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MULTI-YEAR POPULATION STRATEGY
FOR PAKISTAN

US AID/Pakistan
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TABLE OF CONTENTS

	Page
PREFACE	1
I. THE DEMOGRAPHIC GOAL	2
A. Selected Demographic and Social Indicators	2
B. Population and Family Planning	3
Government of Pakistan Demographic Goals	3
Government Commitment to Fertility Control	4
II. ASSESSMENT OF THE CURRENT POPULATION PROGRAM	10
A. Publicly and Privately Financed Programs	10
Background	10
Effectiveness	13
B. Major Constraints to Expanded Contraceptive Use	18
Government Policies and Administrative Systems/Procedures	18
Program Management and Administrative Constraints	18
Social and Economic Factors Influencing Completed Family Size	21
C. Analysis of Non-Population Program Demographic Impact in Pakistan	25
III. MISSION ASSESSMENT OF PAKISTAN'S DEMOGRAPHIC AND FAMILY PLANNING GOALS	27
A. Implications for U.S. Policy	28
B. Implications for Preferred Actions by the Government of Pakistan	30

TABLE OF CONTENTS

	Page
IV. U.S. POLICY WITH RESPECT TO POPULATION IN PAKISTAN, AND IMPLICATIONS FOR U.S. POPULATION PROGRAM SUPPORT AND USAID STAFFING	32
U.S. Policy	32
A.I.D. Development Initiatives	34
Strategy for Other Development Actions	40
Other Donors	43
Staffing Implications of this Strategy	43
Plan for Assessing Demographic Impact	43
 ATTACHMENT "A" Plan of Action and Strategy	
 ATTACHMENT "B" Policy Implications of the Pakistan Fertility Survey	

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PREFACE

This strategy paper is being submitted in the midst of events which could pressage important changes in U.S. -Pakistan relations in the near future. Both the analysis of Pakistan's commitment to fertility control and the statement of U.S. strategy should be read in this context. At the time this is being written, it is impossible to predict whether or not the present difficulties will render the strategy obsolete. However, assuming that bilateral relations remain essentially intact, the U.S. Mission believes this multi-year strategy contains sufficient flexibility to prove workable in the period ahead.

I. THE DEMOGRAPHIC GOAL

A. Selected Demographic and Social Indicators

Population (USAID estimate as of March 31, 1977)	-- 74.21 million
Crude Birth Rate (Planning Commission estimate)	-- 44.5 per thousand
Crude Death Rate (Planning Commission estimate)	-- 14.5 per thousand
Rate of Natural Increase	-- 3.0 % per year
Number of Years to Double	-- 23
Infant Mortality Rate (Planning Commission estimate)	-- 115 per thousand
Maternal Mortality Rate	-- 7-8 per thousand
Percent of population below 15 years of age	-- 46
Life Expectancy at Birth	-- 48 years
Per Capita GDP (at 1976 prices)	-- \$173.00
Labor Force in Agriculture	-- 57.3 percent
Rural Population	-- 76 percent
Total Fertility Rate (TRF) (Pakistan Fertility Survey)	-- 6.3
Literacy	
Overall	-- 20 percent
Male	-- 30 percent
Female	-- 9 percent
Children 5-9 years Currently in School	-- 30 percent
Eligible Fertile Couples	-- 14.8 million
Percentage of Eligible Couples Currently Contracepting (Pakistan Fertility Survey & Mission estimate)	-- 6.8 percent

B Population and Family Planning

Government of Pakistan Demographic Goals

All of the statements and supporting statistical data in this section which relate to the demographic and family planning program goals of the Government must be regarded as preliminary and tentative. They are drawn from unofficial planning documents which have been prepared by the Population Planning Division as provisional input to the Fifth Development Plan (1977-1983). While the Secretary of Population Planning believes that the targets cited here may be accepted in the final Plan, for purposes of this exercise they must be regarded as preliminary.

The Federal Planning Commission has tentatively set a target of reducing the annual rate of population growth from 3.0 percent in 1976-77 to 2.4 percent by 1982-83. This, in turn, implies a lowering of the crude birth rate from the present 44.5 per thousand to 33.8 per thousand, and a lowering of the crude death rate from 14.5 per thousand to 9.8 per thousand. The Population Planning Division has translated these demographic targets into targets for the motivation of continuous users of contraception. The PPD has set a 1982-83 prevalence of use target of 18 percent of eligible couples, up from the current estimated 7-8 percent. The Government hopes to increase the "ever user" rate from the 1976 level of 12.2 percent of eligible couples to 31.8 percent in 1983. The plan goes on to estimate the numbers of contraceptives and clinical procedures required to achieve an ever use rate of 31.8 percent by 1983.

The Government's statement of strategy, of which these targets are a part, says very little about differentiation of the target population. As in the past, the Population Planning Division has done very little to identify particular groups for special emphasis or to devise special motivational or delivery system methodologies for individual sub-groups of the population. While the Population Planning Division has not identified particular target groups for specialized attention, some progress has been made in seeking to identify large institutions through which family planning services can be provided. While no substantive action has yet occurred in this area, the Government has proposed for the Fifth Plan to seek the involvement of such major employers as Pakistan International Airlines, Pakistan Railways, the Armed Forces, and other organizations within the "institutionalized sector" in the delivery of family planning services. Some initial experimentation with such a "differential approach" will be supported under USAID's proposed Population Research and Development Project over the next four years.

The targets which are summarized above are based on a statistical system which has certain major deficiencies. However, these deficiencies are no worse than the norm in the less developed countries. Indeed, Pakistan is probably blessed with a somewhat better statistical data base than many other LLCs. Estimates of the current population growth rate (as well as the crude birth and death rates) are based on a variety of indicators including the 1961 and 1972 censuses; the 1973 Housing, Economic, and Demographic Survey; the 1975 Pakistan Fertility Survey; and other surveys carried out in previous years. The official Planning Commission figures cited above (FNI = 3.0%, CBR = 44.5/1000; CDR = 14.5/1000) are based on the consensus arrived at by an expert group of demographers drawn from the leading research and statistical organizations in Pakistan. However, members of that group readily admit that the vital rates are nothing more than best guesses and that the demographic data themselves are somewhat contradictory. For example, the rate of natural increase derived from the 1961 and 1972 censuses is 3.6 percent per year. However, the crude birth rate yielded by the National Impact Survey (1968-69) is 39 per thousand while that yielded by the Pakistan Fertility Survey (1975) is 40.5 per thousand (38 per thousand if adjusted to a calendar year basis) -- both implying a lower rate of natural increase than the censuses. These issues are discussed in detail in the Family Health Care, Inc. Report, "A Review of Pakistan's Expanded Population Planning Program" (Washington, 1977), especially pages 39-49.

Similarly, estimates of the prevalence of contraceptive use (current users) range from less than six percent of eligible couples (Pakistan Fertility Survey) to nearly 12 percent of eligible couples (the program's Client Record System). Most demographers assume the rate to be somewhere between six and ten percent. The Family Health Care evaluation team ultimately estimated the rate at eight percent -- a figure the Mission tends to accept.

Government Commitment to Fertility Control

Assessing political commitment to fertility control is an especially tricky enterprise because it takes different forms in different places, is of necessity based on relatively imprecise information, and is frequently ambiguous or ambiguously expressed. Pakistan is no exception to this rule. Over the years since 1960 Government commitment to population planning has ranged from the outspoken support of President Ayub Khan during the mid-1960's to the general abandonment of family planning under his successor, President Yahya Khan at the end of that decade, to the very low-profile support of Prime Minister

Zulfiqar Ali Bhutto in the 1970's. During the same period, budgetary commitments have fluctuated widely and have not always reflected the rhetorical commitment (or lack thereof) of heads of state:

From the perspective of 1977, the situation can be characterized as follows: Prime Minister Bhutto has indicated in a variety of ways his deep personal conviction of the need to control population growth and his commitment to bringing about fertility limitation. However, he clearly considers public advocacy of family planning or population control a political liability in this most traditional of Asian Islamic societies and has been accordingly sparing in his public utterances on the subject. Because the Prime Minister has not been an outspoken advocate of fertility control, it is generally believed that the civil service and political leaders have not felt much pressure to produce results in the family planning program.

In the 1977 election campaign, the Opposition manifesto attacked family planning and pledged the abolition of the program if the Opposition coalition took power. Several Opposition candidates attacked the Government for using population planning workers and vehicles for illegal electoral purposes. The Prime Minister and his Pakistan People's Party defended the program, calling the Opposition's attack reactionary and irresponsible. But this defense of the program was comparatively infrequent and low-key.

The Prime Minister's reluctance to speak out publicly must be seen in the context of President Ayub's experience. At the time of his fall from power, family planning clinics were sporadically attacked and even burned in a few places. Most observers believe that these acts represented attacks on the most visible symbols of Ayub's regime, not attacks on family planning per se (Traffic signals were also attacked but no one has suggested this occurred because of widespread public dissatisfaction with traffic signals).

But, apart from Ayub's experience, the Prime Minister must also deal with a complex environment in which years of Government involvement in Family Planning have created an atmosphere of mild contempt for the subject, often expressed in terms of unpleasant treatment of program workers in the field, among a substantial segment of the population. Prime Minister Bhutto understands something which Ayub did not, and which many foreign observers have difficulty comprehending: the political leaders of Pakistan must tread very carefully where family planning is concerned. Pakistani society, for a variety of reasons which are discussed in Section II, has not been and is still not

generally predisposed toward ready acceptance of governmental involvement in the regulation of fertility. Until or unless this situation changes, the Prime Minister and other leaders in Pakistan must be cautious in dealing with the subject of population/family planning. This is not to say that they must remain mute on the subject or that there are not steps which they might take, even in public, to promote a more favorable attitude toward family planning. However, given the legacy of family planning under Ayub Khan and the socio-cultural realities of present-day Pakistan, we cannot and should not expect Prime Minister Bhutto or other leaders to engage in broad exhortations to their countrymen to practice family planning or to limit family size.

However, a Government's commitment to fertility control can be measured in ways other than the public expressions of its leaders. Often such commitment can be seen in terms of budgetary allocations to family planning programs, public policies which facilitate the practice of family planning or which encourage small families, the quality of leadership in family planning programs, and activities of the public sector which are generally supportive of a small family norm. In these areas Pakistan's commitment can be fairly characterized as moderate.

As Table 1 shows, the budget for population planning has grown quite rapidly since the Government renewed its commitment to the program in 1973. The overall budget increased from about \$10.3 million in 1973-74 to over \$24 million in 1976-77. The contribution of the Government has increased from \$3.5 million in 1973-74 to \$7.5 million in 1975-76 and \$8.5 million this year. There are fairly strong indications that the allocations for population planning in the Fifth Plan, especially after 1978-79, will again represent substantial increases in the level of budgetary support for population planning.

Pakistan has taken some steps to remove legal inhibitions to the practice of family planning. Since 1973, there has been no prescription requirement for the purchase of oral contraceptives. Recent changes in the Muslim Family Laws have improved the status of women by making certain changes in the dowry system which militate against arranged (and hence early) marriages. Sterilization is completely legal and the law says nothing about the need for husband's or wife's consent for the operation. Abortion is strictly illegal and can be expected to remain so at least for the next two or three years. In general, with the exception of the strict abortion statutes, legal factors are not an

important inhibition to voluntary family planning in Pakistan. On the other hand, the Government has passed no important legislation which could be construed to represent a disincentive to high fertility (i.e., legislation like Singapore's which provides penalties for large families).

TABLE 1
FINANCING OF PAKISTAN'S POPULATION PROGRAM
(In Thousands of Dollars or Rupees)

Year	RUPEES (000s)		DOLLARS (000s)		Grand Total (in dollars)
	Government of Pakistan	USAID	USAID	Other Donors	
1965-66	25,000	10,000	232	1,820	9,420
1966-67	38,500	9,515	210	1,661	11,978
1967-68	41,400	19,750	1,030	2,780	16,683
1968-69	20,700	45,957	2,297	2,665	18,995
1969-70	60,800	16,400	2,000	2,282	20,534
1970-71	64,200	-	2,078	3,292	18,885
1971-72*	26,700	-	282	115	6,018
	Sub-Total: Rs. 101,622				
	Sub-Total \$ 21,394 <u>1/</u>				
1972-73	26,500	-	6,569	413	9,658
1973-74	35,000	28,280	2,611	392	9,394
1974-75	40,000	21,720	8,022	2,879	17,135
1975-76	75,000	35,000	3,376	5,505	19,992
	Sub-Total. Rs. 85,000				
	Sub-Total: \$ 8,585 <u>2/</u>				
TOTAL	435,800		28,707	23,804	158,692*
	G. Total. Rs. 186,622				(53,071)**
	G. Total. \$ 29,979				

* Prior to 1971-72 then East Pakistan (now Bangladesh) is included in the figures.

1/ Rupees converted @ Rs. 4.75 = \$1.00

2/ Rupees converted @ Rs. 9.90 = \$1.00

** Total adjusted to exclude East Pakistan (now Bangladesh) (55% of expenditures 1965-66 to 1970-71)

In the area of quality of population program leadership and personnel, it is clear that the Government has not given the program the highest priority. Until mid-1976, the program was headed by a Joint Secretary -- two steps below the most senior civil service rank. Population program employees have not been members of the career civil service. Now, the program is headed by a Secretary of Government and all workers at the supervisory level are apparently going to become members of the regular civil service. However, the Mission's general assessment, which is widely shared among other donors and Pakistani officials from other departments, is that the program is still staffed by people who generally represent less than the best the Pakistani civil service has to offer.

As we will discuss in more detail in Section II, the Government is giving considerable attention to the impact on population of programs and projects in sectors other than population planning. We have been told informally that the Planning Commission has taken upon itself the task of reviewing all sectors of the Fifth Development Plan in order to identify areas in which an increased demographic impact could be realized as a result of reallocations of resources or project/program emphases. A more concrete manifestation of Planning Commission interest and involvement in population planning has been the recent creation of a new Population and Social Planning Section within the Planning Commission. This section will be responsible for supporting demographic research, advising the Planning Commission in particular and the Government in general on demographic projections, and, most important, evaluating sectoral programs and projects in terms of their demographic impact. The enthusiasm of the Planning Commission for "population impact analysis" is among the most encouraging developments in population planning in Pakistan in the past two or three years. As we discuss in Section II below, the Mission believes that these initial promising manifestations of interest by the Planning Commission must now be pursued through a commitment to implement population impact planning in a serious way.

Despite the Planning Commission's enthusiasm for population impact analysis, other Government ministries have been reluctant to become involved in population planning. The Education Ministry has cooperated to some extent with the Population Planning Division in the development of teacher training and curricular materials which support a small family norm and which cover the subject of family planning. However, other nation-building ministries such as agriculture, rural development, social welfare, labor and manpower, and local government have not given much evidence of interest in cooperating with family planning nor have they been particularly encouraged to do so by the Population Planning Division. The lack of coordination between Population Planning and Health is discussed in detail Section IV.

II. ASSESSMENT OF THE CURRENT POPULATION PROGRAM: ACHIEVEMENTS AND CONSTRAINTS

A. Publicly and Privately Financed Programs

Background

The population planning program in Pakistan has gone through three major incarnations since its adoption as a national effort in the early 1960's. During the first period of major program activity (roughly corresponding to the Third Development Plan, 1965-70), the program gave major emphasis to the IUD, hoping to achieve extremely ambitious targets through the use of physicians and traditional mid-wives, known as "dais". This effort, which was strongly supported by President Ayub Khan, began to collapse in the late 1960's as the result of wide-spread abuses in the administration of both services and incentives paid to program workers and acceptors. The final blow came with the Government's review of the 1968-69 National Impact Survey which showed that several years of intense campaigning had produced an overall continuous use rate of less than six percent of eligible women.

Following the dismemberment crisis of 1970-71, the Government launched a new program approach, known as the Expanded Population Planning Scheme, and characterized by the Continuous Motivation System. The CMS approach involved the deployment of two person male-female teams throughout all districts of the country which had population densities in excess of 300 per square mile (or 74 percent of the total population). These teams were expected to visit every eligible couple three to four times a year to motivate them to accept family planning and to supply them with conventional contraceptives -- mainly oral pills and condoms -- at an official price of 2-1/2 cents per month's supply. The CMS was supported by a network of clinics, staffed by paramedical workers known as Family Welfare Visitors, a small mobile clinic system in non-CMS areas, and a fledgling sterilization program in a few of the major cities of the country. Finally, the CMS was supported by a system of "contraceptive inundation" - an effort to provide conventional contraceptives, through a network of 35,000 - 40,000 shopkeeper agents as well as through hospitals, clinics, and private physicians, to the entire population down to the smallest and most remote village

The CMS approach is now generally regarded as having failed. The program was unable to recruit adequate numbers of female

motivators, those who were recruited tended to be young and unmarried, and therefore unsuited to work in the rural areas; the male motivators found that they had insufficient work, functioning mainly as escorts for the female workers. Both categories of workers were filled in some places with political appointees rather than by people recruited on the basis of demonstrated skills. Furthermore, and perhaps most significantly, the field motivators were generally poorly supervised and trained.

On the contraceptive side, the inundation effort succeeded in bringing large quantities of contraceptives into the country and to a lesser extent in getting those contraceptives distributed to the district and, in some cases, sub-district levels. But inundation did not truly reach down to the user level. Only a very small proportion of the 35,000 - 40,000 shops were ever adequately stocked; publicity, both point-of-sale and mass media, was seriously deficient; and widespread diversion of contraceptives, especially condoms, into the open market and into alternative uses may have occurred (although this has never been verified in quantitative terms).

The final blow to the CMS approach occurred in 1975 and 1976 when a high-level review committee named by the Prime Minister recommended that CMS be substantially revised in favor of a number of new approaches which are outlined below. Following the report of the review committee, the Pakistan Fertility Survey was published, showing that, once again, only around six percent of the eligible couples were using any form of contraception at the time of the survey (late summer and early fall of 1975).

Coincident with the report of the Prime Minister's committee and a general air of dissatisfaction with the program, the Government elevated the leadership of the program to that of full Secretary in May, 1976. Six months later, the Government moved to full federal administration of the program. In the nine or ten months since the naming of a Population Secretary (and the subsequent widespread reorganization of the program administration), a new general approach to population planning has begun to emerge. While the details of the reorganized program must await publication of the Fifth Plan later this spring, its major outlines appear clear enough to report here.

CMS has been officially abandoned in favor of a far more intensive clinical approach. The non-clinical distribution and marketing of contraceptives will be taken over by the commercial sector. A major new emphasis will be placed on voluntary sterilization. The "front-line workers" in the program will no longer be the field motivator teams.

Instead, they will be female motivators working under the Family Welfare Visitors who operate the rapidly expanding number of clinics throughout the country. The FWVs will, in turn, be supervised by a cadre of Family Welfare Officers under the overall direction of the District Technical Officer who is normally a physician. Hence, the clinical and non-clinical operations of the program will be functionally separated. The District Population Planning Officers (LPPOs), Senior Population Planning Officers (SPPOs) and Population Planning Officers (PPOs) who formerly were responsible for the CMS and contraceptive distribution systems, will operate completely independently of the clinical staffs. They will be responsible for all non-clinical activities such as the convening of public meetings and discussions for motivational purposes; record-keeping and non-clinical client data, supervision and supply of associated program workers such as influential village women, traditional medical practitioners (hakeems) and homeopaths, and school teachers, and introduction of health and population education in the schools, among other duties. (The duties of the non-clinical staffs have not yet been spelled out in detail by the Population Planning Division)

The Secretary of the Population Planning Division has frequently stated as major priorities the improvement of training for workers at all levels, improved communication and publicity, outreach to include other ministries and agencies in population work, improved program statistics and statistical analysis, better research and evaluation, more effective clinical services, including sterilization, and commercial distribution of contraceptives. (The PPD's draft Six-Year Plan is appended as Attachment A).

The Pakistan population planning program has long been involved in the use of paramedics -- first with the IUD program and its "dais", then with the CMS program and its field motivators and Family Welfare Visitors, and in the near future with its FWVs, hakeems, and village motivators. Lack of adequate training and supervision has made these workers less effective than they might otherwise have been. _____ Major steps are contemplated to overcome these problems

"Incentives schemes" have been frequently discussed but rarely used in the program. In the 1960's incentives were offered to both acceptors and inserters of IULs. However, the incentives were rather severely abused through fraudulent payments and fraudulent reporting of actual insertions. As a result, Pakistan has been particularly wary of renewed large-scale incentives schemes. For the past three or four years there has been some discussion of various bold schemes for acceptors of sterilization or for people willing and able to control

their fertility for extended periods. A Ford Foundation grant to the Population Planning Division to undertake various experimental activities including a community incentives scheme has been awaiting field implementation for more than a year. Until very recently, the program theoretically continued to pay a small incentive to acceptors of IUDs, mostly as compensation for time spent away from home or work, though in practice these incentives were often never paid because of administrative inefficiencies. A small incentive is paid to physicians for the time they spend performing sterilizations, and, until recently, was paid to sterilization acceptors. However, no large-scale program of incentives or experimentation with incentives has occurred since the IUD debacle in the 1960's.

Effectiveness

In demographic terms, Pakistan's population planning program cannot be judged a success. While the crude birth rate has probably declined somewhat from the 48-50/1000 at which it was estimated in the early 1960's, it is probably not much below 43-45/1000 today. There is some question about whether or not fertility has declined at all. Sequential surveys since 1962 suggest no decline in the total fertility rate, suggesting that the apparent decline in CBR could be a function of changing age structure. The rate of prevalence of contraceptive use was around six percent in the late 1960's, and appears to have risen very little, if at all, since that time. The comprehensive program evaluation carried out by Family Health Care, Inc., in November 1976 concludes that the decline in the birth rate implies that around 2.4 million births were averted between 1965 and 1975, about half of which can probably be directly attributed to the population planning program. Hence, only about half of the small decline which did occur in the crude birth rate can be credited to the program.

On the other hand, a comparison of the Pakistan Fertility Survey and the National Impact Survey suggests that knowledge of the means of fertility control continues to increase in Pakistan, and that increasing numbers of couples are expressing an intention to practice family planning. These "softer" data are difficult to interpret, but they suggest that there continues to exist in Pakistan both a latent and a potential demand for family planning services. (A summary of major findings from the PFS is appended as Attachment B).

While the Pakistan Fertility Survey represents the best available single basis for judging program effectiveness, the Client Record System of the Population Planning Division offers additional evidence that program performance has failed to achieve expectations. The

CBS shows an overall prevalence of use in 11 districts of around ten percent (after adjustment for "users reporting no method"), a median age of around 34 years and a median parity of 4.3 children among active users of contraception. Despite an early goal of increasing the prevalence rate from less than ten percent to over 30 percent by 1978, and of lowering median age and parity from the pre-1972 levels, the program's own data system shows little if any change in the intervening four-and-a-half years. The Population Planning Division recently launched the first in what promises to be a regular semi-annual series of Contraceptive Prevalence Surveys which should permit better short-term monitorship of program performance nationwide than has been possible to date. As of the end of April 1976, field interviewing for the first such survey, interrupted because of National Election campaigning in which the population program was sharply criticized by Opposition politicians, had not been resumed.

The program has relied heavily on foreign donors. In the eleven years between 1965-66 and 1975-76, foreign donors contributed 52 percent of the total budget of the program - around \$83 million out of a total of \$159 million. In 1976-77 the Government is contributing approximately \$8.5 million out of a total of \$24.3 million - or around 35 percent. There is every reason to believe that a ratio of at least 35 percent Government contribution will be maintained over the next several years. Indeed, the percentage Government contribution may well increase in the years immediately ahead. At the present time, the Population Planning Division is considering requesting a six-year budget of around \$230 million, or some \$38 million per year - a 63 percent increase over this year's level. It appears likely that if the Planning Commission and the Finance Ministry accept increases of this magnitude, the Government of Pakistan will have to contribute a far larger percentage of the total than it has in the past. However, severe resource constraints at the present time have led to an apparent decision to hold the FY 1977-78 level at \$24.3 million - the same as the FY 1976-77 level. The Mission believes that a combination of continuing economic constraints and a low Government profile on population planning will result in lower than hoped for population budgets through at least the first two or three years of the Fifth Plan - whether or not the \$230 million six-year level is accepted.

There is another dimension of the question of reliance on foreign donors which deserves some discussion here. That is the extent to which the Government depends upon or is influenced by donors in determining population program priorities and approaches. USAID/Pakistan has come under recent criticism for exercising undue influence on the Government with respect to the setting of program

priorities and the determination of program approaches. This theme was sounded most recently and most strongly in the Family Health Care evaluation report. While there is some truth to the allegation that A I L has exercised considerable influence on the Government, it is not true that this influence was unwelcome or imposed through pressure. Rather, early decisions (which are referred to in the Family Health Care report) such as the decision to adopt C.M.S. nationwide or to engage in "contraceptive inundation" were jointly arrived at through close consultation between A I L and the Government. While A. I. L. has, from time to time, offered suggestions to the Government in a wide variety of areas relating to program priorities and approaches, we have never imposed such suggestions on the Government in what we would regard as a coercive manner. Nonetheless, it does remain true that A. I. L. has been a rather more active than passive participant in the planning of population program strategies and priorities. It is equally true that the Government continues to rely on the Mission for assistance in program planning.

While A. I. L. has been the largest and also, perhaps, the most prominent of the donors, the UNFPA, West Germany, Britain, and Norway have made very substantial contributions to the program since 1973. Lesser contributions have been made by Australia, the Ford Foundation, and the Asia Foundation. In addition, a number of international and U.S. intermediary organizations have supported the population program activities in recent years. A partial list includes the U.S. Bureau of the Census, FPIA, IPAVS, the World Fertility Survey, Johns Hopkins University, the University of North Carolina, the East-West Center, the Population Council, and the IPPF.

Formal integration of health and family planning services has been virtually nonexistent in Pakistan. The population planning program is almost completely "vertical" in design and implementation. The program has its own clinics in rural as well as urban areas. It has its own workers at all levels of the system, including physicians, and is bureaucratically separated from the Health Division within the Ministry of Health, and Population Planning. There is some overlapping of health and family planning functions at the level of the Population Planning Division's Family Welfare Clinics. There, the program's Family Welfare Visitors (the paramedical clinic workers) do provide basic medicines to non-family planning clients - a point which was underscored in the Family Health Care report. Indeed, based on a limited number of observations, the FHC team and others have estimated that only 20 to 25 percent of the clients of the Family Welfare Clinics actually come there for family planning services.

The Secretary of Population Planning was, until recently, as adamantly opposed to full integration of health and family planning service delivery as were his predecessors. He, like they, argues that integration would mean the takeover of population planning by health and the rapid dilution of the family planning emphasis as a result of diversion of family planning resources to other health uses. Furthermore, the Secretary, like his predecessors, argues that there is presently very little health infrastructure with which to integrate, especially in the rural areas. About half the health facilities which exist outside the major cities are those of the Population Planning Division, and even where non-family planning health facilities do exist, they tend to be less well supplied and equipped than the Family Welfare Clinics. However, as we discuss in detail in Section IV, a recent initiative on the part of the Planning Commission to bring Health and Population Planning closer together seems to be bearing some fruit. The Population Planning Secretary has recently announced an agreement under which regular and close cooperation in the planning and implementation of training activities and in the geographical location and construction of new clinics is intended.

Moreover, a \$15 million grant/loan agreement to assist the Government in implementing a basic health services program was signed by the United States and Pakistan on April 2, 1977. A \$1.5 million grant and a \$13.5 million loan will finance the first three-year phase of a major Government of Pakistan effort to extend rural health service delivery by training physician-supervised, high quality mid-level and community health workers and by constructing and renovating rural health facilities. Although the lead time needed to establish the necessary training capacity is substantial, by the end of the third program year (FY 1980) more than 800 mid-level and more than 1,300 community health workers will be providing preventive and curative health care in 36 integrated rural health complexes. A component of their training will be in family planning. If implementation of Phase I is satisfactory, US A.I.D. looks forward to assisting the Government with a much larger five-year second phase which is planned to provide coverage to more than 50 percent of Pakistan's rural population. Therefore, depending on the pace of implementation, there will be a much more comprehensive health infrastructure with which to integrate

Private family planning activities began in Pakistan in 1953 with the formation of the Family Planning Association of Pakistan (FPAP). The organization was typical of family planning associations in the early years of the international family planning movement, setting up clinics,

lobbying the Government for a national policy and program, and using the mass media and other communication channels to legitimate the concept of the planned family. Since the beginning of a major Government effort at the time of the Third Plan, the Association, like most of its counterparts in other countries, has turned increasingly toward action research and demonstration activities at the margins of the more or less conventional Government program. However, in recent years the relationship between the Association and the Government has deteriorated to the point that considerable mistrust exists between them. The Government is reluctant to provide much financial or psychological support to the FPAP and is disinclined to pay much attention to the implications of FPAP's activities for possible eventual adoption by the Government. FPAP has not ceased to try to influence the Government but has, at the same time, adopted a relatively independent program of research and demonstration activity in the delivery of services. It has gone far more than the Government by way of attempting to identify target groups within the population and to differentiate among such groups in the service delivery approaches it tries. Some of these efforts appear to have met with considerable success. But, like most private associations, FPAP, because of the committedness of its workers, has a difficult time persuading the Government that its pilot and demonstration activities are truly replicable.

A second private association which has in the past year or so become quite prominent on the Pakistan family planning scene is the Pakistan National Association for Voluntary Sterilization (PNAVS). This is a comparatively small group composed mainly of dedicated obstetricians and gynaecologists - people with a strong interest in the provision of safe and effective sterilization services. A close, semi-official (although not completely comfortable) relationship exists between PNAVS and the Government. The two are working closely together on the development of a national sterilization program in which the PPD plans to take advantage of the preeminent position of the PNAVS physicians for training and demonstration purposes. PNAVS is composed of the vast majority of physicians who have been trained (by IPAVS and JHPIEGO) in laparoscopy and minilaparotomy techniques. Such other voluntary organizations as the All Pakistan Women's Association, social welfare societies, and other women's groups have not been as actively involved in family planning in Pakistan as their counterpart organizations have been in other countries, although some additional private association activity does occur in Lahore, Rawalpindi, and Karachi.

B. Major Constraints to Expanded Contraceptive Use

Government Policies and Administrative Systems/Procedures

There are relatively few legal constraints. After more than a decade of active governmental involvement in population planning, Pakistan has eliminated most official constraints to the effective practice of family planning. As we mentioned above, the failure so far to liberalize abortion has effectively eliminated the safe and efficient provision of one important method of fertility control. But apart from this singular exception, the Government has moved to effectively eliminate most major official restraints.

On the other hand, certain endemic politico-administrative problems affect the population planning program in much the same manner that they affect other programs of public welfare. Widespread political influence on the process of personnel recruitment and certain anachronistic budgetary and administrative practices inhibit effective functioning of the population planning organization. But these problems are not unique to family planning. Their resolution would require the imposition of fundamental reforms at all levels of the bureaucracy.

Program Management and Administrative Constraints

Program and Logistics Management This has been a perennial problem area within the program. As we mentioned above, the Population Planning Division has neither succeeded in getting contraceptives down to the outlet levels in significant quantities nor in effectively managing the field motivator force. One reason for the decision to move to federal administration of the program was the dispersal of effective administrative control that resulted from the virtual autonomy of the Provincial Population Planning Boards from the central Population Planning Division. The Government hopes that the establishment of clear and direct lines of authority from top to bottom implied by the decision to impose federal administration will eliminate or substantially reduce the lack of supervision which is blamed for both poor fieldworker performance and poor logistics management in the past. The Mission has adopted a wait-and-see attitude toward this decision to "federalize" the program.

Clinic Staffing During the CMS era, clinics played a relatively minor role until the last couple of years. As a result, the program did not give much attention either to effective recruitment or high-quality training of the Family Welfare Visitors. Those clinics which exist --

and there are now around 900 -- are generally staffed by a single paramedic who is likely to have received insufficient training and poor supervision. Under the new system, the clinics are to be staffed by a much better trained and supervised Family Welfare Visitor, assisted by two female fieldworkers. The Population Planning Division has given more time and attention to this problem than to any other since the Secretary was appointed in May 1976

Relationships Between Population Planning and Health As noted previously, lack of an effective collaborative relationship to date between the Population Planning and Health Divisions is a serious constraint to effective delivery of family planning and health services. Effective training of health and population planning personnel at all levels to undertake health and family planning activities as part of their respective functions is a key ingredient in overcoming this problem. As we noted, the Mission is hopeful that the recent decision to more closely collaborate will help solve some of the short-run problems posed by the lack of coordination, while in the longer run, we expect that the family planning training component of the Basic Health Services Project will help to alleviate the present problems.

Training Programs for Paramedics & Auxiliaries This point is covered above. Training at all levels of the system is to be substantially improved under the new Plan

Budgeting Processes This has not been an important constraint to date, but could become a problem if future levels of donor support should decline relative to anticipated major increases in expenditures.

In recent months all of the major donors have expressed considerable dissatisfaction with the program and have given broad hints that future support levels will depend upon demonstration by the Government of improved program performance. At least in the short term, we expect that this general attitude on the part of the donors may well result in static or even lower levels of support than during the past three or four years. Furthermore, despite early expressions of intent on the part of the Government to increase the population planning budget, the present economic squeeze in Pakistan suggests that the Government will be unable and/or unwilling to increase the population planning budget by very much for at least the next two or three years.

Lack of Involvement of Village/Community Leadership This has been one of the most important of all constraints on effective program performance. But once again, it is a problem of the more generic type than a problem specific to the population planning program.

Many Government programs which depend to a greater or lesser extent on the involvement of the community, especially the rural community, have foundered in Pakistan. The lack of community involvement is often seen to be the result of lack of "community" in the sociological or anthropological sense, in rural Pakistan in particular. Rural Pakistan, where three-quarters of the population lives, is not characterized by communities. Rather, it is characterized by villages which are in actuality loose confederations of extended families or kinship networks. There is very little tradition of joint consultation and problem-solving in the villages of Pakistan. Rather, the situation is better characterized as one of actual or potential kinship conflict. The lack of any permanent institution for conflict resolution, such as local government, (which may still be several years away), only exacerbates this situation. However, the result is an environment in which peer pressure exists only within "beraderis" (the extended kinship systems), not within communities of people unrelated by blood or even marriage. Mechanisms for consultation among village families do exist, but they tend to be very narrowly defined in function and to operate on a more or less ad hoc basis. Institutions within which community-wide consensus on important issues (like family planning/fertility control) can develop are usually nonexistent. Within the institutionalized sector of the urban areas, the situation is somewhat better. There, labor organizations and employees groups do exist, community organizations and informal cooperatives are present, and communities do develop as the result of the breakdown of traditional family bonds and the consequent search for personal, non-familial association.

While the foregoing may represent something of an overstatement and may overlook some opportunities for community-based involvement in population planning, we believe it is a fair enough representation of rural Pakistani society to explain why the family planning effort has made such little headway in terms of community involvement in recent years.

The Family Planning Association of Pakistan is currently experimenting with the inclusion of family planning in the more general activities of the Integrated Rural Development Program - a program which is explicitly designed to break down the traditional barriers to community self-help in rural Pakistan. The Association's projects give some initial indications of success and may provide new insights into approaches which the Government program could take on a broader basis during the Fifth Plan period.

Social and Economic Factors Influencing Completed Family Size
Research on the determinants of Fertility in Pakistan is of neither sufficient quality nor quantity to permit definitive statements on the relationship between the factors identified in this section and fertility. What follows, then, is necessarily somewhat tentative and incomplete. It represents the Mission's best current assessment of the indirect determinants of fertility based upon currently available research materials.

Parents' Perceptions of the Economic Costs and Benefits of Children The evidence available is largely inferential or fairly subjective. To begin with, it is clear that Pakistani parents act as if they believe the benefits of large families far outweigh their costs. Families are large, completed average family size is around eight. The marginal cost to the family of additional children is low; fewer than 30 percent are currently enrolled in school, and the number drops with each successive class level. Land pressure has not yet become sufficiently severe in most parts of the country so that, despite the lack of primogeniture, fathers fear that the parcels they pass on to their sons will be economically unviable. Furthermore, despite a strong desire for sons (confirmed in all recent demographic survey research projects), land does tend to get passed along to only one son, the others turning to different pursuits (including urban and overseas employment) to supplement family income.

One study which is available attempts to document the economic role of children, male and female, in a rural area of Punjab Province. That study, which was based both on participant observation and survey methodologies, concludes that children begin to make substantial economic contributions to household income at remarkably early ages. They assist with light farm chores (feeding and caring for small animals) and selling milk from the age of five or six. They begin to work in the fields at nine or ten and by the time they reach their teens they are able to represent their families in Government offices where loans for tractors, seeds, fertilizer and farm implements are granted. Moreover, the study stresses that parents are well aware of the economic importance of children to family well-being and believe that they are acting in accordance with this perception. These findings, incidentally, correspond rather closely with those of Mamdani in his well-known study of East Punjab (India).

While the evidence is slim and admittedly somewhat subjective, it does support the contention that many Pakistani families are acting in their perceived and probably in their objective self-interest in continuing to bear large numbers of children.

It is possible to conceive of legislation which might have a short-run effect on these perceptions and on subsequent fertility behavior, but it would have to be relatively draconian. The author of the Punjab study cited above suggests that the withholding of agricultural credit from families exceeding a certain size would yield quick demographic results. He is not very sanguine about the effectiveness of monetary or in-kind incentives.

In the longer run, there is no doubt that social and economic policies which change the cost-benefit ratio of children would lead to lower fertility. Compulsory education, increasing mechanization of agriculture, higher farm incomes, and a host of related policies or changes resulting from Government action would (indeed, probably will) bring about significant fertility reductions over the next 15-25 years.

Effect of Declining Infant Mortality on Completed Family Size*

The relationship between infant mortality and fertility has never been well understood anywhere, and Pakistan is no exception. There simply do not exist data in Pakistan to either confirm or disconfirm the infant mortality hypothesis. The one Ph.D. thesis which has been done on the subject does suggest that parents who experience child loss tend to over-compensate for that loss by producing more children than parents who have experienced no child losses. Furthermore, the more child losses a couple experiences, on average, the more "over-compensation" in terms of additional births they engage in. However, this relationship may well be spurious or, indeed, causality may run from fertility to mortality rather than from mortality to fertility. In other words, the observed relationship could be a function of the fact that some other variable, or set of variables, is causing both high fertility and high mortality (e.g. poverty, low levels of education), or, the relationship could be explained as a result of the fact that high levels of mortality are the result of high fertility levels. While we are uncertain about where the truth lies (it could lie partially in all three hypotheses), the Mission is generally persuaded that effective Government measures to reduce the level of infant mortality in Pakistan would, over a period of years, result in lower fertility as well. Whatever the causal relationship may be, we are unaware of any country experiencing significant fertility decline which did not experience a concomitant decline in infant and child mortality.

General Position of Women in the Society*

As in most Islamic societies, the general status of women in Pakistan is low. It is especially low in Pakistan which is a particularly orthodox Islamic country. While 30 percent of the males in the country are literate, only nine percent of the females are. Male school enrollment far exceeds female school enrollment. Only a very small percentage of women ever progresses beyond the second or third class in school.

In rural areas, there are essentially two roles for women. Among the very poor, women serve as adjunct labor in the fields and as cooks, mothers, and caretakers in the home. Among the more affluent families, women tend to observe "pardah", in which role they are essentially proscribed from participation in the labor force and are required to serve solely as wives, mothers, and status symbols - visible reminders of the fact that the head of household can afford to forego the assistance of his wife.

Prime Minister Bhutto has made sincere efforts - albeit largely symbolic - to enhance the status of women in Pakistan over the past couple of years and is thought to have received a large majority of the female vote in the recent elections. But the fact remains that a major issue in the elections was the traditional place of women in Pakistani society, with the Prime Minister's People's Party under attack by the generally more conservative Opposition alliance for disrupting the traditional role of women in Islamic society.

Under these circumstances, obviously women have little say in their reproductive behavior. Those in pardah, especially, have no effective alternative roles to motherhood and homemaking. Furthermore, to the extent that the generalizations cited above are true regarding the economic value of children in subsistence or near-subsistence agriculture, women not in pardah who assist in farm labor are equally responsible for producing adequate numbers of offspring to contribute to family well-being. In a word, a vast majority of Pakistani women rarely have the opportunity of expressing themselves outside the conventional roles of mother and homemaker. The alternatives to child-bearing are all but nonexistent.

Female Educational & Employment Opportunities The foregoing description of the general role and status of women provides a reasonably accurate frame-work for a discussion of the educational and employment opportunities for women in Pakistani society. Only a minuscule proportion of Pakistani women ever enroll in school, much less complete primary education. Fewer still become active members of the labor market - at least insofar as that implies employment away from the home or off the farm.

The Pakistan Fertility Survey suggests that women who have received more than six years of education have significantly fewer children than women who have either received less education or who have never been to school. Indeed, as Dudley Kirk has shown in other Islamic societies, six years of education seems to represent a significant threshold of reduced fertility. Clearly female education

is a major factor in fertility behavior. A study carried out by the Pakistan Institute of Development Economics shows that, in a multivariate analysis, the best single predictor of fertility behavior, among a broad range of variables, is the educational level of wives.

Less work has been done on the relationship between female employment and fertility in Pakistan. Part of the reason for the paucity of information on this subject is the relative rarity of out-of-home employment among Pakistani women. Hence, the number of observations in those surveys which permit analysis of this relationship is so small as to make their statistical significance questionable. Nonetheless, among the few studies which have been done on this subject, it appears clear that women who are employed in occupations which require them to be away from the home for substantial periods of time each day have somewhat fewer children than women who are either unemployed or employed in the home.

As in the case of the infant mortality hypothesis, the question of spuriousness arises in the case of female education and employment. It is certainly possible that fertility is lower among educated women because they are more likely to be employed. Similarly, both education and employment are undoubtedly a function of social class - and the wealthier may have fewer children as a general rule. However, the available evidence suggests that income is a comparatively poor predictor of fertility in Pakistan, as is social class. As in much of the rest of the world, female education per se seems to be an important determinant of fertility behavior. There are several reasons why this might be the case, not the least of which is the hypothesis that education provides a window to the outside world, and thus the expectation of an alternative future which is not available to the less educated or the uneducated. In many cases, an alternative future may well imply a life in which children represent more of an encumbrance than they do for the typical Pakistani woman today.

Rate of Economic Growth and Distribution of the Benefits of Development: As far as fertility is concerned, the rate of economic growth means practically nothing. The distribution of the benefits of growth (i. e. development) means a great deal. Several countries have experienced rapid rates of economic growth in recent years without experiencing correspondingly rapid rates of fertility decline. However, we are unaware of any countries which have experienced rapid rates of economic development (i. e. growth-cum-redistribution) which have not simultaneously experienced rapid fertility declines as well. It appears that equitable distribution not only of income, but also of the perception of access to social opportunity, is central to explaining fertility decline.

It is not possible to generalize about the effect of economic growth or income redistribution on fertility in Pakistan. There have been no studies to date which have attempted to analyze this relationship. By the same token, income data, at the micro level, are so undeveloped in Pakistan that no correlational analysis is really possible at present. All we can reasonably say at this point is that income redistribution has apparently not occurred in sufficient magnitude to cause people to have a significantly different view of their relative roles and statuses than they have had in the past. There is no real evidence to suggest that access to social or economic goods has improved sufficiently for the general population that people have altered their perceptions of the relative costs and benefits of children. Put another way, we see no reason to believe that the economic environment has changed to the point that people have significantly different perceptions of the opportunities available to their children than they had for themselves. As a result, they are not likely to engage in very different fertility behavior than their parents did.

Availability of Family Planning Information Outside the Operations of the Family Planning Program Apart from a very small advertising effort on the part of commercial firms, there is virtually no family planning information available which is not distributed in one way or another by the official program or one of a handful of private organizations involved in the provision of family planning services.

C. Analysis of Non-Population Program Demographic Impact in Pakistan

As we mentioned earlier, the Planning Commission began to give attention to the demographic implications of non-population program activities as early as 1975. Indeed, Pakistan is one of the first countries in which serious attention to population impact analysis has developed. Because of the serious deficiency in basic demographic data and the lack of skilled manpower for carrying out sophisticated population impact analysis, such analysis has been slow in being produced. Thus, the present situation can be characterized as one in which the Planning Commission recognizes the significance of population impact analysis but has not been able to carry out or cause to be carried out any such analysis. A portion of USAID's proposed Population Research and Development Project is intended to rectify this situation. However, it must be pointed out that both data and manpower constraints persist and that it will be some time before Pakistan will really be in a position to carry out meaningful analysis of the population implications of alternative program approaches in sectors other than population. Both the Planning Commission and the Population

Planning Division have recently indicated to the Mission that they intend to review the programs of all other Ministries, in the context of the Fifth Plan, in order to first evaluate and then influence their population impact. We regard this as a promising sign and as an indication that the Government is, indeed, serious about bringing the full range of development resources to bear on the population problem.

However, at the level of implementation there are not yet any very encouraging signs that other ministries, agencies, or departments of the Government are undertaking independent reviews of the population implications of their programs or of actions they might take to more directly influence the rate of population growth.

The A.I.D. Mission has, itself, developed a requirement that all new projects be reviewed in order to determine their population impact. We are hopeful that our counterparts in the Government will be sufficiently seized with this initiative to undertake similar exercises of their own. We regard Agencywide adoption of the proposed Section 117 of the FAA as an important source of support to this effort.

In Section IV of this paper we outline in some detail the strategy the Mission will pursue in attempting to more systematically engage the interest of the Government in general and the nation-building ministries and departments in particular in program and project planning and design which will increase their impact on fertility. Furthermore, the overall A.I.D. program in Pakistan is basically in conformity with the Congressionally mandated "new directions," many of which are supportive of policies and activities which have high anti-natalist potential. Among these are new or planned programs in basic rural health, primary education, rural electrification, rural roads, rural clean water, nutrition, increasing agricultural productivity and rural incomes, and farmer credit. To the extent that A.I.D. priorities succeed in needed redirection of Government of Pakistan priorities in these areas, we believe substantial progress can be made in affecting the indirect determinants of fertility.

III. MISSION ASSESSMENT OF PAKISTAN'S DEMOGRAPHIC AND FAMILY PLANNING GOALS

The demographic goals which Pakistan has set for itself in the Fifth Development Plan are tremendously ambitious. Other countries have accomplished similar or even greater reductions in the rate of population growth in comparable time periods in the recent past (e.g., Costa Rica, Colombia, Korea, Taiwan). But in all of these countries, a host of conditions existed at the time of rapid fertility decline that do not presently exist in Pakistan. Among these important facilitating conditions have been rapid changes in the distribution of income and of access to social opportunity, large-scale improvements in literacy and educational attainment, relatively high levels of urbanization, low levels of infant and child mortality, and vigorous, well administered family planning programs. None of these conditions exists in present-day Pakistan.

One must add to this pessimistic picture the fact that Pakistan has failed, after more than a decade of relatively concerted effort, to successfully institutionalize either a small family norm or a satisfactory family planning delivery system. There is no question that the country has done less than it probably could to provide these services more effectively, but the fact remains that Pakistan has tried harder than the great majority of less developed countries to bring about fertility decline through the provision of voluntary family planning services. There is a fundamental resistance to fertility control among the vast majority of Pakistani couples. A decade of frustration should have made at least that much clear.

At the present time, two further political constraints must also be recognized as assumptions. First, regardless of the resolution of the present political crisis, it is unlikely that political leaders will manifest publicly the high level commitment to population growth limitation for which we and many donors have argued. Put another way, it is not anticipated that Government leaders will significantly increase their public rhetoric in favor of smaller families and family planning. They may become more negative. As a corollary to this, political uneasiness will mean that activities of the Population Planning Division, slowed during the election campaign and the period since then, will not likely resume to even the relatively modest pre-campaign levels in the short term. Over the longer term, however, it is reasonable to assume that the Government of Pakistan will continue to carry on some form of family planning activity. Second, while virtually all political leaders are committed to the establishment of local self-government institutions, it cannot be anticipated that local self-government will be sufficiently well established in the short to medium term to significantly affect the operations and administration of any family planning program at the village level.

In this context, the Mission regards the goal of lowering the population growth rate from 3.0 percent per year to 2.4 percent by 1982-83 as unrealistic. (Planning Commission Secretary V. A. Jafery said on April 22 that despite the strong reasons for setting ambitious targets, the population growth reduction targets of the Fifth Plan may be "trimmed down.") Furthermore, we believe that in setting an overly ambitious goal, Pakistan runs the strong risk of once again being frustrated when it fails to achieve that goal. A major source of demoralization in the past has been the repeated inability of the Government to achieve its demographic and family planning targets. There are a number of reasons for these disappointing results. Many of these relate to the constraints imposed by program deficiencies, socio-economic, and political conditions. However, it should also be pointed out that underlying the previous failures of population planning programs in Pakistan to achieve planned demographic targets has probably been the fundamental fact that they were structurally inadequate. As a result, every revitalization of family planning has been launched as a crusade - as a crash program. Unlike other Asian and Latin American countries which have built successful programs from comparatively modest beginnings, Pakistan has, since 1965, launched its successive family planning programs on a massive, nationwide basis.

It appears to the Mission that Pakistan is faced with a range of options. At one extreme, it could proceed with a completely voluntary family planning program, in which case it ought to establish far more modest goals and targets than presently exist. At the other extreme, it could launch a program of population control, in which case major changes in policy and program approach must be undertaken. Pakistan can achieve a population growth rate of 2.4 percent per year by 1982-83. To do so, it must radically alter its approach from an essentially passive voluntary program to a very active program which intervenes directly in individual child-bearing decisions. Such a radical alteration of approach would require a political will and political support which we do not believe now exists or is likely to develop in the near future. Indeed, Mrs. Gandhi's recent political defeat, occasioned in part by her Government's decision to move radically beyond family planning, has not gone unnoticed in Pakistan and has probably made less likely than even a year ago the Government's willingness to take major risks in connection with fertility control.

A. Implications for U.S. Policy

Assuming that the analysis of Pakistan's demographic goals, political commitment, and administrative capability is correct, the U.S. is faced with a particularly difficult set of choices. We have been

the major foreign donor to the program. Because of our close working relationship with the Government, we have been very closely identified with the largely unsuccessful efforts of the past. We are strongly inclined toward a more laissez-faire policy in the future - a policy making our support consistent with demonstrated program progress rather than with statements of goals and expectations. But such a policy implies a reduced American role in influencing the fundamental population program and policy decisions of the Government except insofar as potentially high levels of future support could carry with them the inevitable influence that money usually implies. Beyond the constraint that a lower profile would bring, however, lies the question of the propriety of the United States endorsing policies as radical as those which we believe are necessary to bring about fundamental short-run fertility decline in Pakistan. We are faced with a difficult choice, then. Assuming that we wish to remain associated with the program, we can either continue to support a program approach which we strongly believe will yield only modest results over the next several years or we can actively encourage the adoption of those more extreme measures which we believe are necessary to produce fundamental demographic change in the short run.

Faced with this choice, the Mission concludes that it would be imprudent for the United States to campaign for a radical increase in the Pakistan Government's intervention in fertility choice decisions among its citizens. Not only would such an approach be politically dangerous, it might also be counterproductive, causing a reaction which would further delay Pakistan's decision to undertake such measures. This conclusion leaves us with a policy of quietly supporting a more modest program in a style which enables us to identify our money with activities and approaches of demonstrated success (which success, we think, will be relatively modest). At the same time, we will attempt to facilitate the Government's internal consideration of those policy alternatives which we believe are necessary to produce sustained fertility decline.

It is important that the various actors involved in U.S. policy toward Pakistan recognize that this approach requires a considerable ability to tolerate slow progress and a willingness to stay the course. Government bureaucracies and elected legislative bodies are notoriously impatient when it comes to dealing with complex human problems. The population problem in Pakistan is one of the most complex of all. The Mission believes that the U.S. must resist the dual temptations of insisting upon rapid progress or pulling out in frustration.

Sticking by the Government of Pakistan as it attempts to cope with its population problem implies a good deal more than just being patient. While we believe that the solution to rapid population growth is a long-term proposition (assuming that the Government remains unwilling to engage in more draconian approaches), we do not believe that time and family planning alone will solve the problem. High fertility is so much a part of the fabric of poverty, illiteracy, morbidity, and the low estate of women in Pakistan that it cannot be tackled in isolation from these other problems. A I D and the Government are committed in principle to the same goals in areas such as primary education, basic health, female employment generation, and improvement of small farm incomes. The Mission's pursuit of the "new directions" is fully consistent with the major priorities set forth in the draft documents of the Fifth Development Plan. However, for the aspirations contained in our mutual expressions of priority to be realized, we, the Government, and other donors will have to achieve far higher levels of support to these sectors than have been provided thus far. The key to population control in Pakistan in the medium to long run is rural development: higher farm incomes, lower rates of maternal and child morbidity and mortality, vastly increased levels of primary education, especially for women; and, in general, bringing to the rural areas access to broader social and economic opportunity. Such change requires massive investment either through the reallocation of existing resources or through the infusion of new resources. The Mission believes that a major part of the U S. commitment to assisting Pakistan to control its fertility is to also assist in providing the resources required to alter the fundamental determinants of fertility. On the basis of this overall policy, Section IV below provides details of the Mission's strategy.

B. Implications for Preferred Actions by the Government of Pakistan

As the foregoing analysis of population efforts and the accompanying social, economic and political constraints suggests, the task of reducing the population growth rate in Pakistan will be long and difficult, and the most likely course for the Government of Pakistan in the next few years will be a modest, low-key effort. The analysis also indicates some of the Government actions required for a successful effort on this scale. These actions, outlined briefly below, include both broad development programs and specific steps to strengthen family planning activities.

Beyond the establishment of development priorities which would be supportive of a broad effort to control fertility, there are certain more specific actions which we believe the Government of Pakistan must take to improve the prospects of a successful fertility control strategy.

The Government of Pakistan should give specific attention to strengthening family planning activities. Although it is unrealistic at least in the short term to expect strong public statements advocating family planning, the Pakistan leadership's commitment to a successful family planning effort can be demonstrated by continued allocation of Pakistan's own resources to the program. The leadership can also manifest its concern through the regular exercise of administrative oversight -- beginning, for example, with the assignment to responsible program positions of qualified, experienced senior officials who are then held regularly accountable for program performance. The recent decision to incorporate PPL staffing into the regular Civil Service System could be an important step in carrying better program administration to all levels of population personnel, and should also help to shield the program from political recriminations such as those that arose in the last election campaign.

While the program goal should be the provision of family planning information and services through all possible channels to all Pakistani couples who wish them, the Government should focus its energies at the outset on the changes needed in central program administration for a better long term effort and build on these strengths in gradually expanding program coverage throughout the country. Similarly, while innovative approaches to service delivery are needed, these should be tested carefully before they are applied on a national scale.

As noted in Section II, the lack of coordination between the Population Planning Division and other government agencies as well as the private sector has restricted opportunities for effective activities particularly in service delivery. The Planning Division should continue its efforts to bring about this coordination within government, especially that between the PPL and the Health Division. The efforts of private family planning agencies (e.g. FPAP, PNAVS) must also be correlated closely with government programs, and greater use made of other individuals, private groups and commercial organizations (PIA, commercial distributors, Pakistan Railways, labor organizations, etc.) for family planning promotion, contraceptive distribution, and other population activities.

Finally, the Government of Pakistan and AID need a better flow of information on the operation of the program and preliminary indications of results. With technical assistance if needed, Pakistan should complete the process of developing a system for program monitoring and demographic data which will meet their and our needs.

IV. U.S. POLICY WITH RESPECT TO POPULATION IN PAKISTAN,
AND IMPLICATIONS FOR U.S. POPULATION PROGRAM,
SUPPORT AND US A.I.L. STAFFING

U.S. Policy

At the highest levels the United States is committed to dealing with the problems of world population growth using both diplomatic initiatives and direct program assistance. Both of these approaches have been made in Pakistan over a long period of time such that the U S is closely associated with the movement to reduce population growth in this country. Population growth will continue to present problems for Pakistan's long term development efforts

The U S Mission believes that there is a strong argument for continuing the U S policy of diplomatic encouragement of and support for Pakistan's efforts to reduce population growth. This encouragement and support will focus on both social and economic actions of the Government of Pakistan that have a significant impact on fertility, as well as on selected family planning program activities

For the past four years USAID has provided across-the-board budgetary support (presently U S owned rupees) to the entire family planning program in Pakistan, as well as special purpose support for contraceptive and non-contraceptive commodities, participant training, vehicle maintenance, and the like. Such budgetary support is being terminated in FY 1977 and we are moving toward a position of support for specific components of the program. We will provide this support in response to well-developed strategies and plans which make sense to A.I.L.

While we are beginning this process in the context of the present project, which terminates in FY 1978, it is our intention to make it the basis of A I L population program assistance to Pakistan over the entire period covered by the Government's Fifth Plan, i.e. through FY 1982-83. Furthermore, because we agree with those who have argued that A I.L.'s support for the program for the past four years was too general and diffuse to be monitored effectively, we have decided to associate our funds with relatively few aspects of the program, but to cover those areas in depth.

Supporting a limited number of specific components raises the question of the extent of future U S influence and involvement with Pakistan's own effort. In the sense that we will no longer broadly

support the entire effort of the PPL, the U.S. will lower its profile A.I.D.'s position in the past as the major foreign donor to the program, and our close working relationship with the Government, have resulted in our being closely identified with the largely unsuccessful efforts carried out to date. We believe that this previous heavy U.S. involvement in funding and advising on day-to-day program operations has not been sufficient to overcome the fundamental structural deficiencies, and inhibitions to effective program development.

The planned near term reduction and the redirection in A.I.D. assistance will also encourage the Government of Pakistan to assume greater responsibility for the population planning program, and should signal our determination to make our support contingent upon demonstrated program progress rather than with promises of fertility decline. The Mission is convinced that the best approach to emphasize this determination is to fund those areas we have agreed to support through a fixed amount reimburseable formula, whether it is dollars or U.S. owned rupees which are being transferred. Certain activities, such as provision of technical assistance, supply of contraceptives and any U.S.-based participant training are clearly not suited to a reimbursement mechanism. Nevertheless, the general principle of fixed amount reimbursement can reinforce the Mission's policy of insisting upon performance for continuing A.I.D. support for population program activities. As a result, performance targets will be established for each area of A.I.D. supported activity. Reimbursement will not occur until these targets have been achieved or a satisfactory technical explanation for lack of achievement has been provided by the Government. It must be recognized that near term reduction in assistance and reimbursable funding may also imply a reduced American role in influencing the program decisions of the Government except in those components of the program we are assisting.

At the same time we will attempt to facilitate the Government's internal consideration of those non-family planning policy alternatives we believe are necessary to produce sustained fertility decline. We expect the U.S. to maintain a close intellectual involvement with the Government in this area, assisting where needed to define issues, design research, and develop programs. The inclusion of population considerations in social and economic development programs is an area in which the Pakistan Government has demonstrated strong interest, and in which the U.S. has experience and expertise. A potentially important U.S. role in this area is fully merited given the implications of those activities for the success of any fertility reduction program, combined with Pakistani interest and A.I.D.'s present leadership in this field.

AID Development Initiatives

A I L. program strategy has historically emphasized the family planning component of the determinants of fertility. Although this will continue to be a major component of U S assistance during the period of the Fifth Plan other initiatives beyond family planning will be increasingly emphasized.

Population/Family Planning Strategy

FY 1977 Program

The four areas selected for FY 1977, depending on Government commitment and capacity to plan and implement, are as follows

- 1) population program data systems
- 2) population research and development
- 3) voluntary sterilization
- 4) contraceptive commodities

1) Population Program Data Systems

It is essential that adequate data systems be developed as an integral part of program administration. The Population Planning Division has been developing three integrated program data systems for several years: the Contraceptive Prevalence Survey, the Information System on Contraceptive Movement, and the Client Record System.

The semi-annual Contraceptive Prevalence Surveys will permit continuous monitorship of broad program performance for the foreseeable future. Using the Pakistan Fertility Survey and the year 1975 as the baseline, it will be possible to assess changes in the prevalence of contraceptive use as well as changes in fertility on a more or less continuous basis. As part of this increased effort, the Mission plans to press the Government to carry out a full-fledged fertility survey in 1980 and again at the end of the Fifth Plan period. These fertility surveys can be carried out as expanded versions of the regular Prevalence Survey.

The Mission will continue to assist in the implementation of the computerized Information System of Contraceptive Movement (ISCM), a system designed to improve management's capacity to track the flow of contraceptives through the entire delivery system, from point of entry through point of sale.

It is expected that another part of the overall data systems activity - the Client Record System - will expand from the present 11 districts to cover the entire country during the next couple of years, following a validity and reliability study soon to be undertaken. This system will, we hope, provide monthly or quarterly information on the practice of family planning as well as provide regular data on clinic performance.

The Mission will support data systems improvement through the provision of a full-time expatriate advisor and ancillary support services on a PASA or contract basis. We will also procure some needed equipment and may provide rupee support for recurring costs.

2) Population Research and Development

The Research and Development project will provide opportunities to explore some of the thornier issues now confronting the population planning community in Pakistan and to experiment with alternatives to the present population program. An illustrative list of such issues, many of which are discussed in Section II of this paper, would include

(a) Pilot projects to increase the numbers of institutions delivering family planning services to different sub-groups of the population including the Armed Forces, Social Security, PIA, Pakistan Railways, etc.

(b) "1000 household" studies to discover the upper limits of family planning acceptance by providing optimal house-to-house services, including follow-up, in both urban and rural areas.

(c) Further analysis of the determinants of fertility and analysis of the demographic implications of alternative investments in non-population sectors.

(d) Pilot mass media messages and campaigns to increase the practice of family planning.

(e) Experimentation in integrating motivational and family planning service delivery activities into the functions of fieldworkers in other programs.

(f) Experimental integrated family planning and health delivery systems.

(g) Experimental incorporation of family planning and population concepts into the curricula of public education.

(h) Pilot testing of new contraceptive packaging, point-of-sale promotional material, and pricing policies.

(i) Experimentation to discover ways of increasing motivation to limit family size, including experimentation with various forms of incentives and, perhaps, disincentives.

(j) Pilot projects targeted to geographical sub-groups (e.g., a well-designed urban-based strategy).

We believe that it will be possible, with the passage of time, to identify A.I.D. population program support with successful innovations discovered through the Research and Development Project and adopted on a broader scale by the program. At the same time, that portion of the Research and Development Project which is intended to support population impact analysis is expected to permit the Planning Division and other ministries of the Government to discover policy and program modifications in the non-population sectors which will lead to their having a greater negative impact on fertility.

3) Voluntary Sterilization

In the past several months, the Government has begun to work out a policy for voluntary sterilization and a plan of operations that builds upon the existing small network of high quality sterilization centers and contemplates expansion to the major hospital centers in the country. Although the program will depend mainly on the utilization of health facilities, planning to date has been carried out by the PPD with limited consultation with the Health Division. The Government now appears to recognize the necessity of close coordination between the PPD and the Health Division in this program and has drawn up guidelines for cooperation in program administration and operations. The Mission sees this program as a unique and timely opportunity to promote broader integration between the family planning and health systems. We will continue to insist on the formulation and implementation of detailed plans for cooperation in carrying out voluntary sterilization activities, agreed to by both PPD and the Health Division, to assure the most effective utilization of family planning and health resources.

In view of the potential sensitivity of sterilization - and Pakistani awareness of the compulsory sterilization experience in India - the Mission feels strongly that the proposed voluntary sterilization program

in Pakistan must be carried out as a relatively low-key effort without extensive publicity and undue emphasis in the overall population program. We do not plan to encourage the Government to launch a major sterilization drive, but will respond to appropriate requests, provide technical advice, and work through intermediaries to the maximum extent feasible. We intend that our funds be associated only with reimbursement for certain costs involved in the construction and equipping of facilities, and that they be in no way associated with reimbursement for sterilization procedures actually performed or with payments to medical personnel or sterilization motivators.

The Mission will give particular attention to ensuring that voluntary sterilization activities will be conducted in a completely non-coercive manner. We strongly support the Government's determination to assure appropriate safeguards, including those against procedures that could possibly lend themselves to coercion, or program targets that are not closely related to an assessment of demand. We will continue to work with the PPD in further developing the procedures it has proposed to ensure informed consent by sterilization clients and acceptance only of clients meeting parity and other established criteria. We intend to enforce scrupulously further guidelines being prepared by AID/W to assure informed consent and complete absence of coercion in this effort

4) Contraceptive Commodities

Since there exists a surplus of both oral contraceptives and condoms in the country, the first objective is to see to it that it is reduced through more effective distribution and marketing. It continues to be the strategy of the Mission to support the program with oral contraceptives and condoms in quantities necessary to assure full supply consistent with actual demand. We do not anticipate any deliveries of condoms or orals in FY 1977. Depending upon demand, we may renew deliveries in FY 1978. In response to an adequate Government Plan, we may reintroduce contraceptive foam in FY 1977 and beyond. The Mission further endorses Pakistan's plan to become self-sufficient with regard to condoms through the construction of a condom factory with assistance from other donors.

It is the Mission strategy to strongly encourage recent Government initiative to assure that contraceptive commodities and services are extended through Pakistan's health system. The Government will continue to be encouraged to arrange for appropriate training of health workers and to install necessary record keeping and logistics systems in health facilities as may be required.

Additional Initiatives

The four areas outlined above will comprise most of A.I.D. support through FY 1977. For FY 1978 and particularly for FY 1979 and beyond, the Mission is keeping a somewhat more open mind. While we will continue to associate our funds with specific components in response to well-developed strategies and plans, it is difficult in this period of dynamic change in the program to forecast the precise areas with which those funds will be associated. Possible areas of additional support could be commercial marketing and distribution of contraceptives, support for family planning/population activities by other agencies and organizations, communications and publicity, and expansion of clinical facilities and integration with basic health services (discussed in Section II, A above).

Although we do not expect to provide funding support for initiatives in these additional areas in FY 1977, the Mission intends to continue during this period to encourage discussion and careful consideration of at least two of these areas - commercial distribution and integration of family planning and health services - that we feel are particularly important in strengthening both current and future family planning activities.

1) The PPD has begun plans to involve commercial firms in contraceptive advertising and distribution. Drawing on A.I.D.'s experience with commercial distribution programs in other countries, as well as our understanding of the commercial sector in Pakistan, the Mission will continue efforts to promote on a trial basis a system of commercial distribution of contraceptives that depends largely on private enterprises and market forces to determine procurement levels, pricing, marketing, and distribution arrangements, advertising, motivation and development of clear use-instruction. We will watch closely the Government's planned new initiative to utilize commercial distribution and advertising agencies. There is some question as to whether this new system is fully consistent with accepted principles of successful commercial distribution systems.

11) Closely related to some of the main areas of support in FY 1977, and a key element of A.I.D. strategy during the next few years, is the establishment of close cooperation and coordination between health and population activities in Pakistan. As described in Section III, coordination of Government health and family planning programs has been limited. Key elements of the Pakistan Government as well as the major population donors, however, now feel that low contraceptive use rates in Pakistan result partly from the fact that the health service network has not sufficiently included family planning.

The Planning Division has facilitated the opening of recent discussions which are rapidly leading toward the creation of a mechanism for continuous consultation and coordination of activities among federal, provincial, and district health and population planning officials. The Government expects these initial steps to result in a much more complete system for the planning and implementation of such measures as improving the complementarity of health and population clinical facilities, training of health and population workers, and delivery of services. The U.S. Mission intends to fully support this movement toward closer cooperation and to consider future financial assistance for well-planned projects which will facilitate this process.

The Mission will assist the process of integrating health and family planning by continuing the efforts in this direction that we have been pursuing for the past year or so e.g., encouraging top officials of the Population, Health and Planning Divisions, as well as medical schools and the private medical establishment, to treat integration and the delivery of family planning through health channels as a priority concern. For example, we will continue to stress to the PPD the benefits of using health facilities and personnel as additional (and sometimes independent) channels for provision of family planning information and services. Similarly, we will continue to encourage the Health Division to include family planning in the training and duties of health workers at all levels.

In order to promote awareness and action in family planning within the medical profession, we will work with medical educators and with physicians associated with voluntary associations. We will continue to support the Government's efforts to increase the population and family planning component of the medical curriculum, and will assist the medical schools in developing appropriate and acceptable population planning syllabi and curricula. We will also seek ways to encourage private physicians and physician organizations to participate more actively in providing clinical family planning services. In addition, the Mission will continue to encourage careful study by the Government of the potential role of hakims, homeopaths and other ayurvedic medical practitioners in delivering health, nutrition, and family planning services in the rural areas.

Centrally funded projects carried out by such organizations as FPIA, AVS, IPPF, the Census Bureau, John Hopkins University and others should continue to play an important role in the Pakistan program. It is the Mission strategy to continue to depend on these organizations to help to introduce innovations, and to take advantage of situations either where it is inappropriate for AID to fund projects bilaterally or where the organizations have special expertise.

Strategy for Development Actions

The most difficult aspect of this new strategy is to give practical dimension to the engagement of non-population development programs and staff in support of fertility goals. This area is of particular importance in Pakistan where political and opinion leaders frequently have an intellectual commitment to limiting population growth but where the possibilities of mounting effective programs directly affecting fertility are seriously limited by both political and situational considerations which are unlikely to change very much over the next 4-5 years. Thus, while initiatives in other sectors to reduce fertility are both conceptually and programmatically complicated, at the same time they represent what is probably a more politically acceptable avenue of approach than a highly visible and exhortative family planning program. Obviously giving attention to the indirect determinants of fertility through a multi-sectoral approach is no substitute for the provision of family planning services. But both the structural circumstances which encourage high fertility in Pakistan and the present and persistent political sensitivity surrounding the family planning approach dictate a strategy which gives high priority to exploring the longer-term alternatives that have their basis in the programs of the other development sectors.

The U.S. Mission has been pursuing an implicit strategy in this "beyond family planning" area for more than two years. Our intention here is to describe that strategy and to outline its further application during the next five years.

In early 1975 the Mission supported the visit of a Smithsonian-based team which spent about two months in the Planning Division examining the then draft Fifth Plan. The purpose of the analysis was to estimate the demographic impact of the total Plan, looking at its targets both in the provision of family planning services and in other fertility and mortality influencing program areas.

This exercise and its resultant publication, "The Population Impact of the Development Perspective" (the title of the draft Plan), signalled the beginning of a process of gradually sensitizing Pakistani policymakers to the population implications of other development policies, programs, and projects. This sensitization process has been the first stage in a three-stage strategy to increase the population impact of development programs. It has been carried forward by the Mission (with A.I.D. /W assistance) and the Planning Division through a series of seminars, public presentations, and initial efforts to incorporate the conclusions of the original population

impact analysis in subsequent drafts of the Fifth Plan. At the same time the Mission has developed a requirement that "population impact statements" be included in all PRPs and PPs in order to sensitize A.I.D. officers, and through them their Pakistani counterparts, to the population implications of non-population projects.

While not yet complete, this sensitization stage is sufficiently well-advanced that we believe the time has come to move forward with phases two and three. Before describing them it should be noted that the Planning Division has fully internalized the idea of population impact planning and program development. However, other nation-building ministries, to one degree or another, have still not been adequately exposed to the subject. Phase one will not be complete until these other sections of the Government at least approach the Planning Division in their understanding and internalization of the concept.

Stage two of the strategy involves a concerted effort to improve the empirical knowledge base regarding the determinants of fertility in Pakistan and further, to begin to understand the responsiveness of these variables to purposeful Government action to modify them. As we have said in Section II of this paper, research on the determinants of fertility in Pakistan has been scanty and of uneven quality. It must be improved before serious population impact planning and program development can proceed. The Mission strategy calls for a major improvement in the knowledge base on fertility determinants by supporting important improvements in the quantity and quality of such research. Much of the groundwork for such improved research has been laid in that a moderately good data base exists and is expanding. Furthermore, the Mission has contributed to the training and support of a core group of qualified demographic researchers at the Pakistan Institute of Development Economics who are capable of carrying out the required research. The Mission will support phase two of the strategy through continued support for P.I.D.E. (through centrally-funded projects and Mission-funded projects for training and economic policy analysis) and through the population impact analysis component of the Population Research and Development Project.

Phase three of the strategy involves the application of research findings to the development planning and programming processes. Some of this has already begun even before solid research evidence has been accumulated. For example, the Fifth Plan calls for a major expansion in female primary education, noting the important fertility implications of such a program. The Mission will continue to encourage the Government to adopt policies and programs suggested by what is currently known about fertility determinants. But we and the Planning Division recognize that additional fine tuning of policies

and programs in this area will have to await the completion of phase two research.

Conceptually there are fairly clear lines separating the three phases outlined here, but in practice there is considerable overlapping as this narrative indicates. Nonetheless, the Mission intends to pursue the sort of sequence described above in helping the Government move increasingly toward a program of comprehensive population planning. A major part of our role, apart from leading by example through application of Section 117, will be to continually inform the Government of new research findings relevant to the fertility impact of existing and planned development activities and to suggest ways of incorporating these findings into program and project redesign or new design.

An important aspect of research on and understanding of the determinants of fertility, apart from their implications for development activities in non-population sectors, is the light such improved understanding can shed on target groups for intensified family planning program activity. Knowledge of fertility differentials and their correlates is so scanty in Pakistan today that it has not been possible for the Government to identify target groups or geographical areas in which it would make sense to provide intensified family planning services (e.g. sub-groups or areas in which motivation to limit family size is already significantly above the norm). Hence, while it has frequently been suggested that the Government and the donors pursue a strategy of providing services to selected sub-groups of the population (e.g. urban residents) rather than indiscriminately across all geographical areas and socio-economic groups, it has not been possible to identify such groups or areas. The Mission believes that the successful prosecution of our population impact research strategy will also lead to the identification of family planning targets of opportunity. Furthermore, and significantly, we shall hopefully not have to wait for the completion of phase two before discovering what will and will not work in specific target populations. The Population Research & Development project will provide resources for field experimentation in the delivery of services to selected target groups and will, we hope, provide evidence upon which large scale application can be based. As the "Clinton Report" commented, Pakistan desperately needs a few family planning success stories. The strategy outlined here, we believe, holds the greatest promise among the available alternatives for producing some such successes.

Other Donors

One of the important implications of a strategy of awaiting Government initiatives and requiring demonstrated Government capacity before providing A.I.D. assistance is that A.I.D. will cease to play as important a leadership role vis-a-vis other donors as we have in the past. Donor coordination in Pakistan has been reasonably good in the past and we expect this trend to continue in the future despite declining A.I.D. leadership. Indeed, we hope that declining A.I.D. leadership vis-a-vis both the Government and other donors will result in the Government's taking on a more active role of donor coordination.

Whatever happens, we expect that communication and coordination among donors will remain close and effective in the years to come. It is the strategy of the Mission to work toward placing this responsibility with the Planning Division.

Staffing Implications of this Strategy

At the present time the Mission sees the need to retain USAID staffing essentially as it is presently constituted: a population advisor whose responsibilities would cover A.I.D. support for clinical family planning activities (i.e., sterilization, contraceptive commodities, clinical expansion, etc); a population policy and research officer who would cover population research and development and data systems/demographic analysis; and a population advisor whose responsibilities would center on non-clinical support activities.

We have considered the advisability of adding to the staff of the U.S. Mission a person assigned full-time either in the Embassy or USIS to work on the promotion of population policy initiatives (e.g., identifying key decisionmakers within the Government and devising strategies and mechanisms for improving their understanding of and commitment to fertility control). However, upon reflection we have determined that the size of the A.I.D. population staff and breadth of professional coverage of the field represented by their job descriptions, combined with a country team which is unusually well-informed about and interested in population matters does not justify the creation of an additional position in the foreseeable future.

Plan for Assessing Demographic Impact Performance Criteria

The Project Paper for the population planning project which is to commence in FY 1979 will make quite explicit the objectively verifiable indicators of project and program achievement which can be

used to measure progress with respect to outputs, purpose, and goal. In this section we must limit our discussion to the generic categories of performance criteria and the data base upon which assessment of performance will be based.

Performance criteria can be divided into three broad categories: program output indicators, program performance indicators, and program impact indicators.

Program Output Indicators These indicators will be based upon the specific shape of population planning activities in the years to come. They will involve both the service delivery targets of the Population Planning Program and the broader inter-sectoral targets of the Planning Commission and other ministries. Illustrations of these criteria would include numbers of new sterilization centers opened and adequately staffed, numbers of oral contraceptives and condoms delivered at various levels of the distribution system, down to the user level, an information system functioning effectively at all levels of the delivery system; the number of new research and development activities initiated in each year, the number of R & L activities completed and final reports prepared and disseminated; and the number of new programs/projects initiated by agencies other than the Population Planning Division in support of fertility reduction. For some of the measurement implied by this list, a functioning quantitative information system is an essential prerequisite. Program statistics on the flow of contraceptive commodities, on the staffing of family planning facilities, and on the activities of program fieldworkers are essential for an adequate assessment of whether or not the program is delivering the outputs it was designed to produce. The basic elements of such a system (the Information Feedback System) are in place. The Mission will place very high priority on encouraging and assisting the Government to make this system fully and effectively operational over the next two years and to maintain its integrity thereafter. Others of the illustrations above must perforce be measured more subjectively (e.g., the quality of the information system itself). The Mission believes that its present staff, Pakistani as well as American, is competent to effectively monitor performance in these more subjective areas.

Program Performance Indicators While the achievement of outputs is a necessary condition for a successful population program, it is not a sufficient condition. A successful program requires not only that services be available, but also that they be utilized. It is in the utilization of services that program performance must ultimately be judged. The basic instruments for measuring program performance will be two elements of the Information Feedback System: the Client Record System (CRS) and the repetitive Contraceptive Prevalence Survey (CPS).

The two systems measure essentially the same thing: prevalence of contraceptive use by source of supply, contraceptive type, age, parity, and other acceptor characteristics. The Client Record System collects more information than the CPS (e.g. data on fieldworker contacts, clinic visits, follow-up, etc) on a continuous basis. The CPS is intended to provide periodic checks on the CRS through nationwide cross-sectional surveys in which less information is collected. In this sense, the CRS is a management tool which enables management to have a continuous picture of program performance and to make needed adjustments on a timely basis. The CPS is more an evaluation tool which gives a comprehensive picture of program performance at a single point in time.

In addition to these internal systems of evaluation, it is expected that the Population and Social Planning Section of the Planning Commission and the Pakistan Institute of Development Economics will carry out periodic program evaluation studies independent of the PPL. The essence of evaluating program performance is to know how many people are effectively practicing contraception, where they get their contraceptives, how old they are and how many children they have, and what types of contraceptives they are using. The Mission believes that the essential components of a system for collecting and analyzing performance data are already in place. The emphasis during the next two years will be on making this system fully operational and on maintaining it through the entire period covered by this strategy.

Program Impact Indicators The final measure of a program's effectiveness is what happens to fertility. However, it is extremely difficult to separate the impact of the program from other changes which might be affecting the fertility rate. This is particularly true where a population planning effort involves more than the mere provision of family planning services. Nonetheless, carefully designed evaluative research can go a long way toward measuring the demographic impact of government actions which are explicitly designed to reduce fertility and, consequently, the rate of population growth.

There are basically three ways of assessing demographic change over time: through periodic cross-sectional surveys, through continuous vital registration of births and deaths, and through population censuses. The Mission plans to encourage and support the Government in carrying out periodic expanded versions of the Contraceptive Prevalence Survey on a biannual basis. The CPS is, itself, based upon the Pakistan Fertility Survey of 1975 (which, in turn, is based on the World Fertility Survey). Using the PFS as baseline, full-scale fertility surveys in future years should enable the Government and

population conors to perceive relative changes in fertility as time goes on. We stress the term "relative" because, as we pointed out in Section I, most demographers believe that cross-sectional fertility surveys, at least in Pakistan, systematically underestimate true fertility rates. Nonetheless, it is relative change which is important - certainly far more important than knowing precisely what the fertility rate is.

Because we believe it will be some time before Pakistan has a functioning nationwide vital registration system (and before it has the administrative and financial capability of establishing such a system), the Mission has opted for a strategy of encouraging and supporting future efforts to undertake vital registration in a carefully selected, stratified sample of the population. The Census and Registration Organization of Pakistan is in the process of developing plans for such a system. The Mission will support the establishment of a sample registration system if and when it is approached to do so, although Mission population funds will not necessarily be used for this purpose. An alternative to the sample registration system is a more costly combined sample registration/cross-sectional survey system - the Population Growth Estimation procedure which was pioneered in Pakistan in 1962-65 and which may be reinstated in the near future. Should the Government opt for a new PGE rather than a sample registration system alone, the Mission would support it. However, we will attempt to persuade the Government to rely on a sample vital registration system alone. It seems to us unnecessary to include a cross-sectional survey since the CPS and a separate Population Growth Survey already exist.

Regular censuses have been carried out in the Subcontinent since the 19th Century. They have been carried out in Pakistan at the beginning of every decade since independence in 1947. It is expected that the next census will be carried out in 1981 or 1982. Unfortunately, the quality of previous censuses has varied widely and assessment of their relative reliability is a subject of considerable controversy. For example, few in Pakistan believe that the annual rate of population growth between 1961 and 1972 was 3.6 percent per year - the figure implied by a comparison of the censuses in those two years. Nonetheless, censuses need to be carried out for purposes other than measuring the rate of demographic change. Inasmuch as Pakistan most probably will continue to hold decennial enumerations of the entire population, the Mission's strategy will be to assist in assuring that those censuses are as accurate as possible. Therefore, should the Government be interested in U.S. assistance in carrying out the 1981-82 census, we stand ready to assist.

We should reiterate, however, that our principal means of measuring population program impact (and that which we expect and will urge the Government to adopt) will be periodic fertility surveys patterned on the Pakistan Fertility Survey/World Fertility Survey.