THE WHITE HOUSE
WASHINGTON

December 14, 1998

Robert McMackin
22 Cedar Point Rd.
Norwell, MA 02061

Dear Dr. McMackin:

Thank you for your kind letter and the wonderful poster by George Hunt.

Having Mr. Hunt's very beautiful and meaningful painting in the Office of the First Lady is a great honor for Mrs. Clinton, her staff, and all of our visitors. We have the great fortune of enjoying Mr. Hunt's work every day. I am so glad your family and the Hunt family were able to visit.

Very best wishes,

Melanne Verveer
Chief of Staff to
the First Lady

ROBERT A. MCMACKIN, ED.D.

November 15, 1998

Ms. Melanne Verveer
Chief of Staff to the First Lady
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20005

Dear Ms. Verveer:

Thank you for the hospitality you were able to extend to my family and the Hunts. We all thoroughly enjoyed our visit to the First Lady's conference room to view the installation of Mr. Hunt's painting.

Mr. Hunt's Washington show will be at the Parish Gallery until the end of the month. If time allows I am sure you would enjoy seeing the work on display.

I have enclosed a poster for you that Mr. Hunt recently did for the Rock & Roll Hall of Fame in Cleveland. They commissioned him to do a piece to honor the African-American Blues musician, Robert Johnson. The painting has pictographic qualities, depicting significant events in the life of Mr. Johnson.

In Appreciation for Your Assistance,

Bob McMackin

Robert A. McMackin, Ed.D.

22 CEDAR POINT ROAD • NORWELL, MA • 02061
PHONE: (781) 659-4339

ROBERT A. MCMACKIN ED.D.
22 CEDAR POINT ROAD
NORWELL, MASSACHUSETTS 02061

Ms. Melanne Verveer
Chief of Staff to the First Lady
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20005

THE WHITE HOUSE
WASHINGTON

November 12, 1998

Andrew E. Manatos
President
Manatos & Manatos
601 Thirteenth Street, NW
Suite 1150 South
Washington, DC 20005

Dear ~~Andrew~~ andy:

Thank you for your note and for bringing the work of the World Council of Hellenes Abroad to our attention. I have passed along the information, as you requested.

With very best wishes, and thanks for all you do.

Sincerely,

Melanne

Melanne Verveer
Chief of Staff to
the First Lady

Manatos & Manatos

Andrew E. Manatos
President

MEMORANDUM

TO: Melanne Verveer

FROM: Andrew E. Manatos

RE: Attached letter and packet

DATE: October 29, 1998

Andy Athens, who is the dean of the national Greek-American community and the world president of the World Council of Hellenes Abroad (SAE), and I would greatly appreciate it if you could help make sure that the First Lady is personally aware of this effort.

601 Thirteenth Street, N.W. Suite 1150 South • Washington, D.C. 20005 • (202) 393-7790 • Fax (202) 628-0225

THE WHITE HOUSE
WASHINGTON

November 30, 1998

Elizabeth T. Miller
Executive Director
Greater DC Cares
1201 New York Avenue, NW Suite 150
Washington, DC 20005

Dear Elizabeth:

Thank you for your letter and invitation for the First Lady to speak at the 2nd Greater Washington Business Philanthropy Summit on February 26, 1999.

Mrs. Clinton was honored to be a part of last year's summit and it is heartening to know the event had so great a response. It is not yet certain whether Mrs. Clinton's schedule will allow her to accept the invitation again this year. But I have forwarded your letter to Patti Solis Doyle, Director of Scheduling for the First Lady, and as the date draws near, we will be in touch.

Very best wishes, and thank you for your ongoing commitment to the renewal of our capital community.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

GREATER DC CARES

Changing
Lives Through
Volunteer Service

November 9, 1998

Ms. Melanne Verveer
Office of the First Lady
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Melanne:

Enclosed please find a copy of our invitation letter to Mrs. Clinton to speak at the 1999 Greater Washington Business Philanthropy Summit. I understand from your comments to Lyles Carr that Mrs. Clinton's travel schedule for 1999 has not yet been finalized. I do hope that she will be available to speak at the Summit again this year, as her message to the business community last year was exactly on target and has generated such exciting momentum in the corporate community to become more involved here in Washington.

We hope that Frank Raines, the new CEO of Fannie Mae Corporation, will be our other major speaker. I am enclosing a copy of the Fannie Mae Foundation newsletter with a headline article about Mrs. Clinton's role at last year's Summit, in case you have not seen it.

We at Greater DC Cares are excited to see a growing sense of commitment to our National Capital region, and appreciate the First Lady's assistance in fostering the spirit of renewal of Washington.

Sincerely,

Elizabeth T. Miller
Executive Director

1201 New York Avenue, NW • Suite 150 • Washington, DC 20005 • Phone 202-289-7378 • Fax 202-289-4108 • Web www.dc-cares.org

GREATER DC CARES

Changing
Lives Through
Volunteer Service

November 4, 1998

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Mrs. Clinton:

On April 7, 1998, you issued a challenge to the 350 Washington business executives assembled for the first annual Greater Washington Business Philanthropy Summit to revitalize the District and address its problems. We are please to tell you that over 150 CEOs answered that call to action and have returned a Corporate Commitment Card to Greater DC Cares seeking more information about strategic giving, corporate volunteerism, partnerships with community-based organizations, and other ways to get more engaged in our community.

On February 26,1999, Greater DC Cares and the *Washington Business Journal* will convene the Second Annual Greater Washington Business Philanthropy Summit, and we hope that you will return as our keynote speaker. You indicated last spring that you wanted to come back to hear what progress has been made. It will also be an opportunity to define exactly how business can be a catalyst for the revitalization of the Nation's Capital as we approach the millennium.

We understand from Melanne that your travel schedule has not been finalized and, if necessary, the date can be adjusted to accommodate your availability. Your personal commitment to the District and your strong voice urging the business community to take a leadership role in making the Nation's Capital "an embodiment of American ideals and values" will enhance the message of the Second Annual Greater Washington Business Philanthropy Summit: *Business leaders should make a difference here in DC.*

Sincerely,

Alex Orfinger
Publisher
Washington Business Journal

David M. Bradt, Jr.
Chairman
Greater DC Cares

1201 New York Avenue, NW ▪ Suite 150 ▪ Washington, DC 20005 ▪ Phone 202-289-7378 ▪ Fax 202-289-4108 ▪ Web www.dc-cares.org

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News from the Fannie Mae Foundation

Fall 98 • Volume 2, Number 2

District Companies Urged to Give More

First Lady Hillary Rodham Clinton and Fannie Mae Foundation Vice Chair Jamie Gorelick were among the speakers urging business leaders to do more for the local Washington community at the first Greater Washington Business Philanthropy Summit. The Fannie Mae Foundation cosponsored the Summit with AT&T at the Willard Hotel in downtown Washington, DC. The event was organized by the *Washington Business Journal* and Greater DC Cares, a nonprofit clearinghouse for volunteers.

Serving as honorary co-chair for the summit, Gorelick issued a call to action to the 350 Washington-area business executives attending the event. "A responsible corporate citizenship is good for your business and good for our community," said Gorelick. She also noted the Fannie Mae Foundation's own commitment to America's Promise to enlist the help of 50,000 young people in the DC area in the fight against homelessness through the new "housin' 2000" program.

Prior to Gorelick's remarks, summit attendees heard corporations, trade associations, and nonprofits share their experiences in helping to strengthen the city through business-giving strategies, volunteer programs, and partnerships with community-based groups. Attendees also had a chance to view a video showcasing the philanthropic work of the Fannie Mae Foundation and AT&T in the District of Columbia.

As part of the summit, the *Washington Business Journal* published its first *Greater Washington Business Philanthropy Guide*. The Fannie Mae Foundation was ranked "number one" in the Guide's list of leading corporate philanthropists in the Washington, DC metro area. The Foundation gave $26 million in support of nonprofit organizations in the metro area in 1997.

1998 Official White House photo

First Lady Hillary Clinton, keynote speaker for the Greater Washington Business Philanthropy Summit, is joined by (L-R) Alex Orfinger, publisher, Washington Business Journal; Jamie Gorelick, vice chair of the Fannie Mae Foundation; Senator James M. Jeffords, Vermont; Congresswoman Eleanor Holmes Norton, District of Columbia; and Mario Morino, CEO, Morino Institute, and founder, Potomac Knowledgeway.

"A responsible corporate citizenship is good for your business and good for our community."

– Jamie Gorelick

Outreach Efforts Expanded to Raise Minority Homeownership Rates

THE WHITE HOUSE
WASHINGTON

November 4, 1998

Karen Mulhauser
Mulhauser and Associates
1730 Rhode Island Avenue NW, Suite 712
Washington, DC 20036

Dear Karen:

Thank you for your letter and the information about the *Global Meeting of the Generations*, January 13-15.

It is not yet certain whether Mrs. Clinton's schedule will allow her to accept the invitation to speak at the conference. As the date draws nearer, we will be in touch.

Thanks for your assistance in countless ways.

Very best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

Karen Mulhauser
Mulhauser and Associates
Management & Public Affairs Consultant

October 16, 1998

Melanne Verveer
Office of the First Lady
The White House
Washington, DC 20500

Dear Melanne,

We are so fortunate to have Hillary Clinton as our First Lady! I find myself saying that virtually every day. And, she's so fortunate to have you helping her. I just got off of the phone with Bobbi – your ears must have been ringing with all the praise we were sending your way.

Yesterday I attended a board meeting of the International Development Conference where we discussed plans for the January 13 - 15, 1999 ***Global Meeting of Generations.*** I know that Mrs. Clinton has been invited to be the key note speaker on the opening day. I am so excited about this conference and believe that it is the type of forum she is looking for.

Current information about this important global and intergenerational conference can be found on the web page, at www.idc.org/gmg. I thought your office would be particularly interested in knowing about the Common Futures Forum which brings 100 young social entrepreneurs to the conference and is designed to build a global network to provide these emerging leaders opportunities to maintain contact and participate in intergenerational dialogues on global human security issues.

As an active board member and past IDC conference Program Director, I'd be happy to answer any questions you might have about the January ***Global Meeting of Generations***, about IDC or about how this can be considered part of Mrs. Clinton's overall initiatives for global engagement.

It is so good to see her speaking out more frequently on global issues. I recognize the source of many of her public comments and continue to be grateful for being included in her recent meeting. Please let me know if there is anything I can do to further that agenda.

Sincerely,

Karen

Karen Mulhauser

1730 Rhode Island Avenue NW • Suite 712 • Washington DC 20036 • Phone 202.463.0180 • Fax 202.463.0182

THE COMMON FUTURES FORUM

Visionary Leadership toward Equitable Development For the 21st Century

A program of

THE GLOBAL MEETING OF GENERATIONS

PROPOSAL

submitted by

INTERNATIONAL DEVELOPMENT CONFERENCE
1875 Connecticut Ave. Suite 720
Washington, DC 20009 USA
TEL: 202-884-8580 FAX: 202-884-8499
e-mail: idc@idc.org
on behalf of a partnership including:

AIESEC (International Association of Students in Economics and Management)
Ashoka: Innovators for the Public
CIVICUS, World Alliance for Civic Participation
The James P. Grant Trust
HelpAge International
Inter-American Development Bank
International Federation on Ageing
International Fund for Agricultural Development
Overseas Development Network
Parliamentarians for Global Action
United Nations Development Fund for Women
United Nations Development Programme
United Nations Population Fund
Youth for Development and Cooperation

September 23, 1998

Introduction:

Major new advances in health, informatics, communications, civil society, governance, finance and a host of other developments mean that if there is leadership, these new advances can be lead to major new advances in humanity countering continuing poverty, inequitable growth, and environmental degradation. The ***Common Futures Forum*** offers an innovative approach to identify future leadership to seize these advances to improve the human condition in the first decades of the 21st Century.

The last few decades have seen major advances in the spread of capital markets and the private sector. Now it is time to complement these advances by fostering new partnerships of the market, civil society and all possible societal forces for social progress in the years ahead. Only through such progress will the advances of the private sector be sustainable over the long run. And only through such progress will advances in democracy be held.

The Common Futures Forum, (CFF), a cadre of 100 young social entrepreneurs from around the world, represents one major thrust for preparing future leadership in development. The Forum is part of a unique four-year program called the ***Global Meeting of Generations***- a major effort taking place throughout the world to focus all generations on the new possibilities for future advancement and to bring new cooperation between generations in the pursuit of human progress. The programs are the work of a partnership of 15 global organizations including United Nations agencies, multilateral development banks, civil society organizations and parliamentarians.

The CFF is designed to build a network of young social entrepreneurs that will provide these emerging leaders with opportunities to enhance their own programs and to take an active part in the intergenerational dialogues being fostered at the national, regional and global levels.

A generation ago the late Barbara Ward gathered leading middle aged development leaders to workshops at the University of Sussex, forming what became the core intellectual leadership of the field of development for decades thereafter. Now, in a more pluralistic world of growing private and non-profit strengths, new leadership should be fostered. Given the fact that the world's largest ever generation of youth is today's youth, that leadership should arise from today's youth. Fortunately, such youth are to be found, but have never before been brought together and fostered.

The goals of the Common Futures Forum are:

- To identify promising and innovative, visionary and determined youth, those we call "social entrepreneurs," in an effort to help "jump start" their careers as the next generation of emerging leaders in international development.
- To facilitate the exchange of lessons learned in development practice and to offer technical assistance for scaling up successful development initiatives.
- To support a continuing network of career enhancing activities after the initial four year Global Meeting of Generations program ends, ensuring a continuing, close knit and durable collective and self-sustaining group.
- To call international attention to the innovations and new ideas of these emerging leaders at the Global Meeting of Generations.

The Program:

The Common Futures Forum, an integral part of the Global Meeting of Generations, is intended to stimulate new leadership for social and economic development by working intensively with a group of young emerging leaders, identified and selected for their potential for significant contribution in social development. These 100 young leaders will represent the different regions of the world, genders, and fields of expertise. They are being drawn from the profit, non-profit and governmental sectors as exemplars to all youth that service for the public good is not only possible, but should be an expectation from all sectors of activity.

CFF members will engage actively in the following three-year program:

- Participate in a week-long CFF workshop, in Washington, D.C. (January 6-12, 1999), introducing the Forum members and their innovative experience to each other, focusing on sharing programs and experiences, contributing ideas to the first ever Global Meeting of Generations, and working on scaling up programs by interacting with other more established leading experts;

- Participate in the program of the first Global Meeting of Generations, in Washington, D.C.(January 13-15, 1999), to formulate concepts and action strategies for sustainable development;

- Provide in the first year a plan for their personal growth and their contribution to the cause of human development and be willing to work with the CFF program to carry out that plan during the following years.

- Facilitate national dialogues, held to follow up the first global meeting, throughout 1999;

- Attend two additional international CFF workshops in 2000 and 2001 where results of national meetings will be evaluated and additional strategizing will take place to expand the impact of social entrepreneurs;

- Participate as leaders in the second Global Meeting of Generations in 2001 to sum up and synthesize the dialogue process;

- Participate in online and other communications during 1999-2001, to give and receive information and technical assistance for scaling up work of CFF members.

The Process:

The selection process of these young social entrepreneurs is completed. All the partners of the Global Meeting of Generations have used their different worldwide networks to nominate the best young social entrepreneurs from around the world. UNDP has promoted the effort through its 200 field offices. AIESEC (the International Association of Studies in Economics and Management) has used its network in 87 countries with 940 local chapters.

The Inter-American Development Bank has worked through different youth organizations in Latin America, and has promoted the program on TV and newspapers in the Latin American countries. In addition to this effort, other selected organizations have nominated potential members of the CFF, submitting an impressive number of nominations (for example: the Peace Corps, the 4-H Club, and a lot of local organizations from around the world).

Thanks to this worldwide effort, nearly 300 nominations have been received, coming from more than 70 different countries. An independent international jury was established composed of seven distinguished experts involved in international development from different regions of the world (Africa, Asia, Europe, Latin America, Middle East, North America). They met at the end of July to identify qualified nominees to take part to the Common Futures Forum. The Jury selected 77 nominees from 43 different countries. The average age of those selected is 27 years. Their life stories and accomplishments are amazing.

To have so many outstanding young people, from so many different countries, is really encouraging for what we believe is the first initiative to create a network of young social entrepreneurs from around the world, from so different fields of experience and origins. Unfortunately, at this date, the partnership sponsoring the program can afford only to commit to 50 of the selected Common Futures Forum persons. But, that pool will be expanded as resources become available.

Important efforts and commitments have already been raised. The James P. Grant Trust, an official sponsor of the Global Meeting of Generations, has devoted $150,000 for the CFF 3-years program (75% of its assets). Organizations, which include the IDB, UNDP, USAID, AIESEC, have already made significant contributions and have demonstrated a high level of commitment to the various components of the Global Meeting of Generations program. For example, UNDP has agreed to provide $100,000 from core funds, plus field support; and the IDB will contribute significant in-kind contributions such as hosting three days CFF workshops (including translation costs, facilities, materials). USAID has committed to providing $100,000 in funding, plus field support. The Government of Belgium $40,000. Netherlands $50,000. A number of other institutions, including the African Development Bank, OPEC Fund for Development, Avina Foundation and Calvert Mutual Funds have expressed interest in the programs and are considering means of support.

How you can help:

The GMG intends to cover the cost of organizing the CFF and of supporting the costs of the participation of CFF members in their workshops, networking, Global Meetings and also the regional and national meetings to the degree feasible.

Additional financial support to the CFF is needed and can take several forms:

Financial support:

- Sponsor an individual social entrepreneur for the first year of the program, $5000, or for the four years at a total of $15,000.

- Sponsor one part of the total program:

  1□ One or several of the CFF workshops (total cost per workshop: $250,000, including housing, interpretation, faculty, meals).

  2□ The international travel for the Social Entrepreneurs to the Global Meetings (total estimated cost per year $150,000, or $1500 per social entrepreneur).

- Sponsor a dinner or a reception for the social entrepreneurs. Cost ($4000)

- Support the publications program of the CFF, which will make available to the public a collection of the life stories of the CFF members, and the substantive curriculum which we believe will be path-breaking in its collection of major strategies for social entrepreneurship drawn from the life histories of key development leaders (average cost per publication: $15,000, per year).

In-Kind support:

- Provide In-Kind a dinner, the publications, the plane tickets for the social entrepreneurs.

- Provide technical support with computers and/or communication services for the CFF continuation networking program.

There are many different aspects of the CFF program deserving of your support. Let us know your interests and we will work to identify a segment to meet your specifications. We are eager to have you join us in this innovative and groundbreaking enterprise.

Annexes:

- List of the CFF members and countries.
- The 3 years budget for the Common Futures Forum.
- Goals of the Global Meeting of generations

Common Futures Forum
List of the CFF members' countries

Africa:

Total of selected nominees for the region: 20.
Countries:

Gabon
The Gambia
Ghana
Kenya
Liberia
Nigeria
Somalia
South Africa
Swaziland
Tanzania
Togo
Zimbabwe

Asia:

Total of selected nominees for the region: 12.
Countries:

Bangladesh
India
Nepal
New Zealand
Republic of Korea
Sri Lanka
Vanuatu

North America:

Total of selected nominees for the region: 10.
Countries:

USA

Europe:

Total of selected nominees for the region: 12.
Countries:

Austria
Bosnia and Herzegovina
Croatia
Lithuania
Macedonia
Romania
Russia
Slovenia
Turkmenistan
Yugoslavia

Latin America and Caribbean:

Total of selected nominees for the region: 20.
Countries:

Argentina
Bolivia
Brazil
Colombia
Ecuador
El Salvador
Guatemala
Guyana
Honduras
Paraguay

Middle East:

Total of selected nominees for the region: 3.
Countries:

Egypt
Israel
Lebanon

Common Futures Forum
Highlights

Vanuatu

Philip Boedoro

Philip's engagements with the National Police Force encourage him to create the National Security Service in Vanuatu. Most recently, he has begun a Rural Training Centre, which aims to prepare youth for better job opportunities. He concurrently dedicates time to a religious musical group that performs and travels extensively. He pledges to help the youth social development by his continual efforts in security, employment, and the arts.

Korea/USA

Tina Choi

The Kindness and Justice Project, started by Tina for Do Something (one of the fastest growing, most innovative youth-based organizations in the US), uses modern technology to reach public schools to organize students into acts of public good and to help neglected parts of their communities. Her program has incorporated actors such as President Clinton and expanded to over 20,000 schools.

South Africa

Kurt Worral-Clare

Kurt has taken a legal stance in the youth rights and justice movement in KwaZulu Natal. His efforts have primarily been dedicated to the prevention of crime and violence. Under his direction, the South African government approved and created the role of a Minister of Children.

Global Meeting of Generations, c/o International Development Conference, 1875 Connecticut Avenue, NW, Suite 720, Washington, D.C. 20009–5728 USA
(1) 202-884-8580 *voice* • (1) 202-884-8499 *fax* • gmg@idc.org *email* • www.idc.org/gmg *web*

Israel

Calanit Dovere

Calanit began Nisan Young Women Leaders, which is the first and only organization dedicated to the advancement of young women in Israel. Nisan's innovative programs develop the leadership potential of Jewish and Arab Israeli young women, support their initiatives, and foster communication and cooperative partnerships among them.

India

Paromita Goswami

Paromita is the Chief Executive of Shramajeevi Sanghatana, a union of over 50,000 poor, rural castes and tribes. In the organization she has radically initiated campaigns for land rights, working rights, voting rights, education needs, etc. One offspring of her tireless efforts is fully funded education for more than 2,500 child laborers. Her accomplishments and advocacy for human rights are an endless track to the betterment of India's people.

Paraguay

Camilo Ernesto Soares Machado

Camilo Soares established Paraguay's first youth organization resource center, in response to the growth of youth groups generally resistant to the country's dictatorship rule. Under his leadership the Youth House opened to serve as a managerial "space" for these groups to flourish. He looks forward to expanding the facilities, increasing communication, and launching a fundraising campaign to further provide for the Paraguayan youth movement.

Common Futures Forum
Profiles

Africa

Somalia	**Adam, Nasri**	Administrator of IIDA Women's Development Organization, a group dedicated to bringing peace and economic development to the Merqan region. She hopes to open more demobilization centers and promote education opportunities for the youth of Africa.
Ghana	**Adjei, Charles**	Invested efforts in the areas of family planning, sanitation, and forest conservation in response to the population growth in Ghana.
Togo	**Amenounve Komlan**	Young economist, he has created a project to educate women in order to help them to develop their activities by their own financing.
Liberia	**Ajavon, Jr., Samuel**	Established a primary level community school on a voluntary basis during the situation of war in West Africa; currently involved in the socio-economic development efforts of the Center for Democratic Empowerment.
The gambia	**Colley, Neneh**	Advocate of women's rights and youth in her efforts that awarded her with the President's Award Scheme, which was created for youth development and empowerment; active in programs for young mothers, unemployed youths, and deserving students.
Nigeria	**Ige, Adebayo**	His concern for the areas of drugs, health, environment, education, and sustainable development for youth has resulted in the foundation of the Nigerian Youth Environmental Network (NYEN), which he was program director.
Kenya	**Mtsami, Patrick**	Developing and implementing a test program to tackle rural poverty in East Africa; Zonal coordinator for the Kwale Rural Support Program of the Afa Khan Foundation.
Zimbabwe	**Nyakanyanga, Danai**	Works to establish awareness of plant genetic resources (PGR) management among local farmers; currently involved in the Sorghum Landrace Study (SLS).
Tanzania	**Raja, Sanjay**	Project Assistant for the NGO Resource Centre, a project of the Aga Khan Foundation, aimed to create an enabling environment for NGOs and Community-based organizations (CBOs); involvement with the environmental and developmental issues of Sustainable Advancement of Zanzibar (SAZ).
South Africa	**Worral-Clare, Kurt**	Dedicates efforts towards the programming of prevention of violence against women and children for the African Christian Democratic Party.
Gabon	**Zemo Nathalie**	She is managing programs on entrepreneurship, to help young people to be entrepreneurs and create their own enterprises. She has worked for the Shell Foundation on this issue.

Asia / Pacific

Vanuatu	**Boedoro, Philip**	Involved in the establishment of a rural training center aimed at providing employment opportunities for youth.
Korea	**Choi, Tina**	Founded the Kindness and Justice Project which uses modern technology to reach public schools to organize students into acts of public good and help neglected parts of their communities; background of social and education policy.
India	**Dwivedi, Archana**	In response to the number of trained youth in New Delhi, without job opportunities, Archana began the "Developing Self Reliance Among Street Children and Youth" project; engaged in development of women and youth groups through entrepreneurial empowerment and confidence building.
Sri Lanka	**Ekanayake, Sumedha**	A part of a team at the Intermediate Technology Development Group that tries to span communication networks and seek long-term relief to poverty in Third World countries.
India	**Goswami, Paromita**	Human rights activist dedicated to improving the well being of the rural poor in areas of education, land rights, and employment.

Global Meeting of Generations, c/o International Development Conference, 1875 Connecticut Avenue, NW, Suite 720, Washington, D.C. 20009–5728 USA
(1) 202-884-8580 *voice* • (1) 202-884-8499 *fax* • gmg@idc.org *email* • www.idc.org/gmg *web*

New Zealand	**Jones, Angela**	Advocate of women's rights and committed to a campaign against rape and violence against women.
Korea	**Kim, Eunju**	Advocate of elderly people with the Korean Information and Referral Center on Aging.
Korea	**Kim, Hoonsoo**	Working on AIDS prevention, education, and policy implementation, while leading the Seoul branch of the Korean Anti-AIDS Federation.
Nepal	**Marsani, Suresh**	President of the Siddhartha Youth Club, devoted to the establishment of a peaceful and well developed society through the medium of social activities for socio-economic development (with a concentration on the poor and women).
Bangladesh	**Mostafa, Shiblee**	Founder and Executive Director of 'Working for Better Life', which conducts Social Debate Programs of various topics amongst students to raise awareness.
Sri Lanka	**Peiris, Kala**	Founded CENWOR, grass roots organization for Gender and Development Projects and Integrated Rural Development Programs; pushes for the empowerment of cior women workers, who are the most economically disadvantaged in the country.
Turkmenistan	**Yaylymoya, Ainabat**	Founded Alliance for Responsible Community Action (ARCA), which acts as a gateway for community groups working to further academic, cultural and civic education; presently, she is devoted to the Summer English Immersion Camp (SEIC), which brings together over 300 youth to develop leadership skills on an English speaking basis.
Europe		
Slovenia	**Klemencic, Manja**	Has made an impact on Slovenian education by establishing a debate program at the high school and college levels.
Macedonia	**Memedova, Asbija**	Community planner and coordinator of a community center that puts emphasis on education.
Yugoslavia	**Milicevic, Jasna**	Social worker that who conducted many sessions in the area of values and ethics; working on a project for the resocialization of youth.
Romania	**Petre, Ruxandra**	Human rights activist who has managed to mobilize teenagers to fight for human rights via "Gloria Mundi" magazine, which she published, wrote, and edited.
Bosnia H.	**Petric, Aleksandra**	Has created hCa Youth Network of BiH, a "youth coalition" that encourages lobbying and advocacy by youths in response to civil war in Bosnia.
Croatia	**Skrabalo, Marina**	Dedicated to women's' leadership and advocacy for peace and positive change; human security and peace.
Austria	**Stuhlpfarrer, Lukas**	Lukas was a part of Austria's initiative to join the European Union; he is a part of a team, in conjunction with EU, that researches European management, business administration, banking, and finance; also active in employment training for the Vocational Training Initiative of the Austrian Government.
Middle East		
Israel	**Dovere, Calanit**	Founded Nisan Young Women Leaders, a leadership development network dedicated to the advancement of young women in Israel; a key segment of her organization is the "Career Mentor Index" which opens vocational doors for women of this region.
Egypt	**El-Karanshawy, Samer**	Part of a group of researchers studying urban issues in conjuction with "governance and participation."
Lebanon	**Nassif, Helena**	Works with the Integrated Rural Development Project as the coordinator of the environmental and health components.
North America		
United States	**Carrasquillo, Alfredo**	Vice President and Services Coordinator of Community Education Program devoted to community development services and training in Puerto Rico.
United States	**Counts, Alex**	Founder and Executive Director of the Grameen Foundation, USA which promotes the potential of micro-credit to reduce poverty in the Third World; involved in linking high-tech companies with Grammen in an effort to bring modern technology to Bangladeshi villages.

United States	**Ludwig-Hardman, Stacey**	Primary involvement is in leadership and vision for a wider impact in the realm of educational development and communications; she is pursuing a Ph.D. in Educational Leadership with and emphasis on curriculum and technology.
United States	**Osborne, Na'Taki**	Organizes efforts in the field of environmental justice, human health, and building sustainable communities; worked for the National Wildlife Federation and the Center for Environmental Public Awareness; presently the project manager for the Carver Hills Sustainable Communities Initiative.
United States	**Ponzio, Richard**	Worked on people-centered governance, human security, global policy and peace initiatives during his experience as the Director of the Project Global 2000 Youth Programme Council ; now works at the Human Development Centre researching/lecturing on security, conflict and governance issues in S. Asia.
United States	**Ukeles, Raquel**	Determined to create a dialogue in the Middle East between Jew and Arab, perhaps by the establishment of a University of the Middle East; she was a catalyst of the Center of Higher Education in the Middle East that wants to improve higher education opportunities and foster regional coexistence between the people of the region.
<u>Latin America</u>		
Brasil	**Baggio, Rodrigo**	Founded the Committee to Democratize Information Technology which equips young people in low-income communities with computer skills in order to expand their job opportunities; he has since opened 70 schools for Computer Science which are self-directed and financially self-sustaining.
Ecuador	**Cevallos, Chrystiam**	Has been involved in the betterment of Ecuadorian communities in the hopes that children will not fall to the local drug trafficking; seeks to protect the working and welfare rights of children; pushes for democratization of the country.
Bolivia	**Dorado, Alfonso**	Part of the Social Forum of Human Rights initiative that works to represent the social and cultural needs of different groups of people; currently supporting the Social Compromise Act which seeks to improve conditions in Bolivia.
Guyana	**Foster, Alex**	Former Mayor whose primary concern was involvement and integration of young people into the mainstream of effective community development with their seniors; has founded the St. Francis Xavier R.C. Youth Club which supports and encourages youth.
Colombia	**Garces, Christian**	Director of the Corporation for the Rights of Juveniles which promotes the rights and policies for youth in Columbia, he hopes to show how the incorporation of youth into the mainstream will benefit society.
Honduras	**Irias Guzman, Kenia**	Human rights activist by coordinating with other international organizations and improving the judicial system; mobilizes the community in social development efforts.
Guatemala	**Moscoso, Victor**	Major contributor to the democratic youth initiative in Guatemala; has done immense work for the political and social development of youth including a national event for peace and human rights.
El Salvador	**Romero, Edgar**	Works for the Special Education Program helping people with disabilities; he also involves the community in the promotion of rights and opportunities disabled people deserve; contributes to social development, communication improvements, and better living condition of urbanites.
Colombia	**Saravia, Catalina**	Biologist who has become a mobilizer of environmental action to conserve energy and land wealth; attacks the degradation of the "quality of life" by educating children about conservation of the planet; believes in the development of peace initiatives.
Paraguay	**Soares, Camilo**	Began the Youth House in hopes to confront the socio-economic and cultural problems that affect people in Paraguay.
Argentina	**Tallarico, Valeria**	Women's rights activist involved in the General Direction of the Woman of the Government of Buenos Aires; initiative pushes for better working rights of women and fights domestic violence.
Guyanna	**Yhann, David II**	Centerpiece in the construction of an association of Guyanese NGO's : The NGO Forum., aimed to build the capacity of NGO's and promote greater citizen participation.

Common Futures Forum Profiles
Nominees not definitely selected

Togo	Agbo, Kodjo	Kodjo is a young architect. He is among other non profit organizations very involved in YMCA, where he runs projects for sociocultural equipment and habitat in Togo. His goal is to promote and support the Togolese culture.
Macedonia	Ali, Elvis	Student/ teacher assistant interested in helping the Roma community to improve their economy by means of education and the Junior Achievement Program.
Lithuania	Baguzis, Gintaras	Coordinator of "Night Basketball" program which was a nationally televised event that coordinated 400 youth in target areas of need into games that were hosted by the Lithuanian police force; coordinated food drives like the "Philip Morris Fund" Food Program.
Gambia	Baldeh, Samba	Founder and Chairman of the Kanifing East Youth Development Society; this community based youth organization is involved in all domains of youth development activities such as; sports development, skills training, promotions, environmental matters among others, geared towards bringing unity, progress, and development to Gambian youths.
USA	Bradshaw, Geoffrey	Program coordinator in charge of the Diversity and Current Issues educational program series that promotes peace, social justice, and racial and economic equality within the educational field; he "strives to transform academic and intellectual activity into tangible policy change and productive social organization."; currently, he is developing a lecture series relevant to diversity and multiculturalism.
Colombia	Fierro, Claudia	Involved in projects for youth, elderly, AIDS patients, disabled persons, and the underprivileged through University of Solidarity of the University of Sabana and other Colombian colleges; mission in to create a synchronized society by means of justice, tolerance, and participation.
USA	Gangle, Melanie	Interested in program development for disabled people; founder of ACCESS which helps disabled people achieve their goals in the real world; currently finishing a master's in rehabilitation counseling and has a background of public budgeting.
Ecuador	Garces, Francisco	Primarily involved in communication and technology initiatives; formed part of the Integration Services of Social Communication (Seincos) in which many publications advocating communication development resulted; launched the 'Academic Movement' which has mobilized many Ecuadorian youths to be involved in communication and information initiatives.
Russia	Khachatrian, Avet	Trying to establish the first outreach program in Russia to prevent drug usage and the spread of AIDS/HIV. Avet works for Doctors Without Borders.
South Africa	Majiet, Shanaaz	Community leader of International and National Advocacy work in the Disability Rights movement in South and Southern Africa; founder of The Entrepreneurship Development programme for People with Disabilities.
South Africa	Mbonambi, Linda	Town Planner of the Durban North/South Central Local Council aimed at improving the quality of life of communities.
Togo	Mensah, Unim	Unim is program director in the WAO-Africa, a non profit organization acting for the protection and promotion of Children Rights. She has worked for the rehabilitation and reinsertion of 60 disadvantaged children.

South Africa	Mthintso, Yukani	Program coordinator for the South African National NGO Coalition (SANGOCO) which seeks to alleviate the poverty that plagues the region.
South Africa	Ndlovu, Morris	Advocates the importance of education and school development via teaching career and extensive volunteer work; launched a HIV/AIDS awareness campaign in his village.
Swaziland	Ngobese, Bheki	Involved in initiatives, like the Act-Wise Youth Group, to provide a community with youth supportive educational programs and HIV/AIDS prevention information.
USA	Olsen, Don	Intern for the 4-H youth program, a national youth organization that teaches common values through projects such as community service, public speaking, and leadership; he is currently establishing after-school programs for the organization, stemming from his work for the Communities for Child Safety division.
Brazil	Pereira de Oliveira, Jose	Founded the Afro-Reggae Cultural Group, that distributes the Afro-Reggae Newsletter with a circulation of 12,000, celebrates the youth manifestations of Afro-Brazilian culture; set up Community Culture Nuclei for social, cultural, recreational, and educational activities to broaden the range of social intervention by young black people in low-income communities.
Ecuador	Pinzon, Camilo	National Vice-president of AIESEC. In addition, Camillo advocates education and wants to establish a University with the assistance of a community project called "Social Action" and the Catholic University of Ecuador.
USA	Rissman, Jason	Began his work with the Lawyers Alliance for Security/ Committee for National Security; currently interning for the State of the World Forum trying to incorporate youth into the international arena; his goal is to begin the Global Student Union (GSU) that would become a network of university students committed to communication and cooperation throughout the world.
Ecuador	Simon, Farith	Former Director of Children's Defense International who now dedicates his time to seeking total legal and institutional reform to protect the rights of children and adolescents; aims to create a national network of law schools, law students, children's advocacy groups, and educators to pursue legal issues involving children throughout the country and to compel the Ecuadorian Government to enforce the laws.
Romania	Stoicea, Ana-Luana	Contributes research and field work to the community development efforts of "ANA Society for Feminist Analyses"; she strives to involve citizens, especially youth, with safety building in the neighborhoods, discovering domestic violence, and helping the victims.
Argentina	Troilo, Mauro	Founder and Director of the National Federation of Cooperatives which has generated work for thousands in a program called "System of Social Security"; he has launched initiatives geared towards rural inhabitants and children of the streets as well.
Kenya	Wangeci, Mwai	Chairperson and member of the leadership training team for the World Scout Bureau of the African region; participant of Community Self Management that trains refugees to manage and empower their war torn sector.
Colombia	Velez, Juan	Former Director of a "AsPeople" journal that contributed to the creation of Universitarios Haciendo Nacion, which is a collaboration of university academia aimed to help youth and the community.
Ecuador	Zambrano, Nelly	Coordinator of "Our Generation" Program of the 'Movement of My Comet" organization, that extends throughout country, recruiting participation in the process of improving the region's quality of education.

Common Futures Forum
3 - year Budget

	Total	Africa 20%	Asia - Pacific 25%	Europe 15%	Latin America 20%	Middle East 10%	North America 10%
1998/1999							
Communication / publications							
- Communication	$ 4,800	$ 960	$ 1,200	$ 720	$ 960	$ 480	$ 480
- Publication	$ 15,000	$ 3,000	$ 3,750	$ 2,250	$ 3,000	$ 1,500	$ 1,500
Technical support	$ 25,600	$ 5,120	$ 6,400	$ 3,840	$ 5,120	$ 2,560	$ 2,560
Workshops jan. 1999	$ 250,000	$ 50,000	$ 62,500	$ 37,500	$ 50,000	$ 25,000	$ 25,000
Participation to the GMG conference	$ 26,000	$ 5,200	$ 6,500	$ 3,900	$ 5,200	$ 2,600	$ 2,600
CFF members' travel	$ 150,000	$ 30,000	$ 37,500	$ 22,500	$ 30,000	$ 15,000	$ 15,000
Administration	$ 21,600	$ 4,320	$ 5,400	$ 3,240	$ 4,320	$ 2,160	$ 2,160
Total 1998/1999	**$ 493,000**	**$ 98,600**	**$ 123,250**	**$ 73,950**	**$ 98,600**	**$ 49,300**	**$ 49,300**
1999/2000							
Communication / publications							
- Communication	$ 5,000	$ 1,000	$ 1,250	$ 750	$ 1,000	$ 500	$ 500
- Publication	$ 15,000	$ 3,000	$ 3,750	$ 2,250	$ 3,000	$ 1,500	$ 1,500
Technical support	$ 20,500	$ 4,100	$ 5,125	$ 3,075	$ 4,100	$ 2,050	$ 2,050
Workshops 2000	$ 256,500	$ 51,300	$ 64,125	$ 38,475	$ 51,300	$ 25,650	$ 25,650
CFF fellows' travel	$ 154,000	$ 30,800	$ 38,500	$ 23,100	$ 30,800	$ 15,400	$ 15,400
Administration	$ 23,000	$ 4,600	$ 5,750	$ 3,450	$ 4,600	$ 2,300	$ 2,300
Total 1999/2000	**$ 474,000**	**$ 94,800**	**$ 118,500**	**$ 71,100**	**$ 94,800**	**$ 47,400**	**$ 47,400**
2000/2001							
Communication / publications							
- Communication	$ 5,200	$ 1,040	$ 1,300	$ 780	$ 1,040	$ 520	$ 520
- Publication	$ 15,000	$ 3,000	$ 3,750	$ 2,250	$ 3,000	$ 1,500	$ 1,500
Technical support	$ 22,500	$ 4,500	$ 5,625	$ 3,375	$ 4,500	$ 2,250	$ 2,250
Workshops 2001	$ 264,000	$ 52,800	$ 66,000	$ 39,600	$ 52,800	$ 26,400	$ 26,400
Participation to the GMG conference	$ 27,300	$ 5,460	$ 6,825	$ 4,095	$ 5,460	$ 2,730	$ 2,730
CFF fellows' travel	$ 158,000	$ 31,600	$ 39,500	$ 23,700	$ 31,600	$ 15,800	$ 15,800
Administration	$ 25,000	$ 5,000	$ 6,250	$ 3,750	$ 5,000	$ 2,500	$ 2,500
Total 2000/2001	$ 517,000	$ 103,400	$ 129,250	$ 77,550	$ 103,400	$ 51,700	$ 51,700
Total budget	$ 1,484,000	$ 296,800	$ 371,000	$ 222,600	$ 296,800	$ 148,400	$ 148,400

Goals of the
Global Meeting of Generations

- **New and Necessary Ways of supporting Human Progress;**
- **New Programs to foster future leaders in social and economic development;**
- **New Opportunities to reinvigorate collaboration for International Development**

The Global Meeting of Generations will build a new vision for human development for the 21st Century through a four-year, world-wide program of national and international intergenerational dialogues and intergenerational action plans. These dialogues will be joined by members of the Common Futures Forum, a specially-selected 100 young social entrepreneurs. Forum members will receive intensive training in scaling up the work of social entrepreneurs.

New advancements in informatics, biotechnology, financial strategies for social development and new growth in civil society open up new opportunities for historic human progress, particularly for the poor, in the decades ahead. Progress will increasingly depend upon new understandings and common actions by all generations, particularly the growing generations of elderly in developed economies and the growing generations of youth in the developing economies.

Twelve global organizations (civil society groups, UN agencies and multilateral development banks) have joined together to launch national intergenerational dialogues in 1998 and following years, two global intergenerational dialogues (1999 and 2001) as well as to launch the Common Futures Forum. Extensive media outreach programs are planned.

Active involvement in these programs is being solicited from bilateral and multilateral donors, corporations, civil society groups and the media to support the $5.7 million four-year budget. Promising discussions are underway in many important quarters.

The managing partner is the International Development Conference, which has been responsible for major meetings on development for nearly 50 years. The Program Chair is Dr. Inge Kaul of UNDP. The Finance Chair is Ms. Vera Weill-Hallé of IFAD.

Outputs:

- Through direct participation in national and global events, thousands of leaders from all sectors and all parts of the world will be sensitized to the rationale for boldly planning human progress in the years ahead and to the rationale and opportunities for embracing generations in future human progress. Millions of people throughout the world will receive these messages through mass media.

- Visions and action plans, drawn from the work of thousands worldwide, will be published by the UNDP and will be publicized by the partners through their global networks. The key publication will be called "Visions and Actions for Equitable Development in the 21st Century".

- New opportunities for international development cooperation will be highlighted throughout the program.

- The results of national and global dialogues will be posted on the Global Meeting of Generations web site and will be synthesized in national and global publications.

- 100 young social entrepreneurs will be trained by world-class experts on how to scale up their work from project to program to social movement/national policy levels. They will form a peer support group and be assisted over a three-year program of annual five-day workshops and year-round availability of technical advice from experts around the world.

- Media briefing packages explaining why youth and the older generations must be included in development will be circulated globally, as will opinion editorials to sensitize people to the new opportunities for human progress, particularly through embracing the generations. The media operations of the partners will be deployed as will other mass media.

- Six background papers featuring the views and recommendations of youth and the older generations are being commissioned and also will be published.

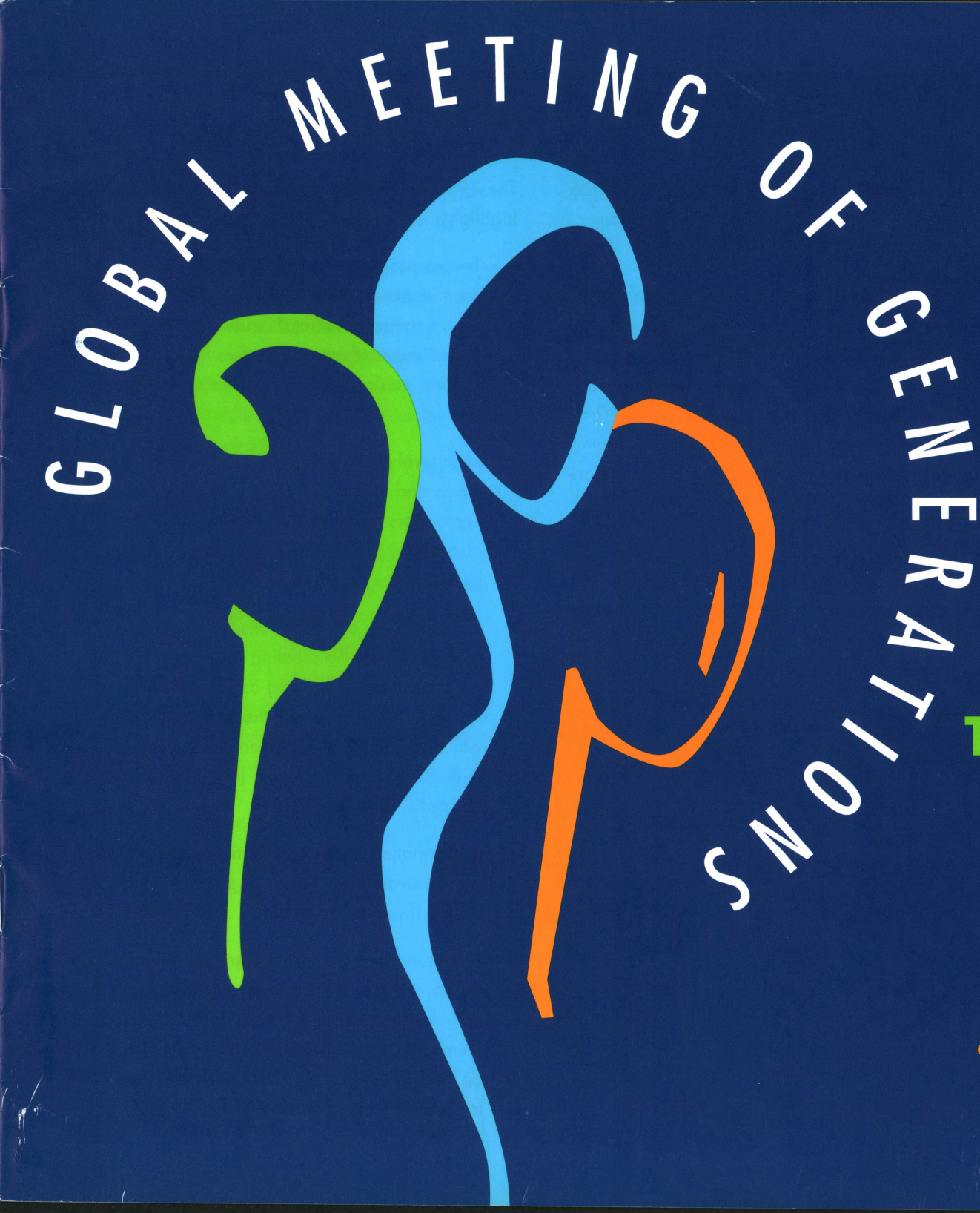
- The collaborating partners will be strengthened through enhanced outreach and activities to broaden their networks.

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



January 13–15, 1999
Washington, D.C.

The International Development Conference and partners invite you to

The Global Meeting of Generations

Vision and Action for Equitable Development in the 21st Century

You are invited to participate in the first-ever global inter-generational dialogue on development. Leaders of the past, present and future will discuss key issues and opportunities facing humanity in the 21st Century.

THE WHITE HOUSE
WASHINGTON

October 22, 1998

Congressman Edward Markey
2133 Rayburn Building
Washington, DC 20515

Dear Congressman Markey:

Thanks for your note and the photos. You were a super fellow traveler but we do need some practice if we're going to do karaoke again!

All the best.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

(P Markey

Melanne,

Happy memories from a time that seems so long ago. Hillary will be like the Beatles on tour in October.

My best
Ed

EDWARD J. MARKEY
SEVENTH CONGRESSIONAL DISTRICT
MASSACHUSETTS

THE WHITE HOUSE

WASHINGTON

November 4, 1998

Managing Director of Zambuko Trust, Mr. Ngwiza Mkandla
The Staff of Zambuko Trust

Dear Mr. Mkandla:

My sincerest congratulations to you and all the members of the Zambuko Trust on the tremendous progress that you have made since my visit in March, 1997. I am deeply honored that you have decided to name your new headquarters The Hillary Rodham Clinton Center. I accept this honor as an acknowledgment that the building stands as a testament to the work of many, many people in Zimbabwe, the staff of Zambuko Trust, and my colleagues at the United States Agency for International Development who have contributed so much to make this a reality.

I will always remember the joyous singing and reception I received when I visited you. I remember talking with the women in Kuwadzana about their needs and hopes for the future, and I will never forget the sincerity with which they expressed their hopes and appreciation when I announced the USAID grant. On behalf of the people of the United States, I am delighted that this grant has contributed to your success in introducing the Women's Trust Banking program into each of your 23 branches throughout Zimbabwe, making it possible for you to serve an additional 1,900 women. I am also gratified to know that the purchase of your new office building will allow you to provide even more effective services to more than 16,000 clients.

Zambuko Trust is moving into an exciting new era with its goal to become Southern Africa's first microfinance bank. I know that USAID is committed to working closely with you to help make this goal a reality before the millennium. I urge the private and public sectors, including donors, to support you in this effort. I hope that this new headquarters building will be the first step towards Zambuko's dream of self-sufficiency. May it become a symbol of strength and prosperity, not only for Zambuko Trust, but for millions of Zimbabwe's micro-entrepreneurs as they work to provide food, education, health and shelter for their families.

I wish you and all the members of Zambuko Trust every success and I thank you for the great honor that you have bestowed on me.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

456-6244

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

FAX

TO: Katy Button

DATE: 11/2/98

FROM: **Alicia Bambara**
Chief of Staff
USAID Bureau for Legislative & Public Affairs
Washington, D.C. 20523

Phone: **202-712-4300**
Fax: **202-216-3237**

Number of pages including cover: 4

MESSAGE: Hi! I assume the First Lady is not able to attend/speak at Mission Directors Conf. (see attached). Would really like to give Zimbabwe Mission Director a statement on the bldg. — I have attached a draft for you. Pls. advise. ☺ Thanks!

Alicia

1300 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20523

draft First Lady statement on Zambuko Trust

Managing Director of Zambuko Trust, Mr. Ngwiza Mkandla
The Staff of Zambuko Trust

My sincerest congratulations to you and all the members of the Zambuko Trust on the tremendous progress that you have made since my visit in March, 1997. I am deeply honored that you have decided to name your new headquarters The Hillary Rodham Clinton Center. I accept this honor as an acknowledgment that the building stands as a testament to the work of many, many people in Zimbabwe, the staff of Zambuko Trust, and my colleagues at the United States Agency for International Development who have contributed so much to make this a reality.

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Zambuko Trust is moving into an exciting new era with its goal to become Southern Africa's first microfinance bank. USAID is committed to working closely with you to help make this goal a reality before the millennium. I urge the private and public sectors, including donors, to support you in this effort. I hope that this new headquarters building will be the first step towards Zambuko's dream of self-sufficiency. May it become a symbol of strength and prosperity, not only for Zambuko Trust, but for millions of Zimbabwe's micro-entrepreneurs as they ~~struggle~~ work to provide food, education, health and shelter for their families.

I wish you every success and I thank you ~~again~~ for the great honor that ~~Zambuko Trust~~ you have bestowed on me ~~today~~.

and all the members of Zambuko Trust

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

OCT 8 1998

Memorandum

To: Katy Button
The White House
Office of the First Lady

From: Alicia Bambara
Chief of Staff
USAID Bureau of Legislative & Public Affairs

Great to talk to you, Katy. Thanks for calling when you're so busy. Following is a very brief summary of the three things we just talked about. I have also attached a copy of the memo Karen Anderson sent over a while ago which outlines the Vitamin A and Operation Day's Work events.

- Mrs. Clinton visited Zambuko Trust, a micro-finance institution in Zimbabwe, in March 1997. At that time she announced a $500,000 USAID grant to Zambuko for expanding the Womens' Trust Banks Project into a national program -- to date approximately 1900 clients are benefitting from this program. The Trust is planning a dedication ceremony on/about November 20th for their new facility, they have chosen to name their building the Hillary Clinton Center. They'd like your permission to proceed with this ... so I need your help on the protocol, etc. of going ahead. Of course, they'd also like a statement from the First Lady, and if it is OK to proceed, I can certainly have something drafted up and sent over to you. Please advise.

- We have a request pending for a date for the Vitamin A event/meeting that the First Lady agreed to do in her meeting with Brian Atwood and Karen Anderson on July 10th. We are very anxious to get this on the schedule (see attached event summary).

- We also have a request pending for a date for an Operation Day's Work event at the McFarland Middle School (here in D.C.) that I understand the First Lady agreed to consider as well. While we pitched a back-to-school event, we'd like to adapt it to be an event surrounding the First Lady's return from Haiti and the return of our Operation Day's Work USA student delegation from their trip to Norway. It would be an opportunity for the McFarland Middle School students to describe their adventures in Norway observing the Norwegian program (Operasjon Dajsverk) in progress, and explain their plans for implementing the program here as one of our first pilot schools. And, as you know, the students have chosen Haiti as their first focus country - so it would also be a great opportunity for them to hear the First Lady's impressions of the country.

I have lots more information, and will send over anything that you need! I will be out of the office tomorrow, but back in next week. Talk to you then. Thanks again!

1300 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20523

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

Memorandum

OCT 15 1998

To: Katy Button
The White House
Office of the First Lady

From: Alicia Bambara
Chief of Staff
USAID Bureau of Legislative & Public Affairs

Katy,

I got your voice mail message yesterday, and am sending over a very brief summary of the USAID Worldwide Mission Directors Conference. Thanks so much for fielding this for us; we really appreciate it. Ideally, we would like Mrs. Clinton to open the conference, however, we would build the agenda around her time availability any of the three days. Please let me know if you need more information, we've got reams! I'll call you in a day or so to follow up on this and the memo I sent over last week. Thanks again.

USAID Worldwide Mission Directors Conference

Date: Monday, November 2, 9:00 a.m. - Thursday, November 5, 1998, noon.
Place: Crystal Hyatt Hotel
Crystal City, Arlington, VA

Summary: This would be a great opportunity for the First Lady to share her vision and priorities for the USAID and international engagement. The conference will convene all USAID mission directors from around the world, the senior leadership of the Agency, and our PVO, university and contractor partners -- for the first time in more than a decade -- to discuss development challenges and new directions that USAID should pursue into the next century.

As Mrs. Clinton has seen first hand in her travels to Africa, Latin America, Asia, and the states of the former Soviet Union, U.S. development assistance has had a direct impact on people's lives and has advanced critical U.S. national interests.

And, of course, the First Lady's tireless work on expanding women's role and participation in their societies, striving for universal primary education for every child, and championing creative opportunities for individual entrepreneurship through microcredit programs have had an incredible impact on these critical components of USAID's work around the world. There is no one who would inspire and energize this conference more than the First Lady.

THE WHITE HOUSE
WASHINGTON

October 29, 1998

Mr. Andrew Manatos
Manatos & Manatos
601 Thirteenth Street, NW, Suite 1150 South
Washington, DC 20005

Dear Andrew:

Thank you so much for the article and the press release on your project. I know the President and First Lady appreciate your support and friendship.

Very best wishes and thanks for all you do.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

(P)

Manatos & Manatos

Andrew E. Manatos
President

MEMORANDUM

TO: Melanne Verveer

FROM: Andrew E. Manatos

RE: Effort for the President

DATE: October 13, 1998

I thought you would be interested in the effort, described in the attached press release, which we coordinated in Washington, D.C. We hope it will help bring justice to this issue.

According to the attached Washington Post article, it seems to have had some positive effect on last week's vote in the House.

601 Thirteenth Street, N.W. Suite 1150 South • Washington, D.C. 20005 • (202) 393-7790 • Fax (202) 628-0225

Censure *and Move On*

Wboyd@moveon.org
(202) 393-0251

150,000 E-mails Urge Members of Congress to "Censure and Move On"

Founders of Effort Coming to Washington
--Available for Interviews October 8 and 9--

The California couple, who founded the non-partisan effort which is responsible for bringing 150,000 e-mail constituent communications regarding impeachment [350 per congressional district] to members of Congress, will be in Washington this week [Oct. 8 and 9] to deliver those communications and will be available for interviews. These communications urge members to "immediately censure President Clinton and move on to pressing issues facing the country." According to Capitol Hill sources, the impeachment issue is the first national issue for which the Internet has played a major role in communicating constituent concerns.

The additional brief comments that accompany over 96,000 of these "censure and move on" e-mails, give interesting insight into the specific thoughts of Americans across the country regarding the question of impeachment. In these communications, the word "enough" is mentioned 19,293 times, the word "economy" appears 703 times and the word "pornography" 337 times. The husband and wife team of Wes Boyd and Joan Blades will have with them a laptop computer containing all the communications which they are delivering to the members of Congress. Those who sent these messages agreed that their comments could be used publicly.

This high-tech expression of democracy, which mobilized 150,000 Americans in just 10 days, plans to continue into the fall election if the impeachment issue remains unresolved. The financially successful young couple is strictly non-partisan and has paid for the entire effort from their personal resources. For more information on Censure and Move On, see the online pressroom at www.moveon.org.

To arrange an interview call Censure and Move On at (202) 393-0251.

THE WHITE HOUSE
WASHINGTON

October 6, 1998

Shari E. Miles
Executive Director
WREI
1750 New York Ave, NW #350
Washington, DC 20006

Dear Ms. Miles:

Thank you for the copy of The American Woman 1999-2000: A Century of Change-What Next? I have passed it on to the First Lady and I know she will read it with interest.

We regret that Mrs. Clinton's schedule will not allow her to join you on October 14, but trust that the launch of the new book will be a success. Mrs. Clinton conveys her appreciation for your thoughtfulness, along with her very best wishes.

Thank you for your important work to highlight the history of American women.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

W·R·E·I Women's Research & Education Institute

1750 New York Avenue, NW
Suite 350
Washington, DC 20006
(202) 628-0444
(202) 628-0458 FAX
wrei@ix.netcom.com

Executive Director
Shari E. Miles

21 Sept 98

Ms. Verveer -

Please find enclosed the new book in the American Woman series - The American Woman 1999-2000: A century of change - What's Next?

Needless to say, we are disappointed that Mrs. Clinton will be unable to join us on October 14th for the official launch of the book. So rather than presenting to her a copy at the press event, we send it to her by you.

Sincerely, Shari E. Miles

W·R·E·I Women's Research & Education Institute
1750 New York Avenue NW, #350
Washington, DC 20006

Shari E. Miles, Ph.D.
Executive Director

(202) 628-0444, ext. 14
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THE WHITE HOUSE
WASHINGTON

October 22, 1998

M. Catherine Maternowska
2018 Center Street
Little Rock, Arkansas 72206

Dear Ms. Maternowska:

Thank you for the extensive information you provided on concerns relating to Haitian women, their health and family planning.

Mrs. Clinton will be highlighting these issues on her visit to Haiti next month and we are very grateful to you for your thoughtfulness. Very best wishes, and thank you for all the important work you do.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

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THE **LAMBI FUND** OF **HAITI**

MEMO

TO: Melanne Verveer, Chief of Staff, Office of the First Lady ✓
Neera Tanden, Associate Director, Domestic Policy
FROM: M. Catherine Maternowska, PhD, MPH MCM
RE: Family planning in Haiti
DATE: 16 October 1998

At the suggestion of Ms. Bobby Green I am writing concerning the First Lady's pending visit to Haiti.

The family planning program in Haiti embodies a great paradox. By the early 1990s Haiti's per capita investment in birth control was *twice* that of any other country in the western hemisphere. Yet, during the same period, fertility rates *increased* even though in surveys, women claimed they did not want more children. In 1998, little has changed.

As a medical anthropologist, I have worked extensively on the issues of women and family planning in Haiti for over a decade. Tracing how policies generated in Washington are applied in a desperately poor community's family planning clinic, my research documents how approaches to fertility reduction employed by international agencies and the Haitian government are not bringing fertility down.

In my clinic-based research, I found that only 3 percent or 1,500 women (of an eligible 45,000 women) actually used a family planning method. International agencies were spending well over $50/client, approximately half the annual income for a poor urban woman, just to keep a small group of women on birth control. This trend continues as family planning aid flows to Haiti even though current services are still not meeting the needs of poor Haitians. Providing rare documentation of women's direct experience with family planning services, my research explains the paradox of why women fail to -- or simply cannot -- use services offered to them.

Mrs. Clinton's visit to Haiti to discuss family planning is an opportunity to shed critical light on an important public health sector. Likewise, Mrs. Clinton is in a strong position to raise the visibility of some neglected women's health issues. Since many of the reasons for low contraceptive use in Haiti have been overlooked in both policy and program design, I believe the information that follows could be of vital importance. More importantly, while this is a serious and complex problem, there is enormous potential for feasible and humane solutions.

Haitian women's health concerns are not limited to fertility control. They also face problems of sexually transmitted diseases (STDs), infertility, illegal abortions and domestic and state violence. Not only is the current scope of services too limited, but the target population is unduly narrow. Services are available only to women within the limited "reproductive risk" category (15-49 years).

■ Family planning must be recast to include all components of women's health, providing care to girls and women throughout the life cycle. Men too must be invited to attend clinics for their reproductive health needs. Involving men will have the additional impact of creating space to address issues that contribute to strained gender relations which ultimately deny Haitian women full control over their most basic resources, including their bodies.

Offering services within the broader context of reproductive and sexual health, while embracing a larger "target" population, is clearly in line with the Cairo agenda -- an agenda that both the United States and Haiti support. In addition to these overarching recommendations, there are several more immediate programmatic issues that Mrs. Clinton could raise with policymakers and program officials.

Few women describe visits to family planning clinics as a "good" experience. The average encounter with a clinician is measurable in seconds. Clients are often poorly treated by clinic staff and their distress about side effects from the contraceptive methods they are given are frequently ignored. *If women's concerns are not addressed they will not return to the clinic.*

■ The quality of family planning clinic services could be improved so that clients are not undermined and deflated during their visits. Clinic encounters should entail more time not less. Sensitivity and counseling training along with improving clinical skills for nurses and auxiliaries would help empower poor women to make choices, control their own fertility and learn how to effectively manage side effects.

Poor Haitians suffer chronic distress and disability from untreated STDs. Reproductive tract infection rates are very high among women, upwards of 60 percent in some populations. Few clinics in Haiti are treating infections on a regular basis and when they do, few people can afford the treatments. *These are not the preconditions for a satisfied group of clinic clients.*

■ STD screening must become an integral component of clinic activities. Materials to diagnose STDs, such as disposable speculae now used in most OB/Gyn practices in developed countries, should be available in clinics. Low-cost treatment and follow-up protocols with both partners must be implemented.

■ Medications for STDs (and side effects) must be made available at affordable prices. Revoking the tax on medicine and placing price controls on medicine is essential. US policy makers must work with Haitian officials to ensure this process.

I enclose my CV and a paper published for the International Union for the Scientific Study of Population (IUSSP 1997) that expands on most of the basic points discussed here. I am also enclosing an annual report for the Lambi Fund of Haiti, an organization for which I am currently the Executive Director. I would be pleased to provide you with the names and contact information of key program staff at the senior or clinic level, as well as some of Haiti's most articulate reproductive health advocates: poor women themselves.

I can be contacted at my home/office in Little Rock: 501/372-6147. Thank you.

M. CATHERINE MATERNOWSKA

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EDUCATION

Doctorate in Philosophy - Medical Anthropology, Columbia University, Division of Sociomedical Sciences/Graduate School of Arts and Sciences, May 1996.

- Rockefeller Foundation Fellowship in Population Sciences, 1993/94, 1994/95
- Inter-American Foundation Dissertation Fellowship, 1992-1993
- Fulbright-Hays Fellowship/IIE, 1992-1993 (canceled due to political instability in Haiti)

Dissertation: *Coups d'Etat and Contraceptives: A Political Economy Analysis of Family Planning in Haiti,* currently under consideration for publication.

Master of Arts - Anthropology, Columbia University, Graduate School of Arts and Sciences, September 1988.

Master of Public Health - Population Planning and International Health, University of Michigan, School of Public Health, May 1986.

Bachelor of Science (Econ) - Geography with Honours, University of London, The London School of Economics and Political Science, July 1983.

EXPERIENCE

Current Positions

Tulane University

Adjunct Assistant Professor in the Department of Community Health Sciences of the Tulane University School of Public Health and Tropical Medicine. Professor of graduate level course leading to a MPH degree. Course entitled: Health Behavior and Risk Reduction, with an emphasis on social and behavioral sciences and their contribution to epidemiology and public health promotion efforts. **New Orleans, LA/Little Rock, AR** 1997 to present.

The Lambi Fund of Haiti

Executive Director of a nongovernmental organization which promotes and finances grassroots participation in social and economic programs for change. Responsible for Haiti and U.S.-based staff, grant writing, overseeing project development and administration in Haiti and fundraising. **Washington, D.C. and Haiti** 1994 to present.

Program Development

The Population Council

Consultant to community-based women's reproductive health program responsible for evaluating, analyzing and contributing to the design of of gender-based initiatives in primary health care efforts. **Mali, West Africa** 1995.

Information, Education and Counseling Program Development

Association for Voluntary Surgical Contraception

Conceived and developed an all-methods brochure, human reproduction flipchart, all-methods poster series and a care provider's information manual on the use of IEC materials. **Jordan** 1990.

Family Health International

Conceived and developed a Norplant booklet designed for non-literate audiences. **Haiti** 1989.

Program for Introduction and Adaptation of Contraceptive Technology

Conceived and developed an oral contraceptive user's booklet designed for non-literate audiences. **Haiti** 1988.

Association for Voluntary Surgical Contraception

Conceived and developed an all-methods brochure, a Norplant booklet and a Norplant care provider's manual. **Tunisia** 1988.

Haitian Ministry of Health and Canadian Government

Served as medical anthropologist to conceive and pretest themes and messages used in AIDS poster series. **Haiti** 1988.

Program for the Introduction and Adaptation of Contraception Technology

Conceived and developed an all-methods training manual designed for low-literate family planning promoter use. Also designed a complementary poster series. **Haiti** 1987.

Association for Voluntary Surgical Contraception

Researched US family planning agencies' acceptance to Southeast Asian educational materials developed for non-English speaking clients. **New York** 1986.

Training

Family Planning International Assistance

Conducted raining of nurses, auxiliary nurses and village-based health workers in family planning education and counseling techniques using IEC materials developed in-country. **Haiti** 1990-1991.

Program for Appropriate Technology in Health

Conducted training of community health workers to assume qualified role as family planning promoters (FPPs). Six core FPPs currently arrange site visits throughout Haiti to impart basic IEC skills to promote high quality of care family planning services. Program incorporates IEC materials developed in-country. **Haiti** 1988-1990.

International Planned Parenthood Federation

Trained a core group of Haitian women as FPP trainers responsible for countrywide family planning promotion and education development. Designed a curriculum to meet the needs of this low-literacy group. **Haiti** 1987.

Association d'Oeuvres Privées de Santé

Trained a small cadre of health care workers to impart basic primary health care education to mothers. **Haiti** 1984.

Research and Evaluation

Development Associates, Inc.

Conducted a training needs assessment to determine appropriate activities for family planning training program. **Haiti** 1990.

Center for Population and Family Health

Monitored and evaluated operations research activities. **Haiti** 1987.

Center for Research and Economic Development, University of Michigan

Researched current attitudes among French demographers toward population policy in West Africa and presented report. Resident at Faculty of Economic Sciences, University of Clermont, Clermont-Ferrand. **France** 1986.

Family Planning International Assistance

Conducted survey research on oral contraceptive discontinuation rates among urban Haitian women living in Cite Soleil, Port-au-Prince. **Haiti** 1985.

Refugee Work

Haitian Refugee Center

Acting Administrator of Miami-based legal/social services center. Responsible for management of a program serving over 15,000 Haitian refugee asylum clients. Duties included grant writing, staff supervision and overseeing client relations. **Miami** 1992-1993.

Expert Witness

Named expert witness by National Immigration Project of the National Lawyer's Guild, 20, Immigration Newsletter,14 (part II), for Haitian political asylum cases. **New York**, 1992. Served as expert witness for five cases, as of 11/95.

Yale University Legal Immigration Clinic

Linguistic/cultural interpreter for legal delegation's investigation of Haitian refugee Haitian refugee political asylum cases. **Guantanamo Bay, Cuba** 4/1992.

Religious Task Force/Washington Office on Haiti

Linguistic/cultural interpreter for religious delegation's human rights observation visit to observe and report on conditions in Haitian refugee detention camps. **Guantanamo Bay, Cuba** 1/1992.

Other

BBC (UK) Horizon Series

Participated in award winning science documentary examining the impact of women's reproductive health based on contraceptive acceptability trials performed in Haiti. **Haiti** 1995.

Center for Population and Family Health, Columbia University

Graduate Research Assistant responsible for translations, program monitoring of OR projects, assistance in grant writing and general publication editing. **New York** 1987-1992.

Division of Sociomedical Sciences, Columbia University

Teaching Assistant responsible for teaching-related activities within the Division. **New York** 1986-1987.

GRANTS AWARDED

Grants listed below were obtained independent of the Lambi Fund of Haiti for work relating to women's reproductive health.

Family Planning International Assistance

Women's Health Project **Haiti** 1990
IEC Materials Development **Haiti** 1989
Oral Contraceptive Research **Haiti** 1985

Program for Appropriate Technology in Health

Health Information Manual for Haitian Community Health Workers **Haiti** 1990
Training of Family Planning Promoters **Haiti** 1988

International Planned Parenthood Federation

IEC Materials Development **Haiti** 1987

Program for Introduction and Adaptation of Contraceptive Technology

IEC Materials Development **Haiti** 1986

Center for Research and Economic Development, University of Michigan

Analysis of French population policy in Africa **France** 1986

RECOGNITION

Association for Women in Science Educational Foundation
Award for academic achievement. Washington, D.C., 1992

University of Michigan
Chosen from 40,000 students by select Presidential Committee to receive two awards. Ann Arbor Michigan, 1986.
- Outstanding Student Achievement Award
- Student Recognition Award

University of London
Graduated with Honours from the London School of Economics. Dissertation topic: Land Reform in Zimbabwe. London, England 1983.

PROFESSIONAL AFFILIATIONS

American Anthropology Association
Society for Applied Anthropology

LANGUAGES

English (native); *Haitian Creole* (excellent working knowledge); *French* (good working knowledge).

PRESENTATIONS/PUBLICATIONS

Maternowska, M.C. When the Poor Protest: Haiti's Population Politics. American Anthropological Association Annual Meeting, Panel Chair for *Family Planning: Politics and Programs*, Philadelphia, PA, December 1998.

Maternowska, M.C. Community, Clinic and Culture: A Case Study of the Impact of Family Planning in Haiti. *International Union for the Scientific Study of Population Conference Proceedings*, Beijing, China, October 1997.

Maternowska, M.C. "Health and Politics in Haiti: Linking Coup d'Etats and Contraceptives." Paper presented: Joint International Conference, Changing Contraceptives: Technologies, Choices and Constraints, Departmenr of Anthropology, University of Durham, Stockton, UK, September 1996.

Maternowska, M. C. 1994. Environmental refugees: a crisis in the making - Real Lives 1: Haiti. *People and the Planet* 3(4):16-19.

Maternowska, M.C. "The Political Economy of Haitian Fertility." Paper presented: Society for Applied Anthropology, Cancun, Mexico, April 1994.

Maternowska, M.C. "Clinics, Community and Culture: Fertility in the Haitian Context." Paper presented: Society for Applied Anthropology, San Antonio, Texas, March 1993

Tafforeau, J., A. Damiba, and M.C. Maternowska. 1990. "Changes in Chad: The Results of a KAP Survey," *Biology & Society*.

Lauro, D. and M.C. Maternowska. "Operations Research in Africa: Lessons and Prospects." Paper presented: IUSSP Seminar on the Comparative Analysis of Fertility and Family Planning, Tunis, Tunisia, June 1989.

Maternowska, M.C. "Anthropology and Medicine in Haiti." Paper presented: 15th Annual International Health Conference, National Council for International Health, Washington, D.C. May 1988.

Maternowska, M.C. "From Clinic to Contraceptor: In Search of Continuance," Paper presented: American Anthropology Association Meetings, Chicago, IL, November 1987.

Maternowska, M.C. "Toward Alternative Development: A Critique of Assumptions and Experiences of Recent Development Assistance Programs." Paper presented: Center for Social Policy and Planning in Developing countries, Columbia University, New York, NY, April 1987.

Community, clinic and culture: a case study of the impact of family planning in Haiti

M. Catherine Maternowska
Little Rock, AR, USA

Introduction

Most of the residents of Cité Soleil, a slum community on the northern edge of Port-au-Prince, Haiti are landless peasants. They come to this community *nan chache lavi* - 'in search of life'. Accelerating deforestation, unarable land, political repression and poverty push Haiti's poorest to the capital city in a steady migration stream. Survival is arduous in Cité Soleil, made all the worse by political instability and violence regularly targeted against the poor. At the end of 1994, the International Monetary Fund (IMF) estimated Haiti's per capita income at $ 260, confirming the country's position as the poorest in the Western Hemisphere. Apart from the devastating politically-related events of the coup d'etat of 1991, including the torture, murder and rape of hundreds of Cité Soleil residents, other indices on the human development scale are telling. Unemployment is close to 80 percent, the cost of living has doubled and overall health rates are plummeting: maternal mortality in the capital of Port-au-Prince is said to be 1,110/100,000 (CHI, cited in UNFPA, 1994) making it the highest rate world-wide.[1] These days the poetic phrase takes a sharp turn: *nan chache lavi, detwi lavi* roughly translated 'in search of life, life is destroyed.'

In the midst of this poor community is a stately family planning clinic that is modern and luxurious by local standards with running water, an occasional flicker of electricity, and an impressive wrought iron door to protect the centre from vandals. The clinic boasts nineteen staff members, a wide array of modern contraceptives, an accessible location and convenient hours. Yet only 8.5 percent of the women and men in the

[1] It is difficult to determine how credible this estimate may be given rough conditions when the data was collected. However, the research agency collecting the information, the Child Health Institute, is considered, by most, to be reliable.

community actually use the clinic facilities.[2] Translated into cost-benefit ratios, this means that international agencies may be spending upwards of $ 300 per client in this clinic, surpassing Haiti's annual per capita income, just to keep a small group of women on birth control.

The family planning *problematique*

Family planning in Haiti, one of the world's poorest countries, has always been a significant aid priority. Modern methods of contraception were first introduced there almost forty years ago (Pincus et al., 1959). Since that time, the institutional capacity to deliver family planning services has only gained momentum. In 1987, family planning outreach services committed by international donors, were valued at US$ 13.95 million (Smith, 1990). Evidence of a drop in contraceptive prevalence in the same year spurred further investments totalling $ 26.9 million by 1993 (USAID, 1993, 2). Intensive promotional campaigns, rigorous outreach programmes and a wide selection of modern methods make per capita population activity expenditure in Haiti twice that of any other country in the Western Hemisphere.[3] The net result of decades of investment has budged the fertility rate up - not down - from 4.7 in 1984 to 4.9 in 1992 (UNICEF, 1983, 1993). Studies indicate a high level of family planning awareness among the population and that the majority of Haitian women do not wish to have more children yet, Haiti's national contraceptive prevalence rate ranks low at 10 percent, especially when compared to 47 percent in the Dominican Republic, 52 percent in Jamaica and 26 percent in Bolivia (Guengant and May, 1991).

Foreign consultants and other population experts remain baffled after years of evaluating, researching and assessing what might be wrong. While their insights have yielded some information in terms of explaining why fertility remains high and contraceptive use so low, their understanding of the population problem is cast in unduly narrow terms. Fertility and birth are viewed simply as rates, and lowering these rates is the end goal. Clients have become manipulable and incidental variables in the family planning equation. Proposed programmatic solutions are

[2] Contraceptive prevalence was calculated given the total number of active clients, as of December 1993, divided by the total estimated number of women at risk of pregnancy (28,800) in this community.

[3] According to USAID in 1991, per capita population activities were $ .83 in Haiti, the highest in the Latin America/Caribbean Region, compared to .23 in Bolivia, .14 in Colombia, .27 in the Dominican Republic, .29 in Ecuador, .33 in El Salvador, .47 in Jamaica, .16 in Mexico and .31 in Peru (USAID, 1991).

typically conceptualised outside the dynamics of poor people's lives. Not surprisingly, few service strategies proposed have been effective.

Applying a political economy of fertility framework (Greenhalgh, 1994a, 1994b, 1995) and the insights of critical medical anthropology (Ginsburg and Rapp, 1991) this paper examines the social and political impact of a family planning programme in one poor community.[4] On the local level, it connects the household, community and family planning clinic in Cité Soleil to challenge widely accepted assumptions about the positive and empowering effects of family planning interventions. An in-depth look at the programme reveals obstacles that women and men face in attempting to achieve fertility regulation when their reproductive health is relentlessly compromised by economic, political and social inequities. Rather than empowering women and men by offering them access to care and increased reproductive freedom, this programme has served to undermine people's health and rights.

A political economy of fertility analysis

Employing anthropology's use of the term political economy, Greenhalgh (1990, 1994a 17) was the first to propose the use of a political economy of fertility: demography that 'contextualise(s) reproductive behaviour not only in the social and economic terms of conventional demographic theory, but in political and cultural terms as well.' This framework is expanded here to analyse family planning practice in the field. At the local level, the community of Cité Soleil and its family planning programme are analysed as they interact and respond to national and international forces. In this way, what happens to poor women and men in Cité Soleil is directly linked to international health and development policy makers' decisions in Washington DC. This union of global and local perspectives is what Ginsburg and Rapp (1991, 313) coined the 'politics of reproduction' or the multiple levels on which reproductive practices, policies and politics so often depend.

This framework views the reproductive realm - including gender relations, fertility strategies and efforts to control birth - as a process determined by larger forces and constantly in flux. There are several elements central to a political economy of fertility analysis, all of which have generally been considered separately in demographic analyses of societies and

[4] This paper focuses on the programmatic aspects of a much larger, decade-long research study on the political economy of family planning in Haiti (see: Matemowska, 1996).

communities, and rarely as the syncretic mix proposed here. They include: history, culture and power. History, and all of the political nuances that shape it, plays an important role in a political economy analysis because it raises the question of the relationship of fertility and family planning practice to colonialism, neo-colonialism and the powerful international institutions that have resulted from these periods. Space limitation prohibits a full analysis here yet, the evolution and implications of a unidimensional reproductive health policy and single intervention programming in Haiti have shaped the contours of what is now a faltering sector. Examination of the policy over time reveals how international medical and political ideologies have suppressed and deformed national - and local - interests and needs.

Culture, or the socially transmitted behaviour patterns, beliefs, institutions, and processes characteristic of a given population or community, is also central to the analysis. A notable trend in evaluation and survey reports and general assessments of fertility and family planning programmes written by field experts is to cite 'culture' as a largely undefinable and problematic notion. Cultural traditions are all noted as obstacles and yet most demographic theory, policy or evaluation does little to explain these processes or how they impact women's lives. Even less is known about the medical culture that imbues programmes. Greenhalgh (1994) suggests that to 'untangle' these cultural processes is key.

Power, a crucial variable in this analysis, is generally absent from most demographic theories of fertility and key to a political economy of fertility. For demographers, one main reason for the failure to acknowledge power has been the inability to standardise measures for this seemingly abstract force. Yet the meaning, articulation and impact of power relations can shed light on previously misunderstood fertility strategies. As a discipline, critical medical anthropology, also borrowing from political economic theory, effectively brings programmes and the systems that influence them together by examining 'the impact of power on health status, health care, and human distress in a broad range of social settings' (Baer 1993, 299). Research in medical anthropology has shown that people who live in oppressive situations devise undermining strategies to survive in a system that oppresses them (Martin, 1987; Morgan, 1987; Rapp,1988; Singer et al., 1988; Farmer, 1995). Medical anthropologists and sociologists address power differentials in the even more micro context of the medical world and the clinic in studies of how, for example, doctors exercise power over patients (Waitzkin, 1979, 1991; Taussig, 1980; Zola, 1985; Fisher, 1986; Todd, 1989). The clinic becomes the microcosm for the analysis of power relations as they are played out in society.

The poor and the programme

A political economy analysis in the community and clinic of Cité Soleil brings a grounded perspective to this paper, revealing reasons for resistance to contraceptive use that transcend traditional public health perspectives. Tensions between programme implementers and residents in this community illustrate how power - or lack of it - have been central in determining the success of the programme. Political controversy around the mishandling of international aid coupled with resistance to health services, which the community finds inaccessible, frame this local analysis and contribute to a robust understanding of individuals' subjective and collective responses to medical reproductive interventions.

The community

Focusing on the myriad of forces that work to keep fertility high in this community, and using in-depth interview techniques, the study of the community asks over thirty Haitian women and their partners questions that social scientists and health planners have often overlooked: In the face of extreme poverty how do people survive and what role does fertility play in the process? How do gender roles affect fertility-related behaviour? How do residents view the family planning programme? Do poor women and men really want birth control?

Narratives of Cité Soleil's residents convincingly tie individual demographic experiences to the much larger structural context in which they find themselves. For the residents of this poor community, unrelenting poverty is an overriding preoccupation. Compounding these difficulties is the general uncertainty and unpredictability of life brought on by eight coups d'etat and sixteen changes of government since 1986. A consistent feature of everyday life in this slum community is a sense of chaos, regularly cloaked in spontaneous political violence. The meeting of economic and political power into a singular oppressive force became painfully clear following the coup d'etat of 1991 that ousted Haiti's fleeting chance at democracy. When the informal market economy all but collapsed in Haiti, following a politically-motivated embargo in the early 1990s, the hand-to-mouth economy of the poor was extremely tenuous. Cité Soleil's vibrant markets once managed by women and filled with vegetables, charcoal, plastic wares and clothing were moribund. Threatened by landlords, many of the women in this study began selling the insides of their homes - plates silverware, metal drinking cups, cabinets and even beds, in order to pay their rent. When homes were emptied and hunger endangered life itself, sex became women's only

viable commodity (cf. Ibrahima Niang, 1996). Conditions of scarcity only intensify strategies for survival; for women these strategies are almost always linked to sex and reproduction.

The result of this pernicious poverty imbues gender relations, affecting men as well as women though in very different ways. In Cité Soleil, men who hold power over women are themselves constrained by a society which denies them productive work or resources required to act responsibly. As men's earning power drops so too does their ability to fulfil their conjugal contract. The emasculation of poor men has had devastating consequences in the family and community life including dramatic increases in domestic violence and rape (Auguste, 1995). Denied sources of self-esteem through productive work or politically-banned popular organising, Haitian men appear to be clinging, even more doggedly, to their superior power vis-à-vis women.

For women, relationships with men may trickle in cash but they also carry high hidden costs and burdens. A woman must produce what is expected of her, if she fails she is vulnerable to verbal and physical assault. Tending to a man's needs seriously increases the household workload. Apart from ensuring that his personal needs are fulfilled - keeping his clothes cleaned and pressed and satisfying his sexual appetite - additional food must also be purchased and prepared. When there is food, men in Haitian households always get the plate heaped with the largest serving. More importantly, when unions are formed, there is an implicit understanding that at some time, a child must be produced if the union is to maintain itself. This is the only way, women claim, they can *kole yon nèg* (literally: glue a man). Sylvia, a poor woman with ten children sums it up, *si ou pa bay li, le pap bay ou* - 'if you don't (children and sex to a lesser degree) to him, he won't give (money) to you'.

Obviously there are some women who withstand these pressures or who have partners who co-operate in their efforts to control fertility, though they are the exception. Among the community sample, current users did not have overwhelming support from their partners. Eighty percent of these women kept secret their use of family planning from their partners and family. This is key in designing the extent to which gender tensions impinge upon women's reproductive decision-making.

Power inside the household, defined here as control of resources, is heavily weighted in favour of men. Women aim for economic support though sex and childbearing, though in the face of a weak economy, they cannot depend on the fathers of their children for regular support. Hence

they devise strategies[5] - entwined with the underworld of STDs and AIDS - improving short-term prospects for survival but dangerously limiting any long term possibility of reaching female life expectancy of 56 years old. These oppressive conditions in which women find themselves have a direct bearing on both their exposure and susceptibility to health problems.

Saddled with such dire consequences, why then do women not opt for family planning? It should be the easiest way to avoid the long term costs of bearing a child[6] and the short term risks of STDs, abortion or even maternal mortality. The answer is complex, bound up in the political economy, and culture of reproduction in Haiti. Apart from the larger political and economic structures that effect fertility outcomes, other factors, bound up in the politics of the programme have directly impacted residents in this community.

Popular discontent with all of the health programmes in Cité Soleil has long been the focus of several neighbourhood organisations. Most of these popular organisations surfaced in tandem with the bursting of political movements and free-er speech that came with the ousting of the Duvalier dictatorship in 1986. Community dissatisfaction with the quality of primary health care services, including family planning, spurred community organisers into action, the family planning programme became a target of political criticism since birth control - like political and economic control - was not benefiting the poor. At least two organisations in Cité Soleil were established, by the people, to monitor health services and ongoing clinical research which focused primarily on women of reproductive age. The impact of this popular protest serves to highlight, in dramatic ways, how the interests of international aid agencies providing medical interventions can seriously conflict with the communities they work in, undermining the rights of those they intend to serve.

The family planning programme was part of the controversy in this community for several reasons. First, residents have long understood that

[5] Sexual survival strategies are essentially sex for cash exchanges, but performed outside a conjugal relationship and most commonly among female-headed housholds. These episodes of sexual exchange are called *travay* or 'work'. Although prostitution is common in Haiti, the nature of sexual exchanges for informants interviewed is distinctly different. Of the three women who described these episodes, no one indicated they used condoms. When asked why not all three said the very same words: *nou pa gen dwa* (we don't have the right). Women's accounts of sex for cash exchanges were always filled with deep chagrin.

[6] Many of the more traditional reasons for high fertility such as the value of children play a role too but they are not elaborated here. Replacement theory holds strong in Haiti, with the constant threat of a child's death 'from bullets or dirty water - you just don't know ...' as one mother noted. With unjust economic structures, Haitians rendered powerless indicate that children provide old age security and with luck, the potential to generate income.

thousands of US dollars were being spent on a clinic and services that inevitably made the users sick (with side effects) and yet offered no treatment in return. Second, a campaign in 1986 for longer lasting methods, namely injectables, was met with scorn, primarily by men who already felt threatened that their partners might be using contraceptives in secret. Third, it was public information that the programme's quality of care was lacking. Little emotional support or privacy, differences in language and culture between health professionals and their clients and a rude medical staff were among the concerns cited Maynard-Tucker, 1991). All these factors, many based on people's experiences with the programme seemed to be contributing to a local trend: very low rates of contraceptive use.

In 1987, Cité Soleil was one of three selected Norplant research sites in Haiti (Kane et al., 1990). There was much hope among the staff and population experts that this method might provide a boost to the ailing programme. From the start though, the research was fraught with problems. Apart from minimising clients' complaints and keeping par with very low standards of care, most disconcerting was the forced signing of consent forms. Even though the majority of Haitian women can neither read nor write, they were physically guided to sign the form - an elaborate one - written in French. A brusque and verbal translation into Creole was all that was offered.

Disturbing side effects brought some women back to the clinic to have their implants removed. The right to request removal, buried within the consent form, was met with considerable scorn. One client came to the clinic with an arm infection at the site of insertion and claimed she could no longer lift heavy loads onto her head - an economic liability for poor women. After several attempts by the doctor and nurse to dissuade her from removing the device, the doctor bellowed out: 'She's stupid - look at her, she asked to have this put in and now what! - take it out?' Public contempt for clients who abandoned methods is all too common in this clinic.

Above all, the family planning service infrastructure was below standards for carrying out the Norplant research or addressing the effects of any other long-acting contraceptives. When services do not meet basic standards then clients suffer. In response, underground organisers published a critical pamphlet describing the family planning programme and the Norplant research entitled: *NORPLANT: The Five Year Method - Unnatural (Second-Hand) Family Planning in the Country of Haiti.* Increasingly negative opinions and general distrust regarding the programme resulted, dissuading residents from attending the clinic and ultimately confirming suspicions that the programme was working against

the poor. Had the programme been more attentive to its negative impact in the community and openly addressed client concerns with this method and others, growing disdain for the programme could have been avoided. The clinic paid no heed to what clients or organisers were saying, on the contrary, the programme director hired three new family planning promoters exclusively as Norplant recruiters.

Much of the people's discontent with the family planning programme reflects their sense of powerlessness to control the determinants of their fertility, including safe and trusted access to a clinic that women desperately need and want. The depth and degree to which this community feels dominated and oppressed by a handful of health interventions, family planning among them, is remarkable. Instead of acknowledging these conflicts and incorporating this reality into the design of the family planning programme, the services offered in Cité Soleil discount the very power and persistence of these forces. Nowhere is this clearer than inside the clinic.

The clinic

In the early 1980s, the Cité Soleil family planning centre (FPC) was touted as Haiti's model family planning programme. All the necessary programmatic components appeared to be in place: the staff attended regular training meetings, the clinic offered six modern methods of birth control and the clinic had a stellar education programme, enhanced by the country's first family planning promoter training site. By 1990, the programme continued to receive funding and public accolades (among international donors) for its service provision. International agencies concluded in a mid-term evaluation that quality of care standards were acceptable (USAID, 1993). Yet, during the decade of service provision, contraceptive prevalence barely wavered between 3 percent and 8.5 percent in this community. Reasons for the weak programme 'outcomes' (i.e. the total number of users) eluded international consultants. A review of reports though showed that few had actually ventured inside the clinic and even fewer understood what was happening behind closed doors.[7]

Since provider-client interactions form the centrepiece of programmatic activity (Simmons, 1991; Simmons and Elias, 1994) observing this process became central to understanding how this programme impacts

[7] That a former field director of International Planned Parenthood Federation (IPPF), the organisation that funded the programme, visited the programme only once during a tenure of several years in Haiti (and just two months before he left his post) provides testimony of how actual on-the-ground programme activities can be overlooked and even ignored.

people's lives. What goes on between client and provider uncovers reasons for non-compliance, dissatisfaction and poor communication, central issues in the study of the quality - and failure - of medical care (Lazarus, 1988). Ten years of observing clinical procedure and practice provides the basis for this in-depth analysis in addition to one hundred and fifty-four recorded doctor-client transactions, collected over a period of four months. It asks: are women denied access to health care in insidious ways that discourage their adherence to medical regimes? Do providers actually follow service provision protocols? Is family planning, in its current modality in Haiti, helpful in ending the cycle of poverty?

Research addressing the actual doctor-client encounter has been avoided in Haiti, although this is where patients often bring their most intimate and troubling problems. Asking why this important aspect of health care has been understudied in Haiti, brings forth several issues, most of them politically charged, and not openly discussed, including class and the knowledge and power that are associated with social ranking. Doctors generally represent a small slice of Haiti's privileged class and the clients - the women and men of Cité Soleil - are landless peasants who migrated to this slum community for lack of other choices.[8] The divisions are vast.

Encounters, in general, were full of conflict. One of the doctors would yell, particularly when frustrated with women who were unprepared for examinations.[9] Some women did not know how to lie on the examining table, or how to place their feet in the stirrups, which agitated the doctors to the point of ridiculing the women. Doctors typically delivered rapid orders in stern and loud voices, while women, clearly full of anxiety, would nervously undress.

> *'Take off your underwear, take them off., Not your skirt, just get the underwear! Off!'*
>
> *'What's a matter with you? You're cowardly, come on madame! Why are you trembling? Madame, look, if you can't open it's because you have an infection, now open.'*

[8] Staff interactions - outside the doctor-client transaction - play an equally important role in defining clients' experiences though they are not discussed here. Clients who feel discounted or threatened by doctors seek solace in the support staff although their experiences with the nurses or auxiliaries are generally negative since morality and blame imbue the encounters.

[9] Pap smears and STD screening are not normal protocol in this clinic. A STD research study during the field work however meant that screening services were offered during the observation period.

> *'Put your bottom here, down! Down! Open your legs! No! Put your feet here, here! Like you're on a donkey. What's your problem, you've never been on a donkey?*

It was routine to hear patients yelling out in pain and fear during the exams. Rough treatment during breast and pelvic exams was standard.

During other exchanges, when clients would enter a room for consultation with the doctor to request a method or return for resupply, transactions were always loud and commanding in tone, rapidly delivered and callous in effect. Overall, the pattern varied little during the course of observation. Respect evaded the encounter entirely: clients were rarely greeted (an otherwise implicit act in the Haitian culture) and except in the rare case, doctors would focus on the menstrual cycle, rather than the client.

Clients' cultural, social and economic realities were diverted, dismissed and derided by providers. Instead, the culture of this programme - driven and defined by medical and technical authority - dominated. Issues typical in a family planning setting such as method choice and information giving, side effects and sexually transmitted diseases were trivialised, ignored or dismissed as unimportant. The implications of this asymmetrical balance between provider and client or,. in broader terms, between clinic and community, explain why so few women choose to use these services.

Choice in this programme, and most others in Haiti, is typically measured quantitatively through inventories of stock and/or commodities. With six methods offered, choice, as an indicator of quality, is presumed to be excellent. In encounters though, where choice take on qualitative meaning, very different issues surfaced. Almost always, the method choice was determined by doctors who regularly assert their opinions and control the encounter. If clients inquired about changing methods or preferred choices, a curt *'ou pa kapab'* (you can't) was the typical response.

If choice of methods is limited for medical reasons then counselling and simple information giving to clients takes on pronounced importance, though this practice too falls short of good standards. Often, new clients who are not menstruating (and therefore cannot begin a method) were sent away from the clinic with a handful of condoms and ordered by the doctor to return when they were menstruating. This is a confusing and dangerous message for women who know little about their bodies or birth control. Condoms in a Haitian home can be considered scandalous, stigmatising women as 'loose' or 'unfaithful'. If a woman actually tells her husband she has gone for 'planning' and then returns with condoms, the message could be gravely misunderstood - that she went to the clinic and returned with a method for her partner. Worse, withholding such vital

information maintains women in a disempowered state, so that they are unable to make informed choices.

Typically, women's real health problems are usually never addressed. This is a particularly critical programme issue when dealing with side effects of STDs. In the clinic sample for example, doctors recorded on charts that only 12 percent of all clients reported side effects. During recorded transactions of the same sample though, 40 percent of all women raised concern over troublesome side effects that were generally ignored. Questions and stated fears concerning side effects were considered annoying by doctors and completely ignored. For providers, excessive bleeding from Norplant was regularly cited as 'normal' in clients' charts. For one user, the implications of excessive bleeding were extreme: physically debilitating, impinging on her domestic and marketing duties; economically unfeasible because the extra soap and water needed to wash soiled undergarments cut into money for food; and socially disastrous because her partner refused to tolerate the bleeding and left her for another woman. By dismissing and denying that women suffer from side effects, doctors determine what constitutes illness - outside the reality of poor women's lives.

Clients also bring with them a whole array of cultural beliefs related to reproduction that render paternalistic responses. A regular pill user came to the clinic for resupply but expressed concern about a condition called *move san* (bad blood):

> *Patient (P): Well, when I have* move san *I feel ad and I can't eat.*
>
> *Doctor (D): You don't have* move san *madame.*
>
> *P: I wasn't sure, I thought maybe the pills were giving me that.*
>
> *D: It's not the pills. So is it one more packet of pills you'll take this time?*

Bad blood, frequently strikes adult women and although considered pathological (often a response to emotional upsets) it is described as an extremely debilitating disorder of the blood that rapidly spreads throughout the body and into the uterus. It requires treatment with locally prepared herbs and, if untreated, outcome is said to be dismal (Farmer, 1988). Another client stated that she suffers from *tay ouvè* or 'open waist syndrome' causing excessive bleeding. The doctor dismissed her self-diagnosis as impossible: '*Tay ouvè* never makes you bleed like that'. In fact this syndrome is closely associated with blood loss so severe that it

prevents women from being able to bear children - a deeply distressing and damaging social stigma among Haitians.

Equally stigmatising are STDs, common in this population where poverty forms the grid of life. The chronic distress and disability that result from reproductive tract infections in this community have seriously debilitating effects on women's overall well-being. These diseases, including rates of HIV prevalence as high as 12 percent among pregnant women (Farmer, 1995), pose a grave risk and yet diagnosis and information giving in the programme is inappropriate and perfunctory at best. In one instance, the doctor explained a STD research study like this:

> *Tuesday you come here and I will do an exam on you. I'll pass a small stick in your* peyi *(literally: country, refers to vagina) to examine it because they are doing research on the sick and things like that. You understand?*

The following encounter regarding STD treatment encapsulates much of what is both inappropriate and ineffective in this programme and how this affects women's lives.

> *D: What to do. Take Tetracycline. If you buy 80 pills you take two in the morning, two at noon, two in the afternoon. Are you listening to what I am telling you? And in the evening you take two.*
>
> *P: In the morning I take two?*
>
> *D: Like I have written here. Just buy it. The other thing is the cream that you put inside. There are six suppositories in a box. You buy it in the pharmacy.*
>
> *P: What is it called?*
>
> *D: You get it wet, then put it inside. If you have your period don't put it in, don't have any sexual relations, no sex.*
>
> *P: Yes, if I have, wait until my period? Before I what?*
>
> *D: You'll look to see how many times to take it. Do you want the shot again?*

Similar in content to countless others, the doctor failed to identify the STD (this client has *candida* and *gonorrhoea*) nor did he take the required time to explain the treatment effectively. The doctor also assumed that the woman could read instructions, forgetting that most of his clients - this woman included - do not know how to read. Even more disturbing, filling

the prescription is nearly impossible for the average client. First, the cost of a single Tetracycline prescription (approximately US$ 48 during the field work period) can be as high as half of a household's yearly income. Additionally, finding food to swallow with the pills is a feat far beyond the daily economic means of most residents.

Second, both of the other recommendations - not having sex or demanding the use of a condom - assume that women have control within the reproductive and sexual realms of their lives. Reasons underlying these instructions were never discussed and male partners go inevitably untreated. STDs (and problematic side effects as well) function as symbols of social incapacity. Women indicate that even broaching the topic of a STD could put them at risk. Haitian men are known to refuse responsibility for carrying infectious diseases - and implicating them frequently leads to domestic violence or the break-up of a conjugal union. These are entirely inappropriate suggestions where gender relations place women in highly disadvantaged positions of negotiation.

Conclusion

One of the great claims of family planning is that it empowers women and men to make choices and control their own fertility. In the Cité Soleil, the quality of the programme and its relationship with the community do little to support that claim. Rather than empowering clients to gain control of their reproductive lives, this programme has effectively prohibited the poor from broadening their base of power or gaining social support for their decision to use contraceptives. Community resistance to a largely non-participatory programme, coupled with strained gender relations in the household, fail to positively reinforce women's decisions to use contraceptives. On the contrary, women are chastised for succumbing to a programme that denies them their most basic rights, including the medical resources they need to stay healthy. Problems with side effects of method use are not just annoyances but potentially costly liabilities for the poor who cannot pay for treatment or bear physical side effects when they are expected to manage both the social and economic sustenance of their households. For women and men already constrained by so many unwieldy political, economic and social mechanisms, birth control as it is offered in the community is just another constraint imposed upon their lives.

In the clinic, the micro-politics of reproductive medicine reveal how the family planning process is an entirely alienating and disempowering

experience.[10] The small percentage of women who withstand community and household pressures and decide to use family planning are not rewarded for their perseverance. The power that providers' claim in the encounter reminds clients that they are unworthy, even 'animals', a descriptive used to castigate one client who wanted to discontinue her method. Because doctors' directive power is so forceful clients are systematically denied information they need to participate actively in their reproductive health. The social and economic context of clients' reality is constantly 'moved to the margins' (Waitzkin, 1991), leaving clients estranged, full of shame, and diminished during the process. If anything, these encounters serve to remind poor Haitian women of their marginalisation.

This paper highlights the impact of a family planning programme, in terms defined by the poor, while showing how deliberate interventions are resulting in an ineffective and dangerous programme of neglect. Because of a narrowly conceived strategy, this programme does little more than deprive the poor of services that they need. Applying a political economy framework to assess traditional family planning issues is an instructive way to analyse programme impacts, situating care givers and receivers in their larger social, political and economic contexts. When the programme is presented as a political organism, it becomes clear that relations of power in the clinic and the community shape the manner in which health care is both perceived and provided. Incorporating and analysing the multiple layers of power, struggle and resistance clarifies what seems like a troubling paradox in Cité Soleil and Haiti at large: a stated demand for fewer children yet persistently high fertility rates and low contraceptive use. It is imperative to listen to the voices that explain what motivates this puzzling behaviour. Moving the debate about family planning programmes - long discussed by poor men and women - outside the slums of Haiti and into the corridors of power is the first corrective step. The challenge then is to respond with both effective and respectful policies and programmes.

[10] Limited space prohibits a more expansive institutional analysis, moving beyond the clinical encounter to include the social context of the clinic and the international institutions which shape policy and determine programming. This type of analysis is highly instructive, showing how poor quality of care is reinforced at every step of the contraceptive seeking process and how deeply this affects clients' lives (see: Maternowska, 1996, Chapter 6).

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