

Note

The "New Beginning" in Pakistan's Family Planning Programme

WARREN C. ROBINSON*

INTRODUCTION

Family planning in Pakistan has a long, interesting, expensive and generally unsuccessful history. Recently, after a pause of several years, vigorous public-sector efforts to control population growth have been resumed. This has been called "the new beginning" by Pakistan officials. This note will relate the details and also the genesis of this recent renewal of family-planning activity.

The first "beginning" was the programme launched in 1965 [4]. This programme grew rapidly and attracted considerable attention internationally. By the mid-Seventies it was clear that the programme's impact had been overrated and that it was on the verge of stagnation. Under the strong urging of USAID, the major donor group, a last desperate effort was made using a strongly supply-oriented approach. This so-called "inundation scheme" also proved a failure and by 1977 the programme had virtually come to a halt [5]. The Fifth Five Year Plan (1978-1983) endorsed population control but called for an integrated health- and family-planning approach. A new programme of training, mass education and improved service-delivery was laid out in the Plan, but, in fact, little seems to have been accomplished or even attempted in the early part of this period. The programme had been discredited and had been all but shut down. But the need remained. Pakistan's fertility was shown by the World Fertility Survey results for 1975-76 to be essentially unchanged in 20 years - a total fertility rate of some 7 births per female over her reproductive career, resulting in an annual growth rate of about 3.0 percent.

The "new beginning", as it is being called in Pakistan, dates from 1980 and the appointment of an adviser on population to the President. Population had once again become a major topic of concern to top government officials. The government was also perhaps reacting to the report of a UNFPA "Needs Assessment" mission which became public in early 1980 [6].

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The "new beginning" received strong support when, in 1981, the population programme was shifted to the Ministry of Planning and Development, where it was renamed the Population Welfare Division and made co-equal with the Economic Planning Division. As currently designed, "Population Welfare" covers improved services and standard of living for the people, only one facet of which is family planning. Delivery of family-planning services is now only one of several programmes being offered by the Family Welfare Centres.

The "new beginning" took shape during the preparation and drafting of the Sixth Five Year Plan (1983–1988) in 1982 and early 1983. A "Population Welfare Planning Plan" [1] covering the last years of the Fifth Five Year Plan period (1980–84), was prepared and issued in May 1982 by the Population Welfare Division. This provided the framework for the writing of the draft population welfare sector plan for the Sixth Five Year Plan (1983–1988). The draft Sixth Plan outline was the subject of a special "Population Sector Working Group", convened in February 1983 and composed of some two dozen leading experts on Pakistan's population situation from all over the world. This group made further recommendations and the final sector-plan reflected these further comments and suggestions. In effect, the Plan prepared for the final years of the Fifth Plan was taken over and became the Sixth Plan Population Strategy [2].

The government once again seems keen on reducing the rate of population growth with, however, the intent of avoiding past mistakes. One might say that it has concluded that population is too important to be left to the family planners, when the growth rate is 3 percent and the contraceptive prevalence rate is still under 10 percent after nearly 20 years of programme effort by the health-connected ministries.

HIGHLIGHTS OF THE NEW PLAN

This sector plan constitutes the "population welfare" strategy and implementation scheme of the Sixth Five Year Plan, adopted and launched in 1983. There are several major highlights of the plan.

(1) The approach stresses a holistic, integrated, welfare-oriented programme. The Plan is quite eloquent on these points and a few quotations will illustrate this nicely.

"Population Welfare Planning will in future be treated essentially as a social issue . . . the approach will not be a one-dimensional, isolated family planning programme, but rather a multi-sectoral approach in order to integrate development planning and population welfare planning" "Population Welfare Planning produces best results when it is part of a development package based on the perceived needs of the people, and caters to social welfare, the supply of social services and provision of opportunities acceptable to the community for raising its standard of living" [7, pp. 36 and 37].

(2) "Existing cultural values tend to promote high fertility and these must be dealt with patiently, deliberately and with understanding. Contraceptive technology cannot be superimposed on an unreceptive social system . . . special care has to be taken to develop an acceptable socio-cultural ideological framework for population welfare planning . . . an individual's behaviour is not altered by what a government functionary thinks best for him or her The programme will seek acceptability by being couched in human terms . . . it will convey knowledge and promote a new set of attitudes so that individuals can make informed decisions on the basis of enlightened self-interest . . . it will thus not only influence the services, but also and equally, the demand for these services" [7, p. 37].

(3) To the largest possible extent the programme is to be decentralized. The programme has been "provincialized", meaning that the primary administrative responsibility now rests with the four provinces. Provincial Councils for Population Welfare Planning have been created, consisting of ministers and/or secretaries from key provincial ministries and representatives of the private sector and of leading non-governmental organizations (NGOs) and chaired by the Chief Minister.

A similar council exists in each of the districts and it is the principal implementing agency of the programme. The District Population Welfare Officer is member/secretary of the council and the responsible person for day-to-day operations.

There also exists a National Council for Population Welfare Planning at the Federal level, chaired by the President and with the secretary of the Population Welfare Division, Ministry of Planning and Development, serving as member/secretary. Its function is to formulate national policy and to hold periodic reviews of the actual operation of the programme. For at least the period of the Sixth Plan (1983-1988), the entire plan is Federally-funded and tight control over spending will continue to be exercised.

(4) Training, Research, Evaluation, Communications, Supply and Statistical Reports continue to be Federal (Central) Government responsibilities under the Population Welfare Division. A Population and Development Centre is being created on the basis of the existing research, field survey and statistical sections of the Population Welfare Division. This Centre will still be under the Division but will enjoy a semi-autonomous status. It has also been given responsibility for a new task: the development and operation of systematic procedures for monitoring the population impact of all major development programmes and projects in Pakistan. The articulation of this "Impact Assessment and Monitoring Framework" was the object of a special Working Group organized in July 1983 and made up of local and also foreign consultants. This system promises to be innovative and a highly useful experiment with such procedures for other programmes as well [7].

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Training will cover both initial and in-service refresher activities for government officers and NGO workers. These activities will be centred in the Directorate of Population Welfare Training in Islamabad, the Directorate of Clinical Training in Karachi, and Provincial Population Welfare Training Institutes. The goal is to train (or retrain) virtually the entire programme staff during the early Plan period. This will aim at boosting morale as well as raising technical competence.

The Service Delivery System

The actual delivery of services under the Plan will proceed through several channels.

(1) Some 900 existing Family Welfare Centres will be increased to 1,250 with all due speed. Each Centre is staffed by a Family Welfare Worker, two assistants (one male, one female) and a helper. Two Family Welfare Counsellors are provided for every four centres among which they travel on a regular basis on consultative and supervisory duties. Each Centre has an Advisory Management Committee consisting of local leaders. Some 20 to 40 local persons are recruited as "community volunteers" for outreach work. All these workers, including the local volunteers, will receive additional training. A Centre covers a population base of between 25,000 and 30,000. Thus, some 30 to 40 million total population will be served by the Centres by 1988.

The functions of these Centres are described as follows: "The Centre will provide the base in the community for individual welfare activities with special inputs for women. Its major activities will be child-care services, especially to children up to 5 years, maternal attention including pre- and post-natal check-ups, *dais*' training and supervision, orientation for local women in better living . . . Skill development for women, to stimulate income-generating activities, including marketing of their products will be carried out. . . The Centre will also be responsible for the provision of reliable and effective (family planning) services and will act as a supply depot to identified agents. Diagnostic facilities will comprise: (a) elementary units tests; (b) haemoglobin and blood slide examinations; (c) blood pressure recording" [7, pp. 61-62]. Clearly only non-clinical family planning services — pills, condoms — are dispensed at the Centres. IUD or sterilization cases are referred to the closest cooperating clinic, hospital or other facility.

(2) Clinical family planning services are dispensed through "existing gynaecological and obstetric service delivery points in clinics, medical schools, and government and private hospitals" [7, p. 62], including associated NGOs. A project is being launched also to create teams of gynaecologists, based in the teaching hospitals, to conduct one- to two-day sessions at District/Tehsil hospitals on demand. Emphasis is also being placed on upgrading the existing service outlets at hospitals and clinics and making it possible for them to provide a more comprehensive GYN-OB-MCH package.

(3) The (numerous) existing Non-Governmental Organizations (NGOs) are assigned an important role in providing services as well as in stimulating demand. These cover community-service groups, such as the Family Planning Association of Pakistan (FPAP), the All Pakistan Women's Association (APWA) and the Mother and Child Welfare Association (MCWA); and professional groups, such as the Pakistan Nurses Federation (PNF), Teachers' Associations, the College of Family Medicine (CFM), the Karachi Business and Professional Women's Club (KBPWC) and the Pakistan Voluntary Health and Nutrition Association (PVHNA).

(4) A commercial Contraceptive Distribution (or Social Marketing) scheme is planned to "strengthen distribution outlets" by "harnessing of commercial resources to achieve" a wider distribution of the contraceptive commodities at a lower price. A Social Marketing Bureau will be created under the Population Welfare Division, with a distribution agent in each province dealing with wholesalers, who in turn deal with retailers.

The goal is to have at least one commercial distribution in each of the 45,000 villages of the country. To attract prospective distributors, retail prices have been raised – to one Rupee per package of three condoms or per cycle of oral pills – thus increasing the seller's commission as well.

Demand-creating Activities

Efforts at what may be called demand-creation are also contemplated by the plan. These efforts would be as follows:

(1) Various "target group institutions" are identified and singled out for special intensive educational activities to promote the small-family idea. These target groups include: (a) organized (unionized) workers' groups; (b) the armed forces; (c) ex-service men and their families; (d) Pakistan International Airways Employees; (e) Pakistan Railway Employees; (f) Pakistan Steel Company Workers; (g) Postal Employees; (h) Barbers, Rickshaw Drivers and Small Shopkeepers Associations; (i) Water and Power Development Authority Employees; and (j) the inhabitants of certain selected areas including Kohistan and Kashmir. To the maximum extent these efforts will stress family planning as part of an overall social uplift and self-betterment schemes.

(2) Mass media and communications will also be employed, as well as posters, bill-boards and printed materials. Person-to-person communication and traditional folk-media will also be employed. "Six basic themes have been proposed as subjects for massive campaigns in all media. Among the themes are breast-feeding, responsibilities of fathers and the status of women" [7, p. 113]. The activities will be planned and co-ordinated by a Communications Directorate in the Population Welfare Division, but only a small core staff is contemplated, since much can be done on a contract basis.

(3) Social Policy/Beyond-Family-Planning measures are also called for in the Plan. Indeed, the Plan shows a good awareness of the underlying notion.

"The rationale behind 'social policy' and 'beyond family planning' measures is that there is a close interaction between various factors in social environment and fertility behaviour. This necessitates expansion of the programme's scope from individual-centred motivation and delivery of services to consideration of how in a society feasible change can be effected in such fertility-related factors as age at marriage, female education and employment, community responsibility for fertility control and the general status of women" [7, p. 143].

The Plan calls for a variety of "indirect" measures "which seek to encourage the small family norm by creating appropriate social and economic conditions through female literacy, health, employment, improvement in women's status and rural development . . ." [7, p. 144].

Among the specific indirect measures mentioned are: (1) a review of all rules, laws and regulations which could have some effect on fertility; (2) creation of community rewards for reductions in the growth rate, for declines in infant/maternal mortality or improved vital registration; (3) increasing the minimum employable age from 14 to 18; (4) raising the legal age at marriage from 16 to 20 for girls; (5) creation of a State old-age insurance programme for parents terminating child-bearing at lower parities; (6) special nutrition allowances for the living children of a woman accepting a terminal family-planning method; and (7) linking government benefits such as housing, loans or scholarships to parents with small families.

Programme Benchmarks and Targets

The Plan accepts that fertility has not fallen appreciably in Pakistan during the last Plan period. The 1982-83 benchmark assumptions are a crude birth rate of 40.3, a crude death rate of 11.6 and a net growth rate of 2.87 per annum (Table 1). The demographic goal of the programme is a 10-percent reduction in this CBR, to 36.2, by 1987-88. As a result of an assumed further mortality decline the growth rate will still be 2.60 in the terminal year.

The programme targets which must be achieved in order to obtain this demographic outcome are shown in Table 2. The 1982-83 benchmark contraceptive prevalence rate is 9.5 percent and this will be increased to 18.6 percent by 1987-88. The number of acceptors will more than double from 1.3 million in 1982-83 to 2.8 million in 1987-88. If these targets are achieved, the programme will be preventing half a million births a year by 1987-88.

Research and Evaluation

Research will be conducted in two areas: (1) Biomedical and (2) Social-cultural.

(1) Biomedical research will be conducted in (and sponsored by) the National

Table 1

*Birth, Death and Growth Rates during the
Sixth Five-Year Plan Period, 1983-88**

	Actual	Estimated			
	1982-83	1983-84	1984-85	1985-86	1986-87
Crude Birth Rate	40.3	39.8	38.5	38.1	37.3
Crude Death Rate	11.6	11.3	10.8	10.6	10.4
Rate of Growth	2.87	2.85	2.77	2.75	2.69

*CBR and CDR are per thousand; RG is percent. Adapted from *Sixth Five Year Plan*, p. 359.

Table 2

*Programme Targets during the Sixth Plan Period**

	Actual	Projected				
	1982-83	1983-84	1984-85	1985-86	1986-87	1987-88
Population	88,269	90,714	93,163	95,678	98,137	100,540
Number of Married Women (15-44 yrs)	13,240	13,607	13,974	14,352	14,710	15,050
Number of Acceptors	1,270	1,895	2,121	2,329	2,556	2,790
Acceptors as percent of Married Women (15-44 yrs)	9.5	13.9	15.2	16.2	17.4	18.6
Number of Births averted	229	280	332	385	472	510

*All are in thousands. Adapted from *Sixth Five-Year Plan*, p. 360.

Institute of Technical Research, an on-going organization. Co-operation with other medical and scientific organizations will be promoted through a Research Advisory and Co-ordination Committee.

The research agenda is an ambitious one, centring on the creation of a solid base of locally conducted studies on effects of various contraceptive devices, both short- and long-run. The oral pill, the IUD and the injectable are all to receive attention. Acceptability of various devices, and motives and attitudes of both acceptors

and non-acceptors head the socio-medical research agenda. Finally, "natural family planning" methods, including breast-feeding and traditional folk-methods, will also be studied.

(2) The agenda for social research laid out in the Plan is inclusive of most of the major topics or themes in current socio-demographic research. Thus, it includes socio-economic factors influencing fertility parents' perceptions of costs and benefits of children; effect of infant mortality on completed family size; determinants of age at marriage; female education, employment and fertility; and many others. This work will be undertaken by (and with the sponsorship of) the newly created Population Development Centre, a quasi-autonomous body under the Ministry of Planning and Development.

Evaluation activities are also placed in the Population Development Centre. These evaluation activities will aim at assessing programme efficiency in reaching stated goals and programme impact and achievement. The statistical base for such evaluation will be substantially improved through (1) projects aimed at obtaining better vital registration of births and deaths; (2) a more systematic use of current (1981) census data; and (3) several new surveys of particular groups. The other major data source is the programme statistics as such, and a much-simplified recording, reporting and feedback system is being introduced. Forms have been redesigned and local personnel are being trained in their use. The system will provide data for monitoring programme efficiency in five areas: (1) Supplies; (2) Performance (output) by method; (3) Client profiles; (4) Administrative functioning; and (5) Man-power adequacy and development. Data will be collected initially at the district level, then sent forward to the Centre where a relatively sophisticated data-processing capacity already exists. This unit will then prepare the progress reports, including rapid feed-back on performance to the districts. This unit will also prepare special breakdowns or tabulations for a district on request.

Other Features of the Plan

Logistics — the actual distribution of contraceptive supplies in the right amounts to the right places and at the right times — have been a recurrent problem for the earlier programmes. The present plan aims at remedying this in the following ways: (1) the stock will be ordered and maintained by only one central warehouse under the Stores and Supplies Directorate in Karachi; (2) this facility will be expanded and air-conditioned to increase the life of the commodities; (3) district warehouses will also be established; (4) re-orders of stocks for both central and district warehouses should occur automatically when stocks fall below 12 months' use-requirements at current rates of use; (5) NGOs will also be supplied from the central and district warehouses as well as, at least initially, the Social Marketing Scheme; and (6) transport of supplies will be regularized through use of long-term contracts for haulage with private firms.

Population-education efforts will be renewed in the Plan. These include formal measures as follows: (a) curriculum development and text-book review; (b) training of teachers; (c) orientation of educational administrators; (d) preparation of audio-visual aids and instructional kits; (e) development of teachers' guides; and (f) special efforts through vocational and agro-technical schools. These efforts will proceed at both primary and secondary school levels, with special programmes being launched to educate and mobilize university students.

Women programmes also will be brought more directly into the programme and expanded. Eight separate projects are laid out in the Plan, some provincial, some federal and some NGO in location. Some of these involve multi-purpose skill-creating, income-generating projects. The most ambitious is yet another effort to train the Traditional Birth Attendants (*Dais*) in family planning and MCH. This will be done by the Family Welfare Centres. The target is 5,000 trained by the end of the Plan.

Budget and Finance

The Plan calls for an allocation of 1,800 million rupees during the five years, 1983-84 to 1987-88 (Table 3). The 1983-84 allocation of 220 million rupees represents a 16-percent increase in the 1982-83 allocation of 190 million rupees. Using an exchange rate of 10 rupees to one U.S. dollar means a 1983-84 total of 22 million U.S. dollars or about 24 cents per capita. This 1983-84 allocation more than doubles by 1987-88.

It should also be noted that these figures refer to the allocation from the development budget. Certain "establishment" costs, chiefly salaries and allowances or regular federal government staff working in the Population Welfare Division, are paid out of the current (or revenue) budget. This might add as much as 20 percent to total resources going into the programme.

All foreign assistance is included in the development-budget figure. In 1982-83 total donor assistance accounted for about one-third of the allocation of 190 million rupees. This percentage is expected to remain roughly constant during the period to 1987-88.

Contrast with Earlier Plans

There does seem to be a genuine awareness of the need to reduce fertility at the higher level. The Sixth Plan is refreshingly straightforward and candid. After reviewing the overall economic record, including its relatively successful Fifth Plan Period (1978-83), it notes:

"A major failure of the development process, in retrospect, has been in the ability and determination to pursue an effective population policy. The population growth has persisted as a result of the relative success in bringing down the death rate

Table 3
*Development Plan Spending
 for Population Welfare Programme Sector
 (1983-88)*

Year	Million Rs
1983-84	220
1984-85	320
1985-86	370
1986-87	420
1987-88	470
Total	1,800

Source: Sixth Five Year Plan, p. 370.

to 11 per thousand. Meanwhile, the birth rate remains high, over 40 per thousand. The meagre efforts so far made in improving social services have been lost in the avalanche of continuing increase in population" [3, p. 6].

The contrast between the present plan and the earlier (pre-1978) plans is an interesting one. Several major differences can be noted.

(1) The emphasis placed on using the private-sector NGOs and on local and provincial authorities leading the way is a new and correct tactical decision, given the failure of past strongly centralized, essentially bureaucratic approaches. While this emphasis may not reflect any unwillingness by the Federal authorities to act directly or any desire to hide the programme, there is all the same a certain undercurrent of tension regarding opposition, present or potential, to contraception by conservative religious leaders. The large-scale media campaigns discussed in the Plan have yet to be launched and this is true also of the social incentive-disincentive "beyond family planning" programmes. The Programme is, in effect, looking over its shoulder apprehensively but it is moving forward all the same.

(2) The approach being taken is distinctly soft-sell as compared with the earlier forceful programmes. The Family Welfare Centres serve many women but only a fraction are family-planning acceptors. General health-care (dispensing simple medicines especially) and training women in income-generating skills seem at least as

important in most centres as family planning *per se*. Similarly, the education and outreach work is a low-key work and stresses family health, well-being and improvement. Family planning is a part of this, but only a part. The philosophy of the Centres is to gain credibility and win trust in the community and among the target groups, and then gradually increase the emphasis on contraception. Perhaps this is sound and will pay off eventually. But it is a relatively long-run strategy. Thus, as noted, the targets for this plan period (to 1988) are to increase contraceptive prevalence to 18.6 percent of eligible couples (from 9.5 percent in 1982), and to prevent under half a million births per year by 1987-88, reducing the crude birth rate from 40 to 36 per thousand. By the standard of past targets in Pakistan, these are modest goals. A zero-population-growth situation for Pakistan is thus evidently many years in the future. But, this is undoubtedly a realistic scenario and a natural reaction to the unrealistic targets of earlier plans.

(3) The Plan aims at an essentially non-bureaucratic approach unlike earlier highly centralized approaches. Services will centre in the Family Welfare Centres and the Medical Clinical facilities already in existence. Local persons will be used as field staff and no pretense is made that the entire country will be covered. NGOs will be given free rein to find their own best approaches and educational efforts will proceed through the existing groups and bodies. The entire programme-staff will number about 8,500 compared with over 16,000 in the last Plan and many times that at the peak of the programme's ambitious efforts in the 1960s and 1970s.

(4) There is much less emphasis on research than there was in some earlier plans. The Population Study Centres (at universities) will play a training role rather more than a research role. The Population and Development Centre will be the main such agency available and the statistics and evaluation directorates will also be part of it. This also seems a sensible decision.

OVERALL ASSESSMENT

The Plan presents a modest, workable scheme for renewing the struggle against rapid population growth in Pakistan. It is not a crash plan which promises dramatic declines in fertility or overnight improvements in the standard of living. It aims at building a solid infrastructural base in the Family Welfare Centres, at creating a trained, motivated staff for these Centres and at working patiently to establish rapport with and support in the local community served. This programme is "integrated" in the sense that the Centre will provide modest medical services and supplies (MCH and other) but the Centres remain under the Population Welfare Division's control and seem to have little or no contact with the Ministry of Health's programmes. This could be termed "duplication" since there are, in fact, some locations in which both an FWC and MOH centre can be found. This is rare, however, and, given the generally deplorable state of the health network in rural Pakistan, the overlap would not seem to be a problem.

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(4) There is much less emphasis on research than there was in some earlier plans. The Population Study Centres (at universities) will play a training role rather more than a research role. The Population and Development Centre will be the main such agency available and the statistics and evaluation directorates will also be part of it. This also seems a sensible decision.

OVERALL ASSESSMENT

The Plan presents a modest, workable scheme for renewing the struggle against rapid population growth in Pakistan. It is not a crash plan which promises dramatic declines in fertility or overnight improvements in the standard of living. It aims at building a solid infrastructural base in the Family Welfare Centres, at creating a trained, motivated staff for these Centres and at working patiently to establish rapport with and support in the local community served. This programme is "integrated" in the sense that the Centre will provide modest medical services and supplies (MCH and other) but the Centres remain under the Population Welfare Division's control and seem to have little or no contact with the Ministry of Health's programmes. This could be termed "duplication" since there are, in fact, some locations in which both an FWC and MOH centre can be found. This is rare, however, and, given the generally deplorable state of the health network in rural Pakistan, the overlap would not seem to be a problem.

All in all, the "new beginning" in Pakistan seems very promising. Some important lessons have been learned from the past. The new programme is concerned with building, over the long run, a culturally acceptable, integrated programme with a decentralized and streamlined administrative apparatus using NGOs and the private sector to the fullest. This may well prove to be a more fruitful experiment than the one launched 20 years ago in Pakistan.

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