develop
② T + R and
P to Dev.
Planning
Peru - RA

* Special efforts are being made to fill vacant positions with non-U.S. citizens and women.

POP. COUNCIL (DEC. 1961)

POSITION TITLE AND DESCRIPTION	INCUMBENT
<p>Associate: Assumes leading role in program development related to roles and status of women and in incorporating a concern for these issues into current and proposed projects that have other issues as their primary focus.</p>	<p>Vacant International experience; knowledge of ongoing research and other activities related to women's roles and status in relation to population and development.</p>
<p>Associate: Development and support of Council's international activities in the field of transfer and diffusion of appropriate population technologies.</p>	<p>S. Bruce Schearer Scientist; PhD Columbia Univ.; training in biochemistry, international affairs, and technology assessment; experience in conduct and management of international contraceptive development activities and in research related to population; citizen of U.S.</p>
<p>Associate: Serves as Editor-in-Chief of <u>Studies in Family Planning</u>; provides substantive direction for this and related publications.</p>	<p>Walter B. Watson Social demographer; PhD Univ. of Wisconsin; consulting, teaching, and international experience in research and evaluation of family planning programs, research on abortion; citizen of U.S.</p>
<p>Associate: New York liaison for International Committee on Applied Research in Population (ICARP) and Acting Executive Secretary for ICARP-Asia.</p>	<p>Henry G. Elkins, Jr. Social demographer; PhD Univ. of Chicago; teaching experience and international research and evaluation in family planning programs; citizen of U.S.</p>
<p>Staff Associate: Special study on development projects and their effects on roles and status of women; currently based in Cairo.</p>	<p>Anna S. Quandt Sociologist; PhD UCLA; specialization in social stratification and demographic aspects of economic change, with research experience in North Africa; citizen of U.S.</p>

* Special efforts are being made to fill vacant posts with women citizens and women.

F I L E C L O S E D

SEE VOL. #3

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

RECEIVED
JAN 1 1977

28 December 1977

Dear KK:

It was good to see you at the Council the other day. All of us appreciated and enjoyed your visit.

Following up some of the conversation while you were with us in New York, and in response to your letter of 21 November 1977, I understand that you have been in recent touch by telephone with George Brown about the Council perhaps undertaking a study for the Bank about shelf life of contraceptives. Since you and George already have the matter in hand, I need say nothing more about it except to agree with you that such a study would be worthwhile and to reiterate what I said the other day about the Council's willingness to undertake such a study using consultants for substantial parts of the work.

With all the best.

Sincerely,

George Zeidenstein
President

Dr. K. Kanagaratnam
The World Bank
Population Projects Department
1818 H Street, N.W.
Washington, D.C. 20433

Handwritten notes:
HWT - then 1/2
To note for Jan 77
Jan 77

Handwritten notes:
J
9 Jan 77

THE POPULATION COUNCIL

CABLE: POPULATION NEW YORK
TELEPHONE: 432-3431

ONE DAY HARBORVIEW PLAZA
NEW YORK N.Y. 10017

Dear Sir:

Dear Sir:

It was good to see you at the Council's office
and all our appreciation and respect for what
you have done for the Council and the world.
Following the case of the population council
was with us in the past, and in connection to the letter of
I. November 1977, a question was asked in regard
to the by telephone with you from which we had received
understanding a week or two ago that the Council
was planning a study on the world's population
growth. Since you and George already have the letter in
hand, I need say nothing more about it except to say that
you have done a great deal of work in the field of
that I had the idea of writing the Council's study
on population growth and the world's population
growth of the world.

Very truly yours,

[Handwritten signature]
Director

Dr. J. H. Ransberger
The Council on
Population Project
1015 E. 12th St.
Baltimore, Md. 21202

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THE POPULATION COUNCIL

Pop Council
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h2

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

14 December 1977

Dear Drs. Yenai and Laurenti:

Thanks for receiving Anrudh Jain and me during our recent visit to India. Both of us appreciated very much the time and attention that you devoted to us. Anrudh and I were stimulated by our discussions with you about considering population factors as endogenous rather than exogenous in the planning process as well as in selecting, designing, and implementing development policies, programs, and projects.

No doubt the allocation of limited resources between different development sectors requires consideration of their differential population impacts among the criteria. But in addition, we think that it is important to consider population impacts among the factors in allocating resources within development sectors. We recognize that current knowledge on which to base such decisions is not adequate. It is important to initiate research to strengthen that knowledge base. At the same time, one must start using the existing knowledge. This, in itself, will encourage additional practical research and analysis. The Council is working along both paths: additional research and utilization of the existing knowledge. We would welcome opportunities for constructive interaction with you and your colleagues in India.

We are now reviewing notes taken during our visit to determine the kinds of collaboration which the Council may be most usefully able to undertake in India. Meanwhile, we would be grateful to receive any further ideas or suggestions that you and your colleagues might like to give us.

With all good wishes.

Sincerely,

George Feidenstein
George Feidenstein
President

Dr. Octay Yenai
Principal Economist
World Bank Resident Mission
55 Lodi Estate
New Delhi 3
India

Dr. Luigi M. Laurenti
Population Specialist
World Bank Resident Mission
55 Lodi Estate
New Delhi 3
India

cc: Dr. Kandiah Kanagaratnam ✓

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THE ROYAL CANADIAN MOUNTED POLICE
11/19/77

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NOV 23 1977
Date _____

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

B
Keep for meeting
a Zaidensko
de

16 November 1977

Dear Leonard: ~~A~~

Thanks for receiving Dr. Jain and me during our recent visit to Bangladesh. Both of us appreciated very much the time and attention that you and Dr. Pisharoti devoted to us.

We remain interested in Dr. Pisharoti's idea of a series of workshops or other face to face meetings in which an attempt would be made to convey to decision makers in other development fields than population ways in which they can take probable demographic impacts into account in designing and implementing their development projects. It is quite true that the relationships between developmental inputs and demographic behavior are not known with quantitative specificity; however, a great deal is known about the anti- or pro-natalistic effects of developmental inputs. Enough is known, we think, to make such a series of workshops valuable. As I mentioned to you, if the Council were to participate in the workshop series, it would be necessary for us to devote full time attention of several professionals from our staff in making advance preparations for the workshops. We would want to have the syllabus, so to speak, of the workshops based on concrete Bangladesh cases. This would require a couple of months preparation in Bangladesh by the Council people who would participate. It might also require heavy involvement from Dr. Pisharoti. Perhaps it might be possible to enlist the participation of other professionals as well. I would think that Monowar Hossain, for example, could be an excellent participant in such workshops. I have already written to the Secretary of the Planning Division offering the Council's assistance for organizing the workshops. A copy of the letter is enclosed for your ready reference.

Mr. Leonard Weiss
Chief of Mission
The World Bank
Bangladesh Bank Building
Motijheel Commercial Area
Dacca, Bangladesh

NOV 22 1977

THE BOARD OF DIRECTORS

CAROL CORPORATION NEW YORK
TELEPHONE 212-241-1212

15 November 1977

Dear Sirs:

Thanks for receiving Dr. Jain and me during our recent visit to Bangladesh. Both of us appreciated very much the time and attention that you and Dr. Pridmore devoted to us.

We remain interested in Dr. Pridmore's idea of a series of workshops or other face-to-face meetings in which an attempt would be made to convey to decision makers in other developing countries the main principles of the World Bank's development strategy. It is our belief that the relationship between development and growth is a complex one and that a series of workshops would be a valuable way of making this relationship more understandable. We are particularly interested in the effect of development on growth and vice versa. We would like to make such a series of workshops available to you. If the Council were to be interested in the workshop series, it would be necessary for us to make full arrangements for covering professional fees for our staff, the honoraria for the speakers, and the cost of the workshops. We would like to have the workshops held in Bangladesh. This would require a couple of months' preparation and would mean that the Council people who would be participating in the workshop would have to be involved from the start. It might also require heavy involvement from the Ministry of Planning. It would be possible to enlist the participation of other professionals as well. I would think that however modest, for example, could be an excellent participant in such workshops. I have already written to the Secretary of the Planning Division offering the Council's assistance for organizing the workshops. A copy of the letter is enclosed for your ready reference.

RECEIVED

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Mr. Leonard Wells
Chief of Mission
The World Bank
Bangladesh Bank Building
Kolkata (Calcutta) Area
Dacca, Bangladesh

Mr. Leonard Weiss
16 November 1977
Page 2

Please do let Anrudh and me know if there are specific further steps that we should be taking.

With all good wishes,

Sincerely,


George Zeidenstein
President

Enclosure

bcc: K. Kanagaratnam ✓

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

16 November 1977

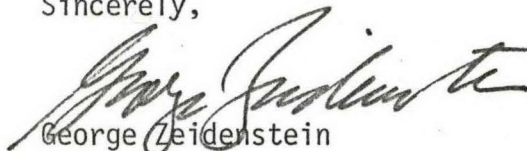
Dear Dr. Pisharoti:

Anrudh Jain and I appreciated very much the time and attention you devoted to us during our recent visit to Bangladesh. We remain interested in your idea of the series of workshops or other face to face meetings with decision makers in development ministries in Bangladesh. In these meetings or workshops an attempt would be made to convey ways in which probable demographic impacts can be taken into consideration in designing, implementing and selecting development projects. I have already written to the Secretary of the Planning Division offering the Council's assistance. A copy of the letter is enclosed for your ready reference.

Please do let Anrudh and me know if there are specific further steps that we should be taking.

With all good wishes.

Sincerely,



George Zeidenstein
President

Enclosure

Dr. K. A. Pisharoti
The World Bank
Bangladesh Bank Building
Motijheel Commercial Area
Dacca, Bangladesh

bcc: K. Kanagaratnam

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

14 October 1977

Dear Mr. Secretary:

Dr. Anrudh Jain and I are very grateful for the time, attention, and hospitality that you accorded to us when we visited Bangladesh recently. The dinner you gave for me at the State Guest House was a high point of our visit.

During the discussions between us an important new idea was discussed and I would like to record it here. It is this: Development policies, programs, and projects have an impact on people's decisions about family size and spacing; thus, development activities affect the demand for contraceptive services. Some development activities tend to be pro-natalistic and others tend to be anti-natalistic; it is possible to approximate in advance which will be the situation in particular cases and to select, design and implement development activities so that they are more likely to promote the most desirable demographic impacts. In the Bangladesh context, as is quite evident from the current commitments of the Government of the People's Republic of Bangladesh, this means that anti-natalistic rather than pro-natalistic impacts of development activities are sought.

This idea is a further elaboration of the thought embodied in Paragraph 31 of the World Plan of Population Action, and it is to be distinguished from Bangladesh's on-going and admirable efforts to add contraceptive delivery components to activities of various development ministries. Development activities which are of anti-natalistic tendency generate additional demand for contraceptive services.

With this in mind, Dr. Jain and I offered two suggestions which I confirm by this letter:

Mr. A. K. M. Kamaluddin Chowdhury
Additional Secretary
Planning Division
Ministry of Planning
Government of the People's
Republic of Bangladesh
Sher-e-Bangla Nagar
Dacca
BANGLADESH

FIRSTLY: Among the group of resident foreign experts to be engaged soon by the Ministry of Planning should be included a development economist with broad background and perspective in population. This expert would introduce cross-sectorally into the planning process underlying the Two-Year Plan and the Second Five-Year Plan an overall attention and concern for the impacts on fertility behavior of the various development activities that will be included in the Plans. Inevitably, development activities have side-effects that are pro- or anti-natalist. Hardly any development undertaking is neutral on this score. Therefore, it is imperative to strive for prediction of what the demographic side effects are likely to be and selection, design, and implementation of all development activities so as to promote the most desirable demographic goals.

It would be essential that the suggested population-oriented development economist be included as an integral member of the group of experts and be used by the Planning Ministry in ways that would insure his or her access to all the sectors. If this did not happen, the holistic, population-oriented approach could not be brought to bear on the more exclusively sectoral and compartmentalized approaches represented by the other members of the team.

SECONDLY: It might be useful for the Ministry of Planning to sponsor soon a set of intensive workshops for important decision makers in all the development ministries. In these workshops, the development officers would explore information and analyses by which they could become better able to consider and predict the pro- and anti-natalistic impacts likely to result from their development activities and to select, design, and implement activities that are more anti-natalistic.

These workshops should run about three days each and include participation at the level of Secretary for at least one of the three days. Other participants at the levels of Additional, Joint, and Deputy Secretary would need to participate for the whole three-day period.

As we discussed, the Council would be prepared to help with either or both of these suggestions.

Regarding the development economist with a broad population perspective, we could help with identification, selection, recruitment, and support. We would require assurance of his or her access to the Bangladeshi and foreign professionals working in the various sectors. A possible alternative to recruitment of this expert might be expansion of the terms of reference of one of the four macro-level experts to be furnished under UNDP auspices. Perhaps the one on manpower and employment might suitably be given this additional charge. We do not recommend this alternative because the manpower and employment expert is likely to have sectoral responsibilities that engage all of his or her energies.

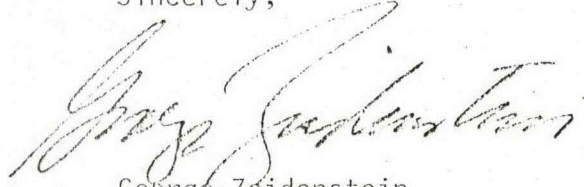
THE POPULATION COUNCIL
Mr. A.K.M. Kamaluddin Chowdhury
14 October 1977
Page 3

Regarding the workshop series, we would hope to associate a Bangladeshi institution with us and, together, undertake the planning, preparation, and presentation. At least six months' prior notice would be needed because a central part of the workshop preparation would be detailed, on-the-scene consideration (including interviews with concerned officials) of several on-going development policies and programs -- and the various constraints that affected their adoption -- which could be used as specific cases during the course of the workshops. The workshops must have concrete rather than abstract subject matters for discussion. Because this preparation phase is so important to success of the workshops, it would be necessary that specific officers in specified development ministries be deputed in advance to cooperate in the preparation phase.

We assume that if our collaboration included residence of Council personnel in Bangladesh they would be accorded the same facilities and privileges enjoyed by other international personnel resident in Bangladesh.

With good wishes,

Sincerely,



George Zeidenstein
President

bcc: G. Brown
P. Demeny
A. Jain
M. Hossain
K. A. Pisharoti
S. Salyer
A. P. Satterthwaite
M. Todaro
L. Weiss
B. Zagorin

bi 11/22

November 21, 1977

Mr. George Zeidenstein
The Population Council ← file
245 Park Avenue
New York, N.Y. 10017

Dear George:

Reference is made to a recent telephone conversation between Mr. Mills of this Department and Dr. Segal of the Population Council, on the subject of the shelf-life and storage conditions for contraceptives. It seems that surprisingly little information is available on the subject and none in comprehensive form. This we discovered when investigating a proposal by the Government of Malaysia for the construction of a central godown for the bulk storage of contraceptives.

Bearing in mind the astronomical number of contraceptives in storage at any one time in various parts of the world under widely varying climatic conditions, it seems to us that research into the shelf-life and storage conditions for different types of contraceptives would be well worth-while and fill a gap in knowledge. Improper storage, or storage beyond shelf-life, could lead to deterioration of contraceptives, the use of which would be disastrous to the family planning programme of a country.

Information on the storage conditions and shelf-life of contraceptives is essential to:

- a) Family Planning Administrators, in planning bulk purchases, reserve stocks and their storage at central and provincial storage facilities.
- b) Architects, in the planning of central warehouses and sub-stores. An architect will want to know the storage conditions needed for each type of contraceptive, and which of them need special conditions such as dehumidifying, cooling, etc.
- c) Storemen, who must ensure that each type of contraceptive is stored under proper conditions and that the turnover is well within the shelf-life.

At the moment there is no one source to which FP Administrators, Architects and Storemen can turn for this information and it seems to us that there is a serious need for research and a comprehensive paper on the subject.

Mr. George Zeidenstein

- 2 -

November 21, 1977

Dr. Segal seemed to think that it might be possible for the Population Council to research the subject and we would certainly recommend the need for it. A comprehensive paper would be of great value to those responsible for the bulk purchase, storage and distribution of contraceptives, and those who plan the storage facilities. We would welcome such a paper as one of the central problems we face with our borrowers is the logistics of maintaining our adequate supply system. Perhaps we could discuss this when we meet.

Yours sincerely,



K. Kanagaratnam
Director
Population Projects Department

cc: Central/DIV.Files

D.Mills/ns./
tw

Received in PNP

Date NOV 17 1977

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017



CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

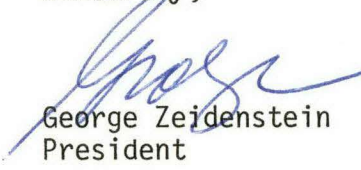
14 November 1977

Dear K. K. :

My secretary tells me that you have confirmed for
December 16th. Good. We look forward to seeing you then.
Please call in at about 10 in the morning and we will go on
from there.

With all the best,

Sincerely,



George Zeidenstein
President

Dr. K. Kanagartnam
Director, Population Projects Department
International Bank for Reconstruction and Development
1818 H Street, NW
Washington, D. C. 10433

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

THE POPULATION COUNCIL

TO GOVERNOR

Dear Mr. K.:

The secretary tells me that we have contacted
December 19th, Good. He left a message for you and that
please call in at about 10 in the morning and we will
from there.

With all the best,

Sincerely,

Robert R. Engle
Executive Director

Dr. R. Engle
Director, Population Projects Department
International Center for Reconstruction and Development
1615 H Street, N.W.
Washington, D. C. 20002

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OFFICE MEMORANDUM

Pop Council

TO: Mr. Warren C. Baum, CPSVP

DATE: September 23, 1977

FROM: K. Kanagaratnam, POP 

SUBJECT: Population Council Report: Integration of Population Activities
into Developmental Projects

1. As you know, we have been concerned with getting a handle on the matter of population components and attempting to understand better what has gone on and how we can learn from past experiences. We invited the Population Council to assist us with a review and some time back I forwarded a copy of this draft review to you for information.

2. We plan working level meetings with the Council in the near future based on comments of our staff and others we circulated to in the Bank. The attached critique of the Report by Aubrey Williams, a Yale-trained sociologist on our staff, is especially perceptive and I am sending it on to you for information.

Attachment

cc (w/attc.): Mr. van der Tak, PAS

KK/jim

OFFICE MEMORANDUM

TO: Dr. K. Kanagaratnam, Director, Population Projects
Department

DATE: September 22, 1977

FROM: Aubrey Williams, POP

SUBJECT: POPULATION COMPONENTS - The Integration of Population Activities
into Developmental Projects

1. In anticipation of working level meetings between our staff and persons from the Population Council involved in the above study, I submit a summary and critique of the preliminary report on Population components.

SUMMARY

A. Rural Development Projects

2. On a project by project basis, I have summarized the information on family planning experiments/components conducted within the framework of a rural development program, as presented by the Population Council (Appendix 1). Column 3 lists the key developmental activities highlighted by the study. Column 4 lists major features of the FP component, while column 5 provides information on key administrative cadres associated with the component. Column 6 provides information on the effectiveness of the project/component with respect to fertility. Column 7 gives major evaluational observations made about various aspects of the program/project/component presented.

B. Health and Nutrition Projects

3. Summarized in Appendix 2.

C. Urban Projects

4. The Cagayan de Oro Model City Project in the Philippines is the only urban development project with a population component analysed in the Population Council report. Key component activities were a) administrative and community development; b) training; c) medical and public measures; d) IEC; and, e) FP incentives (supermarket discounts; payment of hospital fees; free tuition; legal aid; paternity leaves for city government employees).

5. Evaluation has not been totally successful to date, and a final report not expected before December 1977. Inaccurate data indicate that population activities resulted in an impressive 12-15% annual rate of new acceptors.

6. The Population Council report briefly mentions vikas mandals (community groups) in India, who organized a whole range of public services, including classes in FP.

care to mothers, plus MCH/FP in different regions of the world. The Governments, however, viewed the projects and research far less idealistically and universally. This vignette is followed by four case studies that give very summary information about design on implementation.

12. What lessons have been learned, and to what extent are these problems insurmountable? Answers to the first part of this question dot the report randomly. The second part of the question has not been treated systematically.

13. Clearly, the report is cautious, with very few primary source materials or independent observations provided by the authors themselves. There is significant quoting of secondary sources which, as expected, were not written with "component issues" in mind. Consequently, they make for patch-work and timid attempts at extrapolation.

14. A major issue rebounds: what do we and the authors understand "components" to mean? The report is entitled "The Integration (sic) of Population Activities into Developmental (i.e. Non-Demographic) Projects". Yet, very few definitive examples of integrated activities are listed that suggest strategies different from those attempted in current Bank financed population projects with activities in urban or rural areas, educational or health sectors. I fail to find anything unique in the strategies of the FP/health/nutrition component activities analysed in the report under the rubric "Health and Nutrition Projects". All appear to be variations of the basic MCH/FP strategy that underpins all of our current free-standing projects. Family Planning as a "component" in Etimesgut appears to be no more or less integrated with health in that Turkish setting than is FP integrated with MCH services in, say, our Philippines project. One interesting exception seems to be Gandhigram in which most auxiliary nurse-midwives reported directly to the block development officer. This suggests that the key FP agents were linked directly to the framework and hierarchy of the non-demographic development project and cadres.

15. The Rural Development projects, as presented, do not give any similar hint of "integration". They appear to represent FP activities that were conducted within the locus of a special rural development effort. Again, however, they appear to be no different from FP project activities conducted within the framework of a national development effort, as may be characteristic of free-standing population projects. Whether the population/FP activity is national or local, it is likely to be a composite of "components" integrated into established administrative and commercial channels that could be called "developmental" in nature. Instead of considering the case studies presented as population components in rural developmental projects, it may be more accurate to call them family planning activities integrated into health systems

that were being improved through rural development programs. Consequently, we would demystify the notion of a "rural component" and argue that they are as numerous or as few as "urban components" - depending on how many health/FP projects are associated with developmental projects in the urban or rural context.

16. The report states that "the fact that population activities are not a part of urban development projects seems to be mainly an administrative matter. Population activities in the context of urban development are handled separately or under the heading of health and/or educational services, but there is no question that a major proportion of population activities do take place within the context of (although not in association with) aspects of urban development". In their brief, sparse introductory overview to the report, the authors seem to side with those who believe that the simultaneous implementation of FP and a variety of rural development efforts is preferable to an administrative integration of FP with other components of rural development.

17. The only clear-cut examples of genuinely integrated components, other than FP/Health, appear to be in the area of population education. Here a "component" subject matter must be "integrated" into a general curriculum and taught by agents who are concerned with overall development. Ironically, the fertility impact of these components have not been determinable in a single instance.

18. The Population Council should be invited to elaborate more fully on its interpretation of "components". Is it mostly the simultaneity of population/FP activities with other aspects of sectoral/regional development? If so, our Department has a political instead of a conceptual problem to resolve, both within the Bank and among Governments.

Attachment.

cc: Mr.G.Baldwin
Mr.Messenger, Mrs. Maraviglia
DIV.Files

POP.COMPONENTS/POP
A.Williams/ns.

RURAL DEVELOPMENT PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT		EFFECTIVENESS	EVALUATION
			Description	Administration		
1. Bangladesh COMILLA RURAL DEVELOPMENT PROGRAM (Evolutionary FP program, including experimental action phase, 1961-1965)	- GOB: Comilla Academy for Rural Dev.	- Dev. of Agric. and Artisanal Coope- ratives - Savings & Credit Scheme - Women's Coop. Program - Rural Pilot FP Program	- Training - Supplies - Distributors' Record-keeping system(dropped) - Promotion and Motivation - 22 "research villages" for evaluation & research in action phase	- Female Village Organiser/Distributors - Village Midwives - Village Doctors - Male Distributors - FP Officer - 2 Field Inspectors(M+F) - 2 Assistants - 13 Chief Agents (to supply male salesmen)	- Fertility declined by 27% between 1958-1967	- FP program cannot be assessed outside context of other associated programs, esp. Women's Education and Home Dev. and Coor Societes efforts; - ± 5 years needed to adopt new agricultural techniques; 5-10 years needed to adopt FP effectively; - when census results available by Thana, it may be possible to assess continuing effect of FP program, at least by inference; - no information since War of Independence.
2. Bangladesh SULLA PROJECT (Health + FP components begun in 1973)	- Bangladesh Rural Advancement Committee	- Housing & Communi- ty Center construc- tion - Agric. credit - Cooperatives - Fisheries - Vocational Trg. - Functional Educa- tion - Health Care & FP service delivery	- Paramedical Trg. - Group Health Ins. Scheme - Village Based "Mothers' Club" program - MCH/FP & Nutrition promotion & services - Vaccinations - Data Collection	- 30 Paramedics - 87 Village based female workers - Physicians	- After 2 years (Dec.1975) 8%-10% of couples in the reproductive ages were protected against the risk of pregnancy; qualify; - Orals most widely used.	- About 50% of families were prepared to join group health insurance but only 10% could muster 75% coverage to qualify; - No assessment of cost effectiveness or admi- nistration provided in report.

RURAL DEVELOPMENT PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT		EFFECTIVENESS	EVALUATION
			Description	Administration		
3. Kenya SPECIAL RURAL DEVELOPMENT PROGRAM (Experimental FP program begun in 1974 based on one SRDP District with extra Funding to intensify FP effort)	-GOK	<ul style="list-style-type: none"> - Crop Improvement - Livestock - Marketing - Cooperatives - Agric. credit - Public utilities - Education - Health/FP 	<ul style="list-style-type: none"> - Use of male field educators - Higher numbers of field educators per division than elsewhere in Kenya 	<ul style="list-style-type: none"> - 7 nurses (compared with 1 part-time nurse in non-SRDP areas of equivalent size) 	<ul style="list-style-type: none"> - Number of first-time visitors to clinics in experiment increased from 71 in 1971 to 1,142 in 1974 (2% of women of reproductive age). Corresponding figure for control area was 1,079 first visitors in 1974 (1% of women of reproductive age); - Orals most widely used method (80% of total contraception); - Continuation rates low (28% of pill acceptors after 12 months, and only 3.4% after 24 months). 	<ul style="list-style-type: none"> - Only 4 components (Group extension & farmer trg.; roads; credit; literary programs) considered to have had "implication of more than local importance;" - Women's Program and FP components inconclusive due to inadequate Govt. delivery network; - Cost of service intensification in experimental area too high for replication; - Experiment poorly monitored leading to US donor withdrawal; - Experiment too short in time.
4. Tanzanian UJAMAA VILLAGE PROGRAM	-GOT	<ul style="list-style-type: none"> - Redistribution of rural population to villages of equal size - Agric. Cooperatives & Credit - Public Utilities - Health 	<ul style="list-style-type: none"> - no special Health/FP project or experiment described 	-N/A	-N/A	<ul style="list-style-type: none"> - Concerns for population growth or FP activities not integrated into rural dev. activities, but Population Council advocates that "the program should provide a good opportunity to monitor prospectively whether or not population concerns emerge as a significant factor during the coming years."

RURAL DEVELOPMENT PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT		EFFECTIVENESS	EVALUATION
			Description	Administration		
5. Colombian INTEGRATED RURAL DEVELOPMENT PROGRAM in Villarrica (CIMDER).	-GOC	-N/A	-N/A	-N/A	-N/A	- IDRC was not able to supply Population Council with information as requested within Pop. Council working deadline. Pop. Council following up.
6. Philippines LAGUNA BAY PROJECT		-N/A	-N/A	-N/A	-N/A	- Pop. Council following up.
7. Egyptian pilot project to employ rural women (establishment of a sewing machine factory)		-N/A	-N/A	-N/A	-N/A	- Pop. Council proposed monitoring to determine symbiotic effect of non-agricultural employment and FP

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT Description	HEALTH/FP PROJECT Administration	EFFECTIVENESS	EVALUATION
<p>1. Indian GANDHIGRAM PROJECT in Athoor Block (1959-1971) Provision of FP/Health services in parallel with adult education, agricultural extension work, and other rural developmental programs.</p>	-GOI	<ul style="list-style-type: none"> - MCH/FP - Nutrition - Immunization - School health program - Environmental sanitation 	<ul style="list-style-type: none"> -Trg. & Supervision of FP workers and support staff; -Planning of program implementation by the block action committee; -Community based distribution; -Evaluation 	<ul style="list-style-type: none"> - 1 Auxiliary nurse-midwife/5000 population; - 1 health visitor/4 ANMs; (i.e. 1/20,000 population) - 1 male FP field worker per 20,000 population; - Extension educator at block level; - 1 Female physician at block level; - 2 support personnel at block level; - ANMs assigned to subcenters of the primary health center reported to the medical officer through the health visitor; all other ANMs reported directly to the block development officer, with the medical officer of the health center providing technical guidance; - Block Action Committee coordinated health, FP, and development workers. 	<ul style="list-style-type: none"> - Birth rate declined by about 19-27% over a 12 year period (higher estimate provided by Gandhigram Institute); - By both estimates, there was a decline of about 4.2 points CBR during 1964-71. A maximum of about 2 points can be attributed to FP program activities. Changes in age-marital status distribution may account for most of the rest; - By August 1971, about 34% of couples of reproductive age were FP users. 	<ul style="list-style-type: none"> - If the CBR declined by about 8-12 points in 12 years, and only about 2 points due to FP, task still remains to identify and assess other activities whose indirect demographic impact accounts for additional 6-10 point decline. - No evaluation of cost given by Population Council.

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT Description Administration		EFFECTIVENESS	EVALUATION
<p>2. Indian NARANGWAL POPULATION STUDY (1969-1974)</p> <p>(a) to measure the impact of FP integrated with different health & nutrition components;</p> <p>(b) to test the "child survival hypothesis";</p> <p>(c) to evolve low cost packages of integrated services for rural areas.</p>	-GOI	<ul style="list-style-type: none"> - Family Planning (FP) <ul style="list-style-type: none"> - Education & Motivation; - Contraceptive Services; - Follow-up. - Women's Services (WS) <ul style="list-style-type: none"> - Monitoring Fertility and Pregnancy - Pre-and Post-natal care - Diagnosis of Illness and Referral - Child Care (CC) <ul style="list-style-type: none"> - Check-ups and Measurement - Immunization - Nutrition - Diagnosis of Illness and Referral 	<ul style="list-style-type: none"> - 5 Test Component Packages: <ul style="list-style-type: none"> (a) FP & WS & CC (b) FP & WS (c) FP & CC (d) FP & FP Ed. (e) Control; - 3 Additional Control Villages receiving nutrition inputs only. 	-N/A	<ul style="list-style-type: none"> - FP & CC experimental component treatment least effective; - Little difference among the other experimental variations (FP & WS; FP & WS & CC; FP & FP Ed.) each of which was associated with reported fertility declines of 15% per year; 	<ul style="list-style-type: none"> - Longitudinal study terminated before completion of definitive data. No firm conclusions drawn, therefore, on fertility impact of various integrated program inputs, and esp. about the validity of the child survival hypothesis; - Birth rate at project site had been declining steadily during 1960s (from about 40 to the mid 30s) prior to initiation of project; - No information about the rate of contraceptive use available for control areas. No information on contraceptive practice prior to program. Difficult, therefore, to: <ul style="list-style-type: none"> (a) assess the extent to which the experimental

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT Description Administration		EFFECTIVENESS	EVALUATION
2. continued						<p>inputs have been successful in attracting additional couples to FP;</p> <p>(b) associate fertility decline <u>directly</u> with FP components.</p> <ul style="list-style-type: none">- The villages had substantially different caste compositions and caste differences were shown to have even greater impact on some outcomes than the experimental service packages. The effect of caste is not specifically provided;- Total program costs per couple-year of effective protection were 2-3 times greater in the other service groups than in FP & Ed. groups;- The number of contacts required to gain a new acceptor was highest in the FP & Ed. group, ranging from 8

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT		EFFECTIVENESS	EVALUATION
			Description	Administration		
2. continued						<p>in its first year, to 46 at the close of the project; follow-up contacts to maintain a continuing user very similar for all groups;</p> <ul style="list-style-type: none">- Costs for preacceptance FP contacts were 3-4 times greater than for follow-up contacts;- When adjustments or shifts were made in work patterns, these were accommodated most readily in FP & WS. The FP & WS & CC family health workers were least flexible, probably because of their overall higher work load;- If the sole objective is to get max. FP practice in 1-2 years, a village-based FP education program backed up by a good contraceptive delivery system is more

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENT	HEALTH/FP PROJECT Description Administration		EFFECTIVENESS	EVALUATION
2. continued						efficient and effective than other service combinations; - If the time frame is 3-5 years, a highly cost/effective package is to combine FP & WS; - If the time frame is >5 years, circumstantial evidence suggests most effective approach is to integrate FP & WS & CC.
3. Turkish ETIMESGUT PROJECT	-GOT Ministry of Health and Hacettepe University	- General Health Education - Male Health Education - School Health Program - Rural Sanitation - Immunization - Census - MCH/FP	- Trg. of Auxiliary Nurse-Midwives (ANMs) - Home Visiting Program in MCH/FP	- Per Multi-Purpose Health Unit (less than 10,000 pop.) - 1 physician - 2 public health nurses - 3-5 ANMs - 1 medical secretary	- Infant mortality rates lowered from 142 per 1,000 live births in 1967 to 93 in 1973; - CBR declined by about 3% a year; - TFR declined by about 4% a year; - CBR remained at 29.9 per 1,000 in the 2 urban centers during 1967-73, where- as it dropped from 37.6 to 29.1 per 1,000 in rural areas (due perhaps to greater female mobility in towns and less prestige	- Fertility fell more rapidly in Etimesgut than in Turkey generally; - FP program undisputably effected change in fertility behavior; - In big cities where FP motivation is higher, as evidenced by a very high rate of abortions and contraceptive practice, the use of effective contraceptive methods was much lower than in Etimesgut;

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT Description	HEALTH/FP PROJECT Administration	EFFECTIVENESS	EVALUATION
3. continued					<p>of ANMs);</p> <ul style="list-style-type: none"> - The number of births averted and "lives saved" between 1967-1973 were 1,482 and 776 respectively. 	<ul style="list-style-type: none"> - Effective FP education programs for men and women essential for quick program impact; - The major factor affecting fertility was the change from traditional methods to newer, more effective methods--not the decline in infant mortality; - The population per ANM should be small enough for frequent face-to-face contact; - Home Visiting is essential to overcome problems associated with distance; - ANMs should be respected by community members, supervised closely, and members of the health team; - Model was financially feasible: Program per capita expenditure in the health units was US\$3.17 in 1972.

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT Description	Administration	EFFECTIVENESS	EVALUATION
4. Colombian CANDELARIA PROJECT (1958-74) including the Promotora FP Program covering 800-900 families (begun in 1968).	- State Govt. and University del Valle.	- Censuses - Rural Water Supply - Health & Nutrition - FP	- Trg. & Supervision	- Volunteer health workers - Public health nurse aides	- In 1968, only 18.7% of families contracepting increasing to 43.6% in 1974; - IUDs principal method; - Orals second in popularity.	- Better local census showed previous Govt. census had underenumerated, leading to creation of Division of Population within the Association of Colombian Medical Faculties; much discussion of population; and perhaps impact on GOC to become the first to establish a national population policy; - No data available on CBR or age-specific fertility rates.
5. Indonesian MOJOKERTO REGENCY PROJECT (1973-)	- GOI/IDA UNFPA	- MCH/FP services (intensified with original intention to reach each woman in the fertile age groups)	- Training - 1 MCH/FP clinic per 12,000 population in the regency; - Evaluation	- N/A	- 32% contraceptive use in 1974	- This level of contraceptive use cannot be attributed to new inputs from the integrated MCH/FP program.
6. Turkish YOZGAT PROVINCE PROJECT (1974-)	- GOT/UNFPA		- 1 rural midwife per station; - Training of physicians, midwives, and supervisors; - Evaluation		-N/A	-N/A

HEALTH AND NUTRITION PROJECTS

PROGRAM/PROJECT Name	SPONSOR	INTEGRATED COMPONENTS	HEALTH/FP PROJECT		EFFECTIVENESS	EVALUATION
			Description	Administration		
7. Philippines BOHOL PROVINCE PROJECT (1974-)	- GOP/UNFPA	- idem	---	---	-N/A	-N/A
8. Nigerian CROSS RIVER STATE PROJECT	- State Govt./ UNFPA	- idem	- Trg. of Family Health Workers	---	-N/A	-N/A

THE POPULATION COUNCIL

Received in PNP

Date AUG 10 1977

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

17 August 1977

G/B/ Dear K. K. *oln*

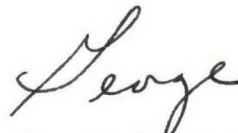
Thanks for your letter of 3 August and the "Instructional Manual for Conducting Field Studies in the Use and Non-Use of MCH/Family Planning Services".

I will pass the Manual along to my colleagues who are likely to make most use of it. Some of them may follow up on your offer to provide additional copies.

I hope that it will not be very long before we can get together either in Washington or New York.

With best wishes,

Sincerely,



George Zeidenstein
President

B.

Dr. Kandiah Kanagaratnam
Director
The World Bank
1818 H Street, N.W.
Washington, D.C. 20433

(dictated but not read)

The Population Council

One Dag Hammarskjold Plaza, New York, N.Y. 10017



CONTACT: Elena Radini
PHONE: (212) 644-1618

FOR RELEASE:
September 14, 1977

THE POPULATION COUNCIL INTERNATIONALIZES BOARD

NEW YORK -- In a move designed to increase the participation of non-North Americans at policymaking levels, The Population Council today announced the election of seven trustees, including six from outside the United States. In making this announcement the Council's Chairman, John D. Rockefeller 3rd, said that "this action signifies our commitment to a truly international organization at all levels." He added that "the time has come when the work of development agencies must be guided by those from countries receiving assistance as well as by those from countries providing it. Only by creating genuine partnerships can we attain our mutual goals in international research and policy." The full Board of Trustees now numbers eighteen.

The Population Council was founded in 1952 and has pioneered in the training of population scientists, development and testing of contraceptives, design of programs to deliver and evaluate family planning services overseas, and research in demographic measurement.

-more-

Its influence has been felt in universities, voluntary agencies, and government ministries in many developing nations of Asia, Africa, and Latin America. It is presently seeking to relate its research and program activities more closely to the work of governments and international agencies concerned with policy analysis and formulation, delivery of safe and effective health and birth planning services, and the roles and status of women.

The following distinguished professionals now serve as Trustees of The Population Council:

-- Akin L. Mabogunje, a human geographer, is a specialist on issues of development and population dynamics in Nigeria. Dr. Mabogunje is director of the Planning Studies Program at the University of Ibadan and chief planner of the new Nigerian Federal capital. He has held offices with the International Geographic Union and the Pan American Institute for Development and is currently a member of the International Review Group of Social Science Research on Population and Development.

-- Vina Mazumdar, a political scientist and educator, has contributed significantly to research on the role of education in society and, most recently, on the status of women in India. Currently chief editor and director of women's studies at the Indian Council of Social Science Research, New Delhi, Dr. Mazumdar served as

member-secretary of the Committee on the Status of Women in India, 1973-74. Previously, she taught political science at Patna University, Bihar, India, and served as Professor and Head of the Department of Political Science at Berhampur University, Orissa, India.

-- Carmen A. Miro is a Panamanian demographer and expert on Latin American population issues, currently chairperson of the International Review Group of Social Science Research on Population and Development based in Mexico. Ms. Miro has served on technical missions to developing countries and has published widely in her field. Her past positions include director of the Latin-American Demographic Centre (CELADE) in Chile, and director of the Panamanian Bureau of Statistics and Census. Ms. Miro has served as vice-president of both the Interamerican Statistical Institute and the International Statistical Institute. She has just completed a term as president of the International Union for the Scientific Study of Population.

-- Jose A. Pinotti, a Brazilian obstetrician/gynecologist, is director of the Faculty of Medical Sciences of the University of Campinas, Sao Paulo. Dr. Pinotti is a well-known specialist in the fields of gynecological cancer and breast pathology. He established and directed a preventive medical clinic for women offering cancer detection and treatment. As executive director and coordinator of the City of Campinas Cervical Uterine Cancer Control Program, and

founder of the Campinas Chapter of the Brazilian Society of Breast Pathology, he has demonstrated a dedication to the humanitarian concerns of women's health and well being.

-- Masri Singarimbun, director of the Population Institute of Gadjah Mada University, Yogyakarta, Indonesia, is a recognized anthropologist with a strong interest in development issues at the village community level. Dr. Singarimbun received his demographic training at The Australian National University Research School of Social Sciences. He has been with the Gadjah Mada University since 1973. In addition to professional memberships in several international groups, including the International Union for the Scientific Study of Population, Dr. Singarimbun has published more than 25 articles on village life and population issues.

-- Sarah R. Weddington, General Counsel, U.S. Department of Agriculture, was the principal counsel in the landmark 1973 U.S. Supreme Court case of Roe v. Wade, in which she argued that the Texas abortion law was unconstitutional. While a member of the Texas legislature, Ms. Weddington cosponsored the bill creating the Public Utilities Commission and the Texas Kidney Health Care Act of 1973. Ms. Weddington is an active public speaker on abortion law and population concerns, with involvement extending to board memberships on the National Abortion Rights Action League and the Alan Guttmacher Institute of Planned Parenthood/World Population.

-- James D. Wolfensohn, General Partner and head of the U.S. and international corporate finance departments of Salomon Brothers and Chairman of the Board of Salomon Brothers International Limited, is an Australian financier with extensive experience in international corporate finance and banking. He has served on the boards of various cultural and public service organizations in Australia, the United States, and the United Kingdom, including the Harvard Club of Australia, the Carnegie Hall Corporation (New York), the New York Landmarks Conservancy, and the English Chamber Orchestra. Before joining Salomon Brothers, Mr. Wolfensohn was Executive Deputy Chairman and Principal Executive Officer of Schroders Limited, of London, parent company for Schroders' worldwide interests in banking, investment banking, finance, and investment counseling and management.

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August 5, 1977

Mr. W. Parker Mauldin
Senior Fellow
The Population Council
One Dag Hammarskjold Plaza
New York, New York 10017

Dear Parker,

I have just returned from an overseas mission and was delighted to find your letter of 22 July and the enclosed preliminary report on "The Integration of Population Activities Into Developmental Projects", which I have not yet had the time to read through carefully, but plan to do so in the next weeks with my colleagues both in population and propose to circulate to some of the other sectors. I will be back to you with our observations after we have studied the report. As I shall be away until September 11th and many of our key people will be away, I expect to get back to you the latter part of September. If you feel it necessary, we could get together at that time. I also presume by that time some of the data which is not available now would have been obtained and could be incorporated into the final report.

Let me express my appreciation and thanks for receiving this report which I look forward to studying.

With regards,

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

KKanagaratnam:cmk

Received in PNP
Date JUL 26 1977

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

July 22, 1977

cc: GBB
HWM
IHK
LD

Dr. K. Kanagaratnam
Director
Population and Nutrition Projects Dept.
International Bank for Reconstruction
and Development
1818 H Street, NW
Washington, D.C. 20433

Dear KK:

The Council is sending you herewith the report on The Integration of Population Activities Into Developmental Projects as earlier agreed.

The topic is a very broad one and in spite of the length of this report it should be considered as preliminary. As we note in the report, there are a few case studies about which we do not have adequate information and we are in the process of seeking further details about them. Beyond that, we shall continue working on these topics and will keep you informed. Any further discussion of this report that you might request would be very much welcomed.

Paul had expected to send you this report along with his comments, but the sudden death of his younger brother in Budapest has prevented that.

Under separate cover we are sending 5 additional copies.

Cordially yours,




W. Parker Mauldin
Senior Fellow

WPM:kv
Enclosure

ENCLOSURE
JUL 26 1977
10017

For clearance: Mr. Gabriel
Mr. Merriam
Dr. Kanagaratnam

DRAFT

 LPChatenay/ef

July 13, 1977

Dear Mr. Zeidenstein;

I refer to your letter of July 7, 1977 to Mr. McNamara with the report on the activities of your Council's Publications & Information Office in 1977. You also referred to World Bank's support for that office.

I am glad to confirm that the World Bank will provide a sum of \$40,000 to the Population Council for the same purpose, as in preceding years. Your Publications & Information Office could get in touch with the Bank's Information & Public Affairs Department to settle the timing and details of this payment.

Yours sincerely,

William D. Clark
Vice-President, External Relations

Mr. George Zeidenstein
President
The Population Council
One Dag Hammarskjold Plaza
New York, N.Y. 10017

cc: Mr. R. McNamara

THE POPULATION COUNCIL

ONE DAG HAMMARSKJÖLD PLAZA
NEW YORK, N. Y. 10017

CABLE: POPCOUNCIL, NEW YORK
TELEPHONE (212) 644-1300

July 7, 1977

Bob
Dear Mr. ~~McNamara~~:

I am enclosing a report on the activities of the Population Council's Publications and Information Office in 1977. As you know, the Bank generously supported the Office in 1976 and 1975, at the level of \$40,000 each year, and I would like to request renewed support for the Publications and Information Office in 1977.

We have been most grateful for IBRD support in the past. It has enabled us to expand the reach and coverage of the program, and it has provided the program with a measure of independence and objectivity that is important, in our view, for its ultimate effectiveness.

We would appreciate consideration of renewed support at the same approximate level as in the past two years.

Please let me know if we can provide you with any further information.

Sincerely,


George Zeidenstein
President

enc.

Mr. Robert S. McNamara
President
International Bank for Reconstruction
and Development
1818 8th Street, N.W.
Washington, D.C. 20433

THE POPULATION COUNCIL

PUBLICATIONS AND INFORMATION OFFICE

ACTIVITIES 1977

The Council's Publications and Information Office (formerly the Information Office), with a staff of 12, is responsible for editing, production, and distribution of Council publications; mailing list maintenance; and public information requests and a range of service-oriented activities. Susan Robbins has been Head of the Office since 1972. The 1977 budget for the Office is about \$550,000; the staff budget is \$206,000.

STUDIES IN FAMILY PLANNING continues its monthly publications schedule, under the new editorship of Walter B. Watson, Associate from the Council's International Programs division. Highlighted in the first half of 1977 (the March issue) was an article by Anrudh Jain, which discussed the risk of myocardial infarction associated with smoking cigarettes and pill use by age. At a news conference held at the Council, 25 journalists attended, with resulting international coverage led by front-page articles in The New York Times and The Wall Street Journal, coverage in magazines such as Time and Newsweek, and interviews on radio and television.

A reviewing panel and an editorial advisory board are being formed. New features to be introduced in STUDIES include book reviews, letters to the editor, commentary by people in the field, and research notes. By the third quarter of 1977, some of these features will be fully ready for publication.

POPULATION AND DEVELOPMENT REVIEW, the Council's quarterly journal, published a combined March/June issue in Volume 3 during the summer of 1977. Eight articles appeared, including: "The impact of demographic factors on economic development in Taiwan," by Eva Mueller; "Development policy and population growth: A framework for planners," by Michael P. Todaro; "The Supreme Court's abortion decisions and public opinion in the United States," by Judith Blake; "Analytical approaches to the relationship of population growth and development," by Nancy Birdsall. In the Notes and Commentary: "Population policy and development," by J. Mayone Stykos; "Population policy and the international donor community: A perspective on the next decade," by Paul Demeny; and two pieces on large scale simulation models in population and development, one by Richard M. Blandy, and the other by W. Brian Arthur and Geoffrey McNicoll. The Documents section included an address by Robert S. McNamara on possible interventions to reduce fertility, and an item on population pressures as a cause of war. The September and December issues are scheduled for 1977. An advisory board has been established whose members are professionals in the field, and a committee composed of five Council staff members will determine editorial direction.

Availability of new and more current data enabled the publication of an updated COUNTRY PROFILE on Ghana, which appeared in April. Two

more PROFILES are scheduled for 1977, one on Brazil and the other on "Mexico". PROFILES will be discontinued in 1978 as a separate series, but coverage of country development programs and family planning information may appear in different formats in the other publications.

Distribution of the Council's journal publications as of May 1 is approximately as follows:

STUDIES	10,600
PROFILES	9,800
PDR	7,200

The REPORTS ON POPULATION/FAMILY PLANNING series has been phased out, with some of the updated reports to appear in a Books and Monographs Program; a series entitled Population Council Fact Books is the vehicle for updated issues of REPORTS. The first Fact Book was published in June: FAMILY PLANNING IN THE DEVELOPING WORLD: A REVIEW OF PROGRAMS, edited by Walter B. Watson. The Books and Monographs Program also will encompass research monographs and handbooks. POPULATION AND PLANNING IN THE DEVELOPING NATIONS, by B. Maxwell Stamper, will appear in July, along with NUPTIALITY AND POPULATION POLICY, by M. Badrud Duza and C. Stephen Baldwin. THE FAMILY PLANNING PROGRAM IN THE SOCIOECONOMIC CONTEXT, by K. S. Srikantan, will appear in September. Several other manuscripts are under consideration pending reviews and availability of funds. Among these: A HANDBOOK FOR FOLLOW-UP SURVEYS, by Irving Sivin; MODEL RELATIONS BETWEEN BIRTH RATES AND BIRTH CONTROL PRACTICE, by Dorothy Nortman, et al.; CONTRACEPTIVE TECHNOLOGY, by S. Bruce Schearer; and PUBLIC POLICY AND POPULATION IN SINGAPORE, edited by James T. Fawcett.

Future Books and Monographs will be sold in the developed world and distributed free to appropriate institutions in the developing countries. However, large-scale dissemination of the first Fact Book and the first monograph has been arranged.

The Publications and Information Office continues to distribute sets of the teaching manual, HUMAN REPRODUCTION: LECTURES IN PHYSIOLOGY, POPULATION, AND FAMILY PLANNING, edited by Howard C. Taylor, which it published with the MIT Press of Cambridge, Massachusetts in 1976. Funding from the original sources for this project is scheduled to cease in December. Future activities for the manual are under discussion with staff of International Programs.

The Publications and Information Office handles the Council's information services--telephone, mail, visitor, and staff requests. A new information service is the provision of offprints of articles published by Council staff. This activity--and possibly others to begin later in the year--will help introduce the extensive work done by Council staff to others in the field, donors, and potential funding sources.

The Office regularly maintains internal communications systems by means of bulletin board displays at the New York office and mailings of new documents of interest to fieldstaff.

New in 1977 is the creation of an Alumni Information Series, which involves development of the network of Council alumni by means of the sharing of informational materials.

The Publications and Information Office also brings its expertise to other Council publications, among these: the ANNUAL REPORT, a descriptive brochure about the Council, and throughout the rest of 1977 a variety of program booklets.

June 2, 1977

Mr. Walter B. Watson
The Population Council
1 Dag Hammarskjold Plaza
New York, N.Y. 10017

P11RD
Research file

Dear Mr. Watson:

As I mentioned in our telephone conversation, I checked with Mr. Goddard Winterbottom of our Information and Public Affairs Department, and it would be acceptable to publish the "Overview of Experimentation in Family Planning Delivery Systems" in the November issue of Studies in Family Planning as long as the book is correctly cited and it is understood that the Bank holds the copyright. Since much of the "Overview" is taken directly from the book, Experiments in Family Planning: Lessons from the Developing World, I presume that any subsequent reprinting of the article would involve the permission of both the Council and the Bank. If any further clarification of these matters is needed, I'm sure the Bank's Information and Public Affairs Department will be of assistance.

The "Overview" was put together rather hastily for the Tokyo Symposium, and Mr. Cuca and I agree that it would benefit from some revision. Specifically, we would like to expand the section on methodology and perhaps shorten the treatment of the approaches. Should we make such changes at this point, or simply wait for the results of your review process?

A draft copy of the complete study is being sent to you under separate cover. Please call either Mr. Cuca or myself if you have any questions or suggestions for modifying the article.

Sincerely,

Catherine S. Pierce

Catherine S. Pierce

Population and Human Resources Division
Development Economics Department

cc: Messrs. T.King
R.Cuca
G.Winterbottom
Dr. K.Kanagaratnam ✓

ROUTING SLIP		DATE: 5/31/77	
NAME		ROOM NO.	
Dr. Kanagaratnam		D928	
<p style="text-align: center;"><i>B. Kanagaratnam</i></p> <p style="text-align: center;"><i>No. 2</i></p>			
APPROPRIATE DISPOSITION		NOTE AND RETURN	
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REMARKS:			
<p>The Population Council has expressed interest in publishing in the November issue of <u>Studies in Family Planning</u> the version of the Experiments paper prepared for the Tokyo Symposium.</p> <p>Do you have any reservations about the "Overview" appearing in <u>Studies in Family Planning</u>? Are there any modifications you wish to make to this draft letter?</p> <p style="text-align: center;"><i>ESP</i></p>			
FROM: Catherine S. Pierce		ROOM NO.: D540	EXTENSION: 3687

Draft
CPierce:bnd
5/27/77

Mr. Walter B. Watson
The Population Council
1 Dag Hammarskjold Plaza
New York, N.Y. 10017

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THE WORLD BANK

AN OVERVIEW
OF
EXPERIMENTATION IN FAMILY PLANNING DELIVERY SYSTEMS

MARCH 1977

Population and Human Resources Division
Development Economics Department

Prepared by: Roberto Cuca
Catherine S. Pierce

AN OVERVIEW
OF
EXPERIMENTATION IN FAMILY PLANNING DELIVERY SYSTEMS

Roberto Cuca and Catherine S. Pierce

I. THE EXPERIMENTAL FRAMEWORK

The experimental framework has proved a useful vehicle for testing out new approaches to the delivery of family planning services. In the forthcoming book Experimentation in Family Planning Delivery Systems^{1/} we have presented a comprehensive review of ninety-six of these experiments and have evaluated them in terms of the methodology utilized and the approaches tested. The scope of this paper will be more limited. It will discuss briefly the usefulness of the experimental framework and the methodological problems observed in the experiments reviewed. It will also consider the approaches that have been tested, the findings, and the implications of these findings for strategies for future experimentation. For the convenience of the reader, we have included as an Appendix a table which summarizes the characteristics of the ninety-six experiments reviewed in our major study.

From the outset, the term "experiment" has proved troublesome. It is inaccurate to label most of these undertakings as experiments, yet other possible terms were cumbersome, (e.g., innovative field studies), and often fell short of connoting the dimension of "trial" which is so aptly conveyed by the word experiment. Thus, we have opted to use this word and attach to it all the usual caveats that prevail when one attempts to apply a concept more appropriate to the physical sciences to the realm

^{1/} Roberto Cuca and Catherine S. Pierce, Experimentation in Family Planning: Lessons Delivery Systems, Johns Hopkins University Press, Fall 1977.
From the Developing World,

of the social sciences. In this review, the term experiment will encompass efforts which more accurately might be termed "quasi-scientific" undertakings.

The Usefulness of the Experimental Framework

During the last twenty years, there have been extensive experimental efforts in the developing world to determine more effective ways of providing family planning services. Experimental pursuits have been considered necessary by researchers and managers interested in family planning. Initial experiments tested the existence of a market and the acceptability of the idea of family planning. Later efforts addressed the suitability of particular approaches for delivering services and attempted to improve the effectiveness and efficiency of existing programs. The experimental framework has permitted program managers to explore the dynamics of delivery systems and has offered a safe medium in which to test innovations. If an approach proved successful, it could be wholly or partially incorporated into the regular program; if not, the negative consequences were negligible.

The record of experimentation in family planning is replete with examples of approaches that were first tried out in the experimental context and later adopted as policy. The Chulalongkorn experiment (Thailand)^{1/} indicated the feasibility of using previous acceptors as motivators to encourage other women to accept family^{planning}; as a consequence, the national program adopted the idea. The Shopkeeper program

^{1/}References for the experiments cited will be found at the end of this paper. They are grouped by country and within country, alphabetically by experiment.

in Bangladesh demonstrated the effectiveness of commercial outlets in the community in selling contraceptives; this approach is now an accepted part of the programs in Pakistan and Bangladesh and provided the basis for more recent marketing and community based distribution programs in other countries. The Kaoshiung mass media study (Taiwan) was the model for the island-wide mass communications campaign which began in 1972. The acceptability of using non-medical personnel to prescribe pills was established through experiments. Limited undertakings of this nature prepared the way for the large scale contraceptive inundation and distribution projects of recent years.

In addition to improving the performance and broadening the scope of regular programs, the experiments generated new questions that became the topic of subsequent experiments. Family planning experiments have also contributed to the development of their own methodology. Recent experiments appear to have overcome many of the methodological deficiencies that flawed earlier efforts.

Some Methodological Considerations: Design and Replicability.

The complex tasks of experimental design and measurement become even more formidable within the context of experimentation in family planning. In this sector, it is difficult to maintain an isolated treatment area over an extended period of time; the presence of numerous uncontrolled variables often makes it impossible to discern the impact of the intervention on the dependent variable. In cases testing a particular type of family planning delivery system, the dependent variable is fertility or other proxy variables such as knowledge, attitude, acceptance, or practice of family planning. During an experiment, changes in the dependent

variable can occur as the result of a number of factors: the treatment being tested; a change in socio-economic factors during the experiment; the delayed effect of earlier family planning efforts; the awareness that an experiment is taking place; or the effect of a survey done as a baseline for the experiment. A "true experiment" should be designed so that the impact of the experimental treatment on the dependent variable can be isolated from that of other forces in the experimental environment. Such a design calls for randomization and well matched comparison groups.

In a sector as complex as family planning a "true experimental" design complete with randomization and controls is rare; quasi-experimental designs of varying measurement capabilities are a more realistic alternative. Of the ninety-six experiments reviewed, only twelve could be considered true experiments; forty-one (of the ninety-six) had control groups; twenty-one had pretests only, and thirty-four had neither pretest nor controls. The use of controls, although generally considered an asset to an experiment, frequently presents problems. It is difficult to find well-matched control groups and to maintain them in a contamination-free state. Often treatment and control areas which appear to be similar in terms of property variables are frequently differentiated in terms of exposure to a particular force. The experimental villages in the Danfa (Ghana) experiment were subject to heavy migration. This made it more difficult to determine the impact of the experimental intervention and certainly attenuated any comparisons that could be made with the control villages.

The well designed experiment should permit precise measurement of changes in the dependent variable. It should be pointed out that most experiments measure changes in intermediate or proxy variables for fertility rather than changes in fertility per se. In some experiments, the number of acceptors had been used as an indication of the impact; in others, the utilization of services has been employed as a measurement of the success of an experiment. Such indices deal only with outputs that can be closely associated with the inputs of the experimental intervention. The Ernakulam and Gujarat vasectomy camps in India measured performance by the number of operations. The Shopkeeper Program (Bangladesh), Nirodh (India), Preethi (Sri Lanka) and PROFAMILIA (Colombia), all marketing schemes, used volume of sales as an indicator of achievement. The Telephone Programs in Korea, Taiwan, and the Philippines considered number of calls as an index of the experiment's success. Other studies such as the Kaoshiung (Taiwan) project employed changes in knowledge, attitude and practice as proxies for a decline in fertility. The relationship between these proxies and fertility is, to say the least, not direct; in fact, considerable research has been devoted to clarifying the relationship between them and fertility. The effects of an intervention on a proxy variable are not necessarily identical with the effect of the intervention on fertility.

The measurement process may be complicated by changing the measuring instruments. Those used in the pretest may not be considered adequate for the posttest; a new and improved instrument is then utilized. It may, however, produce biased estimates of the different effects. This could possibly have occurred in the Narangwal (India) experiment where there was constant concern about improving the measuring instruments.

The duration of an experiment also complicates the measurement of the experimental intervention. Short run experiments are subject to the problem of impact and partial markets. The impact effect, a variation of the Hawthorne effect,^{1/} can be observed in most advertising campaigns. The campaign, regardless of what it is, will have an impact on the population simply because of novelty. The results are attributable more to the fact of experimentation than to the efficacy of the intervention.

Short-term experiments also run the risk of the partial market effect. The general market for family planning includes groups of people who are ready to accept family planning services if offered in a particular way but not if offered in other ways; experiments offering that specific approach may obtain very good results in the short-run, but the market for that particular approach may be soon saturated. Short-run experiments often do not reveal evidence of saturation and thus produce a misleading conclusion.

^{1/} Fred N. Kerlinger, Foundations of Behavioral Research, 2nd ed., (New York Holt, Rinehart, and Winston, Inc., 1973), p. 345. The Hawthorne effect is that part of the change in the objective variable which occurs because the intervention takes place, and not because the approach being tested is in any way effective. All experiments, regardless of duration, are subject to the Hawthorne effect. This, underscores the need for as unobtrusive a measurement as possible.

Such problems, however, should not be used to discredit the small short-run experiment.^{1/} All advertising campaigns make use of the impact effect; the campaign is run until its impact is blunted and then it is replaced by a new campaign. In addition, small short-run experiments are usually utilized to test low-cost operational approaches which do not require important policy changes. Adoption of an approach on the basis of its performance in a short-run experiment should therefore be examined from a financial point of view. If adoption and the subsequent discarding of the approach would be very costly, then the approach should not be included until it has been subjected to experimentation for a longer period of time.

The market for family planning services is likely to be a composite of small, heterogeneous markets. The progress of the program in Taiwan appears to validate this notion of a composite market. The different layers of services embodied in the program reflect the Taiwanese policy of simply adding to the ongoing program new approaches that have proved successful as short-term experiments. It could be argued that this additive (rather than replacement) strategy has kept the program sensitive to the multiple markets that must be reached by a family planning program.

^{1/} Experiments of long duration pose their own set of measurement problems. Major changes in the experimental environment often compromise a well designed experiment and complicate measurement procedures.

One of the principal advantages of experimentation is the ability to replicate the results obtained in a limited setting in a larger environment. Replicability is dependent on representativeness and operational validity. Ideally, the experimental areas should be selected randomly to assure that they would be representative of places where the intervention might eventually be operationalized. In most of the experiments considered, experimental areas were not rigorously selected; some experiments were essentially demonstration projects and representativeness was not a prime consideration; in others, the areas were selected because they were convenient to research institutions.

The requirement for operational validity (resource utilization and acceptability) of an experiment must be applied with some flexibility according to the purpose of the project. If, indeed, the experiment is set up to test an approach, that if successful, would immediately be incorporated into the program, then it is sensible to limit its resource requirements to those that would be available in the context of the regular program. In contrast, an experiment mounted to demonstrate the workability of an approach, particularly in an area where there has been little previous family planning activity, may justify a relatively greater use of resources than the program as a whole. Furthermore, in experiments whose purpose is to determine the costs and benefits of alternative approaches, varying degrees of resource utilization may be an integral part of the experiment.

II. EXPERIMENTS: APPROACHES AND FINDINGS

All the experiments referred to in this paper have been undertaken to test various approaches to the delivery of family planning services. The different schemes tested do not lend themselves to neat categorizations; however, an attempt has been made to place each experiment in one of six possible categories according to what was the declared (or assumed) principal approach being tested. In the cases where a single category was plainly inadequate for an experiment, the experiment is listed under two or more headings. The six categories are:

- (a) Personnel, which consists of tests to determine the type and characteristics of personnel necessary to perform given functions or to determine the type of remuneration best suited to their performance;
- (b) Mass media, which includes efforts to determine the contribution of mass media campaigns to the effectiveness of a program;
- (c) Integration, considers projects which tested if the integration of family planning into other services is an effective way to provide family planning services;
- (d) Intensive, encompasses activities undertaken to determine if intensive campaigns increase the acceptance and practice of family planning;
- (e) Incentives, which focuses on tests to determine if significant incentives to acceptors (those which affect socio-economic status) can reduce fertility;
- (f) Inundation, which includes efforts to try to determine the impact of various inundation schemes. Commercial and community based distribution (CBD) systems and household distribution schemes are considered under this heading.

This classification by approach and the period of initiation is presented in Table 1.

Table 1: **EXPERIMENTS CLASSIFIED ACCORDING TO APPROACH
TESTED AND PERIOD OF INITIATION**

Period of Initiation	NUMBER ^{/1}								
	Experi- ments	Personnel			Mass Media	Inte- gration	Inten- sive	Incen- tive	Inunda- tion
		Type	Pay- ment	Clin- ical					
1950-1959	5	3	-	-	2	-	3	-	-
1960-1964	14	6	1	-	3	2	3	-	2
1965-1969	28	15	-	1	7	5	-	1	2
1970-1974	44	15	3	1	6	9	5	5	7
1975-1979	5	1	-	-	1	-	-	-	3
TOTAL	96	40	4	2	19	16	11	6	14

/1 The addition of components exceeds the total because multiple approaches were employed in many experiments.

Source: Appendix Table I.

Personnel

As can be seen from Table 1 a considerable number of experiments have addressed the question of what type of personnel should be used to motivate and recruit acceptors and to deliver family planning services. Early family planning programs relied almost exclusively on clinical personnel; it was soon realized, however, that such personnel were in short supply and that a more aggressive system was needed both to generate demand and to deliver services. A number of experiments were initiated to determine the advisability of increasing the responsibilities of paraprofessionals. The positive results of such experiments paved the way for expanding the role of both paramedical personnel and fieldworkers.

The initial concern in using paramedicals to prescribe contraceptives was the question of safety. The Auxiliary Midwife experiment (Thailand) addressed this issue and found that during the first year (1969) of prescription of orals by auxiliary midwives there was no increase in the incidence of side effects or complications. Largely as a result of this study, the Ministry of Public Health ruled, in 1970, that all auxiliary midwives who had received the basic family planning training course could prescribe the pill. Over the past ten years, the responsibilities of the paramedicals have increased considerably; in many countries paramedicals are now permitted to insert IUDs and to prescribe oral contraceptives. Perhaps future research should focus on what type of training (content and length) is needed to enable field personnel to perform their growing responsibilities more effectively.

Once the benefits of an outreach system were recognized, program managers had to decide what type of personnel to employ. The function of outreach workers was to provide information, stimulate motivation, and either provide contraceptives or refer potential acceptors to clinics. Would workers with social and economic background similar to their clients be more successful in broaching this sensitive topic of family planning, or would clients respond more readily to those whom they perceived as superior and therefore more competent in the complexities of contraception?

The experiments conducted to date have not provided conclusive evidence as to the optimum match between type of worker and target population. Different types of workers have been found effective in different settings. One cannot help but note, however, that experiments using local people or satisfied users as agents of change have been remarkably successful. In one such experiment, the Seoul Agent System (Korea), various local agents were paid a fee to recruit IUD acceptors. The agents included housewives, the leader of a neighborhood sub-division, midwives, beauty salon operators, and even a woman church deacon. According to the results, all of the agents performed well ^{1/}. The Thailand Time and Distance study is another example of a relatively simple undertaking that increased the demand for family planning services. It demonstrated that word-of-mouth communication by acceptors was an extremely effective method of recruiting new acceptors.

The lack of a strong indicator suggests that the "type of worker" question is closely bound to situation-specific variables. The successful use of a certain type of change agent may well be a function of the socio-economic setting, the stage of development that family planning has reached in a particular area, or perhaps both. Generalizations on the basis of past experiments should be restricted to areas at the same stage of development as the experimental setting. Since this question of the optimum type of worker still needs to be clarified, further experimentation would be welcome.

1/ Possible confounding effects should be pointed out. The experiment took place against the background of the mass media inputs of the national program. The workers received an incentive. Also, physicians who would insert IUDs were readily available.

Experiments which considered the question of how to pay workers have produced some definite results. They indicated that workers perform best when an incentive or bonus is offered. The Taiwan Referral Fee and Worker Incentive (Philippines) indicated that "payment per acceptor" schemes work well. The Taiwan case used lay motivators to recruit acceptors. Their record at the end of six months in terms of number of acceptors equalled that of a good field worker, and by paying lay motivators on a per case basis, the cost was substantially reduced.

The Agent Incentive Study (Taiwan) directly addressed the salary alone or salary plus bonus system. In ten randomly selected counties agents received their regular salary and a bonus, the amount of which was determined by the type of contraceptive accepted. In the control counties workers received only their usual salaries. The results showed a 14 percent level of acceptance in the experimental area as opposed to 7 percent in the control area.

The question of whether to pay field workers on the basis of the number of acceptors recruited still needs further consideration. Acceptance is a definite commitment to practice contraception only in the case of sterilizations. The commitment is less definite with IUDs and injectables, and very tenuous with other methods. For many clients, acceptance is never translated into practice. All acceptors should not be classified alike; some are truly new acceptors, those who have never used any contraceptives, while others are "repeat-acceptors", those who had previously practiced, terminated, and are now beginning again. Rather than trying to set up elaborate acceptor

criteria, would it not be more desirable to reward the worker on the basis of non-pregnancy, which is after all, the ultimate objective of the program? A worker would only receive a bonus if the client continued to practice effectively for a certain period of time (i.e., avoid having a birth for two years). How to design and implement such a scheme is a topic that could be addressed in future experiments.

Mass Media

As family planning activities became more sophisticated, greater attention was paid to the potential role of mass media as a means of promoting contraception. The key issues that surfaced was the sufficiency of the approach. The experiments reviewed found that mass media was most successful when supplemented with some kind of personal communication. The results of the Sundong Gu (Korea) experiment illustrate this point. Acceptance rates in areas using home visits or group meetings, in addition to mass media, far out-distanced those where only mass media were employed. During the first year of the experiment, the acceptance rate for areas only exposed to mass media was 11%; for mass media plus group meetings, 15%; and for mass media plus home visits, 18%. It should be noted, however, that interventions confined only to mass media have also had positive results. The Kaoshiung experiment (Taiwan) which relied exclusively on mass media, significantly increased knowledge, attitude and practice (KAP) levels; the success of this undertaking paved the way for the adoption of an island-wide mass media campaign in 1972.

Mass media exercise a function that no other approach can provide, namely, the molding of norms. The use of mass media as a legitimating device is particularly important in cultures where family planning might still be viewed with suspicion. Mass media may be used to heighten awareness and to generate increased demand for family planning. This approach, when combined with personal intervention, is more likely to produce higher rates of acceptance than if used by itself. Further research is needed to clarify the linkage between mass media and traditional networks of communication (i.e., word-of-mouth)

The Integrated Health Approach to Family Planning

The results of experiments in this category suggest that a synergistic relationship exists between family planning efforts and general health programs. Experimental schemes have indicated that there is a lag between improvements in health and reduction in fertility. Linking family planning to other health services has underscored the relation of this activity to health and at the same time facilitated the delivery of services. The feasibility of this approach, however, is largely contingent on the nature of the existing health infrastructure.

Some applications of the integrated health approach have focused on combining family planning with maternal and child health (MCH/FP) or with usual postpartum care. The Population Council has recently initiated MCH/FP programs in Indonesia, the Philippines, Turkey and Nigeria. In 1966, the Population Council launched the International Postpartum Family Planning Program; at its peak, the program included over one hundred hospitals

from the developing world. An interesting variation of this concept has emerged; family planning information and services are now being extended to post-abortion patients. Experiments in Santiago (Chile) and in four cities in Mexico showed that acceptance of family planning increased when patients received information and services during their hospital stay following abortion complications. A number of rather complex experiments have been mounted to test the linking of family planning to other health services. The projects in Gandhigram (India), Narangwal (India), Danfa (Ghana), and Etimesgut (Turkey) featured a major family planning input within the health package in an attempt to test the impact of improved child mortality on the acceptance of family planning. The American Public Health Association is currently exploring new systems for the delivery of health, family planning, and nutrition services in the developing countries. This project known as DEIDS (Development and Evaluation of Integrated Delivery Systems) has recently started in Thailand; current plans call for projects in Pakistan, in Ecuador, and in an African country.

Before endorsing the integrated health approach for use in a particular area, one must make some judgments about the adequacy and utilization of the health care facilities. An attempt should also be made to discern the prevailing attitude toward modern medicine. Traditional cultures often suspect and resist modern medical treatment. In areas where such attitudes prevail, it would be foolhardy to emphasize the link between family planning and health care. From an experimental

point of view, it is often very difficult to separate out the demographic effects attributable to project inputs, and the longer the experiment runs, the more difficult this becomes. There remains considerable need for future experimentation on the question of design and related cost-effectiveness issues.

Intensive Efforts and Camps

Experiments of this type were intensive not only in terms of the amount of inputs devoted to them, but also in terms of the comprehensiveness of the approach tested. In some instances, these efforts were made in addition to the regular program; in others, they took place in the absence of a program. The record shows that such undertakings have had mixed results. The Potharam (Thailand) intensive effort project was sufficiently successful to convince Thai leadership that popular interest and acceptance of family planning was sufficient to justify the initiation of a national program. In two years the project attracted 28% of the eligible couples and many of these adopted sterilization. Among those accepting IUDs, there were high continuation rates, 40% after four years. The Intensive Multiple Service Project in Isfahan met with reasonable success in its rural component; practice of family planning increased from 5% to 11%.

The vasectomy camps (India) might be viewed as a particular application of the intensive concept. These camps were hardly experimental in the classical sense and can be more correctly considered demonstration projects. Publicity campaigns, educational programs and the provision of transportation were all part of the preparation for the camp. Bonuses were paid to motivators as well as to acceptors. At first glance, the

impact of the camps in Gujarat and Ernakulum is quite spectacular; one must, however, consider the results carefully. The mean age of the wife of vasectomy acceptors was over 28 years; the mean parity was over 3.5 children. Many people have been disturbed by the ethical implications of these programs as well as by the rather low medical standards that prevailed. The vasectomy camps have taken place mainly in India; the "exportability" of this concept remains to be seen.

Incentive Payments to Acceptors

Immediate payments to acceptors appear to increase acceptance, but the effects on continued contraceptive practice are less clear. The Ghanaian Commodity experiment indicated that payment to acceptors can be effective in increasing the proportion of women, who, having been referred to a clinic, actually want there. The acceptance of a method, prompted mainly by the desire to obtain an immediate incentive, is likely to lead to low continuation rates, except of course in the case of sterilization.

At present, a small number of schemes involving deferred incentives have been initiated. The United Planters Association of South India (UPASI) is sponsoring a deferred incentive scheme in the form of a savings program. In Tamil Nadu, UPASI pays Rs.5 into a savings account each month as long as the enrollee does not become pregnant. At the age of 45, a woman receives the deposits plus the accrued interest if she has had no more than two children. If she has had a third or fourth child she loses part of the savings; if she has a fifth child, she receives no payment. (It is interesting to note that women of relatively high parity, four children, are still eligible.) Approximately 90% of the eligible women enrolled. There are also two incentive experiments in

Taiwan; the Educational Savings Program, which provides for annual bank deposits redeemable for educational certificates for post primary education to parents with three children or less, and the Taichung Spacing Program,^{1/} which offers free delivery for the second child plus other services depending on the length of the birth interval.

These experiments have been too recent to have had any measurable impact on fertility. The setting appears to be a key variable. The Tea Estates are in essence a closed society providing substantial benefits to the workers and their families. Such a social structure may be conducive to the implementation of the incentive scheme. A hypothesis for future research is that, the success of such schemes is limited by the nature of the area where they operate; a well defined socio-economic entity (tea estates) or a compact geographic setting (an island) readily lend themselves to this approach. The application of such schemes on a wider scale, one suspects, would involve considerable administrative difficulty. Monitoring reproductive history in a society with no vital registration system or an effective health network may prove impossible. The attractiveness of an approach based on deferred monetary incentives may be attenuated by inflation unless some sort of indexing is used. There is also a question whether the initial motivation can be sustained and whether a deferred incentive scheme can reinforce a desired behavior pattern. The results of ongoing tests and further research and experimentation will, hopefully, clarify these issues.

^{1/} The subjects of the experiment are all one-parity couples who had their first child between April 1974 and March 1975.

Inundation

The availability of supplies and services has been a perennial issue since the inception of family planning activities. Even after twenty years of programs and experiments, it remains a crucial consideration. The history of family planning services has been one of moving them out of the stationary clinical setting and bringing them to where the demand exists. In terms of approaches to family planning, we are presently in what might be termed, "the inundation era". The International Planned Parenthood Federation (IPPF) and the United States Agency for International Development (USAID) have played a major role in promoting this approach. As of early 1977, IPPF had initiated CBD experiments in seven countries; USAID had developed eleven of these projects centrally funded and monitored as well as a number of others initiated by country USAID missions.

A community based delivery system (CBD) essentially consists of the sale of contraceptives at subsidized prices or their free distribution through field workers. The approach has many variations in terms of what contraceptives are offered (usually oral and condoms) and how the client is resupplied. A number of CBD experiments focus on household distribution systems (e.g., Euiryong and Cheju in Korea) while others have made use of the mass marketing approach (Kenya-Kinga).

The enhanced availability of contraceptives has resulted in an increase in sales. Volume of sales, however, is hardly a reliable indicator of proper and effective use; one must exercise some caution in translating sales figures into demographic impact. Future experiments might profitably investigate ways to evaluate the demographic effects of this approach.

III. EXPERIMENTATION: CRITERIA FOR THE FUTURE

The two preceding sections which reviewed the methodology used in experiments and the approaches tested, revealed a less than satisfactory state of affairs on both counts. Most of the experiments did not fulfill the requirements of classical experimental design and, therefore, their conclusions cannot be viewed as definitive answers to the questions investigated. Experimentation, nevertheless, has had a significant impact on the development of family planning delivery systems. Experiments have answered some basic questions and have been useful in resolving field problems. They have given visibility and validity to certain approaches, and thus paved the way for changes in regular programs. Experimentation has also contributed to improvements in the methodology of subsequent experiments. The question that arises at this juncture is, should experimentation be continued and if so, what priorities should be established? It is our conclusion that

the usefulness of experimentation has certainly not been exhausted. A well defined strategy which builds on the lessons and findings of past experiments will maximize the usefulness that can be derived from the experimental approach.

Criteria for Content

Before discussing what topics future experiments should study, it must be pointed out that experimentation, albeit an ideal heuristic device, is not the only source of knowledge; experience and observation can also provide valuable insights and, sometimes, they are more suitable techniques. Before an experiment is undertaken, it should be ascertained that the topic proposed for investigation is amenable to the experimental approach. Clearly, such issues as land reform and institutional reform do not lend themselves readily to the experimental process. The impact of such developments could be observed, however, through monitoring ongoing programs.

In selecting topics for investigation some priorities must be set. Preference should be given to those items which are robust against cultural differences and those in which the potential benefits are significant. Interventions which provide services as well as offering experimental interest should be given some priority. In selecting subjects, attention must be paid to the methodology required for the experiment; in essence, both substance and method must be feasible given the constraints of the experimental framework. Since it is ^{often} too costly to experiment on just one variable, a multivariate approach is preferable. The following categories are suggested as fruitful possibilities for future research:

1. Approaches that are already known to work but need clarification as to "how" and "why" they work. Many of the suggestions for future research proposed in Section II fall into this category.

2. Approaches that have some established promise, such as incentive schemes. Various incentive and disincentive schemes have been introduced and intermediate indicators reveal that this approach has substantial merit. Considerable work, however, remains to be done. If fertility is to be reduced, greater attention must to be given to programs designed to affect the demand for children. Such programs have already been introduced in some countries (e.g., the "Stop At Two Campaign" in Korea) and the approach certainly merits greater attention.

3. Approaches which explore the nexus between socio-economic development and fertility. It is generally accepted that socio-economic development is associated with a reduction in fertility but the linkages are far from clear. Integration of family planning services with the delivery of other social and economic services should be investigated in the future experiments.

Criteria for Methodology

There has been considerable improvement in the methodology used in the experiments. If the full advantages are to be derived from experimentation, even more attention has to be focused on issues of design and measurement. A more systematic approach must be applied to these questions. Just as the content of experiments must have a certain degree of universality, the methodological dimension must also possess an adaptability to a variety of environments. There must be a clear statement of objectives and a precise specification of hypotheses to be tested. Ideally the design should conform, as far as possible, to the con-

ditions necessary for a true experiment; it is realized, however, that this recommendation would be modified according to the purposes for which the experiment is being undertaken. If it is to be a demonstration or pilot project, a quasi-experimental design might well suffice. The measuring instruments and procedures should be as unobtrusive as possible and every effort should be made to see that such instruments are well suited to the intervention they are attempting to measure. At the risk of stating the obvious, the experimental design should be realistic in terms of the resources available. From the initial stages, attention should be given to the dissemination of results.

Other methodological considerations that should be addressed are the duration of the experiment and the number of hypotheses that an experiment should be designed to test. The resolution of these issues should be largely determined by the purpose of the experiment and the resources available to it.

Criteria for Organizational Questions

While content and methodology comprise the major substantive aspects of experimentation, there are procedural questions which must also be considered. The pattern of interaction among researchers, program managers and policy makers is particularly important to the success of the experimental approach. In mounting an experiment, it is usually assumed that the request was initiated by program managers or policy makers interested in improving or initiating the delivery of family planning services. Since financial and personnel resources for research

are usually scarce in a developing country, there is a dependence on foreign resources for research activities. The usual friction between researchers and more operationally-minded program managers and policy makers may be exacerbated when the researcher is a foreigner. Although developing countries need outside financial assistance, they are becoming more distrustful of the motives of foreign agencies or governments involved in research. In a setting of strained professional and national interaction, even the most methodologically sound and relevant experiment would fall victim to faulty implementation. Since this network of interaction is so crucial to the execution of an experiment, it is vital that relationships be improved.

The resource constraints of developing countries are not going to ease in the near future; continued foreign assistance will be necessary. Donor groups will, however, have to deal more perspicaciously with recipient countries. From the initiation of the experiment, foreign donors and researchers must realize that they are in a country by invitation and must behave accordingly. They must resist the temptation to opt for the interests of research at the expense of the welfare of the country where they are working. They must make every effort to involve qualified native researchers in the experiment. Foreign researchers should be open to suggestions from local authorities recognizing that they have a more intimate knowledge both of the setting and the people who will be affected by the experiment.

The complex professional and international relationships underpinning experimentation in family planning have often been ignored in the past. It is imperative that future experimental efforts recognize and respond to this situation. More harmonious working relationships between managers and researchers, and donors and recipients will promote the efficiency of the experimental approach.

APPENDIX

Table 1: CHARACTERISTICS OF THE EXPERIMENTS CONSIDERED

Country	Experiment	Design ^{/1}	Approach Tested ^{/2}	Year of Initiation	Duration ^{/3}
Bangladesh	Comilla	No Pretest	Personnel/ Inundation	1961	Very Long
	Dacca	Control/Test	Personnel	1963	Medium
	Household Distribution Shopkeeper	Control/Test Pretest	Inundation Inundation	1975 1964	Medium Medium
Chile	Education/Postabortion	Control Only	Integration	1971	Short
	San Gregorio	Pretest	Integration	1965	Medium
Colombia	Bogota Mail/Visits	EXPT	Mass Media Personnel	1973	Short
	Pamphlets	Control/Test	Mass media	1972	Very Short
	PRIMOPS	Pretest	Integration	1972	Very Long
	PROFAMILIA Rural	No Pretest	Personnel/ Inundation	1970	Very Long
	PROFAMILIA Urban	No Pretest	Personnel/ Inundation	1974	Long
	Radio SOMEFA	Control/Test No Pretest	Mass Media Personnel	1969 1974	Long Short
Dominican Rep.	Santo Domingo	Control Only	Personnel	1971	Very Short
Egypt	Experimental Home Visiting	No Pretest	Personnel	1976	Medium
Ghana	Commodity	Control Only	Incentive	1970	Very Short
	Danfa	Control/Test	Integration	1972	Very Long
Greenland	Greenland	No Pretest	Mass Media	1967	Medium
Honduras	Acceptor Agents	Control Only	Personnel	1972	Medium
Hong Kong	Field Workers	EXPT	Personnel	1966	Very Short
	Reassurance	EXPT	Personnel	1968	Short
India	Acceptance of Orals	No Pretest	Personnel	1968	Medium
	Andhra Pradesh	No Pretest	Personnel	1970	Very Short
	Ernakulam I	No Pretest	Intensive	1970	Very Short
	Ernakulam II	No Pretest	Intensive	1971	Very Short
	Ernakulam III	No Pretest	Intensive	1972	Very Short
	Gandhigram	Control/Test	Integrated	1962	Very Long
	Gujarat	No Pretest	Intensive	1971	Very Short
	Hooghly	Pretest	Mass Media	1966	Very Short
	Khanna	Control/Test	Intensive	1953	Very Long
	Madras Canvasser	No Pretest	Personnel	1959	Very Long
	Madras Community Leaders	No Pretest	Personnel	1962	Long
	Meerut	No Pretest	Mass Media	1966	Very Short
	Mehrauli	Pretest	Integration	1963	Very Long
	Multipurpose Worker	No Pretest	Personnel	1970	Long
	Narangwal	Control/Test	Integration	1966	Very Long
	Nirodh	No Pretest	Inundation	1968	Very Long
	Singur	Control/Test	Personnel/ Mass Media	1954	Very Long
	Tea Estates - Assam and West Bengal	No Pretest	Incentives	1965	Long
	Tea Estates - UPASI	Pretest	Incentives	1972	Very Long

(Cont'd)

Table 1: CHARACTERISTICS OF THE EXPERIMENTS CONSIDERED
(Cont'd)

Country	Experiment	Design ^{/1}	Approach tested ^{/2}	Year of Initiation	Duration ^{/3}
Indonesia	Mojokerto	Control/Test	Integrated	1973	Very Long
International	CBDs ^{/4*}	Pretest	CBD	1973	Very Long
	DIEDS	Pretest	Integrated	1972	Very long
	MCH/FP	Pretest	Integrated	1974	Very Long
	Postpartum	No Pretest	Integrated	1966	Very Long
Iran	Isfahan Intensive	Pretest	Intensive	1970	Medium
	Isfahan Mass Communications	Pretest	Mass Media	1970	Medium
	Isfahan Model Family Planning	Pretest	Integrated	1972	Long
	Isfahan Opinion Leaders	Pretest	Personnel/Mass Media	1970	Short
Kenya	Kenya/Kinga	Control Only	Inundation	1972	Medium
	Postpartum IUD	No Pretest	Integrated	1975	Medium
Korea	Cheju Household Dist.	Control/Test	CBD	1976	Long
	Euiryong Household Dist.	Control/Test	CBD	1975	Very Short
	IUD Check-ups	EXPT	Personnel	1967	Medium
	Koyang IUD	Pretest	Personnel	1965	Medium
	Koyang/Kimpo	Control/Test	Intensive	1962	Long
	Mothers Clubs	EXPT	Personnel	1966	Medium
	Mothers Clubs Intensity	EXPT	Intensive	1966	Medium
	Recruitment of IUD Acceptors	No Pretest	Personnel	1974	Medium
	Seoul Agents	No Pretest	Personnel	1967	Medium
	Sundong Gu	Control/Test	Personnel/ Mass Media	1964	Medium
Telephone - Seoul	No Pretest	Mass Media	1972	Long	
Malaysia	Bidan	No Pretest	Personnel	1969	Long
Mexico	Postpartum /Postabortion	No Pretest	Integration	1970	Long
	Traditional Birth Attendant	No Pretest	Personnel	1974	Long
Pakistan	Lulliani	Pretest	Intensive	1961	Long
	Sialkot	Pretest	Personnel	1969	Long
Peru	Cerro de Pasco	Pretest	Personnel/ Mass Media	1967	Long
Philippines	Paramedical	Control/Test	Personnel	1973	Short
	Telephone	No Pretest	Mass Media	1975	Medium
	Worker Incentives	Control/Test	Personnel	1973	Medium
Puerto Rico	Communication/Content	EXPT	Mass Media/ Personnel	1959	Medium

(Cont'd).

Table 1: CHARACTERISTICS OF THE EXPERIMENTS CONSIDERED
(Cont'd)

Country	Experiment	Design ^{/1}	Approach ^{/2} tested	Year of Initiation	Duration ^{/3}
Singapore	Disincentives	No Pretest	Incentives	1972	Very Long
Sri Lanka	Preethi	No Pretest	Commercial Dist.	1973	Long
	Sweden-Ceylon	Pretest	Intensive	1958	Very Long
Taiwan	Agent Incentives	EXPT	Personnel	1971	Very Short
	Contraceptives Inundation	Control/Test	Inundation	1974	Medium
	Educational Savings	Control/Test	Incentive	1971	Very Long
	Group Meetings	EXPT	Personnel	1964	Short
	IUD Free Offer	EXPT	Mass Media	1964	Very Short
	Kaoshiung	Pretest	Mass Media	1968	Medium
	Mail Order Pills	No Pretest	Mass Media	1965	Very Short
	Pre-Pregnancy Health	EXPT	Personnel/ Mass Media	1963	Long
	Referral Fee	No Pretest	Personnel	1964	Short
	Taichung	Pretest	Incentives	1974	Long
	Telephone	No Pretest	Mass Media	1972	Long
Thailand	Auxiliary Midwife	EXPT	Personnel	1969	Medium
	Chulalongkorn	Control/Test	Personnel	1967	Short
	Potharam	No Pretest	Intensive	1964	Long
	Time and Distance	No Pretest	Personnel	1965	Long
	Worker Evaluation	Control	Personnel	1971	Medium
Tunisia	Political Parties	Pretest	Personnel	1965	Medium
Turkey	Etimesgut	Pretest	Integration	1967	Very Long
	Tarsus I	Control/Test	Personnel/ Inundation	1969	Short
	Tarsus II	Control/Test	Personnel/ Inundation	1971	Medium
Venezuela	Change Agents	Control/Test	Personnel	1972	Long

^{/1} In classifying the experiments by design the following scheme was used: EXPT is a true experiment having both controls and randomization. The four types of quasi-experiments include those having both pretests and controls, "Control/Test"; those with control groups but no pretest, "Control Only"; those with no controls but having a pretest, "Pretest"; and those with neither controls nor pretest, "No Pretest". A more complete discussion of this classification scheme is found in Chapter II.

^{/2} The experiments were assigned to six categories: "Personnel", included experiments which addressed the questions of type of worker as well as the method of paying workers; "Mass Media", "Integration", which tested the incorporation of family planning services with other medical care; "Intensive", schemes in which a variety of resources were concentrated for the purpose of increasing the acceptance of family planning; "Incentives"; and "Inundation", schemes which included various methods for the distribution of contraceptives such as commercial, community and household distribution.

^{/3} Duration has been classified as follows: Very Short - 0-5 months; Short- 6-11 months; Medium- 12-23 months; Long - 24-59 months; and Very Long - 5 or more years.

^{/4} Includes schemes for community commercial; and household distribution.

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May 13, 1977

Mr. George Zeidenstein
President
The Population Council ←
1 Dag Hammarskjold Plaza
New York, N.Y.

Dear George:

We have recently had a mission to the Sudan, and Mrs. Shanawany who undertook the mission had a series of valuable discussions with several key Sudanese officials and academicians. We are now working on a project request from them. One of the key persons she met was Professor Sadik Rasheed of the Development Studies and Research Center, Khartoum University.

This is a newly established Center which is starting a Documentation Library and is trying to develop a population section on demography, population studies, population and family life education. They have a Documentation Library for the use of students, interested specialists and government officials. We believe the Center will benefit from receiving your main population and family planning publications, including Population and Development and Studies in Family Planning. I will be grateful if you could consider adding the Center to your mailing list.

With best regards.

Sincerely,



K. Kanagaratnam
Director

Population Projects Department

cc: Mrs. Domingo

HShanawany/KKanagaratnam/rb

POPCOUNCIL/PNP

April 19, 1977

Mr. Parker Mauldin
Senior Advisor
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Mr. Mauldin:

At Dr. Kanagaratnam's request I am sending you extracts of a paper prepared in this Department in January concerning proposed population component activities in Bank projects. I telephoned you on April 15 and 18, but was unable to reach you. If I may be of further assistance, please let me know.

Sincerely yours,

Harold W. Messenger
Chief, Operations Division
Population Projects Department

Attachment

cc: Dr. Kanagaratnam ✓ *done*
Mrs. Ibrahim (Panel Follow up)
Mrs. Domingo

HWMessenger/rb

Population Components

4. We propose the following general definition of population components: they are activities included in other than population Bank/IDA projects which are intended to enhance fertility reduction by helping to create an environment conducive to smaller families, by stimulating demand, and by providing supplies and services for family planning. Usually, these activities will be found in urban, education, and rural development projects. When associated with the public health sector, they may include the supply of contraceptives, training of motivational, paramedical and medical staff for family planning, the provision of facilities, equipment and vehicles, and additional staff and technical assistance for policy, management, administration and supervisory improvement. Combined with, or separate from public health activities, population components may include commercial or community-based distribution of contraceptives, person-to-person motivational/supply workers, training for private medical personnel, information and communications programs, demographic awareness and sex education in formal and non-formal systems, programs to increase female literacy, incentives and disincentives, community involvement (e.g., youth groups, mothers' clubs), etc.

5. We have examined the possibilities for population components and have tentatively identified four types, namely education, health, simple extension of existing programs and basic. Needless to say, without direct experience of actually preparing and appraising population components our judgments are preliminary, and will need to be examined and amended over time. We should note here that, at present, the Regions are pressing to simplify projects to ease or avoid the implementation problems being encountered in the early multi-sectoral projects. Among those persons in the Regions and COPDs with whom we spoke there was concern about the possibility of adding yet another component to multi-sectoral projects some of which were already thought to be too complex and difficult to implement. This may be an especially difficult problem in developing population components in rural development projects.

Population Components in Education Projects

6. One type of population component will be the inclusion of population activities in projects in the education sector. These activities may include curricula reform with respect to population education and demographic awareness, the development of health education programs and training. Specifically, population components in education projects could include technical assistance (advisory services and fellowships), equipment and operating costs (salary support, material and other expenses) for:

- (a) Population in educational systems
 - (i) Development of population education curricula for:
 - (a) non-formal systems,
 - (b) formal systems, and
 - (c) women's vocational training programs;
 - (ii) Integration of the above curricula in regular courses;
 - (iii) Training of teachers in population education through:
 - (a) introduction of population education courses in basic training of teachers, and
 - (b) in-service training of teachers;
 - (iv) Development of community health education systems including family planning:
 - (a) mass-media educational programs,
 - (b) health education through health network clinics, and
 - (c) health education through health field workers;

- (b) Family planning training for health personnel and community workers
 - (i) Training of health manpower:
 - (a) basic training of health manpower including family planning, and
 - (b) in-service training of health manpower in family planning;
 - (ii) Training of community development field workers, such as:
 - (a) agricultural extension workers,
 - (b) social welfare workers, and
 - (c) other rural development workers.

Population Activities in Health Care Delivery Components

7. Health care delivery components are being included in selected projects, primarily in the urban and rural development sectors, with the advice and support of the Office of Environmental and Health Affairs (OEHA). At the Operational Vice Presidents' Meeting on November 8, 1976, it was agreed that all health care delivery components in the future will include population activities, unless there are valid reasons to the contrary. Usually, the population activities will include the supply of contraceptives through the health network, and family planning service and motivational activities through postpartum and maternal and child health programs. A national family planning program would not necessarily be required in order for health components to include some population activities.

Simple Extension of Existing Family Planning Program Services and Facilities into Project Areas

8. A third type of component pertains to urban and rural development projects in countries that have national family planning programs. Experience has shown that the coverage of national family planning programs is uneven in countries that have national programs and is usually weakest in urban slums and poor rural areas. The purpose of this type component will be to ensure that the population in the project area has full access to the services and facilities prescribed by the national policy. The exact composition of each component would depend upon the features of the national family planning program concerned. Existing training, management, administration and logistics systems would be used, adding only the facilities and personnel needed for the project areas.

Basic Family Planning Assistance

9. A fourth type of component involves the provision of basic assistance in establishing motivational and service activities in urban and rural development projects. First priority for these components would be larger countries

that, for political or cultural reasons, are unwilling to establish national programs; we assume that other large countries would be candidates for separate population projects. It may be possible to use population components of this type to establish dialogues concerning the harmful consequences of rapid population growth, and in the project areas, the framework for basic family planning services, usually centered around maternal and child health services. The extent to which service and motivational activities will be possible will depend upon the constraints in the countries concerned. These components could lead to separate population projects.

10. "Basic components" will differ from separate population projects in several ways. In larger countries without national population programs there will presumably be sensitivities which will limit the scope of the analysis of population problems and the assessment of appropriate program activities. In such countries, the needs analysis usually will be restricted to the population in the project areas -- rather than the population for the country as a whole. The possibilities for information, education, communication and other motivational activities will be limited. Acceptable service and motivational activities usually will be closely associated with the delivery of health services.

11. Second priority for basic components would be for smaller countries with serious population problems. Although manpower has not been a serious problem in the past in undertaking population projects, it appears that it will be in the future. Assuming that manpower constraints will prevent undertaking separate population projects in all smaller countries that have population problems and want the Bank's help, it would be possible to provide some assistance through components. Among smaller countries, higher priority would be given to those with explicit population policies because in those it would be possible to have greater impact with limited manpower. The amount of technical assistance that could be provided the governments concerned to reorganize and restructure their programs, to evaluate their training requirements and curricula and to devise innovative approaches to increasing the acceptance of the small family norm would be limited by the manpower available. Depending on the situation in the smaller countries concerned, the emphasis of the "basic component" would be on policy development and change, improvement of services to meet existing demand for family planning services or the introduction of additional motivational activities to stimulate demand.

12. In summary, population components could be included in education, urban and rural development projects. In the latter two types of projects, population activities could be (i) part of health components, (ii) extended to project areas from existing programs or (iii) developed separately as parts of project preparation and appraisal. An existing national population program would be a precondition only for the third type component -- the extension of existing programs.

Component Lending Program

13. The numbers of projects in the FY78-80 rural development, urban and education lending programs (determined on the basis of discussions with the

units concerned) are so large that it is clearly not feasible to consider population components in all such projects in the near future. (The total number of projects identified in the three sectors is 50 in FY78; 62 in FY79, and 48 in FY80.)

Table 2

Projects in the Lending Program

	<u>Rural Develop-</u> <u>ment Projects</u>		<u>Urban</u> <u>Projects</u>		<u>Education</u> <u>Projects</u>		<u>Health</u> <u>Components</u>	
FY78	25	(11)	11	(6)	14	(3)		20
FY79	21	(9)	17	(6)	24	(1)		16
FY80	20	<u>1/</u>	8	<u>1/</u>	20	<u>1/</u>		<u>1/</u>

Note: Numbers in brackets show the numbers of projects that have so far been identified as possible candidates for health components. These are also shown in the Health Components column.

1/ Not available.

14. The manpower requirements for each of the four types of components have been estimated both in terms of the manpower needs of the Population Projects Department (PPD) and the incremental requirements for the other project units concerned (including the Office of Environmental and Health Affairs). Without experience with population component work of the types involved, these estimates are at present only "best guesses". We have estimated what we consider the minimum amounts of manpower needed to do an adequate job in order to spread the staff resources that might be available among as many projects as possible. If the manpower estimates are incorrect, they are probably underestimated; we feel, however, there is a reasonable chance that with the manpower suggested and careful monitoring, the components can be carried out. We plan to monitor actual experience closely and adjust these estimates as experience is gained.

15. Details of the estimated manpower requirements summarized in the table below are given in Annex II.

Table 3

Summary: Manpower Requirements by Type of Component
(man-weeks)

	<u>PPD</u>	<u>Education</u>	<u>OEHA</u>	<u>Urban and Rural</u>	<u>Total</u>
1. Education Component	8	1			9.0
2. Family Planning in Health Component	2		1		3.0
3. Simple Extension of Existing Program	3			1.5	4.5
4. Basic Component	16			2	18.0

The coefficients suggested above cover the period from identification through Board presentation.

Optional Component Lending Programs

16. The manpower requirements for population component activities, even if considerably greater than estimated above, would not appear to be as great a constraint to the introduction of such components in social sector projects as the additional complexity that these components may bring. The preparation and appraisal of population components would usually involve at least one additional ministry in the country concerned (and possibly several more) and would introduce the need for additional expertise both in the country and on the Bank team unless the project already included a health component. For projects that already involve several ministries and many areas of expertise, such as rural development and urban projects, the additional burden may pose an additional impediment to project preparation and implementation.

17. Population activities can be added to education projects and health care delivery components, we believe, more easily than to urban and rural development projects that do not include health components. Education projects involve usually only one ministry and normally consider improving educational systems, curricula reform and training of educational personnel -- the same kinds of activities that we envisage would be required to incorporate population considerations more explicitly in national educational programs. In the case of health care delivery components, the addition of MCH/FP services to health care delivery systems should not present significant difficulty. For urban and rural development projects that would not otherwise have health care delivery components, on the other hand, population components would introduce new concerns, new ministries and new requirements for expertise into projects that already involve various disciplines and administrative entities in complex and, frequently, new arrangements. Therefore, in proposing the introduction of population components in social sector projects, we suggest that the emphasis of initial efforts be devoted to education projects and health care delivery components, and that a more cautious, experimental approach be taken with respect to population components in urban and rural development projects that do not include health care delivery components. Below, two options are presented: one for one man-year of work and another for two man-years.

Table 4

Optional Component Lending Program for FY78
(Population Projects Department and all others)

	<u>One Man-year</u>	<u>Two Man-years</u>
<u>Education</u>	Ethiopia V Philippines V	Ethiopia V Philippines V Haiti II
<u>Health</u>	Brazil RD II - Pariba Colombia Nutrition and Health India Madras Urban Colombia Slum Improvement Indonesia Rural Development Tanzania RD III Ghana RD - Volta Region Morocco Urban Upgrading	Brazil RD II - Pariba Colombia Nutrition and Health India Madras Urban Colombia Slum Improvement Indonesia Rural Development Tanzania RD III Ghana RD - Volta Region Morocco Urban Upgrading
<u>Simple Extension</u>	Thailand Urban	Thailand Urban Indonesia Transmigration
<u>Basic</u>		Ecuador Urban Rwanda RD

The broad criteria used to determine country and project priorities for population components are given in Annex III. A basic component is proposed for Ecuador as a way of establishing a low-key dialogue on population that could possibly lead to a separate population project at a later date. Rwanda has a serious population growth problem and the Government's attitude is evolving from refusal to discuss the problem, to the recognition, that population growth must be lowered to have a reasonable chance of achieving the country's developmental objectives. This would present an opportunity to explore the feasibility of using basic components to assist smaller countries with serious population problems.

18. The rural development projects have been discussed with the Agriculture and Rural Development Department (most will be managed by the Regions) and the urban projects with the Urban Projects Department. We are in the process of discussing the rural development and urban projects with the Regions concerned. The health components have been discussed with the OEHA. The education projects have been agreed with the Regional Educational Divisions. We are beginning some component activities immediately (a consultant is participating in the appraisal of the Ethiopia Education V project this month) and these activities should increase through the first half of calendar year 1977. Component lending programs for FY79 and FY80 are also under discussion. Component possibilities tentatively identified for FY78-FY80 are shown in Annex IV. The number to be carried out each year will depend upon the amount of manpower allocated for that purpose. It should be noted that while these component possibilities have been discussed with the units mentioned above, we have not had time to consult fully the Program Departments, and with the exception of the education component in Ethiopia the governments have not been contacted at all.

H. King

March 7, 1977

Mr. Paul Demeny
Vice President
Director, Centre for Policy Studies
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Mr. Demeny:

Thank you for your letter of February 3, 1977 in which you discuss the possibility of the Population Council providing assistance to this Department in connection with the plan to introduce population components in the Bank's social sector projects. I am grateful for the hospitality extended to Mr. Messenger and Mrs. Domingo during their visit to the Council's offices to discuss this proposal. They told me of the interesting discussion with you and your staff.

In order to avoid any confusion or misunderstanding as to the nature of the assignment that we have in mind it is useful, I think, to summarize the background of our request. In December of 1975 the Bank commissioned a study by a group of experts in the field of population to advise and counsel the Bank on its appropriate role in the field of population. The Panel's Report which was issued in September of 1976, and which has been discussed widely within the Bank, recommends several areas for improvement in the Bank's operations in the population field. These include, among others, better analysis of population considerations in the Bank's Economic Reports and country program papers, increased operational research, more population projects, and the introduction of population components in projects in other social sectors. These recommendations have been evaluated in terms of their intrinsic merit and interrelationships; follow-up of each recommendation is being pursued separately. The recommendation for which we are seeking the Council's guidance is that population components should be included in Bank projects in the social sectors (education and urban and rural development). This would appear to be one of the Panel's more important recommendations, and we are anxious that in attempting to explore its operational relevance we have full knowledge of relevant experience of other donors so that we do not duplicate the problems, difficulties and failures met by other agencies/countries in this type of activity. Specifically, we would like to have a paper that analyzes what has been done by agencies, donors or countries in the incorporation of population activities in projects that have principal objectives other than fertility reduction. What kinds of activities have been done? What were the results? Were they good? Useful, but inconsequential? How

should these projects have been designed, developed and implemented? What lessons can be learned from them? Has it been possible to avoid the administrative complexities that are being feared by others carrying out multi-sectoral projects? What were the problems in the design and implementation of these activities? To what extent are these problems insurmountable? What is the impact on fertility?

As you can see, the particular task for which we are seeking assistance relates to only one of several recommendations made by the Panel. The other recommendations, many of which are also relevant for the Bank's component activities, are being studied and explored in parallel with the introduction of population components. On the one hand, it is important that we give full consideration to the opportunities that exist for the introduction of population components in a meaningful fashion in Bank activities; on the other, care must be taken not to duplicate or confuse the efforts that are going on simultaneously on other recommendations.

Thus, the objective of the paper will be somewhat more specific than suggested in the second paragraph of your letter, that is, the objective would be to summarize the experience of agencies, donors and countries with respect to activities similar to the population components that we are envisaging and to explain the conceptual linkages that are presumed to exist between such activities and fertility reduction. In that context, the overview of the state of knowledge on development/population relationships referred to in numbered paragraph 1 on page one of your letter should be focussed upon the kinds of activities that could reasonably be carried out in Bank social sector projects. Given the amount of attention in the Panel's Report directed to the question of linkages, and the statement in your penultimate paragraph that "the existing stock of tested knowledge concerning the points being discussed remains highly unsatisfactory", it would be prudent, we think, to treat this in very summary fashion.

In your number 2, the review of population experiments in developing countries would presumably be focussed on only those experiments that would be closely analogous to the kinds of component activities that we have been discussing. It would indeed be useful to have case studies with measurable population impacts and assessments if such exist.

It would be useful, I think, for us to discuss an outline of your paper when available. After the paper is completed it would be discussed within the Bank, and thereafter we would complete, in consultation with the other units concerned, the criteria, guidelines and program for population components. The ongoing parallel work on other population activities would also be taken into account. This coordination process has already begun, and will benefit from your paper when it is available.

It would not be fair to ask the Council to take into account and assess the constraints on population component activities imposed by the

March 7, 1977

Bank's institutional characteristics, as indicated in your last paragraph. The analysis and understanding of those constraints would take far longer than would be available for this particular study, and in any event would be considerably broader than the assignment that is being proposed.

With these clarifications in mind, I would like to say that we are delighted to have the opportunity of drawing upon Council expertise in our effort to implement the Panel's Recommendation that population components be included in social sector projects. The deadline of May 31, 1977, that has been tentatively agreed, would seem satisfactory to me. Should you have need for particular information in order to facilitate the assignment, please get in touch with me directly, or contact Mr. Messenger or Mrs. Domingo. We, of course, stand ready to provide whatever information is needed.

I would like again to thank you for the keen interest shown by yourself and your colleagues in the Council in assisting this institution be more effective in its efforts to assist countries to limit their rates of population growth. We look forward to seeing your report.

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

cc: Mr. Baldwin
Mr. Kang
Mrs. Domingo

Copy in file
EXT. PANELREPORT/PNP

HWMessenger/rb

cc: Mr. G. Zeidenstein
Mr. J. Bausch

PERSONAL

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February 2, 1977

Dr. Bernard Berelson
Office of Population Research
Princeton University
21 Prospect Avenue
Princeton, N.J. 08540

Dear Dr. Berelson:

I am attaching the check from the Population Council for the study you are doing. As I explained to you on the telephone, I will respond to the questionnaire but will do it as part of my own (and the Bank's) contribution to advancing knowledge in the population field. This itself is a privilege to do.

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

KK:b11

Enclosure

Dr. K.

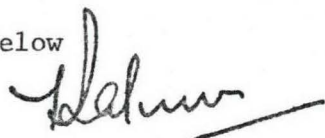
OFFICE MEMORANDUM

Pop Council

TO: See Distribution Below

DATE: December 17, 1976

FROM: K. Kanagaratnam

SUBJECT: Population Components in Other Projects

To develop further the conceptual framework of population components, I have invited two Population Council staff members to come to the Bank. I expect to ask them to prepare a paper which will provide, among others:

- (i) Elaboration of the aims and objectives of components in other sectors generally and in individual sectors;
- (ii) The criteria for the choice of the sectors and types of projects within sectors;
- (iii) The possible content of a list of different types of components in the sectors;
- (iv) Preliminary guidelines for the identification of such components in the field by non-population staff;

etc., etc.

Messrs. William van Wie and Fred Shorter from the International Programs Division will come on Monday, December 20th, and will be available for discussions. I will be grateful if you will be available for discussions with them during the morning.

Distribution:

Mr. Messenger
Miss Husain/Mr. Williams
Mr. Jones/Mr. Hall
Dr. Casazza/Mrs. Maraviglia (o/r)
Mrs. Domingo
Mrs. Ibrahim (Panel follow-up)
Dept. File

KK/jim

November 22, 1976

Mr. George Zeidenstein
President
The Population Council
245 Park Avenue
New York, New York 10017

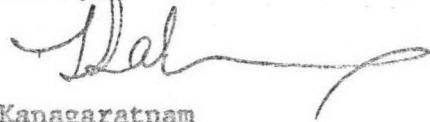
My dear George,

This is a brief note to thank you for your letter of November 12, 1976 setting out some specific thoughts in the implementation of the External Advisory Panel's Report.

I appreciate the efforts that you and your associates have made in responding to my letter. I am sure the points raised here, besides any others that we have in mind, could be covered in the discussions we will have in New York on December 10.

With kind regards,

Sincerely,



K. Kanagaratnam
Director
Population Projects Department

KK/ck

Received in PNY
D - 11-15

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

November 12th, 1976

My dear K.K.

This is in response to your letter to me of October 11th, and further to my interim response dated October 20th.

It was gracious of you to invite us to comment on the report of the External Advisory Panel. Beyond noting that in our opinion the report is impressive, we have no comments or observations.

You also asked for any specific thoughts which we might have on how the Bank could proceed to implement the report's recommendations. We have several thoughts in this regard.

Perhaps the Council could usefully collaborate with the Bank in its implementation of recommendations 3(d), 4, 5b, 9, and 10. *3rd party participation - Relationships*

Actually, Council collaboration with the Bank concerning the first three of the recommendations just listed would be the specific manifestations of Council cooperation in the Bank's implementing recommendations 9 and 10. *Impact of research on the program itself. ER - Policy Oriented Research*

Some of the details of the interests of the Council which might be useful to the Bank in responding to the recommendations have already been communicated in meetings between Paul Demeny and members of his Center for Policy Studies with Dr. Dragoslav Avramovic. Our interests in that regard are centered on the two areas of impact analysis of development projects on demographic change, and the so-called "status report."

It was our impression that Dr. Avramovic was receptive to the possibilities of collaboration. He and Paul discussed the substance of such work in some detail although they have not yet progressed far on specific mechanisms through which the Council and the Bank could collaborate or on whether such collaboration could include Bank financing of the Council's portion of the collaboration, either directly or indirectly. I do not know, for example, whether the Bank's financing of agricultural research through the Consultative Group for International Agricultural Research (referred to on page 30 of the report) could provide a lead toward fashioning a mechanism for Bank participation in the funding for collaborative research work by the Council.

In any case, as I have mentioned to you earlier, Council collaboration with the Bank is not contingent on Bank participation in the financing of our work. To the extent that we are able to

raise funds to finance our work, there is no reason why that work should not include professional collaboration with the Bank. Indeed, the opposite is true. We would welcome collaboration.

Regarding recommendation 3(d), measurement of the population impact of social sector activities, whether or not integrated with family planning efforts, will be one of the Council's principal concerns. If the Bank were to undertake such measurement in regard to its social sector activities, it is entirely possible that Council collaboration could be helpful to the Bank.

Regarding recommendation 4, there are two ways in which Council collaboration might be of interest to you. The first could involve Council collaboration with the concerned population policy units in the key countries themselves. The Council has a history of successful efforts carried out jointly with such units. Additionally, Council collaboration might be useful in the preparation of what the report calls "population impact" reports, which seem analogous to the "status reports" which we have already decided will be a basic part of the Council's programs. For your information, I enclose a draft copy of the narrative prepared by the Center for Policy Studies as part of the Council's 1977 Program Budget in which our plans for the preparation, in collaboration with local institutions, of "status reports" are described on page 40.

UNDER DISCUSSION

Regarding recommendation 5b, we believe that Council collaboration with the Bank and others in developing a research-based, policy-oriented, periodic review of developments in the population field could be useful. Again, I refer you to the enclosed narrative statement of the Center for Policy Studies which discloses interests in that direction already included in the Council's program plans.

Regarding recommendation 6, although we do not see scope for institutional collaboration between the Council and the Bank, the Council in the past has made staff members available to Bank project missions and is willing to continue to do so in cases where staff members can be freed temporarily from other commitments in order to join the missions.

My colleagues and I would welcome meetings with you and your colleagues if you thought they would be useful in regard to those suggestions or others which you may yourself have concerning effective collaborative arrangements between the Council and the Bank.

With all good wishes,

Sincerely,

George Z. Benstein
George Z. Benstein Pres.

Dr. K. Kanagaratnam
World Bank
1818 H Street N.W.
Washington, D.C. 20433

We look forward to your visit on Dec 9th. 10th

-II-
CENTER
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A. SUMMARY STATEMENT

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The Center for Policy Studies is a multidisciplinary research organization established in 1976 within the Population Council. Its objective is to further the overall goals of the Council by carrying out a program of policy-oriented research related to population in the social sciences through the efforts of its staff; by stimulating such research by others; and by disseminating policy-relevant knowledge through publications and the provision of various professional services.

BACKGROUND

In any realistic view of mankind's future, prospective demographic changes emerge as a major factor. Trends of population growth and its components--fertility, mortality, and changes in the pattern of the spatial distribution of the population--are bound to have a powerful effect on human welfare in the coming decades; hence these are subjects of concern for social policy. Not surprisingly, social and economic issues related to population display a tremendous variety, both in substance and in the way they are perceived. How societies can best accommodate demographic changes and how and to what extent they can modify demographic patterns so as to improve their welfare are questions that bear no simple answers.

One of the major objectives of the Population Council is mobilization of already available knowledge and technical expertise to help in formulating and executing better policies and programs in the broad field of population in response to felt societal needs, particularly in the developing world. However, as the experience of the last decade demonstrates,

the knowledge base on which such efforts can draw remains grossly inadequate. This inadequacy is reflected in the often limited success met by existing policy approaches in achieving their stated objectives and in the paucity, or unacceptability in terms of human costs, of the alternative policy approaches that are available. Furthermore, effective social demand for integrating population variables into development policy is often lacking, reflecting inadequate understanding of the potentially attractive welfare tradeoffs offered by feasible population policies.

Remedying these deficiencies calls for more effective efforts (1) to analyze and understand the impact of population processes on socioeconomic change and the implications of that impact for human well-being; (2) to analyze and understand the factors that determine demographic processes, the possible avenues of purposeful intervention aimed at affecting those processes, and the costs of such intervention; and (3) to combine that knowledge into new policy designs that may successfully pass the test of the political decision-making process. In carrying out a program with such aims, the Center draws on relevant experience accumulated within the Council and within other organizations in related fields and, in particular, maintains close interaction with the Council's International Programs and with research centers in the developing world.

STAFFING

The Center has a multidisciplinary professional staff, consisting of Staff Associates and Fellows who are either members of the Council's regular staff or are with the Center on visiting assignments. As of October 1976, in addition to the Director, there were eight staff members of Asso-

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ciate rank plus one Visiting Senior Associate. PhDs held by Associates include the fields of anthropology, demography, economics, biomedical engineering, operations research, and sociology. A PhD in political science will join the staff as an Associate in January 1977. As of October 1976, three Senior Fellows were associated with the Center. Staffing plans for 1977 envisage up to five additional Associate-level appointments and up to four person-years of visiting appointees.

B. BUDGET

The Center's activities in 1977 are organized into the following nine programs:

1. Population and Development Policy
2. Theory of Population Policy
3. Demographic Aspects of Household Behavior
4. International Migration
5. Family Planning Programs
6. Demographic Dynamics
7. Population and Development Review
8. Grants
9. Fellowships

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C. PROGRAM DESCRIPTIONS

Center for Policy Studies

Program: Population and Development Policy

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OBJECTIVE

The general objective of this program is to extend the knowledge base for the design of more effective and innovative approaches in development policy so as to enhance the contribution of development policy to accommodating or modifying population processes. Specific objectives are: (1) to improve understanding of selected policy-relevant aspects of the impact of demographic processes on economic and social development; (2) to analyze the demographic impact of development projects designed to serve nondemographic objectives; (3) to enhance the capacity of governments to incorporate demographic considerations into their development planning activities; and (4) to assist in the conduct of comprehensive country-specific studies ("Status Reports") which analyze the impact of anticipated demographic changes on human welfare, assess the effectiveness of the existing public policy stance, and examine the likely demographic and welfare consequences of alternative development policy options.

SETTING

The effectiveness of public policy approaches to "population problems" is seriously weakened by two defects.

First, population-related considerations tend to be regarded as the proper domain of a specialized government agency responsible for the most money-intensive approach to population policy--typically a family planning program coordinated by the Ministry of Health. Thus, population policymaking tends to become a compartmentalized "sector" activity, shorn of

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contact with and influence on public policy design in other fields. Such an agency-specialized approach may be needlessly limited. Unless demand for fertility control is highly responsive to a lowering of the price of birth control, the success of a family planning program in attracting clients will depend heavily on the rate at which individual couples, in the aggregate, reduce their demand for children. That, in turn, will be determined by the speed and the structural and qualitative characteristics of the overall development process, a process that is influenced by a vast array of public policies that lie outside the confines of the family planning program. Therefore, systematic consideration of the population impact of development programs and of the population policy potential that suitable adjustments of such programs could exploit should be given high priority.

KURTEN PAPER

Agree

Second, population policy considerations are limited by the deficiency of the conceptual-analytical apparatus policymakers have at their disposal as they seek to understand the reasons why socially undesirable patterns of demographic behavior persist. The answer lies in structural and institutional arrangements that fail to signal correctly the true costs and benefits attached to microlevel demographic decisions and accordingly bias individual choices. The flaw in the existing structural mechanisms is concealed under the dominant practice in which the cost implications of demographic behavior are examined either at the level of the nation as a whole or at the level of individual household units. What is called for is an "intermediate level" analysis, distinguishing a variety of appropriately defined social strata or geographic subunits as the structural building blocks of society. The population problem then can be analyzed in terms of intergroup or intergenerational transfer, distribution, and spillover effects, and the nature of the policy problem--as a problem of reconciling

conflicting interests of identifiable social subgroups--can be explicated. An aim of the present program is to develop the appropriate conceptual framework and research methodology suited to this purpose.

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PROGRAM ACTIVITIES

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Program components, corresponding to the specific goals identified under "Objective," are outlined below. At present, appreciable progress in 1977 appears assured only with respect to the last two activities described below.

The Impact of Demographic Processes on Development: Selected Topics and Sectoral Analyses. A large number of important issues within this field either still await adequate investigation or are in need of reformulation so as to make the results of the analysis useful for policy considerations. Typically, studies will combine a theoretical-conceptual component with country-specific empirical analyses. In most cases, such analyses are feasible on the basis of existing data, although gathering the needed statistical information will often require considerable investment of time and research skills. Projects will examine more or less narrowly defined areas of demographic impact on socioeconomic development, such as on income, savings, investment, income distribution, productivity, public expenditure (e.g., in education, health, and public administration), environmental amenities, raw material and commodity imports, housing, human capital, child quality, labor absorption, and consumption. Emphasis will be on measuring distributional and transfer effects and differential impacts as between social strata, regions, and demographic subgroups (e.g., as defined by sex, age, or generation). The findings of such investigations should represent a major ingredient in benefit-cost

Yes.

calculations regarding population programs, and hence in decisions concerning resource allocation for such programs by governmental planning units. Especially when consideration is given to higher cost policies aimed at reducing fertility (such as policies that compromise the principle of voluntary participation in family planning programs), studies that seek to measure the impact of demographic processes and their social cost should command the greatest interest.

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The Impact of Development Projects and Policies on Demographic Behavior.

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To what extent and through what mechanisms do geographically or socially focused major development projects designed with nondemographic objectives in mind affect demographic behavior, in particular fertility? Could such projects be more effective in improving welfare if they were designed with explicit consideration of direct or indirect demographic effects? What specific modifications of the project design would be suggested by demographic considerations?

In 1977, the Center intends to initiate cooperative studies that can contribute to answering these questions for some selected projects and hence influence future decisions concerning similar projects and development policy in general. The project will seek to utilize the advantage inherent in the "natural experiment" situation created by a focused policy intervention and, it is hoped, also speed up the policy feedback (assuming that findings result in recommendations directly applicable to the project under study, or applicable to other projects conducted by the sponsoring agency). Work toward identifying promising opportunities for such investigations and the special features and problems of the requisite experimental design has begun and will continue in 1977. At least one field

study could begin in 1977. It is intended that such a study will focus on a major rural development program (such as an irrigation scheme, a rural electrification project, or an integrated rural development program), preferably one that allows a considerable range of variation in the socio-economic characteristics of the affected population. The experimental set-up probably will allow for investigation of matched control areas (areas not affected by the policy intervention); also, the possibility of a longitudinal study design will be explored. Particularly attractive preconditions for a successful research effort seem to exist in Mexico, but opportunities elsewhere--notably in Colombia, the Philippines, Malaysia, and Nigeria--also warrant careful exploration.

A second, but, in terms of policy objectives, closely related type of investigation will seek to analyze the demographic impact of existing or proposed social policies. For example, what is the effect of existing social arrangements regulating the financing of public education on the cost of children borne by parents? What are the potential demographic implications of alternative allocations of administrative-political responsibility for provision and financing of public goods--such as health services and general social infrastructure--and for performing other functions, for example, in the field of old-age assistance? The Center will seek to break new ground in answering such questions, although work of this type in 1977 may be conducted simply as a part of the development of Status Reports (described below).

Population In Development Planning. Primarily through its International Programs, the Council will continue and, most likely, expand its efforts to help establish and strengthen the capacity of governments to incorporate

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demographic considerations into their development planning activities, which are typically concentrated in a special unit within the planning organization. The Center will maintain expertise in this area that can be made available to such units upon invitation through consultative and advisory arrangements; through the provision of various services (e.g., computer manuals and software or bibliographical information); and through cooperation in specific projects involving policy analysis or research. In the first part of 1977, significant effort will be devoted to the development of a training syllabus and various teaching aids for the conduct of an intensive two-week course for middle-level planners, covering key topics that fall within the primary population-related interest of development planning units. The Center may also provide lecturers for the conduct of such courses. A first contribution will be to a seminar-workshop organized by the Arab Planning Institute in Kuwait in early 1977.

Population and Development Status Reports. Knowledge of the current state and anticipated trends of demographic, economic, and social development and their interrelationships tends to be scattered in the literature. Systematic consideration of alternative policy options would be greatly facilitated if such knowledge were synthesized and updated in the form of a comprehensive factual and analytical report. Such a report should be written lucidly and concisely, rendering it accessible to policymakers and lay people. The most useful focus for such a report is the nation-state, and the most appropriate sponsorship is a prestigious national institution or governmental agency. While analogous efforts have been conducted in the field of economics from time to time in numerous developing countries, ambitious and balanced assessments of the population situation and its anticipated

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longer-term effects under a variety of policy scenarios are by and large missing. A major reason for this is likely to be the costliness of assembling the needed background materials and professional expertise, as well as the intellectual difficulty of fusing disparate partial analyses into a coherent and valid analytical framework. The Center intends to develop appropriate conceptual bases and analytical frameworks for such reports and will be receptive to proposals to enter into cooperative arrangements aimed at developing specific country Status Reports. First results of this effort will be submitted to the scrutiny of a workshop early in 1977. Work on a Bangladesh Status Report will proceed in 1977 in cooperation with the Bangladesh Institute of Development Studies. Similar cooperative arrangements are contemplated in several other countries, notably in Thailand and Korea.

Interest

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STAFFING

Associate-level professional staff time devoted to this program during 1977 will be approximately 4 person-years, not including involvement of Visiting Associates in this program. In addition, about 1 person-year of research assistant time and 1.5 person-years of secretarial time will be required. Realization of this plan requires additional staffing, with special emphasis on strengthening staff resources that are applicable to the first two projects described above.

Workplan: Target Dates

Status Report on Bangladesh, advanced draft	January 1977	<u>BIDS</u> →
Status Reports workshop	February 1977	
Training materials for Arab Planning Institute	February 1977	
[Resource Allocation and Population Policy (paper), final draft	March 1977	
Inventory of "natural experiments"	April 1977	→

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Center for Policy Studies

Program: Theory of Population Policy

OBJECTIVE

The objective of this program is to provide a sound theoretical base for the design of population policy at both the macro and micro level. Specific objectives are (1) at the macro level, to analyze how the direction and urgency of fertility and migration policies should be influenced by economic structure, demographic parameters, social and political institutions, and the preference of society in general; (2) at the micro level, to analyze how measures to modify demographic behavior should be influenced by social structure, the network of economic transfers caused by population processes, and by different notions of freedom of choice and distributive justice; and (3) to assess and critically evaluate existing and proposed methodologies for arriving at population policy.

SETTING

The strength and adequacy of any area of policy depends to a large degree on the existence (and wide acceptance) of a theoretical infrastructure that links instruments and objectives in an appropriate analytical framework. Such an infrastructure serves not only to clarify specific policy issues, but also to give intellectual substance to the field and to lend weight to policy arguments deriving from it vis-à-vis policies in neighboring fields. Arguably, population policy to date has suffered from the absence of such coherent theoretical underpinnings, and the fragmentary, ad hoc, and anecdotal quality of much population policy analysis reflects this situation.

Research aimed at providing aspects of a theory of policy for population would not, of course, be a simple or fast remedy for this fragmentation and

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incoherence, but it would be a significant part of a long-term movement in that direction. Certain steps, in particular the grafting of economic policy theory to the age-time analytical apparatus of mathematical demography, have already been taken in the first phase of the theory of population policy program, and the Council stands in a good position to lead the future development of this field.

PROGRAM ACTIVITIES

In 1977 the program will move into the micropolicy area. A major part of the policy problem in population is the issue of how to bring the sum of private demands for children into line with the social demand. Public policy in many other domains must tackle similar divergences between private and social interest, and a large literature exists concerning appropriate modes of analysis and remedy. The theoretical basis of this literature spills into various disciplines, notably economics (externalities theory), operations research (game theory), and law and philosophy (theory of rights). The population case, however, has features that make it sui generis and that argue for analytical techniques tailored to this particular problem rather than taken from the shelf. The program will seek to supply some of these techniques and to demonstrate their use. The specific end products envisaged are: (1) a restatement of externalities theory in a form suited to application to population transfers; (2) an analysis of intergroup transfers and resulting policy strategies; and (3) a theoretical study of social structure and fertility.

It is expected that these and prior results will lead to completion of a book-length manuscript on the theory of population policy in 1978.

STAFFING

Associate-level professional staff time assigned to the program during 1977 will be a minimum of 1 person-year, complemented by appropriate secretarial services.

Workplan: Target DatesPapers:

Economic Bases for Population Policy Intervention	March 1977
Distribution and Efficiency in Externalities Theory	June 1977
Social Structure, Social Change, and Fertility	July 1977
Population Policy, Transfers, and Social Structure	September 1977

Book:

Theory of Population Policy	Early in 1978
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*in Progress.]
Brazil HH Study*

Scatter System Study

*universal
comparability*

Center for Policy Studies
Program: Demographic Aspects of Household Behavior

OBJECTIVE

The objective of this program is to improve understanding of the determinants of demographic behavior at the household level in order to facilitate the design of more effective public policies. Initially, at least for 1977-78, the focus of this program will be on the factors influencing fertility decisions over the life cycle of individuals and households (or families). In most societies, this involves observation and analysis of two fairly distinct behavioral patterns: behavior concerning marriage and behavior concerning childbearing within marriage. The program is aimed at a comprehensive understanding of the determinants of those phenomena as part of the overall process of social change, but with particular emphasis on factors potentially amenable to modification through appropriate policy measures. The first phase of the program will concentrate on three areas: (1) development of a conceptual framework and suitable methodologies to gather information on the microdeterminants of fertility behavior, (with particular emphasis on rural populations of developing countries); (2) application of these tools in field operations, through cooperative arrangements in developing countries, to generate new data and analysis of such data to obtain improved understanding of the antecedents of fertility behavior (with particular emphasis on determining the conditions for fertility decline and on the likely future tempo of such decline where fertility has already entered the transitional stage); and (3) modeling of the demographic dynamics of the family (with particular emphasis on the early stages of demographic transition).

SETTING

The potential need for policy intervention aimed at modifying fertility behavior emerges when, in the aggregate, fertility decisions of individuals or individual families are seen by society as inconsistent with the public interest. The design of efficient population policies requires a correct assessment of the factors that determine fertility choices at the individual and household level. The effectiveness of existing policy designs and the narrow range of available policy options are often traceable to the deficiency in our understanding of the micro-determinants of demographic dynamics. A large proportion of the received body of knowledge on fertility determinants is based on correlations of aggregate indices of socioeconomic factors such as education, urbanization, and income with aggregate indices of fertility. While such correlations confirm the expected broad correspondence between social development and fertility behavior, they are of limited usefulness for establishing causal relationships (hence for predicting future fertility trends under specific conditions of developmental change) and for providing information useful for formulating population policies. Improved policy-relevant scientific understanding of the dynamics of fertility requires an analysis nearer to the behavioral roots of individual decisions than is currently practiced, particularly with respect to populations in developing societies.

Yes

PROGRAM ACTIVITIES

Three major activities are planned for 1977.

Conceptual Framework and Research Guides. First priority within the program activity will be given to the preparation of a manual on the conduct of micro-studies of socioeconomic factors affecting demographic behavior, in particular, fertility.

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The manual will include the conceptual framework for carrying out such studies as well as research guides and questionnaire modules for field applications aimed at gathering empirical data. There are numerous policy-relevant topics on which existing microdata that can be obtained from households or from key informants in small communities remain grossly inadequate. Separate modules will be prepared for each one of the important topics so that they can be applied selectively in different communities. Illustrative topics on which such modules will be prepared are: time allocation of household members; economic benefits and costs of children; income, assets, and expenditure of households; acceptance and nonacceptance of family planning; age at marriage; sexual behavior and attitudes; changes in the structure and function of the family; perceived costs and satisfactions of children; economic and social roles and status of women; old-age economic and emotional security; migration and experience; social, political, and religious institutions; community institutions and facilities; and behavior and attitudes regarding health and illness.

Data-Gathering and Analysis. The project's major scientific objective is to establish effective cooperation with research organizations abroad to conduct investigations aimed at generating data on the microdeterminants of fertility behavior and to carry out joint or independent analysis of such data. While the project will explore opportunities to analyze already existing data sets, emphasis will be on development of new empirical material utilizing the methodology discussed under "Conceptual framework and research guides" above. This will be done partly through cooperative ventures of the Council that are already under way or are in the preparatory stage and, increasingly, by initiating new projects through the Council's International Programs. Anticipated sites at which pertinent data will be collected in 1977 are Turkey (Yozgat fertility study); Kuwait

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(Kuwait fertility survey); Pakistan (in cooperation with the Pakistan Institute of Development Economics); India (in cooperation with the Operations Research Group, Baroda); and Bangladesh (in cooperation with the Bangladesh Institute of Development Studies.) If funds permit, additional cooperative arrangements may be worked out during 1977. At least in some cases, careful consideration will be given to the adoption of a longitudinal research design. In each instance, without compromising the central thrust of the program--explanation of fertility behavior--attention will be given to making the investigation maximally useful to the understanding of broader aspects of socioeconomic change. Participation of program staff in the planning, preparation, and fielding of several of these projects is likely to continue throughout 1977; data processing and analysis of some of the results is anticipated to begin by the last third of the year. Write-up, publication, and dissemination of the results will begin by early 1978.

Modeling of the Demography of the Family. The overall objective of this activity is the formal modeling of the process of family formation and the relationships between the family's demographic and socioeconomic behavior. The study of the family unit--a basic building block of aggregate demographic processes--has been rather neglected by demographers; hence the first phase of the work will focus on the purely demographic aspects of family structure. Of primary interest will be the variations in the number, size, and composition of family units as they are determined by such basic events as births, deaths, marriages, and divorces. Since it is of importance for understanding demographic behavior in developing societies, the process of family change during the early phases of the demographic transition will be studied in detail. This first phase of the activity will be completed by the fall of 1977. Subsequently, modeling of the various links

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between a family's demographic and economic characteristics will be attempted. One topic will be the effects of the number and ages of children on the consumption, production, and savings pattern of the family. Particular attention will be given to the intergenerational transfer of resources and its influence on the fertility decision-making process (e.g., old-age security and the need for surviving sons). It is hoped that an investigation of these processes through modeling will lead to hypotheses that can be tested empirically.

Intermediate results of the investigation will be submitted to the scrutiny of a small groups of specialists (up to ten researchers) assembled at the Council for a two- to three-day workshop in early 1978. The workshop will seek to provide a comprehensive and critical assessment of the state of research on the modeling of family structure and dynamics, chart the course and priorities of future work, including generation of suitable analytical data, and examine the application of achieved results to the analysis of population policy issues.

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STAFFING

Associate-level professional staff time assigned to the program in 1977 will be a minimum of 2.5 person-years complemented by involvement of one or more Visiting Associates. In addition, staff input includes research assistance (minimum 1 person-year) and one full-time secretary.

Workplan: Target Dates

Guide to the study of household behavior	
Preliminary draft	February 1977
Advanced draft	June 1977
Final version	December 1977
Cooperative study in Gujarat, India	June 1977
Computerized microdemographic projection model	August 1977
Modeling family dynamics paper	September 1977
Family dynamics workshop	
Documentation	December 1977
Workshop	Early in 1978

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Center for Policy Studies

Program: International Migration

OBJECTIVE

The objective of this program is to investigate patterns of international migration in order to facilitate development of more effective and appropriate migration policies, with particular emphasis on distinctive patterns of migration that have emerged during the past two decades. Three specific characteristics are of special interest. First, the migrant flow consists notably of adults moving from poorer to richer countries in search of jobs requiring a low level of skills. Second, the intention of many of these migrants appears at the outset to be a temporary sojourn for employment to acquire savings that will be used in the country of origin. Third, a significant but unknown proportion of all moves are clandestine. Better understanding of the movements back and forth and of the resulting stocks of immigrants in receiving countries is essential to the development of more effective and appropriate policies.

Another point of emphasis is on such migration as a direct demographic link between sending and receiving countries--that is typically, between less and more developed countries. A critical issue to be elucidated is the manner in which migration itself may function either to reduce or to exacerbate inequalities between nations.

The program comprises three specific objectives: (1) to develop improved techniques to measure migration flows, which is especially necessary since a significant share of the flow is clandestine and thus not officially monitored; (2) to investigate possible innovations in techniques for management of migration flows; and (3) to review the range of appropriate policy goals and their implications for countries in the region.

SETTING

In the contemporary world, the nation-state is the primary unit of public policy. As the concept of nationhood has developed, it has come to be accepted that matters of citizenship, immigration, and the right to travel between nations are entirely within the sovereign rights of a given country. Thus, international migration, especially the permanent resettlement of foreign nationals, is a population process over which central governments claim unqualified authority in the interest of national policy. Exercise of that authority is limited by the fact that a migration stream links two nations and that some migrants elude government controls.

In many of the more developed countries, including the United States and Canada, recent declines in the rate of natural increase make international migration an increasingly large factor in population growth. Moreover, the impact of immigration is not felt equally throughout a nation. Immigrants tend to be clustered in specific occupations and geographic areas, where their presence is keenly felt. There has been a good deal of debate about the consequences of such immigration for receiving countries, but the issue is far from resolved.

Longer-term consequences of migration flows for the sending countries are not clearly understood either. Immediate benefits from remission of savings, possible reduction in levels of unemployment, and acquisition of some possibly useful work skills are offset to an unknown extent by selective absence from the population of active young adults, with a resulting increase in the dependency ratio and what has been referred to as a set of "backwash effects." In general, benefits that accrue to individual migrants may be more than offset by concomitant costs imposed on either the sending or the receiving society at large.

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One appropriate unit of analysis is the Western Hemisphere.

Within the region, there are several clusters of countries interlinked by comparatively stable paths of migration flows. For example, the United States, Canada, and Venezuela experience substantial net inflows. Leading net sending countries are Mexico, Colombia, and several of the Antillean nations. The actual paths within the region are rather complex, however, taking the form of a system of back-and-forth flows rather than a simple dichotomization into sending and receiving areas.

Existence of networks of interlinked countries suggests that there may be value in considering policy alternatives drawing on the interests of two or more countries in mutual undertaking, rather than along the purely unilateral approach that is more common. The relationship between migration and overall development similarly suggests that economic and social considerations should have primacy over the legal and administrative arrangements in development of policies to respond to migration.

PROGRAM ACTIVITIES

Two specific projects are planned in this program.

Development of Improved Techniques of Measurement. The project of developing improved techniques of measurement will take into consideration the clandestine nature of a substantial proportion of migration. A promising approach can be found in the use of survey techniques applied in sending areas. Such methods are needed to inform policy development more effectively and to evaluate arrangements for management of migration flows.

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A Systematic Review and Evaluation of More Effective and Enforceable

Arrangements to Manage Labor Migration Flows. The activity will begin with a conceptual review of international migration in the modern world, proceeding to an examination of the record of successes and failures in managing such flows in various parts of the world. The kinds of ideas that might be explored include multinational labor exchanges, banking arrangements to facilitate remissions of earnings, and programs through which sending countries might plan to make better use of the acquired skills of returned migrants. Possible links of the migrant flow to activities of multinational corporations and the establishment of duty-free production zones in sending countries may also be considered. In connection with this activity, an inventory of existing migration policies in the region will be undertaken in cooperation with selected scholars in other sending and receiving countries of the region.

One of the project activities in this field of inquiry will be the organization of an intensive workshop on labor migration in the North America/Gulf of Mexico/Caribbean region. A small number of scholars from the countries concerned will be invited to participate (1) in preparation of the agenda and development of an appropriate division of labor for the workshop, (2) in carrying out agreed-upon research, and (3) in the workshop itself. The workshop is intended not only to produce a published document containing its reports but also to serve as a means to institutionalize a working relationship between specialists with experience in the various sending and receiving countries.

The strategy of beginning with a workshop concentrating on a single region has two justifications: (1) although many of the underlying social and economic conditions conducive to international labor migration are universal, policy considerations are necessarily specific to the

countries involved, and (2) the issue is currently salient in this region. Nevertheless, the regional approach is simply a particularly effective way to begin; it is anticipated that the program will progressively broaden its geographic focus to reach a global level.

STAFFING

Associate-level professional staff time assigned to the program will be an estimated 1.6 person-years during 1977, complemented by involvement of one Visiting Associate. A full-time secretary and a minimum of 0.5 person-years of research assistance will also be needed. The program is anticipated to require two full years of work; in-house staffing needs should be approximately the same for the second year as for the first.

Workplan: Target Dates

Conceptual review paper, final draft	April 1977
Techniques of measurement paper	July 1977
Labor migration workshop arrangements completed, collaborators identified, and research begun	October 1977
Inventory of migration policies begun	December 1977

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Center for Policy Studies

Program: Family Planning Programs

OBJECTIVE

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The objectives of this program are (1) to explore alternative policy approaches that may facilitate the diffusion and improvement of birth control information and services in developing countries; (2) to monitor and evaluate existing programmatic efforts in family planning and to assess their effectiveness in terms of the quantity and quality of services made available, their accessibility to and acceptance by potential clients, the efficiency of their management, and their public health and demographic impact; and (3) to assist government agencies and research institutions in developing countries to perform more effectively similar policy analysis and evaluative functions.

SETTING

In most countries of the world, provision of birth control information and services is now accepted as a proper governmental function in the interests of health and as a human right. In addition, many countries have adopted family planning programs explicitly to reduce fertility in the public interest. International assistance, and notably that provided by the Population Council, has played a significant role in the development of the medical, organizational, and administrative techniques, tools, and models to implement and evaluate family planning programs in developing countries. As a consequence of this assistance, local capacity to analyze program performance and to provide feedback to program management has greatly increased, thereby reducing the Council's role in these areas. Nevertheless, important tasks and innovative approaches still remain to be pursued. In this eminently

field-oriented activity, continuing efforts by the Council fall primarily within the domain of International Programs. The Center's program will continue the Council's past role of systematic efforts to develop appropriate concepts and statistical methods for monitoring programs; to assemble information on national experiences; and to make comparative analyses of program performance according to various criteria. A task that appears to be particularly promising is the development of measures to assess the quality of service delivery and the extent of service availability as seen by the actual or potential individual clients--a perspective hitherto neglected in evaluation. A more ambitious objective of the Center in this area would be a radical shift from the monitoring and evaluation of existing family planning programs to an exploration of alternative program designs and strategies. The specialized skills required for such a task are not only demographic and economic, but they also incorporate systems analysis, operations research, management science, and public administration. An investigation of possible programmatic moves that would enable the Center to enter this area of policy research with strong prospects for making a significant contribution will be carried out in 1977.

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PROGRAM ACTIVITIES

Activities in 1977 reflect the changing program focus referred to above only to a modest degree. (1) Information-gathering and statistical-monitoring activities to produce continuously updated data files and compendia will continue with publication of the 1977 Factbook on family planning, publication of a supplement to the Abortion Factbook, and a review of changing worldwide contraceptive practice.

The 1977 family planning Factbook will give greater coverage to input data, in terms of both money and physical measures, than previously. (2) Analyses of the family planning and abortion information collected will result in several papers and reports assessing comparative program performance and highlighting special issues. For 1978, the publication of an updated sterilization factbook is under consideration. (3) A new comparative assessment of the demographic impact of family planning programs will be prepared. (4) A study is planned, based on a computer model, of the extent of illegal abortion in various countries given assumptions regarding the fertility level and contraceptive practice. (5) A workshop involving participation of program administrators and statisticians is planned to compare field experience, discuss concepts relating to program evaluation, and make recommendations on record-keeping and data-gathering procedures that facilitate such evaluation. (6) Research toward development and estimation of quality indices of service delivery, as seen from the clients' perspective, will be initiated as a high priority task. Examples of such measures are the distribution of program clients and potential clients by distance to the nearest delivery point, length of waiting period experienced by program participants, and degree of perceived responsiveness of program personnel to clients' complaints.

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STAFFING

Associate-level professional staff time devoted to this program will be approximately 3.5 person-years, plus involvement of at least one Visiting Associate. In addition, 1.5 and 2 person-years, respectively, of research and secretarial assistance will be required.

Workplan: Target Dates

Epidemiology of abortion Mortality associated with legal abortions in the United States and the United Kingdom	January 1977
Age/gestation-specific mortality associated with legal abortions in the United States, 1972-74	February 1977
Demographic impact of menstrual regulation	February 1977
<u>Induced Abortion: 1977 Factbook</u> (new edition by mid-1978)	February 1977
Age/race-specific abortion rates and ratios in the United States, 1972-74	March/April 1977
Review of worldwide contraceptive practice	April 1977
Formulation of plans for workshop of family planning program administrators and statisticians	Spring 1977
Survey of MD preferences among abortion techniques: United States, 1977	Spring 1977
Application of models on demographic impact of programs and on program requirements to meet demographic targets	May 1977
<u>Population and Family Planning Programs:</u> <u>A Factbook</u>	Ongoing during 1977
Use of computer models to estimate extent of illegal abortion	September/October 1977
	October 1977

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Program: Demographic Dynamics

OBJECTIVE

The objective of this program is to monitor, assess, and analyze trends of population growth, fertility, mortality, nuptiality, and spatial distribution in the contemporary world with a global, regional, or country focus, and with special emphasis on expected future developments in developing countries.

SETTING

Although a number of national and international organizations in addition to the Council are active in this field, as a specialized nongovernmental organization, the Council has some distinctive advantages and needs for such a program. Among the advantages are that the Council's numerous international contacts provide it with ready access to primary demographic information (notably in reference to fertility, family planning, abortion, and related subjects) as well as to a variety of secondary sources. Several members of the professional staff have substantial experience in the use of such data. As for needs, most research problems pursued in the programs of the Center, as well as demands addressed to the Council in many of its service functions, require critical interpretation of demographic data and maintenance of an up-to-date demographic information base. Moreover, the distinctive regional organization of the Council may generate specialized data needs in support of area-specific program development.

Accordingly, by allocating a relatively small fraction of the working time of professional staff possessing pertinent special skills, the Center can play a modest but valuable role as an authoritative source of demographic

information and as an analyst of population processes.

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PROGRAM ACTIVITIES

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Projects to be completed in 1977 include a comprehensive review of demographic patterns and trends in South and Southeast Asia, several in-depth analyses of population growth and its components in selected individual countries, and brief comparative assessments of demographic developments of special interest. Some of these activities will be conducted in cooperation with researchers at other institutions. Updating and extension of the computerized demographic data bank will be continued as a routine activity.

STAFFING

Associate-level professional staff time allocated to the program will amount to approximately 1.5 person-years. In addition, about 1 person-year of secretarial and .5 person-year of research assistant's time will be required.

Workplan: Target Dates

<u>Population Growth in Indonesia</u> monograph	February 1977
<u>Population of South and Southeast Asia</u> paper	April 1977
<u>Demographic Dynamics and Population Policy:</u> Indonesia paper	April 1977
<u>World Fertility Trends</u> Review paper	June 1977
<u>Demography of South and Southeast Asia</u> book	August 1977
<u>Development of data bank</u> review and report	June and December 1977

Center for Policy Studies . . .

Program: Population and Development Review

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OBJECTIVE

The Population and Development Review, a quarterly journal published by the Population Council under the substantive editorial auspices of the Center for Policy Studies, seeks to advance knowledge of the inter-relationships between population processes and socioeconomic development and to provide a forum for discussion of related issues of public policy. In doing so, the Review endeavors to define the scope of the field--still in its infancy--denoted by its title; to foster activity within it; and to draw on a variety of intellectual perspectives to achieve a deeper understanding of the potentials of purposeful human action responding to or adjusting demographic trends. The Review aims at reaching a high-level but not academically specialized audience, with particular attention to policymakers in developing countries.

SETTING

When the Review was launched (the first issue appeared in September 1975) the case for a new journal was seen as based only in part on the lack of attractive outlets for the kind of materials the Review seeks to accommodate. In part, the case for the new journal rested on the expectation that a publication with a clearly defined development policy focus would impart greater coherence and effectiveness to the Council's program in the population and development field. This mixed parentage called for a two-stage procedure in starting the new journal.

In its initial (and still current) stage, the journal appears as an in-house publication, distributed free of charge, using a specialized

mailing list. It was intended that, once the validity of the formula on which the journal is based had been proven, a review and reassessment of the editorial arrangements best suited to the long-term success of the enterprise would be undertaken. Readers' comments concerning content and quality of the first four issues appear to demonstrate that the journal has succeeded in capturing an important role not filled by other publications, and in particular that it has succeeded in broadening the horizons of the population debate. It would seem, therefore, that the time is now ripe to undertake a reassessment of editorial policy.

It is expected that beginning with the first issue of Volume 3 (1977), the journal will have an International Advisory Board and more formally structured in-house editorial arrangements. Placing the journal on a paid-subscription basis will also be considered, at least insofar as its developed-country clientele is concerned.

PROGRAM ACTIVITIES

The key program inputs within the Center consist of (1) active search for and solicitation of manuscripts suitable for the journal; (2) the achievement of a contents-structure capable of generating a cumulative and synergistic effect in covering the journal's subject; (3) selective contribution to formal manuscript review and interaction with authors to bring raw manuscripts to a publishable stage; and (4) preparation of a significant portion of the abstracts for the Selected Publications section of the journal. In addition, a certain fraction of the Center's (and, in general, the Council's) in-house research output that takes the form of articles, communications, and notes (assuming the appropriateness of content and quality) may find its way to the Review on a competitive basis. The share

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of in-house contribution is likely to be most notable in service-oriented features such as reviews, notes, and reports. However, as a rule much of the contents of the Review, and in particular most articles, are written by persons outside the Council.

The Review is prepared for publication in close cooperation with the Publications and Information Office, which handles all editorial matters. Management of production and distribution rests fully with the Publications and Information Office.

STAFFING

Direct staff time devoted to the Review by Associate-level members of the Center staff is estimated at 0.6 person-years. In addition, 0.7 person-years of secretarial time will be required. Approximately 0.8 person-years is allocated to the activity by the Managing Editor in the Publications and Information Office. Secretarial services and specialized Publications and Information Office staff services are also utilized as needed.

Workplan: Target Dates

International Advisory Board formed	January 1977
<u>Population and Development Review</u> , four issues	March 1977
	June 1977
	September 1977
	December 1977

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Center for Policy Studies . .

Program: Grants

OBJECTIVE

The objective of the grants program is to support policy-relevant research on topics that parallel or complement the work of the Center for Policy Studies, as discussed in the description of the Center's program above.

SETTING

In the course of executing the Center's research programs, the professional staff identify numerous attractive research opportunities that can be successfully pursued with relatively modest grant funds, and particularly when some technical assistance or research collaboration is also offered. While Council grant resources not committed through International Programs are necessarily limited, a small grants program focusing on the areas in which the Center possesses strong professional competence can make a notable contribution. Even when such grants are directed to institutions in developing countries, efficiency considerations may often favor a handling of such grants by the Center rather than by International Programs, although coordination with International Programs would be close in each such instance.

PROGRAM ACTIVITIES

It is envisaged that research grants from funds budgeted under the Center for Policy Studies will be made available on an invitational basis for proposals that fall within the scope of Center programs, but that special consideration will be given to proposals on two topics: (1) determinants of demographic behavior on the micro level, with particular emphasis

on factors underlying individual and family behavior that are amenable to modification through public policy; and (2) effects on demographic behavior that are external to the responsible micro-units and typically not accounted for in making such decisions, notably social transfer payments, labor market conditions, environmental quality, resource use and development, and other societal consequences.

As a rule, applications exceeding US\$30,000 will not be considered and the typical grant is expected to be well below that level. Grant applications, which shall follow a prescribed format required for a sound professional review, will be assessed for their scientific merit and for their policy relevance.

STAFFING

No staff resources are specifically allocated for this program within the Center. Processing of applications will be carried out by Program Support and Services, even though grant reviews will be handled, in part, through the Center's professional staff.

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Center for Policy Studies
Program: Fellowships

OBJECTIVE

The objective of the program is to support high-level scientific training in the field of population through provision of one-year fellowships for (1) social scientists at the early postdoctoral level and (2) graduate students planning to write a population-focused doctoral dissertation in one of the social sciences. An additional objective for 1977-78 is to ensure the efficient completion of the Council's current fellowship program by continuing support for current fellows until successful completion of their course of study.

SETTING

To a significant degree as a result of the Council's past fellowship program, great advances have been made in ensuring the presence of high-level technical personnel trained in the population field in most developing countries. Maintenance of a steady and orderly replenishment of this pool of specialists remains a continuing long-range task, not sufficiently accomplished by similar programs conducted by other organizations. Budgetary restrictions, however, necessitate a search for a new formula that can attract talent to the population field and accomplish training objectives at a much lower unit cost than is the case in the present fellowship program. In addition, a shift in the emphasis and content of the training program from a strong demographic focus to a more general and more explicitly policy-oriented social-science focus is also necessary. Accordingly, in the future, Council fellowships will be available only in support of postdoctoral or graduate-level study limited to a 12-month period and,

further, graduate study will be supported only at the dissertation-writing stage. As before, the program will concentrate on supporting students and postdoctoral fellows at or affiliated with leading PhD programs or research institutions.

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PROGRAM ACTIVITIES

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Procedures for announcing the availability of such fellowships, selecting the successful applicants, and providing logistical support for fellows will follow the practice of the current fellowship program. A key feature of that practice is the screening of candidates by a Fellowship Committee, whose members are appointed from university faculties. In addition to receiving applications submitted in response to the program announcement, overseas Council representatives will be asked to identify promising candidates and nominate them for the consideration of the Fellowship Committee. Selection criteria will emphasize individual excellence, potential contribution to the field of policy analysis, and needs of the country in which the applicant is expected to work upon completion of the fellowship. Fellows attending universities in North America, and occasionally elsewhere, will be invited to join the Center during summer periods as summer interns whenever this is warranted by the fellows' career plans and by the needs of Center research activities.

STAFFING

No specific staffing within the Center for Policy Studies is envisaged for this program, although Associates will be expected occasionally to participate in identifying and interviewing candidates and acting as sponsors for fellows who join the Council in the summer intern project.

Applications will be handled by Program Support Services, and the selection process will rely upon a Fellowship Committee recruited from outside the Council.

Workplan: Target Dates

Program Announcement	December 1976
Review of 1977-78 applicants	February 1977
Awarding of 1977-78 fellowships	March 1977
Fellow research internships at Council	Summer 1977
Announcement of 1978-79 program	September 1977

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Date 10/29

THE POPULATION COUNCIL

de

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 20th, 1976

My dear KK:

We have received your letter dated October 11th and welcome the invitation you have extended for us to comment on the report of the External Advisory Panel and express our thoughts concerning ways in which the Recommendations of the report might be implemented insofar as the Council is concerned. I have asked my senior colleagues here to read the report and I will write to you again after consulting with them.

It was good to see you the other day in Miami at the APHA meetings. To follow up our brief conversation there, perhaps you could telephone me after your return to Washington so that we could arrange to meet soon.

With all good wishes,

Sincerely,

George
George Zeidenstein
President

Dr. K. Kanagaratnam
Director
Populations Projects Department
The World Bank
1818 H Street, N.W.
Washington, D.C. 20433

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-IV-
INTERNATIONAL PROGRAMS

SUMMARY STATEMENT

The central role of the International Programs division of the Population Council is that of catalyst, facilitator, and professional partner with others in innovative research and service activities.

International Programs incorporates the overseas activities of the former Biomedical, Demographic, and Technical Assistance Divisions into a new and expanded organizational structure. By decentralizing its operations into area offices around the world, supported by a small multidisciplinary staff in New York, the Council recognizes the different needs and priorities of the major geographic areas of the world and seeks to achieve closer and more adequately responsive professional relationships with population and development specialists, research and training institutions, and government agencies in developing countries.

In carrying out its tasks, International Programs staff play both facilitating and substantive roles by bringing to bear their own professional skills and capacities in project design and implementation, by mobilizing the technical and financial resources available within the Council, and by calling upon technical and other resources from outside the Council as necessary. Professional partnership implies a continuous involvement by Council staff from initial formulation through completion of a project, including the provision of resident advisory services if appropriate and other forms of close professional cooperation.

STRUCTURE

The overseas program of the Council is organized on a decentralized basis to achieve a balance between good local knowledge and programmatic res-

ponse. It is managed by five area offices abroad and a small headquarters unit in New York. The professional staff of International Programs consists of a Director (who is also a Vice President of the Council); five Senior Representatives responsible for the area offices; associates assigned to particular institutions or projects abroad and responsible to their respective Senior Representative; and programmatic Associates based in New York.

Area offices have been or will be established for Latin America (Bogota), Sub-Saharan Africa (location undetermined), West Asia and North Africa (Cairo), South Asia (location undetermined), and East and Southeast Asia (Singapore).

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Fawcett*

Senior Representatives have primary responsibility for initiation, development, and implementation of Council projects in their areas. They work with individuals and institutions abroad, supported as necessary by Associates based in New York. Descriptions of each of the area programs appear below.

Headquarters Associates serve as spokespersons for the international programs in their programmatic fields, assisting at headquarters in relating those programs to the relevant research Centers of the Council and to donors. They participate in the development and support of the Council's international activities through the area offices and their staffs, and advise the Director in their programmatic fields.

Headquarters Associates have been or will be appointed with professional specializations relevant to the following topics: development planning and policies and related research and training; the assessment of the impacts of development policies and projects on population dynamics; the design, management, and evaluation of fertility regulation delivery systems; and medical aspects of fertility regulation, including abortion and sterilization.

*Rason
Aim
Van Wie*

In addition, special attention will be given in the immediate future to two topics that touch broadly on many Council programs. One of these relates to the roles and status of women, and the other to the transfer and diffusion of appropriate population technologies. Two Associates will focus their work in these areas. International Programs will also provide substantive editorial supervision of Studies in Family Planning, the Council's journal dealing with the design, management, and evaluation of fertility regulation delivery systems. The activities of the International Committee on Applied Research in Population (ICARP) will be supported by the New York staff of International Programs.

Scheiner

Watson

REGIONAL PRIORITIES

The World Population Plan of Action adopted at Bucharest in 1974 and the reports of the post-Bucharest regional consultations contain vast agendas of needed research and services in the population field. The reports of the regional consultations reflect the sometimes major differences among countries in Africa, Asia, and Latin America in terms of their demographic situations, their perceptions of population issues, and the institutional and professional resources available to deal with these issues. Of particular interest to the Council are the agendas proposed in the regional consultations.

The African conferees proposed that special attention be given to research and action programs dealing with patterns, trends, and differentials in morbidity, mortality, fertility, infertility, and subfertility, and with population distribution and migration. The conferees also recommended research on traditional medicine; attitudes toward family size; family planning and factors affecting its operation and success; the interrelationships between population variables and socioeconomic development; and population policies and the factors influencing their formulation and implementation. As far as possible, they declared, programs in these areas should be oriented

to African development problems with special emphasis on rural development.

According to the proposals of the Asian consultation, priority should be given to the implementation and evaluation of family planning programs, to research to improve these programs, and to efforts to clarify the interrelationships between population and socioeconomic variables. Specific suggestions included research on the factors inhibiting acceptance of family planning; the reliability and safety of alternative contraceptives; the feasibility of incentive schemes to encourage reductions in family size; social and psychological determinants of family size; determinants and consequences of internal migration; various aspects of mortality; and methods for integrating population inputs and goals in development plans and programs.

The Latin American consultation recommended priority attention to programs concerned with urbanization, metropolitan growth, population distribution and migration, and integrating population policies into regional development strategies and policies. Special mention was made of studies of the relationships between agricultural development and "well-being targets for the rural population in terms of income and population objectives"; research on women's roles and status in relation to demographic behavior; and the development of analytical models that would integrate population variables into development plans and strategies.

The West Asian consultation recommended priority attention to basic research on levels and trends of demographic variables and their interrelationships with economic development as well as "theoretical and applied research on how to integrate population policies in economic and social development strategies." Other areas of priority included internal migration, the relationships between reproduction and socioeconomic and cultural levels of the family, the socioeconomic implications of frequent

pregnancies for society and for the health of mothers and children, and women's roles in Arab societies.

This vast range of needs and priority interests among developing countries serves as the essential foundation for the work of International Programs. The Council's resources require it to be selective in helping to meet these broad agendas of research and action. International Programs will devote its major resources and efforts where they stand to have greatest impact, either through widespread diffusion of the results of projects, or through the advancement of important frontiers of understanding and action. International Programs helps to design, implement, and evaluate programs that meet these criteria. It will be the principal function of the area offices to accomplish this through close working partnerships with the people of the different regions.

PROGRAM ACTIVITIES

In practice, International Programs emphasizes innovation, exploration, and development of productive new directions, both in research and in social action. In 1977 International Programs will address the long-term effects of demographic changes on quality of life, especially with regard to the poorest sectors of society; the roles and status of women; the near-term effects of demographic changes on women and their families; the development of more effective and more client-responsive approaches for providing couples with family planning services, including sterilization and abortion; clarification of key factors in development projects that influence demographic trends; and the need for population technologies that are more appropriately suited to the social, cultural, economic, and medical environments of developing countries.

The activities of International Programs for 1977 reflect these interests and have been grouped into two broad categories: Population and Development, and Contraception, Abortion, and Sterilization Services and Information.

Population and Development programs give initial emphasis to these areas:

- Projects that lead to better understanding of the antecedents and consequences of demographic behavior, of the impacts of development policies and projects on demographic trends, and of the interactions between changes in the roles and status of women and demographic behavior;
- Projects to increase the level of expertise available in development planning organizations for analyzing the interrelationships between population change and processes of social and economic development and for incorporating demographic data in development planning; and
- Projects to enhance the capacities of universities and research institutes in developing countries to train professionals and para-professionals in population-relevant social and health sciences and to undertake research in the broad field of population.

Contraception, Abortion, and Sterilization programs give initial emphasis to these areas:

- Projects leading to the improved design, management, and evaluation of systems for providing birth control methods to couples;
- Projects that enhance the capacities of universities, research institutes, and health institutions in developing countries to provide training and services in this program area and to undertake related social, health, or biomedical research; and
- Projects leading to better understanding of the complex and multiple factors affecting the transfer and diffusion of technologies related to population problems, particularly technologies for the regulation of fertility.

These activities constitute the core of International Programs activities in 1977. Many are new areas of interest for the Council, including projects related to the impacts of agricultural changes on demographic behavior; to urban and regional planning; to the roles and status of women; to innovative approaches to family planning service

delivery; and to the transfer and diffusion of population technologies. In 1977, project development in these new areas will necessarily be modest, but it is anticipated that activities will expand in future years.

Projects in these two broad areas are supported and developed in collaboration with interested institutions and individuals in developing countries using a variety of means. Among these are collaborative research, grants and fellowships, resident or short-term advisory services, workshops and seminars, and the dissemination of information and program-related materials. Area offices will support local master's level training and specialized nondegree training within the area or elsewhere. (Doctoral and postdoctoral training programs are administered by the Center for Biomedical Research and the Center for Policy Studies.) Many activities of International Programs described above complement the interests of the Council's Centers for Policy Studies and Biomedical Research and can involve collaborative and supportive arrangements .

Area program descriptions and budgets follow the tables on overall International Programs budgets.

International Programs - New York *
1977 B Level Staff List

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
<p>Vice President and Acting Director: Overall program development and guidance. (Permanent position vacant. Seeking person with professional background in population and/or development, extensive international and managerial experience.)</p>	<p>James J. Bausch Formerly program officer in population, the Ford Foundation; international assignments in Indonesia, and Bangladesh; U.S. Peace Corps: deputy director for North Africa, Near East and South Asia and Chief, South Asia Division; citizen of U.S.</p>
<p>Associate: Development and support of Council's international activities in the field of development planning and policies and related research and training.</p>	<p>Barnett F. Baron Political scientist; PhD Yale Univ.; experience in institutional development and in teaching and research in Africa; citizen of U.S.</p>
<p>Associate: Development and support of Council's international activities in the field of assessment of the impacts of development policies and projects on population dynamics.</p>	<p>Anrudh Jain Sociologist; PhD Univ. of Michigan; international experience in conducting <u>research on clinical and commercial family planning programs</u> and field testing of contraceptive methods; citizen of India.</p>
<p>Associate: Development and support of Council's international activities in the field of design, management, and evaluation of fertility regulation delivery systems.</p>	<p>William A. Van Wie Health management specialist; DrPH Univ. of North Carolina; experience in domestic and international health and family planning programs; citizen of U.S.</p>
<p>Associate: Development and support of Council's international activities in the field of medical aspects of fertility regulation, including abortion and sterilization.</p>	<p>Vacant Extensive medical experience and skills in fertility regulation, particularly abortion and sterilization, to take the leading role in program development.</p>

* Special efforts are being made to fill vacant positions with non-U.S. citizens and women.

POSITION TITLE AND DESCRIPTION

INCUMBENT

Associate:

Assumes leading role in program development related to roles and status of women and in incorporating a concern for these issues into current and proposed projects that have other issues as their primary focus.

Vacant

International experience; knowledge of ongoing research and other activities related to women's roles and status in relation to population and development.

Associate:

Development and support of Council's international activities in the field of transfer and diffusion of appropriate population technologies.

S. Bruce Schearer

Scientist; PhD Columbia Univ.; training in biochemistry, international affairs, and technology assessment; experience in conduct and management of international contraceptive development activities and in research related to population; citizen of U.S.

Associate:

Serves as Editor-in-Chief of Studies in Family Planning; provides substantive direction for this and related publications.

Walter B. Watson

Social demographer; PhD Univ. of Wisconsin; consulting, teaching, and international experience in research and evaluation of family planning programs, research on abortion; citizen of U.S.

Associate:

New York liaison for International Committee on Applied Research in Population (ICARP) and Acting Executive Secretary for ICARP-Asia.

Henry G. Elkins, Jr.

Social demographer; PhD Univ. of Chicago; teaching experience and international research and evaluation in family planning programs; citizen of U.S.

Staff Associate:

Special study on development projects and their effects on roles and status of women; currently based in Cairo.

Anna S. Quandt

Sociologist; PhD UCLA; specialization in social stratification and demographic aspects of economic change, with research experience in North Africa; citizen of U.S.

*Korea -
1970-73.*

Latin America and the Caribbean
1977 B Level Staff List

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
<p>Senior Associate and Senior Representative: Program development, coordination, and implementation; research on population and socioeconomic development.</p>	<p>Charles A. Lininger Political economist; PhD Univ. of Chicago; former Regional Director for the Council; former chief of resident technical mission <u>to develop research center in Peru</u>; citizen of U.S.</p>
<p>Associate and Medical Advisor: Assists in the development and implementation of a new health and community development program in Sao Paulo State, Brazil.</p>	<p>Anibal Faundes L. Obstetrician-gynecologist and clinical researcher; MD Univ. of Chile; extensive experience in programming and implementation of maternal and child care and family planning services; citizen of Chile.</p>
<p>Associate and Regional Advisor in Research and Evaluation: Assists in the evaluation of family planning programs in Colombia and Mexico, and of cost/benefit studies of family planning in social security systems.</p>	<p>Jerald Bailey Educational researcher; PhD Univ. of Michigan; long experience in family planning evaluation in the region and advisory services in computer use; citizen of U.S.</p>
<p>Associate and Regional Medical Advisor: Assists in the development and implementation of promising training and delivery systems for family planning in Colombia and the region, with special emphasis on social security medical services.</p>	<p>Luis Sobrevilla Research endocrinologist and clinician; MD Univ. Nacional Mayor de San Marcos, Peru; extensive experience in program planning and medical education; citizen of Peru.</p>
<p>Staff Associate and Advisor in Research and Evaluation: Assists with planning, administration, and research and evaluation of the national maternal and child care and family planning program in the Dominican Republic.</p>	<p>Fernando Gomez Social scientist-demographer; MA Cornell Univ. Lic. Univ. de Los Andes, Bogota; prior work experience in administration and evaluation of population program activities; citizen of Colombia.</p>

POSITION TITLE AND DESCRIPTION	INCUMBENT
<p>Associate and Medical Advisor: Assists with planning, administration, training, and evaluation of the national maternal and child care and family planning program in El Salvador.</p>	<p>Fernando Hurtado L. Public health physician and medical educator; MD MPH Univ. of Chile; taught and advised on population and health regionally for Pan American Federation of Medical Schools and Associations; citizen of Chile.</p>
<p>Staff Associate and Advisor in Economic Demography: Assists the Ministry of Labor in Peru; research on the impact of demographic change on income and employment; development of an employment model.</p>	<p>Shea Rutstein Economist-demographer; PhD Univ. of Michigan; prior research and teaching experience in Peru and the UN Demographic Center in Chile; citizen of U.S.</p>
<p>Staff Associate: Assists the International Review Group of Social Science on Population and Development, based at El Colegio de Mexico; part-time faculty member.</p>	<p>Joseph Potter Economist-demographer; PhD Princeton Univ.; prior research and consulting experience for the national census in Colombia and the national fertility survey in El Salvador; citizen of U.S.</p>

Sub-Saharan Africa
1977 B Level Staff List

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
<p>Senior Representative: Program development, coordination, and implementation; professional service in field of specialization.</p>	<p>Vacant Seeking a senior social scientist <u>or</u> medical specialist, with prior experience in Africa, particularly West Africa, fluent in French and English. If social scientist, disciplinary background should be in population-relevant field.</p>
<p>Associate and Visiting Research Fellow: Human Resources Research Unit, Univ. of Lagos, Nigeria.</p>	<p>Ron Lesthaeghe Sociologist-demographer; PhD Univ. of Ghent, Belgium; on secondment from Free Univ. of Brussels; Council contract terminates February 1977; citizen of Belgium.</p>
<p>Associate and Visiting Research Fellow: Human Resources Research Unit, Univ. of Lagos, Nigeria.</p>	<p>Hilary Page Sociologist-demographer; PhD Princeton Univ.; prior experience in East Africa; Council contract expires February 1977; dual citizenship U.K. and Belgium.</p>
<p>Associate and Representative, East Africa: Professor of Demography, Univ. of Dar es Salaam, Tanzania; program development, implementation in Kenya, Tanzania, Sudan, and Ethiopia.</p>	<p>Roushdi Menin Demographer; PhD London School of Economics; taught economics and demography in Sudan, 1953-70; with Council since 1970; citizen of Egypt.</p>
<p>Associate: Provides technical and advisory services for analysis of census data, particularly in West Africa.</p>	<p>Vacant Seeking economist-demographer, fluent in French and English, experienced in African census analysis; preferably citizen of an African country.</p>

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
Associate and Medical Advisor: MCH/FP demonstration project, Cross River State, Calabar, Nigeria.	Paul Mackenzie Obstetrician-gynecologist; MD Univ. of Western Ontario and MPH Univ. of Michigan; previous ex- perience East Africa; citizen of Canada.
Associate and Evaluation Advisor: MCH/FP demonstration project, Cross River State, Calabar, Nigeria.	Jeremiah Sullivan Economist-Demographer; PhD Princeton Univ.; family planning evaluation specialist; previous Council experience MCH project Indonesia; citizen of U.S.

West Asia and North Africa
1977 B Level Staff List

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
<p>Senior Associate and Senior Representative: Program development, coordination, and implementation; population in development planning (advisor and lecturer); research on demography of development in Turkey.</p>	<p>Frederic C. Shorter Economist-demographer; PhD Stanford Univ.; formerly Associate Director Demographic Division; previously with Princeton Univ. and Ford Foundation in Middle East and South Asia; citizen of U.S.</p>
<p>Associate and Representative, Arab West Asia: Visiting faculty Univ. of Jordan; advisor and research collaborator for research institutes in Kuwait, Syria, and Jordan; program development Arab West Asia.</p>	<p>Allan G. Hill Geographer, Arabist, and demographer; PhD Univ. of Durham; formerly Lecturer at Univ. of Aberdeen; research on Kuwait; fertility and methods of fertility analysis; citizen of U.K.</p>
<p>Associate and Research Advisor: Assigned to Pakistan Institute of Development Economics; assists in development of population policy analysis capacity of PIDE; research on allocation of time, education, age at marriage, and fertility.</p>	<p>Dennis N. DeTray Population economist; PhD Univ. of Chicago; formerly research economist at Rand Corp.; research on economic models of family behavior; citizen of U.S.</p>
<p>Associate and Representative, Pakistan: Proposed assignment to Pakistan Planning Commission and Population Planning Council; development of policy- and program-oriented research and analysis.</p>	<p>Vacant Social scientist with experience in less developed countries; research or advisory competence for systems analysis of delivery systems and/or determinants of fertility.</p>
<p>Associate and Medical Advisor: Assists the Yozgat MCH/FP project with training, organization, and technical aspects of contraceptive delivery in Turkey; advisor on delivery systems design.</p>	<p>A. Sadre Alam Public health physician; DrPH Johns Hopkins Univ.; formerly Medical Staff Associate for the Council in New York; Deputy Director General, Pakistan Family Planning Program; citizen of Pakistan.</p>

POSITION TITLE AND DESCRIPTIONINCUMBENT

Staff Associate and Evaluation
Advisor:

Development and operation of statistical monitoring systems for Yozgat Province, Turkey; research on demographic and health aspects.

Program Assistant:

Provides program assistance to regional study groups and area office activities; monitors regional demographic and policy developments; assists with grant and fellowship activities.

Belgin Tekce

Sociologist; PhD Princeton Univ.; formerly Visiting Staff Associate at the Council in New York; research on rural to urban migration models and city choice by migrants; citizen of Turkey.

Vacant

Social scientist or management specialist; experience in research or professional administration; regional knowledge; preferably citizen of Egypt or another country in the region.

South Asia
1977 B Level Staff List

POSITION TITLE AND DESCRIPTION	INCUMBENT
<p>Senior Representative: Program development, coordination, and implementation; and professional service in field of specialization.</p>	<p>Vacant Seeking a senior social scientist or medical specialist, with prior experience in South Asia and training or experience in population-related field.</p>
<p>Associate and Resident Scholar: Research on population policy in India at Institute for Social and Economic Change, Bangalore, India.</p>	<p>K.S. Srikantan Demographer; PhD Univ. of Michigan; trained in statistics, population, and human ecology; six years technical assistance experience in Tanzania, Turkey, and Taiwan; research and teaching in statistical methodology, national income, and population studies; citizen of India.</p>
<p>Staff Associate and Advisor: Studies of rural demographic behavior in relation to social and economic development at Population Studies Center of the Bangladesh Institute of Development Studies.</p>	<p>Mead Taylor Cain Sociologist-demographer; PhD Johns Hopkins Univ.; training in sociological methodology and economic development and research experience in community development and family planning programs; citizen of U.S.</p>

East and Southeast Asia
1977 B Level Staff List

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
Senior Associate and Senior Representative: Program development, coordination, and implementation; research on population policy and value of children.	James T. Fawcett Social psychologist; PhD Univ. of California, Berkeley; extensive international experience and publications on research related to population and psychology; citizen of U.S.
Staff Associate and Demographic Advisor: Technical assistance for selected research projects at National Institute of Economics and Social Research (LEKNAS), Indonesia.	Hazel Moir Sociologist-demographer; PhD Brown Univ.; specialty in urbanization, migration, and labor force; international research experience; citizen of U.K.
Associate and Technical Expert: National Development Planning Agency (BAPPENAS), Indonesia.	Vacant
Associate and Advisor: Assists National Economic and Social Development Board (NESDB) of Thailand and Chulalongkorn Univ. Institute of Population Studies in population and development.	Vacant
Associate and Advisor: Assists Korean Institute of Family Planning in evaluation of family planning delivery systems; assists Korean Development Institute in population policy studies.	Peter J. Donaldson Sociologist; PhD Brown Univ.; teaching and research experience in U.S. universities, and experience as a research and evaluation advisor in Thailand and Korea; citizen of U.S.
Staff Associate and Evaluation Advisor: Assists MCH/FP project, Bohol, Philippines, in survey design and implementation and training of personnel.	Nancy E. Williamson Sociologist; PhD Harvard Univ.; teaching and research experience in demography, family and sex roles, and research methods; experience in international research; citizen of U.S.
Staff Associate and Technical Expert: Assists in design and analysis of field experiments for MCH/FP project, Mojokerto, Indonesia.	E. G. P. Haran Management specialist; PhD Carnegie-Mellon Univ.; teaching, consulting, and research experience in quantitative methods and planning analysis; citizen of India.

<u>POSITION TITLE AND DESCRIPTION</u>	<u>INCUMBENT</u>
Staff Associate and Research Technician: Technical assistance in family planning research and evaluation, to National Family Planning Coordi- nating Board (BKKBN), Indonesia.	John S. Parsons Geographer; PhD Univ. of Hawaii; training in international relations; experience in data analysis and research in the Philippines; citizen of U.S.
Associate and Advisor: Technical and professional services in research and teaching of family planning evaluation, to the Univ. of the Philippines Population Institute and the Philippines Population Commission.	John Laing Sociologist; PhD Univ. of Chicago; experience in family planning research and evaluation in the Philippines and Indonesia; citizen of U.S.
Program Assistant: Assists Senior Representative in program development and implementation.	Vacant



INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
Cable Address - INTBAFRAD



INTERNATIONAL DEVELOPMENT ASSOCIATION
Cable Address - INDEVAS

1818 H Street, N.W., Washington, D. C. 20433, U.S.A.
Area Code 202 • Telephone - EXecutive 3-6360

PopC-

October 12, 1976

Dr. Charles A. Lininger
Regional Director, Latin America
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Dr. Lininger:

Thank you for your letter of October 4, 1976 inviting the Bank to send a representative to the Interagency Meeting on the Dominican Republic's MCH/ family planning program which will take place in Santo Domingo on October 27 and 28, 1976. We are glad to inform you that Mrs. N. Maraviglia will attend that meeting on behalf of the Bank; she will arrive in Santo Domingo on October 26.

We look forward to receiving the background documents and information concerning time and location of the meetings.

With kind regards.

Sincerely,

K. Kanagaratham
Director

Population Projects Department

cc: Mr. Messenger, PNP
Mrs. Martinez, CP1
Mrs. Domingo, PNP
Central/Division Files
DOM.REP/PNP Conferences
MNMaraviglia:bc

Received in PMP
Date 10/18

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 4, 1976

Dr. K. Kanagaratnam
Population Projects Department
The International Bank for Reconstruction
and Development
1818 H. Street, N. W.
Washington, D. C. 20433

Handwritten notes:
HMM
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Pe advise
apca
10/11

Dear Dr. Kanagaratnam:

At the request of the Executive Director of the Consejo Nacional de Población y Familia (CNPF) of the Dominican Republic, Licenciado Luis González Fabra, we are conveying a cordial invitation to the International Bank for Reconstruction and Development to be represented at the 1976 Interagency Meeting in Santo Domingo on October 27-28, 1976. The agenda will include:

- (1) a review of activities under the Maternal and Child Care and Family Planning Program of the Secretary of Health and Social Assistance and CNPF, and public and private collaborating agencies; and
- (2) a presentation of activities planned for 1977 and 1978-1981.

We look forward to full and productive discussions on both parts of the agenda as well as information concerning your current or prospective activities in the country that may relate to this field. We are hopeful that your institution can be represented. Please confirm whether or not you will be able to attend.

The second of the two days being reserved for the meeting will be available for individual consultation on matters of interest to each agency if, as we hope, the general sessions will not require two full days.

Background documents and administrative information about the time and location of the meetings will be forwarded at a later date.

Sincerely yours,

Handwritten signature of Charles A. Lininger
Charles A. Lininger
Regional Director, Latin America

cc: Mrs. Nydia Maraviglia

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October 11, 1976

Mr. W. Parker Mauldin
Senior Fellow
The Population Council
245 Park Avenue
New York, New York 10017

Dear Parker:

Thank you for your letter of September 22nd, requesting information on the availability of fertility control methods in a number of countries.

The Bank does not have population activities in any of the countries you have listed and, therefore, have no independent information which would be of use to your work.

With regards.

Sincerely,



K. Kanagaratnam
Director
Population Projects Department

Hammond/Kanagaratnam:lvd

m

Received in PNP

Date

9-27-76

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

September 22, 1976

Dr. K. Kanagaratnam, Director
Population & Nutrition Department
International Bank for
Reconstruction & Development
1818 H Street, N.W.
Washington, D. C. 20433

Dear KK;

You may recall that a couple of years ago I enlisted the aid of many of our colleagues and came up with an assessment of the availability of fertility control methods in 33 less developed countries as of 1973 (see attached table). I am now attempting to extend that table to other countries, in the first instance to developing countries with a population of 5 million or more as of 1960 (see Table I, attached), and in the second instance for all developing countries with a population of 1 million or more (see Table II, attached).

This is a request for you to fill in information for any country or countries for which you have reasonably good information. Please enter an A, B or C for each method for a given country with A meaning generally available to most of the population, B limited availability and C not generally available to most of the population. Availability applies to the public and private sector combined. If you know of the availability or lack of availability of some methods but not of others, enter A, B or C for the known methods and U for those for which you have no knowledge.

I shall appreciate information for even one country, but of course hope for more! With appreciation.

Sincerely,



W. Parker Mauldin
Senior Fellow

WPM: sm
enc.

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SEP 27 1976

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DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

NEW YORK OFFICE
SEP 27 1976

THE BUREAU OF INVESTIGATION

TABLE 2 Availability of fertility control methods 1973, crude birth rates 1960 and ca 1973, and percentage decline in birth rates 1960-1973, by country

A = General availability; B = Limited availability; C = Not available.

Country	Availability of methods					Crude birth rates		Percentage decline in crude birth rates 1960-1973
	Orals	IUDs	Conventional	Sterilization	Legal abortion	1960	ca 1973	
China	A	A	A	A	A	na	33.1	na
South Korea	A	A	A	A	A	44.7	28	37
Puerto Rico	A	A	A	A	C	32.3	24	26
Singapore	A	A	A	A	B	38.7	22	43
Taiwan	A	A	A	A	B	39.5	24	39
Thailand	A	A	A	A	C	45-50	41	14
Barbados	A	A	A	B	C	29-32	20	33
Colombia	A	A	A	B	C	48	40	17
Egypt	A	A	A	B	C	43.1	34-36	19
Hong Kong	A	A	A	B	C	36.0	19.8	45
Jamaica	A	A	A	C	C	39-40	31.5	20
Philippines	A	A	A	B	C	45-50	42-45	8
Sri Lanka	A	A	A	B	C	36.6	29.5	19
Trinidad & Tobago	A	A	A	B	C	37-39	25	34
Venezuela	A	A	A	C	C	46-48	38	17
Dominican Republic	A	B	A	C	C	45-48	45-50	—
El Salvador	A	A	B	B	C	47-49	41	15
India	B	B	A	A	B	42	37-39	10
Tunisia	A	A	B	B	B	43.8	38	13
Indonesia	A	A	B	B	C	43	40-45	—*
Nepal	A	B	A	B	C	48	40	17
Pakistan	B	A	B	A	C	48	45-50	—
West Malaysia	A	B	B	A	C	41	33	20
Guatemala	A	B	B	C	C	46-48	39	17
Iran	A	B	B	C	C	48	48	—
Mauritius	A	B	B	B	C	38.5	25	35
Mexico	A	B	B	B	C	44-45	43-45	—
Morocco	A	B	B	C	C	50	50	—
Bangladesh	B	B	B	B	B	45-50	45-50	—
Ghana	B	B	B	B	C	47-52	47-50	—
Kenya	B	B	B	B	C	50	50	—
Laos	B	B	B	B	C	47	47	—
Turkey	B	B	B	C	C	43	33	23

na = not available.

* Recent demographic surveys indicate substantial declines in total fertility rates in recent years, but firm figures on the levels of the crude birth rates are not available.

SOURCES: CBR: (1) 1960-U.N. Demographic Yearbook, 1966, Table 7. (2) Latest year - 1972, 1973 from *The Factbook*, 1974 ed.

TABLE II Availability of Fertility Control Methods 1973
 Selected Countries with a Population of 1 Million or More 1973

A=General Availability

B=Limited Availability

C=Not Available

U=Unknown

	Availability of Methods				
	Orals	IUDs	Conventionals	Sterilization	Legal Abortion
Africa					
Angola					
Burundi					
Central African Rep.					
Chad					
Congo					
Dahomey					
Guinea					
Ivory Coast					
Lesotho					
Liberia					
Libyan Arab Rep.					
Malawi					
Mali					
Mauritania					
Niger					
Rwanda					
S. Rhodesia					
Senegal					
Sierra Leone					
Somalia					
Togo					
U Cameroon					
Upper Volta					
Zambia					
Americas					
Bolivia					
Costa Rica					
Ecuador					
Haiti					
Honduras					
Nicaragua					
Panama					
Paraguay					
Asia and Pacific					
Bhutan					
Fiji					
Jordan					
Kuwait					
Lebanon					
Mongolia					
Papua New Guinea					
Saudi Arabia					
Syrian Arab Republic					
Yemen					
Yemen PDR					

TABLE I Availability of Fertility Control Methods 1973
 Selected Countries with a Population of 5 Million or More as of 1960

A=General Availability

B=Limited Availability

C=Not Available

U=Unknown

	Availability of Methods				
	Orals	IUDs	Conven- tionals	Sterili- zation	Legal Abortion
Africa					
Algeria					
Ethiopia					
Madagascar					
Mozambique					
Nigeria					
South Africa					
Sudan					
U Tanzania					
Uganda					
Zaire					
Americas					
Brazil					
Cuba					
Peru					
Asia & Pacific					
Afghanistan					
Burma					
Iraq					
Khmer Rep					
North Korea					
North Vietnam					
South Vietnam					

October 6, 1976

*This is filed
incorrectly
hi*

Mr. Rodney Shaw
President
The Population Institute
110 Maryland Avenue, N.E.
Washington, D.C. 20002

Dear Rodney,

This is to thank you for your letters of September 7th
and September 15th.

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involving the media to get the message across to key groups in
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had some startling facts and critical messages.

I hope we can get together again in the near future to
exchange views.

Sincerely,



K. Kanagaratnam
Director
Population Projects Department

KK/lwm

October 6, 1976

Mr. Rodney Shaw
President
The Population Institute
110 Maryland Avenue, N.E.
Washington, D.C. 20002

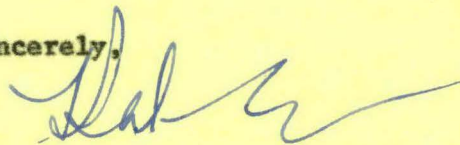
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K. Kanagaratnam
Director
Population Projects Department

KK/lwm



THE
POPULATION
INSTITUTE

110 Maryland Avenue NE
Washington DC 20002
(202) 544-3300

Cable: POPINST
Washington DC

□

INTERNATIONAL ADVISORY COUNCIL

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Mrs. Nani Soewondo

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Dr. Albert Szent-Gyorgyi

Prof. Harold C. Urey

Prof. George Wald

Roy Wilkins

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Dr. Cynthia C. Wedel

□

Peter Cott
Executive Director

Stewart Ogilvy
Associate Director

September 15, 1976

Dr. Kandiah Kanagaratnam
Director, Population and Nutrition Projects
The World Bank
9th Floor of D Building
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. K:

A belated note of appreciation for your going over to McNamara's office several weeks ago to alert his secretary and aide to the fact that I would be calling concerning the possibility of his lunching with Senator Tydings, Mr. Linowitz and myself.

Unfortunately, McNamara's vacation and travel plans made such a meeting impossible. But I am deeply grateful to you for taking that action.

Cordially,

Rodney Shaw

rs:sh

RECEIVED

1976 SEP 22 AM 11:47

INCOMING MAIL UNIT

[Faint, illegible text from a document or envelope, possibly bleed-through from the reverse side. Some words like "MEMORANDUM" and "TO:" are partially visible.]



THE
POPULATION
INSTITUTE

110 Maryland Avenue NE
Washington DC 20002
(202) 544-3300

Cable: POPINST
Washington DC

□

INTERNATIONAL ADVISORY COUNCIL

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Mrs. Louise Moore Van Vleck

Dr. A. Dudley Ward

Dr. Cynthia C. Wedel

□

Peter Cott

Executive Director

Stewart Ogilvy

Associate Director

September 7, 1976

Dr. Kandish Kanagaratnam
Director, Population and
Nutrition Projects
The World Bank
9th Floor of D. Building
1818 H Street, N.W. Washington, D.C. 20433

Dear K.K.:

The enclosed New York Daily News item gives you a splendid summary of the way we are trying to deal with the astoundingly high U.S. teen pregnancy rate (one million estimated in 1975).

Within twenty-four hours after this news item appeared in the New York Daily News and its various syndicated outlets, we received calls for copies of the spots for use on the Australian Broadcasting Network and on the sixty-plus stations of the Progressive Radio Network.

While the program to reduce teenage births is important in itself because of the serious negative impact on the girls, the babies, and society of teenage childbirths, it is also of great importance from the population aspect.

The 600,000 births last year to teenagers (married and not married) accounts for one-half of the total U.S. population growth last year (exclusive of immigration). One of every five births in the U.S. is to a teenager compared, for instance, to Japan where the ratio is one out of one hundred.

Cordially,

Rodney Shaw

Rodney Shaw

RS:mio

Enclosure

P.S. Seeing more population in your cartoons? The enclosed cartoon folder may explain why.

not attached

RECEIVED
SEP 10 1976

TV WHAT'S ON? RADIO

Pop-Rock Stations Airing Sex Advice for Teenagers

By VAL ADAMS

Some radio stations that specialize in pop music are running public service announcements that ask teenagers who engage in sex to be careful. The recorded messages, spoken by pop music stars, are part of a campaign by the Population Institute to reduce population growth.

One of the 12 spots, prepared by the institute and sent to stations, is carried here by WABC, a top rock station. It features Janis Ian, who says:

"I know people who've had babies because they've wanted their old man (boyfriend) to marry them. To have a kid in order to leave home is out of the frying pan and into the fire. To have a kid to get married—it's a huge step, it's a lifetime commitment."

Miss Ian's message is followed by a music theme and a woman announcer who signs off by saying: "The Population Institute urges you to think about having a child before you make a baby."

Heard in Late Hours

Cliff Love, community affairs director for WABC, said the station is playing the spot 10 or 15 times a week in the late night hours.

Other pop music stars who have recorded similar spots include Alice Cooper, Maria Muldaur, Bonnie Raitt, Loretta Lynn, Kinky Friedman, Linda Ronstadt, Jerry Riotelle, Jerry Garcia, Grace Slick and Charlie Daniels.

The Population Institute, which describes itself as an independent, nonprofit public foundation created in 1969, said the spots are being broadcast by 55 radio stations in various parts of the country. The campaign



Janis Ian
A voice for Population Institute

began May 15. Other stations have requested the spots, the institute said.

Stations already carrying the announcements, the institute said, include WPRB-FM, Princeton, N.J.; WAAL-FM, Binghamton, N.Y., and WPLR-FM, New Haven, Conn.

Alice Cooper, who begins his message by saying if he had a kid right now the kid would be psychotic by age 10, ends his plea by saying: "I think I could afford a kid, but I'm just not mature enough to have a kid, you know. And I think that's really important."

Fee Waybill, a member of a

San Francisco musical group called The Tubes, says on a one-minute spot:

"You're out with a chick and you're getting ready to go for the action, right, and you find yourself asking yourself, is she hip to birth control or not? A lot of my friends just wouldn't ask, they would just go for it. And I found it was smarter to go the question route and ask point blank, 'Are you on the pill?' or 'Got some foam?'"

"It has been embarrassing two or three times when they said, 'Why of course, you dummy.' But on the other hand, with some young teenage girls, they'll go, 'What's that?' And oh, ho, ho, let's get back in the front seat and watch the movie here."

No Complaints

The Population Institute said it had received no complaints about the candid comments in some of its public service announcements. The group added that it decided to use rock music stations because of their popularity among teenagers. Although the overall birth rate is down, the institute said, it has not decreased among teenagers. Most teenage pregnancies are largely caused by non-use or sporadic use of contraceptives, the institute said.

"The Rock Project (campaign) is certainly not antisex," said the Population Institute. "Neither is it advocating that everyone grab the person next to him (or her) and head for the nearest couch. What we are advocating is sexual awareness and responsibility. We believe that young people should be shown the problems that come with having babies at an early age, without having to suffer the trauma of an unwanted pregnancy; that they should be taught about birth control and should not be made to feel embarrassed about using it."

Now up to more than 100 stations covering virtually the entire nation (25 of Sept 1, 1976)

DRAFT: KK71wm
OCT. 6, 1976

ok
Pl Jan for signature

Dear Rodney,

This is to thank you for your letters of September 7th and September 15th.

I am really impressed with the manner in which you are involving the media to get the message across to key groups in the United States and your recent material on Teen-age pregnancies had some startling facts and critical messages.

I hope we can get together again in the near future to exchange views.

Sincerely,

KK

LARRY

Trap R

Rodney Shaw

Dear Rodney,

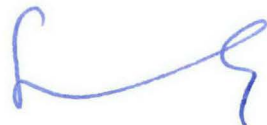
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some startling facts and

Cordial message.



I hope we can get
together again in the near
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THE WORLD BANK

ROUTING SLIP		DATE September 20, 1976	
NAME		ROOM NO.	
DR. KANAGARATNAM		D.928	
APPROPRIATE DISPOSITION		NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
COMMENT		PER OUR CONVERSATION	
FOR ACTION		PER YOUR REQUEST	
<input checked="" type="checkbox"/> INFORMATION		PREPARE REPLY	
INITIAL		RECOMMENDATION	
NOTE AND FILE		SIGNATURE	
REMARKS <p style="text-align: center;"><i>heng</i> <i>PC. File</i> <i>oh</i></p>			
FROM JOHN E. MERRIAM		ROOM NO. E.826	EXTENSION 2468

September 20, 1976

Dear Mr. Zeidenstein:

Thank you for sending me the Council's report on Information activities in 1976. I was glad to learn that you are now developing a press list which would substantially increase the reach of the Council's publications and special reports.

The Bank's budget for the current fiscal year includes a \$40,000 contribution to the Council's information program. I have asked the Information & Public Affairs Department to remit the amount.

I hope that your discussions with Dr. Kanagaratnam on opportunities for further collaboration between our two organizations will be productive, and regret that it was necessary for me to be out of Washington during your visit here. I look forward to hearing more of the new programs as laid out in your Future Directions papers.

Sincerely,

(Signed) Robert S. McNamara

Robert S. McNamara

Mr. George Zeidenstein
President
The Population Council
245 Park Avenue
New York, N.Y. 10017

Cleared with and cc: Dr. Kanagaratnam
cc: Mr. Burmester

JEM:rgw

September 16, 1976

To Messrs

9/8 To Mr. Clark
Please draft
a reply
and

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

September 2, 1976

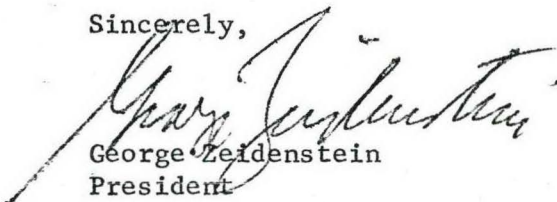
Dear Mr. McNamara:

I am enclosing a report on the 1976 activities of the Population Council's Information Office for which the Bank generously provided \$40,000 in support for 1976. In line with Mr. John Merriam's letter to W. Parker Mauldin of September 29, 1975, I would like to request that the Bank renew support for the Information Office in 1976.

I plan to visit the Bank on September 15, 1976 to visit Dr. Kanagaratnam to discuss possible Council collaboration with his Department. I would like very much to have the opportunity to talk with you then or at some other time convenient to you about the new programs of the Council and possible expanded collaboration between the Council and the Bank with respect to them. The framework of these new programs is described in the Future Directions paper I sent to you on July 19, 1976; we are now filling in this framework and we have a preliminary program budget that would show more specifically what we plan to do.

With best wishes.

Sincerely,


George Zeidenstein
President

Mr. Robert S. McNamara
President
International Bank for Reconstruction
and Development
1818 8th Street, N.W.
Washington, DC 20433

Enclosure

POPULATION COUNCIL - INFORMATION OFFICE

ACTIVITIES 1976

The Council's Information Office, with a staff of 12, is responsible for editing, production, and distribution of Council publications; mailing list maintenance; and public information requests, press relations, and visitors. Susan Robbins has been Head of the Information Office since 1972. The staff budget for the Information Office for 1976 is \$192,865. The project budget is \$358,600.

Publications

Population and Development Review published nine articles in the first two issues of Volume 2, plus two special commentaries and various other items in the special department. The March 1976 issue of the Review contains articles by D. Gale Johnson (Food for the Future: A Perspective), Ester Boserup (Environment, Population and Technology in Primitive Societies), Robert H. Haveman (Benefit-Cost Analysis and Family Planning Programs). Two review articles discuss the report of the Australian National Population Inquiry. They are authored by Kathleen M. Jupp (The Borrie Report: Background, Findings, Recommendations) and by Geoffrey McNicoll (The Borrie Report: Issues of Population Policy). A "Notes and Commentary" section features a paper by Victor Urquidi (On Implementing the World Population Plan of Action) while in the "Data and Perspectives" section Robert Cassen and Tim Dyson present an analysis of Indian demographic prospects.

The second issue of Volume 2 of the Review (June 1976) contains articles by J. J. Spengler ("Adam Smith on Population Growth and Economic Development"), Thomas W. Merrick ("Population, Development, and Planning in Brazil"), Beth Berkov and June Sklar ("Does Illegitimacy Make a Difference? A study of the Life Chances of Illegitimate Children in California"), and Bernard Berelson ("Social Science Research on Population: A Review"). In the "Notes and Commentary" section, Lester R. Brown questions whether projected urbanization rates will materialize ("The Urban Prospect: Reexamining the Basic Assumptions"). A new section, "Archives," contains observations made in 1893 on the causes of fertility decline in the United States. The "Documents" section presents the text of a recent statement by the Government of India on national population policy and a resolution by the Council of Europe on fertility and family planning.

Studies in Family Planning continued its monthly publications schedule. Highlights were a comprehensive evaluation of "The Record of Family Planning Programs" by Ronald Freedman and Bernard Berelson in its January issue; publication of the initial findings on the preconditions for fertility decline from the Nigerian segment of the Changing African Family Project in May; and the devotion of the entire August issue to abortion.

A Country Profile on India, by Pravin Visaria and Anrudh Jain, was published in May. Three other Profiles are scheduled for 1976; Colombia, Ghana, and Mexico.

Three topics will be covered in the Reports on Population/Family Planning series this year, although the format of the series may be changed from a looseleaf periodical. The world review of family planning programs with data for 1975 will appear as a report; last year it was published as a special issue of Studies. A report analyzing the population content of the national development plans of 60 Third World countries, by B. Maxwell Stamper, is scheduled for November. The eighth edition of the Council's well-known "Factbook" on family planning programs will appear in November also.

Distribution of the Council's publications as of August 1976 is as follows:

<u>Studies</u>	12,100
<u>Profiles</u>	10,600
<u>Reports</u>	10,000
<u>PDR</u>	7,200

The number of copies of publications in circulation is somewhat reduced from a year ago as a result of a survey of developed country readers that was conducted in 1975.

The Information Office will publish a monograph on "The Family Planning Program in the Socioeconomic Context" by K. S. Srikantan.

As has been the case in past years, the Information Office works on special projects at the Council, primarily the Annual Report. This year, a teaching manual entitled Human Reproduction: Lectures in Physiology, Population, and Family Planning, prepared by Howard C. Taylor, will be published. The Information Office has developed a special mailing list for complimentary copies to professors of obstetrics and gynecology, nursing, public health, and midwifery throughout the developing world.

Information

In 1976 the Information Office began to develop a press list and to send advance copies of special publications to journalists and documentarians. Arrangements for trainee groups from other programs and visiting population professionals are made by the Information Office as are responses to the large volume of mail received at the Council.

Translation Program

The Council's French Translation Program was phased out in mid-1976, when special funding support ended. Bulk copies of publications were turned over to several key points in French-speaking Africa for future distribution. The Council is exploring the possibility of starting a French Translation program in the Tunisian National Office of Family Planning.

9/2/76

THE POPULATION COUNCIL

J. King

245 PARK AVENUE
NEW YORK, N. Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

July 16, 1976

Do you have any
suggestions?
WZ

Dr. Hollis B. Chenery, Vice President
Development Policy
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. Chenery:

The Population Council is searching for a vice president and director of its international programs. We are also beginning a systematic effort to identify outstanding women and men from around the world to fill a variety of other staff positions.

Most of the Council's activities outside the United States are being organized into a new International Programs division that will include the overseas activities that are now the responsibilities of our Demographic and Technical Assistance Divisions. It will operate with a field staff that now includes 25 professionals (and is likely to grow) and a headquarters staff of as many as 10 professionals.

The field staff will be organized around five or six area offices, each headed by a senior representative to whom substantial responsibility and authority will be delegated. Area offices will be established for sub-Saharan Africa (or one each for east and west Africa), north Africa and west Asia, Latin America, south Asia, and east and southeast Asia. The headquarters staff will consist of a deputy director and several subject-oriented program associates. The new division will also have close professional and communications links with the Council's new Centers for Policy Research and for Biomedical Research.

To give you a better idea of the framework in which the vice president will operate, I enclose a copy of a paper entitled Future Directions of the Population Council that was approved by our Board of Trustees at its 1976 Annual Meeting in June. Appendices A and B contain important but still tentative information about the programs of the research centers. Appendix C describes the new organizational structure of the Council.

The Council's activities outside the United States are expected to be varied and demanding. They will include professional and technical service in a wide range of population-related programs including, but not limited to,

fertility regulation programs. In addition, we expect to collaborate in programmatic experiments, innovations, and applied research projects as well as research more directly related to that of the Council's research centers.

We intend that our professional and technical services will be largely self-sustaining financially, including indirect costs. Accordingly, it would be part of the work of the vice president in charge of International Programs to undertake fund-raising and to manage what will be in some senses a large international consulting firm. At the same time, the Council intends to ensure to its International Programs sufficient core funding to finance free and disinterested consultation, analysis, and advice in some countries and to finance Council participation in undertakings of special interest.

The other vice presidents of the Council are Sheldon J. Segal, Senior Vice President, Director of the Center for Biomedical Research; Paul Demeny, Vice President, Director of the Center for Policy Research; and James J. Bausch, Vice President and Treasurer, Director of Program Support and Services.

I would be most grateful if you could advise me about persons who you think might be able to fill this demanding and challenging post. I believe that this job will afford an unparalleled opportunity for creative and responsible work. It would be especially good if this vice president were a citizen of a country other than the United States, or a woman, or both. However, I do not mean to suggest that you exclude others from consideration. It is our intention to consider the widest and most varied possible group.

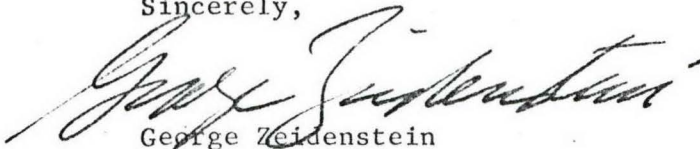
The Future Directions paper also outlines a number of ways in which the Council needs and intends to broaden its intellectual perspectives and to further internationalize its staff. We have begun a systematic effort to identify outstanding professionals from around the world who might be interested and available to fill staff positions at the Council, both at headquarters and abroad, that will open during a transitional period of twelve to eighteen months and thereafter in normal course. We will be seeking advice and recommendations from a wide range of colleagues in the United States and abroad and from others who might be able to offer suggestions of possible candidates. Initially our efforts will be directed at establishing an information network that will enable us to become better informed about outstanding women and men working in a broad range of fields related to our programmatic interests. Matching individuals to specific staff positions will be an ongoing process as our organizational structure and staffing needs become more fully clarified over the transitional period.

I have appointed a member of the Council's staff, Barnett F. Baron, to coordinate the development of this information network and the related international search effort. Any recommendations you might have of outstanding candidates for staff positions at the Council, or of particularly

interesting and promising individuals we might wish to keep in mind for possible consideration at a later date, can be made either to me directly or to Dr. Baron, Associate, Office of the President.

I thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "George Zeidenstein".

George Zeidenstein
President

GZ:vr

Dr. K.K.

FUTURE DIRECTIONS
OF THE
POPULATION COUNCIL

This paper was received and recorded by the Board of Trustees of the Population Council at their Annual Meeting on June 8th and 9th, 1976. The body of the paper (pages 1-19 inclusive) was approved by the Board on June 9th.

INTRODUCTION

My purpose in presenting this paper is to offer the Board a point of departure for continuation of the discussions begun at the 1975 Annual Meeting on the future directions of the Council, its purpose and strategies. It is my hope that those discussions can be concluded with decisions during the 1976 Annual Meeting. This paper is intended as a contribution toward that end. It presents for Board consideration a set of guidelines and principles that I believe should orient the Council's work for the next several years, and a formal statement of the Council's purpose. It does not describe specific programs or projects of the Council. Once the key issues of purpose and strategies are resolved, programs and projects will be presented as an integral part of the 1977 budget.

I record my gratitude to the rest of the Council's staff for their patience, cordiality, and supportive participation with me in the process of which this paper is but an early and imperfect product. I admire and continue to learn from them.

BACKGROUND

The Council's distinguished history is presented in some detail in several earlier papers, principally the one called "A Review" prepared in the spring of 1975 by the Board's Review Subcommittee. Only a few relevant highlights need to be mentioned here.

(X) In the past, the Council succeeded in raising to global attention the issue of population growth as an intensifier of social and economic problems. It helped to provide training for a significant proportion of the world's present population professionals and contributed to the establishment and nurturance of institutions for demographic and biomedical research and training particularly in poorer countries. It identified family planning as a central policy response that governments could make to excessive fertility and supported family planning programs in places where that was necessary and timely. It pioneered in the evaluation of family planning programs and the scientific assessment of their impact on fertility. It developed new fertility regulation technologies and facilitated their delivery to people who needed them. It disseminated population information to a wide international audience.

In those pioneering activities the Council established and has maintained a tradition of professionalism and excellence, which must be continued and strengthened even further.

SUGGESTED GUIDELINES
AND PRINCIPLES

These are offered humbly but with conviction.

Fundamental Concerns
and Basic Functions
of the Council

I

CONCERN WITH HUMAN WELFARE MUST UNDERLIE ALL OF THE COUNCIL'S PROGRAMMATIC EFFORTS. THUS, ALTHOUGH A FOCUS ON POPULATION VARIABLES SHOULD BE COMMON TO ALL ITS PROGRAMS, ITS CONCERNS MUST ENCOMPASS ALL THE OTHER ELEMENTS OF DEVELOPMENT THAT MAY CAUSE POPULATION TO BE A PROBLEM.

How to translate

The Council has had a specialized concern with population, and "population" still describes something that is a major cause and consequence of development although its boundaries appear less distinct today than they did a few years ago.

Population as a discrete element in understanding and influencing the development process should remain the organizing focus of our work.

But there is an urgent need for new concepts and approaches in our field. More and more we see how inter-twined the different threads of development are and we are confused. At the levels of the mass of the people, the individual threads are not as important as the fabric into which they are woven. Yet no institution can encompass the whole of development.

We know that excessive rates of population growth--and its main component, high fertility--are a cause for distress in many areas of the world and may soon become such in others. But high fertility is a problem mainly in relation to the disposition and consumption of resources, inequities in the distribution of capital, income and social and economic opportunities, and inadequate realization of the full potentials of women and men. Socially undesirable spatial distributions of people are another important reflection of imbalance between people and resources that is becoming increasingly significant in many countries, especially in Latin America and Africa. And high mortality, especially in Africa, remains an important issue for both population and development.

Thus, to our long-standing emphasis on population growth, we must add related concerns with economic, social, and cultural factors such as resources, income and capital, consumption, productivity, the roles and status of women, health, education, housing, employment, social security, and institutional structures; and we should pay greater attention to issues related to migration, urbanization, and mortality.

II

THE HEART OF THE COUNCIL SHOULD BE
 SCIENTIFIC INQUIRY AND RESEARCH
 SEEKING TO PRODUCE NEW KNOWLEDGE
 THAT IS USEFUL IN THE SOLUTION OF
 POPULATION PROBLEMS. AT THE SAME
 TIME, IT SHOULD FOSTER UTILIZATION
OF EXISTING KNOWLEDGE BY OFFERING
PROFESSIONAL AND TECHNICAL SERVICES.
 THESE SHOULD BE THE COUNCIL'S MAJOR
 FUNCTIONS.

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To be useful we need to have something useful to say.
 Generalities are not enough. Rigorous and bold research
work is needed before much more can be said. Only new and
sound ideas can transcend the material limitations of our
small organization.

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At the same time, there is a substantial need for
professional and technical service in the population field.
Governments, donors, and other institutions having or
 wanting action programs sometimes require consultation
 for program design or improvement of program efficiency
and effectiveness. Institutions engaged in training or
scientific research in various countries often require
collaboration for institutional development or association
with professionals from outside in executing particular
 projects.

Sometimes, professional and technical collaboration
in service activities overlaps with research. That is to
 be encouraged. However, it is important that we not con-
fuse service objectives with research objectives. Usually

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the main value of the former is in satisfying existing needs and setting models for similar further undertakings. Those are sufficient reasons for undertaking service as one of the Council's principal functions. On the other hand, research is aimed at producing new knowledge or new formulations of knowledge. This distinction should be reflected in Council organization, staffing, and funding. Service activities, including indirect costs, should be increasingly fully funded by the recipients of the service or their financiers. Exceptions need to be made for innovative, experimental, or pilot undertakings, for certain collaborative relationships, and for provision--free of charge or obligation--of independent analysis and advice.

Leadership Role

III

WITH MODESTY BUT WITHOUT EMBARRASSMENT THE COUNCIL SHOULD SEEK THE ROLE OF INTELLECTUAL LEADER, SYNTHESIST, AND CATALYST IN THE POPULATION FIELD.

The Council has a special strength in its combination of expertise spanning a wide range of disciplines and backgrounds, its field organization deployed in three continents, and its tradition of professionalism and intellectual inquiry. It can and should lead, synthesize, and catalyze intellectual developments in the field--seeking uncompro-

mising excellence in its work and giving constant and collaborative attention to the work of related organizations and institutions around the world.

The effectiveness of the Council in these roles should be strengthened by paying attention to the adequacy of Council publications in communicating the best thinking through modes of presentation best suited for their intended audiences. In addition, whenever appropriate, the Council should undertake initiatives in organizing meetings, workshops, and other face-to-face communication opportunities within the population field and between it and other development fields.

Scope of the Council's
Research and Service
Functions

IV

THE COUNCIL'S RESEARCH SHOULD ADDRESS TWO MAJOR FIELDS OF INQUIRY WITHIN THE BROAD FIELD OF POPULATION, EXPLORING THE UNCHARTED IN EACH. THESE ARE POLICY RESEARCH AND RESEARCH IN BIOMEDICINE. IT SHOULD HAVE A CENTER WORKING IN EACH FIELD.

Policy Research. The Council's Center for Policy Research should investigate important interrelationships between existing and anticipated development processes, policies, and programs and demographic behavior. It should also seek to develop effective ways of assembling and

disseminating policy-relevant knowledge on these topics. Until a great deal more knowledge is available about the nature and quantitative features of the interrelationships between developmental and demographic processes our ability to suggest significant improvements over existing policies will remain limited. As more becomes known, it should be possible to play a progressively constructive role as independent analyst and critic of existing policy approaches, and to direct inquiry toward the development of new policy designs available to governments and bilateral and multi-lateral assistance agencies that help to finance development expenditures.

More than 97 percent of the world's development budgets are spent on subjects designated as other than "population programs." A population lens is hardly ever used to study these projects at any stage. A major reason is that the population lenses are still so imperfect for this purpose. The Council's policy research should produce effective and practical analytical tools through which existing and projected development processes, policies, and programs can be examined so that their population impacts can be better understood.

Our inquiries should also include attention to the ethical issues that are bound to arise as fertility and migration behavior cause the interests of different groups to collide and as governments undertake policy interventions.

Biomedical Research. Our Center for Biomedical Research should build on the fundamental research undertaken by others and develop an integrated program of applied research and mission-oriented basic research on human reproduction, fertility regulation technology, sterilization and abortion,* and their safety and health effects.

Fundamental research related to human reproduction is being performed by more than 2,500 scientists in different parts of the world. The Council should concentrate its own efforts at the applied and mission-oriented basic levels; these are where Council efforts are most needed and most likely to be effective.

Appendices A and B present tentative plans concerning the two new research centers, for discussion and the Board's advice.

V

THE COUNCIL SHOULD PROVIDE A
WIDE RANGE OF TECHNICAL AND
PROFESSIONAL SERVICES IN A
FRAMEWORK OF COLLABORATIVE
ARRANGEMENTS.

In providing collaborative services in the planning, implementation, and evaluation of population-related programs, we should limit ourselves to situations in which we can maintain excellence. But we should have no programmatic restrictions that preclude consideration of a wide range of possibilities. In particular, our efforts should not

* Dissenting views of Mr. John T. Noonan, Jr., a Trustee, are appended.

stop at fertility regulation programs.

To enlarge our capacity for service embracing a wide range of activities we should recruit people to our staff from a greater variety of disciplines and backgrounds and undertake to develop a worldwide network of professionals willing to participate in our work. A potentially important part of this network may be drawn from the large pool of Council fellows and staff alumni.

Certain subjects are already identifiable for addition to our range of professional and technical service efforts in the late 1970s and early 1980s. These are the roles and status of women; project-level interrelationships between population and other development activities; sterilization and abortion; safety and health effects of fertility regulation methods; transfer of appropriate fertility regulation technology.

The roles and status of women have an increasingly recognized close connection with demographic behavior and will constitute direct and key components of development interest and action in the coming years. Sterilization and abortion* are of growing interest and demand in many countries, the former especially for couples who want no more children and the latter as both a countermeasure to contraceptive failure and a humane alternative to the suffering endured by poor women for whom safe abortions have been unavailable. Too little of the resources heretofore devoted to research on human reproduction and development of new fertility regu-

* Mr. Noonan's dissenting views are appended.

lation techniques has been directed toward greater safety. The Council should take a leading role in rectifying this imbalance. There is a strong and growing interest in poor countries in access to more appropriate fertility regulation technologies. The Council's past work makes it particularly able to respond to that interest.

Grants and Fellowships

VI

ENHANCING ITS RESEARCH AND SERVICE ACTIVITIES THROUGH PROVISION OF TRAINING AND CAPACITY BUILDING BY PROVIDING GRANTS AND FELLOWSHIPS SHOULD REMAIN IMPORTANT PARTS OF THE COUNCIL'S WORK.

In-house training programs and grants and fellowships that help to create and support local capacity are necessary companion activities to everything else we do. Council training programs, grants, and fellowships should be integrated with our overall programs of service and research.

Basic Structural Matters

VII

THE COUNCIL SHOULD CONTINUE AS ONE RATHER THAN BECOME SEVERAL ENTITIES.

At its Annual Meeting in June 1975 the Board considered a recommendation that the Council be divided into three entities along the lines of its Demographic, Biomedical, and Technical Assistance Divisions. The minutes of that

meeting reflect the following decision:

The Board was unwilling to accept the structural suggestions in the Review Committee's report without further information and analysis and without input from the Council's staff.

In a Report to the Executive Committee in September 1975, the Division Directors of the Council stated their unanimous opinion that the Council should remain as a single institution.

Each of the elements of the Council derives too much strength from the others for them to be separated into different entities. The interdependence is intellectual as well as programmatically. It should and can be even more so. It also affects the perceptions of others about the Council.

Accordingly, in my opinion it is important for the Council to remain one entity. The Council should incorporate within itself both the worldwide functions of an international professional and technical service organization and the research functions of internationally oriented policy and biomedical research centers. I believe it is possible to do this through organizational arrangements that ensure that each of the parts supports the others intellectually without excessively burdening them administratively or financially.

Appendix C contains, for Board discussion and advice, a statement and chart regarding organization and staffing. I propose to install the new organizational structure begin-

ning October 1, 1976. After the new organization is put into place, changes and adjustments would continue for a time. However, the fundamental arrangement of the Council into four main parts, each headed by a vice president, would remain firm.

VIII

TO BROADEN ITS PERSPECTIVES
AND ENCHANCE ITS EFFECTIVENESS,
THE COUNCIL'S COMPOSITION SHOULD
BECOME SUBSTANTIALLY MORE
INTERNATIONAL AND ITS DECISION-
MAKING MORE DECENTRALIZED.

The problems with which we deal are sensitive and complex and the views of people from countries in which the Council works should play an important part in the determination of our policies and programs. Population issues appear different from different vantage points and our institutional vision should be synthesized from a varied range of backgrounds and experiences. In addition, a move toward a more international Population Council may help us to be more acceptable in some countries and to broaden our financial support to include donors that are unable or unwilling to consider us now. At the highest level we should adopt the goal of recruiting a larger proportion of our trustees from nations other than the United States. Council staff at headquarters and abroad should also become a more international group. Without haste but with clear purpose

we should begin action now toward achieving these goals.

In the same spirit, we should further decentralize decision-making functions by delegation of important responsibilities and authority to senior representatives posted in different parts of the world where the Council works.

IX

EFFORTS TO STRENGTHEN, BROADEN, AND INCREASE THE COUNCIL'S FINAN- CIAL BASE NEED TO CLAIM MORE ATTENTION.

The Review Subcommittee detailed the Council's financial history. We have been and still are dependent on a relatively small number of donors whose grants to the Council represent fairly large proportions of their overall population budgets. It may be that this situation is inherent in the nature of the population field and the types of donors for which or whom the Council provides an appeal. However, this should not be taken for granted.

All promising avenues for improving our funding situation need to be thoroughly investigated. Performance of this immense and critical task will require systematic and sustained staff work, together with supportive involvement at the highest levels of the Council.

X

INCREASED BOARD INVOLVEMENT IN
THE COUNCIL'S WORK IS NECESSARY
AND DESIRABLE.

An organization like the Council needs from its Board policy guidelines and priorities for program development, the discipline of periodic program and budget review, and, more generally, readily accessible counsel. Assistance with fund raising is also needed.

As a first step in that direction I ask the Board to consider two-day meetings twice a year as the regular format for Board deliberations.

An additional important step toward increased Board involvement without excessive demand on the time and energy of the Trustees would be adoption of a new system of budgets, appropriations, commitments, and delegations that would (1) require periodic presentation of information to the Board in a format more informative for setting and overseeing policies, programs, and budgets, and (2) encourage increased initiative and responsibility by key staff members. The new system would also provide a formal basis for greater decentralization of decision-making as recommended above under suggestion VIII.

Presented in a separate memorandum for Board discussion and advice is a tentative explanation about the new system of budgeting and delegation. I propose to install

the system as it is finally worked out from January, 1977.
At the 1976 Annual Meeting, I request only Board reaction to
the ideas presented and general approval to continue
developing the new system. A progress report would be made
to the Executive Committee in September, and the final
system, along with resolutions authorizing its adoption,
would be presented to the Board for approval in December.
The 1977 program budget would be prepared according to the
new system.

A STATEMENT OF COUNCIL PURPOSE,
FUNCTIONS, AND PRIORITIES

Drawing on the analysis by the Review Subcommittee and the guidelines and principles presented in this paper, I offer the following formulation of the Council's purpose for Board consideration:

1. The purpose of the Population Council is to contribute to knowledge and capacity for improving human welfare. To this end the concerns of the Council focus on and encompass those demographic, economic, social, and cultural factors that interrelate to affect progress and improvement in the human condition and the quality of human life, recognizing that every person deserves the opportunity to lead a life of satisfaction and purpose, to achieve in life more than mere survival.

Too broad

2. The functions of the Population Council are to conduct research and provide professional services in the broad field of population.

11 a. The Council will provide worldwide professional and technical services to assist nations and institutions with the design, implementation, and evaluation of programs intended to influence demographic behavior or to ease adverse consequences of demographic patterns.

b. Through its research the Council will seek:

i. Fuller understanding of the inter-relationships between the social, economic, and political development of societies and nations and the fertility, mortality, and migration of people;

ii. A more complete knowledge of the processes of human reproduction and the improvement of fertility regulation technology, sterilization, and abortion,* and their safety and health effects.

3. The priorities of the Population Council during the years immediately ahead will give emphasis to the interrelated demographic and development problems of the world's poorer countries and people. In pursuing this priority the Council will channel its assistance and support, and foster cooperative research through collaborative agreements with governments, multilateral world bodies, private institutions, and other agencies.

* Mr. Noonan's dissenting views are appended.

TRUSTEE ACTION
AND STEPS THAT FOLLOW

It is my hope that at their 1976 Annual Meeting, the Board of Trustees of the Population Council will affirm that the Council is to continue as one entity and will receive and record this paper and approve the body of it after such modification as the Board determines to be appropriate.

Steps that might be taken following the meeting are suggested in a separate memorandum to the Board.

George Zeidenstein
May 1976

Appendix A

CENTER
FOR
POLICY RESEARCH

In any realistic perspective on mankind's future, prospective demographic changes emerge as a major factor. The modalities of population growth and its components--fertility and mortality--and changes in the pattern of the spatial distribution of the population, are bound to have a powerful effect on human welfare in the coming decades; hence these are subjects of concern for social policy. Such a concern has an increasingly important global dimension, but in the contemporary world it finds its primary expression within national states. In first approximation, the world population problem is a composite of a multitude of national problems, in the hands of well over a hundred national governments. Not surprisingly, the problems display a tremendous variety, both in substance and in the way they are perceived. How societies can best accommodate demographic change, or how and to what extent they can adjust and modify demographic patterns so as to improve their welfare are questions that bear no simple answer.

One of the major objectives of the Population Council is mobilization of already available knowledge and technical expertise to help in formulating and executing better policies and programs in the broad field of population in

response to felt needs in the developing world. However, as the experience of the last decade clearly demonstrates, the knowledge base on which such efforts can draw remains painfully inadequate. The inadequacy is reflected in the often limited success met by existing policy approaches in achieving their stated objectives and in the paucity, or unacceptability in terms of human costs, of the alternative policy approaches that are available. Furthermore, effective social demand for integrating population variables into development policy is often lacking, reflecting inadequate understanding of the potentially attractive welfare trade-offs offered by feasible population policies.

Remedying these deficiencies calls for broader, more purposeful and more effective efforts (1) to analyze and understand the impact of population processes on socioeconomic change and the implications of that impact for human well-being; (2) to analyze and understand the factors that determine demographic intervention, and the costs of such intervention; and (3) to combine that knowledge into new policy designs that may successfully pass the test of the political decision-making process. The mandate of the Council's Center for Policy Research is to serve these three objectives by carrying out appropriate studies through the efforts of its own staff; by stimulating such research by others; and by assembling and disseminating policy-relevant knowledge.

Staffing
and
Organization

At present no program anywhere adequately performs the functions outlined above. While the Council's effort to fill the obvious need in this field will be able to draw on relevant experience accumulated within the Council and by other organizations in related fields, the Council will be breaking new ground and will be developing an essentially new program. In doing so, it will have substantial organizational advantages since (1) the Center will not be encumbered by the discipline-oriented focus and teaching roles of traditional academic institutions; (2) it will be able to develop and maintain strong interaction with the Council's international programs, and hence be in close touch with perceived needs of policymakers; and (3) it will be especially well placed to establish cooperative ties with research centers in the developing world.

The Center's staff will consist of an interdisciplinary group of researchers, drawn primarily from the social sciences. Academic fields that may be represented include economics, sociology, political science, public administration, demography, systems analysis, operations research, anthropology, and social psychology. Recruitment and subsequent staff changes will reflect the needs and opportunities of the program as it evolves over time, subject to the criteria of (a) maintaining outstanding professional

excellence and (b) achieving a staff composed of women and men with a variety of nationalities, backgrounds, and academic perspectives.

It is envisaged that by mid-1978 there will be 10 to 12 resident professional staff members at the Associate and Senior Associate level and that there will be a similar number of professionals temporarily at the Center: Visiting Associates, Visiting Senior Associates, and Postdoctoral Fellows. The key measure of the Center's performance, as of its individual members, will be productivity in terms of the quality and volume of research output and of policy ideas, generated both in the Center and through services rendered to others. Success in those terms will not be possible unless the Center also succeeds in creating and maintaining an atmosphere of creative intellectual stimulation and a spirit of spontaneous interaction and cooperation among its members.

Program
Elements

Development of a detailed program strategy and, in particular, the selection of specific research projects in the first phase of the Center's existence will await the formation of the initial core group of the professional staff but will be fully reflected in the Council's 1977 program budget. The brief discussion that follows indicates the baseline from which the process of program development will start.

(1) Research. A central requirement for better policy input is a substantial advance in our understanding of the anatomy of the basic building blocks of society: families and households. A significant portion of research efforts of the Center will be devoted to the analysis of the structure and socioeconomic and demographic behavior of these units. An important project would be to tackle the exceedingly difficult task of formal modeling of household formation and composition--success in such an endeavor would have numerous immediate applications in policy analysis. However, much of the effort would be directed to empirical investigations utilizing existing micro-level data and to initiating in-depth cooperative field investigations in developing countries, particularly in rural areas. The topics to be studied would include such economic, sociocultural, and demographic aspects of household behavior as: participation in market and non-market production activities by household members and, in particular, the economic and social roles and status of women and children; household income and assets and the decision-making processes governing their disposition; consumption, saving, and investment behavior within households and over the life cycle; distribution of obligations and resource transfers both within and outside the household; attitudes concerning risk-taking and security; psychic satisfactions and costs of children; fertility, mortality, nuptiality, and migration patterns and

their normative and cultural underpinnings; configurations of family and household structure; and so on. Improved understanding of the qualitative nature and quantitative aspects of these phenomena is indispensable for more reliable prediction of behavioral responses of households to specific changes in the social environment in which they operate; hence it is also essential for a more objective and reliable assessment of the consequences and perceived costs, interpreted in the broadest sense, of specific policy measures aimed at changing that environment.

A second major type of analysis to which the Center will address itself focuses on socioeconomic, cultural, and demographic behavior at an intermediate level of aggregation, that is, with reference to social units larger than households but below the national aggregate. People are members of various groupings and are characterized by various attributes that have important bearing on social interaction and behavioral responses, in particular on the distribution of the costs and benefits attached to demographic change. Key groupings and characteristics include the demographic attributes of age and marital status; sex as an economic and social as well as a demographic attribute; social class and position in the distribution of income and wealth; occupation and branch of industry; ethnicity; religion; and membership in communities defined by geographic boundaries, such as a village. Unlike micro-analyses focused on the household

level that have been attracting an increasing amount of research input recently (mostly in advanced-country settings), analysis on these intermediate levels remains neglected. Yet the focus on social class, sex, community, and similar aggregates offers perhaps the potentially most fertile ground for a better understanding of the factors that result in social change or stagnation, and such understanding in turn offers the possibility of identifying remedial social policies. It is on this intermediate level that explanations can be found of why in some situations social interaction does not lead to individual behavior that conforms to the common good, while in other situations institutional arrangements do successfully accomplish the task of reconciling conflicting group interests. The relevant structural mechanisms and the essential features of the economic, sociocultural, and political processes are concealed when attention is directed either to the nation as a whole or at best to the nation seen simply as composed of a myriad of household units. The Center will seek to develop the appropriate conceptual apparatus and research methodology for explicating these mechanisms and processes and for quantifying intergroup transfer, distribution, and spillover effects. It will seek to apply these methods in its analyses of existing policy designs and in making recommendations for new policy approaches.

The third important focal point for Center research and analysis is the most familiar level at which policy issues are posed and resolved: that of the national government. The knowledge base that is needed here calls for understanding and quantitative evaluation of the implications of demographic processes for government expenditures and programs, if certain standards of provision are to be met, in a variety of fields including health, education, employment, housing, social security, environmental amenities, natural resources, and food supply. It also calls for an improved assessment of the expected demographic responses to alternative development policy packages or to specific single policies or programs. The Center will endeavor to address such issues in the light of, and integrated with, studies of the two types referred to above. In particular, it will seek to develop a format suitable for major comprehensive assessments of the key population and developmental interrelationships in individual country settings, including a systematic review of the implications of findings concerning alternative national policy choices and approaches. Such "country status reports" would be prepared in cooperation with interested national or international agencies. A key issue the Center would address within such reports would be evaluation of the relative merits of alternative administrative arrangements for policy formulation and program execution by the government. An additional important item on the

research agenda of the Center in this area would be the identification and the analysis of the experience of so-called natural experiments--assessment of the interrelationships of major geographically focused development programs with demographic behavior in comparison to behavior in matched geographic areas where similar programs did not take place. Social science research suffers from its lack of access to, or exceeding costliness of, controlled experiments. This problem could be mitigated at least to some degree by a careful research design exploiting the potentials inherent in "natural experiments."

Finally, an area of policy studies that is likely to grow in importance in the future and in which the Center would seek a role is at the global level. Policy problems here can be analyzed both from the point of view of existing and emerging supra-national institutions and programs, and as issues affecting the relationships of national entities. The key research areas here would be (a) the analysis of international spillover effects and interdependencies generated by demographic processes and by relevant internal policies of individual nations, particularly with respect to food, resources, and the environment, and (b) the assessment of policies by which the international system copes with such effects. These studies would be carried out both in a positivistic and in a normative framework.

In all these areas of research and analysis, the

Center will examine and be sensitive to the ethical issues that may be inherent in population policy interventions.

(2) Technical and Professional Services. To be effective, the Center's research program must maintain close contacts with policymakers and governmental agencies, as well as with other research organizations, particularly in the developing world. Such contacts are useful not only because of the stimulus imparted to the Center's work; they are also likely to offer opportunities to render services to others that are valuable in their own right. The technical and professional expertise possessed by the Center's staff will be made available not only to other units of the Council through backstopping arrangements but also--upon invitation and as permitted by Council resources--to national and international agencies and institutions through appropriate consultative, advisory, and longer term roles and assignments. These would be arranged through or with the Council's International Programs.

The scope of the policy-relevant research studies sketched under item (1) above is exceedingly ambitious. Proceeding simultaneously on all fronts is clearly beyond the capacity of a relatively small group of researchers who are also participating in activities outlined under item (2). There will therefore be a need for strict "birth control" exercised over individual projects. To be effective, in-

house research in the Center will have to focus on a relatively small number of topics and, when appropriate, a limited number of geographic areas.

It follows that the Center, if it is to fulfill its mandate, will have to add additional productive components to its program. Two such components that will form important parts of the program are briefly outlined below. Other efforts, such as the formation of a network of Center Fellows working at institutions of related interest, are envisioned once the Center becomes well established.

(3) The Population and Development Review. The Review would be under the substantive editorial auspices of the Center. There will be a concerted effort to make the journal serve its stated objective of seeking "to advance knowledge of the interrelationships between population processes and socioeconomic development and to provide a forum for discussion of related issues of public policy." The Review would also serve as an important communication and dissemination device directed toward a high-level, but not necessarily academically specialized, audience. Its editorial policy would be to continue to pay particular attention to the needs of policymakers in developing countries. As was envisioned at the journal's inception, a review of editorial arrangements most suited for accomplishing these purposes will be undertaken later this year. It is expected that a result of that review will be the

establishment of an international advisory board.

(4) Symposia on Population and Development Policy Research. The Center will seek to conduct its work in close cooperation with institutions and scholars in fields of related interest and to maintain close ties with policy-makers and administrators in responsible posts, particularly in the developing countries. A variety of approaches will be considered to make such relationships mutually helpful and productive. The most important among these will be the holding of working symposia focusing on topics and issues within the compass of the Center's mandated interest but drawing heavily on talent, and on research performed, outside the Council. Such symposia would be a regular feature of the Center's program. Four to six meetings per year are tentatively contemplated, some held at Council headquarters, others abroad. The format would be quite distinct from the usual conference format in several respects. Prior to each symposium, Center staff and/or outside consultants would examine in-depth the issues to be addressed by the symposium and a formal position/background paper would be prepared and circulated to participants well ahead of the time of the meeting. As a rule, the number of participants would not exceed 15 persons, including Council participants, and would often be well below that number. Most academic participants would be expected to prepare research notes concerning their own work related to the topic under discussion or a formal

commentary on the issues treated in the position paper.
Preparation of the symposia would include explicit plans
for the utilization and dissemination of the results.

Appendix B

CENTER FOR BIOMEDICAL RESEARCH

The Council's Center for Biomedical Research will undertake four principal responsibilities.

(1)
Applied Research and Development
of Improved Methods of Fertility
Regulation (Contraception,
Sterilization, Abortion)

Whether through social and economic development or as the result of focused family planning efforts, fertility reduction in a society results from decisions by individuals or couples to avoid pregnancy. This decision can be implemented only by abstinence (including delay of age at first marriage), contraception, sterilization, or abortion. Each of these procedures is important to large segments of the world's population and each is of greater or lesser significance at different phases in the reproductive lifespan of a couple. A primary objective of the Council's Center for Biomedical Research is to undertake and encourage scientific studies that will improve the effectiveness, safety, and accessibility of each of these methods of voluntary fertility regulation. The development of improved methodology does not suggest the emergence of a technological panacea. Technological advance, however, can have an im-

portant impact on human behavior; at any level of motivation to regulate fertility, methods that are more effective and accessible, and that require less costly and sophisticated delivery systems, will provide more successful results. Thus, biomedical research on reproduction aims at improved human welfare through improved fertility regulation technology. Progress toward that goal depends on a broad spectrum of research activities, ranging from fundamental studies of the human reproductive process to applied work on the development of specific methods of contraception, abortion, or sterilization.

The Council's Center will concentrate on applied research and method development, using the mechanism of its International Committee on Contraception Research (ICCR) to carry out clinical studies of effectiveness and safety. The present major projects of the ICCR are a pregnancy vaccine, long-term steroid contraception for women (implants, vaginal rings, injections), and long-term steroid contraception for men (injections, implants). Probing efforts are under way to identify new approaches to non-surgical abortion and male or female sterilization. The selection of new leads for method development depends in large degree on the flow of new ideas from research laboratories.

(2)
Opening of New Opportunities
in Fertility Regulation
through Application of Fundamental
Research Discoveries

The flow of new ideas is fundamental to progress in all fields of technology, in contraception research it is the prior condition to technological advance. Significant discoveries in the biology of reproduction have been due in part to the application of sophisticated modern methodology to problems relating to reproductive processes and also to efforts in probing the process of reproduction at the sub-cellular and molecular levels. From the efforts of fundamental scientists, new areas of special promise have emerged that offer the leads for future clinical research in fertility regulation.

The Council's Center for Biomedical Research cannot and should not cover the broad range of basic research in reproduction. Although the efforts of the estimated 2,500 researchers in this field throughout the world fall short of the level of activity the problem demands, we cannot hope to make up the deficit by our own laboratory effort. Instead, the laboratory activities should be developed to nurture the goal-oriented, applied research program. This means concentrating on research programs that can test in laboratory animals new ideas for fertility regulation coming out of basic research carried out at universities and elsewhere. Scientific quality and programmatic applicability shall be

the primary determinants of suitability for inclusion of projects in the Center's laboratory program. The program will be multidisciplinary, so as to include a broad range of sophisticated techniques and modern concepts.

(3)

Monitoring of Safety and Health
Effects, and Modification of Methods
of Fertility Regulation Now in Use

When drugs or medical devices of any type, including contraceptives, are first introduced for wide-scale use, information can be provided regarding effectiveness and most short-range safety matters. It is virtually impossible to anticipate all safety issues that can develop. Side effects that occur after a long period of latency, for example, can be detected only after many years of use. Some health issues may be race- or culture-specific and need attention on a geographic basis. For these reasons, it is difficult to say that contraceptives now in use are "safe" without qualification. As with all drugs or devices they require constant surveillance on issues of safety and health effects.

The Center for Biomedical Research will undertake laboratory studies on safety issues for which we have particular expertise. In addition, we plan to organize a program for the international surveillance of safety and health effects of fertility regulation. Organizationally modeled after the ICCR, this program will have as its

objective the wide use of all methods of fertility regulation under conditions of optimal effectiveness and minimal risk. The program will not undertake long-term prospective studies, but will concentrate on clinical pharmacology studies and short-term epidemiological studies with the use of the case-control system of analysis and similar methodology.

(4)
Strengthening of International,
Professional Capabilities
in Reproductive Biomedicine
and Research in the Biology of Reproduction

Qualified researchers in all countries should participate in the international research effort in reproduction. In the industrialized countries, talented young investigators are being drawn to other fields of research, where they see substantial career opportunities. The field of reproduction research needs to make a special effort to attract its share of new talent. Scientists from developing countries, too, should be attracted to the field. Policymakers in these countries should have indigenous expertise to guide them on matters of contraceptive technology. Indeed, the availability of this expertise often can stimulate policy-making in population issues broader than the technology itself.

The Council will continue its efforts in this area with its biomedical fellowship program but we will place a

greater emphasis on using our own laboratory for training purposes. This will help to internationalize our method-development effort, even at the laboratory stage. The small grant-in-aid program, integrated with other program activities, will continue giving emphasis to young investigators with innovative ideas who do not have alternative sources of support. The program will be a means of rectifying obvious omissions in the field, such as the need for more work on reproductive physiology of the male, the inclusion of more women scientists in the over-all effort, the encouragement of young scientists in countries where scientific expertise is particularly lacking. We shall continue our training program in reproductive biology at the Marine Biological Laboratory, Woods Hole, as a means of attracting to our field of interest high quality graduate students from many United States universities.

Appendix C

ORGANIZATION AND STAFFING IN THE POPULATION COUNCIL

The Council's new organization will go into effect on October 1, 1976. A chart is attached. The divisions and their responsibilities are firm but various details are still under consideration. We can make changes after October 1st as we gain experience.

The Main Parts

The Council will consist of four main parts:

- Center for Policy Research
- Center for Biomedical Research
- International Programs
- Program Support and Services

Each of these will be headed by a vice president. The vice president for program support and services will also be treasurer of the Council.

Their Major Responsibilities

The Center for Policy Research (CPR) will seek to fill a leadership, synthesizing, and catalyzing role for policy-relevant research. It will undertake and collaborate in research and provide professional backstopping and communi-

cations for similarly interested Council staff working outside the USA under International Programs. It will be responsible for the Population and Development Review and participate in Council committees for grant and fellowship decisions in its fields. Whether it will have its own budget for grants and fellowships (other than its in-house training fellowships) is not yet determined.

The Center for Biomedical Research (CBR) will seek a leadership, synthesizing, and catalyzing role in its fields. It will undertake and collaborate in research and provide professional backstopping and communications for similarly interested Council staff working outside the USA under International Programs. It will also provide professional and secretariat support for the International Committee for Contraception Research. It will participate in Council committees for grant and fellowship decisions in its fields. Whether it will have its own budget for grants and fellowships (other than its in-house training fellowships) is not yet determined.

International Programs (IP) will be responsible for all activities of the Council outside the USA (except for the ICCR). Ultimately it will have five or six area offices, located in Latin America, North Africa/West Asia, East and Southeast Asia, South Asia, Sub-Saharan Africa (or

one in East Africa, and one in West Africa). Each area office will be headed by a Senior Representative of the Council who will also devote a substantial proportion of his or her time to a professional posting. The five Senior Representatives will be among the top staff of the Council and participate in its major program and budget reviews. Substantial responsibility and authority within the Council will be delegated to them. The headquarters office of IP will include subject matter program associates determined from time to time to be required in support of field programs and projects. Initially, we may require program associates in the following subjects (perhaps with one person covering more than one subject and, in rare cases, a subject requiring more than one person): roles and status of women, sterilization and abortion, program management and evaluation, population education, maternal-child health/family planning, appropriate fertility regulation technology, ICARP.

Program Support and Services (PSS) will include program planning and budgeting; the comptroller (who will also be assistant treasurer); the secretary, with responsibility for grant and fellowships processing and documentation, funding coordination, and central secretariat; general services, with responsibility for logistic support (at headquarters and, on a trial basis, overseas), personnel,

travel and meetings, purchasing; publications and information; computation services; library services.

The Officers' Meeting

Six executive officers (president, four vice presidents, secretary) of the Council will meet frequently about Council policies, program planning and budgeting, consideration of grant and fellowship recommendations, staff recruitment, fund raising, and the like. An important characteristic of the officers' meeting will be the obligation of each officer to mind the others' business. The officers' meeting will be a "Lincoln Cabinet" type of group with the president retaining final decision-making power and responsibility. In addition to the executive officers, the assistant to the president (when there is one) will participate in the officers' meeting.

Staffing

The Council needs new disciplines, nationalities, backgrounds, experiences, and points of view among the members of its staff. It also needs more female and minority staff members at responsible levels. Given the income we can reasonably anticipate over the next few years a certain amount of staff turnover is necessarily involved in building this staff for the future. Fair and considerate

procedures are a requisite of the turnover process.

The professional staff will have a limited number of titles: Associate, Senior Associate, Visiting Associate, Visiting Senior Associate, Senior Fellow. For paraprofessional staff, there will be the title Assistant. These titles can be modified by adjectives such as "Program," "Research," "Support," as desirable.

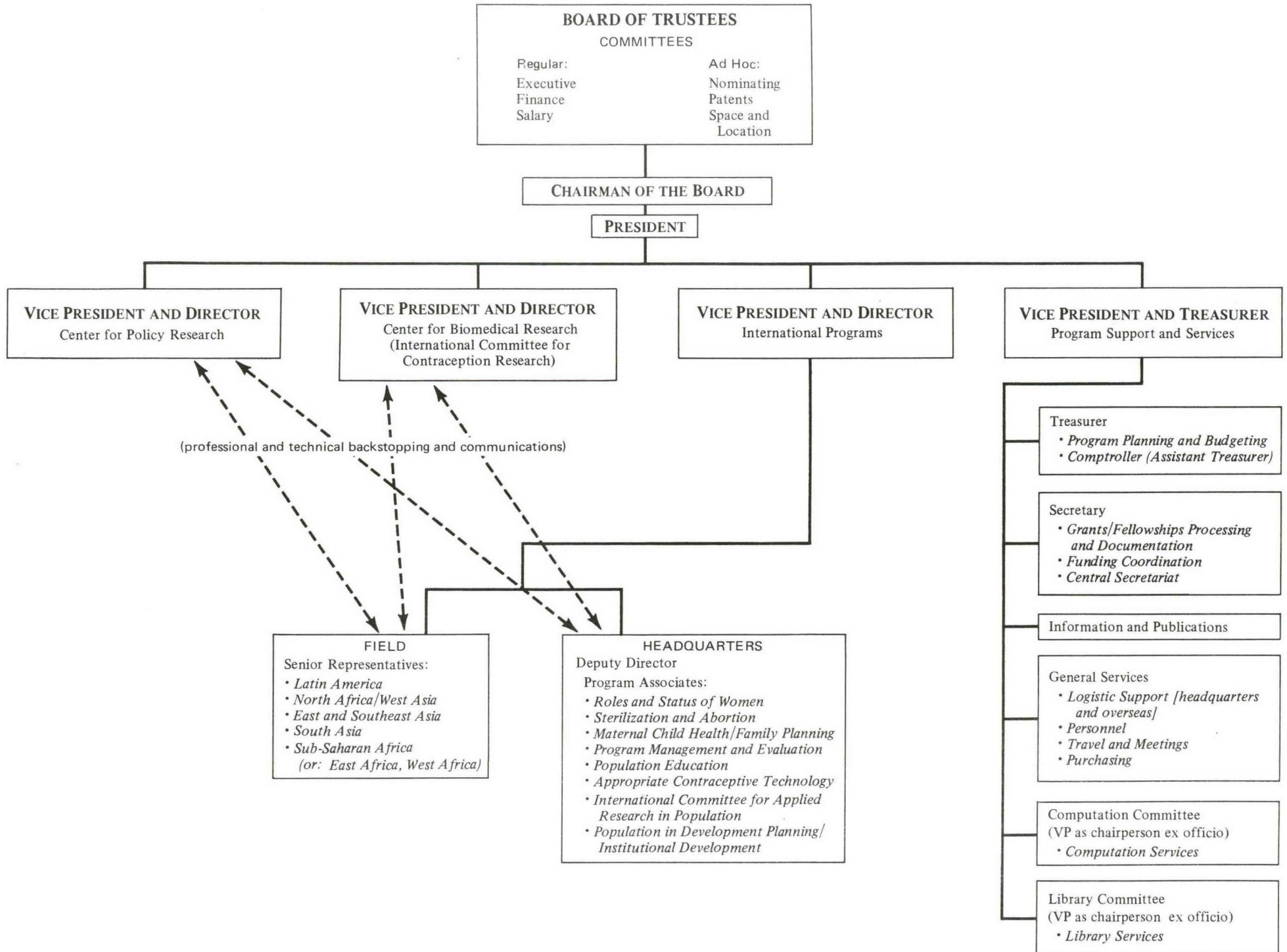
Increasingly, we will seek to use paraprofessional workers in jobs that can be handled well without specialized professional training. For example, in various aspects of grant administration, service and logistic support for field staff, and budget work, capable and energetic paraprofessional staff members can do much useful and responsible work and relieve professional staff members for activities that require their specialized training. An effort will be made to fill new paraprofessional posts with people already with the Council in lower ranking jobs. Thus, paraprofessional posts will provide more of a career ladder than we now have for secretaries, typists, and clerks.

Salary decisions will be based primarily on performance--appraised on an annual basis and discussed with the staff member on each such occasion.

Personnel policies will remove distinctions that do not have adequate substantive bases between categories of employees and we will develop sound policies and procedures concerning terms of appointment, promotion, and termination.

These are intended to include a system of salary grades. Work is progressing toward adoption of an affirmative action policy and related policies intended to support it.

The Population Council Organizational Structure from 1 October 1976



DISSENTING VIEWS OF
JOHN T. NOONAN, JR., A TRUSTEE

In three passages in these Guidelines and Principles the Population Council declares its willingness to assist and to finance the practice of abortion. First, the Guidelines and Principles encourage the Bio-Medical Center to engage in "mission-oriented research" directed toward the development of abortion technology (p. 8). Second, the Guidelines and Principles add to the "range of service efforts" the providing of "abortion" (p. 10). Finally, the Council's purpose is now said to be, inter alia, to "stimulate, encourage, promote, conduct, support... abortion" (p. 17).

So doing, the President and the majority of the Trustees of the Population Council commit themselves to a counterproductive course. They weaken the development of contraceptive methods, lessen the reliance on contraceptives, and deal a fatal wound to the necessary ecumenical efforts to meet the population problem. Worst of all, they commit themselves to what is morally wrong.

The value issues at stake in this conflict can scarcely be understood without looking at the relevant history; for it is from the history that our perceptions of value have emerged. Not naked apes but heirs of a moral heritage formed by Judaism and by Christianity, we cannot cast off that heritage at will. We discover our endowment in history.

The legacy from history here is not doubtful or ambiguous: for over two thousand years the moral teachers of the West have told us that abortion is a frequent human failing, but a weakness, a sin, a regrettable and repulsive practice never to be praised as good or assisted as desirable. It is not the same as murder, the deliberate taking of human life outside the womb. It is the taking of life from unborn beings who share our genetic constitution, our sensitivity to pain, our blood, and our humanity. You cannot be an abortionist or pay for the work of an abortionist without partaking in his work of blood.

Abhorrence of abortion is not the monopoly of any single denomination or church. It is the common patrimony of the West. The Talmud quotes Genesis 9,6 "Who sheddeth the blood of man within man, shall his blood be shed" and comments, "What is a man within another another man? -- An embryo in his mother's womb" (Babylonian Talmud, Sanhedrin, 57b). Orthodox Judaism has never accepted the principle that abortion on demand is in accordance with God's commands.

Christian teaching has been similarly constant. The Teaching of the Twelve Apostles, that precious catechesis of first century Christianity, sets out a Way of Life and a Way of Death, and places the practice of abortion in the Way of Death, characterizing abortion as an offense against God and man a little less than murder and something more than adultery. From the first century to the twentieth, the shunning of abortion has been a hallmark of Christian ethics.

There are those observers today who believe that abortion and contraception are alike, and that as contraception was once banned and has become accepted by Jews and Christians, so too will abortion become a household word and practice. As far as a reading of history can foreshadow the future, they are mistaken, for the ban on contraception was an outer or extrinsic defense of such vital human goods as life; as conditions have changed, such a barrier has seemed to many unnecessary. But the prohibition of abortion is a defense of human life itself; and its acceptance cannot be rationalized by those bound by religious ties to the veneration of human life as sacred.

Indeed one of the tragic side effects of the Population Council opting for abortion as a measure of population control is that this move creates an unbridgeable chasm between those persons in the Christian community -- and there are many -- who see population as a problem to be humanely resolved and those persons in the population field who are determined, *coûte que coûte*, to reduce or control population by all possible measures. The Population Council has been in business slightly more than twenty years. The Christian Church has lived over nineteen hundred years; the Jewish community for over one thousand more years. Will the Population Council teach ethics to the Christians and the Jews? Will the Population Council succeed in its mission without the help of committed Christians and Jews?

Only in the past decade has defense of abortion been even attempted in respectable circles in the West. At first it was merely the terms of the existing legal regulation of abortion which were questioned. The American Law Institute put four hard cases where the criminal punishment of abortion seemed severe. The moral philosophers explored these and other similar "limit situations." But no one challenged the basic rightness of law protecting the unborn child in the majority of situations. No noted moralist or theologian argued that abortion as such was a human good. What follows recalls the familiar lines from Alexander Pope:

Vice is a monster of so frightful mien,
As to be hated needs but to be seen;
Yet seen too oft, familiar with her
face,

We first endure, then pity, then
embrace.

An Essay on Man, II,

lines 217-220

In January 1973 an unprecedented and inexplicable decision of the Supreme Court destroyed all legal regulation of abortion; made abortions legally permissible through the ninth month of pregnancy if only the mother's health were kept in view; created a right to the federal and municipal funding of abortion; and apparently provided a new moral perspective and a new moral creed for some Americans.

But must we take our moral guidance from this hasty, badly-reasoned legal opinion, now three years old? Are our morals to be coterminous with American law? If we consider our moral history to which we are culturally bound, this cannot be the case. How, then, shall the Population Council's new policy be justified?

Within the Population Council, at its highest level, two defenses have been offered for this extraordinary departure from our most cherished principles. One is that we should not impose our moral values on cultures or countries that do not share them; if they want to use abortion as a device of population control, that choice should be their prerogative. The second is that the Population Council is a scientific organization; it has no business making moral choices; it merely does "science." Both defenses are remarkable denials of the personal responsibility of those individuals who must allocate the resources of the Population Council and administer its programs.

The first defense could be called "the munitions-maker's defense" -- "if people want to blow each other up, we will not impose our peaceful moral values upon them; rather we will give them the best means of doing the job." But such cynicism is unbecoming to our humanistic enterprise. If Tribe A decided, in accordance with its cultural values, that the best way to reduce the population in its area would be to dispose of all babies born to Tribe B, would the Population Council cooperate in such infanticide, or would it adopt the values of our cultural heritage and refuse to provide the knives or the incinerators? Who can doubt the answer? Why does the moral responsibility of the Population Council diminish when the killing takes place within the womb? Those who provide the knives or the aspirators for abortion are as fully engaged in cooperation in the act of killing the unborn as they would be if they supplied the arms by which mature infants were destroyed.

Under the guise of being asked not to impose our own morals, we are in fact being asked to put on the morals of other cultures. When we make possible their acts of abortion, we participate in those acts. We cannot be neutral. We become active cooperators in the taking of unborn human life.

But, the second defense suggested, the Population Council as a scientific organization knows no morals. In these words, in its harshest form, is presented a variant of the claim that technology is above morality; for if technology or science know no morals they cannot be restrained by moral limits.

Surely this suggestion rests on an unsound abstraction. Neither science nor technology exist in the air, apart from individual men and women. It is these men and women who must do the science and use the technology; and they are subject to moral limitations. To say "let the Population Council do science" is to deny the humanity of the responsible men and women. They cannot exist in the air as "science" without morals. They cannot put off their moral heritage. By the standards which are ours, our action in supporting abortion is our own, and it is wrong.

The Population Council is not setting out to provide funds in the hard cases, which the lawyers and moralists debated. The Population Council is not proposing to fund drugs or devices usable only in the very earliest stages of the process of new life, where discussion has gone on as to where the line indicating new life is to be drawn. The Population Council is not proposing to provide only drugs or devices whose abortifacient properties might reasonably be argued. The Population Council is not proposing programs alternative to criminal abortions; for where abortion is criminal the Population Council will not operate abortion programs at all. The Population Council is not proposing to aid the mother whose life is threatened by her offspring. The Population Council's charter is not to support medicine, but "to stimulate, encourage, promote, conduct and support significant activities in the broad field of population." Abortion is now to be treated as one of these significant activities affecting population. The taking of nascent life is to become a means of controlling the growth of population.

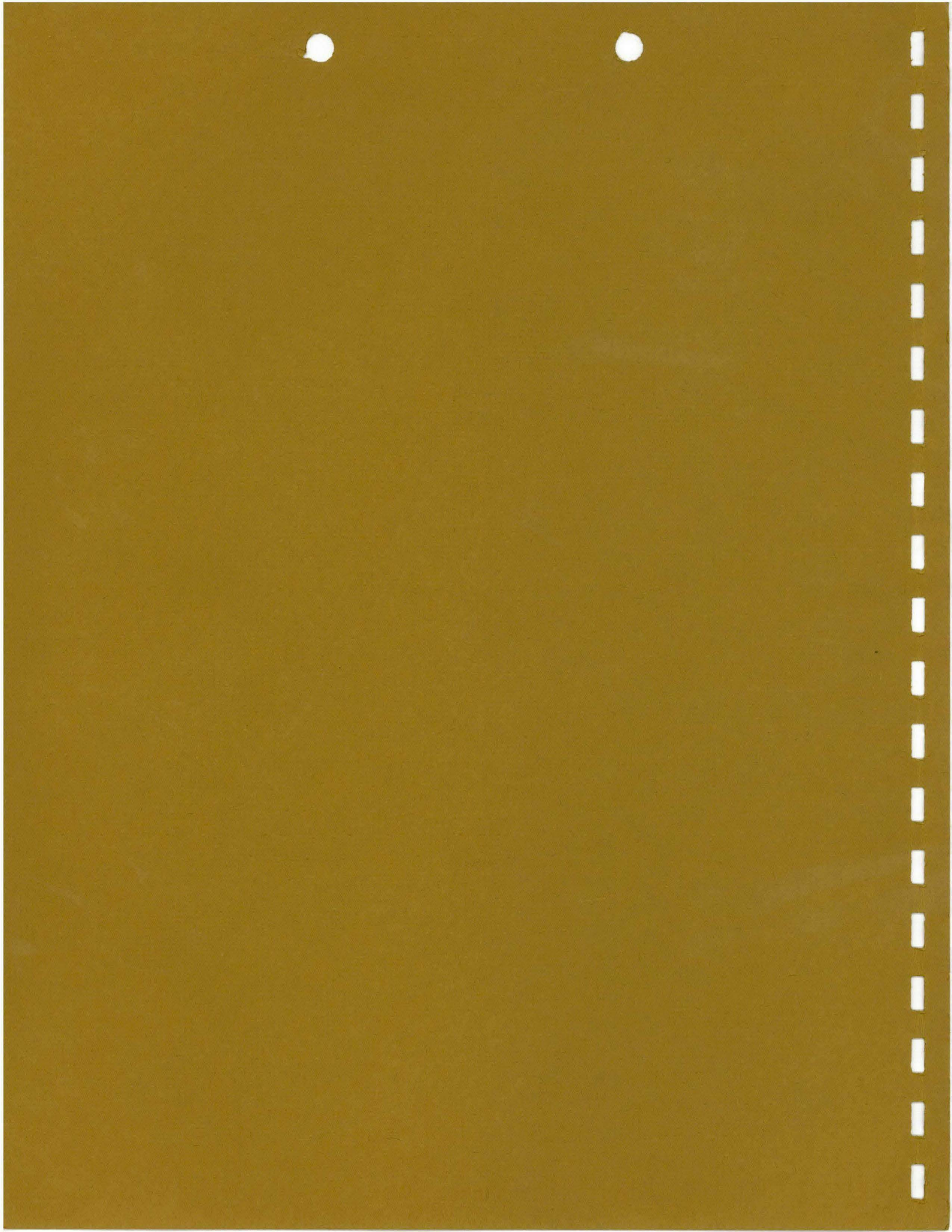
In these Guidelines and Principles, the Population Council shows that it has learned one lesson which, for over twenty years, was preached by the Christian churches: that population is only one variable in a complex political-

economic-social situation. Will it take another twenty years to absorb two other elementary ethical lessons: not all means to achieve a good end are good, and those which take life are evil.

The Population Council in the present Guidelines and Principles commits itself to the helping of the poor. But who are poorer than the defenseless unborn? It is to them that Jérôme Lejeune, the discoverer of the genetic basis of Downs syndrome, applied the phrase "the poorest of the poor"; and rejecting the elitist view that his discovery should be put to use for selective abortion of the unfit, Lejeune pledged himself to become their advocate. I cannot do less.

John T. Noonan, Jr.

June 16, 1976



June 30 ~~June 7~~

WORLD BANK / INTERNATIONAL FINANCE CORPORATION

POP. Council
SEPT. 14

Dr. Kanagaratnam
Mr. Messenger - o/r

Messrs. George Zeidenstein and R. Lapham, of Population Council, wish to visit this Dept. to discuss future collaboration. Due to many conflicts of schedules, the dates most likely possible are July 27 (Tues.) or Aug. 3 (Tues.)

Since Mr. Messenger has indicated he will be on leave July 19-30 - the July 27 date is probably not feasible, but if he will let me know, I can make the August 3 date firm. From the indications I have had, they wish a full-day visit here.

changed to Sept 14

B. Ibrahim
B. Ibrahim
May 28/76

Wed.
Sept. 15

cc: L. Domingo

Margie Sharpe / Seen / d / Keep

will see not 18th + 6th 18th & 6th -

September 15, 1976

Dear Mr. Zeidenstein:

Thank you for sending me the Council's report on information activities in 1976. I was glad to learn that you are now developing a press list which would substantially increase the reach of the Council's publications and special reports.

The Bank's budget for the current fiscal year includes a \$40,000 contribution to the Council's information program. I have asked the Information & Public Affairs Department to remit the amount.

I hope that your discussions with Dr. Kanagaratnam on opportunities for further collaboration between our two organizations will be productive, and regret that it was necessary for me to be out of Washington during your visit here. I look forward to hearing more of the new programs as laid out in your Future Directions papers.

Sincerely,

Robert S. McNamara

Mr. George Zeidenstein
President
The Population Council
245 Park Avenue
New York, N.Y. 10017

McNamara

THE POPULATION COUNCIL

*9/8 To Mr. Clark
Please draft
a report*

245 PARK AVENUE
NEW YORK, N. Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

September 2, 1976

Dear Mr. McNamara:

I am enclosing a report on the 1976 activities of the Population Council's Information Office for which the Bank generously provided \$40,000 in support for 1976. In line with Mr. John Merriam's letter to W. Parker Mauldin of September 29, 1975, I would like to request that the Bank renew support for the Information Office in 1976.

I plan to visit the Bank on September 15, 1976 to visit Dr. Kanagaratnam to discuss possible Council collaboration with his Department. I would like very much to have the opportunity to talk with you then or at some other time convenient to you about the new programs of the Council and possible expanded collaboration between the Council and the Bank with respect to them. The framework of these new programs is described in the Future Directions paper I sent to you on July 19, 1976; we are now filling in this framework and we have a preliminary program budget that would show more specifically what we plan to do.

With best wishes.

Sincerely,

George Zeidenstein
George Zeidenstein
President

Mr. Robert S. McNamara
President
International Bank for Reconstruction
and Development
1818 8th Street, N.W.
Washington, DC 20433

Enclosure

POPULATION COUNCIL - INFORMATION OFFICE

ACTIVITIES 1976

The Council's Information Office, with a staff of 12, is responsible for editing, production, and distribution of Council publications; mailing list maintenance; and public information requests, press relations, and visitors. Susan Robbins has been Head of the Information Office since 1972. The staff budget for the Information Office for 1976 is \$192,865. The project budget is \$358,600.

Publications

Population and Development Review published nine articles in the first two issues of Volume 2, plus two special commentaries and various other items in the special department. The March 1976 issue of the Review contains articles by D. Gale Johnson (Food for the Future: A Perspective), Ester Boserup (Environment, Population and Technology in Primitive Societies), Robert H. Haveman (Benefit-Cost Analysis and Family Planning Programs). Two review articles discuss the report of the Australian National Population Inquiry. They are authored by Kathleen M. Jupp (The Borrie Report: Background, Findings, Recommendations) and by Geoffrey McNicoll (The Borrie Report: Issues of Population Policy). A "Notes and Commentary" section features a paper by Victor Urquidi (On Implementing the World Population Plan of Action), while in the "Data and Perspectives" section Robert Cassen and Tim Dyson present an analysis of Indian demographic prospects.

The second issue of Volume 2 of the Review (June 1976) contains articles by J. J. Spengler ("Adam Smith on Population Growth and Economic Development"), Thomas W. Merrick ("Population, Development, and Planning in Brazil"), Beth Berkov and June Sklar ("Does Illegitimacy Make a Difference? A study of the Life Chances of Illegitimate Children in California"), and Bernard Berelson ("Social Science Research on Population: A Review"). In the "Notes and Commentary" section, Lester R. Brown questions whether projected urbanization rates will materialize ("The Urban Prospect: Reexamining the Basic Assumptions"). A new section, "Archives," contains observations made in 1893 on the causes of fertility decline in the United States. The "Documents" section presents the text of a recent statement by the Government of India on national population policy and a resolution by the Council of Europe on fertility and family planning.

Studies in Family Planning continued its monthly publications schedule. Highlights were a comprehensive evaluation of "The Record of Family Planning Programs" by Ronald Freedman and Bernard Berelson in its January issue; publication of the initial findings on the preconditions for fertility decline from the Nigerian segment of the Changing African Family Project in May; and the devotion of the entire August issue to abortion.

A Country Profile on India, by Pravin Visaria and Anrudh Jain, was published in May. Three other Profiles are scheduled for 1976; Colombia, Ghana, and Mexico.

Three topics will be covered in the Reports on Population/Family Planning series this year, although the format of the series may be changed from a looseleaf periodical. The world review of family planning programs with data for 1975 will appear as a report; last year it was published as a special issue of Studies. A report analyzing the population content of the national development plans of 60 Third World countries, by B. Maxwell Stamper, is scheduled for November. The eighth edition of the Council's well-known "Factbook" on family planning programs will appear in November also.

Distribution of the Council's publications as of August 1976 is as follows:

<u>Studies</u>	12,100
<u>Profiles</u>	10,600
<u>Reports</u>	10,000
<u>PDR</u>	7,200

The number of copies of publications in circulation is somewhat reduced from a year ago as a result of a survey of developed country readers that was conducted in 1975.

The Information Office will publish a monograph on "The Family Planning Program in the Socioeconomic Context" by K. S. Srikantan.

As has been the case in past years, the Information Office works on special projects at the Council, primarily the Annual Report. This year, a teaching manual entitled Human Reproduction: Lectures in Physiology, Population, and Family Planning, prepared by Howard C. Taylor, will be published. The Information Office has developed a special mailing list for complimentary copies to professors of obstetrics and gynecology, nursing, public health, and midwifery throughout the developing world.

Information

In 1976 the Information Office began to develop a press list and to send advance copies of special publications to journalists and documentarians. Arrangements for trainee groups from other programs and visiting population professionals are made by the Information Office as are responses to the large volume of mail received at the Council.

Translation Program

The Council's French Translation Program was phased out in mid-1976, when special funding support ended. Bulk copies of publications were turned over to several key points in French-speaking Africa for future distribution. The Council is exploring the possibility of starting a French Translation program in the Tunisian National Office of Family Planning.

9/2/76

ROUTING SLIP

DATE **September 14, 1976**

NAME

ROOM NO.

Mr. Herman van der Tak

APPROPRIATE DISPOSITION

NOTE AND RETURN

APPROVAL

NOTE AND SEND ON

COMMENT

PER OUR CONVERSATION

FOR ACTION

PER YOUR REQUEST

INFORMATION

PREPARE REPLY

INITIAL

RECOMMENDATION

NOTE AND FILE

SIGNATURE

REMARKS

**Will expect you for lunch - 12:30 Wednesday-
Joining us - Messrs. Avramovic and
Messenger.**

FROM

K. Kanagaratnam

ROOM NO.

EXTENSION

Mr. D. Avramovic-Dir. Dev. Econ. Dept.

September 10, 1976

K. Kanagaratnam

Visit of Messrs. George Zeidenstein and R. Lapham - Population Council

1. Mr. Zeidenstein, who recently assumed duties as President of the Population Council, in New York, has requested a meeting with Bank officials. The visit is now scheduled for Wednesday, September 15; I propose that we meet with them in the Conference Room - D958 - from 9:30 onwards. As I told you, this meeting was scheduled for an earlier date in the summer but was postponed on a couple of occasions. You confirmed that you would be able to attend.

2. The subjects for discussion include:

- (i) Paper: "Future Directions of the Population Council" - our views and comments.
- (ii) Prospects and areas of cooperation between Population Council and the Bank in operational work and research.

3. The meeting is scheduled for most of the morning, and I expect to be able also to take the opportunity in these discussions to review past experiences and future prospects arising from the restructuring of the Council's activities.

cc: Messrs. G.B. Baldwin
H.W. Messenger
L. Domingo

KK:bli

INCOMING TELEX

Distribution:

sj

Sept. 1, 1976

From: Jakarta

1976
Population Proj.
Mr. Sandberg

AM 10:31

cc: D. K. K.

1378 HUW JONES

POPULATION PROJECT 300-IND. DRAFT LETTER FROM ZEIDENSTEIN TO
SUWARDJONO DATED AUGUST 7 ON REVISED BUDGETS DURING 1976 THROUGH
FIRST QUARTER OF 1978 FOR COLLABORATIVE ACTIVITIES BETWEEN
POPULATION COUNCIL AND BKKBN HAS BEEN REFERRED TO ME. DRAFT
FOLLOWS LINES OF PREVIOUS DISCUSSIONS WITH BOB LAPHAM. I FIND
TEXT AND DETAILS ACCEPTABLE. HOWEVER DESIRABLE TO HAVE BKKBN'S
INFORMAL ASSURANCE THAT FUNDS FOR FELLOWSHIP TO PUSAT RESEARCH
AND EVALUATION WILL BE FULLY UTILISED. CABLE IF DRAFT CAN BE
APPROVED. REGARDS

CHANDRASEKARAN

44456 IBRD JKT (Telex Nr.)

⊕

64145 WORLDBANK

.....

⊕

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

ma
Final file or bifold

August 10, 1976

Dr. Kandiah Kanagaratnam
Population Projects - IBRD
1818 H Street, N.W.
Washington, D. C. 20433

file

Dear KK:

The enclosed report on fertility trends from 1950 to 1975 may be of interest to you. I found it rewarding to step back from trying to assess changes from year to year and look at what has happened over a longer time span. It does seem to me that quite a lot is happening in much of the world, and the tempo of change is accelerating.

I have the paper
2

Sincerely,



W. Parker Mauldin
Senior Fellow

enc.

RECEIVED
POPULATION COUNCIL
AUG 13 1976

RECEIVED

1976 AUG 13 AM 10:48

INCOMING MAIL UNIT

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

THE SUBSCRIPTION BOARD

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

July 16, 1976

Dr. Kandiah Kanagaratnam
Director, Population and
Nutrition Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Handwritten notes:
③ B Keep for Zerdenstein meeting. Mon. Sept. 14
① KANG to see
② HWA to see. de

Dear KK:

The Population Council is searching for a vice president and director of its international programs. We are also beginning a systematic effort to identify outstanding women and men from around the world to fill a variety of other staff positions.

Most of the Council's activities outside the United States are being organized into a new International Programs division that will include the overseas activities that are now the responsibilities of our Demographic and Technical Assistance Divisions. It will operate with a field staff that now includes 25 professionals (and is likely to grow) and a headquarters staff of as many as 10 professionals.

The field staff will be organized around five or six area offices, each headed by a senior representative to whom substantial responsibility and authority will be delegated. Area offices will be established for sub-Saharan Africa (or one each for east and west Africa), north Africa and west Asia, Latin America, south Asia, and east and southeast Asia. The headquarters staff will consist of a deputy director and several subject-oriented program associates. The new division will also have close professional and communications links with the Council's new Centers for Policy Research and for Biomedical Research.

To give you a better idea of the framework in which the vice president will operate, I enclose a copy of a paper entitled Future Directions of the Population Council that was approved by our Board of Trustees at its 1976 Annual Meeting in June. Appendices A and B contain important but still tentative information about the programs of the research centers. Appendix C describes the new organizational structure of the Council.

The Council's activities outside the United States are expected to be varied and demanding. They will include professional and technical service in a wide range of population-related programs including, but not limited to,

fertility regulation programs. In addition, we expect to collaborate in programmatic experiments, innovations, and applied research projects as well as research more directly related to that of the Council's research centers.

We intend that our professional and technical services will be largely self-sustaining financially, including indirect costs. Accordingly, it would be part of the work of the vice president in charge of International Programs to undertake fund-raising and to manage what will be in some senses a large international consulting firm. At the same time, the Council intends to ensure to its International Programs sufficient core funding to finance free and disinterested consultation, analysis, and advice in some countries and to finance Council participation in undertakings of special interest.

The other vice presidents of the Council are Sheldon J. Segal, Senior Vice President, Director of the Center for Biomedical Research; Paul Demeny, Vice President, Director of the Center for Policy Research; and James J. Bausch, Vice President and Treasurer, Director of Program Support and Services.

I would be most grateful if you could advise me about persons who you think might be able to fill this demanding and challenging post. I believe that this job will afford an unparalleled opportunity for creative and responsible work. It would be especially good if this vice president were a citizen of a country other than the United States, or a woman, or both. However, I do not mean to suggest that you exclude others from consideration. It is our intention to consider the widest and most varied possible group.

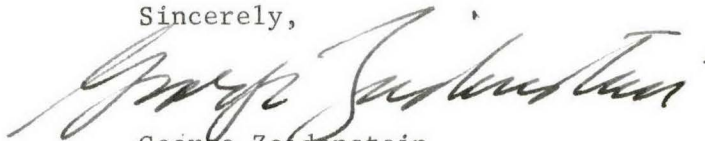
The Future Directions paper also outlines a number of ways in which the Council needs and intends to broaden its intellectual perspectives and to further internationalize its staff. We have begun a systematic effort to identify outstanding professionals from around the world who might be interested and available to fill staff positions at the Council, both at headquarters and abroad, that will open during a transitional period of twelve to eighteen months and thereafter in normal course. We will be seeking advice and recommendations from a wide range of colleagues in the United States and abroad and from others who might be able to offer suggestions of possible candidates. Initially our efforts will be directed at establishing an information network that will enable us to become better informed about outstanding women and men working in a broad range of fields related to our programmatic interests. Matching individuals to specific staff positions will be an ongoing process as our organizational structure and staffing needs become more fully clarified over the transitional period.

I have appointed a member of the Council's staff, Barnett F. Baron, to coordinate the development of this information network and the related international search effort. Any recommendations you might have of outstanding candidates for staff positions at the Council, or of particularly

interesting and promising individuals we might wish to keep in mind for possible consideration at a later date, can be made either to me directly or to Dr. Baron, Associate, Office of the President.

I thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "George Zeidenstein".

George Zeidenstein
President

GZ:vr

THE POPULATION COUNCIL

J. King

245 PARK AVENUE
NEW YORK, N. Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

July 16, 1976

Dr. Hollis B. Chenery, Vice President
Development Policy
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Do you have any
suggestions?
vz

Dear Dr. Chenery:

The Population Council is searching for a vice president and director of its international programs. We are also beginning a systematic effort to identify outstanding women and men from around the world to fill a variety of other staff positions.

Most of the Council's activities outside the United States are being organized into a new International Programs division that will include the overseas activities that are now the responsibilities of our Demographic and Technical Assistance Divisions. It will operate with a field staff that now includes 25 professionals (and is likely to grow) and a headquarters staff of as many as 10 professionals.

The field staff will be organized around five or six area offices, each headed by a senior representative to whom substantial responsibility and authority will be delegated. Area offices will be established for sub-Saharan Africa (or one each for east and west Africa), north Africa and west Asia, Latin America, south Asia, and east and southeast Asia. The headquarters staff will consist of a deputy director and several subject-oriented program associates. The new division will also have close professional and communications links with the Council's new Centers for Policy Research and for Biomedical Research.

To give you a better idea of the framework in which the vice president will operate, I enclose a copy of a paper entitled Future Directions of the Population Council that was approved by our Board of Trustees at its 1976 Annual Meeting in June. Appendices A and B contain important but still tentative information about the programs of the research centers. Appendix C describes the new organizational structure of the Council.

The Council's activities outside the United States are expected to be varied and demanding. They will include professional and technical service in a wide range of population-related programs including, but not limited to,

fertility regulation programs. In addition, we expect to collaborate in programmatic experiments, innovations, and applied research projects as well as research more directly related to that of the Council's research centers.

We intend that our professional and technical services will be largely self-sustaining financially, including indirect costs. Accordingly, it would be part of the work of the vice president in charge of International Programs to undertake fund-raising and to manage what will be in some senses a large international consulting firm. At the same time, the Council intends to ensure to its International Programs sufficient core funding to finance free and disinterested consultation, analysis, and advice in some countries and to finance Council participation in undertakings of special interest.

The other vice presidents of the Council are Sheldon J. Segal, Senior Vice President, Director of the Center for Biomedical Research; Paul Demeny, Vice President, Director of the Center for Policy Research; and James J. Bausch, Vice President and Treasurer, Director of Program Support and Services.

I would be most grateful if you could advise me about persons who you think might be able to fill this demanding and challenging post. I believe that this job will afford an unparalleled opportunity for creative and responsible work. It would be especially good if this vice president were a citizen of a country other than the United States, or a woman, or both. However, I do not mean to suggest that you exclude others from consideration. It is our intention to consider the widest and most varied possible group.

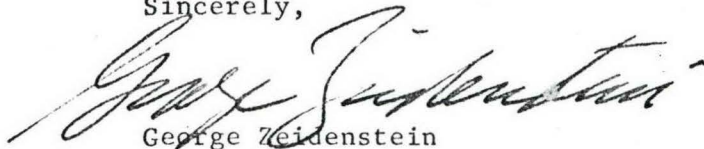
The Future Directions paper also outlines a number of ways in which the Council needs and intends to broaden its intellectual perspectives and to further internationalize its staff. We have begun a systematic effort to identify outstanding professionals from around the world who might be interested and available to fill staff positions at the Council, both at headquarters and abroad, that will open during a transitional period of twelve to eighteen months and thereafter in normal course. We will be seeking advice and recommendations from a wide range of colleagues in the United States and abroad and from others who might be able to offer suggestions of possible candidates. Initially our efforts will be directed at establishing an information network that will enable us to become better informed about outstanding women and men working in a broad range of fields related to our programmatic interests. Matching individuals to specific staff positions will be an ongoing process as our organizational structure and staffing needs become more fully clarified over the transitional period.

I have appointed a member of the Council's staff, Barnett F. Baron, to coordinate the development of this information network and the related international search effort. Any recommendations you might have of outstanding candidates for staff positions at the Council, or of particularly

interesting and promising individuals we might wish to keep in mind for possible consideration at a later date, can be made either to me directly or to Dr. Baron, Associate, Office of the President.

I thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "George Zeidenstein".

George Zeidenstein
President

GZ:vr

Letter handcarried by Mr. Peter Hall

July 7, 1976

h

Dr. Nicholas Wright
Population Council
National Family Planning Program
Ministry of Health
P.O. Box 2-75
Bangkok 2, Thailand

Dear Nick:

This note is being handcarried by Peter Hall who is leading another preparation mission to Thailand. It also brings a copy of your note to me in final form. I share your concern about "loose papers" but you will see that I felt it judicious and correct to send a copy to the Resident Staff in Jakarta. Thank you very much for the note; it is a well balanced summary of how we found the planning process in the NFPCB. You will by now have received our cable giving the approval for a second short visit to Jakarta. I have talked to Bob Lapham and he has no objection.

We all returned safely and on time although, as expected, David and I had to re-route through Seattle. I am drafting a back-to-office report and you will receive a copy once it is ready. The contribution of other mission members will be advance preparation for the final appraisal report which won't be issued until late November after the appraisal mission.

Many thanks for your substantial contribution to the mission's work. I hope that we will have further opportunities to collaborate sometime. For the meantime, our good wishes for next year at Oxford; I hope this move goes as smoothly as any such move can. I know you will all enjoy it, even though the sailing on Port Meadow will not be as exotic as Pattya!

Yours sincerely,

Huw M. Jones
Population Projects Department

Enclosure

cc: Dr. Kanagaratnam ✓
Mr. Kang
Mr. Messenger
Mrs. Domingo

Division/Central Files Indonesia II HMJones/ccc

Dr. KK-

Re: G. Prakash
Spoken
No further action

S. Segal's secretary called to say that she had told him re: Prakash visit (He was in mtg.)--Would be very happy to see Mr. Prakash; best times for him:

- Mon. June 21;
- Tues. " 22 p.m.
- Wed. " 23
- Thurs. " 24
- Fri. " 25 until 3 p.m.

Hopes we can give him idea of when it will be.

Do you wish to talk to him?

Pop Council

Bi--June 7

Pop Council

Dr. Kaangaratnam
Mr. Messenger - o/r

Messrs. George Zeidenstein and R. Lapham, of Population Council, wish to visit this Dept. to discuss future collaboration. Due to many conflicts of schedules, the dates most likely possible are July 27 (Tues.) or Aug. 3 (Tues.)

Since Mr. Messenger has indicated he will be on leave July 19-30 - the July 27 date is probably not feasible, but if he will let me know, I can make the August 3 date firm. From the indications I have had, they wish a full-day visit here.

B. Ibrahim
 B. Ibrahim
 May 28/76

cc:- L. Domingo

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N. Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

cc: Lane - 3/18

March 5, 1976

File - PC

Dr. K. Kanagaratnam
Director
Population Projects Department
The World Bank
1818 H Street, N.W.
Washington, D. C. 20433

JK

Dear Dr. Kanagaratnam:

Thank you for the time devoted to my visit in Washington the other day. For me it was most stimulating and productive.

Perhaps on a future occasion we might talk a bit about the resource implications of the Council undertaking a substantial program to seek out usefully differential information regarding determinants of fertility, as suggested by so many of you at the Bank including Mr. McNamara. I believe that such an undertaking would certainly be intellectually congenial to my staff colleagues.

I look forward to seeing you at the Council on March 10th.

With best wishes,

Sincerely,

George Zeidenstein
George Zeidenstein
President

THE BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

March 10, 1936

Mr. J. Edgar Hoover
Director
Bureau of Investigation
400 ...
Washington, D. C.

Dear Mr. Hoover:

Thank you for the information ...

... the ...

...

Very truly yours,

Sincerely,

...

RECEIVED
1936 MAR -9 AM 9 30
INCOMING MAIL UNIT

ROUTING SLIP

DATE

February 27, 1976

NAME

ROOM NO.

Mr. McNamara - through Mr. Baum

APPROPRIATE DISPOSITION

NOTE AND RETURN

APPROVAL

NOTE AND SEND ON

COMMENT

PER OUR CONVERSATION

FOR ACTION

PER YOUR REQUEST

INFORMATION

PREPARE REPLY

INITIAL

RECOMMENDATION

NOTE AND FILE

SIGNATURE

REMARKS

Mr. Zeidenstein's visit - March 1, 1976 -
Briefing note attached.

FROM

K. Kanagaratnam

ROOM NO.

D928

EXTENSION

5431

cc: Mr. Vandertak

VISIT OF MR. G. ZEIDENSTEIN
PRESIDENT, POPULATION COUNCIL

March 1, 1976

BRIEFING NOTE

AN OVERVIEW OF BANK RELATIONS WITH THE COUNCIL

1. The Bank's relations with the Population Council remain very good and mutually beneficial. When we first entered the population field in 1969 we had to rely much on outside support and the Council gave substantial help. The Council has also been a resource for direct staff support to our missions; they have provided us with several consultants over time including: Sam Keeny, Allan Rosenfield, Joel Montague, and George Cernada.
2. The Council has also been a resource for project support information and technical guidance. We continue to draw on them informally from time to time. Research results and other information contained in the Council's various publications, notably Studies in Family Planning; Country Profiles; and Reports on Population/Family Planning; as well as raw data from Council files, and their computer projections, have been of considerable assistance as reliable and up-to-date sources of information.
3. Bank's External Panels: Mr. Parker Mauldin, the Senior Vice President, participated in the Bank's Population Panel constituted in 1973; Dr. Berelson, the former President, heads the present External Advisory Panel.
4. Assistance with project implementation: The Council is the executing agency for the field postpartum component in East Java of the Indonesia project. They have used the East Java postpartum project as a demonstration and held the second meeting of the International Advisory Committee on MCH-based family planning programs in Surabaya in March 1975. The Council also provides technical assistance for the research and evaluation aspects of this project.
5. Bank Grants: The Bank has made annual grants to the Council as support for its publication program activities since 1971 to the present (from \$25,000 in 1971 to \$40,000 in 1976).

MR. ZEIDENSTEIN'S VIEWS

6. Mr. Zeidenstein has stated that he hopes to have a paper around mid-year stating the Council's directions in the future - after consultation with people in the population and related fields. He feels the Council has suffered by the recent two-year period of uncertainty in its leadership, and wants to move quickly to give it a sense of direction again. He feels that the Council should retain population orientation and not be drawn into

"general development" issues except in those areas where they interphase with population/fertility. He would welcome advice on the future directions of the Council's work.

February 27, 1976
K. Kanagaratnam/bli

VISIT OF MR. G. ZEIDENSTEIN
PRESIDENT, POPULATION COUNCIL

March 1, 1976

BRIEFING NOTE

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Ingrid - Keep
in folder
cc RSM
W Baum
Kwonder Tak

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February 27, 1976
K. Kanagaratnam/bli

STAFF - POPULATION PROJECTS DEPARTMENT - FEBRUARY 1976

Dr. K. Kanagaratnam - Director
G.B. Baldwin - Deputy Director
Il Hi Kang - Planning and Programming Officer

H.W. Messenger - Chief, Division of Operations
C. Aguilhaume - Public Health Specialist
J.R. Burfield - Architect
L. Casazza - Public Health Specialist
H.W. Franckson - Architect
P.A. Hall - Population Officer
I.Z. Husain (Miss) - Demographer/Economist
H.M. Jones - Sr. Population Specialist
T.I. Kim - Medical Specialist
N.M. Maraviglia (Mrs.) - Population Specialist
D.B. Mills - Architect
K.V. Ranganathan - Population Specialist
A. Shaw - Communications Specialist
T.V. Tiglao (Mrs.) - Education and Training Officer

Research Assistants

L. Domingo (Mrs.)
A. Hammond (Miss)
R. van Ommen

STAFF - POPULATION AND HUMAN RESOURCES DIVISION - FEBRUARY 1976

T. King - Chief of Division
D. Chernichovsky - Economist
R. Cuca - Economist
R. Faruqee - Economist
J. Simmons - Economist
K.C. Zachariah - Senior Demographer
R. Moran - Economist

Research Assistants

C. Pierce (Miss)
A. Mogielnicki
C. Senf
D. Anderson
V. Mataac (Mrs.)

The World Bank
Development Economics Department
February 12, 1976

LUNCHEON - Monday, March 1, 1976 - 1 p.m.

'E' BUILDING DINING ROOM - Room 5

Warren C. Baum - Host
G. Zeidenstein
Dr. Kanagaratnam
G.B. Baldwin
H.W. Messenger
K.C. Zachariah
Miss I.Z. Husain
Mrs. N. Maraviglia

SCHEDULE FOR VISIT OF MR. GEORGE ZEIDENSTEIN

MONDAY, MARCH 1, 1976

		<u>Room</u>
2:15 - 3:15	- Population Projects Department General Staff Discussions	D-958
3:15 - 4:00	- Population & Human Resources Department General Staff Discussions - Mr. Zachariah & staff	D-544
4:00 - 4:45	- Population and Development Mr. H. van der Tak - CPS Mr. R. Gulhati - DED Mr. G.B. Baldwin - PNP	E-1023
4:45 - 5:30	- Women and Development Mrs. Elmendorf Mrs. Maraviglia Miss I.Z. Husain <i>A Santa Anna</i>	E-1026
5:40	- Meeting with Mr. McNamara	

Population Projects Department
February 27, 1976

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N. Y. 10017

TELEPHONE (212) 687-9330
CABLE: POPCOUNCIL, NEW YORK

February 20, 1976

Dr. K. Kanagaratnam,
Director
Population Projects Department
The World Bank
1818 H Street, N.W.
Washington, DC 20433

de
15 Feb 76
cc: Lona

Dear Dr. Kanagaratnam:

Thank you for your kind letter of February 17th. Aware as I am of the extraordinary record of the Population Council, I am greatly honored by the decision of its Trustees to have me as president.

I entirely agree with you that looking forward into the seventies and beyond, the population field seems complex and troubled by unresolved issues. With the Council's staff I am engaged in an effort which I hope will lead to a paper sometime about mid-year stating the Council's directions for the future. It is my intention to consult with several leaders in the population and related fields during the course of this undertaking and I hope to call on you and Mr. McNamara as soon as a mutually convenient time can be arranged. In addition, I would be grateful if it were possible for me to meet with others of your colleagues interested in population and in the intersections between population and other aspects of development.

Again, thank you for taking the time to write. I was very pleased to receive your letter. With best wishes,

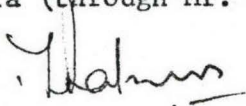
Sincerely,

George Zeidenstein
George Zeidenstein
President

GZ/gg

OFFICE MEMORANDUM

TO: Mr. R.S. McNamara (through Mr. Warren C. Baum) DATE: February 23, 1976

FROM: K. Kanagaratnam 

SUBJECT: George Zeidenstein - President, the Population Council

Mr. George Zeidenstein, the new President of the Population Council, is making a series of calls on agencies since assuming his duties as head of the Council on February 1, 1976.

He will be in Washington on March 1 and 2 and will have general staff level discussions in the Bank during the course of the visit. He has also expressed a wish to call on you at that time, at your convenience.

Attached is copy of the statement issued by Mr. John D. Rockefeller at the time the Board appointed Mr. Zeidenstein to the position.

Attachment

PRESS RELEASE

October 22, 1975

John D. Rockefeller 3rd, Chairman of the Board of Trustees of the Population Council, announced today the election of George Zeidenstein, presently Ford Foundation representative in Bangladesh, as President of the Council.

Mr. Zeidenstein, 47, was elected at a special meeting of the Council's Board of Trustees today. He will assume the leadership of the worldwide research and education activities of the Council early in 1976. He succeeds Dr. Bernard Berelson, who retired as President last year after six years of distinguished service. W. Parker Mauldin has been Acting President in the interim.

Mr. Rockefeller stated that the world conferences on population, food and the role of women, held in Bucharest, Rome and Mexico City under the auspices of the United Nations within the past two years, "taken together, mark an historic turning point in world awareness of the complexity of population issues and of the need for vigorous new approaches to them."

"Fresh, innovative efforts are called for," Mr. Rockefeller added. "Mr. Zeidenstein's experience in economic and social development, here and abroad, will contribute significantly to the work of the Population Council in response to that need."

"The Population Council will retain and seek to build upon its present interests in the fields of demography, family planning, biomedical and contraceptive technology," Mr. Rockefeller said. "In addition, the Council will place emphasis on the interaction between population issues and broader development concerns such as the inclusion of women in the development process."

Mr. Rockefeller said that in order to enlarge its perspective about the crucial issues with which it is concerned, he expected the international emphasis of the Council's program would lead to the further addition of knowledgeable and concerned men and women from other countries to its Board of Trustees and to its staff.

Mr. Zeidenstein is a New Yorker. He has been with the Ford Foundation since 1969, specializing in Asian affairs. Prior to that he had directed Peace Corps activities in Nepal; was in private law practice in New York; and was president of a city-sponsored economic development project. He received his undergraduate degree from the University of Pittsburgh in 1951, and his law degree, cum laude, from Harvard University in 1954.

The Population Council was organized in 1952. It fosters research, training and technical assistance. Its expenditures in the last fiscal year exceeded \$15 million.

File

ROUTING SLIP	DATE <i>2/18/76</i>
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NAME	ROOM NO.
<i>Dr. Kanagatru</i>	

APPROPRIATE DISPOSITION	NOTE AND RETURN
APPROVAL	NOTE AND SEND ON
COMMENT	PER OUR CONVERSATION
FOR ACTION	<input checked="" type="checkbox"/> PER YOUR REQUEST
INFORMATION	PREPARE REPLY
INITIAL	RECOMMENDATION
NOTE AND FILE	SIGNATURE <i>AA</i>

REMARKS

Ann - to note
2 GB3 o/v.

Can we discuss
next steps

[Faded handwritten notes, partially obscured by a red circle]

20 FEB 76

FROM <i>[Signature]</i>	ROOM NO.	EXTENSION
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Pop. Council
File - Research?
Chow / no paper?

2/18/76

Comments of reviewers at Population Council on Mohapatra's paper

(via Ethel Churchill, Managing Editor, Information Office)

1. The objection was not so much to the quality of the work as to the type. It was felt that the work was more of a manual or a handbook than an article for Studies.
2. The material was not particularly original. Most of it has been covered elsewhere, e.g. by Bogue.
3. The level of audience which the author seemed to be trying to reach was not always consistent. The two annexes, for example, seemed more elementary than the rest of the work. ?
4. The discussion was too theoretical. There were few practical illustrations.

ah

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APPROPRIATE DISPOSITION		NOTE AND RETURN
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COMMENT		PER OUR CONVERSATION
FOR ACTION		PER YOUR REQUEST
INFORMATION		PREPARE REPLY
INITIAL		RECOMMENDATION
NOTE AND FILE		SIGNATURE
REMARKS		
<p>Call Miss Churchill at the Council - see if you can find out what the reasons & weaknesses the reviewers feel - this would guide us in the future use or put on this manuscript</p> <p style="text-align: right;">↓ 12 FEB 76</p>		
FROM	ROOM NO.	EXTENSION
K. Kanagaratnam		

KK o/v

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

14 January 1976

Mr. George B. Baldwin
IBRD
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Baldwin:

We regret to inform you that the consensus of our reviewers is that the paper, "The monitoring of family planning programs," does not fit into our publication plans for Studies in Family Planning. Thank you for giving us the opportunity to read the manuscript. It is being returned under separate cover.

Sincerely yours,

Ethel Churchill

Ethel Churchill
Managing Editor
Information Office

mohapatra - where is it? bi?

EC:js

KK -

Too bad. I may have sent it to them prematurely - before our own final editing.

We need to think about a mailing list for our publica's; without one, we may not send out more than 15-30 cc's beyond the Bank. That's not worth the effort we put into the prepara. of a "working paper." Let's discuss at a F.O. mtg.

GBB
17 Jan.

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

245 PARK AVENUE
NEW YORK, N.Y. 10017

14 January 1976

Mr. George B. Baldwin
18RD
1818 N Street, N.W.
Washington, D.C. 20433

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Sincerely yours,



Ethel Churchill
Planning Editor
Information Office

BC:js

RECEIVED
1976 JAN 16 PM 1: 59
INCOMING MAIL UNIT

[Faint, illegible handwritten notes and bleed-through from the reverse side of the page.]

February 17, 1976

Dr. Christopher Tietze
Senior Consultant
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Dr. Tietze:

Thank you for your letter of January 28, 1976 on the proposal to have a two-day meeting on abortion services and related training and research among agencies in this field.

We are interested and will be glad to participate. However, at this time I am unable to indicate to you who our nominee will be for this meeting and will let you know later.

If I may raise a question -besides WHO (I believe you have invited them) are there any other agencies in the multilateral system that will participate? What about UNFPA? Also, are any of the major bilateral donors likely to participate?

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

KK:bli

write
cc: A.Hammond -to follow-up
pls.

December 30, 1975

Dr. Nicholas H. Wright
Representative
The Population Council
P.O. Box 2 - 75
Bangkok 2, Thailand

Dear Nick:

I write to thank you for your letter of the 15th, in case you fail to make it to Washington over the holidays.

We can only share your hope that the Sector Report may prove helpful to the Ministry in seeking some supplemental local funding to fill the gap left by UNDP's current financial difficulties. I would hate to see the DMPA initiative falter for lack of funding, since I have high hopes for that method in Thailand. The same goes for the well-established sterilization program.

We are led to believe that the RTG may reach its decision whether or not to seek World Bank assistance by mid or late January. If the answer is "yes", there is a good possibility Peter Hall and I may re-visit Bangkok before the end of the first quarter.

Cordially,

George B. Baldwin
Deputy Director
Population Projects Department

P.S. I am grateful for the mistake you pointed out in para. 5.05 in the Sector Report. Alas, the final revisions have now been made, so we can do not more than note in our file copies that the statement should have referred to cycles distributed, not to imports. Thanks for putting us right.

GBBaldwin:is

Mr. Hall - o/r
Div. file

สภาประชากรแห่งประเทศไทย

THE POPULATION COUNCIL

P. O. Box 2-75
BANGKOK 2, THAILAND

OFFICE :

NATIONAL FAMILY PLANNING PROGRAM
MINISTRY OF PUBLIC HEALTH
BANGKOK, THAILAND.

CABLE : POPCOUNCIL, BANGKOK
TELEPHONE : 815611, 815826

December 15, 1975.

GRB

Mr. George B. Baldwin
International Bank for Reconstruction & Development
1818 H Street, N.W.
Washington, D.C. 20433
U. S. A.

Dear Jim:

I read through carefully the Thai NFPP Sector Report over the weekend and think it a good summary of the situation.

It will be especially useful, I hope, in moving the Ministry to seek effectively the required increase in local funding. The latest donor "shock" is the inability of UNDP to come up with an extra \$ 1,000,000 for the NFPP in 1976. This may well compromise the sterilization program and leaves us, at the eleventh hour, with only token funding for a second supply of DMPA, unless ODM comes through. I learned last week of a special developmental appropriation under the Finance Ministry and, with others, am encouraging the Ministry to request some of these supplemental funds for the NFPP in the current fiscal year. Tom Power says that Tcs. 500,000,000 is available, but the Ministry of Health has never gone after this money before.

Too late!

A minor point in the Sector Report needs to be corrected. In paragraph 5.05, page 51, it should say that the data from commercial companies on oral contraceptive cycles distributed was initiated by the Council and Ford in 1967 and has been supported since then by the Ministry with Council funds. These funds run out in mid-1976 and we are asking the companies to share the modest Price-Waterhouse charge equally beginning with the third quarter 1976.

I may be in Washington at NIH over the Holidays and, if so, will try to call. Please give my best regards to Huw Jones.

RECEIVED
DEC 30 6 31 PM '75

Sincerely yours,

Nicholas H. Wright

Nicholas H. Wright, M.D., M.P.H.
Representative

INM:TT

Representative

George H. W. Bush, M.D., M.P.H.

Secretary Jones

RECEIVED
1975 DEC 26 PM 2:31
INCOMING MAIL UNIT

to call. Please give my best regards to him Jones.

I may be in Washington at ITH over the holidays and if so will try

with the third quarter 1975.

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addition, but the Ministry of Health has never done after this money before. IEBB in the current fiscal year. Tom Power says that US\$ 200,000,000 is encouraging the Ministry to request some of these supplementary funds for the developmental appropriation under the Finance Ministry and with others' and of DMBV unless ODM comes through. I learned last week of a special review of the eleven point with only token funding for a second supply the IEBB in 1976. This may well compromise the sterilization program and "shock" is the inability of ODM to come up with an extra \$1,000,000 for effectively the required increase in local funding. The latest donor

It will be especially useful, I hope, in working the Ministry to seek

and think it a good summary of the situation.

I read through carefully the IEBB Sector Report over the weekend

Best Tim;

P. S. A.
Washington, D.C. 20033
1818 H Street, N.W.
International Bank for Reconstruction & Development
Mr. George B. Vajdani

CBB

December 12, 1975

БАНКОК, ТАЙЛАНД
МИНИСТЕРСТВО ЗДРАВЬЯ
НАЦИОНАЛЬНАЯ ПРОГРАММА ПЛАНИРОВАНИЯ СЕМЬИ

TELEPHONE: 812111, 812852
CABLE: POPSOCISIG, BANGKOK

OFFICE:

БАНКОК 5, ТАЙЛАНД
P. O. BOX 5-12

THE POPULATION COUNCIL

International

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THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

November 25, 1975

Mr. George B. Baldwin
Deputy Director
Population Projects Department
The World Bank
1818 H Street, NW
Washington, D.C. 20433

Dear Jim:

Ron Freedman and I want to thank you for the close and careful reading of our manuscript. We have much benefited from your comments.

Unfortunately, they arrived a little too late for full consideration since the manuscript is now in press, but we shall make whatever changes we can on your most important suggestions when we get the galley proofs. Accordingly, I hope you will like the paper a little better the next time around.

But once more, our sincere thanks for your time and effort. We'll do the best we can, given the circumstances.

Sincerely,



Bernard Berelson
Senior Fellow and
President Emeritus

BB:sm
cc: Ron Freedman

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THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N. Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

November 11, 1975

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Kang
Am } *To see*

K. Kanagaratnam
Director
Population Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

d
—

Dear Dr. Kanagaratnam:

Thank you for your letter of November 4, 1975 relating to Country Profiles. Your comments in paragraph 1 relating to IPPF's discontinuance of situation reports and a similar lack of information of the same kind from USAID and UNFPA are persuasive.

I am glad to say that we have had very thoughtful replies from a moderately large number of individuals and are now trying to put the pieces together; and I hope that we can arrive at a decision in the near future. We shall, of course, keep you informed of developments.

With all good wishes.

Sincerely,

W. Parker Mauldin

WPM:co

W. Parker Mauldin
Acting President

(Dictated by Mr. Mauldin,
transcribed in his absence)

PROSP
11/12
B...

THE POPULATION COUNCIL

November 12, 1975

Dr. [Name]
Director
Population Project Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20036

Dear Dr. [Name]:

I am glad to say that we have had very good reports
relating to Country [Name]. The [Name] is progressing
I believe to the [Name] of the [Name] and a
[Name] and [Name] are progressive.

I am glad to say that we have had very good reports
relating to Country [Name]. The [Name] is progressing
I believe to the [Name] of the [Name] and a
[Name] and [Name] are progressive.

With all good wishes,

Sincerely,

[Handwritten signature]

W. [Name]
Acting President

VP/PA

Forwarded by Mr. [Name]
prescribed to his [Name]

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C
O
P
Y

November 10, 1975

Dr. Bernard Berelson
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Dr. ^{Bernard} Berelson:

I have just finished going through the September 1975 draft of your joint paper, "The Record of Family Planning Programs." I am enclosing my copy with a number of pages "dog-eared" where I have scribbled notes, hopefully legible. Take them for whatever you think they are worth -- I have kept no copy, and have a very bad memory, so I am unlikely to be offended by noticing any failure to pay any attention to my comments!

There are a few more additional general comments I might make:

- (i) There is something of a problem in knowing how to treat the contribution of the commercial sector. Generally speaking, your treatment excludes commercial sales from "program activity," and you talk (around p.80) about the problem of substitution-effects. But since the broad interest of the paper is on the contribution that total supply activities can make within the given levels of socio-economic development that define demand, we should certainly include commercial sales if statistics made this easy to do. I am not proposing that you go back and rework all the statistics to try to include the commercial contribution wherever this is important; but I do think it worth calling attention to how you are treating (or ignoring) this supply activity in your approach and how this affects acceptor or user figures. It would also affect the table on p.89;
- (ii) There is frequent reference to "acceptors in year X" as a percentage of non-users: while knowledgeable readers will know that you are referring to new acceptors, this measure is not so widely used that we can assume it will not be confusing to many readers. I would suggest at least an explanatory footnote wherever this concept first appears -- or changing the term to "new acceptors" whenever it is used;
- (iii) The difficulty of how one treats the commercial sector comes up again in the discussion on the Taiwan experience (p.52 ff.). Here you are interested primarily in whether or not fertility would have declined as strongly without any "government program,"

given the many socio-economic changes that were occurring simultaneously. But surely it is inconceivable that fertility could have declined as strongly without the government program unless one makes the assumption that the social changes at work would have caused people to secure the contraceptives they were increasingly wanting from a commercial sector which could have completely taken the place of "the government program." The only other alternatives in order to produce the same decline would be the spread of abortions or far-reaching changes in sexual practices. But since neither of these apparently occurred, and the commercial sector was not nearly as important as the government program, it seems to me quite obvious that the latter deserves even more credit than you give it. Indeed, I always have trouble with the notion that socio-economic development can reduce fertility independent of the extension of delivery systems capable of providing the technology which satisfies the expanding demand. The real question is whether governments which are serious about reducing fertility should concentrate, at any moment in time, on trying to expand demand or supply. If the choice falls on the former, then any success achieved will obviously have to be met by an expansion of delivery systems and it is immaterial whether these lie inside or outside official government programs. (In this discussion, I am making a ceteris paribus assumption with respect to age of marriage, abortion prevalence and sexual mores.) Isn't this general point worth making somewhere near the start of the paper?

- (iv) I find the inclusion of Mexico among your country examples somewhat out of place in view of how little it has to teach anyone in this early stage in the evolution of its program. Omit?
- (v) To me, the stylistic detail of underlining is sometimes excessive and "putting-off," e.g. pg. 41, but this was not the only place where I felt it got in my way;
- (vi) I wonder if it would not help everyone in the field if you added 1-2 pps. near the start explaining in as lay terms as possible what the methodological and conceptual difficulties are in trying to measure the contribution of FP programs (or more generally "the availability of contraceptives"!) in reducing fertility. I think a deliberate attempt to explain the difficulties of multi-variate analysis would be useful not only for the very lay layman but even for some of the fairly knowledgeable policy-makers in the field. Most of what you say on this problem is left at a fairly implicit level, and at one or two points you suggest that these problems can be overcome, or at least

Bernard Berelson

- 3 -

November 10, 1975

reduced, by better data, improvements in statistical methodology, or both. While I am certainly no statistician, I expect it will be a good many years before we have a right to hope for any breakthroughs that will allow us to do much more than you and Professor Freedman have done. I would like to see you put at rest what I regard as misplaced longing for quantitative sorting out of contributions which really cannot be sorted out with much conclusiveness.

I am sure not everything I have tried to say above will be clear to you authors; if not, it appears we may have time in the weeks ahead to go over some of the muddy points when both of you are here next month.

Sincerely,

George B. Baldwin
Deputy Director
Population Projects Department

Enclosure

cc: Prof. Ronald W. Freedman
Director
Population Studies Center
University of Michigan
1225 South University Ave.
Ann Arbor, Michigan 48104

Mr. T. King, DE

✓ DEPT. FILE

GBBaldwin/jim

November 4, 1975

Mr. W. Parker Mauldin
Acting President
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Parker:

Since receiving your letter of October 7, 1975 regarding Country Profiles, I have conferred with several colleagues about your concerns. The consensus is that Country Profiles has and can continue to serve as a valuable resource material for our organization and, outside the Bank, makes an unduplicated contribution to the population field. We all hope that Population Council decides to continue publication of Profiles, particularly since IPPF has recently announced that "Situation Reports" is to be discontinued. Country Reports that appeared in the USAID publication "Population Assistance" will no longer appear as this has not been published since 1974. The UNFPA successor to this only deals with assistance and does not touch upon country reports. Responses to specific issue areas highlighted in your letter follow.

Audience and Use: The Profiles are useful for the national program administrator to compare his program with others and to review the work for his own program when he participates in writing a Profile. The Bank and other international agencies find Profiles valuable when preparing a sector review. It is useful in underdeveloped countries where good resource material is scarce. It is also of assistance to students and teachers.

Content: The main drawback of Profiles is that they are quickly outdated and are not updated often enough; if they were to be updated every three years at the minimum, they would be more useful in more cases. The update should serve as a replacement rather than as a supplement to the older version. Profiles used in conjunction with the Factbook is often the best way of having both an overview of the program and up-to-date facts and figures. Some data in Profiles is inconsistent at times with other data put out by Population Council. There was some disagreement as to whether the descriptive rather than analytical focus was preferable; it was agreed, however, that the addition of some analysis would enhance the usefulness of Profiles. There was some concern that the reports

Mr. W. Parker Mauldin

- 2 -

November 4, 1975

sometimes suffered in objectivity because nationals were involved and they could not, without embarrassment, be over-specific in their presentation of weaknesses. Comments on the uneven quality of the demographic data and more emphasis on the impact of the program were cited as examples of additional analysis which could be included in Profiles without endangering objectivity.

Coverage: Priority should be given to Profiles for developing countries. If a regional publication were to be undertaken, this should be separate from Profiles.

Overlap: There is no overlap with other available sources of information in terms of the total content. Other publications are not as comprehensive; their orientation, too, differs. One staff member suggested that Population Council might explore integrating Profiles with the material carried in some of the American Universities Field Staff publications on population.

I sincerely hope these comments prove useful to you in your review. We do hope that you will continue with Profiles, for it does serve a unique and worthwhile purpose.

Sincerely,



K. Kanagaratnam
Director

Population Projects Department

cc: Lina/Ann

AHammond/KK:b11

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 7, 1975

Dr. K. Kanagaratnam
Director
Population and Nutrition Project Department
IBRD
1818 H Street NW
Washington, D.C. 20433

Re: Country Profiles

Dear KK:

The Council has published Country Profiles since 1969. This series was created to make available information on population and population issues, with emphasis on individual national family planning programs. When we first published Profiles there was no other series like it. Now, other organizations have developed country reports, although they appear irregularly and are not always easily obtainable. Given the changes since 1969, we now need to decide whether Country Profiles is still valuable or whether the Council should shift its resources to other information activities.

To help us in this, I have decided to ask some friends of the Council if they would comment on Country Profiles, as a guide to our ultimate decision. I would be grateful if you would take the time to think about the issues below and tell us how you view the Country Profiles series and its future.

The issues as we see them are:

I. Audience and Use: We wish to consider the extent to which Profiles are used by nationals in the country concerned, for student instruction at the undergraduate level, and as background information to people in the population field. Who is the audience, who should it be, and how could Profiles be improved for this audience? Do you use Profiles, and, if so, how? Alternatively, if you feel there is no longer an audience for Profiles, we would want to know this.

II. Content: Most Profiles are descriptive rather than analytical, and it has been suggested that some Profiles may not be sufficiently critical of population data and of programmatic activities in the country concerned. We wish to consider whether Profiles are "out of touch with reality" and whether they could

THE POPULATION COUNCIL

548 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-6330
CABLE: POPCOUNCIL, NEW YORK

October 7, 1975

Dr. K. Karagatsis
Director
Population and Nutrition Project Department
IBRD
1818 H Street NW
Washington, D.C. 20433

Re: Country Profiles

Dear Sir:

The Council has published Country Profiles since 1969. This series was created to make available information on population and population issues, with emphasis on individual national family planning programs. When we first published Profiles there was no other series like it. Now, other organizations have developed country reports, although they appear irregularly and are not always easily obtainable. Given the changes since 1969, we now need to decide whether Country Profiles is still valuable or whether the Council should shift its resources to other information activities.

To help us decide, I have decided to ask some of you of the Council if they would comment on Country Profiles, as a guide to our ultimate decision. I would be grateful if you would take the time to think about the issues below and tell us how you view the Country Profiles series and its future.

The issues are as follows:

I. Audience and Use: We wish to consider the extent to which Profiles are used by individuals in the country concerned, for student instruction at the undergraduate level, and as background information to people in the population field. Who is the audience, who should it be, and how could Profiles be improved for this audience? Do you use Profiles, and if so, how? Alternatively, if you feel there is no longer an audience for Profiles, we would want to know this.

II. Content: Most Profiles are descriptive rather than analytical, and it has been suggested that some Profiles may not be sufficiently critical of population data and of programmatic activities in the country concerned. We would like to know whether Profiles are "out of touch with reality" and whether they could

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more accurately reflect the situation in given countries while the series remains in the present standard format. Suggestions on the kinds of information that would correct this focus would be most helpful.

III. Coverage: Profiles published to date (see list enclosed) cover a wide range of countries; however, some aspects of them rapidly become out of date. We might achieve wider coverage through regional reviews, which could be updated on a regular basis or, alternatively, it might be advisable to provide for updates that would simply be revisions or additions rather than entirely new Profiles. We suspect that major interest in a Profile arises from individuals within the subject country or immediate region and that many Profiles from other regions are not used, so perhaps regional distribution would be advisable. We wish to consider if the Profiles series covers important issues relevant to all countries or if geography provides a restricted use of individual Profiles.

IV. Overlap: Country situation reports are issued by American Universities Field Staff, IPPF, US Bureau of the Census, and OECD. Although most of these reports are not easily available, they may well be distributed to the individuals most in need of this kind of information. We wish to know if Profiles serve a unique and worthwhile purpose that is not overshadowed by the other available sources of information.

Your candid reaction to these issues and any additional comments you may have would be of great value to us. We hope to complete our review this year, so we would appreciate hearing from you as soon as possible, by November 1, 1975, if possible.

Sincerely yours,



W. Parker Mauldin
Acting President

enclosure

COUNTRY PROFILES
(by geographic areas)

NORTH AMERICA: Canada (September 1974)

LATIN AMERICA: Barbados (December 1973)
Chile (October 1970)
Costa Rica (April 1974)
Dominican Republic (January 1973)
Jamaica (April 1971)
Peru (October 1973)
Trinidad and Tobago (August 1971)
Venezuela (June 1975)

EUROPE: France (May 1972)
Hungary (July 1974)
Sweden (July 1972)
United Kingdom (February 1975)

AFRICA: Ghana (October 1970)
Kenya (May 1971)
Mauritius (September 1970)
Morocco (September 1973)
Nigeria (February 1973)
Sierra Leone (September 1969)
United Arab Republic (August 1969)

MIDDLE EAST: Iran (October 1972)
Israel (February 1972)
Turkey (January 1970)

ASIA: Hong Kong (November 1969)
Indonesia (April 1971)
Japan (March 1971)
Korea (April 1970)
Malaysia (August 1975)
Nepal (April 1972)
Pakistan (March 1970)
Philippines (June 1970)
Taiwan (February 1970)
Thailand (March 1972)

November 4, 1975

Mr. W. Parker Mauldin
Acting President
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Parker:

cc to all staff

Thank you for your letter advising us of the appointment of Mr. George Zeidenstein as President of the Council.

As you may know, our people have met with Mr. Zeidenstein in his present position in Bangladesh and look forward to collaborating with him and the Council in the future.

The relationship that we in the Bank have had with the Population Council is long established, healthy and, from our point of view, extremely supportive of our mutual efforts to advance population work around the world. It has been a valuable professional, and to many of us, personal, relationship which we look forward to continuing under Mr. Zeidenstein's leadership.

We wish him all success in his future work as we wish the Council most success in the tasks ahead.

Sincerely,



K. Kanagaratnam
Director

Population Projects Department

cc: G.B. Baldwin
H.W. Messenger o/r

ROUTING SLIP DATE NO 5175

NAME

ROOM NO.

Dr. K. Kanagaratnam /	
G.B. Baldwin /	
Alan Berg	
H. Messenger /	
C. Aguilleaume /	
J. Burfield /	
L. Casazza /	
H.W. Franckson /	
P.A. Hall /	
I.Z. Husain /	
H.M. Jones /	
I.H. Kang /	
T.I. Kim /	
J-E Lundeberg	27
M.N. Maraviglia /	
David B. Mills /	
K.V. Ranganathan /	
A. Shaw /	
T. Tiglao /	
S. Venkitaramanan	
L. Domingo /	
M. Fromme /	
A. Hammond /	
C. Papalexis /	

APPROPRIATE DISPOSITION	NOTE AND RETURN
APPROVAL	NOTE AND SEND ON
COMMENT	PER OUR CONVERSATION
FOR ACTION	PER YOUR REQUEST
INFORMATION	PREPARE REPLY
INITIAL	RECOMMENDATION
NOTE AND FILE	SIGNATURE

REMARKS

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 24, 1975

Dr. Kandiah Kanagaratnam
Director, Population & Nutrition
Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

I am pleased to inform you that the Trustees of the Population Council have elected George Zeidenstein President of the Population Council. At present, Mr. Zeidenstein is the Ford Foundation Representative in Bangladesh and is expected to assume his new duties at the Council in early 1976. As you can see from the enclosed press release, he has long been concerned with development. While in the Ford Foundation he has had occasion to work with the Council and a number of Council staff and we look forward with pleasure to continuing and strengthening the important work of the Council under Mr. Zeidenstein's leadership.

Sincerely,



W. Parker Mauldin
Acting President

Enclosure

*Copies to all staff
(see list attached.)
li*

PRESS RELEASE

October 22, 1975

John D. Rockefeller 3rd, Chairman of the Board of Trustees of the Population Council, announced today the election of George Zeidenstein, presently Ford Foundation representative in Bangladesh, as President of the Council.

Mr. Zeidenstein, 47, was elected at a special meeting of the Council's Board of Trustees today. He will assume the leadership of the worldwide research and education activities of the Council early in 1976. He succeeds Dr. Bernard Berelson, who retired as President last year after six years of distinguished service. W. Parker Mauldin has been Acting President in the interim.

Mr. Rockefeller stated that the world conferences on population, food and the role of women, held in Bucharest, Rome and Mexico City under the auspices of the United Nations within the past two years, "taken together, mark an historic turning point in world awareness of the complexity of population issues and of the need for vigorous new approaches to them."

"Fresh, innovative efforts are called for," Mr. Rockefeller added. "Mr. Zeidenstein's experience in economic and social development, here and abroad, will contribute significantly to the work of the Population Council in response to that need."

"The Population Council will retain and seek to build upon its present interests in the fields of demography, family planning, biomedical and contraceptive technology," Mr. Rockefeller said. "In addition, the Council will place emphasis on the interaction between population issues and broader development concerns such as the inclusion of women in the development process."

Mr. Rockefeller said that in order to enlarge its perspective about the crucial issues with which it is concerned, he expected the international emphasis of the Council's program would lead to the further addition of knowledgeable and concerned men and women from other countries to its Board of Trustees and to its staff.

Mr. Zeidenstein is a New Yorker. He has been with the Ford Foundation since 1969, specializing in Asian affairs. Prior to that he had directed Peace Corps activities in Nepal; was in private law practice in New York; and was president of a city-sponsored economic development project. He received his undergraduate degree from the University of Pittsburgh in 1951, and his law degree, cum laude, from Harvard University in 1954.

The Population Council was organized in 1952. It fosters research, training and technical assistance. Its expenditures in the last fiscal year exceeded \$15 million.

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT
ASSOCIATION

INTERNATIONAL FINANCE
CORPORATION

Pop Council

Mr. Baldwin

Projects for Population Action

My views are that we either approve this institutionally or we do not approve at all. My inclination is for the former (approve) if you deem it worthwhile, provided a formal request is made setting out what you would be expected to do, duration of participation (annual?) and some indication of the "status" of the Group - its membership, sponsorship etc. Any link with Pop. Council (245 Park Avenue)?

K. Kanagaratnam
K. Kanagaratnam

October 29, 1975

To: Dr. K

I have now read this. Since over half the projects are concerned with projects outside the USA, it would be another way of keeping in somewhat closer touch with research of interest to us (some is bio-medical, some is concerned with IEC and delivery-systems).

I doubt it would take much time (and almost none from office time, unless there should be 1 or 2 meetings per year) and it would be further evidence to Mgt. that we are well related to what's going on in the field. But if you see reasons why the Bank's name should not be associated with the group, I don't feel strongly about it.

10/28/75

GB
GEORGE B. BALDWIN

Pop Council

OFFICE MEMORANDUM

TO: Dr. K. Kañagaratnam

DATE: October 23, 1975

FROM: M. N. Maraviglia

SUBJECT: DOMINICAN REPUBLIC - Inter-Agency meeting of Population Council, N.Y. on
Population Assistance
Back-to-Office Report

1. In accordance with terms of reference dated October 15, 1975, I attended an interagency meeting convened by the Population Council to discuss progress of the national population program in the Dominican Republic, with special reference to needs for external assistance. The Executive Director of CONAPOFA and the Director of the National Planning Office were present at the meeting. Also in attendance were representatives from UN Population Division, UNFPA, the IPPF, Pathfinder and various other NGOs. A list of persons attending and organizations represented is included at attachment 1.
2. Agency representatives described briefly the involvement of the respective organizations in population assistance in the Dominican Republic. The resident advisor of the Population Council in Santo Domingo summarized the latest program developments. The program strategy is currently to integrate family planning services into the health services and to support a broad community-based distribution (CBD) program in conjunction with the low-cost health service program now underway as part of the USAID health loan. An 18-month report on activities under the Four-Year Plan 1974-77 was distributed at the meeting and it is available in the Division's files. The number of outlets which offer family planning services on a part-time basis increased from 75 in June 1974 to 154 in June 1975, with UNFPA assistance. From now on, the aim will be to extend family planning services to all government health centers and clinics, not as a separately funded, but as an integrated activity. The number of acceptors has increased with the extension of services from 14,000 in the period Jan-June 1974 to 30,000 in the Jan-June 1975 period. However, discontinuation rates are still high, with the result that the number of active users has increased very little, from 50,000 in Dec. 1974 (4.5% of all women 15-44 years) to 67,000 in July 1975 (6.3%). The birth rate was still 47% in 1974.
3. The government is decided to embark on a large CBD program, using 4,000 USAID financed health promoters, but representatives of NGOs present pointed out that the weakness of the health services in the country was a serious constraint for the extension of such program. As they explained, the CBD has to be backed by fairly reliable health services for treatment of complications and for periodic check-ups and consultations. There were also questions, unsatisfactorily answered by the Government representative and the Population Council advisor, concerning the level of the present contraceptive stocks and the future availability of contraceptives for embarking on any major effort at CBD.

4. During a break, I talked with Mr. Gonzalez Fabra concerning the pending issue of the proposed Bank population project. He indicated that all matters related to this project were out of the SESPAS' and CONAPOFA's domain and were still pending a decision from the President of the Republic. He further indicated, however, that both the Minister of Health and himself would be quite pleased if the President's decision were to be affirmative to seek Bank assistance for the prepared project.

5. Arrangements were made among interested donor agencies to have a similar meeting on population assistance to Nicaragua at USAID headquarters towards the end of October.

Attachment

cc: Messrs. Messenger, PNP Dept. (o/r)
Blaxall, Proj. LAC
Kendall, CPI LAC
Kang, PNP Dept.

Mrs. Domingo
Central/Division files

MNM:bc
DOM REP/PNP

List of Persons attending the Meeting

Luis Gonzalez Fabra	Executive Director, CONAPOFA, Dominican Republic
Dr. Fernando Mangual	Director, National Planning Office Secretariado Tecnico de la Presidencia
Charles Lininger	Reg. Dir. for L.A., Population Council
Clifford Pease	Director Technical Ass't Div., Population Council
Henry Elkins	Secretary, ICARP Liaison Officer, Pop. Council
Anibal Faundes	Population Council Advisor to D.R. Family Planning Program
Enrique Ezcurra	UNDP Res. Rep. D.R.
Octavio Cabello	UN Pop. Division, Associate Director
Jesus M. Lopez	Program Officer L.A., UN Population Division
Ranjan K. Som	Technical Advisor on F.P., UN Population Division
Roberto Salom	Project Officer for L.A., UNFPA
Yoh-Ok Lee	Planning Section, UNFPA
Edison Wibmer	Statistician, UNFPA
Luis Olivos	UNFPA Coordinator (Mexico and D.R.)
Nydia Maraviglia	Population & Nutrition Proj. Dept., World Bank
Lindsay Stewart	IPPF, Program Officer
Charles N. Johnson	L.A. Division, Office of Population, AID
David A. Wood	Proj. Op. Director/L.A., Pathfinder
Hurtado Fernando	PAFAM's Population Program
David Parker	FPIA Reg. Rep. L.A.
James A. Gardner	The Ford Foundation, Coordinator for Caribbean
Lourdes Flor	Program Officer, IDRC/Ottawa
Beatrice Treat	Pop. Officer, Tinnes Foundation
Jill Sheffield	Dept. Regional Coordination, World Education

PRESS RELEASE

October 22, 1975

John D. Rockefeller 3rd, Chairman of the Board of Trustees of the Population Council, announced today the election of George Zeidenstein, presently Ford Foundation representative in Bangladesh, as President of the Council.

Mr. Zeidenstein, 47, was elected at a special meeting of the Council's Board of Trustees today. He will assume the leadership of the worldwide research and education activities of the Council early in 1976. He succeeds Dr. Bernard Berelson, who retired as President last year after six years of distinguished service. W. Parker Mauldin has been Acting President in the interim.

Mr. Rockefeller stated that the world conferences on population, food and the role of women, held in Bucharest, Rome and Mexico City under the auspices of the United Nations within the past two years, "taken together, mark an historic turning point in world awareness of the complexity of population issues and of the need for vigorous new approaches to them."

"Fresh, innovative efforts are called for," Mr. Rockefeller added. "Mr. Zeidenstein's experience in economic and social development, here and abroad, will contribute significantly to the work of the Population Council in response to that need."

"The Population Council will retain and seek to build upon its present interests in the fields of demography, family planning, biomedical and contraceptive technology," Mr. Rockefeller said. "In addition, the Council will place emphasis on the interaction between population issues and broader development concerns such as the inclusion of women in the development process."

Mr. Rockefeller said that in order to enlarge its perspective about the crucial issues with which it is concerned, he expected the international emphasis of the Council's program would lead to the further addition of knowledgeable and concerned men and women from other countries to its Board of Trustees and to its staff.

Mr. Zeidenstein is a New Yorker. He has been with the Ford Foundation since 1969, specializing in Asian affairs. Prior to that he had directed Peace Corps activities in Nepal; was in private law practice in New York; and was president of a city-sponsored economic development project. He received his undergraduate degree from the University of Pittsburgh in 1951, and his law degree, cum laude, from Harvard University in 1954.

The Population Council was organized in 1952. It fosters research, training and technical assistance. Its expenditures in the last fiscal year exceeded \$15 million.

Mrs. M. N. Maraviglia

October 15, 1975

K. Kanagaratnam

DOMINICAN REPUBLIC - Donor Agency - Meeting at Population Council, N.Y.

1. You will proceed to New York on October 16, 1975 to attend a meeting on population assistance to the Dominican Republic at the Population Council headquarters.
2. On your return, you will write a brief back-to-office report.

cc: Messrs. Messenger, PNP Dept. (o/r)
Kendall, GPI LAC
/Kang, PNP Dept.
Mrs. Domingo, PNP Dept.
Central/Division Files

MMM:bc
DR/PNP

file?

Pop Council

JK

OFFICE MEMORANDUM

TO: Dr. K. Kanagaratnam, Dir., PNP Dept.

DATE: October 8, 1975

FROM: Alexander Shaw, PNP Dept.

SUBJECT: NEW YORK - Discussions on Coordination and Cooperation with Other Agencies -
October 2 and 3, 1975
Back-to-Office Report

1. In accordance with the terms of reference dated September 30, I visited New York to discuss with the appropriate agencies our common interests in communications in Malaysia, Indonesia, Bangladesh, Thailand, and Tunisia.

2. Talks were held with the Development Support Communication Service (DSCS) of the UNDP, UNFPA, Population Council, and the Population Division, UN.

3. Discussions went into some detail and this report only mentions matters which may be of interest to other members of this Department.

4. Indonesia

DSCS is building up a project here that is of interest to any organization concerned with development. It is proposed to set up a Central Development Support Communications Unit in the Ministry of Information headed by Mr. Rachmedi. (Already four of the staff are outposted to the Solo River Basin project.) The aim is to build a nationwide corps of officers who will be attached to different Government Departments to advise on the use of communications in support of development projects. Soon there will be an advisor under Technical Assistance. This will be more fully reported on after the next Indonesian supervision mission. Similar projects are being developed in Iran, Turkey, and other countries.

5. Bangladesh

UNFPA considers the main problem with this program is the clash between the two Secretaries of the Ministry of Health. They have heard no rumors of any change in Government policy towards population. UNFPA had just finished briefing the new Resident Representative (Zigoran U.S.) and found him a very forceful personality.

6. Tunisia

USAID have just carried out a supervision mission of the Tunisian family planning program. Apparently the mission were divided in their opinions. We are obtaining a copy of their report.

7. Egypt

The Arab League (?) have just given UNFPA US\$20 million.* In anticipation of some of this being allocated to Egypt UNFPA will send a

*Later information reports that they have not yet received the money.

October 8, 1975

program mission there in January. The desk officer (Peter Witham) would be happy to have contact with the IBRD if there is to be a second Bank project in Egypt. He suggests a possible overlap in Egypt. UNFPA is no more happy about their present project than we are.

8. Turkey

Both UNDP and UNFPA are very pleased with their work with the Turkish Government. They find it is productive and the atmosphere is conducive to development. The Resident Representative of the UNDP (Shallon) is progressive and helpful and UNFPA consider that they have a good coordinator (Jim Hearn) there. They wondered why we are not involved in Turkey.

Attachment

cc: Mr. Baldwin, PNP Dept.
Mr. Messenger, "
Mr. Burney, Int. Rel. Dept.
Miss Husain, PNP Dept.
Mr. Jones "
Mr. Burfield "
Dr. Aguilleaume "
Mr. Kang "
Ms. Hammond "
Div. Files

AShaw:sb

UNDP/UNFPA/POP.COUNCIL/POP.DIV.UN/PNP

PEOPLE SEEN:

UNDP Erskine Childers, Director of Information
Paul Boyd, Chief, Communication Support

UNFPA Nafis Sadiq
J. van Arendonk, Asian Desk
Peter Witham
Sharon Epstein
Hasse Gaenger
Majid Khan

Population Division Charles Ejiogu, African Desk

Population Council Joel Montague

October 3, 1975

Mrs. D. Nortman
Staff Associate
Demographic Division
The Population Council
245 Park Ave.
New York, N.Y. 10017

Dear Mrs. Nortman:

Thank you very much for sending us the User's Manual for TABRAP and CONVERSE FORTRAN programs for estimating acceptors and fertility respectively. We also received the IBM computer cards and the programs' listings two days ago. We will get help from our Computing Activities Department to enter the programs into the Bank's computer.

We are grateful for your having made these programs available to us and for your useful suggestions about obtaining assistance from Ms. Kirmeyer if necessary. I am sure that these will be very useful tools to us.

With kind regards,

Sincerely,

M. Nydia Maraviglia
Population and Nutrition Projects Department


cc: Messrs. Messenger, PNP Dept.
Gianola, PNP Dept. (w/copy incoming)

MNM:bc
POPULATION COUNCIL/PNP

OFFICE MEMORANDUM

TO: Mr. Alexander Shaw, PNP Dept.

DATE: September 30, 1975

FROM: K. Kanagaratnam, Dir., PNP Dept. SUBJECT: NEW YORK - Discussions on Coordination and Cooperation with Other Agencies
Terms of Reference

1. On October 2 and 3, 1975 you will visit New York for discussions with:
 - a. the Development Support Communication Service of the UNDP (Messrs. Childers and Boyd);
 - b. the UNFPA (Mr. van Arendonk and appropriate desks);
 - c. Population Council (Mr. Montague); and
 - d. Population Division, UN (Mr. Ejiogu).

The subject will be our common interests, present or future, in Malaysia, Indonesia, Bangladesh, and Thailand. With b) and c) Tunisia will also be discussed.

2. On your return, you will submit a back-to-office report.

Cleared with and cc: Mr. Messenger
cc: Mr. Bravo, Inf. & Public Affairs
Mr. Kang
Mrs. Domingo
Div. Files

AShaw:sb

CONFERENCE/PNP

Spoken with Sison

Said increase not needed because
in support Council ~~pay for~~ as
exec. agent in Bank Indonesia Project
and also have paid for
Consultancy and advisory services,
as used.

Sison will read all drafts
to me on an opinion on this

↓
—

26 ~~Jan~~ Sept 75.

Mr KK -

Informed Mr. Sison's secretary that you are in Geneva, where you will see P. Mauldin - also that you wish to handle this type of matter. Sison not in this morning - but will call me if cannot wait for your return

Bi
Sept. 18

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT
ASSOCIATION

INTERNATIONAL FINANCE
CORPORATION

September 17, 1975

Dr. Kanagaratnam:

I attach a copy of a letter to Mr. McNamara from Mr. Mauldin, Acting President of the Population Council, asking us to consider an increase in our financial support for the information activities of the Council to at least \$50,000.

Our budget this year includes \$40,000 for support to the Council's information program. From the purely information side, we see no reason to raise our contribution. We would like to seek your advice as to whether there is any special consideration this year justifying an increase in the level of our support. Since your Department works closely with the Population Council, you might be aware of some "out of the ordinary" assistance received by the Bank which could justify an increased contribution.

Your thoughts on this matter would be much appreciated.

Mary Sison

Pastor B. Sison, IPA

Attachment

9/16 T.M. Clark
for action
L.M.

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N. Y. 10017

September 10, 1975

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

Mr. Robert S. McNamara
President
International Bank for Reconstruction
and Development
1818 8th Street, N.W.
Washington, D.C. 20433

Dear Mr. McNamara:

I am pleased to send you the enclosed report on the 1975 activities of the Population Council's Information Office and to make the formal request for Bank support in 1975. To highlight a few of our 1975 projects, in September we are launching a new quarterly periodical entitled Population and Development Review edited by Paul Demeny. Each issue will average about 160 pages. The Review "seeks to advance knowledge of the interrelationships between population processes and socioeconomic development and to provide a forum for discussion of related issues of public policy." Under the general title Country Prospects, between May 1974 and August 1975, the Council has prepared and distributed population projections exploring alternative hypothetical paths to a stationary population for 29 countries accompanied by a background discussion. The series is based on the same body of research as the book by Tomas Frejka, The Future of Population Growth: Alternative Paths to Equilibrium.

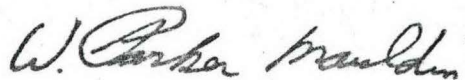
During 1975 the Information Office continued publication of the Council's four regular periodicals--Studies in Family Planning, Reports on Population/Family Planning, Country Profiles, and Current Publications in Population/Family Planning. The August issue of Studies in Family Planning is a special issue entitled "Family Planning Programs: World Review 1974." It contains summary reports on family planning activities in over 60 countries of the developing world. One of the Reports on Population/Family Planning was entitled "Women's Rights and Fertility," by Ruth Dixon, a timely document for the United Nation's International Women's Year. In addition, we produced a 300-page volume of the papers and reports from the Second International Advisory Committee Meeting on MCH-Based Family Planning Programs, held in Surabaya in March 1975. A book edited by Warren C. Robinson, Population and Development Planning, and an Occasional Paper by Bernard Berelson, The Great Debate on Population Policy: An Instructive Entertainment, were published in 1975.

In your letter of December 18, 1974, informing the Council of the Bank's \$40,000 contribution to the 1974 Information Office Program, you indicated that for 1975 the Bank would not be able to consider an increase in its contribution to our information program as requested in my letter of

September 10, 1975

November 20, 1974. Therefore, please consider this a formal request for \$40,000 for renewed support of the Council's 1975 information activities-- the same level as 1974. You also suggested that increased budgetary support in 1976 might be possible following a review of Bank policy before preparation of the Fiscal 1977 budget, and we would like to request consideration of an increase in the amount to at least \$50,000, should your policy permit.

Sincerely,



W. Parker Mauldin
Acting President

Enclosures:

Studies in Family Planning - August issue
The Great Debate on Population Policy
1975 Activities Report

Mr. Kang
Pop Council

INTBAFRAD
JAKARTA

SEPTEMBER 8, 1975

LT
5856

INDONESIA

FOR CHANDRASEKARAN. POP CREDIT 300-IND.

FOR YOUR INFORMATION BOB LAPHAM OF POPULATION COUNCIL ARRIVES JAKARTA
NIGHT OF SEPTEMBER 15. HE WILL STAY THAT NIGHT AT KARTIKA
CHANDRA AND THEREAFTER AT SPEAR'S HOUSE. OBJECTIVE IS TO
DISCUSS WITH NFPCB POSSIBLE EXTENSIONS OF TOURS OF VARIOUS
POP COUNCIL ADVISERS. REGARDS

HUW JONES

HJones/dlf

Harold W. Messenger

Population & Nutrition Projects Dept.

cc: Mr. Kang
Division Files

300-IND

OFFICE MEMORANDUM

TO: Division Files - PNP DATE: August 14, 1975

FROM: C. J. R. Aguiillaume, PNP *CA*

SUBJECT: ZAIRE - Telephone Conversation with Joel Montague, Regional Director
Near East and Africa, and Acting Director East and South
Asia - Population Council

1. Mr. Joel Montague called me today from New York to update his knowledge about the Naissances Desirables program in Zaire.
2. The following five principal points were brought up:
 - (i) Population Council is giving assistance to a demographic unit in the Faculty of Economics in Kinshasa - UNAZA campus (Pere Boute) and this assistance is still effective up to 76.
 - (ii) For the time being, the Population Council does not support any area of Naissances Desirables program, but is willing to in the near future, especially strengthening a larger demographic and statistical unit in Zaire.
 - (iii) They would like very much to set up informal meetings with the Bank and will be interested in coordination.
 - (iv) They expressed a desire to have a copy of the Bank's Population Sector Review Report when the latter is ready.
 - (v) Population Council did not propose its assistance yet to the Government of Zaire and I suggested they get in touch with the National Council of Health and Welfare as a first step to possible cooperation and coordination in the near future with other donors.
3. Mr. Joel Montague told me that Alain Marcoux, their field representative in Tunis will be leaving the services of the Population Council sometime in October, and will probably join the Demographic Center in Bucarest.

CAguillaume/df

cc: Mr. Baldwin, PNP
Mr. Messenger, PNP
Mr. Shaw, PNP
Mr. Jones, PNP
Mr. Burfield

Zaire/PNP

Gr. 300-IND

July 25, 1975

Mr. S. M. Keeny
The Population Council
P.O. Box 394
Taichung, Taiwan
Republic of China

Dear Mr. Keeny:

Dr. Kanagaratnam is on home leave in Singapore at the moment, but I know that he would like me to thank you for your letter of July 18, 1975 about the vehicle situation in Indonesia. After the difficult times we have been through in helping the Government to get transport into the field, it is indeed good to know that those responsible have succeeded. As you rightly pointed out in the notes of your recent visit, it is now essential to see that it is all being used effectively and economically. It is also gratifying to hear from Indonesia that the appropriate fleet administrative and maintenance machinery is being established, without doubt, much of this is the result of Tom Brown's good work.

Thank you again for your good news; similar developments seem to be taking place in other project components and whilst there is no room for complacency we are pleased that the national program, of which the Joint Project is an integral part, is doing well.

With best personal regards.

Yours sincerely,

Huw M. Jones
Population and Nutrition Projects Department

HJones/dlf

cc: Dr. Kanagaratnam (with copy of incoming to Singapore), PNP
Mr. Messenger, PNP
Ms. Farmer (with copy of incoming)
Division Files

300-IND/PNP

美國紐約人口研究局

THE POPULATION COUNCIL

S. M. Keeny

~~Resident Representative for East Asia~~

P. O. Box 394
Taichung, Taiwan
Republic of China

103, Mingchuan Road, Taichung
Tel: 27613

Cable Address:
POPCOUNCIL, Taichung

18 July 1975

Dr. K. Kanagaratnam
Director
Population & Nutrition Projects Dept.
International Bank for Reconstruction
& Development
1818 H St., N. W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

After all my doleful references to the slowness with which Bank transport was being delivered to the field, I'm glad to report more cheerfully after a visit last month to Indonesia.

A year ago the value of the whole lot to come was upwards of \$5 million. A target was set to have the whole job done by 30 June of this year. In January, most had been ordered; the jam was in Customs. By 1 June 60% of the 500 4-wheel vehicles were in the field but less than half the motorcycles.

The 200 jeeps and Colts were still stuck in Customs because BIKEN had apparently not cleared all the 23 steps of the insane bureaucratic procedure and had to do it over again. But the vehicles should be out, fully assembled, by the end of this month.

There were still 1,300 motorcycles out of Customs but not assembled - a simple procedure of adding wheels, seat, and handle bars. The jam was in the Suzuki shop, which had little space and was producing less than 10/day. Moebamsjah, the logistics man, and I agreed to try to get Suzuki to do the job in the Ministry of Health's own big warehouses. We got the head of the warehouses and the Suzuki man together. Suzuki agreed to the proposal if they could work to 6:00 pm daily instead of to 2:00 pm., the end of the Government business day. Output was to be raised to at least 40 a day, which they achieved almost immediately.

The motorcycles should all be in the field before the end of August and the 4-wheel vehicles a month later. I visited East and Central Java and helped them work out plans for handling this unexpectedly heavy flow. Everybody is happy.

Please pass the good word on to Jones and others who are interested.

As ever,

S. M. Keeny

cc: Mr. Montague
Dr. Chandrasekeran

S. M. Keeny

H M Jones.

1. Parr

2. Acknowledge

Thank!

6/28 7/24

*dm
7/24*

hi file
need copy
for Pop Council

OFFICE MEMORANDUM

TO: Dr. K. Kanagaratnam, Director, PNP

DATE: July 9, 1975

FROM: Robert S. Saunders, Research Assit., PNP RSS

SUBJECT: NEW YORK - Meetings at FPIA, UNFPA and the Population Council - July 2 & 3, 1975
Back-to-Office-Report

1. In accordance with the terms of reference dated July 1, 1975, I attended meetings at FPIA, UNFPA, and the Population Council in New York City on July 2 and 3, to obtain data and discuss issues relevant to the studies of national budget resource allocation and contraceptive imports which I am undertaking this summer. On Wednesday afternoon, July 2, I met with Dr. Dan Weintraub of FPIA, Ms. Henna Ong of UNFPA, and Mr. Mahesh Kotecha of UNFPA. On Thursday morning I met again with Mr. Kotecha: at this second meeting we were joined by Dr. D. Gupta and Mr. Richard Mahoney (both of whom are involved in the International Contraceptive Study Project). On Friday afternoon I met with Dorothy Nortman and Ellen Hotstatter of the Population Council.
2. The meeting at FPIA dealt with international shipments of contraceptive supplies by FPIA and other donor organizations. Dr. Weintraub made available data on FPIA's shipments of contraceptives abroad. He discussed at length gaps in communication between various contraceptive supply donors (FPIA, IPPA, USAID, FPIA) in circulating information regarding stocks at hand, volumes shipped (or committed) to recipient countries, etc. Dr. Weintraub also discussed USAID procurement policies and administrative regulations indicating that because FPIA ships to non-governmental organizations, USAID's requirement that recipient governments meet 25% of contraceptive supply costs might not necessarily apply to FPIA (even though FPIA presently serves in many instances a direct funnel for USAID contraceptive supplies). Dr. Weintraub indicated continued expansion of FPIA's contraceptive shipments on the order of 10% - 20% per year and did not foresee drastic cutbacks in supplies to any recipient countries.
3. At the meeting with Ms. Ong, UNFPA's activities in collecting data on resource allocations for family planning were discussed. Ms. Ong indicated that in addition to future editions of the "Inventory of Population Projects in Developing Countries Around the World" UNFPA is in the beginning stages of producing a periodic data booklet on flows of funds for population activities similar to the material which has thus far been produced by OECD. Technical differences in the UNFPA and OECD methods for classifying expenditures were discussed; problems of uniformity in reporting, etc. were also touched upon.
4. In discussions with Messrs. Kotecha, Mahoney and Gupta a number of issues relevant to the international shipments of contraceptive were considered. The following issues were touched upon: (a) methods and problems in forecasting demand for contraceptives, (b) the role of import duties in affecting international shipments of contraceptives, (c) the

July 9, 1975

foreign exchange burden of contraceptive imports, (d) possibilities for the domestic production of contraceptives by various developing countries, (e) existing production costs and production networks for condoms and pills, (f) governmental revenue from contraceptive import duties, (g) public sector/private sector considerations, etc.

5. Mr. Kotecha indicated that in compiling data for the International Contraceptive Study Project (ICOSP), UNFPA sent out detailed questionnaires to a number of developing countries in February, 1975 (a copy of the questionnaire is appended to this memorandum). When tabulated these questionnaires will yield data by country on: contraceptive import volumes by source, projected contraceptive requirements through 1985, volumes of contraceptives supplied by manufacturer, funding sources for procurement of contraceptives, import regulations, acceptor trends by method, etc. The questionnaires have not yet been evaluated; Mr. Kotecha expressed interest in making the raw data available to the Bank at the official request of Dr. Kanagaratnam or Mr. Baldwin. Due to the volume of paper involved, certain special arrangements would have to be made to facilitate the evaluation of the questionnaires at or by the Bank. (It appeared that the ICOSP survey could prove an invaluable data source for the study of the contraceptive imports owing to the types of questions asked and the recency of the data). Mr. Kotecha also indicated an interest in seeing the Bank involve itself directly in the ICOSP (this issue I felt was totally beyond my responsibility, authority, etc. to discuss and agreed simply to convey the suggestion to Dr. Kanagaratnam and Mr. Baldwin).

6. Mr. Kotecha also indicated that a UNIDO study of the possibilities for domestic production of contraceptives by developing countries would become available on July 15, and suggested that an official request from Dr. Kanagaratnam or Mr. Baldwin would also facilitate prompt transmittal of this document to PNP.

7. Mr. Kotecha suggested that additional contacts be made by phone with Bob Smith (USAID consultant), Glen Lilien (MIT), and Luke T. Lee (Tufts University), all of whom participated in studies related to the ICOSP.

8. In the meeting with Dorothy Nortman and Ellen Hotstatter on Thursday afternoon, data from the Population Council Factbook and the methodology for compiling that data was the focus of the discussion. Ms. Nortman outlined the method by which data on government/budget allocations and donor assistance is obtained for each country. The data for different countries is not strictly comparable in the Factbook because some countries report both direct and indirect allocation (or expenditure) whereas others report only direct allocation. Anomalies

July 9, 1975

between data contained in the Factbooks and that contained in various OECD publications were discussed. Methods of expenditure classification were also touched upon. Ms. Nortman made available unpublished data which she will eventually include in the forthcoming Factbook.

CNF/PNP
Saunders/hs

Cleared with: Mr. Messenger
cc: Mr. Baldwin
Mr. Bravo, Info. & Public Affairs
Mrs. Maraviglia
Miss Husain
Mr. Kang
Mrs. Domingo
Div. & Central Files

Inter-agency
July 1, 1975
cc: Pop. Council
UNFPA
IPPF

Mr. Robert Saunders, PNP, Dept.

K. Kanagaratnam Director, PNP Dept.

NEW YORK - Study of Resource Allocation for Family Planning and Contraceptive Import Costs - VISITS TO: Pop. Council, UNFPA, IPPF
Terms of Reference

1. You shall visit New York on July 2 and 3 for the following purpose:
 - (a) to consult with Dorothy Nortman and Ellen Hotstatter at the Population Council regarding a study of resource allocation by national Governments for family planning.
 - (b) to consult with Ms. Henna Ong at UNFPA on the same study,
 - (c) to consult with Mr. Richard Mahoney of UNFPA and members of the staffs or FPFA and IPPF-Western Hemisphere on a study of contraceptive import costs.
2. On your return you will prepare a brief back-to-office report.

CNF/PNP
Saunders/hs

Cleared with: Mr. Messenger
cc: Mr. Bravo, Inf. & Public Affairs
Mr. Kang, PNP
Mrs. Domingo, PNP
Div. & Central Files

Pop Council

**Mr. W. Parker Mauldin
The Population Council**

With the Compliments of

Dr. K. Kanagaratnam

Director

Population and Nutrition Projects Department

*(The George Bandy &
New U.N. Structure)*

June 11, 1975

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
WASHINGTON, D.C. 20433

Dr. Kanagaratnam
Pop Council

Division Files - PNP

July 2, 1975

Huw M. Jones, PNP

INDONESIA - Population Council Assistance

1. On Monday June 30, a meeting was held with representatives of the Population Council, to discuss the possibility of continuing Council assistance to the GOI under Credit 300-IND. Mr. Mauldin, Dr. Lapham and Mr. Hoogenboom represented the Council; Dr. Kanagaratnam and Mr. Jones were present for the Bank.
2. Mr. Mauldin reviewed the three areas of Council assistance:
 - a) To LEKNAS where Dr. Speare was doing good work and was well liked. Funds were available to continue this assistance until mid 1977. Dr. Speare was available only until mid 1976. LEKNAS wanted someone to stay and work until mid 1978. No funding was available for that final years; it would be difficult (and too expensive) to provide an advisor for one year only.
 - b) To the field postpartum program in Mojokerto where the provision of the two advisers for three-man years would terminate at the end of 1975. The Council considered that the project did require further technical assistance at the same level for two years. There were savings for this item of the project agreement of about US\$52,000 derived from unused computer time; if it was possible to reallocate \$91,000 from the Research and Evaluation item, and \$66,000 from fellowships, the total of \$209,000 would cover the costs of the extension. The Council also suggested the retention of the evaluation adviser for one further year.
 - c) To Research and Evaluation where Dr. Laing would be leaving towards the end of the year, having had personal difficulties with Dr. Haryono (de facto Deputy Chairman III of the NFPCB). It was not thought feasible in the circumstances to extend this advisory post; instead support would be provided by short-term consultants. Dr. Kanagaratnam pointed out that the Bank now had Dr. Chandrasekaran stationed in Jakarta who could provide support in this field. The \$91,000 savings in this item resulted from savings in the consultants salary and from New York backup costs. The item of \$122,000 for fellowships has not been touched and the idea has been informally expressed by the GOI that instead of foreign fellowships, this item should be used for local training; plans are awaited. It would, in any case, reduce costs and the Council proposes to transfer half the provision towards the costs of the Mojokerto advisers.

July 2, 1975

3. The Bank expressed general agreement with the suggested actions:

- a) To continue funding LEKNAS to mid 1977;
- b) To reduce the R & E commitment to short-term consultants, and divert the savings towards -
- c) Continuing the services of the advisers to the Mojokerto project for a further two years.

4. It suggested that the following items should be taken up for possible funding from a second Bank project:

- a) Additional support assisted to LEKNAS for a long-term growth prospective study, and
- b) A sixth-man year of assistance for the evaluation of the Mojokerto project.

5. It was agreed that the Council would produce two papers by ^{July} June 14. The first would be technical support for the proposals, whilst the second would set out the financing proposals. The strategy would be to get the GOI to agree to the proposals on their technical merits, and then to discuss the means whereby the proposals could be financed. These discussions should take place before Dr. Kanagaratnam's visit to Indonesia from August 1-8, so that he could lend support, if necessary.

6. Mr. Mauldin briefly raised the possibility of obtaining support for a survey to measure the reduction of fertility which he felt sure could be attributed to the effects of the national FP program. The Bank response was sympathetic but questioned whether the results could not be achieved by the proposed mid-censal survey with WFS support, and other on-going surveys. In any case it would be a matter for the second Indonesia project. The Council would, in the meanwhile, elaborate its ideas.

HJones/dlf

cc: Dr. Kanagaratnam, PNP ✓
Mr. Messenger, PNP
Mr. Venkitaramanan, PNP
Mr. Chandrasekaran, Jakarta
Miss Farmer, CP - E.A. & Pacific

300-IND/PNP

4
June 2, 1975

Mr. Alain Marcoux
The Population Council
c/o Ford Foundation
60 Mohammed the Fifth Avenue
Tunis, Tunisia

Dear Mr. Marcoux:

We understand from our good friend Dr. Pease that your long tour of duty in Tunisia is coming to an end and that you may possibly be interested in exploring employment possibilities with other organizations. There is a possibility that we will be adding to our staff during the next year; we would therefore be interested in discussing this possibility with you if the type of work which our Department does has any appeal for you.

We understand that your basic training is in demography and that you have recently been working as the Council's Research and Evaluation Advisor in Tunisia. While we occasionally employ specialists who are able to devote most of their time to a particular professional discipline, such as demography, we are now primarily interested in individuals with broad operational interests who are familiar with all aspects of family planning programs and their relationship to low-cost health delivery systems.

We understand that you have occasionally met Alex Shaw of our staff. Mr. Shaw plans to be in Tunis from June 16 to 27, and will try to get in touch with you to learn what interest, if any, you might have in exploring this matter further.

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

bcc: Mr. Rath, Bucarest
✓ Mr. Kang
Mr. Shaw, Hotel Africa, Tunis
Mr. Messenger

GBBaldwin/jim

May 16, 1975

Dr. Clifford A. Pease, Jr.
Director
Technical Assistance Division
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Cliff:

Just a note to thank you for sending down the promised copy of your Atlanta "Twenty-Five Year Perspective." I have reproduced it and given copies to everyone in our Department -- that's what I thought of it! I hope it will see a wider audience before too long.

Cordially,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

cc: Dept. File - Pop. Council ✓

GBBaldwin/jim

May 7, 1975

Mr. S. M. Keeny
Resident Representative for
East Asia
The Population Council
P.O. Box 394
Taichung, Taiwan
Republic of China

Dear Sam:

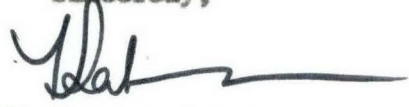
Thank you for your letter of 25 April. I am glad you were able to meet with Hankinson whom we asked to do a study on several issues related to Bank assistance in this Sector. I am sure your input to his work will be valuable to the final product.

As you know, timing of missions and the appropriate consultant needs are based on specific project schedules. It is good to know that your services are available on a more flexible basis. I am asking our Operations Division to bear this availability in mind and also timings indicated in your letter in the planning of missions. I am delighted to see that your name will be added to our consultant roster.

I hope to pass through East Asia in the next couple of months and if possible I will schedule a brief visit to Taiwan - which incidentally I have not visited since the 1968 Conference.

With regards.

Sincerely,



K. Kanagaratnam
Director

Population and Nutrition Projects Department

Dr. KK:maf

cc / HK / HWM

美國紐約人口研究局
THE POPULATION COUNCIL
S. M. Keeny
Resident Representative for East Asia
P. O. Box 394
Taichung, Taiwan
Republic of China

103, Mingchuan Road, Taichung
TEL: 27613

Cable Address:
POPCOUNCIL, Taichung

25 April 1975

Dr. K. Kanagaratnam
Director
Population & Nutrition Projects Dept.
International Bank for Reconstruction &
Development
1818 H Street, N.W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

I am ending my full-time relationship with the Council on 30 June because they want to taper off in Taiwan and are very short of money. After 30 June I shall continue to be based on Taiwan but as a Senior Consultant working about a quarter of the time to make a limited number of field visits, organize the annual review for East Asia, writing newsletters, etc.

I shall be free the other three-quarters of my time and am ready to consider any reasonable proposals for short-term assignments. (I need two weeks in July-August free and one month toward the end of the year - preferably November.) Otherwise I can go anywhere in Asia on short notice.

I shall not be representing the Council on these assignments and shall not be on their payroll. I hope that I shall be eligible for Bank's consultant fees in addition to travel expenses. The usual rates will be OK even they're below my present salary (\$35,000 a year).

Please let me know if Bank has or is likely to have any openings for short-term consultants that I could fill. If nothing now, add my name to the list of possibles - ready to go at any time.

As ever,

S. M. Keeny

S. M. Keeny
Resident Representative for East Asia

SMK:sy

1975 APR 28 10 12 AM '75

美國紐約人口研究局
THE POPULATION COUNCIL

S. M. Keeny
Resident Representative for East Asia
P. O. Box 394
Taichung, Taiwan
Republic of China

103 Mingchuan Road, Taichung
TEL: 27613

Cable Address: POPCOUNCIL, Taichung

25 April 1975

Dr. K. Kanagaratnam
Director
Population & Nutrition Projects Dept.
International Bank for Reconstruction &
Development
1818 H Street, N.W.
Washington, D. C. 20433

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I shall be free the other three-quarters of my time and am ready to consider any reasonable proposals for short-term assignments. (I need two weeks in July-August free and one month toward the end of the year - preferably November.) Otherwise I can go anywhere in Asia on short notice.

I shall not be representing the Council on these assignments and shall not be on their payroll. I hope that I shall be eligible for Bank's consultant fees in addition to travel expenses. The usual rates will be OK even they're below my present salary (\$32,000 a year).

Please let me know if Bank has or is likely to have any openings for short-term consultants that I could fill. If nothing now, add my name to the list of possibles - ready to go at any time.

As ever,

S. M. Keeny
Resident Representative for East Asia

RECEIVED
15 APR 30 AM 9:45
INDONESIA MAIL UNIT

SMK:ay

May 5, 1975

Mr. W. Parker Mauldin
Acting President
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Mr. Mauldin:

We are pleased to enclose a copy of our draft Population Sector Review in Thailand (in both the full and in the summary versions). - Copies are being sent separately to Dr. Nicholas Wright and to Dr. Warren Robinson in Bangkok.

We expect to put the draft into final form by mid-summer; if anyone at the Council is moved to give us comments or corrections, we will be most grateful.

Sincerely yours, -

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Attachments

Cleared and cc: Dr. Kanagaratnam, PNP
Mr. Ruffini, EAPCP
cc: Mr. Messenger, PNP
Mr. Hall, PNP
Div., Dept. Files
Bangkok Office

THAILAND/POP.

GBBaldwin/jim

May 5, 1975

Dr. Nicholas H. Wright
Representative
The Population Council
Family Health Division
Dept. of Medical and Health Services
Ministry of Public Health
Devaves Palace
Bangkok, Thailand

Dear Nick:

Enclosed is a copy of our draft Population Sector Report (full and Summary versions). If the Government would find it helpful to discuss the report, or any possible Bank assistance for the Fourth Plan, then Peter Hall and I will probably visit Bangkok, perhaps in June. If so, we hope to find you there. Any corrections or comments you may want to make before then, in writing, will be most gratefully received.

Warm regards,

Sincerely,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Attachments

Cleared and cc: Dr. Kanagaratnam, PNP
Mr. Ruffini, EAPCP
cc: Mr. Messenger, ENP
Mr. Hall, PNP
Dept., Div. Files
THAILAND/POP. Bangkok Office

GBBaldwin/jim

P.S. I've also sent a cc to Warren Robinson. An extra cc is enclosed -- for Peter Donaldson -- if he is still on board.

OFFICE MEMORANDUM

Pop Council

TO: Dr. K. Kanagaratnam, Director, PNP Dept.

DATE: April 18, 1975

FROM: K. V. Ranganathan, PNP Dept. *K.V.*SUBJECT: INDONESIA I - Attendance at the Second International Advisory Committee Meeting on MCH-Based F.P. Program in Surabaya - March 20 - 22, 1975 - Back-to-Office-Report

As per terms of reference dated March 10, 1975, I attended the second International Advisory Committee meeting on MCH Based Family Planning Programs in Surabaya, Indonesia from March 20 to 22 and the following is a brief summary of the proceedings of the meeting.

1. The meeting was preceded by a workshop on MCH-Based Family Planning Programs held in Surabaya between March 15 to 19, 1975 in which representatives of the four countries participating in the international field post-partum program sponsored by the Population Council (Indonesia, Philippines, Turkey and Nigeria) as well as selected invitees from donor agencies (UNFPA, USAID, IDRC), WHO (SEARO), Population Council and Dr. and Mrs. Maurice King participated. Detailed list of participants in this workshop as well as the Advisory Committee meeting is appended to this report. The workshop prepared the background document for the Advisory Committee meeting identifying the progress made by the four countries in the implementation of the MCH-Based Family Planning Program and making recommendations for implementation of the program for the next two years. The workshop also had the benefit of presentation and discussion of the Narangwal project by Dr. (Mrs.) Deweemer and the manual for MCH workers prepared by Dr. Maurice King. The outline of the recommendations of this workshop is in the Divisional files of Indonesia for reference.
2. The Advisory Committee meeting started with the opening function in which the Minister of Health for Indonesia, Dr. Siwabessy, welcomed the guests and in his opening remarks highlighted the integrated MCH/FP approach of the Indonesian Government and the progress of the National Family Planning program. The Governor of East Java, Mr. Noor, in his address highlighted the progress of the East Java Family Planning program with specific emphasis on the Modjekerto field post-partum project and its relevance to the planning and implementation of the MCH-Based Family Planning delivery services for the Nation as a whole. He indicated that the construction of all the MCH centers for the field post-partum project is due to be completed very soon and the demonstration program will start immediately thereafter.
3. Major part of the rest of the three days was spent in each country reporting on the progress in the implementation of the project in their own country and indicating the future course of action. The Indonesian program was quite ahead of others in that most of the preliminary work like base-line surveys and studies on contraceptive

April 18, 1975

continuation rates in the project area were completed and training of staff (family health nurses) to man the MCH/FP centers was underway. Most of the other staff are in position. The Philippines was just getting organized for the project, Turkey was still recruiting staff and Nigeria was in the early planning stage.

4. Four representatives of the Thailand Ministry of Health attended the meeting as observers and reported on the DEIDS project under implementation in Thailand.

5. The meeting concluded with a vote of thanks for the three donor agencies, UNFPA, IBRD and USAID for financing the field post-partum project in the four countries. The offer of the Government of Turkey to host the next meeting in Turkey in 1977 was accepted.

Cleared with: Mr. Messenger
cc: Mr. Burney, Int'l Relations
Mr. Bravo, Info. & Public Affairs
Mr. Kang
Mr. Jones
Mr. Mills
Mr. Venkitaramanan
Mrs. Domingo
Div. & Central Files

300-IND/PNP
KRanganathan/hs

SECOND INTERNATIONAL ADVISORY COMMITTEE MEETING
MCH-BASED FAMILY PLANNING PROGRAMS
LIST OF PARTICIPANTS

Official Participants.

Nigeria.

1. E.E. Ecoma M.D.
Provincial Health Director
Southeastern State, Nigeria.
2. E. V. V. Nya M.D.
Project Director
Southeastern state Project
3. A. Udo Ph.D.
Assistant Project Director
(Evaluation).
Southeastern State Project

Turkey.

1. Osman Yasar. M.D.
Undersecretary
Ministry of Health
2. U. Tuncer M.D.
Director-General
General Directorate of Population Planning.
3. Mhamer Unel M.D.
Provincial Health Officer,
Yozgat Province Project Director, Yozgat Project.
4. Azmi Gurkan. M.D.
Assistant Project Director
(medical) Yozgat Project.
5. Sevinc Kavadarli.
Director of Evaluation
Yozgat Project.
6. A. Sadre Alam M.D.
Medical Advisor,
Yozgat Project.

Philippines.

1. Flora Bayan M.D.
Director Family Planning
Department of Health.

2. Evsebio Quebral M.D.
Program Operations Officer,
Bohol Project.
3. James Parado M.D.
Senior Consultant,
Bohol Project
(Former Provincial Health
Officer).

Philippines (cont).

4. Pat Mariono.
Director of Evaluation
Bohol Project.
5. V. Sanial R.N.
Senior Nurse Supervisor,
Bohol Province.
6. William Van Wie Dr. P.H.
Evaluation Advisor,
Bohol Project.

Indonesia.

1. W. Bahrawi M.D.
Director-General CDC, Jakarta.
Director, Mojokerto Project.
2. Haryono Suyono Ph.D.
Deputy III (Research & Evaluation),
National Family Planning
Coordinating Board (BKKBN),
Jakarta.
3. Soebagio M.D.
Director Family Planning
Directorate
Department of Health Jakarta.
4. L.A. Lolong M.D.
Deputy Project Director,
Mojokerto Project.
5. Budiono S. M.D.
Assistant Project Director
Mojokerto Project.
6. Harljaya B. Sc.
Acting Head of Evaluation,
Mojokerto Project.

7. Jeremiah Sullivan Ph.D.
Evaluation Advisor.
Mojokerto Project.

8. Paul MacKenzie M.D.
Medical Advisor.
Mojokerto Project.

Indonesia (Additional Participants).

1. Abdul - Rachman Soerono D.M.
Family Planning Directorate,
Departement of Health
Jakarta.

2. Kartini Binol M.D.
Research and Development
Institute Department of
Health Jakarta.

3. Oemijati M.A.
Head of Bureau of Research
and Evaluation BKKBN, Ja-
karta.

4. S. Pandi M.D.
Head, Bureau of Medical Ser-
vices, BKKBN, Jakarta.

5. Soeyatni,
Head, Family Planning Field-
workers, BKKBN, Jakarta.

6. Wasito M.D.
Provincial Chairman,
BKKBN, East Java.

7. Henry Pardoko M.D.
Director, Health Service De-
velopment Institute,
Surabaya.

8. K. Halim M.D.
Mojokerto Project,

9. Joesworo,
Evaluation Staff,
Mojokerto Project.

Population Council.

1. Howard C. Taylor M.D.
Senior Consultant,
Population Council,
New York.

2. Allan G. Rosenfield M.D.
Director, MCH/FP. Program.

3. Robert J. Lapham Ph.D.
Head of Evaluation,
MCH/FP Program.

4. Gerald J. Zatuschni, M.D.
Population Council Represent-
ative,
Iran.

5. Anna Quandt, Ph.D.
Evaluation Staff,
MCH/FP Program.

6. Peter Miller
Evaluation Staff,
MCH/FP Program.

Invited Speakers.

1. Somboon Vachirota, M.D.
Director-General, Depart-
ment of Health,
Director, DEIDS - Lampang
Project,

Ministry of Public Health,
Thailand.

2. Cecile DeSweemer M.D.
Population Advisor,
Ford Foundation, Nigeria.

3. Felicity King M.D.
Pediatrician.

4. Maurice King, M.D.
W.H.O. Consultant,
Health Service Developmant
Institute (LKN),
Surabaya, Indonesia.

Special Indonesian Dignitaries.

1. A.G. Siwabessy M.D.,
Minister of Health.

2. Mohammad Noer
Governor, East Java.

3. Suwardjono Suryaningrat MD,
Chairman,
National F.P. Coordinating
Board (BKKBN).

4. Julie Sulianti Sarosa M.D.
Head Research and Development Institute Department of Health, Jakarta.
5. Prof. Dradjat Prawironegara M.D.
Director General, Health care Department of Health, Jakarta.
6. Soebekti M.D.
Director General Community Health Promotion, Department of Health, Jakarta.
7. Prof. A. Hafid PhD.
Deputy I (Program Management)
National F.P. Coordinating Board (BKKBN).
8. Prof. RM. Iudono MD
Deputy III (Program Implementation).
National F.P. Coordinating Board (BKKBN).

Observers From International Organizations :

UNFPA.

1. Hans Waggoner
UNFPA Coordinator
Indonesia.
2. Marcos Cittoni M.D.
UNFPA Coordinator, Turkey.
3. Vernon Perles.
UNFPA Coordinator, Nigeria.
4. Tristram Eastwood.
UNFPA Coordinator
Phillipines.

W. H. O. *DR Bowman - ILO*

1. ~~Lars Engstrom~~ M.D. *SEARO*
Family Health Division, *New Delhi*
Geneva.
2. M. Kecic M.D.
MCH/FP Regional Advisor,
WPRO (Manila).

World Bank (IBRD)

1. K.V. Ranganathan M.D.
Population Project Office,
Washington.
2. C. Chandrasakaran
Population Advisor,
IPSRD, Jakarta.

USAID.

- J. Jarrett Clinton, M.D.
Director, Population and Health
Division.
USAID, Jakarta.

- American Public Health Association (APHA).
Barry Karlin Dr. P.H.
APHA, Washington.

**International Development
Research Centre.**

- John Gill M.D.
IDRC, Ottawa Canada.

John Hopkins University.

- Jeanne Newman, PhD.
John Hopkins University.
University of Hawaii.

1. Brooks Ryder M.D.
Advisor School of Public
Health.

- University of Indonesia.

2. Ronald Wilson MD.
Medical Advisor,
DEIDS - Lampang Project
Ministry of Public Health,
Thailand.

ROUTING SLIP		DATE May 16, 1975	
NAME		ROOM NO.	
Kanagaratnam	Kang		
Aguillaume	Kim		
Berg	Lundeberg		
Burfield	Maraviglia		
Casazza	Messenger		
Domingo	Mills		
Franckson	Ranganathan		
Hall	Shaw		
Husain	Tiglao		
Jones	Venkitaramanan		
	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	COMMENT		PER OUR CONVERSATION
	FOR ACTION		PER YOUR REQUEST
XX	INFORMATION		PREPARE REPLY
	INITIAL		RECOMMENDATION
	NOTE AND FILE		SIGNATURE
REMARKS			
FROM G.B. Baldwin		ROOM NO.	EXTENSION

WORLD PROGRESS IN POPULATION AND FAMILY PLANNING
PROGRAMS --A TWENTY-FIVE YEAR PERSPECTIVE*

Dr. Clifford A. Pease, Jr.

Since graduating from the Harvard School of Public Health in 1949, I have spent the last twenty-five years of my professional life administering assistance programs in the field of international health for both governmental and private organizations. In this period of time there have been drastic changes in the world population picture, and the purpose of this paper is to put these changes in perspective and to summarize the progress made in laying the foundations for future action. Time is of the essence but likewise it takes time to organize and implement programs and even more time for them to show desired results.

Looking back, my professional education both as a physician and as a public health administrator was nearly completely lacking in references to population, birth control, or family planning. We naturally learned about contraception as part of obstetrics and gynecology but as this was of such a private nature it was limited almost entirely to the doctor patient relationship. In public health, population change was of course referred to in biostatistics and epidemiology but no major emphasis was placed on population and no special courses were available as today. In fact, at that time the birth control field was considered to have somewhat of a radical tinge.

PRE-1950 WORLD OF POPULATION AND FAMILY PLANNING

In 1950 the world consisted of an estimated 2½ billion people and had a rate of population growth estimated at .91.³ Birth rates in the United States and Western Europe showed fairly widespread contraceptive practice-- interestingly enough mainly by male methods (condoms and coitus interruptus).

* Speech delivered at the Albert Schweitzer Centenary, Atlanta, Georgia, April 10, 1975.

Practice in the developing world, particularly Asia, was minimal. Death rates were falling in the developing world but birth rates remained high and the demographic gap was beginning to be prominent.

The methods available for contraception were the same as those of the 1880's--condoms, caps, diaphragms, spermicides, pessaries, and coitus interruptus. Abortion was criminal and sterilization--male or female--rare.

Distribution of contraceptives was often illegal with the Comstock and other similar laws, and abortion and sterilization were illegal in most countries. Changes were occurring, however, with the Eugenic Protection Law of Japan in 1948 and liberalization of abortion laws in a few Scandinavian countries.

As far as organized efforts were concerned, in the private sector the pioneer efforts of Margaret Sanger beginning in 1916 culminated in the creation of the Planned Parenthood Federation of America in 1942. Private sector activities extended to a few countries of Western Europe and finally to India in 1949 with the organization of a family planning association--the first of its kind in an independent country in the developing world.¹⁵

There was little foundation interest even though the National Committee on Maternal Health had been in existence since 1930 and the Population Reference Bureau was created in 1943. There had been pioneer interests of professional demographers with the support of the Milbank Memorial Fund in the 1920's and the formation of the International Union for the Scientific Study of Population in 1928.

With the creation of the United Nations in 1945 a Population Commission was formed in 1946 with the Population Division as its secretariat and Frank Notestein as its first head.

Foreign assistance, multilateral and bilateral, had just begun with the Marshall Plan and Point Four but did not include activities in the population field.

CHANGES IN THE 1950's

Significant changes began to develop in the 1950's. There was greater recognition of the population problem by governments, intellectuals, theologians, and scientists as well as increased organizational efforts to study the problem and initiate action. There were more liberal attitudes of Protestants and Jews towards acceptance of family planning and greater respectability for family planning in public and professional circles. General Draper's report on foreign aid in 1959 encouraged foreign assistance in population and family planning because of the exploding world population situation.

The first national population policy was created in India in 1952 and, interestingly, this was the only such policy developed in the 1950's.

In 1958 the Swedish International Development Agency (SIDA) made the significant decision to devote a portion of its foreign aid to the population field and initiated the first assistance program in Ceylon.

Government attitudes towards population and family planning programs began to change and this created a different environment. The New York City decision in 1958 to open family planning clinics in the municipal hospital system was a significant breakthrough in the United States. The first World Population Conference in Rome was held under United Nations auspices but this was a conference of individuals, not of governments.

The International Planned Parenthood Federation was created in 1952 in Bombay with an initial budget of \$50,000 and four national associations (India, Hong Kong, Singapore, and West Germany, and Japan as an associate). In Switter's chronicles of IPPF,¹⁵ she makes an interesting observation regarding the meeting that created IPPF.

"One thing that has never been said was that India probably had more impact on the international family planning movement than the movement had on India."

Private philanthropy became involved and Mr. John D. Rockefeller III created the Population Council in 1952 to encourage the scientific study of the major problems of population as they exist in different parts of the world.¹⁰ The Ford Foundation made their first grants in the field in 1952. The Pathfinder Fund was created in 1957 by Clarence Gamble although he had been a pioneer in the movement prior to that time.

Contraceptive breakthroughs were significant with two new developments. Oral contraceptives had been developed with the work of Drs. Pincus and Rock and clinical studies were initiated in 1956 in Puerto Rico. Publications by Ishihama in Japan in 1956 and Oppenheimer in Israel in 1959 led to a reappraisal of the role of intrauterine contraception.

Abortion laws were further liberalized to permit abortions on demand in the USSR, Bulgaria, Hungary, China, and Romania, and abortions for health reasons in Poland, Yugoslavia, and Czechoslovakia.

In spite of these changes, however, there were major restrictions on work in the field. The major controversy in the United Nations system regarding family planning and population created a crisis at the World Health Assembly in 1952 and curtailed discussion of these issues in UN organizations and delayed involvement on the action side throughout the United Nations system.

President Eisenhower's reaction to the Draper report in 1959, stating that family planning was not a function of government, delayed both foreign and domestic assistance for a number of years.

There was continued significant opposition of the Catholic Church to family planning and abortion activities not only in Catholic countries but throughout the world.

CHANGES IN THE 60's

1960-1970 was the most significant period in the population field. During this decade 23 developing countries instituted policies to reduce the population growth rate and 16 additional countries offered official support of family planning activities for other reasons.⁸

Five additional countries (Norway, German Democratic Republic, Tunisia, Singapore, and Great Britain) liberalized abortion laws for other than health reasons with Tunisia and Singapore being the first developing countries to do so.

The Supreme Court decision in United States vs. Connecticut in 1965 removed the last legal barriers to providing family planning services in the United States.

The United States Government's position on assistance, both domestic and foreign, was reversed and the first U.S. foreign aid in the field was made available in 1964. This was followed in 1967 by the earmarked funds for population, known as Title X funds of the Foreign Assistance Act.

The United Nations position was similarly changed with the subsequent creation of the United Nations Fund for Population Activities (UNFPA) and widespread involvement throughout the United Nations system in population and family planning as an integral part of the development process.

These changes led to a subsequent rapid increase in available funding from multilateral and bilateral sources.

Significant happenings during this period included the acceptance of IPPF for non-governmental organization (NGO) status with the Economic and Social Council of the United Nations. This was significant because it finally meant respectability for the family planning movement. In 1965 the Population Council supported a major international conference on family planning, and the second World Population Conference was held in Belgrade under United Nations

auspices but still as a meeting of professionals and individuals, not of governments.

Some will say that 1966 was a significant year in that it marked the entrance of Dr. Reimert Ravenholt on the staff of the Agency for International Development (AID) and the field of population hasn't been the same since.

In 1968 President Johnson appointed a Committee on Population and Family Planning. In the same year the United Nations Human Rights Conference in Teheran gave couples the "basic right to decide freely and responsibly the number and spacing of their children."

In the same year, however, the Papal Encyclical, Humanae Vitae, reiterated the Catholic ban on the use of artificial contraceptives.

The significant breakthroughs in contraceptive technology of the 50's were widely accepted by the medical profession and the lay public. Oral contraceptives of relatively low dose were widely distributed throughout the world. Intrauterine contraception became professionally acceptable and following the 1962 and 1964 IUD conferences there was a rapid proliferation of different types of IUDs. Depository drugs such as Depo-Provera began to be utilized. There were improved techniques for abortion with the development of vacuum aspiration in China. This technique almost completely replaced the dilation and curettage method. Simplified techniques of sterilization involving vasectomy, laparoscopy, culdoscopy, mini-lap, etc. were also developed. There was, however, the strong limitation particularly in the developing world that nearly all of these breakthroughs required some element of medical supervision.

In addition, there were remarkable changes of attitude. We saw rapid acceptance of the pill and IUD in spite of reports of complications. Abortion and sterilization were more widely accepted as means of fertility control and legal barriers began to disappear. There was wider acceptance by Catholics

of responsible parenthood and widespread use of artificial means of contraception by Catholics both in the United States and in the developing world. Major interest on the part of governments and private organizations developed and there was a rapid expansion of available resources for the field. In addition, the interrelationships of population growth, economic and social development, and environmental problems began to be recognized.

CONTINUED CHANGES IN THE FIRST HALF OF THE 70's

By the early 1970's, 34 developing countries had policies to lower fertility. In addition, 32 countries provided family planning for non-demographic reasons.⁷ There were 109 private family planning associations throughout the world--80 in the developing world covering 64 percent of the countries.¹⁵ Additional countries liberalized their abortion laws, including Tunisia, India, Singapore, and Korea.

The available resources for population activities reached in 1972 an estimated sum of \$250 million in private and governmental funds for external aid.³

An estimated \$3 billion was spent throughout the world in 1971 on fertility control with three-quarters of this being spent in the developed world--half for contraception and half for abortion.³

Among the significant happenings was the appointment in 1970 of the U.S. Commission on Population and the American Future. In the same year the World Bank created its population division and entered the assistance field in a major way. In 1973 the United States Supreme Court ruled on the liberalization of abortion. 1974 was World Population Year at the United Nations and the first government conference on population under United Nations auspices was held in Bucharest. Out of this conference of governments came a World Plan of Action which was accepted by 136 nations. It was a significant

consensus document which will have long range implications of considerable magnitude.

With widespread acceptance of the pill and the decrease in the dosage level, questions were raised regarding the need for continued medical supervision or control of its distribution. Considerable interest developed in non-clinical or community-based distribution of oral contraceptives (as well as other contraceptives).

However, strong resistance to the Supreme Court decision on abortion developed in the United States with the organization of the "Right to Life" movement in opposition to the legalization of abortion.

SUMMARY

According to some estimates the world will have four billion people on "June 6, 1975"; this compares with 2½ billion twenty-five years ago. We are growing at a rate of two percent as compared to .91 percent in 1950, and at this present rate we will be doubling our population in 35 years as compared to 77 years then.

Eighty percent of the increase in world population in the period between 1950 and 1970 was in the developing countries.

It should be remembered that family planning on a mass scale is a recent development. Of the 34 developing countries with policies and programs to lower fertility, 28 started in the last ten years and ten in the last five years.⁷

Yet in spite of all this, 2½ billion people, or 90 percent of the population in the developing world, are now living in countries that offer some type of family planning services.⁷

According to recent guestimates for the world last year, 50 million women were on oral contraceptives and one million on injectables;¹²

15 million women were using intrauterine contraception;⁵ 55 million abortions, legal and illegal, were performed;¹⁷ 19 to 25 million couples were condom users;⁴ and 30 million sterilizations had been performed in the previous ten years.⁶

Fertility was declining in many parts of the world due to a multitude of factors including family planning. Marital age specific fertility rates in many countries showed substantial declines.

Yet in spite of this there is a long road ahead. The foundation of acceptability, however, has been laid and although available technology has its limitations, its effective application can go a long way in solving the problem.

Control of population growth, however, is much more than family planning and distribution of contraceptives. With China as a case in point, policy direction, motivation by society as well as by individuals is urgently needed if results are to be commensurate with the financial and professional inputs.

REFERENCES

1. Berelson, Bernard. Family Planning Programs. New York: Basic Books, 1969.
2. Berelson, Bernard. Population Policy in the Developed World. New York: McGraw Hill, 1974.
3. Berelson, Bernard. "World Population: Status Report 1974." Reports on Population/Family Planning, No. 15 (January 1974).
4. Dalsimer, I.A., P.T. Piotrow, and J.J. Dumm. "Condom--An Old Method Meets a New Social Need." Population Reports, Series H, No. 1 (December 1973). Washington, D.C.: Department of Medical and Public Affairs, The George Washington University Medical Center.
5. Huber, S.C., et.al. "IUDs Reassessed--A Decade of Experience." Population Reports, Series B, No. 2 (January 1975). Washington, D.C.: Department of Medical and Public Affairs, The George Washington University Medical Center.
6. Lubell, Ira, personal communication, March 1975.
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ROUTING SLIP

DATE

NAME

ROOM NO.

Pop. Council

① ~~GRS~~

APPROPRIATE DISPOSITION

NOTE AND RETURN

APPROVAL

NOTE AND SEND ON

COMMENT

PER OUR CONVERSATION

FOR ACTION

PER YOUR REQUEST

INFORMATION

PREPARE REPLY

INITIAL

RECOMMENDATION

NOTE AND FILE

SIGNATURE

REMARKS

*Pl see
You will recall this
letter you drafted
② B - File
4-1-75 h*

FROM

K. Kanagaratnam

ROOM NO.

EXTENSION

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

March 27, 1975

~~KK~~
To My Friends:

In a surprise ceremony last week, my colleagues at the Population Council presented me with the letters collected at the time of my leaving the Presidency.

I do want you to know how very grateful I am for your kind words, though the Council itself deserves them more than I do. These have been gratifying years, and I'm proud to have been a part of the whole population effort. Thank
you most sincerely.

~~BB~~
Bernard Berelson
Senior Fellow and
President Emeritus

Pop Council

March 17, 1975

Mr. Joel Montague
Regional Director Near East/Africa
Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Joel,

I have just returned from Senegal/Zaire/Tunisia and writing to thank you for two documents. One was the Rockefeller Foundation Report on Zaire and we did manage to obtain a copy just before we left. It proved a very useful document indeed and I return your copy herewith. The other document was the Manual on Evaluation and I will take this to Bangladesh and see how it looks when applied to the realities of program preparation.

You will be happy to hear that during my last visit to Tunisia - last week in fact - it was quite clear that the Tunisian program is at last making progress. The PDG has managed to create a very good team; it is being effective and, given time and a continuity of direction, it should settle down well and produce results. Already there is an improvement in acceptance figures - about 3% - and even if there are certain contributory factors which will not occur again, the DNFPF's evident pride in this improvement shows that they are wanting to achieve concrete results. The new overall policy of educating and informing the public is a great improvement on the *ligature de trompe* emphasis and will do something to counteract the increasing rumors about side effects, now directed against the pill. All the recommendations of the Sector Review have been accepted and many already put into practice. The major one which concerned the formalization of relations between the Office, the Institut de l'Enfance and the Ministry is under consideration as part of M. Mzali's reorganization of the Ministry. The only recommendation which does not interest them is the recruitment of village girls as sort of first aid family helpers (Fisek). It does not fit in to their concept of how to run things and I did not press it.

Everyone seemed agreed that definite progress is being made so there is now a favorable climate of opinion which is a great help. I saw Marcoux and was glad to note that Bechir talked about his work as being part of the Population Division's program. Hasse was pleased that

Mr. Joel Montague

- 2 -

March 14, 1975

the UNFPA projects are at last getting started but not, of course, happy about his own situation. Wayles was away so I did not go to AID. It was a visit which inspired hope and long may the present set-up continue.

I still hope to get to New York and have an exchange of views. Maybe after Bangladesh.

Yours sincerely,

Alexander Shaw
Population and Nutrition Projects Department

Enc. (1)

TUNISIA/ZAIRE/PNP

9/13/75

AShaw:sb

Cleared with and cc: Mr. Messenger
Div. Files

KIK _____

Is this a man
you would like to
see? If not, I'll
see him, w. Peter H.
• HM if interested.

3/19

~~JHK~~ ?



maybe

GEORGE B. BALDWIN

N.M. SAW HIM, I BELIEVE.

[Faint, illegible handwritten text]

THE POPULATION COUNCIL

Recd.
3/18

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

March 14, 1975

Mr. Jim Baldwin
International Bank for
Reconstruction and Development
1818 H. Street, N.W.
Washington, D.C. 20433

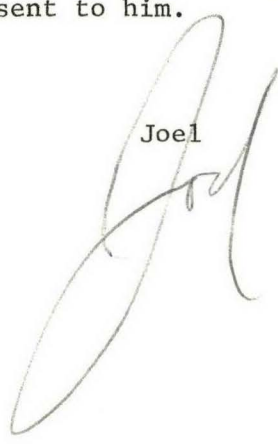
Dear Jim,

I have just called Ishrat Zafar Husain for information on Trinidad and Tobago. Unfortunately I find that she will be out of the country for a while. My problems on the Caribbean side are low priority, but her absence at the end of March may provide some difficulties with regard to Mr. In-Joung Whang. Mr. Whang wrote me a letter in February to ask who he might see at the Bank if he came to Washington at the end of March. Ishrat said that she would take care of him should he come, and I therefore wrote him the attached letter.

On the off-chance that he does show up, I thought it was best for you to know who is he and what I have sent to him.

Regards,

Joel



JM/bw
encl.

Alph^s

March 4, 1975

Mr. In-Joung Whang
Program Coordinator on Population
Asian Centre for Development Administration
No. 3, Jalan Spooner, Lake Gardens
Kuala Lumpur 01-02
Malaysia

Dear Mr. Whang:

I appreciate receiving your letter of the 24th of February, 1975, on the subject of your program on "Implementation Systems Development for Family Planning Programs." I was particularly pleased to read of the development of your efforts for indeed, as I mentioned in my letter to you of February 4th, the subject of "management" and family planning programs is one very close to my heart as I am responsible for this activity at the Population Council. In addition, I am preparing a book for the David Owen Center at the University of Cardiff on the Structure and functions of high-level population commission, council, and boards, etc., which I hope to have completed by next fall if I can get enough time from the schedule of my co-author, Dr. MellThorne of the School of Public Health at Johns Hopkins University.

With regard to the last paragraph of your letter in which you indicate that you will be visiting Washington on the 25th of March, I did call the World Bank to see whom you might most profitably should write to with regard to your visit. It has been suggested that point of contact should be Dr. Ishrat Husain, economist at the World Bank, whose address is as follows. Miss Ishrat Zafar Husain, Population Projects Department (d-912), International Bank for Reconstruction and Development, 1818 H. St., N.W., Washington, D.C. 20433. Obviously there are others there who will be most interested in your experience in this field but she might be a focal point for whatever arrangements you might feel would be most useful.

If you do come to New York, please do look me up. Alternatively, I may very well find myself in Asia this summer and perhaps you could spare me some time if I come to Kuala Lumpur.

Sincerely yours,

Joel Montague
Regional Director
Near East & Africa
Acting Regional Director
East and South Asia

Wed. Morning, March 26 - Coming to Bank



ASIAN CENTRE FOR DEVELOPMENT ADMINISTRATION

ESTABLISHED BY MEMBER GOVERNMENTS OF THE UNITED NATIONS ECONOMIC COMMISSION FOR ASIA AND THE FAR EAST WITH THE ASSISTANCE OF THE UNITED NATIONS DEVELOPMENT PROGRAMME

cc: GBB/DrKK
ofa

CABLE ADDRESS: **ACDA, KUALA LUMPUR.**

TELEPHONE: 26471-5

NO. 3, JALAN SPOONER, LAKE GARDENS,
KUALA LUMPUR 01-02,
MALAYSIA.

Orig to HWM -

12 March 1975

Recd mm 16

Dr. Ishrat Zafar Husain
Population Projects Department (d-912)
International Bank for Reconstruction
and Development (IBRD)
1818 H Street, N.W.
Washington D.C. 20433
U.S.A.

Dear Dr. Husain,

As you are probably aware, the Asian Centre for Development Administration was established in October 1973 as a regional institution under the auspices of the United Nations, with assistance from UNDP and regional member countries of UN/ESCAP. The principal aim of the Centre is to help the countries of the region in improving their administrative capability for national development policies and programmes.

2. One of these areas in which the Centre is now working is that of management of population and family planning programmes. As part of our activity in this field, we are organising an Expert Panel on "Administrative Issues in Family Planning Programmes", to be held at Kuala Lumpur from 23-28 June 1975. The objectives of the Panel are to systematically identify and clarify management problems and issues involved in the administration of family planning programmes; to develop, appraise, and facilitate the application of management concepts and approaches to family planning programmes; and to develop ideas for consultancy-cum-training programmes at the national level for management improvement in family planning programmes. In connection with this Panel Exercise, Centre has conducted studies on administration of family planning programme in selected Asian countries through a series of workshop during the last year and also Centre has commissioned some technical issue papers from eminent scholars and practitioners on major aspects of family planning programme management. I myself had contributed a background paper namely "An Operational Framework for Management of Family Planning Programmes". I am also writing another paper for synthesis of country studies in comparative perspective. These papers will be published in due course in a self-contained form after the meeting in June.

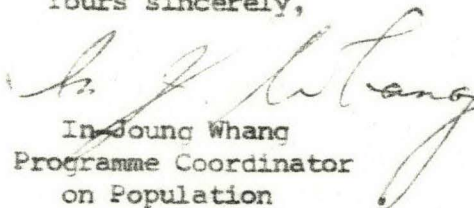
4. I am coming to Washington on 25 March 1975. I wish to visit your organisation to learn about current and future activities of the Bank in the field of management of family planning programmes and to meet persons interested in the subject. Your name was given by one of my friends in

2/...

New York. Joel Montague, Population Council. It is informed that your Division has been quite active in this field and made a great impact on Family Planning Programmes. I will appreciate if you could kindly spare some time on Wednesday morning (26 March) and/or you could introduce someone for me during my visit.

I am looking forward to seeing you soon.

Yours sincerely,



In-Joung Whang
Programme Coordinator
on Population

IJW/as.

Expert Panel on Administrative Issues
in Family Planning Programmes in Asia

23-28 June 1975
Kuala Lumpur, Malaysia

AIDE MEMOIRE

I. Background

The Asian Centre for Development Administration (ACDA) was established in Kuala Lumpur in October 1973, under the auspices of the United Nations, by the member governments of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). Its aim is to assist countries of the Asian and Pacific region to improve their administrative capability for national development.

One of the areas in which ACDA is at present working relates to the management of family planning programmes. This is an area of major concern to the countries of the region, who have during the last few years devoted increasing resources to their family planning programmes. This increased investment as well as the complexities of the programmes themselves, makes it desirable that there should be a deliberate input from management professionals for performance improvement in family planning programmes.

The Centre, in collaboration with ESCAP and other international and regional organisations, intends to analyse in depth some of the issues involved in the management of family planning programmes, by organising comparative studies, training programmes and consultancy services at regional, sub-regional and national levels. During 1974

the Centre conducted a number of country studies on "The Analytical Assessment of Implementation Systems Development for Family Planning Programmes" in selected Asian countries. These studies were conducted on the basis of a common framework and aimed at clarifying some of the management problems and issues involved in the administration of family planning programmes. A synthesis of these country studies is being prepared by the Centre and should be ready by the end of March 1975. In addition, ACDA has commissioned a number of technical issue papers by eminent scholars and practitioners with a view to clarifying analytically some of the important issues involved in the management of family planning programmes at national level.

On the basis of these preparatory activities, ACDA proposes to convene an Expert Panel on "Administrative Issues in Management of Family Planning Programmes" for exchanging views and ideas among practitioners and scholars based on the results of the country studies as well as suggested alternatives, and, on this basis, to discuss possible future courses of action to be taken at country level as well as at regional and sub-regional levels.

II. Objectives of the Panel

The Panel will pursue the following objectives:

- (a) to systematically identify and clarify management problems and issues involved in the administration of family planning programmes on the basis of the national studies, technical papers and other documentation prepared by the Centre;

- (b) to develop, appraise and facilitate the application of management concepts and approaches to family planning programmes on the basis of the practical experience and views of participants; and
- (c) to develop ideas for consultancy-cum-training programmes at the national level for performance improvement of family planning programmes.

III. Focus on Panel Discussion

The panel discussions would focus on the clarification of key management concepts and issues and on the development of ideas which will be reflected in the content of the proposed consultancy-cum-training programmes at national level. Panel discussions would emphasise improvement in planning and target setting, organisational structure, management of delivery systems, management of IEC activities, management techniques, intergration and coordination, etc. The discussion of specific problems and issues in a cross-country comparative perspective will also be included in the discussions.

IV. Participants

The participants in the panel exercise will be drawn from among senior officials in charge of the management of national family planning programmes, the authors of the country studies and other technical issue papers being prepared by ACDA, and a number of experts in various disciplines such as public administration, business management, communication, health administration and educational psychology. The total number of participants will be around 25.

V. Venue and Dates

The meeting will be held in Kuala Lumpur from 23 to 28 June 1975.

VI. Documentation

The following papers will be circulated in advance for study by the participants:

- (a) the country studies on administration of national family planning programmes conducted on the basis of a common framework;
- (b) a synthesis of the country studies in a comparative perspective;
- (c) technical issue papers which deal with important aspects of family planning programme management; and
- (d) other materials relevant to the panel discussions.

VII. Follow-up

Based on the recommendations of the panel, ACDA will help organise training-cum-consultancy programmes for the improvement of the management of family planning programmes at national level, in pursuance of the recommendations of the ESCAP Expert Meeting on Training of Family Planning Administrators held in Bangkok during 9-17 December 1974.

The proceedings of the Panel, action recommendations and papers presented in the exercise will be published for wider dissemination.

February 27, 1975

Dr. Alan Rosenfield
Associate Director
Technical Assistance Division
Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Alan:

Many thanks for sending us the Thai Five-Year National Family Planning Plan, 1972-76. This document proved most useful in the drafting of our Sector Survey Report.

Congratulations on your new appointment as Director of the Social and Administrative Science Division of the International Institute for the Study of Human Reproduction.

My best regards.

Sincerely,

Peter A. Hall
Population and Nutrition Projects Department

cleared with and cc: Mr. Messenger, PNP
cc: Mr. Baldwin, PNP
Mr. Kang, PNP
Central Files
Division Files

Thailand:PNP
PAHall:sr

Pop Council

February 5, 1975

Mr. Joel Montague
Regional Director Near East/Africa
Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Joel:

The documentation that you have sent me about Zaire has been extremely useful particularly since it is an area about which there is so little concrete information. Everything has been duplicated and will be used by various members of the mission. Particularly Father Boute's Caltech talk. It throws a new and favorable light on the Zaire administration that they let him go on working at the Zaire campus. I look forward to meeting him again.

In view of the problems of finding out facts and assessing situations we are sending quite a large team: project officer, two doctors, including Dr. Pauls, who helped set up the Naissances Desirables program. He will look after the service delivery aspects. There is also an architect and myself for communications. Outside consultants will be Julien Conde (Guinea) from OECD, Miss Sante Marie, WHO in Zaire, who will do training and a sociologist, Aubrey Williams from Yale, who is from Guyana, bi-lingual and who has worked in Zaire. I could not find anyone on your useful list who combined all three qualifications although most of them were more highly qualified in their fields.

On the way back I will stop off in Tunisia arriving there around the 2nd of March. I suppose that there is no chance that you might be around? It would be nice to offer you a coca-cola with a couscous.

Again many thanks for your much appreciated help.

Sincerely,

Alexander Shaw
Population and Nutrition Projects Department

AShaw:sb

ZAIRE/PNP

Enc.

Cleared with and cc: Mrs. Maraviglia
cc: Mr. Jones
Div. Files

GAB

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

February 4, 1975

Dr. K. K. Kanagaratnam
Director
Population Projects Department
International Bank for Reconstruction and
Development
1818 H Street, N.W. ("D" Bldg. Rm D-928)
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

Under separate cover I am sending you one set of the Council's survey of Institutional Development Needs and Capabilities in Developing Countries. This report was prepared by Population Council staff, with the assistance of numerous consultants and colleagues in other organizations, to provide as comprehensive a picture as possible of the current state of institutional development for population teaching and research around the world. Financial support for the survey was provided by USAID.

*noted
Feb 12/75*

The report consists of six separately bound volumes. Volume I consists of the main reports on Demography and Related Social Sciences, and on Fertility Regulation and Related Health Sciences. Volume II, which is the report on Biomedical Research and Reproductive Biology in Countries of the Developing World, will be forwarded at a later date. Volume III consists of reports on individual countries in Sub-Saharan Africa. Volumes IV through VI consist of country reports on North Africa and the Middle East, South and East Asia, and Latin America, respectively. A total of 65 countries are covered in the report, of which 16 are in Sub-Saharan Africa, 17 in North Africa and the Middle East, 12 in Asia, and 20 in Latin America and the Caribbean.

We are grateful for the cooperation and support afforded by your staff in reviewing parts of this report. We hope the report will be of help to you in evaluating the current state of institutional development for population teaching and research around the world, and for planning future programmatic activities.

With best wishes,

Sincerely yours,

W. Parker Mauldin
Acting President

COMMUNICATIONS
FEB 11 1975

cc: Geo. B. Baldwin ✓

RECEIVED

1975 FEB 11 PM 2:49

COMMUNICATIONS
SECTION

WORLD BANK GROUP

ROUTING SLIP		DATE December 23, 1974	
NAME		ROOM NO.	
Mr. I.H. Kang			
APPROPRIATE DISPOSITION		NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
COMMENT		PER OUR CONVERSATION	
FOR ACTION		PER YOUR REQUEST	
X	INFORMATION	PREPARE REPLY	
	INITIAL	RECOMMENDATION	
	NOTE AND FILE	SIGNATURE	
<p>REMARKS I received a call on Friday from Mr. Joel Montague of the Population Council. He mentioned that he is now dealing with Asia as well as the Middle East and Africa and asked for a copy of the India and Trinidad & Tobago Appraisal Reports. I said I felt certain that our Department had sent these reports to the Council; but Mr. Montague indicated he could not find them. In Dr. Kanagaratnam's absence I spoke to Mr. Baldwin who approved our sending these copies. Mr. Montague is doing a report on India and Trinidad & Tobago and wanted the Reports as he has found Bank reports helpful in the past.</p>			
FROM		ROOM NO.	EXTENSION
Peter Hall			

December 23, 1974

Pop C.


Mr. Joel Montague
Regional Director for Middle East,
Africa and Asia
The Population Council
245 Park Avenue
New York, N.Y.

Dear Mr. Montague:

As requested, attached please find the India and Trinidad and Tobago Appraisal Reports. I hope these will be of some use. Should you have any further questions concerning the present status of these projects or programs, please feel free to contact the Project Officers concerned - Mr. H. Jones for India and Dr. K. Ranganathan for Trinidad and Tobago.

My best regards.

Sincerely,

 Peter A. Hall
Population and Nutrition Projects Department

cleared with and cc: Mr. Baldwin
cc: Dr. Kanagaratnam (o/r)
Mr. Zaidan
Mr. Kang
Mr. Jones
Dr. Ranganathan
Division Files

Cr.312-IN
Cr.743-TR
PAHall:sr

OFFICE MEMORANDUM *de*

TO: Mr. Robert S. McNamara (thru Mr. *Wm.* Clark) DATE: December 10, 1974

FROM: John E. Merriam

SUBJECT: Contribution to Population Council: Request for Increase in FY76

The attached draft reply declines the Population Council's request for an increase in our FY76 contribution to the Council's information program, but promises to review the situation in FY77. This recommendation is based on the following:

1. The Bank's contribution is to a "special purpose" fund as described in the Council's latest Annual Report (Calendar 1973), since it is used solely to support information activities. The biggest contributors to the "special purpose" fund are AID (\$4.17 million), Ford Foundation (\$2.62 million) and the Rockefeller Foundation (\$1.38 million). The Bank's support, therefore, is marginal and is not crucial to a continuation of the present level of activity.

2. Dr. Kanagaratnam has informed me that while the Bank's Population and Nutrition Projects Department uses the Council as a resource for project support information, there is no significant increase in this relationship that would justify a 25% rise in the Bank's contribution. The Council derives benefits from its participation in Bank-financed projects and, therefore, the Bank's level of support to Council activities, on the whole, should not be judged solely by the \$40,000 budgeted for the year.

3. Bank contributions to the Council have been raised consistently over the past three years: FY73 - \$25,000, FY74 - \$35,000, FY75 - \$40,000. In view of budget strictures in the Bank, it seems appropriate to level off.

*1 agree primarily on the
basis of para. 3.
WME*

PBS:apz

Attachment

cc: Dr. Kanagaratnam ✓
Mr. T. King



OFFICE OF THE PRESIDENT

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
WASHINGTON, D. C. 20433, U. S. A.

December 18, 1974

Dear Mr. Mauldin:

Thank you for sending a report of the 1974 activities of the Council's Information Office. I was pleased to learn that you have been able to extend the reach of your publications program in the developing countries. The Bank has associated with the Council in this effort and in other activities directly in support of population projects.

I have asked the Information and Public Affairs Department to remit the Bank's \$40,000 contribution this year to the Council's information program. Your request for an increase in the Bank's contribution in the next two fiscal years, however, poses a problem. This is no reflection on the Council's activities in population education, which we hold in high regard. For Fiscal 1976, the need of the Bank to hold down costs means that it will not be possible to increase budgetary support for these activities. The Bank will review this policy before the Fiscal 1977 budget is prepared, and hope that the situation will improve at that time.

Sincerely,

A handwritten signature in dark ink, which appears to read "Robert S. McNamara", is positioned below the word "Sincerely,".

Robert S. McNamara

Mr. W. Parker Mauldin
Acting President
The Population Council
245 Park Avenue
New York, N.Y. 10017

Mailed to Parker Mauldin

Acting President
Pop. Council

November 15, 1974

Dr. Bernard Berelson
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Barney:

The period of your Presidency of the Council corresponds almost exactly with the period during which the World Bank has been active in the field of population. We were obviously new in the field, and we had to rely heavily on outside intellectual leadership, outside technical assistance, and on other people's data. No other organization has given us so much of all of these as did the Council during these years. It has been a richly rewarding relationship for us, and a somewhat one-sided one, I fear. The least we can do is try to right the imbalance by paying public tribute to the great and continuing help we have had from the Council and from you personally. It is impossible to disentangle a remarkable institution from its leadership, and the quality of the Council's research, publications, and technical assistance during your leadership will remain your best testimonial. It is a remarkable legacy, built on a remarkable inheritance.

On a more personal level, you have been a truly valued guide and counselor to me since I became active in population on my appointment as the First Chairman of Singapore's Family Planning and Population Board in 1965.

We wish you many more years of active professional concern for the world's population problems -- and we wish it for our sake as much as for yours and the world's.

Sincerely,



K. Kanagaratnam
Director

Population and Nutrition Projects Department

cc: ✓ Dept. File: Pop. Council

GBBaldwin/KKanagaratnam/jim

INTERNATIONAL BANK FOR
CONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT
ASSOCIATION

INTERNATIONAL FINANCE
CORPORATION

Jim:
Please see attached

letter.
Wanted you like to
try your hand at
a draft of the letter.
I'll add some personal
details later

JK
5 NOV 74

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 30, 1974

Dr. K. Kanagaratnam
Director
Population & Nutrition Projects Dept.
International Bank for Reconstruction & Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear KK:

About 13 years ago Barney Berelson embarked upon a new career in the field of population at the Population Council, and since April, 1968 has served as our distinguished President. As you perhaps know, he has resigned that office as of November 1, 1974, and though we much regret this decision we are pleased that he will continue to devote his talents and energies to the field and to the Council in the position of President Emeritus and Senior Fellow.

As a small token of our respect and esteem for Barney, we plan to present him with a bound volume of letters of appreciation from his many friends in the population field. If you would like to join in this tribute, we would wish to receive your letter by the first of December. It would be helpful if you would write on 8-1/2" x 11" paper so that all the letters could be readily gathered together. Since this is intended as a surprise gift to Barney, please be sure to send your letters to me, not him.

Best personal regards.

Sincerely,



W. Parker Mauldin
Vice President

WPM/cf

RECEIVED

1974 NOV -4 PM 3:52

COMMUNICATIONS
SECTION

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NOV 08 1974
U.S. AIR FORCE

NOV 08 1974
U.S. AIR FORCE

THE BOARD OF DIRECTORS

November 13, 1974

Dr. Allan G. Rosenfield
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Allan:

That was a great send-off you gave us on Monday. Everyone commented on how useful it was to have someone with your rare knowledge of the country's program, and your gift for mixing in critical personal/political comments with your technical and program information. We are about as well-prepared as a Bank mission can be; the rest is up to us!

If there is any problem in getting your travel reimbursement promptly, just call our administrative officer, Mr. Il Hi Kang, who is very good at breaking bureaucratic bottlenecks.

One or more of us will get in touch with you after we get back in mid-December, just to let you know how things went.

Thanks again.

Sincerely,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

P.S. Malcolm Potts phoned in on Monday from Chapel Hill and called our attention to an October 19 article in the British Medical Journal which gives widespread medical endorsement to the view that "doctors are not necessary for the distribution of the pill." Lancet has an editorial reportedly supporting the same view (around same date -- recent, anyway). If you and others there haven't seen these yet, you may want to look them up.

cc: Mr. Kang
✓Dept. File - Pop. Council

GBBaldwin/jim

November 6, 1974

Dr. Bernard Berelson
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Barney:

I appreciated your letter of October 31 expressing your gratitude for our modest support of the Council during your tenure as President. In response, let me say only that without the Council we toilers in the vineyard would have a far, far more difficult task. I know of no organization in the world which has made the contribution to applied demography, and to the education of countless individuals in its use, that has been made by the Council. We who have benefited so greatly from your outstanding leadership of the Council are far more in your debt than you could ever be in ours.

We wish you many more years of fruitful association with the Council, toiling with us in the vineyard's soil. We will, of course, look forward to a continuation of our relationship with the Council under Parker Mauldin's able guidance.

With best wishes,

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

cc: ✓ Dept. Files
Central Files

GBBaldwin/jim

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 31, 1974

Dr. K. Kanagaratnam
Director
Population Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear KK:

On my last day in the presidency, I want you to know how very grateful I have been, and am, for your support to the Council during my administration. I have been gratified not only for the funding of Council programs but for our donors' confidence in the Council's work. And I have always benefited from our own relationship, both personal and professional.

So I just want to send my sincere thanks on this last day in office. I am sure that Parker Mauldin will provide sure guidance over the next period, and I bespeak for him the same friendly collaboration that I have received.

Sincerely,



Bernard Berelson
President

THE POPULATION COUNCIL

Lejpa/hi file

cc: GBB
A.B.
G2 (2)

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

MEMORANDUM

*Dr KK.
ack. 10/17*

October 10, 1974

To : *KR* Friends of the Council
From: *BB* Bernard Berelson

This is to tell you that at a special meeting last Monday, the Board of the Population Council took two important actions with reference to the leadership of the Council in the next period, following upon my resignation.

First, the Board elected Parker Mauldin as Acting President, as of November 1. As you know, Parker has been with the Council for a number of years and has served both as Director of the Demographic Division and as Vice President, in which capacity he and I have worked closely together on general Council affairs.

Additionally, as a response to the emerging situation in the population field, the Board set up a program review committee under the chairmanship of David Hopper, a member of the Board and President of the International Development Research Centre of Canada. This committee, to consist primarily of Board Members but to include some outside participants as well, will review prospects and opportunities for the Council over the next years. It is expected to complete its work some time next spring.

As for myself, the Board has invited me to continue my association with the Council and to work on projects of special interest, as they may arise from time to time. I am delighted to do so, and after a brief holiday I look forward to renewed activity without the administrative burdens of the President's office.

I believe that the Council has a particularly important role to play in the population field post-Bucharest, and I am confident that these Board actions will contribute substantially toward that end. I am sure that David Hopper will pursue a comprehensive and thoughtful appraisal of the programmatic needs in the years ahead, and I know that Parker will provide firm leadership in the next period.

I take this opportunity to thank all of you, personally and professionally, for your assistance to the Council and to my administration. And I bespeak for Parker the same kind of valuable cooperation that I have enjoyed over these years.

RECEIVED
OCT 13 1974

RECEIVED

1974 OCT 15 PM 3:13

INCOMING MAIL UNIT

THE BOBROWSON CODES P

BB
THE POPULATION COUNCIL
245 PARK AVENUE
NEW YORK, N.Y. 10017



Dr. K. Kanagaratnam
Director
Population & Nutrition Projects Department
International Bank for Reconstruction and Development
1818 H Street, N.W.
Washington, D.C. 20433

October 17, 1974

Dr. Bernard Berelson
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Barney:

I have received your letter of October 10 advising us of the decision of your Board to meet your long expressed view of giving up the responsibilities that you have shouldered as President of the Council during one of its most difficult periods. This was a period when the population field underwent major changes, when strategies and policies were major international issues, and when objective underpinnings were needed more than ever. This latter you have provided in substantial measure to the field.

However, there is now a new world philosophy, as Bucharest demonstrated, and the future will depend on how we read and respond to the numerous signals that came out of that conference. As I see it, some have learned, but for several it appears to be "back to business as usual" - something that may prove to be a mistake! Your Board's decision to review its program for the future is characteristic of its reputation for a deliberative search for real answers to new situations.

I am glad to note that we will not lose you from the field; I for one shall look to your continued guidance and counsel - as I have done so often in the past.

With all my best wishes for the future.

With regards,

Sincerely,



K. Kanagaratnam

October 17, 1974

Dear Parker:

I have had the recent announcement that you will be taking over as Acting President of the Council with effect from November 1. I write to congratulate you on the new position you are taking over and to express my hope that this is a step towards greater responsibilities for you.

You have always found us responsive both to the Council and to you personally, just as we have found you extremely helpful and co-operative in the past. I look forward to the continuation of this collaboration in the future - at a time when the field faces new challenges, new issues and greater uncertainties.

On behalf of my colleagues, let me express our continued support for you and your associates in the time ahead.

With regards,

Sincerely,



K. Kanagaratnam

Mr. W. Parker Mauldin
The Population Council
245 Park Avenue
New York, N.Y. 10017

OFFICE MEMORANDUM

TO: See Distribution Below

FROM: G. B. Baldwin *GBB*

SUBJECT: New Population Council Publication Series

DATE: September 18, 1974

1. Some of you may have noticed that the Population Council has started publishing a new series entitled Country Prospects, small one-country summaries with demographic outlook based on Tomas Frejka's work. I called Suzanne Robbins at the Council to ask if this series is to contain any information significantly different from that in Frejka's 1972 book, in which case we might want to receive the new individual country publications. Miss Robbins says that the material is substantially identical to that contained in Frejka's book; consequently, I told her not to put us on the mailing list for the new series (to save time and trouble for everyone in handling more paper). The series began with Korea; Iran has recently appeared, and 15 other countries are in production. The intent is eventually to publish reports on 35 - 40 countries on a once-only basis. The Council will send 10 cc's of each country study to Timothy King, so anyone not satisfied with using Frejka's book can seek a copy from Mr. King's office. But the basic message is that we should not request the Council to send us copies and should rely instead on the Frejka volume.

Dr. K. Kanagaratnam ✓
Mr. Zaidan
Ms. Domingo
Mr. Hall
Ms. Husain
Mr. Jones
Dr. Kim
Mrs. Maraviglia
Mr. Shaw
Dr. Ranganathan
Dr. Venkitaramanan
Mrs. Tiglao
Dr. Casazza

Pop Council

September 18, 1974

Mr. Joel Montague
Regional Director
Near East and Africa
The Population Council
245 Park Avenue
New York, N. Y. 10017

Dear Joel:

A note of thanks for your letter of September 6, enclosing a copy of the Council's Country Prospects issue on Iran. This is not only useful to keep us abreast of future developments in Iran, but serves to call our attention to a new Council publication which I and others here had not known of.

Best regards,

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

GBBaldwin/rk

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

J

September 6, 1974

Mr. Jim B. Baldwin
International Bank for
Reconstruction & Development
1818 H. Street, N.W.
Washington, D.C. 20433

Dear Jim,

Attached please find a copy of the Iran issue of the Council's Country Prospects series which may be of interest to you.

Yours sincerely,

[Handwritten signature]
Joel Montague
Regional Director
Near East & Africa

JM/bw
encl.

BKS. - hand-book
10 cc of ea. to T. King
LA in Spain only
3 Franco. in Fr. only.
Korea - #1
Iran
15 in prod'n
30-40 in all
GBB

*Should we make sure we
get included in the marketing
of "Country Prospects"*

UNCOMINT
1974 SEP - 6 AM 10:20
RECEIVED

J

RECEIVED

1974 SEP -9 AM 4: 59

INCOMING MAIL UNIT

Handwritten notes:
The company is in ...
2/10/74

Handwritten: FEB

1974
SEP 9

NOV. 1974
SEP 9 1974

NOV 1974

MEMORANDUM FOR THE DIRECTOR
SUBJECT: ...

FROM: ...

MEMORANDUM FOR THE DIRECTOR
SUBJECT: ...

SEP 9 1974

NEW YORK AND ...

NEW YORK AND ...

THE CORPORATION ...

OFFICE MEMORANDUM

TO: Department Files, PNP

DATE: July 23, 1974

FROM: G.B. Baldwin, Dep. Dir., PNP

GAB

SUBJECT: BANGLADESH: Phone Call from Messrs. Pease and Rosenfield,
Population Council (July 23)

jk

1. Cliff Pease telephoned to report that he had today received a telephone call from Dr. Ronald Gray at ODA, London, who had indicated that ODA had taken a tentative decision yesterday to enter the IDA population project in Bangladesh. Gray had also raised the question of whether or not it might be possible to put some of its IDA-project funding in parts of the Taylor-Berelson project which has been under discussion between the Pop Council and ODA, but which ODA is unable to fund in full. Dr. Pease was calling me to ask if it were still possible to consider including their Taylor-Berelson project as an IDA-project component that could benefit from the general project financing.
2. Pease also reported a communication from a Mr. Lox (?) from either IDRC or CIDA, who plans to visit New York on or about August 1st to discuss with the PC possible Canadian support for a Taylor-Berelson project in Bangladesh. Pease has some reason to believe that the Canadian funders could not fund the whole project and hence might be willing to participate, like ODA, through an IDA project.
3. I told Pease that while the hour was late, we could probably accommodate a Taylor-Berelson component if this were welcomed in Dacca. Pease reported that the proposal, which would require about \$2.4 million for four years (in late-1973 prices), had been worked out mainly with Col. Burhanuddin and Nik Khan, both of whom are now working outside Bangladesh. Pease suggested that the main contact in Dacca now would be Dr. T. Hossain at the MOH.
4. The PC originally hoped to have its project funded by USAID. When this failed (for reasons unknown), it approached Ford, which blew hot and cold, and then ODA. There may still be some interest at Ford, especially to fund local evaluation work. But the essential picture is that the PC is now turning to the IDA project as a "last resort" source of support. Although we had earlier invited PC to include this component within the project, they had chosen to seek alternative support (presumably because of negative feelings about working inside a Bank project).
5. Pease is forwarding us a copy of the project proposal. We should let him know late this week or early next whether or not we think it possible to include this component.

cc: ✓ Dr. Kanagaratnam, Dir., PNP
Miss Husain, PNP
Mr. Dunn, SA
Div. Files, PNP
Central Files

GBBaldwin/jim

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

June 27, 1974

Mr. George Baldwin
International Bank for Reconstruction & Development
1818 H Street, N. W.
Washington, D. C. 20433

Dear Mr. Baldwin:

At the request of Dr. Clifford A. Pease I am enclosing three copies of the newly-revised Basic Library Program list of the Technical Assistance Division of the Council.

If you would like additional copies, we shall be happy to send them to you.

Yours very truly,



Elizabeth McInnes
Administrative Assistant
Technical Assistance Division

*ASK for 20 c'd (by phone, ok)
Thanks for the 3 sent!!!*

*20 more ordered by phone
7-2-74*

DA:11:11 85 JUL 1974

RECEIVED

THE POPULATION COUNCIL

242 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE: 877-8330
CABLE: POPCOUNCIL, NEW YORK

June 27, 1974

Mr. George Baldwin
International Bank for Reconstruction & Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Baldwin:

At the request of Dr. Clifford A. Keesee I am enclosing three
copies of the newly-revised Basic Library Program list of the
Technical Assistance Division of the Council.

If you would like additional copies, we shall be happy to
send them to you.

Yours very truly,

Elizabeth Wetmore
Administrative Assistant
Technical Assistance Division

SECTION
COMMUNICATIONS
1974 JUN 29 AM 11:40

RECEIVED

Pop Council

June 21, 1974

Dr. Allan G. Rosenfield,
Director
MCH/FP Program
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Allan:

Just a brief note to respond to your letter of May 10. I read with interest your paper on "Family Planning Programs: Can more be done?" You have dealt with a very difficult subject in both a factual and low-key style, ensuring ready receptivity by those concerned with programs. Quite rightly, you have touched on the "political" issue tangentially because the paper was, in a sense, attempting to deal with the "do-able"; political constraints have to be lived with.

There is little I want to add but perhaps at sometime we should discuss the broad issues of this subject further.

Thank you for sending the paper to me.

Sincerely yours,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

KKanagaratnam:ejs

cc: Mrs. L. Domingo, PNP

THE POPULATION COUNCIL

k

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

April 26, 1974

Dr. K. Kanagaratnam
Director
Population and Nutrition
Projects Department
International Bank for Reconstruction
and Development
1818 H Street, NW
Washington, D.C. 20433

Dear K.K.:

We are pleased that you find The Population Council Paper
"General Guidelines for an MCH-Based Family Planning Project"
useful for distribution.

We have mailed you 50 copies, as requested, on April 22nd.

With best regards,

Yours sincerely,



Allan G. Rosenfield, M.D.
Director
MCH/FP Program

AGR:bh

KK -

*It was good to see you at PAA
meeting, as well as at the UNFPA
I'm sorry I missed your presentation at
the latter meeting but I understand
that you handled Ray's attack very well.*

See you soon



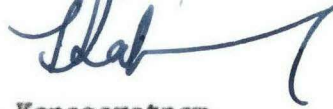
April 26, 1974

Dr. Allan G. Rosenfield
Director
MCH/FP Program
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Dr. Rosenfield:

Just a short note to thank you for sending 50 copies of the Population Council paper "General Guidelines for an MCH-Based Family Planning Project" so promptly. We received them on April 25.

Sincerely,



K. Kanagaratnam
Director

Population and Nutrition Projects Department

IHKang/is

cc: Mrs. Domingo

WORLD BANK GROUP

ROUTING SLIP		DATE	April 26, 1974
NAME		ROOM NO.	
Mr. J. Ratcliffe			
	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	COMMENT		PER OUR CONVERSATION
	FOR ACTION		PER YOUR REQUEST
	INFORMATION		PREPARE REPLY
	INITIAL		RECOMMENDATION
	NOTE AND FILE		SIGNATURE
<p>REMARKS</p> <p>attached is a copy of the Population Council's paper "General Guidelines for an MCH-Based Family Planning Project" for your information</p>			
FROM K. Kanagaratnam		ROOM NO.	EXTENSION

ROUTING SLIP		DATE April 26, 1974	
NAME		ROOM NO.	
Mr. K. V. Ranganathan			
APPROPRIATE DISPOSITION		NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
COMMENT		PER OUR CONVERSATION	
FOR ACTION		PER YOUR REQUEST	
INFORMATION		PREPARE REPLY	
INITIAL		RECOMMENDATION	
NOTE AND FILE		SIGNATURE	
REMARKS			
Attached is a copy of the Population Council's paper "General Guidelines for an MCH-Based Family Planning Project" for your information			
FROM K. Kanagaratnam		ROOM NO.	EXTENSION

WORLD BANK GROUP

ROUTING SLIP		DATE April 26, 1974	
NAME		ROOM NO.	
Mr. Timothy King			
APPROPRIATE DISPOSITION		NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
COMMENT		PER OUR CONVERSATION	
FOR ACTION		PER YOUR REQUEST	
INFORMATION		PREPARE REPLY	
INITIAL		RECOMMENDATION	
NOTE AND FILE		SIGNATURE	
REMARKS			
<p>Attached is a copy of the Population Council paper "General Guidelines for an MCH-Based Family Planning PROJECT" for your information</p>			
FROM K. Kanagaratnam		ROOM NO.	EXTENSION

ROUTING SLIP	Date <i>4/26/74</i>
--------------	---------------------

NAME	ROOM NO.
Dr. K. Kanagaratnam	
Mr. G. B. Baldwin	
Mr. A. Berg	
Mr. G. Zaidan	
Mr. J. Burfield	
Mr. H. W. Franckson	
Mr. P. Hall	
Miss I. Z. Husain	
Mr. H. M. Jones	
Mr. I. H. Kang	
Dr. T. I. Kim	
Mr. C. Lindahl	
Mr. J. E. Lundeberg	
Mr. R. N. Madhok	
Mrs. M. N. Maraviglia	
Mr. F. J. C. M. Rath	
Mrs. L. Domingo	
Miss M. Fromme	

<i>Mrs. Tighe</i>	Note and File
Appropriate Disposition	Note and Return
Approval	Prepare Reply
Comment	Per Our Conversation
Full Report	Recommendation
Information	Signature
Initial	Send On

REMARKS

*General Guidelines for an
MCH-Based Family Planning
Project
Pop Council*

April 17, 1974

Dr. Allan G. Rosenfield
Director
MCH/FP Program
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Dr. Rosenfield:

Thank you very much for your letter of April 10 with enclosed copy of the Population Council Paper "General Guidelines for an MCH-Based Family Planning Project". I find the publication very useful and would like to distribute it to our staff, consultants, and some country officials. I am therefore wondering whether you could please send me 50 copies.

Sincerely,



K. Kanagaratnam
Director

Population and Nutrition Projects Department

IHK/is

cc: Lina Domingo

with publication

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

April 10, 1974

Dr. K. Kanagaratnam
Director
Population Projects Department
World Bank
1818 H Street, N.W.
Washington, D. C. 20433


Dear K.K:

Attached is a second printing of the "Guidelines for an MCH-Based Family Planning Project." I think you have seen an earlier version of this. We have printed a rather large number of copies and would like to offer you a supply of these if you think they would be useful in any of the program activities in which the World Bank is involved. If you will let me know the number you would want, I'll have them sent to you very shortly thereafter.

With warm regards,

Yours sincerely,

AGR:bh
Enclosure


Allan G. Rosenfield, M.D.
Director
MCH/FP Program

APR 13 1974

RECEIVED

1974 APR 16 AM 8:13

COMMUNICATIONS
SECTION

TO: SAC, NEW YORK
FROM: SAC, NEW YORK

RE: [Illegible]

DATE: 4/15/74

RE: [Illegible]

[Illegible body text]

END

[Illegible signature and routing information]

APR 16 1974

NEW YORK OFFICE

NEW YORK OFFICE

THE BOYBITION SOCIETY

April 10, 1974

Dr. Clifford A. Pease, Jr.
Director
Technical Assistance Division
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Cliff:

I hugely appreciated your willingness to send me a personal copy of Ken Laurence's paper on The Egyptian University System. I have dipped into it enough to know that it will be extremely useful. It arrived two days before I take off for a brief swing through Cairo, so the promptness of your response could not have paid off more handsomely.

Best regards,

Sincerely,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

F.O. File (w/inc.) - Pop. Council

GBBaldwin/jim

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

April 5, 1974

Mr. George B. Baldwin
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Jim:

As requested, attached please find the initial draft of Ken Laurence's institutional development report entitled, The Egyptian University System. This was received here yesterday and, as you can see, is not in a completed form. In view, however, of your interest, we are perfectly willing to share it with you on a personal basis.

Sincerely yours,

Clifford A. Pease, Jr., M.D.
Director
Technical Assistance Division

enclosure

SECTION
COMMUNICATIONS
APR 10 1974

RECEIVED

1974 APR -9 AM 10:00

COMMUNICATIONS
SECTION

URGENT

URGENT 4/9/74 10:00 AM
FROM: SAC, NEW YORK (100-100000)
TO: DIRECTOR, FBI (100-442890)
SUBJECT: [Illegible]

[Illegible typed text]

END

100-100000-1000
100-442890-1000
[Illegible typed text]

APR 9 1974

NEW YORK 100-100000
FBI NEW YORK

100-442890-1000
FBI NEW YORK

THE BOBBY LAMON COLLECTION

March 28, 1974

Mrs. Callaway
The Population Council
York Avenue & 66th Street
New York, N.Y. 10021

Dear Mrs. Callaway:

This acknowledges with thanks the paper on basic and applied contraceptive research by Dr. Segal which you forwarded, very efficiently and very mysteriously, through Janet McNeely at the Ford Foundation. Many thanks to you, Janet McNeely, and to Dr. Segal.

Sincerely,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

cc: Janet McNeely

Dept. File: ✓ Pop Council

GBBaldwin/jim

THE FORD FOUNDATION
320 EAST 43RD STREET
NEW YORK, NEW YORK 10017

Jz
/

INTERNATIONAL DIVISION
POPULATION

March 22, 1974

Mr. George B. Baldwin
Population and Nutrition Projects
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D. C. 20433

Dear Mr. Baldwin:

Mrs. Gallaway at the Population Council
asked me to send you the attached paper by Dr. Segal.

*1 - Dr. K.
1 - T. King*

Sincerely,

Janet McNeely
Janet McNeely

*1818 H STREET
WASHINGTON, D.C.*

RECEIVED

1974 MAR 25 PM 12:00

COMMUNICATIONS
SECTION

TO: SAC, NEW YORK
FROM: SAC, PHOENIX
SUBJECT: [Illegible]

THE ROBO FOUNDATION

February 19, 1974

Dr. Bernard Berelson
President
The Population Council
245 Park Avenue
New York, N. Y. 10017

Dear Dr. Berelson:

We sent you last week our first-draft appraisal report on Bangladesh which you felt would be helpful in your internal deliberations concerning the Council's future work in the country. We now have a second draft which may bring into somewhat sharper focus what an IDA project will consist of, how large it is likely to be, and how it will be related to expected contributions from our external donors. I am enclosing a copy of this document for the use of you or whoever is responsible for your meeting on Friday this week. I call your attention particularly to Chapter III, starting on p. 8 and to Chapter V, starting on p. 24. If you are mystified by the absence of Chapter IV, there is none (we will probably re-number the present Chapter V).

I must emphasize again the confidential nature of the document at this stage and urge you not to reproduce copies, even of parts of it, lest these find their way into the hands of people and inadvertently announce to the GOBD that we have been distributing copies before sending a (more finished) draft to Dacca.

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Enc.

GBBaldwin:wg

File Pop. Council

December 4, 1973

Miss Joyce Tait
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Miss Tait:

This will confirm our telephone conversation of this morning concerning our request to add two names to your mailing list for publications. The names are:

Dr. S. N. Agarwala
Director, Population Centre
World Bank Project
B-67 Mahanagar Extension
Lucknow, UP
India,

and Professor C. B. Tigadi
Director, Population Centre
Ananda Rao Circle
Bangalore, Karnataka
India.

We would be grateful if you would add them to your mailing list, if they are not already on it.

Sincerely yours,

I. H. Kang
Population and Nutrition Projects Department

IHK/is

cc: Mr. John Ratcliffe

OFFICE MEMORANDUM

TO: Mr. Timothy King, Div. Chief, PHRD/DED

DATE: November 28, 1973

FROM: G.B. Baldwin, Deputy Director, PNPD *GBB*SUBJECT: My "Gaffe"*Pop Council*

1. Your memo of November 21 is an entirely justified complaint, i.e., my failure to mention the work of the PHRD/DED in an article entitled "The Population Work of the World Bank." The title was mine, the mistake was mine, and you have my apology and regret for any embarrassment this may have caused you and members of your Division.
2. My lapse of sensitivity was not in the article but in its title. As the lead atop the article makes clear, the piece was concerned only with the Bank's lending operations within the field of population and made no attempt to cover everything the Bank does in the field of population. This lack of correspondence between the article's actual and intended content, and its title, now leaves me more embarrassed than you. For both our sakes, I hope that no one outside those of us directly involved in my mistake will notice it. Fortunately, the December 1973 special population issue of Finance and Development, whose circulation outruns that of Studies in Family Planning many times, makes it abundantly clear that PHRD/DED is very much part of "the population work of the World Bank."

cc: Mr. Chenery, V.P., Dev. Policy
Mr. Baum, V.P., CPS
Mr. Stern, Sr. Adv., Dev. Policy
Mr. Clark, Dir., Ext. Rel.
✓ Dr. Kanagaratnam, Dir., PNPD
Mr. Gulhati, Dir., DED
Mr. Merriam, Dir., Info. & Pub. Affairs
Mr. Hawkins, Sr. Adv., DED

GBBaldwin/jim

OFFICE MEMORANDUM

TO: All PNPB Staff Members

DATE: November 7, 1973

FROM: G.B. Baldwin *G.B.B.*SUBJECT: "The Population Work of the World Bank"
(Article in Studies in Family Planning, Nov. 1973)*Pop Council*

Many of you will be aware that the attached article on the Bank's population work was under preparation. A personal copy is being distributed to all staff members. Additional copies are available in the Library if wanted.

Attachment

Distribution:

Bak
Berg
Brickland
Burfield
Domingo
Ferber
Franckson
Fromme
Hall
Herrera
Husain
Ibrahim
Jocson
Jones
Kanagaratnam
Kang
Kim
Leow
Lundeberg
Madhok
Manley
Maraviglia
McNeal
Messiter
Ranganathan (in Indonesia)
Ratcliffe (in India)
Rath
Saunders
Zaidan (5)

J

693
cc: Dr. K (1/2)

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

October 18, 1973

Mr. George B. Baldwin
Deputy Director
Population & Nutrition Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Baldwin:

Just before leaving the office for ten days or so that involve an overseas trip, I wanted to take this opportunity to thank you for your interesting article on the population policy book -- more interesting, I fear, than the volume itself! -- and to thank you most sincerely for your kind words about both the Council and myself.

Yours sincerely,



Bernard Berelson
President

October 10, 1973

Ms. Linda Lumley
Editor
Information Office
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Ms. Lumley:

In response to your letter to October 1 to Mr. Baldwin, asking to whom you should send all of the copies of the article on the Population Work of the World Bank, kindly send them to Mr. Baldwin.

Sincerely,

Jean Manley
Secretary to Mr. Baldwin

Dept. file: Pop Council

/jim

~~1-233~~
2-file

THE POPULATION COUNCIL

245 PARK AVENUE
NEW YORK, N.Y. 10017

October 1, 1973

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

George B. Baldwin, Deputy Director
Population and Nutrition Projects
Department
International Bank for Reconstruction
and Development
1818 "H" Street, N.W.
Washington, D. C. 20433

Dear Mr. Baldwin,

This is to verify that the article on the population work of the
World Bank will be appearing in the November issue of Studies
in Family Planning.

We will be happy to send you 200 copies of the issue at no charge
to you. I assume these are for World Bank use and so will send, in
addition, the usual 20 copies to each author. for personal use.

Please let me know to whom I should send all of the above.

Sincerely,

Linda Lumley

Linda Lumley
editor
Information Office

Jean -
call + tell her to
send to me

GF

*She didn't answer
Phone - so wrote!
Jean
10-10-73*

SECTION COMMUNICATIONS
COMMUNICATIONS SECTION
OCT 1 1973

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THE POPULATION COUNCIL

TELEPHONE (212) 667-8330
CAREY HOUSE, NEW YORK

October 1, 1973

345 PARK AVENUE
NEW YORK, N.Y. 10017

George M. Baldwin, Deputy Director
Federal Reserve Bank of New York
Department
International Bank for Reconstruction
and Development
110 "E" Street, N.W.
Washington, D.C. 20003

Dear Mr. Baldwin:

There is a meeting of the Board of Directors of the
World Bank will be held on the 11th of October at 10:00 a.m.
in the Board Room.

We will be happy to send you a copy of the minutes of the meeting if in charge
of the meeting. I can be reached at the World Bank and so will send you
additional information to you as soon as possible for your personal use.

Please let me know if you would like to attend all of the above.

Sincerely,

John J. Goss
Director
International Office

Handwritten notes:
2 copies
copy to Mr. Goss
copy to Mr. [unclear]

Handwritten notes:
to be sent to Mr. Goss
to be sent to Mr. [unclear]

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COMMUNICATIONS SECTION
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COMMUNICATIONS SECTION

October 5, 1973

Dr. Bernard Berelson
President
The Population Council
245 Park Avenue
New York, N.Y. 10017

Dear Dr. Berelson:

You will recall that you agreed last spring that it would be appropriate for me to do an article for the Bank/Fund publication, Finance and Development, on Population Policy in the Developed Countries, using the Council's forthcoming Volume as the basis for the piece. I enclose a copy of this article as delivered yesterday to the F & D editor.

I am not expecting any comments of you on my review article but I do want to give you an opportunity to raise any points which might raise problems for you. This would have to be done within a matter of the next few days, and preferably by telephone, since F & D is under a very tight schedule. Any changes or corrections which you feel strongly ought to be made would therefore have to be done when the galleys are returned to me.

It will be obvious, I hope, that I think very highly of this forthcoming Volume, and hope that my summary and review of it will put a lot of people on notice that they should go out and buy copies. I have been totally dependent upon the kindness of Joyce Tait in making xeroxed copies of some dozen chapters and of getting them to me as quickly as they became available. She could not have been more helpful and cooperative. I am writing her a separate note of appreciation but wanted to register this with you as well.

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Enclosure

Dept. File: Pop Council ✓
" " : F&D
GBBaldwin/jim

free

July 23, 1973

Mr. George P. Cernada
89 Condor St. E.
Boston, Mass.

Dear Mr. Cernada:

Thank you very much for your letter of July 14, 1973, addressed to Dr. Kanagaratnam, who is out of town on official business and also will leave Washington at the end of this month on home leave until early September. Therefore he will not be able to see you when you come to Washington in early August. However, I am sure Mr. Baldwin and Mr. Zaidan will be happy to see you. Please give me a call (202 - 477-5436) so that I can make appointments for you.

Sincerely yours,

I. H. Kang
Population and Nutrition Projects Department

IHK/is

cc: Mr. Baldwin ✓
Mr. Zaidan

美國紐約人口研究局

THE POPULATION COUNCIL

P. O. Box 394

Taichung, Taiwan

Republic of China

103, Mingchuan Road, Taichung

Tel: 27613

Cable Address:

POPCOUNCIL, Taichung

14 July 1973

Dr. K. Kanagaratnam
International Bank for
Reconstruction and Development
1818 H. Street, N. W.
Washington, D. C. 20433

Dear K.K.:

I shall be in the U. S. on a combination of business and pleasure during August. I expect to be in Washington to visit several organizations and would like to drop by the Bank to get updated on activities.

I hope that you will be available and will telephone you from somewhere along my itinerary (Berkeley, Chicago, Ann Arbor, Boston, and New York), probably in early August.

It would be appreciated if you would let Jim Baldwin and George Zaidan know that I am likely to be about and, of course, L. S. Sodhy.

With best wishes,

Sincerely,

George

George P. Cernada
The Resident Advisor

PS: Any correspondence will be held if mailed addressed to: 89
Condor St, E. Boston, Mass.

G

PC:ilc

CC GBB/GZ

Kary

—
Pls reply I would be
here due GBB as GZ
would be happy to see him
if he will give them 9
can see for date
20 July 73

D. Kenagaran
file
Pop Council

June 11, 1973

Mr. Joel Montague
Regional Director for Eastern Africa
The Population Council
245 Park Avenue
New York, N. Y.

Kenya: Proposed Population Project

Dear Mr. Montague:

As promised, I am sending you a copy of the revised budget for the above project together with a copy of a tentative proposed Financing Plan. The Financing Plan is based on our informal discussions with the various donors and forms the basis for our recommendations to the Government of Kenya. It represents, in our view, the best possible merging of donor interests and likely commitments.

These revised budget figures will provide Mr. Bean with an indication of the unit cost figures we used in developing the Financing Plan. They may be of some help in an assessment of the "software" requirements of the University Population Studies Center proposal. Please note that the figures we have used for the Population Studies Center - both for the capital and recurrent costs - are tentative and subject to change depending upon the architectural program and on Mr. Bean's appraisal of the "software" requirements. It is unclear what proportion of the recurrent costs the University will bear as this is very much dependent on the capital cost of the Population Studies Center. What contribution the GOK can make to that building remains to be determined.

Professor Simeon Ominde's visit to our Department on Friday, May 25th, gave us a clearer picture of the role, staffing pattern, and space required for the proposed Population Studies Center. I have briefly summarized in outline form Mr. Ominde's comments, for Mr. Bean's information in his discussions with the University of Nairobi:

1975 - Proposed Personnel

Core Staff 1 Director (PT)
 1 Deputy Director (FT)
 3 Senior research fellows (FT)
 2 Research fellows (FT)

Total 7

1980 Projections

Total 10

Each of the above will have University appointments and will require a personal office.

Floating researchers (i.e., not on budget of Center, from other faculties and also foreign scholars):

1975 - Proposed Personnel

1980 Projections

Say 12

Say 20

These researchers will not be on the budget of the Center, the space allowance will be on the basis of 2 per office of about 150 sq. ft.

Students Ph.D	10	15
MA	7	14

These students will be accommodated in carrels about 30 sq. ft. each.

The Ph.D students will contribute to teaching, student supervision and departmental research.

Supporting functions:

- 2 Seminar rooms with 20 places each*
(1 seminar room will double as Board room)
- Lecture room with 40 places*
- Departmental reference library and reading space
- Air conditioned storage room for tapes
- Cartographic Section, (about 200 sq. ft. for 1 draftsman and storage space)
- 1 Machine room, for students only

*(These rooms might well be shared with other departments).

Administration:

- 2 Administrators
- 1 Secretary
- 1 Copy typist

(The accountant will be housed with the University accounting section).

Plus parking and general support space for storage, toilets, etc.

It must be stressed, however, that these notes are a first draft of the space needs which may well be amended in future discussions with the Government. We have asked Mr. Ominde to have his architect forward to us a space program cost estimate and the anticipated construction schedule.

Mr. Joel Montague

-3-

June 11, 1973

We look forward to hearing from you when the University Population Study Center proposal is firmed up.

Yours sincerely,

Peter Hall, mm

Peter Hall

Population and Nutrition Projects Department

Cleared with and cc: Mr. Zaidan
Mr. Mistry

cc: Dr. Kanagaratnam ✓
Mr. Baldwin
Mr. Shoesmith
Dept., File
Div. File
Central File

PAHall/mm

Enclosures
Airmail - Special Delivery

File

Richard Moore
The Population Council
P.O. Box 11-1758
Tehran, Iran

26 May 1973

Mr George Baldwin
The World Bank
1818 H Street, N.W.
Washington, D.C.

Dear Mr Baldwin:

I thought you might be interested to learn that I have accepted a position as consultant to the Afghan Ministry of Public Health on health and family planning administration. I will be working for a foundation, Management Sciences for Health (Boston), which is run by a young M.D. named Ronald W. O'Connor. Perhaps you are already familiar with Dr O'Connor and MSH.

It sounds like an exciting and challenging undertaking. I expect to be in D.C. between about 5-13 June and, if convenient for you, would like the opportunity to drop by to say hello and to tell you about our project.

I will telephone your office after my arrival in D.C. to see about an appointment. If I miss you perhaps we will touch base in Kabul or elsewhere in the not too distant future.

Sincerely,

Dick Moore
Richard Moore

*Card made
1-2-73
(2-5)*

New Address:
Kabul (ID)
Department of State
Wash., D.C. 20521

Richard Moore
The Population Council
P.O. Box 11-1758
Tehran, Iran

26 May 1973

Mr George Baldwin
The World Bank
1818 H Street, N.W.
Washington, D.C.

Dear Mr Baldwin:

I thought you might be interested to learn that I have accepted a position as consultant to the Afghan Ministry of Public Health on health and family planning administration. I will be working for a foundation, Management Sciences for Health (Boston), which is run by a young M.D. named Ronald W. O'Connor. Perhaps you are already familiar with Dr O'Connor and MSH.

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Sincerely,


Richard Moore

New Address
Kabul (ID)
Department of State
Wash., D.C. 20521

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May 24, 1973

File

THE POPULATION COUNCIL

lh

245 PARK AVENUE
NEW YORK, N.Y. 10017

TELEPHONE (212) 687-8330
CABLE: POPCOUNCIL, NEW YORK

Mr. I.H. Kang
Population & Nutrition Projects Dept.
International Bank for Reconstruction
& Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Kang:

Thank you for your response to our survey request on technical assistance activities in the international population field over two comparative periods.

As soon as our report is complete, we shall make it available to all the participating organizations.

Yours very truly,

Betty McInnes

Betty McInnes
Administrative Assistant
Technical Assistance Division

May 24, 1973

KANG
—
d
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DEC 18 2019

WBG ARCHIVES March 5, 1974

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G.B. Baldwin

CONFIDENTIAL

Conversation with Dr. Clifford A. Pease, Jr., Population Council
(NYC, March 1, 1974)

1. Dr. Pease took the occasion of our joint participation in a two-day IPPF meeting in New York City to invite me to breakfast. His purpose was to convey to the Bank an impression which has developed, he said, in "the population fraternity" about the way the Bank pursues its population objectives. His general message was that there is a huge gap between the policy statements of Mr. McNamara and the Bank's operational performance. He characterized the Bank's project performance as slow, heavy-handed, and "constipated." He also complained about the lack of treatment of population subjects in Bank economic reports. He said that it was too bad that Dr. Ravenholt had been the author of the unwise and intemperate memorandum of November 1972, "but if he hadn't written it several others of us might have."

2. I didn't press him on the sources of the complaints which he was reporting, but I did tell him that we thought our relations with WHO had improved considerably over the past two years, that there was little we could do to improve our still-difficult relations with UNFPA, that we had developed quite good relationships with USAID officials senior to Ravenholt, and that our relations with most of the other UN agencies with whom we worked (esp. UNICEF and Unesco) seem relatively good. I therefore wondered privately how much Pease's remarks represented his personal views and whether or not they were a considered expression of Pop. Council views and had been discussed with Dr. Berelson prior to Pease's meeting with me. A subsequent telephone call to him established that Pease had talked to Berelson and that they had specifically intended to bring these views to the Bank's attention at my level rather than to have Dr. Berelson raise these questions at a higher level.* The subject of Bank performance had apparently been the subject of Pop. Council discussions for some time and Berelson had told his staff that he would not raise the subject with the Bank unless his staff could provide him with chapter and verse examples of the poor performance of which they complained. Pease said that "we have so far been unable to provide him these details; indeed we are not really in a position to do so." This indicates to me that Pease and others in the Council who share his views are basing them on perceptions at least as much as facts.

3. At the breakfast, I did ask Pease to suggest some of the specifics underlying his generally disappointing assessment. He cited the following:

- (a) The failure of the VJH hospital in Jamaica to contain an FP clinic. He thought this had been a "gaffe" which had only been "corrected" when someone in USAID called it to our attention;

*But a later call to Berelson by Dr. Kanagaratnam gave a somewhat different impression. Berelson left Dr. K. with the view that he and Pease had not discussed in advance Pease's proposed talk with me, and that Berelson had learned of it only ex post when Pease reported it to him. Dr. K. and Berelson agreed to meet informally on the matter at some early date when Dr. K. is in NYC.

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March 5, 1974

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- (b) The Indonesia situation, where "five years after your first mission in 1969, there have been practically no disbursements from the loan." When I said that we regarded Indonesia as one of our better performance countries, Pease said "yes, but that has nothing to do with anything the Bank did";
- (c) Tunisia: that project has many problems. I readily agreed that this was our most problem-ridden project;
- (d) Iran: Pease "has questions" about what the Bank was "really accomplishing" with our project there. I said we certainly did too and acknowledged it as a highly speculative project and where we had most of our expectations focused on the management and rural health delivery studies, plus training, and not on the "bricks and mortar" elements. Pease reminded me that he and Sardari are no great friends and it may color his judgment of what the Bank can hope to do by working closely with Sardari;
- (e) Kenya: Pease thinks our project there is far too big for the country's absorptive capacity. The Council did not have a happy relationship in Kenya and this obviously colors their estimate of what others can hope to accomplish there.

4. When I reminded Pease that we had tried to secure outside comments on our population activities by convening an External Policy Review Board in the spring of 1973, and that this group (which included Parker Mauldin, a Pop. Council Vice President) had generally endorsed what the Bank has been doing, he said that he thought this was not the right kind of forum out of which the Bank could get candid, knowledgeable criticisms. Asked what kind of review he felt might provide the kind of review he obviously believed needed, Pease suggested that RSM appoint "one of his bright young men" to review Bank performance in this sector." I said I felt mixed feelings about "bright young men" and felt that even if we were lucky enough to have a good internal review, an external review would probably be necessary to achieve credibility with the outside agencies who would be one of the review's main audiences. We agreed that Dr. Berelson himself would be a leading candidate to lead such a review and Pease said he thought he might consider it when he relinquishes the Presidency of the Council in June. One difficulty is that Berelson hates to travel.

5. Clearly, Pease has given us an unmistakable signal and clearly we must show some responsiveness. I will not hide my own conviction that given the constraints within which we work, and granting that there is always room for improvement, our performance is more misunderstood than bad. My own recommendation is that we approach the question of what we do next in two stages: (1) arrange a one-day meeting with Berelson, Pease, and any other

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March 5, 1974

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one or two people in the Council they wish to invite and Front Office PNP Management plus one or possibly two experienced Bank people from outside the Department to go over a specific "bill of complaint." We should have a completely free and open discussion, project by project, so that we understand fully the nature and depth of their criticisms and should see how these hold up in the light of whatever explanations we can put forward. In the light of this discussion, (2) we can decide what kind of more extended and formal audit would be likely to produce findings that would be useful to PNP, to Bank Management, and would carry external credibility.

cc: Mr. Baum, VP, CPS
Mr. Hoffman, Dir., IRD
Dr. Kanagaratnam, Dir., PNP

GBBaldwin/jim

Studies in Family Planning

A PUBLICATION OF
**THE
POPULATION
COUNCIL**

Volume 4, Number 11

November 1973

The Effects of Legal Abortion on Legitimate and Illegitimate Birth Rates: The California Experience

JUNE SKLAR and BETH BERKOV

In 1971, with the widespread availability of legal abortion, California experienced a dramatic decline in overall fertility and in illegitimate births in particular. This seemed to signal a radical reversal in the previous upward climb of the illegitimate birth rate. An analysis of 1972 data, however, reveals that, although legitimate birth rates continued to fall as rapidly as in 1971, illegitimate birth rates lost their momentum and declined much less. This phenomenon suggests that, despite the availability of legal abortion, many women are choosing unwed motherhood.

June Sklar, Ph.D., is assistant research demographer, International Population and Urban Research, University of California; Beth Berkov, M.A., is public health statistician, Family Health Services Section, California State Department of Health.

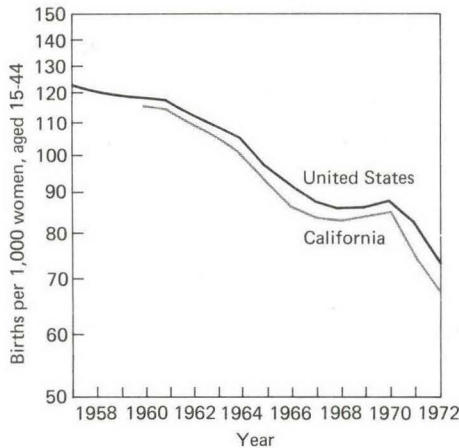
The information in this article comes largely from a cooperative project between the California State Department of Health and the University of California, Berkeley. The project is headed by Professor Kingsley Davis and partly supported by a contract with the National Institute of Child Health and Human Development, Center for Population Research (NIH-NICHD-73-2728). This report was made possible through the cooperation of the California Department of Health, in particular George C. Cunningham, M.D., chief, Maternal and Child Health Unit, and Paul W. Shipley, chief, Vital Statistics Section. Research assistance was provided by Arlene Guerriero and Sara Tsai of International Population and Urban Research.

California, like the United States as a whole, has now witnessed a full 15 years of virtually uninterrupted decline in the birth rate. Since the "baby boom" peaked in the late 1950s, in every year except 1969 and 1970 both California and the United States have experienced steadily shrinking fertility rates, as Figure 1 shows. It was not until 1966, however, that the composition of California's birth rates by legitimacy status became available. The state does not ask questions on its birth certificates about the legitimacy of the child or the marital status of the mother, but in 1966, responding to a growing concern over the fate of children born out of wedlock and the need to obtain more information about these children, the California Department of Health developed an inferential method of determining apparent legitimacy status, described in detail by Berkov and Shipley (1971). In the analysis of births by legitimacy status, therefore, period data are avail-

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Figure 1 General fertility rates for the United States, 1957-1972, and California, 1960-1972



Note:

Data are not shown for California for 1957-1959 because comparable estimates of women 15-44 are not available.

Sources:

United States: US Department of Health, Education and Welfare, National Center for Health Statistics, 1970, *Vital Statistics of the United States: 1968*, volume 1, Tables 1-2, (Rockville, Md.: US Government Printing Office); US Department of Health, Education and Welfare, National Center for Health Statistics, *Monthly Vital Statistics Report, Provisional Statistics*, volume 18, no. 12, 12 March 1970; volume 19, no. 12, 4 March 1971; volume 20, no. 12, 28 February 1972; volume 21, no. 12, 1 March 1973. (Rockville, Md.: US Government Printing Office).

California: State of California, Department of Public Health, 1972, *Vital Statistics in California, 1969*, Table 2; State of California, Department of Finance, population estimates prepared late 1971; Bureau of the Census, 1971, *1970 Census of Population, General Population Characteristics*, Final Report PC (1)-B6 California, Table 19, (Washington, D.C.: US Government Printing Office); Bureau of the Census, 1963, *1960 Census of Population*, Volume 1, Part 6, Table 17 (Washington, D.C.: US Government Printing Office).

See also, sources Appendix II, Table A.

able only for recent trends. To place these trends in their proper perspective it is ultimately necessary to obtain long-term cohort data.

The most striking change in California's birth picture after 1966 occurred five years later when, in 1971, the state experienced a dramatic decline not only in overall fertility, but especially in illegitimate births. This drop in illegitimacy was particularly striking because from 1966 to 1970 the state's illegitimate birth rate had climbed from 22.5 per thousand unmarried women aged 15-44 to a peak rate of 27.0 per thousand. In 1971, however, the rate plunged 16 percent to 22.6, so that the decline in one year was as great as the rise in the previous five. Although many factors played a role in the fertility decline, in a previous paper we presented evidence pointing to the importance of legalized abortion in the drop in fertility (Berkov and Sklar,

1972). In that paper we showed that the reduction in fertility in 1971 had followed a marked rise in the incidence of legal abortions, especially among unmarried women. We concluded that the increased availability of legal abortion had some impact upon legitimate fertility, but that its major influence in 1971 had been a radical reversal of a previously steady upward trend in the illegitimate birth rate.

In the present study, an outgrowth of a joint research effort between the University of California, Berkeley, and the California Department of Health, we summarize fertility trends in 1972 and examine whether the effect of legal abortion on California fertility continued at the pace set in 1971. Our analysis is based upon data on illegitimate and legitimate births through 1972 and upon estimates of legal abortions. It was necessary to make estimates of legal abortions because, although yearly figures are available, comparable information on detailed characteristics of abortion patients is not available for the entire period covered by this report. The abortion estimates are for 12-month periods lagged six months behind the births, to approximate the time when a pregnancy would have had to be terminated to prevent a birth. The abortion estimates are also restricted to residents of California. Our methods of estimation are described in the technical notes in Appendix I. Detailed tables on rates, ratios, and numbers of births and legal abortions are presented in Appendix II. We will be using only selected portions of these tables in the discussion that follows.

Analysis of the influence of legal abortion on fertility in California faces a serious problem in that little information is available about illegal abortions for California women before November 1967, the date on which the California Therapeutic Abortion Act was passed and abortion was legalized with some restrictions. However, estimates of prior illegal abortions, together with other information, show that in the first few years following passage of the Act, virtually the entire rise in legal abortions represented replacements for illegal abortions (Jackson, 1971).

Because the decline in illegitimate fertility that occurred in California in 1971 followed a marked rise in legal abortions, and because it was a reversal of the previous upward trend, it provided

the first and most convincing evidence that legal abortion was finally having an impact on fertility. In other words, some women who would have carried their pregnancies to term if illegal or out-of-state abortion had been their only alternative, obtained legal abortions instead. Thus, although California has had a liberalized abortion law since 1967, it appears that it was not until about the beginning of 1971 that legal abortion services became generally available to women throughout the state, and illegal or out-of-state abortions could be considered to occur relatively infrequently.

Fertility and Abortion Levels in California, 1972

California's fertility continued to drop sharply in 1972, but important changes occurred in this decline. Although the general fertility decline was much greater in California than in the United States as a whole between 1970 and 1971, between 1971 and 1972 the United States showed a somewhat larger drop. The most surprising aspect of California fertility in 1972 compared to 1971, however, was that the decline in the illegitimate birth rate leveled off, while the legitimate birth rate continued to fall at the same rate. Thus, the illegitimacy rate slipped only 2.7 percent in 1972 (from 22.6 in 1971 to 22.0 in 1972), a vast difference from the 16.3 percent drop it experienced between 1970 and 1971 (from 27.0 to 22.6). At the same time, the legitimate birth rate fell 10.1 percent in 1972, or about the same as the 10.3 percent decline of 1971. These trends are summarized in Table 1.

Because legitimate fertility slipped so much more than illegitimate fertility, the proportion of all births that were out-of-wedlock rose from 12.1 percent in 1971 to 13.1 percent in 1972 (Appendix II, Table B). In terms of actual numbers (Appendix II, Table C), there was a sharp drop in legitimate births (from 289,914 in 1971 to 266,204 in 1972), while illegitimate births rose slightly (from 39,912 to 40,171). Although the illegitimate birth rate declined, the number of illegitimate births rose because of the rapidly rising population of unmarried women in the reproductive ages. The increase in this group occurred because increasing numbers of women entered the childbearing ages in the late 1960s and early 1970s as a result of the

TABLE 1 Trends in general fertility rates, United States and California

Year	Live births per 1,000 women aged 15-44							
	Rate				Percent change in rate from previous year			
	US	California			US	California		
	All births	All births	Legitimate	Illegitimate	All births	All births	Legitimate	Illegitimate
1972	73.4 ^a	67.6	98.4	22.0	-10.8	-9.5	-10.1	-2.7
1971	82.3 ^a	74.7	109.5	22.6	-6.1	-11.7	-10.3	-16.3
1970	87.6 ^a	84.6	122.1	27.0	2.1	0.8	1.7	3.8
1969	85.8 ^a	83.9	120.1	26.0	0.1	1.5	2.0	5.7
1968	85.7	82.7	117.7	24.6	-2.2	-1.4	-1.2	3.4
1967	87.6	83.9	119.1	23.8	-4.1	-2.8	-2.7	5.8
1966	91.3	86.3	122.4	22.5				

^aProvisional.

SOURCE: Appendix I technical note, page 288, and Appendix II, Table A.

high birth rates during the late 1940s and early 1950s. Moreover, an increasing proportion of these women were in the young and prime reproductive ages of 15-24. At the same time, as indicated by the increase in the median age at first marriage in the late 1960s (US Department of Health, Education and Welfare, 1972, Tables 1-14),* an increasing proportion of these women were postponing marriage. As a result, the number of women in the childbearing ages was greater in 1972 than in 1971, and a greater percentage of them were unmarried.

Significantly, the changes in California fertility between 1971 and 1972 were accompanied by a reduction in the speed with which legal abortion rates had been rising.† In the period affecting 1972 births (July 1971-June 1972), the legal abortion rate rose 30.4 percent, a remarkable difference from the 145.6 percent rise in the previous 12 months (Table 2).‡

* Between 1960 and 1970, the percent of females aged 15-19 and 20-24 who were never married rose dramatically in both the US and California. With respect to teenagers, the rise in the US was from 86.5 percent to 90.0 percent; in California, it was from 81.1 percent to 87.7 percent. With respect to women 20-24, the rise in the US was from 28.4 percent to 36.3 percent; in California, it was from 24.5 percent to 35.7 percent. 1960 Census of Population, Vol. I, Part 1, Table 176; Part 6, Table 105. 1970 Census of Population, Subject Reports PC(2)-4C, Marital Status, Table 1; Detailed Characteristics, Final Report PC(1)-D6, California, Section 1, Table 152.

† It should be noted that legal abortions in California leveled off almost completely in the 12 months subsequent to the period considered in this paper. On the basis of reports for the first 9 months of the fiscal year, it appears that the total number of legal abortions performed in California between July 1972 and June 1973 was only 3 percent above the number performed July 1971 to June 1972.

‡ The rise in the previous year was even greater—315.8 percent—but this very large relative increase reflected a rise from an initial level close to zero.

Although the 1971-1972 decline in the illegitimate birth rate was not nearly as great as that of 1970-1971, legalized abortion nevertheless exerted a strong influence on pregnancies among unmarried women—in fact, a much stronger influence than it did on pregnancies among married women. In other words, when pregnant, unmarried women tended to resort to abortion more frequently than married women. This can be seen simply by comparing the number of abortions and births occurring to married and unmarried women (Appendix II, Tables C and D). For married women, there were 30,461 legal abortions in the period affecting 1972 births, while there were 266,204 births to married women in 1972. Abortions thus accounted for only about 10 percent of the recorded total pregnancies (births plus legal abortions) for married women. For unmarried women, however, there were 82,573 legal abortions—more than double the 40,171 births to unmarried women, or, in other words, two-thirds of the recorded pregnancies for this group. These figures thus reflect a higher rate of use of legal abortion by unmarried than married women in California: the rate for the former in 1971-1972 was 45.4, or four times the rate for the latter of 11.5 (see Table 2). A higher rate for unmarried women also occurred in previous years.

Although two-thirds of the recorded pregnancies to unwed women were terminated through legal abortion, it cannot be assumed that all these pregnancies would have resulted in illegitimate births if legal abortion had not been available. Illegal abortions, despite their legal and medical risks, have always been used to some extent, and an unknown proportion of unwed pregnancies have traditionally been legitimized through forced marriage. A key question, then, is what would have been the distribution by outcome of the unmarried pregnancies now terminated by legal abortion if abortion were not legal—an illegal abortion, a legitimation through forced marriage, or an illegitimate live birth?

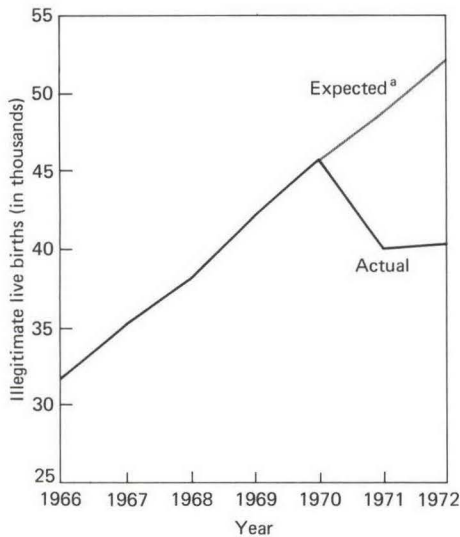
One approach to estimating the number of women who would have chosen to have an illegitimate birth instead of an illegal abortion or a forced marriage is to compare the actual number of illegitimate births with the number that would have occurred had there been a continuation of the previous upward trend in the illegitimate birth rate (see Figure 2). Projecting the 1966-1970 trend in age-specific illegitimate birth rates to the population of unmarried women in 1971 and 1972, we arrive at an expected 48,722 illegitimate births in 1971 and 51,878 in 1972. However, as Table 3

TABLE 2 Legal abortions per 1,000 women aged 15-44, California residents

Year	Rate			Percent change in rate from previous year		
	All women	Married	Unmarried	All women	Married	Unmarried
1971-1972	25.3	11.5	45.4	30.4	33.7	27.5
1970-1971	19.4	8.6	35.6	145.6	160.6	137.3
1969-1970	7.9	3.3	15.0	315.8	312.5	316.7
1968-1969	1.9	.8	3.6			

SOURCE: Appendix II, Table D.

Figure 2 Number of illegitimate live births: California, 1966-1972



^a Expected assuming 1966-1970 age-specific trends had continued in 1971 and 1972 (that is, projection to 1971 and 1972 of average annual change in age-specific illegitimate birth rates).

Source: Table 3 and Appendix II, Table C.

indicates, there were actually 8,810 fewer out-of-wedlock deliveries in 1971, and 11,707 fewer in 1972. Presumably, then, the difference between the expected and the actual number of illegitimate births represents approximately the number of out-of-wedlock children who would have been born if legal abortion had not been available.

The impact of legal abortion upon legitimate childbearing is more difficult to determine because there is no clear basis for estimating what proportion of the married women obtaining legal abortions would, without legalization, have carried their pregnancies to term rather than seek illegal or out-of-state abortions. If the 1966-1970 age-specific legitimate birth rate trend is projected into 1972, we arrive at an expected 325,854 births. However, as Table 3 shows, there were actually 59,650 fewer legitimate births in 1972, a number substantially larger than the 30,461 legal abortions obtained by married women between July 1971 and June 1972. It is clear, then, that substantial numbers of married women were limiting their fertility by means other than legal abortion, and thus the magnitude of the effect of legalized abortion on marital fertility in 1972 cannot be ascertained, at least by this method.

That legal abortion may have had some influence on marital fertility in the

previous year is suggested by the much sharper decline in overall fertility found for California—12 percent—than for the United States as a whole—6 percent—between 1970 and 1971 (Table 1). However, California and the United States had very similar rates of decline in overall fertility between 1971 and 1972 (10 percent for California and 11 percent for the United States); thus, whatever influence legalized abortion had on legitimate fertility appears to be stabilizing. Indeed, the lack of a measurable effect of abortion on legitimate fertility between 1971 and 1972 and the leveling off of the illegitimate birth rate in that period after the very sharp decline between 1970 and 1971 suggest that the effect of legal abortion on reducing births both within and outside of wedlock may be reaching a plateau. It also suggests that legal abortion is currently “keeping a lid on” what otherwise would probably be a continuing climb in the rate of illegitimate childbearing.

Age Patterns in Fertility and Abortion

AMONG UNMARRIED WOMEN

A decline in illegitimate fertility between 1971 and 1972 was experienced by women in three of the four age groups, but the largest decreases occurred among women aged 25 and over. This was in sharp contrast to the previous year, when substantial declines occurred in all age groups, particularly those aged 20-24. Between 1970 and 1971, women aged 20-24 showed a 21 percent drop

in the illegitimate birth rate, compared to a decline of only 5 percent between 1971 and 1972. Accompanying the relatively lesser decrease among women 20-24 between 1971 and 1972 was a comparatively large drop among older women, with women 25-34 showing an 8 percent decline, and women 35-44 a 12 percent decline (see Table 4).

Although the greater drop in illegitimate birth rates in the older ages characterized both white and black women, declines among blacks occurred for all ages, whereas for whites declines occurred for all age groups except teenagers. In fact, white teenagers experienced a surprising rise of 3 percent between 1971 and 1972, thus becoming the only group of women actually to reverse the strong downward trend of the previous year (Table 5).

It is possible that the much sharper relative declines in illegitimate fertility among older women were due to their greater experience and knowledge about the availability and accessibility of legalized abortion and hence their greater tendency to resort to this method of birth control. This hypothesis, however, is not borne out by the data, for, as Table 6 shows, among unmarried women, those aged 25 and over have the lowest rate of legal abortion use. The much sharper relative drop in out-of-wedlock reproduction among older women probably reflects their use of other means of birth control to cut off higher order births once they have decided to stop childbearing. Between 1971 and 1972, although there was practically no change

TABLE 3 Expected and actual number of live births, California residents, 1971, 1972

Births	1972			1971		
	Expected ^a	Actual	Difference	Expected ^a	Actual	Difference
Illegitimate	51,878	40,171	11,707	48,722	39,912	8,810
Legitimate	325,854	266,204	59,650	322,268	289,914	32,354
Total	377,732	306,375	71,357	370,990	329,826	41,164

^a Projection to 1971 and 1972 of average annual change between 1966 and 1970 in age-specific illegitimate and legitimate birth rates.

SOURCE: Appendix II, Table C.

TABLE 4 Illegitimate births per 1,000 unmarried women, by age, California residents

Age	Rates			Percent change in rates	
	1970	1971	1972	1970-1971	1971-1972
15-44	27.0	22.6	22.0	-16.3	-2.6
15-19	24.1	20.4	20.7	-15.4	1.5
20-24	41.3	32.8	31.3	-20.6	-4.6
25-34	29.9	25.4	23.5	-15.1	-7.5
35-44	7.2	6.1	5.4	-15.3	-11.5

SOURCE: Appendix II, Table A.

TABLE 5 Illegitimate births per 1,000 unmarried women, by age and race, California residents

Age	White					Black				
	Rate			Percent change in rate		Rate			Percent change in rate	
	1970	1971	1972	1970-71	1971-72	1970	1971	1972	1970-71	1971-72
15-44	21.6	17.7	17.4	-18.1	-1.7	80.1	69.1	65.4	-13.7	-5.4
15-19	17.9	14.9	15.3	-16.8	2.7	102.0	87.6	85.5	-14.1	-2.4
20-24	34.2	26.2	24.9	-23.4	-5.0	123.5	106.3	101.6	-13.9	-4.4
25-34	26.0	21.9	20.7	-15.8	-5.5	58.5	49.2	42.7	-15.9	-13.2
35-44	6.4	5.5	5.0	-14.1	-9.1	12.2	10.0	8.5	-18.0	-15.0

SOURCE: Appendix II, Table A.

TABLE 6 Legal abortions per 1,000 unmarried women, by age, California residents

Age	July, 1970- June, 1971	July, 1971- June, 1972	Percent change
15-44	35.6	45.4	27.5
15-19	30.8 ^a	41.2 ^a	33.8
20-24	55.0	66.1	20.2
25-44	28.6 ^b	36.5 ^b	27.6

^aRate relates abortions for women under 20 to estimated number of women aged 15-19.

^bRate relates abortions for women 25 and over to estimated number of women aged 25-44.

SOURCE: Appendix II, Tables F, G.

in the illegitimate birth rate for first and second births (respectively, 13.5 and 13.3 for first births and 4.0 and 4.0 for second births), the rate for third and higher order births fell by 7.8 percent, from 5.1 to 4.7 (see Appendix II, Table E).

Although young unmarried women experienced either an increase or a relatively lesser decrease in fertility in 1972 compared to 1971, they also made somewhat greater use of legal abortion, as shown in Table 6. Indeed, it is remarkable that although abortion rates rose for unmarried women of all ages (28 percent between 1970-1971 and 1971-1972), unmarried teenagers experienced the greatest rise of all (34 percent), with their absolute rate in 1971-1972 reaching 41.2 legal abortions per thousand. However, in 1971-1972, as in the previous 12 months, it was unmarried women aged 20-24 who experienced the highest rate of legal abortion (66.1 per thousand in 1971-1972).

Thus it seems that there are strong pressures toward illegitimate childbearing that are counteracting a high rate of use of legal abortion among young unmarried women. For example, studies indicate that young unmarried women are not only beginning sexual intercourse earlier, but are also engaging in it with more partners than before (Kantner and

Zelnik, 1972; Davis, 1971). Hence, unwed women in the young childbearing ages today are probably more exposed to the risk of pregnancy than before. Moreover, when young unmarried women do get pregnant, they appear to be less able, or less willing, to persuade the father to marry them and thus legitimize what would otherwise be an out-of-wedlock birth. As we shall see shortly, there is evidence suggesting that the incidence of such forced marriages has dropped recently. The increased risk of exposure to pregnancy and the greater difficulty of legitimizing an out-of-wedlock pregnancy through marriage thus constitute two strong pressures pushing up illegitimate fertility among young unwed women, pressures that have been offset, although not entirely successfully, by the high and increasing use of legal abortion among young women.

Although the birth rate among young unmarried women failed to decline as rapidly between 1971 and 1972 as between 1970 and 1971—and in the case of teenagers actually rose—the high rate of legal abortion of this group in 1971-1972 did exert an important influence upon the number of illegitimate children they delivered. Had legal abortion not been easily available, and had there been a continuation of the previous upward trend in the illegitimate birth rate, young women would have had considerably more illegitimate babies than they actually did. As Table 7 indicates, if the

1966-1970 trend in age-specific illegitimacy rates had continued through 1972, teenagers in that year would have had 22,882 illegitimate births, or 5,383 more than actually occurred, and women aged 20-24 would have had 17,049 illegitimate births, or 4,243 more than occurred. The number of illegitimate births "averted" through legal abortion was substantially lower, however, among the older women, who also had lower rates of legal abortion.

Our findings regarding age, abortion, and fertility among unmarried women thus appear to buttress the argument that the effect of abortion peaked in 1971. The illegitimate birth rate generally did not continue in 1972 the same rapid decline of the previous year; the downward trend in nonmarital reproduction among white teenagers reversed; and increased abortion use did not cope with either of these trends. Consequently, there may be a limit to the effectiveness of legalized abortion as a fertility depressant. Apparently the motivational and situational factors pressing toward illegitimate childbearing are sufficiently strong to compensate for, and in some cases even overcome, the downward pressures exerted by the availability of legal abortion.

AMONG MARRIED WOMEN

Sharper declines appeared in legitimate than illegitimate fertility in each

TABLE 7 Expected and actual number of illegitimate births, California residents, 1972

Age	Expected ^a	Actual	Difference
15-44	51,878	40,171	11,707
15-19	22,882	17,499	5,383
20-24	17,049	12,806	4,243
25-34	10,256	7,917	2,339
35-44	1,691	1,277	414

^aProjection to 1972 of average annual change between 1966 and 1970 in age-specific illegitimate birth rates. SOURCE: Appendix II, Table C.

TABLE 8 Legitimate births per 1,000 married women by age, California residents

Age	Rates				Percent change in rates		
	1969	1970	1971	1972	1969-1970	1970-1971	1971-1972
15-44	120.1	122.1	109.5	98.4	1.7	-10.3	-10.1
15-19	390.8	409.6	354.7	333.8	4.8	-13.4	- 5.9
20-24	248.2	247.9	220.3	194.2	-0.1	-11.1	-11.8
25-34	126.6	127.6	114.1	102.8	0.8	-10.6	- 9.9
35-44	21.4	20.7	18.3	15.9	-3.3	-11.6	-13.1

SOURCE: Appendix II, Table A.

age group between 1971 and 1972. Birth rates among the oldest married women evidenced the greatest relative declines, although all age groups except teenagers showed roughly the same relative decline in marital fertility between 1971 and 1972 as in the previous year (Table 8).

The teenage legitimate birth rate is quite interesting in that it shows a pattern of change similar to that of the illegitimate birth rate. That is to say, teenage legitimate fertility rose in 1969 and 1970, dropped sharply in 1971, and dropped more slowly in 1972. Since a high proportion of births occurring to married teenagers are in fact premaritally conceived (US Department of Health, Education and Welfare, 1970), this recent decline in the teenage legitimate birth rate suggests that the incidence of forced marriages has also dropped. One important factor behind the drop in teenage legitimate fertility appears to have been the relatively high rate of use of legalized abortion among unmarried teenagers. As noted previously, legal abortion rates for unmarried teenagers rose sharply between 1971 and 1972. This rising rate of legal abortion among unwed teenagers, combined with the declining teenage legitimacy rate, suggests that the increased availability of legal abortion had the impact of reducing the rate of premaritally conceived legitimate births among California teenagers and the forced marriages these births necessitated.*

With respect to marital fertility, it was noted above that older women experienced the greatest relative declines between 1971 and 1972. However, as shown in Table 9, their rate of legal

TABLE 9 Legal abortions per 1,000 married women, California residents

Age	July 1970- June 1971	July 1971- June 1972
15-44	8.6	11.5
15-19	18.6 ^a	25.5 ^a
20-24	12.2	16.9
25-44	7.2 ^b	9.5 ^b

^aRate relates abortions for women under 20 to estimated number of women aged 15-19.

^bRate relates abortions for women 25 and over to estimated number of women aged 25-44.

SOURCE: Appendix II, Tables F, G.

abortion was much less than that of younger married women. This indicates that older women were using other means of birth control, and that their lowered fertility resulted largely from influences other than the increased availability of legal abortion.

The decline in legitimate birth rates for older married women reflects a cutting off of higher-order births to an even greater extent than was the case with the decline in illegitimate fertility. Significantly, this is a continuation of a pattern that has prevailed throughout the 1960s and early 1970s in which older women were completing their childbearing at relatively young ages, while younger women were delaying starting their reproductive careers. As shown in Table 10, legitimate birth rates for third- and higher-order births fell between 1966 and 1972, whereas rates for first and second births fell much less. Rates for first and second births actually rose between 1966 and 1970, but this rise was cut short in 1971 and

1972, when these rates fell. The rise between 1966 and 1970 reflected the entry into the childbearing ages of the relatively large cohorts of women born during the baby boom. The decline between 1970 and 1972 in first- and second-order legitimate birth rates indicates that, among married women in these cohorts who already had one or two children, many decided to postpone having the second or third, while among those who had not yet had a first birth, many decided to delay childbearing even longer.

The future of population growth in California will depend in large part upon the future childbearing behavior of young women who are currently delaying having their first and second births. Because these women may decide in the future to "make up" these postponed births, there is great potential for a rapid rise in period fertility in the next few years (Blake, 1974).

Race Differences in Fertility and Abortion

As noted earlier, declines in illegitimate fertility were experienced by white and black women of all ages with the exception of white teenagers. With respect to legitimate fertility, white and black women shared declines in all age groups between 1971 and 1972. Although the drop in legitimate fertility was greater than the drop in illegitimate fertility for both groups of women, the magnitude of the declines was greater for black women (Table 11). The greater decline in fertility for black women is also found for the prior period from 1966 to 1971. Thus, during the entire seven-year period the legitimate birth rate for blacks dropped 36 percent, compared to 19 percent for whites. In fact, the drop in marital fertility for blacks has been so striking that their legitimate birth rate in 1972—92.3—was slightly below that for whites—99.2. For both

TABLE 10 Legitimate births per 1,000 women aged 15-44 by birth order, California residents

Year	All birth orders	First births	Second births	Third and higher order births
1972	98.4	39.3	31.7	27.4
1971	109.5	42.6	33.7	33.2
1970	122.1	46.6	36.5	38.9
1966	122.4	41.4	32.8	48.2

SOURCE: Appendix II, Table E.

* It would be desirable if, as with illegitimate births, we could estimate forced marriages prevented by the increased availability of legal abortion. Unfortunately, this is currently impossible: although some beginnings have been made, methods have not yet been sufficiently developed to permit separating legitimate birth statistics on an annual basis according to premarital or postmarital conception.

TABLE 11 Live births per 1,000 women aged 15–44, by birth order, California residents

Race and year	Legitimate			Illegitimate		
	All birth orders	First and second births	Three plus births	All birth orders	First and second births	Three plus births
Black						
1972	92.3	59.3	33.0	65.4	50.0	15.4
1971	109.7	66.2	43.4	69.1	51.1	18.0
1970	126.4	73.7	52.7	80.1	58.0	22.0
1966	144.5	70.5	74.0	69.2	45.0	24.2
White						
1972	99.2	71.8	27.4	17.4	13.9	3.5
1971	110.2	77.5	32.6	17.7	13.9	3.8
1970	122.8	84.3	38.4	21.6	17.0	4.5
1966	121.9	75.0	46.8	18.1	13.5	4.6

SOURCE: Appendix II, Table E.

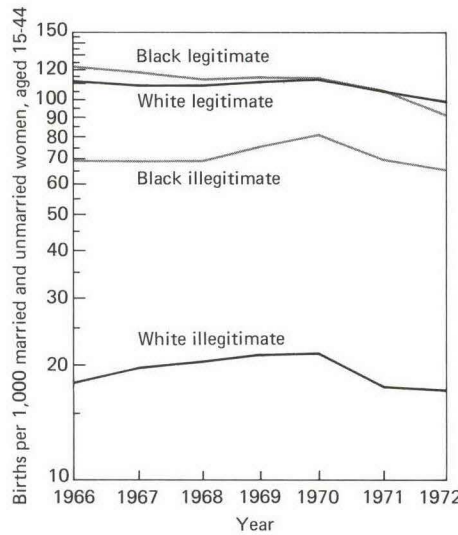
racial groups, illegitimate birth rates declined less than legitimate, but here again blacks experienced greater declines than whites (5.5 percent compared to 3.9 percent). The seven-year trend for black and white women is shown in Figure 3.

To a considerable extent, the dramatic drop in fertility for black women reflects the cutting off of higher-order births. As shown in Table 11, legitimate birth rates for third- and higher-order births to black women fell from 74 per thousand in 1966 to 33 per thousand in 1972. Illegitimate birth rates for third- and higher-order births to black women fell from 24 to 15 per thousand. Among white women, rates for third- and higher-order births were much lower to begin with in 1966, and their decline to 1972 was much less.

Because both marital and nonmarital fertility have been declining faster among black than among white women, overall fertility rates for the two races were much closer in 1972 than in 1966. In 1972, the general fertility rate (legitimate and illegitimate births combined) per thousand women aged 15–44 was 78 for black women and 67 for white women; in 1966 the rates were 107 for black women and 85 for white women (see Figure 4).

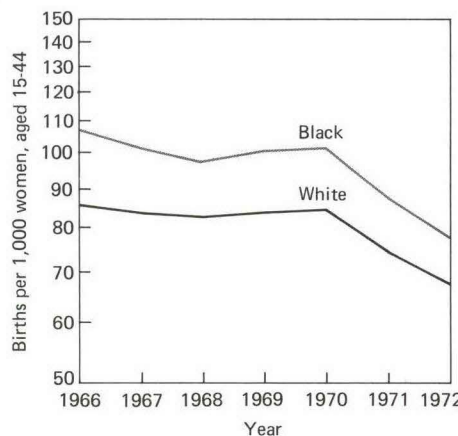
The higher level of fertility in the black population does not signify a low level of legal abortion use. As shown in Table 12, legal abortion rates for black women, regardless of marital status, not only are substantially higher than the rates for white women, but they have been increasing faster (that is, the percent change in the rate has been consistently greater for blacks than for whites). In the period affecting 1971 and 1972 births, the legal abortion rate rose 35 percent for black women (from 38 to 51

Figure 3 Estimated birth rates by legitimacy status and race of mother: California, 1966–1972



Source: Appendix II, Table A.

Figure 4 General fertility rates for white and black women: California, 1966–1972



Source: Appendix II, Table A.

per thousand) and 26 percent for white women (from 17 to 22 per thousand). The higher legal abortion rate and the greater percent change in the rate for black than for white women in these two years were also accompanied by higher ratios of abortions to births for black than for white women. In 1971–1972, the ratio of legal abortions per thousand live births was 646 for black and 322 for white women. This higher abortion/birth ratio for black women is a relatively new phenomenon. In 1968–1969, when legal abortion rates for black women were much lower and their birth rates much higher, their abortion/birth ratio was 21.9, approximately the same as the abortion/birth ratio of 22.0 for white women.

The greater use of abortion by black women in combination with their higher total fertility indicates that they have a higher incidence of pregnancy than white women. Adding births in 1972 to the legal abortions performed six months earlier, we obtain a recorded pregnancy rate for black women of 129 per thousand compared to a rate of 89 per thousand for white women. For black women, it appears to have been the availability of legal abortion, coupled with other means of contraception, probably tubal ligations among older black women in particular, which has permitted them to reduce their fertility in recent years.

The decline in fertility among black women, and the tendency for the general fertility rate to converge for black and white women, cannot be interpreted to mean that illegitimacy is disappearing in the black population. Despite the declines that have occurred in the illegitimate birth rate for black women, their rate in 1972 remained almost four times that of white women (Table 11). Further, because legitimate fertility has fallen much faster than illegitimate fertility in the black population, the proportion of black babies born out of wedlock has shown a substantial rise. Whereas in 1966 a third of black babies were born out of wedlock, by 1972 the figure had climbed to almost one-half (Table B).

Summary and Conclusion

The initially strong impact of widely available legal abortion on California fertility in 1971 seemed to signal the start of a significant downward trend in

TABLE 12 Legal abortion rates and abortion/birth ratios by race, California residents

Year	Legal abortions per 1,000 women aged 15-44		Abortions per 1,000 live births	
	Black	White	Black	White
1971-1972	51.2	21.9	645.9	322.4
1970-1971	37.9	17.4	424.8	231.8
1969-1970	11.5	7.5	112.3	89.3
1968-1969	2.2	1.9	21.9	22.0

SOURCE: Appendix II, Tables D, H.

both legitimate and illegitimate births, most notably the latter. The experience of 1972 did not, however, meet such expectations, for although legitimate birth rates continued descending as rapidly in 1972 as in 1971, illegitimacy rates lost their apparent momentum and declined much less. Nevertheless, unmarried women continued to be the primary recipients of legal abortions, and legal abortion continued to have a greater influence upon illegitimate than upon legitimate fertility. Even though the illegitimate birth rate did not decline as much in 1972 as in 1971, projection of past trends in out-of-wedlock reproduction indicated that if these trends had continued without easily available legal abortion, almost 12,000 additional illegitimate births would have occurred.

The failure of the 1972 illegitimate birth rate to continue its rapid decline of the previous year, the tendency of illegitimacy to remain at a fairly high level, and the startling rise in illegitimacy among white teenagers suggest that, despite the availability of legal abortion, many women are deliberately choosing unwed motherhood. Thus, although the means of prevention are clearly at hand, illegitimacy seems to be far from disappearing. It therefore remains important to understand illegitimacy better than we now do, particularly the influences motivating women to make this choice, and, even more important, the effect that being born illegitimate has on the later development of the child (Davis, 1972). If the experience of California in 1972 is used as a criterion, legal abortion will have future importance in holding down illegitimate and legitimate fertility, but it is problematic that it will again have the same sharp downward effect that it had in 1971.

Appendix I: Methods of Estimation

In analyzing fertility levels in 1972, we used the following definitions and estimating procedures:

Definition of unmarried women: Denominators for rates used in this report were calculated on the assumption that unmarried women included separated women as well as those single, widowed, and divorced. Although separated women are not always included with the unmarried in denominators for rates by marital status, we have included them in the unmarried group in the California data for reasons discussed in the first statistical report on illegitimacy in California (Berkov and Shipley, 1971).

Estimating percent of women unmarried: The decennial censuses are the only sources of data on the marital status distribution of women in California. The percents of married and unmarried women by age groups for 1966 to 1969 were estimated by linear interpolation using census data for 1960 and 1970. In this ten-year period, the proportion of unmarried women in the childbearing ages increased substantially. In the calculation of 1971 birth rates, we assumed a continuation of the upward trend in the percent unmarried, but in order to obtain a conservative estimate of the decline in the illegitimate birth rate that occurred between 1970 and 1971, we assumed that the percent unmarried was no longer increasing as fast as it had been in the previous ten years. For 1971, we assumed that the increase in percent unmarried was half the annual average increase between 1960 and 1970. For 1972, we calculated illegitimate and legitimate birth rates using several assumptions about the trend in percent unmarried. Since all methods used produced very similar results, we have made the same assumption for 1972 as that used for 1971 (that is, projection to 1972 of half the average annual increase in the percent unmarried between 1960 and 1970).

Estimating legal abortions: The abortion data presented in this report were developed as part of an effort to keep track of abortion and birth trends on as

current a basis as possible. Abortion, birth, and population estimates were compiled on a quarterly basis, and a computer program produced quarterly abortion and birth rates with the abortion data lagged six months behind the births. The abortion rates presented in this report are a summation of the quarterly rates for fiscal year periods July of each year through June of the following year.

Since passage of the Therapeutic Abortion Act in November 1967, hospitals performing abortions have submitted quarterly reports that have varied somewhat in their content. Until the end of 1970, the reports provided patient characteristics, including age, race, marital status, and residence. Beginning in 1971, because of the increased volume of statistical reporting, the reporting system was modified so that quarterly totals for each hospital were available, but detailed characteristics of abortion patients were available only for the first quarter of the year. A further complication was that the new system involved a new set of reporting forms, and for the first quarter of 1971 a question on residence was omitted. This was again added to the form, along with certain other revisions, for collection of detailed data in the first quarter of 1972.

In order to obtain for this study quarterly figures on legal abortions by age, race, and marital status for California residents only, it was possible to use data from hospital reports for 1968 through 1970. For 1971 and the first two quarters of 1972, however, patient characteristics had to be estimated. For 1971, this was done by interpolating the patient characteristics given in the last quarter of 1970 (the first quarter of 1971 was not used because there was no way to eliminate nonresidents) and the first quarter of 1972. For 1972, first quarter data were used directly and it was assumed that patient characteristics in the second quarter were the same as in the first quarter.

Appendix II: Tables A–H

TABLE A Estimated birth rates by legitimacy status, race of mother, and age of mother: California residents, 1966–1972

Type of birth rate and year	All races					White ^a					Black ^a				
	15–44 ^b	15–19	20–24	25–34	35–44 ^c	15–44 ^b	15–19	20–24	25–34	35–44 ^c	15–44 ^b	15–19	20–24	25–34	35–44 ^c
Illegitimate															
1972	22.0	20.7	31.3	23.5	5.4	17.4	15.3	24.9	20.7	5.0	65.4	85.5	101.6	42.7	8.5
1971	22.6	20.4	32.8	25.4	6.1	17.7	14.9	26.2	21.9	5.5	69.1	87.6	106.3	49.2	10.0
1970	27.0	24.1	41.3	29.9	7.2	21.6	17.9	34.2	26.0	6.4	80.1	102.0	123.5	58.5	12.2
1969	26.0	22.8	41.6	28.9	7.0	21.2	17.1	36.1	25.1	6.1	74.5	95.9	112.2	55.6	12.6
1968	24.6	21.1	41.0	27.8	7.1	20.4	16.2	36.5	24.2	6.2	69.2	88.8	102.6	54.0	13.2
1967	23.8	20.0	40.3	28.2	7.7	19.6	15.0	36.1	24.5	6.7	69.2	90.1	99.4	56.2	14.0
1966	22.5	18.2	40.4	28.8	7.3	18.1	13.5	35.2	24.2	6.3	69.2	84.8	107.5	60.8	14.1
Legitimate															
1972	98.4	333.8	194.2	102.8	15.9	99.2	342.2	195.5	102.8	15.3	92.3	286.4	192.3	83.9	17.4
1971	109.5	354.7	220.3	114.1	18.3	110.2	364.2	221.3	114.0	17.7	109.7	330.2	223.2	101.0	22.6
1970	122.1	409.6	247.9	127.6	20.7	122.8	418.1	249.5	127.4	20.0	126.4	405.2	254.4	117.0	26.2
1969	120.1	390.8	248.2	126.6	21.4	120.6	392.7	249.9	127.0	20.7	128.9	449.5	255.8	117.3	27.2
1968	117.7	388.9	249.8	122.6	22.0	118.1	388.9	252.3	122.6	21.3	127.4	473.9	248.4	117.0	26.5
1967	119.1	399.2	259.3	122.5	23.8	119.1	395.6	261.7	122.0	23.1	134.4	495.0	263.0	124.6	29.6
1966	122.4	410.6	272.9	127.0	25.8	121.9	410.6	274.6	125.7	25.1	144.5	504.8	287.8	139.4	32.7
All live births															
1972	67.6	55.2	121.2	84.9	13.8	67.3	52.2	121.8	85.6	13.4	77.5	105.0	141.1	67.0	13.8
1971	74.7	58.2	137.4	94.3	15.9	74.3	55.1	138.4	94.9	15.4	87.6	111.8	157.9	80.0	17.6
1970	84.6	68.8	158.0	106.1	18.1	84.1	65.1	159.3	106.8	17.5	101.6	133.2	182.4	93.6	20.6
1969	83.9	67.6	161.1	105.8	18.6	83.5	63.7	163.1	106.8	18.1	100.4	134.8	179.1	93.1	21.5
1968	82.7	68.2	164.4	103.0	19.2	82.4	64.6	167.5	103.6	18.7	97.5	133.4	172.7	92.9	21.4
1967	83.9	70.5	172.8	103.6	20.9	83.5	66.7	176.0	103.8	20.4	101.6	139.9	180.7	99.1	23.8
1966	86.3	72.7	184.1	107.9	22.5	85.5	69.5	186.5	107.2	21.9	107.5	139.0	200.0	110.8	26.0

NOTE: Rates are per 1,000 unmarried (illegitimate), married (legitimate), and total women. Unmarried women are those single, widowed, divorced, or separated.
^aFor 1966–1969, births by race of mother (numerators for rates) were estimated from births by race of child using 1970 ratios. Prior to 1970, California births were classified by race of child only. Since 1970, they have been classified by race of mother, race of father, and race of child.

^bRates computed by relating total births, regardless of age of mother, to estimated number of women aged 15–44.

^cRates computed by relating births to mothers aged 35 and over to estimated number of women aged 35–44.

SOURCE: State of California, Department of Public Health, Birth Records; State of California, Department of Finance, population estimates prepared December 1971 and November 1972; 1970 Census of Population, General Population Characteristics, California, Tables 19, 22; 1960 Census of Population, Vol. 1, Part 6, Table 105 and Subject Reports PC(2)-1C, Table 19.

TABLE B Illegitimacy ratios (illegitimate live births as percent of total live births) by race of mother and age of mother: California residents, 1966–1972

Race and age of mother	1972	1971	1970	1969	1968	1967	1966
All races	13.1	12.1	12.6	11.9	11.2	10.5	9.4
Under 15	79.5	84.3	81.5	82.2	83.1	83.1	82.5
15–19	33.4	31.1	31.0	29.5	27.0	24.6	21.5
20–24	11.6	10.6	11.4	10.9	10.2	9.2	8.4
25–29	6.2	5.8	6.0	5.8	5.5	5.5	5.2
30–34	6.4	6.4	6.5	5.9	5.8	5.5	5.3
35 and over	7.8	7.5	7.8	7.1	6.9	6.7	5.8
White^a	10.1	9.2	9.8	9.5	9.1	8.4	7.4
Under 15	70.2	76.5	70.6	76.5	76.9	75.1	73.3
15–19	26.0	23.9	24.2	23.5	21.7	19.4	16.7
20–24	8.8	8.1	9.0	9.0	8.6	7.8	6.9
25–29	5.0	4.6	4.9	4.6	4.5	4.4	4.1
30–34	5.3	5.2	5.1	4.8	4.6	4.4	4.1
35 and over	6.9	6.5	6.7	6.0	5.7	5.6	4.7
Black^a	46.2	42.9	42.3	38.9	36.5	34.2	31.6
Under 15	94.9	96.8	96.1	89.3	90.9	93.5	93.5
15–19	73.5	70.5	68.7	63.3	58.8	56.5	53.2
20–24	40.7	37.6	37.2	33.5	30.8	27.7	26.2
25–29	27.0	25.2	24.7	23.9	22.1	21.1	19.7
30–34	25.3	24.3	25.9	22.1	22.4	21.1	20.4
35 and over	25.2	23.0	23.6	22.7	23.5	22.0	19.8

^a For 1966–1969, births by race of mother were estimated from births by race of child using 1970 ratios. Prior to 1970, California births were classified by race of child only. Since 1970, they have been classified by race of mother, race of father, and race of child.

SOURCE: State of California, Department of Public Health, Birth Records.

TABLE C Number of live births by legitimacy status, race of mother, and age of mother: California residents, 1966, 1970-1972

Race and age	Legitimacy Status and Year											
	Illegitimate						Legitimate					
	Expected		Actual				Expected		Actual			
	1972 ^a	1971 ^a	1972	1971	1970	1966	1972 ^a	1971 ^a	1972	1971	1970	1966
All races												
All ages ^b	51,878	48,722	40,171	39,912	45,593	31,804	325,854	322,268	266,204	289,914	317,059	305,819
15-19	22,882	20,956	17,499	16,726	18,888	12,819	42,703	42,696	34,830	36,989	42,125	46,698
20-24	17,049	16,707	12,806	13,222	15,615	10,303	118,634	122,838	97,833	111,955	121,668	112,520
25-34	10,256	9,376	7,917	7,887	8,793	6,582	147,409	138,246	118,362	123,422	133,234	119,869
35+	1,691	1,683	1,277	1,419	1,676	1,627	17,108	18,488	14,991	17,410	19,863	26,610
White ^c												
All ages ^b	34,980	33,072	26,821	26,522	31,052	22,204	293,118	290,335	239,217	260,919	286,116	276,287
15-19	14,787	13,632	11,243	10,685	12,345	8,531	39,541	39,157	32,075	33,954	38,597	42,587
20-24	11,687	11,576	8,620	8,930	10,996	7,712	107,701	112,026	88,890	101,919	111,107	103,274
25-34	7,295	6,647	5,644	5,514	6,187	4,582	131,277	123,277	105,264	109,935	119,122	106,867
35+	1,211	1,217	950	1,041	1,222	1,167	14,599	15,875	12,821	14,987	17,144	23,465
Black ^c												
All ages ^b	15,803	14,625	12,420	12,450	13,602	9,124	18,064	18,393	14,450	16,595	18,531	19,723
15-19	7,670	6,965	5,928	5,738	6,231	4,138	2,648	2,769	2,134	2,404	2,842	3,647
20-24	5,000	4,738	3,865	3,950	4,277	2,450	6,956	7,242	5,630	6,569	7,206	6,910
25-34	2,744	2,525	2,044	2,145	2,396	1,860	7,291	7,139	5,785	6,470	7,158	7,458
35+	389	397	297	341	404	418	1,169	1,243	883	1,142	1,311	1,690

NOTE: For comparable data for 1967, 1968 and 1969, see Berkov and Sklar, 1972.
^aExpected assuming 1966-1970 age-specific trends had continued in 1971 and 1972 (i.e., projection to 1971 and 1972 of average annual change in age-specific illegitimate and legitimate birth rates).
^bIncludes births to mothers under age 15 and of unknown age.
^cFor 1966, births by race of mother were estimated from births by race of child using 1970 ratios. Prior to 1970, California births were classified by race of child only. Since 1970, they have been classified by race of mother, race of father, and race of child.
 SOURCE: State of California, Department of Public Health, Birth Records.

TABLE D Estimated number and rate of legal abortions by marital status and race: California residents, 1968-1969 to 1971-1972

Race and year ^a	Number			Rate		
	Unmarried	Married	Total	Unmarried	Married	Total
All races						
1971-72	82,573	30,461	113,034	45.4	11.5	25.3
1970-71	62,136	22,521	84,884	35.6	8.6	19.4
1969-70	24,991	8,669	33,815	15.0	3.3	7.9
1968-69	5,722	2,068	7,837	3.6	.8	1.9
White						
1971-72	62,318	23,462	85,780	40.5	9.9	21.9
1970-71	48,727	17,750	66,618	32.8	7.6	17.0
1969-70	21,027	7,192	28,320	14.7	3.1	7.5
1968-69	4,999	1,799	6,831	3.7	.8	1.9
Black						
1971-72	13,708	3,648	17,356	73.0	24.1	51.2
1970-71	9,550	2,747	12,337	54.0	18.5	37.9
1969-70	2,695	890	3,609	16.2	6.1	11.5
1968-69	510	153	670	3.3	1.1	2.2

NOTE: Rates are per 1,000 unmarried, married, and total women aged 15-44. Unmarried women are those single, widowed, divorced, or separated.
^aYear refers to periods between July of one year through June of the next year (fiscal year).
 SOURCE: State of California, Department of Public Health, Therapeutic Abortion Reports. See Table A for sources of denominators.

TABLE E Estimated birth rates by legitimacy status, race of mother, and live birth order: California residents, 1966, 1970-1972

Legitimacy status and year	All races				White ^a				Black ^a			
	All birth orders	First births	Second births	3 plus births	All birth orders	First births	Second births	3 plus births	All birth orders	First births	Second births	3 plus births
Illegitimate												
1972	22.0	13.3	4.0	4.7	17.4	11.0	2.9	3.5	65.4	36.0	14.0	15.4
1971	22.6	13.5	4.0	5.1	17.7	11.0	2.9	3.8	69.1	36.7	14.4	18.0
1970	27.0	16.2	4.6	6.2	21.6	13.7	3.3	4.5	80.1	41.2	16.8	22.0
1966	22.5	12.6	3.6	6.3	18.1	10.8	2.7	4.6	69.2	31.7	13.3	24.2
Legitimate												
1972	98.4	39.3	31.7	27.4	99.2	39.9	31.9	27.4	92.3	30.1	29.2	33.0
1971	109.5	42.6	33.7	33.2	110.2	43.4	34.1	32.6	109.7	33.2	33.0	43.4
1970	122.1	46.6	36.5	38.9	122.8	47.5	36.8	38.4	126.4	36.9	36.8	52.7
1966	122.4	41.4	32.8	48.2	121.9	42.1	32.9	46.8	144.5	37.0	33.5	74.0
All live births												
1972	67.6	28.8	20.5	18.3	67.3	28.6	20.7	18.0	77.5	33.3	20.8	23.4
1971	74.7	31.0	21.8	21.8	74.3	30.8	22.0	21.5	87.6	35.1	22.9	29.7
1970	84.6	34.6	23.9	26.1	84.1	34.6	24.0	25.5	101.6	39.2	26.1	36.3
1966	86.3	31.0	22.3	33.1	85.5	31.1	22.3	32.1	107.5	34.4	23.5	49.6

NOTE: Rates are per 1,000 unmarried (illegitimate), married (legitimate), and total women aged 15-44. Unmarried women are those single, widowed, divorced, or separated.

^a For 1966, births by race of mother (numerators for rates) were estimated from births by race of child using 1970 ratios. Prior to 1970, California births were classified by race of child only. Since 1970, they have been classified by race of mother, race of father, and race of child.

SOURCE: State of California, Department of Public Health, Birth Records; State of California, Department of Finance, population estimates prepared December 1971 and November 1972; 1970 Census of Population, General Population Characteristics, California, Tables 19, 22; 1960 Census of Population, Vol. 1, Part 6, Table 105 and Subject Reports PC(2)-1C, Table 19.

TABLE F Estimated number and rate of legal abortions by marital status, race, and age: California residents, July 1971-June 1972

Race and age	Number			Rate		
	Unmarried	Married	Total	Unmarried	Married	Total
All races, 15-44 ^a	82,573	30,461	113,034	45.4	11.5	25.3
Under 20 ^b	34,456	2,550	37,006	41.2	25.5	39.5
Under 15	1,626	10	1,636	e	e	e
15-19	32,830	2,540	35,370	39.3	25.4	37.8
20-24	27,400	8,386	35,786	66.1	16.9	39.3
25 and over ^c	20,717	19,525	40,242	36.5	9.5	15.3
25-34	17,384	14,235	31,619	52.6	12.8	21.9
35 and over ^d	3,333	5,290	8,623	14.1	5.6	7.3
White, 15-44 ^a	62,318	23,462	85,780	40.5	9.9	21.9
Under 20 ^b	26,708	2,010	28,718	36.6	22.4	35.0
Under 15	1,050	10	1,060	e	e	e
15-19	25,658	2,000	27,658	35.1	22.3	33.7
20-24	20,410	6,423	26,833	58.2	14.3	33.5
25 and over ^c	15,200	15,029	30,229	33.1	8.2	13.2
25-34	12,710	10,974	23,684	57.5	11.1	18.8
35 and over ^d	2,490	4,055	6,545	13.0	4.8	6.3
Black, 15-44 ^a	13,708	3,648	17,356	73.0	24.1	51.2
Under 20 ^b	5,318	355	5,673	78.4	50.7	75.8
Under 15	476	-	476	e	e	e
15-19	4,842	355	5,197	71.4	50.7	69.4
20-24	4,605	1,185	5,790	119.9	41.5	86.5
25 and over ^c	3,785	2,108	5,893	46.5	18.2	29.9
25-34	3,240	1,649	4,889	69.5	25.1	43.5
35 and over ^d	545	459	1,004	15.6	9.2	11.8

NOTE: Rates are per 1,000 unmarried, married, and total women. Unmarried women are those single, widowed, divorced, or separated.

^a Number of legal abortions includes those for women of all ages and of unknown age; rate of legal abortions relates these to number of estimated women aged 15-44.

^b Rate relates legal abortions for women under 20 to estimated number of women aged 15-19.

^c Rate relates legal abortions for women 25 and over to estimated number of women aged 25-44.

^d Rate relates legal abortions for women 35 and over to estimated number of women aged 35-44.

^e Rate not calculated.

SOURCE: State of California, Department of Public Health, Therapeutic Abortion Reports. See Table A for sources of denominators.

TABLE G Estimated number and rate of legal abortions by marital status, race, and age: California residents, July 1970–June 1971

Race and age	Number			Rate		
	Unmarried	Married	Total	Unmarried	Married	Total
All races, 15–44 ^a	62,136	22,521	84,884	35.6	8.6	19.4
Under 20 ^b	24,901	1,900	26,879	30.8	18.6	29.6
20–24	21,812	6,079	27,968	55.0	12.2	31.2
25 and over ^c	15,423	14,542	30,037	28.6	7.2	11.7
White, 15–44 ^a	48,727	17,750	66,618	32.8	7.6	17.4
Under 20 ^b	20,086	1,480	21,617	28.4	16.1	27.0
20–24	17,209	4,829	22,075	51.2	10.7	28.0
25 and over ^c	11,432	11,441	22,916	26.0	6.3	10.2
Black, 15–44 ^a	9,550	2,747	12,337	54.0	18.5	37.9
Under 20 ^b	3,508	280	3,805	55.0	39.6	53.7
20–24	3,170	849	4,034	87.0	29.4	61.8
25 and over ^c	2,872	1,618	4,498	37.5	14.3	23.7

NOTE: Rates are per 1,000 unmarried, married, and total women. Unmarried women are those single, widowed, divorced, or separated.

^a Number of legal abortions includes those for women of all ages and of unknown age; rate of legal abortions relates these to estimated number of women aged 15–44.

^b Rate relates legal abortions for women under 20 to estimated number of women aged 15–19.

^c Rate relates legal abortions for women 25 and over to estimated number of women aged 25–44.

SOURCE: State of California, Department of Public Health, Therapeutic Abortion Reports. See Table A for sources of denominators.

TABLE H Legal abortion/birth ratios by marital status, race, and age: California residents, 1968–1969 to 1971–1972

Marital status and year ^a	All races				White				Black			
	All ages	Under 20	20–24	25 and over	All ages	Under 20	20–24	25 and over	All ages	Under 20	20–24	25 and over
Unmarried												
1971–1972	2,055.5	1,898.3	2,139.6	2,253.3	2,323.5	2,302.2	2,367.7	2,305.1	1,103.7	856.4	1,191.5	1,616.8
1970–1971	1,556.8	1,488.8	1,649.7	1,657.3	1,837.2	1,879.8	1,927.1	1,744.0	767.1	611.4	802.5	1,155.3
1969–1970 ^b	548.1	—	—	—	677.2	—	—	—	198.1	—	—	—
1968–1969 ^b	136.0	—	—	—	170.2	—	—	—	42.8	—	—	—
Married												
1971–1972	114.4	72.9	85.7	146.4	98.1	62.4	72.3	127.3	252.5	165.2	210.5	316.1
1970–1971	77.7	51.4	54.3	103.3	68.0	43.6	47.4	91.6	165.5	116.5	129.2	212.6
1969–1970 ^b	27.3	—	—	—	25.1	—	—	—	48.0	—	—	—
1968–1969 ^b	6.7	—	—	—	6.4	—	—	—	8.2	—	—	—
Total												
1971–1972	368.9	696.3	323.4	282.3	322.4	655.2	275.2	242.5	645.9	678.7	609.8	654.1
1970–1971	257.4	500.4	223.4	200.1	231.8	484.3	199.1	174.3	424.8	467.3	383.5	445.4
1969–1970 ^b	93.2	—	—	—	89.3	—	—	—	112.3	—	—	—
1968–1969 ^b	22.2	—	—	—	22.0	—	—	—	21.9	—	—	—

NOTE: Unmarried women are those single, widowed, divorced, or separated. Ratios are legal abortions per 1,000 live births.

^a Abortions performed in each fiscal year related to births occurring in the subsequent calendar year.

^b Ratios by age groups not available.

SOURCE: Tables C, E, F, G.

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The Population Work of the World Bank

GEORGE B. BALDWIN, GEORGE C. ZAIDAN, and PETER C. MUNCIE

In the four years that the World Bank has been active in population activities, it has allocated over US\$65 million in project loans to seven countries. The primary focus of this assistance has been on developing or expanding family planning programs by providing technical assistance for program organization and management and funding for a wide range of physical facilities and program activities. This report will present a detailed review of the Bank-assisted population projects in Indonesia and India. As a preliminary to such a consideration, the Bank's philosophy and approach to this relatively new field of development assistance are presented.

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1. Bank Philosophy and Approach

GEORGE B. BALDWIN

The World Bank has been in existence for 27 years. During this period it has learned to operate both as a bank and as a development agency. As a bank, it has borrowed and lent money on normal commercial terms, requiring borrowers to meet high standards of project appraisal, and it has consistently earned a respectable profit.* As a development agency, the Bank has increasingly taken initiatives to make "bankable" certain activities that the Bank and others felt deserved a high priority for economic development.

* In 1960 the governments that own the Bank established a new legal and financial mechanism for adding some "soft" money to the Bank's "hard" money resources. The International Development Association (IDA) was created to permit the richer governments of the world to make grants to the Bank (legally, to IDA), which then lends these funds to the Bank's poorest countries on easy terms (for example, no interest charge and repayment over a 50-year period that includes an initial 10-year grace period before repayments begin). Whether a population project is financed with a Bank loan or an IDA credit depends on the Bank's analysis of a country's general economic condition and prospects, not on the type of activity being financed. In this article the term "World Bank" will be used to refer to both the Bank and to IDA.

Background on the Bank and IDA

Specific Bank policies and procedures grow out of its basic charter, laid down at Bretton Woods in 1946, as well as from internal Bank traditions and the legacies of its presidential leadership. The Bank's Articles of Agreement require that the Bank lend only for "productive projects" (with allowance for "exceptional circumstances"); this requirement forces the Bank to justify its individual operations in terms of their long-term effect on an economy's ability to yield higher living standards (the "productive" test), and it explains the Bank's commitment to a form of external assistance different from that used by many other development agencies, that is, the transfer of financial and technical assistance, and the encouragement of institution-building, through carefully prepared and closely supervised projects.

The Bank's understanding of what constitutes and what produces development has been continually expanding, especially in the last decade. For many years, "development" was defined in

terms of economic progress, and the Bank concentrated its lending activities heavily on transport and electric power, with industry and agriculture receiving smaller shares. The decade of the 1960s saw a major expansion in agricultural loans. The increased attention given to education throughout the world in the late 1950s led the Bank to recognize the importance of education investments to economic development, and, in 1962, the Bank established a new department to lend for education projects. During the past eleven years, the Bank has made nearly 80 education loans in about 50 countries. Although education projects (like population projects) are not revenue-producing, this does not affect loan repayment since it is the government itself, not the agency that uses the funds, that is responsible for repaying World Bank loans.

Robert S. McNamara, President of the World Bank since 1968, has been instrumental in further broadening the concept of development beyond the narrow limits of economic growth. Recognizing that the rapid population growth most countries are now experiencing undermines—and often cancels out—efforts to improve living standards, in 1970 the Bank began to finance projects designed to limit excessive population growth (see Table 1). The Bank's efforts in this area involve, however, much more than simply making money available to the governments that come to them with population projects. Their purpose is equally to assist governments in developing effective programs by providing technical assistance for both the development and implementation of projects. The Bank also attempts to educate opinion leaders to an awareness of the problem, chiefly through presidential addresses, public statements, and occasional publications such as the Bank's review of the population sector, *Population Planning* (1972). In addition, the Bank now incorporates into many of its country economic reviews an analysis of the demographic situation and its effect on living standards. It is hoped that these demographic profiles will contribute to a greater awareness by national leaders of

TABLE 1 World Bank/IDA lending for population projects (millions US\$)

Country	Date approved	Total project cost	Bank loan	IDA credit	Associated external financing agency	Government contribution ^a	Government contribution as percent of total cost
Jamaica	6/70	\$ 3.0	\$ 2.0		USAID \$.025	\$ 1.0	33
Tunisia	3/71	7.7		\$ 4.8	None	2.9	38
Trinidad and Tobago	5/71	4.6	3.0		None	1.6	35
Indonesia	3/72	33.0		13.2	UNFPA 13.2	6.6	20
India	5/72	31.8		21.2	SIDA 10.6	0	0
Malaysia	1/73	14.5	5.0		UNFPA 4.3	5.2	36
Iran	5/73	33.4	16.5			16.9	51
Total		\$128.0	\$26.5	\$39.2	\$28.125	\$34.2	

^aThe Bank and IDA do not normally finance 100 percent of the costs of a project; borrowers must be willing and able to carry some of the costs themselves.

their country's population problem and will stimulate them to action. These formal analyses are supplemented by frequent informal visits with government officials of member countries.

When the Bank announced its intention to enter the population field, fears were occasionally expressed, particularly in Latin America but also elsewhere, that the Bank would use its strong concern for limiting population growth to exert pressure on reluctant governments to accept population projects if they wished to secure World Bank loans in other sectors. Such fears have never been realized. The Bank recognizes that basic political, ethical, and social considerations—as well as the extent of demographic awareness—determine a government's population policy. The Bank wishes to assist only those countries that want to limit their population growth and to make others more aware of the economic and social implications of rapid population growth, always recognizing that the decision to pursue population limitation involves more than economic and social considerations.

Bank Objectives

In March 1972, the Bank published its sector working paper, *Population Planning*, which expressed its view of the world population problem and how this problem affects development. The paper sets out the Bank's philosophy of how projects designed to limit fertility can be justified. In effect the Bank recognizes three main grounds for encouraging the spread of information and services enabling couples to limit their fertility. The first is the environmentalists' or economists' concern for the size of a country's population in relation to available resources and particularly the need to take steps to curb and eventually to halt population growth. A second ra-

tionale for fertility limitation is the improvement of the health and welfare of mothers and children. It has been shown that maternal and infant morbidity and mortality are lower for families with fewer and wider-spaced children.

Governments should make their populations aware of this fact and should make available means for limiting fertility. Probably more governments are attracted to this second argument than wish to declare themselves in favor of limiting their overall population growth rate on purely economic grounds. The third justification for providing family planning services is based on the view that couples who wish to limit their fertility have a right to the knowledge and means of doing so. In recognizing these three levels of justification for the spread of family planning services, the Bank respects the freedom of individuals to make their own decisions about their fertility. However, it believes that this freedom cannot exist unless basic knowledge and choices are made available to a country's population. The Bank also believes that, as in all aspects of life, freedom of individual decision-making is not exercised in a vacuum but is influenced by a complex set of incentives and disincentives. So far as fertility is concerned, people's family-size decisions are undoubtedly influenced by tax provisions, family allowances, old-age pension rights, divorce laws, the legal age of marriage, rules governing housing allocations, and similar influences that make up the web of rules surrounding everyone's life. The Bank recognizes how little is known about the influence of such factors on fertility and urges study of and responsible experimentation with such factors. The Bank has written one technical assistance report dealing explicitly with these factors in one country, Singapore, whose government has

acted on a number of the suggestions made.

The Bank cannot expect to finance projects in any country whose government does not choose to request Bank assistance. Even where Bank assistance is wanted, the Bank must be very careful to respect the limits of public and political opinion and cultural sensitivities. Thus, the Bank does not insist that family planning projects be labeled as "population" projects if governments prefer other ways of describing their objectives (for example, family health and welfare). Similarly the Bank does not advocate specific methods of contraception, pregnancy termination, or public education where these are culturally unacceptable.

Constructing a System to Limit Fertility

The Population and Nutrition Projects Department, established in late 1969, is responsible for appraising requests for financial and technical assistance in the field of population. The Bank identifies nine distinct activities and areas that need attention if a family planning program is to be effective:

1. Program organization, management, and administration: the designation of a government agency to be responsible for the program, the writing of job descriptions and the determination of job qualifications for administrative and field staff, and the establishment of the agency's internal organization, functions, and procedures;

2. Physical facilities: the buildings, equipment, and vehicles used for dispensing services and for training, research, and administration;

3. Staff and training: the medical, paramedical, and other staff required and their basic and inservice training in family planning theory and methodology;

4. Contraceptive methods and sup-

plies: the methods offered by a program and the arrangements for procuring and distributing necessary supplies;

5. The delivery system: the relation of the family planning program, facilities, and staff to the country's established health service program; the role of the private sector, including voluntary agencies, private physicians, pharmacists, and other retail outlets; and policy on the pricing of supplies and services;

6. Information, education, and recruitment activities: the use of mass media, group, and face-to-face channels of communication, and the development and use of family life education materials in schools and adult groups;

7. Evaluation: the measurement and analysis of activities reported by service statistics, the measurement of demographic results through censuses and special studies, and the analysis of cost in relation to program results;

8. Finance: program costs, both capital and recurrent, and how these costs are to be met; and

9. Program planning: the integration of all the above into a consistent, feasible, and reasonably efficient plan of action for expanding and improving both supply and demand.

These are the topics considered in the sector reviews that the Bank conducts to develop the background knowledge necessary to identify and prepare a project it will assist. To date the Bank has conducted such reviews in seven countries, each resulting in a report submitted to the government in question.

What the Bank Finances

The Bank and IDA have no predetermined list of what they will and will not finance as part of a population project. Although the policy of the Population and Nutrition Projects Department precludes financing health facilities, material, equipment, or activities that have no clear relation to the provision of family planning services, within this limitation the range of items and activities typically financed is wide, as illustrated by the following list:

1. Buildings: clinics, maternity hospitals dispensing family planning services, training facilities for medical and paramedical personnel, administrative buildings;

2. Equipment: furniture and most equipment needed to make family plan-

ning buildings functional, office equipment, audiovisual equipment, and electronic data-processing equipment;

3. Vehicles: anything used for providing family planning services, for supervisory work, or for educational activities;

4. Activities: staff training, film-making, preparation of family life education materials, technical assistance (both outside consultants and resident experts), fellowships for overseas study, research studies and surveys, and experimental projects;

5. Other: large increases in recurrent costs (borrowing allows the borrower to adjust to sharp cost-increases by spreading funding over many years).

In all the Bank's population projects to date, the financing of health infrastructure (buildings, equipment, vehicles) has been the largest component in the project "package." This is likely to remain true, for two reasons. First, very few bilateral and international aid agencies offer financial assistance for the health sector; consequently, when an agency such as the World Bank comes forward with financing for health structures, many governments are interested. Second, a considerable amount of grant money is available from other agencies for program inputs other than hardware elements. The Bank frequently invites agencies with such funds to join it in cofinancing a project.

Although the Bank's major monetary input is for hardware elements, its major impact is in providing short-term technical assistance in assessing the broad strengths and weaknesses of a program; in identifying the steps needed to expand and strengthen a program; in helping to plan and carry out complex construction programs; and in finding appropriate long-term, resident technical assistance to carry on a program. Above all, the Bank conceives of its main role as one of assisting a government in building effective institutions that can function autonomously as quickly as possible. Where appropriate, Bank loans and IDA credits include "conditions"—specific obligations that the borrower agrees to carry out—designed to achieve institution-building goals.

Follow-up

Most Bank loans and IDA credits are disbursed over a period of three to five

years. During this time the Bank follows quite closely the progress of the project. The borrower is required to forward periodic reports (for example, on construction progress, program service statistics, the output of training institutions); more importantly, the Bank periodically sends representatives to visit projects in the field in order to learn things that cannot be learned from written reports and to assist the borrower in overcoming the problems that always arise during project execution.

Progress to Date

In the four years the Bank has been active in population, it has built up a modest staff of a dozen professionals, has learned to adapt its traditional project-lending approach to the wide set of activities involved in administering a program to reduce fertility, and has played an increasingly important role in educating leaders to the importance of the world population problem and to the relationship between population and economic growth in specific countries.

None of the Bank's first seven population projects is far enough along to give any clear indication of what long-term contribution they will make to increasing acceptors or decreasing fertility. The Bank does, of course, study *ex ante* the probable economic impact of projects, and in the initial project (in Jamaica in 1970) much time was invested in working out a cost/benefit methodology that was appropriate to population projects. Since that time less attention has been paid to cost/benefit and cost/effectiveness measures. This is because the Bank is so convinced that population projects are highly profitable uses of resources that it has not thought it necessary to keep proving the obvious. However, the Bank's confidence in the economic justification of population projects depends on their being carried out with reasonable efficiency, in the sense that programs do in fact succeed in recruiting and retaining significant numbers of new acceptors and that their costs do not become too high. Few Bank borrowers pay as much attention to evaluation work as is thought desirable, and the Bank hopes to persuade them to do more in this field as programs become better established. This is a field where technical assistance, the voluntary agencies, the universities, and funding agencies can all play important roles.

The two projects described in parts 2 and 3 are among the largest of the seven projects so far assisted by the Bank. Both involve joint financing by IDA and another associated external donor. The projects are roughly similar in total cost, and both are in large and important countries, but there the similarities end. The Indonesia project is directed primarily at scaling up the present national program, which is considerably younger than India's. It also

aims at broadening the national program by introducing new activities and at strengthening the national family planning agency by introducing some organizational changes and by providing outside technical assistance for a specified period. The India project has quite different objectives. Its principal aim is to discover new methods of increasing the number of acceptors in a program that has reached a plateau and that many feel has lost momentum. The

project represents a deliberate attempt to experiment with different combinations of program inputs to see what works best and to measure what different activities cost. The technical assistance for project entities will all come from within India. The project itself is not national in scope but is concentrated in two states: only after some years of testing alternatives in these two areas will conclusions be generated that might be applied nationally.

2. Indonesia: Launching a National Program

GEORGE C. ZAIDAN and PETER C. MUNCIE

Indonesia is the largest country in Southeast Asia and, with 120 million inhabitants, the most populous. Although it is also potentially the richest country in the area, the current average per capita income is only about US\$100. Two circumstances are largely responsible for the slow growth of per capita income since the end of colonial rule in 1945. First, only since 1967 has Indonesia begun to recuperate from the political and social turmoil it experienced up through the mid-1960s—and the consequent economic decline, government disorganization, and financial chaos—and to achieve sustained economic growth. Second, the impressive advances in economic development made in recent years are being largely offset—as they were in the 1950s—by a rapidly increasing population.

From 1951 to 1960, over half the increase in Indonesia's gross domestic product (GDP) at constant prices was offset by the 2.1 percent per year growth rate of the population. During 1961–1967, almost all of the annual increase in GDP of 2.6 percent was eliminated by a population growth rate of 2.4 percent. In 1967, per capita income declined. Since 1968 the GDP growth rate has been substantial, as can be seen below:

Year	Average annual percent change		
	Population growth	Total GDP	Per capita GDP
1951–60	2.1	3.8	1.7
1961–67	2.4	2.6	0.1
1967	2.5	1.0	-1.5
1968	2.5	6.9	4.3
1969	2.5	5.1	2.5
1970	2.6	7.9	5.3

Although the crude birth rate, estimated to be 48 per 1,000 in 1970, has remained almost constant during the last 30 years, the death rate has been steadily declining, largely as a result of bringing malaria, yaws, smallpox, and other potentially fatal diseases well under control. Consequently, the rate of natural increase rose from 2.13 percent per year in the 1950s to an estimated 2.6 percent in 1970 (with some demographers placing it as high as 2.9 percent). Because mortality will almost certainly continue to decline for some time to come, fertility levels must be reduced in order to slow down the rate at which the population is growing, and thus maintain the current annual increase in per capita GDP.

The Growth of Family Planning Efforts

As early as 1953 there was a small group of concerned private citizens in Indonesia who began to promote family planning. The political climate of the country for the next ten years was hostile to the concept of family planning, however, and the Indonesian Planned Parenthood Association (IPPA), formed in 1957 as an outgrowth of the early efforts, had to proceed cautiously. They were permitted to work in a few maternal and child health clinics operated by the Ministry of Health, but the advocacy of family planning was limited to encouraging mothers to space their children for health reasons. Primarily, their efforts were confined to providing information. By 1963, the IPPA had established a central headquarters and eight branches and had expanded their activities to in-

clude some training opportunities in Indonesia. The political and social disorganization of the mid-1960s largely destroyed the IPPA's coordination of efforts and cut them off from the international support they had only recently begun to receive.

With the change in government administration and political leadership in 1967 also came a change in the official attitude toward family planning, signalled by President Suharto's signing of the Declaration on Population drawn up by United Nations Secretary-General U Thant. In 1968, the National Indonesian Family Planning Institute was formed as an adjunct to the Ministry of People's Welfare. Two years later, the Institute was replaced, by Presidential Order, by a new National Family Planning Coordinating Board (NFPCB), which has the responsibility of coordinating the work of several ministries, institutions, and agencies involved in family planning activities.

In response to the government's request for assistance in developing the Indonesian national family planning program, late in 1969 a joint UN-World Bank-WHO mission spent two months in the country developing a proposal. On the basis of the mission's recommendations, President Suharto directed that a five-year plan be drawn up with a target of 6 million new acceptors between 1972 and 1976. Several missions from the International Bank for Reconstruction and Development (IBRD), the United Nations Fund for Population Activities (UNFPA), and various UN specialized agencies followed, over a two-year period, to develop specific projects within the overall framework set down in

the five-year plan. The final project, to be jointly financed by IBRD and UNFPA, was signed in 1972. Technical assistance in implementing various sub-programs will come from various UN specialized agencies, in particular WHO and UNICEF, and some private non-governmental organizations, such as the Population Council.

As evidence of the priority the Indonesian government attaches to their national family planning program, the decree setting up the National Family Planning Coordinating Board stipulated that the President of the Republic was directly responsible for the program and the State Minister of People's Welfare was responsible for program implementation. The NFPCB, which is part of the Ministry of People's Welfare, was set up to coordinate all program activities, make policy, draw up guidelines for implementation, and coordinate foreign aid.

Family planning services in Java and Bali, Indonesia's two most densely populated islands, are provided mainly by the Ministry of Health. Within the Ministry, a directorate is responsible for maternal and child health and family planning (MCH/FP). Execution of the Ministry's plan is primarily the responsibility of the provincial health departments, which have considerable autonomy because they finance most of their activities themselves. Administration of health services, including those for MCH/FP, progresses from the Ministry of Health in Jakarta, through the health department in each province, down to the regency, district, subdistrict, and village level. Because of the great autonomy exercised at the local level, the actual progress of the program de-

pends to a large extent on the attitudes and efforts of provincial and local leaders.

Since 1969, the program has consistently increased the number of new acceptors each year:

<i>Year</i>	<i>New acceptors</i>
1969	40,000
1970	132,000
1971	390,000
1972	700,000
1973 ^a	477,000

^aThrough March, 1973.

However, such progress has been observed in the initial phases of several national programs that subsequently reached a plateau after the highly motivated sections of the population had accepted family planning services. Furthermore, a plateau is often reached long before a significant proportion of the population has begun to practice family planning. The continued progress of the Indonesian national program will depend both on the speed and thoroughness with which family planning services are provided to the large rural population and on the desire of the population to limit their family size. Little is known about the population's attitude toward family planning. No nationwide knowledge, attitudes, and practice (KAP) study has yet been undertaken, although two small-scale studies done in 1967 revealed that a majority of each sample was favorably inclined toward family planning (Soewondo and Djoewari, 1971).

The IDA-UNFPA Project

The total project will cost US\$33 million over a five-year period. Forty percent (US\$13.2 million) will be borne by

an interest-free but repayable credit from the International Development Association. Matching that figure, the UNFPA has made a US\$13.2 million grant, and the Indonesian government will contribute US\$6.6 million toward the project. Although this project is a joint IDA-UNFPA effort, the IDA has agreed to undertake the disbursement of funds and project follow-up. A Project Implementation Unit has been created within the Indonesian National Family Planning Coordinating Board to execute the project.

The project is designed to expand and improve the existing national program in order to increase both the demand for and the supply of services. Seventy percent of the total project budget has been allocated for the expansion of paramedical education; training of medical, paramedical, and nonmedical workers in family planning; MCH/FP centers; salaries for nonmedical field workers; and program evaluation and research. Of the 70 percent distributed among these functions, a little over one-half will be used for the construction and equipping of training facilities and MCH/FP centers, which are crucial to the long-term effectiveness of the program; just over one-quarter will be used for operating costs, mainly the salaries of nonmedical field workers; and the remainder will be used for technical assistance and vehicles. A complete breakdown of the project's total budget is shown in Table 2. A more thorough description of the program's twelve components follows.

Paramedical Education

Almost four million dollars has been allocated for the construction of ten

TABLE 2 Estimated costs by activity, Indonesian family planning project (millions US\$)

<i>Activity</i>	<i>Civil works</i>	<i>Vehicles</i>	<i>Technical assistance</i>	<i>Equipment</i>	<i>Operating costs</i>	<i>Total</i>	<i>Percentage</i>
Paramedical education	3.90	0.06	n.a.	0.02	0.53	4.51	16.7
MCH/FP centers	3.77	n.a.	n.a.	n.a.	n.a.	3.77	14.0
Family planning training	2.12	0.15	0.20	0.07	0.53	3.07	11.4
Nonmedical field workers	n.a.	0.74	n.a.	n.a.	3.30	4.04	15.0
Evaluation/research	0.28	0.04	2.46	0.15	0.64	3.57	13.2
Family planning administration centers	0.81	0.03	n.a.	0.04	0.01	0.89	3.3
Transport requirements	n.a.	0.97	0.21	0.05	0.01	1.24	4.6
Hospital postpartum program	n.a.	0.02	0.10	0.04	1.71	1.87	6.9
Information and communications	n.a.	0.59	0.23	0.72	0.53	2.07	7.7
Population education	n.a.	0.01	0.73	0.08	0.16	0.98	3.6
Advisory team	n.a.	0.01	0.34	0.05	0.05	0.45	1.6
Project implementation unit	n.a.	n.a.	0.46	0.01	0.07	0.54	2.0
Total	10.88	2.62	4.73	1.23	7.54	27.00	100.0
Contingencies						6.00	
Total project cost						33.00	

n.a. = Not applicable.

training schools, serving the provinces of Java and Bali, which together will be capable of graduating 50 nurse-midwives and 490 auxiliary nurse-midwives annually. This increased supply of paramedical personnel will help to eliminate existing shortages but not exceed the number of personnel that provincial governments can absorb. With the present four-year training course for nurse-midwives, plus the time required to build additional schools and enlarge classes, the urgent demand for additional staff would not be met until 1979 at the earliest. To overcome the shortage sooner, a new cadre of professional staff—auxiliary nurse-midwives—requiring only two years of training, will be developed. These multipurpose health workers will be responsible for community health care, with the emphasis on maternal and child health and family planning.

MCH/FP Centers

RURAL

The project provides for the building of 199 rural, government MCH/FP centers in East Java and 34 in Bali to replace inadequate existing facilities. The new buildings will increase the number of centers at the district level by 35 percent and at the subdistrict level by 38 percent. The subdistrict MCH/FP center is the lowest level at which a full range of family planning services is regularly delivered. It is composed of field workers engaged in motivation and the dispensing of information, as well as staff essential for their support and supervision. It is also the headquarters of the midwife. In addition to providing family planning services, the subdistrict center gives particular attention to women recently delivered at home.

URBAN

Eleven MCH/FP centers will be built in Surabaya and 17 in Jakarta. Small neighborhood maternity units, with wards of 10–20 beds, rather than large hospitals, are planned in order to achieve wider geographic coverage, and to overcome the people's frequent suspicion of institutional facilities.

Family Planning Training

Six provincial training centers, one in each of Java and Bali's six provinces,

and ten subtraining centers will be constructed and equipped. The provincial training centers will be used for the in-service training of medical officers, supervisory midwives, MCH/FP midwives, auxiliary nurse-midwives, mass communication personnel, statistical staff, and administrators. To improve the expertise of the training staff, the project provides for 20 man-years of fellowships for overseas training. The ten subtraining centers will be responsible for training supportive workers at the village level (nonmedical field workers, group leaders, information officers, and social workers).

Nonmedical Field-Workers Program

The project will contribute to salaries for 7,000 nonmedical social workers for home visiting and family planning motivation, 1,400 additional group leaders, and other supervisory staff for the field-workers program. Vehicles to ensure the mobility necessary for effective guidance and supervision will also be provided. The continuous recruitment of increasingly larger numbers of new acceptors would be facilitated by the effective use of nonmedical field workers in face-to-face education and motivation. The training of these workers therefore constitutes one of the immediate priorities of Indonesia's family planning program.

Evaluation and Research

The National Family Planning Coordinating Board's present evaluation and management information system is not sufficient to handle an expanded national program. These capabilities will be extended by providing the services of a foreign advisor for two years and additional short-term consultants; fellowships for overseas training; salary support for additional staff, including a demographer, social scientist, and economist; and funding for short-term studies, in-country seminars, equipment, and vehicles. In addition, new posts for evaluation will be established at the provincial level with salary support provided by the project.

Family planning research is considered another important responsibility of the NFPCB. To assist the Board in this capacity, the project will provide technical assistance, training support, and

equipment for two institutes, the Institute of Demography and the Population Study Center of the Institute for Social and Economic Research, to carry out research projects designed to improve the operation of the program. These projects are currently being developed.

Funding has also been allocated for a Demonstration Field Postpartum Program, which will introduce the Taylor-Berelson concept of providing comprehensive family planning services jointly with maternal and child health services in rural areas. The project, to be located in Modjokerto Regency* in East Java, will be developed in association with the Population Council as part of the Council's comparative international MCH-Based Family Planning Program. It will attempt to provide health and family planning services to all pregnant and recently delivered women and health services to all children for at least the first two years of their lives. These services will be offered through a network of 51 MCH/FP centers, each staffed by a nurse-midwife or auxiliary nurse-midwife and supportive personnel, and an attempt will be made to bring the traditional midwives into the program. An integral part of the project will be an extensive evaluation of its success in improving maternal and child health and in increasing the practice of family planning in predominantly rural areas. The program will be provided with two foreign advisors for three years; support for salaries for additional staff; support for construction of additional MCH/FP centers; equipment; vehicles; and funding for surveys and studies to evaluate the program. The total cost of this program (included under evaluation and research in Table 2) is estimated at US\$1.5 million.

Hospital Postpartum Program

A program was established in 1966 to test the value of dispensing family planning information in hospitals to pregnant and recently delivered women. In order to allow the Indonesian government to take over and expand the current

* A regency is an administrative unit, typically with a population of 1–2 million persons; several regencies make up a province. Modjokerto has a population of 600,000.

hospital postpartum program, the IDA-UNFPA project will provide a foreign advisor for two years, salary support on a declining basis over four years for additional staff, equipment, and vehicles. Currently there are 26 hospitals; 30 hospitals will be added in the early stages of the program and 30 subsequently. The Indonesian government has requested WHO to assist in implementing this program, and a plan of operation is currently under preparation.

Information and Communication

To help develop a comprehensive information and education program reaching out to the local level, provision is made for audiovisual and office equipment, vehicles, 36 man-months of foreign consultancy services, fellowships, study tours, training seminars, and workshops. In addition, salary support will be given on a declining basis over four years for additional staff to strengthen the NFPCB's Information and Motivation Bureau. Funds have been allocated for the trial production and testing of experimental materials using the mass media. Because there is an urgent need to provide family planning information in peripheral rural areas, 115 suitably equipped mobile family planning information units are planned.

Population Education

The government recognizes that the need for population education is urgent. Curricula and materials must be developed that are suitable for children, youth, and adults, as well as for those of different ethnic and religious backgrounds. A direct, primarily clinical approach to family planning education will not be sufficient to change customs and attitudes; these can be influenced only through a long-range, carefully conceived plan of education. To assist the government in its effort to introduce population education into public school and adult education curricula, the project will provide one foreign advisor for five years, short-term consultants, fellowships for training, equipment for developing texts and teaching aids, and support for seminars and workshops to train both those who will be directly involved in developing and teaching the subject of population education and community leaders, whose influence on its introduction will be

critical. The government has requested UNESCO to assist in implementing this component of the program, and a plan of operation is currently being developed.

Family Planning Administration Centers

The project provides for a central NFPCB headquarters in Jakarta and one provincial center in each of Java's and Bali's six provinces. Present accommodations, equipment, and vehicles are inadequate and will be replaced or supplemented.

Other Transport Requirements

The organization established with the assistance of UNICEF by the Ministry of Health for the management, servicing, and repair of the health service fleet is in need of considerable strengthening. The project will provide two foreign advisors for three years—one a fleet manager and the other a maintenance organization manager—to assist in the direction and maintenance of a fleet that will be expanded under the project by 115 cars and 1,400 motorcycles. Spare parts and freight costs will also be supplied. The government has requested that UNICEF continue to help manage this aspect of the program, and a plan of operation is currently being prepared.

Advisory Team

Besides the technical assistance provided for each component of the program (a total of 11 advisors for 31 man-years), the project also allows for three foreign advisors for two years to strengthen the senior management capability of the NFPCB. One advisor will be responsible for program management, a second for family planning training, and a third for family planning communications. Their advice will be directed at the total national program and not restricted to the scope of the IDA-UNFPA project. Since the agreement was signed, the management, communications, and training advisors have been recruited and are in position. The World Bank has also stationed a full-time staff member in its Jakarta office who is responsible for project supervision and coordination of the activities of those agencies assisting in project execution.

Progress to Date

Since the IDA-UNFPA project agreement was signed in 1972, several important steps have been taken toward its execution. WHO, UNICEF, UNESCO, and the Population Council have prepared plans of operation for the sub-programs they will assist in implementing. Two of the three members of the advisory team are now working with the Indonesian NFPCB. In addition, the Board has been reorganized to clearly separate its administrative and technical responsibilities and thus make it more responsive to the needs of the program. As part of this reorganization, a deputy director has been appointed, and a fully staffed Project Implementation Unit has been created. Finally, a contract has been signed with a management advisory firm that will study and advise on both the administration of the family planning program and the organization and administration of the project's construction program. While all these steps were being taken, the performance of the family planning program improved substantially, with new acceptors increasing from 390,000 in 1971 to 700,000 in 1972, and 477,000 in the first three months of 1973.

Demographic and Socio-economic Implications

The IDA-UNFPA project was developed in response to the Indonesian government's realization that their efforts to raise living standards and eliminate unemployment are being impeded by the high rate at which the population is growing. The project is designed to reinforce and expand the government's efforts to reduce fertility, thereby creating considerable social and economic benefits. A reduction in fertility will contribute to an increase in per capita income and a reduction in unemployment, although these benefits will not materialize for many years. Maternal and infant mortality and morbidity will decline with the better nutrition and care resulting from smaller families as well as the improved care made possible by a greater number of MCH/FP centers. By helping to reduce the population growth rate, the project will help alleviate tensions and social problems associated with economic pressures and unemployment. And finally, since the program is expected to have a correspondingly

greater effect on the poorer sections of the population, where larger families are generally the norm, it may help promote greater equality through better income distribution.

The extent to which fertility will be reduced as a result of project inputs can only be conjectured. New family planning acceptors were originally estimated to increase from a projected 270,000 in 1971 (this figure was subsequently exceeded) to approximately 1.6 million in 1975 with the project inputs, as opposed to less than 500,000 without them. By 1980, it is estimated that about 20 percent of the females of reproductive age in Java and Bali will be practicing family planning as a result of project inputs, as against less than 10 percent without them. The gross reproduction rate in Indonesia is estimated to decline from 3.2 in 1970 to 1.7 (with a crude birth

rate of 27.4) by the year 2000 with the project inputs, rather than the expected 2.6 (with a crude birth rate of 39) without them. This represents over twice as large a decline in fertility as a result of project inputs than would otherwise be the case. If achieved, the population would be approximately 39 percent smaller in the year 2000 than it is now projected to be. With the program continuing at its previous scale, the population growth rate would be about 3 percent per year in 2000; at the greatly expanded scale made possible by the project, population growth might be reduced to less than 2 percent 30 years hence.

Such demographic trends will undoubtedly have favorable economic effects. The per capita gross domestic product is estimated to be 6 percent higher with the projected reduction in

the population growth rate. To achieve a similar increase in per capita income through conventional economic projects would cost about 100 times more than the total cost of the project. Furthermore, the reduced population growth rate made possible by an expanded national program will produce a labor force in the year 2000 smaller by 5 million than would otherwise be the case, with consequent favorable effects on the long-term employment situation.

Although these estimates are necessarily based on uncertain forecasts of program results, there is little doubt that even if only a small part of the social and economic benefits described above materialize, this project will have been of great importance in assisting Indonesia in its efforts to achieve social and economic development.

3. India: Developing a Demonstration Program

GEORGE C. ZAIDAN

For over 20 years there has been a government-sponsored family planning program in India. When it became apparent in the late 1960s that the performance of the national family planning program was falling short of a solution to India's population problem and dropping behind the targets set by the government, the government began to consider new approaches. They requested the World Bank to develop a demonstration program in limited areas in the states of Uttar Pradesh and Mysore (covering a total population of about 20 million) that would include components of the existing national program but would also introduce variations and improvements of potential relevance to the Indian program as a whole. The project was developed between 1970 and 1972, and in June of 1972 agreements between the Indian authorities, the government of Sweden, and IDA were signed. During this time, the parties engaged in a continuous dialogue, with four missions from the Bank visiting India.

A crucial part of this project is the development of a management information and evaluation system to assess progress in the project areas on a continuing basis and to recommend variations on existing patterns and experi-

ments that are likely to improve program performance. Although recommended changes will be tested first in the two project areas, it is hoped the results will be nationally relevant.

Population Growth and Economic Growth

Since the beginning of the century, India's population has been growing at a rapid—and accelerating—rate (see Table 3). Today, about 12 million persons are added to the population every year. Preliminary results of the 1971 census show a population of 547 million, an increase of 108 million over 1961.

The annual population growth rate

increased from 1.1 percent in the 1920s to 2.0 percent in the 1950s and is now 2.25 percent. This rise occurred because mortality declined rapidly, while fertility remained at the more or less constant level of about 40 births per thousand. Although the death rate has declined, its present level of around 17 per thousand is still high. The likelihood of further declines in the death rate underlines the urgency of the need to achieve a reduction in the birth rate.

These demographic trends have serious economic and social implications. Real national income grew 3.6 percent annually between 1951 and 1969, but because of a population growth rate of 2.0 percent from 1951 to 1960 and 2.25

TABLE 3 Population size and growth rate, India, 1901-1971

Year	Population size (in millions)	Absolute increase in size (in millions) ^a	Decennial growth rate (percent) ^a
1901	238	—	—
1911	252	14	5.9
1921	251	-1	-0.4
1931	279	28	11.2
1941	319	40	14.3
1951	361	42	13.2
1961	439	78	21.6
1971	547	108	24.6

NOTE: Figures are based on census counts.

^a Change from preceding census year. Because of compounding, the average annual growth rate is less than one-tenth of the decennial rate.

in the 1960s, more than 60 percent of the growth in income was absorbed by the increase in population. As a result, the growth of per capita income has slowed down—from 1.65 percent per year in 1951–1960 to 0.6 percent per year in 1961–1966. In more recent years, when economic conditions were unfavorable, economic growth was insufficient to counter population growth. In 1968–1969, after the serious droughts of 1965–1966 and 1966–1967 and a prolonged industrial recession, per capita income was still below its 1964–1965 level.

A particularly serious economic and social problem is that of unemployment which, although difficult to measure, is considerable. Given the projected increase in the labor force and rough estimates of the present level of unemployment, about 40 million additional jobs would have to be created between 1971 and 1975 and about 75 million jobs over the next decade if unemployment were to be completely eliminated by 1980. It seems highly unlikely that this objective can be achieved in that time.

The Family Planning Program

The government of India proclaimed an official population control policy in 1951—the first country in the world to take this step. It was only in 1965, however, that a large-scale and concerted effort was made to expand the original national family planning program. Since then the government has taken some impressive steps: program targets to reduce the birth rate to 25 per 1,000 population by 1980 were set; a vast administrative machinery, currently employing more than 80,000 persons, was set up within only a few years; a mass-information

campaign that greatly increased awareness was implemented; the IUD was introduced and sterilization was offered, with compensation payments offered to acceptors of both methods; the “camp approach”^{*} was introduced to provide family planning services at central points for groups of villages; postpartum programs were initiated in selected large hospitals of several cities; country-wide schemes for the commercial distribution of condoms at subsidized rates were initiated; and, more recently, the Medical Termination of Pregnancy Bill, making abortion legal if the mental or physical health of the mother is endangered, was passed in August 1971. As a result of these efforts, the annual number of new acceptors of contraceptive methods has steadily increased from 200,000 in 1960–1961 to 4.9 million in 1971–1972 (see Table 4).

But recent progress has been uneven, with acceptors increasing at rates much slower than program expenditures (see last two columns, Table 4). Two years after the introduction of the IUD in 1965–1966, a peak in IUD acceptors was reached, followed by a large decline. Vasectomies showed a similar pattern until the upsurge in 1971–1972, achieved through the spread of the intensified “vasectomy camp” approach, which involved offering large incentives in cash and in kind to acceptors. The overall growth in new acceptors, despite the fall-off in IUD insertions and vasectomies, was made possible mainly by the major increase in condom use and a lesser increase in tubectomies. The net growth of new acceptors has not

^{*} Whereby intensive short-term campaigns (generally lasting a few weeks) in a limited area are undertaken by moving in personnel and equipment and setting up a service center.

been strong enough to meet the targets set by the government. After seven years of program efforts, it is estimated that about 13 percent of all couples are currently practicing family planning, and the birth rate may have been reduced over this period, at most, by three points—from 41 to 38 per thousand.

REASONS FOR RECENT PERFORMANCE

Although much determined effort has gone into the India program and the results achieved are by no means insignificant, it remains true that targets have not been reached and that no one is confident that sufficient progress is being made in bringing population growth under control. In addition, it is unclear which methods of recruitment and service delivery are most effective, especially when measured against costs. Among the explanations given for failure to achieve greater success have been the following:

1. India has far fewer field staff in either its public health or family planning programs than most developing countries. Whereas the government of India plan calls for a ratio of assistant nurse-midwives to population of 1:10,000, there is at present only one for every 30,000 to 40,000 people. (Even the 1:10,000 norm appears too low; a nurse can rarely cover a population of more than 3,000.) Because of an inadequate number of medical and paramedical personnel, approximately 90 percent of India's rural population are outside the effective reach of regular health and family planning services. The rural population might be reached by mobile family planning units or camps, but these have had a questionable overall success.

TABLE 4 New acceptors, by method, and expenditures, Indian family planning program, 1965/66–1971/72

Year	Sterilizations (thousands)			IUD insertions (thousands) ^a	Condoms distributed (millions)	Acceptors of other methods (thousands) ^a	Total new acceptors (thousands)	Total expenditures	
	Male	Female	Total					Rupees (millions)	US\$ (millions)
1965–1966	577 ^b	94 ^b	671 ^b	813	24	582	2,066	120	16.5
1966–1967	785	102	887	910	16	565	2,362	134	18.4
1967–1968	1,648	192	1,840	669	24	475	2,984	265	36.4
1968–1969	1,383	282	1,665	479	59	960	3,104	305	41.9
1969–1970	1,056	366	1,422	459	97	1,515	3,396	402	55.2
1970–1971	843 ^c	476	1,319	471	139	2,099	3,889	451	62.0
1971–1972	1,608 ^c	553 ^c	2,161	478	174	2,234	4,873	750	102.8
Total	7,900	2,065	9,965	4,279	533	8,430	22,674	2,427	333.2

^a Almost entirely the condom.

^b January 1965–March 1966.

^c Estimated.

2. India's family planning program has an overcentralized organization, not always responsive to the problems in the field.

3. No effective, safe, reversible, easy method of contraception exists that does not rely on the medical network, nor is any likely to be available for mass use in this decade.

4. Illiteracy, poverty, and a large rural population combine to make family planning education and motivation difficult.

Yet there are several areas where the possibility of success, despite some of these circumstances, has been demonstrated. Gandhigram and, more recently, the widely-reported vasectomy camps in the Ernakulam district of Kerala (Krishnakumar, 1972) are only two examples.

In Gandhigram, where the program started in a community development block with a population of 100,000, the birth rate was reduced from 43 to 28 per thousand between 1962 and 1968—an achievement that ranks with the more successful programs of other countries. The decline in the birth rate was accomplished with funds and personnel only slightly greater than usual in India. In the Ernakulam district of Kerala, 15,000 vasectomies were performed in December 1970 and 63,000 in June and July of 1971. On a population basis, this is about nine times as many as the national average for the best year. Success in these two cases depended to a great extent on special factors (especially local leadership), so that it is very difficult to fully duplicate these results throughout India, though they do suggest that substantial progress, on a national basis, is possible.

Indicative of the potential of the national program is the large variability observed in performance between states and between districts within states. The programs in Orissa and the Punjab, for example, have been about three times as successful as that in Uttar Pradesh in terms of percent of couples currently protected. Although much of this variability results from differing socioeconomic conditions, the degree to which the program is promoted, measured by expenditures and other inputs, is undoubtedly a factor. A recent study (Jain, 1971) suggests that a substantial proportion of the variation among states and within the same state is due to program factors and points to the possibility of considerable improve-

ments within the existing demand constraints.

IMPROVING PROGRAM PERFORMANCE

Although it may be possible to improve program performance, detailed guidelines on how this potential can be realized are not available to program administrators. The relative effectiveness of individual program inputs as well as the level and structure of demand for these services are not well understood. The present information system is not designed to respond to these questions. Much of the data collected at the field level is not transmitted from the primary health center to the district and state bureaus; there is also a complete separation between the reporting of performance, input data, and cost data, with no attempt to relate them. Moreover, data are collected only on acceptors, a small proportion of the total eligible population; and little effort is made to relate research to the optimal management of the program or to translate findings into action. There is thus a need to establish a management information and evaluation system that would collect relevant data more efficiently, link the analysis of performance data to costs and to data from research outside the program, undertake a continuous analysis that responds to the needs of administrators, and provide organizational and technical conditions necessary for an independent evaluation of the program. Only such a system would be capable of providing policy guidance that utilizes the full potential of the program. The project developed jointly by the government of India and the World Bank is designed to respond to this urgent need for data on the basis of which new hypotheses about program effectiveness can be formulated and administrative experiments developed. Two quite different states have been selected as the experimental areas; two major new institutions will be set up to collect the data and to design and evaluate program experiments. The results are intended to have demonstrative value throughout India.

Project Objectives

The project will cover five districts,* including Bangalore city, in the state of

* A civil division containing between one and two million population.

Mysore and six districts, including Lucknow city, in the state of Uttar Pradesh. The combined population in the project areas was 19.3 million in 1971. The objectives of the project are:

1. To complete the health infrastructure, training facilities, and equipment needed to implement the standard government family planning program throughout the project areas; and to provide additional inputs in some areas to supplement and test alternatives to the government program—in particular, by linking the provision of family planning services to a supplementary nutrition program, by concentrating on recently-delivered mothers, by making greater use of mobile teams for motivation and service, and by providing better training and supervision;

2. To create two population centers, one in each state, to design the management information and evaluation system, evaluate performance on a continuous basis, recommend program changes to be tried within the project areas, and ensure that the recommendations are speedily carried out; and

3. To provide the necessary technical assistance for the whole project and the funds, both capital and current, needed to implement the experimental aspects of the above items.

Project Description

The broad experimental design of the project, which will be further elaborated and refined by the population centers, is to provide family planning services in: (a) an urban program in Lucknow and Bangalore, concentrating on motivation and service to recently-delivered mothers; (b) a standard government of India program in four districts of Uttar Pradesh and three districts of Mysore to implement the prescribed government program (not yet achieved anywhere); and (c) an intensive rural program in two districts of Uttar Pradesh and two districts of Mysore in which inputs additional to those called for by the government's standard program will be provided.

To help achieve the objectives of these three programs, the project provides for building and equipping two population centers, one regional family planning training center and a wing for another, 14 urban maternity homes, 11 administrative buildings, 19 annexes to hospitals for tubectomies, 41 primary health

centers, 47 general purpose family planning annexes, 20 maternity-sterilization wings at existing primary health centers, and 1,348 subcenters. The project also includes the construction of 13 auxiliary nurse-midwife training schools to help overcome the shortage of field staff. Transport needs will be met by providing 199 vehicles—jeeps, ambulances, minibuses, and mobile vans. External financing does not cover only conventional capital costs; incremental operating costs (that is, those over and above the level required by the government's standard family planning program) are also included in the project, as is support to the two Indian management institutes that will provide technical assistance to the population centers. Finally, provision is made for equipment, commodities, and salaries for the nutrition program that is part of the intensive rural program. The total cost of this project has been estimated at US\$31.8 million for five years. It will be jointly financed by the Swedish International Development Agency (SIDA) and the International Development Association, with IDA providing a credit (soft loan) of US\$21.2 million and SIDA a grant of US\$10.6 million. IDA will act as the executing agency with responsibility for project supervision.

URBAN PROGRAM

In this program, to be implemented in Bangalore city and Lucknow, particular emphasis will be given to motivating recently-delivered mothers through antenatal counselling and postpartum advice on contraception. The high proportion of institutionalized deliveries (70 percent) in Bangalore city constitutes a good base for stepping up the postpartum program in the city's maternity wards. Emphasis will also be given to contacting and following-up women who do not deliver in hospitals, especially in Lucknow, where this proportion is large.

OPTIMAL GOVERNMENT OF INDIA PROGRAM

This part of the program is intended to implement and evaluate the government of India plan which has not been implemented because of constraints of staff and facilities. The project will provide staff, training, and service facilities in eleven rural districts. In particular, subcenters will be built and staffed at the

level of one center per 10,000 population to determine the effectiveness of this ratio in enlisting new acceptors.

INTENSIVE RURAL PROGRAM

The main components of the intensive rural program which are additional to the standard government of India plan are as follows:

Rural Postpartum Program: Up to the present, programs concentrating on recently-delivered mothers have taken place in large, urban hospitals. Pregnant and recently-delivered mothers constitute a large proportion of the more fertile women among those of reproductive age. Besides, during and immediately after pregnancy, women are highly receptive to advice on family spacing or limitation. To reach this group in rural areas, it is necessary to build up a maternal and child care network and increase the proportion of deliveries supervised by health personnel. Also, there is increasing evidence that reductions in infant mortality through better maternal and child care may encourage family planning when parents realize that it is no longer necessary to produce many children to assure the survival of a few. MCH services and family planning will be provided, under medical supervision, by auxiliary nurse-midwives in Mysore and by both auxiliary nurse-midwives and *dais* (traditional midwives) in Uttar Pradesh. An assistant will be provided to help the auxiliary nurse-midwife in her duties. The targeted ratio is one auxiliary nurse-midwife and one assistant for a population of 5,000 in Mysore, with about 200 deliveries per year. It is a minimum standard since ideally there should be one health attendant per 3,000 population. Operational procedures for the rural postpartum program will be developed by the population centers.

Mobile Teams: Two mobile teams are proposed for each of the four districts in the intensive rural program; one team will be for motivation-education and one for providing family planning services. The organization and plan of operation of all mobile teams will be developed as part of the whole project design by the population centers, in consultation with relevant local staff. In general, motivation-education teams will precede service teams in visits to villages and will use group and interpersonal communication to convey the family planning message. Service teams will remain one

week in each village to perform vasectomies, insert IUDs, give advice, and distribute other contraceptives. Some personnel will remain for another week for the follow-up of sterilization and IUD acceptors.

Nutrition: One aspect of the project particularly worth noting is the inclusion of a nutrition program in one of the districts of Mysore and a small area of Uttar Pradesh. In Mysore this program will cover a population of 1.5 million and will provide supplementary feeding to pregnant and lactating mothers and young children up to two years of age, at an estimated cost of US\$2.07 million over five years. Processed foods will be distributed in the homes free of charge by auxiliary nurse-midwives attached to the health centers. The aim of the nutrition program is, first, to assess the value of food as a direct incentive for family planning and, second, to evaluate the effects of nutrition on infant mortality and, in turn, on the desire for smaller families. It is the first organized attempt in India to provide supplementary feeding to all the most needy and vulnerable groups of an area. These segments of the population can only be reached by going into the homes, and this raises administrative problems in rural India, resembling in many respects those that arise in the delivery of family planning services. Hence, the nutrition program is innovative and experimental, not only because its effects on the family planning program are unclear but also because the most effective way to provide supplementary feeding on a large scale is not known. To evaluate this program, a nutrition division will be created in the Mysore population center, and, in each state, one or more Indian nutrition institutes will be associated with the project. The inclusion of a nutrition component in the project is recognition of the growing need to relate family planning to improvements in the health and welfare of surviving children.

Project Implementation

Project execution is the responsibility of each state. A governing board, chaired by the State Chief Secretary, is being set up to make policy decisions and oversee the progress of the project. Day-to-day implementation will be carried out in each state by: (a) the population center, responsible for the management information and evaluation system; (b) a project

family planning officer, responsible for the provision of services and other aspects of the program; (c) a project nutrition officer, responsible for the implementation of the nutrition program; and (d) a construction unit to supervise construction. Each state government has appointed a project coordinator, attached to the Office of the Health Secretary, to oversee and coordinate the total project.

Although the population centers will develop primarily as research institutions, they will be integrated closely enough with the state ministries of health to have an influence on operational activities. Each center will be staffed with about 20 social scientists and will have four main functions:

1. The development of an overall experimental design for the project area;
2. The design, in collaboration with those responsible for program implementation, of a system of routine data collection and analysis with a feedback system to guide program operations and to measure their effectiveness in reducing fertility;
3. The initiation of research, which may be undertaken by the population center or be subcontracted to appropriate agencies, directed primarily toward assessing existing program components and experimenting with new program elements; and
4. The training of program personnel in data collection and analysis.

Several features of these centers are worth emphasizing. First, they will be independent of the implementing unit of the program, thereby promoting unbiased analysis. Second, they will occupy a high level in the overall government structure (that is, under the Chief Secretary of State) in the hope of assuring technical competence and the necessary political leverage to implement recommendations. Third, the centers will have sufficient administrative and financial flexibility to allow their work to be both effective and independent.

The project provides for technical assistance by two Indian management institutes in setting up the population centers and designing the management

information and evaluation system. The two state governments have agreed to employ the services of the Administrative Staff College in Hyderabad for the Mysore program and the Indian Institute of Management at Ahmedabad for the Uttar Pradesh program. The government of India will also provide direct support to each institute to allow it to develop demographic expertise.

The functions of the management institutes will be:

1. To monitor the development of the population centers and assist their directors in working out detailed programs that will fulfill the centers' objectives. This assistance may include deputizing persons to work at the centers for varying periods of time.
2. To assist in the design of research fundamental to further planning (fertility and family planning knowledge, attitude, and practice surveys in each project area).
3. To undertake specialized studies for the population centers at the request of their directors.
4. To train population center personnel, as well as administrators in charge of program implementation, in management techniques through two-to-three-month courses.
5. To lay the groundwork for the possible development of similar centers in other states by creating, through special training courses, an awareness among administrators in these states of the importance of management techniques.

Project Effects

The effects of a project such as this one are particularly difficult to forecast in view of its experimental nature. Certainly the project can be expected to have favorable demographic and socioeconomic effects within the districts involved. These, however, include only a small proportion (3.5 percent) of India's population. The major benefits are expected to be those that emerge from the continuous monitoring and evaluating of project results, which will hopefully be applicable to India as a whole. Results are difficult to predict, but the total project cost is small in relation to India's total expenditures on the family

planning program (now running over Rs. 450 million—nearly US\$62 million—per year). The cost is also insignificant in relation to the large investments that are absorbed by population growth (about 60 percent of the total investments); this makes the risk in such an experiment small in relation to the potential benefits.

Several years will be necessary before the results of this project can be assessed. Two or three years are needed to build up the population centers into institutions that are effectively operating the management information and evaluation system and proposing and evaluating alternative courses of action—not all of which may be successful. Similarly, the effect of better nutrition on infant mortality, and, in turn, the effect of reduced infant mortality on family size ideals will require several years to become apparent. But it is precisely because assessment of the effects of this project will require several years that the effort must begin now. The implications of success could be very great indeed, not only for the project area but for India as a whole. In the next 30 years the population of India is expected to grow from 547 million to between 800 million and 1.1 billion, depending in part on the effectiveness of the population program. This project is designed to increase the effectiveness of the Indian national family planning program through the development of new approaches so that population growth can be held to the lower part of this range.

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Attitudes toward Family Planning and Contraception in Mexico City

PIETER A. VAN KEEP and EDRIS RICE-WRAY

The attitudes of family planning clinic attenders toward six basic concepts related to family planning and contraception are compared with those of the female population of Mexico City. Data were collected by the authors in a KAP study conducted from December 1970 to February 1971 in Mexico City. A full report of the findings of this study has been published by the International Health Foundation under the title Family Planning in Mexico D.F.

Pieter van Keep, M.D., is director-general of the International Health Foundation in Geneva; Edris Rice-Wray, M.D., M.P.H., founder and long-time director of Asociación Pro-Salud Maternal in Mexico City, is now its chief technical advisor. The authors acknowledge, with thanks, the guidance given by Professor Ary A. Haspels, M.D., head of the Department of Obstetrics and Gynaecology, University of Utrecht, The Netherlands.

In the summer of 1972 the Mexican government announced that as of January 1973 family planning services would be available throughout the country at government hospitals, clinics, and health centers. This was a considerable breakthrough, for before that time government policy had not encouraged family planning or the use of contraceptives, and there were no government-sponsored family planning facilities.

The study reported in this paper was conducted between December 1970 and February 1971. At that time two private family planning organizations existed in Mexico, Asociación Pro-Salud Maternal (Association for Maternal Health) and Fundación para Estudios de la Población (Population Studies Foundation). A total of approximately 105,000 women were registered with these two organizations. This was no mean achievement since organized promotional activities were not permitted and the growth in the number of registrants depended solely on word-of-mouth. It is a small number, however, when compared to the 10,750,000 women in the child-bearing ages living in Mexico at that time.*

Study Objective

The authors' objective in the section of the KAP study reported here was to determine the attitudes of Mexican

women toward family planning and contraception, and to see how the attitudes of women attending a family planning clinic—in this instance, Asociación Pro-Salud Maternal—compared with those of the general female population.

The Sample

The study was based on interviews with 750 women aged 16–50 who were married, either legally or consensually, and currently living with their husbands. The city sample consisted of 500 women living in Mexico City; the clinic sample consisted of 250 women attending the main clinic of Asociación Pro-Salud Maternal in Mexico City.

The city sample was obtained by marking off a map of Mexico City into 884 equal-sized squares. Certain of these squares were selected at random, and within each square four blocks were randomly selected. These blocks were visited to make sure that they contained housing and not, for instance, offices, factories, or schools. Addresses were then randomly selected within each, the actual number depending on the number of dwellings in each block. It was necessary to approach 728 women in order to obtain the desired sample size of 500. One hundred and twenty-six women (17.3 percent) did not meet the study's requirements because of age or marital status, and 102 (14 percent) refused to be interviewed.

The interviews with the city sample were conducted by two teams, the first

a team of five female social workers, contacted through, but not working for, Asociación Pro-Salud Maternal, and the other, a team of four professional market research interviewers. The two teams were trained separately since the first team had already begun interviewing when the second was called in.

The clinic sample is a systematic sample and was obtained by interviewing every eighth woman who visited the main clinic of Asociación Pro-Salud Maternal in December 1970. The interviewers were five female members of the clinic staff—four social workers and one nurse—all of whom were experienced at interviewing women on family planning matters. The interview took place during the respondent's routine visit to the clinic.

Methodology

All interviews with both samples were conducted with the aid of a questionnaire devised by the International Health Foundation, and each interview took approximately one hour to complete. Part of the questionnaire was an attitude inventory consisting of 18 statements intended to reveal the respondent's attitude toward six basic concepts related to family planning and contraception:

1. the importance of a large family
2. the effect of contraceptive practice on intercourse and the marital relationship
3. influences on attitudes
4. macro-economic considerations in determining family size
5. micro-economic considerations in determining family size
6. the effect of contraceptives on future offspring

There were five possible responses to the statements: strongly agree, mildly agree, no opinion, mildly disagree, and strongly disagree.

Respondents were also asked to state age, socioeconomic status, educational attainment, number of living children, ideal family size, and current contraceptive practice.

* Based on data given in the *United Nations Demographic Yearbook 1970*.

Social and Demographic Characteristics

Table 1 gives a breakdown of both samples according to age, school-leaving age, and socioeconomic status. There were fewer women in the clinic

sample than in the city sample in both the youngest age groups (16-20 and 21-25) and the oldest age groups (41-45 and 46-50). Possibly this was because younger women are less likely to have achieved or exceeded their desired family size and thus be motivated

to seek family planning services, and some women in the older age groups may no longer be fertile, while others may believe they are not.

Women in the clinic sample had an average of 4.19 living children; the average family size of the city sample was 3.64 children. The difference between the two samples in ideal family size was much smaller. The ideal number of children stated by respondents in the clinic sample averaged 4.38 and in the city sample 4.64. For both samples, the most popular number was four, which was the choice of 36.8 percent of the clinic sample and of 36.0 percent of the city sample. These figures lend support to the above speculation that the average clinic attendee has achieved her desired family size, while the average woman in the city sample has not.

Not unexpectedly, there were considerable differences between the two samples in contraceptive practice (see Table 2). Whereas 89 percent of the clinic sample said that they had used some form of contraception when they last had intercourse, only 35 percent of the city sample did. Most of the respondents who said that they had not used a method fell into two groups: those who were pregnant or who said they wanted to become pregnant (6 percent of the clinic sample and 26 percent of the city sample), and those who could not become pregnant for various reasons—for example, because they were post-menopausal or they or their husbands were sterile (clinic sample, 3 percent and city sample, 23 percent).

Of those who had used some form of contraception when they last had intercourse, the oral contraceptive was the most widely used method for each sam-

TABLE 1 Percentage distribution of respondents in city sample and clinic sample by age, school-leaving age, and socioeconomic status, Mexico City

Characteristic	City sample	Clinic sample
Age		
16-20	6	4
21-25	21	18
26-30	22	26
31-35	15	24
36-40	16	15
41-45	10	8
46-50	10	4
School-leaving age ^a		
10 and under	26	20
11-15	50	56
16-18	17	20
19 and over	6	4
Socioeconomic status ^b		
A	9	2
B	11	13
C	46	56
D	34	28

^a Although this breakdown gives an indication of the length, and so degree, of the respondents' education, data divided in this way should be treated with some caution since it is quite possible that the respondents did not all begin school at the same age.

^b These groupings were made primarily according to the occupation of the head of the household. "A" includes such people as senior executives, businessmen, and professional people; "B" includes teachers, administrators, and specialized technicians; "C" includes skilled workers, drivers, small businessmen, and shopkeepers; "D" includes unskilled laborers, people on minimum salary, and unemployed persons.

TABLE 2 Percentage distribution of respondents by incidence of contraceptive practice at time of last intercourse, Mexico City

Method	Among total sample		Among practicers	
	City sample	Clinic sample	City sample	Clinic sample
IUD	2	18	5	21
Oral	14	66	39	74
Rhythm	8	1	23	1
Withdrawal	5	1	14	1
Other*	6	3	19	3
None	65	11	n.a.	n.a.
Total	100	100	100	100

* Includes chemicals, condom, diaphragm, douche, and injectables.
n.a. = Not applicable.

TABLE 3 Percentage distribution of responses to attitude inventory statements, by sample, Mexico City

Statement	Strongly agree 1	Mildly agree 2	No opinion 3	Mildly disagree 4	Strongly disagree 5	Average score
The importance of a large family						
1. Having many children makes a mother feel more important						
City sample	6	32	6	47	9	3.19
Clinic sample	5	28	4	58	4	3.29
2. Large families are happy families						
City sample	7	37	9	40	7	3.03
Clinic sample	3	32	10	50	5	3.21
4. The more sons, the happier the father						
City sample	8	38	10	40	4	2.93
Clinic sample	5	40	11	41	3	2.97
8. Having many children makes a man feel proud						
City sample	9	42	12	34	3	2.80
Clinic sample	6	33	10	46	4	3.08

TABLE 3 Continued

Statement	Strongly agree 1	Mildly agree 2	No opinion 3	Mildly disagree 4	Strongly disagree 5	Average score
The effect of contraception on intercourse and the marital relationship						
6. The use of contraceptives by a woman will make her husband unfaithful						
City sample	4	22	16	53	6	3.36
Clinic sample	2	10	8	72	7	3.72
18. Men are afraid that if women use contraceptives, they will be unfaithful						
City sample	2	26	20	46	5	3.26
Clinic sample	6	22	7	57	8	3.37
16. The use of contraceptive methods makes intercourse less enjoyable for the man						
City sample	1	22	33	41	4	3.24
Clinic sample	1	12	8	72	8	3.73
14. The use of contraceptive methods makes intercourse less enjoyable for the woman						
City sample	1	21	33	42	4	3.27
Clinic sample	2	19	4	70	5	3.58
Influences on attitudes						
3. The number of children you have depends completely on the will of God						
City sample	9	39	6	40	7	2.96
Clinic sample	5	22	7	60	6	3.40
11. The Church should allow the use of any method of contraception						
City sample	8	42	17	31	2	2.77
Clinic sample	15	62	7	14	2	2.27
10. It is for the husband alone to decide whether contraception is to be practiced						
City sample	3	14	5	66	11	3.68
Clinic sample	3	15	2	74	5	3.63
5. It is only permissible to avoid having children for medical reasons						
City sample	12	43	7	36	3	2.73
Clinic sample	10	44	4	37	5	2.83
15. The use of contraceptives is only permissible when one has had the total number of children desired						
City sample	6	42	17	33	2	2.82
Clinic sample	6	32	3	54	4	3.19
Macro-economic considerations in determining family size						
13. It is necessary for the welfare of the country to have many children						
City sample	3	32	8	49	8	3.26
Clinic sample	4	29	8	54	5	3.26
17. Small families mean that our country will be prosperous sooner						
City sample	11	51	13	24	2	2.55
Clinic sample	12	42	12	33	2	2.70
Micro-economic considerations in determining family size						
12. Having many children is a guarantee for being well looked after when one is old						
City sample	3	37	9	45	6	3.16
Clinic sample	3	28	10	54	4	3.29
7. If one has few children, one will be able to put away money for one's old age						
City sample	3	33	7	51	6	3.23
Clinic sample	2	10	4	76	8	3.78
Effect of contraceptives on future offspring						
9. The use of contraceptives could affect the health of future children						
City sample	7	43	21	25	3	2.74
Clinic sample	3	17	23	49	8	3.41

NOTE: The numbers preceding the statements indicate the order in which the statements appeared on the original questionnaire. The six "concepts" according to which the statements are grouped did not appear on the original questionnaire. Average scores were computed on the basis of a numerical value assigned to each response: strongly agree = 1; mildly agree = 2; no opinion = 3; mildly disagree = 4; strongly disagree = 5. Accordingly, an average score of more than 3.00 indicates overall disagreement with a statement, and an average score of under 3.00 indicates overall agreement.

ple. The proportion of women in the clinic sample using this method, however, was almost twice as large as that in the city sample. The sharp contrast between the two groups in choice of contracep-

tives can also be seen in the proportions who had used the most unreliable methods—rhythm and withdrawal—at last intercourse: 2 percent of the clinic sample and 37 percent of the city sample.

The Attitude Inventory

The statements in the attitude inventory and the percentage distribution of responses for each sample are shown in

TABLE 4 Average scores for statement "Large families are happy families" by age, school-leaving age, and socioeconomic status of respondent, Mexico City

Characteristic	City sample	Clinic sample
Age		
21-30	3.11	3.36
31-40	3.08	3.09
41-50	2.85	3.00
School-leaving age		
10 and under	2.74	2.82
11-15	3.05	3.22
16-18	3.24	3.44
19 and over	3.53	3.89
Socioeconomic status		
A	3.57	4.17
B	3.46	3.52
C	3.09	3.23
D	2.67	2.94

NOTE: An average score greater than 3.00 indicates disagreement with the statement; an average score of less than 3.00 indicates agreement.

Table 3. Table 3 also shows the average score of each sample for each statement. These were arrived at in the following manner: each response was assigned a numerical value (strongly agree = 1; mildly agree = 2; no opinion = 3; mildly disagree = 4; strongly disagree = 5); the numerical value of the responses of all the women in each sample to any given statement were added and the total divided by the number of women in the sample. An average score of less than 3.00 indicates overall agreement with a statement; an average score of more than 3.00 indicates overall disagreement with a statement.

THE IMPORTANCE OF A LARGE FAMILY

The four statements in the attitude inventory relating to the importance of a large family all imply that large families are desirable. The responses to these four statements show that a greater proportion of the women in the clinic sample than in the city sample disagreed with this concept (see Table 3). Of the four statements, the one that elicited the greatest disagreement from the

clinic sample was, "Having many children makes a mother feel more important." The responses of the two samples were most alike for the statement, "The more sons, the happier the father." Forty-six percent of the city sample and 45 percent of the clinic sample agreed with this. Responses to this statement were also atypical in that more clinic women agreed with it than any other statement. The greatest divergence of attitudes appeared in responses to the statement, "Having many children makes a man feel proud." Fifty percent of the clinic sample disagreed with this, whereas 37 percent of the city sample did. Also, more women in the city sample agreed with this than with any other statement in the group.

Further analysis of the respondents' opinions showed that in both samples, the proportion of women disagreeing with the concept, "Large families are desirable," rose steadily the younger the respondent, the greater her education, and the higher her socioeconomic status. Table 4 illustrates this trend for the statement, "Large families are happy families."

TABLE 5 Average scores of those who had practiced contraception at last intercourse for selected statements, by sample, Mexico City

Statement	City sample	Clinic sample
The use of contraceptives by a woman will make her husband unfaithful	3.61	3.73
Men are afraid that if women use contraceptives, they will be unfaithful	3.51	3.41
The use of contraceptive methods makes intercourse less enjoyable for the man	3.45	3.77
The use of contraceptive methods makes intercourse less enjoyable for the woman	3.03	3.64

THE EFFECT OF CONTRACEPTION ON INTERCOURSE AND THE MARITAL RELATIONSHIP

The four statements in this group all imply that contraceptive practice has deleterious effects on intercourse and the marital relationship. When the percentages disagreeing with each of the statements are averaged, half of the city sample rejected this concept and almost three-quarters of the clinic sample did. A much larger proportion of women in the city sample indicated "no opinion" as their response to all four statements in this group than to any other group of statements on the attitude inventory. Even among those who said they had practiced contraception at last intercourse (35 percent of the city sample and 89 percent of the clinic sample), more women in the clinic sample rejected these statements than in the city sample (see Table 5). The largest difference of opinion between the two samples can be seen in their responses to the statements, "The use of contraceptive methods makes intercourse less enjoyable for the man" and "The use of contraceptive methods makes intercourse less enjoyable for the woman." One possible explanation for the large proportion of women in the clinic sample who disagreed with these statements may be found in the methods of contraception most commonly used by this group: almost all of the clinic sample were using either the pill or the IUD.

In both samples, younger women and those with a higher school-leaving age were more inclined than others to disagree with the suggestion that contraceptive practice has an adverse effect on intercourse or the marital relationship.

INFLUENCES ON ATTITUDES

The five statements in this group refer to four possible influences on a woman's decision to practice contraception: her husband, her health, religion, and social customs. There was considerable agreement between the two samples in their responses to two statements. Over three-quarters of each group felt that it was not for the husband alone to decide whether contraception should be practiced. Somewhat over half of each sample felt that it is only permissible to avoid having children for medical reasons—a response that is more easily understood when one realizes that the method regarded as the "most satisfactory" by both samples, the oral con-

traceptive (the preference of 67 percent of the clinic sample and 38 percent of the city sample women who expressed an opinion on this point), is obtainable only in a medical setting. The fact that this statement could be misinterpreted suggests caution in evaluating the responses.

The clinic sample was much less inclined than the city sample to regard God or the Catholic Church as the determiner of family size or contraceptive practice; nevertheless, a full one-half of the city sample felt that the Church should allow the use of all methods of contraception. And, although 48 percent of the city sample felt that the number of children one has depends on the will of God, only two of the 500 women in this sample said that they did not practice contraception because of the Church's ruling.

Responses of the two samples also differed for the statement, "The use of contraceptives is only permissible when one has had the total number of children desired"; 35 percent of the city sample and 58 percent of the clinic sample disagreed. Seventeen percent of the city sample had no opinion on this statement, however, whereas only 3 percent of the clinic sample checked this response. One speculation is that many women in the city sample did not know that contraception can be practiced in order to space children as well as to cease having children altogether, were confused by the question, and thus checked "no opinion."

MACRO-ECONOMIC CONSIDERATIONS IN DETERMINING FAMILY SIZE

The two statements in this group refer to the relationship between family size, population growth, and national prosperity. The majority of both samples agreed with the principle of family planning on the grounds that it is for the good of the country. When the two statements were combined as "Small families are good for our country," there was greater support for small families among younger women, those from the higher socioeconomic groups, and those with a higher school-leaving age.

MICRO-ECONOMIC CONSIDERATIONS IN DETERMINING FAMILY SIZE

The two statements in this group refer to the relationship between the number of children and the parents' economic security in old age. The majority of both samples disagreed with both statements,

suggesting that economic security in old age is not a major consideration for many women in determining family size preference. Responses did not vary significantly with age, but there was a greater tendency for women in the higher socioeconomic groups and those who had remained in school longer to disagree with the statements. In the city sample, women from the lowest socioeconomic group and those who had remained in school until age ten or less agreed with the statement "Having many children is a guarantee for being well looked after when one is old."

THE EFFECT OF CONTRACEPTIVES ON FUTURE OFFSPRING

There was greater disagreement between the two samples on the statement "The use of contraceptives could affect the health of future children" than on any other statement in the inventory. Fifty-seven percent of the clinic sample disagreed with the statement, and 50 percent of the city sample agreed with it. In both samples, regular users of contraception, younger women, those from the higher socioeconomic groups, and those with a higher school-leaving age were more inclined than other women to disagree with the statement. A very high percentage of women—23 percent of the clinic sample and 21 percent of the city sample—expressed no opinion on this point.

Conclusions

As was expected, the clinic sample was more inclined than the city sample to approve of family planning. Over 50 percent of the clinic sample gave responses that suggested approval of family planning to 14 of the 18 statements in the attitude inventory. The city sample gave responses that suggested approval of family planning to seven statements. However, the city sample registered approval of family planning to a greater extent than expected, given the relatively low percentage of women in the group who were currently practicing contraception.

In both samples, approval was greatest among women aged 21–30, those with a higher school-leaving age, and those from the higher socioeconomic groups. The number of women under 20 years of age interviewed was too small for statistical comparison, but there was an indication that women in this age group

had a less positive attitude toward family planning than women aged 21–40; the younger women's attitudes tended to be similar to those of women aged 41–50. This may be related to the fact that many of the women aged 15–20 were from the lower socioeconomic classes and also had left school rather early. In addition, many had relied for their attitude formation on their mothers, women aged 40 and over. Very few had received information from any other source. It is probable that as these young women grow older, become more knowledgeable about the various contraceptive possibilities and, perhaps burdened with an expanding family, their attitudes will change.

None of the data from the survey indicates a strong feeling against family planning among women in Mexico City. The city sample's opposition to contraceptive practice was greatest for the statement on the harmful effects of contraceptives on future offspring. Such fears usually decrease with contraceptive use, and, as a group, the city sample had little experience with modern contraceptive methods. The city sample was also comparatively ignorant about the various contraceptive methods available, which would make them understandably wary.

It is obvious that the clinic sample was more accepting of family planning and contraceptive practice at least in part because they were relatively well-informed about safe, reliable methods of contraception. We therefore may confidently expect that, with more facilities now being made available to Mexican women under the government's present policy, knowledge on this matter will increase and in turn favorably affect attitudes and practice.

Costa Rica: Measuring the Demographic Impact of Family Planning Programs

JACK REYNOLDS

A comprehensive model for the analysis of the fertility impact of a family planning program is presented, using available data from Costa Rica. The model consists of two overlapping types of analysis: demographic analysis, which begins with an examination of fertility changes and works back down the chain of causes toward the program; and program analysis, which begins with program activities and works up the chain of effects toward fertility status. Application of the model to Costa Rica suggests that the recent fertility decline there is largely attributable to factors outside the family planning program.

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The author wishes to express his thanks to Tin Myaing Thein for making part of her dissertation data available and to Miguel Gómez of the Research Department of CESPO for his comments and criticisms of an earlier draft. This work was made possible in part by an Agency for International Development contract, AID 515-223-T.

Costa Rica has had a national family planning program since 1967.* This program does not have an explicit demographic objective;† however, there has always been interest in determining whether it has had any effect on fertility. Although no formal project is underway to evaluate the program's demographic impact, a variety of studies have been conducted that touch on aspects of this question, and more are ongoing. We propose here a model for using such available data to assess the demographic impact of a family planning program.

The model is relatively simple to describe; however, it does not offer a simple means to measure the demographic impact of a program. In our opinion, there are no simple shortcuts, and pre-

cise measurement is impossible. The indirect calculations used by some researchers appear to exaggerate program impact, as do many surveys and program evaluations. The experiment may be the best approach, but for a number of reasons it is often unfeasible. The status of the art of family planning program evaluation has been reviewed elsewhere (Reynolds, 1972), and the problems associated with this type of endeavor need not be repeated here. Nevertheless, in order for the reader to understand the rationale of the model, we need to mention some of the most common shortcomings in evaluation, since the model attempts to deal with them.

Procedural Problems

Many evaluations neglect to account for the effects of intervening variables other than those inherent in the program. Most programs specialize in contraception, and many evaluations assume that it is sufficient to study program acceptance and use of contraceptives to determine program impact. However, such other

variables as abortion, involuntary abstinence, and age of entry into sexual unions can also affect fertility. If these rival variables are not considered, it is easy to overestimate the importance of contraception and, thus, the role of the program (Kirk, 1971). Davis and Blake (1956) have identified 11 intermediate variables "through which and only through which" fertility can be affected. We have condensed these 11 variables to nine and incorporated them into our model to help distinguish between program and nonprogram effects. Our variables are:

Intercourse variables

1. Age of entry into sexual union
2. Permanent celibacy
3. Time lost between or after unions
3. Abstinence
5. Coital frequency

Conception variables

6. Fecundity/infecundity
7. Contraception

Gestation variables

8. Abortion
9. Stillbirth

We have also tried to build in a means for distinguishing between program and nonprogram influences at various levels of analysis. For example, contraception may be provided by the program or by private pharmacists, or the use of folk methods may increase. The model allows for this type of distinction.

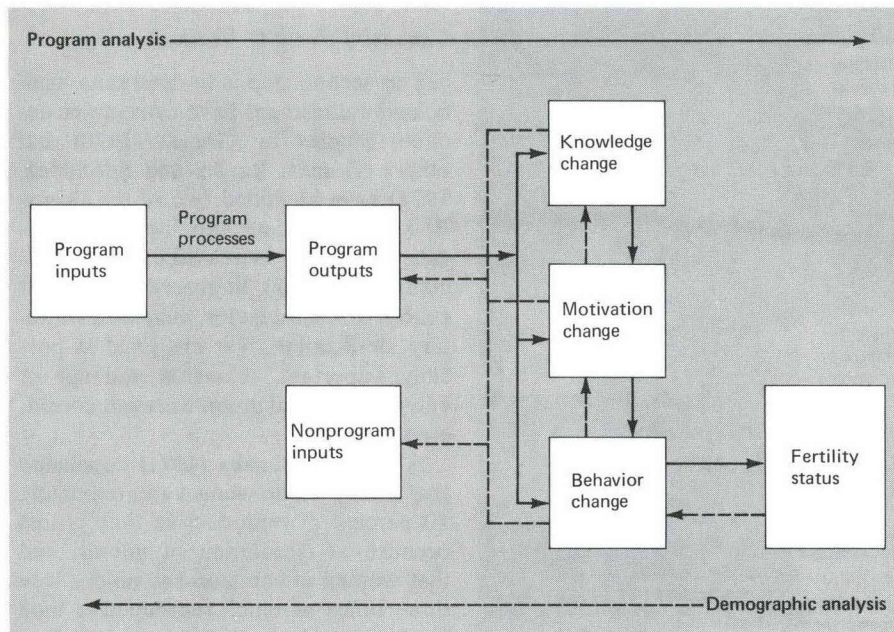
A second shortcoming in evaluations is the imprecision of such key terms as "demographic impact" and "family planning program." Demographic impact can include program effects on illegitimacy rates, on spatial distribution and migration, and so on. Most program impact studies are not concerned with such effects. The model allows for the measurement of these and other effects, both expected and unexpected, both positive and negative. For purposes of this paper, however, we will be concerned only with fertility impact.

Most program impact studies are concerned only with fertility reduction; however, many program administrators and

* Semipublic family planning services were started in 1962, and the Asociación Demográfica was established in 1966. In 1967 the Office of Population was established in the Ministry of Health. This is generally considered the year the national family planning program was formed.

† The Office of Population developed a detailed plan of operations for the national program based on implicit demographic criteria (Office of Population, 1967.)

Figure 1 Summary model for measuring the demographic impact of family planning programs



acceptors consider a planned birth a success. Thus, we feel that fertility impact should be measured not only in terms of fertility decline but also in terms of desired and undesired outcomes (pregnancies, births, pregnancy and birth intervals, and so on). The model is flexible enough to permit these types of measurements. "Impact" is a difficult concept to define and measure. The impact may be direct or indirect, or it may be partial rather than attributable exclusively to one factor. The model attempts to sort out these types of impact, but quantification remains difficult.

Similar problems arise in defining what is meant by the family planning program in order to relate it to impact. Many evaluations cover only the contraceptive services and overlook other program activities with different types of impact at different levels. For example, many programs conduct communication, information, education, orientation, and training projects that may have an indirect impact on providers and users of family planning services. A woman who buys contraceptives from a private pharmacy may have been motivated to do so by a physician who received a training course through the national program. Thus, indirectly, the program would have influenced the use of contraceptives. The model attempts to provide for this type of analysis by using a systems approach in the analysis of different levels and

types of program activities and related effects. In this approach, demographic and program analysis are combined to depict a program as a system operating, not in a vacuum, but in a complex and dynamic environment.

A third shortcoming in evaluation is the paucity of comprehensive program analysis. Many evaluations are based on data about program acceptors and pay little attention to the operation of the program, the reaction of the acceptors to the services, the adequacy of the service, or the subsequent behavior of the program clientele. The model attempts to attack this problem by including a program analysis component and by outlining a series of evaluative studies that can be used to take a critical look at program operations.

The Model

The model consists of two parts: (1) a demographic analysis that begins with the examination of fertility changes and, by process of elimination, works back down the chain of causes toward the program; and (2) a program analysis that begins with program activities and works up the chain of effects toward fertility changes (Figure 1). Either part should suffice. However, experience has led us to believe that it is prudent to attack the problem from both perspectives; what one approach misses should be picked

up by the other. Also, the causal chain becomes difficult to follow when only one approach is used.

Demographic Analysis

STRATEGY

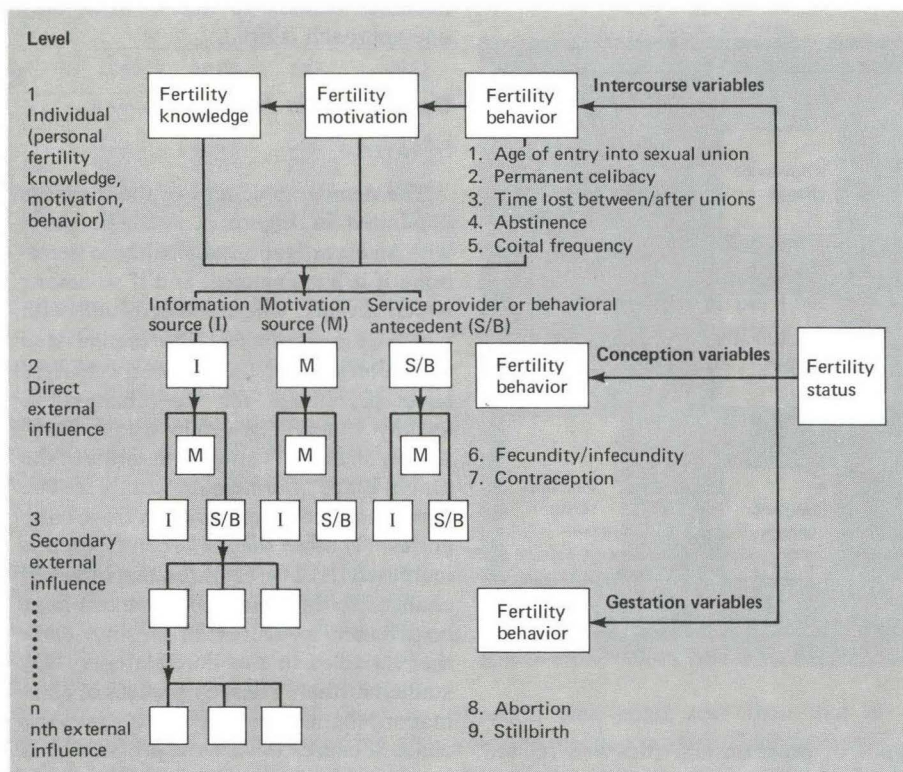
The demographic part of the model is illustrated in Figure 2. Analysis starts with an investigation of fertility to determine if it has changed, and if so among which groups, where located, and with which characteristics. The second step is to determine which behavioral changes have accounted for the changes in fertility status. The group whose fertility has changed is studied in terms of the Davis-Blake intermediate variables. The variables are then classified in three categories: (1) those that have contributed to increased fertility; (2) those that have not changed fertility; and (3) those that have contributed to decreased fertility. Only the variables in the third category are studied further. Thus, by process of elimination, the investigator works down the chain of causes toward the program, first by identifying where fertility decline has occurred, and second by determining which intermediate variables account for the decline.

The third step is to identify the external influences that led to the changes in the key intermediate variables. The model (Figure 2) differentiates between direct external influences and secondary external influences. A direct external influence is one that is directly associated with a change in an individual's knowledge, motivation, or behavior, without any intervening steps. An example would be a physician motivating a patient to accept an IUD. A secondary influence is one step removed, for example, a training program motivating the physician to motivate the patient.

External influences may act on an individual with or without his or her prior knowledge or motivation. One example would be involuntary abortion (because of an accident); another example would be involuntary abstinence (because of the husband's being drafted into the military service).

For analytical purposes we have identified three types of external inputs: information source, motivation source, and service provider or behavioral antecedent. The inputs may be factors or individuals, the same or different sources. The investigator's job is to determine where, if at all, the program fits in.

Figure 2 Model of demographic analysis



The analysis of external inputs can be repeated at different levels, depending on how far down the causal chain the investigator needs to go to identify a program input. For example, once he has determined that the major change in fertility was caused by increased use of contraceptives, he can drop to the next level to determine who provided the contraceptive services (private or public physicians or pharmacists), who provided the motivation to use contraceptives (family planning workers, friends), and who provided the basic information about contraceptives (a sex education class, a film). Carrying the analysis to the next level the investigator may then want to determine who provided the private pharmacist with contraceptive supplies, what motivated him to carry the products, and who informed him about contraceptives.

APPLICATION

Investigation of Fertility

Applying the available data from Costa Rica to this part of the model, we begin with an analysis of fertility trends from 1959–1969. In the 1950s Costa Rica had one of the world's highest fertility and growth rates. The crude birth rate reached a peak of 49.4 per thousand

population in 1954. In 1959, the growth rate was 3.9. Since 1960 the rates have been declining rapidly (Table 1), and the decline is considered valid (Gómez, 1970). Costa Rica has a good registration system, and several competent demographers have analyzed the data in detail. One recent report states that:

The crude birth rate went from 47.8/1,000 in 1960 to 34.4/1,000 in 1969, which represents a reduction of 28 percent. It can be shown that the decline is not simply a decline in fertility arising out of the deterioration of birth statistics, peculiarities of age structures, or temporary variations in marriage rates; it is seen on the contrary, as various studies have demonstrated, as a genuine decline in fertility, which has changed the Crude Reproductive Rate from 3.54 in 1960 to 2.46 in 1969, a variation that implies a reduction of approximately two children per completed family (CESPO, 1972, p. 6).

In short, we are convinced that Costa Rica has experienced a rapid and significant decline in fertility in the 1960s. Fertility has declined within all age groups and throughout the country, but

particularly among the 20–35 year age group and in the urban areas.

Causes of Fertility Decline

The second step is to determine what behavioral changes have caused this decline. Studies by Gómez (1970) and others (Gómez, Raabe, and Bermúdez, 1971) have identified two of the Davis-Blake intermediate variables as significant factors: (1) increased use of contraception; and (2) increased permanent celibacy. A third factor, increased voluntary sterilization, was identified as possibly important. Abortion and age of entry into sexual union were not considered significant.

A study by Onaka (1971) concluded that among urban women approximately 10 percent of reproductive time is lost because of dissolution of unions, and that women in common-law unions lose three times as much reproductive time (24.8 percent) as women in legal unions (7.5 percent). Onaka notes that the difference is not because of education or place of birth but because of the instability of common-law unions.

Preliminary findings from an ongoing study by Tin Myaing Thein covering the intermediate variables indicate that dissolution of unions is a factor in fertility decline in certain areas of the country. This is apparently a result of an increase in separations where unemployment rates increase. Tin Myaing Thein has also identified three variables that she believes account for most of the decline in fertility: (1) increased use of contraception; (2) increased female sterilization; and (3) a decrease in time spent in unions, mostly because of an increase in the proportion of unmarried women and in some areas, because of an increase in the median age at marriage.*

Gómez (1970, p. 300) estimated that no more than 25 percent of the fertility decline was due to increased permanent celibacy. Although sterilization may account for another 10–20 percent,† it is clear that over half of the decline can be

* Several other relevant studies are underway or completed. When the data are available, we expect to have a fairly clear idea of what intermediate variables have been significant. These studies include a national rural fertility survey conducted by CELADE in 1969 and a national migration survey that is now under way in Costa Rica, conducted by CESPO and CELADE.

† The data have not yet been analyzed, but reported female sterilizations increased steadily from 836 in 1959 to 3,189 in 1969.

TABLE 1 Vital rates, Costa Rica, 1959-1971

Year	Births per 1,000 population	Deaths per 1,000 population	Rate of natural increase	Crude reproduction rate	Total fertility rate
1959	48.3	9.3	39.0	3.47	7,114
1960	47.8	9.3	38.5	3.54	7,257
1961	46.7	8.7	38.0	3.50	7,175
1962	45.1	9.3	35.8	3.40	6,970
1963	45.0	9.4	35.6	3.42	7,011
1964	42.9	8.6	34.3	3.24	6,642
1965	41.9	8.4	33.5	3.15	6,458
1966	40.5	8.1	32.4	3.02	6,191
1967	38.5	7.8	30.7	2.84	5,822
1968	35.9	7.1	28.8	2.61	5,351
1969	34.4	7.2	27.2	2.46	5,043
1970	33.3	7.2	26.1	2.41	4,941
1971	31.5	6.5	24.0	2.27	4,654

SOURCES: General Office of Statistics and Census; Gómez, Miguel, and Vera Bermúdez, forthcoming.

attributed to the increased use of contraception.

Contraceptive use has spread rapidly, especially since 1964, and it is now estimated that 50 percent of the women exposed to the risk of pregnancy are practicing contraception (Gómez, 1970, p. 106). Surveys show that from 25-54 percent of rural women and 70 percent of urban women use contraceptives (Gómez, Raabe, and Bermúdez, 1971, pp. 26, 30). The most often used methods have been oral contraceptives, condoms, rhythm, withdrawal, and IUDs (Gómez, Raabe, and Bermúdez, 1971, p. 30; Tin Myaing Thein and Reynolds, 1972, p. 23). The most significant increase has been in the use of orals, especially after 1964.

Data from a recent study of contraceptive imports (Tin Myaing Thein and Reynolds, 1972) indicate that the quantity of oral contraceptives imported in the first half of the 1960s was insufficient to have produced a substantial change in fertility. Condom imports, however, grew more steadily during that period. Orals have been widely used only since 1965. Except for condoms, none of the other methods was available in quantity until 1966, and, even then, except for IUDs, the quantities were too limited to have had much effect in lowering the birth rate.

Thus, the general picture that emerges from these surveys is that fertility decline in Costa Rica was caused mainly by increased permanent celibacy in the first half of the 1960s, probably accompanied by increased use of certain traditional contraceptive methods (condoms, rhythm, and withdrawal). In the second half of the decade, these factors contin-

ued to be important but sterilization and especially the use of modern contraceptives, particularly the pill and IUD, contributed to an even faster rate of decline.

The next step in the analysis depends on the preferences of the evaluator. We can investigate the personal motives for increases in permanent celibacy, contraceptive use, and sterilization, or we can move down one level to look at the providers, motivators, and information sources.

Personal Motives

Very little is known about personal motives for and personal knowledge about celibacy in Costa Rica. Permanent celibacy appears to be largely involuntary. Some evidence suggests that technological changes are producing changes in internal migration patterns that may affect celibacy levels. Greater proportions of young women than of young men tend to migrate to the urban areas. The women seek employment in factories and as domestics, whereas the men move from one rural area to another, seeking employment in agriculture. The age-sex distributions in the urban areas show an excess of women over men in the reproductive age group; the reverse is true in the rural areas. The cultural preference of men to marry women in the five-year age group below them may also partially account for celibacy patterns. Since there are generally fewer men in each older age group than women in the younger, some women in each cohort will remain unmarried. In any case, celibacy does not appear to be related to the family planning program.

In regard to sterilization and contra-

ception, very little is known about personal motives. Studies indicate however, that knowledge about contraception has increased in both urban and rural areas and among all social classes. The pill, which was practically unknown in 1964, has become the most widely used contraceptive method (Gómez, Raabe, and Bermúdez, 1971). Female sterilization is also well known, although data indicate that vasectomy is much less known (Gómez, Raabe, and Bermúdez, 1971, pp. 21-22).

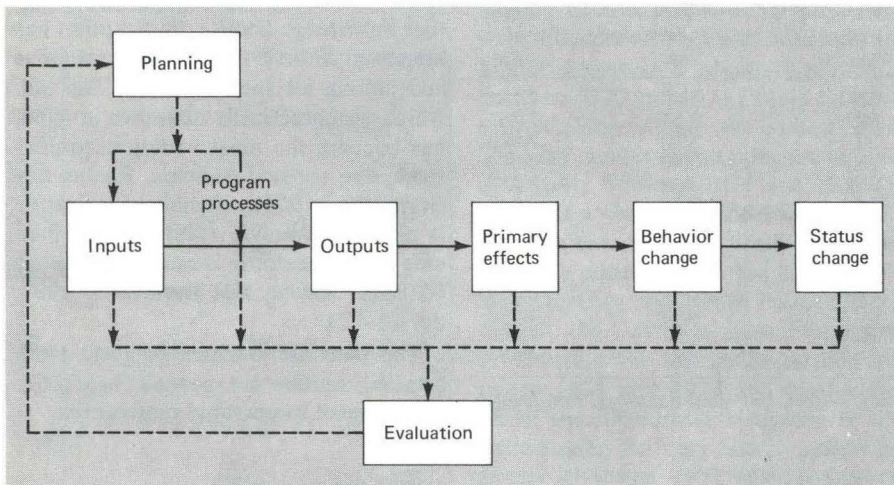
The data are fragmentary, and more detailed studies are needed, especially with respect to personal motivation.

Direct External Input

At the next level of analysis, that of the direct external input, we have data on the providers of sterilization and contraceptives as well as some data on sources of information and motivation. We have already eliminated permanent celibacy as being related to the program, and we can now eliminate sterilization. Most of the sterilizations have been female and have been performed in government hospitals. Sterilization is not part of the national program, however, and the director of the Department of Population of the Ministry of Health (which provides the majority of the clinic services) has stated that the program is not interested in sterilization services. This brings us to one of the complications in measuring the demographic impact of a program since most of the sterilizations are performed by the same physicians who work in the family planning program and their program affiliation may have an indirect influence on their non-program activities.

There are two external sources for contraceptives: the program and the private (commercial) sector. A recent study concluded that until 1966 the private sector contributed almost all of the contraceptives; that, in the decade of the greatest fertility decline, 1959 to 1969, the private sector contributed about 55 percent compared with 45 percent contributed by the family planning program; and that the private sector had a virtual monopoly over all methods except orals (which it still dominated with 73 percent of total imports) and IUDs (which were a program monopoly) (Tin Myaing Thein and Reynolds, 1972, p. 13). Thus, in terms of the major contraceptive methods used in Costa Rica, the program only

Figure 3 Model of program analysis



provided IUDs and about one-quarter of the orals through 1969.

Concerning motivators and informers at the level of the direct influences (level 2 in Figure 2), this same study states that the private sector introduced all methods except the IUD, that the stimulus was largely commercial and at the urging of the foreign contraceptive manufacturers, and that the demand for contraceptives was heavily stimulated by the manufacturers' sales representatives (detail men) working through physicians and pharmacists (Tin Myaing Thein and Reynolds, 1972, p. 13).

The private sector did not mount a public information campaign, however, and knowledge about contraceptive use apparently spread by word-of-mouth. The public program had a public information campaign that probably had some impact, but no data are available to verify this. Interestingly enough, news that the government might begin a family planning program started circulating in 1964-1965, and this apparently stimulated the private sector to increase imports and indirectly stimulated sales in the private sector.

This is as far as we can take our demographic analysis at present. Ongoing research is expected to fill some of the gaps in our knowledge, but it appears that the program's direct impact on fertility was not great. Between 1959-1969 fertility in Costa Rica declined because of fewer women entering into sexual unions, increased voluntary sterilization, and increased use of contraceptives. The program had nothing to do with the first two factors, which may have accounted for 30-40

percent of the decline. It also had nothing to do with increased use of traditional contraceptive methods (condoms, rhythm, and withdrawal), and provided only about one-quarter of the orals used; however, an important contribution of the program was IUDs.

Program Analysis

STRATEGY

For more information we now turn to program analysis. Figure 3 shows the program model. The basic strategy can be summarized briefly.* Program inputs consist of personnel (nurses, physicians, educators, and so on), materials (clinic facilities, contraceptive supplies, medical equipment), funds, and so on. These are combined in such processes as recruitment, clinical services, and follow-up. These processes result in outputs of such goods and services as pamphlets and contraceptive services. These goods and services are not ends in themselves. They are expected to produce effects. Primary effects are changes in knowledge and motivation. An example is an increased understanding of human reproduction due to a sex education lecture. These changes in turn are expected to result in changes in an individual's behavior that should lead to changes in fertility status. How much credit a program can claim for producing a change in fertility will depend on how directly inputs led to outputs that led to effects. Evaluation can be conducted at any or

* The program analysis part of the model is described in detail in Reynolds, 1970a, 1970b, 1970c, and 1971.

all stages in the causal chain. To be useful the evaluative results should be fed back into program planning so that needed adjustments can be made in the inputs and processes.

APPLICATION

Evaluation of the national family planning program is the responsibility of the Evaluation Department of the Social and Population Studies Center at the University of Costa Rica. The basic program analysis/evaluation strategy is to:

1. Identify the major program activities: clinic services, contraceptive distribution, mass media communication, medical and paramedical training, and sex education training.

2. Conduct a general evaluative overview of each activity: a) to identify the most significant inputs, processes, outputs and effects; b) to identify the internal and external factors that affect the availability, accessibility, adequacy, and acceptability of the program's services; and c) to determine priorities in research and evaluation.

3. Design statistical reporting systems and supervisory guidelines to monitor the basic processes and outputs of each activity.

4. Design special studies to investigate those significant program aspects that require them. At present all of the overviews (step 2) have been completed, and evaluation plans have been designed for each major activity. We can use these overviews combined with several other studies that have been conducted to complement our demographic analysis.*

There is difficulty in determining when the program began. In the strictest sense it did not begin formally until 1967, the year the Office of Population was established in the Ministry of Health, and services did not begin until 1968. The Social Security Institute did not become part of the program formally until 1970. The Ministry did not open all of its clinics at once, and given the lag time required for a fertility effect to be dem-

* Several other studies are either planned or underway, including a inventory of program users to determine the program caseload and characteristics of users; a survey of program dropouts; an application of "numerator analysis"; and a study of hospital sterilizations.

TABLE 2 Estimated program users, midyear female population, and decline in the crude birth rate, Costa Rica, 1959-1971

Year	Users, by method				Total	Midyear female population aged 15-49 ^c	Program users per 100 women 15-49 years	Decline in CBR following year ^d
	IUDs ^a	Pills (WYC _p) ^b	Condoms (WYC _p)	Cream/foam (WYC _p)				
1959						253,395	—	-0.5
1960						263,460	—	-1.1
1961						272,675	—	-1.6
1962	232				232	282,215	.08	-0.1
1963	506				506	292,180	.17	-2.1
1964	858				858	295,060	.29	-1.0
1965	1,434				1,434	312,990	.46	-1.4
1966	2,660	414			3,074	324,885	.95	-2.0
1967	4,517	2,104			6,621	337,245	1.96	-2.6
1968	5,981	5,074			11,055	347,236	3.18	-1.5
1969	6,797	10,378			17,175	359,816	4.77	-1.1
1970	8,304	16,717	1,497	209	26,727	377,555	7.08	-1.8
1971	9,508	24,594	2,165	630	36,897	393,145	9.39	n.a.

n.a. = Data not available.

^a From new insertion data adjusted according to retention rates calculated by Tietze and Lewit (1970, p. 6).

^b Potential woman-years of contraception (WYC_p) based on 1 WYC_p = 13 cycles of pills, 120 condoms, or ten tubes of cream or foam.

^c General Office of Statistics and Census.

^d Crude birth rate, from Table 1. The crude birth rate in year *n* minus the crude birth rate in year *n* + 1.

onstrated, we could say that the earliest effect would have shown up in 1969. That is, the decline in fertility between 1959-1968 was not program-related.

Although this may be technically correct, we feel justified in considering the program's forerunners and all public agencies that were offering family planning services as part of the program. Thus, we cover all data since 1962 including data from the Clínica Bíblica (which began offering services in 1962), the Costa Rican Demographic Association (which was formed in 1966), and the Social Security Institute (which began distributing contraceptives in 1967).

From the overview of contraceptive distribution, (Reynolds and Herrera, 1972) it is known that only two methods, IUDs and pills, were distributed in significant quantities through 1969. The program did not begin distributing condoms until 1970, and thus the part of the fertility decline attributed to condoms cannot be related to the program directly. Further, the program began distributing pills only in 1966, and the quantity that year was low (5,388 cycles).

Pill distribution increased rapidly during the next few years: 27,351 cycles in 1967; 65,963 cycles in 1968, and 134,926 cycles in 1969. IUD insertions began at a low level, 300 in 1962, and grew fairly steadily, to 400 in 1963, 550 in 1964, 900 in 1965, 1,825 in 1966, 2,876 in 1967, 2,646 in 1968, and 2,064 in 1969. In 1970 and 1971 the distribution of both methods in-

creased, and the program also began distributing condoms, creams, and aerosol foam.

Unfortunately, no data are available on IUD retention rates, patterns of use of contraceptives, or use-effectiveness. Thus, it is difficult at this point to quantify the effects of these contraceptives on fertility. We can estimate the number of IUD users based on retention rates calculated by Tietze and Lewit (1970) from the worldwide IUD study. We can also estimate the "potential woman-years of contraception" represented by the other methods distributed. Summing these we have a rough idea of the number of women "protected" fully and directly by the program. We can compare that figure with the number of women in the fertile age group and calculate the proportion of program coverage, as shown in Table 2.

The actual numbers protected by the program are difficult to determine because of, among other reasons, (1) interaction effects (for example between rhythm and condoms); (2) switching from the program to the private sector, or vice-versa, for contraceptives or treatment; (3) multiple use of methods (such as rhythm and condoms); (4) the problems associated with the definition of a denominator of unprotected women.

Thus, the actual numbers of protected women may be somewhat greater or less than the estimates shown in Table 2, and we are not sure of either the direction or the magnitude of the error. The only data we have are from a recent survey that found that of the women

"potentially eligible" to use the program, 21.2 percent in the urban areas and 27.4 percent in the rural areas were using or had used the program. Among women presently using contraceptives, 28.6 percent in the urban areas and 44.2 percent in the rural were using or had used the program at one time (Gómez, Raabe, and Bermúdez, 1971, p. 66). The duration of use was not reported. More specific estimates of program use cannot be calculated until the results of ongoing and future studies are known. At this point we can only note that the number of women protected fully or in part by the program was relatively low in the early 1960s but has been increasing steadily.

From another perspective it appears that the number of women protected fully by the program may be only half of the number enrolled. Studies by Bermúdez and Acuña de Haug (1969) and Lenis (1971) indicate that program dropout rates may be quite high. The first study of 200 women who had enrolled in the Clínica Bíblica over a 14-month period found only 47 percent active at the end of that period. Lenis studied the records in a large clinic in Hatillo and found that only 47 percent of those who had been enrolled between 1968-1970 were still active in January 1971. Lenis also found that of the women enrolled in January 1970, 42 percent were still active in January 1971.

In short, from the limited program analysis data presently available, it does not appear that the program could have played a major role in the decline of fertility between 1959-1969. Given

the newness of the program, the limited quantities and types of contraceptives distributed, and the apparent high program dropout rates, the direct contribution was probably quite limited. The partial and indirect contribution may have been important but no data are available at present to permit even crude estimates of the impact.

Implications

The combination in Costa Rica of a strong family planning program and a dramatic decline in fertility make it an ideal setting for studying the relationship between demographic analysis and program analysis. Given the short period of time that the program has been operating at full strength, it would seem appropriate to continue to monitor fertility changes and program efforts over the next few years, and the model described above may be helpful in that respect.

Perhaps the most significant characteristic of the model is its inclusion of factors other than contraception and the family planning program in the analysis of fertility decline. If there is a message to be communicated here it is that simple correlation of numbers of acceptors to birth rates is an unacceptable method for demonstrating the impact of a family planning program on fertility. Calculations of number of births assumed to be averted from the distribution of x amount of contraceptives are also neither realistic nor acceptable. Family planning programs do not function in isolation from other socioeconomic forces, and contraception is not the only way of controlling fertility. Analysis that neglects to account for rival variables in non-experimental situations may be more misleading than enlightening.

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