

UNITED STATES GOVERNMENT

# Memorandum

TO : PHA/POP, R.T. Ravenholt  
PHA/POP/FPSD, H.A. Pedersen

FROM : PHA/POP/FPSD, Anne Tinker

DATE: November 11, 1975

SUBJECT: Trip Report: Philippines, Bangladesh and Pakistan

Purpose: From September 22 to October 12 I visited the Philippines, Bangladesh, and Pakistan to review the private agencies' activities in population and family planning, particularly the programs of Family Planning International Assistance and the Association for Voluntary Sterilization, for which I am project manager.

Summary: In all three countries, the private agencies are responsible for innovative, demonstration projects and progressive service delivery systems which achieve intensive coverage, albeit on a small scale. These activities constitute a crucial contribution to the countries' population efforts in the short term, although naturally long term success, demographically, will depend on effective and efficient national, "official" population programs.

In Bangladesh, because of the currently unstable political situation and seemingly unsurmountable administrative problems, the bilateral approach is virtually insignificant and unpromising. The private sector is the only proven workable avenue for effective family planning service delivery, particularly in non-clinical pill and condom distribution and provision of voluntary sterilization services.

Pakistan is the only country of the three with an accelerating population program. The reason for its success, in my view, is that the official program is exploiting all avenues to make contraceptives available --- by providing them not only through the clinic infrastructure but also by utilizing non-medical personnel, non-governmental channels and commercial networks.

In contrast, the Philippines has limited outreach to what is essentially a clinic program, and the government has failed to widen its scope in any significant manner. Consequently, after an earlier period of growth, the Philippines program is now stabilizing, and only the private agency programs are showing increasing numbers of acceptors.

## BEST AVAILABLE DOCUMENT

## I. Philippines

In the Philippines, I met with USAID Population staff, the USAID Mission Director, the FPIA regional office staff, the Director of the Government Population Commission, and various FPIA and AVS subgrantees in Manila and Cebu. Recently, a new procedure was introduced by the government which will likely slow down and encumber our grantees' activities. The National Economic Development Authority now requires that it clear all population projects proposed by grantees. Exemplary of the delay which this requirement will cause is an FPIA project which has been pending NEDA approval for a month.

The AVS and FPIA projects in the Philippines are making an extremely valuable contribution to the population program, and Carrie Lorenzana, the FPIA field representative located in Manila deserves much credit for this.

According to calculations by Dr. Angelica Infantado, Medical Consultant, USAID, in 1974-75, FPIA and AVS projects were responsible for 56% of all voluntary sterilizations performed in the country. Through the Iglesia Ni Cristo program FPIA is reaching some 25% of all pill, condom and IUD acceptors in the country as well.

### A. Manila FPIA Regional Office

The USAID Mission in Manila requested that I visit the Philippines to help solve increasing problems the regional office was encountering in its communications and dealings with FPIA headquarters in New York. Ms. Carrie Lorenzana, the regional representative, is a dynamic, effective individual who has been most successful in identifying project opportunities, developing programs, and gaining friends of family planning throughout East Asia. However, her effectiveness was being hampered by inadequate backstopping from New York. Her problems were similar to those I found David Parker having in his position as Latin American regional representative in Costa Rica in July. Correspondence to New York was being left unanswered, bank remittances were tardy and proposals submitted from the field were rewritten in New York with unacceptable revisions. In subsequent discussions with Dr. Richard Derman, new FPIA Director, and Mr. Jack Hood Vaughn, Planned Parenthood Director, we agreed upon new procedures and new headquarters staffing responsibilities to improve field/headquarters communications. Furthermore, it is clear that the new FPIA Director is committed to solve these management problems and will take the steps necessary to do so with the full backing of Mr. Vaughn. I will continue to work with FPIA on these management deficiencies. Today, it is a pleasure to report no projects are awaiting tardy checks and proposal submissions are coming in ahead of time, so progress has already begun.

Another problem in the FPIA field office in Manila related to staffing. Both Richard Metcalf, USAID/Manila, and I agree that Ms. Lorenzana needs two paid assistants, given the magnitude of her projects. She currently has two assistants, but they will both be leaving at the end of the year and one is a Fredricksen intern not funded by FPIA. I have recommended to Dr. Derman that two assistants be funded to replace the ones leaving in December.

Philippine General Hospital Philippines-16 and AVS 025-036

Under this joint FPIA and AVS sterilization project, Philippine General Hospital continues to train university based physicians who provide services and incorporate sterilization training in their medical school curricula. Representatives from government and private hospitals are also trained to provide sterilization services for which demand is rapidly accelerating in the Philippines. Laparoscopy, culpotomy, mini-laparotomy and vasectomy are taught, and equipment is provided to the trainees as well as automatic certification for endoscopic procedures, as required by the Philippine Population Commission. Dr. Gloria Aragon, project director, heads the endoscopic Certification Board.

PGH is lacking adapters for the culdoscopes, needs additional forceps, and could use more mini-lap lits.

Family Planning Organization of the Philippines (FPOP) AVS 101-068

The AVS project which began September 1st with the IPPF affiliate, aims to conduct a national training program in culpotomy, mini-laparotomy and vasectomy through an itinerant training team, under Dr. Danilo Lopez. The project is directed towards incorporating voluntary sterilization into the FPOP's family planning program, which has 51 regional chapters. Dr. Lopez, an energetic and capable project director, could use 15 more mini-lap kits. He is funding 3 well trained assistants, instead of 6 as provided for in the grant, which seems perfectly acceptable as the objectives of the project are unaffected.

FPOP also expects funding from the Pop Commission for a sterilization training project on the islands which to date have not been reached by voluntary sterilization services. Dr. Lopez is coordinating his training program with others in that he is a member of the Pop Commission Certification Board and his emphasis is on vasectomy and mini-lap training in areas where sterilization services are currently unavailable.

Mary Johnson Hospital, FPIA Philippines-09.

Mary Johnson Hospital, with FPIA support, initiated the first sterilization activity in the Philippines. Dr. Virgilio Oblepías, the head of the family planning department, continues the strong sterilization program, based primarily on the laparoscopic method. The program has provided 5,500 voluntary sterilization, with 400 in September alone. Under a direct grant from USAID, much needed comprehensive, new facilities are being constructed for the family planning/sterilization program.

Iglesia Ni Cristo, (INC.) FPIA Philippines-12

Iglesia Ni Cristo, a highly motivated and disciplined indigenous church, non-Catholic, has 4 million members and an exceptional acceptor/continuation rate record. They have reached 155,000 new acceptors with a continuation rate of 90%. Since the project began, October 15, 1973, of the 2,154 INC parishes, 1,900 have been reached by the mobile clinics, paramedics and community based volunteers, which, together with the ministers, provide family planning to a population of which 82% are INC members. Plans for the coming year include expansion to unreached parishes and continued motivation and supply in parishes with ongoing programs, with an additional 50,000 new acceptors.

In addition to its family planning mobile information/service program, INC also has a series of 4 sermon outlines on family planning, requires all premarital couples to attend family planning courses, and educates youth on family planning through its youth organizations.

INC is a highly successful, most effective family planning program. I discussed with Lenni Kangas, Population Officer, Manila, the desirability of a study of the INC Program as a model of private initiative and community distribution, with potential replication in other countries, and he agreed to consider USAID funding for it.

Iglesia Ni Cristo (INC) - FPIA Philippines-17.

Under this sterilization project, initiated in January, 1975, 2,400 vasectomies and 68 tubectomies have been performed. Some 72% of the patients are INC members. With 2 physicians and 3 assistants, Dr. Lena Gabriel spends a weekend to a week in any community where the INC minister has identified a minimum of 100 cases. The vasectomies are usually performed on the church facilities. Tubectomies are performed with arrangements at a nearby hospital. When we were in Cebu, Dr. Melanio Gabriel arranged to rent the minor operating room at Sacred Heart Hospital for November in order that tubal ligations could be performed in that area under this program.

In August Dr. Lena Gabriel trained in mini-lap in Thailand. Further to her U.S. training in laparoscopy, and eventual certification in the Philippines, she now has a laparoscope as well.

Indicative of INC success is the fact that several mayors and governors have independently requested the INC mobile clinics and sterilization teams to visit their regions.

B. CEBU CITY

Southwestern University, AVS 020-021

This project in Cebu is run by Dr. Emilia Dacalos, and is in its second year of male and female sterilization service and training. It is coordinated with a contraceptive service program supported by the Population Commission and the Family Planning Association of the Philippines.

From October 1973 - October 1974, the project supported 415 female and 342 male sterilizations. From November 1974 - August 1975, 183 female and 550 male sterilizations were performed. The recent predominance of vasectomies is due to a strong information/education program on vasectomy and the fact that for female sterilization, a minimum stay of 3 days in the hospital is required, while the vasectomy is outpatient. The female sterilization methods being used are Pomeroy, Uchida and, recently, Mini-lap. The Minilap procedures are being performed primarily by trainees who are using spinals, requiring the long hospitalization. Hospital costs and inconvenience to the patient could be saved by outpatient Minilap procedure and also time and potential infection could be minimized by the 1 rather than 2 incision vasectomy which is currently used. I will follow this up with Dr. Lubell, as well as the Southwestern University project director's request for demerol for the operations.

After visiting the family planning clinic, where family planning, sterilization referral, and vasectomies are provided, I went to the Sacred Heart Hospital, the teaching hospital of Southwestern University Medical School, where the tubal ligations are performed. I met the Director of the Medical School, Dr. Lydia Asnar Alfonso, who is active in M.R. as well as female sterilization and a private Ob/Gyn practice. She attended JHPiego's course at the University of St. Louis, but is unable to receive a laparoscope because in order to be certified in the Philippines, she must attend the Philippine General Hospital course or retrain under a JHPiego follow-up team in the Philippines. In the cases of Dr. Alfonso, Dr. Gabriel of Iglesia Ni Cristo, and Dr. Orenca of Bethany Hospital, all were trained in the U.S. at JHPIEGO and none were authorized to perform laparoscopies on their return. Dr. Gabriel has now finally been

certified. In view of the comprehensive course at the Philippine General Hospital, which provides effective sterilization training and automatic certification, it seems a total waste to send them to the U.S., where, if Dr. Alfonso's experience is any example, the only operation they perform is on a cat.

Saturday evening in Cebu, I was an honored guest at the "Coronation and Ball of Miss Medicine 1975", supposedly a Women's Year event. It was a beauty pageant with prizes also given out for outstanding medical student achievements. One of the prizes went to the best debate. The topic was, "Should Abortion be Legalized in the Philippines"? The overwhelmingly winning team said "yes".

## II Bangladesh

The bilateral AID program in Bangladesh is minimal, consisting of provision of contraceptives and limited medical equipment. Pill and condom supplies are ample in view of use -- in CY 1974, for example, a mere 1 million cycles were distributed. There has been a considerable increase since May, 1975, when the government began providing pills at no cost. There is no reliable acceptor data, so it is impossible to accurately determine acceptance or prevalence, although the USAID estimates only some 2% of the population is contracepting. Mike Jordan, USAID Population Officer, did not express any hope for significant short term progress.

In discussions with Aminul Islam, Director General, Population Control and Family Planning, BDG, USAID, and others, it was apparent that despite the wide recognition of the population problem and the existence of a large supply of contraceptives in country, dynamic, singleminded leadership was lacking to carry the family planning program forward, and administrative weakness and indecision reigns.

While the government program is lagging, private initiatives supported by AID grantees are crucial in Bangladesh, in distributing services and providing model, demonstration projects.

### Proposed FPIA Regional Office

I discussed FPIA's request for a regional office for West Asia, with Tony Drexler as the representative, with the mission. FPIA currently has regional offices in East Asia (Manila), Africa (Accra), and Latin America (San Jose), and in view of the magnitude of activities and need for assistance in the West Asia region an additional office there seems appropriate. The USAID Mission in Dacca strongly supports the establishment of the regional office there. Dacca seems the best location for several reasons:

- (1) The population problem in Bangladesh is one of the most serious in the world.
- (2) Bangladesh is the largest recipient of FPIA commodities in the West Asia region.
- (3) FPIA has 2 ongoing programs in the country and 3 additional new projects proposed for the coming year.
- (4) Communications with the rest of West Asia are adequate.
- (5) The USAID and AID/W agree that Tony Drexler could play a useful role in supporting the overall Bangladesh program as well as provide needed technical assistance to the projects in Bangladesh and the region.

AID/W has subsequently approved the field office position, subject to Government of Bangladesh clearance.

Christian Health Care Project, FPIA Bangladesh-03

The Christian Health Care Project was established by the National Council of Churches in Bangladesh to develop and administer a maternal and child/family planning program with Christian hospitals and clinics. The Swedish International Development Authority (SIDA) funds the MCH component and FPIA supports the provision of family planning information and services. Mini-lap is provided in 4 of the hospitals, and plans are being made for a mobile surgical team to do mini-laps and vasectomies next year at the clinics and hospitals where sterilization is not yet available. In addition to the hospital and clinic program, with FPIA assistance family planning is also now being provided to households by women in communities of 100 couples or more. During the period Oct. 14 - Aug. 1975, the program reached some 11,000 acceptors, of which 9,741 chose oral contraceptives, 732 sterilizations.

Dr. Mina Malakar, the director of the project, had just received films on mini-lap and vasectomy from FPIA, which during my visit she showed to the administrators representing the Christian hospitals and clinics at their quarterly meeting. The administrators appeared highly motivated in family planning promotion.

The Christian Care Health Project is in need of 15 hooks and elevators, demerol and valium and rubberized surgical gloves for sterilization procedures. While this project is directed by able, dedicated administrators, it should be reaching more acceptors. Dr. Malakar is aware of this and feels that the recently instituted household distribution and mini-lap programs will rapidly increase acceptance.

Young Women's Christian Association  
Women's Rehabilitation Board

These 2 organizations engage in handicraft training and production, with the aim of upgrading women's skills and economic self-sufficiency. They both teach family planning, although presently they are referring women to nearby clinics for services when they could be providing them directly at the training centers. I urged them to provide family planning directly to the women at the training and production centers and recommend that FPIA provide them with the necessary equipment and supplies. These organizations could serve as useful conduits for the provision of services.

Concerned Women for Family Planning

I met with Concerned Women for Family Planning to discuss the idea of an expanded household contraceptive distribution program in urban Dacca and in the resettlement camps outside the city. The project would be directed

by an American woman, Ms. Peggy Curlin, working with several prominent Bengali ladies under the supervision of a board composed of leading professional women in Bangladesh. This dedicated group already operates on a small scale on a volunteer basis and with funding would be a promising medium for expanded household distribution worthy of FPFA support.

Bangladesh Association for Voluntary Sterilization AVS-062-049

The BAVS is under the able direction of Dr. Azizur Rahman and accounts for the largest number of voluntary sterilizations currently being performed by any one organization in the country. From March through September, 2,500 vasectomies and 1,300 tubectomies were performed. Besides its central clinic in Dacca, the BAVS has 2 clinics outside the city in Tongi and Manikgankj. At the Dacca clinic, I observed a vasectomy being done by 2 paramedics. Despite the success of this project, it had 2 problems. One was that a key objective was to train Bengali physicians in voluntary sterilization techniques, but Dr. Rahman had not had time to begin this. He stated that he was too busy providing services. Mr. Islam of the Government family planning program had urged him to initiate the training, and during my visit Dr. Rahman promised he would start in November. It would be useful for AVS to contact Dr. Rahman to see if he is meeting his schedule, since more physicians trained in mini-lap and vasectomy are crucial if sterilization services are to be adequately available.

The other problem with the BAVS program related to incentives. Dr. Rahman had been paying midwives a commission for bringing women in for tubectomies, as well as providing the patient with medicine, food, and payment for transportation. This procedure was not popular with other organizations providing sterilization services without similar financial incentives, because women were flocking to the highest bidder, the BAVS, and the other organizations consequently were losing patients. Also, the commission payments conflicted with grantee policy on voluntariness. During our discussions he informed me that the BAVS would cease commission payments, and instead give a basic monthly salary to the midwife motivators, not based on the number of patients recruited, which is a totally acceptable procedure. I have subsequently discussed this with Dr. Lubell at AVS, who will be communicating with Dr. Rahman to ensure that the new plan has been effected.

Gonosastaya Kendra, Savar

Unfortunately, the dynamic project director, Dr. Zafrullah Chowdhury, was out of the country during my visit, but I went to see his health center and talk to his assistants. The program in Savar is designed to encourage integrated development, with family planning provided.

along with nutrition, agriculture, and health assistance. The family planning program depends on dais (midwives) recruited in the villages to provide pills to interested women and refer those who wish tubectomies to the center.

The sterilization project is unique in that 8 female paramedics have been trained to perform mini-laparatomies. The project assistant's comments on the use of paramedics was extremely interesting --- he said that they incurred less medical complications than the physicians because they were exclusively trained in mini-lap and had special pride and increased status in doing a good job. Between February and August, some 550 sterilizations were performed. Recently, the number of patients had decreased. Evidently some of the women in the center vicinity discovered that if they went to the Bangladesh Association for Voluntary Sterilization (BAVS) clinic they would receive payment, rather than have to pay the 6 taka required at Gonoshastaya Kendra.

FPIA is considering a proposal from this group which would expand family planning coverage in the Savar area by employing paraprofessionals to provide motivation and services in the expanded community area, and to refer sterilization clients to the center. The proposal needed some reworking, with specification of the target population to be covered, and, since 25 paise is charged for each cycle, assurance that the profits from the pill sales would be recycled into the family planning program. Anthony Drexler, during his next visit to Bangladesh, will further review and evaluate this proposal.

#### Cholera Research Laboratory - Matlab

One day in Bangladesh was spent on a visit to Matlab Thana, where the Cholera Research Laboratory operates a field station. The Lab has developed an excellent demographic data base, and now, in addition to cholera research and curative services is beginning a household distribution project of oral contraceptives and condoms in one-half of the area. George Curlin and Douglas Huber described the progress of the program, and I attended the training session for the midwives on contraceptive methods. After their training, they were to begin contraceptive distribution to eligible couples' households. I talked to George Curlin recently while he was in the U.S. who reported that 65% of eligible households were accepting the pill/condom packages, which is encouraging.

This project is a potentially valuable demonstration and research effort where services are inexpensively delivered by women with minimum training living in the community, and where demographic impact can be effectively measured due to the excellent existing data base.

#### Community Development Foundation (CDF) FPIA Bangladesh-0-1

FPIA is supporting this project which provides family planning using community development techniques. Its success lies in the role of village

leaders in actively promoting family planning and directing the program in their villages. Prevalence of use is 30% of the eligible population of 1,292 fertile couples.

While small scale, this project again demonstrates how a private agency has successfully reached a demographically significant percentage of the fertile population by contraceptive availability and local leadership commitment --- which is unfortunately what the government of Bangladesh should be doing all over the country if that country is to escape the malthusian consequences of overpopulation.

### III. Pakistan

In Pakistan I met with USAID Staff, Mr. Alauddin, Joint Secretary, Population Division, Ministry of Health, Dr. (Col.) Malik, Director, Pakistan Postpartum Program, John Cool, Ford Representative, and FPIA and AVS subgrantees. My primary interest was in developing plans for an intensive voluntary sterilization program to complement the currently operational pill and condom inundation scheme. It seemed to me that a truly complete and successful availability program required the availability of voluntary sterilization services --- that for the significant portion of the fertile population which had reached desired family size (particularly, those with many fertile years ahead), voluntary sterilization, not the pill or condom, was the practical and workable solution. Actually a complete population program would also include abortion services but abortion is not yet legalized in Pakistan.

Currently the annual average number of sterilizations in the country is 5,000. They have been rapidly increasing recently --- in June alone there were 900 tubectomies. The private hospital programs supported by AVS are responsible for most of the sterilization operations.

Sterilization in Pakistan is primarily limited to female sterilization. There are currently 15 physicians trained in laparoscopy, 10 of whom have laparoscopes. Five are awaiting release of their equipment, which Johns Hopkins has indicated should not be released until a training team has visited Pakistan to train with the physicians. At the end of October, Dr. Vitton in Ramathibodi Hospital in Thailand was scheduled to visit Pakistan to instruct selected physicians in mini-laparotomy, arranged by AVS. Dr. Andrew Haynal, Population Officer, and I agreed that an in-country training program should be set up to train additional hospital physicians in laparoscopy, mini-laparotomy and vasectomy.

In addition to Dr. Haynal, I also discussed the sterilization program and plans for its expansion through our AVS grant with Mr. William McIntyre, Multisector Officer, and Mr. Joe Wheeler, Mission Director, who voiced strong support for a subsequent visit by AVS staff to design an intensive implementation plan of training, provision of equipment and program support.

Dr. Stephen Sinding, recently assigned as USAID/Population Policy Research Officer is working on policy and development planning aspects of the Population program. I discussed with him some of his ideas on community incentives for family planning, and the implications of the Pakistani women's low status on their access to and desire for contraceptives. A couple of statistics clearly indicate the secluded, limited existence of the Pakistani women, who have virtually no life options other than marriage, childbearing and childrearing. While 30% of the male population are literate, only 9% of the women are literate. While some 80% of males over age 10 are actively involved in the labor force, only 8% of females

are employed. A visitor has only to look around the streets of Karachi or Islamabad and see no women in sight to realize the extent of women's exclusion from participation in society. Under these conditions it may be as important if not more so to focus population/family planning education on the husbands and mother-in-laws, who exert the strongest influence on young wives, as on the wives themselves. On these and other questions, Steve's research and recommendations should prove most interesting and potentially useful not only for Pakistan - but other similar cultures as well.

Pakistan Medico International, Karachi - FPIA-Pakistan-01

The Pakistan Medico International began their assistance program in Oranji, which started as a camp for refugees from East Pakistan during the war and has now grown to a large suburb of Karachi with 600,000 people. Pakistan Medico operates a health, nutrition and family planning program, the latter funded by FPIA. I visited the Oranji program in the medical care mobile unit which travels through the community twice weekly.

Pakistan Medico also operates Sughrabai Hospital in Karachi, where family planning information and services are provided to patients and residents of the area. So far, they are doing no sterilizations, and I discussed with Dr. Boikhan, President of Pakistan Medico and the Director of the hospital the possibility of their making sterilization available through their hospital program. FPIA will follow up on this.

The third family planning outlet of Pakistan Medico is an urban dispensary in the Pakistani Chowk in central Karachi, which I visited as well. A doctor sees patients with medical problems and a paramedic dispenses medicines and contraceptives.

The project is doing well, particularly since it has only been operational since May. From June 20 through October 6, 1975, 3234 new acceptors had been reached.

Dr. Boikhan has requested the size 52 condom, rather than 49 which he has been receiving, and also jelly and foam supplies. He also asked if there was any way of getting pill instruction in Urdu. FPIA will follow up on these requests.

Social Welfare Society, Rawalpindi

This charity hospital in a poor section of Rawalpindi has requested assistance from FPIA to expand their family planning program. They plan a household distribution service project both in Rawalpindi and in the nearby rural areas. The Government Population Planning Council enthusiastically supports this project, which provides the indigent with basic maternal child health services free of charge and attracts the voluntary part-time services of several of Islamabad's outstanding physicians. I have recommended that FPIA fund this project.

Lady Wellington Hospital, Lahore, AVS 053-044 and AVS 097-071

AVS provides support to Lady Wellington Hospital for a sterilization service project and for the establishment of a national Association for Sterilization in Pakistan.

During the year October, 1974 - September, 1975, 579 sterilization procedures were performed, mainly laparoscopic and mini-lap. The project director is requesting a separate sterilization facility for operations and teaching. They also need teaching aids - such as a projector and the films on mini-lap and vasectomy.

This hospital has promising potential as the National Association for Voluntary Sterilization and should be strongly supported as a central service and teaching facility. Mr. Alauddin, who accompanied me to visit Lady Wellington, indicated firm government support for this project.

Lady Dufferin Hospital, Karachi, AVS 052-043

At this hospital, laparoscopies and recently, mini-laparotomies are being performed under the able leadership of Dr. Faridon Setna, previously trained by Dr. Jerry Hulka. The hospital has the highest acceptance rate for sterilizations in the Karachi area, having performed 713 through September 30, 1975. The project administrator, Mrs. Akhlaque Hussain, discussed their ideas for future plans to increase the sterilization activity. They are requesting assistance for the renovation of a separate facility in the hospital exclusively for performing sterilizations, due to hospital pressures for use of the existing operating rooms for emergency operations, serving the sterilization patients last. They are also requesting that funds allocated for information and education be available for service costs. Since demand is clearly greater than is now being met, I strongly support both these requests.

Lady Dufferin is also designing ways to more effectively reach patients outside the Karachi urban area. They need a mobile van to visit outlying areas for mini-lap and vasectomy or assistance to set up a couple of clinics in centrally located semi-urban areas.

Family Planning Association of Pakistan, Lahore, AVS 112-066, and  
Karachi, AVS 112-066

These projects integrate sterilization into the family planning services of the FPAP. Both subgrants were recently awarded by AVS to the headquarters office of FPAP in Lahore, although the second one is implemented by the FPAP branch in Karachi. The project director at Lahore headquarters is awaiting a laparoscope before fully initiating service. This FPAP is rather a unique family planning service organization in Pakistan in that the IUD ranks as the highest acceptor method, and one of the doctors pushes vasectomy with distinctive success in a country where female sterilization strongly predominates. The FPAP is controlled by a strong minded female elitist group who do not seem to collaborate easily with the government program or the donor agencies.

The branch program in Karachi is a rather small-scale operation, with a target of only 300 sterilizations during the year. The president of the branch FPAP, Dr. Zarina Fazalbhoy, combines her work in family planning with her speciality, leprosy. She is a dedicated physician, whose aim was to be able to provide sterilization to the FPAP patients whom she had previously been referring to Lady Dufferin Hospital.

It is premature to attempt to evaluate these projects as they have only just started.

All Pakistan Women's Association, Karachi

This group was set up to improve the lot of women in Pakistan. Judging from a visit to their office, where there was a library for students, a skill training center for paying clients, and a rather plush conference room, the beneficiaries of the APWA activities are not the poor, although the rhetoric definitely emphasizes the needs of the least fortunate. I met with Bejum Munawar Ali and Miss Noor Dossa, who are interested in family planning but definitely see it in the general context of the overall development of women. FPIA has had preliminary contacts with the APWA, and hopefully may be able to interest them in a more intensive family planning effort.

cc:  
PHA/POP/FPSD, E. K. MacManus  
PHA/POP, Division Chiefs  
PHA/POP/NESA, M. Cernik  
R. Layton  
~~AA/PHA~~, H. Crowley  
✓PHA/FRS, C. D. McMakin  
USAID/Pakistan  
USAID/Bangladesh  
USAID/Philippines  
FPIA, R. Derman  
AVS, I. Lubell

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