PAKISTAN POPULATION WELFARE PROGRAM:
State Delivery System and Foreign Assistance

April 1992

Pakistan Office
Japan International Cooperation Agency

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パキスタンの人口問題
（政府の施策と外国援助）

はじめに

地球的課題として先進国と開発途上国が協調し、早急に解決を目指さねばならないものとして「貧困と人口」「婦人と開発（ＷＩＤ）」「環境とエネルギー」等が挙げられます。　これらの課題について、国際協力事業団では分野別援助研究会等も設定し、援助のあり方について活発な議論が重ねられ、数多くの具体的プロジェクトが進められています。

当パキスタン事務所としましても、これらの課題に積極的に取り組み、質の高い援助の実現へ向けて、パキスタン国政府並びに他援助機関との意見交換を踏まえ一層の優良案件を形成することが重要であることから、人口問題・ＷＩＤ・環境・エネルギーの４課題についてセクターレビュー的調査を実施しました。特に、人口問題は当国援助最重点課題の１つである社会セクター開発の重要な位置を占めるものであり、人口動態調査協力・人口教育促進協力を含む幅広い人口家族計画分野への支援が急務と考えられます。

本報告書はパキスタン事務所が事業団内外の関係者の協力を得て、在外専門調整員制度を活用し人口問題分野の基本情報についてとりまとめたものであり、別冊のパキスタンに於ける地球的課題報告書３種（ＷＩＤ・環境・エネルギー）並びに社会セクター報告書２種（プライマリー・ヘルスケア分野及び初等教育分野報告書）とともに、内外の援助関係者に広く有効利用されることが望まれます。

１９９２年４月

国際協力事業団
パキスタン事務所
所長　御手洗　章弘

PAKISTAN POPULATION WELFARE PROGRAMME

FOREWORD

As is widely known, the present-day world is confronted with numerous environmental issues, such as atmospheric pollution, soil erosion and flooding, salinity and waterlogging, air, water and marine pollution, sewerage, drainage and industrial effluent by uncontrolled discharge of toxic and harmful solid, liquid and gaseous waste substances into the environment, rapid population growth, and noise and vibration hazards. In order to check further deterioration in the global environment, the nations of the Earth, whether developed or developing, must make concerted efforts to solve the issues despite developmental and financial constraints. In this regard the Japan International Cooperation Agency (JICA) established a number of Study Groups, viz. "Poverty and Population", "Women's Role in Development Issues" and "Environment and Energy", etc. A series of discussions on the global issues took place to explore the ways and means for their solution. In fact JICA has made a lot of efforts towards this end and implemented quite a number of projects in these fields.

The issue of high growth rate of population is, in particular, recognized as one of the most alarming factors in the social sector development, and its control is considered as a top priority in the Japanese assistance to Pakistan. We, therefore, earnestly feel it to be quite urgent to provide a quality programme in the field of Population Welfare and Family Planning including the Population Census and Population Education Projects.

This report was compiled on the basis of the fundamental information on "Pakistan Population Issues", by JICA Pakistan Office. I am confident that this report together with other three reports on the issues relating to Environment, WID and Energy, and two reports on Social Sector comprising Primary Education and Primary Health Care, will prove to be of great benefit to all concerned with these activities in particular and to the people of Pakistan in general.

April 1992

Mr. Akihiro MITARAI
Representative of JICA
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List of Abbreviations

ADB	Asian Development Bank
ADPWO	Assistant Deputy Population Welfare Officer
DDPWO	Deputy District Population Welfare Officer
DPWO	District Population Welfare Officer
ESU	Extension Service Units of RHS
FPAP	Family Planning Association of Pakistan
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWW	Family Welfare Worker
IEC	Information Education and Communication
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
JOICFP	Japanese Organization for International Cooperation in Family Planning
MSU	Mobile Service Unit
NGOCC	NGO Coordination Council
NIPS	National Institute for Population Studies
NIRFC	National Institute for Research in Fertility Control
NRIRP	National Research Institute in Reproductive Physiology
PWP	Population Welfare Program
PWTIs	Population Welfare Training Institutes
RHS	Reproductive Health Services
RTIs	Regional (clinical) Training Institutes
UK ODA	United Kingdom Overseas Development Assistance
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WHO	World Health Organization

1

Introduction

Pakistan's most serious demographic problem has been its population growth rate. The Seventh Plan estimates a crude birth rate of 42.6 per thousand people as opposed to a crude death rate of 11.3. At this rate, Pakistan's population increases by 3.1 percent a year. If this rate of growth continues, the population, which was estimated at 110 million in 1990, will double by the year 2012.

The inhabiting affects of this high population growth rate on economic and social infrastructure development and the burden that high fertility places on households have long been recognized by Pakistan's planners. However, in actual practice, religious opposition to these rationales, poor political committment and bureaucratic indifference have restricted the central role of population issues in the development effort. Nonetheless, the state has operated a country wide family planning services and information program since the last thirty years.

1.1 Background

The first organized program to reduce fertility through family planning in Pakistan was started as early as 1952 by the Family Planning Association of Pakistan (FPAP) - a pioneer NGO of the country. The government's first substantive involvement with the sector started with financial allocations to FPAP's initiative for the period between 1955 and 1960.

It was only during the 2nd Five Year Plan (1960-1965) that the government began providing its own family planning services through maternal and child health clinics of the Ministry of Health.

In 1965 the Government created an autonomous organization called the Pakistan Family Planning Council to administer a vertical family planning program in the country. In 1972, while retaining its vertical program character, this autonomous organization was placed within the Ministry of Health and Social Welfare as the Population Division. It was not before 1976 that a full fledged federal secretary was posted to head the Division.

As the population program increasingly became a part of the government's structure, it was subjected to varying approaches. These approaches ranged from popularizing the IUD through *dais* or village midwives to relying on condoms and orals spread through teams of male and female workers under what was called a Continuous Motivation Scheme (CMS). Strategies of "contraception inundation" using both government and private channels aimed at minimizing inadequate supplies as a barrier to acceptance were also tried on a full scale national level. Yet, the program remained operationally weak and had relatively little demographic impact.

Serious concern with the situation resulted in a reinvigorated effort by the government called the multi-sectoral and integrated approach. This approach emerged out of a comprehensive and detailed planning process that recommended a three year Population Welfare Plan 1980-83. The new approach was primarily based on two assumptions and lessons learnt.

> First, that family planning cannot succeed as a single purpose program in Pakistan but must be considered as an integral part of the over all social and economic development. An acceleration of socioeconomic activities is required along with family planning for fertility reduction.

> Second, that responsibility for population activities must be expanded from a single government unit to be shared by many ministries, other governmental and private organizations and voluntary associations.

As a consequence of the Population Welfare Plan the Population Division was renamed the Population Welfare Division and transferred to the Ministry of Finance and Economic Affairs. It was thought that with the assignment of the program to an influential and strong ministry, coordination with all the sectors of government would be assured.

Major reorganization took place in this period. The service delivery component of the program was given to the provinces to implement on behalf of the federal government. Staff related to this component was transferred to the provinces and their services were provincialised through an Ordinance in 1983 (See Annexure III). The federal government continued to maintain the over all direction of the program and the support services such as research, training, contraceptive supplies and publicity. The program functions under this arrangement even today.

A stated objective of the the country's current development policy document i.e. the seventh plan, is to pursue an agressive policy to reduce fertility levels through two main measures:

> through "demand measures" such as enhanced litracy, female employment and child survival, one the one hand and
>
> through "supply measures" to enhance the knowledge and use of contraceptives, on the other hand.

Three important assumptions underlie the supply side objectives:

> " political and socio-economic stability permitting uninterrupted program operation

visible government commitment and continued priority for the population sector, and

availability of foreign assistance "

A disscussion of the first assumption is not within the scope of the present context. As far as the second assumption is concerned, there have been visible evidences of the government's commitment. The Population Welfare Division was converted into a full fledged ministry in 1990. The Prime Minister has reiterated his government's election manifesto pledge in a strong policy statement on the gravity of the population growth. This was followed by directives for concrete measures to reduce the population growth rate from 3.1 % to 2.5 % by the end of the decade. Pakistan's population program stands once again on the thresh hold of a new initiative called the Accelerated Program. This time, unlike the early eighties, there will be no major reorganization. The program attempts to expand family planning services through utilizing health outlets under the guidance of the Ministry of Population Welfare. The ministry will use its institutional resources to provide the necessary technical training and contraceptives.

Foreign assistance has continued to be available to the population welfare program through USAID, UNFPA, ADB and ODA. However, with the Presseler ammendment and an overall cut in US assistance to Pakistan, considerable support to the program, particularly in the provision of conterceptives is no longer forthcomming.

The Government of Japan has lately emerged as the largest bilateral donor to Pakistan. The basic strategy document prepared in February 1991 by the Japanese Country Study Group for Development Assistance to Pakistan accords the highest priority to the social sector; specifically to measures aimed at elevating the low literacy rate and improvement of health, sanitation and medical care. The document recognizes that Japan's assistance to this sector may further raise Pakistans's high population growth rate in the short run.

However, it is confident that improvements in education, health and medical care would be an effective means to control population growth in the mid- and long term. Though this assumption remains valid, there has been an increased awareness in JICA that given the high momentum of population growth and the need of the Government Pakistan for assistance in the sector, more immediate measures on the "supply side" i.e the provision of effective family planning services might be necessary.

This study provides an overview of the national fertility control program that attempts to reduce this growth rate. It is intended to serve as background material in case JICA condsiders to channel its assistance to Pakistan's family planning services or demographic research capability.

1.2 Scope and Objectives

The present study is both descriptive and prescriptive in nature. However, it is more of the former as it describes the major elements of the population program in the country. It also provides a brief description of the assistance to Pakistan's population program by major donors.

The study is prescriptive in its conclusions and recommendations. These include recommendations for eventual Japanese assistance. This is done keeping in view the modalities of Japan's Grant Aid and Technical Corporation mechanisms, and the identification of the single element of the program that could most likely respond with a positive impact. The terms of reference for the study are given in Annexure I.

Once negotiations between the Government of Japan and Pakistan for assistance in the sector proceed, in depth analysis of the area for mutual cooperation will become necessary and is foreseen.

1.3 Approach

The study was carried out by visiting the offices and facilities of all major elements of the program and interviewing key personnel. A list is given in Annexure II. These included the Ministry of Population Welfare (MOPW) Islamabad, the headquarters of the Population Welfare Departments of all the four provinces, a few Family Welfare Centers, a Reproductive Health Services "A" Center, the Directorate of Clinical Training, two Regional Training Institutes, the Directorate of Central Warehouse and Supplies, the National Institute of Population Studies, the National Institute for Research in Fertility Control, the Family Planning Association of Pakistan and the major bilateral and international donors of Pakistan's population program.

The principal officials were interviewed in both their official capacities and for their opinions and suggestions as professionals closely associated with the program. The interviews were structured to understand the substantive operations of the various elements of the program. Verification and comments on conclusions and recommendations, were actively sought from those being interviewed.

2

Overview of the Population Welfare Program

For analytical purposes the program can be visualized as vertically organized at four main levels.

The Federal Administrative and National Research Level

The Program Support Level

The Provincial Administrative Level

The Service Delivery Outlet Level

Horizontally, the program can be visualized as being functionally differentiated along two main divisions: the clinical and the non-clinical. See Figure 1.

The program is totally funded by the federal government and is divided into individual components and projects for funding and developmental purposes. These funds comprise both the government's own contribution and foreign donor assistance. The separate allocation for each component and project for financial year 1991-92 is given in Table 1. The provincial governments implement the program in their respective provinces on behalf of the federal government.

Figure 1 **Major Organizational & Functional Elements of the Population Welfare Program**

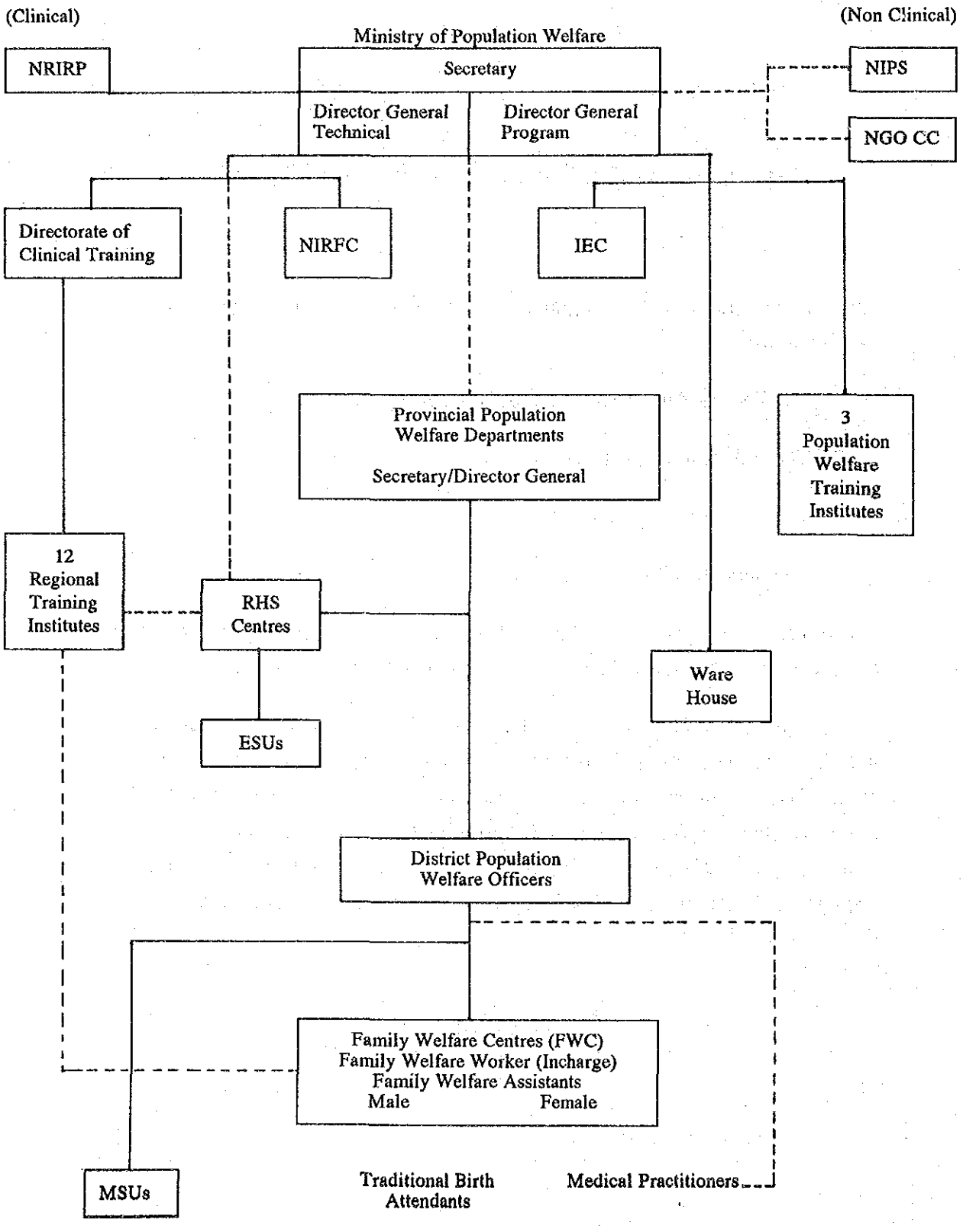

Table 1 Annual Development Programme Component Wise Budgetory Allocation for the Population Welfare Sector Financial Year 1991-92

(Rs. in million)

	GOP	F.A	Total
A. Federal Program:			
1. Federal Administrative Organization.	40.000	1.500	41.500
2. Population Welfare Services in the Federal District of Islamabad.	3.700	1.600	5.300
3. Non-governmental Organizations.	4.500	-	4.500
4. Target Group Institutions.	0.560	-	0.560
5. MCH Population Welfare Services in AJK.	0.640	-	0.640
6. MCH Population Welfare Services in Northern Areas.	0.330	-	0.330
7. Involvement of Hakeems/Homoeopaths in Population Welfare Programme.	1.500	-	1.500
8. Communication Strategy.	15.000	-	15.000
9. Population Education (Formal).	1.000	-	1.000
10. Non-clinical Training (PWT Is).	6.560	-	6.560
11. Clinical Training (RTS Is).	11.000	6.000	17.000
12. NRIFC.	4.160	1.400	5.560
13. NRIRP.	1.950	0.150	2.100
14. NIPS.	8.000	4.000	12.000
15. Population Study Centres.	1.300	-	1.300
16. Monitoring & Research Studies.	-	0.100	0.100
17. Consultancy.	-	0.100	0.100
18. Social Marketing of Contraceptives.	2.000	48.000	50.000
19. Contraceptives Requirement & Distribution.	12.215	99.900	112.115
20. Construction of Five Regional Training Institutes.	7.000	27.000	34.000
Sub-total	121.415	189.750	311.165
B. Provincial Program:			
1. Provincial & District Administrative Set-up.	89.000	-	89.000
2. Family Welfare Centres.	151.200	10.600	161.800
3. Family Welfare Centres.	7.200	1.800	9.000
4. Reproductive Health Services.	24.000	16.000	40.000
5. Population Welfare Programme through Traditional Birth Attendants.	11.200	2.300	13.500
6. Population Welfare Programme through Provincial Line Departments.	0.200	-	0.200
7. Family Planning Inputs in the Health Programme.	-	0.500	0.500
8. Registered Medical Practitioners.	-	2.000	2.000
9. Communication Strategy.	7.500	-	7.500
10. Transport.	-	1.600	1.600
Sub-total	290.300	34.800	325.100
Grand-total	411.715	224.550	636.265

Source : Ministry of Population Welfare

2.1 The Administrative Organization

There are two main administrative arrangements for the program.

First, the Ministry of Population Welfare which arranges the financial allocations, foreign assistance, procurement of contraceptives, equipment and transportation, clinical and non-clinical training, research and the national level communication and awareness program.

Second, the provincial population welfare departments, which maintain, administer and monitor the functioning of the service delivery outlets.

2.1.1 The Federal Ministry of Population Welfare

The over all responsibility and jurisdiction of the program is with the federal Ministry of Population Welfare, Islamabad, which is headed by a minister. The Secretary is the administrative incharge of the ministry and is supported in his functions by the usual secretariat officials and staff.

Two major federal Director Generals - one designated as "Technical" and the other as "Program"- take care of the operations and report directly to the Secretary.

Director General Technical

The Director General Technical is responsible for the testing and infusion of contraceptives, for the training of medical and para-medical personnel and for the quality of service delivery which includes clinical dispensation of contraceptives and after care of users. The Director General Technical, is a medical doctor who provides professional leadership to a large medical and para-medical staff functioning at the core of the program in the service delivery outlets.

The Director General Technical is assisted in her functions by two Directors, one for FWCs and the other for RHS Centers. The National Institute for

Research in Fertility Control, Karachi, the Directorate for Clinical Training, Karachi and the twelve Regional Training Institutes attached to it are also under her jurisdiction.

Director General Program

The Director General Program is responsible for the approach that the program takes to reach the target population, the information, education and communication campaigns, coordination with the provincial departments, the procurement and supply of contraceptives and equipment, planning and coordination with the donors, coordination with the NGOs, non-clinical training, orientation of administrators and professionals to the population program, and collaboration with other government agencies.

The Director General Program is assisted in his functions out of Islamabad by a series of Directors. These include, one for Information and Communication, one for Hakims and Homeopaths, one for Education, one for Planning, one for NGOs and one for Non-clinical Training. A printing and publication unit at Lahore, headed by a director and the Directorate of Supplies and Warehouse at Karachi, also report to the Director General Program directly.

2.1.2 The Provincial Population Welfare Departments

The four provincial population welfare departments implement the service delivery components of the program through service out-lets under their control. Funds for services and personnel are provided to the provincial governments by the federal government through quarterly releases. Two thirds of the total funds, including the cost of contraceptives, are utilized by the provinces. Province wise allocations for the financial year 1991-92 are given in Table 2.

The provincial departments are headed by Secretaries. The operations are run by provincial Director Generals. In Punjab and Sindh the current secretaries

Table 2 **Annual Development Program Component Wise Budgetory Allocations for the Provincial PWPs Financial Year 1991-92**

(Rs. in million)

	Punjab			Sindh			NWFP			Balochistan			Total		
	GOP	F.A	TOTAL	GOP	FA	TOTAL	GOP	F.A	TOTAL	GOP	F.A	TOTAL	GOP	F.A	TOTAL
1. Provincial and District Set-up	42.400	0.000	42.400	20.900	0.000	20.900	16.350	0.000	16.350	9.350	0.000	9.350	89.000	0.000	89.000
2. Family Welfare Centres	88.450	7.822	96.272	31.730	1.698	33.428	24.000	0.900	24.900	7.020	0.180	7.200	151.200	10.800	161.800
3. Mobile Service Units	3.420	1.080	4.500	2.280	0.720	3.000	1.200	0.000	1.200	0.300	0.000	0.300	7.200	1.800	9.000
4. Reproductive Health Services	12.560	8.375	20.935	6.330	5.200	11.530	3.480	1.625	5.105	1.630	0.800	2.430	24.000	16.000	40.000
5. Traditional Birth Attendants	5.728	1.000	6.728	2.487	1.000	3.487	2.625	0.300	2.925	0.360	0.000	0.360	11.200	2.300	13.500
6. Provincial line Departments	0.070	0.000	0.070	0.055	0.000	0.055	0.040	0.000	0.040	0.035	0.000	0.035	0.200	0.000	0.200
7. Family Planning Inputs	0.000	0.220	0.220	0.000	0.120	0.120	0.000	0.120	0.120	0.000	0.040	0.040	0.000	0.500	0.500
8. Registered Medical Practitioners	0.000	1.300	1.300	0.000	0.300	0.300	0.000	0.350	0.350	0.000	0.050	0.050	0.000	2.000	2.000
9. Communication Strategy	3.770	0.000	3.770	2.120	0.000	2.120	1.130	0.000	1.130	0.480	0.000	0.480	7.500	0.000	7.500
10. Transport	0.000	0.400	0.400	0.000	0.400	0.400	0.000	0.400	0.400	0.000	0.400	0.400	0.000	1.600	1.600
Total	156.398	20.197	176.595	65.902	9.438	75.340	48.825	3.695	52.520	19.175	1.470	20.645	290.300	34.800	325.100

Source: Ministry of Population Welfare

also function simultaneously as the Director Generals of the department. This difference is because of the fact that the departments in both NWFP and Balochistan are accorded the status of regular line departments, while those in the Punjab and Sindh still have an administrative link with their planning departments.

The DGs are supported in their work by two major staff officers, Director Administration and Director Technical or Medical. The latter who is a qualified medical doctor is responsible for the administration of the RHS Centers. These are located in gynecological out patient departments of major hospitals. The Director Technical also provides support to the clinical aspects of the FWCs in the province.

Other staff in each provincial headquarter of the program usually includes a director or a deputy director for IEC, one for planning, monitoring and evaluation, and one for finance and budgeting.

The provincial operations in the field are administered through District Population Welfare Officers (DPWOs). He/she reports directly to the provincial headquarters. The major responsibility of DPWOs is to supervise and administer the staff and facilities of the various FWCs operating in the urban and rural areas of their respective districts.

The DPWOs are assisted in their functions at the district headquarters by a Deputy DPWO and an Assistant DPWO. A position for a Technical or Medical Officer at each district office was originally foreseen in the program, but none are in place. The District Office is also supported by steno-typists, accounts and staff assistants and a projectionist for operating the equipment on audio visual vans.

2.2 The Service Delivery Outlets

There are two types of service delivery outlets of the program. The Family Welfare Centers and the Reproductive Health Services Centers. They are both operated by the provincial governments. The RHS centers conduct contraceptive surgery. Some RHS centers also have an Extension Services Unit that sets up camps to provide contraceptive surgery services in the field. Lately, a mobile service unit system has also been evolved to provide IUD insertion, injectable and non-clinical contraceptive services to populations that do not have access to FWCs.

2.2.1 The Family Welfare Centers

The FWCs are the front line of the program and comprise its major service outlets. The FWCs are under the administrative and supervisory control of the DPWOs. There are currently 1290 FWCs located all over the country. Half of these are concentrated in urban areas and peripheries. These centers are operated by female para-medics called Family Welfare Workers (FWW), who have received 18 months training at RTIs in IUD insertion, injectable and other contraceptive techniques, except surgery. They are also trained in mother and child health concepts and the treatment of minor ailments.

The centers are located in rented facilities. These are furnished with a consultation room which serves as the office for the FWW. A separate room functions as an insertion room. This is equipped with an insertion table, a screen, an instrument table and a small chemical solution sterilization unit. Depending upon the space available, most centers also have an activity room where the staff arranges sewing and other income generating activities for the women of the community. The FWW, who is in charge of the center, is assisted in her demand generating activities by a male and female Family Welfare Assistant (FWA). Each FWC also has an *aya* (female attendant) and a *chowkidar* (watchman) attached to it.

Only females visit the center. The men within the community are approached by the male FWA. He is supposed to provide them with individual counselling services and orient the community to the family planning concept, the small family norm, birth spacing and mother and child health. He also informs them of the retail shops in the area which serve as sale points for the highly subsidized condoms provided by the program. Occasionally he arranges visits for officials from the district office to meet community leaders and address group meetings.

The out-reach effort for the female target group in the area is done through regular visits of the female FWA into individual homes. She initiates contact with potential acceptors and also arranges group meetings with the FWW.

The centers must meet certain monthly targets for the various contraceptive techniques propagated by the program. The performance of the centers is monitored by the DPWO, who reports the aggregate contraceptive dispensed in the district to the provincial headquarters. See Table 3 for the contraceptives dispensed through FWCs in the country during financial year 1990-1991.

2.2.2 Mobile Service Units

In order to reach populations that do not have access to a FWC in their immediate vicinity the program has introduced Mobile Service Units (MSUs) during the Seventh Five Year Plan (1988-1993). 30 MSUs are currently operative in the four provinces. The program aims to operationalize another 100 MSUs in the remaining period of the program.

The MSUs are located in selected Tehsils or Sub-division towns of the districts. They are stationary for two days of the week and set up camps four days of the week, on predetermined sites according to a six-monthly plan. Each MSU identifies ten villages with a population of 2000 to 2500 each, which are its target area. The two stationary days allows acceptors to reach the MSU in case of any complications.

Table 3 **Number of Contraceptives Dispensed by the Family Welfare Centres Country Wide July 1990 to June 1991**

	Condom	Orals	IUDs	Injectable	Foam
Punjab	33835007	653744	372606	342311	22874
Sindh	10878342	393896	93410	121303	7597
NWFP	4752637	206757	44913	58658	4092
Balochistan	2209371	46964	12135	12068	1345
Islamabad	370788	8719	2134	3525	434
Total	52046145	1310080	525198	537865	36342

Source: Directorate of Family Welfare Centres, Ministry of Population Welfare

The MSUs are under the administrative supervision of the DPWO who is responsible for all the necessary provisions for the unit. The MSUs are staffed by a Lady Medical Officer/Field Technical Officer who is in charge. The other staff comprises a lady para-medic, an *aya* (female attendant), and a driver. The Lady Medical Officer/Field Technical Officer is also meant to conduct technical supervisory visits to the FWCs in the areas where she is camping.

2.2.3 The Reproductive Health Services

The RHS activities have been an important element of the population welfare program since 1981. The RHS provide voluntary surgical contraception primarily to females. Two techniques are used for performing tubeligation. These are Laproscopy and Minilaparotomy.

Leprosopic sterilization calls for a trained surgeon and proper endoscopic equipment. The laproscope is a selender stainless steel tube with fibre-optic cylinders that transmit light into the abdomen, and a set of lenses to look into the abdominal cavity. The fiber-optic cable is attached to a source of light. The disadvantages of laproscopy are that the equipment is sophisticated and costly requiring proper maintenance as well as skill and competency in its handling. Spare parts are expensive and not readily available. There are also some risks involved with the procedure. In addition to bleeding, visvisceral injuries and infection, laproscopy can cause certain problems that do not occur with minilaparotomy.

Minilaparotomy is a relatively simple procedure with an abdominal approach to the peritoneal cavity using an incision less than two inches. Unlike the leproscope, the minilaparotomy technique can be taught to a medical doctor with some experience in tissue handling within a fifteen day training program. Minilaparotomy is now the preferred technique in the RHS program.

100 leproscopes were made available by the program in the country. They are mostly being used for diagnostics by gynecologists. The program has also set up a repair and maintenance center for leproscopes in Lahore.

Voluntary contraceptive surgery is available through three facilities namely, (i) RHS "A" Centers; (ii) RHS "B" Centers; and (iii) RHS Extension Services. These services are under the administrative control of the provincial Secretaries/Director Generals.

Tube ligations are an out patient procedure. Acceptors are given sedation 15 minutes prior to the operation. After the operation they are shifted to a recovery area. Upon coming out of sedation they are served a cup of tea and biscuits. The acceptors are transported back home on a program vehicle, meant for this purpose.

RHS "A" Centers, of which there are presently 34 centers, have been gradually established within major teaching and large urban government hospitals since 1982. Since these hospitals have little time for elective surgery in their tight schedule, dedicated space has been established in their gyne out patient departments with operating theaters devoted to voluntary surgical contraception. In addition to finances for necessary renovation or construction work, the PWP provides staff, equipment and transportation. A technical rationale for locating these centers next to gynecological departments is the availability of surgical and medical support in case complications arise while conducting tube-ligation.

RHS "B" Centers, of which there are presently a 120, are located in District and Tehsil Headquarter and some private hospitals that have adequate gynecological facilities. The RHS activities in "B" centers are carried out under an agreement with the hospital whereby the costs @ Rs. 235 per case of contraceptive surgery are reimbursed by the PWP. These include food and transport costs for the refferal agent and attendant for the operation and follow-up. The program does not assign any of its staff to these centers.

The RHS "A" Centers get their referrals from FWCs, private doctors and the gynecological departments of the hospitals they are located in. The centers also function as FWCs and provide the entire range of contraceptives propagated by the program. The centers have a working relationship with the National Institute for Fertility Control and participate in carrying out contraceptive clinical trials conducted by it.

Two "A" Centers, JPMC Karachi and Lady Willington Lahore, are designated as master training centers for contraceptive surgery. Another 10 function as training centers. These centers conduct 15 day courses for doctors with at least one year's house job experience and some familiarity with tissue handling. They also provide training for para medical staff assisting in contraceptive surgery. For the number of doctors and paramedics trained at these centers during 1991 see Table 4.

The RHS "A" Centers are headed by an In Charge Medical Officer. The other staff includes two FWWs, a theater nurse, a theater technician, a motivator, a lower division clerk for administrative matters and record keeping, a driver, an *aya* (female attendant), and a sweeper.

The Centers comprise of an operating theater, a waiting room, a recovery area, an office and a store.

There are 13 "A" Centers that have a mobile Extension Service Unit attached to them. The ESU has a staff of two Female Medical Officers, a theater nurse, 2 Family Welfare Workers, a theater technician and 2 drivers. These are supervised by the In Charge Medical Officer of the "A" Center they are attached to.

The provincial departments chalk out a six-monthly program in advance for the ESUs. This program is based on consultation with the district offices who set targets for FWCs and expect regular referrals from them.

ESUs are expected to have the capacity to organize 4 camps of at least a day's duration, excluding travelling time, every month. The ESUs transport their linen and equipment with them. The camps are set up in District and Tehsil hospitals in areas that have no existing RHS Centers. The DPWOs are supposed to coordinate with the hospitals and arrange transportation for the referrals from the villages to the camp and back.

For the number of contraceptive surgeries conducted through out the country in 1991 see Table 5.

2.3 Information, Education and Communication

The IEC activities are operationalized on three levels of the program, the federal, the provincial and the district level. The principal media used are the television, films, radio , the press and printed material.

The overall responsibility for IEC activities is with the Director General Program in Isalmabad. He is assisted by a Director IEC, and a Director Education (formal). The program is supported by its own publishing and printing facilities at Lahore. The provincial departments also have access to these facilities. However, it has no studios, recording and filming unit of its own.

The Director Education coordinates with the Ministry of Education for population related input in the formal curricula of schools and universities. However, due to multiple factors this input is insignificant.

The program at the federal level has funds to contract with professional producers to make documentary films of 10 to 20 minutes duration. The program also sponsors television messages highlighting the small family norm. Lately it has financed a serial drama depicting the plight of women due to cultural pressures for male children. Radio programs featuring talks and discussions on the effect of birth spacing on mother and child health are broadcast regularly. Advertisements seeking support for and encouraging the

Table 5 **Number of Contraceptive Surgeries (Tubeligations) Performed at RHS Centres January 1-December 31, 1991**

RHS "A" Centres	RHS "B" Centres	Total
37985	1722	55207

Source: Directorate of Reproductive Health Services, Ministry of Population Welfare

Table 4 **Number of Trainings Provided at RHS "A" Training Centres January 1-December 31, 1991**

Doctors	Paramedical Assistants	Total
144	239	383

Source: Directorate of Reproductive Health Services, Ministry of Population Welfare

adoption of family planning practises are often placed in newspapers. The program also periodically organizes and sponsors seminars and conferences. A large quantity of publicity material is also developed, printed and distributed. The three Population Welfare Training Institutes conduct orientation courses for officials of other nation building departments.

On the provincial level IEC activity is essentially restricted to radio programs in the regional languages. The provinces also develop and print some pamphlets and posters. A common publicity stunt has included simple "give aways" with the population welfare logo printed on them.

Occasional seminars are held at the district level. Most districts have audio-visual vans that are supposed to organize film evenings in the rural areas. The captive audience is latter addressed by officials of the program.

The staff at the districts is also meant to orient staff of other provincial line departments to the program. They are supposed to meet community leaders and address group meetings when they visit the field. The FWAs attached to each FWC are supposed to conduct inter-personal IEC activities during out reach.

2.4 The Central Contraceptive Supply System

The entire fertility control effort in Pakistan is supported by a centrally operated contraceptive supply system. It is the responsibility of the federal government to procure and supply contraceptives to all the service outlets of the PWP, the NGO's, the Ministry of Health and Target Group Institutions. The government also ensures the availability of contraceptive to individual users through a social marketing project.

Besides contraceptive surgery the fertility control effort in Pakistan relies on the following contraceptives

Intra Uterine Devices
- -Copper T
- -Lippes Loop

Injectables

Oral Pills

Condoms

The MOPW determines the contraceptive need for the program on the basis of past trends and future targets. It then sets about procurement either through the local market, which is rare, or through the donors. Local procurements are only made for Lippes Loop and a portion of the oral pill supply. For local procurements the MOPW uses the services of the Department of Health which has the requisite mechanism and technical capability to check specifications of health related items.

2.4.1 Karachi Warehouse and Logistics

The program, as a matter of policy, maintains an 18 months contraceptive stock at the central warehouse in Karachi. The warehouse and its supply to the service outlets throughout the length and breath of the country is controlled by the Director Warehouse and Supplies, who reports to the Director General, Program in Islamabad. The director is assisted by a staff of 2 deputy directors, an assistant director, a stores supervisor, 2 store keepers, 2 store men, a clearance inspector, a statistical assistant and a large clerical staff.

All contraceptives and other equipment received through donor assistance is cleared at the port and delivered to the warehouse by a private shipping and clearing company, Oriental Shipping (Pvt.) Ltd.

The central warehouse has a covered area of 25,000 sq.ft. and a storage space of 375,000 c.ft. It is located on a two acre compound in SITE, an industrial area of Karachi. The warehouse has two trucks and two forklifts.

Apart from the 18 month country-requirement-stock kept at the central warehouse, a stock of 6 months contraceptives is maintained at the level of the districts all over the country. Out of this, a 3 month stock is kept at the District Population Welfare Office, a 2 month stock at respective service delivery outlets and a 1 month stock with retail shopkeepers in the district designated as distribution points. At all levels of the stock, issues are made on the principle of "first in first out." The storage and stock keeping system are regulated by the Manual of Contraceptive Logistics, Population Welfare Division, 1987.

The DPWOs submit a monthly indent on a Contraceptive Logistic Reporting Form (CLR 6) directly to the Director Warehouse and Supplies, Karachi. This demand is based on the last 3 to 6 months average consumption level. Along with the indent the districts have to attach the State Bank deposit slip of the proceeds of the previous month's contraceptive sale within the district. DPWOs also indent for the health department outlets in their districts.

The warehouse sends the required stocks directly to the DPWOs after a scrutiny of the indent by railway, with freight to pay. Wherever there is no railway service, the contraceptives are sent through trucking companies.

The NGOs also receive their supplies directly from the warehouse. However, they have to rout their indents through the NGO-CC.

The yearly contraceptive requirement of the country is indicative by the figures for contraceptives dispensed by FWCc in financial year 1991-92 given in Table 3 above.

2.4.2 Social Marketing

Condoms are sold at highly subsidized rates through the market network of 52,000 chemists and general merchants in 213 towns of the country. A reputable private company, Messers. Woodwards, Karachi have been contracted to market and distribute on a commercially viable basis, packets of 4 condoms each with the logo "Sathi". The PWP provides a monthly ration of 5 million condoms to Woodwards. However, their existing annual market potential is for a 100 million condoms.

2.5 The Training Institutes of the Program

The federal program operates twelve regional training institutes (RTIs) for the clinical training of para-medical staff who function as Family Welfare Workers at the FWCs all over the country. The institutes provide basic training to new entrants of the provincial programs and conduct refresher courses for their in-service personnel on a regular basis. The federal program also operates three non-clinical training institutes called Population Welfare Training Institutes (PWTIs). These institutes conduct regular courses for both personnel of the program and other agencies in program management, communication and awareness.

2.5.1 Regional Training Institutes

The twelve RTIs are located in Lahore, Sahiwal, Faisalabad, Multan, Rawalpindi, Karachi, Hyderabad, Larkana, Sukkur, Abbotabad, Peshawar and Quetta.

The RTIs provide clinical training, essentially for IUD insertions and injectables, for the para-medical staff of the program, NGOs, the health department and other agencies.

The training is conducted under the administrative and technical supervision of the Directorate of Clinical Training, Karachi, which designs the curricula,

teaching aids and guide lines for instruction of the individual courses offered by the RTIs. The Principals of the RTIs report to the Director Clinical Training.

Besides the director, the Directorate of Clinical Training is staffed by 3 deputy directors. The Directorate also has an audio-visual production unit to develop teaching aids and films.

The provincial population welfare departments recruit untrained, high school matriculated girls as Family Welfare Worker trainees, who after their training period are posted as FWWs in FWCs. The recruitment committee comprises of the Director Technical of the respective provincial department, the Director of Clinical Training and the Principal of the RTI. The applicants are selected after an interview. The recruitment of FWWs into the PWP and their basic training course has not been conducted in any of the RTIs, except Hyderabad, since 1984. However the RTIs in Lahore, Karachi, Peshawar, Quetta and Rawalpindi are conducting regular basic training courses for trainees recruited by NGOs.

The basic training course for FWW trainees is of 18 months duration. It has three phases and components, each with a theoretical and practical part. The first is preliminary training for 3 months. This includes anatomy and physiology, materia medica, and first aid etc. The second is public health training for 7 months which includes family planning, administration, gynecology, common ailments, statistics and record keeping etc. The third is midwifery training for 8 months. The RTIs have the capacity to conduct a basic course for 20 to 25 trainees at a time.

Once FWWs complete their training and are posted in the field, the staff of the RTIs is expected to conduct an on-the-job follow-up at the FWCs.

Another regular training course offered by the RTIs is the Refresher Training for in service FWWs and female FWAs of both the program and NGOs. This is a two week course in contraceptive dispensation and community activities.

Ideally all in-service para-medical personnel of program are scheduled to get refresher training once a year.

The RTIs also offer a 3 month Supervisor Training course for FWWs who are eligible for promotion to the supervisory grade as counsellors.

Under the Accelerated Program for family planning input in health services, the RTIs are also providing crash training to lady doctors and female para-medics of the health departments. The training for lady doctors is for three days and the training for lady health visitors for 6 days. They are trained in IUD insertions and other contraceptives in batches of 8 and 19 respectively. All Women Medical Officers and Lady Health Visitors of the health departments have to eventually be trained. Besides the RTIs, Public Health Schools are also providing this crash training with the assistance of the RTIs, which have trained some Public Health School Staff as master trainers.

For the total number of trainings at the RTIs in 1991 see Table 6.

The RTIs have four qualified and experienced doctors on the staff. One serves as the principal, the other as the deputy principal and the other two as senior instructors. 2 more instructors teach demography, public health and community affairs. The other staff includes 2 sister tutors, 2 assistant tutors and administrative support personnel.

A model clinic is attached to each RTI for the practical training aspect. One of the senior instructors serves as in charge. The other staff includes 2 FWWs, one female FWA and a male FWA.

The RTIs are currently in rented buildings. The buildings of 5 institutes, Lahore, Peshawar, Karachi, Hyderabad and Quetta are under construction and nearing completion.

Table 6 Activities Conducted at the Regional Training Institutes January 1 to December 31, 1991

	Duration	Target	Completed
A Scheduled			
Basic Training for Family Welfare Workers	18 Months	75	35 (26 on going)
Basic Training for NGO Personnel	18 Months	80	80
Advanced Training Family Welfare Counsellors	3 Months	15	13
Refresher Training for Family Welfare Workers	2 Weeks	300	349 (on going)
In Service Training of Female Family Welfare Assistants	3 Weeks	200	190 (on going)
On the Job Training of Family Welfare Workers	1 Day	1009	735 (on going)
RTI Teachers Training Workshop	5 Days	24	24
Production and Utilization of Audio-visual Aids Workshop	10 Days	14	14
Training of Trainers on Supervision (conducted by CEDPA)	5 Days	8	8
Supervision Workshop (conducted by CEDPA)	5 Days	15	15
Monitoring of weaker RTIs	2-3 Days	18	18
Family Planning Input into Health			
Male Doctors	2 Days	-	293
Female Doctors	3 Days	-	121
LHVs	6 Days	-	244
Female Technicians	2 Weeks	-	149
Male Technicians	2 Days	-	132
BUn-scheduled			
Training for Medical College Students	1 Day	-	1093
Nursing School Trainees	2 Weeks	-	670
Public Health School Trainees	4 Weeks	-	66
In-service Health/other Personnel Training			
Doctors	1-3 Days	-	769
LHVs	3-6 Days	-	1128
TBAs	3 Days	-	104
Hakeems	1 Day	-	125
Labour Leaders/Teachers	1 Day	-	3064

Source : Ministry of Population Welfare

2.5.2 Population Welfare Training Institutes

Nonclinical training for program field officers such as DPWOs, DDPWOs, ADPWOs is conducted at PWTIs located in Karachi, Lahore and Multan. Each is headed by a Director who reports to the Director General Program in Islamabad.

The PWTIs also conduct orientation programs for officials of other nation building departments.

The PWTIs have developed a 3 tier training system, which functions as a regular support system for the non-clinical elements of the field operations of the program. The two tiers are conducted within the Institutes and the third is carried out in the field.

The first tier comprises on-going training of the PWTI instructors by some 22 master trainers who are highly competent professionals in their respective fields. Most of them work in key positions within the various components of the population welfare program: the MOPW, the research institutes, the RTIs and the provincial departments.

The second tier comprises training of the Deputy District Population Welfare Officers by the instructors of the PWTIs. The DDPWOs are responsible for training and communication in their respective districts.

The third tier is the training that the DDPWOs impart to the district field staff, especially the male FWA. They also conduct orientation and motivation training for the district level staff of other line departments operative in the field. The DDPWOs regularly orient medical practitioners who have registered themselves with the program in the district. They brief them on non-clinical contraceptive dispensation and referral of potential acceptors to program clinics for clinical contraception, including surgery.

The PWTIs initiate a training program on a particular strategy and then follow it up with evaluation visits in the field.

All three PWTIs function out of rented facilities.

2.6 Non-Governmental Organization involvement in Population Welfare

A number of NGOs are operative in the field of family planning in Pakistan. The Family Planning Association of Pakistan being the oldest and largest. The NGOs operate service delivery outlets, including surgical contraceptive facilities, in addition to those run by the government all over the country. However, besides NGOs that are specifically operative in family planning services there are others that have been successfully functioning in other fields such as women's welfare, housing, mother and child health, adult basic education etc. The PWP through an NGO Project initiated in 1982, supports the activities of the family planning NGOs and encourages other NGOs through financial assistance to include population related activities.

2.6.1 The NGO Coordinating Council

The PWP funds the operations of the NGOCC including its professional and administrative secretariat staff headquartered in Karachi. The council and its chairperson are nominated from amongst the NGO members by the Policy Board headed by the Minister of Population Welfare. Representatives from the MOPW, the Economic Affairs Division, the Finance Division, the Planning Division and the four provincial population welfare departments are ex-officio members.

NGOs submit innovative project proposals for funding by the NGOCC, which reviews and approves them. The council also assists in the project formulation. The NGOCC has elaborate procedures for disbursing funds and evaluating the performance of recipient NGOs on a regular basis.

There are currently 121 NGOs with 468 service delivery outlets operating in the population sector throughout the country. See Tables 7 & 8.

Local NGOs desirous of direct collaboration with international NGOs or multilateral and bilateral donors have to seek clearance and consent of the Council. The Council recommends such collaboration to the MOPW which helps expedite clearance from the other concerned government agencies. The government has an approved list of international NGOs that can collaborate with the local program.

2.6.2 FPAP - A Pioneer NGO

The Family Planning Association of Pakistan initiated the family planning concept in the country long before the government's involvement. It is a NGO founded by a hand full of volunteers in 1953. FPAP has been a member of the International Planned Parenthood Federation (IPPF) since its inception. FPAP plays an active role in the central and regional bodies of the IPPF.

FPAP is headquartered in Lahore and its operations are controlled from five zonal headquarters in Quetta, Peshawar, Lahore, Islamabad and Karachi. Besides numerous volunteers functioning at all levels, including the Work Units at the grass root level, FPAP has a large professional core staff to manage its operations. FPAP is headed by a National Executive Committee.

FPAP's primary role is advocacy and pioneering for keeping the family planning movement alive with emphasis on the health rationale. This role is supported by FPAPs service delivery program, innovative community involvement, women's projects, youth programs, IEC strategies, promotional programs and research and evaluation.

Service delivery is provided through Model Clinics in Lahore, Karachi, Peshawar, Faisalabad and Islamabad. These clinics extend full health care and clinical and conventional contraceptive services.

Table 7 **Number of NGOs Currently Supported by the NGOCC**

Balochistan	Sindh	Punjab	NWFP	Total
7	34	67	13	121

Source: NGO Coordinating Council

Table 8 **Approximate Number of Family Planning Service Outlets Currently Operating in NGOs Supported by the NGOCC**

Balochistan	Sindh	Punjab	NWFP	Total
20	80	248	120	468

Source: NGO Coordinating Council

FPAP pioneered the voluntary surgical contraception program in the country through its extension units as early as 1973. These services are available in all the zones especially in the less developed areas. The stipulated target for surgical contraception through these teams was 17500 in the whole system for the year 1990. The extension units achieved 75% of the target

FPAP is supported by many sources including the Government of Pakistan, Save the Children Fund, Association for Voluntary Surgical Contraception, OXFAM, Pathfinder Fund, Population Concern, Swiss Inter-Cooperation, Enterprise Group, Marie Stopes International, UNDP and Pak Canada Small Projects.

2.6.3 Involvement of Target Group Institutions, Medical Practitioners and TBAs

The PWP in its efforts to involve the different sectors and organizational resources of society has been collaborating with major state and para-statal organizations such as the armed forces, Pakistan International Airlines, Pakistan Railways, WAPDA the Karachi Port Trust etc. These organizations are assisted to provide family planning services for their employees through their own health clinics.

5000 traditional birth attendants (TBAs) have been enrolled for support to the program on the grass root level. About 5 TBAs will be involved in a working relationship with each FWC. They will help establish a link with the community.

3500 medical practitioners have been registered with the program to recommend and popularize contraception.

2.7 The Research Institutes

The program is supported by three types of research: contraceptive and bio-medicinal research, socio-economic and demographic research and basic reproductive physiology research. The first is conducted by the National Institute for Research in Fertility Control. This institute is located in Karachi and is headed by a Director reporting to the Director General Technical in Islamabad. The second is conducted by the National Research Institute of Reproductive Physiology located in the National Institute of Health, Islamabad and headed by a Director General reporting directly to the Secretary MOPW. The third is conducted by the National Institute of Population Studies. This is an autonomous institute headed by an Executive Director and located in Islamabad.

2.7.1 National Institute for Research in Fertility Control

The institute was established as a national center for research and training in family planning in 1962. Over the years it has developed into a full fledged institute for contraceptive research. Its activities include;

Identification of suitable contraceptive methods, developed internationally, for adoption in Pakistan. This is done through field testing contraceptives on a clinical basis.

Assessment of contraceptives currently in use by undertaking research on side effects and continuation rates.

Elucidating relationships and causal factors affecting population growth by undertaking epidemiological research.

Quality control of imported and local contraceptives.

NIRFC has elaborate laboratory facilities these include a contraceptive testing laboratory, a clinical pathology laboratory, and a radioimmunoassy (RIA) laboratory.

The clinical pathology laboratory includes facilities for bio-chemical examinations. These are used for carrying out investigations required for clinical trials and field surveys. The radioimmunoassy laboratory has facilities for the measurement of male and female reproductive hormones. These are used for clinical trials of hormonal contraceptives as well as fertility research.

NIRFC collaborates on international studies. It is currently taking part in a three year study undertaken by PATH - Program for Adoption of Contraceptive Technology and Health, on the effect of environmental conditions on deterioration latex condoms. NIRFC is also designated as a collaborative center for clinical research by WHO since 1975.

NIRFC has its own building in Karachi, completely equipped with laboratory equipment.

2.7.2 National Research Institute of Reproductive Physiology

NRIRP is located in the National Institute of Health complex in Islamabad. Its activities are different form those of NIRFC in that it conducts basic research in contraception, especially through indigenous medicinal plants. The institutes also screens *Unani* or indigenous antifertility drugs available in the market. The institute collaborates with the National Research Institute of Family Planning, Bijing, China.

2.7.3 National Institute for Population Studies

NIPS was established in 1986 as a autonomous institute with a Board of Governors that includes the Minister of Population Welfare, the federal secretaries of the MOPW, finance, planning and the statistics division and

secretaries of the planning departments of the provinces. A few independent professionals are also included on the board.

NIPS evolved as a full fledged research institute from the Population Development Center of the PWP in response to the government's long recognized need to integrate population and development planning and to undertake substantive and methodological research to fill the gaps in population and socio-economic data. NIPS was explicitly designed to focus on the study of population growth and its implications, evaluate independently the various population welfare programs in the country and to guide the policy makers in controlling rapid population growth.

The objectives of NIPS include:

Preparing an annual report on the state of the population in Pakistan.

Initiating methodological research insights in the demographic impact of development variables and components of population welfare concepts.

Serving as a repository of demographic data.

Designing demographic models to facilitate systematic review and research of population factors in social and economic policies.

Assisting the MOPW in the identification and formulation of strategies and monitoring of defined objectives and evaluation of the PWP.

NIPS and its facilities are located in rented bungalows in Islamabad. The institute is headed by an Executive Director who is assisted by an advisory board of professionals, a resident advisor and national and international consultants. The operations of the institute are the responsibility of a Director General who coordinates the research work of three senior fellows and there associates. The institute has adequate data processing facilities, a publication and information cell and a library.

Some of the research work conducted by NIPS during the past five years includes evaluations of the out-reach, FWC and IEC components of the PWP, a situational analysis of women and children, impact of population and familay welfare education on industrial workers and the effects of rapid population on social and economic development in Pakistan. The institute has also conducted a demographic and health survey lately. A preliminary report of the findings is already available.

Two Population Study Centers, one at Karachi University and the other at Faisalabad University are also functioning in collaboration with NIPS.

3

Donor Assistance

Sixty five percent of the funding for the program is met by the government's own resources. Thirty five percent is met through foreign assistance. The total Annual Development Plan budget for the population program 1991-92 is Rs. 636 million. The foreign element is Rs. 224 million or 35.2% of the total budget. See Table 1 above. In the current financial year Pakistan's population program is being supported by Rs.119 million from USAID, Rs. 58 million from UNFPA , Rs.27 million from the Asian Development Bank and Rs.20 million from ODA. A breakup of this for individual program components is given in Table 9.

An inventory of all donor projects in Pakistan's population sector is given in Table 10.

3.1 United States Agency for International Development (USAID)

The current United States assistance is channeled through two bilateral projects, the Population Welfare Planning Project, and the Social Marketing of Contraceptives Project.

USAID condom supply, which is the major source for the PWP will cease in August 1992. USAID has commissioned feasibility studies for local IUD and condom production. Conclusive results will be available later in the year. USAID is continuing to fund assorted activities till September 1993 under the Population Welfare Planning project. These are included in the project

summary given in Table 11. The Social Marketing of Contraceptives Project is summarized in Table 12.

The Agency does not contemplate any future programs for the population sector beyond September 1993 due to the Pressler Ammendment.

3.2 United Nations Fund for Population Activities (UNFPA)

UNFPA has been a significant and regular donor of Pakistan's PWP. Its assistance is forth coming since 1970. This is based on a Program Review and Strategy Development Mission every five years, and a subsequent five year country program. The 4th. program ended in December 1991. However, it has been extended to cover an additional 18 months to coincide with the end of the Seventh Plan period in June 1993.

The 4th. country program was approved in 1986 for $ 15 to 20 million, depending on the availability of funds. Assistance was provided in three areas: the core PWP, NGOs and Women, and in the multi-sectoral effort in population welfare. The summaries of the individual projects are given in Tables 13, 14, 15, 16, 17, 18 & 19.

3.3 Asian Development Bank (ADB)

Asian Development Bank's current assistance to the PWP is limited to constructing five Regional Training Institutes with teaching, staff residences and hostel facilities. A summary is given in Table 20

3.4 UK Overseas Development Administration (ODA)

ODA's current assistance to Pakistan's PWP is being provided under agreements made in 1983, 1984 and 1987. The individual project summaries are given in Tables 21, 22, 23 & 24

Table 9 **Foreign Assistance to Individual Components of the PWP Financial Year 1991-92**

	Component	USAID	UNFPA	ODA	ADB	Total
1.	Federal Administrative Orgn:	-	1.500	-	-	1.500
2.	Federal District of Islamabad.	0.300	1.300	-	-	1.600
3.	Family Welfare Centres.	-	2.800	7.800	-	10.600
4.	Reproductive Health Services.	11.000	5.000	-	-	16.000
5.	Family Planning Inputs in Health Departments.	0.500	-	-	-	0.500
6.	Traditional Birth Attendants.	-	-	2.300	-	2.300
7.	NRIFC.	1.400	-	-	-	1.400
8.	NRIFC.	0.150	-	-	-	0.150
9.	NIPS.	4.000	-	-	-	4.000
10.	Research & Monitoring Studies.	0.050	0.050	-	-	0.100
11.	Clinical Training.	-	6.000	-	-	6.000
12.	Consultancy.	0.050	0.050	-	-	0.100
13.	Contraceptive Requirement & Distribution.	52.900	39.000	8.000	-	99.900
14.	Social Marketing of Contraceptivas.	48.000	-	-	-	48.000
15.	Transport.	0.800	0.800	-	-	1.600
16.	Construction of Five RTIs.	-	-	-	27.000	27.000
17.	Registered Medical Practitioners.	-	2.000	-	-	2.000
18.	Mobile Service Units	-	-	1.800	-	1.800
	Total	119.150	58.500	19.900	27.000	224.550

Source: Ministry of Population Welfare

Table 10 **Inventry of Donor Projects in the Pakistan Population Sector**

Donor	Project	Region(s)	Agency(s)	Start	End	Cost in million
1. USAID	Population Welfare Planning Project	National	Ministry of Population Welfare	1982	1993	$ 73.45
2. USAID	Social Marketing of Contraceptives Project	National	Ministry of Population Welfare	1984	1993	$ 28
3. UNFPA	Integrated Clinical Training Program	National	Ministry of Population Welfare	1987	1992	$ 2
4. UNFPA	Family Welfare Centers Project	National	Ministry of Population Welfare	1987	1992	$ 3.8
5. UNFPA	RHS Project	National	Ministry of Population Welfare	1987	1992	$ 4.2
6. UNFPA	Family Welfare Centres Project NGO Sector	National	NGO Co-ordinating Council	1987	1992	$ 0.574
7. UNFPA	Documentation and Resource Centre Project	National	Aurat Foundation	1989	1992	$ 0.170
8. UNFPA	Workers Education Project	National	Ministry of Labour	1989	1992	$ 0.170
9. UNFPA	1991 Population and Housing Census	National	Population Census Organization	1990	1991	$ 1.4
10. ADB	2nd Health Project	National	Ministry of Population Welfare	1989	1992	$ 7.1
11. ODA	Population Welfare Project I	National	Ministry of Population Welfare	1983	1991	£ 1.9
12. ODA	Second Population Welfare Project	National	Ministry of Population Welfare	1984	1993	£ 2.9
13. ODA	District Welfare Activities Project	National	Ministry of Population Welfare	1990	1993	£ 0.545
14. ODA	RHS Multibi Project	National	Ministry of Population Welfare	1987	1993	£ 2.5

Table 11 Project Summary USAID Population Welfare Planning Project

1. Title: The Population Welfare Planning Project	*2. Region(s):* National
3. Donor: USAID	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: $ 73.45 million.	*6. Period:* 1982-1993
7. Goal: To reduce the rate of natural population increase as part of the goal of achieving nationa social and economic development	*8. Purpose:* to strengthen the government's population planning, evaluation, research, motivational and logistic capability and performance.
9. Project Components:	*10. Expected Outputs:*
a) Management Information, Research and Evaluation	a) Development of the NIPS in Islamabad. Enhanced operations research capability within NGOs, MOPW and NIPS.
b) Logistics System and Contraceptive Supply and Equipment	b) Construction of a central contraceptive warehouse in Karachi. Supply of nearly 881 million condoms, 15 million cycles of oral contraceptives and 3.1 million IUDs. Provision of laboratory equipment , 89 vehicles and 15 computers to strengthen contraceptive distribution, management and research activities
c) Bio-medical and Socio-medical Research	c) Strenthening and consolidation of the NIRFC through construction of building in Karachi and training of personnel
d) Professional and Personal Motivation	d) Enhanced professionalism of over 3,900 government health officials, 300 PWP field staff and 170 PWP midlevel managers through training in the delivery of family planning services
e) Support to NGOs, the Voluntary Surgical Contraceptive Program and IEC	e) Increased role of the NGOs through budgetory support. Strenthened VSC services through payment of institutional costs. Relevant IEC campaigns through researched television programs.
11. Beneficiaries: Millions of couples, including rural poor, and PWP professionals	
12. Current Status: Most of the project outputs have been achieved since Speptember 1991. Support for the IEC component, operations research and NGOs will continue till the end of the project.	
13. Remarks: There is a provision of 10 vehicles for the MSU. However, these are tied to the implementation of the operations research endeavor and are currently still parked in the warehouse.	

Table 12 Project Summary USAID Social Marketing of Contraceptives Project

1. Title: Social Marketing of Contraceptives Project	*2. Region(s):* National
3. Donor: USAID	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: $ 28 million.	*6. Period:* 1984 - September 1993
7. Goal: To reduce the rate of natural population increase as part of the goal of achieving national social and economic development	*8. Purpose:* To increase contraceptive use by promoting family planning and expanding the availability of contraceptives through the private sector.
9. Project Components:	*10. Expected Outputs:*
a) Organization and Management	a) The establishment of a special unit within the corporate structure of a private firm which will have responsibility for the social marketing of contraceptives as its sole purpose. The establishment of a contraceptive distributor's net work in 300 towns spread in all provinces of the country.
b) Provision of Contraceptives, Packaging, Promotion and Distribution	b) 260 million condoms packaged and sold to distributors, wholesalers and 52,000 retail outlets
c) Pricing and Market Assessments	c) Market research studies providing information on pricing, condom users, condoms stocked by retailers, effectiveness of "Sathi" advertising and a survey of knowledge attitude / practice, on oral contraceptives
11. Beneficiaries: Millions of couples, including rural poor.	
12. Current Status: Most outputs have been acheived	
13. Remarks:	

Table 13 Project Summary UNFPA Integrated Clinical Training Program

1. Title: The Integrated Clinical Training Program for Family Planning, Health, and NGO Personnel.	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: $ 2 million.	*6. Period:* 1987-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To support and strengthen the twelve RTIs and the Directorate of Clinical Training.
9. Project Components: a) Budgetory Support, Vehicles and Equipment for RTIs b) Institution Building	*10. Expected Outputs:* a) Enhanced pre-service and refersher training for personnel of the PWP and Stipends for Trainees and NGOs b) Improved teaching skills of RTI staff. Establishement of an audio-visual cell at the Directorate of Clinical Training at Karachi. Enhanced skills in curriculla development and audio-visual teaching aids production of Directorate staff.
11. Beneficiaries: PWP and NGO personnel	
12. Current Status:	
13. Remarks: UNFPA has been supporting this activity since 1978	

Table 14 Project Summary UNFPA Family Welfare Centers Project

1. Title: The Family Welfare Centers Project.	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: $ 3.8 million.	*6. Period:* 1987-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To provide family planning services at the grass root level by funding FWCs
9. Project Components: a) Budgetory Support for FWCs	*10. Expected Outputs:* a) Enhanced performace of 95 FWCs located in four districts Gujranwalla (Punjab) Nawabshah (Sindh) Peshawar (NWFP) Loralai (Balochistan)
11. Beneficiaries: Couples, in the 4 districts	
12. Current Status:	
13. Remarks: The performance of FWCs has not been to the level of expectations. The number of clients has been relatively small. The performance of FWAs female and male has been limited in nature	

Table 15 **Project Summary UNFPA RHS Project**

1. Title: The Reproductive Health and Contraceptive Surgery Project.	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: $ 4.2 million. ODA-Multibi $ 3.2 million.	*6. Period:* 1987-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To reduce maternal and infant mortatility through reduced fertility by offering contraceptive surgery for couples who have completed the desired family size
9. Project Components: a) RHS A Center's Renovation/Construction and Equipment b) A five-year Scaled Down Support for Recurring Expenditure of the New Centers c) Contraceptive Surgery Training - incountry and abroad *d) Reimbursment to FPAP for Contraceptive* Surgery e) Provision of Contraceptive Surgery Equipment through Laparoscope Repair and Manitenance Center	*10. Expected Outputs:* a) 11 new centers increasing the number of RHS A Center's to 35 from 24. The provision of one vehicle for each center. The provision of 20 vehicles for 10 extension service teams attatched to the A Centers. Medical equipment for the 11 A Centers and 10 Extension Service Teams. Textbooks for all 35 RHS A Centers b) A regular bugetory provision in the PWP for the new centers c) Improved skills of professional personnel *d) Utilization of existing contraceptive surgery capacity within* NGOs e) Availability of Laparascopes and Mini-laparotomy kits with maintenance support to doctors conducting contraceptive surgery
11. Beneficiaries: Couples who have acquired their desired family size and PWP personnel.	
12. Current Status:	
13. Remarks: ODA's funding is also managed by UNFPA and includes renovation, equipment and vehicle costs for these centers and their mobile extension units. Overall achievement rates of RHS "A" centres have been around 60%	

Table 16 Project Summary UNFPA Family Welfare Centres Project

1. Title: Family Welfare Centres in the NGO Sector.	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* NGO Co-ordinating Council
5. Cost: $0.574 million.	*6. Period:* 1987-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To complement efforts of GOP in providing family planning services mostly in urban and semi urban areas
9. Project Components: a) Personnel Costs and Equipment b) Training	*10. Expected Outputs:* a) 52 FWCs of 12 NGOs to be equiped and their services put to use for the benefit of the program b) The personnel of 12 NGOs trained
11. Beneficiaries: Couples, including rural poor, and NGO personnel	
12. Current Status:	
13. Remarks:	

Table 17 Project Summary UNFPA Documentation and Resource Centre Project

1. Title: Documentation and Resource Center	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* Aurat Foundation
5. Cost: $ 0.170 million.	*6. Period:* 1989-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To increase the knowledge level of women at the grass roots level
9. Project Components: a) Documentation and Resource Center for the Aurat Foundation - a women-based NGO	*10. Expected Outputs:* a)Information to women in the areas of health, population, employment and other related fields; packaged, translated into Urdu and disseminated through smaller more grass root level NGOs
11. Beneficiaries: Rural and poor urban women	
12. Current Status:	
13. Remarks:	

Table 18 **Project Summary UNFPA Workers Education Project**

1. Title: Workers Population Education and Family Planning Services Project.	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* Ministry of Labour & Manpower
5. Cost: $ 0.454 million.	*6. Period:* 1987-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To create awarness on population issues among industrial workers and their families
9. Project Components: a) Demand Creation b) Service Delivery	*10. Expected Outputs:* a) Increased demand for FP services through lectures, workshops and distribution of IEC materials to target audience. b) FP services made available to male industrial workers, members of trade unions and employers federations of public and private sector institutions.
11. Beneficiaries: Industrial labour couples.	
12. Current Status:	
13. Remarks: The project is executed by ILO.	

Table 19 Project Summary UNFPA 1991 Population and Housing Census

1. Title: 1990-91 Population and Housing Census	*2. Region(s):* National
3. Donor: UNFPA	*4. Implementing Agency(s):* Population Census Organization Statistics Division
5. Cost: $ 1.4 million.	*6. Period:* 1990-1991 (extended till December 1992)
7. Goal: To reduce the population growth rate through family planning services and information	*8. Purpose:* To assist the Population Census exercise
9. Project Components: a) Technical Backstopping and Provision of Training, Equipment, OMR forms	*10. Expected Outputs:* b) An efficient and authentic population census
11. Beneficiaries: Policy makers	
12. Current Status: The census has been postponed	
13. Remarks: The Project is executed by UNDTCD/NY	

Table 20 **Project Summary ADB 2nd Health Project**

1. Title: 2nd. Health and Population Project	*2. Region(s):* National
3. Donor: Asian Development Bank	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: $ 7.10 million.	*6. Period:* 1989-1992 (extended till June 1993)
7. Goal: To moderate the growth of population in order to have a benificial influence on socioeconomic development	*8. Purpose:* To strengthen PWP's clinical training activity for Para medics
9. Project Components: a) Construction of Regional Training Institutes	*10. Expected Outputs:* a) Five RTI Complexes at Quetta Lahore Peshawar Karachi Hyderabad
11. Beneficiaries: Para-medical staff of the PWP and the NGOs	
12. Current Status:	
13. Remarks:	

Table 21 Project Summary ODA Population Welfare Project I

1. Title: The Population Welfare Project I	*2. Region(s):* National
3. Donor: UK ODA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: Pound Sterling 1.9 million.	*6. Period:* 1983-1991
7. Goal: To reduce the overall population growth rate through a decline in birth rate, while improving the health of mothers and children.	*8. Purpose:* To ensure the continued supply of FP and MCH care, improve the quality of services and extend their provision to remote areas and the poor.
9. Project Components:	*10. Expected Outputs:*
a) Transportation	a) 90 Ford vans for transporting trainees, equipment, contraceptives and carrying out audio-visual work in the districts made available to the PWP. 1 Ford van to FPAP for audiovisual work.
b) FWC Seed Money	b) Funds for literacy and income generating activities at FWCs within 13 World Bank districts
c) Innovatives	c) Funds for seven innovative projects in the provinces
d) Monitoring and Evaluation	d) Funding of 4 monitoring and evaluation studies in association with NIPS
e) Technical Assistance	e) 2 technical experts in IEC and communication to work with the MOPW in 1983-88 and 1984-5 respectively.
11. Beneficiaries: Couples and children, including rural poor	
12. Current Status:	
13. Remarks: The literacy and income generating activities at the FWCs were discontinued after the first year. Balances from this activity and the innovative projects were transferred to the District Welfare Activities project. A few elements of the monitoring and evaluation component are still active.	

Table 22 Project Summary ODA Second Population Welfare Project

1. Title: Second Population Welfare Project	*2. Region(s):* National
3. Donor: UK ODA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: Pound Sterling 2.9 million.	*6. Period:* 1984- June 1993
7. Goal: To reduce the overall population growth rate through a decline in birth rate, while improving the health of mothers and children	*8. Purpose:* To enhance demographic research capability, increase contraceptive use and strengthen NGO involvement
9. Project Components: a) Population Studies Centers b) Contraceptive Supply c) NGOs	*10. Expected Outputs:* a) The establishment of 2 Population Studies Centers at Karachi and Faisalabad Universities b) Supplies of contraceptive foam (Delfen) and Norigest together with needles, syringes and oestregan for side effects c) Support to the NGOCC management and mobile clinical supervision teams as well as funding for NGO projects for small service delivery clinics
11. Beneficiaries: Couples and children, including rural poor and demographers	
12. Current Status:	
13. Remarks: The project is still continuing its support to the NGO service outlets and is providing micro computers and demographic training (POPTRAN) software to the 2 Population Studies Centers and the 3 PWTIs.	

Table 23 Project Summary ODA District Welfare Activities Project

1. Title: District Welfare Activities Project	*2. Region(s):* National
3. Donor: UK ODA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: Pound Sterling 0.545 million	*6. Period:* 1990-1991 (extended till 1993)
7. Goal: To reduce the overall population growth rate through a decline in birth rate, while improving the health of mothers and children	*8. Purpose:* To insure continued supply of FP/MCH care services, improve outreach and pilot test MSUs
9. Project Components: a) Family welfare Centers b) Traditional Birth Attendants c) Mobile Service Units	*10. Expected Outputs:* a) A proportion of the operating costs of 171 FWCs in five districts - Sheikhupura, Faisalabad, Multan, Khanewal and Hyderabad are met. b) The training, travel and retainer costs of attaching five TBAs to the outreach work of each of the 171 FWCs and 8 MSU clinics are met. Regular retainer payments of Rs. 225 per month are paid to the TBAs. c) 8 MSUs - 2 each in Sheikhupura, Faisalabad, Multan, Khanewal and Hyderabad districts are set-up and a proportion of the operating costs are met. This includes the provision of eight landrovers to serve as the mobile units.
11. Beneficiaries: Women of childbearing age, children and TBAs	
12. Current Status:	
13. Remarks: The current major on going activities of ODA in the PWP are those under this project. The project is funded out of reallocated balances from the Population Welfare Projects I and II. The project is currently functioning as a pilot project and started in 1990. Operations research conducted during its implementation will probably be used to design a major ODA population project for the Eight Plan.	

Table 24 **Project Summary ODA RHS Project**

1. Title: The Multi-bilateral Reproductive Health Services Project	*2. Region(s):* National
3. Donor: UK ODA UNFPA	*4. Implementing Agency(s):* Ministry of Population Welfare
5. Cost: Pound Sterling 2.5 million Co-financed UNFPA $4.2 million	*6. Period:* 1987-June 1993
7. Goal: To reduce the overall population growth rate through a decline in birth rate, while improving the health of mothers and children	*8. Purpose:* To reduce maternal and infant mortatility through reduced fertility by offering contraceptive surgery for couples who have completed the desired family size
9. Project Components:	*10. Expected Outputs:*
a) RHS A Center's Renovation/Construction and Equipment	a) 11 new centers increasing the number of RHS A Center's to 35 from 24. The provision of one vehicle for each center. The provision of 20 vehicles for 10 extension service teams attatched to the A Centers. Medical equipment for the 11 A Centers and 10 Extension Service Teams Textbooks for all 35 RHS A Centers
b) A five-year Scaled Down Support for Recurring Expenditure of the New Centers	b) A regular bugetory provision in the PWP for the new centers
c) Contraceptive Surgery Training - incountry and abroad	c) Improved skills of professional personnel
d) Reimbursment to FPAP for Contraceptive Surgery	d) Utilization of existing contraceptive surgery capacity within NGOs
e) Provision of Contraceptive Surgery Equipment through Laparoscope Repair and Manitenance Center	e) Availability of Laparascopes and Mini-laparotomy kits with maintenance support to doctors conducting contraceptive surgery
11. Beneficiaries: Couples who have acquired their desired family size and PWP personnel.	
12. Current Status:	
13. Remarks: ODA is the co-financer with the UNFPA for this project. UNFPA manages and monitors the project on ODA's behalf.	

4.

The Government's Current Policy & Accelerated Program

The government has launched an accelerated program, following the Prime Minister's directive to take effective measures for containing the current population growth rate of 3.1 percent to 2.5 percent by the end of the decade.

The Prime Minister issued this directive while expressing the grave concern of his government in an address to the National Population Conference in July 1991. Earlier in March 1991 the government had invited a high level appraisal mission of the UNFPA to make recommendations for an appropriate approach to the country's population problems.

The Ministry of Population Welfare drafted a plan of action for approval by the cabinet in September 1991. This plan, called the Accelerated Program, incorporated the recommendations of the UNFPA mission to the extent that MOPW thought was "practicable". In the opinion of the MOPW, the over all administrative arrangements and approach of the PWP should remain unchanged since past failures were attributable to frequent reorganizations of the program.

The targets of the Seventh Five Year Plan have been adjusted to the requirements of the new program. As late as the third year of the plan, performance in meeting the expansion targets of the physical service delivery facilities remains dismal.

The salient features of the Accelerated program are:

The expansion in the number of FWCs foreseen in the Seventh Plan will not take place. The program has not been successful in setting up FWCs in the rural areas. Existing FWCs located close to other health facilities will also be relocated.

Concentration on making a 130 Mobile Service Units operational. If need be some of the staff from the FWCs, with additional training will be deputed to these units.

Ever effort will be made to expand the number of RHS "A" Centers from the present 34 to 79. 45 additional "A" Centers are now a priority.

The over 200 lady doctors stationed at Tehsil Headquarter hospitals in the small towns of the country will be trained for two weeks at the RHS "A" Centers in contraceptive surgery. They will be provided minilaparotomy kits to initiate contraceptive surgery at their parent hospitals. Lady doctors form other government, semi-government hospitals will also eventually be encouraged.

The federal and provincial health departments have accepted the reduction of population growth as an essential component of their policy. All clinics out of the 7804 rural health outlets that have either a lady doctor or a lady health visitor will provide clinical family planning methods. These will include IUD insertions and injectables. Norplant will also be introduced eventually. The MOPW will provide the contraceptives and necessary training.

A motivational pilot project will be initiated in the rural areas. The Ministry of Local Government and Rural Development will collaborate by providing development funds to union councils that achieve a certain level of clinical contraception use.

The services of social anthropologists and communication experts will be used to develop appropriate inter-personal communication and motivational techniques for diverse groups. This is a recognition that the availability of contraception services do not automatically lead to their adoption by those who desire to either space or discontinue having children.

5

Assistance Needs Conceived by the Population Welfare Program Functionaries

The entire PWP including its administrative, service delivery and motivational, training and research components, both in the provinces and at the federal level operates on the Annual Development Budget. It has no fixed annual recurrent cost budget provisions. This puts the PWP and its establishment in a position where it is structurally always in need of assistance, even for its operating expenses.

5.1 Contraceptives, Equipment and Transport

In view of the stress of the accelerated program and the discontinuation of contraceptive supplies by USAID, the officials met at the provincial, federal and NGO level assessed the assistance needs of the program in the following order of priority:

Contraceptives - condoms, injectables and copper T

Transport for an additional 100 Mobile Service Units

Equipment - IUD insertion and minilaparotomy kits for supply to female doctors and para-medics of the health department

Contraceptives and transport were also the most felt needs of the NGO staff interviewed. Under the present system NGOs are only provided contraceptives through the central supply system after the needs of the state program are met. Contraceptive needs of the NGOs remain unmet unless they convert their grants

into contraceptives. Personnel carriers are needed for setting camp clinics and motorcycles for motivational work.

Officials interviewed at the District and FWC level also expressed their concern about the demand exceeding the supply of contraceptives, especially IUDs. FWC staff advocated the need for motor cycles for running errands and motivational out-reach work.

Provincial officials demand additional transportation for enhanced monitoring and supervision. This is in anticipation of their suggestion to the government to place supervisory officers at the divisional and tehsil levels similar to the other line departments. This in their opinion will bridge the void between the provincial headquarter and the district on the one hand, and the district office and the FWCs on the other hand.

5.2 Development of Program Support Elements

For its permanent support elements the PWP has taken a step by step approach taking advantage of any willing foreign donor's interest in the population field. In the past ten years it has managed to equip and competently staff, through USAID technical assistance and training, two of its major research institutes NIPS and NIRFC. In the process NIRFC could construct its own building complex including laboratories in Karachi. The equipment for the laboratories is under process by USAID. A central ware house for contraceptive storage was also constructed and a logistics system was institutionalized through USAID assistance. The curricula development capability at the Directorate of Clinical Training was enhanced through UNFPA support, and an audio-visual unit was developed for teaching materials. The RTIs were equipped with teaching aids, overhead projectors, films, clinical instruments and equipment. 5 RTIs are under construction, complete with class room and hostel facilities, an operation theater and a 10-bed Model Clinic through ADB financing. A printing press was installed at the PWP Production and Printing Directorate at Lahore

However, inspite of these fairly concrete improvements the officials of the program would welcome additional construction and equipment. In terms of construction there were suggestions for:

Buildings for the three PWTIs the non-clinical training institutes in Multan, Karachi and Lahore

Buildings for two additional RTIs - the one in Multan and the other in Rawalpindi

Building for NIPS

Increasing the storage space at the central warehouse

In terms of equipment and technical assistance for the program support elements, individual needs were expressed for:

Lap-top computers, transportation and technical assistance to support the surveys and mini surveys that NIPS is conducting to independently monitor the service delivery and motivational out-reach of the PWP

An audio visual production unit to make publicity and motivational films within the provincial department in Sindh

A replacement of the trucks at the central warehouse

Publicity, motivational and training films

Computers for record keeping at the RTIs and ordinary light microscopes for simple laboratory work

Technical Assistance for inter-personal and macro IEC techniques

5.3 Service Delivery Expansion

The PWP has been expanding its service delivery facilities gradually over the years.

There are currently 1290 FWCs in the country. These are housed in rented or temporarily donated facilities. The program presently does not depend on donor support to fund the operations of FWCs. However, most donors adopt a few FWCs in the different provinces in order to fund innovative out reach approaches.

As a consequence of the current Accelerated Plan, it has been decided not to expand the number of FWCs. Nonetheless, some officials expressed the need to consolidate these facilities and suggested:

> Bulidings for the FWCs, with residential accomodation for the in charge. They are difficult to rent in the rural areas, and absenteeism of the staff is on the increase.

The program has established 34 RHS "A" centers with donor assistance since 1982. The Accelerated Program has adopted the Seventh Plan target of raising these to 79. No additions have been possible in the first 3 years of the current five year plan. The officials interviewed expressed a priority assistance need to:

> Renovate/construct 45 RHS "A" Centers and provide transportation and necessary equipment for them

6

Conclusion

6.1 An Analysis of the Program

Pakistan's fertility control program is based on the use of IUDs, injectable, oral pills, tube ligation and condoms. Except for the latter all other methods are realized through the female. And except for the oral pill and the very sparse use of foam and diaphragms all other devices are injected or clinically inserted into the female body by trained medical or para medical personnel. This makes service delivery essentially a clinical exercise.

The distinction of the clinical and non-clinical components of the program begins at the federal ministerial level with the division of functions between the Director General Technical and the Director General Program. This distinction is also replicated in the respective support units reporting to them.

The centrality of the clinical content of the program is not perceived by all. A recognition of this centrality would be necessary for any interventionary effort to improve the image and quality of service of the program with a relatively quick impact in the future.

Within the provinces, where service delivery takes place, the program has an essentially administrative nature and technical supervision is almost nonexistent. The provincial departments mostly concern themselves with sanctioning of positions, promotions, postings and transfers, leave, salaries, renting of facilities, transportation and overseeing compliance of targets for individual

contraceptive methods. This leads to fictitious performance reporting and a wastage and pilferage of contraceptives.

The program has to continue to expand its service delivery, which at the moment barely caters for an estimated 20 % of the population. It has to also continuously experiment with and frequently change the means it uses to realize its objectives.

Innovations in service delivery are conceptualized at the federal level but without the advantage of research. They are implemented and modified in an ad hoc manner and not through systematic operations research. Once funds and facilities are arranged the provinces routinize these innovations, not in substance but in administrative form. Targets take precedence over quality. The provincial departments desire to introduce additional administrative supervisory staff at the divisional and tehsil level but do not pay attention to the issue of technical supervision. Without adequate technical supervision, the quality of service and aftercare provided by the lady para-medical staff at FWCs is mostly poor and below standard.

The quality of service is relatively better at the RHS Centers due to the presence of qualified medical staff and the chances of fictitious reporting of contraceptive surgery are relatively less. Nonetheless, quality at these centers is often compromised because of poor facilities and weak clinical management.

The FWCs were supposed to have Advisory Management Committees, with representation from the community. These Committees have not been operational and community linkage and involvement with the PWP has remained minimal and ineffective.

Demand generation remains the responsibility of the federal program. It involves publicity, awareness and persuasion directed at the population of all sections of society and the different regions. IEC has been limited to the use of

mass media messages targeted diffusely and not to specific groups. These messages are not researched, tested or modified.

A major failing of the program has been on the inter-personal communication and motivational level. Inter-personal motivation is supposed to be provided by the male and female FWAs attached to each FWC. The number of potential acceptors reached is negligible and restricted to the close vicinity of the FWC. In addition, the motivational approach for fertility control is too direct and isolated. It is conveyed exclusively by family welfare department staff and has not been successfully linked to or provided within broader and continuing processes or institutions such as mother and child or primary health care.

The program, in contradiction to its aspirations, continues to be the responsibility of MOPW and the provincial population departments. Other ministries, government, private and civic organizations do not readily feel responsible for population activities, but to live up to its multi-sectoral approach the program perpetually seeks to involve them. Unfortunately, where ever involvement of other agencies in population activities has been acquired it is mostly limited to introducing conventional contraceptives within the health clinics run by these agencies. As a token or side activity, the performance of these outlets is dismal.

In summary, lack of political support, weak supervision and monitoring, the usual preoccupation in government organizations in Pakistan with personal position, authority and interest hamper progress in substantive program matters and goals. What had originally started off as a new integrated approach under charismatic leadership, is now routinized as four additional provincial departments into administrative inertia.

6.2 Major Issues and Possible Counter-measures

The major issues are classified into two categories. The long term issues concern religious cultural, policy and administrative - organizational issues that

will need to be addressed through a gradual process. The short term issues relate to recommended changes in the management and organization for the immediate improvement of the existing family planning services and information program.

Long-term Issue I

Currently, the only response to the population problem in Pakistan has been "supply oriented". In spite of claims to the contrary the delivery of family planning services and associated information remain the only measures to address the population issue..

Population or demographic issues are not being tackled through a conscious approach of integrated social and economic development to positively affect "determinants of fertility". "Demand-side" influences must bear practically to make the adoption of family planning methods more appealing.

The relevant ministries and provincial departments in Pakistan have not managed to incorporate the demographic perspective into their development planning and operations. Low birth rates in industrialized societies seem to have followed or accompanied economic and social development and not preceded it.

Countermeasures

A rider on all projects from the population analysis perspective should be instituted. Such riders must be initiated in the parliament.

Members of parliament need to be briefed about the affect of population growth and associated demographic factors such as rural-urban migration, "burden of dependency", and infant mortality on future economic and social development.

Demographic research and dissemination capability of national institutes needs to be strengthened.

Demographic analytical capacity needs to be institutionalized in the planning sections of relevant development ministries and departments.

Long-term Issue II

Religious belief and cultural factors pose a considerable barrier to the acceptance of family planning services and the small family norm.

Religious belief is difficult to change in spite of objective conditions that warrant a change in attitude. Similarly cultural norms have the tendency to continue long after the objective conditions that give rise to them have altered.

Countermeasures

The positive opinion of religious scholars regarding family planning must be sought in a gradual process of debate research, lobbying and a continuous, sensible and moderate dialogue.

NGOs should be encouraged and provided resources and legitimacy by the government for this activity.

Television and other media must work to gradually remove male child preference and highlight the plight of women due to repeated deliveries - the health rationale. Plays, talk shows, discussions, and documentaries on the topic from other Muslim nations should be televised.

Long-term Issue III

Family planning services and information delivery are being delivered by exclusive facilities operated by the four provincial population welfare departments. These facilities function parallel to the wide network of health outlets and entail additional expenditure and effort.

In addition, the technical quality of the family planning services in these facilities is low due to inadequate technical supervision. Inter-personal communication and motivation is not embedded in the context of the continuing health concerns of their potential acceptors.

In a culturally conservative environment visits to publicized clinics or centers exclusively dedicated for family planning services are avoided.

Countermeasures

Gradual measures should be taken to administratively and substantively merge family planning services and related staff within the provincial health departments, especially within the context of mother and child and primary health care.

Necessary steps, according to a well studied plan, should be taken to ensure the complete integration of the population welfare staff in the health departments once the merger takes place. This would include securing their career interests.

The health departments should have a director family planning at the provincial headquarter level, and deputy directors at the divisional levels.

Long-term Issue IV

Family planning services and information remain the responsibility of the federal government. The provinces only implement the delivery of these

services on behalf of the federal program. To increase provincial and local commitment, the provincial governments must be made responsible for their own family planning programs, approach and funding.

Countermeasures

Measures should be undertaken to finance the recurrent expenditure of family planning service delivery through provincial non-development budgets. Province specific development expenditures should be incorporated in the provincial annual development plans.

The provinces should develop their own family planning service and information approaches integrated with health delivery. They must also make efforts to educate the members of the provincial assemblies on population issues and seek their involvement.

The federal government should continue providing support services such as contraceptive supplies, training, donor coordination and research for the individual provincial programs.

An active and effective family welfare planning cell should be created within the provincial planning and development departments to develop, oversee and monitor the provincial programs implemented by the health departments and liaise with the MOPW and federal support services. This cell should be adequately staffed for coordination of IEC activities and liaison with the provincial departments of information, labor, education, local government and rural development and the provincial assemblies.

Short-term Issue I

The current program is dominated by administrative concerns. The quality of service delivery is neglected in all categories of outlets, especially in the clinical aspects.

Countermeasures

Clinical management, including sterilization, at RHS A centers should be strengthened through staff training and complete refurbishment of facilities.

Staff training of health department personnel in family planning and refresher courses of FWWs must stress sterilization and hygiene within the clinics.

NIRFC should develop appropriate clinical management packages for the dispensation of various contraceptives.

Short-term Issue II

The FWCs are under utilized for family planning services but are also ill equipped to provide adequate primary health care coverage to the population they serve.

Countermeasures

The further expansion of FWCs should be stopped.

Staff from existing FWCs should be used for the newly instituted Mobile Service Units. MSUs should concentrate their visits to remote Basic Health Units that do not have female staff. They should deliver both family planning services and mother and child health care at these facilities.

Family planning out-reach should be linked with primary health care out-reach.

Short-term Issue III

Communication and motivation on the inter personnel level is unsystematic and ad hoc.

Countermeasures

Inter-personnel communication and motivation must be based on researched and tested approaches and techniques.

Inter-personal communication must include proper counselling for appropriate contraceptive methods and referral for services.

End-user perspective research capability should be instituted within NIPS.

PWTIs should be strengthened to develop inter-personnel communication modules for family planning counselling and impart training on an out reach-basis.

Short-term Issue IV

Targets set for different contraceptive methods lead to fictitious reporting. This enhances the appearance of the performance of the service out-lets and leads to false assumptions about the effectiveness of the program.

Countermeasures

Quantitative performance targets need to be discontinued and replaced by qualitative performance indicators.

Reasons for low performance should be demanded and measures to over come both structural and location specific constraints should be taken.

Short-term Issue V

Monitoring of program activities, both new and on-going, for management and operational improvements is nonexistent.

Countermeasures

Operations research capability within NIPS should be strengthened.

NIPS should function autonomously from the MOPW.

Short-term Issue VI

Oral pills, condoms and other barrier methods do not appear to be effective and appropriate for Pakistan. This is because of the lack of privacy in family life and the level of precaution and regularity needed for their use.

Countermeasures

The PWP should continue to stress IUD, injectable and contraceptive surgery and take steps to institutionalize them as preferred methods. Norplant should also be included once its field trials are successfully completed and the staff trained.

Short-term Issue VII

Subsidized, good quality imported condoms delivered through the PWP allegedly fetch a good price in the market for use other than family planning but mostly for smuggling out of the country.

Countermeasures

The government should stop its own procurement and distribution of condoms.

While existing stocks last the price structure should be rationalized in order to prevent other use and smuggling.

Private companies should import duty free condoms and market them at a profitable price kept reasonable through government subsidies for distribution

and marketing costs only. Government clinics should also function as retail outlets for contraceptives marketed through this mechanism. Provincial programs could act as wholesalers.

Short term Issue VIII

The NGOCC is considered as a governmental organization that obstructs rather than facilitates the programs of the NGOs.

Countermeasures

Steps should be taken to make the NGOCC a truly representative body of the member NGO's, with a democratic constitution and complete autonomy from the MOPW.

The project formulation capacity at the NGOCC should be enhanced with appropriate staff and expertise.

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Annexure I **Terms of Reference**

Pakistan Population Welfare Program:
Review & Recommendations for JICA Assistance

These terms of reference are for an assignment to conduct a review of the Population Welfare Program in Pakistan. Further, on the basis of the review, to provide general recommendations for eventual JICA assistance to the sector.

Scope of Work

The assignment will include the following:

1) A review of all the major elements of the PWP. These are presently conceived as:

a) Policy and content of the PWP as formulated and designed at the Federal Ministry of Population Welfare.

b) The provincial headquarters that control and monitor the program implemented through Reproductive Health Clinics and Population Welfare Centers.

c) The awareness, communication and public relations of the PWP at all levels - the federal, provincial and field.

d) The equipment and supplies line of the PWP centered around the national ware house facility at Karachi and associated logistics.

e) The NGO involvement in PWP including the operations of the NGO Coordinating Council, Karachi.

f) Training facilities of the PWP which are composed of the centrally administered Population Welfare Training Centers and the Regional Training Institutes.

g) The research and studies component of the PWP including the National Institute of Population Studies and Center for Population Welfare, Karachi University.

2. An overview of the substance of donor assistance to the Sector, experience and lessons learnt.

3. An assessment of the needs of the PWP and identification of the elements that can eventually be strengthened through JICA's grant aid and technical corporation support

Approach:

The assignment will be conducted by visiting the Ministry of Population Welfare in Islamabad, the provincial headquarters, a few Population Welfare Centers in the capital districts of each province, representative training institutes, the National Institute of Population Studies, donor agencies, the Family Planning Association of Pakistan and the NGO Coordinating Council. Interviews will be conducted with principal officials and professionals and the operations reviewed.

Annexure II Institutions Visited and Persons Interviewed

Islamabad

1.	Sardar A. Rasheed.	Director IEC Ministry of Population Welfare Government of Pakistan.
2.	Dr. Safia Amin	Director General Technical Ministry of Population Welfare Government of Pakistan.
3.	Mr. Khalil Ahmed Siddiqui	Director General Programme/Joint Secretary Planning Ministry of Population Welfare Government of Pakistan.
4.	Dr. Naushaba Choudhry	Director Reproductive Health Services Ministry of Population Welfare Government of Pakistan.
5.	Dr. Mehmood S. Jilani	Executive Director National Institute for Population Studies (NIPS).
6.	Dr. Sultan Hashmi	Adviser National Institute for Population Studies (NIPS).
7.	Mr. Murase	First Secretary Embassy of Japan
8.	Ms: Anne A. Aarnes	Chief Office of Health, Population & Nutrition USAID.
9.	Ms: Barbara. J. Spaid	Population Officer Office of Health, Population & Nutrition USAID.
10.	Mr. Abdul Wassey	Project Officer Population Welfare Planning Project USAID

11.	Ms: Shahida Fazil	Programme Officer United Nations Fund for Population Activities UNFPA.
12.	Ms: Deborah Thomas	Programme Manager Population, Health, Women in Development U.K. Overseas Development Administration (ODA)
13.	Dr. George Cernada	Resident Representative The Population Council, New York Technical Assistance Team - Population Welfare Planning Project (USAID)
14.	Dr. Ubaidur Rab	Associate The Population Council, New York Technical Assistance Team - Population Welfare Planning Project (USAID)

Karachi

1.	Dr. Talat Khan	Director National Institute for Research in Fertility Control (NIRFC) Ministry of Population Welfare.
2.	Dr. Zaibunisa Kazi	Incharge Medical Officer RHS 'A' Trainning Centre JPMC, Gynae OPD
3.	Dr. Kaukab Ansari	Acting Director Directorate of Clinical Training Ministry of Population Welfare
4.	Ms: Iqbal Karim	Deputy Director Directorate of Clinical Traning
5.	Dr. Pir Bux Danwar	Deputy Director Directorate of Clinical Training Ministry of Population Welfare
6.	Mr Feroze Hayat Khan	Director Central Warehouse Supplies, and Ex-Director Population Welfare Training Institute. Karachi Ministry of Population Welfare
7.	Mr. Ashfaq Kazi	Secretary / Director General Population Welfare Department Sind.
8.	Dr. Safia Ghous	Deputy Secretary Reproduction Health Services Population Welfare Department Sind

9.	Mr. Brian Janjua	Managing Director W. Woodward Pakistan (Pvt) Ltd. Social Marketing of Contraceptives Project
10.	Saifullah Khan	Marketing Manager W.Woodword Pakistan (Pvt) Ltd. Social Marketing of Contraceptives Project

Quetta

1.	Mr. Akbar Mengal	Deputy Director Administration and Coordination Population Welfare Department Baluchistan
2.	Dr. Salahudin Jaffer	Deputy Director, Technical Reproductive Health Services Population Welfare Department Baluchistan

Peshawar

1.	Mr. Ibrahim Khan	Director General Population Welfare Department NWFP
2.	Dr. Sadiqa Shaqeeb	Principal Regional Training Institute Peshawar
3.	Dr. Tufail	Senior Instructor Regional Training Institute Peshawar
4.	Dr. Sarwar	Senior Instructor Regional Training Institute Peshawar
5.	Mr. Arbab Mohd Azam	Deputy Director (Communication and Training) District Population Welfare Office Peshawar

6.	Mr. Akram Khan	Assistant District Population Welfare Officer Peshawar
7.	Ms: Nusrat Perveen	Family Welfare Worker FWC Shahdand, Peshawar

Lahore

1.	Mr. Safdar Javed Syed	Secretary/Director General Population Welfare Department, Punjab
2.	Mr. Sulehri	Director Administration Population Welfare Department, Punjab
3.	Dr. Saeeda Awan	Deputy Principal Regional Training Institute, Lahore.
4.	Mr. Abdul Wahid	Senior Instructor Regional Training Institute, Lahore
5.	Ms: Surraya Jabeen	Director General Field Operations, International and Government Liaison Family Planning Association of Pakistan (FPAP)
6.	Ms: Ayesha Tasleem	Senior Director Programme and Planning, and Coordinator Other Donors Family Planning Association of Pakistan (FPAP).
7.	Ms: Yasmeen Shahid	Senior Director Women, Youth and Enviornment Programme Family Planning Association of Pakistan, (FPAP)

Annexure III Transfer of Population Welfare Programme (Field Activities) Ordinance, 1983

REGISTERED No S - 1033 / L - 7646

The Gazette of Pakistan

EXTRAORDINARY
PUBLISHED BY AUTHORITY

ISLAMABAD, TUESDAY, AUGUST 2, 1983

PART I

Acts, Ordinances, President's Orders and Regulations including Martial Law Orders and Regulations

GOVERNMENT OF PAKISTAN

MINISTRY OF LAW AND PARLIAMENTARY AFFAIRS

(Law Division)

Islamabad, the 2nd August, 1983

No. F. 17 (1)/83-Pub.—The following Ordinance made by the President is hereby published for general information :—

ORDINANCE No. XIX OF 1983

AN

ORDINANCE

to provide for the transfer of field activities of the Population Welfare Programme to the Provincial Governments

WHEREAS it is expedient to provide for the transfer of field activities of the Population Welfare Programme under the Population Welfare Division to the Provincial Governments for their speedy implementation and exercising effective supervision and control and for matters connected therewith or ancillary thereto ;

AND WHEREAS the President is satisfied that circumstances exist which render it necessary to take immediate action ;

NOW, THEREFORE, in pursuance of the proclamation of the fifth day of July, 1977, and in exercise of all powers enabling him in that behalf, the President is pleased to make and promulgate the following Ordinance :—

1. **Short title and commencement.**—(1) This Ordinance may be called the Transfer of Population Welfare Programme (Field Activities) Ordinance, 1983.

(2) It shall come into force on such date as the Federal Government may, by otification in the official Gazette, appoint.

2. **Ordinance to override other laws.**—This Ordinance shall have effect notwithstanding anything contained in any other law for the time being in force.

3. **Definitions.**—In this Ordinance, unless there is anything repugnant to the subject or context,—

(a) "Board" and "Council" shall have the same meaning as in the Population Welfare Planning Programme (Appointment and Termination of Service) Ordinance, 1981 (XIV of 1981);

(b) "employee" means a person whose services have been regularized under the Population Welfare Planning Programme (Appointment and Termination of Service) Ordinance, 1981 (XIV of 1981), or who has been recruited in or under the Population Welfare Division after the promulgation of the said Ordinance;

(c) "field activities" means—

(i) provision of Population Welfare Motivational Services by establishing contacts with the clients at all levels;

(ii) provision of Family Health Service, Clinical and Non-clinical contraception through Family Welfare Centres and those Reproductive Health Service Establishments located in the Provincial Government hospitals, and, particularly, provision of services for rural areas;

(iii) provision of Population Welfare motivation and services through line departments of the Provincial Governments;

(iv) supply of contraceptives and medicines to the desirous clients in urban and rural areas of the districts through the network of community distribution points, and other agencies involved in the programme;

(v) implementation of publicity and communication strategy;

(vi) promotion of community involvement and active participation in Population Welfare Programme activities;

(vii) coordination of Population Welfare Programme activities with other nation-building departments at district and local levels;

(viii) setting up of Advisory Management Committees at Family Welfare Centre level and Population Welfare Councils at district and provincial levels as provided in the Population Welfare Plan, 1981—84; and

(ix) any other activity of the Population Welfare Programme that the Federal Government may specify;

(d) "Population Welfare Programme" means any such Programme in operation at the commencement of this Ordinance or as may be formulated by the Federal Government from time to time.

4. **Transfer of field activities to the Provincial Governments.**—(1) The field activities of the Population Welfare Programme shall stand transferred to the Provincial Governments.

(2) The Federal Government shall determine as to whether a particular activity is a field activity within the meaning of this Ordinance.

5. **Powers, functions and responsibilities of the Provincial Governments.**—(1) Upon the transfer of field activities of the Population Welfare Programme to the Provincial Government, all powers and functions of the Federal Government in respect of field activities shall, subject to the other provisions of this Ordinance, vest in the Provincial Governments.

(2) The Provincial Governments shall supply to the Federal Government such returns, statistics and information as may be required for monitoring, evaluation and research.

(3) The Provincial Governments shall closely collaborate with the Federal Government in respect of the functions of the Federal Government referred to in sub-section (1) of section 6 and activities which are identified by the Federal Government as Federal functions.

6. **Functions of the Federal Government, etc.**—(1) The Federal Government shall continue to perform all functions pertaining to National Policy, Planning and Coordination, Information, Training, Supplies, Statistics, Monitoring and Evaluation, Research and Foreign Assistance.

Explanation.—In this sub-section, "Information" includes "Education" and "Communication" components of the Population Welfare Programme.

(2) In the performance of their functions relating to field activities, the Provincial Governments shall be guided by such guidelines and instructions on questions of policy as may be laid down and given from time to time by the Federal Government, which shall be the sole judge as to whether a question is a question of policy.

7. *Transfer of other activities to the Provinces.*—The working of the field activities of the Population Welfare Programme shall be reviewed by the Federal Government from time to time and the Federal Government may transfer to the Provincial Governments such other activities of the Programme as it may specify to be field activities.

8. **Transfer, etc., of employees.**—(1) Notwithstanding anything contained in any contract or agreement or in the conditions of service, an employee shall be retained in the Population Welfare Division or transferred to the Provinces as follows :—

(a) an employee who was recruited or appointed by the Council shall be retained in, or, as the case may be, stand transferred to, the Population Welfare Division ;

(b) an employee who was recruited by the Board shall be retained in, or, as the case may be, stand transferred to the Province in which he was originally recruited ;

(c) an employee who was originally recruited by the Board but subsequently appointed by the Council shall be retained in, or, as the case may be, stand transferred to the Population Welfare Division ;

(d) an employee shall, if he was recruited for the Population Welfare Division, be retained in that Division and, if he was recruited against a post in a Province, stand transferred to the Province of his domicile ; and

(e) a female employee who is married or a widow may be allowed the option to be transferred to the Province of the husband's or late husband's domicile :

Provided that the Provincial Government of the Province in which an employee who is to be so transferred to the Population Welfare Division or to another Province is serving immediately before the commencement of this Ordinance may retain the services of such employee for such period as may be agreed upon between the Provincial Government and the Population Welfare Division or, as the case may be, the Government of the other Province to which he is to be transferred :

Provided further, that the services of an employee, who immediately before the commencement of this Ordinance was working in relation to any of the functions of the Federal Government under the Ordinance, shall be retained by the Federal Government in consultation and with the agreement of the Provincial Government concerned.

(2) Every employee referred to in sub-section (1) shall be entitled to the same terms and conditions of service with respect to grade, remuneration, leave and pension to which he was entitled immediately before the commencement of this Ordinance.

(3) Unless otherwise directed by the Provincial Government, all authorities and officers and ministerial staff exercising powers and functions immediately before the date of transfer shall, as from that day, continue to exercise their respective powers and functions.

(4) No employee referred to in sub-section (1) shall be entitled to any compensation because of his transfer by virtue of, or under, the provisions of this Ordinance.

9. **Assets and liabilities, etc.**—On the commencement of this Ordinance,—

(a) all rights and privileges, assets and liabilities, debts and obligations of the Federal Government relating to field activities of the Population Welfare Programme subsisting immediately before such commencement shall, as from such commencement, be the rights, privileges, assets, liabilities, debts and obligations of the Provincial Government within whose territorial jurisdiction they exist ;

(b) any contract made on behalf of the Federation for matters relating to field activities of the Population Welfare Programme before such commencement shall, as from such commencement, if the contract is for purposes which are exclusively purposes of the provincial Government, be deemed to have been made on behalf of the Province concerned ;

(c) all rights and liabilities relating to field activities of the Population Welfare Programme which have accrued or may accrue under any such contract shall, to the extent to which they would have been rights or liabilities of the Federation, be the rights or liabilities of the Province concerned ; and

(d) all suits and other legal proceedings relating to field activities of the Population Welfare Programme instituted by or against the Federation before such transfer shall, as from such commencement, be deemed to be suits and proceedings by or against the Province concerned.

10. **Financing of the Population Welfare Programme.**—(1) The financial liability of the Federal Government in respect of field activities shall be limited to the extent of the approved projects and financial grants shall be provided to the Provincial Governments through the Development Budget of the Population Welfare Division.

(2) The grants provided to the Provincial Governments for specific approved projects shall not be transferred by them to other projects or for any other purpose.

(3) The Provincial Government shall maintain complete and accurate accounts and other record in respect of the Population Welfare Programme in such manner and form as may be specified by the Federal Government in consultation with the Auditor General of Pakistan, provided that separate accounts shall be maintained for the Head Office and for each organization, unit or project.

(4) The accounts shall be audited by the Auditor General of Pakistan.

11. **Removal of difficulties.**—The Federal Government may, for the purpose of removing any difficulty that may arise in bringing into operation, or giving effect to, any provision of this Ordinance, make such orders as it may consider necessary.

12. **Power to make rules.**—(1) The Federal Government may, by notification in the official Gazette, make rules for the purpose of giving effect to all or any of the provisions of this Ordinance.

(2) The Provincial Governments may, for the purpose of carrying out the field activities of the Population Welfare Programme, make rules with the prior approval of the Federal Government.

GENERAL
M. ZIA UL HAQ.
President.

C. A. RAHMAN.
Secretary.

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