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EXPANDED PROGRAM:

Population Planning Scheme for Pakistan

127

FYs 74-78



Expanded
Population Planning Scheme
for Pakistan
Project Proposal
TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
Summary	i
Introduction	1
A. The Project Goal	8
1. Goal Statement	8
2. Indicators of Goal Achievement	9
3. Assumptions on which Goal Achievement is Based	11
B. The Project Purpose	13
1. Purpose Statement	13
2. Conditions Expected at the End of the Project	13
3. Assumptions Basic to Decision to Recommend that Project Receive AID Support	15
C. Project Outputs	19
1. Output Indicators (Logical Framework)	20
2. Basic Assumptions	24
D. Inputs	26
E. Rationale	34
Conclusions	44

List of Annexes

- A. Expanded Population Planning Scheme for Pakistan
 - B. Continuous Motivation System
 - C. Expanded Population Planning Scheme Budget
 - *D. Publicity/Information/Communications Program Development
 - E. Automotive Operation and Maintenance System Development
 - F. Oral Contraceptive Pilot Scheme Development
 - G. Manpower and Training Program Development
 - H. Information and Data Feedback System Development
- "Annex D" removed and is in IEC AID Pakistan File*

SUMMARY

Growing out of deliberations over the past year, the Government of Pakistan has decided to make a substantially increased effort to slow down population growth. They plan to triple expenditures. They have decided to extend an improved model system for the delivery of family planning motivation and services, to cover three-fourths of Pakistani's population. The Government seeks United States help in financing the increased effort.

The Mission proposes a first year obligation of \$4.5 million toward an annual cost level of approximately \$10 million, and toward a five-year cost level of about \$50 million. Based on this contribution and anticipated future contributions from the United States and other donors, the Government of Pakistan will agree to a regular increase in their contribution to the expanded program so that at the end of the period, the Government's contribution will have increased from a current level of about \$2.5 million to more than \$8 million.

An early decision by the United States to make an initial contribution to the expanded program will help the Government take the final steps to start the expanded program, and to pursue the important management improvements they have already begun.

Expanded
Population Planning Scheme
for Pakistan
Project Proposal

Introduction

Near the end of the Third Plan Period (1965 - 69) it became apparent to her national leaders that if Pakistan is to achieve one of its most important development objectives -- that of lowering its population growth rate from its current high rate in the neighborhood of 3.0% -- it would require among other measures over at least the next ten to twenty years a well designed and widespread program for (1) motivating fertile couples to regularly practice contraception, and (2) insuring the ready availability of contraceptive supplies at prices which do not discourage their use.

Three years ago, the GOP developed and began to operate a system of motivation and contraceptive supply first in Sialkot District and later introduced the new system in eight other districts. This new system known as the Continuous Motivation System (or CMS) gives promise to achieving a much higher degree of success than earlier efforts.

The Continuous Motivation System relies (as its basic and distinctive feature) on continuous contacts by motivation and delivery teams working with specifically selected target couples to encourage them to adopt the practice of family planning. The Third Plan delivery system which relied on contact personnel with less education and which was less systematic in selecting the target clientèle achieved a national current user rate of

4% as reported in the National Impact Survey. One study, based on data taken from worker registers in late 1971 before general program deterioration resulting from the East Pakistan turmoil and the subsequent war with India, suggests that in Sialkot the CMS Scheme may have achieved current user rate as high as 19% during the peak period. Even though a 1972 study in the Sialkot District indicated that the then current user rate probably was no more than 11%, and perhaps significantly lower than this if sampling is correlated with population characteristics and if ambiguities in definition are taken into account, the GOP Population Planning Division managers determined that the CMS had a greater potential for success than other known program designs. This determination was made at about the same time as the new Government decided to launch a new national health scheme. Proponents of the draft health scheme advocated the immediate integration of the family planning program operation with the yet to be developed health services. To study this carefully, the President of Pakistan appointed a Commission on May 6, 1972, under the chairmanship of a distinguished senior official, Mr. M. Aslam, the President's Representative on Administrative Inspections. The commission was asked to study and report on the family planning program, making appropriate recommendations. The Commission's findings and recommendations were that:

- a) Enthusiasm for family planning was created as a result of the program effort during 1965 - 70, but the element of measurability was to a great extent missing from the massive operation.
- b) The Continuous Motivation System (CMS) experiment being conducted in a few districts provided a needed element of measurability of person to person motivation and door to door supply.
- c) The CMS should be applied to all Tehsils/Talukas with a population density of 300 persons per square mile; areas of lower population density should be covered with a less intensive scheme for family planning support.
- d) The program, which was to be renamed the Population Planning Program, should be widened to include selective disincentives, social and legal measures, and should be financed entirely by the Center rather than by the previous system of sharing costs with the provinces.

As a consequence of these recommendations, the Pakistan Cabinet in December 1972 decided that a revised and expanded Population Scheme for Pakistan should be prepared for the years 1973/74 and 1974/75.

Guidelines for the scheme included:

- a) the reach of the program should be extended to cover 93 percent of the population, with the CMS covering an estimated 74 percent of the population;

- b) defects detected in the operation of the CMS should be corrected;
- c) an effort should be made to catch up on the ground lost in the past few years.

The program developed by the Population Planning Division, entitled The Population Planning Scheme for Pakistan 1973/74 and 1974/75 was first issued as a draft in December 1972. A "final" draft was published in March 1973. The planning period for the program has now been extended to five years. According to the draft plan, it is estimated that the expansion and improvement of the Continuous Motivation System (CMS), together with the installation of improved, but less intensive, services in those areas not served by CMS, will require expenditures of slightly more than Rs. 10 crore per year (1 crore = \$1.01 million). Local currency support for the program was budgeted at Rs. 2.5 crore for FY 1973. The use of a carry over of about Rs. 0.6 crore from FY 1972 has been authorized so the program financing level in FY 1973 actually is about Rs. 3.1 crore plus perhaps 0.5 crore in foreign exchange expenditures. Local currency costs of the expanded program are estimated at about Rs. 8.2 crore. In addition, foreign exchange costs of the order of Rs. 2.0 crore. In addition, foreign exchange costs of the order of Rs. 2.0 crore equivalent are indicated for the first full operational year.

Over the past several weeks the Population Planning Division has been engaged with the Finance and Planning Divisions of the Finance Ministry in a detailed review of the expanded program and its financial

implications. During this review agreement has been reached that family planning program funds will flow directly from the Center to the Provincial Population Planning Boards. At the same time the financial problems were being addressed the Population Planning Division launched a vigorous new publicity campaign through newspapers, magazines and electronic media. Also the Population Planning Council has just directed that oral contraceptive pills be released to clients without medical screening.

The Government of Pakistan now has requested U. S. assistance to help finance the program expansion, including both the increased local currency costs and the increased import requirements. In response to the request from the Government US AID is proposing that AID provide to the Government of Pakistan as a grant an estimated \$1.5 million to help meet the foreign exchange costs and \$3.0 million to help meet the local currency costs for the first year of the expanded program. US A. I. D. proposes that the total local currency requirements of the expanded program in FY 1974 be met as follows:

- a) First increment - GOP provision of Rs. 2.5 crore (the FY 1973 budget level),
- b) Second increment - USG provision of approximately Rs. 2.97 crore as a dollar cash grant (\$3.0 million) for local currency support, and
- c) Third increment - GOP provision of approximately Rs. 2.7 crore, using rupees from normal government revenue or US owned excess rupees.

(See PROP, Part D, Inputs, and PROP, Annex C, for detailed discussion).

Second year funding would be considered following a joint review of program progress, such review tentatively to be scheduled for December, 1973. Guiding principles for this review are discussed in Annex C.

The \$4.5 million grant we are recommending will assure a decisive shift in priorities toward the population planning efforts. It will enable the government to immediately begin the Expanded Program. By the end of the Five Year program period when the Expanded Program should be fully operating incorporating important management improvements, we expect a substantial increase in couples continuously practicing family planning and a resultant lowered birth rate.

We see the Expanded Program as a vital stage in the long term development of a truly effective program. We look for improvements in management including: more effective training, better data and information gathering and feedback systems; strengthened publicity systems; introduction on a broad scale of the oral contraceptives; and implementation of a motor vehicle repair and maintenance system capable of effectively serving the transport needs of the program.

Among the management improvement elements, we see as perhaps the most important the information feedback system. This should begin to give useful data on program performance almost for the first time. With such an information system, it ought to be possible to make substantially improved judgements about what is working and what is not.

The whole attitude of experimentation that goes with the will to know the truth is probably the most important single change coming out of the Expanded Program. This new information system also implies a greatly expanded system of supervision and better training.

Growing out of a wish to find out more accurately what works and what doesn't, the Expanded Program can play a role in policy development. For example, finding that incentives are not working well could lead to a willingness to use more influential incentives such as payments for vasectomies which go beyond the internalized costs of the operation to the user. We would hope that the program would lead to the realization that there must be more intervention in the educational process.

With an improved system operating, relationships with the medical system (as it, too, develops) will increase and health benefits in spacing can be stressed. But without the expansion and improvement in the family planning system, we think it will take longer to get on with these later developments. Over the long run, the Government hopes to integrate its family planning effort with its health scheme. Family planning will be built into the new health scheme which, however, is still on the drawing boards.

A final point - the program we propose to support is not the Mission's program. It is the program of the Government of Pakistan. We would not have designed it exactly the way the Government has designed it and we do not support its every detail. Indeed, we have reservations about

the rate of implementation and have taken these into account in the way we propose to put in the money. We have reservations about design. But in the end, we cannot substitute our judgment for the Government's. Pakistani administrators and their political masters must make Pakistani political and administrative decisions within Pakistan's unique context. We have cultural factors limiting the success of programs in the United States based on our unique cultural and political context and Pakistan also has these. Further, Pakistan has its own administrative system which must be taken into account. Having said this, we believe the program represents a decisive step forward within the context of a renewed political determination to do something about population. We think our recommended grant is an excellent investment in development.

Let us now look at the project within the framework of a standard Project Goal, how the goal achievement is to be measured and the assumptions which permit us to feel that the goal can be achieved. We also will want to look at the purpose of the project, the conditions we expect to see at the end of the project and the assumptions we see as being basic to our recommendation that the project receive AID support. This process leads us to a consideration of the required inputs from the GOP, AID and other donors and ultimately to the concluding recommendations.

A. The Project Goal

1. Goal Statement

The goal of this project is to support the development within Pakistan of a comprehensive and integrated approach for more effectively

promoting the widespread practice of family planning, and for more efficiently delivering family planning supplies and services. The program will be adapted to diverse areas and societies within Pakistan; hopefully elements of the program will be applicable to population programs in other areas of the world.

2. Indicators of Goal Achievement

a. An expanded Population Planning Scheme for Pakistan in place with a staff of more than 16,500 members in contact with 93% of the entire population, with approximately 74% of the population being reached intensively and continuously through the CMS approach. *

b. Sound overall management of the Family Planning Program as shown by effective, timely delivery of services, adequate and timely release of funds, efficient operation of transport, effective publicity programs and a supply system which delivers contraceptives and other commodities in adequate quantities to the right place at the right time.

c. Effective information feedback making possible a continuous evaluation of the effectiveness of the program and enabling program managers to identify problems and take corrective measures to ensure maximum program effectiveness.

*We are talking about the population of fertile couples; some 8 millions. See Annex A for a description of the Population Planning Scheme for Pakistan and Annex B for a description of the Continuous Motivation System design.

d. Effectiveness will be measured in terms of:

(1) increased knowledge of family planning practice. It is expected that the number of married women who have had direct contact with family planning workers will rise from about 22% in 1969 to over 80%; that the number of married women ever to have used a modern contraceptive will have increased from about 6% (1969) to over 30%;

(2) increased numbers of couples adopting a family planning method and an increased number of accepting couples who have gone through at least a full year without a birth. It is hoped that the number of "current users" of contraception in the country will increase from the present national rate of perhaps 4% to at least 16% during the project duration. To achieve a 16% rate nationwide will require a 20% rate in CMS areas;

(3) decrease in birth rate. The Population Planning Division expects that by the end of June 1975 they will have been able to achieve a drop in the birth rate from the roughly estimated 1970-71 level of 45 per thousand to 40 per thousand. During the subsequent three years they project a further decline to 35 per thousand. While we hope this can be achieved, we realistically know that the techniques for accurately measuring birth rate in Pakistan are unlikely to exist by 1978.

3. Assumptions Upon Which the Goal Achievement is Based

We base our belief that the important development goal of decreasing the rate of population growth can be achieved, on the assumption that Pakistan can and will develop and implement an efficient approach and concentrated effort to motivate its people to practice family planning and to insure the constant availability of contraceptive services and supplies in adequate amounts. We feel that this can be done because:

- a. Pakistan society, both rural and urban, will accept a family planning program.
- b. There will be increasing social recognition and support for a well managed program.
- c. Couples can be motivated to continue to practice family planning in their own interest.
- d. This motivation can be brought about through a system of interpersonal communication between target couples and government financed family planning workers who can provide information, moral support, and contraceptive supplies and help improve the climate of social acceptance.
- e. As more fertile couples are given ready access to contraceptives, particularly oral contraceptives, their use will increase.

f. The approach and delivery system in Pakistan known as the Continuous Motivation System is acceptable and effective when properly administered and steps are being taken to ensure that administration is improved.

g. That this kind of delivery system probably offers Pakistan the best hope for reducing its current levels of population growth and may demonstrate a program mode which could prove useful with appropriate modifications in the population programs of other developing countries.

h. The Population Planning Division of the Ministry of Health will be able to manage the proposed program effectively drawing on outside assistance as necessary and will obtain appropriate support from provincial authorities to insure program effectiveness at the district level and below.

i. That built in procedures to monitor program effectiveness will result in modifications as necessary to insure effectiveness.

j. A program of rural uplift and development also being undertaken by the GOP will in the long run contribute to the achievement of goal objectives of the family planning effort by altering traditional values and patterns of behavior, raising the level of health and education, and decreasing the reliance on children for economic security.

B. The Project Purpose

1. Purpose Statement

The purpose of this project is to support an Expanded Family Planning Program in Pakistan which includes an extension of the Continuous Motivation System (CMS) to cover 74% of the total population ; 19% of the population will be covered by a less intensive system but one which will incorporate a strong motivation and service element. It is also part of the purpose of this project to support improvements in the program in five important areas:

- a. the recruitment criteria and quality of training given to family planning workers;
- b. the system of data feedback to permit more rapid accurate evaluation of program results and momentum and to provide better data for management decisions;
- c. the publicity and public information program, more effectively to reinforce the work by the field motivator and service delivery teams;
- d. the system of delivering oral contraceptive pills;
- e. the system of motor vehicle repair and maintenance so as to assure better mobility of family planning workers.

2. Conditions Expected at the End of the Project

That a fully operating, more effective family planning program is in place in the country covering 93% of the population. In districts having a population density of 300 per square mile or more, the Continuous Motivation System of delivering family planning services will be in place. In other districts, services will be clinic-based, but with a mobile out-reach for

motivation. Postpartum services centers will be more widely available throughout Pakistan. The effectiveness of the existing 841 family planning clinics will be enhanced by the introduction of minimal MCH services. An information collection and feedback system adequate to provide program managers with timely data on program operations will be in place. The field operations will be supported by an effective automotive transport system, and an improved staff development and training system will be operative.

Contraceptives will be generally available both through the family planning organization and through a wide variety of shops and through commercial distribution facilities (for tea, tobacco, shop, kerosene). Family planning services and supplies also will be available through facilities and organizations operated by major employers: e. g., armed forces, Pakistan International Airlines, Industries and Pakistan Western Railway. Adequate staff and fully financed facilities will be available to carry on program supportive research, training, evaluation and communications development. An institutional capability will be in place, with adequate staff and financing, capable of directing the development of appropriate national incentive schemes designed to influencing population growth, population awareness programs and similar activities designed to support the concept of family planning.

The make-up of the elements within the program at the end of the five years of US AID support will be:

-- 16,500 members of the Population Planning Division will be deployed and serving 93% of the total population of Pakistan.

- 8,500 of these will be better trained family planning workers deployed throughout the 38 key districts.
- A more comprehensive, improved and dynamic system of pre-service and in-service training for family planning workers.
- A well functioning system of information feedback which provides basic data enabling a constant process of evaluation, improved management and a major end of project evaluation.
- A well developed and functioning publicity and public information program and a system of vehicle maintenance in place capable of supporting country-wide program.
- An effective contraceptive supply system which relies on private as well as government distribution and sales as proved by ready availability of contraceptives in all communities at prices which can be met by all elements of society, (through government subsidy if required)

3. Assumptions Basic to Decision to Recommend that Project Receive AID Support

- a. That an effectively administered program based in large part on the CMS system will be more effective in promoting family planning in all areas of the country.
- b. That the GOP Population Planning Division can obtain the necessary skills and know-how to improve and manage the Expanded Family Planning Program, with a minimal need

for foreign expertise.

- c. That one crucial factor constraining the expansion of the program is lack of necessary rupee and dollar financing -- which will be provided under this project.
- d. That the Government of Pakistan with US AID and other donor support will agree to provide the Population Planning organization approximately Rs.10 crore per year (including foreign exchange elements for procurement of contraceptives, equipment, pharmaceutical supplies and consultant services).
- e. That both the rupee and foreign exchange funds allocated by the Government of Pakistan for the family planning program will become available in a timely manner.
- f. That the Population Planning Division will be able to recruit, train, and deploy by the beginning of FY 1975 the more than 6,300 new family planning workers, 440 Lady Motivators, 390 Inspection and Training Officers, and 1,300 Family Welfare Visitors and assistants as well as additional personnel for the Post-Partum Centers, Regional Training Centers and for other elements of the program.
- g. That the Population Planning Division will establish effective training programs with staff training materials, trainers and organization and methodology as necessary to provide basic and refresher training to the field and supervisory staff

adequate to ensure effective and efficient delivery of family planning services to the target population.

- h. That there will be a system established for obtaining data on performance of workers, acceptance of family planning by the target population, utilization of contraceptives and on other elements of the program in a time frame and in a form adequate to support the program management decision making process.
- i. That family planning field staff will for the most part be recruited from the areas in which they are to work; they will speak the local language; they will be, on the average, better qualified and better trained people than those working in CMS districts in FY 73; they will receive better supervision.
- j. That the program will continue to be supported by Pakistan's political leadership at the Center and will in the future be supported by political leadership in the provinces. That program supervisors will pursue not only their responsibility for effective direction of family planning field staff, but will also effectively educate local leaders and authorities to the importance of the program; that the Family Planning Program will be actively supported by district and sub-district government

personnel; that village leadership and local governments (when constituted) will endorse and support the activities of the family planning field teams in their localities.

- k. That the delivery system can be organized to make freely available to the target population the most effective contraceptives; the contraceptives will include the oral contraceptive pill provided with minimum medical intervention or screening.
- l. That the supply of contraceptives, pharmaceuticals, and communications materials and equipment as well as office, laboratory and transport equipment will be available in a timely manner and in adequate amounts.

C. Project Outputs

When the project is fully operational (at the end of a five-year period) it is anticipated that:

- Approximately 56 million of a total population of Pakistan of 75 million will be served by the Continuous Motivation System of providing contraceptive, services and motivation. In this population of 56 million under CMS definition there will be an estimated 6 million target couples i. e. , couples in their most fertile, child bearing years.
- Another 14 million people in areas of lower population density will be provided contraceptive and motivational services through clinics and mobile teams. (Initially, under this program, five million in the so-called tribal areas and agencies will not be provided services).
- Approximately 8,500 family planning workers will be trained and employed in serving this population (6,300 new).
- Supervisors, Training and Inspection Officers, paramedical, and other specialized personnel also will be in place bringing the number of family planning personnel to a total of more than 16,500 people. This total includes service personnel such as drivers, clerks and ayas as well as specialized personnel.
- An estimated 1.2 million couples will be regularly practicing contraception in the CMS areas. This is 20% of the 6 million highly fertile target population.

- An organizational framework will exist at the center and in each of the four provinces, capable of effectively providing contraceptive services to the recipient population.
- This framework will include well functioning and effective elements in training, data feedback, communication, contraceptive delivery, and auto maintenance.
- As a by-product of the information feedback system and specific research efforts a bank of data on the cost vs. benefits of family planning (i.e., births prevented) will exist together with data obtained through a series of case studies on the acceptability of family planning vis-a-vis the various cultural and social settings found in Pakistan and that these data will be sufficiently reliable to enable the Government of Pakistan to determine the merits of reshaping elements of the family planning program better to provide services.
- The distribution and sale of contraceptive devices through commercial channels will be extensive, spurred by the increased demand for contraceptives and a reliable wholesale supply at prices subsidized by the government (if found to be necessary).

1. Output Indicators (Logical Framework)

a. Kinds of Outputs

- CMS program fully installed in the most populous districts incorporating 74% of population.

b. Indicators

- 8,500 Population Planning Workers in place in the field.

-- Remaining areas of country served by clinic-based mobile teams and other facilities for the delivery of contraceptives and for acquainting the people in the areas with family planning concepts and techniques.

-- a system of information feedback will be operational which permits a continuous evaluation of results in terms of couples contacted, frequency of contacts, numbers of continuing acceptors and reasons for success and failure upon which management decisions can be based,

-- administrative framework supporting program established and functioning; budgets approved and operational.

-- system of supply and motivation in operation, fully financed and capable of reaching approximately the 19% of the fertile couples in areas of lesser population density not reached by CMS; budgets approved and operational.

-- reports from all field operations will be flowing on a regular basis to central units, a system of processing these reports, collating their results, verifying information and evaluating results will be established and operational.

-- approximately 20% of the eligible couples in the CMS areas will be practicing family planning.

-- a system of pre-service and in-service training will be in place and operational together with a system for modifying curriculum and presentation techniques as required to correct weaknesses observed through analysis of field results.

-- mass publicity and communication system in place throughout country through which the general public may be influenced to adopt family planning.

Information Feedback

System would be in place to verify results; goal is to have 1.2 million couples residing in areas served by CMS practicing family planning.

-- training units will be fully staffed and budgeted with a standardized, operational system of training. The system will provide for analysis of field performance of trainees and the building into future training programs specific elements to deal with and correct observed weaknesses.

-- regular production of radio and TV spots and programs, films and film clips, billboard, newspaper, magazine and exhibit displays will be ongoing, adequately budgeted for.

- oral contraceptives will be available on client demand with a minimum of medical or administrative procedures accompanying their distribution.
- a reliable and efficient system of transport established to service the family planning program.
- innovative techniques will be sought and tested through a regular program of communications research conducted by the TREC.
- a system will be installed in the program under which field workers will be able to recommend oral contraceptive pills, instruct users on their use and actually distribute pills with no or minimal prior medical examination.
- the recommendations of the February 1973 report on auto maintenance (or measures equally effective) will have been implemented with adequate administrative and budgetary support to assure continued effective operations of the system. Vehicle deadline rate will be no higher than 10% of the fleet.

-- a research system which seeks new ways of presenting family planning information and of motivating couples will be in place with operational links to the field program.

-- contraceptive sales and promotion schemes supported by private enterprises will be in place.

-- a systematic program of research with defined goals and studies, and staffed by qualified researchers will be developed and functioning.

-- contraceptives will be readily available in a variety of small stores and outlets in rural as well as urban areas; advertising and promotional campaigns will be in place to increase sales to the public; a system for subsidizing these sales as necessary and desirable will have been developed.

2. Basic Assumptions

a. GOP Population Planning Division can recruit field workers with the necessary qualities, background and negotiating skills, and they will be available within home districts of operations.

b. GOP Population Planning Division will be able to improve capabilities for training family planning workers in basic family planning skills and information gathering techniques.

c. The GOP possesses or can acquire within the project duration the necessary technical and management skills to administer a program of this complexity and magnitude.

d. Target couples can be brought to recognize the individual benefits which can accrue to them by limiting the size of their families and that traditional preferences for large families can be altered through education, motivation, and "salesmanship."

e. Private commercial sector can be encouraged to become more active in the distribution and sale of contraceptive devices as demand for them grows.

D. Inputs

The expanded program of family planning has been budgeted by the Population Planning Division of the Ministry of Health at Rs. 10.2 crore (\$10.3 million equivalent) in FY 1974. This budget level represents total annual requirements once the program is fully operational. It is projected to rise gradually from year to year, to a total of Rs. 11.2 crore (\$11.3 million equivalent) in the fifth year.

The detailed budget proposal is set forth in a 188 page document, "The Population Planning Scheme for Pakistan for 1973/74 and 1974/75," published in March 1973, copies of which have been made available to US AID by the Population Planning Division, and by US AID in turn to AID/Washington. Subsequently the Population Planning Division worked out annual cost estimates through 1977/78. The breakdown of costs year by year, by major category of expenditure and by province, is analyzed in Annex C, and recapitulated in Table 1 attached to Annex C.

Of total annual costs, the Population Planning Division estimates direct foreign exchange costs as follows (in crores of rupees):

<u>FY 74</u>	<u>FY 75</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>Total</u>
2.1	2.0	1.7	1.9	2.0	9.7

These amounts are the estimated direct foreign exchange costs for contraceptives, items such as raw film and paper for the publicity and information program and vehicles, scooters and spare parts. The foreign exchange costs for training abroad, short term advisors and consultants

have not been included. The Mission estimates procurement requirements for contraceptives differently than has been done in the budget proposal. The Mission considers that requirements for training, advisors, and commodities are likely to amount to about \$1.5 million annually for the first two years of the program and then increase somewhat as demand for contraceptives rises - to perhaps about \$2 million per year, (keeping in mind the difficulty of measuring commodity needs in advance with precision). The Mission has proposed that commodity requirements for each year be programmed annually, as has been the case in the past.

The Budget proposal provides approximately Rs. 8.2 crore (\$8.3 million equivalent) for the first full operational year to cover local currency requirements for pay and allowances for personnel, operating costs and procurement of local goods and services. This local currency requirement is estimated to rise to Rs. 9.1 crore by FY 1978. The local currency costs as budgeted by year are (in crores of rupees):

<u>FY 74</u>	<u>FY 75</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>Total</u>
8.2	8.2	8.6	8.9	9.1	43.0

Even taking into account that: (a) the annual rate of expenditures on family planning in the second half of FY 73 has risen; (b) that arrangements have been made to move rapidly into the recruitment and training phases of the new program; and (c) that there will be additional start up costs in the first year, it seems unlikely that actual requirements for

local currency expenditure and commitment in FY 74 could rise to the proposed budget level of Rs. 8.2 crore, when compared to the presently projected FY 73 level of Rs. 3.1 crore. US AID is of the view that the actual total local currency expenditure rate will approximate between Rs. 6.0 and 6.5 crore in FY 74.

On the other hand, we wish to encourage the Government to move ahead in the population and family planning field as fast as feasible within the framework of non-monetary constraints. And the Government notes that any amounts not required in FY 74 would be carried over into the FY 75 budget. Therefore, we propose that the GOP make the entire 8.2 crore available to the program in FY 74, carrying over unexpended balances.

Currently, foreign donor commodity support for the family planning program is running between \$0.5 - \$1.0 million (the lower figure represents approximate obligations in FY 73 to date; the higher, projected total obligations in FY 73). Local currency support for the program was budgeted by the Government in FY 73 at Rs. 2.5 crore (\$2.53 million equivalent) in FY 73. The Population Planning Division has the authority to "carry over" unobligated funds. The carry over to FY 73 has amounted to about Rs. 0.6 crore. A total of about Rs. 3.1 crore has thus been available for expenditure in FY 73.

As noted earlier, the Expanded Population Planning Scheme is based on the conclusions and recommendations of a GOP Presidential Commission. The findings of the Commission were endorsed by the

President and his Cabinet in December 1972. The program and budget proposal was prepared in January and February 1973 and then submitted to the Ministry of Finance for review and approval, and incorporation in the FY 1974 Annual Development Plan to be announced in June 1973. As this is being written, the Ministry of Finance, Planning and Development has the proposed program and budget under review. The budget assumes a substantial US AID contribution.

The GOP has requested U. S. assistance to help finance the expanded family planning program. It is expected that other donor assistance, particularly assistance through the UN Fund for Population Activities, * will also become available. The Resident Representative of the United Nations Development Program in Pakistan has advised the US AID Director that the UNFPA has earmarked approximately \$2 million per year for Pakistan for the next three years (CY 73-75) and that he expects that, beginning in FY 74, the UN will obligate a major portion of this amount in support of the GOP's expanded family planning effort. However, he has also noted that the UN is not likely to be able to make substantial contribution in time to help finance the start of the program as planned by the Government in FY 74; i. e. the UN's contribution would be primarily applicable to FY 1975. It is also understood that the resumption of Swedish assistance which at one time provided strong support to population activities in Pakistan and which ceased with the War is under study by

*This information is contained in para 74 of the UNDP Country Program
on Pakistan For 1973-76 (DP/GC/PAK/RI)

by that government. However, we cannot know when this review will be completed.

We can expect that a multilateral approach toward foreign assistance for the expanded program can be worked out in the course of FY 74. The GOP, however, is determined to make up for lost time and lost performance in the past few years and to move ahead as far as possible and as fast as feasible with implementation of the expanded scheme beginning with the new fiscal year and starting of July 1, 1973.

Since the U.S. is at present the only donor actively involved in support for the family planning and population effort, the GOP has stressed the importance of U.S. assistance being available for the first year, (as well as for subsequent years). Dollar assistance has been requested to cover both import requirements and increased local currency needs.

Despite large increases in the annual development budget (from Rs. 260 crore in FY 72 to Rs. 415 crore in FY 73), there is a tight squeeze on development funds in all sectors, including health, education, transportation and communications, agriculture, power and water. And this squeeze is in the face of strong government pledges to the people to expand health, education and social services, provide farm credit and to continue to push programs in agriculture and other development sectors. Moreover, the GOP estimates that 72% of the FY 73 Annual Development Plan is derived from foreign assistance (via program loans). While the Government's policy is to encourage increased savings and to raise tax

and other government revenues - in line with IMF and World Bank recommendations - the GOP projects that an Annual Development Budget in FY 74 of Rs. 500 crore will still require foreign funding of 62%.

Quite clearly, even if strong measures to raise domestic savings and revenues are successful it will take a number of years for domestic resource mobilization to reach the point where foreign assistance in support of local currency expenditure will not be needed. Recognizing this point, the World Bank's annual economic review recommended that donors recognize that "Pakistan will require a substantial portion of foreign assistance to be provided as program and or as local currency financing."

Proposed Assistance for FY 74

Taking into account the foregoing, US AID proposes that the local currency requirements of the expanded family planning program in FY 74 be met by:

- a. First Increment: GOP provision of Rs. 2.5 crore, representing its FY 73 budget contribution.
- b. Second Increment: U. S. G. provision of approximately Rs. 2.97 crore as a dollar cash grant (\$3.0 million) for local currency support.
- c. Third Increment: GOP provision of approximately Rs. 2.7 crore, using rupees from normal government revenue or U. S. owned excess rupees (See Annex C for discussion of use of U. S. owned excess rupees).

Regardless of the source of rupees, all local currency support would be channeled through the GOP budget. We recognize that any short falls in implementation would mean that a reduced portion of the third increment would be required for expenditure in FY 74, the balance carrying over into FY 75.

The US AID also proposes to provide an estimated \$1.5 million grant assistance for commodities such as vehicles, spare parts, audio-visual vans, contraceptives and supplies for the information and publicity program.

In the Project Agreement providing this assistance, US AID proposes:

- (a) An understanding that any carry over of local currency funds would be reprogrammed for support of the program in FY 75.
- (b) An understanding that the U. S. contribution for local currency support would be provided after the Finance Ministry certifies the allocation of the approved budget (Rs. 8.2 crore) to the Ministry of Health, Population Planning Division.
- (c) An agreement for a formal joint annual review of progress under the program at which time donors will agree with the Government on the level of assistance for the following year; the annual review would be supplemented by a continuing flow of information on program operations.
- (d) A confirmation by the GOP that the expanded family planning program is being undertaken as a long term effort covering at least five years.

- (e) An understanding that during FY 74, multilateral foreign assistance will be sought for support of the program, including assistance from the UNFPA and other bilateral donors, such support to have its initial impact in connection with the FY 75 budgets.
- (f) An agreement that foreign donor local currency support would be programmed on a sliding scale basis with the GOP share gradually increased to cover annual local currency operating costs. The GOP would agree to specific increases from their own sources. (in this connection, we assume that any allocation of Mondale rupees would be considered by the U. S. to represent a contribution to the program by Pakistan since these rupees would be a command on Pakistani resources, rather than ours.)

Because the extent of UN and other donor support will be worked out only in the course of the next fiscal year, a financing plan for US assistance for the life of the project (FY 74-78) can not now be established. Rather, the financial plan assumes other donors will share the approval contribution load beginning in FY 75. US AID proposes a mid-FY 74 review in December 1974, joined in by the UN, out of which the next year's contribution levels will emerge in light of other donor intentions at that time. Annex C outlines total estimated input needs and suggests a financial scheme for determining support to be provided by US other donors, and by Pakistan.

E. Rationale

Pakistan's population which is now about 66 million is increasing by at least 2 million each year. Even with an unusually effective family planning effort -- one which achieves a two - child family average by 1990 the population will eventually reach 250 million.* This rate of population increase jeopardizes success of national programs for economic development and adversely effects a wide range of activities in the nation, making social problems far more difficult to solve.

For example, population growth will bring the school-age population of some 20 million today to 25 million in 1980. Thus a 25% increase in the number of school places will be required during the next ten years simply because of population growth. If these schools are not built, teachers trained, books printed, financing put in place, there will simply be a corresponding increase in the number of unschooled, illiterate and unskilled workers in the economy year by year.

In agriculture, despite the Green Revolution, given the rapid growth of population, foodgrain production will have to increase an additional 40 percent by 1990 just to maintain current nutritional levels which are inadequate

*On the assumption that if current fertility rates were maintained the U. S. Bureau of Census has projected a population of 249.4 million by the year 2010.

Employment is another major problem area in Pakistan. Merely to keep unemployment from rising above the current levels -- which are already far too high -- and a major concern of the GOP -- an average of 750,000 new jobs will have to be created each year between now and 1985. Population growth similarly makes the government's health goals far harder to achieve as a result of the additional two million potential patients a year.

Regarding population density and ecology, the figure of 210 persons per square mile, which is the estimated population density for West Pakistan, may not at first seem alarming. However, large areas of the country can support only very sparse population and, therefore, the bulk of the population is concentrated on the relatively small percentage of cultivated land, chiefly that which is located along the Indus and other major rivers in Pakistan. In these areas, population density may now range between 700 and 1,100 persons per square mile. Such density figures approach or exceed the level of other countries such as the Netherlands, Belgium, Japan and Taiwan, which are considered to be very densely populated. But there is an important distinction, which is that those countries are highly industrialized and can more easily support highly dense populations, while in Pakistan the density is in rural agricultural areas where there are natural limits to the numbers of people who can be supported -- limits which are being approached at an alarming pace.

Highest level Government of Pakistan officials have long understood the population problem in Pakistan and have recognized the necessity for reducing the country's rate of population growth. Family planning programs were introduced in Pakistan through voluntary bodies as early as the late 1950s. The first government effort beginning in 1960 relied on family planning services offered through the health services clinics. However, these clinics were minimum in number, deficient in staff, and accomplished little. In 1965 an independent Family Planning Division was established with a field out-reach through village mid-wives; the IUD provided through para-medical workers was adopted as a primary method of contraception to be promoted. The Family Planning Program thus established provided far more extensive coverage than the previous health service clinic-based system which it replaced, and a far larger number of women than previously served were reached under this system. Unfortunately, for a variety of reasons, the IUD became less and less acceptable and the Family Planning Program had to rely increasingly upon conventional contraceptives. Further, it came to be realized that the system was incapable of providing valid performance data.

Because of the observed shortcomings of the program a new approach, the CMS, was designed for installation during the Fourth Plan period. The CMS approach envisioned worker teams being in frequent contact with the target population to motivate for family planning (and to deliver contraceptives).

Initial planning called for the CMS system to be in place throughout the country by the end of 1973. In actual practice the initial installation took place in Sialkot district in 1970 with extension* to eight other districts by mid-1973. From observations carried out in the Sialkot district (which was treated more or less as a pilot area), it was determined that in spite of major management problems, the CMS approach appeared to achieve a greater level of acceptance of family planning than other (non-CMS) approaches to family planning service delivery. One study based on data taken from workers' registers indicated that, before general program deterioration brought about by preoccupation with the East Pakistan situation and the subsequent war with India, the acceptance rate might have reached a level of 19%. This contrasted markedly with the national average of 4 - 5%. Even though subsequent evaluation of Sialkot operations indicates that maximum acceptance possibly is not more than 11%, - and perhaps less - the CMS does seem to indicate a greater potential for success than other program designs.

*However, the application of the CMS system in the other eight districts varied from a bare beginning in some to only partial implementation in others.

On the basis of this observed potential, the GOP has decided to extend the CMS approach into the most populous districts of the country. **

Installation in these districts would cover all areas of population density exceeding 300 persons per square mile and would incorporate 74% of the total population. A less intensive delivery system will be installed in most other areas.

According to the GOP Population Planning Division the main objective of the expanded program is to reduce the crude birth rate from 45 per thousand to 40 per thousand by the end of Fourth Plan Period (1970-75). The demographic goal is to prevent 729,688 births in the year 1973-74 and 783,537 births in the year 1974-75 in order to achieve a desired crude birth rate of 40 per thousand at the end of the year 1974-75. The Government hopes for a further reduction from 40 per thousand to 35 per thousand by 1977-78.

In order to achieve the objective, the target number of acceptors will be 20% of the total fertile couples in each year. With a very vigorous Population Planning Program during the year 1973-75, the Population Planning Division expects that the currently assumed CMS area acceptance rate of 11% will rise to 20%. They also hope that 60% of the acceptors will be continuing users.

**The GOP decided to undertake the expanded family planning program by Cabinet decision in December 1972. The proposed program, including the proposed budget for local costs of 8.2 crore for FY 74 is under review by the Finance and Planning Divisions of the MOF.

We in US AID have projected the possible results of the proposed program as being:

- (1) The number of married women who have had direct contact with family planning workers will rise from the 1969 level of about 20% to as many as 80%.
- (2) The number of married women who have ever used modern contraceptives will have increased from 6% (1969) to as many as 30%.
- (3) The number of current users of contraceptives will have risen from 4% of the total target population to as many as 16%.
- (4) The number of couples in the CMS type areas who are regularly practicing contraception may be 1.2 million.

This program calls for a tripling of expenditures to over Rs.10.0 crore per year contrasted with about Rs. 3.0 crore in 1972-73. In terms of per capita cost it means going from a level of about Rs.0.46 to about Rs.1.50, or from U.S. \$0.05 to U.S. \$0.15 per capita per year. By way of contrast, (and without meaning to draw any major conclusions from the comparison), annual expenditures on family planning from all sources may total as much as U.S. \$1.0 billion. Given a population of somewhat over 200 million, the United States is spending about \$5.00 per capita annually on family planning. Thus the expansion will bring Pakistan's expenditure rate up from about 1% of the U.S. expenditure rate to about 3%.

Looking at the program in terms of projected results (say of 780,000 births prevented in 1975) and at a projected cost of the program of Rs.10.0 crore, it would cost about Rs.128.00 per birth prevented. In calculating the cost benefit ratio of the program one might use the generally acknowledged values of each prevented birth which range between two and five times the present annual per capita income.* Pursuing this admittedly very rough analysis, for Pakistan in 1972, these range from Rs.1,362 to Rs.3,405. Thus for each Rs.128.00 expended in averting a birth, the expected net benefit would range from approximately Rs.1,234 to Rs.3,277, or a cost benefit ratio of between 1:10 and 1:26.

Pakistan's leaders have indicated a strong commitment to family planning and have designed the expanded program to make maximum impact within the limits of the capacity of their institutions. However, the GOP has indicated its inability to finance the expanded program at this juncture without US AID financial assistance during the initial five year period of the program. US AID views the desire of the GOP to move ahead with the expanded program as worthy of U.S. support. Through this support we will be encouraging the GOP to triple the inputs into its family planning program, to go from a per capita input level of less than U.S. \$0.05 to U.S. \$0.15.

*Enke 1966, 1968; Oblin 1967; Meier, 1959; Demeny, 1965

In addition the Mission views this expansion as a necessary next step in carrying out a promising program for the delivery of family planning services. Further the key element of the program, the CMS delivery system, appears to have a very real potential for success in Pakistan and a probable potential for application in other countries with similar societies and population problems. We see this approach as a model susceptible to constant improvement. The program generally, in addition to simple expansion, will receive immediately, in part growing out of a US AID commitment of support a great deal of attention to five basic areas of management improvement:

- 1) Information Feedback -- the program lacks a data collection, processing and analysis system adequate to the needs of an expanded program. For proper evaluation and control of the entire program, there must be installed a better and possibly automated system for receiving specific kinds of critical information from some 9,000 separate sources, checking this information for accuracy and digesting it in a manner which will enable management of the program to draw general conclusions about progress made and necessity for changes in program design and administration.

- 2) Contraceptive Delivery -- The delivery system for contraceptives currently in place is inadequate to the needs of the program. For example supplies of condoms and other contraceptives have been found not to be readily available to acceptors in part because of inadequacies in the procurement

system and in part because of inadequacies in the internal distribution system. The whole system for oral pill distribution (which has required prior medical examination) has been deficient to the requirements of the program.

3) Information and Publicity -- While a great deal of work has been done in this area in the past it has not been specifically enough related to the efforts of the program. Among other things new ground needs to be broken in analyzing the effect of various kinds of messages on target groups and designing media efforts which fully exploit areas of high respectivity.

4) Training -- The success of the entire system rests on the quality of the motivator teams -- how well they know their subject, how convinced they are individually of the value of what they are doing, and how persuasive they are in their contacts with clients. At present, the training system does not contribute as significantly as it should in producing the kind of training for field and supporting staff which is needed in the field if goals are to be achieved.

5) Automotive Maintenance -- The mobility of supervisors and inspectors, as well as the field worker staff is in an important requisite to success. Past performance in keeping vehicles maintained and operating has not been satisfactory. A US AID financed team was fielded in December 1972 to provide recommendations and design a maintenance system. This system, or one

similar to it must be installed if mobility to workers is to be efficiently provided.

Already, although US AID support has not been committed, progress is being made by the Population Planning Division in each of these areas. The state of the action in each area is dealt with more fully in Annexes to this Project Proposal. These are:

- Annex D: Publicity/Information/Communications Program Development
- Annex E: Automotive Operations and Maintenance System Development
- Annex G: Manpower and Training Program Development
- Annex H: Information and Data Feedback System Development

Conclusions

US AID has concluded that this project is a high risk venture in which the end results are by no means assured. These depend heavily on factors (such as rural attitudes toward family size) which are incompletely understood and which require much additional study and work. They also depend on the competence of the Pakistani staff in administering the program and dealing with the various management areas in need of improvement. They further depend on a great many assumptions discussed earlier -- in many of which we have less than complete confidence.

Nevertheless, given the overwhelming importance of population control to economic development in Pakistan, the degree of promise which this GOP developed program seems to offer (not only for Pakistan but as a possible model for programs elsewhere), and our conviction that this program will not move as far or as rapidly as it must without U. S. support, we believe that the requested assistance should be provided, so the program can go forward together with as much experimentation, development and refinement as possible.

The progress already being shown in the several areas of management improvement discussed in the Annexes offers hope that the program will work out successfully. Of particular importance is the GOP's willingness to improve its management data feedback system as a tool for

timely management decision for corrective measures and for improvements in the program.

Because of the uncertainties inherent in such a project a joint review mechanism will be established at the inception of the project to provide for an annual assessment of progress to determine that continued U. S. and other donor support is justified, and to provide a basis for the development of modifications needed in this program.

Aside from the importance of the birth rate reductions growing out of the expanded population planning program and the importance we attach to the attitudinal changes which we see growing out of the willingness to engage in management improvement exercises, we see two other areas which need attention, but which will not be directly affected by the expanded program. First is the whole area of exogenous factors and their relationship to both delivery of services and to motivation to use services. There is a wide opinion apparently backed by the results of some research, that the existence of a comprehensive medical service funded outside the family planning budget would make delivery of family planning services much easier. Further, there is some evidence that urban populations have been quicker to take family planning services than rural. There may be correlations between death rates and acceptance of family planning services. There probably are correlations

with education and with per capita income. Yet, except for the relatively small amount to be spent on the family planning clinics in the expanded program, these exogenous factors are really not going to be effected by the expanded program. To the extent that progress is dependent on these factors, we should recognize from the beginning that the expanded program will not be helpful. However, the existence of the expanded program with its improved data system and research capabilities (embryonic as they may be) will open a way to finding out more about the role of exogenous factors as a first step to introducing changes supportive of family planning.

The other area of consideration is more purely cultural. The expanded program will not in itself change such factors as age of marriage. Nor will it address the question of changes in the quantity of or conditions for induced abortion. It does not affect the question of children as social security, incentives and disincentives for large families and similar matters. Some shifts in cultural attitudes will probably be necessary before an adequately successful program - i. e., a program achieving a zero growth rate can be attained. But the expanded program addresses itself to taking the first small steps in the area of incentives, legal factors and population awareness education. Hopefully by 1978 these steps may lay the groundwork for further efforts along these lines.

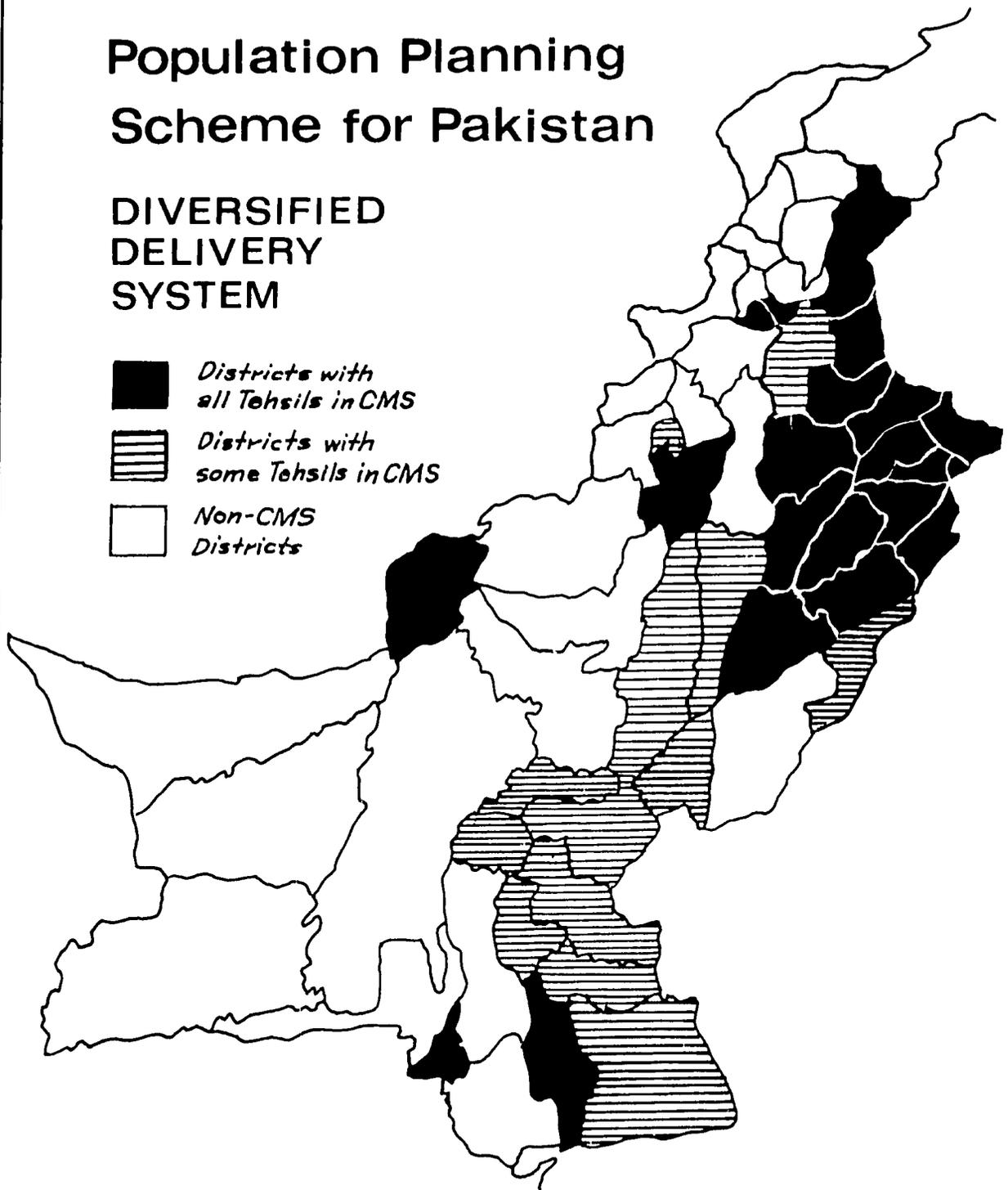
Expanded
Population Planning Scheme
for Pakistan

Annex A

Population Planning Scheme for Pakistan

DIVERSIFIED DELIVERY SYSTEM

-  *Districts with all Tehsils in CMS*
-  *Districts with some Tehsils in CMS*
-  *Non-CMS Districts*



Expanded
Population Planning Scheme
for Pakistan

1. General Background

The expanded program through which the Government of Pakistan expects to deliver family planning motivation and contraceptive services beginning in July 1973 involves a shift from the rather static pattern of service delivery in force during the Third Plan Period (1965-69) to one designed to seek out the high priority population group, some 8.0 million high fertility couples, for motivation and delivery of contraceptive services and supplies.

a. The Third Plan Program: The Third Plan pattern basically consisted of one dai (or mid-wife) per 2-3 villages (or population group of 50,000) plus administrative, supervisory and technical (clinical) service back-up. The services provided through this formal structure was supplemented by contraceptive sales through a large corps of contraceptive sales agents (barbers, tea stall operators and the like). Through the organization some limited motivational effort was made. The system did achieve a nation-wide coverage. However, the principal contact with the target population was made through the dais, most of whom were illiterate, had only limited training, and were not necessarily committed to the objective of reducing the number of births.

Because of this largely illiterate field staff, the system of determining results of the program was based largely on the reported delivery of contraceptives or the completion of clinical procedures (IUD insertions, vasectomies, etc.). Little or no information was obtainable through the program organization on continuity and regularity of use of contraception by the target population and thus the effectiveness of the delivery system (and of the management of the system) could not be judged. Based on the findings of the National Impact Survey, it does appear that 4-5% of the target population accepted the notion of the need for contraception and for the continuing practice of contraception. As many as 20% of the population had some contact with family planning workers; many more were familiar with family planning as a concept.

b. Fourth Plan Period: In order to overcome the inadequacies of the Third Plan family planning program system a new delivery system was designed for installation in the Fourth Plan period (1970-74). The system, which has come to be known as the Continuous Motivation System (or CMS), is based on the concept of a regular, periodic contact with all fertile couples for the purpose of motivating them to accept the idea of and practice of family planning on a continuing basis. The contact is to be made through motivation teams, each consisting of one male and one female worker. The teams are

each to be assigned a target population group of approximately 10,000 - 12,000 (or 1,000 to 1,200 fertile couples). As originally presented in the Government of Pakistan Fourth Plan Scheme, the CMS was to be extended to cover 38 districts in the then West Pakistan by the end of FY 1973. However, because of financial stringencies and dislocations caused by the War and its aftermath, by January 1, 1973 the CMS was in place but only partially operational in seven districts, (Sialkot, Lyallpur, Lahore, Peshawar, Hazara, D. I. Khan, Hyderabad) with installation started in two more districts (Karachi and Quetta). In the remainder of the country the program continued to operate at a low level of activity, on the basis of the Third Plan System. In FY 1973, operating funds from GOP sources available to the program totalled about Rs. 31.6 million (equivalent to \$3.2 million). An additional foreign exchange amount in equivalent to about Rs. 5,000,000 (\$500,000) had been made available by May 1, 1973.

c. The Development of the Population Program for 1973-74 and 1974-75:

As a by-product of some of the controversy growing out of the efforts by the Bhutto Government to launch a new National Health Scheme, which included a provision for integration of family planning with the yet to be developed health services, a Special Committee was appointed by the President of Pakistan in May 1972 to study the problem. On the basis of the study, the committee recommended that there be an immediate expansion of family planning services, with delivery through a vertical, uni-purpose system. The Committee recommended that the program be based on the CMS design. Subsequently the national policy making body, the Family Planning Council, decided that the program should be based on the installation of the full CMS delivery system in all Tehsils (sub-divisions of districts which might be thought of as counties) having a population density of 300 per square mile or over. In Tehsils in which the population density is less than 300 per square mile, a clinic-based delivery system was to be installed, utilizing jeep-mounted mobile teams to provide motivational services.

2. Expanded Population Planning Scheme for Pakistan: General Project Design

a. Continuous Motivation System Component: As projected, the new Population Planning Scheme is designed on the basis of a 1972 population of 65.0 million estimated on the basis of 1961 census figures and a 3% annual growth rate.* Under the 300 per square mile or more criterion described above CMS will operate in 96 out of 218 Tehsils, reaching approximately 74% of the population of the country (about 48 million in 1972). Some 6.0 million fertile couples will be provided services. (See Table 1 for population and tehsil coverage. Also see Frontispiece map.)

* The just announced 1972 census figure of 64.9 million is very close to the figure of 65,000,000 used as the basis of the Expanded Population Planning Scheme 1973-74/1974-75.

Table No.1POPULATION PLANNING SCHEME FOR PAKISTANPopulation and Coverage

	<u>Tehsils Covered</u>	<u>% of all Tehsils</u>	<u>Population Covered</u>	<u>% of Population</u>
<u>PUNJAB</u>				
CMS	54	75.0	33,864,300	86.6
Non-CMS	<u>18</u>	<u>25.0</u>	<u>5,235,700</u>	<u>13.4</u>
Total	72		39,100,000	
<u>SIND</u>				
CMS	26	38.8	8,998,400	68.9
Non-CMS	<u>41</u>	<u>61.2</u>	<u>4,067,200</u>	<u>31.1</u>
Total	67		13,065,660	
<u>N. W. F. P.</u>				
CMS	13	46.4	4,995,500	77.0
Non-CMS	<u>15</u>	<u>53.6</u>	<u>1,490,599</u>	<u>23.0</u>
Total	28		6,486,099	
<u>BALUCHISTAN</u>				
CMS	3	5.9	400,000	19.1
Non-CMS	<u>48</u>	<u>94.1</u>	<u>1,169,000</u>	<u>80.9</u>
Total	51		2,090,000	
<u>COUNTRYWIDE TOTALS</u>				
CMS	96	44.1	48,258,200	74.0
Non-CMS	<u>122</u>	<u>55.9</u>	<u>12,483,499</u>	<u>19.0</u>
Total	218			

(Population figures exclude Tribal Areas)

b. Non-Continuous Motivation System Component: In those 122 Tehsils having a population density of less than 300 per square mile the non-Continuous Motivation System (mobile clinic-based teams) is to provide family planning motivation and services to about 19% of the population (about 12,500,000 or perhaps 1.3 million fertile couples). The program will not be extended at present to Tribal areas and similar regions encompassing only about 7% of the population of the country.

c. Supplemental and Support Service Component: The program as designed provides that in addition to the services made available through the field delivery systems, family planning and clinical services will also be available through Post Partum Service Centers and through a new group of service personnel known as Lady Motivators. Lady Motivators will be assigned to each hospital to work primarily with female patients. Further, contraceptives will not only be obtainable through one or another of the Government program channels, but also generally will be made available through a wide variety of shops and through commercial distribution facilities for tea, tobacco, soap, and kerosene. Family planning services and supplies also are to be supplied through facilities operated by major employers, e.g. armed forces, Pakistan International Airlines, private industrial firms, Pakistan Western Railways. Provision has been made for staff and facilities to carry on program supportive research, training and evaluation and publicity program development and administration. The plan also provides for an in-house capability for directing the development of appropriate incentive schemes, population awareness programs and related activities. The usual management and administrative structures also are provided for in the Plan.

d. Program Budget: The new program, designated as Population Planning Scheme for Pakistan during the period 1973-74 and 1974-75, is set forth in an 188-page document, the latest version of which was published in March 1973. The document, which basically sets forth the program budget provides an introductory chapter summarizing the history of Family Planning Program and the work of the Special Committee (which has come to be known as the Aslam Committee, since its Chairman was Mr. M. Aslam, President's Representative on Administrative Inspection). Chapter II outlines major elements of the scheme. Chapter III summarizes the budget estimate totaling Rs.204.8 million, including Rs.40.9 million in foreign exchange over two year period. The next five chapters provide details of the budget for the Center and Provincial elements of the program. The last chapter provides an analysis of population estimates used in determining which areas were to be brought under the CMS design.

Subsequently the Population Planning Division projected the program for an additional three years beyond fiscal year 1975. While internal adjustments in organizational and operational design are indicated, and some incremental

cost increases and changes in cost breakdown are included, it is expected that activities covered by the program as now envisioned will continue at about the same levels as during the first two years. The breakdown of these costs by year, by major category of expense and by program and Central Government elements is shown in Table 2.

Summarized, the total costs projected by the Population Planning Division by year are as follows:

	<u>Total</u>	<u>Estimated FX Component</u> (Millions of Rupees)	<u>Estimated LC Requirement</u>
1973/74	102.51	20.95	81.56
1974/75	102.32	19.98	82.34
1975/76	103.20	17.01	86.19
1976/77	107.40	18.67	88.73
1977/78	111.88	20.48	91.40
Total:	527.31	97.09	430.22

About 20 percent of the total costs are for Central Headquarters and centrally supported activities and institutions.

Total provincial funding, as projected by the Population Planning Division is to be as shown below:

	<u>Punjab</u>	<u>Sind</u>	<u>NWFP</u> (Millions of Rupees)*	<u>Baluchistan</u>
1973/74	52.69	19.24	11.14	02.89
1974/75	52.26	19.28	11.15	03.20
1975/76	53.31	18.91	11.24	02.66
1976/77	55.84	19.75	11.83	02.76
1977/78	58.53	20.67	12.44	02.88
Total:	272.63	97.85	57.80	14.39

* Includes FX requirements.

Annex A, Table 2

POPULATION PLANNING SCHEME FOR PAKISTAN

Cost Estimates - Life of Project 1974-1978
(in million of Rupees)

Item	1974	1975	1976	1977	1978	Total	Item	1974	1975	1976	1977	1978	Total
1. Central Headquarters (c)	2.060	2.180	2.220	2.270	2.310	11.040	19. Audio Visual Units	1.260	2.230	0.570	0.580	0.620	5.260
2. NRIFC (c)	2.890	2.960	2.980	2.990	3.010	14.830	(Audio-Visual Foreign Exchange)	(.830)	(1.680)				(2.510)
3. TREC (c)	1.480	1.600	1.650	1.700	1.740	8,170	20. Mechanical Transport	8.490	7.360	4.640	4.690	4.740	29,920
4. Post Partum Headquarters (c)	.770	.780	.790	0.800	0.810	3.950	(Transport Foreign Exchange)	(4.650)	(2.770)				(7.420)
5. Demo Research Center (c)	.800	.820	1.330	1.340	1.350	5.640	21. Contraceptives	20,000	20,000	22,000	24,200	26,260	112,820
6. Regional Training Center (c)	.880	.890	0.910	0.920	0.940	4.540	(Contraceptives Foreign Exchange)	(14.980)	(15,020)	(16,500)	(18,160)	(19,970)	(84,630)
7. Provincial Headquarters	2.420	2.490	2.630	2.780	2.940	13.250	22. Medicines for FW Clinics	1.090	1.110	1.100	1.100	1.100	5.500
8. Regional Inspection Teams	.170	.180	0.200	0.200	0.200	0.950	23. Fees for Services						
9. Training/Inspection Officers	3.480	3.650	4.640	4.880	5,130	21,780	IUD	.710	.790	0.870	0.950	1.050	4.370
10. District Headquarters	5.100	5.260	5.400	5.550	5.700	27,010	Vasectomy/Ligation	.340	.390	0.420	0.470	0.520	2,140
11. Allowance to Medical/Surgeons	.210	.230	0.250	0.250	0.250	1,190	24. Training	5.350	3.670	3.710	3.670	3.670	20,070
12. Population Planning Officers	8.310	8.720	9.140	9.550	9,950	45,660	25. Dais	.230	.250	0.230	0.230	0.230	1,170
13. Field Workers	16.860	17.460	18.080	18,690	19,290	90,380	26. Grants (c)	2.200	2.210	2.000	2,000	2,000	10,000
14. Lady Motivators	1.010	1,020	1.070	1.110	1,130	5,340	27. Contribution to UNFPA	2.750	2.750	2.750	2,750	2,750	13,750
15. Family Welfare Visitors	5.060	5.190	5.280	5.38	5.490	26,400	28. Provident Fund 2/	2.750	2.750	2.750	2,750	2,750	13,750
16. Post Partum Clinics (c)	2.320	1,850	1.850	1.85	1,850	9,720	Total	102,510	102,320	103,200	107,400	111,880	527,310
17. Family Welfare Clinics	1.230	1,240	1,230	1,230	1,230	6,160	Foreign Exchange	(20,950)	(19,980)	(17,010)	(18,670)	(20,480)	(97,090)
18. Publicity (c) 1/	2.490	2.510	2.510	2.510	2.510	12,530	1/ Publicity Center Annual Contribution 1974-78 Rs.0,500						
Publicity Foreign Exchange	(.490)	(.510)	(.510)	(0.510)	(0.510)	(2,530)	2/ Provident Fund (Center) Annual Contribution 1974-78 Rs..100						
							(c) Central Govt. unit/budget						

The Population Planning Division informally has pointed out that through an oversight, provision was not made in the budget to cover the foreign exchange cost of international training and of consultants from abroad. Additional program elements for which provision was not made in the original budget have been identified during the budget review process. Among these omissions are funds for the development of dormitory facilities for the new Regional Training Centers and for the development and installation of a data collection and feedback system. While adjustments to meet these costs will be made, the total cost of the program is not expected to change appreciably.

3. Expanded Population Planning Scheme for Pakistan: Policy Development, Mechanism and Administrative Structure:

a. General: Population Planning has been designated as a concurrent subject by agreement between the Central and Provincial Governments. This means that in practice the field program will be operated by the Provinces but carried out in a manner directed by the Central Government Headquarters. The Central Organization which is a semi-autonomous Division or sub-Ministry of Health, Social Welfare and Population Planning, is to handle policy development, basic planning, provision of financing including foreign assistance, and provision of common facilities.* Operationally the program is to be carried out by (a) the Headquarters elements and centrally controlled reached and other support elements; (b) the Field Headquarters elements; (c) the Continuous Motivation System elements; and (d) the non-Continuous Motivation System elements; (e) the Post Partum program and other medical facility based elements.

b. Policy and Program Development Mechanism: Population planning policy development and general shaping of the program is carried out by the Population Planning Council under the Chairmanship of the Minister of Health, Social Welfare and Population Planning. The Council is made up of the Provincial Ministers of Health and Population Planning, the Central Secretary of Health, Social Welfare and Population Planning, representatives of the Central Planning Commission, Ministry of Finance, the Economic Affairs Division, Secretaries of the Provincial Planning Boards, representative of the National and Provincial Assemblies, representatives of peasants and workers organizations and of voluntary organizations. The Joint Secretary, Central Population Planning Division is designated as Member/Secretary and chief executive of the council.

* The decision to centralize direction and financing represents a major improvement. In the Third Plan period the Provinces frequently under-financed the program.

c. Central Program Direction and Operational and Research Support:

The program headquarters comprises a number of staff sections based in Islamabad and Karachi. Several headquarters elements presently are in the process of being moved from Karachi to Islamabad. Broadly speaking, program administration is in the hands of the following sections: Project, Budget and Planning, Coordination, Publicity, Audit and Accounts, Administration and Supply. In addition, a Population Research and Demography Section is in the process of being formed. Operational or support elements which are a part of the central structure are: the Post Partum program headquarters and the National Research Institute on Fertility Control, Karachi, and the Training, Research and Evaluation Center, Lahore. Figure 1 shows the organizational framework of the Central Headquarters and associated units. In Table 3 the Central and centrally administered units are listed together with staff strengths. The Headquarters operating sections carry out the usual planning, coordinating and administrative roles normally assigned to GOP Central Government Ministries. The functions of the other elements of the Headquarters are:

(1) The National Research Institute on Fertility Control (NRIFC):

Located in Karachi, the NRIFC conducts clinical and biomedical research and studies, tests contraceptives and establishes, implements and evaluates pilot projects to test optimum models of contraceptive acceptance. A Reproductive Physiology Section of the Institute is located in Islamabad.

(2) The Training, Research and Evaluation Center (TREC):

Located at Lahore, the TREC supports the population planning program by (a) planning and carrying out program related research; (b) devising new methodologies and conducting continuing evaluation of the program; (c) developing and evaluating training material and manuals for field workers and training of training personnel; (d) developing communications/publicity material and strategy.

(3) The Demographic Policy and Action Research Center (DPARC):

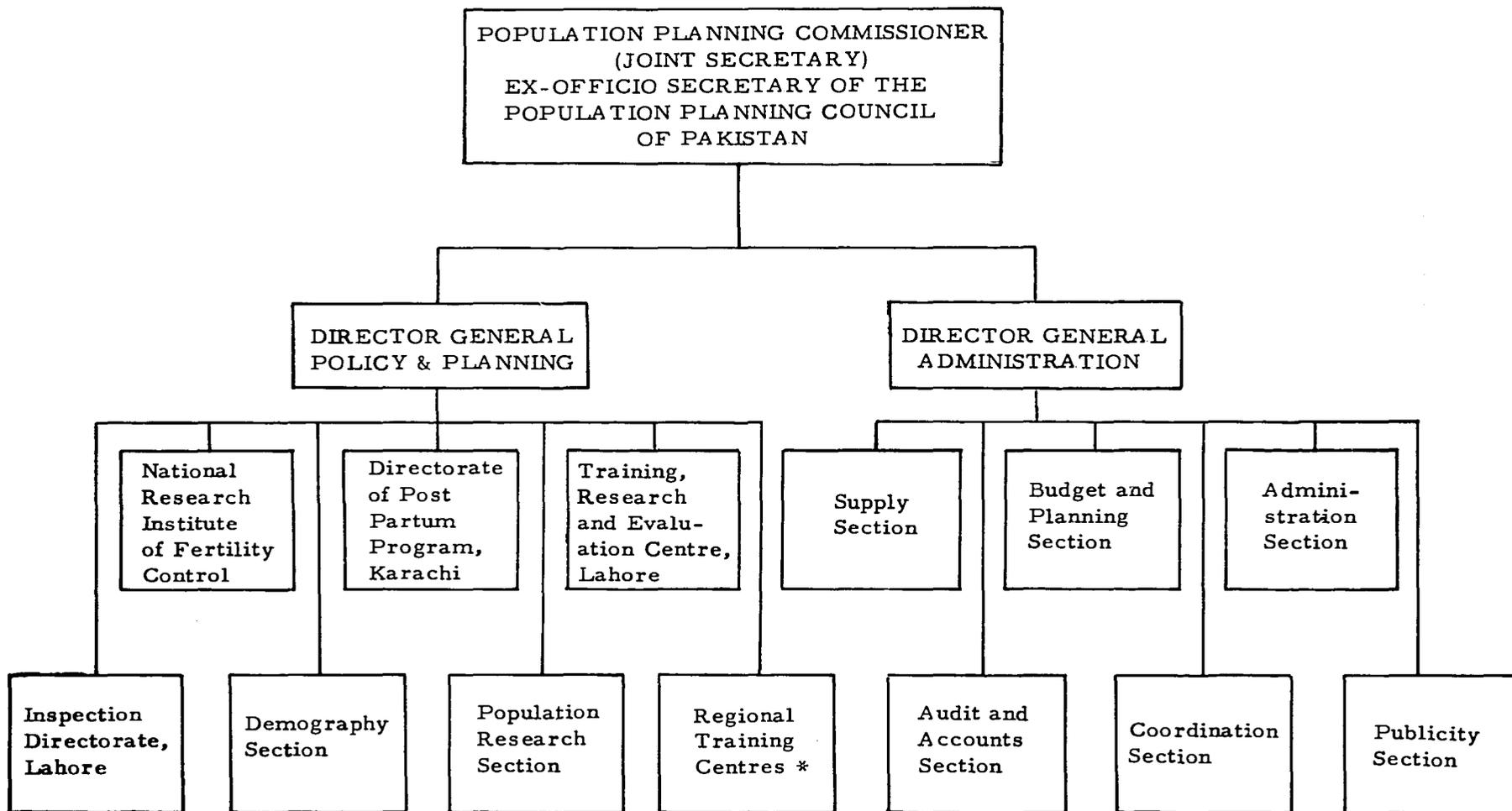
Located in Islamabad, the DPARC is a newly established unit designed to identify factors related to population growth, to devise ways in which activities of the Government in the fields of law, man-power, education employment, and agriculture can be brought to bear to influence the rates of population growth, and to develop and implement pilot programs to test the effectiveness of incentives and disincentives in influencing the acceptance of family planning and the rates of population growth.

(4) Post Partum Program Directorate (PPD):

Located at Karachi, the Post Partum Directorate supervises and directs the operations of the Post Partum Clinics which are to be located in 54 hospitals throughout the country; there are at present 17 such clinics. (The 54 PP clinics are to be funded centrally.)

CENTRAL ORGANIZATION
POPULATION PLANNING DIVISION

Figure 1



* Located at: Hyderabad, Karachi, Multan, Lahore, Quetta & Peshawar

TABLE 3

POPULATION PLANNING SCHEME
FOR PAKISTAN

Central Administrative, and Research and Inspection Units

	<u>Number of Units</u>	<u>Total Staff</u>
<u>Central Headquarters Units</u>		
Central Headquarters (Incl. Supply)	1	247
National Research Institute of Fertility Control (Karachi)	1	78
Training, Research, Evaluation Center (Lahore)	1	183
Demographic Research Center	1	49
Post Partum Program Directorate (Karachi)	1	30
<u>Training Centers/Inspection Units</u>		
Regional Training Centers	6 <u>1/</u>	119
Regional Inspection Teams	5 <u>2/</u>	20

1/ Punjab (Lahore, Multan), Sind (Karachi, Hyderabad), NWFP (Peshawar), Baluchistan (Quetta)

2/ Punjab (2), Sind (2), NWFP (1), Baluchistan (0).

(5) Regional Training Centers: The presently existing two centers at Lahore and Hyderabad are being increased by four, with new centers to be opened at Multan, Karachi, Peshawar and Quetta. The Regional Training Centers have as their primary responsibility the training of Family Welfare Visitors (para-medical) and in-service training of other population/family planning field workers.

d. Field Program Direction: The field program is directed and administered by the Provincial Population Planning Boards and District Boards with immediate contact with the field service delivery being made through a tier of Population Planning Centers. Inspection, supervision and training services also are provided.

(1) Provincial Population Planning Boards: The Provincial Population Planning Boards are under the direction of the Secretary-Administrator of the Board. Sections of the Boards are: Administration and Budget, Planning and Statistics, Transport and Supply, Inspection and Publicity. These are shown in Figure 2, attached. The Boards in Punjab, Sind and North Western Frontier Province all have the same general structure. The Baluchistan Board, being responsible for a smaller operation, has fewer and smaller units.

(2) District Headquarters: District Population Planning Boards are responsible for supervision and direction of field operations. As described in the budget document, 47 Boards are projected; however, because of the sparse population, only one Board will be established in Baluchistan. Thus there will be in fact 38 District Boards. The Boards operate under the direction of the District Population Planning Officer (formerly the District Publicity-cum-Executive Officer). A District Technical Officer assigned to the District (normally a medical officer) is responsible for all clinically related operations in the District.

(3) Regional Inspection Teams: Five Regional Inspection Teams, two each in the Punjab and Sind and one in the North West Frontier Province are charged with the development of an effective system of continuous performance audit.

(4) Field Inspection and Training Functions: Under the Expanded Program the administration of the field operation has been strengthened by the establishment of a tier of officers known as Training and Inspection Officers between the District Headquarters and the field units.

(5) Organizational Pattern: The organizational relationship among the Provincial and District Boards and other elements of the administrative structure are shown in Figure 3.

PROVINCIAL POPULATION PLANNING BOARD
ORGANIZATION

Figure 2

(PUNJAB BOARD)

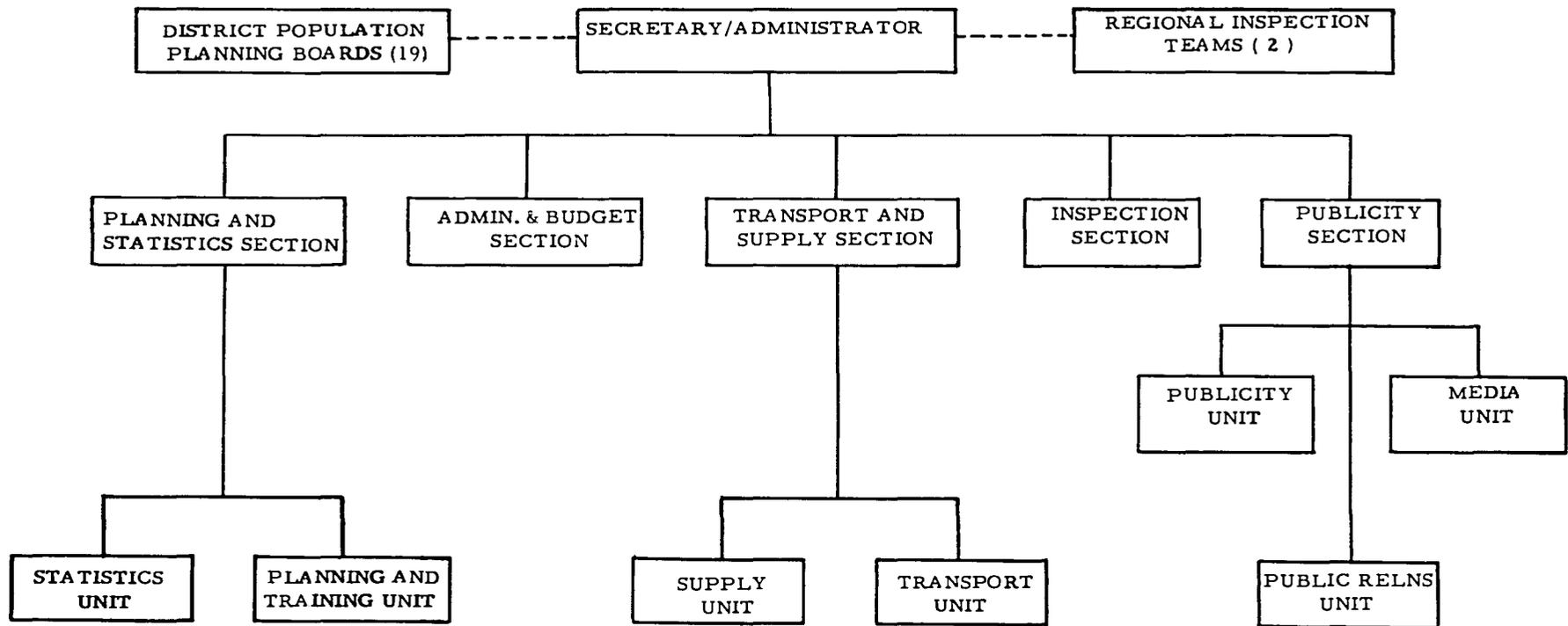
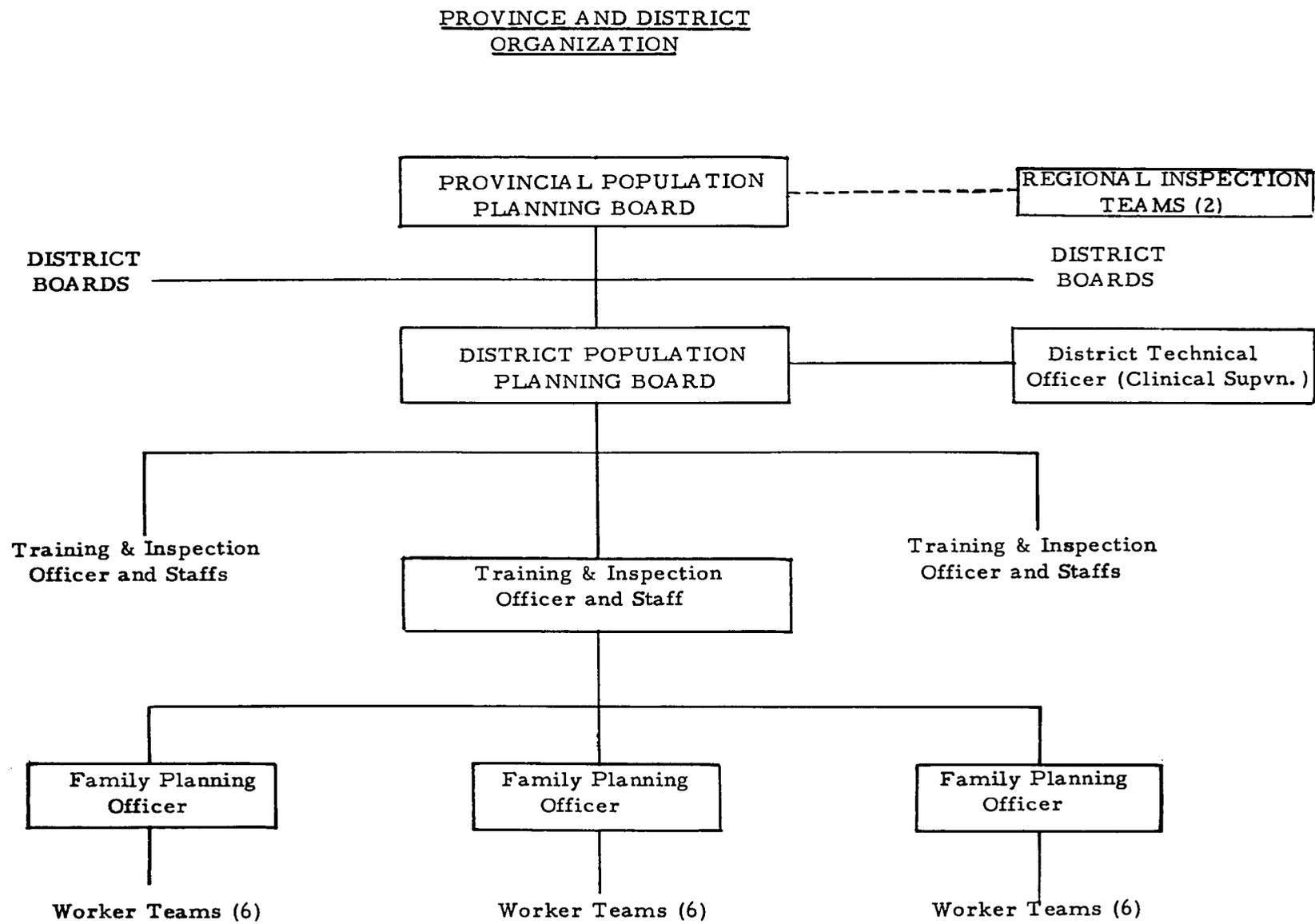


Figure 3



4. Expanded Population Planning Scheme for Pakistan: Service Delivery System:

a. General: The following describes in summary form the delivery system elements making up the Population Planning Scheme. The key elements are the Continuous Motivation System (CMS) field areas, the non-Continuous Motivation System field areas and the clinics.

b. The Continuous Motivation System Field Areas: As presently designed, the basic administrative units in the Continuous Motivation System areas are the Districts, with the system being installed in each District in all Tehsils (county-like elements) having population densities of 300 per square mile or more. These generally are designated as Project Areas. District populations in Pakistan vary considerably, but average around 1.3 million persons. As initially conceived, a Project Area (or Tehsil) would be divided into operational units roughly corresponding to a population group of 100,000 - 12,000. (Administrative units of local government in Pakistan, i.e., Union Councils/Town Committees/Union Committees broadly are of this size.) With an assumed national ratio of 10 eligible couples per 100 population, the target population in each operational unit is projected to be between 1,000 - 1,200 highly fertile couples, including those who are currently pregnant or temporarily separated. Although there are approximately 16 fertile women per 100 population, only 10 fertile couples per 100 population meet eligibility standards laid down for the CMS. (These are married, age 15-40, and a birth in the last three years.)

Although the Continuous Motivation System design is described in some detail in Annex B to the Project Proposal, the general organization and operation of the CMS is summarized below and shown in Figure 4.

For each unit, two field-workers (Population Planning Workers) per unit, a man and a woman, are assigned as a team. One Population Planning Officer, usually a college graduate with some specialized training (see below) is assigned to supervise six units (about 72,000 population) and the six worker teams. One Family Welfare Visitor (para-medical), usually female, is assigned with each Family Planning Officer to provide clinical service facilities.

Following registration of all eligible couples in the unit, estimated to take three months, the team begins its actual motivation contact program by visiting each household in which there are eligible couples, and later by meeting with small groups of individuals. Each team of two workers is expected to visit every eligible husband and wife in the single unit area at least once in three months in an effort to get them to adopt birth limitation and to deliver contraceptive supplies.

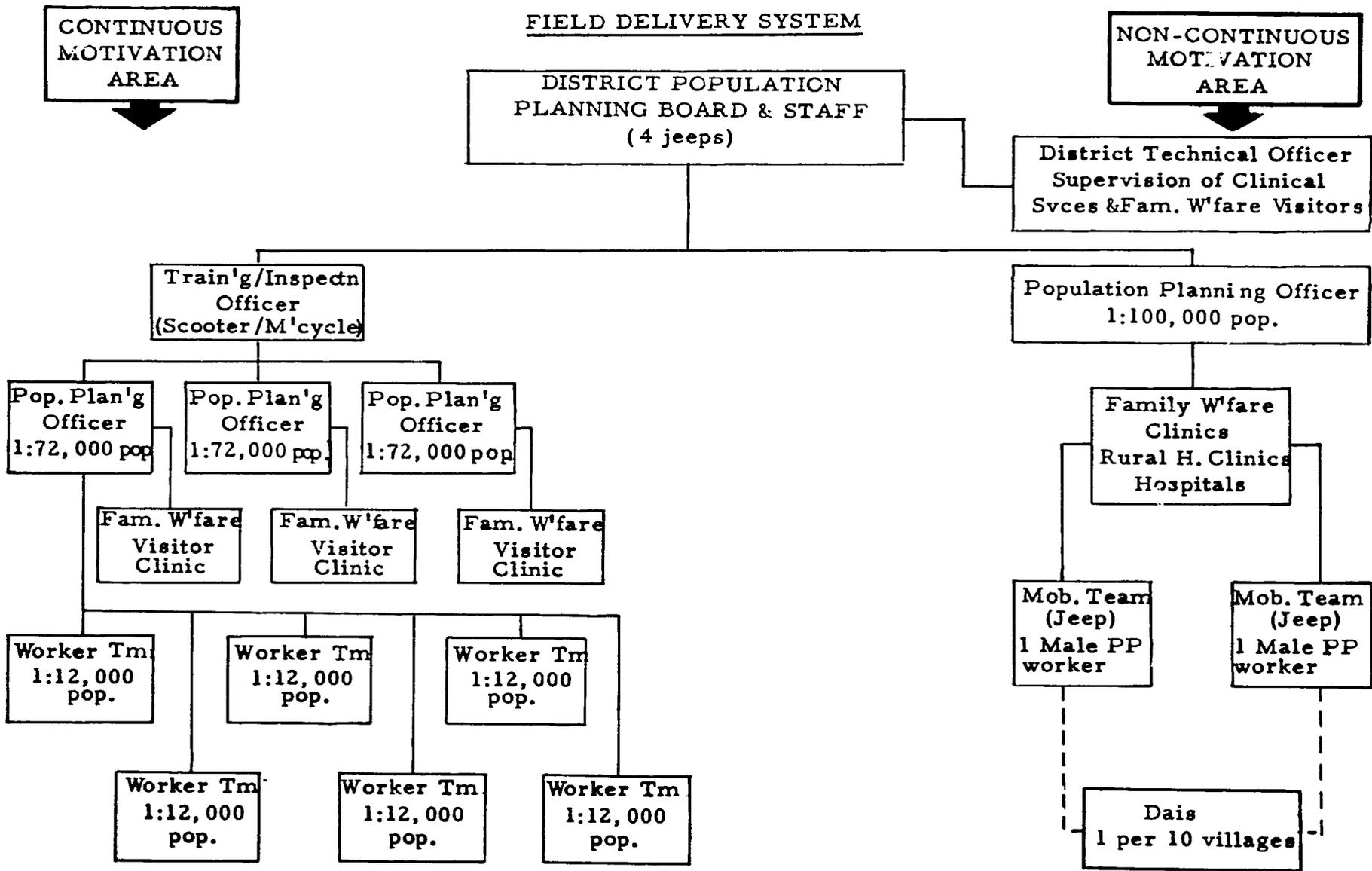


Figure 4

Worker teams are to receive both monthly pay at the level of Rs.150/- per month each and an incentive bonus for a reduction in fertility in the area in which the team works.

As noted earlier, with the CMS installed in all Tehsils having a population density of 300 per square mile or more the system will be in operation in 96 out of the 218 Tehsils in Pakistan and cover 74% of the population.

c. The Non-Continuous Motivation System Field Areas: In all Tehsils having a population density of less than 300 per square mile, Family Planning motivation and service delivery will be through mobile, clinic-based teams. The teams, consisting of one male Population Planning Worker and one Family Welfare Visitor are assigned on the basis of one team per 50,000 population. A Population Planning Officer is in charge of each two teams. To assist the teams achieve adequate coverage, one dai (village mid-wife) with some specialized training, is assigned per 10 villages to carry out motivational work and provide contraceptives. The mobile team system (or Non-CMS) is to be installed in 122 Tehsils covering about 19% of the population. The CMS and non-CMS field delivery organizations are delineated in Figure 4.

d. Clinics: Under the expanded program, clinics are expected to play a more significant role because added services will be available and because of added personnel resources. Two broad categories of clinics will be available. In addition, motivational services will be provided in all hospitals through a cadre of Lady Motivators, 441 of whom will be engaged. The clinical and medical units with Family Planning services are shown by province in Table 4.

(1) Post Partum Clinics: As noted earlier, the Post Partum Program is to be expanded from the present 17 clinic operation to 54 clinics by broadening the functions of the present urban/referral clinics and by establishing Post Partum Clinics in District and other large hospitals as appropriate.

(2) Family Welfare Clinics: The functions of the present Family Planning Clinics are to be expanded by providing MCH and nutrition elements. As projected there is to be one clinic per 72,000 population in the CMS Tehsils and Districts, for a total of 681 such independent clinics. Most of the clinics are physically in place although some new ones must be established. The major change will be the input of the MCH and nutrition elements. In non-Continuous Motivation System Tehsils/Districts, Family Welfare Clinics will be located in and operated in conjunction with all hospitals and rural health centers. Again, many of the actual facilities are in place, but new ones will be needed and the MCH element will be added.

(3) Hospital Motivation Services: In all hospitals in Pakistan a new category of worker, the Lady Motivator, will be assigned to provide family planning motivation and counselling, primarily in the femal wards.

TABLE 4

POPULATION PLANNING SCHEME
FOR PAKISTAN

Clinical and Medical Units with Family Planning Services

<u>Family Welfare Clinics</u> ^{1/}	(681)
Punjab	472
Sind	126
NWFP	77
Baluchistan	6
<u>Health Centers and Hospitals in Non-CMS Tehsils</u>	(156)
Punjab	57
Sind	30
NWFP	42
Baluchistan	27
<u>Post Partum Clinics</u>	(54)
Punjab	25
Sind	20
NWFP	8
Baluchistan	1
<u>Hospitals (with Lady Motivators for Family Planning)</u> ^{2/}	(441)
Punjab	236
Sind	91
NWFP	87
Baluchistan	27

1/ One per 72, 000 population in CMS Tehsils/Districts

2/ Not additive to Family Welfare Clinics and Post Partum Clinics. Hospitals in which Post Partum Clinics are located also have Lady Motivators assigned.

5. Expanded Population Planning Scheme for Pakistan: Key Field Program Personnel

The success of the program will hinge on many factors. Program administrators are looking for ways to improve publicity, transportation, the quality of program data and the availability of contraceptives. They also are looking for ways to improve staff selection and training since the quality of the program will depend ultimately on the quality and dedication of the field program staff. This cadre is drawn from many sources with diverse backgrounds. While its personnel can be provided with basic and periodic refresher training on all aspects of Family Planning and be subjected to administrative and technical control and direction, the quality of the field program staff will also be influenced by such things as regularity and adequacy of pay, management policy and by job relations and by job security. Other less tangible elements will also be critical. Given the importance of the staff it may be useful to review the make-up of the staff at all levels from the Secretary-Administrator in the province to the dais in the village and to look at their interrelationships.

a. Secretary Administrator, Provincial Population Planning Board: The top administrator in the field or Provincial population planning operation is the Secretary - Administrator. Usually civil servant-generalists, the Secretary - Administrators heretofore have been subject to frequent transfer within the Provincial Government structure and appointment at the whim of the Provincial Administration. Being generalists from one of the Central or Provincial Civil Service lists, the Secretary - Administrators more often than not have had no previous experience with the Family Planning Program, and similarly have had little expectation (or desire) to be associated with Family Planning again during their careers, at least in the near term. However, by agreement between the Provinces and the Family Planning Council, Secretary - Administrators are now to be appointed and transferred only with the concurrence of the Council; the Council appears to have embarked on a program designed to obtain the appointment of a better calibre of top provincial administrators.

b. District Population Officers (DPOs): The operation of the family planning program at the District level is under the direction of the District Population Officer. It should be noted that due to their size (each District with more than 4.0 million population) one additional District Population Planning Officer is provided for in Karachi, Lyallpur, Lahore and Multan Districts. This officer, previously known as the District Publicity-cum-Executive Officer, while basically a civil servant, is one of the cadre of personnel who are permanent members of the family planning-population planning organization. They normally are college graduates with degrees in economics, sociology or other non-program related subjects. They receive some limited specialized basic training and refresher training in family planning. They are paid at a base rate of Rs.1,275 per month.

c. District Technical Officers (DTOs): The District Technical Officer, a physician, is responsible for all para-medical personnel and for all clinically based program elements in the District, including sterilizations, IUD insertions and the distribution of oral contraceptives. They are paid at a base rate of Rs.1,275 per month.

d. Training-cum-Inspection Officers (TIOs): As originally designed, the CMS field staff included two cadre of officers, Training Officers (TOs) and Inspection Officers (IOs) with one of each category to be assigned to train and/or supervise six Population Planning Officers. The qualifications for these officers were the same as for the PPOs; viz., college graduates; the tasks to be performed were generally as indicated by their job designations. For a variety of reasons, the most important probably being that the positions were at the same level as the PPOs, whom they were supposed to supervise or train, and with the same pay scale, the TOs and IOs did not carry the respect and authority needed to permit the officers to function effectively, either in the training or inspection role. Therefore, under the new expanded scheme, this IO/TO cadre has been restructured by combining the functions of the two positions and raising the base pay level to Rs.450.00 per month, Rs.100.00 higher than the PPOs whom they are to supervise.

The TIOs will be assigned on the basis of one per three PPOs at a level in the field structure mid-way between the District PPO and the field level PPO. This means that there will be one TIO for each 18 worker teams in CMS areas. Normally they will be assisted by a female assistant inspectress.

e. Population Planning Officers (PPOs): This cadre of population planning staff plays a key role in the program operation, being assigned the task of direct supervision of the Population Planning Workers who provide the motivation and delivery of services to the public. Population Officers are assigned on the basis of one per 72,000 population in CMS Tehsil/Districts and one per 100,000 in non-CMS Tehsils/Districts for a total of 831 in the four provinces (532-Punjab, 179-Sind, 97-NWFP and 23-Baluchistan). Given the assignment ratio of one Worker team per 12,000 population, and of one Population Planning Officer per 72,000 population, it means that each PPO supervises the work of six worker teams in the CMS areas. As with the District Population Officers, these officers are permanent members of the Population Planning Organization, normally are college graduates and receive specialized training and refresher training in family planning related subjects. Their pay scale begins at Rs.350.00 per month.

f. Population Planning Workers (PPWs): At the field level, the family planning motivation and service delivery is provided by the Population Planning Workers. These workers are assigned on the basis of one team (male and female worker) per 12,000 population in CMS Tehsils/Districts and one male

worker per 100,000 population in non-CMS Tehsils/Districts. In the non-CMS Tehsil/District one worker is assigned to each of the jeep-mounted teams.

According to plan the Population Planning Workers are to be matriculates (equivalent 8th Grade), literate, mature, residents of the community in which they are assigned, and, where they are functioning as a part of a CMS motivation team, preferably related to the other team member by marriage or family. The workers receive formal, but limited training on how to carry out their work, on motivation, population, reproduction, and contraceptive techniques. As with most organizations, the Population Planning Division has had difficulty in maintaining the established standards in employing workers, but an effort is being made to correct the short-comings. New employment criteria are being developed.

According to the plan the Population Planning Worker strength will total 8,464 including 5,778 in the Punjab, 1,616 in the Sind, 964 in NWFP and 106 in Baluchistan. The PPW pay scale starts at Rs.150.00 per month.

g. Family Welfare Visitors (FWVs): Previously known as Lady Family Planning Visitors, this cadre is responsible for the para-medical aspect of the field program. Previously their work has largely been confined to IUD insertions, physical screening of orals acceptors and related tasks. Their training is being broadened somewhat to give them some capability in MCH services and nutrition.

The FWVs are to be assigned on the basis of one per 72,000 population in CMS areas and two per 100,000 in Non-CMS areas (as members of the mobile jeep mounted teams). (In addition in non-CMS areas, the FWVs also are assigned to each hospital and Rural Health Center.) It can be seen from the population ratio that each PPO will be supported by an FWV, thus the six population planning worker teams under him will be able to call on the services of the FWV as required. FWVs are normally assisted by a practical nurse/maid known as an Aya.

The projected strength of the FWV cadre is 1,109, with 644 assigned to the Punjab, 252 to the Sind, 147 in the NWFP and 66 in Baluchistan. FWV pay scale starts at Rs.150 per month.

h. Lady Motivators (LMs): A new cadre of workers known as Lady Motivators has been established to be assigned to all hospitals (441) to provide Family Planning motivation to the patients (especially in the female wards). The LMs are to be matriculates, and have about the same general qualifications as the PP Worker female team member; their pay starts at Rs.150.00 per month.

i. Dais: In spite of the general ineffectiveness attributed to the dais (village midwife) as a motivator and in the delivery of contraceptive services, coupled with the difficulty of tying them in to a reporting system, a place has been found for a limited number of dais in the new expanded program structure. Some 1,340 dais are to be assigned to the most populous areas in non-CMS Tehsils/Districts roughly on the basis of one per ten villages. The dais are to assist the mobile teams by becoming a resident base for the supply of conventional contraceptives and by acting as female organizers. Since the dai will receive a retainer of only Rs.15.00 per month the cost to the program is not great and she will constitute a continuing program presence in the non-CMS areas. Her role in the less populous Provinces will be especially important. In Baluchistan there will be about one dai per 4,700 persons but in the Punjab, about one per 100,000 persons. On the other hand, in Baluchistan there will be only about one PP Worker per 19,000 population; but in the Punjab one PP Worker per about 6,900 population.

j. Field Personnel Staffing Strengths: To provide a convenient picture of the numbers of individuals involved in the field delivery system we have summarized in Table 5 the total staff to be assigned when the Expanded Program is fully operational.

6. Expanded Population Planning Scheme for Pakistan: General Support Operations:

In addition to the service delivery system elements, the new Population Planning Scheme calls for expanded services in such areas as publicity, mechanical transport, contraceptive and MCH supply, training and data collection and reporting. Funding also is provided for grants to voluntary organizations, and for support to international organizations (UNFPA).

a. Publicity: After three years of little or no publicity, the Population Planning Council has directed that a major effort be made to refurbish and up-grade publicity/public educational and motivational programs. In addition to standard publicity tools, (cinema, billboards, etc.) the plan provides for an expansion of the audio-visual van fleet (the two items are budgeted separately).

The projected budget figures for the publicity program averages about Rs.2.5 million annually, including about Rs.500,000 each year in foreign exchange for supporting supplies.

Of the total publicity budget of about Rs.2.5 million, the Center has planned to retain about Rs.500,000 for the centrally directed and funded activities. The remainder is to be allocated to Provinces with the suggestion that 40% of the provincial funds be allocated to District Boards for their use.

TABLE 5

POPULATION PLANNING SCHEME
FOR PAKISTAN

Key Field Delivery Service Personnel

<u>Position Description</u>	<u>Number Assigned</u>		<u>Total</u>
	<u>In CMS Areas</u>	<u>In Non-CMS Area</u>	
Population Planning Officers	685	146	831
Training/Inspection Officers ^{1/}	270	-	270
Family Welfare Visitors ^{2/}	681	428	1,109
Population Planning Workers	8,172	292	8,464
Lady Motivators ^{3/}	-	441	441
Dais	-	1,340	1,340
Post Partum Clinic Staff	-	-	270

By 1975

- 1/ Each Training/Inspection Officer will be supported by an assistant for a total staff of 540.
- 2/ Each Family Welfare Visitor has assigned an aya or assistant for a total Family Welfare Visitor staff of 2,218.
- 3/ One per hospital.

The audio-visual van program budget calls for the expenditure of Rs.1.26 million in 1973-74 of which Rs. 830,000 represents foreign exchange for the purchase of vans. In 1974-75 the plan calls for the expenditure of Rs. 2.23 million of which Rs.1.68 million is foreign exchange for purchase of equipment. In subsequent three years projected costs are Rs.570,000, Rs.580,000 and Rs.670,000, with no provision for foreign exchange.

The audio-visual vans (38) will be distributed to the Districts, initially on the basis of one per District. Additional vans (38) for which funding is being sought will be distributed on the basis of population and apparent program requirements.

A new publicity strategy is under development by the Population Planning Division and the TREC/Lahore which may bring about some changes in funding requirements. The state of the publicity campaign development is the subject of a separate paper which deals more extensively with the subject and the budget projections (see Annex D).

b. Mechanical Transport: Pending a possible revision of the projections growing out of the study of the mechanical transport system by an AID financed automotive operations and maintenance study team, the Population Planning Scheme calls for the expenditure of about Rs. 8.5 million (Rs. 4.7 million in foreign exchange) and Rs. 7 million (Rs. 2.8 million in foreign exchange) in 1973-74 and 1974-75 respectively. This level of expenditure is to provide for the operation and maintenance of a fleet of 731 jeeps and 1,100 scooters/motorcycles (including the purchase abroad of at least 444 jeeps and a sizable number of scooters). In subsequent years the projected costs drop to Rs.4.6 - 4.7 million annually, with no program for foreign exchange. The plan provides for greatly increased allowance for the operations and maintenance of vehicles, with budget levels established at Rs.7,000 per year per jeep and Rs.900 per year per scooter/motorcycle (during 1972-73 only about Rs.3,500 was provided per jeep and Rs.450 per scooter/motorcycle which resulted in large numbers of vehicles being deadlined, as many as 40% of the jeeps, because of a lack of maintenance and spare parts). The plan also provides for a mechanic to be assigned to each District Headquarters and for the establishment of a repair shop in each Province (none in Baluchistan).

As indicated above the projected budget may require adjustments to reflect changes made necessary with the implementation of the automotive maintenance team recommendations.

The progress of the mechanical fleet operations and maintenance discussions is covered in a separate paper (Annex E).

c. Contraceptives and Other Birth Prevention Supplies: The Population Planning Division has made projections on delivery of all types of birth prevention services and supplies for the period through the first two years of the expanded program operations. The Population Planning Division has based their projections on assumptions regarding acceptance of family planning and the effectiveness of the delivery system. While these assumptions can be challenged on the basis of past performance and reservations about the delivery system, they do provide an indication of how the PPD views the possible level of program acceptance. As laid out in the Expanded Scheme papers for 1973-74 and 1974-75, the following are the estimated quantities of contraceptive supplies and services the PPD experts to move through the program:

<u>Type</u>	<u>1973-74</u>	<u>1974-75</u>	<u>Total</u>
Condoms (gross)	236, 500	182, 300	418, 800
Oral Pills (cycles)	833, 000	1,333, 300	2,166, 300
Emko Foam (Can)	167, 000	167, 000	334, 000
IUDs (Units)	363, 000	395, 700	759, 400
Others (Units) ^{1/}	181, 990	179, 630	361, 620

^{1/} All types, creams, jellies, etc.

STERILIZATIONS

<u>Type</u>	<u>1973-74</u>	<u>1974-74</u>	<u>Total</u>
Vasect mies	5, 000	5, 500	10, 500
Tubeligations	5, 000	5, 500	10, 500

The rupee and foreign exchange costs of supplying contraceptives are reflected in the budget projections for FY 1974-1978. However clarification is being sought on several points involved in the financial breakdowns. As a further point, the latest average monthly sales figures, based on District records are:

Condoms	12, 700 gross
Oral Pills	8, 000 pkg.
Emko	4, 500 bottles
Dura Foam	4, 000 bottles

The budget provides for payment of fees for IUD insertions and for sterilizations. The budgeted levels are:

	<u>1973-74</u>	<u>1974-75</u>
IUDs	Rs. 710, 000	Rs. 790, 000
Vasectomy/ Tubeligation	Rs. 340, 000	Rs. 390, 000

Fees range from Rs. 8.00 per IUD insertion to Rs. 30.00 per vasectomy, and Rs. 40.00 per tubeligation paid to non-program personnel. It is estimated that about 75% of the IUD insertions will be done by program personnel.

Provision also has been made for a supply of medicines for the Family Welfare Clinics and Family Welfare Visitors. Costs are projected at a level of about Rs. 1.0 million yearly. The medicines are to be the commonly used items such as vitamin and anti-malaria preparations and aspirin, but this element in the program is subject to further review since in the opinion of some observers, the quantities of medicines are so limited as to be of almost no therapeutic value; further, some of the medicines listed probably should not be dispensed by para-medical personnel.

Another program element discussed in the Program Budget paper, details of which have not been worked out as yet, is the proposed distribution/delivery of contraceptive supplies through the commercial sector (shops and the like), and through the "organized" sector (or employers of large numbers of people).

Although in the text of the GOP's (Pakistan Population Planning Scheme) document great emphasis is placed on the importance of the oral contraceptive pills, many observers have indicated that the present system for supplying oral contraceptive pills to clients involves procedures which tend to discourage acceptance and use. Not only are the procedures cumbersome and inconvenient for the client, but the motivational presentation carries strong negative overtones. For these reasons, a special effort has been made to develop an improved procedure for dispensing oral contraceptives and arrangements are being made for testing the new procedures in pilot areas. The progress of the orals pilot project development planning is the subject of a special annex to this paper (Annex F). As will be noted in Annex E, the Family Planning Council on May 4, 1973 approved of the delivery of oral contraceptive pills through the program delivery system without medical screening. Details of exactly how this will be done are lacking. The pilot programs will be continued to develop acceptor and continuation rate data.

d. Training: The greatly expanded training program which will be required to prepare the more than 7,500 new staff members for their tasks and to re-orient the present staff along the lines of the new program directions will require a major effort. The great majority of the new staff (about 6,300) will be Population Planning Workers, the key members of the CMS team. From the total staff projections compared with current staffing levels shown in Table 6, the scope of the required training effort is clearly identified.

Given the critical importance of training, a special effort is being made by the Population Planning Division to develop appropriate programs backed by adequate training materials and instructional staff. Although possibly subject to change as the training program develops, the Population Planning Division has budgeted Rs. 5,350,000 for 1973-74 and Rs. 3,670,000 for 1974-75 to cover the cost of Travel and Daily Allowances (Per Diem) of personnel involved in the training exercise. One of the major areas to be dealt with in the development of the training programs will be the preparation or revision of training manuals for the various categories of staff. Manual development/revision is to be done for the following categories of workers/supervisors:

- (1) Population Planning Workers
- (2) Lady Motivators
- (3) Family Welfare Workers
- (4) Population Planning Officers
- (5) Training and Inspection Officers
- (6) District Population Planning Officers
- (7) District Technical Officers
- (8) Front-line Workers

The whole subject of training and the effort being made to develop and run an adequate program is so important that it will be treated in a separate annex to this paper (Annex G).

e. Information/Data System Development: A prerequisite to effective management decision-making is the availability of accurate, timely, and comprehensive information reflecting the nature and progress of ongoing

TABLE 6

POPULATION PLANNING SCHEME FOR PAKISTAN
PERSONNEL PROJECTIONS

ORGANIZATION/POSITION	1973-74	1974-75	1972-73	Increase
<u>CENTRAL ORGANIZATIONS</u>				
Central Headquarters	227	227	227	-
Supply Staff	25	25	20	5
NRIFC	78	78	68	10
TREC	183	183	183	-
Post Partum Directorate	30	30	20	10
Demographic Research Center	49	49	-	49
Post Partum Clinics Staff	270	270	190	80
<u>FIELD STAFF</u>				
Provincial Headquarters	279	279	234	45
Regional Training Center	119	119	40	79
Regional Inspection Teams	20	20	16	4
District Headquarters	836	836	836	-
Medical/Surgical Superintendent	94	94	76	18
Inspection/ Training Officers	270	270)	148	392
IO/ TO Staff	270	270)		
Population Planning Officers	831	831	826	5
Population Planning Workers	8464	8464	2134	6330
Lady Motivators	441	441	-	441
Family Welfare Visitors	1109	1109)	879	1339
Ayas	1109	1109)		
Audio-Visual Units	76	96	76	20
Drivers -Mechanics	324	398	324	74
Mechanical Workshop	57	57	10	47
Dais	1340	1340	7090	(5750) ^{1/}
GRAND TOTAL:	16501	16595	13397	8948 ^{2/}

^{1/} (Decrease of 5750 dais in 74-75) because of shifting over of program to the CMS.

^{2/} (This total includes incremental figures only)

operations. In the past, in Pakistan's national Family Planning Program little cognizance has been taken of the potential offered by modern information feedback systems. Thus, despite the existence of a national program for the past 12 years, there does not exist at this time what can be termed a satisfactory process of data collection, analysis, and use in management decision-making. Program data which are routinely collected at present-- as in the past--tend to be focused almost entirely upon quantitative measures such as number of condoms sold, staff employed, training sessions held, etc. Several attempts in the past to obtain qualitative estimations of program effectiveness have ended with same general conclusion: program data routinely collected and reported to the Family Planning Council provide little of value in measuring program effectiveness. In the absence of pertinent data, conveniently available, program administrators have had to make decisions based upon scanty and impressionistic evidence.

Early in 1971 initial consideration by the PPD of possible design for a modern, data feedback system began in consultation with US AID financed specialist. However, because of preoccupation with other problems, the matter was dropped. Now, in connection with planning for the expanded program, provision is being made for the development of an information collection, collation and feedback system. A preliminary design has been proposed and two members of the PPD staff are in the United States to develop the final design.

A more complete discussion of the information system development effort is contained in Annex H.

7. Program Goals

According to the GOP Population Planning Division the main objectives of the expanded program are to maintain the crude birth rate of 45 per thousand that was achieved at the end of the Third Five Year Plan and to further reduce the crude birth rate from 45 per thousand to 40 per thousand at the end of Fourth Plan Period 1970-75. The demographic goal is to prevent 729,688 births in the year 1973-74 and 783,537 births in the year 1974-75 in order to achieve a desired crude birth rate of 40 per thousand at the end of the year 1974-75. The Division hopes for a further reduction from 40 per thousand to 35 per thousand by 1977-78.

In order to achieve this objective the PPD has projected the target number of acceptors at 20% of the total fertile couples in each year. With a very vigorous Population Planning Program during the year 1973-75, the Population Planning Division expects that the current assumed acceptance rate of 11% will rise to 20%. It also hopes that 60% of the acceptors will be continuing users.

USAID considers that it should be possible to achieve these performance levels.

Expanded
Population Planning Scheme
for Pakistan
Continuous Motivation System

Annex B

Expanded
Population Planning Scheme
for Pakistan
Continuous Motivation System

Introduction

A new family planning service delivery system was designed for the Fourth Plan period (1970-74). This system, which has come to be known as the Continuous Motivation System (or CMS), was based on the concept of a regular, periodic contact with all fertile couples for the purpose of motivating them to accept the idea and practice of family planning on a continuing basis. It is also a delivery system for conventional contraceptives.

As planned, the CMS was to be extended to cover all 50 districts in Pakistan by the end of FY 1973. However, because of financial stringencies and dislocations caused by the War and its aftermath, by January 1, 1973 the CMS was in place (and then only partially operational) in only seven districts, (Sialkot, Lyallpur, Lahore, Peshawar, Hazara, D. I. Khan, Hyderabad) with installation just begun in two more districts (Karachi and Quetta).

Since the basis for the Expanded Population Planning Scheme to be implemented during the period FY 1974-78 is to be the CMS, in this Annex we have set out the design, organization, staffing and operations of the System as it is supposed to operate.

Design Basis

The basic administrative unit in the Continuous Motivation System areas is the District with the system being installed in each District in all Tehsils (county-like elements) having population densities of 300 per square mile or more. These generally are designated as Project Areas. District populations in Pakistan vary considerably, but average about 1.3 million persons. As initially conceived, a Project Area (or Tehsil) would be divided into operational units roughly corresponding to a population group of 10,000 - 12,000. Administrative units of local government in Pakistan, i. e., Union Councils/Town Committees/Union Committees, broadly are of this size and were taken as the primary geographical area for the CMS. With an assumed national ratio of 10 eligible couples per 100 population, the target-population in each unit is projected to be between 1,000 - 1,200 fertile couples, including those who are currently pregnant or temporarily separated. Although there are approximately 16 fertile women per 100 population, only 10 fertile couples per 100 population meet eligibility standards laid down for the CMS. These are: married, age 15-40, and a birth in the last three years.

Staffing

For each operational unit covering 10 - 12,000 people or 1,000 to 1,200 (fertile couples two field-workers (Population Planning Workers)--a man and a woman--are assigned. It is prescribed that the two, as far as possible, should be married or otherwise closely related because in some communities in Pakistan it is not considered proper for a woman to travel with a non-related male. The couple should be literate, with good handwriting, be residents of the community in which they are to work and be 25 years or above in age (possibly less in case of married women). A very high educational level or a social status much higher or much lower than the average for the area are considered to be disqualifying since these factors would inhibit communications between the motivation-worker and the client. It is prescribed also that team members must be able to speak persuasively, must have a good emotional balance, a mature outlook, and an active interest in other people.

One Population Planning Officer, usually a college graduate with some specialized training, is assigned to supervise six worker teams covering a population of 60-72,000 people. One Family Welfare Visitor (para-medical), usually female, is assigned with each Family Planning Officer to provide clinical service facilities. Training and supervisory support is provided by a new cadre of personnel known as Training and Inspection Officers (TIO), who are assigned on the basis of one TIO per three Population Planning Officers (or 18 Worker Teams). Population Planning Officers and Training and Inspection Officers are provided with scooters or motorcycles to enhance their mobility.

Each Family Planning Worker keeps a register (bound, hard-cover books) in which data are entered on each household in the village, including such particulars as the name of the head of the household (as defined in the census), the number of married couples in the household with names of the spouses, their aliases, ages of husbands and wives (as reported and as estimated in case the reported age appears to be grossly incorrect), the total number of children in each family, the number of male children and the age of the youngest child. The registers are supposed to be kept up-to-date, reflecting changes in the target group arising out of nuptiality, death and migration. Given the page capacity and case load, each Worker may have as many as 20-25 Registers. Because male and female worker teams cover the same households, each family is recorded twice, providing a partial check on each other's accuracy.

The Population Planning Officer assists the Worker Team in identifying the ineligible couples, so that they can be eliminated from the System.

Following registration, estimated to take three months, the team begins its actual motivational contact program by visiting each household in which there are eligible couples, and later by meeting with small groups of individuals, possibly at the house of a neighbor in the case of women, or at a shop or village assembly point in the case of men. Each team of two workers is expected to visit every eligible husband and wife in the operational unit at least once in three months in an effort to get them to adopt birth limitation and to deliver contraceptive supplies.

The motivational messages and suggested techniques for delivery of the messages are provided to the Worker Teams during their initial training and supplemented by further refresher or in-service training. Appropriate manuals and literature are provided to the Workers. In connection with the proposed Expanded Program the role of the Worker Teams is being broadened by providing them with useful information on farming, child care, health, population concepts and nutrition; this information is being made available during the training program and supplemented by a new instruction manual. The Population Planning Officer and the Training/Inspection Officers are expected to provide continuing guidance and training to the Worker Teams.

Worker Teams are to receive both a monthly pay at the level of Rs.150/- per month for each member plus an incentive bonus for a reduction in fertility in the area in which the team works.

In Figure 1, attached, is a sketch of the standard CMS organizational structure; only key personnel are shown.

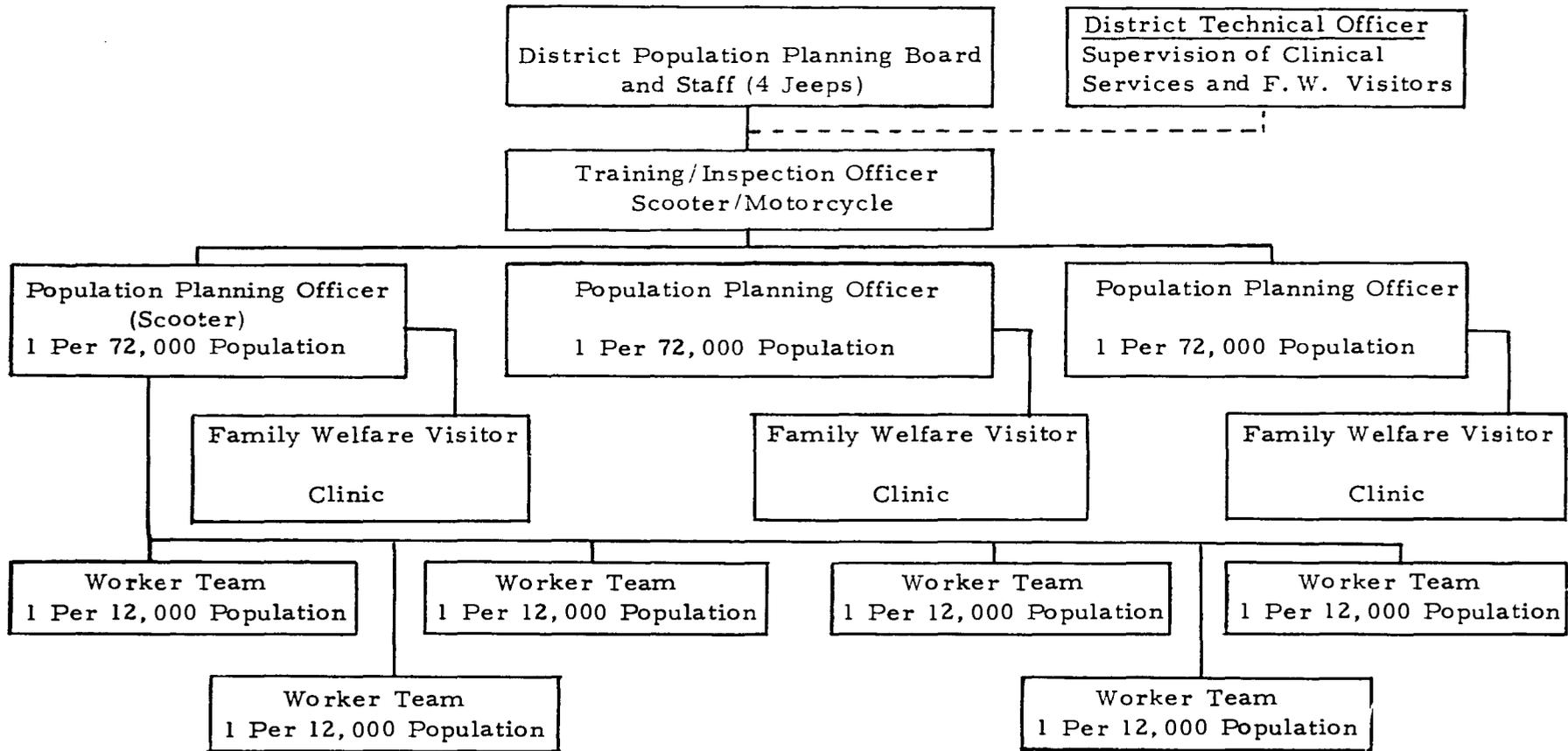
Evaluations

According to experience to date the potential strengths in the Continuous Motivation System are:

- a. Direct, repeated contact with the highly fertile group.
- b. Potential of permitting assessment to be made of progress.
- c. Design providing for rigorous system of checking which, if enforced should tend to minimize mis-reporting and maximize worker involvement.
- d. Potential flexibility to take advantage of new technology.
- e. Primary emphasis on conventional contraceptives including orals probably making it more likely that younger, lower-parity couples can be recruited.

Figure 1

Population Planning Scheme
for Pakistan
CONTINUOUS MOTIVATION SYSTEM



On the other hand the following have been identified as points of potential trouble:

- a. A clear understanding of how the system is designed to operate must be present at all levels, and all terminology such as "acceptors" must be understood and uniformly applied.
- b. The System requires recruitment of personnel meeting established standards, adequate training at several levels, and a vigorous system supervision.
- c. The incentive system is difficult to operate effectively and without bias.
- d. It is difficult to obtain client-specific information for use in research, analysis, and evaluation.
- e. Placing the inspection function in the administrative chain of command may weaken the system.
- f. The System, as presently operated, does not provide a useful data feedback system through which needed information for management decisions can be generated.

These potential trouble spots are being addressed by work presently underway in the several management areas. While all are critical, the importance of training and supervision cannot be overemphasized.

Expanded
Population Planning Scheme
for Pakistan
Population Planning Scheme Budget

Annex C

Expanded
Population Planning Scheme
for Pakistan
Population Planning Scheme Budget

A. Background

The President of Pakistan appointed a commission on May 6, 1972, under the chairmanship of Mr. M. Aslam, the President's Representative of Administrative Inspections, to report on the family planning program. The Commission's findings and recommendations:

a) Enthusiasm was created during 1965-70, but the element of measurability was to a great extent missing from this massive operation.

b) The Continuous Motivation System (CMS) experiment being conducted in a few districts provided an element of measurability, person to person motivation and door to door supply.

c) The CMS should be applied to all Tehsils/Talukas with a population density of 300 persons per square mile; areas of lower population density should be covered with a thinner scheme for family planning support.

d) The program should be renamed the Population Planning Program and widened to include selective disincentives, social and legal measures and should be financed directly by the Center (and not by the provinces).

As a consequence of these recommendations, the Pakistan Cabinet in December 1972 decided that a revised and expanded Population Planning Scheme for Pakistan should be drawn up for the years 1973/74 and 1974/75. It was decided that in drawing up the scheme

a) defects detected in the operation of the CMS should be corrected;

b) an effort should be made to catch up on the ground lost in the past few years;

c) the reach of the program should be extended to cover 93 percent of the population, with the CMS covering an estimated 74 percent of the population.

It was also decided, and this in part as a result of joint reviews with American collaborators in January 1973, that there would be an emphasis on

supervision and training, on publicity and information (including use of indigenous media), an emphasis on effective supply systems for contraceptives and "a progressive build-up emphasis on oral pill use," and on effective management feedback. An earlier evaluation had also shown the need to improve transportation equipment and maintenance.

B. Population Planning Scheme for FY 74 and FY 75

The Population Planning Scheme for Pakistan for 1973/74 and 1974/75 was published in March 1973. The 188-page document, included as an appendix to Annex A, provides an introductory chapter summarizing the history of family planning in Pakistan and the work of the Aslam Committee. Chapter II outlines the principal elements of the Scheme. Chapter III summarizes the budget estimates, totaling Rs. 204.8 million (20.7 million equivalent) for the two year period. The next five chapters provide detailed budgets for the Center and for each of the provincial programs, The last chapter provides an analysis of population estimates used for establishing the CMS area.

C. Five Year Budget Projection

Subsequently, the Population Planning Division decided that a five year time frame should be used for planning ahead, and cost estimates were extended through year 1977/78. The breakdown of these costs by year, by major category of expenditure is shown in Table I.

The total costs by year are as follows:

	<u>Total</u>	<u>Total Costs: Population Scheme</u>	
		<u>Estimated FX Component</u>	<u>Estimated LC Requirement</u>
		<u>Rs. Crore*</u>	
1973/74	10.251	2.095	8.156
1974/75	10.232	1.998	8.234
1975/76	10.320	1.701	8.619
1976/77'	10.740	1.867	8.873
1977/78	11.188	2.048	9.140
	52.731	9.709	43.022

* Crore= 10,000,000. Rs.1.0 crore equals very nearly \$1.0 million (the exchange rate is Rs. 9.9 US \$1).

Source: GOP Abstract of cost estimates. See Table I.

POPULATION PLANNING SCHEME FOR PAKISTAN

Cost Estimates - Life of Project 1974-1978
(in million of Rupees)

Item	1974	1975	1976	1977	1978	Total	Item	1974	1975	1976	1977	1978	Total
1. Central Headquarters (c)	2.060	2.180	2.220	2.270	2.310	11,040	19. Audio Visual Units	1,260	2,230	0,570	0,580	0,620	5,260
2. NRIFC (c)	2.890	2,960	2,980	2,990	3,010	14,830	(Audio-Visual Foreign Exchange)	(.830)	(1,680)				(2,510)
3. TREC (c)	1,480	1,600	1,650	1,700	1,740	8,170	20. Mechanical Transport	8,490	7,360	4,640	4,690	4,740	29,920
4. Post Partum Headquarters (c)	.770	.780	.790	0,800	0,810	3,950	(Transport Foreign Exchange)	(4,650)	(2,770)				(7,420)
5. Demo Research Center (c)	.800	.820	1,330	1,340	1,350	5,640	21. Contraceptives	20,000	20,000	22,000	24,200	26,260	112,820
6. Regional Training Center (c)	.880	.890	0,910	0,920	0,940	4,540	(Contraceptives Foreign Exchange)	(14,980)	(15,020)	(16,500)	(18,160)	(19,970)	(84,630)
7. Provincial Headquarters	2,420	2,490	2,630	2,780	2,940	13,250	22. Medicines for FW Clinics	1,090	1,110	1,100	1,100	1,100	5,500
8. Regional Inspection Teams	.170	.180	0,200	0,200	0,200	0,950	23. Fees for Services						
9. Training/Inspection Officers	3,480	3,650	4,640	4,880	5,130	21,780	IUD	.710	.790	0,870	0,950	1,050	4,370
10. District Headquarters	5,100	5,260	5,400	5,550	5,700	27,010	Vasectomy/Ligation	.340	.390	0,420	0,470	0,520	2,140
11. Allowance to Medical/Surgeons	.210	.230	0,250	0,250	0,250	1,190	24. Training	5,350	3,670	3,710	3,670	3,670	20,070
12. Population Planning Officers	8,310	8,720	9,140	9,560	9,950	45,680	25. Dais	.230	.250	0,230	0,230	0,230	1,170
13. Field Workers	16,860	17,460	18,080	18,690	19,290	90,380	26. Grants (c)	2,200	2,210	2,000	2,000	2,000	10,000
14. Lady Motivators	1,010	1,020	1,070	1,110	1,130	5,340	27. Contribution to UNFPA	2,750	2,750	2,750	2,750	2,750	13,750
15. Family Welfare Visitors	5,060	5,190	5,280	5,38	5,490	26,400	28. Provident Fund 2/	2,750	2,750	2,750	2,750	2,750	13,750
16. Post Partum Clinics (c)	2,320	1,850	1,850	1,85	1,850	9,720	Total	102,510	102,320	103,200	107,400	111,880	527,310
17. Family Welfare Clinics	1,230	1,240	1,230	1,230	1,230	6,160	Foreign Exchange	(20,950)	(19,980)	(17,010)	(18,670)	(20,480)	(97,090)
18. Publicity (c) 1/	2,490	2,510	2,510	2,510	2,510	12,530	1/ Publicity Center Annual Contribution 1974-78 Rs.0,500						
Publicity Foreign Exchange	(.490)	(.510)	(.510)	(0,510)	(0,510)	(2,530)	2/ Provident Fund (Center) Annual Contribution 1974-78 Rs..100						
							(c) Central Govt. unit/budget						

About 20% of total costs are for central headquarters, and institutions. Funding for the center includes personnel and administration costs for the Central Population Planning Division and its offices in Islamabad and Karachi. It also covers the budgets of the TREC (Training, Research and Evaluation Center, in Lahore), of the NRIFC (National Research Institute for Fertility Control, Karachi), for the Postpartum program, for the Pakistan contribution to the United Nations Family Planning Activities Fund.

Center funding (as opposed to funding of activities at the Provincial level) breaks down as follows (in crores of rupees):

	<u>Center Funding: Population Scheme</u>					
	<u>Total</u>	<u>Central Hq.</u>	<u>TREC</u>	<u>NRIFC</u>	<u>PPP</u>	<u>Others</u>
1973/74	1.655	.206	.148	.289	.309	.703
1974/75	1.643	.218	.160	.296	.263	.706
1975/76	1.708	.222	.165	.296	.264	.761
1976/77	1.722	.227	.170	.299	.265	.761
1977/78	1.736	.231	.174	.301	.266	.764
Total	8.464	1.104	.817	1.483	1.367	3.695

* Includes Demographic Policy and Research Center, Regional Training Centers, Publicity, and Central grant fund.

Provincial funding is projected as follows (also in crores of rupees):

	<u>Provincial Funding: Population Scheme</u>				
	<u>Punjab</u>	<u>Sind</u>	<u>NWFP</u>	<u>Baluchistan</u>	<u>Total</u>
	<u>Rs. Crore</u>				
1973/74	5.269	1.924	1.114	0.289	8596
1974/75	5.226	1.928	1.115	0.320	8589
1975/76	5.331	1.891	1.124	0.266	8612
1976/77	5.584	1.975	1.183	0.276	9018
1977/78	5.853	2.067	1.244	0.288	9452
Total	27.263	9.785	5.780	1.439	44267

* Includes FX requirements.

Source: GOP Abstract of Cost Estimates

Direct foreign exchange costs are budgeted under the headings of publicity and audio-visual units, mechanical transportation, contraceptives, as follows:

<u>Direct Foreign Exchange Costs Estimates: Population Scheme</u>					
	<u>A-V</u>			<u>Contra</u>	
	<u>Publicity a/</u>	<u>Units b/</u>	<u>Transportation c/</u>	<u>ceptives d/</u>	<u>Total</u>
1973/74	.049	.083	.465	1.498	2.095
1974/75	.051	.168	.277	1.502	1.998
1975/76	.051	-	-	1.650	1.701
1976/77	.051	-	-	1.816	1.867
1977/78	.051	-	-	1.997	2.048
Total	.253	.251	.742	8.463	9.709

a/ Items such as raw film and paper.

b/ For spare parts to repair and maintain 38 vans now in country, and for 38 new vans.

c/ Spare parts plus 444 jeeps and 1,101 scooters to be ordered on a phased basis in FY 74 and FY 75.

d/ Mainly condoms and pills; the financial implications of contraceptive supply are discussed in Annex A.

It is to be noted that FX costs of foreign trainers and foreign advisors have not been included in these cost projections. Also, some clarification of the contraceptive supply picture is needed since the quantities appear to be overstated. The Mission considers that requirements for training, advisors and commodities are likely to amount to close to \$1.5 million for the first two years and then increase somewhat to perhaps about \$2 million per year. The Mission has also proposed that commodity requirements for each year be programmed annually (as has been the case in the past).

Excluding direct foreign exchange requirements, local currency requirements are budgeted as follows:

	<u>Center</u>	<u>Punjab</u>	<u>Sind</u>	<u>NWFP</u>	<u>Baluch- istan</u>	<u>Total Province</u>	<u>Total</u>
1973/74	1.655	4.028	1.431	.864	.178	6.501	8.156
1974/75	1.643	4.054	1.461	.879	.197	6.591	8.234
1975/76	1.708	4.248	1.529	.928	.206	6.911	8.619
1976/77	1.722	4.396	1.577	.968	.216	7.157	8.879
1977/78	1.736	4.549	1.631	1.008	.216	7.404	9.140
Total	8.464	21.275	8.629	4.647	1.013	34.564	43.028

The breakdown of local currency "provincial" expenditures by major category follows:

<u>Major Categories *</u>	<u>FY 74</u>	<u>FY 75</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>Total</u>
Provincial Headquarters	.242	.248	.263	.278	.294	1.325
Trng & Insp. Teams	.348	.365	.464	.488	.513	2.178
District Headquarters	.510	.526	.540	.555	.570	2.701
Population Plng Officers	.831	.872	.914	.956	.995	4.567
Field Workers	1.686	1.746	1.808	1.869	1.929	9.048
Family Welfare Workers	.506	.519	.528	.538	.549	2.640
Publicity	.200	.200	.200	.200	.200	1.000
Transportation	.384	.459	.464	.469	.474	2.250
Contraceptives	.502	.498	.550	.604	.655	2.809
Training	.535	.367	.371	.367	.367	2.007
Sub-Total	5.744	5.800	6.102	6.324	6.546	30.516
Other a/	.757	.791	.809	.833	.858	4.048
Total	6.501	6.591	6.911	7.157	7.404	34.564

a/ Includes funds for regional inspection teams, lady motivators, medicines for clinics, clinical services, midwives, and provisions for contributions to provident fund

* For a description of these categories, see Annex A.

D. Current Funding

In FY 73, foreign donor commodity support for the family planning program is running between \$0.5 - \$1.0 million. (Actual disbursements are about \$0.5 million; obligations are about \$1.0 million). Local currency support for the program has been budgeted by the Government at about Rs.2.5 crore. The Population Planning Division has the authority to "carry over" unobligated funds, and carry over into FY 73 amounted to over Rs.0.5 crore giving a total available for expenditure in FY 73 of over Rs.3.0 crore.

E. Funding the Expanded Program

The Government has requested U.S. assistance to help finance the expanded family planning program. It is expected that other donor assistance, particularly assistance through the United Nations Fund for Family Planning Activities, will also become available for obligation during FY 74 but available for expenditure beginning in FY 75.

Dollar assistance has been requested to cover both imported items and increased budget costs.

Despite large increases in the development budget, FY 73 over FY 72, from Rs. 260 crore to Rs. 415 crore, there is a tight squeeze on development funds in all sectors, including health, education, transportation and communications, water and power, and agriculture, and this squeeze is in the face of strong government assurances that it will expand health, education and social services and continue to push programs in agriculture, industry and other development sectors. According to the Ministry of Finance, Planning and Development, 72 percent of the FY 73 Annual Development Plan budget of Rs. 415 crore was derived from foreign assistance. While the Government's policy--in line with World Bank and IMF recommendations--is to expand savings (and investments), the GOP projects that an Annual Development Plan budget of about Rs. 500 crore in FY 74 will still require foreign funding of about 62 percent.

Quite clearly, even if strong GOP measures for fiscal restraint and encouragement of a high rate of domestic savings and investment are pursued successfully, it will take a number of years for domestic resource mobilization to reach the point where foreign assistance in support of local currency expenditures will not be required.

In recognition of this point, the World Bank has recommended in its annual review of the Pakistan economy that donors should recognize that "Pakistan will require a substantial portion of foreign assistance to be provided either as program aid or as local currency financing." *

* IBRD, Economic Situation and Prospects of Pakistan, February 1973, p.vii.

F. The Use of Foreign Owned Excess Rupees

A few aid donors hold rupees which have been generated under past aid projects or programs (i. e., Germany and the U. S.). The United States, in particular, has very large holdings of rupees generated under past PL 480 loan agreements, DLF loans, etc. These funds are owned by the U. S. and, to the extent that a) they are surplus to U. S. needs and b) the Government of Pakistan agrees, they may be made available for development programs in Pakistan. There is merit in drawing down the large reserves of rupees, if only because their presence constitutes a potential financial problem between the two governments.

However, in programming use of excess local currencies, we recognize that assistance--in the sense of a transfer of real resources from one country to another-- is not involved. The use of these rupees represents no more than a call on domestic resources. The use of excess rupees (is) a form of deficit financing supplemental to Central Bank borrowings and must be taken into account in formulating the Government fiscal program. Thus, the level of use of excess rupees must be calculated in determining the level of deficit financing the Government wishes to incur keeping in mind its obligations for fiscal restraint under IMF agreements. For this reason, a decision by the GOP to use US Owned excess rupees is very much the same as a decision to use Government Owned rupees.

G. Proposed Assistance for FY 74

A review of family planning activities indicates that other donors will not be in a position to obligate funds in support of the first year of the expanded program. It appears that UNFPA and possibly other bilateral donor assistance (i. e., Sweden) may become available in the course of FY 74 for support of the program beginning in its second year.

First year local currency costs are not expected to reach the figure of Rs. 8.2 million projected by the Ministry of Health's Population Planning Division. (However, the MOH does not plan to revise the cost projections on the grounds that any excess can be carried over.) Even taking into account that the rate of annual expenditures in the second half of FY 73 has risen, that arrangements have been made to move into the new program rapidly (i. e., recruitment and training), and that there will be start-up costs, the USAID believes budget requirements for FY 74 will be in the neighbourhood of Rs. 6.0-6.5 million. On the other hand we wish to encourage the government to move ahead as fast as feasible within the framework of non-monetary constraints.

Under these circumstances, USAID has proposed that local currency requirements in FY 74 (estimated by the GOP at Rs. 8.156 crore) be met by:

a) First Increment: GOP provision of Rs. 2.5 million, representing its FY 73 budget level.

b) Second Increment: U. S. G. provision of approximately Rs. 2.97 crore as a dollar cash grant (\$3.0 million) for local currency support.

c) Third Increment: GOP provision of approximately Rs. 2.7 crore using rupees from normal government revenue and/or U. S. owned excess rupees. Regardless of source, the funds would appear in the GOP budget. We recognize that implementation shortfalls will probably mean that only a portion of the third increment will be needed in FY 1974.

USAID also proposes to provide \$1.5 million grant assistance for commodities and supplies, the precise amount depending upon specific reviews of requirements as they are staffed out.

H. Proposed Assistance for FY 75-78

Starting in FY 75, it is expected that actual local currency expenditures will reach approved program levels and will approximate those shown in the table on page 3:

<u>Estimated Local Currency Requirements</u>				
<u>1974/75</u>	<u>1975/76</u>	<u>1976/77</u>	<u>1977/78</u>	<u>Total</u>
8.234	8.619	8.879	9.140	34.872

We assume that in providing assistance for local currency support, donors would wish to be guided by two principles:

a) that foreign support for increased local currency expenditures not be greater than 50 percent of the total (a practice which is followed in many cases of international development financing);

b) that local currency support would be provided on a sliding scale with contributions greater in the initial years and gradually decreasing as host government's capability to finance local costs increases.

I. Proposed Assistance Over Five Year Period

With these assumptions in mind, one might assume that donors and the GOP might agree on a financial scheme--subject to annual review and approval--along the following lines:

<u>Year</u>	<u>Total Local Cost</u>	<u>Current GOP Allocation</u>	<u>Increased Local Cost</u>	<u>of which</u>	
				<u>Donors*</u>	<u>GOP**</u>
<u>In Rupees, Cröre</u>					
FY 74	6.5 #	2.5	4.0	3.00	1.00
FY 75	8.2	2.5	5.7	3.20	1.50
FY 76	8.6	2.5	6.1	3.66	2.44
FY 77	8.9	2.5	6.4	2.13	4.27
FY 78	9.1	2.5	6.6	1.32	5.28
Total	41.3	12.5	28.8	14.31	14.49

* Based on sliding scale of 75%, 60%, 33% and 20%, FY 75-78.

** From either domestic rupee generations or the use of U.S. owned excess rupees.

USAID estimates.

If, as is assumed, the donors also finance imported commodities, supplies and equipment for the program, plus advisors and foreign training, total donor contributions would be of the order of:

1. FX Requirements	9-10 million
2. Local Currency Support	<u>14-15 million</u> 22-25 million

over the five year period.

GOP inputs in the same period would total about Rs.27 crore.

**Expanded
Population Planning Scheme
for Pakistan**

Publicity/Information/Communications Program Development

Annex D

Expanded
Population Planning Scheme
for Pakistan

Automotive Operation and Maintenance System Development

Annex E

Expanded

Population Planning Scheme

for Pakistan

Automotive Operation and Maintenance System Development

Status Report

April 26, 1973

1. General

To support its contraceptives delivery system, deploy staff personnel and carry out publicity promotion and motivational efforts, the Population Planning Division operates in all four Provinces of Pakistan a sizeable fleet of jeeps, motorcycles, scooters and audio-visual vans. From the population program's inception, USAID, UNICEF and other donors have supplemented the fleet strength with inputs of vehicles and spare parts.

While USAID did not formally address itself to the problems of maintaining such a fleet until early in 1971, there had been persistent constraints upon its optimum operation, ranging from funding, training of drivers and administration to servicing, repair and spare parts procurement. It was recently estimated that 40 - 50% of all vehicles are at any given time deadlined and of no utility to the program.

Added to these problems were the unusual deterring factors of war, occasional civil strife and other emergencies which diverted vehicles and personnel from their originally assigned tasks and which escalated mechanical and replacement problems.

2. Program Development

Even at the relatively low level of activity then common to all elements of the family planning program, early in 1971 it became apparent that there was needed a comprehensive program that would provide effective management, efficient operation and maintenance of an automotive fleet capable of fully supporting the Family Planning Program then and in the future. USAID, acting up on a request from the Government of Pakistan's Family Planning Division, in June 1971 drew up a Project Implementation Order for Technical Services outlining the tasks of a consultants/specialists team that would undertake a complete assessment of all aspects of the operations and maintenance of the automotive fleet, including managerial, administrative and technical components.

Uncertainties following the disturbances in East Pakistan, now Bangladesh, and the ensuing war of December 1971 militated against the implementation of this PIO/T until the fall of 1972, when a contract for services of an automotive maintenance team from Trans World Management Corporation, of Washington, D. C., was executed.

A three-man team arrived in Pakistan on November 20, 1973 and concluded its assignment February 18, 1973, providing a report (formally reviewed with the GOP Population Planning Division on February 15 and with the USAID Director the following day).

The team interviewed during its stay 71 individuals directly associated with the Population Planning Program, in either the Central Government or the Provinces, visited appropriate outside agencies and reviewed all available reports and pertinent official documents. In addition, its members inspected private workshops, tool and spare parts shops, vocational training schools, Customs Offices, the Weather Bureau, workshops of the Health Equipment Maintenance Organization, the Malaria Eradication Program and UNICEF, as well as the offices of the Ford Foundation, Swedish and Netherlands Embassies.

Among the team's findings, predicated upon these contacts and observations, were the following:

- (1) Out of an automotive fleet of 396 autos, 95 motorcycles and 586 scooters, 146 (or 39%) units were inoperable and another 48 (or 12%) were in such bad condition they ought to have been deadlined for major repairs. In addition, another 400 motorcycles had been recently received, but no distribution records were available to the team.
- (2) Of the units in the fleet 93% were 1966 models or newer.
- (3) Only two written directives could be located which concerned the transport fleet or its operation.
- (4) Scheduling of vehicle usage was inconsistent and often unproductive.
- (5) No adequate system was found for orderly procurement and/or replacement of vehicles.
- (6) Preventive maintenance was minimal.
- (7) Repair procedures were not uniform, due in part to the variety of vehicle origin (according to donor) and to differing regulations governing repair authorization limitations.

- (8) Mechanics were found to be inadequately qualified, rarely trained and, for the most part, supplied with the most meager of tools.
- (9) No formal on-the-job training programs existed for personnel assigned to fleet operations.
- (10) Over-riding most of the above considerations was the team's observation that budgeting for the fleet was not based upon accurate cost estimates, and that, at best, total transport funding approximated only 7% of the Population Planning Program's budget (half of it provided by the Central Government, the remaining 50% by Provinces often unable to meet their quotas).

Some of these findings were anticipated by the Population Planning Division from its own records and experiences and from discussions with members of the AID Automotive Maintenance Team during and at the end of its tour. The Division's Population Planning Scheme for Pakistan During the Period 1973-74 and 1974-75, which was prepared without reference to (and before the release of) the Team's final report, took stock of its transport fleet situation and proposed a number of improvements, among them the following:

- (1) Provision of four (4) vehicles for each District Family Planning Board in CMS areas, and a scooter/motorcycle for each Population Officer, and Training and Inspection Officer.
- (2) In non-CMS areas each Population Planning Officer would be provided a motorcycle or scooter, and the two mobile teams under him will each be provided a jeep. In addition to and replacing, in some cases, the 287 jeeps currently assigned to Districts 444 jeeps would be ordered on a phased basis during 1973-74 and 1974-75.
- (3) Remedy the situation of approximately 40% of existing jeeps requiring spare parts and repair to become operational.
- (4) A mechanic is to be assigned to each District for repair of vehicles and scooters or motorcycles.
- (5) Each Province is to establish a well staffed and equipped Provincial Workshop.

- (6) Operating funds per vehicle to be increased to approximately Rs. 7,000 per year. (Funds for spare parts purchased and shipment to be increased to Rs. 5,000 per vehicle per year, Rs. 750 per unit per year for motorcycles and scooters).

These proposals represent a considerable increase in budget allocation for transport but, at the same time, indicate an official awareness of the serious problem presented by inadequate, not fully operational transport facilities both fixed and mobile.

While the proposals fall short of the measures ultimately recommended by the Vehicle Maintenance Team, they are encouraging factors.

Sequence of Action Proposed

The team, in its final, more refined report (delivered to AID/W early in March 1973 and to USAID shortly thereafter) has made the following major recommendations with which USAID staff is in substantial agreement:

- (1) Establishment of adequate physical facilities* for implementing effective preventive maintenance and repair of Population Planning vehicles, motorcycles/scooters.
- (2) Recruitment and on-the-job training of mechanics and materials control (stores and warehousemen) personnel.
- (3) Scheduling of vehicle additions and major overhaul.
- (4) Establishment of procedures for adequate budgeting of transport operations.

A key input to the recruitment and training recommendation would be the proposed provision by USAID of a Chief Advisor-Trainer, attached to Central Population Planning Headquarters, and three Advisor-Trainers, one each attached to the upcoming Provincial Workshops at Lahore, Peshawar and Hyderabad.

* Including provision of one major workshop in each of three Provinces, Punjab, Sind and NWFP, and a small workshop in each District.

For overall planning and budgeting purposes, the team has proposed a program divided into three phases, each of 12 months or less. Phase I would commence with Population Planning Division's acceptance of the recommended action which would include hiring of mechanics, provision of a workshop in each District and one major workshop in each of three Provinces, the requisition of sufficient spare parts for the Central Warehouse in Karachi (for nationwide distribution) and the ordering of additional vehicles.

Phase II would provide for major overhaul work, normal maintenance and minor repair enabling transport operations in each of the CMS Project Districts to support the estimated number of CMS teams then available.

Phase III would bring all the other Districts (non-CMS) into the CMS System on the same basis as Phase II.

Latest Developments

The draft report of the Automotive Maintenance Team was given to Mr. Maqbool Ahmad Shaikh, Deputy Secretary of the Population Planning Division, on February 15, 1973 for his review and comment. Subsequently, the Final Report of the Team was delivered to Mr. Shaikh and, on April 26, 1973, a formal request by letter from USAID was made for early consideration of steps which might be taken to implement the team's recommendations.

Inasmuch as USAID support to vehicle and parts procurement is conditional upon the establishment of an effective automotive operation, maintenance and repair capability by the Population Planning Division, it is hoped that concurrence in the report's recommendations or suitable alternatives can be secured at an early date.

If we may assume that such concurrence is forthcoming, USAID would set the following sequence in motion:

- (1) Discuss the proposal that training of mechanical and stores/ supplies staff be undertaken with the guidance of an AID financed Advisor/Trainer team of four, assigned over a two-year period to Central and Provincial fleet operations and support functions.

- (2) Consult with Population Planning Division staff in a joint analysis of budget and funding, with particular attention to closing the present gap in estimates which exists between the Government document and the Final Report provisions of the Automotive Maintenance Team.
- (3) Devise a PERT program for construction and equipping workshops at Provincial and District levels.
- (4) In the same manner, devise a procurement-delivery schedule for vehicles and spare parts, coordinating with other donors as available.
- (5) Institute a pattern of operational reviews to be made jointly by USAID staff and Population Division personnel assigned to the transport administration sector.

Expanded
Population Planning Scheme
for Pakistan
Oral Contraceptive Pilot Scheme Development

Annex F

Expanded
Population Planning Scheme
for Pakistan
Oral Contraceptive Pilot Scheme Development
Status Report
1 May 1973

1. General

During the course of the discussions on the Expanded Population Planning Scheme, particular note was made of the use of the oral contraceptive pill. It was observed that in spite of the emphasis given to the importance of the pill, the present system for supplying orals tends to discourage acceptance and use. The Population Planning Division has agreed that a pilot scheme would be developed for testing out how to deliver the oral pills more effectively. This Annex summarizes the status of the action in developing the Oral Contraceptive Pilot Scheme. Much of the information was provided in Airgram TOAID A-62.

2. Program Technical Staff Proposal

A technical staff proposal was designed through a series of meetings among USAID and Population Planning Division professional staff 16-20 March. The Proposal was based on the concept of the delivery of oral contraceptives by Population Planning Workers (PPW) utilizing a questionnaire/check list to determine client eligibility to receive orals without further medical or para-medical screenings. A plan was built into the Proposal for restructuring of worker selection and training procedures, for supervision and management of operations, and for designing a new record system and development of an information feedback system.

3. Population Planning Division Proposal

The Population Planning Division management on 6 April rejected the Technical Staff Proposal, but at the same time suggested that a pilot project be developed having the following objectives:

- (a) To study the effectiveness of various approaches to delivery of oral pills to the clients;
- (b) To determine the prevalence and nature of contra-indications in a population;

- (c) To determine the incidence and nature of serious complications among the pill users;
- (d) To discover the channel most suitable for referral of cases having serious complications; and
- (e) To study program modifications necessary for staff training, record keeping, etc.

Basically the pilot scheme was to involve the delivery of orals through CMS program channels utilizing three different procedures:

- (a) First supply by the PPW. Physical examination is to be given before next supply; subsequent supply through PPW.
- (b) First examination and supply by Family Welfare Visitor (FWV) (Para-medical) and subsequent supply by PPW.
- (c) Referral of cases by PPWs to clinics for examination and supply. This is the present pattern of distribution of oral pills and is to act as a control for the first and second methods of distribution described above.

The record system proposed is based on a sampling of CMS register information enhanced by answers to some additional questions related to orals. The Population Planning Division proposal does not provide for delivery of orals without para-medical screening. The Population Planning Division program managers feel that they cannot at this stage eliminate the minimal medical screening procedure called for in each of the above pilot project alternatives. They wish to proceed with the pilot project as outlined and then consider additional approaches after the outcome of the pilot project has been evaluated. The Pilot Project is designed to be consistent with the present program organization, personnel and supervisory system. Mr. Maqbool Ahmed Sheikh, Deputy Secretary, has agreed to present a detailed program/project design to USAID for study and we expect to receive this shortly.

The basic reason that the Government in the pilot project insists on minimal para-medical screening grows out of the emphasis on full medical screening in the U. S. (and other) literature and on pill packages. Officers of the Population Planning Division believe that sponsoring orals distribution without any medical or para-medical screening will bring objections from physicians, senior government officers, lay public, and political forces that Pakistani women are being given less protection than is provided to women of developed (or other developing) countries. These

forces have not yet been persuaded by the valid argument that the danger to health is many times greater from pregnancy than from use of pills.

Because of the insistence on para-medical screening in a system where facilities, personnel and mobility are serious constraints, we believe the pilot project as designed may not prove successful. The present field structure will probably not be able to cope with the problems of movement of personnel (LHVs who must visit clients for examination and resupply, and clients who must visit clinics), of record keeping and of reports and notifications of movement. Thus, we see the orals pilot project as the first of a series and expect the experience will be used for improved pilot schemes at a later date. USAID plans to continue discussions with the Population Planning Division looking to the delineation of new Districts in which to experiment with the delivery of orals and other services, building in provision for the development of experimental models for personnel selection, training and supervision elements, with an appropriate data system. We hope over time Pakistan will build more workable models for pill distribution.

Although we are somewhat skeptical about the likelihood of the Pilot Project as designed being optimally successful, we are also very much aware that Pakistan officials must make decisions on the basis of their own political and cultural context just as must American officials at home. The decision to go ahead with a Pilot Project which permits initial distribution of orals without medical or para-medical screening represents an important step toward designing a program which is consistent with the harsh realities of scarce medical facilities, personnel, and mobility.

Two factors should be mentioned as additional positive elements. First, the Population Planning Division has decided to make supplies of orals available to all doctors, both public and private. Second, orals do not require a prescription and are freely available in pharmacies. Although discussions have not gone beyond the stage of general concepts, the Population Planning Division is now considering how orals might be put into the market at subsidized prices. Thus we feel that the environment for increased usage of orals has improved considerably.

4. Current Status

USAID has been advised by Mr. Maqbool Ahmad Sheikh, Deputy Secretary, Population Planning Division, that the following decisions have been taken on the orals pilot project:

- (a) Pilot projects will be carried out in Niaz Baig, Lahore District and Jaranwala, Lyallpur District. Both are served by one Population Planning Officer (PPO) Circle with one PPO and six

CMS type worker teams in each Circle. The population in each area approximates the standard 72,000 which is the usual base structure.

- (b) Starting 4 or 5 May a two-day training course will be given by TREC for the District Population Planning Officer and the District Technical Officer of the two Districts in which the pilot projects are to be established. The PPO in charge of each of the pilot areas also is to attend.
- (c) Starting on or about 7 May a one week training course will be given in Niaz Baig and Jaranwala to be attended by the program supervisors, the Family Welfare Visitors (para-medical) and worker team members. It is understood at least one day during training will be devoted to a review of recent literature on oral contraceptives.
- (d) The pilot program operation will start in each area on or about 14 May.
- (e) The pilot program design has been prepared in draft and is to be made available for review within a few days.

5. Proposed Actions

- (a) USAID will follow up on the matter of the oral program write-up.
- (b) Dr. Stephen C. Thomas, USAID Public Health Physician, and Spencer M. Silberstein, USAID Population Officer, will visit the pilot areas, review staffing and logistics and observe training during the week 7-14 May.
- (c) USAID will obtain and review copies of the training material being utilized for both supervisory and workers team training.
- (d) Dr. Donald Minkler will visit the pilot areas during the course of his TDY 28 May - 2 June.
- (e) USAID will arrange for regular periodic reports on the results of the pilot program operation.
- (f) USAID staff will make visits to the pilot areas at least monthly.
- (g) USAID will engage the Population Planning Division in discussions on the development of improved orals pilot projects, building on the experience of the two pilot projects in Lahore and Lyallpur Districts.

6. Latest Development

On May 6, 1973 Mr. Maqbool Ahmad Shaikh telephoned from Karachi to report that the Population Planning Council (meeting in Karachi on May 4) had decided to make the oral pill available throughout the program without medical/para-medical screening. He also stated that the pilot projects in Niaz Beg and Jaranwala would be carried out as designed for the purpose of providing basic data on continuation and like information.

USAID will follow the action closely both on the program front and in the pilot areas and keep AID/W apprised.

Expanded
Population Planning Scheme
for Pakistan
Manpower and Training Program Development

Annex G

Expanded
Population Planning Scheme
for Pakistan
Manpower and Training Program Development
Status Report
(As of May 5, 1973)

1. General

Early in the discussion with the GOP Population Planning Division on their Expanded Population Planning Scheme 1973-74/1974-75 it became apparent that one of the major constraints to speedy and successful implementation of the Scheme could be the selection and training of the very large number of new staff members required in the relatively short period of time before July 1, 1973, when the Scheme was scheduled to be fully operational. The scope of the problem is illustrated by the fact that the number of new employees involved will total almost 9,000, more than 8,100 of whom will be directly concerned with the actual delivery of services to the client population. In terms of total numbers, the staff required for the Expanded Scheme will be about 16,600 by the end of FY 1975, an increase of about 3,100 from the present 1972-73 staffing level of about 13,500. Details of the staffing plans are shown in Table 1.

At the beginning of the Fourth Plan Period (1970), in recognition of the important role training would play in the successful installation of the Continuous Motivation System as the primary family planning service delivery system, the newly organized Training Research and Evaluation Center, Lahore, was assigned the responsibility for developing training materials and methods and supervising (and conducting) training. While during the three years of its existence the TREC training staff has organized and carried out most of the initial and refresher training for all cadres of non-clinical field personnel, given the fact of the slow pace of CMS program expansion, the training load involved has been small and thus the approach of TREC to training could be responsive rather than innovative. Even in those instances where a District was being converted to the Continuous Motivation System, TREC normally organized training teams on an ad-hoc basis to conduct the training on the ground. Major emphasis has been on note learning. Course content, newly developed for each training assignment, has been primarily concerned with mechanics; how workers draw maps, number houses, fill out registers and submit activity reports. Only limited amounts of standardized background material was

TABLE 1

POPULATION PLANNING SCHEME FOR PAKISTAN
PERSONNEL PROJECTIONS

ORGANIZATION/POSITION	1973-74	1974-75	1972-73	Increase
<u>CENTRAL ORGANIZATIONS</u>				
Central Headquarters	227	227	227	-
Supply Staff	25	25	20	5
NRIFC	78	78	68	10
TREC	183	183	183	-
Post Partum Directorate	30	30	20	10
Demographic Research Center	49	49	-	49
Post Partum Clinics Staff	270	270	190	80
<u>FIELD STAFF</u>				
Provincial Headquarters	279	279	234	45
Regional Training Center	119	119	40	79
Regional Inspection Teams	20	20	16	4
District Headquarters	836	836	836	-
Medical/Surgical Superintendent	94	94	76	18
Inspection/ Training Officers	270	270)	148	392
IO/ TO Staff	270	270)		
Population Planning Officers	831	831	826	5
Population Planning Workers	8464	8464	2134	6330
Lady Motivators	441	441	-	441
Family Welfare Visitors	1109	1109)	879	1339
Ayas	1109	1109)		
Audio-Visual Units	76	96	76	20
Drivers-Mechanics	324	398	324	74
Mechanical Workshop	57	57	10	47
Dais	1340	1340	7090	(5750) ^{1/}
GRAND TOTAL:	16501	16595	13397	8948 ^{2/}

^{1/} (Decrease of 5750 dais in 74-75) because of shifting over of program to the CMS.

^{2/} (This total includes incremental figures only)

developed for distribution to participants. Little time was given to consideration of population issues and to the rationale behind the family planning program.

In addition to coping inadequately with the training problem, the then GOP Family Planning Division failed to formulate a plan for manpower - staff development to meet the requirements of expanding the CMS throughout the country. The District and Provincial Family Planning Boards were given responsibility for selection of personnel. Central population planners gave little guidance. There was little attempt to define what skills were required for each job to be filled. Detailed job descriptions apparently were prepared only for a few categories of workers. Selection criteria were largely undefined or ignored by local authorities. No test or questionnaire was designed to screen applicants. Apparently no attempt was made to ascertain the level of commitment to the concept of family planning.

As for the supervisory staff, most District Inspection Officers and Training Officers were promoted from the existing pool of Family Planning Officers with little regard for their suitability as trainers or inspectors. New recruitment largely was limited to the Family Planning Worker (now PPW) cadre which was to replace the illiterate dais (village midwives) in CMS Districts. The job announcements for Workers were issued at the District Headquarters by the District Family Planning Board with the result that applicants were largely from the urban areas of the district areas, although they were to be the principal point of contact with the target population, most of whom were in rural areas.

2. Actions by the Population Planning Division

Ultimately, growing out of observations by the Population Planning Division staff, TREC studies on Population Planning Workers and on Sialkot District CMS performance and observations and reports by foreign observers, it became clear that the Population Planning Division staff development process was woefully inadequate to meet the staff needs of the expanded scheme. Staff selection and training was identified as a management area to which priority attention should be directed in preparation for the staff expansion needed to support the program. Thus it was that in mid-February 1973 the Joint Secretary, Population Planning Division directed the TREC to devise a manpower development strategy. It was understood that USAID personnel would collaborate closely with the TREC during this operation.

Early in the discussions, when it became apparent that those responsible for developing the strategy were uncertain on how to proceed, they were provided with an outline of suggested steps they might wish to take.

Included among these were the preparation of detailed job descriptions, the development of personnel selection procedures, the development of course content for initial training, the analysis and establishment of training methodology and the establishment of evaluation mechanisms. It was also suggested that on the on-the-job training performance by the District Training Officers should be analyzed and improved where required.

a. Training Material Development: On 30 March 1973 the Deputy Director, Training, of TREC issued a memorandum outlining the program which would be followed in developing training materials for all categories of program workers. It was indicated that the materials (initially at least) would be in the form of manuals (newly developed or revised) for the following categories of workers and supervisors:

- (a) Population Planning Workers
- (b) Lady Motivators
- (c) Family Welfare Visitors (para-medical)
- (d) Population Planning Officers
- (e) Training and Inspection Officers
- (f) District Population Planning Officers
- (g) District Technical Officers
- (h) Front-line Workers (non-PPD)

The list thus encompasses all of the key field program personnel. According to the memorandum, each manual is to include:

- (a) Job description for the position
- (b) Detailed statement of criteria for recruitment
- (c) Contents of training in lecture form, including at least one chapter highlighting the seriousness of population growth, its adverse effects, and the role that the particular staff member can apply.
- (d) Strategy and procedure for evaluating the effectiveness of training

There was attached a schedule for manual preparation reproduced below:

TRAINING MANUALS FOR POPULATION PLANNING FUNCTIONARIES
(30 March 1973)

Type of Manual	Date for 1st Draft	Date for 2nd Draft	Date of Finalization	Final Printing of the Manuals
Population Planning Workers	25-3-73	10-4-73	20-4-73	30-4-73
Lady Motivators	15-4-73	25-4-73	30-4-73	15-5-73
Family Welfare Visitors	31-7-73	15-8-73	31-8-73	30-9-73
Population Planning Officers	5-5-73	10-5-73	15-5-73	31-5-73
Training and Inspection Officers	10-4-73	15-4-73	20-4-73	25-4-73
District Population Planning Officers	30-6-73	15-7-73	31-7-73	15-8-73
District Technical Officers	15-7-73	31-7-73	15-8-73	31-8-73
Front-line Workers	20-3-73	31-3-73	10-4-73	25-4-73

While there has been a fair amount of slippage in meeting the deadlines, as of May 3 USAID was advised by TREC that the manuals for training of Front-line Workers and Population Planning Workers had been completed and were being printed. The Training and Inspection Officer manual was to be ready for printing on or about 10 May. The manuals for the Population Planning Officers and Lady Motivators are nearing completion; TREC hopes to have the printing finished by the end of May 1973. If they are able to hold to the schedule, by the first of June only the manuals for the Family Welfare Visitors, District Population Planning Officers and District Technical Officers will remain to be completed.

USAID has been provided with the first drafts of the training lectures (in Urdu) which are to be included in the manuals for the Population Workers. After translation we have reviewed the lecture material. While the material needs

continuous testing and improvement on the basis of experience, on balance it seems to be an adequate beginning.

TREC has also drafted a manual for the "Front-line Workers". (This term is used to designate those extension agents of other development ministries who work with the public at the District level.) The manual contains a series of short papers on population dynamics and basic reproductive physiology. The information in the manuals is to be supplemented by short seminars given by the Training and Inspection Officers of each Districts. A questionnaire has been designed by TREC to measure the information acquired by the Worker during the course of the instruction.

TREC also has prepared a volume of papers to be used as hand-outs to population planning trainees since the Population Planning Council has decided that district field personnel would gain more acceptance among the rural population if they were more knowledgeable about other development problems. The papers include those on social welfare, community development, MCH, public health, first aid, nutrition, cooperatives, agriculture, and an historic overview of family planning in the Republic of China. A USAID staff member has reviewed the translations of the first two papers and has found them informative and quite accurate. Translations of the other papers are being made giving USAID staff an opportunity to participate in the review process.

USAID has been promised copies of other training materials as they come off the press. As they are tested and improved we expect it may be useful for Pakistan to share these with program managers in other countries.

b. Training Operations: In addition to preparing training materials, the TREC staff also undertook the development of training schedules. It was quickly realized by the TREC and program management that the first such effort, prepared in early March, was unrealistic in terms of time and priorities. Among the problems, it was clear that far too much emphasis initially was to be given to the training of administrative functionaries leaving too little time for the training of field staff. Therefore, a second schedule was developed, which accompanied the March 30 memorandum. The schedule (see Table 2) appears to be much more realistic in terms of the time frame and sequencing. We continue to have misgivings about the adequacy of the training, given the shortness of the time allocated for each type of training. Also, we feel that inadequate attention has been given to developing the lesson plan and training scenario for each class.

We understand that the training, which was to have started on April 23 for the TREC staff, in fact got off as scheduled. Similarly, the TIO training started on schedule. If the schedule can be adhered to, the initial round of

Table 2 (Annex G)

TIME SCHEDULE FOR THE TRAINING OF
POPULATION PLANNING PERSONNEL
(1973 - 1974)

Type of Personnel	Number to be trained	Numbers and Groups	Duration	Dates	Places	Type/Trainers
1.	2.	3.	4.	5.	6.	7.
TREC	20	20 (1)	One week	23-4-73 to 28-4-73	Lahore	Refresher, by TREC Staff
TIOs	270	30 (9)	Two weeks	30-4-73 to 27-5-73	Lahore (1) Multan (2) Hyderabad(2) Karachi (1) Peshawar (2)	Initial, by TREC Staff and DPOs
PPOs	831	30 (28)	Two weeks	4-6-73 to 30-6-73	Districts	Initial, by TIOs, under TREC supervision
PPWs	8,464	30 (282)	Two weeks	2-7-73 to 31-8-73	Districts	Initial, by TIOs and PPOs under TREC supervision
LMs	441	30 (15)	Two weeks	1-9-73 to 30-9-73	Districts	Same as above
Dais	1,340	20 (67)	One week	1-9-73 to 30-9-73	Districts	Same as above

TIOs = Training and Inspection Officers

DPOs = District Population Officers

PPOs = Population Planning Officers

PPWs = Population Planning Workers

LMs = Lady Motivators

training will be completed by the end of September 1973. At that time, a refresher training sequence is to start.

USAID plans staff visits to the training operations starting May 7. Such visits, coupled with discussions about training contents and techniques have been welcomed; however, since all training is given in Urdu, we are handicapped in our attempts to be helpful.

c. Selection Criteria and Job Descriptions: Discussions have been held with PPD managers and TREC staff on the development of position descriptions and selection criteria for the various categories of program personnel. Apparently much of the actual work of assembling the material was undertaken by the TREC staff. On May 3, 1973 copies of the job descriptions and selection criteria on the following were received:

District Population Planning Officer

Training Inspection Officer

Training Officer (Non-Project District)

Training Officer (Project District)

Population Planning Officer

Population Planning Officer (Non-Project District)

Population Planning Officer (Project District)

Population Planning Workers

From a cursory review of the material it is apparent that while an attempt has been made to develop job descriptions or modify existing descriptions to gear them to the Expanded Scheme the transition from the Fourth Plan design to the design of the program under the Expanded Scheme is still in process, at least at the personnel level. It is evident that additional inputs of time and effort by program managers will be required before satisfactory descriptions will be available.

In the case of the criteria, there has been developed a system of weighting for various qualifications e.g., education, marital status, place of residence, age. In addition, standard examinations have been proposed for some types of jobs and a selection board identified. Positions to which these comments apply are: District Population Planning Officer, Training/Inspection Officer, Population Planning Officer and Population Planning Worker. The forward movement in this area is more encouraging than in the case of the job descriptions, but much remains to be done.

d. Medical/Para-medical Personnel Training: There appears to have been little progress made on this front with the exception of an indication that training will be given to the staffs of the Regional Training Institutes in late August and early September 1973. Given the importance of the Family Welfare Visitor cadre (para-medical) to the future of the orals input and the expansion of the services (MCH) to be assigned to the clinics, it is apparent that much more attention must be directed to this area.

3. Proposed Actions

a. USAID staff (Mr. Spencer M. Silberstein, USAID Population Officer and Mr. Marschal Rothe, Population Information Specialist) will begin visits to training classes during the week 7-14 May and continue as required to maintain reasonable coverage of the operation. Review of training material will continue.

b. Mr. Silberstein will discuss with the TREC staff the up-dating of job descriptions to bring them in line with the Expanded Scheme requirements.

c. The improvement of staff recruiting, selection and training will continue to be discussed with the Population Planning Division management. In this connection, USAID will follow up on the request for nominations for attendance at the "Training of Trainers" course scheduled for September 1973 in the U. S. (the offer has already been made to EAD).

d. Dr. Stephen C. Thomas will discuss the problem of and plans for Family Welfare Visitor and Lady Motivator Training with Dr. (Mrs.) Sajida Samad, Deputy Director, Medical, PPD, and with Dr. (Mrs.) Safia Amina, Deputy Director, Medical, TREC. He also will review the plans for opening and staffing of the new Regional Training Centers in Multan, Karachi, Peshawar and Quetta.

e. USAID will request AID/W to complete arrangements for the visit of Dr. Frank Moore (Family Planning Staff Development Specialist from Tulane) June 4-20, 1973. (GOP clearance on Dr. Moore has been received.)

f. Arrangements will be made by USAID for the visit of Dr. Don Minkler to one or more Regional Training Centers and for discussions with key medical and training personnel during his stay in Pakistan now scheduled for 26 May - 2 June.

Expanded
Population Planning Scheme
for
Pakistan
Information and Data Feedback System Development

Annex H

Expanded
Population Planning Scheme
for
Pakistan
Information and Data Feedback System Development
Status Report
4 May 1973

1. General

In the report on U.S. aid to population/family planning programs prepared by a staff survey team to the Committee on Foreign Affairs of the U. S. House of Representatives it was noted that "because of the unreliability of statistical reporting, it is virtually impossible at this time to assess the impact of U.S. supported programs on population growth rates in recipient countries, or to obtain firm cost-effectiveness data on program operations." While this statement referred specifically to programs in Korea, the Philippines, Indonesia and Thailand, it applies equally to the situation in Pakistan.

Despite the existence of a national family planning program for the past 12 years, there does not exist at this time what can be termed a satisfactory process of data collection, analysis, and use in management decision-making. Program data which are routinely collected at present--as in the past--tend to be focused almost entirely upon quantitative measures such as number of condoms sold, staff employed, training sessions held and the like. In the absence of pertinent data, conveniently available, Pakistan's program administrators have had to make decisions based upon scanty and impressionistic evidence. However, early in 1971 initial consideration by the Population Planning Division (PPD) of a design for a modern data feedback system began in consultation with US AID financed specialists. Because of preoccupation with the War and program development problems, the matter was dropped at that time. Now, in connection with planning for the Expanded Program, provision is being made for the development of an information collection, collation and feedback system.

2. Program Development

Growing out of program discussions with the Population Planning Division during January and February 1973, arrangements were made for a visit to Pakistan by a representative of the U. S. Bureau of Census, Mr. Tom Lorimer. Mr. Lorimer spent the period March 15 through April 21, 1973 in discussions with officials of the GOP Population Planning Division and or associated

organizations including: (a) the National Research Institute of Fertility Control, (b) the National Post Partum Program, (c) the Population Planning Boards of the Provinces of Sind, North Western Frontier and Punjab, the District Population Planning Boards of Karachi, Sialkot and Peshawar, (d) the Training, Research and Evaluation Center. Detailed discussions also were held within US AID.

From the discussion and field visits Mr. Lorimer concluded that the current Continuous Motivation System (CMS) data collection system, which involves multiple summarization and aggregation of data, invites errors and data manipulation and therefore generates unreliable aggregate data for the country.

He also felt that a 100% client record data concept--a client contact form completed for all contacts with all eligible persons and a copy of each contact form transmitted to some central point for processing and tabulation--would not be satisfactory.

Similarly he considered that annual cross section sample surveys by non-CMS field personnel would not be satisfactory. The lack of first-hand and timely exposure of the CMS field personnel to operational problems was one concern. Inability to accurately measure the continuity of client service and method usage over a time span was another concern. The cost and the lack of readily available and trained manpower to design and control the execution of a probability sample of eligible persons and the inability to obtain data for small administrative areas also causes concern.

Mr. Lorimer then concluded that the desired data collection method should be based on the following:

- (a) It should be within the capability of the field worker to collect and accurately record all desired contact data in the register.
- (b) All the contact data for a probability sample of eligible persons should be transcribed and checked by Training and Inspection Officers (TIO's) and sent directly to a central point for machine processing. This should reduce the cost of data collection and processing; reduce the volume and handling of loose paper; provide a means of improving the accuracy of the data; give TIO's first-hand knowledge of areas in which training or retraining is necessary; reduce the possibility of introducing error into the data during collection, transmittal and processing; and provide accurate data on the timeliness and regularity of field worker visiting and the continuity of client method usage.

Mr. Lorimer prepared a monthly sample design based on the TIO area. The

execution of this suggested TIO area sample design involves the following essential steps:

- (a) From the registers in the TIO area a list of all eligible persons must be developed. This list must include data which allows each eligible person to be uniquely identified. This list must also include eligible person characteristics data for use in weighting the sample cases up to the total number of eligible persons in the TIO area. The listing must be checked by central office personnel before it is used as a sampling frame.
- (b) Selection of the sample cases must be done by central office personnel and must be known only to them and the TIO when it is time for him to know.
- (c) Sample cases must be selected using some probability mechanism.

Mr. Lorimer's proposed sample design is based on a 5-year period and gives a coverage of about 4% of all eligible persons in the TIO area being studied or restudied. The sample design is considered on the basis of restudy at 8, 4 and 3 month intervals.

The general concept articulated by Mr. Lorimer which grew out of his long and detailed discussions with many government officials, was accepted by Mr. Maqbool Ahmad Shaikh, Deputy Secretary, Population Planning Division during the course of an exit meeting on 19 April 1973.

Also considered in depth was the matter of possible revisions in the data collected by the Population Planning Worker in the CMS Register. However, this matter was not resolved but left for further discussion on the basis of a final report to be prepared by Mr. Lorimer. The key points made by Mr. Lorimer during these discussions were:

- (a) that the data collected should be necessary to the management of the national family planning program (some apparently is not) and;
- (b) only if the tabulations prepared on the basis of the data being collected provide a clear-cut basis for management decision regarding problems should the data be collected.

Mr. Lorimer suggested that the introduction of new data collection and processing procedures might best be approached on the basis of a pilot experience. They can then be gradually extended to the entire Expanded Program. He proposed that consideration be given to a pilot study in Sialkot and Rawalpindi Districts. He noted that Sialkot is a well established CMS

district and should provide adequate experience with the range of problems to be encountered in introducing the new procedures into an operating CMS district. Rawalpindi is a readily accessible urban district which is ripe for CMS installation.

3. Sequence of Action Proposed

Mr. Lorimer proposed the following schedule for the pilot study activity:

- (a) April, 1973 - Selection and clearance of Pakistani personnel to attend the U.S. Census Bureau's Professional Workshop on Family Planning data system design. (Two PPD staff departed for the U.S. on May 3, 1973 for this training.)

- (b) Accomplish the following during FY 1973, FY 1974 and FY 1975:

Design data collection form (2 man months)

Design tabulations (4 man months)

Write data collection methodology (2 man months)

Write instructions for completing data collection form (2 man months)

Write instructions for reviewing form before transmittal
(1 man month)

Write data transmittal instructions and design control form
(2 man months)

Write manual processing instructions (2 man months)

Write computer processing instructions (2 man months)

Establish computer accessibility and programming
capability (1 man month)

Select sample of clients (2 man months)

Train field and clinic personnel in how to use, review and
transmit data collection forms (3 man months)

Train personnel in manual processing (1 man month)

Write computer programs (6 man months)

Collect data (starting in January, 1974)

Manually process data (starting in February)

Computer process data (starting in March)

Analyze first quarter's data and produce report which includes recommended changes in program operation (12 man months)

Make changes in data system procedures

Except for the last two items the above activities should be completed by June 1974.

- (c) The Population Planning Division should take steps immediately to develop, in the Headquarters, staff personnel capable of forms design, sample design and execution, instructional materials writing, training, programming, manual processing, analytical and management report writing. We believe it is important that this staff capability be within the Headquarters not in TREC not in the NRIFC or other subordinate bodies.

4. Status of Action on Pilot Study Schedule

- (a) Mr. Khalil Siddiqui, Deputy Director (Statistics), Population Planning Council and Mr. Haq Nawaz Shaikh, Deputy Director (Statistics, TREC departed for the United States on May 3, 1973 to attend U.S. Census Bureau's Professional Workshop on Family Planning Data System Design. Mr. Tom Lorimer and staff will work with them. They are to return to Pakistan on or about June 1, 1973 with the basic design of the pilot project and an agreed upon action sequence for accomplishing the tasks listed under 3 b above.
- (b) Mr. Tom Lorimer is scheduled to submit a revised visit report replacing the draft of April 18, 1973 in the near future.
- (c) Although Mr. Lorimer recommended the installation of the Pilot System in Sialkot and Rawalpindi Districts, US AID was advised on 30 April that the Population Planning Division management had decided to install the Pilot System only in Sialkot. US AID intends to discuss this matter further. Also, a message will be sent alerting Mr. Lorimer to the tentative change.

- (d) US AID is initiating discussions with the Population Planning Division regarding staff development as outlined in para 3 c above. We will await the return of Messrs. Siddiqui and Nawaz before discussing specific details.
- (e) US AID will initiate an inquiry regarding the assignment of consultant personnel for work on the installation of the pilot program.