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FROM - USAID/RAWALPINDI

SUBJECT - NONCAPITAL PROJECT PAPER (PROP)

REFERENCE -

Country: Pakistan Project No. 391-11-580-256

Submission Date: August 27, 1969 Original

Project Title: Family Planning

U.S. Obligation Span: FY 67 through FY undetermined

Physical Implementation: FY 67 through FY undetermined

Gross Life-of-Project Financial Requirements (FY 67-72):

U.S. dollars (Net) TC	\$10.45 million
DL	.23 million
U.S. Owned Local Currency (FY 66-69)	\$17.9 million
Cooperating Country Cash Contribution (FY 66-69)	\$23.5 million
Other donors (see FY 1971 Country Field Submission, Appendix B)	

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DRAFTED BY: <u>Holliday/Schiro/Kilgour:maa</u>		OFFICE: <u>PHD</u>	PHONE NO.	DATE: <u>8/27/69</u>	APPROVED BY: <u>[Signature]</u>	PAGE: <u>38</u>	OF: <u>38</u>
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Non-Gravital Project PaperSupport of Pakistan Family Planning ProgramI. SUMMARY DESCRIPTIONA. US A.I.D. Support

US A.I.D. support of the Pakistan Family Planning Program began in FY 1964 during the Second Five Year Plan when Family Planning was a function of the Provincial Health Departments. In that year A.I.D. provided Rs. 791,000 chiefly to assist the Government of West Pakistan to establish Family Planning clinics.

The following year the GOP included Family Planning in the Third Five Year Plan as an autonomous wing in the Ministry of Health, Labor and Social Services and a Family Planning Council was organized with the Minister as Chairman and the newly appointed Commissioner of Family Planning as Secretary. In FY 1965 A.I.D. provided the services of a demographer and a part-time advisor who was designated Population Officer. An E-1 was prepared proposing technical advisors and participant training, and a \$500,000 loan for commodities was offered to the GOP. A freeze on all new projects invalidated this project proposal but late in the year authorization was obtained for a \$500,000 development loan for Family Planning vehicles. Changing plans and UNICEF support for transport resulted in only \$232,000 of the amount being utilized.

During the first two years of operation of the Family Planning Scheme for the Third Five Year Plan (beginning in FY 1966) A.I.D. provided approximately Rs. 10 million each year for budgetary support. This did not enlarge the program over the planned scheme but provided tangible proof of United States support and interest.

In the FY 1967 grant; Rs. 415,000 was included for the National Research Institute of Family Planning for an IUD study supervised by the A.I.D. demographer. \$210,000 was provided for six advisors and 38 participant trainees.

In FY 1968 Rs. 10 million was again provided for support of the GOP budget for Family Planning and Rs. 10 million was contributed for needed items not included in the budget including a grant of Rs. 4.5,000 for locally purchased transport for use in research and evaluation activities. This was

The first year in which A.I.D. assistance expanded the action program. The year's dollar grant program totaled \$1,030,290 of which \$794,290 was for commodities. Six new advisors arrived at post -- two Nurse Advisors, two Health Education Advisors, a Health Administration Advisor and a Medical Officer.

In FY 1968 a total dollar allocation of \$2.3 million was approved: \$161,000 for advisors, \$317,000 for participant training and \$1,822,000 for commodities. Local currency Project Agreements totalling Rs. 48.8 million were signed. Although this entire amount was reflected in the sanctioned budget of the GOP, Rs. 36.3 million was designated for specific items which expanded the program, providing for underestimated or unforeseen developments, research, evaluation and training.

In FY 1970 the Mission's total dollar program is proposed at \$2,515,000 of which \$2.0 million would finance procurement of commodities; \$289,000 would finance twelve advisors and 21 man-months of consultants; and \$226,000 would finance 50 participant training positions. The local currency program for FY 1970 is being negotiated as this PROP is being written. At this time A.I.D.'s contribution to the FY 1970 budget is expected to be Rs. 12 million from PL 480 Section 104 (b) grant funds.

In FY 1971 the proposed program totals \$2,358,000: \$1.6 million for commodities; \$584,000 for eighteen advisors (five of whom would be under a contract for development of an improved institutional structure for population training and research) and 21 man-months of consultant services; and \$174,000 for participant training.

Late in FY 1965 the GOP approved a total budget of Rs. 284 million for the Third Five Year Plan Family Planning Scheme. The following table shows the original budget and the actual budget by years (in Rs. Million):

	<u>FY 66</u>	<u>FY 67</u>	<u>FY 68</u>	<u>FY 69</u>	<u>FY 70</u> (Est.)
Original budget (including anticipated international assistance)	51	30	56	62	67
Actual budget	25	40.7	57.3	74.3	88.1
Source of actual budget					
1. GOP	15	31.2	37.3	28.5	
2. US A.I.D. general support	10	9.5	10	9.5	
3. US A.I.D. specified item support	-	-	10	36.3	

The FY 1969 budget sanctioned early in the year was Rs. 88.8 million. In the face of financial stringencies resulting from civil unrest and a change of government during the third quarter of the year, the budget was reduced to Rs. 74.3 million.

The FY 1970 budget has been set at Rs. 88.1 million. This amount is adequate to sustain the program's expanding activity -- if the full amount is released during the course of the fiscal year. The recent reorganization of the GOIP has returned Family Planning to the restructured Ministry of Health, Labor and Family Planning with a Joint Secretary now having direct responsibility for Family Planning. This move should give the program a more stable and permanent base than it has previously had, and result in greater efficiency at lower cost through the use in common of personnel, supplies and facilities. The Mission is convinced that the new administration will continue to give high priority to family planning and that the merger represents an attempt to rationalize Government organization rather than reduce the attention given to Family Planning.

The FY 1970 is the last year of the Third Five Year Plan Scheme and should be a year of consolidation of goals and preparation for the new plan. Now that the initial efforts of institution-building and program establishment have been completed, A.I.D. assistance will shift its focus to selected priority aspects of the family planning program rather than continue the general approach which was required in the beginning of the program.

The Mission will emphasize training, an area where there are marked deficiencies. A PRGF for a relatively modest sub-project to improve social science and health education facilities is included as Annex A to this PRGF. The Mission will also assist in the improvement of demographic statistics. A PRGF for a sub-project in this area is attached as Annex E.

Commodity support in FY 1970 and 1971 will continue along the same lines as in FY 1969, although it will decline somewhat beginning in FY 1971 as Pakistan begins to produce necessary commodities locally. Advisory services will be concentrated in FY 1970 and 1971 in project administration, research and evaluation, training at the district level and improvement of statistics.

For further details see Section IV (Strategy and Course of Action).

B. Other Donors

Other donors played a significant role in support of the Pakistan

Family Planning Program before A.I.D. became involved and most have continued their activity. A.I.D. support has been based on a policy of supplying that which is not available from other donors.

The Swedish International Development Authority (S.I.D.A.) is supplying all condoms during the Third Five Year Scheme, at a cost of approximately \$6 million and, in addition, has provided up to 12 advisors and assistance in the establishment of model clinics, training, research and production of audio-visual materials.

The Ford Foundation and The Population Council have also provided up to a dozen advisors, fellowships, travel grants and teaching aids, and have been active in research and evaluation activities. The Ford Foundation expenditure through CY 1969 will total about \$3.6 million; most of the amount has been for support of the Population Council, The Johns Hopkins University team at the West Pakistan Research and Evaluation Center (WRREC) and the University of California team at the East Pakistan Research and Evaluation Center (EPREC).

UNICEF has supplied 315 of the program's 440 vehicles to date, and is now preparing a justification for approximately 200 more through a special grant from SIDA. Although UNICEF has been concerned primarily with Maternal and Child Health (MCH) it has contributed over \$1 million to the Family Planning Program and is expected to add another \$600,000 in FY 1969. This amount is in addition to equipment, supplies and facilities for MCH services which are also utilized for Family Planning. After the current year UNICEF expects A.I.D. to meet the equipment and supply needs of the Family Planning Program except for routine rodenticides supplied to MCH and equipment and facilities used in common with Family Planning.

The United Nations has a single part of contraceptives valued at 25,000 pounds sterling.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) has given some technical assistance and a grant of \$100,000 to the Council for Family Planning in Pakistan.

UNEP has rendered some assistance in the form of travel grants. It also plans seminars in the fields of demography and public health teaching with special reference to the teaching of family planning. Beyond this, UNEP's future activity is uncertain at this time.

NON-CAPITAL PROJECT FUNDING
(OBLIGATIONS IN \$000)

PROP DATE AUGUST 1969
ORIGINAL

PROJECT No. 391-11-390-266

COUNTRY: PAKISTAN PROJECT TITLE: FAMILY PLANNING

Fiscal Ap	L/U	Total	Cont ^{1/}	Personal Services		Participants	Competition		Other Costs			
				AID	PASA		US Agencies	CONT.	Dir US AID	CONT	Dir US AID	AGIC
Prior through Actual FY 69	G	3,480	11	206	26	11 ^{2/}	617	-	2617	-	3	-
Operational FY 70	G	2,518	-	208	81	-	226	-	2000	-	-	-
Budget FY 71	G	2,388	280	266	89	230	174	-	1880	20	-	-
Budget + 1 FY 72	G	2,099	124	203	72	109	200	-	1800	15	-	-
Total Life ^{3/}	G	10,452		883	267	360	1,217	-	7697	35	3	-

^{1/} Memorandum (nonadd) column

^{2/} Personal Service Contract - TUN

^{3/} FY 1967 - 72. Total life of project undetermined.

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II. SETTING OF ENVIRONMENT

The Mission has prepared comprehensive annexes on family planning for the FY 1970 Program Memorandum and FY 1971 Country Field Submission, to which the reader should refer for a discussion of the setting in which the Mission's Family Planning project is carried out.

III. PLANNED TARGETS, RESULTS, AND OUTPUTS (INCLUDING PROGRESS TO DATE)

The "Pakistan Family Planning Scheme for the Third Five Year Plan Period 1965-70" has one major goal - to reduce Pakistan's crude birth rate by 10 per thousand, from approximately 50 births per thousand population per year to 40 per thousand. Combined with the declining death rate, this would drop the annual growth rate from 3 percent to 2.8 percent. To reach this goal, it was estimated that 5 million couples would have to be practicing family planning by 1970. At the mid-point of FY 1969, the Mission's Demographic Advisor estimated that 3.4 million couples were practicing family planning and this level of participation represents a reduction of 2,500,000 in the expected number of births. This estimate places the 1970 goal well within attainment barring unforeseen circumstances.

To achieve the targets, the GOP established a phased plan to bring the 52 districts into the program. The program now covers 60 jurisdictional areas including tribal areas, tracts and States, in which virtually the entire population lives. The last eleven areas were brought into the program in FY 1969. To serve these areas, the GOP has set up a network of clinics and staff.

A. Personnel Appointed and Trained

As of February 28, 1969 a total of 1,375 Family Planning Officers and 4,288 Family Planning Assistants were trained and in position. These figures are 98.8 and 98.7 percent of the set targets respectively. In addition to these full-time workers, 35,709 gajis (village midwives) and 50,642 conventional contraceptive agents have been trained and placed - respectively 74.5 and 56.3 percent of targets. Medical personnel in the program number 2,349. A new corps of paramedical personnel was created to meet the increasing demand for clinicians for IUD insertions in view of the shortage of lady doctors. This latter group by February 1969 totaled 1,179. These last two categories (medical and paramedical personnel) in terms of numbers, equal 141 percent of target achievement. However, most

are males, are males
 doctors/(holders of the Pakistan MBBS degree)/and therefore unacceptable
 for family planning clinical services to female clients in Pakistan, and
 most lady doctors are part-time employees.

B. Operational Targets

In the first eight months of FY 1968 IUD insertion rates averaged 74,392 per month and conventional contraceptives, 18,774,000 units per month. Male surgical sterilizations, by vasectomy, once thought improbable in Pakistan, average 43,367 per month. In the first eight months of FY 1968 there was a monthly average of 6,661 group meetings held for the public.

The following table lists the numerical performance of the Family Planning Program to date:

	<u>1965-66</u>	<u>1966-67</u>	<u>1967-68</u>	<u>1968-69</u> (thru February)
IUDs	352,325	555,350	775,955	395,137
Sterilizations	5,400	46,729	266,309	346,939
Conventional Contra- ceptives (units sold)	35,327,367	97,153,694	164,118,430	126,192,122

The Third Five Year Plan Family Planning Scheme goal of reducing the birth rate to 40 per thousand in 1970 appears likely to be achieved. The GCP has projected further reductions through 1985 as follows:

	<u>Birth Rate Reduction</u>	<u>Percentage Reduction</u>
1965-70	50 to 45	10
1970-75	40 to 34	15
1975-80	34 to 30.5	10
1980-85	30.5 to 25	18

C. Program Coverage

The phased Family Planning Program now covers all of the 82 districts as scheduled in the Five Year Plan Scheme. In addition to these, eight tribal

areas and tracts have demanded and received pilot programs. Health institutions in uncovered districts provide family planning services. However, in evaluating future prospects, it is well to consider that, although the Program encompasses all of Pakistan geographically, most districts can offer complete service to only about half of their area because of the limitations of trained personnel and transport difficulties. } P

Planning

D. Problems of the Family/Program

1. Personnel

While recruitment has generally been adequate, there are marked deficiencies in selected areas. In the Pakistani cultural and social milieu which prohibits the treatment of females by male doctors, the lack of lady doctors has been a very constraining factor in the use of clinical contraception. As of February 1969 there were 2,349 medical personnel employed by the program, but the majority were part-time and male. The problem is most acute in East Pakistan where there are only about 60 lady doctors registered in the Program. The deficiency is partially overcome by using paramedical personnel -- Lady Family Planning Visitors (LFPVs) and Lady Health Visitors (LHVs) but by February 1969 these totaled only 1,179. } P

2. Training

a. In-country

In addition to the shortage in numbers, the quantity and quality of training given to personnel is often inadequate. The magnitude of the training required has no precedent. Inadequate numbers of training personnel and reluctance to work in rural areas complicate the problem. (See Annex A.) } P

b. Foreign Training

A comprehensive training plan for the Family Planning Program was developed in 1967 and is being followed reasonably well. In FY 1969, 61 of 78 A.I.D.-funded participants were approved by the Economic Affairs Division. Failure to provide candidates for the other 17 offers results largely from a new GGP policy which requires each cooperating agency to supply transportation for its participants beginning in July 1969. The

offers remaining open were for training for employees of other than the central or provincial Family Planning agencies, chiefly health and census personnel.

3. Transport

Inadequate transportation has been a problem since the inception of the program. With some 2,000 full-time and 80,000 part-time staff striving to serve 128 million people over 350,000 square miles, there is bound to be an enormous logistical and transportation problem. P

4. Budget

Budgetary allocations to the Family Planning Program during the Third Five Year Plan are discussed on pages 3 and 4. The proposals for the Fourth Five Year Plan Family Planning Scheme prepared under the leadership of former Secretary Enver Adil called for a total budget of Rs. 669.57 million, including Rs. 80.58 million equivalent in foreign exchange. However, the new Family Planning administration is revising the Fourth Plan proposals and we do not know at this time whether they will differ substantially from the earlier proposals. It is possible that a new set of proposals will be prepared which would not curtail key activities but which would cost less.

5. Permanency and Stability

The autonomous status within the Health Ministry which the Family Planning Division enjoyed prior to the recent (April 1969) reorganization, and the rivalries resulting from this and other factors have caused duplication of facilities and personnel. With the return of Family Planning to the new Ministry of Health, Labor and Family Planning, these inefficiencies should be largely eliminated. There is a danger that the Family Planning Program could lose its dynamism in the merger, although this is unlikely and the Mission detects no signs of a lesser priority being assigned to Family Planning compared to other health activities or to other development activities. The FY 1970 budget level substantiates this conclusion.

6. Social, Economic and Cultural Restrictions and Political Position - P

The population of Pakistan continue to believe in the importance of producing male offspring for the benefits of old age security. Some

religious leaders have opposed the Program as un-Islamic, Family Planning is particularly vulnerable to attack in this society by the intimate matters with which it is concerned, and because of the prevalence of superstition associated with the human body in general and reproduction and sex in particular.

Former President Ayub Khan supported the Family Planning Program so openly and forcefully, that it has caused unfortunate repercussions. Some destruction of facilities and restriction of movement of family planning employees took place during the few months before Ayub's resignation. Since imposition of Martial Law, opposition apparently has ceased. There were substantial declines in acceptance of contraceptives during the period of unrest, but the downward trend has since been reversed.

7. Contraceptive Complications

All the presently available methods of contraception are subject to complications and failure. This is a universal problem and will only be solved by improved methods and better, more wide-spread education, both of Family Planning Program personnel and of contraceptive acceptors.

IV. STRATEGY AND COURSE OF ACTION

FY 1970 is the last year of the Third Five Year Plan Scheme and should be a year of consolidation of goals and preparation for the new plan. As mentioned, the National Economic Council has yet to approve the Fourth Five Year Family Planning Scheme. The infusion of new personalities and placement of the Family Planning Program back in the Ministry of Health may cause some changes in emphasis. At this time, it appears that the general direction of the program will not change appreciably.

Preliminary discussions suggest that the other two major donors to the program, the Swedish Government and the Ford Foundation, will emphasize mass communications in FY 1970 and beyond. In the past, A.I.D. has provided advisors, participant training, commodities and local currency in an across-the-board approach to help the Government of Pakistan expand and ~~impr~~ improve all aspects of its Family Planning Program. Now that the initial efforts of institution-building and program establishment have been completed, future plans should follow more specific lines rather than the general approach that was necessary in the beginning of the program. A.I.D. assistance has in the past been flexible enough to cope with unexpected demands such as surgical sterilizations and

the creation of the cadre of Lady Family Planning Visitors. This capability to meet new innovations and unforeseen events must remain a part of the Mission's Family Planning project.

There are specific areas which the Mission will emphasize in the future. One is training. As pointed out in the section on problems, there are marked deficiencies in this area. An upgrading and strengthening of the present Training cum Research Institutes (TcRIs) into Regional Training Centers would add immeasurably to the ability of the Family Planning Program to staff and operate facilities efficiently and adequately. This is true ~~not~~ in terms of both quantity and quality. Future work in this area may be investment in the concept of a population studies center, since the regional training centers are intended to be the third tier in the improved training, research and evaluation scheme (the first and second tiers being the population studies center and the two Provincial Training, Research and Evaluation Centers). A PROP for a relatively modest sub-project to improve the social science and health education facilities at the TcRIs is included as Annex A to this PROP. Developing this activity, which will have two advisors, as a sub-project is a tool for more long-range and rational management of the Mission's sector-wide Family Planning project. This sub-project is viewed as an initial, first-phase effort. Depending upon experience during the first year, the Mission will consider the feasibility of adding a medical training component to the health education activity.

A PROP also is annexed for a sub-project for improvement of demographic statistics. Adequate statistical information has always been a problem in developing countries and family planning requires much more accurate data than the present system can provide. Due to lack of GUP pre-planning for the 1971 decennial census, the Mission had withdrawn its offer of assistance. The Census Commission now plans to carry out a simplified big census and then conduct post-enumeration sample surveys to measure the accuracy of the big count and also to obtain the detailed demographic and economic data which will not be asked in the 100 percent enumeration.

Most authorities agree that family planning in its present form must have a strong health infrastructure if it is to remain viable and that the ultimate acceptors of family planning must be a generation which have no memories of their siblings or offspring dying in infancy or childhood. It is also agreed that peak interest in family planning is displayed during pregnancy and the early post-partum period. Health and family planning are additionally related in that only trained medical personnel are competent to render the effective clinical contraception which is currently available. The

Mission, therefore, agrees with the Government of Pakistan that the Family Planning Program should provide more comprehensive family welfare services by both utilizing and assisting maternal and child health care and other health functions, and coordinate more closely with the Health Department in securing care for clients who require it in association with family planning measures. The GOP is developing a scheme for establishing a network of clinics combining these health services during the Fourth Plan. The Mission is encouraging this activity and is financing a consultant in FY 1970 who will assist the Public Health Association of Pakistan in its study of the inadequacies of the present rural health program.

Commodity support in FY 1970 and 1971 will continue along the same lines as FY 1969, although it will decline somewhat beginning in FY 1971 as Pakistan begins to produce necessary commodities locally. This applies particularly to contraceptives and pharmaceutical products. It is the Mission's policy to encourage local production wherever possible, but it is also recognized that imported commodities on a reasonably large scale will be needed for several years.

Participant training will continue as planned, with two exceptions: training proposed for officials participating in the 1971 census has been limited because of the lack of forward planning on the part of the GOP; and more training at the professional and the Ph.D. levels will be provided in an attempt to improve Pakistan's capacity to conduct high-quality training programs locally. Short-term training will increasingly be conducted locally.

Advisory services will be concentrated in FY 1970 and FY 1971 in project administration, research and evaluation, training at the district level and improvement of statistics. In FY 1971 a position for a new population policy advisor for East Pakistan has been proposed.

REFERENCES

1. FY 1971 Country Field Submission, Appendix B.
2. Proposals of the Family Planning Division for Family Planning Sector during the Fourth Five Year Plan (1970-75). Prepared by the Family Planning Division, GOP, Islamabad.
3. Report on an Evaluation of the Family Planning Programs of the Government of Pakistan, by a Joint United Nations-World Health Education Advisory Mission, April 7, 1969.
4. Manual of Training. Prepared by Pakistan Family Planning as Technical Instructions - No. 3/66.

ANNEX - A

Sub-Project: Improvement of Family Planning Training**1. SUMMARY DESCRIPTION**

A strengthening of the present Training cum Research Institutes (TCRIs) into Regional Training Centers would add immeasurably to the ability of the Family Planning Program to staff and operate facilities efficiently and adequately. This is true both in terms of quantity and quality. This PROP provides for a relatively modest sub-project to improve the social science and health education facilities at the TCRIs. It is viewed as an initial, first-phase effort. Depending upon experience during the first year, the Mission will consider the feasibility of adding a medical training component to the health education activity.

In 1965, when the current Family Planning Program of Pakistan was approved for implementation during the Third Five Year Plan, a comprehensive training program was outlined for personnel at district/ and thana/tehsil levels, the bulk of which was to be carried out at the Training-cum-Research Institutes (TCRIs). The proposed training periods varied from six weeks for District Publicity-cum-Executive Officers (DPcEOs) and Family Planning Officers (FPOs) to three days for village midwives (daig) and village organizers. In addition, each was to have annual refresher training: for three days in the case of DPcEOs at a training facility; and three days for FPOs by a mobile training team. Immediately following the FPO refresher training, they were to hold one-day training sessions for daig and organizers under the supervision of a mobile training team.

IUD training was to be held for ten days twice a year for medical and paramedical personnel; and District Technical Officers (DTOs) and Urban Clinic Doctors were to have three days of refresher training yearly, following which they would give refresher training to all family planning doctors in their respective district or area.

This training, which would have been the absolute minimum acceptable, was accelerated and shortened because of the urgency of beginning the Program, disruptions caused by the 1965 Indo-Pakistan conflict, frequent changes in key personnel to provide some of them with advanced foreign training and the heavy work load imposed on training facilities, especially after they became responsible in late 1966 for the 12-month training

course for the newly-created group of Lady Family Planning Visitors (LFPVs). The result is that almost none of the personnel have received the full planned training. Compounding these problems was the fact that very few of the members of the training teams had themselves been trained in education and teaching methodology. The Pakistan Family Planning Program has a staff with as much knowledge and experience in family planning as any country in the world; the greatest deficiency has been its inability to impart this knowledge effectively to those for whose training they are responsible. } P

The Family Planning Council and foreign advisors agree that the ready accepters of family planning methods in Pakistan have largely been reached by the Program and that increased efforts must be applied to motivation and education for lower-than-average parity couples (those with fewer children). The Council has recognized this need by including in the Proposals for the Fourth Five Year Plan, beginning in July 1970, Rs.13.86 million for publicity as compared to Rs. 12.26 million during the Third Plan, and by adding Rs. 10 million for "Subsidy for incentives to have two child families" and Rs. 5 million for audio-visual units in both East and West Pakistan. Further, the need to improve the training, research and evaluation components of the Program led the GOP to request a distinguished committee of family planning experts (the "Notenstein Committee") to prepare a detailed proposal to accomplish this. Although the extent to which the GOC will accept the Committee's recommendations is as yet uncertain, especially those relating to creation of an academic population studies center and sub-center, there is no question that the Program's leaders are dissatisfied with the quality of training provided at existing institutions and are determined to improve it.

To reach the harder-to-convince segments of the population the staff personnel having contact with them must be better trained. Most of these staff members are trained at the seven Training-cum-Research Institutes or by supervisors who have been trained at these institutes. The Mission therefore proposes to improve the training capabilities of the social science/health education staffs of the TeRIs, who in turn will be able to impart better techniques of training to their students -- the district training officers, FPGs and Family Planning Assistants. The program will be started by an acknowledged expert in educational methods who will remain in Pakistan for up to one year to work with the two provincial directors of training, and the Family Planning Council, to assess the present programs of the TeRIs and determine desirable changes in curricula and teaching methodology. He will be assisted by two health education advisors who will

remain in Pakistan for two or two and one-half years and who will assist the provincial training directors and the training officers assigned to them as counterparts to carry out and evaluate the revised training program. The health education advisor presently assigned in Dacca, and her counterpart, will assist this activity in East Pakistan and also act as liaison between the provinces. Equipment and possibly participant training needed to sustain the improved program at the TCRIs will be identified by the consultant and financed under the Mission's general Family Planning commodity and participant training programs. \$25,000 for equipment already has been included in the FY 1970 and FY 1971 programs.

11. ENVIRONMENT, INCLUDING PROGRESS TO DATE

The Government of Pakistan first allocated funds for family planning at the start of the Second Five Year Plan in 1960. This authorization was for Rs. 30.5 million with an additional Rs. 5.2 million supplied by the Swedish International Development Authority and the Ford Foundation. Although Family Planning was a function of the Ministry of Health, Labor and Social Welfare, several semi-autonomous research and training centers were established during this period, including the National Research Institute of Family Planning (NRIFF) and five TCRIs. The latter were designed to cooperate with the then-existing community development program (Village Aid) to develop educational and informational materials concerning family planning and to train village-level workers for a motivational program.

During the second year of the Second Five Year Plan the community development program was disbanded and the TCRIs were left without a clientele. Shortly thereafter the priority accorded to family planning by the Government was increased and in July 1965 the present Family Planning Program began operation as a wing in the Ministry of Health, Labor and Social Welfare.

The TCRIs were placed under the jurisdiction of the East and West Pakistan Family Planning Boards and have since been increased by two, so that one each is located at Dacca, Chittagong and Rajshahi in East Pakistan; and at Karachi, Hyderabad, Lahore and Rawalpindi in West Pakistan. Consideration has been given to the establishment of a fourth TCRi in East Pakistan so that there would be one in each Division. The Sweden-Pakistan Family Welfare Project has been active in the TCRIs since 1961 by assisting

in establishing associated model clinics, evaluating their training programs, and supplying training materials.

The Manual of Training for use during the Third Five Year Family Planning Scheme recommended that the minimum staff at each TcRIs should be a Director/Principal; two physicians, one each for training and clinical work; one social scientist, and one health educator. In addition, two TcRIs in each province (Dacca and Rajshahi in East Pakistan, and Lahore and Hyderabad in West Pakistan) were to have mobile training teams, each to consist of one social scientist and one health educator, to give field training to lower-echelon personnel, and refresher training to others without the necessity of repeated trips to the TcRIs. Similar mobile training teams were also attached to the West Pakistan Research and Evaluation Center (WEPREC) and the East Pakistan Research and Evaluation Center (EPREC) to do both training and evaluation of subsequent performance.

In addition to the postponement of training activities and acceleration of the planned training schedules occasioned by the Indo-Pakistan War in 1965, the attendant training problems were compounded by the very rapid recruitment of personnel in an effort to staff the 93 districts planned for coverage during the first year and to establish a widespread system of commodity distribution and motivation forces over the area. Additional new personnel were added to the Family Planning Program each year so that the training of new recruits was a repetitive function to be performed by the TcRIs in addition to the planned refresher training.

Soon after the Family Planning Program became operative, it became evident that an additional category of clinical personnel must be created to supplement the acute shortage of lady doctors in a society which forbids the treatment of females by male physicians or attendants. Consequently, in the fall of 1966 a one-year training course, also to be conducted by the TcRIs, was introduced for Lady Family Planning Visitors whose specific function was to be IUD insertions. During this entire period of increasing demands on the TcRIs, there was almost continuous under-staffing of the institutions and frequent personnel changes seriously reducing the continuity which is essential for satisfactory teaching in any environment.

These many disrupting factors have in many cases caused a lack of any effective training and incomplete and inadequate training for almost all levels of field personnel. The situation results in a decrease of interest,

self-confidence and potential skill in performance of duties. The Program employs a force of nearly 100,000 people, of whom nearly one-half have had some training; and of whom almost 3,000 are full-time employees.

Although the Family Planning Program has made a successful start, this has been done largely by servicing the ready acceptors of family planning. As the Program is accepted as a permanent government organization, its activities will be directed largely to families with fewer children so that motivation, counselling and education will assume greater importance. To accomplish this effectively will require a well-trained corps of personnel who can work with the effectiveness and self-assurance that only adequate knowledge and training can provide. Without these factors, the Program cannot expect to reach the acceptors which it must have to assure its continued success and expansion. The new Joint Secretary of Family Planning has reiterated that quality of service is the best incentive and this applies to all aspects of the Program.

A.I.D. has contributed to date to the training portion of the Pakistan Family Planning Program by providing foreign participant training and by the assignment of a Nurse Advisor to the Dacca TCRI and two Health Education Advisors, one each to the Dacca and Lahore TCRI's. Another Nurse Advisor was assigned to the West Pakistan Central Evaluation Unit and did some work with LFPV training in MCH duties and also in evaluation of LFPV training. The Mission's Family Planning commodity program includes procurement of reference and instructional materials and audio-visual equipment and material to be used in training programs.

Prior to FY 1967 the Mission funded a small number of travel and study grants and an occasional participant trainee. In FY 1967 the first year of substantial Mission support for Family Planning, training was provided for 18 short-term (three to four months) and 27 long-term (one year) participants. In FY 1968 22 short-term and 14 long-term offers were processed. From FY 1969 funds, 36 short-term and 17 long-term participants have either departed or are being processed for training and three key personnel attended the Communications Workshop in Bangkok in December 1968. To support peripheral activities which are essential to a successful Family Planning Program, six Census Commission employees attended the New Florencia Workshop in statistics and five long-term and five short-term offers were made to the Census Commission, as well as five long-term offers to the Health Departments. All offers made to the Family Planning Division have been accepted and candidates named but it appears probable that Census and

Health offers will not be fully utilized.

In late FY 1967 one Nurse Advisor was assigned to the TCRI in Dacca and in mid-FY 1968 one Health Education Advisor began work in East Pakistan and one in West Pakistan. They were specifically assigned to the TCRI in Dacca and Lahore, respectively, although both also did some work with other TCRI in the provinces. The Nurse Advisor also had considerable involvement with nursing groups and organization. Of the three positions, only the Health Education Advisor in East Pakistan remains approved and filled because of a request by the former Secretary of Family Planning to reduce the number of foreign advisors.

Nursing was not included in the Family Planning Scheme for the Third Five Year Plan so the Nurse Advisor directed her activity to the sub-professional LFPVs. Despite the difficulties of the situation and the low prestige position of nursing in Pakistan, the advisor was able to have some influence on the training of LFPVs by her knowledge of training procedures best adaptable to the level of training which were nearly approximates nursing rather than medical training. More importantly, she demonstrated the contribution which nursing could have in family planning training in teaching and supervisory functions; and made both the Family Planning Program personnel and the nursing organizations conscious of their mutual needs and interests.

Both the Health Education Advisors advised and assisted in curriculum planning for training; in the formulation and evaluation of publicity, motivational and educational materials and campaigns, and in maintaining liaison with other organizations engaged in both health and family planning such as the Family Planning Association, the Red Cross, and the Maternity and Child Welfare Association.

III. STRATEGY

The Family Planning Council clearly recognizes the need for improved motivational and educational efforts and refers frequently to the need for more and better training in this area as soon as possible. The proposals for the Fourth Five Year Plan for the Family Planning Sector include Rs. 35.26 million for a Population Study Center and Sub-Center designed as a significant step in making Pakistan self-sufficient in family planning training and Rs. 20.6 million to upgrade two Provincial Research and Evaluation Centers (presently WPPREC and EPREC) and the seven Training-cum-Research Institutes.

With the recent change in Government and inclusion of Family Planning in the Ministry of Health, Labor and Family Planning and a budget level for the Fourth Five Year Plan yet to be announced, the eventual status of these proposals is unascertained.

The new Joint Secretary of Family Planning has expressed his approval in principle of the concept of a Population Studies Center but emphasizes that quality must be the prime consideration. The Mission also supports the Center in principle but agrees that it must maintain high standards at all levels; must be adaptable to Program needs; and must contribute to the action program rather than remaining detached and possibly curtail the program by an excessive demand for funds and personnel which are needed elsewhere. In the situation of scarce resources facing Pakistan it is the Mission's opinion that qualitative improvements in Pakistan's family planning training establishment should start immediately; should begin with institutions already in existence and with those institutions which affect the action program most directly. These are the TCRI's. Indications are that this is the direction GOP thinking is taking also.

The activity described in this annex is a modest beginning. The Mission is presenting it in the form of a sub-project under the on-going Family Planning project for two reasons: 1) to maintain better managerial control over development and implementation of the activity; and 2) as a distinct beginning in a possibly larger project to assist the GOP's efforts to improve the training capacity of the Family Planning Program. As mentioned above, the present leadership of the Family Planning Division is revising the Fourth Plan proposals, including those for improving training. The course that this sub-project takes will, of course, very much depend upon the results of this revision. The Mission expects that it will mesh well with increased GOP emphasis on qualitative improvements of all aspects of the Program's activities, including improvements in training of field - level personnel.

IV. PLANNED TARGETS, RESULTS AND OUTPUTS

The immediate target of this project is to improve the training capabilities of the social science and health education staffs of the seven Training-cur-Research Institutes. A second objective is to provide improved training for the entire cadre of district level officers. A possible third objective is the selection and training of superior

personnel to qualify them as members of the district training cells recommended by the United Nations - WHO team which evaluated Pakistan's Family Planning Program (see its report of April, 1960).

The present training curricula will be assessed and altered as indicated to teach effective, informal but systematic and comprehensive training techniques adapted to Pakistan's culture. This can best be accomplished by Pakistanis who are familiar with the culture assisted by advisers who have exceptional skills in teaching methodology. During the life of the sub-project the course and techniques of the teaching of training will be altered depending upon the results of field observation and experience. The eventual goal is to devise a curriculum which will be lucid and adaptable to alterations in family planning methods, organization and goals. Achievement of the objectives will result in an ease and effectiveness of communication between workers at all levels and between the field motivators and the target population. To date there has been a marked communications gap between the Family Planning Officers and the dais and Family Planning Assistants so that the latter have lacked the knowledge and skills necessary for effective motivation in the field. } P

V. COURSE OF ACTION

A consultant with exceptional skills and experience in teaching and training methodology, who is already knowledgeable about Pakistan's Family Planning Program, will be recruited for a period up to one year to work with top Pakistani training officials to develop a detailed program of action for introducing improved training techniques and curricula to the TCRI social science/health education staffs. Such a person might be available from a university by obtaining a year's sabbatical leave. He should be of sufficient academic stature to be known to GGP Family Planning officials. Two Health Education Advisors will be assigned, one to each province to participate in the project from the beginning and remain in Pakistan for a total of at least two years so as to be involved in the initial curriculum development, as well as in the training and post-training surveillance. The team will also include at least one Pakistani training officer from each province who will be counterparts to the Health Education Advisors and also participate in all activities. The present Health Education Advisor in East Pakistan and her counterpart will be assigned to the project on a part-time basis to serve as field staff in East Pakistan and liaison between the provinces; the formal training activities will be

centered in Dacca and Lahore and it is mandatory that other TCRI's be closely associated with the project. This would result in a standing team of four persons (one Pakistani training officer and Health Education Advisor counterpart in each province) plus a field and liaison staff consisting of a training officer and Advisor. The consultant will be responsible for development of a curriculum and basic training outline which will continue after his departure with no disruption of the total training program. He also will be the leader in organizing and supervising the initial training.

The program will concentrate on training the 28 social science/health education staff members of the training centers. This can be accomplished effectively by initial classroom training for a period of two to four weeks; then an assignment of practical experience in training the next lower tier of workers, following which the trainer will be recalled for discussion, refinement of techniques, consultation and further classroom training. This will be followed by a second experience of field training which will be observed and evaluated by the provincial training officer and advisor. By using this approach, the TCRI staffs will eventually receive academic, practical and consultative training.

The advisory training teams will assess the effectiveness of the training received by the district-level officers attending the TCRI's by field observation and evaluation of their training activities. They will adjust their training outlines accordingly.

VI. FINANCIAL IMPLICATIONS

Note: This proposed funding is included in the project funding table (page 04.)

	Life of Project FY 1970-72
	\$172,000
Advisory Services	<u>\$147,000</u>
Consultant	26,000
Health Educator, West Pakistan	60,000
Health Educator, East Pakistan	61,000
Commodities - Direct	<u>\$ 25,000</u>

(Audio-visual aids, including 2 16-mm projectors, 2 slide projectors, 2 tape recorders, anatomy and physiology charts and models, 2 opaque projectors, and 2 projector screens; duplicating equipment and typewriters; library, reference and instructional materials.)

Sub-Project: Improvement of Demographic Statistics**1. SUMMARY DESCRIPTION, INCLUDING TABULATION OF PLANNED INPUTS****A. The Problem**

The Government of Pakistan accepts the need for a decennial benchmark Population Census. It conducted censuses in 1951 and 1961 and will conduct its third census in 1971. There has been little recognition, however, that a good census requires substantial advance planning by skilled technicians and adequate provision of resources.

It is now too late to plan for a thoroughly adequate population census in 1971. The Mission has recommended, as the only practical solution to this dilemma, a very simple "big count", using available resources to assure as adequate a coverage of the population as is possible in the limited time remaining. This simple big count will be followed by a sample census evaluation survey of approximately 30,000 households designed to measure the extent of over or under enumeration in the big count. About three months later a sample economic-demographic survey will be conducted for about two percent of the population to obtain the detailed economic and demographic data which are required for development planning.

The main thrust of the Mission's program is development planning and substantial resources are being devoted to family planning and agricultural development. We agree, in consequence, that the need is critical for a census-evaluation sample survey and an economic-demographic sample survey to validate the data generated in the big count. The cost is relatively modest and far less than the cost of errors that could result in subsequent Mission and GOP activities and decisions taken on the basis of inaccurate and inadequate data which would result from the census to be conducted in 1971.

The Census Commission of the Ministry of Home and Kashmir Affairs has accepted the Mission's recommendations for a program of action. The Census Commissioner sees no alternative at this late date. He is prepared to carry out the proposal in close cooperation with the Central Statistical Office which will be responsible for the sample design and the tabulation of the data on its computer.

B. Sub-Project Goals and Targets

The objectives of this sub-project are (1) to obtain as accurate population data as possible from the 1971 decennial census for use in development planning in general and in measuring progress and planning future activities of the family planning program in particular; and (2) to encourage the Government of Pakistan to recognize the vital need for well-planned censuses and set up a permanent organization for conducting them.

Technical assistance will be provided to conduct post-enumeration sample surveys which will objectively evaluate and correct over or under-enumeration in the big count census and provide detailed economic-demographic information which it will not be possible to obtain in the big count.

The technical assistance to be provided for these surveys will be so structured that it will permit the maximum impact on permanently improving the GOP's institutional capability for conducting adequate censuses of population in the future, as well as its capability for conducting surveys to estimate the population in the inter-census period.

C. U.S. and Cooperating Country Contribution

To advise and guide the GOP agencies responsible for the conduct of the sample surveys, the U.S. will provide by January 1970 three statistical specialists, each to serve between 2 and 2 1/2 years. This team of advisors, to be provided under a Participating Agency Service Agreement (PASA) with the U.S. Bureau of Census, will consist of a Sampling Advisor, a Data Processing Advisor, and a Surveys Advisor. They will work with the Population Census Organization of the Ministry of Home and Kashmir Affairs and the Central Statistical Office of the Economic Affairs Division.

Funding also is included for three short-term advisors in specific functional areas.

The FY 1970 Family Planning commodity program includes \$200,000 for procurement of equipment and commodities needed to conduct the sample surveys and process the resultant data; and the FY 1970 and FY 1971 Family Planning participant program includes a total of six training offers which are related to this activity.

The Mission will also consider providing Rs. 300,000 of PL 480 104 (h) funds in FY 1970 to support the FY 1970 rupee cost and up to Rs. 1 million in FY 1971 to support that year's local currency budget of approximately Rs. 5.7 million. Funds will be provided under terms which will assure the achievement of high quality standards, particularly of the Census-Evaluation Survey, and which will assure maximum participation of the Central Statistical Office in the planning and execution of the sample design and of the tabulation and analyses of the results. The total rupee cost of these surveys (for staff salaries, office space, equipment and general support) is estimated to be Rs. 10 million over a period of two and one-half years, of which Rs. 1 million would be needed in FY 1970. As this Budget is being prepared the Census Commission is seeking a supplementary budget allocation for FY 1970 and approval in principle for expenditure of Rs. 10 million over two and one-half years.

II. THE SETTING

A. The Institutional and Organizational Problem

Responsibility for the population census is lodged in the Ministry of Home and Kashmir Affairs. The primary interest of this Ministry is internal security. There is no permanent and basic interest in research, statistics, or population studies, except once every 10 years, when the Population Census Organization is resurrected temporarily to conduct the decennial census on a crash basis. Once the census has been executed and the results published, all staff (with one or two exceptions) are dismissed. There is no intercensal program which would preserve the staff skills and experience acquired in the preceding census and improve these skills to perform the planning and execution of the next census. In short, there has not been a permanent institutional framework for gradually improving the Ministry's capacity to conduct better censuses.

The absence of a permanent professional staff has made it difficult to overcome prevailing non-professional attitudes such as: (1) the view that very little advance planning is required (and therefore all that needs to be done is to repeat procedures used in the preceding census; (2) resources are limited and therefore the policy should be to make do with what is available rather than to develop advanced budgets through detailed plans of what is required; (3) conscript labor and supervisory staff with no pay, no travel allowances and no honoraria are adequate; (4) adequate

mp controls, pretesting, training, supervision and quality control are not necessary; and (5) hand tabulation of the results is adequate.

P. Attempted Solution in the Past

The situation sketched above has been deplored by most professional statisticians and advisors. The solution attempted in the past was to transfer the responsibility for the Population Census to the Central Statistical Office. The issue in 1958 was carried to the Cabinet, which made a decision to limit CSO's responsibility to the "technical sphere" of census-taking. Unfortunately the Home Affairs Ministry so resented the attempted take-over by CSO that it has been extremely difficult to work out a procedure whereby CSO would have responsibility for the technical sphere. This resentment persists to the present day.

Since 1958 the staff of the Central Statistical Office has grown from about 100 employees to about 1,000 including some 250 field staff located in 28 regional and field offices in East and West Pakistan. The status of the CSO Director General has been raised to that of a Joint Secretary. The CSO has an IBM System 360 Model 30 Computer. It has a staff of trained statisticians, some with experience and capability in sample design; and of computer system analysts and programmers capable under direction of performing complex tabulations.

During the same period of time the Population Census Organization has had no increase in staff (virtually no staff), and no increase in capability in sampling, survey procedures, or tabulation capability. It has no tabulating equipment to perform the complex tabulations.

III. PROGRESS TO DATE

Over the past three years the Mission's Bureau of Census team (under the Statistical Services Project No. 391-11-780-037) has been urging the Census Organization to begin the detailed planning necessary to mount a successful decennial census. Detailed recommendations have been presented but, although accepted in principle, few were put into operation. Participant training offers were not fully accepted for lack of qualified staff. It was not until October 1968 that a Census Commissioner was appointed. Prior to his appointment there was no full-time senior official whose responsibility it was to organize, budget, and fight for resources and staff. Thus, not

such was accomplished.

The Planning Commission and the Family Planning Council very much need the accurate information which a good census in 1971 would provide. But neither agency has been willing to take an active role in pushing for the pre-planning which would ensure a good census, both settling for less adequate alternatives to generate statistics required by their respective activities.

A. Appointment of First Census Commissioner

In October 1968 Mr. Saeed Ahmed, a Civil Service of Pakistan (C.S.P.) officer with personal status of a Joint Secretary, was appointed as Census Commissioner. Through the Mission's statistical advisory team, close relationships were maintained with him. He was the Chairman of the CENTO Symposium on Demographic Statistics held in Karachi in November 1968. At the Symposium he had close association with Dr. Irene Tascher, American demographer, and Mr. Tom Jabino, statistician at the U.S. Bureau of Census who advanced the idea that a possible solution to Pakistan's difficulties (brought about by lack of planning and lack of action on the 1971 Census) was to have a simplified census, followed by a sample survey structured to give a measure of the coverage error and detailed characteristics left out of the simplified big count. Subsequently Dr. Ansley Coale visited Pakistan and proposed a similar solution but suggested a 10% sample to provide the needed data on economic characteristics and fertility. The Census Commissioner was amenable to these suggestions.

Meanwhile the Home Affairs Ministry was unwilling to delimit an area of responsibility within which the Commissioner could act without further clearance. As a result, many decisions were unduly delayed and much time was wasted. Since the Ministry had also been unwilling to raise the position to the status of Joint Secretary the incumbent on April 11, 1969 relinquished his office.

About one week later a new Census Commissioner, Mr. Syed Munir Husain, B.P., and formerly Secretary of Industries of the Government of West Pakistan, was appointed with the status of Joint Secretary. At the end of May a new Secretary, Mr. A.M.S. Ahmad, previously Director of Pakistan Television Corporation and also Secretary of the GOEP Basic Democracies and Local Government Department was appointed as (Acting) Secretary of Home Affairs. With the advent of Martial Law, a new Minister of Home and Kashmir

Affairs was appointed -- Lt. General Abdul Hamid Khan. He served until the end of July, when he was replaced by a civilian, Mr. S. A. Rashid.

The Mission position, adopted in February 1969 was made clear to the new Census Commissioner: we would provide only incidental advisory service to the big count but would be willing to provide up to three advisors - a sampling advisor, a data processing advisor and a surveys advisor - for approximately two years to assist in conducting post-enumeration sample surveys which would be structured to provide a basis for evaluating the coverage of the big count, and would provide the information on detailed questions on economic characteristics, fertility, housing etc. The Commissioner perceived the practicability of this approach and agreed to push for its adoption. He has been working closely with the A.I.D. statistical advisory team to prepare detailed action plans and has obtained the approval of his Ministry to carry out a simplified 100 percent enumeration and the sample surveys described in detail in Sections V and VI of this annex.

The Mission has not yet received a formal request from the GOP Economic Affairs Division for A.I.D. assistance for this activity. Such a request must be preceded by a GOP decision to allocate additional funds to the Census Commission in FY 1970 and agree in principle to budget for this activity in FY 1971. The Mission has been informed by the Census Commissioner that an official request for A.I.D. assistance ~~will~~ be received by the end of August, 1969.

IV. STRATEGY

Had the Ministry of Home and Kashmir Affairs requested technical assistance in the conduct of the 1971 Census some two years ago, the Mission's strategy would have been to seek decisions and commitments which would have ~~enabled~~ sound planning and conduct of a full-coverage census as accurately as possible. Bureaucratic delays and widespread lack of appreciation for the value of an accurate census made this strategy unworkable. Now, because of time limitations, the Mission does not intend to assist the big count except incidentally.

The Mission's current strategy is to develop some useful data from the 1971 Census by assisting the conduct of the sample surveys described herein. However, no assistance will be provided until the GOP agrees to

sanction a budget sufficient to carry out these activities. This PRGP is being submitted on the assumption that the GOP will agree and will then request the Mission to provide three advisors and approximately \$200,000 for equipment. The PRGP will be withdrawn if it becomes evident that the GOP will not make these decisions soon.

Assuming the GOP request for assistance is received, the three advisors will work with the staff of the Census Commission and Central Statistical Office to develop the samples to be carried out, to train the interviewers and supervisors and to tabulate the results on the CSO's newly-acquired computer. Equipment to be procured will be titled to the CSO. Close liaison will be maintained with the Census Commission, whose temporary staff will conduct the interviews and which will be financially responsible for the entire operation. The CSO's services will be obtained on a reimbursable basis.

It is hoped that responsibility for planning and executing the 1981 census will be transferred to the CSO. This experience will improve the CSO's capability to take over this responsibility and should also contribute to convincing the GOP that such a transfer is necessary if Pakistan is ever to have accurate censuses.

V. PLANNED TARGETS, RESULTS AND OUTPUTS

A. Census Evaluation Survey

Immediately following the 10% simplified 1971 Census of population enumeration, conduct a Census-Evaluation Sample Survey of approximately 30,000 households to evaluate the coverage of the 1971 census. Because food rations are not likely to be used in the 1971 census it will be necessary to conduct this in two separate stages:

1. Draw a sample of 15,000 households (located in 10% of the thanas (tehsils) from the census listings to evaluate the under (or over) enumeration in the listed "Census" households as well as the quality of the data collected.
2. Draw an area sample containing approximately 15,000 households located in the same 10% of the thanas (tehsils) to search for "missed" structures in the 1971 Census.

B. Economic-Demographic Survey

After the Census-Evaluation Survey has been conducted, conduct an Economic-Demographic Survey of approximately two percent (or 500,000 households, exact size to be determined) which will obtain economic characteristics and fertility data. Following this, conduct a small post-enumeration sample survey (PESS) to evaluate the quality and coverage of the Economic-Demographic Survey.

C. Publication of Data

Data obtained from the above surveys will be tabulated on the ESO Computer and the findings will be published in forms which will enable them to be used by a wide variety of development agencies.

VI. COURSE OF ACTION

The schedule of major events and decisions required are shown in the Calendar of Operations in section VI 6. The sub-project is estimated to have a life of 2-1/2 years. The following provides some of the logic underlying the Calendar of Operations.

A. Important Milestones**1. Major Milestones**

As separate sample surveys will be conducted in a sequence of operations extending over about one year's time. To utilize in an efficient manner the limited personnel capable of carrying out the field work, the following sequence is proposed:

- a. Recruitment and training of enumerators and supervisors for the Census Evaluation (CE) Survey.
- b. Field work for CE Survey, which would be done immediately following the census.
- c. Recruitment of additional supervisors and enumerators (possibly from the better supervisors and enumerators in the Census) to be used for the Economic-Demographic

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(E.D) Survey.

- d. Training for the E.D. Survey.
- e. Field work for the E.D. Survey.
- f. Selecting and training the better E.D. supervisors and enumerators for the E.D. Evaluation Survey.
- g. Field work for the E.D. Evaluation Survey.

2. Technical Staff Requirement

To implement the sampling scheme as outlined will require the immediate organization of a technical staff to plan and develop the scheme. This will include at the professional level a sampling statistician (mathematical statistician with academic background and experience in probability sampling) and a geographer (with a background in map preparation) who will be responsible for obtaining and processing the needed mapping materials for the surveys.

The Census Organization and the Central Statistical Office (CSO) will enter into a cooperative arrangement for developing the sample design and associated materials. This will be of material benefit to both organizations and enhance statistical development generally in Pakistan over the next decade.

3. Data Processing Requirements

The Census Commissioner will take steps to secure the services of the CSO to tabulate the sample surveys on its IBM 360/30. Negotiations between CSO and the Census Commissioner will identify the exact amount of additional manpower and machine requirements needed (card punch and card verifiers; additional capacity for the 360/30; card to tape reader for East Pakistan, etc.) for handling these complex tabulations; and other financial requirements (cards, tapes,

continuous form paper). System work will be the responsibility of the Population Census Organization working jointly with the CSO.

4. Advisory Services

Through a PASA with the U.S. Bureau of Census the services of a sampling advisor, a data processing advisor and a survey advisor will be made available. The PASA should also include provision for nine man-months of short-term consultation. The GCP has requested the United Nations' and Colombo Plan to provide a geography advisor, but an affirmative reply has not yet been received. These advisors should be on board by the beginning of 1970.

5. The Mission will take maintenance available under condition that will assure cooperation between the Census Organization and the Central Statistical Office and high priority for the Census-valuation phase of the program.

6. Calendar of Operations

a. BROAD PLANS/APPROVAL

Cost Estimates	July 1969
Staff Requirements	July 1969
Negotiations with CSO and allocation of Responsibilities	August 1969
Space obtained	August 1969
Local Equipment obtained	August 1969
Request for Advisory Services	1969
Request for Euro and Foreign Exchange Support from USAID	1969
Imported Equipment ordered	September 1969
Budget Approval	October 1969
Senior Local Staff	November 1969
Three Members Advisory Staff	January 1970

b. DESIGN OF SYSTEMS

Sample Plans	January 1970
Map Plans	February 1970
Tabulation Plans	March 1970

b. DESIGN OF SYSTEMS (contd)

First Pretest	March 1970
Questionnaire Construction	December 1969 to March 1970
Instructions	January 1970 to April 1970
Second Pretest	April 1970
Revision	May 1970
Training Materials	February 1970 to June 1970
Tabulation and Program Writing	March 1970 and continuing for 18 months
Printing of Questionnaires and Instructions	C-E, July 1970; E-D, December 1970
Administration	
Space	November 1969
Staff	October 1969
Field Offices	January 1970
Delivery of Equipment	
Office Equipment and Supplies (local)	November 1969
Jeeps (local)	December 1969
Map Duplication and Supplies	April 1970
Imported Office Equipment (including air-conditioners and file cabinets)	April 1970
Machine Tabulation and Supplies	Key Punch, Key Verifiers, January to March 1971; Disc Storage, June 1971.

c. CENSUS EVALUATION (C-E)

Draw Sample of PSUs	February 1970
Map Work	March 1970 to July 1970
Draw Sample of SSUs	August 1970 to September 1970
Field Identification and Map Work	October 1970 to January 1971
Draw Sample of Census Listed Households	February 1971 to March 1971
Training of Enumerators	February 1971
Survey	March 1971
Office Matching	April 1971 to May 1971
Field Reconciliation	May 1971 to June 1971

c. CENSUS EVALUATION (C-E) - (contd)

Editing and Coding	April 1971 to October 1971
Tabulations	April 1971 to October 1971
Analysis	July 1971 to November 1971
Report Writing	November 1971 to December
Publication Final	February 1972
Administrative Report	September 1971 to April 1972
Disposition of Files	March 1972 to April 1972.

d. ECONOMIC-DEMOGRAPHIC SURVEY

User Requirements	August 1969 to December 1969
Draw Sample of PSUs	February 1970
Map Work	March 1970 to October 1970
Draw Sample of SSUs	September 1970 to March 1971
Field Identification and Map Work	November 1970 to May 1971
Training of Enumerators	May 1971
Survey	June 1971 to August 1971
P.S.S.S.	September 1971
Editing and Coding	July 1971 to September 1971
Tabulation	August 1971 to January 1972
Analysis	September 1971 to February 1972
Report Writing	December 1971 to March 1972
Publication Final	May 1972
Administrative Report	January 1972 to June 1972
Disposition of Files	May 1972 to June 1972.

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VII. FINANCIAL IMPLICATIONS

Life of Project
FY 1970-72

A. US A.I.D.

\$412,500

Advisory Services\$193,5003 DuCon Advisers under
NASA arrangement

172,500

9 man-months of consultants

21,000

Equipment\$200,000

Typewriters, veritypo, automatic electric desk calculators, electric adding machines, electric mimeograph machines, map, card, and vertical file cabinets, card to tape reader, disc storage equipment, magnetic tape, disc packs, air-conditioning units for HP punch & card to tape room.

Related Participant Training - FY 70-71\$ 10,000

Computer Systems Training (1 for 6 months)

14,000

Course Publication Planning & Presentation

(1 for 6 months)

3,500

Course Planning and Administration

(1 for 2 months)

1,500

B. Government of Pakistan estimated budget over 2-1/2 years (including Rs. 1 billion to cover foreign exchange)

Rs. 10,000,000

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UNITED STATES GOVERNMENT

Memorandum

TO : NESA/SA, Mr. Townsend Swayze
THRU : NESA/OPP, Ronald W. Jones
FROM : NESA/OPP, Robert E. Layton

DATE: October 31, 1969

391-254



SUBJECT: Pakistan Family Planning PROP -- Project No. 391-11-580-256

2p.

Scope of PROP

This PROP was prepared before the arrival of the present Mission Director and will undoubtedly be superceded by a revised PROP which will heavily emphasize the research, administrative, health, and nutrition components of family planning in addition to the schemes of improving social science and health training at the Training cum Research Institutes (TCRI's) and promoting the improvement of demographic statistics.

PROP Elements

1. Training

The proposed operational inputs, i.e. amounts and types of technicians, PASA, commodities, and participant elements are reasonable for the PROP which was submitted. The time phasing is indefinite. To reach the harder-to-convince segments of the population, the program envisions intensive staff training of the personnel who have contact with this segment. The re-training program will be started by acknowledged experts in educational methods who will work for one year with the two provincial directors and the GOP Family Planning Council. Today's training has become a science and a major instrument for the administrator's use in developing adequate program infrastructure. Planning for the change of training thrust is desirable if a difference is to be made on program performance and program effectiveness.

Recommended:

That short term administrative training advisors be made available to the Pakistan Mission to assist the Family Planning Council and GOP in the development of a training plan of action for operational implementation.

2. Improvement of Demographic Statistics

The Mission has yet to receive a formal request from the GOP Economic Affairs Division for AID assistance. GOP funds have not been allocated.



Recommended:

The improvement of the statistical base on which to make policy decisions is timely. If and when the GOP requests such assistance and funds their elements of the project, this endeavor will be recommended.

cc:
NESA/PR:RBirnberg

UNITED STATES GOVERNMENT

Memorandum

TO : NESA/SA, Mr. Townsend Swayze

DATE: November 5, 1969

FROM : NESA/PR, Richard G. Birnberg *RB*

391-254

SUBJECT: PROP Review: Pakistan Family Planning

2p.

GOP Planning: In terms of the GOP's five Year Family Planning Scheme (1965-1970), the current program will succeed in the quantitative goal established, barring any unforeseen complication. It was estimated that 3.4 million couples were practicing family planning by mid FY 69, with increased participation a promising sign for the 1970 goal of 5 million -- a reduction in crude birth rate from 50 per thousand to 40 per thousand per year. But statistics need to be fortified by attitudinal developments. What implications does this hold for the size of the family desired by Pakistani couples? When are family planning services requested -- after the first child or the sixth?

AID role: The U.S. support, substantially evident since 1967, consists of:

- a) commodity assistance not available locally (\$2.0 million in FY 70)
- b) technical advisory staff working with Pakistani counterparts (\$289,000 in FY 70)
- c) medical and administrative participant training (\$226,000 in FY 70).

No indication is given of the impact that the project itself has had on the GOP family planning program -- is the 3.4 million couple achievement measured from the date the project began? How can the effectiveness be defined?

Problems defined: Within the context of the Mission's shift of emphasis from general assistance to specific areas of training and demographic statistics, several problems are encountered.

1. Personnel inadequacies

Although 3,349 medical personnel were employed as of February 1969, the majority were part-time and male -- the latter a deficiency within the context of a culture prohibiting treatment of females by male doctors. Although paramedics, Lady Family Planning Visitors (LFPVS), alleviate the situation somewhat, East Pakistan has registered only 60 women doctors in the Program. Does the East, with the majority of the population, deserve more attention? According to the FY 71 CFS only 65% of East Pakistan's population is currently reached by family planning services, compared with 83% of the West-- no such disparity is indicated in the PROP.



2. Participant training

In general, participant training has been "satisfactory", but due to a lack of GOP planning (according to the PROP) 1971 will witness a cut in the number budgeted. Participant positions have gone begging due to insufficient nominations or lack of available alternates when proposed participants are not released for departure. Has any followup on returned participants showed their effectiveness? What percentage are drawn from the East? It appears that in-country training programs are being emphasized as an alternative, as specified in the sub-project "Improvement of Family Planning Training" proposed for Regional Training Centers.

3. Political situation

The Family Planning Council "recognizes the need for improved motivational and educational efforts", and the Fourth Five Year Plan proposals include Rs. 35.26 million for a Population Study Center. However, the PROP mentions that Ayub's enthusiasm for the project was not continued after the imposition of Martial Law in March of 1969. What was the extent of the "unfortunate repercussions"? What is the current GOP attitude? With the inclusion of Family Planning in the Ministry of Health, Labor and Family Planning has any further integration been achieved?

4. Statistical inadequacies

The sub-project on "improvement of Demographic Statistics" is awaiting budget allocations and advisor requests from the GOP. The calendar of operations is clearly timed and organized, and adequately ambitious. But where does the schedule currently stand? Does the delay merely reinforce the pessimism about any level of accuracy possible in the upcoming 1971 decennial census figures, since the sub-project seems geared to that specifically?

If and when these two sub-projects are operative, the PROP seems to indicate an optimism for continued Family Planning success. However, it appears that the achievements so far are due to the servicing of ready acceptors of family planning while further inroads will necessitate intensified efforts. Perhaps the optimism expressed is premature? The two qualitative factors, better trained personnel and more accurate statistics, seem to be prerequisites for any degree of permanence for Family Planning in Pakistan -- a continuity which is currently lacks.