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REPORT OF A STAFF SURVEY MISSION



MARCH 22, 1976

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(II)

FOREWORD

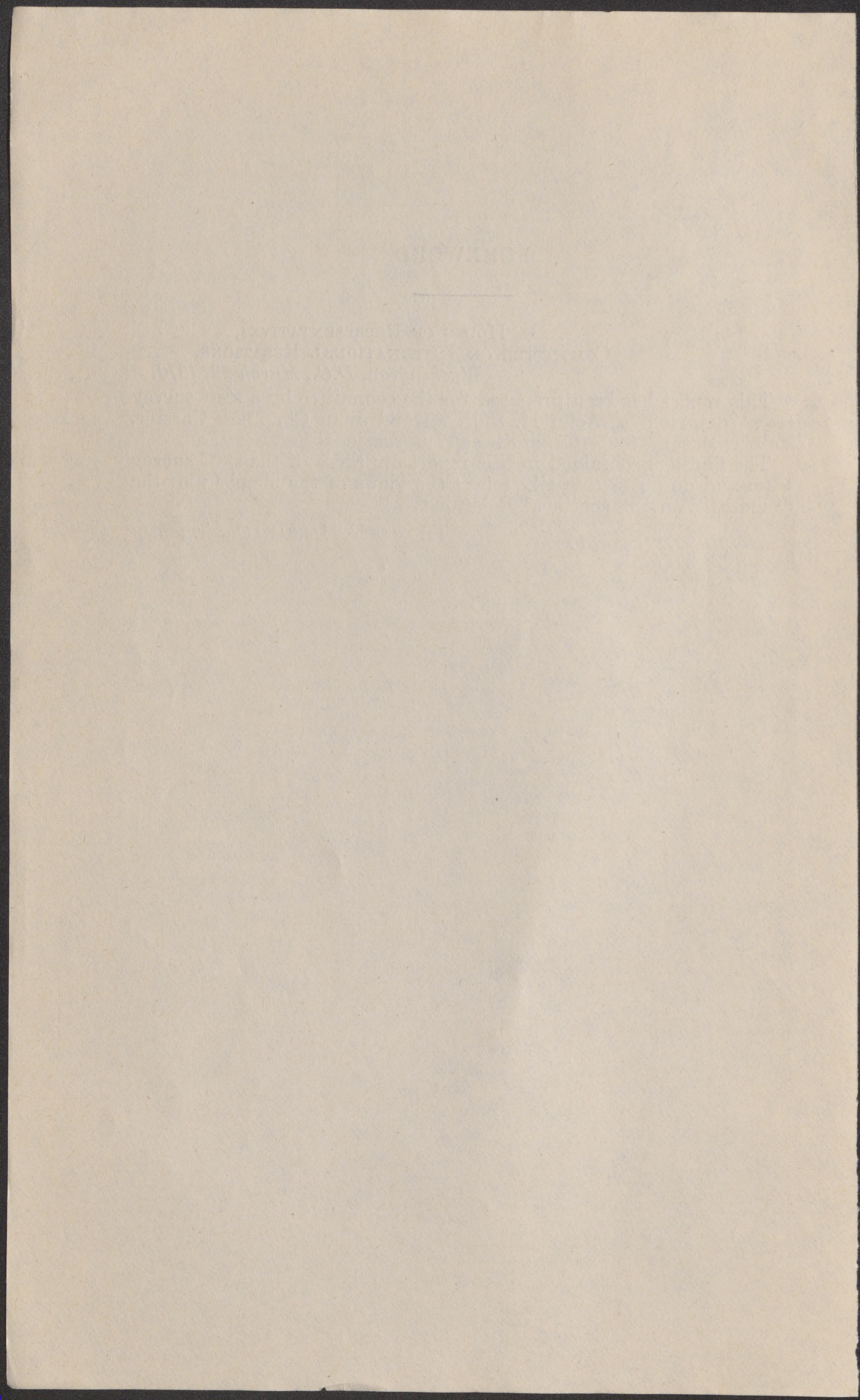
HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERNATIONAL RELATIONS,
Washington, D.C., March 22, 1976.

This report has been prepared for the committee by a staff survey team comprised of John H. Sullivan and John Chapman Chester, staff consultants to the Committee on International Relations.

The findings contained in this report are those of the staff survey team and do not necessarily reflect the views of the members of the Committee on International Relations.

THOMAS E. MORGAN, *Chairman.*

(III)



LETTER OF TRANSMITTAL

MARCH 22, 1976.

Hon. THOMAS E. MORGAN,
Chairman, Committee on International Relations, House of Repre-
sentatives, Washington, D.C.

DEAR MR. CHAIRMAN: There is transmitted herewith a report of a staff survey team composed of the undersigned staff consultants, Committee on International Relations, which visited sites in West Africa between November 28 and December 18.

One purpose of our review—and the subject of this report—was to evaluate several aspects of U.S. development assistance programs in West Africa. They included: (a) population/family planning programs, (b) the Senegal River Basin project, and (c) reimbursable development programs in Nigeria.

Our assignment also included an evaluation of Peace Corps operations in the countries we visited. That report has been submitted under the title, "The Peace Corps in West Africa, 1975."

During the course of our mission we visited Sierra Leone, Ivory Coast, Upper Volta, Ghana, Nigeria, and Senegal. We also made a stop in London to meet with officials of the International Planned Parenthood Federation (IPPF). As part of our mission, we met with U.S. Embassy officials, Agency for International Development (AID) Mission personnel, Peace Corps staff and volunteers, in addition to numerous host government officials, representatives of international organizations and concerned private citizens. All received us with courtesy and contributed significantly to our understanding of the matters under review.

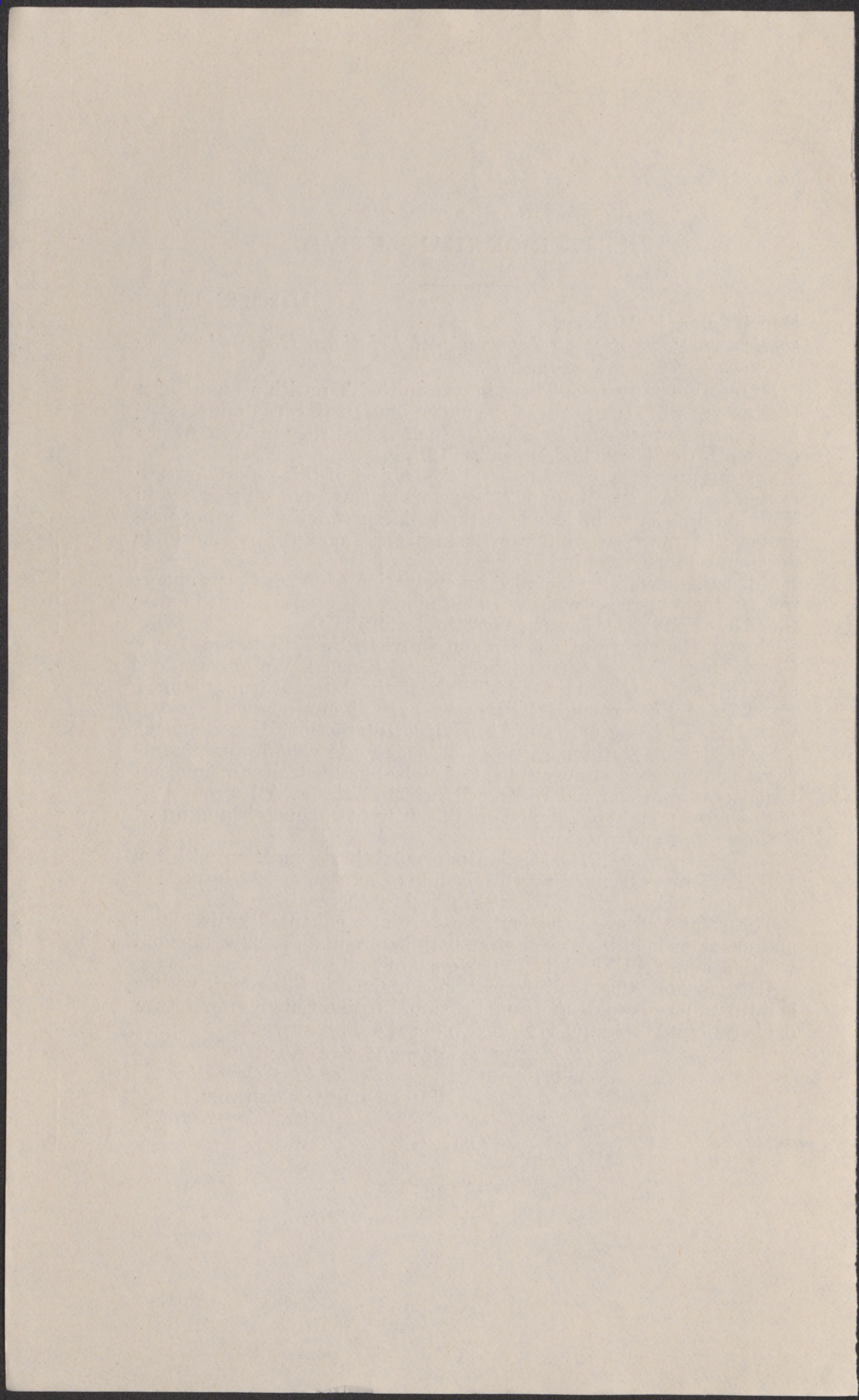
In each country, AID Mission personnel, in conjunction with the U.S. Embassy, arranged a full schedule of meetings, field inspection trips, and other activities. We are grateful for their assistance.

The results of our investigations were also enhanced by briefings and meetings held in Washington, both before and after the mission, with officials of AID and the Department of State.

It is our hope that the information contained in this report will be helpful to members of the committee and to the Congress in future deliberations on relevant U.S. development aid programs.

JOHN H. SULLIVAN,
Senior Staff Consultant.

JOHN CHAPMAN CHESTER,
Staff Consultant.



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I. POPULATION PLANNING ACTIVITIES

A. SUMMARY OF FINDINGS

1. Despite the clear requirement for most nations in West Africa to curb high population growth rates if economic development is to be facilitated, little or nothing is being done in the countries we visited. A single exception is Ghana where a national policy of population planning has picked up momentum in recent months but still is hampered by bureaucratic squabbling.

2. As previous committee staff surveys have found,¹ a principal stumbling block to population planning efforts is the lack of interest—and sometimes outright hostility—on the part of government leaders. Their attitudes are formed by: (a) traditional pronatalist ideas; (b) religious objections; (c) fears of larger neighbors or of rival tribes within a country; and (d) identification of large populations as necessary to national development.

3. Population growth rates in most of these countries actually appear to be on the *increase* as infant mortality falls because of improved immunization programs against smallpox, measles, and malaria, and because of better education in nutrition.

4. The integration of family planning with health services, particularly maternal and child health, is a requirement for progress in the African context. To the extent that the United States has not been identified with such a strategy in the past, our offers of assistance may be viewed with suspicion by governments. Both U.S. officials and African nationals interested in population planning agree that the new language in U.S. foreign assistance legislation emphasizing integrated programs should help their efforts at promoting "family spacing" within a context of family health.

5. The attitudes of West African political leaders toward population planning efforts might well be changed if there were the same enthusiastic response in local communities as there is to other government services, such as schools, medical facilities, and feeder roads. Such enthusiasm might be generated by providing family planning as part of comprehensive maternal and child health services.

¹ U.S. Aid to Population/Family Planning in Asia, report of a staff survey team to the Committee on Foreign Affairs, U.S. House of Representatives (93d Cong., 1st sess.), Feb. 25, 1973, and "New Directions" in Development Assistance: Implementation in Four Latin American Countries, report of a staff survey mission to Colombia, Bolivia, Guatemala, and the Dominican Republic, Committee on International Relations (94th Cong., 1st sess.), Aug. 31, 1975

6. Data being developed in Ghana indicate that contraception continuation rates are highest when family planning is integrated into health programs. As a result, integrated systems also may be the most cost-effective way of providing population services.

7. Because the receptivity of poor people to population planning appears to hinge on lowering rates of infant mortality, improved mother/child health and nutrition are essential to fertility control. Therefore, legislation which would deny Public Law 480 food and economic assistance to countries with high birth rates would be self-defeating.

8. In view of management difficulties, and possible violations of restrictions in the Foreign Assistance Act, the nature of U.S. aid to the International Planned Parenthood Federation—IPPF—should be altered to permit better monitoring by AID of IPPF's use of funds.

B. POPULATION PLANNING IN AFRICA

Unlike Asia which we visited in 1972 on a similar study, the entire issue of population growth has scarcely been addressed by most of the countries of Africa. Population funds going to Africa from the Agency for International Development generally have been considerably smaller than such funds going to Asia, Latin America, and the Near East/South Asia region.

At the same time, AID has been increasingly interested in population/health programs for Africa. From a \$13.7 million program for the entire continent in fiscal year 1976, the agency plans an increase to \$25.5 million in fiscal year 1977.

Our objective was to assess the opportunities, challenges and obstacles to the introduction of effective family planning/population control programs into the African environment. Of particular interest was the applicability in the West African countries we visited of new policy language adopted by the Congress in 1975 as part of the International Development and Food Assistance Act of 1975 (Public Law 94-161). That language says:

Assistance provided under this section¹ shall be used primarily for extension of low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and to the poorest economic sectors, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems, and other modes of community outreach; health programs which emphasize disease prevention, environmental sanitation, and health education; and population planning programs which include education in responsible parenthood and motivational programs, as well as delivery of family planning services and which are coordinated with programs aimed at reducing the infant mortality rate, providing better nutrition to pregnant women and infants, and raising the standard of living of the poor.

Africa is the least developed of the world's continents. Rudimentary services and facilities which may be available to the people of less-developed countries in Asia and Latin America often are absent from African nations.

Most Africans do not have access to even the simplest kind of medicine or disease control. As a result, as a region, Africa has the world's highest death rates, and shortest life expectancy. Statistics tell the story:

¹ Section 104 (Population planning and health) of the Foreign Assistance Act of 1961, as amended.

	Africa	United States
Infant mortality (per 1,000 births).....	161	16.5
Life expectancy (years).....	44	71
People per physician.....	14,000	600

Africa as a region also has the highest birth rates in the world. Despite its high mortality, health problems, and decreasing per capita food production, the population of the continent increases at an estimated 2.6 percent a year.

Most African countries have made little or no effort to develop significant family planning programs. In part, the perception of high infant deaths results in pronatalist attitudes or a lack of interest in population planning.

In every West African country we visited, the idea of population planning is, in varying degrees, a sensitive subject to political leaders. Among the factors which make it so are:

Religion.—Throughout West Africa the dominant religious belief is Islam. The Moslem sects tend to be conservative and traditional, with pronatalist and anticontraceptive attitudes. In former French colonies like Ivory Coast and Senegal, important national leaders are Roman Catholics who reflect that church's traditional views on family planning.

Tribal rivalries.—In a number of African states the political structure is a reflection of tribal interests. In such situations, groups attempt to maximize their population in order to obtain or increase political dominance. Nigeria is a recognized example of this condition, but other nations have a similar problem.

National development.—The idea is current in many African countries that large populations are essential to national economic growth and progress. Thus, leaders in the Ivory Coast will espouse a population several times the country's present size as an ideal to be reached as part of the economic development process.

Although Africa's infant mortality rates remain high, they have declined by up to 50 percent in the last 25 years. The result has been increases in family size with attendant problems.

There was a strong consensus among African population specialists with whom we spoke that family planning services can best be advanced in Africa by integrating them into programs of health, particularly maternal and child health (MCH), and nutrition. The reasons are several:

—The only way which family planning programs are likely to be palatable to African leaders is by presenting them in a health context. Instruction in "child spacing" may be acceptable as part of an MCH program in countries where "family planning" and "population control" are not.

—Limitation of family size will improve the total health of a population. Programs designed to curb family size can have positive health impact not only on the mother but the entire family. For example, children in large families tend to have more nutritional deficiencies.

- Health services, which are in demand throughout Africa, can provide an excellent vehicle for providing family planning. By expanding a complementary set of family planning services as an integral part of basic health delivery systems, it is argued, the potential health hazards of certain family planning methods can be minimized, and, at the same time, the motivation for using the services can be enhanced.
- The demand for health services can be a means of overcoming official opposition to, or neglect of, population planning programs. The lack of strong community enthusiasm for the provision of family planning services permits leaders their apathy. If the same eagerness which Africans have for new schools, clinics and roads could be marshaled, changes would come. Comprehensive maternal and child health services likely would be greeted with enthusiasm. Providing such services, with a family planning component, could help energize national authorities.
- Evidence from the Danfa Project in Ghana, the most rigorous study of the health/family planning relationship in Africa, is that contraceptive continuation rates are highest when the service is provided within a total health context. Further, it may be the most cost-effective way to proceed. (See pp. 17-18.)

Many United States and African population specialists with whom we spoke believed that a positive step had been taken by Congress in adopting new policy language in the International Development and Food Assistance Act of 1975 (Public Law 94-161). That language which emphasizes integrated programs, amends the section of the Foreign Assistance Act under which health and family planning programs are funded. It states:

Assistance provided under this section shall be used primarily for extension of low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and to the poorest economic sectors, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems, and other modes of community outreach; health programs which emphasize disease prevention, environmental sanitation, and health education in responsible parenthood and motivational programs, as well as delivery of family planning services and which are coordinated with programs aimed at reducing the infant mortality rate, providing better nutrition to pregnant women and infants, and raising the standard of living of the poor.

The extent to which the United States is identified with such a policy and carries it into practice, we were told, is likely to determine its success in gaining the cooperation of African governments for population planning purposes.

In our discussions we also explored the question of the potential impact in Africa of pending legislation which would cut off development assistance and food aid to those countries which do not immediately embark on vigorous family planning efforts to bring down their population growth rates and meet certain target reductions. Without ex-

ception, our respondents saw such legislation as impractical, impolitic, and—both in the short and long term—more likely to harm the cause of world population control than to advance it.

Among the reasons cited against such a legislative effort were the following:

- Such legislation would reverse current U.S. policy as set forth in title X of the Foreign Assistance Act. Title X states that, “every nation is and should be free to determine its own policies and procedures with respect to problems of population growth.”
- Allegations of cultural interference and even genocide have been leveled at U.S. family planning/population control programs in the past by foreign antagonists. A program which tied food aid to population control measures would certainly be seen abroad, particularly in Africa, as racially motivated and an unwarranted infringement of sovereignty.
- Particularly in Africa, population remains a sensitive domestic political issue. A blatant “carrot and stick” approach to the problem by the United States would entangle the issue with national pride and could cause even those countries with ongoing population programs to terminate external participation.
- Many specialists believe that ultimate population stabilization cannot occur while infant mortality is still so high in developing African countries. Parents have more children than they really want in order to insure the survival of some into adulthood who can then, in turn, care for their aging parents. The key to lower infant mortality rates is improved nutrition for youngsters—a prime objective of the Public Law 480 program. Cutting off nutrition programs because a country refused to initiate family planning programs, would, therefore, be counterproductive.
- Several respondents noted that population statistics are notoriously inaccurate in Africa. To base grants of foreign assistance on such estimates is to invite manipulation of the data rather than effective action to control too-rapid population growth. The U.S. effort should be toward gathering accurate information, regardless of how alarming it may be, rather than encouraging chicanery.
- If, as many demographers believe, death rates must decline before birth rates will, a rising population growth rate during the transition period is virtually inevitable. In Africa, where death rates are still very high but declining, an *increase* in population growth rates may be expected in some countries over the next few years. To make foreign aid contingent on *declines* in present population growth rates would appear to ignore demographic realities.

C. NIGERIA

Demographic Estimates

Population (1975) (million)-----	70-80
Density (persons per square mile)-----	225
Birth rate (per 1000 population)-----	50
Death rate (per 1000 population)-----	23
Annual growth rate 1970-75 (percent)-----	3.2
Infant mortality (per 1000 live births)-----	157
Life expectancy (years)-----	40
Years to double population based on current rates of growth-----	24

Nigeria is located on the west coast of Africa, bounded on the south by the Gulf of Guinea and landward by Cameroon, Chad, Niger and Benin (Dahomey). The most populous country in Africa, with 21 percent of the continent's population, Nigeria is about the size of California, Nevada and Arizona combined.

Nigeria is also one of Africa's richest countries with a gross national product (1974) of \$18 billion and an annual growth rate of 10 percent. Sparked by large petroleum profits which provide most government revenue and foreign exchange earnings, national production and income have risen sharply.

At the same time, however, the vast majority of the population is poor. Per capita GNP is \$235 annually. The literacy rate is about 25 percent. Nigeria's urban slums are among the worst to be seen in Africa.

Of the six countries we visited, Nigeria is the one in which excessive population and crowding is most evident. Its countrywide population densities are 10 times those of Upper Volta, 4 times those of Senegal and Ivory Coast, and about twice those of Sierra Leone and Ghana.

While demographic statistics on Nigeria are notoriously unreliable, many observers believe that the figure of 80 million reported in the 1973 census is not far from the mark. At that figure, Nigeria is the ninth most populous country in the world and sixth among developing nations.

If Nigeria's present rate of population growth, one of the world's highest, is maintained, its population will double by the end of the century—only 24 years from now. Nigeria already has an extremely high dependency ratio: about 45 percent of the population is under 15 years of age. It is the most urbanized African country south of the Sahara, with 24 cities of 100,000 or more persons, and 90 cities of 20,000 or more. The capital, Lagos, with its excessive crowding, seemingly endless traffic jams, and evident pollution has been called "urbanization run amok."

1. THE NIGERIAN GOVERNMENT AND POPULATION PLANNING

The Nigerian Government has been slow to recognize population problems and begin remedial programs. The country's second national development plan, 1970-74, called for: "Government to encourage the citizens to develop a balanced view of the opportunities for individual family planning on a voluntary basis." None of the actionable items specified in the second plan, however, were implemented: There was no integration of voluntary family planning services into the overall health care delivery system and no Federal support of family planning.

The third development plan (1975-80) does not contain a population policy statement of any kind. Numerous statements and documents of the Nigerian Government since the second plan indicate that its leaders do not consider Nigeria's population size and rate of growth any obstacle to development objectives. In fact, some government economic planners believe that Nigeria's land and resources can support a much larger population. The rate of growth is seen as manageable given the present rate of economic advance.

Announced creation of a National Population Council in 1973 gave some hope to foreign observers, but the Council's membership and duties were not announced until May 1975. In July 1975, however, the Gowon Government was overthrown and the Council has yet to meet. Some Nigerians to whom we spoke believed that an initial Council meeting is possible in 1976. Given the present climate in Nigeria—both toward appointees of the former regime and toward population planning—the future of the Council remains a question.

Powerful pronatal forces are at work within Nigerian society. Beyond the religious views of Moslems (47 percent) and a sizable Catholic minority, there are tribal rivalries among such major groups as the Hausa-Fulani, the Yoruba and the Ibo. Tribal size is seen as important to tribal power within the Nigerian federal system. States are established along tribal lines.

Even arriving at accurate census figures is difficult. The 1963 census is generally held in disrepute, as is the 1973 census, because of manipulations resulting from tribal motives. The tendency is accentuated because state shares of federal revenues and representation in the federal government are based on population size.

2. POPULATION ASSISTANCE TO NIGERIA

Although Nigeria generally has been unwilling to use its own funds for family planning purposes, it has allowed commercial sales of contraceptives and the operation of private family planning clinics including those of the IPPF affiliate, the Family Planning Council of Nigeria. It also has permitted a variety of programs by foreign donors in the population area, as the following table shows:

NIGERIA POPULATION PROGRAM ASSISTANCE, 1965-75

[In thousands of dollars]

	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	Total
A. USAID title X bilateral assistance by fiscal year									830	225	560	1,615
B. Assistance by organizations receiving AID title X support:												
UNFPA	(1)	(1)	(1)	(1)	(1)	(1)	(1)	143	179	141	88	692
IPPF					189	214	419	699	552	778	637	3,488
Pathfinder				27	(2)	(2)	2	79	26	60	(2)	194
Population Council				(2)	322	50	224	273	456	(2)	(2)	1,325
FPIA ³								14	(2)	4	98	116
C. Assistance by other countries and organizations not receiving AID title X support		430		164	150	120	120		60	10	80	1,134

¹ Cumulative through 1971, \$121,000.² Not available.³ Family Planning International Associates.

Source: USAID.

The UNFPA grants have largely been in the areas of demography and maternal and child health. IPPF aid has gone to its local affiliate for clinical and other related activities. Working primarily with university centers, the Population Council has sponsored demonstration family planning clinics and field research. The Pathfinder Fund has sponsored projects in sterilization and family planning information, and a population conference for medical students.

3. U.S. BILATERAL AID: THE FAMILY HEALTH TRAINING PROGRAM

In its assessment of the climate for family planning in Nigeria, AID realistically has determined that little can be done until the Federal Government takes steps to implement a population policy. For the next 3 to 5 years an effective wide-scale family planning program appears out of the question in the absence of a policy change.

The Nigerian Government has committed itself to an ambitious program of providing comprehensive health services to its people, both curative and preventive. The aim of the policy is to achieve a minimum coverage of 40 percent of the population by 1980, from the current estimated coverage of 25 percent. The following table shows the 1980 targets:

AVAILABILITY OF HEALTH MANPOWER AND FACILITIES IN NIGERIA

	1962	1972	1980 (Target)
A. Health manpower:			
Doctor per population	1/40,000	1/22,000	1/14,000
Dentist per population	1/931,000	1/548,000	1/400,000
Registered midwife per population	1/7,800	1/4,200	1/3,000
Registered nurse per population	1/7,600	1/4,400	1/3,000
Community nurse per population	1/370,000	1/69,000	1/40,000
Pharmacist per population	1/93,000	1/68,000	1/40,000
Medical Laboratory Technician per population	1/761,000	1/283,000	1/100,000
Radiographer per population	1/1,800,000	1/567,000	1/100,000
B. Health establishments:			
Total	2,793 (21,986)	4,958 (42,698)	10,000 (85,000)
Bed per population	1/2,455	1/1,700	1/1,000
Teaching Hospitals	2 (825)	6 (2,798)	18 (9,000)
General Hospitals	NA	339 (25,307)	450 (52,600)
Health Centers	NA	239 (1,310)	1,650 (23,320)
Health Clinics	NA	1,605 (— —)	7,230 (— —)

Note: 2,793 (21,986) refers to 2,793 health establishments with 21,986 beds.

Source: Third Development Plan.

Recognizing that family planning is most readily accepted in Africa when it is offered as a part of a broader program to improve the health of mother and child, AID/Lagos helped design a project which could (a) serve as a model for other integrated clinics, and (b) provide a cadre of trained nurses from various states who could set up state MCH/family planning training centers.

Called the Family Health Training Project, the AID-funded effort is to cost a total of \$1.8 million, of which \$1.6 million already has been expended. It is the last on-going bilateral aid program which AID is conducting in Nigeria. (See pp. 55-56 on AID phaseout in Nigeria.)

In April 1973 AID/Lagos made a grant to the Institute of Child Health, Lagos University Teaching Hospital, to develop at the institute an institutional capacity to train nurses, midwives, and other health workers and to provide consulting and technical assistance services which will help improve and expand health education and care of mothers and children—especially those children under 5 years—in nine areas of the Federation.

At the core of the project is an intensive 16-week training course for nurses, midwives, and health auxiliaries, who are trained as a team in family health clinic concepts and then are placed at state family health clinics. Services offered, and thus the training the nurses receive, includes:

- Well- and sick-baby care;
- Nutrition education;
- Innocations and immunizations;
- Prenatal and postnatal mother care;
- General health and personal hygiene education;
- Child spacing information and services;
- Health counseling.

Three model health clinics already have been opened: In Lagos, Sokoto (capital of a northwestern state), and Calabar (capital of a southeastern state). Plans call for six more such state capital clinics.

A member of the staff study team visited the Lagos clinic, in the Shomolu section. Opened in August 1974, the clinic has a 50,000 target population. By October 1975 it had handled 5,590 cases and registered 5,000 children. The clinic was a crowded and active place with personnel fully engaged in serving the health needs of mothers and children.

The family planning component of the clinic appeared to be less successful. At the time of our visit, only 217 acceptors of family planning had been recorded in 15 months. Of those, 111 were on oral contraceptives and 106 have had IUD's inserted. Since the entire U.S. contribution to the clinics comes from title X population funds, there is some question about the efficacy of the project as a family planning program.

One justification given was this: Should the Nigerian Government change its views on population activities, a vastly expanded health clinic system—from 1,605 clinics in 1972 to 7,230 clinics (planned) in 1980—could be an excellent means for delivering family planning services. The clinics will provide models for such activities, and the

training programs will produce personnel familiar with family planning methods in a clinical setting.

4. THE FAMILY PLANNING COUNCIL OF NIGERIA (FPCN)

Of the 75 to 80 private family planning clinics in Nigeria, 52 are operated by the Family Planning Council of Nigeria, the local IPPF affiliate. In many cases those clinics are open only several hours 1 or 2 days a week in state or local government-operated clinical facilities.

The FPCN was characterized to us as being "terribly ineffective" in its attempts to be a substantial force in the private family planning sector. In July 1973, the IPPF sent a six-man inspection team to Nigeria. Its report included 68 recommendations for improvement, many of which do not yet seem to have been implemented. Among problem areas:

(a) *Finances*.—Although FPCN has received support from several state governments in addition to its IPPF grant, it has been unsuccessful in getting any Federal aid. In addition, attempts to raise money from business firms and prominent individuals largely have been fruitless. FPCN recently reported that it does not intend to make any further approaches to the private sector. Another financial blow came recently when the Ford Foundation, which had provided past grants totaling \$150,000, decided to terminate its support.

(b) *Administration*.—Chief reason cited for the Ford Foundation action was poor administration, a problem mentioned frequently in connection with FPCN. Administrative costs in 1974 amounted to more than 45 percent of total expenditures, and the turnover in senior staff has been high. At the time of our visit, two cases reportedly were in Nigerian courts involving alleged corruption within the FPCN hierarchy.

(c) *Acceptors*.—Poor management has affected clinical performance, and the number of acceptors reported by the FPCN has not met expectations. In 1973, the IPPF criticized the FPCN for the low number of new acceptors. In its 1975 report, the IPPF did not provide any FPCN acceptor statistics but noted that: "FPCN is considering the possibility of divesting itself of responsibility for clinical services once state ministries of health and private hospitals are in a position to offer effective services themselves." This possibility seems remote given current apathy in official circles.

(d) *Tribal orientation*.—From its inception, the FPCN has been dominated by Yorubas. Very little in the way of promotional materials has been produced in languages other than English and Yoruba. As a result, the organization has lacked national standing and appeal. Although Yorubas sent to Hausa regions have met with little success, the FPCN has been slow to train indigenous personnel for such tasks.

The IPPF in London seems aware of the numerous shortcomings of the FPCN. It was reported to us that early in 1974, a representative of IPPF approached another potential donor to the FPCN, warning against a grant to the organization because of suspected diversion of funds. Despite everything, however, the IPPF has continued to fund the program with increasingly large amounts of money. Actual ex-

penditures in 1974 were \$716,000 with \$641,000 projected for 1975. The announced budget for 1976 is \$941,600—a \$300,000 increase.

5. SUMMARY AND COMMENT

Nigeria is a country with serious problems of population growth. By the end of this century it well may have run out of petroleum reserves to exploit and yet be faced with double its present population. It could become the Bangladesh of Africa, if Nigerian leaders are not soon convinced of the need to provide family planning services along with the health care they desire for their people.

D. GHANA

Demographic Estimates

Population (1974) (million)-----	10.0
Density (persons per square mile)-----	105
Birth rate (per 1,000 population) 1970-75-----	49
Death rate (per 1,000 population) 1970-75-----	20
Annual growth rate 1970-75 (percent)-----	3-3.3
Infant mortality (per 1,000 live births)-----	160
Life expectancy-----	43
Years to double population based on 1970-75 rates-----	21

Ghana is a country of 92,100 square miles—about the size of Indiana and Illinois combined—situated on the Gulf of Guinea on Africa's west coast, just north of the Equator. By African standards, Ghana has a diversified and beneficial economic base. It has natural resources, cheap power sources, agricultural exports (principally cocoa), and an industrial base more sophisticated than most of its neighbors. At the same time, the majority of the population is poor (\$235 per capita GNP) and illiterate (75 percent).

1. GHANA AND POPULATION PLANNING

Of the six countries we visited, Ghana clearly has moved the farthest toward controlling its population growth. Unlike Nigeria, Ghana has adopted a population policy (1969) and a national family planning program (NFPP). The objective is to make family planning information and services available to all citizens, regardless of age, number of children, or ability to pay.

The long-term goal is to reduce annual population growth from an estimated 3.9 percent in 1970 to about 1.75 percent by the year 2000. For the midterm (1973-85), no significant decline is likely as the death rate is expected to decline faster than the birth rate. Initially the NFPP had expected to reach 10 percent of married women of child-bearing age of pregnancy by 1974. That would have been 200,000 persons. There were, however, only 47,000 acceptors reported by 1974, or only 3 percent of such women.

Although the goals of the Ghanaian population program have been widely lauded, implementation has faltered on political and bureaucratic grounds. In January 1972, a political coup changed the country's leadership, and the new regime proceeded slowly in the area of population. Only since 1974 have activities returned to the pre-1972 pace.

A principal obstacle to further progress are bureaucratic struggles over the implementation of the program. The NFPP is the responsibility of the Ministry of Economic Planning for planning, coordination and funding. The implementing agency is the National Family Planning Secretariat headed by an executive director. The Ministry of Health (MOH), however, has major responsibilities for the service aspects of the program. Its personnel in hospitals, health centers, and health posts are counted on to provide family planning education and services.

NFPP officials complain that the information and education components of their program have created a demand for services and supplies which is not being met by the current network of MOH clinics. Clinics offering family planning have grown from 138 in 1972 to 196 in 1975. Of those, 45 percent are administered by the Ministry of Health. The ministry's rural health system is said to be plagued by mismanagement and supply problems.

As a result, officials of the NFPP to whom we spoke were interested in going outside the health system, with free-standing family planning clinics, mobile units and commercial distribution systems. U.S. Mission population officials, on the other hand, believe that ultimate success lies in integrating family planning with health care. They have been trying—despite Ghanaian personality and institutional clashes—to get the two agencies to work together.

The matter is complicated further by rivalries between the government units and the University of Ghana Medical School, which oversees the Danfa project (see p. 17). Since the Danfa project seeks to create a "model" on which the Ministry of Health clinic system can reform itself, the lack of cooperation thwarts the purpose of the enterprise. In addition, these institutional rivalries are accompanied by personal antipathies.

2. POPULATION ASSISTANCE TO GHANA

Unlike the Nigerian Government, the Government of Ghana has been willing to commit resources from its own budget to population planning programs. In fiscal 1976 the NFPP budget is \$834,000, a significant increase over fiscal year 1975's \$641,000. Ghana also has received significant population aid from foreign donors, of which the largest contributor has been the U.S. bilateral program, as shown in the following table:

GHANA POPULATION PROGRAM ASSISTANCE 1965-75

	1965	1966	1967	1968	1969 ³	1970	1971	1972	1973	1974	1975	Total	Proposed 1976
A. USAID ¹ title X bilateral assistance by fiscal year (dollars in millions) ²				\$0.131	\$0.119	\$0.790	\$0.643	\$0.650	\$1.034	\$1.219	\$0.983	\$5.569	\$1.715
B. Assistance by organizations receiving AID title X support (dollars in thousands):													
UNFPA	(3) NA	(3) NA	(3) NA	(3) NA	(3) 96	(3) 148	(3) 310	4	96	258	47	462	NA
IPPF	NA	NA	NA	NA	NA	NA	1	321	274	353	422	1,924	442
Pathfinder	NA	NA	NA	NA	NA	NA	NA	NA	2	NA	NA	3	NA
Population Council	NA	\$21	\$41	150	NA	74	NA	63	240	NA	NA	589	NA
FPIA								NA	23	68	70	161	70
AVS										5	NA	5	NA
C. Assistance by other countries and organizations not receiving AID title X support (dollars in thousands):													
Sweden				8		NA	NA	NA	NA	NA	NA	8	NA
United Kingdom						NA	46	158	NA	NA	NA	204	NA
Ford						76	134	NA	NA	NA	NA	210	NA
Rockefeller						NA	NA	7	NA	NA	NA	7	NA
Canada						NA	130	NA	NA	NA	NA	130	NA

¹ Above costs include DANFA research project costs as well as the support costs for the NFPP.

² Includes funds for contraceptives obligated by AID/W.

³ Cumulative through 1971, 57.

Source: USAID.

3. DIRECT AID BILATERAL PROGRAMS

The strategy of AID assistance is toward an integrated rural health/family planning/nutrition program involving the NFPP, the Ministry of Health and the Ministry of Economic Planning (nutrition sector). The current priority is toward strengthening and modernizing the planning and management systems, to be followed by AID-supported programs encouraging an integrated delivery approach for bringing basic services to the rural population.

This strategy is expressed through the following programs:

(a) *Population program support*.—Direct AID assistance has been provided to the NFPP since fiscal year 1971 through June 1975 for a total contribution of \$1,710,997. This support has provided for contraceptives, training opportunities, and other costs. In addition, during fiscal years 1971–73 the United States provided \$641,737 for local currency financing from Public Law–480, title I resources to allow the NFPP to initiate programs, train staff and otherwise begin motivational efforts. Since 1974 these costs have become a part of the Government's budget. Future program efforts are directed at improvement of delivery services including some commercial contraceptive distribution. AID assistance is planned for an additional 3 years, through fiscal year 1978, at which time major program support will be phased out, allowing for residual support for contraceptive supplies and U.S. specialized training.

The following table shows past, present and anticipated expenditures under the program:

AID ASSISTANCE TO NFPP POPULATION PROGRAM SUPPORT PROJECT

Fiscal years	Public Law 480, title I, local currency	Commodity support			Participant training		Other costs	Total
		AID/W	Mission	Total	Number	Value		
Actual:								
1971	\$79,838		\$213,873	\$213,873	8	\$39,000		\$332,711
1972	275,731		79,874	79,874	11	41,800		397,405
1973	286,168		144,440	144,440	11	70,000	\$5,000	505,608
1974		\$406,316	127,192	533,508	21	64,142	4,778	602,428
Estimated:								
1975		312,000	132,026	444,026	10	32,400	8,156	484,582
1976		61,000	110,000	171,000	10	65,000	100,000	336,000
Projected:								
I.Q.		95,000		95,000	3	16,000		111,000
1977		474,000	110,000	584,000	10	55,000	196,000	835,000
1978		290,000	100,000	390,000	6	32,000	53,000	475,000
Total	641,737	1,638,316	1,017,405	2,655,721	90	415,342	366,934	4,079,734

(b) *Management of Rural Health Services Project*.—AID also has initiated a program with the Ministry of Health that aims at strengthening the capacity of the Ministry to provide improved health, family planning and nutrition services in the rural areas. Under contract with Kaiser Foundation International, assistance is directed at: (1) the establishment of an effective planning unit in the ministry; (2) re-

gional training in planning and management; and (3) assistance in formulating the health sector 5-year plan. Follow-on efforts are proposed to develop and implement a pilot low-cost integrated health family planning/nutrition delivery system to the rural areas. Total contribution to these projects is expected to reach \$6.6 million in grants and \$15 million in loans over the 5-year plan period.

(c) *Nutrition Improvement*.—A joint Ministry of Economic Planning (nutrition sector)/AID program has been proposed to: (1) develop a nutrition planning framework including a data base and nutrition surveillance techniques; and (2) support several cost-effective nutrition projects in selected areas of rural Ghana. These 3-year training, planning and pilot activities would integrate health and family planning components with a national nutrition effort. At the time of our visit this proposal was pending, awaiting release of the nutrition action plan scheduled for publication in January 1976. Total AID assistance is projected at \$1.3 million over the first 3 years.

4. THE DANFA PROJECT

The largest single AID-supported effort is in research through the Danfa project, operated by the University of Ghana Medical School with assistance from the University of California at Los Angeles (UCLA). A multiyear project, it is scheduled to end in February 1979. AID contract costs are projected at \$6.1 million, plus new cedis (N¢) 536,000 in Public Law 480 local currencies.

A member of the staff study team visited the project area, named after a village about 20 miles north of Accra. The project, now in its fifth year, is aimed at investigating rural Ghanaian communities in three research areas and developing models to help demonstrate cost-effective approaches to rural health and family planning.

The Danfa project has been criticized as employing too complicated and intellectual an approach, as being too expensive, and as impossible to replicate on a national scale. Although these criticisms may to some degree be warranted, the project has provided some useful information on alternative methods of providing health and family planning services, data which not only have significance for Ghana but also for the rest of Africa.

In the three study areas which have been established, three different sets of services are provided: Area No. 1 receives comprehensive health and family planning services; area No. 2 gets health education and family planning services but no health services; and area No. 3 gets family planning alone. The project has sought to answer the question: Is it worthwhile to integrate family planning with comprehensive health services? From information gathered thus far, the answer appears to be "yes."

Although all three areas are comparable in the numbers of new acceptors, continuation rates have been markedly higher in area No. 1 where comprehensive health services are available. As a result, the

cost per participant month, including contraceptives, has been lower in area No. 1, as shown on the following table:

[Figures in Ghanaian cedis] ¹

		(Without contraceptives)
A. Cost per new acceptor :		
Area No. 1	-----	N¢32. 18
Area No. 2	-----	N¢31. 38
Area No. 3	-----	N¢35. 07
		(Includes contraceptives)
B. Cost per participant month :		
Area No. 1	-----	N¢3. 12
Area No. 2	-----	N¢4. 11
Area No. 3	-----	N¢4. 52

¹ \$1 equals N¢1.14.

Source : Danfa project.

5. PLANNED PARENTHOOD ASSOCIATION OF GHANA

Among the private organizations active in family planning in Ghana, to which the United States contributes, is the IPPF. Its affiliate in the country, the Planned Parenthood Association of Ghana (PPAG), operates 34 clinics throughout Ghana and conducts training and information/education programs. A member of the staff team visited its principal clinic in Accra—the Link Road Clinic.

From a small beginning in 1967 that clinic now attracts an average of 250 family planning acceptors every month. Clinic records indicate that in 1974 there were a total of 2,961 acceptors recruited for a cumulative total of 9,732 in this one clinic. Unlike the IPPF affiliate in Nigeria, the PPAG is highly regarded for its professionalism and competence. Private voluntary groups like PPAG are emerging as important agents in providing service, training, and public information. They account for over 50 percent of new acceptors recorded in Ghana during 1975.

6. SUMMARY AND COMMENT

The AID Mission in Ghana considers an integrated approach to family planning to be the most acceptable and potentially successful. The inability of responsible agencies to work together has thwarted this strategy. Mission officials noted, however, that discussions in the past months have led them to become more optimistic since there appears to be a reemergence of enthusiasm and priority on the part of the participating agencies, especially the Ministry of Health, for a concerted and integrated approach to family planning through a maternal and child health program.

In its attempts to implement this approach, AID might well attempt to use its financial leverage with the Ministry to help achieve better cooperation with the NFPP.

E. SIERRA LEONE

Demographic Estimates

Population (1974) (million)-----	2. 8
Density (persons per square mile)-----	93
Birth rates (per 1,000 population), 1970-75-----	44. 7
Death rates (per 1,000 population), 1970-75-----	20. 7
Annual growth rate, 1970-75 (percent)-----	2. 41
Infant mortality (per 1,000 live births)-----	136
Life expectancy (years)-----	43. 5
Years to double population based on the 1970-75 rates-----	29

Sierra Leone is a former British colony about the size of South Carolina which lies between Guinea and Liberia on the west coast of Africa. It has a poor, rurally based economy which has been relatively stagnant during the past several years. There are almost no funds in government coffers to pay for even basic services. Per capita annual income is \$170.

AID/Washington considers Sierra Leone a country in which there has been quickening interest in family planning. That assessment is based in part on the country's 1975-80 five-year plan, which states:

To be effective, family planning programs must be well adapted to the social and cultural ways of life. The attitude of the people must be taken fully into account. In any case birth control facilities which are the basic operational components of any family planning programme cannot be forced on anybody. It is entirely up to the individual family to practise birth control or not. While realizing the voluntary appeal of such a programme, it is equally clear that such facilities should be made available to anyone who, according to his or her own choice, wishes to make use of them * * *.

The plan pledges 20,000 leones (about \$18,000) for population activities during the plan period. The money could be spent for surveys and publications, seminars and training programs related to population topics, as well as for subsidies to nongovernmental family planning programs and organizations. The plan also recommended formation of a national population council which would help formulate a population policy for Sierra Leone.

Although the plan states that the 20,000 leones subsidy "is provided," not a single leone had been forthcoming at the time of our visit—near the end of the first year of the plan. U.S. Mission officials explained that the figure was not an actual appropriation or even a firm promise, because the plan lists only desired expenditures without matching them up with any realistic financing plan. Given the dire state of the nation's treasury and competing demands for funds, the Government is believed unlikely to meet even its very modest pledge. Nor are observers sanguine about the chances for the formulation of a population policy in the near future.

1. U.S.-RELATED POPULATION ASSISTANCE

Although the United States at present has no bilateral aid program in Sierra Leone, it has provided population-related training for four Sierra Leoneans, two at the Bureau of the Census, and two at the Meharry Medical College Maternal and Child Health/Family Planning Center in Nashville, Tenn., at a cost of \$34,182. According to U.S. officials, Sierra Leone has under consideration several projects in the population area which would require help from outside donors. One would involve technical assistance on fertility at the Government's MCH clinics. Another would provide family planning information and services through its agricultural cooperative system.

2. THE SIERRA LEONE FAMILY PLANNING ASSOCIATION (SLFPA)

The local IPPF affiliate, founded in 1970, is the only operating family planning organization in Sierra Leone. It has eight clinics, with two more under construction.

The Government permits the SLFPA to use space at existing health facilities in Government hospitals and clinics. It also is free to conduct mass information, education, and communications campaigns on family planning. The Government included a pledge of support to the SLFPA in its 5-year plan, and the group's officers hold a "promissory note" from the Ministry of Development for 6,000 leones. The Ministry of Finance, however, says no money is available, and SLFPA still has not received any funds.

Principal support for the organization comes from the International Planned Parenthood Federation, which it joined in 1968. Expenditures for 1975 were estimated at \$230,000, with a 1976 budget of \$178,100.

CARE has assisted the SLFPA by providing packages which contain milk powder, a high-protein food blend (CSM), folic acid and vitamin pills. Packages are distributed to women during their monthly visit to the SLFPA main clinic in Freetown, the capital. An estimated 4,500 packages are annually distributed to 1,500 families.

We met with the president and guiding force behind the SLFPA, Dr. June Holst-Roness. She also is an obstetrician/gynecologist with a private practice. She noted that the SLFPA had steadily increased its clinic hours and that the number of new acceptors had grown by 90 percent in 1974. Numbers practicing family planning, however, are only a fraction of eligible women. The SLFPA's 30 field workers averaged 20 new acceptors each per month in the cities, but only 10 per month in rural areas where the majority of the population lives.

Among pertinent comments made by Dr. Holst-Roness were the following:

Infertility.—She said much of her own efforts were directed at treating a high degree of infertility among the women of Sierra Leone, a condition which creates considerable marital discord. Until problems of infertility were solved, she said, people were unlikely to be interested in controlling excessive fertility.

Opposition.—In her pioneering efforts, she continues to meet with official resistance. A priority objective, she said, is educating political leaders, including members of parliament and tribal chiefs to the need for family planning.

Integrated approach.—Her own efforts have been to augment Government health services. Only through an integrated family planning/MCH approach, she said, could population planning effectively be brought to Sierra Leone.

3. SUMMARY AND COMMENT

A principal constraint on family planning programs appears to be unavailability of funds. If the United States reinstitutes a bilateral aid program in Sierra Leone, consideration should be given to including an integrated family planning component.

F. IVORY COAST

Demographic Estimates

Population (1974) (million) -----	4. 7
Density (persons per square mile) -----	44
Birth rates (per 1,000 population) 1970-75 -----	45. 6
Death rates (per 1,000 population) 1970-75 -----	20. 6
Annual growth rate, 1970-75 (percent) -----	2. 51
Infant mortality (per 1,000 live births) -----	159
Life expectancy (years) -----	43. 5
Years to double population based on 1970-75 rate -----	28

The Republic of Ivory Coast is on the Gulf of Guinea, between Liberia and Ghana. A former French colony, it is slightly larger than New Mexico. The richest and most economically self-sufficient state in former French West Africa, its capital, Abidjan, is a modern commercial and population center.

Because of its relative affluence, the Ivory Coast has attracted migrant workers from neighboring states. About 20 percent of its labor force is non-Ivorian. The largest group of immigrants, estimated at 1.5 million, comes from Upper Volta. They are not permitted to become citizens and the Government has a policy that migrant workers ultimately should be replaced by Ivorians.

1. POPULATION VIEWS OF GOVERNMENT

The Government of Ivory Coast does not favor family planning. It believes the country should increase its population to an optimum level of 8 million as soon as possible. It sees increased population as necessary to its national economic development.

These attitudes may be buttressed by the Roman Catholic backgrounds of many high government officials, including the President, Felix Houphouet-Boigny. Although Catholics are only about 12.5 percent of the population, they occupy about half of government positions.

Nevertheless, some changes have been occurring. Leading doctors openly advocate family planning and their views are reported in the press without Government discouragement. Some family planning services can be obtained at larger Government hospitals. Condoms and pills can be purchased over the counter.

U.S. officials to whom we spoke do not believe that the Ivory Coast will be willing, in the foreseeable future, to undertake any official family planning activities.

2. SUMMARY AND COMMENT

As shortsighted as the views of the Government seem to be, an active effort by the United States to convince leaders of Ivory Coast to abandon their pronatalist policies are not likely to be productive. For the medium term, therefore, AID might seek to strengthen the country's health delivery systems if—as seems likely—increased amounts of bilateral U.S. aid are directed to that country.

The United States, which has conducted a modest aid program in Ivory Coast through the years, granted the country's National Institute of Public Health a total of \$33,000 in fiscal year 1973 to study factors affecting the Ivoirian child, working principally from existing studies and from maternal/child health clinics' records. Similar programs may well be appropriate in the future.

G. UPPER VOLTA

Demographic Estimates

Population (1974) (million)-----	5.8
Density (persons per square kilometer)-----	20
Birth rate (per 1,000 population), 1970-75-----	48.5
Death rate (per 1,000 population), 1970-75-----	25.8
Annual growth rate, 1970-75 (percent)-----	2.27
Infant mortality (per 1,000 live births)-----	182
Life expectancy (years)-----	35
Years to double population based on 1970-75 rate-----	30

One of the poorest countries in Africa and the world, Upper Volta is landlocked in West Africa. Slightly larger than Colorado, it is bordered on the south by Ivory Coast, on the east by Niger, Ghana, Togo, and Benin, and on the north and west by Mali.

A country which has felt the Sahelian drought most keenly, Upper Volta has a per capita annual income of \$70. Some 68 percent of its national budget is foreign donated. Distributed on a per capita basis, annual government expenditures are \$12. The literacy rate is estimated at 7 percent. One-half million Voltaics, or 60 percent of all males between 18 and 35, work outside the country. Their monetary returns are 17 percent of the gross national product.

The position of the Government of Upper Volta is that its anticipated population size, its present trends of population growth, and its fertility rates all are acceptable. Upon occasion the President, Maj. Gen. Sangoule Lamizana, has expressed his government's feelings as being against family planning, but there has been no official discouragement at the level of private doctors.

Currently no one outside of the urban well-to-do are being reached by family planning services. Costs are prohibitive. We were told that in Ouagadougou, the capital, doctors charge \$3 per cycle of oral contraceptives, \$7 for a family planning visit, and \$50 for a tubal ligation—amounts beyond the means of all but a very few.

Because of its high infant mortality rates and out migration, Upper Volta has not experienced population growth rates as high as its neighbors. U.S. officials believe this may be changing as successful immunization campaigns against smallpox and measles have reduced infant deaths. They fear that burgeoning population growth rates will further retard economic progress.

1. AID's "POPULATION ACTION AGENDA" FOR UPPER VOLTA

In December 1974, AID prepared a population action agenda for Upper Volta, which made these points:

- The most important requirement is to change the government attitude toward birth control.
- Because there are virtually no health delivery systems and no trained family planning personnel in the country, a nonclinical approach should be used to obtain widespread coverage.

—Efforts should be made to convince religious and other leaders outside government of the need for family planning and the widespread dissemination of contraceptive supplies.

The plan also set three priorities for action:

Priority No. 1.—AID would urge all organizations, donor countries, multilateral agencies, and private donors to help “broaden the outlook of * * * officials toward the population problem * * *.”

Priority No. 2.—Ask private family planning organizations to go to Upper Volta to see about setting up a private family planning clinic in Ouagadougou and other urban areas.

Priority No. 3.—Continue to collect all available data on Upper Volta.

Even these modest efforts seem to have been in vain. In fact, the only AID population activity in Upper Volta was canceled in April 1975. It was a survey of vital statistics and disease being conducted by the U.S. Public Health Service’s Center for Disease Control. It had been hoped that estimates of national population growth could be computed from the data.¹

2. TWO PROJECTS REVIEWED

The study team reviewed two private population-related efforts during its brief stay in Upper Volta.

First, we discussed with officials of the Societe Africaine d’Etudes et Development—(SAED)—their forthcoming film, to be funded principally with \$21,280 from the Ambassador’s self-help fund. The film, titled “Fates,” will be a soft-sell effort at showing the economic disadvantages of large families in an urban setting. Family planning will not be mentioned specifically.

Second, we spoke with Mme. Jacqueline Tapsoba, who heads the Women’s Association of Upper Volta. That organization has conducted child welfare programs for several years and has proposed to sponsor a Family Development and Welfare Center in which sex education and family planning information would play a part. To date, however, the association has not been able to engage sufficient outside donor support for the project.

Both SAED officials and Mme. Tapsoba expressed the belief that family planning would be acceptable to the Government and people of Upper Volta only if it were closely integrated with programs of health, nutrition, and child welfare.

3. SUMMARY AND COMMENT

Given the present unfavorable climate in Upper Volta for population planning, AID’s pursuit of a nonclinical approach and the distribution of contraceptives is not likely to be fruitful. If AID is truly interested in bringing family planning to the country, it should consider an integrated approach. The Government wishes to enhance its health services and may be willing to accept a birth control component.

¹ The survey reportedly was canceled by AID/Washington because of limited population funds. The move was regrettable because not only did it upset arrangements made with the Peace Corps and the Government of Upper Volta, it also rendered useless much of the work which already had been completed.

H. SENEGAL

Demographic Estimates

Population (1974) (million) -----	4.2
Density (persons per square mile) -----	55
Birth rate (per 1,000 population) 1969 -----	45
Death rate (per 1,000 population) 1969 -----	21
Annual growth rate, 1973 (percent) -----	2.4
Infant mortality (per 1,000 live births) -----	167
Life expectancy (years) -----	37
Years to double population based on 1973 rate -----	29

Senegal, a country about the size of South Dakota, is located on the bulge of Africa. It has a long Atlantic coastline and is bounded by Mauritania, Mali, Guinea, and Guinea-Bissau. A Sahelian state, it is mostly rolling plains, with savanna-type vegetation. Its population is predominantly rural—75 percent—and poor—per capita income \$235 annually. Senegal is, however, one of the more industrially advanced states of former French West Africa, with natural resources and a good system of paved roads.

The Government of Senegal has no policy favoring the development of family planning, either to reduce the rate of population growth or to improve maternal and child health. Its position has been one of disinterest. In 1972 the government asked a Senegalese Family Planning Association to disband, but only after that group had experienced internal organization problems.

According to observers, several constraints exist in Senegalese society which work against an active population policy. First, 80 percent of the population is Moslem, with traditional views on contraception. Second, although Roman Catholics are a small minority, the powerful president of the country, Leopold-Sedar Senghor, is a devout Catholic. Finally, tribal rivalries affect notions of reducing birth rates.

1. THE CROIX BLEUE CLINIC

We visited the only active family planning facility in Senegal, the Croix Bleue Clinic of Dakar, and spoke to its founder-director, Mrs. Whest-Allegre. Her private clinic, which provides family planning aid as part of a general MCH program, receives support of \$40,000 annually from the Pathfinder Foundation, an AID-supported organization. She fears, however, that these funds will be cut off or reduced if she is unable to obtain in-country support, private or public.

Among points made by Mrs. Whest-Allegre, were these:

—She has been gratified by favorable attention in the press and on government-owned television to talks which she has been giving on family planning. No attempts have been made to discourage her efforts, she said.

- Her periodic attempts at bringing mobile family planning services to other parts of Senegal have been almost too successful: The demand for services has overwhelmed the limited staff available for such ventures.
- She believes that only in an integrated setting, linked with MCH services, will the Senegalese Government permit family planning to be offered.

2. SENEGAL RURAL HEALTH SERVICES DEVELOPMENT PROGRAM

AID has agreed to help the Government of Senegal develop a preventive medicine element within its general health program, and to extend services to rural areas. The Government plans to upgrade rural health services by making sure that all existing health posts are fully operational and by increasing coverage to 200,000 additional rural people annually. AID will contribute to the training and organizational parts of the program.

Estimated total cost of the AID contribution is \$1.5 million, with funding scheduled to begin during the fifth—transitional—quarter at \$325,000. Implementation of the project has been held up for some weeks, however, for lack of an American medical doctor with the experience necessary to implement and manage the complex project that is envisaged. The problem arose after the doctor who had helped originate the project was killed in an auto accident. As we were leaving Senegal, word came that a qualified U.S. physician had been located for the job.

Although the congressional presentation document states that through this project family planning services will be offered to the Senegalese, AID officials in Dakar denied any such intention. Some high Senegalese officials are said to be interested in providing family planning as part of health services, but still unwilling to take funds directly from the United States for that purpose because of possible adverse political reactions.

3. SUMMARY AND COMMENT

If, as it appears, there is awakening interest in Senegal to the need for family planning, the United States might best respond with a low-key approach. Its efforts within the health field in the country may well open up future opportunities.

I. INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

At the outset of the staff study, we visited the headquarters of the International Planned Parenthood Federation (IPPF) in London. Founded in 1952, the IPPF is the largest international voluntary, private organization in the population field. It is a federation of 84 national family planning associations, with a central secretariat in London and a system of regional offices.

The United States has been a major contributor to the IPPF since 1968 and a substantial proportion of title X funds have been spent through that organization, as indicated by the following table:

AID GRANTS TO IPPF
[Showing percentage of AID grant to total IPPF income]

	AID grants	Total income	
		Amount (thousands)	Percent
1968-----	\$2,059	\$6,010	34.3
1969-----	3,826	8,813	43.4
1970-----	5,338	15,328	34.8
1971-----	6,242	20,512	30.4
1972-----	9,598	26,691	36.0
1973-----	12,351	36,499	33.8
1974-----	13,889	41,005	33.9
1975-----	11,889	44,093	27.0

Source: IPPF.

The U.S. contribution to IPPF, which totals \$65.2 million through 1975, is both in cash and in contraceptive commodities. Until 1971, assistance was provided the IPPF through grants for specific projects. In that year, however, AID arranged to provide general budgetary support for the organization. The principle of a 40-percent U.S. contribution in relation to the total income of the Federation was proposed, but has not always been met.

AID's support of IPPF is based on the belief that the organization has a unique ability to promote family planning. This results from the organization's private status and experience. According to AID officials:

- IPPF's private status gives its program more flexibility and more resistance to criticism than a Government program would have.
- Since its family planning associations are locally based, it is able to promote family planning in countries which oppose foreign donors in the population field.
- IPPF has volunteers who influence legislation and other reforms in their countries to remove obstacles to the promotion and practice of family planning.

AID officials defend the need for an institutional grant to aid IPPF, rather than project aid, by declaring that the former method permits the widest flexibility for the Federation.

1. CRITICISM OF IPPF OPERATIONS

By granting its funds to IPPF, AID loses much control over their use. It does not participate in IPPF's programing nor does it audit the activities of the Federation's national family planning associations. Instead it must evaluate performance on the basis of annual reports, audits at IPPF's central office in London and other internal AID information.

Since 1973, a series of investigations by the General Accounting Office (GAO) and the Auditor General of AID, have turned up glaring weaknesses in the system.

(a) *GAO Report*.—In a 1973 report entitled, "U.S. Grant Support to International Planned Parenthood Federations Needs Better Oversight," the GAO found that:

- The ability of IPPF's central office to implement effective programs and to reasonably assure donors of program effectiveness was questionable.
- Management review and control over family planning activities by family planning associations was uneven and weak.
- AID and IPPF needed to provide greater assurance that the purposes of the AID grant were being achieved in an efficient and economical manner.

The report took note of promises by IPPF to improve its personnel practices, programing, auditing and reporting.

(b) *Report of the Office of the Auditor General, 1974*.—The following year AID's own audit arm, the Office of the Auditor General, issued a report. In its summary of findings, it noted:

- The audit showed that anticipated improvements in IPPF operations had not materialized.
- Internal restrictions on the authority of the IPPF central office had resulted in a situation in which central officials lacked sufficient control over regional offices and national associations. "The condition must be changed to the extent needed to ensure AID that U.S. funds and resources donated have been properly used."
- IPPF's evaluative capabilities were insufficient: "Although all five positions in an evaluation unit have been filled, only 15 projects had been evaluated as of August 1, 1974, out of a total of over 152 projects."
- The IPPF Annual Report to Donors was criticized as not statistically reliable. "Commodity deliveries, usage and inventory balances are inaccurate to the degree that significant unexplained quantities may have been lost or deviated from program purposes."

On that occasion, the auditors recommended that AID review its budgetary support grant to the IPPF and determine whether the program might better be funded either by program grants directly to

the national family planning associations or by program grants to the IPPF. Apparently upon promises of improvement from the IPPF, AID did not alter its method of funding.

(c) *1975 Auditor General's review.*—A subsequent review of the IPPF by AID auditors in 1975 found that little progress had been made on old problems and that new pertinent issues had arisen. Although an official report has not yet been issued, it is our understanding that the following additional problems were raised by the 1975 audit investigation:

- At all levels of the IPPF system, loans have been made to employees from project funds. Since AID does not have audit rights at the regional offices or within the family planning associations, it is impossible to tell what or how much is involved. At IPPF London, however, loans totaling \$96,475 were made to seven employees. None of the loans was authorized by the senior governing body. High-ranking officials received interest-free loans; lower ranking employees paid interest of from 7 to 11 percent.
- IPPF is involved in abortion-related activities, including distribution of "menstrual regulation" kits. The auditors believe that under the current budgetary support grant to IPPF, such activities could be considered in violation of the Helms amendment which forbids use of U.S. funds for abortion activities.
- There were significant problems of maintaining proper levels of supplies, including instances of massive oversupply and serious undersupply, as indicated by the following table:

FPA	Product	Used calendar year 1974	Inventory Dec. 31, 1974	Number of years on-hand (4)÷(3)	1975 estimated usage	1975 projected deliveries
(1)	(2)	(3)	(4)	(5)	(6)	(7)
El Salvador	Orals	52,316	372,201	7.1	216,928	0
Granada	do	11,117	49,633	4.5	12,000	2,000
Brazil	do	2,493,401	212,123	.1	3,600,000	4,001,800
Honduras	do	¹ 64,638	186,354	2.9	90,000	100,000
St. Kitts	do	¹ 6,804	45,502	6.7	13,952	20,000
St. Lucia	Condoms	¹ 23,184	211,536	9.1	92,160	158,400
Jamaica	do	² 148,320	28,368	.2	251,712	223,340
El Salvador	do	¹ 132,048	357,840	2.7	250,000	1,440,000
Guatemala	do	75,888	666,720	8.8	180,000	144,000

¹ For 1975 projected deliveries to FPA exceed estimated usage.

² For 1975 projected deliveries are less than estimated usage.

—The community based system (CBD) program for distributing contraceptives, which was begun in 1974 with U.S. encouragement and was to have been centrally administered, became the subject of an IPPF policy change in 1975 which left the responsibility for management and reporting to the national associations.

Because of the many problems associated with IPPF management of its funds, auditors involved in the study have indicated their support for a return to program or project funding, or other methods which would permit more specific accountability for the use of U.S. assistance.

2. DISCUSSIONS WITH IPPF OFFICIALS

As a result of the several derogatory reports which had been received about IPPF operations, the staff survey team visited London at the beginning of the mission to discuss problems with IPPF officials. We met with Julia Henderson, secretary general of the IPPF, and her deputy, Donald Lubin. Both are Americans.

On the points raised above, they offered the following rejoinders:

(1) The loans to IPPF personnel are designed as one element in the overall salary-benefit "package" to attract and keep highly qualified personnel. Except for a \$9,400 loan to Ms. Henderson, the money was used for house or flat purchases in London, where housing costs are high.

(2) As for abortion-related activities, IPPF has a policy that contraception is the best defense against abortion. It has distributed about 10,000 menstrual regulation kits, but has not found a demand for them within the national associations, and the abortion-related program is not being emphasized.

(3) With regard to oversupplies of contraceptives, the IPPF officials indicated their suspicions that the auditors involved did not "understand the situation," especially the need to keep adequate supplies of contraceptives on hand in countries.

(4) On the CBD program, it was suggested that in order to be successful, community distribution of contraceptives requires integration into the general family planning program of a national association. That could better be accomplished, it was explained, if management was left at the national, rather the international level.

IPPF officials were strongly against the provision of AID funds on a program or project basis. They argued that such a system would: (a) Undermine IPPF's management system; (b) raise the American profile too high in IPPF affairs; (c) cause IPPF programs to be less acceptable in many countries; and (d) reduce IPPF's flexibility in programing for individual country needs.

Both in Washington and London, we spoke to other persons familiar with IPPF operations. The consensus was that because the organization is a federation of national associations, it is virtually impossible to get centralized management and control. Member associations, which direct the IPPF through its governing body, do not want strong administration from London. Accustomed to a high degree of autonomy, they want the funds that IPPF/London can provide, but not its direction. The CBD program, which was to have been centrally managed, foundered on that reality.

3. IPPF IN WEST AFRICA

The staff survey team had an opportunity to review IPPF operations in three West African countries: Sierra Leone, Ghana, and Nigeria. The organization has no affiliates in Senegal, Upper Volta, or Ivory Coast.

In Sierra Leone, the national family planning association is clearly in the forefront of providing what minimal family planning services

are available. Although small, it appears to be effectively run and respected by the Government and the American community. (See p. 20.) In Ghana, the Planned Parenthood Association is acknowledged as perhaps the most effective agency in delivering family planning information and services. (See p. 18.)

In stark contrast to these successes, however, is the situation of the Family Planning Council of Nigeria, which has a budget twice as big as the Ghana affiliate and four times that of Sierra Leone. As noted earlier in this report (p. 11), the Nigeria association is plagued with internal problems.

In our discussions with Ms. Henderson and Mr. Lubin, they were candid about the FPCN, describing it as a "thorn". At the same time they expressed reluctance to require an extensive overhaul of the FPCN as a condition of future funding. A more effective program would emerge, they contended, if the Nigerians themselves revamp their program. In the meantime, IPPF has programed a \$300,000 increase in the budget of the FPCN for 1976—virtually all of it from external donors.

4. SUMMARY AND COMMENT

The ability of the IPPF effectively and efficiently to use family planning funds from the United States remains a serious question. Its willingness, indeed its ability, to require its affiliates to undertake effective programs and rational fiscal management is weak. Moreover, the present structure of IPPF probably rules out any significant improvement. Given these circumstances, it seems imprudent for the United States to continue to provide substantial assistance to IPPF in a way that prevents any effective oversight. Either title X funds should be provided to IPPF on a program basis, as it once was, or other mechanisms should be employed to insure adequate accountability for IPPF's use of American foreign aid dollars.

II. SENEGAL RIVER BASIN PROJECT

A. SUMMARY OF FINDINGS

1. Both the Executive and the Congress have pledged the assistance of the United States to the long-term development of the Sahel, the sub-Saharan West African region now recovering from a disastrous drought.

2. The development of the water resources of the Sahel has become the priority objective of the Sahelian nations and of donor countries and organizations. Five major river and lake basin development projects are being considered. Funding would be through a "Sahel Development Investment Fund" which would put up to \$5 billion into the region over the next 5 to 7 years. Congress may soon be asked to authorize up to \$1 billion for the Fund.

3. The Senegal River Basin Project, which would benefit Senegal, Mali and Mauritania, is the furthest advanced in planning. It will require the construction of two major dams, port and transportation facilities, and development of new perimeters for irrigated agriculture. The overall initial cost is estimated at \$3.7 billion.

4. Although the United States has not committed itself to contribute to the project infrastructure, it plans bilateral expenditures of more than \$36 million through fiscal 1977 to the tri-national organization which is planning the project. Most of the funds would go toward the development of an irrigated perimeter at Matam, Senegal.

5. As a result of prior studies, our discussions with officials in the region, and our own experiences, a variety of questions have arisen about the wisdom of the long-term strategy for the Sahel in general, and the Senegal River Basin Project in particular.

6. Our findings indicate that it would be premature for the United States to make a major pledge of funds either to the Sahel Development Investment Fund or to the Senegal River Basin Project until:

- a. There is considerably more specific information about the total cost, scope and impact of an overall Sahel development program which puts a dominant emphasis on the harnessing of river and lake waters in the region; and

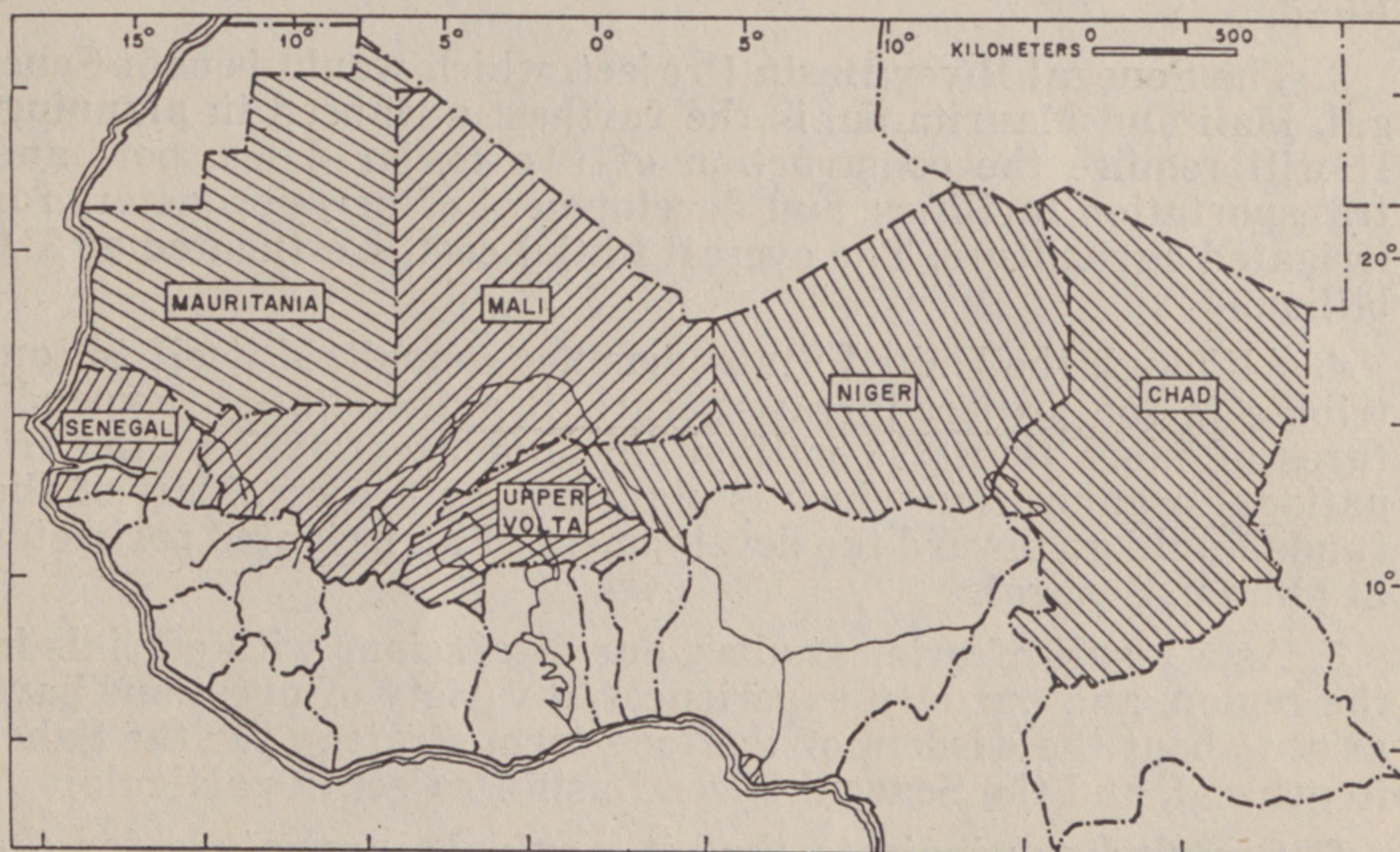
b. There are clear and satisfactory answers to the several troublesome problems affecting the feasibility of the Senegal River Basin Project, including:

Cost-benefit considerations,
Sociocultural difficulties,
Ecological and health hazards,
Political differences among the three states, and
Management deficiencies and lack of human resources.

7. It is also suggested that alternate strategies of fulfilling the U.S. pledge to the long-term development of the Sahel be thoroughly explored. These might include an emphasis on dry land farming, rain water retention, drip irrigation, animal traction and other more people-oriented techniques.

8. To the extent that it is linked with the Senegal River Basin Project and to the overall development of the Sahel, the Matam irrigated perimeter project should not be undertaken by AID until the Congress has had an opportunity to review and act on the entire proposed commitment.

The States of the Sahel



B. THE PROBLEM OF THE SAHEL

During the late 1960's and the early 1970's, prolonged drought conditions gripped the Sahel region of Africa. Affected were some 23 million people in the nations of Senegal, Mauritania, Mali, Niger, Upper Volta and Chad. As the result of the Sahel drought:

- An estimated 100,000 persons died of starvation or related causes.
- An additional 8.4 million underwent extreme hardships of hunger, malnutrition and disease, and loss of livestock, crops, dwellings and livelihood.
- Some 7 million cattle died at an estimated loss of \$288 million.
- Crops losses have been set at more than \$183 million.

The international community responded with considerable assistance during the crisis, as noted in the following table:

Sahel Drought Relief Assistance, 1972-75

Grants:	
U.S. Government-----	\$228, 200, 000
U.S. voluntary agencies-----	15, 600, 000
International community-----	163, 400, 000
Total -----	407, 200, 000
Loans:	
World Bank (IDA loans)-----	29, 600, 000
World Bank (regular loans)-----	3, 000, 000
Total -----	32, 600, 000

Source: Agency for International Development.

Moreover, the international donor community also rhetorically committed itself to finance longer term development assistance to the six Sahelian countries, once the immediate crisis had passed. The United States, through the executive branch, pledged its participation. This decision was backed by the Congress when it passed the Foreign Assistance Act of 1973. That act contained the following provision:

SEC. 639B. AFRICAN SAHEL DEVELOPMENT PROGRAM.—The Congress supports the initiative of the United States Government in undertaking consultations and planning with the countries concerned, with other nations providing assistance, with the United Nations, and with other concerned international and regional organizations, toward the development and support of a comprehensive long-term African Sahel development program.

The drought itself ended in 1974 when sufficient rains fell, and the crop harvest was near normal. 1975 also was a good rainfall year.

Nevertheless, five of the six Sahelian countries remain among the poorest and least developed in the world. They are Mali, Mauritania, Upper Volta, Niger, and Chad. Senegal is the exception, but it too is a less developed nation.

As shown in the following table, growth rates of these countries lagged behind even before the drought crisis:

PER CAPITA GNP, POPULATION, AND GROWTH RATES OF REAL PRODUCT

Country	Per capita GNP in 1970 (U.S. dollars)	Average annual growth rates of per capita real product (percent)		Population (millions) 1970	Average annual growth rates of population (percent) 1963-70	Average annual growth rates of total real product (percent)	
		1960-71	1968-71			1960-70	1970-72
Chad.....	70	0.2	0.4	3.64	2.5	0.5	2.7
Mali.....	100	2.5	2.4	5.05	2.1	5.2	3.3
Mauritania.....	154	3.2	1.7	2.17	2.2	6.9	5.4
Niger.....	82	.9	-.9	4.02	2.7	2.4	-5.0
Senegal.....	178	.4	-1.6	3.93	2.4	1.0	1.0
Upper Volta.....	60	.3	1.4	5.38	2.1	.7	2.1
Total of above.....	98	1.3	.4	23.19	2.3	2.3	1.4
Total developing countries.....	211	2.4	3.2	1,674.03	2.7	5.1	5.4

Source: UNCTAD Secretariat, adapted from "Selected Statistical Tables on the Six Drought-Affected African Countries," June 1973.

C. LONG-TERM DEVELOPMENT OF THE SAHEL

More than most countries, the economies of the Sahelian nations are dependent upon water. Their production is overwhelmingly rainfed. Rain is essential to the pasturage for grazing animals and to food crops.

Planning for the region's long-term development has focused on water resources. This planning has been done by AID in concert with a number of other Western donor nations and international organizations through the mechanism of the Club des Amis du Sahel. The Club, which also includes the Sahelian nations themselves, is given staff support by the Development Assistance Committee of the OECD in Paris.

The plan involves the creation of an international institution called the "Sahel Development Investment Fund" (SDIF) which would pour as much as \$5 billion into the Sahel over the next 5 to 7 years.

The bulk of the funds would be directed at harnessing water resources by bringing up to 2.1 million acres of new land into irrigated farming along major rivers and lakes of the region. According to estimates, agricultural production could be increased as much as fourfold and the per capita income of the Sahel's population could be doubled.

The principal water systems involved are five:

1. The Senegal River Basin, which affects Mali, Mauritania and Senegal;
2. The Niger River Basin, which affects Niger and Mali;
3. The Volta River Basin, which affects Upper Volta;
4. The Lake Chad Basin, which affects Chad and Niger; and
5. The Gambia River Basin, which affects the Gambia¹ and Senegal.

The plan also includes a number of social goals, including raising the life expectancy of the people in the region, raising their literacy, doubling their food consumption and attaining an economic growth rate for the region of at least 5 percent annually.

Any forecasts of the plan's achievements are highly speculative since no detailed statistics or economic development model has yet been developed. In late 1975, however, the Congress authorized \$5 million to help AID with planning costs connected with the development of its Sahel proposal.

Further developments are likely as the Club des Amis du Sahel continues to meet to discuss the formation of the Sahel Development Investment Fund. A meeting is set for Dakar, Senegal, in late March 1976.

Already, however, the proposal has been subject to considerable criticism on several grounds, including:

Cost effectiveness.—A study of the Sahel by a group at the Massachusetts Institute of Technology² has noted that even though expensive water-control projects offer advantages, they cannot

¹ Although not usually considered a Sahelian nation, the Gambia has been accepted as a member of CILSS (The Interstate Committee to Fight the Drought in the Sahel) by the other Sahelian nations.

² "A Framework for Evaluating Long-Term Strategies for the Development of the Sahel: Vol. 1. Summary Report: Project Objectives, Methodologies, and Major Findings" by William W. Selfert and Nake M. Kamrany, Center for Policy Alternatives, Massachusetts Institute of Technology, Dec. 31, 1974.

alone make the region agriculturally self-sufficient because by the year 2000, if current fertility rates continue, the region will be required to support a second 23 million people. Even if the endeavors prove to be as successful as their proponents suggest, the study says, they will not guarantee that the entire region moves forward in development.

In an effort to demonstrate the cost-effectiveness of the proposed Sahel development scheme, AID officials compare the project costs with the expense of potential future drought relief efforts. Their arguments are as follows:

Throughout the 1960's in the Sahel, there was a decline in food production and per capita income of 1.1 percent per year.

At the same time, total foreign assistance to the Sahel averaged \$162 million per year.

In the drought years, especially 1972-4, total foreign assistance to the area was \$900 million to \$1 billion.

Given steady or declining production rates, on the one hand, and increasing population and inflation rates, on the other, we estimate that a drought of the same magnitude in 1985 would require \$3 billion in relief. A drought in 1995-2000 would require \$6 billion in relief assistance. Deaths and disruption in the area would be proportionately greater. Normal year aid flows would have to increase to maintain the same real per capita effect.

By contrast, we estimate that the \$5 billion Sahel Development Investment Fund (SDIF) (1978-82) together with other assistance flows, will achieve as one of its goals the quadrupling of food production in the area. As a consequence, we estimate that by 1992 the cumulative reduction in normal ongoing assistance flows to the area will equal the \$5 billion SDIF figure. The Sahel, through its own efforts, will be protected against the extreme results of past droughts, and normal year aid flows will continue to decline as the Sahelians are better able to produce or purchase what they require.³

Technological complexity.—The MIT study also suggests that the massive infusion of technologies, including elaborate techniques of water management, may not be appropriate, because the area does not have the required institutional infrastructure. Further, such technologies tend to create secondary problems which can be overcome in developed countries, but can prove very serious in countries with very limited resources.

³ Memo to staff study team.

Ecological fragility.—The ecological effects of large-scale water resource projects can be unexpected and deleterious. The ecological balance of the Sahel is extremely fragile and less is known about it than other regions. There is little margin for error. Ecological mistakes are at once more likely and more costly.

AID officials have recognized the ecological difficulties involved and have acknowledged that further environmental studies are necessary. They also believe that it is possible to build the institutional infrastructure along with the physical infrastructure involved in the Sahel development scheme.

D. CONGRESSIONAL ACTION

A provision of the International Development and Food Assistance Act of 1975, approved in December, reiterated congressional support for the formulation of a long-term comprehensive development program for the Sahel and other drought-stricken areas in Africa.

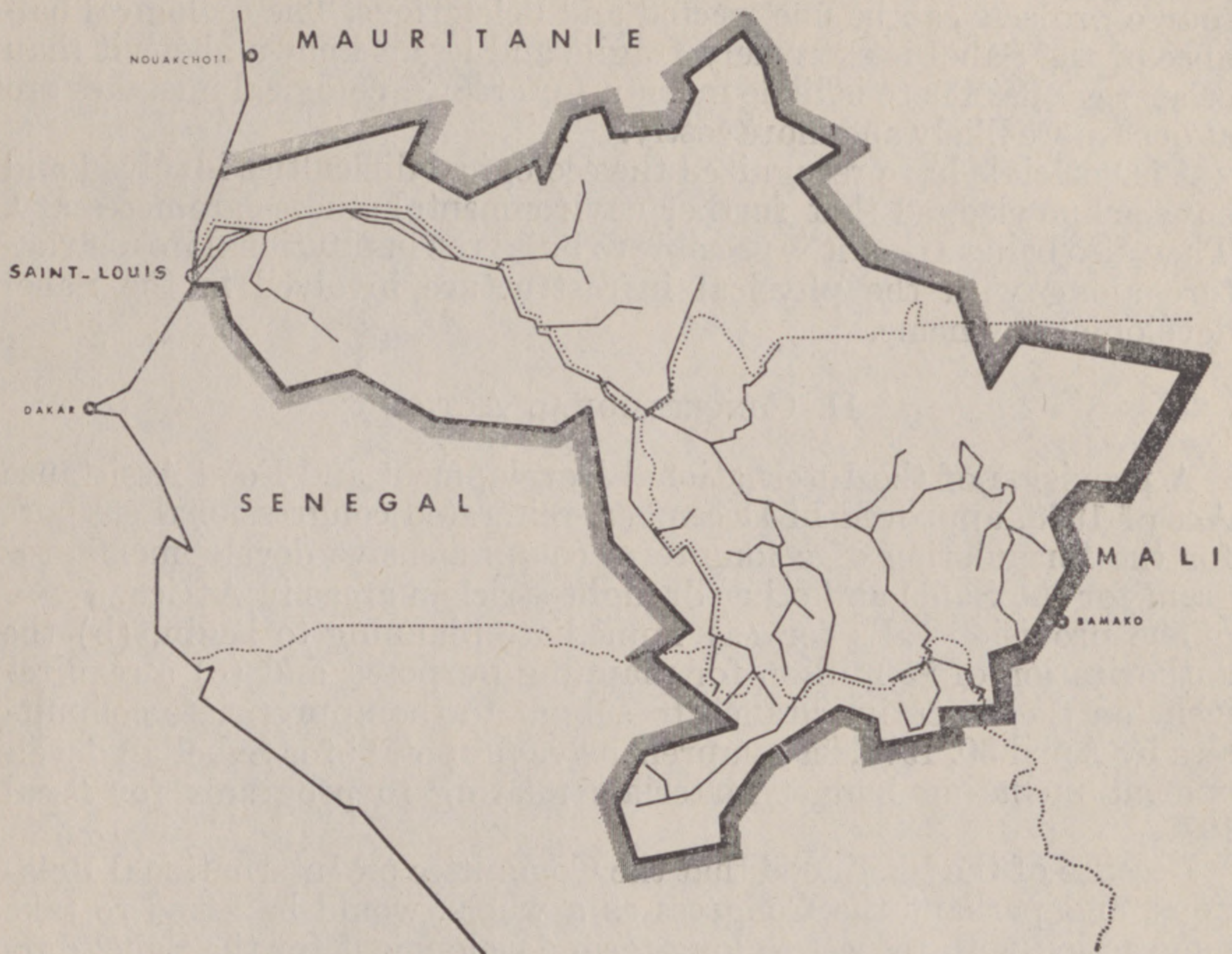
The provision calls for (a) immediate planning to begin, (b) the authorization of \$5 million for planning purposes, and (c) a requirement on the executive branch to submit to the appropriate committees by April 30, 1976, "a comprehensive proposal" for Sahelian development including budget materials relating to programs for fiscal 1977.

Because of the likelihood that the Committee on International Relations, and perhaps the Congress as a whole, would be asked to take some action with respect to long-term development for the Sahel during 1976, the staff survey team included consideration of that subject among its objectives in West Africa.

We met with the executive secretary of CILSS, the Sahelian states committee for drought-related issues and the Deputy Director of UNDSO, the United Nations Sahelian office, both in Ouagadougou, Upper Volta. We also met with officials of AID's Regional Economic Development Service Office (REDSO) in Abidjan, Ivory Coast, to discuss the Sahel question.

Our primary interest was in Senegal, for several reasons. First, of the five water resource projects potentially involved in the Sahelian scheme, the Senegal River Basin Project is the furthest in its planning. Second, a number of irrigated perimeters, similar to those projected for the region under the plan, already exist in Senegal. Third, the United States is already expending development assistance funds for projects related to Senegal River Basin development.

The Senegal River Basin



Source : OMVS.

In Senegal, we met with U.S. Embassy and AID officials; officials of SAED, the Senegalese agency for the agricultural exploitation of the river basin; and representatives of OMVS. OMVS stands for Organization de Mise en Valeur du fleuve Senegal and is the trinational body (Senegal, Mali, Mauritania) responsible for the overall planning of the river basin project. We also made a 3-day field trip to St. Louis, where the OMVS Documentation Center and SAED headquarters are located, and from there along the Senegal River to irrigated perimeters at Lampsar, Ronkh, Richard Toll and Dagana.

E. THE SENEGAL RIVER BASIN PROJECT

After more than a decade of organization, planning and study, the three riparian countries of the Senegal River are about to begin the

development of the river basin. The plan will require an estimated \$3.7 billion of investment over a period of 35 years (1975-2010), concentrated on the construction of dams, navigation and port facilities, inland transportation and the development of agro-industries and mining.

The medium-term OMVS program (through 1985) includes four key project areas:

1. The Manantali Dam to be constructed on the Bafin River, a principal tributary of the Senegal River, about 83 kilometers above the town of Bafoulabe in Mali. The dam will provide a minimum regulated flow of 300 cubic meters per second in the Senegal River which is now subjected to alternating flood and dry periods. Major changes in the physical environment will occur downstream of the dam due to the regulated river flow and upstream due to the inundation of the upper valley. The Manantali Dam is also intended to provide a firm commitment of 100 megawatts of hydroelectric power. (Three other subsidiary dams also are under consideration for Felou and Gouina in Mali and Gourbassi in Senegal, but their construction would be in a later phase. See map on p. 42 for locations.)

2. The Diama Dam is to be constructed in the Senegal River Delta region and will be a smaller structure whose principal purposes are to prevent salt water intrusion into the lower Senegal River reaches and to provide fresh water for municipal and industrial water supply and irrigation systems. The dam will also accommodate year-round navigation. The area of inundation will be limited by a series of dikes and create a freshwater pool extending 400 kilometers upstream.

3. An irrigated perimeter program has been initiated to increase the yield of agricultural crops. Approximately 128,000 hectares of existing postflood recession farming will eventually be replaced by over 400,000 hectares of irrigated perimeters. Sufficient water is anticipated to allow double and triple cropping within the perimeters. During the medium-term period, development of 70,000 hectares is proposed, with subsequent development of 5,000 hectares each year thereafter.

4. A river navigation system including a deepwater port at Saint Louis, a new entry channel, navigation locks at the Diama Dam, river channel improvements for over 900 kilometers and development of intermediate ports of call have been proposed. The establishment of a minimum flow for year-round river navigation to the port of Kayes is an important factor, particularly to Mali and inland regions of Mauritania.

Senegal River Basin Project Infrastructure



The financing for the Diama Dam seems virtually assured, with participation by the French aid agency (FAC) and the World Bank. The Manantali Dam funding was set back when the People's Republic of China, after extensive engineering studies, pulled out—apparently because of the high costs involved. However, other pledges have been received from Germany, Saudi Arabia, Kuwait and the African Development Bank. At the time of our visit in December 1976, OMVS officials reported that of an estimated \$365 million in first phase costs, \$236 million already had been raised. Moreover, it is likely that the SDIF will contribute to the project.

To date the United States has not pledged to assist the Senegal River Basin Project. In the summer of 1975, however, AID's Africa Bureau proposed in a memo to Senator Clark of Iowa that if an additional \$50 million was made available for the Sahel in fiscal 1976, the bulk of the funds would be used to contribute to three of the integrated river basin programs planned for the Sahelian area. Specifically:

- \$40 million for the Senegal River Basin Project, including \$15–\$20 million for irrigated perimeters and \$20–\$25 million for major infrastructure, including the Manantali Dam.
- \$4 million for planning and development of the Volta River complex.
- \$2–\$4 million for studies of the developmental potential of the Gambia River Valley.

OMVS officials were surprised to learn of this proposal since they had been told earlier by AID's former Assistant Administrator for

Africa that it was unlikely that the United States would contribute to Senegal River Basin Project infrastructure.

F. UNITED STATES ASSISTANCE TO OMVS

While awaiting the results of multidonor talks on long-range "transformation" programs for the Sahel, the United States has supported medium-term development projects through subregional organizations like the OMVS. The assumption is that these organizations would be the building blocks for a long-range development program.

In a 1974 development assistance paper (DAP), AID's Africa Bureau contemplated that U.S. inputs to OMVS over a 5-year period might total \$50 million.

At the time of our visit to West Africa, however, OMVS-related AID projects, both those underway and planned, totaled \$16.7 million. They included the following programs:

1. *Agronomic research (\$960,000)*.—Implemented in fiscal 1975, the purpose of the project is to provide equipment, operating costs and technical assistance which will enable three OMVS research stations (Guede in Senegal, Kaedi in Mauritania and Same in Mali) to expand their activities and undertake applied research under field conditions at irrigated perimeters being developed in neighboring areas. A sub-project under this activity is an irrigated forage crop project which will involve all three research centers.

2. *Environmental assessment (\$2.5 million)*.—Implemented in fiscal 1976, this project is for studies concerned with the potential impact of the proposed development of the Senegal River on such areas as human health, water quality and quantity, plant and animal life and sociocultural conditions. The project will extend over a 2-year period.

3. *Matam perimeter study (\$625,000)*.—Funds were provided to OMVS for the study of the feasibility of developing a 8,000 hectares perimeter for agricultural production near Matam in eastern Senegal. The study includes engineering, hydrological, economic, agronomic, topographic and sociological factors. To be carried out over an 8-month period, it was to be the basis of a decision by AID on whether to proceed with a loan to OMVS for the perimeter development.

4. *Organization management (\$600,000)*.—This project would provide a resident design team for a long-term training program operating within the OMVS secretariat.

5. *Management and staff support (\$1.9 million)*.—This project would provide specialized training programs beginning in fiscal 1977 for OMVS personnel in accord with recommendations obtained from the prior project.

6. *Multisector loan (\$10 million)*.—Scheduled for implementation in fiscal 1977, the purpose of the loan would be to counteract some of the inequities which might otherwise arise in the distribution of benefits among the three member countries as development of the Senegal River Basin progresses. It is anticipated that the loan proceeds will be used, for the most part, to fund development activities in Mali and Mauritania.

Subsequent to the visit of the staff study team, AID determined—apparently on the basis of initial results from its 8-month study—to go ahead with the development of an irrigated perimeter on the Senegal River near Matam, with a commitment of funds in fiscal year 1976.

The project will consist of the construction of a surface irrigation system to provide water for 10,000 hectares, of which 8,000 hectares (19,750 acres) will be tillable. The principal features of the project include the construction of upstream and downstream dams, 35 kilometers of dike, 5 pumping stations, main and secondary canals, drainage system, land leveling and service roads. Cost is set at \$20 million.

Main beneficiaries of the project will be 4,000 farm families—about 35,000 people—who will be tilling the 8,000 hectare area. AID estimates that their per capita income will increase from less than \$100 to over \$180 annually when the project is complete.

Thus, total planned commitments to OMVS by AID through fiscal 1977 are as follows:

Summary of U.S. planned support to OMVS (fiscal 1975–77)

Fiscal year 1975: OMVS agronomic research.....	\$960, 000
Fiscal year 1976:	
OMVS environmental assessment.....	2, 500, 000
OMVS Matam perimeter study.....	625, 000
OMVS Matam perimeter construction loan.....	20, 000, 000
OMVS organization management.....	600, 000
Fiscal year 1977:	
OMVS management and staff support.....	1, 980, 000
OMVS multisector loan.....	10, 000, 000
Total	36, 665, 000

Although the Matam irrigated perimeter reputedly is a viable project even without construction of the Manantali Dam, its full potential can only be realized after the dam is built. According to one AID official: "Production should be increased on this perimeter tenfold before the dam comes on stream and twentyfold thereafter."

G. ASSESSMENT OF THE PROJECT

Because of the relatively brief time which the staff study team could devote to a review of the Senegal River Basin Project—a massive and complex undertaking—definitive judgments on its value would be injudicious. Our investigations indicate, however, that significant questions remain to be answered about this proposal for developing one subregion of the Sahel. These questions arise from several sources:

- A study of the project done for AID by the Bureau of Reclamation, Department of the Interior;
- Misgivings about the proposed development of the Senegal River Basin apparent in our discussions with some AID officials, U.N. development personnel, and others; and
- Our own observations of past and present efforts to develop irrigated perimeters along the Senegal River and subsidiary streams.

It seems apparent that more needs to be known before a final judgment can be made about moving ahead with U.S. participation in the Senegal River Basin development scheme—particularly in the following areas:

1. *Economic and financial analysis.*—As the Bureau of Reclamation study noted: "Economic justification and financial feasibility cannot be determined from information presently available." Although AID has commissioned a study of the Matam perimeter, its scope does not include the entire matter of the Senegal River Basin proposal.

Significantly, AID computes the cost/effectiveness of the project against estimated costs of relief efforts which might be involved in subsequent droughts in the Sahel, rather than against alternative development strategies, including costs of investment in dry land farming or rain water retention projects. The validity of such cost/effective calculations is questionable.

The creation of extensive irrigated perimeters is an expensive undertaking. Estimated costs are from approximately \$5,000 per hectare for the first 4,000 hectares to about \$3,500 per hectare average cost for the entire Matam perimeter. Some irrigated perimeters in the Sahel area have cost more. In order for such projects to be profitable, cash crops like rice and vegetables—rather than the traditional sorghum and millet—must be grown.

AID itself has noted:

The projected agricultural returns will also demand great strides in development of technological packages, extension and incentives to farmers. For example, the plan calls for going from 4 tons/hectare in rice production in 1980 to 6 tons/hectare in the future. In fact few farms in the basin are presently producing as much as 2 tons/hectare. The results of 4 tons or more achieved on research stations or special farms have not yet been repeated on a large scale. In sum, a tripling, rather than a 50 percent increase, in yields is required to meet plan targets.⁴

At present the agricultural policies of the Senegalese Government are not geared to encouraging farmers, but rather to keeping food prices low for city dwellers. There are few incentives to individual farmers to increase their investment in, or allocation of resources to, increased production. Furthermore, SAED, the Government's agricultural development agency for the river basin, has been a consistent money-loser on the 30,000 irrigated hectares which it already has developed. Although SAED is said to be reevaluating its policies, it is difficult to see a thorough-going reform without substantial changes in the attitudes of the Senegalese Government toward its agricultural sector.

2. *Sociocultural problems.*—It appears that little, if any, attention has yet been given to the broad range of effects which the Senegal River development scheme is likely to have on the sociocultural systems of Senegal, and to a lesser degree, of Mali and Mauritania. This omission may be critical because such effects are likely to bear on the ulti-

⁴ Central-West Africa Region Development Assistance Program.

mate success of the entire project. Among the obvious changes which the project will require are:

- 20,000 people will be displaced by the Manantali Dam and additional numbers by the Diama Dam and the irrigated perimeters.
- Dry land farmers will be required to learn irrigated agriculture and the nurture of unfamiliar crops.
- Farmers accustomed to annual cropping will be required to double and triple crop in order to make best use of the irrigated perimeters.

Although some AID officials with whom we spoke emphasized the flexible nature of the Senegalese farmer, we saw evidence to the contrary.

At several points near the Senegal River appear ghost towns which are a mute testament to past sociocultural errors of SAED. In order to populate areas of past irrigated perimeters along the Senegal River, SAED built "company towns" and brought workers from all parts of the country to till the fields. The experiment failed because of tribal rivalries and an unwillingness to work in unfamiliar surroundings.

Today row upon row of empty houses stand in stark contrast to the successful cooperative community of Ronkh nearby, where a truly indigenous effort to develop irrigated agriculture has resulted in greater prosperity for villagers and a waiting list of families in the city who wish to return to the land.

AID officials concede SAED's overpaternalism toward the farmers with whom it works, but see changes in the making for that organization. Our own daylong exposure to SAED officials leave us in doubt.

3. *Environmental and health problems.*—Until the AID-sponsored environmental study is completed, there will continue to be large areas of ignorance about the environmental and health effects of the Senegal River Basin Project. For example:

- The Diama Dam will not only stop salt water intrusion into the Senegal River, but also is likely to impede the fish which provide an important source of protein to area people.
- Development of the project as planned will increase the habitat of vector species and opportunities for contact of such diseases as malaria, schistosomiasis, onchocerciasis and trypanosomiasis. Thus far, little has been done to plan for combating the likely increased incidence of these diseases.
- Irrigated perimeters make attractive habitats for millions of rats which have infested more than 180,000 acres in the Senegal River Basin area. Rat populations have exploded, apparently because their predators died in the drought. Not only have they fed on and destroyed tons of grain, but their activities have undermined large areas of earthen infrastructure in existing irrigated perimeters. (We met a German engineer who had recently developed an irrigated perimeter at Podor on the Senegal River. After an absence of 1 month he returned to find the work 40 percent destroyed by the tunneling of rats.) Thus far, efforts to poison the rats have been largely unsuccessful.

4. *Political relations among OMVS states.*—Although OMVS is to represent the three basin states: Senegal, Mali and Mauritania, politi-

cal differences among the three sovereignties has impeded its organizational effectiveness. During our visit, representatives of the three countries were meeting in Nouakchott to iron out difficulties and approve the strengthening of the position of the OMVS Secretary General.

Indicative of the sensitivities involved is the \$10 million AID multi-sector loan to OMVS planned for fiscal 1977. It is to be apportioned among Mali and Mauritania—in the words of AID—“to counteract some of the inequities which may otherwise arise in the distribution of benefits among the three.” In other words, if AID is to benefit Senegal by \$20 million for the development of the Matam irrigated perimeter, the other two countries must have something.

5. *Management and training.*—A development scheme as complex as the Senegal River Basin Project will require administrators and trained technicians. Such expertise is in exceedingly short supply in the three OMVS countries. AID has programed \$2.6 million for management and staff support for OMVS, but training must be accelerated at all levels. Our discussions with the Director of SAED indicate that his organization has no present plans for expanding executive training.

Just as important is the training of the farmers and other workers to maximize the use of the water through the irrigation channels. According to observers, existing irrigated perimeters along the Senegal River are often operated at considerably less than maximum efficiency because water gates are allowed to remain open, excessive siltation is permitted to build up in irrigation channels, and dikes are allowed to crumble. There is little indication of adequate planning by OMVS or other involved agencies for the massive training job involved.

H. CONCLUSION AND COMMENT

The attraction of a large water resource scheme such as the Senegal River Basin Project is strong. Its proponents speak glowingly of “transformation” of the Sahelian subregion. It was, indeed, impressive to us to see “the deserts bloom” in the existing irrigated perimeters along the Senegal River and its tributaries. But such prospects should not be so dazzling as to blind one to the hard realities involved. The Bureau of Reclamation’s study of the Senegal River Basin Project notes:

Unless considerable caution is exercised, a decision dynamic may be initiated in which the aspirations of the leaders of the three countries mesh with the needs of the various technical communities involved in preparing the reports, and with the values and goals of countries who might finance such an enterprise in such a way that a positive decision is made. Such a decision would meet the needs of everyone involved except the people and the cultures directly impacted by the project; those people, not the scientists and technicians, are the nexus of success or failure for the project.

Experience counsels caution and restraint. Before World War II, the French financed a giant irrigation project using the waters of the Niger River. Today only 45,000 of the planned 100,000 irrigated acres are being farmed. OMVS officials dismiss that model by labeling

it the product of colonialism. Yet their own plans, and those of SAED, betray a similar paternalistic spirit.

Both in the Foreign Assistance Act of 1973 and the International Development and Food Act of 1975, the Congress emphasized giving foreign assistance to help solve the most pressing problems of poor people in poor countries in ways: (1) which maximized their own participation in the decision-making process and (2) which would result in relatively rapid improvement in their lives. As presently conceived, the Senegal River Basin Project, whatever its value, does not meet those standards.

This suggests that, at the very least, alternate strategies of fulfilling the U.S. pledge to the long-term development of the Sahel should be thoroughly explored. These might include an emphasis on dry land farming, rain water retention, drip irrigation, animal traction, and other more people-oriented techniques.

To date, not enough serious attention has been given to cost-benefit aspects of Sahel development. As pointed out before, the proposed water resource development schemes are very expensive. The populations involved are relatively small. Additional exploration is required of ways to bring assistance to more people, sooner, and at less cost.

Moreover, to the extent that the \$20 million Matam irrigated perimeter is predicated upon the accomplishment of the Senegal River Basin Project, including the construction of the Manantali Dam, and to the extent that the river project itself is part of long-term Sahelian development as envisioned under the SDIF, it should not be undertaken until the Congress has had an opportunity to review and act on the entire proposed commitment. This could be accomplished after the report on Sahel development from the executive branch which is required to be submitted to the Congress by April 30, 1976.

III. REIMBURSABLE DEVELOPMENT PROGRAMS IN NIGERIA

A. SUMMARY OF FINDINGS

1. Although estimates that the United States might obtain up to \$6 billion in orders for reimbursable technical services from Nigeria appear grossly inflated, that country may provide opportunities for sales of U.S. development-related expertise and training.

2. Both United States and Nigerian officials believe that section 661 of the Foreign Assistance Act ("Reimbursable Development Programs") will significantly facilitate the process of making such sales.

3. Even if a multimillion dollar program of reimbursable technical services ultimately is agreed upon, the U.S. AID Mission in Lagos should be closed out, as planned, and the program handled by a small staff of AID employees attached to the Economic/Commercial Section of the Embassy.

B. BACKGROUND OF PROGRAM

Since 1961 agencies of the U.S. Government have been authorized, within the limits of the Foreign Assistance Act, to furnish services and commodities on an advance-of-funds or reimbursement basis to friendly countries, international organizations, and voluntary non-profit relief agencies. Through the years the Agency for International Development has used this authority, contained in section 607 of the act, to accomplish a number of useful projects, for which repayment subsequently was obtained.

In 1974, the Congress, at the request of the executive branch, enhanced this authority by passing a new provision, section 661—Reimbursable Development Programs. This section authorized the use of up to \$1 million annually in fiscal year 1975 and 1976 for work with friendly countries to stimulate reimbursable aid programs. The target countries were those which were "graduates" of the U.S. development aid program or which otherwise were not receiving economic assistance from the United States. The provision linked such reimbursable aid with "facilitating open and fair access to natural resources of interest to the United States."

Section 661 was further amended in 1975 by provisions of the International Development and Food Assistance Act of 1975 (Public Law 94-161) to extend the program for 2 more years, to increase the avail-

able funds to \$2 million annually, and to liberalize somewhat the terms of repayment for recipient countries.

The intended results of section 661, according to a State Department circular, are five:

- To serve U.S. interests by promoting the political, economic and social development of non-AID developing countries;
- To facilitate access by those countries, on a reimbursable basis, to U.S. technological services, public and private;
- To promote American exports by providing technical services which might result in increasing demand for U.S. technology, hardware, and know-how;
- To help add to the U.S. knowledge base and strengthen the “worldwide network of arrangements for sharing and developing technical know-how;” and
- To encourage Government and private agencies in developing their own resources for international technical cooperation.

In practical terms, the provision permits AID to contract with foreign countries to send U.S. experts abroad, or to accept their nationals into the United States for training. The experts or the training can be provided by (a) AID itself, (b) other agencies of the government, or (c) private firms and organizations, both profit and nonprofit. The funds available under the section are to be used to permit AID some resources in the planning phases of programs.

The key word in such programs is “reimbursable.” The recipient governments must pay for the services which they receive.

Although the legal authorities under section 607 have been used successfully for some years, especially in Latin America, there has been little time to assess the impact of section 661, which first went into effect in December 1974. In testimony before the Committee on International Relations in July 1975, the Deputy Director of AID, John E. Murphy, stated that the experience to that point had been “very promising.” He noted that with the expenditure of only about \$37,000 through the Department of Agriculture, the United States was able to enter into arrangements in Iran for some \$125 million in services.

On that occasion Mr. Murphy cited Nigeria as a potential customer, noting “the tremendous requirements of the Nigerians for which they are well able to pay.” Because of the possible importance of reimbursable development programs in future relations between the United States and Nigeria, the staff survey team was requested to review this activity during its mission to West Africa.

C. NIGERIA AS AN AID “GRADUATE”

The largest country in Africa in terms of population and one of the more economically promising, Nigeria has been a major recipient of U.S. economic assistance. From 1962 to 1974, Nigeria received a total of \$434.8 million in U.S. aid. It has become a foreign aid “graduate” not because of the success of donor assistance but because of the escalating returns from its principal export—petroleum. A member of OPEC, Nigeria has benefited greatly from high petroleum prices. Its exports almost tripled in value to \$9.8 billion in 1974 and were expected to go

even higher in 1975. Its foreign exchange reserves have been growing at a rate of about \$400 million a month.

Quite clearly Nigeria today is in a position to finance its own development. As a result U.S. assistance has been phased out. All ongoing bilateral aid programs were given their final funding, a total of \$6.8 million, in fiscal 1975. Last September the AID Mission staff in Lagos was reduced to nine; by next June there are to be only five.

D. NIGERIAN ECONOMIC PLANNING

The Nigerian economic picture is not an unclouded one:

- Despite its new riches, Nigeria remains a heavily populated country with many desperately poor people (per capita income is \$210 annually). It has a literacy rate of 25 percent and a life expectancy of 39 years.
- At target rates of extraction, its petroleum reserves may be exhausted in 15 years or so. Within the past few months production has slumped by some 30 percent, cutting expected revenues.
- There has been marked evidence of mismanagement and outright corruption in handling these windfall profits. At one time more than 400 ships clogged the Lagos Harbor, bearing a variety of goods, including millions of tons of cement. At one time Nigeria was paying more than \$1.5 million daily in demurrage charges. With the present port capacity, it is expected to take from 24 to 36 months to unload just those ships now on line. By that time, much of the cement will be useless.

Recognition of the need for more orderly and efficient economic planning has come from Nigerian Government economists and development specialists. We talked to officials of the Ministry of Economic Development and Reconstruction which developed Nigeria's third development plan (1975-80). Reflecting increased resources, the plan projects public sector investment of \$32 billion, the bulk of it to be funded by Nigeria itself. Another \$10 billion in investment would be added by the private sector.

Public sector efforts will center on transport (\$10 billion), heavy industry (\$6 billion), agriculture (\$3.5 billion), housing (\$3 billion), communications (\$2.5 billion), power (\$1.5 billion), and health care (\$1 billion). Plans do not seem to have been seriously affected by the ouster of the Gowon government last year—but their implementation probably has been set back.

The Nigerians have recognized that an acute constraint upon their ability to fulfill this plan is the lack of trained indigencus personnel to plan, implement and manage effectively an ambitious development program. On the subject of foreign expertise, the 5-year plan states:

There is no doubt the Third Plan possesses a development potential which is unprecedented in the entire history of the nation. In order to achieve and sustain this level of economic activity, there will have to be a large influx of foreign technical and specialized manpower, as a supplement to the nation's internal training efforts * * *.

Hitherto, Nigeria has tended to rely on technical assistance from friendly bilateral sources and multilateral international agencies. Efforts will continue to be made to secure required foreign experts through these sources * * *.

However, the traditional concept of technical assistance as "free" external aid will be reviewed, and appropriate changes in procedure for acquiring and utilizing such assistance introduced. A number of existing technical assistance agreements with foreign countries will be renegotiated with a view to ensuring the flow of technical personnel from cooperating foreign countries is not hampered by the supplier countries' budgetary limitations. This means, wherever necessary, executive ministries and agencies of the Federal and State Governments will have to bear partially or wholly, the cost of expertise and training offers received from foreign countries.

The plan authorizes all ministries and agencies, to the extent that traditional "free" technical assistance is not available from abroad, to employ required personnel wherever they are available at going rates of pay.

E. ROLE OF THE UNITED STATES

For some time, the executive branch has sought a closer relationship, particularly in economic matters, with Nigeria. Nigeria supplies approximately 20 percent of U.S. crude oil imports—about one-third of its exported production. During the Arab oil boycott of 1973-74, the continued flow of petroleum supplies from Nigeria to the United States proved particularly helpful. Political relations generally have been "proper" rather than close. Nigeria is fiercely devoted to its national independence. It has sharply disagreed with some U.S. policies, particularly with regard to South Africa. Since the December visit of the staff survey team, relations have deteriorated over the issue of Angola. Nigeria has recognized the Soviet-backed MPLA as the legitimate government of Angola and has criticized U.S. efforts to obtain a coalition of all three rival forces. Matters have been further clouded by an abortive coup which saw the head of state killed. Blame has fallen on Western powers.

In the past Secretary of State Kissinger has been eager to establish a United States-Nigerian "joint cooperation commission," similar to those which have been established with other countries. Those commissions work to expand U.S. economic, scientific and cultural relations with a small number of selected countries which have a particular economic and political importance to the United States. Commissions have been established with several Socialist states, with India, and with key Middle Eastern countries. In 1974, for example, the United States established five joint commissions, with Saudi Arabia, Egypt, Jordan, Israel and Iran. In some cases those commissions have led to marked improvement in trade and investment opportunities. To date, however, the Nigerians have been unenthusiastic about a similar arrangement.

Nigerian planning officials told us that they wish to be entirely free to pick the best expertise in a given sector, regardless of its source. The

idea of handing over major economic decisions to nationals of a single country, as some of the Francophone nations of Africa have done, is anathema to them.

Such attitudes make it unlikely that the United States will come away with anything approaching a major share of Nigeria's purchase of technical services from abroad. Some officials in AID/Washington have seen section 661 programs in Nigeria aggregating to as much as \$6 billion over the next decade. U.S. officials in Lagos, including the Ambassador, believe such figures are grossly inflated.

U.S. participation also is likely to be limited by the Nigerian policy of talking first to those countries which offer technical services packages which combine concessional and reimbursable elements. At the time of our visit just such a package was in negotiation with the British. Since the U.S. concessional aid program in Nigeria is wrapping up, our officials are not able to make such offers.

Despite these impediments, it seems clear that the Nigerians at the time of our visit were interested in buying a substantial amount of technical services from the United States. A sequence of events over the past several years indicates these prospects:

1. THE BLOCK GRANT

In 1971 the concept of a "block grant" was introduced into the Nigerian aid program as a result of the country's increasing ability to do its own planning and set its own economic priorities, as well as its increasing sensitivity about the infringement of outsiders on decision-making processes in economic development matters. In essence, the block grant provided the Nigerian Government with a fund which would permit it to hire American technicians under direct contract, or through AID auspices, at its own discretion and in fields of its own choice. In addition, the Government could send participants to the United States or to other U.S.-sponsored institutions for vocational, academic, or technical training.

Although the Nigerians were slow to begin using the block grant because they had no existing administrative machinery to handle the details, they ultimately were pleased with the flexibility the grant provided and the speed with which their needs could be met. The initial block grant was for \$2.5 million with an understanding that, if successful, it would be continued at about \$1 million annually through fiscal 1976.

When the decision was made to cut off concessional aid to Nigeria after fiscal 1975 the U.S. AID mission in Lagos feared hard feelings by the Nigerians if the block grant were abruptly ended. The Government had established a special office to manage the program, and had on hand requests for services of U.S. experts and training worth nearly \$4 million. Just before the end of fiscal 1975, therefore, AID gave a final grant of \$2 million (for a total of \$4.5 million), an increase of \$1 million over the congressional presentational level. In the ensuing 5 months the entire amount has been fully programed.

The decision to enhance the block grant seems to have been a wise one since it not only cushioned the blow of the aid cutoff, but also helped provide a bridge from free technical services to the purchase of

services from the United States on a reimbursable basis. Through the block grant, the Nigerian Government has become acquainted with the extensive supply of highly skilled technicians in the United States, and has been introduced to American training facilities. According to the Mission, Mr. Ebong, the permanent secretary in the Economic Ministry, has expressed great interest in continuing the program with Nigerian funds once the AID contribution is exhausted.

2. FACILITATIVE SERVICES

In recent months AID has provided a number of "facilitative services" to Nigeria which do not formally fall within the context of section 661. Among those services are:

- Upon request, locating American technicians with special skills;
- Placing groups of Nigerians in U.S. universities (e.g., 12 in petroleum engineering schools, 20 in public health institutions);
- Arranging appointments and interviews for visiting Nigerian officials interested in hiring Americans or Nigerians residing in the United States; and
- Putting Nigerian officials in touch with American firms whose expertise and commodities are needed.

One recent example of such activities resulted from the current port tieup. Asked to provide port operations experts, AID turned to the International Executive Service Corps (IESC) which sent a team of experts to Lagos to review the situation. Although the group arrived in the immediate postcoup period and were unable to see all appropriate officials, it did its fact-finding and issued a report to the Nigerian Government.

In another instance, AID/Lagos received an urgent call from Nigerian officials asking for inflatable warehouses to store a variety of items which had been shipped in by air to avoid the congested port. The airport's storage capacity was over-loaded. Goods had been dumped in the open air on the airport grounds. Although inflatable warehouses proved impractical, AID was able to put the Nigerians in touch with an American firm specializing in prefabricated warehouse units. The company gained a \$1 million contract for eight units which were built within a month.

F. REIMBURSABLE DEVELOPMENT PROGRAMS

Activities to date under section 661—Reimbursable Development Programs are two: (1) Submission of a technical assistance package to AID by Nigeria; (2) further discussions with the ministries.

1. THE TECHNICAL ASSISTANCE PACKAGE

In December 1974, the Nigerian Ministry of Economic Development began assembling lists of the kinds of technical assistance it wished to receive from each donor. The items included were taken from the Third Plan in consultation with functional ministries and states on their priorities.

Apparently because concessional donors were given first crack at filling requests, the request to the United States for financing

services on a completely reimbursable basis was delayed by 5 months—until July 1975.

When at last it came, the package was disappointingly small, particularly for those in AID who have seen reimbursable development programs in Nigeria amounting to billions. The Nigerians proposed buying services from the United States amounting to 4.2 million naira (roughly \$6.4 million) over the duration of the 5-year plan (1975–1980). The principal areas in which U.S. expertise or training was sought were education, agriculture, health, and general administration.

The package has been transmitted to Washington where AID is identifying public and private institutions and organizations which may be interested and able to fill the requests.

2. DISCUSSIONS WITH THE MINISTRIES

The AID mission staff in Lagos has continued to approach the ministries of the Federal Government on possibilities for other reimbursable technical services. The Minister of Economic Development and Reconstruction is reported to be enthusiastic about a program under section 661. He has given his approval for the United States to deal directly with the several states of Nigeria on reimbursable technical services. (U.S. officials believe that approaches to the states may prove fruitful since they have principal authority in agriculture and education, areas in which U.S. expertise and training are recognized as superior.)

The staff survey team had an opportunity to discuss reimbursable development with officials of the development ministry and found them generally responsive to the mechanism provided by section 661. Without it, one official told us, the United States would have much greater difficulty in obtaining technical services contracts.

In the weeks to come AID mission personnel expect to follow up their initial approaches to Nigerian officials for further discussions with individual functional ministries.

Negotiations have moved the farthest with the Ministry of Agriculture. Top officials there are interested in obtaining U.S. expertise for the development of large commercial farming enterprises. U.S. officials, on the other hand, have counseled increased support for small farmers consistent with the "New Directions" philosophy of the foreign aid bill. If a final package of technical services is agreed upon, it probably will be a mix of commercial and small farm programs.

To date, AID/Lagos has not called upon any of the planning funds provided under section 661. It is anticipated, however, that planning money may be needed to finance a team of U.S. agricultural experts who could work out details of a comprehensive program of technical services with the Nigerians.

G. STAFFING

The notion has come from some quarters in AID that the Lagos Mission should not be closed completely in order to provide the institutional backup for reimbursable development programs. AID/Wash-

ington has not, however, wavered from its objective of terminating the Nigerian office. In testimony before the committee, Deputy Administrator Murphy suggested that reimbursable development activities would require that "we will probably have to station a few, a very limited number of people around the world in order to capitalize on the opportunities that we are able to identify." He suggested that Nigeria might be one of those sites.

We believe that any such person should be attached to the Economic/Commercial Section of the Embassy (which performs some similar functions) and that the AID Mission should continue to terminate its activities. To provide additional backup, it was suggested that AID make use of the skills and experience of the appropriate sector technical offices in the regional bureaus, other U.S. Government agencies, supported development institutions, and voluntary agencies. They could be used for identifying proposed personnel and training resources requested by the Nigerians.

In short, even a sizable U.S. program of reimbursable technical services in Nigeria could be handled by one or two AID employees attached to the Embassy, rather than requiring perpetuation of a mission presence.

