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DEMOGRAPHIC DATA FOR DEVELOPMENT

POPULATION POLICY REVIEW

PAKISTAN

OCTOBER 31, 1984

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It is one of a series of reviews of information on population policy in developing countries prepared by the Demographic Data for Development (DDD) Project of WSSI under AID Contract DPE-3000-C-00-2017-00.

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Latest Update: 10-31-1984

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INTRODUCTION

This population policy review contains statements and information, referred to here as "indicators", of the explicit and implicit position of the Government of Pakistan on selected population matters. The review includes the latest information available from public sources and identifies the population issues of greatest concern to Pakistan and how the government is responding to those issues. The purpose of the review is to assemble available material on the indicators in order to enable the reader to analyze the current policy situation on the basis of available material. Therefore no attempt has been made to use only one source of information on a policy indicator where several exist. An attempt is made, however, to point out inconsistencies in information. A bibliography is included at the end of the review. Comments and new information are welcome; the review will be updated as new information is received. To input new information or to make sure you have the latest information available, contact DDD, Westinghouse Social Sciences International, P.O. Box 866, Columbia, Md. 21044, tel: (301) 992-0066 x276.

Note: the following abbreviations are used: FP=family planning; MCH= maternal and child health; NA=information not available.

ABSTRACT

Information in this review indicates that the Pakistani government is concerned about the population growth rate and has formulated explicit policies to reduce fertility and mortality levels. Most of the Population Welfare Planning Plan (1980-1983) which is the population section of the Fifth Five-Year Plan (1978-1983) concerns measures to reduce fertility by both direct and indirect means. The Pakistani government provides direct support for access to modern methods of family planning and maintains no legal restrictions on the import or sale of contraceptives. Sterilization is legal. Abortion is only legal if the life of the mother is endangered. Of the nine governmental bodies that address population and family planning issues, the two that appear to be the most influential are (1) the National Council for Population Welfare Planning, a policy-formulating body, and (2) the Population Welfare Division, a component of the Economics and Finance Ministry. The government is active in all kinds of population and family planning activities with particular emphasis on family planning services and education. The largest and most active of six non-governmental family planning organizations is the 30-year old Family Planning Association of Pakistan, an IPPF affiliate involved in coordinating non-governmental sector activities and supporting the implementation of the family planning component of the Fifth Five-Year Plan.

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 - 6. The Applied Economic Research Center, Karachi

I. Population Statistics

(SOURCE: Items A-I,O.Population Reference Bureau. 1984. Items J-N,P,Q.
Population Reference Bureau. 1981)

A. Population estimate (in millions).....	97.3
B. Crude birth rate.....	43
C. Crude death rate.....	15
D. Rate of natural increase.....	2.8
E. Total fertility rate.....	6.4
F. Infant mortality rate.....	124
G. Expectation of life at birth (both sexes).....	51
H. Percent urban.....	28
I. Percent of population under age 15.....	45
J. Percent of women aged 15-19 in union.....	28
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M. Percent literate-females.....	11
N. Percent literate-males.....	30
O. Per capita GNP (in US\$),1982.....	380
P. Population per nurse or midwife.....	4952
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II. Government Population Policy

A. General Statements on Population Policy

1. Policy situation as assessed in November 1983
(SOURCE: UN, 1983a)

"The reduction in the growth rate of the population is one of the objectives of the Fifth Five-Year Plan (1978-83) because it 'will serve the twin objectives of increasing the nation's capacity to save and invest and improving the per capita availability of goods and social services. Spacing children and limited family size will serve the important objective of improving the health of the mother and children'. The target is to reduce the growth rate from 2.9 per cent in 1978-1979 to 2.5 per cent in 1982-1983. Measures implemented to decrease fertility levels are the integration of the Population Planning Programme into an expanded health infrastructure, wider distribution of contraceptives and increasing female participation in the labour force. In order to reduce the crude death rate from 14.0 per thousand in 1978 to 10.2 per thousand in 1983 and infant mortality from 105 per thousand in 1978 to 79 per thousand in 1983, the Government is shifting its emphasis from curative to preventive measures, focussing primarily on associated community developments. Although the present trends and levels of emigration are considered satisfactory, highly trained professional personnel now must obtain a 'no objection' certificate from concerned ministries when going abroad. Policies are in effect to alter the spatial distribution of the population by integrating rural and urban development, increasing agricultural production and implementing an industrial location policy."

2. Policy situation as assessed by IPPF
(SOURCE: IPPF, 1983a)

"Government considers fertility level high. Policy to reduce population growth rate through integration of family planning into maternal and child health, wider distribution of contraceptives and increased female participation in the labor force. There has been a government programme since 1960, re-designed in 1976 with more emphasis on integrating family planning with rural and agricultural programmes. The 1983-88 Sixth Five Year Plan aims to reduce fertility rate from 5.9 to 5.4 and attain a birth rate of 36.2 per thousand by 1988. It will be implemented through family welfare centers providing comprehensive maternal and child health and family planning services run by the local community. The plan emphasizes male responsibility, breastfeeding, late marriage and improving the status of women.

"Family Planning Association of Pakistan, founded 1953, IPPF member 1954, cooperates closely with government in the implementation of the Population Welfare Plan. Government programmes are based on models developed by the FPA. The Association is supplying the family planning component in the government's integrated rural development project and in the clinics run by the social welfare directorate. It provides family planning motivation services and special services for the industrial sector. Sterilization project. Conducts a community-based distribution and information, education and communication programme. Special target groups--youth, women's clubs, trade unions, co-operatives and religious and civic organizations. Training programmes. Member of IPPF Indian Ocean region. IPPF support.

"Abortion legal on medical grounds only. Nurses and midwives trained to insert IUDs. Pill available without prescription. Tax allowances for up to two children."

3. Government position on population growth and family planning
(SOURCE: NORTMAN, 1982, TABLE 6)

"The Population Welfare Planning Plan, 1980-83, a three-year plan that is part of Pakistan's Five-Year Plan, 1978-83, aims to reduce the population growth rate from an estimated 2.9 percent per year to 2.7 percent per year in 1984, and to provide the required balance and coordination between family planning and social and economic development. The plan is funded by the UN Fund for Population Activities and the World Bank. Other plans are to provide 1,250 new family welfare centers, train an additional 300 physicians in reproductive health and fertility, and develop more effective strategies in family planning education. In 1980 the government shifted the family planning program from the Ministry of Health to the Planning Division and created a National Council for Population, Health, and Social Welfare under the Chairmanship of the President. In commenting on these developments, the press noted that family planning is a health, social, and economic issue, not a religious issue."

4. Highlights from country statement presented at the International Conference on Population, Mexico City, 6-13 August 1984:

"...In Pakistan, our endeavour is to construct an Islamic Welfare State, wherein our contact with the people is to achieve sustainable development. As such, our Population Programme strategies have gradually evolved into new and imaginative approaches which embrace many sectors and which involve the full participation of our people and communities. The Population Welfare Plan 1981-1984, which has now been extended up to 1988 as a part of the Sixth Five Year Plan is in accordance with the recommendations made by the World Population Plan of Action. It places heavy reliance on the family welfare concept through Family Welfare Centres which concentrate on reproductive health and child care services, nutrition of the growing child, responsible parenthood, status of women, lactation, age at marriage, etc.

"The Plan also envisages appropriate 'beyond family planning measures' which aim at improving the quality of life. My Government believes, with a conviction based on objective conditions in Pakistan, that essentially the position and role of women in society and infant care are the corner-stones for achieving demographic change or impact. The surrogate variables are improved reproductive health care, child survival, literacy and gainful employment for women...In Pakistan, it is recognized that it is not the prerogative of a government alone to manage, control and direct development. Accordingly, Pakistan's Sixth Plan states that development is 'for the people, of the people and by the people'. People's participation is therefore fundamental to development. The Sixth Plan upholds it and the Population Welfare Programme recognizes it. The programme has operationalized and institutionalized family and community involvement so that the ground-swell of acceptance for family planning is promoted, that people themselves identify the acceptable development package, including family planning, and that the community has responsibility and authority for non-technical dimensions of the programme in financial and administrative matters. This has also meant decentralization and changes in the existing structure to take the Programme from government to the people and the private sector." (SOURCE: UNESCAP. No.114, September 1984)

5. Statement by President of Pakistan, General Mohammad Zia-ul-Haq in the Fifth Five Year Population Welfare Planning Plan (PAKISTAN. 1981)

"Pakistan's present growth rate is a matter of concern and therefore need for better population planning to keep a balance between the national resources and human requirements is a must. God is the provider, but it is our duty as rational beings to consider the adverse effect on our food resources in the year 2000 when our population will have doubled itself."

6. Reactions of President Zia-ul-Haq to the RAPID presentation in January, 1983.
(SOURCE: STOVER. 1983)

"The President began by saying that he is an ardent student of population matters, but even so, he said, 'I was shaken in my seat by some of the effects of population growth that were not realized even by me.' He said that Pakistan is aware of its past inability to make progress in reducing its population growth rate... President Zia said that it was horrifying to see the effects of delay in getting a strong population program started. Even with optimistic assessments of future growth in agriculture and income the gains could be nullified by rapid population growth. He said that one of the most important actions to be taken was to convince the people that the population program is not in conflict with Islam. He personally believes that Islam, which is a blueprint of life for all time, could not prohibit the measures necessary to solve the population program."(sic)

B. Perceptions/Statements on Specific Population Issues

1. Population and Development
(SOURCE: PAKISTAN.1981)

a. Population data included in the Population Welfare Planning Plan (1980-83) which is the population sector of the Fifth Five Year Plan (1978-83):

- i. rate of population growth: yes
- ii. fertility: yes
- iii. mortality: yes
- iv. projection of future population size: yes
- v. current school age population: no
- vi. projection of future school age population: no
- vii. current working age population: yes
- viii. projection of future working age population: yes

b. Population problems recognized in the Population Welfare Planning Plan (1980-83):

- i. recognition of any type of population problems: yes
- ii. growth of working age population: yes
- iii. school age population growth: yes
- iv. economic growth reduced by population growth: yes
- v. population pressures on social services: yes
- vi. high dependency ratio: yes
- vii. population pressures on health services: yes
- viii. population pressures on housing: yes
- ix. population pressures on individual or family welfare: yes
- x. population pressures on food or agricultural systems: yes
- xi. high population density: yes

c. Population policies included in the Population Welfare Planning Plan (1980-83):

- i. support of family planning for demographic reasons:
yes
- ii. integration of family planning with health services:
yes
- iii. population growth targets: yes
- iv. extension of family planning services: yes
- v. socioeconomic development and fertility decline: yes
- vi. family planning acceptor targets: yes
- vii. family planning education: yes
- viii. population education: yes
- ix. delay of marriage to reduce fertility: yes
- x. use of mass media for family planning information: yes
- xi. motivation schemes for smaller families: yes
- xii. policies on abortion: no
- xiii. family planning incentive schemes: no
- xiv. improved status of women and fertility decline: yes
- xv. comprehensive population strategy: yes
- xvi. pronatalist policies: no

- d. Statement on the Sixth Five-Year Plan (1983-1988):
(SOURCE: UNESCAP. 1983. Vol. 12, no.3)

"The Demographic objectives [of the Sixth Plan] are: (a) to reduce the level of crude birth rate from 40.3 per thousand population (1st July 1983) to 33.2 per thousand population by the end of Plan period 1987-1988; (b) to reduce the level of growth rate of population from an estimated 2.87 per cent (1st July 1983) to 2.32 per cent per annum by the end of 1987-1988; (c) consequently to prevent 2.8 million births during the Plan period 1983-1988 to attain the above mentioned reduction in fertility/growth rates."

2. Population Size and Growth

- a. Government's appraisal of rate of population growth and intervention to influence rate as of 1983
(SOURCE: UN, 1983b, TABLE XIX.3a and XIX.3b)

rate too high; intervention to lower rates

- b. Government position on population growth and family planning and year adopted.
(SOURCE: NORTMAN, 1982, TABLE 6)

Official policy to reduce the population growth rate. In addition to supporting family planning to implement this policy, the country supports family planning for reasons of health and as a human right. Adopted in 1960.

- c. Targets for growth rate:
 - 2.7 by end of 1983
(SOURCE: PAKISTAN, 1981, p.28)
 - 2.3 by end of 1987-88
(SOURCE: UNESCAP. 1983)

3. Fertility

- a. Government perception of the acceptability of the current fertility level and the desirability of intervention to change it as of 1983:
(SOURCE: UN, 1983b. TABLE XXI.6)

Rates not satisfactory, too high; lower rates desirable; intervention to lower rates appropriate.

- b. Government policies concerning effective use of modern methods of fertility regulation:
(SOURCE: UN, 1983b. TABLE XXI.7)

Access not limited, direct support provided

- c. Government perception of and policy toward fertility:
(SOURCE: IPPF, 1984)

- i. government perception of fertility level: too high
- ii. government policy to influence fertility: to reduce
- iii. government position on contraceptive services: active support
- iv. availability of contraceptive services: through government programs, FPA, and other organizations

- d. Targets concerning various fertility measures

- i. crude birth rate: 33.2 by end of 1987-1988
(SOURCE: UNESCAP. 1983)
- ii. total fertility rate: 5.0 in 1982/3
(SOURCE: UNFPA. 1979. p.62)

4. Mortality

- a. Government perception of average life expectancy as of 1983:
not acceptable
(SOURCE: UN, 1983b. TABLE XX.3)

- b. Targets concerning various mortality measures:

- i. crude death rate:

- 10.5 by 1982/83
(SOURCE: PAKISTAN. 1981. TABLE III)
- reduce from 14.0 to 10.2
(SOURCE: UNFPA.1979. p.50)

- ii. infant mortality rate: reduce from 105 to 69 per 1000
(SOURCE: UNFPA. 1979. p. 50)

- iii. life expectancy: increase from 54 to 60 years for men and from 53 to 59 for women
(SOURCE: UNFPA. 1979. p.50)

5. International Migration

- a. Government perception of the acceptability of and policies with respect to international immigration, 1983
(SOURCE: UN, 1983b. TABLES XXIII.1 and XXIII.2)

too high; policies of curbing immigration in future but maintaining already established immigrant population

- b. Government perception of the acceptability of and policies with respect to international emigration, 1983
(SOURCE: UN, 1983b. TABLES XXIII.3 and XXIII.4)

significant, too low; policies in favor of: higher rate

- c. General policy regarding international migration as of 1979:
(SOURCE: UNFPA. 1979.p.20,21)

"The Government has no clearly expressed policy regarding international migration, although it does seek in an ad-hoc fashion to control the exploitation of emigrants."

6. Spatial Distribution and Internal Migration

- a. Government perception and policies concerning internal migration and spatial distribution as of 1983:
(SOURCE: UN, 1983b. TABLE XXII.3)

inappropriate; decelerate

- b. Policy toward internal migration as of 1979:
(SOURCE: UNFPA. 1979, p.20)

"There is concern with the effect of migration on urban areas but there is no general policy with respect to rural-urban migration."

C. Population-related Legislation

1. Fertility

a. Contraception

- i. Import regulations
(SOURCE: BARNETT. 1982.p.3)

"There are no legal restrictions on the import or sale of contraceptives, oral pills do not require a prescription and IUDs can be inserted by paramedics"

"The Islamic Ideology Council, Pakistan's highest ranking religious body, has a constitutional mandate to bring all laws into conformity with Islam. Its work has been

accelerated by President Zia's government. The council has indicated that sterilization is not sanctioned by Islam, but it has not yet changed the 1961 Family Laws Ordinance or taken a position on family planning per se."

- ii. Manufacturing regulations: no information
- iii. Distribution regulations: no information
- iv. Advertising regulations: no information

b. Sterilization

i. Situation as of 1980
(SOURCE: UN, 1982. TABLE 44)

- 1) date of law: 1860
- 2) legality: legal, since law dealing with intentional infliction of a corporal injury is interpreted so as not to be applicable to sterilization for family planning purposes.
- 3) grounds: on request, but woman must have at least three children, one of whom must be a boy
- 4) age: no information
- 5) type of sterilization: no information
- 6) consent: spousal consent required for female sterilization
- 7) facilities/incentives: post-partum clinics

Note: "Sterilization has for many years been promoted by Government"

c. Abortion

i. Situation

- 1) date of law: 1930
(SOURCE: UNFPA. 1979.p.44)
- 2) grounds: life of mother ("whoever voluntarily causes a woman-with-child to miscarry, shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment...")
(SOURCE: UNFPA. 1979. p.44)
- 3) penalties: for both performer and woman - imprisonment up to 3 years and/or fine; if foetus seemingly alive, imprisonment up to 7 years and fine
(SOURCE: UN, 1982. TABLE 43)

ii. Legal and administrative restrictions

- 1) legal restrictions:
 - liberal, mental health of woman
(SOURCE: NORTMAN, 1982. TABLE 7)
 - narrow, life of woman

(SOURCE: TIETZE. 1983. TABLE 1)

- 2) administrative restrictions: NA
- 3) government supported facilities: NA
- 4) average cost: NA

2. Indirect measures related to population change

- a. Legal age at marriage: 16 for females, 18 for males
(SOURCE: SHAH. 1982)
- b. Family allowances, benefits as of 1983: NA
(SOURCE: USDHHS, 1984)
- c. Maternity benefits as of 1983
(SOURCE: USDHHS, 1984)
 - i. date of current law: 1965
 - ii. coverage: employees in selected industrial areas of Sind, Punjab, and NWFP, earning 1000 rupees a month or less, also domestic servants. Excludes part-time and agricultural employees, Armed Forces, police, self-employed.
 - iii. source of funds: employer - 7% of payroll; employee and government - none.
 - iv. qualifying conditions: 180 days of contribution in last 12 months.
 - v. cash benefits for insured: 100% of earnings, payable for 12 weeks, including not more than 6 weeks before confinement.
 - vi. medical benefits: medical services provided through public, social security, or employer facilities.
 - vii. administrative organization: Ministry of Labor, Provincial Employees' Social Security Institutions.
- d. Old age benefits as of 1983
(SOURCE: USDHHS, 1984)
 - i. date of current law: 1976
 - ii. coverage: employees in firms with 10 or more workers; excludes Armed Forces, police, bank employees, self-employed.
 - iii. source of funds: employer - 5% of payroll; employee and government - none.
 - iv. qualifying conditions: age 55 (men) or 50 (women). 15 years of contribution.
 - v. cash benefits for insured: 2.5% of worker's average monthly wages for up to 4 years of insurance, plus 5% of wages for every additional year.
 - vi. medical benefits: 60% of the pension paid or payable to insured; to be divided equally if more than one widow.
 - vii. administrative organization: Ministry of Labor, State Life Insurance Corporation.
- e. Other incentives and disincentives.
(SOURCES: BARNETT. 1983)

- i. Under Fourth Five-Year Plan (1970-75), small payments were made to midwives for providing FP services, especially IUDs, and to lady organizers. Results: payments too small to be effective.
- ii. Payments to physicians for each acceptor of IUD or sterilization, 1974.
- iii. Recruiters get bonus if clients accept spacing of births, 1975.
- iv. Old-age experiment: insurance to be provided for sterilized men under 30 with more than 3 children. Policies would mature at age 55, (no date).

III. Government Population Organizations and Activities

A. Government Population Organizations

1. National Council for Population Welfare Planning, established in 1980.
 - a. Function: formulate national policy for the population programme, ensure coordination between federal and provincial levels of government
(SOURCE: IPPF. 1980. Population Headliners)
 - b. Structure:
 - i. interministerial, headed by the President, includes the governor or Chief Minister of each of the four provinces and representatives from FPAP and Pakistan Medical Association.
(SOURCE: BARNETT. 1982)
 - ii. at federal level, there are seven directorates within the programme to oversee planning, training, supplies, statistics, monitoring and evaluation, research, coordination, foreign assistance, and information activities.
(SOURCE: IPPF. 1980 quoting the Pakistan Times)
 - c. Funding: federal government
(SOURCE: PAKISTAN.1981)
2. Population Welfare Division, Planning and Development Division of the Economics and Finance Ministry
 - a. Function:
 - staff acts as Secretariat for the National Council for Population Welfare Planning.
(SOURCE: BARNETT. 1982)

- family planning services
(SOURCE: NORTMAN. 1982)
 - b. Structure: headed by Advisor to the President on Population, Dr. Mrs. Attiya Inayatullah, the long-time Executive Vice President of the FPAP (see below). This is a ministerial-level position.
 - c. Funding: Federal government
(SOURCE: PAKISTAN. 1981)
3. Population Welfare Training Institutes
(SOURCE: IPPF.1982. Population Headliners, no. 90)
- a. Function: training of family welfare workers.
 - b. Structure: a network of institutes is being established to accomodate the government's series of population welfare training programs
 - c. Funding: no information
4. Provincial councils
(SOURCE: BARNETT. 1982)
- a. Function: implementing and coordinating programs in the province
 - b. Structure: headed by Governor or Chief Minister
 - c. Funding: no information
5. District Population Welfare Planning Committees
(SOURCE: PAKISTAN. 1981 p.50)
- a. Function: to implement and monitor the District Population Welfare Programme; to review and coordinate multisectoral Population Welfare Programme in districts
 - b. Structure: headed by elected Chairman of the District Council
 - c. Funding: no information
6. Advisory Managing Committees
(SOURCE: IPPF. 1982. Population Headliners, no. 93)
- a. Function: motivate people to take full advantage of birth control facilities.
 - b. Structure: 5-7 elected representatives within a district. There can be more than one per district.
 - c. Funding: no information

7. Population and Development Center
(SOURCE: SELTZER. 1983)
 - a. Function: to be the focal point of population research and policy activities in Pakistan, to create a network with other related institutions in Pakistan
 - b. Structure: three senior-level social scientists, one long-term advisor
 - c. Funding: USAID
8. National Research Institute of Fertility Control in Karachi
(SOURCE: AHMAD. 1981)
 - a. Function: serves as a research cell of the Population Division performing biomedical, socio-medical, and social science research. It has a collaborative program with WHO in clinical research, operates contraceptive testing and pathology laboratories, and undertakes statistical and demographic research on contraceptive delivery and acceptance.
 - b. Structure: no information
 - c. Funding: no information
9. Directorate of Clinical Training and Research, Karachi
(SOURCE: AHMAD. 1981)
 - a. Function: primarily responsible for manpower development, training of Population and Health personnel, and population education and motivation programs. It carries on a limited amount of operational, evaluation, and effectiveness research toward improving service delivery through collaboration with different departments of the University of Karachi.
 - b. Structure: no information
 - c. Funding: no information

B. Government Population Activities

1. Information, Education, and Communication (I,E,C)
 - a. National population education project to establish population study centers at two universities; introduce population education in schools at all levels; and give government officials who deal with the public training in FP.
(SOURCE: BARNETT. 1982)
 - i. time frame: no information
 - ii. government agency responsible: federal and provincial officials
 - iii. funding source: no information

Note: The government has decided to include a special National Population Planning subject in the education curriculum at all levels to educate the youth in various aspects of population planning in the country. A separate cell is being created at the National Bureau of Curriculum with the collaboration of the Family Planning Division and Federal Ministry of Education to deal exclusively with the proposed subject. At the provincial level, the departments of Education would undertake a review of the text books to ensure that the population concepts identified in the curriculum are fully translated into the text. It has also been decided that all the Government and semi-Government departments will be asked to educate their employees in FP by providing them with printed material and holding series of seminars.

(SOURCE: IPPF. 1982. Population Headliners, no. 89)

- b. Population education for workers in national organized sector to assist the government in its objective of moderating population growth by developing the active support and continuing participation of the institutions in the organized sector through a sustained programme of workers' population education.

(SOURCE: UNFPA. 1984a)

- i. time frame: 1979-83 (a second phase is envisaged)
- ii. government agency responsible: no information
- iii. funding source: UNFPA (executing agency: ILO)

- c. Family Planning advice as part of a programme to provide supplemental feeding of pre-school children, pregnant women and nursing mothers.

(SOURCE: UNFPA. 1984a)

- i. time frame: no information
- ii. government agency responsible: Ministry of Health
- iii. funding source: World Food Programme

- d. World Bank's first population project to support two of the five "core" subprograms of the national family welfare plan: IEC and non-clinical training. The project will support the incorporation of population education in the school system. It will also assist Family Welfare Centers in thirteen districts most receptive to FP. It includes funds for evaluation and planning for a mid-censal demographic survey.

- i. time frame: NA
- ii. government agency responsible: NA
- iii. funding: World Bank, IDA, USAID, ODA, GOP

2. Family Planning Services

- a. Family Welfare Centers (Note: Government services are integrated with FPAP activities, see section IV.A below)

- i. time frame: UNFPA support initiated in 1982
(SOURCE: UNFPA.1984a)
 - ii. government agency responsible: no information
 - iii. funding source: UNFPA support, including provision of contraceptives, particularly condoms, OPEC Fund for International Development
(SOURCE: UNFPA. 1984a)
 - iv. type of delivery systems: integrated
(SOURCE: BARNETT. 1982)
 - v. number and location of clinics: 1000 (plans to expand to 1250 by end of 1983)
(SOURCE: BARNETT. 1982)
 - vi. types of services: MCH, income-generating skill development for women, orientation for women in better living, midwife training
(SOURCE: ASIAN-PACIFIC POPULATION PROGRAMME NEWS. 1982)
 - vii. evaluation mechanisms: no information
 - viii. incentive schemes: no information
 - ix. number of users by method: no information
 - x. cost of contraceptives to users: small fee charged, IUDs and sterilization free
(SOURCE: BARNETT. 1982)
- b. Provision of facilities for improved MCH service outlets in hospitals, training personnel, strengthening of existing service centers in hospitals, provision of equipment to hospitals and obstetrical/gynecological extension services.
(SOURCE: UNFPA. 1984a)
- i. time frame: initiated in 1982
 - ii. government agency responsible: no information
 - iii. funding source: UNFPA
 - iv. type of delivery systems: integrated
 - v. number and location of clinics: Lady Dufferin Hospital Sheikh Zayed Hospital, and other outlying rural areas
 - vi.. types of services: MCH, surgical
 - vii. evaluation mechanisms: no information
 - viii. incentive schemes: no information
 - ix. number of users by method: no information
 - x. cost of contraceptives to users: no information
- c. Health and population project to improve the health status of the population of the Punjab province by providing assistance to hospitals, by improving the obstetrical/ gynecological services at selected hospitals in the province, by providing equipment and supplies for reproductive health services, and the equipping of four mobile extension teams.
(SOURCE: UNFPA. 1984a)
- i. time frame: initiated in 1982
 - ii. government agency responsible: hospitals in Punjab province
 - iii. funding source: Asian Development Bank
 - iv. type of delivery systems: integrated

- v. number and location of clinics: 31 selected hospitals in Punjab
- vi.. types of services: reproductive health
- vii. evaluation mechanisms: no information
- viii. incentive schemes: no information
- ix. number of users by method: no information
- x. cost of contraceptives to users: no information

3. Training

- a. Integrated training program to strengthen national health/family planning personnel resources.
(SOURCE: UNFPA. 1984a)
 - i. time frame: initiated in 1982
 - ii. government agencies responsible:NA
 - iii. funding source: UNFPA
- b. Training and education programmes for traditional medical practitioners (hakeems)
(SOURCE: UNFPA. 1984a)
 - i. time frame: initiated in 1982
 - ii. government agency responsible: no information
 - iii. funding source: UNFPA
- c. Improvement of national reproductive health/ contraceptive surgery training programme by training physicians in endoscopy, surgical contraception and reproductive health and nurses and other health care support personnel, by incorporating use of laparoscope and new techniques in leading medical institutions.
(SOURCE: UNFPA. 1984a)
 - i. time frame: initiated in 1982
 - ii. government agency responsible:no information
 - iii. funding source: UNFPA

4. Research and Evaluation

- a. Population welfare planning, to strengthen the government's population planning, evaluation, research, motivational and logistic capabilities and performance; components include management information, research and evaluation; logistics system and contraceptive supplies (including the construction and equipment of a new central warehouse, the development of procedural guidelines and manuals for the supply system and the training of district level personnel); biomedical and socio-medical research (including construction of a permanent facility to house the National Institute of Technical Research and funds for contraceptive testing equipment); and professional and personal motivation through short-term training and technical assistance.
(SOURCE: UNFPA. 1984a)

- i. time frame: initiated in 1982
 - ii. government agency responsible: no information
 - iii. funding source: USAID

- b. Assistance for population and housing census of 1981, especially in procurement of equipment and in making available reliable data on demographic, social and economic characteristics of the total population.
(SOURCE: UNFPA. 1984a)
 - i. time frame: initiated in 1979
 - ii. government agency responsible: no information
 - iii. funding source: UNFPA

- c. Assistance for formulation and implementation of national population plan and programmes, to provide technical assistance, in workshops and individually for policy formulation, programme planning and implementation guides in population as related to the national economic planning cycles, based on the recommendations of the needs assessment mission.
(SOURCE: UNFPA. 1984a)
 - i. time frame: initiated in 1980
 - ii. government agency responsible: no information
 - iii. funding source: UNFPA

- d. Psychosocial research in FP, research on oral and injectable contraceptives, intrauterine devices and research into the causes of fertility.
(SOURCE: UNFPA. 1984a)
 - i. time frame: 1981/82
 - ii. government agency responsible: National Research Institute of Fertility Control, Quaid-I-Azam University and two other institutes.
 - iii. funding source: World Health Organization

- e. Studies of the interactions of labour force participation, internal migration and fertility behaviour to facilitate the integration of population into a comprehensive development strategy, using an indepth empirical study which will be linked to the Income and Expenditure Survey to be conducted by the Statistical Division.
(SOURCE: UNFPA. 1984a)
 - i. time frame: 1979-83
 - ii. government agency responsible: Statistical Division
 - iii. funding source: UNFPA

- f. Migration Survey
(SOURCE: UNFPA. 1984a)
 - i. time frame: initiated in 1982
 - ii. government agency responsible: NA
 - iii. funding source: UNFPA

- g. Pakistan Fertility Survey
(SOURCE: PAKISTAN. 1976)
 - i. time frame: 1975
 - ii. government agency responsible: Training, Research and Evaluation Centre of the Pakistan Population Planning Council in Lahore
 - iii. funding source: UNFPA and USAID

IV. Non-government Population Organizations and Activities

A. Family Planning Association of Pakistan, founded in 1953

1. Function:

- "The Association, the only organization at present promoting family planning on a large scale, was founded in 1953, and has been an IPPF member since 1954. It maintains excellent relations with the Government and participated in the formulation of the National Population Welfare Planning Plan 1980-83. The Plan gives the NGO's, especially the FPA, an important role to play in achieving its target for the next three years. The Association is providing the family planning component in the Government's integrated rural development project and in the clinics run by the social welfare directorate. Its branches provide motivation services through rural and urban welfare centres and special services for the industrial sector. In addition, voluntary sterilization projects are carried out in collaboration with AVS, and a community-based distribution project has been well accepted. The FPA is responsible for a significant proportions of the sterilizations carried out in the country. Education activities reach youth groups, women's clubs, trade unions, cooperatives and religious and civic organizations. It has been successful in mobilizing community volunteer support in its women's and youth programmes which are a priority. New target groups have been identified and involved in family planning communication." (SOURCE: UNFPA. 1984a)
- "the main thrust of the programme for 1983 will be to support the implementation of the National Plan....In particular the FPA will- 1) coordinate the NGO sector including professional institutional and service agencies, 2) carry out a Reproductive Health Project through its own Model Clinics, collaborating hospitals and extension units, thus supplementing the National programme, 3) develop a Pilot Project for the social marketing of contraceptives, 4) supply 75,000 copies of its magazine "Sukhi-Ghar" for use in the National programme, 5) develop the Industrial Project into a Workers Population Education Project and extend its scope by the addition of a service component, 6) carry out a Project for involving indigenous medical practitioners, 7) carry out a research project

on the gap between awareness and practise."
(SOURCE: IPPF. 1982a)

2. Structure:

- National Council at Headquarters concerns itself with planning and policy; supported by Area Vice-Presidents who supervise the branches in their area; branches are run by volunteer committees.
(SOURCE: IPPF. 1982a)
 - Twelve branches, more than 50 family welfare clinics, member of the National Council for Population Welfare Planning, affiliated with IPPF. (SOURCE: BARNETT. 1982) 3. Funding: IPPF, Government of Pakistan, Save the Children Fund, Canadian Embassy (SOURCE: IPPF. 1982a) 4. Activities
(SOURCE: IPPF. 1982a)
- a. Information, Education, and Communication (I,E,C) (Note: "The Information Resource service of the FPAP will now be sited in the Population Welfare Division of the Government, to provide a National Information Resource service.")
- i. Improvement of status of women through literacy training, population education and skills training (20,500 women involved in 1981, 4,450 new FP acceptors and 2,180 continuing users)
 - ii. Mass media campaign including radio, television, and the press.
 - iii. Program for youth, both in-school and out-of-school, with 5000 male and female students being exposed to instruction on population.
 - iv. Male involvement in FP through an industrial program, including Hair Dressers Association, All-Pakistan Cigarette and Pau Farosh Union, Lahore Rickshaw and Taxi Drivers' Association and Postal Employees.
- b. Family Planning
- i. type of delivery systems: integrated
 - ii. number and location of clinics: 26 rural family health centers, model MCH/FP clinics in Lahore and Karachi; mobile units; community based distribution.
 - iii. types of services: a variety of community development activities
 - iv. evaluation mechanism: no information
 - v. incentive scheme: no information
 - vi. access to family planning services: no information
 - vii. number of users by method: 10,000 acceptors in rural family health centers, 3900 new acceptors and 5,800 continuing acceptors in model clinics in Lahore and Karachi, 6980 sterilizations in mobile units
 - viii. cost of contraceptives to users: no information

Note: "The Government has also requested the FPA to develop a pilot project in the social marketing of contraceptives".

c. Training

- i. Training of volunteer workers (indigenous medical practitioners, traditional birth attendants, teachers, religious leaders, agricultural extension workers, and local counsellors) in nutrition, contraceptive practice and FP.

d. Research and Evaluation: no information

B. Fertility Regulation Association of Pakistan/ Pakistan National Association for Voluntary Sterilization, established in 1974 (using latter name), reorganized in 1980 (under both names). (SOURCE: BARNETT. 1982)

1. Function: provide voluntary sterilization and help with infertility, plans for training doctors in fertility regulation and developing a large educational project.
2. Structure: headquartered in Lahore, operates three clinics, one each in Karachi, Multan and Lahore, plans to set up 25 more centers over three years.
3. Funding: formerly from Government and Association for Voluntary Sterilization, no information on current sources.
4. Activities: no information

C. Pakistan Society for Planned Parenthood

1. Function: works with private physicians who get some compensation for performing sterilizations from both government and the Society, is surveying facilities for sterilization in Pakistan, plans to train physicians in sterilization techniques.
2. Structure: no information
3. Funding: no information
4. Activities: no information

D. Pakistan Institute of Development Economics, Islamabad, created in 1957 (SOURCE: AHMAD. 1981)

1. Function: has made significant research input into the policy-making and planning process. Its major contribution in demographic research has been in the areas of fertility and population planning, nuptiality, fertility and value of children, health and mortality, and migration of labor force and manpower development.
2. Structure: no information
3. Funding: no information
4. Activities: no specific information, other than above

- E. Social Science Research Center, Lahore
(SOURCE: AHMAD. 1981)
1. Function: a Punjab University affiliated contract research organization specializing in demographic and attitudinal surveys.
 2. Structure: no information
 3. Funding: private contract arrangements
 4. Activities: no specific information, other than above
- F. The Applied Economic Research Center, Karachi, established in 1973
(SOURCE: AHMAD. 1981)
1. Function: research in applied economics, human resources, agriculture, health, and urban and regional planning, nutrition and mortality.
 2. Structure: no information
 3. Funding: Ford Foundation, World Bank, FAO, and UNESCO
 4. Activities: no specific information
- G. Additional Activities
1. Family Planning International Assistance has provided FP commodities to 30 institutions in Pakistan
(SOURCE: UNFPA. 1984a)
 2. WHO has provided funds for research on oral, injectable, and male contraceptives, and for postpartum FP information and services.
(SOURCE: BARNETT. 1982)
 3. Norway's Agency for International Development has given funds to Pakistan's Family Welfare Clinics.
(SOURCE: BARNETT. 1982)
 4. The Punjab Economic Research Institute, Lahore and the Sind Regional Planning Organization are emerging as important research resources for population-development planning at the regional level. Both work closely with the provincial planning departments of Punjab and Sind and show a potential for carrying out important policy relevant research.
(SOURCE: AHMAD. 1981)

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