

RESEARCH REPORT SERIES

Research Report Number 64: Part II

Family Planning in Pakistan: A Review of Selected
Service Statistics, 1966-67

by

Lee L. Bean
Daniel M. Farooq and Qamar Fatima



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January, 1968

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PREFACE

This section of research report number 64 contains only appendix materials for the main report which is issued as part I. Four appendices are included in this section:

Appendix A contains facsimile copies of the forms used by the programme districts for reporting performance, personnel and expenditures.

Appendix B contains a note on projecting district populations.

Appendix C consists of two sections for each district. The first section is a brief description of the districts, their family planning performance, personnel and expenditures during the year. Section two consists of two graphs, one for performance during the year and the second for personnel.

Appendix D contains detailed summaries of expenditures during the year by district and province.

Appendix A

Family Planning District Reporting Forms

DISTRICT FINANCIAL REPORT FOR THE MONTH OF _____
 _____ DISTRICT

1 Serial No.	2	3 Allocation since the beginning of the financial year to date.	4 Expenditures for the Month	5 Total to en or reportin month.
1.	District Headquarters			
2.	Allowances to Medical Superin- tendent/Civil Surgeon and To District Health Officer.			
3.	Allowances to Union Council Secre- taries in West Pakistan and allocation for their T. A/D. A. and contingencies.			
4.	Family Planning Officers in West Pakistan, and allocation for their T. A/ D. A. and contingencies.			
5.	Publicity.			
6.	Additional Staff for Thana Developmet Officers in East Pakistan and allocatoin for their T. A/D. A. and contingencies.			
7.	Thana Family Planning Officers in East Pakistan, and allocation for their T. A. /D. A. and contingencies.			
8.	Mobile AV Units.			
9.	Tranport (Jeeps & Boats)			
10.	Urban Clinics.			
11.	IUD Fees (Insertions and Referral).			
12.	Vasectomies/Tubeligations			
13.	Salary to Dais.			
14.	Contingencies (not elsewhere forseen).			
15.	Allowances to the Part Time Family Planning Doctors.			
16.	Additional Staff for District Health Officers & Civil Surgeons/Medical Superintendents.			
17.	Training			
18.	Equipment and contingencies for Part-time clinics.			
T O T A L : -				

SIGNATURE: _____ DESIGNATION: _____

DISTRICT PERFORMANCE REPORT

For the Month of: _____

District _____

1 Serial	2 CONVENTIONAL CONTRACEPTIVES	3 MONTHLY TARGET (in Numbers)	4 ACTUALLY SOLD (in Numbers)
1.	Cordons		
2.	Foam (tablets)		
3.	Durafoam (bottles)		
4.	Emko (bottles)		
5.	Jelly (tubes)		
6.	Oral pills (Packets)		
7.	Diaphragms		
8.			
9.			
10.			

5 CLINICAL CONTRACEPTIVE	6 MONTHLY TARGET (in Numbers)	7 ACTUALLY DONE (in Numbers)
Total IUD's		
Vasectomies		
Tubaligations		

8 IUD PERFORMANCE FOR THE MONTH	9 ACTUAL INSERTIONS
a) By medical personnel	
b) By paramedical personnel	
c) Urban Full time Part time	
d) Rural Full time Part time	

SIGNATURE: _____

DESIGNATION: _____

DISTRICT STAFF AND CLINICS POSITION

For the Month of: _____

District: _____

1 Serial No.	2 POSITION	3 TARGET	4 STRENGTH AT BEGINNING OF MONTH	5 NEW PERSONNEL IN POSITION	6 TRAINED/ CLINICS MANNED	7 NUMBERS LEFT SERVICE DURING THE MONTH	8 STRENGTH AT END OF MONTH
1.	District Publicity-cum-Exec Officer						
2.	District Technical Officer						
3.	Family Planning Officer						
4.	Thana Family Planning Officer						
5.	Thana Family Planning Assistant						
6.	Union Council Secretary						
7.	Lady Organizer						
8.	Agents						
9.	Doctors, TOTAL:						1
10.	Doctors Urban Clinic						5
11.	Doctors Part time Clinic						
12.	Doctors Out-piece						
13.	Lady Health Visitors, TOTAL						
14.	LHV Urban Clinic						
15.	LHV Part Time Clinic						
16.	LHV Out-pieces						
17.	Lady Family Planning Visitor						
18.	Trained Midwives						
19.	Urban Clinic Counsellor						
19-A.	Male Doctor req. for Vasectomy						
20.	Urban Clinic (Part-Time)						
21.	Urban Full Time Clinics						
22.	Part Time Clinics Rural						
23.	Full Time Rural Clinics						

Appendix B

A Note on Projecting
Family Planning District Population

There is little justification for accepting any arbitrary method of projecting the population of the separate family planning districts from the 1961 enumerated census figures to mid 1966-67. The problem of estimating total population is difficult and the problem of estimating the target population of couples at risk even more difficult.

In the usual population projections, three factors must be taken in account: fertility, mortality and net migration. At the national level projections are reasonable since national and provincial estimates of fertility and mortality are available (PGE) and migration can usually be ignored. Projecting district populations is much more difficult.

Fertility estimates for Pakistan are available only for East and West Pakistan separately. These estimates are derived from the Population Growth Estimation project which does not cover a sample which can establish even rural and urban fertility estimates. Although there is little evidence to indicate the existence of traditional fertility differentials in Pakistan, there is evidence to suggest that fertility differences probably exist among the various districts. As indicated in Table 1, Part I of this report, the child woman ratio as reported in the 1961 census is variable and factors determining fertility also vary of the districts the sex ratio and age distribution. It would probably be incorrect, therefore, to assume a constant rate of fertility for all districts.

Similarly mortality rates are available only for East and West Pakistan separately. No information is available at the district level, although one may assume that some mortality differences exist. Variations in the child woman ratio, for example, may not be due to fertility differences but rather to differences in the level of infant mortality in the various districts. Therefore, again, it seems unwise to assume a constant rate for all districts.

Migration as a factor in population growth may be negligible at the national or provincial level, but it is an important variable in determining population size of the district. Even the most casual observation of migration data indicates that large scale movements are taking place out of some areas and into other areas. The metropolitan centres are magnets to many migrants. Other areas seem particularly pron-

to out migration. Certain districts, for example, have long histories of providing men for the military or the maritime industry not only of Pakistan but also other countries. Other districts which include large urban and industrial centres are growing much more rapidly than predominately rural districts as a result of in-migration.

It is, further, impossible to utilize past trends of population growth rates of many of the programme districts within even the past 30 years. These include Partition with its associated massive waves of migration, the Bengal famine of 1943, World War II, and the shifting of the capital of Pakistan from Karachi to Islamabad. In addition boundaries of many districts have changed so that a long unbroken statistical record is not available for many districts in both East and West Pakistan.

As a consequence of all the possible factors -- migration, fertility differences, mortality differences and changes in boundaries-- the growth rates of the various districts have been irregular and highly variable. For example between 1951 and 1961 the growth rates of the family planning districts included in this report varied from -22 percent, a net loss, to 88 percent. The range of the growth rates was thus 110 percent.

Lacking a single consistent methodology for projecting district populations we have made what we feel to be the most simple and reasonable assumption possible. In dealing with population size in the various districts we admit that the magnitude of the differences has probably changed to a large degree, but we assume that the rank order differences have probably remained fairly constant. Some changes in rank order may have taken place but the changes are less likely than changes in magnitude of the differences. For this reason, in the analysis of correlates of family planning performance, rank order correlation methods have been used exclusively.

Appendix C

District Summaries

MULTAN

SOCIODEMOGRAPHIC: Multan District in 1961 had 2,702 thousand persons, ranking 1st in population size in West Pakistan. Its area is 5,630 square miles with a density of 480 per square mile. The femininity ratio is 861; literacy is 9.45 percent which is below average for West Pakistan. The child woman ratio is 840, considerably above average, and 38 percent of the adult males are in non-agricultural occupations.

Within the district there are 7 Tehsils; 216 Union Councils, 4 Municipal Committees, 10 Town Committees and 2,255 villages. There are 7 colleges and 58 high schools; 255 miles of metalled roads, and 62 miles are non metalled.

Multan is a proverbial place of windstorms, grave yards and beggars. According to census reports, religion has more influence over life here than elsewhere in Pakistan; the Pirs and Murshids are reported to wield great influence and education in rural areas is nil.

PROFUCTIVITY: In terms of IUD insertions reported for the last fiscal year, 26,447, Multan ranks 2nd in West Pakistan but ranks first in population size. The number of insertions reported dropped from the first to second quarter increased by nearly one-third to the third quarter and then dropped off slightly in the fourth quarter. Insertions in the second half of the year exceeded those in the first half by roughly one-third.

Only 115 vasectomy cases were reported for the district; the numbers by month and quarter were always small and variable with no significant trend.

More conventionals were reported sold in Multan than in any other West Pakistan programme district: 6,972,329. Less than half, 42.4 percent, were in condom sales. Condom sales, however, have been irregular. While 1,023,373 were reported sold in the second quarter, this dropped off by less than 10 percent in the third quarter, but only 178,280 were reported sold in the last quarter. Apparently sales in mid year (six months) saturated the market. Nearly 900,000 foam liquid applications were sold; all in the last three quarters, again with the number sold dropping off in the last quarter. Foam tablets amounted to more than a third of the total conventionals sold, 2,496,430, but the sales have been highly irregular increasing from the first to second quarter (1,496,428) dropping to 79,626 in the third quarter and then increasing to 685,560 in the fourth quarter; thus total sales were higher in the first rather than the second half year.

FINANCIAL: Multan spent more money than any other programme district in West Pakistan. Total expenditures amount to Rs. 1,135,900. The largest part of the budget went to Family Planning Officers: 34.89 percent, 20.13 percent was spent on salaries to Dais and 16.29 percent on IUD fees. Allowances to medical superintendents exceeded the budgeted amount and 60 percent of this was spent in the second quarter of the year. The salaries to family planning officers is also below scheme allocation, highly variable quarter by quarter, and the reported number of workers is at target each month with no variation.

Publicity expenses exceeded scheme allocation and roughly 60 percent was spent in the first quarter alone. Urban clinic costs increased each quarter, yet the personnel (medical and paramedical) were not available according to personnel reports in the last quarter. The IUD fees are apparently not paid during the quarter in which the insertions take place since the quarterly totals do not correspond (even with a month's lag) with the number reportedly inserted. Rs. 5,000 were reportedly spent on vasectomy and tubeligation fees, all of this was spent in the second quarter. Thus the average fee paid for vasectomies done in the first half year was Rs. 80 and no compensation was given for those in the second half year.

Salaries to dais was below target, variable from quarter to quarter and decreased from the 2nd quarter to the end of the year yet again the number of dais in the programme remained constant according to personnel reports.

In general the balance of the other expenditures are below allocation, but expenditures are grouped in particular months or quarters. For personnel there is no correspondence between quarterly changes and financial expenditures.

PERSONNEL: The position with respect to medical personnel has deteriorated during the year. No urban clinic physician has been available during the last quarter. Doctors-part time clinics - and doctors - cut piece - must be considered jointly since all part time clinic doctors were reported as cut piece doctors after February, 1967. The total number in this category dropped from 32 at the first part of the year to 29 at the end of the year; 9 new doctors were added during the year excluding doctors registered for vasectomy - 5 terminated in September and 7 in April. The drop in the number of IUD insertions in February - March coincides with the transfer to doctors from the part time clinic basis to the cut piece basis and the drop April - May coincides with the termination of 7 persons in that month. Summary official figures indicate an overall increase in the total number of programme medical personnel but this is due entirely to the addition of 14 physicians registered for vasectomy in February. The addition did nothing to rapidly increase the number of vasectomies; in fact fourth quarter performance was the lowest of the year.

The number of para-medical personnel has dropped in the last part of the year. One full time clinic LHV has been available through the year. The one part time clinic LHV was transferred to a cut piece basis in February; the strength of LHV's cut piece built up to 28 in March and then 7 terminated so that year end strength was equal to that of August 1, 1966 (including the one part time clinic LHV.) No trained midwives were in the programme, nor any LFP visitors.

The number of agents remains below target with 2200 at the end of the year. This was built up from 1810 with the addition of 190 in November, and 200 in March; no drop outs from the programme are reported.

The balance of the personnel picture is unbelievably stable -- the following positions are at target strength with no resignations or additions for the year; Publicity/Executive Officer, Technical Officer, Family Planning Officers, Union Council Secretaries, and Lady Organizers.

There is one discrepancy of interest: there are only 216 Union Councils in the District but 239 Union Council Secretaries are reported to be in the programme.

FIGURE C-1

MULTAN DISTRICT

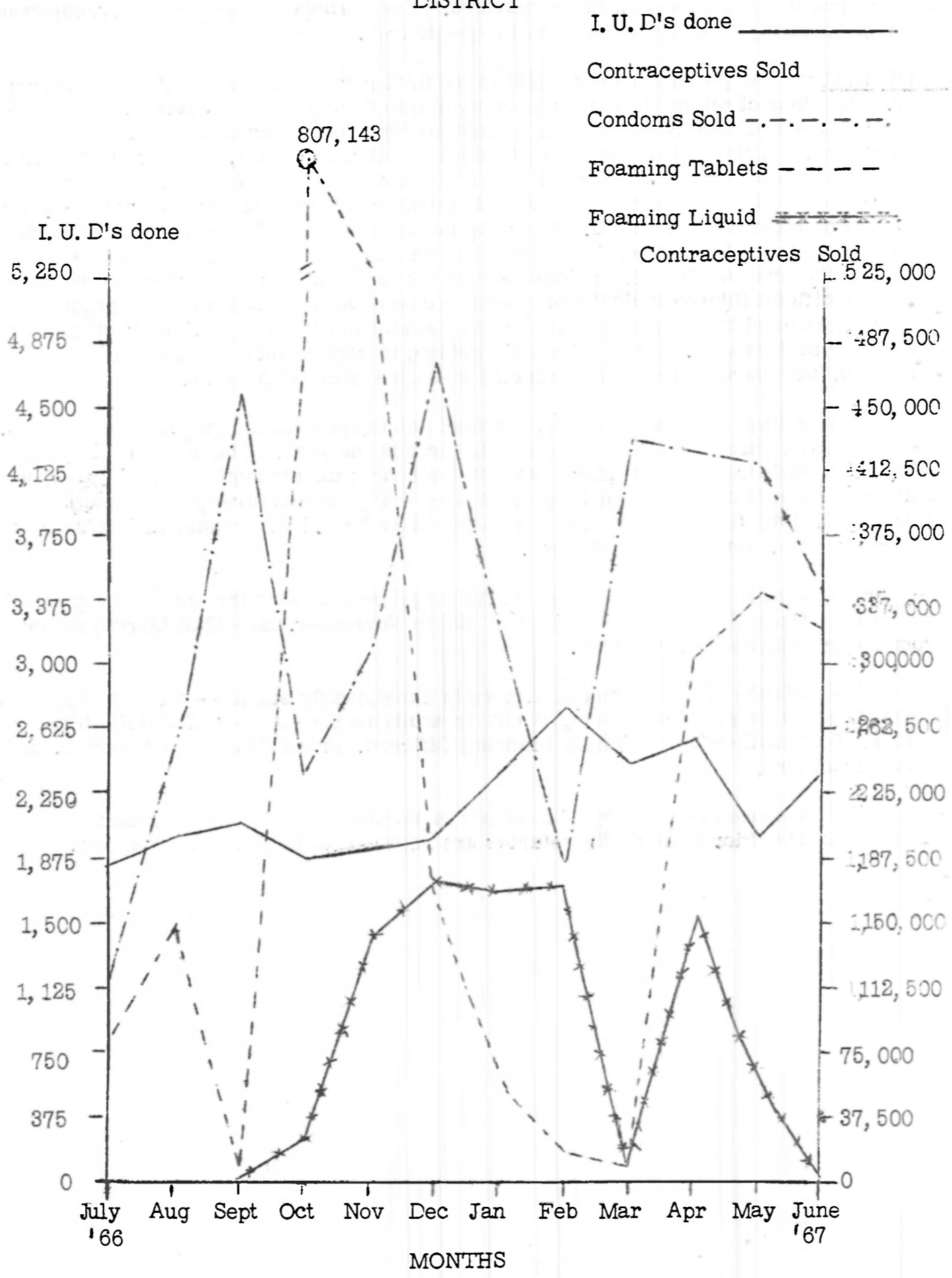


FIGURE C-2

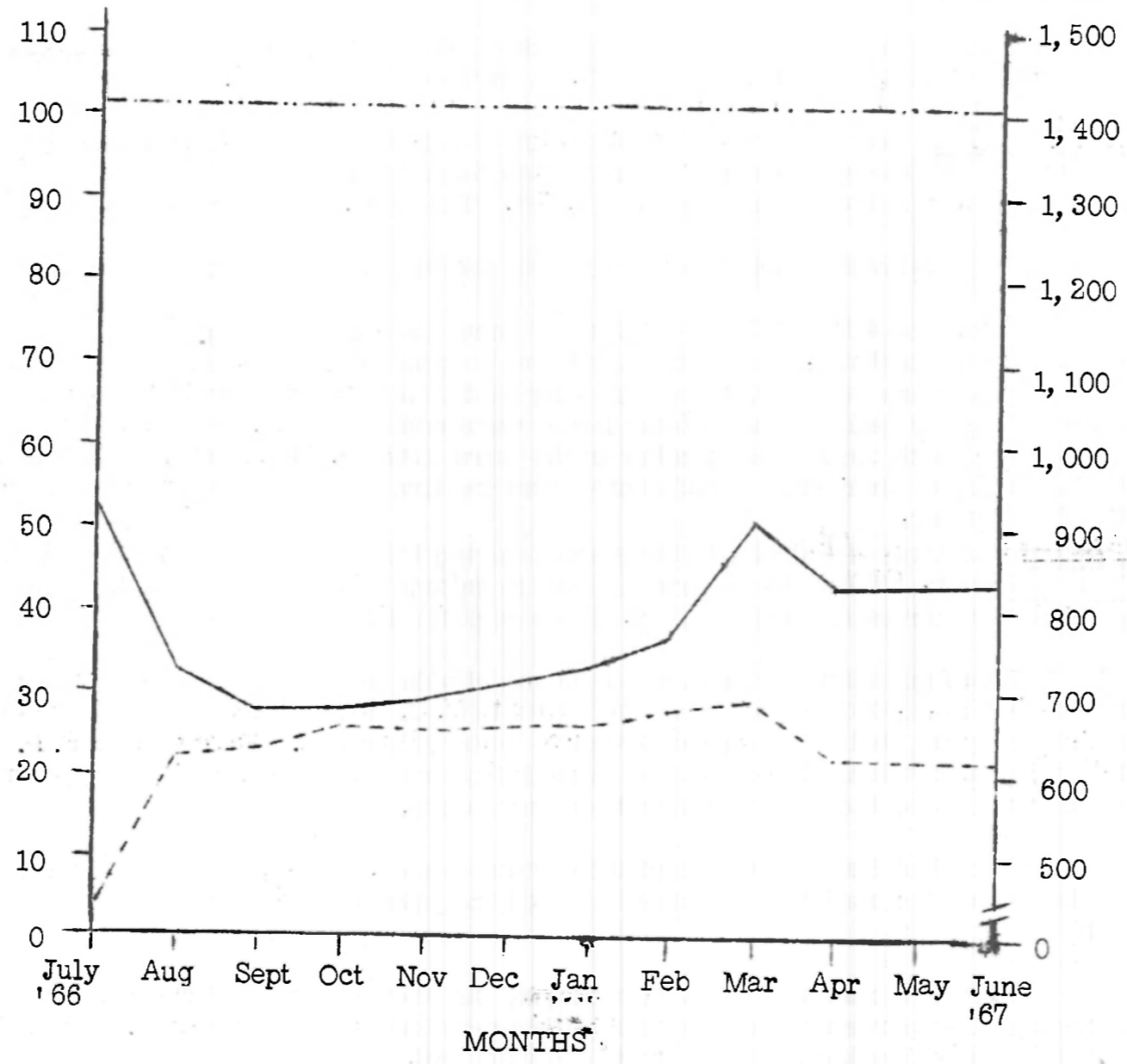
Trained and in Position

MULTAN
DISTRICT

Medical Personnel ———
Para-Medical Personnel - - - -
Dais
U.F.'s Cont.

No. of Medical and Para-Medical Personnel

No. of Dais



LYALLPUR

SOCIODEMOGRAPHIC: The district population is 2,683,838 in an area of 3,516 square miles and with a density of 763 per square mile. The woman child ratio is 751 - below average; sex ratio 869 - slightly above average; percent urban, 21.4 - slightly below average; 15.2 percent literate and therefore above average; and 38.0 percent of the males in non-agriculture - above average.

There are: 4 Tehsils; 217 Union Councils; 4 Municipal Committees 5 Town Committees; and 1,359 villages; 1 Agricultural University; 4 colleges; and 15 high schools; 542 miles of metalled and 156 miles of unmetalled road.

There has been a large scale growth of cotton mills and other textile units and the rate of urbanization has been high, 102.5% between 1951 to 1961.

PRODUCTIVITY: With the exception of a slight fall in the second quarter of the year, the number of IUD insertions reported increased through the year; in the first six month period, 9548, and in the second period, 11,637. The total, 21,186 ranks 5th in the province.

Only 120 vasectomies were reported, scattered roughly equally through the year.

A total of 4,962,122 applications of conventionals were reported sold of which 51.3 percent were condoms. Condom sales have, in general, increased slowly through the year with slightly more than 200,000 more being sold in the second than in the first quarter. Nearly 800,000 applications of foam liquid were reported sold, all in the last three quarters of the year, with the largest number in the third quarter. Foam tablets, the second in terms of sales, increased significantly from the first to second quarter but decreased in the last quarter.

FINANCIAL: A total of Rs. 853,700 was spent during the year or the third largest amount in West Pakistan. Of this 39.55 percent went to salaries for Family Planning Officers, 18.14 percent to salaries for dais, and 15.46 percent for IUD fees.

Costs for headquarters was in excess of scheme allocation and has been increasing by roughly Rs. 1,000 per quarter. Payments to U.C. Secretaries has increased steadily during the year, but total expenditures are below allocation. Payments to F.P. Officers fall below allocation. Expenditures on publicity are below allocation, as are expenditures on urban clinics, though costs have been increasing.

A total of Rs. 16,000 was paid for vasectomies, but 15,000 in the first quarter alone while the number reported is spread through the year with 64 of the 120 done in the last half.

Payment to dais is below allocations, but showed a sharp first to second quarter increase of 48 percent while the number dais remained roughly constant. Costs for LHV's has more than doubled from the first to second half.

PERSONNEL: Medical and paramedical: No reports were available for July. One urban clinic physician was available during the year. The number of part time clinic physicians decreased from 16 to 12 over the 11 month period and there were 7 resignations and 4 additions during the year. Doctors - cut piece - averaged eight during the year although there was one termination followed by one addition two months following.

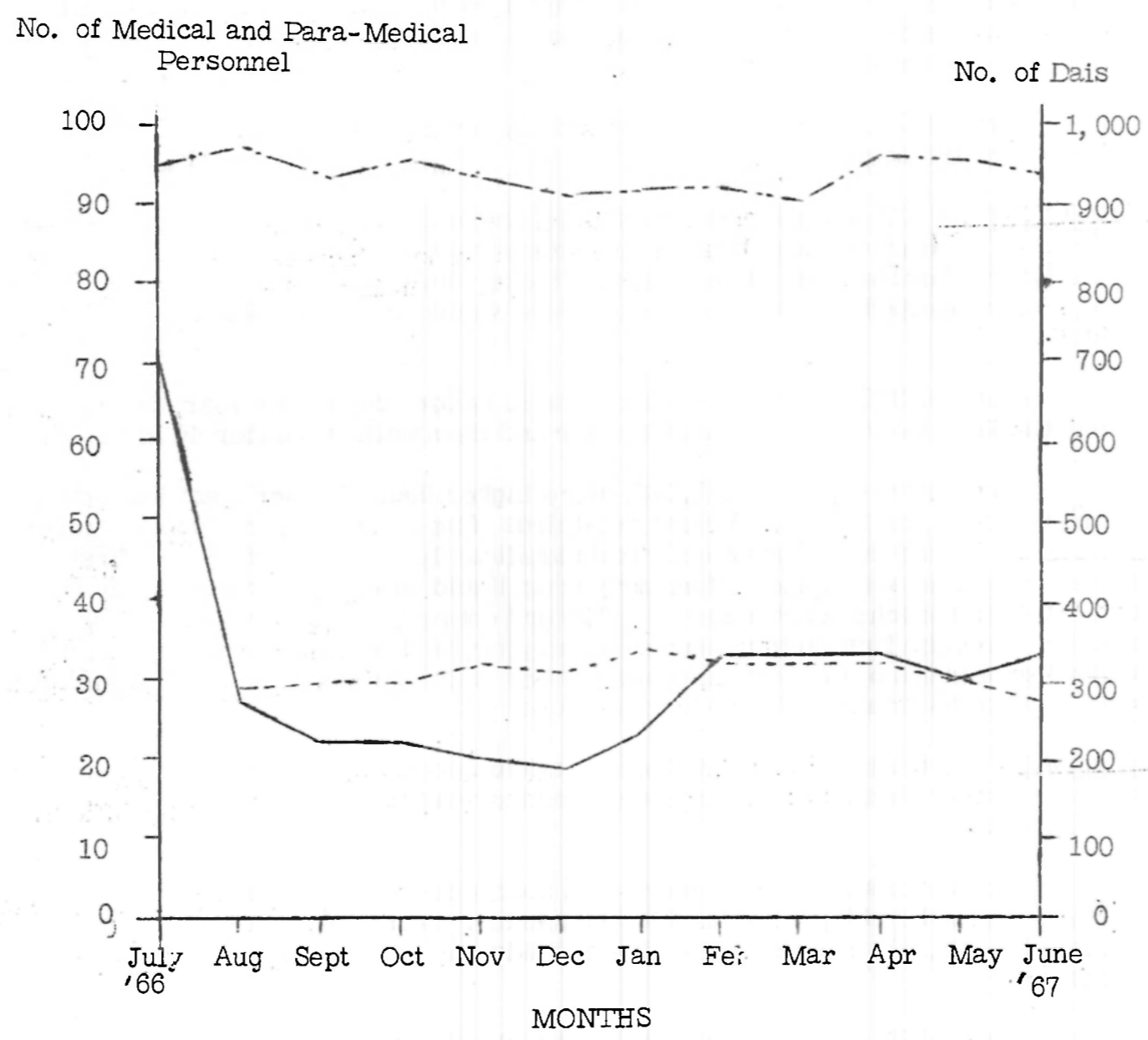
Full time clinic LHV's remained at target during the year - one LHV's part time have not been maintained after August - the low was eight in October and ten at year's end. There were 14 terminations and only eight additions during the year. LHV - cut piece; employment has been roughly stable 18 or 19 although by year end the number was down to 16. There were two trained midwives in the programme but they dropped out in December and January without replacement.

Agents are below target and have declined since February. The number of dais is below target and on balance there have been more resignations than additions. At year end the number of F. P. Officers is at target but for half the year the required number was not available. During the year 18 or 23 percent of the original group resigned while there were 19 additions. The Publicity/Executive Officer has been in position during the year while the Technical Officer did not join until October. The number of Union Council Secretaries has been below target since October when the target was increased from 218 to 248.

FIGURE C-4 Trained and in Position

LYALLPUR,
DISTRICT

Medical Personnel —————
Para-Medical Personnel - - - - -
Dais -



LAHORE

SOCIODEMOGRAPHIC: Now the Capital of West Pakistan, this district containing the major city of the Punjab has a population of 2,479,687 living in an area of 2,216 square miles. The density in 1961 was 1,119 persons per square mile. The child woman ratio of 771 was slightly below average and the sex ratio of 869 was average. A total of 59.1 percent of the population resides in urban areas and 21.0 percent of the population was literate in 1961 and 48.0 percent of the adult male population worked in non-agricultural occupations.

There were: 3 Tehsils, 119 Union Councils, 3 Municipal Committees, 9 Town Committees, and 900 villages; there are two universities but no other information is available on colleges and high schools. Transportation routes consisted of 283 miles of metalled road and 38 miles of unmetalled road.

Lahore has been regarded as a seat of learning in the country and is now a relatively heavily industrialized area.

PRODUCTIVITY: IUD insertions in the district fluctuated quarterly between 6015 (second quarter) and 6916 (third quarter) with no consistent trend of increase or decrease. Insertions in the last half of the year totalled slightly higher than in the first half of the year and the total, 26,549 exceeds the number of insertions in all other West Pakistan programme districts.

A total of 317 vasectomies were done in Lahore during the year, but more than 50 percent (162) were done in the first quarter and the smallest number 46 in the last quarter.

Conventional sales, 6,517,120, were higher than all other West Pakistan programme districts except for Multan. Almost two-thirds of the sales (64 percent) were for condoms. Condom sales increased consistently and significantly from 261,353 in the first quarter to 1,764,186 in the last quarter. Similarly foam liquid sales increased steadily from 1012 to 153,120 over the four quarter period. "Other" conventionals have been sold in decreasing numbers from the first to last quarter of the year, and in relationship to others, constitute a small proportion of the conventionals. Foam tablet sales increased steadily through the year, but not as dramatically as condom sales.

FINANCIAL: The total of Rs. 976,900 spent ranked second in the province and the pattern was similar to other districts: the largest proportion went to Family Planning Officers, dais and the IUD fees.

Headquarters costs were more than double the scheme allocation. Payments to F. P. Officers dropped by 37 percent in the last quarter. More money was spent on the urban clinics, Rs. 113,900 than anywhere else in Pakistan, but this was only Rs. 10,400 above allocation.

A total of Rs. 12,000 was spent on vasectomies and tubelignations and 317 were reported during the year. Salaries to dais are below target but increasing. Since a second quarter peak, the payments to part time personnel has been decreasing.

PERSONNEL: Medical: The reported increase in Medical personnel in Lahore is due to the addition of doctors cut-piece and doctors licensed for vasectomies. The number of full time clinic physicians - three - has remained constant as well as the number of part time clinic physicians. At years end, 10 doctors were registered for vasectomies and the number of cut-piece doctors had increased from 46 to 59. No resignations were reported during the year.

The target of 3 LHV's (full time clinic) was met for most of the year although replacements were required twice. The number of LHV's (part time clinics) 10 - was below target (12) although one was added in June of 1967. No other paramedical personnel were reported.

.....Others. The number was slightly above target until the last two months when 290 (May) and 398 (June) reportedly dropped out of the programme. The number of Dais in the programme has been variable and always below target. There were 1138 in August and 1124 in June, 1967. During the year 162 dropped out and 148 were added. The number of U. C. Secretaries has always been below target (119). There were 113 at the beginning of the year and 111 at the end; 23 reductions were in part offset by 21 additions.

The F. P. Officers target of 53 has been maintained although a total of 7 were replaced during the year. The Executive and Technical Officers have been stable.

FIGURE C-5

LAHORE
DISTRICT

I, U, D's done _____
 Contraceptives Sold _____
 Condoms sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

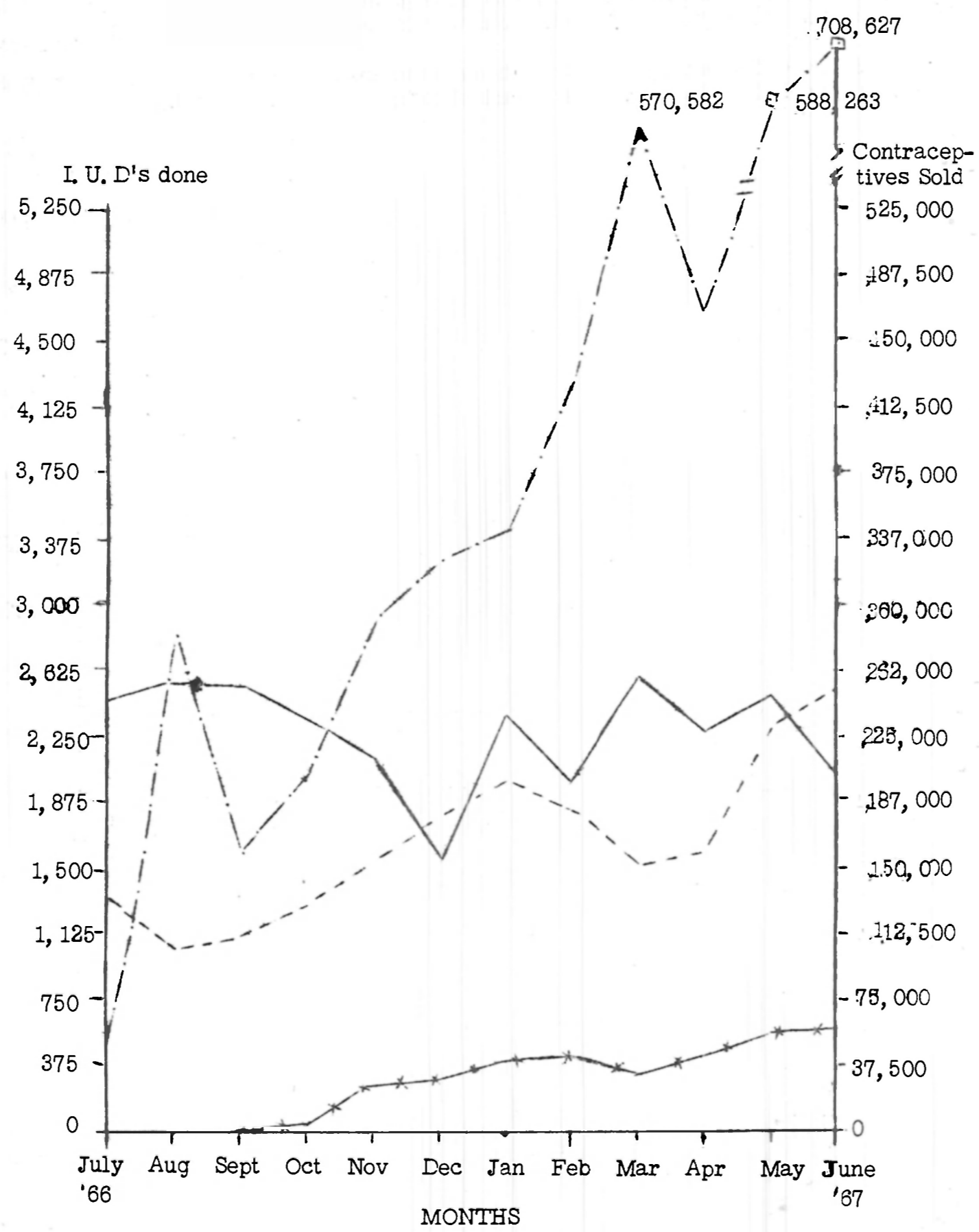
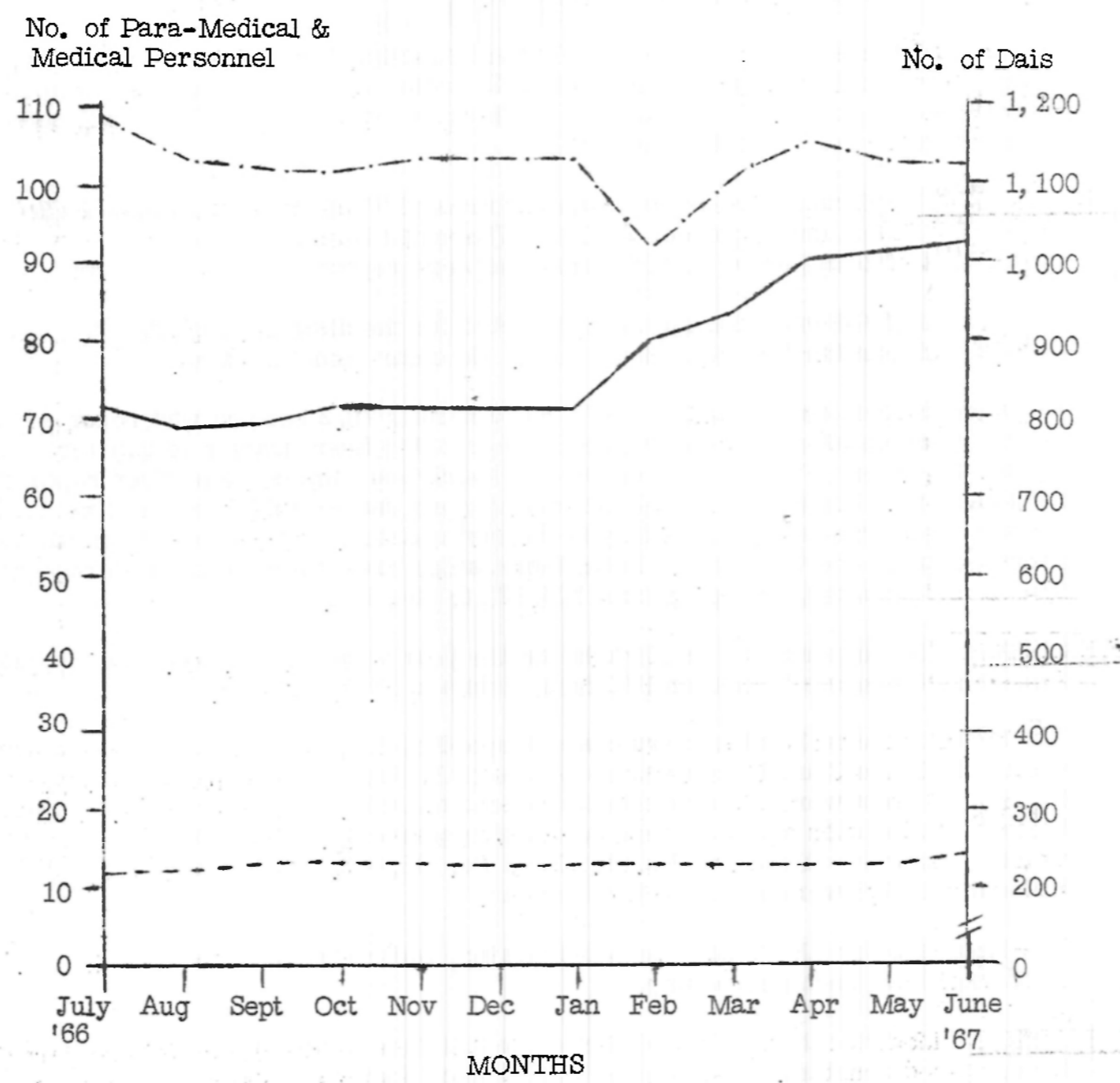


FIGURE C-6 Trained and in Position
 LAHORE Medical Personnel _____
 DISTRICT Para-Medical Personnel - - - - -
 Dais



KARACHI

SOCIODEMOGRAPHIC: Karachi district covers 1357 square miles and had a 1961 population of 2,048,745 and a density of 1,506. Undoubtedly the population has increased steadily since 1961 despite the shift in the capital. The child woman ratio of 771 is below average and the femininity ratio of 759 is much below average reflecting the heavier immigration of young males to Karachi. 93.6 percent of the population is urban, the literacy level, 32.2 percent is more than twice that of the West Pakistan average, and 48.0 percent of the male adult work force is in non-agriculture.

In 1961 there were: 1 Taluka, 10 Union Councils, 1 Municipal Corporation, 5 Town Committees, and 9 villages; 1 university, 25 colleges and 135 schools. No information is available on roads. The district is the largest industrial, commercial, shipping and communication centre of the country.

PRODUCTIVITY: Karachi, the most urbanized area of West Pakistan, ranks 4th in total number of IUD insertions reported, 25,115. There has been some increase over the year. In the first six month period 11,866 insertions were reported and in the second period 13,249.

A total of 448 vasectomies were reported for the district, with slightly more in the second half than the first half of the year. No clear trend is noted.

Conventional sales totalled 6,482,898 and fully 70.2 percent was reported as condom sales. Condom sales have been steadily increasing from quarter to quarter so that the 2,282,780 reported for the last quarter is nearly four times the number reported for the first quarter. Foam liquid sales increased more than 20 fold from the first to third quarter and then increased only slightly in the last quarter. "Other" conventional sales have been negligible and irregular. Foam tablet sales have fallen off consistently from the first to last quarter, dropping from 533,821 to 284,994.

FINANCIAL: Total expenditure in Karachi for the year was Rs. 582,700. The largest proportions of this sum were spent on IUD fees, dais and F. P. Officers.

Specific costs: Headquarters costs dropped by fifty percent in the last quarter. Allowances to Union Council secretaries was slightly above allocation and Rs. 14,000 of the Rs. 15,300 spent were dispersed in the second quarter. Payments to F. P. Officers are below the allocation and have been decreasing quarterly. Expenditures to urban clinics was far below the allocation; Rs. 86,900 vs Rs. 138,000. Vasectomy fees totalled Rs. 25,500 and only 448 were reported for the year.

Expenses for LHV's have been increasing, while expenses for part time F. P. Personnel have been decreasing.

PERSONNEL: Medical: the number of doctors in full time urban clinics (4) and part time clinics (2) remained constant. The number of cut-piece doctors registered, however, increased steadily until January when 89 physicians dropped from the programme. Each month, however, a small number have been added so that by June 1967, the number in the programme has moved up from 68 to 85. Only 4 doctors were registered for vasectomies at the end of the year.

The number of LHV's full time (four) has been almost constant with one replacement; only no LHV's (part time) have been reported nor any LFP's or trained midwives; and the number of LHV's (cut piece) decreased from 9 to 7 with 6 reductions and 4 additions.

The number of agents remained roughly stable: 1928 to December and then 1926 from January on with no changes.

The reported number of dais decreased from 818 to 751 in December. However exactly 73 dropped out in December and 73 were added again in January. The number of dais is below target and the year end total-874-is only slightly lower than the 878 reported in August, 1966.

The 10 Union Council Secretaries have been registered through the year. The Executive Officer and Technical Officer have been in position throughout the year. Of the 23 FPO's six have been replaced during the year.

FIGURE C-7

KARACHI DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms sold - . - . - .
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

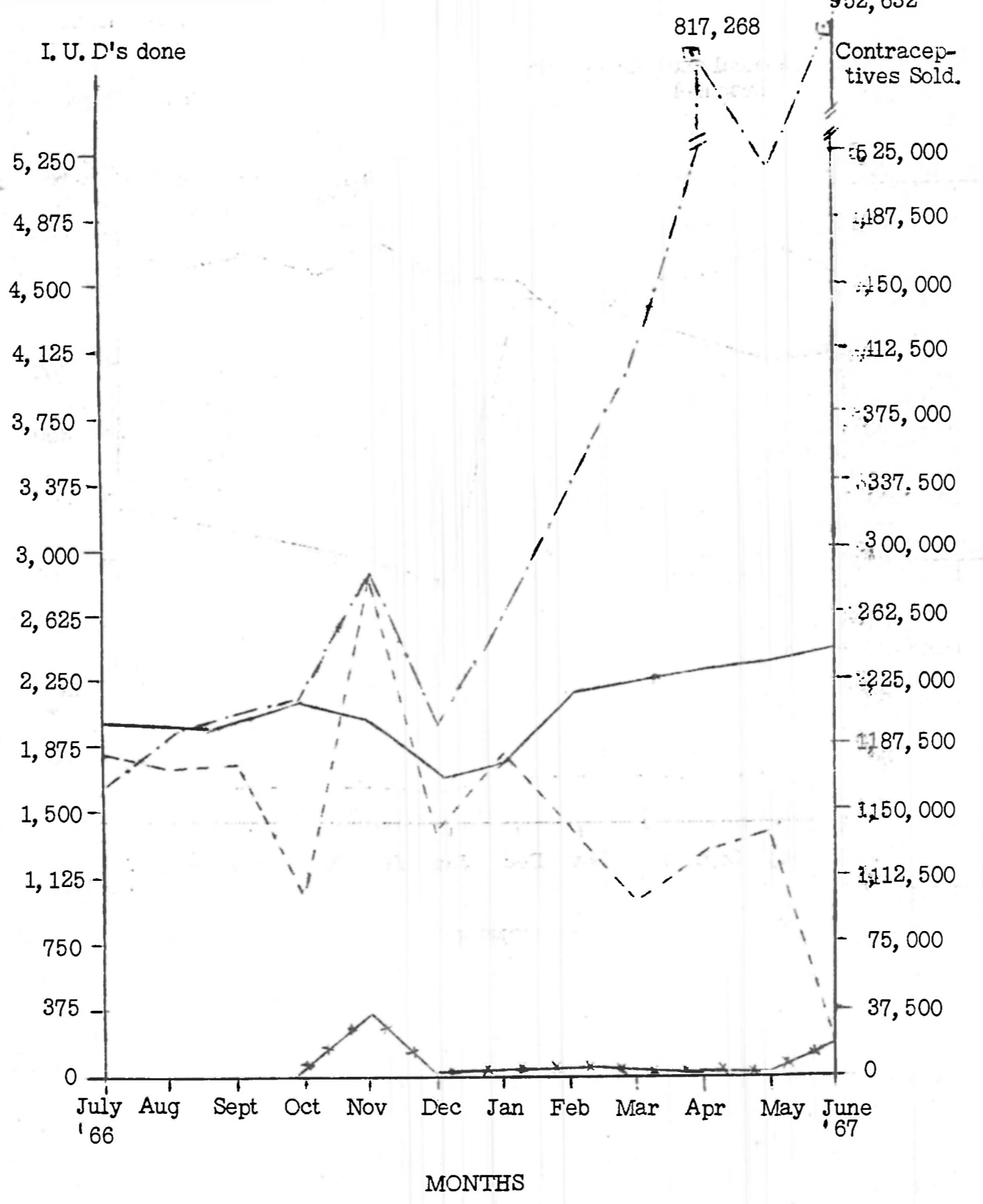
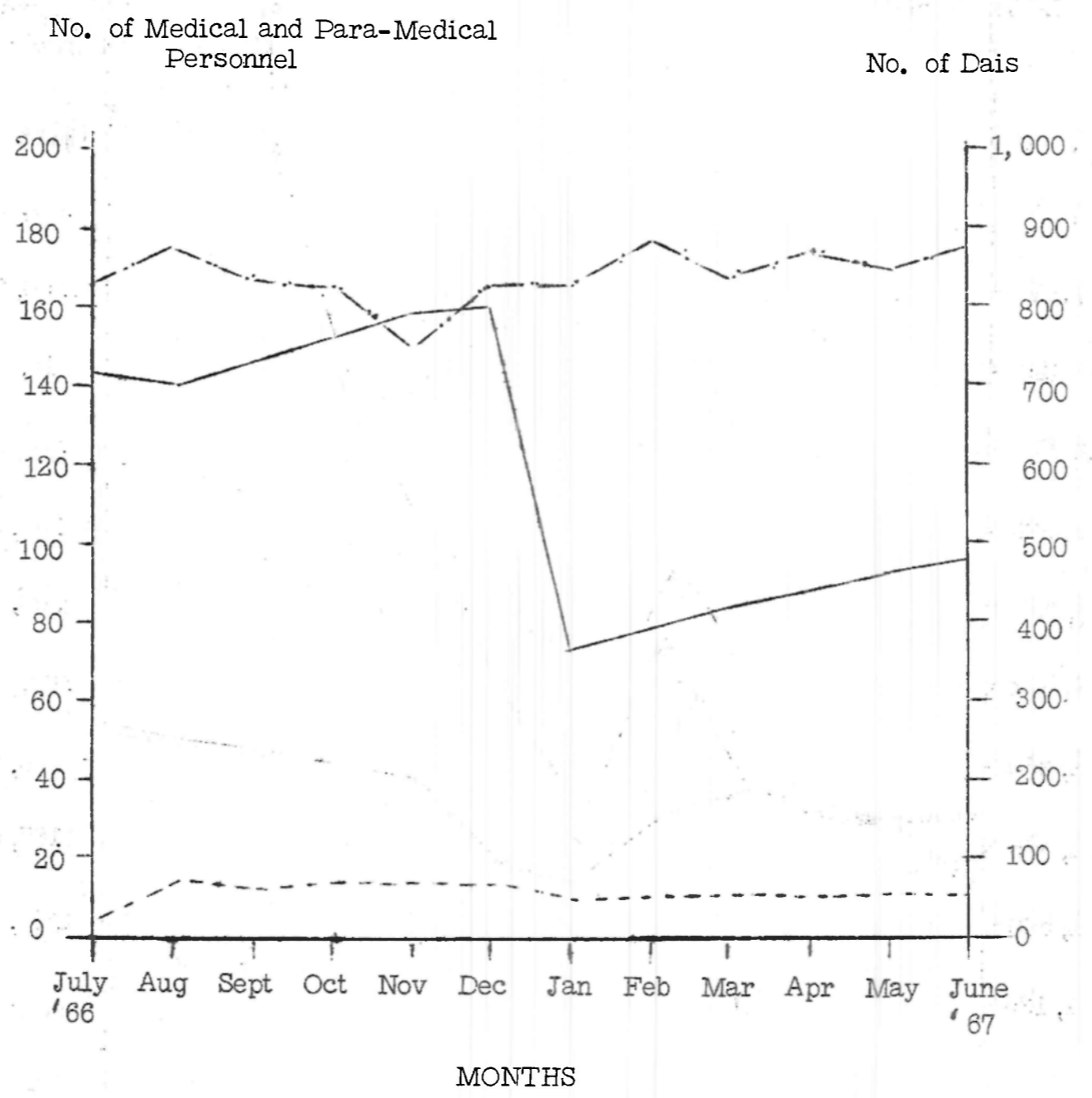


FIGURE C-8 Trained and in Position
 KARACHI Medical Personnel
 DISTRICT Para Medical Personnel
 Dais



SIALKOT

SOCIODEMOGRAPHIC: Referred to by President Ayub Khan as Pakistan's "Leningrad" the district had a 1961 population of 1,596,383 and it is unlikely that the 1965 conflict had as much impact on the city as the 1943 battle had upon Leningrad. The district covers 2,067 square miles with a density of 772. The child woman ratio of 659 is much below the West Pakistan average while the femininity ratio of 898 is slightly above the average. A total of 15.9 percent of the population lived in urban areas, 14.6 percent was literate and 30.9 percent of the adult male population was in non-agricultural labour.

In 1961 there were 5 Tehsils in this former Punjab district, 143 Union Councils, 3 Municipal Committees, 7 Town Committees and 2,941 villages. Education facilities included 3 colleges and 58 high schools. Roads include 136 miles of metalled roads and 68 miles of unmetalled road. It is classified as moderately industrialized. During the period of heavy rainfall local communications are severed and large tracts of the districts are in flood for weeks (July to September).

FFO FERTILITY: IUD insertions reported increased regularly over the course of the year from 3573 in the first quarter to 4856 in the last quarter, and the total for the year was 16,685.

Only 41 vasectomy/tubeligitations were reported in the district and the numbers were spread proportionately throughout the year.

After the first four (in rank) districts in West Pakistan the district totals of conventionals sold drops by two million or more. In Sialkot only 2,033,068 conventionals were sold, of which 52.3 percent were condoms. Condom sales were higher in the second half of the year, but the quarterly totals varied slightly with no clear trends suggested. Foam liquid sales increased from 4320 to 153,120 from the first to last quarter. Only 780 "other" conventionals were reported sold. The quarterly totals of foam tablets sold increased up to the third quarter and then fell off slightly in the last quarter. However, more than twice as many foam tablets were sold in the second than in the first half of the year.

FINANCIAL: Expenditures in Sialkot, Rs. 655,000, exceeded Karachi expenditures. Almost one third, 31.30 percent went to FPO's, 23.27 to dais and 15.13 percent to IUD fees.

Most costs are below allocation and little appears of interest. Costs of F.P.O's have been increasing but the total remains below allocation.

PERSONNEL: The number of medical personnel in the district in the family planning programme is small. One full time urban clinic physician has been in place during the year; there have been three new part time clinic physicians and two resignations; the year end total was 6. The number of cut piece physicians increased from two to ten even with one resignation and the number of physicians registered for vasectomy was 9 by the end of the year.

One full time LHV has been available during the year but the number of LHV's - part time - has declined by 33 percent from 15 to 10. There have been on the average 4 LHV's (cut piece) available but turnover has been high. No LFPV's were available, but on the average, 8 trained midwives were in the programme.

The number of agents is reported to be absolutely constant at 1596. The number of dais were much below target until mid year when 318 dais were added to the programme. Turnover has been high: 227 have dropped from the programme and 557 been added. U.C. Secretaries (target =,143) increased from 141 before mid year and 147 have been in the programme since. The target of 42 FPO was not reached until November - December when 17 were added to the programme.

The Executive and Technical Officers have been in place throughout the year.

FIGURE C-9

SIALKOT DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid - x - x - x -

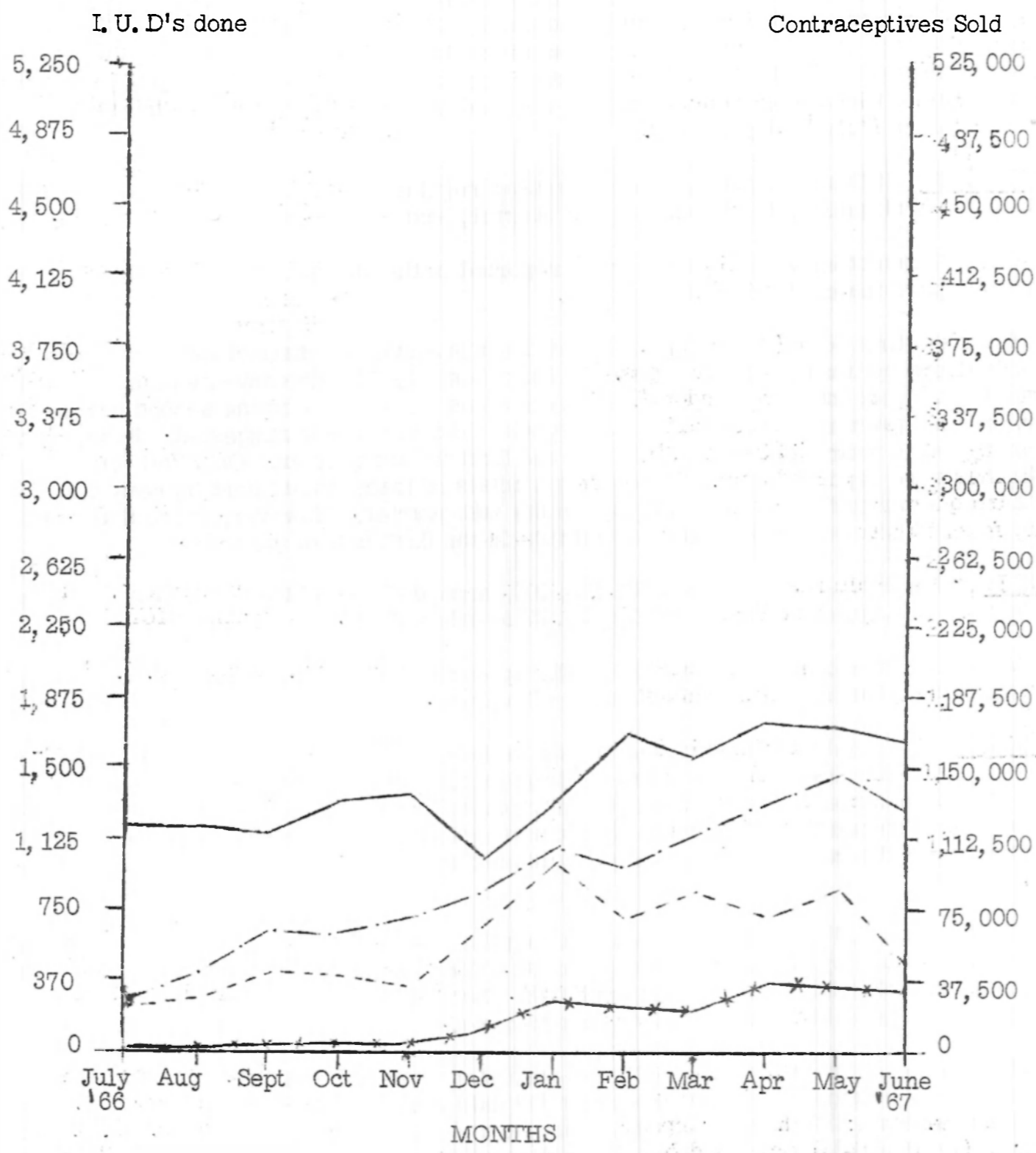
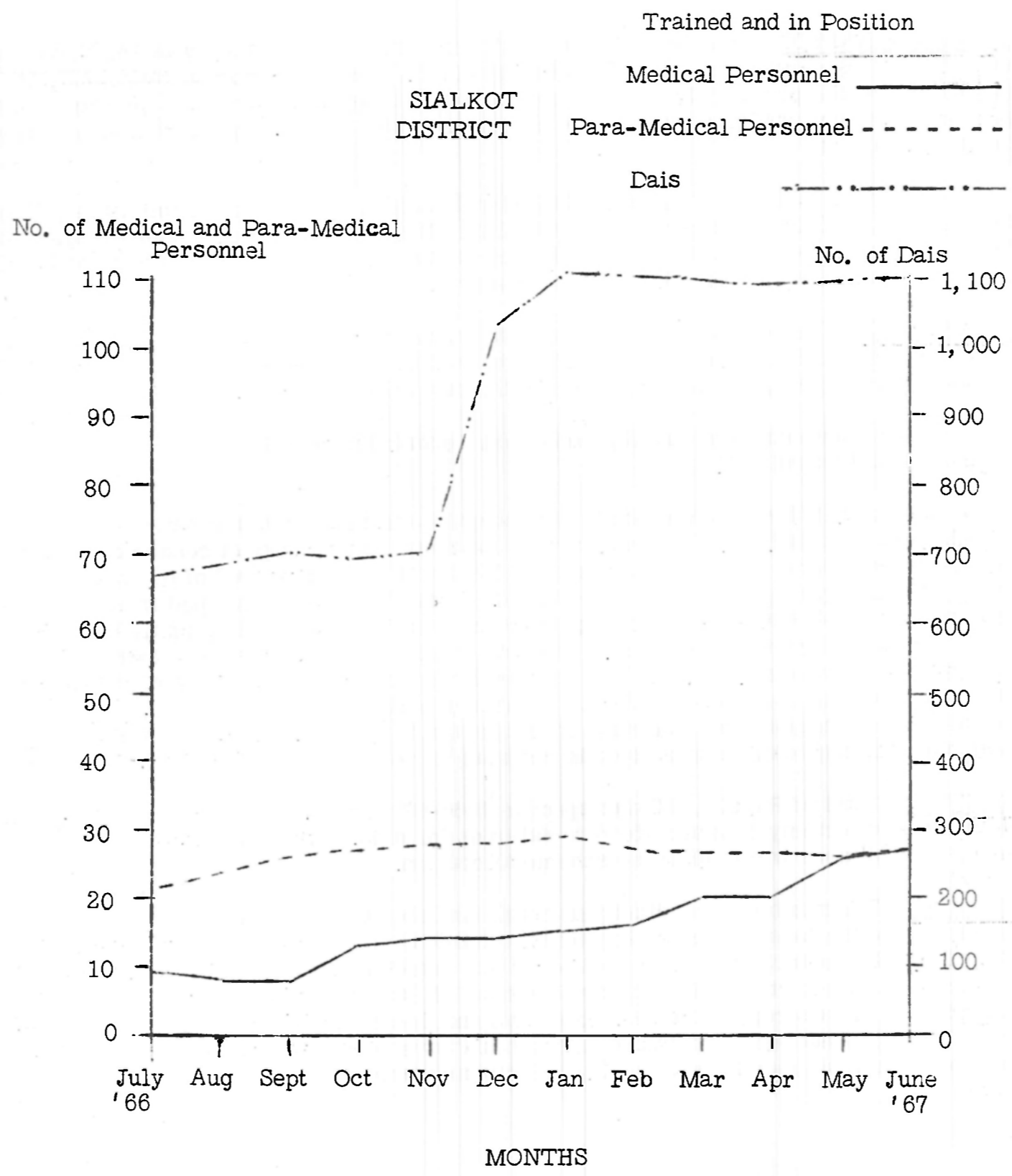


FIGURE C-10



SARGODHA

DEMOGRAPHIC: The 1961 population of this former Punjab state was 14,67,621 in an area of 4,775 square miles and with a density of 872. The child woman ratio, 777, is slightly below the provincial average, and the sex ratio slightly above the average; 19.4 percent of the population is urban; 13.4 percent literate, and 33.4 percent in non-agricultural occupations.

The district includes 4 Tehsils, 126 Union Councils, 3 Municipal Committees, 8 Town Committees, and 1078 villages. Educational facilities include 3 colleges and 56 higher schools. Roads are extensive: 594 miles of metalled roads and 912 miles of unmetalled roads. There is a modest amount of industrialization in the area.

PRODUCTIVITY: The number of IUD insertions, by quarter, reportedly increased from 3379 to 6223 in the third quarter and then fell off to 5603 in the last quarter. Of the total 19,326 reported for the year, 11,826 were done in the last half of the year.

Only 80 vasectomies or tubelignations were reported during the year, and slightly more were done in the first half.

A total of 2,174,473 conventional contraceptives were reported to have been sold and slightly less than half, 47.2 percent, were condoms. The number of condoms sold, by quarter, is somewhat variable, although total sales in the second half of the year exceeded first half sales by slightly more than 250,000. Foam liquid sales jumped from 2820 in the first quarter to 52,620 in the second quarter and then increased only slightly but consistently through the next two quarters. The total sold, however, amount to less than 10 percent of all conventionals. "Other" conventional sales have varied, by quarter, between 4660 and 6600, but these account for a very minor part of conventionals sold. In general, the sale of foam tablets has increased from quarter to quarter. In the second half of the year, 553,112 applications were sold in contrast to 399,320 in the first half.

FINANCIAL: A total of Rs. 574,900 was spent in 1966-67 with 33.64 percent to FPO's, 17.17 percent for vasectomy fees and 15.97 to salaries for dais. With the exception of transport costs, expenditures were below the scheme allocation.

PERSONNEL: The number of medical personnel available to the programme has decreased largely due to the loss of doctors in part time clinics, (3 of 9) and doctors - cut piece (12 of 21). Six doctors have been registered for vasectomy. Paramedical personnel remained relatively stable although there are no LFPO's or trained dais in the programme. The number of dais reported (681), Executive and Technical Officers remain constant. The FPO target has been maintained although six have been replaced during the year. Only in the last two months was the U.C. Secretary target met.

FIGURE C-11

SARGODHA
DISTRICT

I U. D's done _____
Contraceptives Sold _____
Condoms sold _____
Foaming Tablets - - - - -
Foaming Liquid x x x x x

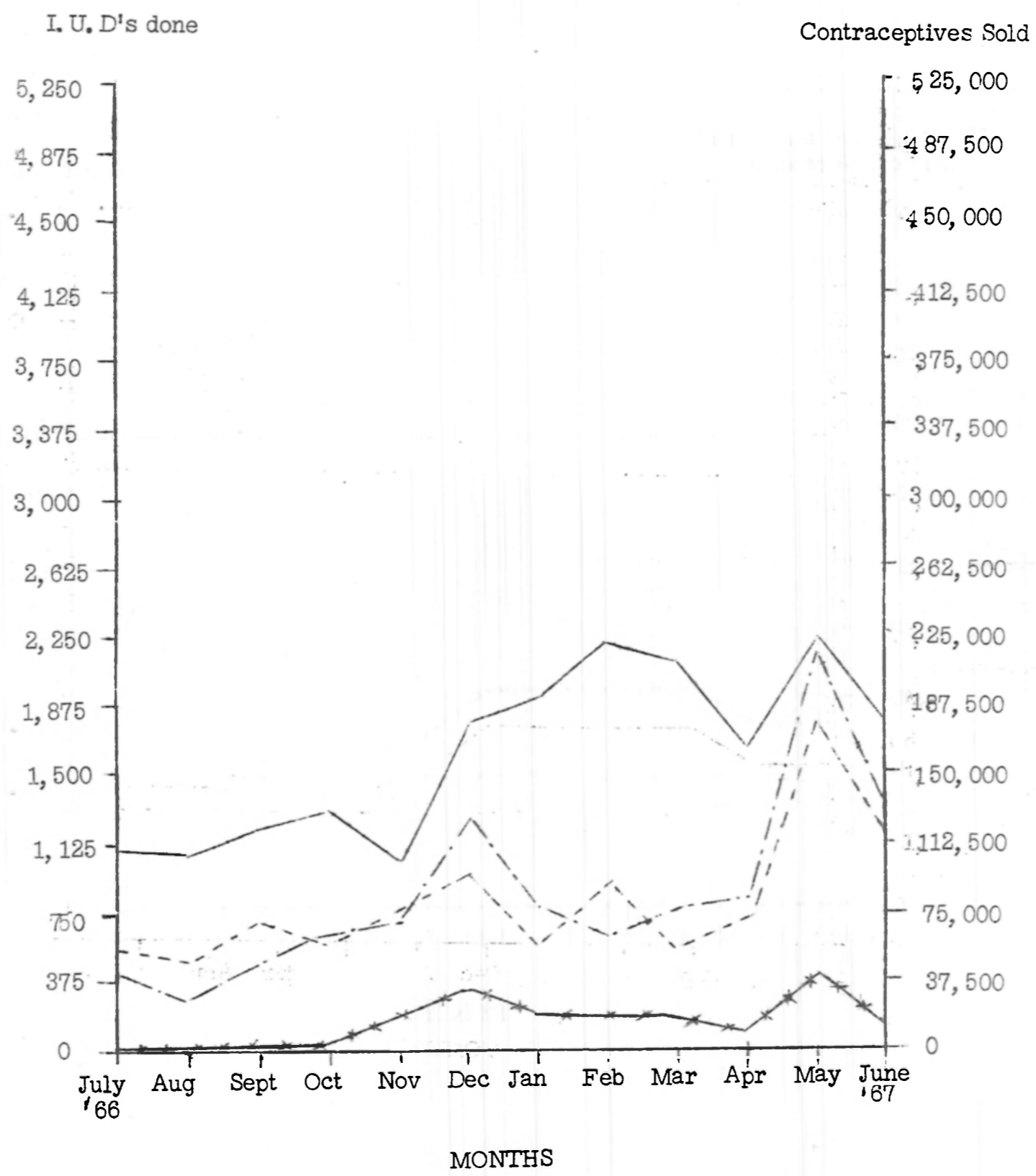
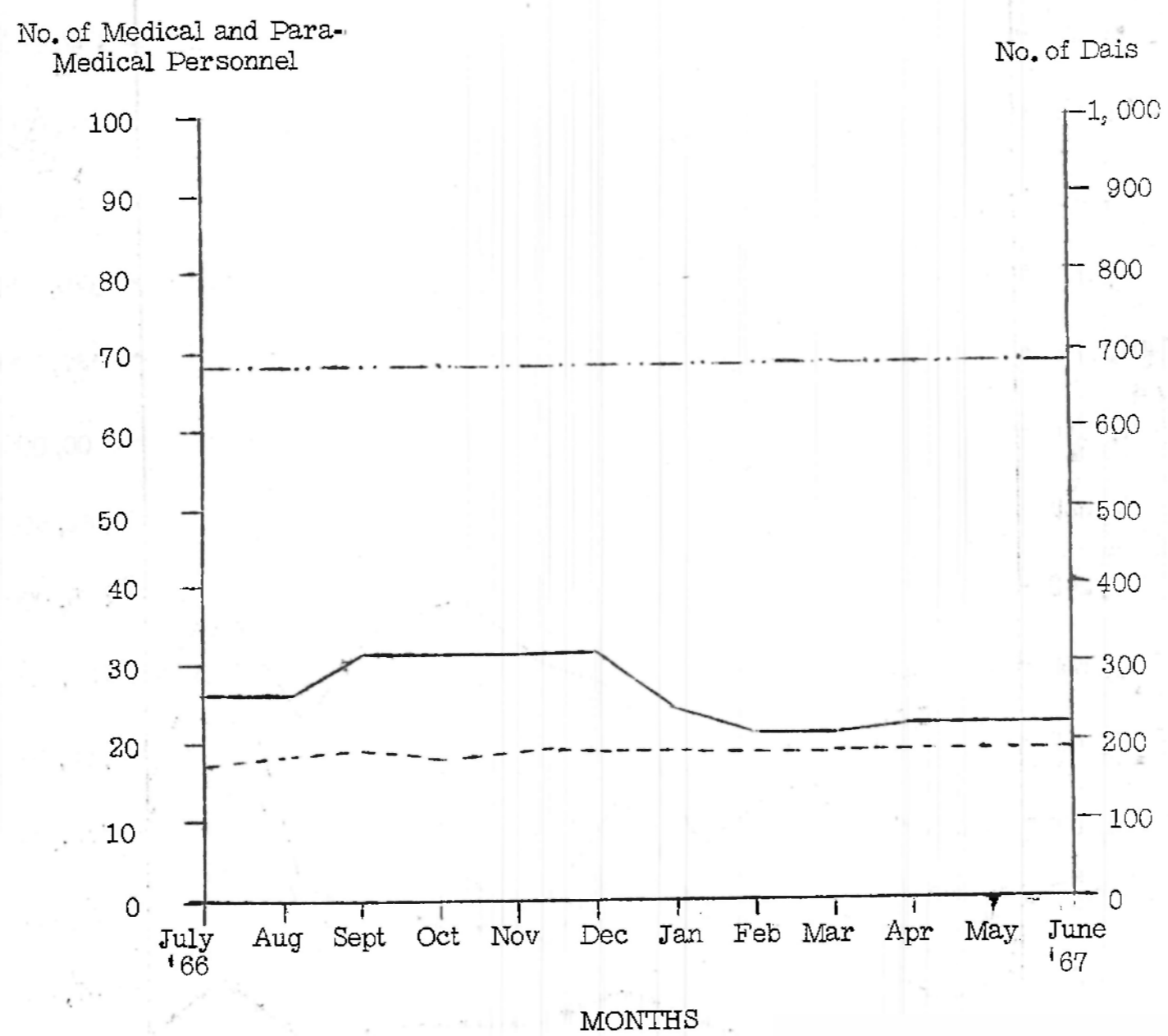


FIGURE C-12 Trained and in Position
 SARGODHA DISTRICT
 Medical Personnel _____
 Para-Medical Personnel - - - - -
 Dais



GUJRANWALA

SOCIODEMOGRAPHIC: A former district of the Punjab, Gujranwala with an area of 2,312 square miles and a 1961 population of 1,291,886 persons had a population density of 559 persons per square mile. The 1961 child/woman ratio of 736 was somewhat below the provincial average while the sex ratio was average and the proportion of females 15-49 slightly above the West Pakistan programme district averages. The district was, similarly, slightly above the provincial average in percent urban, percent literate and percent of the adult males in non-agriculture.

Classified as agricultural and moderately industrial, the district had three colleges and 35 high schools. Roads include 178 miles of metalled road and 14 miles of unmetalled roads. There are 3 Tehsils, 102 Union Councils, 4 Municipal Committees, and 6 Town Committees, and 1237 villages.

PRODUCTIVITY: Reported IUD insertions increased from the first to second quarter, but since then fell off consistently. Thus of the total 18,336 reported for the year, 9,810 were reported for the first half of the year.

Only 39 vasectomy/tubeligation cases were reported for the year, with the majority completed in the first half.

Conventional contraceptive sales totalled 2,174,473 "applications", of which 56.4 per cent were condoms. Condom sales increased through the first three quarters and then dropped off by roughly thirty percent in the last quarter. The 703,474 reported in the last half of the year, however, considerably exceeds the 547,604 reported for the first half of the year. The number of applications of foam liquid sold was slightly under 200,000 and the number of sales fluctuated rapidly during the year. Sales in the first half year exceed those in the second half. "Other" conventionals sold amount to less than 100,000 and the quarterly totals suggest a general decline in sales. Foam tablet sales also increased rapidly from the first to second quarter but since then the number sold decreased in both the third and the fourth quarters, but sales were still slightly higher in the second half of the year.

FINANCIAL: Rs. 707,900 was spent during the year - 25.5 percent for F. P. O's, 19.97 per cent for IUD's and 19.13 percent for dais. Expenditures were slightly higher in the second half of the year.

Expenditures to U. C. Secretaries was below the allocation but 62 percent was paid in the last quarter alone. Expenditures for transport and urban clinics exceeded the allocation.

PERSONNEL: The number of urban full time physicians (1) and cut piece doctors (1) remained constant and the number of part time doctors remained at 15 until the last month of the year when 9 dropped out of the programme. The reported January to February rise was due to the addition of five doctors registered for vasectomy, although the number done dropped thereafter as did the fee paid. The number of paramedical personnel remained roughly constant and our figures do not reflect the rise in the graph as reported in other sources. There has been a fairly sizeable turnover in the number of dais - nearly 20 percent loss and replacement over the year. Other positions have been stable.

FIGURE C-13

GUJRANWALA DISTRICT

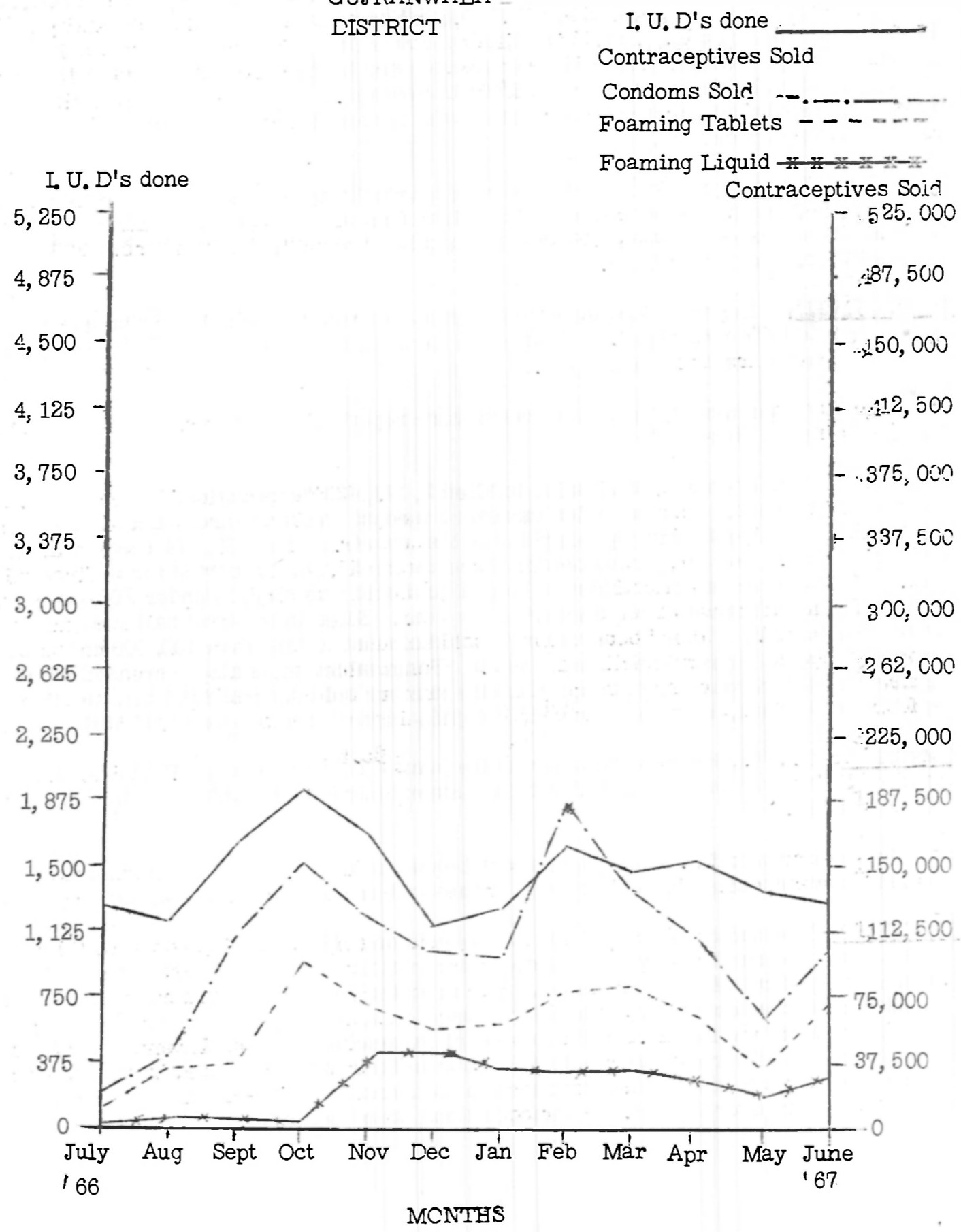


FIGURE C-14

GUJRANWALA
DISTRICT

Trained and in Position

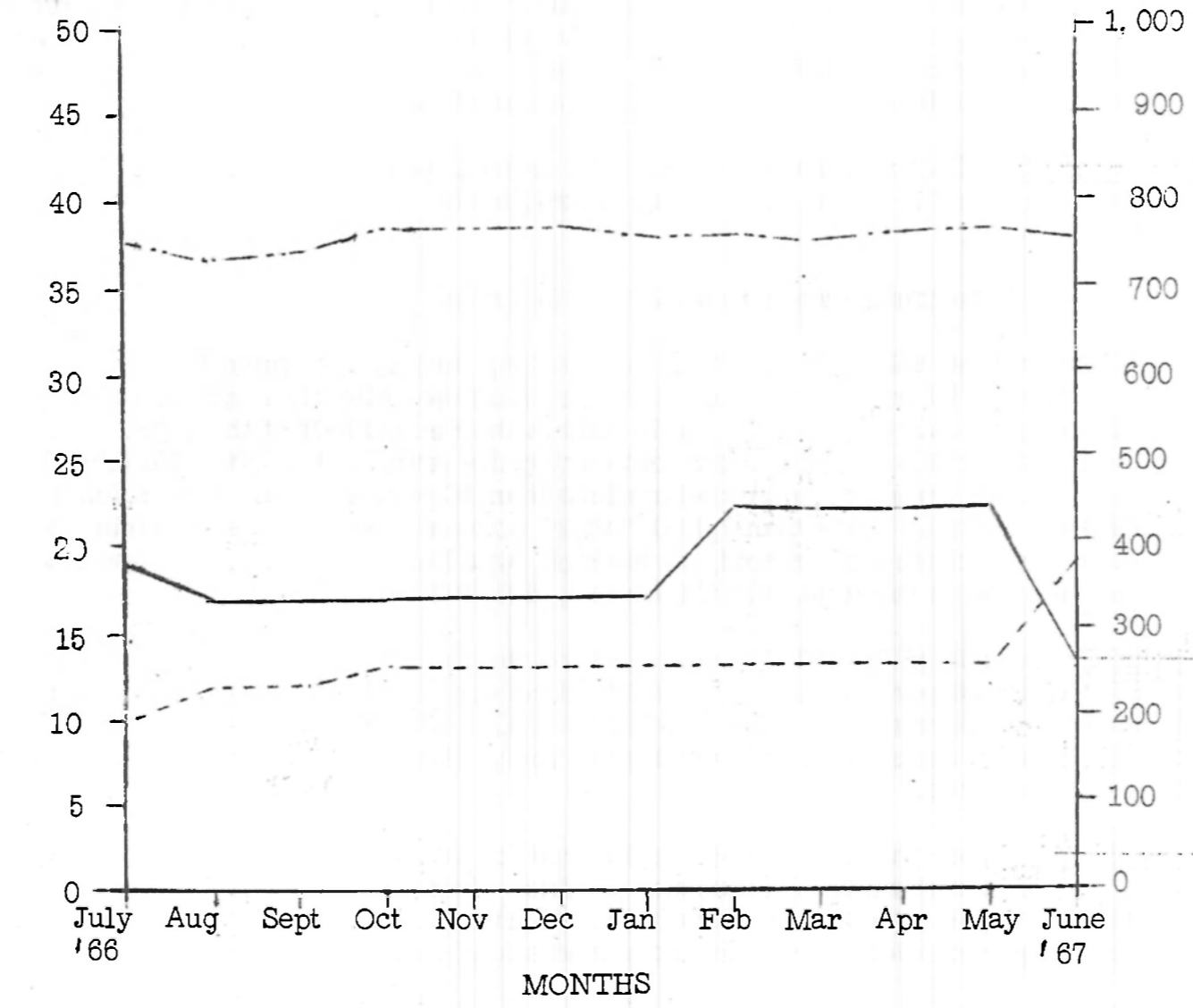
Medical Personnel —————

Para-Medical Personnel - - - - -

Dais ————

No. of Medical Personnel
and Para-Medical Personnel

No. of Dais



GUJRAT

SOCIODEMOGRAPHIC: A former part of the Punjab, the district population was 1,326,012 persons in 1961. With an area of 2,264 square miles, the density was 586 persons per square mile. The child woman ratio, 686 was much below average for West Pakistan while the sex ratio of 899 was slightly above average. Gujrat lags behind the average district with respect to urbanization: 12.7 percent. Literacy, 15.3 percent, is slightly above average while the percent of males in non-agriculture, 28.9, is slightly below the West Pakistan average.

There are 3 Tehsils, 139 Union Councils, 5 Municipal Committees, 4 Town Committees and 1,453 villages; three colleges and sixty high schools; 184.4 miles of metalled roads, and 13.62 miles of unmetalled roads. Some large scale industries have been established in the area as well as numerous small scale industries.

PRODUCTIVITY: There appears to be a slight trend upward in the number of IUD insertions reported in Gujrat. Of the total of 15,210 reported, 8,604 were reported for the second half of the year.

Only 9 vasectomies were reported for the year.

Conventional sales, 2,390,893, were again, largely accounted for by condom sales, 45.6 percent. The number of condoms sold increased slightly over the year, but not consistently by quarter, and the totals sold in the second half of the year, 727,932, make up the largest total of all condoms sold during the year, 1,336,308. No foam liquids were sold in the first quarter and something less than 10 percent of all conventional were foam liquid applications. Less than 7,500 "other" conventionals were sold during the year. The number of foam tablets sold, by quarter, was highly variable, and fewer were sold in the second than in the first half of the year, 605,184 vs 693,576.

FINANCIAL: A total of Rs. 401,400 was spent on the programme of which 29.87 percent went to FPO's, 21.28 percent to dais, and 17.49 percent for IUD insertions. Expenditures for Headquarters were nearly twice the allocations. According to the reports the Union Council Secretaries were never paid during the year. Expenditures on dais and publicity exceeded allocations.

PERSONNEL: Three physicians were registered for vasectomies in February-March otherwise the number of medical personnel decline. There were two full time urban clinic physicians reported but no urban clinic authorized and no expenditures indicated. The number of paramedical personnel increased slightly over the year.

The number of dais fluctuated widely; in October - December 360 were added and 260 dropped out. The number of FPO's was increased from 19 to 33 and since November no Technical Officer has been available.

FIGURE C-15

GUJRAT
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold
 Foaming Tablets - - - - -
 Foaming Liquid x x x x x

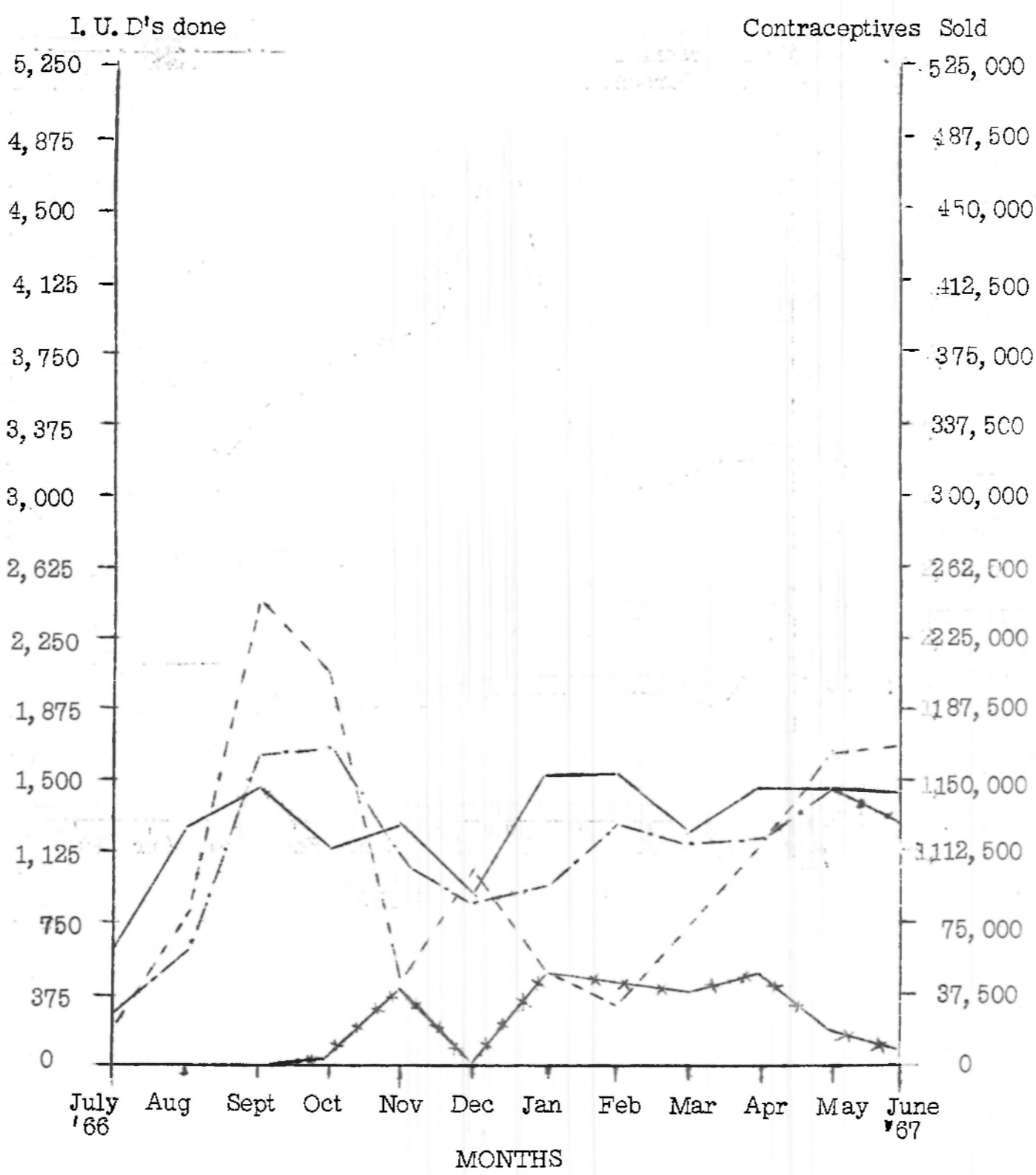


FIGURE C-16

GUJRAT
DISTRICT

Trained and in Position

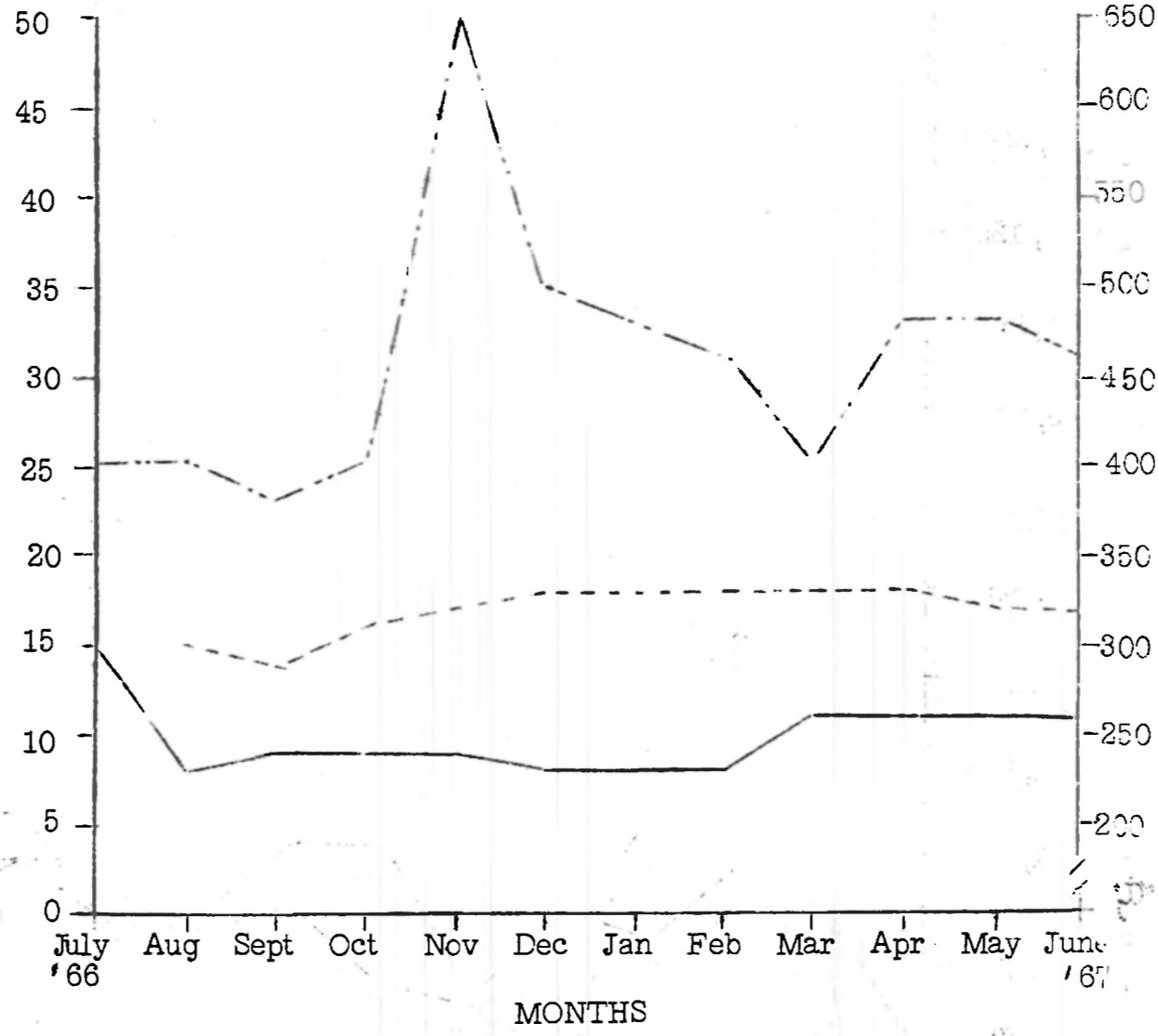
Medical Personnel —————

Para Medical Personnel - - - - -

Dais -

No. of Medical Personnel
and Para-Medical Personnel

No. of Dais



HYDERABAD

SOCIODEMOGRAPHIC: A former Sind state, the population in 1961 of 1,285,711 lived in an area of 4969 square miles. The population density was 259 per square mile. The child woman ratio was below the West Pakistan average, 718, as was the sex ratio of 809. With 40.0 percent of the Population in urban areas, the district is above the West Pakistan average; the percent literate, 13.8 is average; and the percent of adult males in non-agriculture, 36.6 is slightly above average.

In 1961 there were: 7 Talukas, 69 Union Councils, 3 Municipal Committees, 7 Town Committees, and 887 villages; 1 University, 11 colleges, and 13 high schools; more than 200 miles of metalled roads and an unknown number of unmetalled roads. Hyderabad is one of the more industrialized districts of West Pakistan with textile mills, cement factories, a razor blade factory, oil and flour mills, etc.

PRODUCTIVITY: A total of 17,355 IUD insertions were reported in Hyderabad for the year. The number, by quarter, was roughly the same, ranging from 4105 to 4577 (2nd and 3rd quarters) and second half reported insertions of 9134 exceeded slightly first half reports of 8221.

Only 47 vasectomy-tubeligations were reported for the district during the year; 42 in the first half of the year and none in the last quarter.

Conventional sales - 2,775,185 - were made up disproportionately of condoms, 54.8 percent. Condom sales increased consistently from quarter to quarter and second half sales exceeded the first six month period by roughly 25 percent. Foam liquid sales increased rapidly quarter by quarter from 1380 applications to 139,086 in the last quarter. "Other" conventional sales are a small part of the total and the quarterly totals are highly variable with no consistent pattern suggested. Foam tablet sales increased regularly from the first quarter, 181,910 to the last quarter - 452,486.

FINANCIAL: Rs. 632,600 was spent in the year and largely on the usual categories: FPO's dais, and IUD fees. Costs for district headquarters were more than 2 1/2 times the allocation. With the exception of publicity and transportation costs, expenditures were below the scheme allocation. Over the year, however, costs nearly tripled from the first to last quarter.

PERSONNEL: The number of medical personnel available in the programme declined. One full time urban clinic physician was available through the year, but only the registration of three doctors for vasectomy has been able to offset, partially, the decline in part time and cut piece physicians.

No full time LHV (urban clinic) was in the programme after mid-year, and the number of part time clinic LHV's decline from 9 to 5. The number of trained mid-wives increased slightly however.

The number of agents increased from 766 to exactly 1200 and then dropped by only 32 in the last two months of the year. The number of dais has been relatively stable over the year. The number of U. C. Secretaries has changed slightly during the year but has usually been above the number of Union Councils reportedly in the district. Twenty-four percent of the Family Planning Supervisors have been replaced during the year.

FIGURE C-17

HYDERABAD
DISTRICT

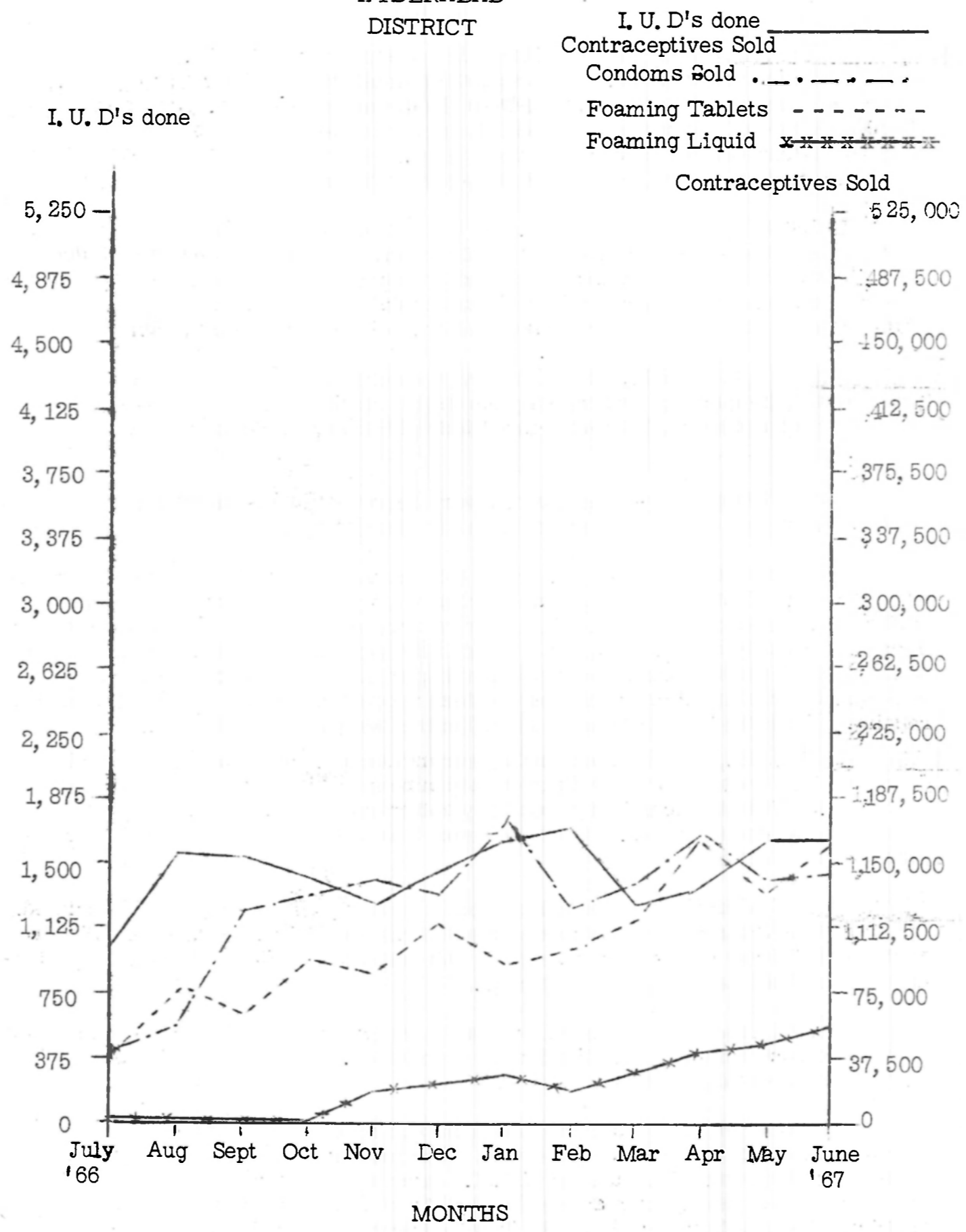
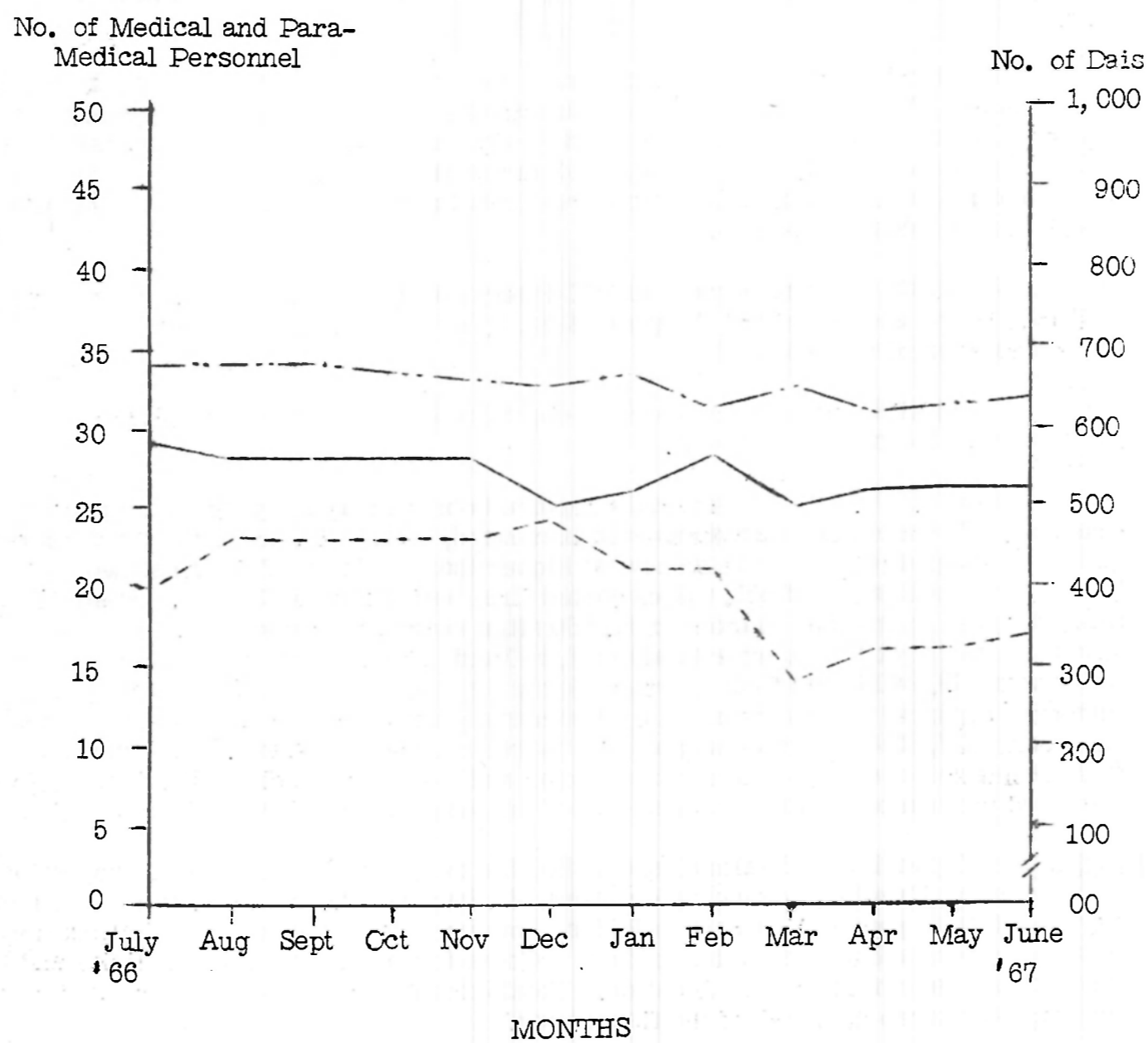


FIGURE C-18

HYDERABAD
DISTRICT

Trained and in Position
Medical Personnel _____
Para-Medical Personnel - - - - -
Dais



RAWALPINDI

SOCIODEMOGRAPHIC Now the site of the central government, the district in 1961 had a population of 1,137,085 in an area of 2,002 miles; the density was 562 persons per square mile. The child woman ratio of 686 is lower than the provincial average and the femininity ratio of 925 is much higher than the provincial average. The percent urban is 35.7; the percent literate 27.5; and the percent in non-agricultural occupations is 39.6.

The district, which is the location of the Army General Headquarters, comprises 4 Tehsils, 78 Union Councils, two Municipal Committees, 2 Town Committees and 1,217 villages. There are 8 colleges and 70 high schools. Roadways consisted of 228 miles of metalled roads, and 101 miles of unmetalled roads. The area is now moderately industrialized but this will expand greatly in the next decade with the completion of the Taxila industrial centre.

PRODUCTIVITY: Of the total number of IUD insertions reported, 15,771, the majority was done in the second half of the year; 8388. The lowest number reported was for the second quarter of the year, 3296.

A total of 240 vasectomies or tubeligitations were reported with slightly more in the first than the second half year.

Of the 2,439,490 conventionals reported sold during the year, 47.9 percent were condoms. The number of condoms sold increased, quarterly, up to the third quarter and then dropped off to a level somewhat higher than in either of the first two quarters. Thus second half sales of 653,019 exceeded first half sales by 138,000. Foam liquid sales dropped in the last quarter to 31,560 after reaching a peak of 42,180 after a rapid rise from the first two quarter totals of 7,320 and 7,380. "Other" conventional sales which were 19,240 in the first quarter nearly disappeared by the last quarter when only 100 were reported to have been sold. Foam tablets sold also dropped off in the last quarter to 227,452 after reaching a third quarter peak of 344,097. The last quarter foam tablet sales were the lowest of the year and the number sold in the first half year exceeded the number sold in the last half of the year by almost 15,000 applications.

FINANCIAL: Expenditures totalled Rs. 613,200 for the year and the largest proportions were spent on Family Planning Supervisors (21.89 percent), dais (21.18 percent) and IUD fees (20.45 percent). Costs to FPS's, however, were below scheme allocation as was the amount spent on salaries to dais. Costs for transportation, publicity and the urban clinic ran ahead of the allocation. Total expenditures have not increased greatly over the last three quarters of the fiscal year.

PERSONNEL: After a first month drop of doctors registered in the programme, the number of medical personnel has remained fairly stable, and the small increase in the second half of the year is largely due to the addition of two physicians registered for vasectomy. Among the usual three categories, the only change involved the addition of one cut piece physician in the last month of the fiscal year. Paramedical personnel increased in the first month of the year and since then remained stable with 1 LHV - urban clinic, 16 LHV's - part time clinics, and 5 cut piece LHV's.

The number of dais decline by 110 in the second quarter of the year and since then has been increasing slowly. Of the 25 FPS's (25 allocated) 21 of those in position (25) have been replaced. All other personnel remained in place at target level.

FIGURE C-19 AUDIT

RAWALPINDI DISTRICT

I. U. D's _____
 Contraceptives Sold _____
 Condoms Sold
 Foaming Tablets - - - - -
 Foaming Liquid - . * * * * *

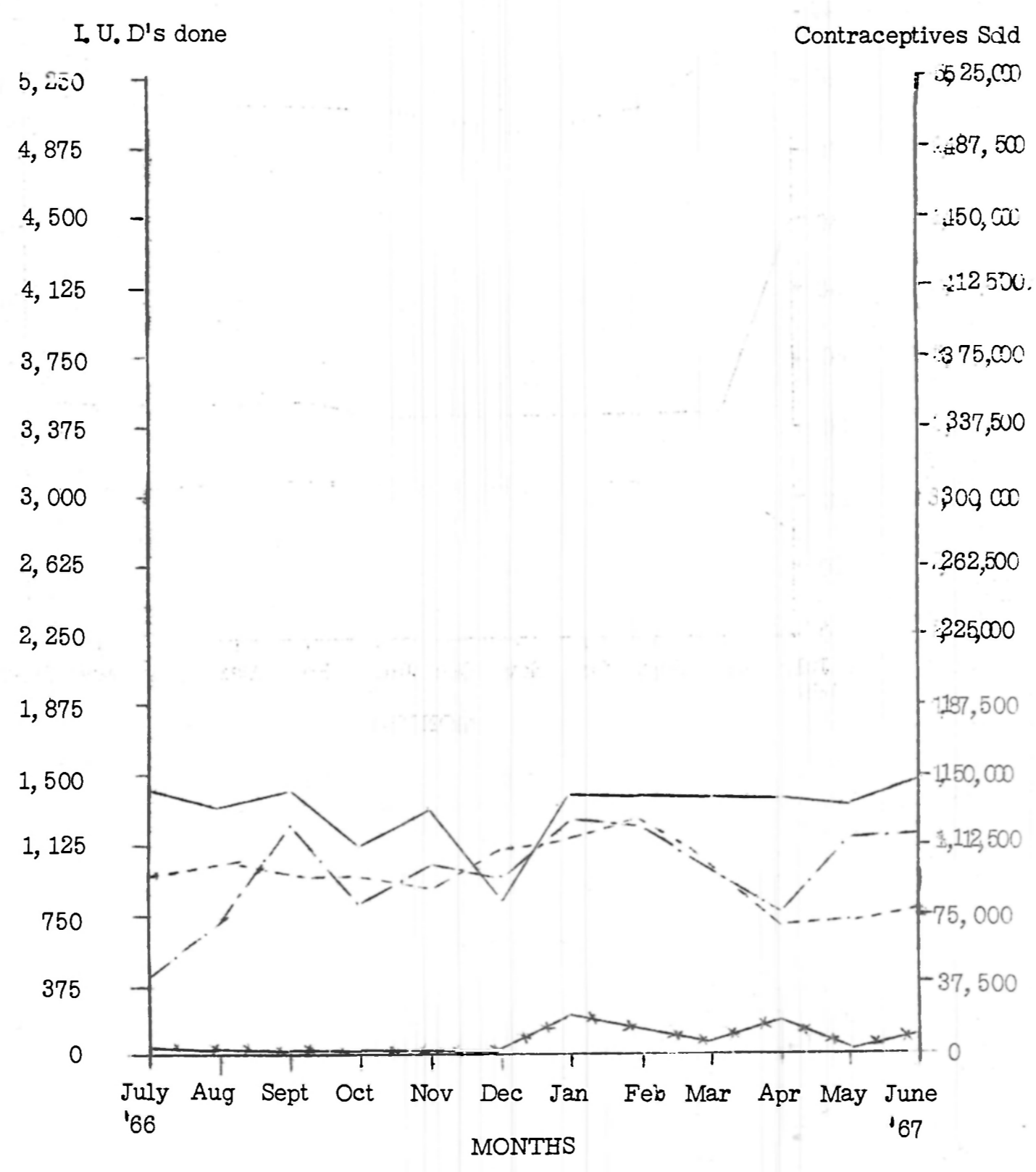


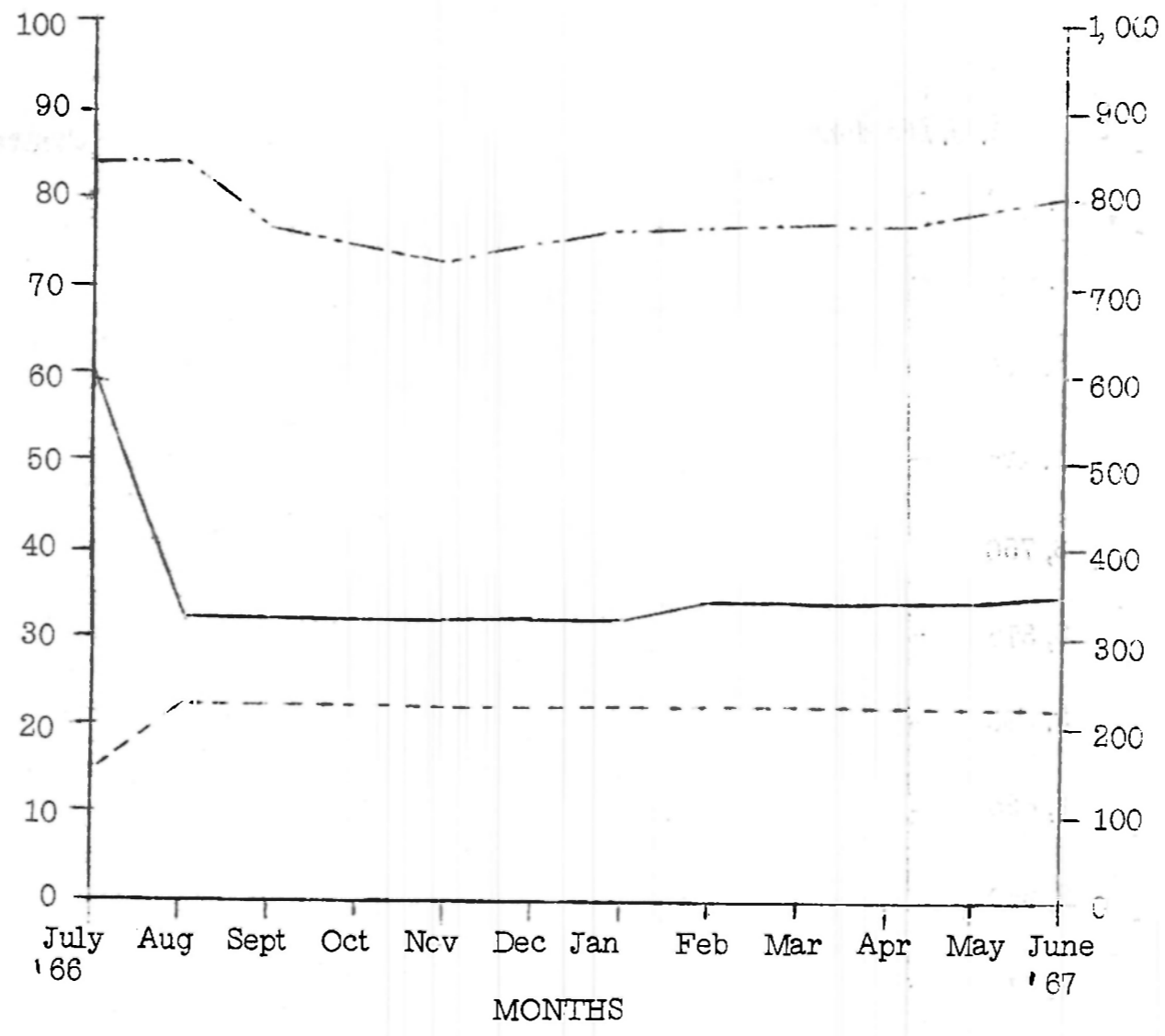
FIGURE C-20

RAWALPINDI
DISTRICT

Trained and in Position
Medical Personnel ———
Para Medical Personnel - - - -
Dais ———

No. of Para-Medical and
Medical Personnel

No. of Dais



PESHAWAR

SOCIODEMOGRAPHIC: A district of the Old North West Frontier Province - the 1961 population was 1,170,000 or 1,213,468 if one excludes the special and added area's population which was not covered in the normal census procedures. The area consists of 1,646 square miles and the density was 862 per square mile. Much of the population is concentrated in relatively small sections of the district. The child woman ratio was 837 and the sex ratio was 862. The percent urban was 31.5 indicating the importance of the city of Peshawar to the district and the percent literate was 13.1 while the percent in non-agricultural occupations was 36.6 percent.

The district comprised 3 Tehsils, 85 Union Councils, 3 Municipal Committees, 6 Town Committees, and 621 villages. In 1961 educational facilities included 1 university, 13 colleges and 36 high schools. Roads included 282 miles of metalled and 172 miles of unmetalled roads.

PRODUCTIVITY: The reported number of IUD insertions increased from the third to the fourth quarter following a consistent decline from the first to the second and third quarters. The largest number of insertions was in the first quarter, 405 and of the total 15,330 reported for the year, 7,804 were for the first half of the year.

Only 23 vasectomy/tubeligitations were reported for the year, and 16 of these were in the second quarter.

Of the 1,192,639 conventionals reported sold, 46.6 percent were condoms. After a slight drop from the first to second quarter, the number of condoms sold increased rapidly in the third and fourth quarters. Of the year's total of condoms sold (566,029), a total of 379,223 were sold in the second half of the year. Foam liquid sales were variable during the year, but the number sold in the last quarter, 121,320 was four times as great as the sales in any of the previous three quarters. No "other" conventionals were sold. Foam tablet sales decreased from the first to the third quarter and then increased to the highest quarterly total of the year 141,011 from 98,531 in the third quarter.

FINANCIAL: Financial expenditures totalled Rs. 529,100 and the largest categories were the usual three -- FPS's, IUD fees and salaries to dais although the order of the three (as indicated) was slightly different than that found in other districts where IUD fees normally fell into third place. In general expenditures were below the scheme allocation, although they did exceed the estimate in the case of publicity and transport. Unusually high expenditures were also indicated for "contingencies" (the second highest in the province) and equipment (the highest amount spent in the province.) Total expenditures were slightly lower in the second half of the year.

PERSONNEL: Medical personnel dropped in the first month and since then increased ~~ap~~pratically with the addition of cut piece doctors and one physician who is registered for vasectomy. The urban clinic physician and part time clinic physicians are reported to be in place without variation through the year.

Paramedical personnel were reported to have increased rapidly in the first month. Since then the increase in the number of LHV part time clinic personnel has only served to offset the loss of LHV cutpiece personnel and trained midwives.

The number of agents, 564, is less than half the target but the reported number has not changed over the entire year. There is some slight variation in the number of dais in the programme. Slightly less than 10 percent dropped out of the programme during the year, but these have been more than replaced so that the year end total is slightly higher than the number reported in the first month of the programme. Of the 85 Union Councils secretaries (target-85) 4 dropped out of the programme in March and have not been replaced. There are 24 Family Planning Supervisors allocated for the district programme and during the year 6 of the twenty four were replaced. An Executive and a Technical Officer have been in place throughout the year.

FIGURE C-21

PESHAWAR DISTRICT

I. U. D's Done _____
 Contraceptives sold _____
 Condoms Sold _____
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

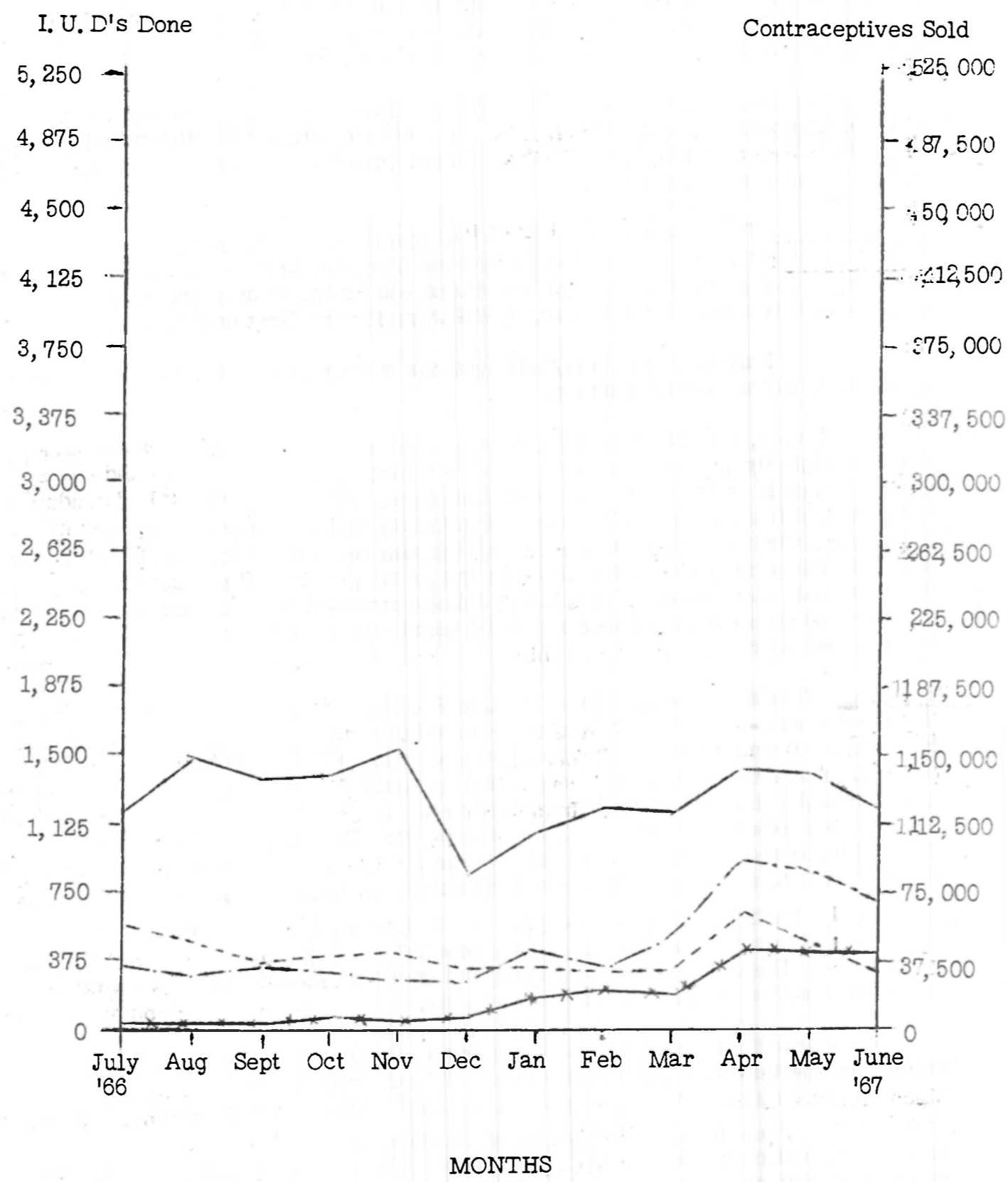
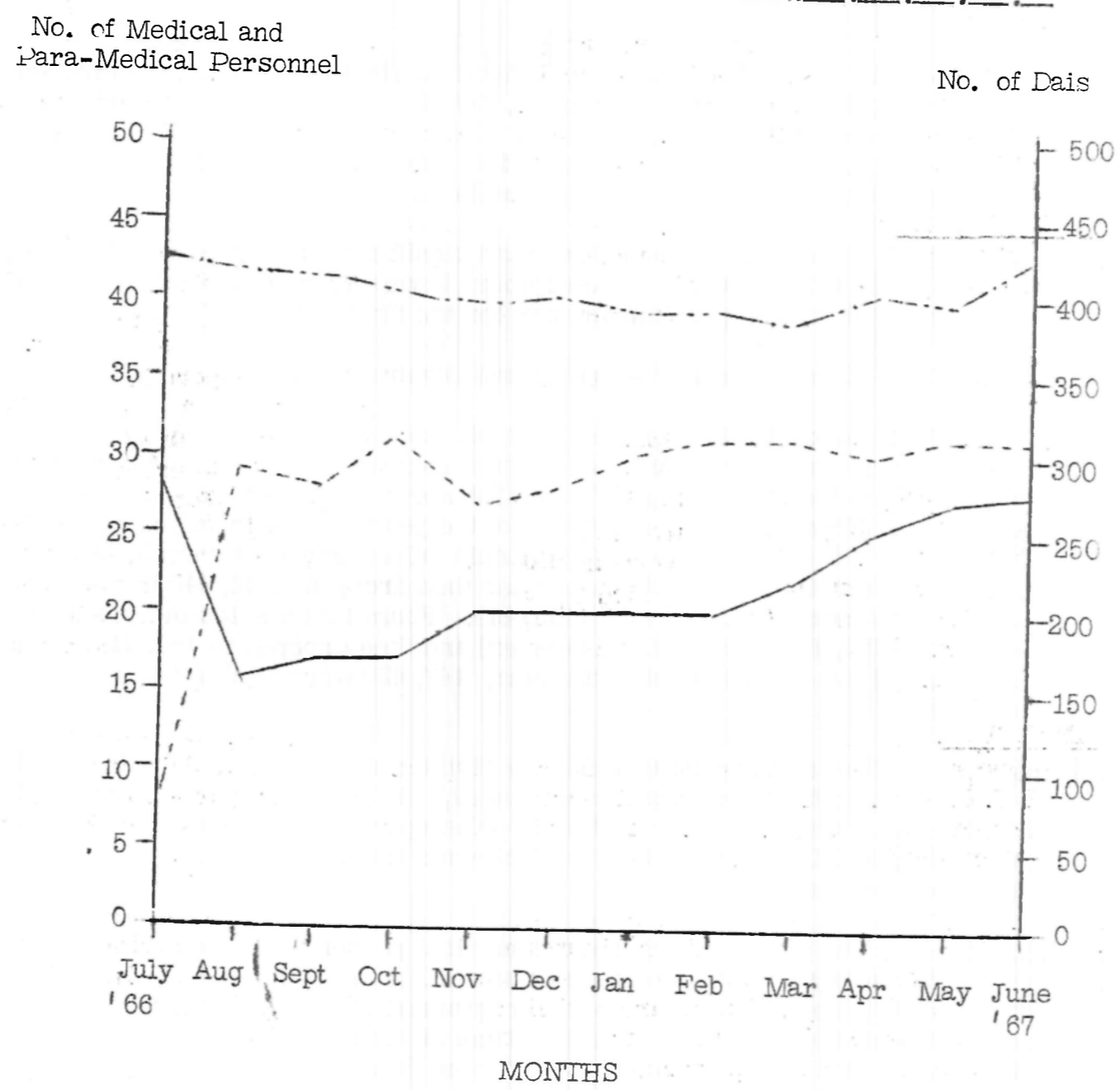


FIGURE C-22

PESHAWAR
DISTRICT Trained and in Position
Medical Personnel
Para-Medical Personnel
Dais



SHEIKHUPURA

SOCIO-DEMOGRAPHIC: Another of the Punjabi districts, Sheikhpura had a 1961 population of 1,080,619 persons in 2,312 square miles and a density of 467 persons per square mile. The child woman ratio of 730 was slightly below the provincial average and the sex ratio of 874 was slightly above average; 12.6 percent of the population was urban, 11.0 percent literate, and 28.9 percent of the adult males were in non-agricultural jobs.

Within the district there are 3 Tehsils, 105 Union Councils, 2 Municipal Committees, 9 Town Committees and 1,093 villages. Educational facilities were limited: 2 colleges and 25 high schools. There were 188 miles of metalled road and 34 miles of unmetalled road. The district is largely agricultural, but the district is the worst affected by waterlogging and salinity.

PRODUCTIVITY: There is no consistent, and significant pattern of increase in the reported number of IUD insertion. The number, however, reported for the second half of the year, 4,743, is slightly higher than for the first half, 4,173.

Only 13 vasectomy tubeligation cases were reported during the year.

Fifty percent (50.1) of the 1,782,555 conventionals reported sold were condoms. Again, the number of condoms sold increased through the third quarter and then fell off in the last quarter. The sales were still in excess of first quarter sales and the 518,218 sold in the second half of the year was much in excess of the first half total of 375,491. Similarly foam liquid sales increased from 3,120 in the first quarter to 37,620 in the third quarter and then dropped to 15,840 in the fourth quarter; "other" conventional sales were negligible. Foam tablet sales increased from 151,642 to 285,408 (first to third quarter) and then dropped to 162,012 in the last quarter. Of the 814,126 sold in the year, 447,420 were sold in the second half of the year.

FINANCIAL: The total expenditure for the district was Rs. 454,800 of which 39.07 percent went to family planning supervisors, 19.99 percent to dais and only 9.52 to I. U. D. fees. Only two other districts - Khairpur and Dinajpur - spent a smaller proportion on I. U. D. fees. Only publicity and transport cost exceeded the scheme allocation for the year.

PERSONNEL: The rise in the number of medical personnel in the programme in the last part of the year reflects the registration of 10 physicians for vasectomy. After an initial push to get physicians into the programme the number has fallen off and turn-over has been high. There are no full time clinic physicians; turn-over among the original six part time clinic doctors has been 66 percent and among the original 11 cut piece doctors, 63 percent.

Similar the drop out rate among paramedical personnel has been high; LHV - part time, 8 down from 11; LHV - cut piece, 11 down from 9; trained midwives - 2 down from 10.

Agents have never been at target and drop-out continued through the year with one reversal which itself was off set the following month. This holds true also for dais with no reversal of the trend.

All other personnel positions were usually filled and relatively stable throughout the year.

FIGURE C-23
SHEIKHUPURA
DISTRICT

I. U. D's Done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

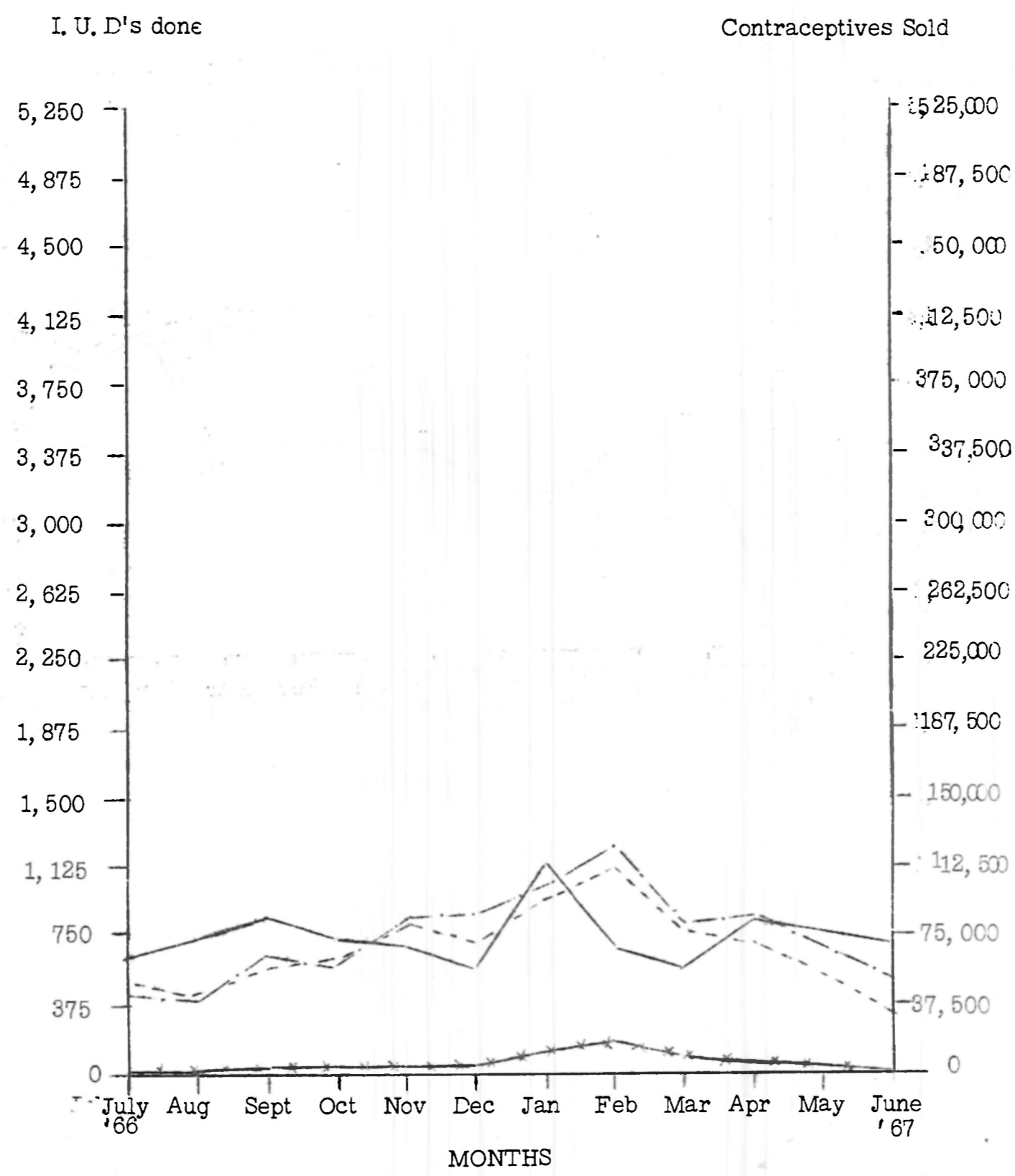


FIGURE C-23
SHEIKHUPURA
DISTRICT

I. U. D's Done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

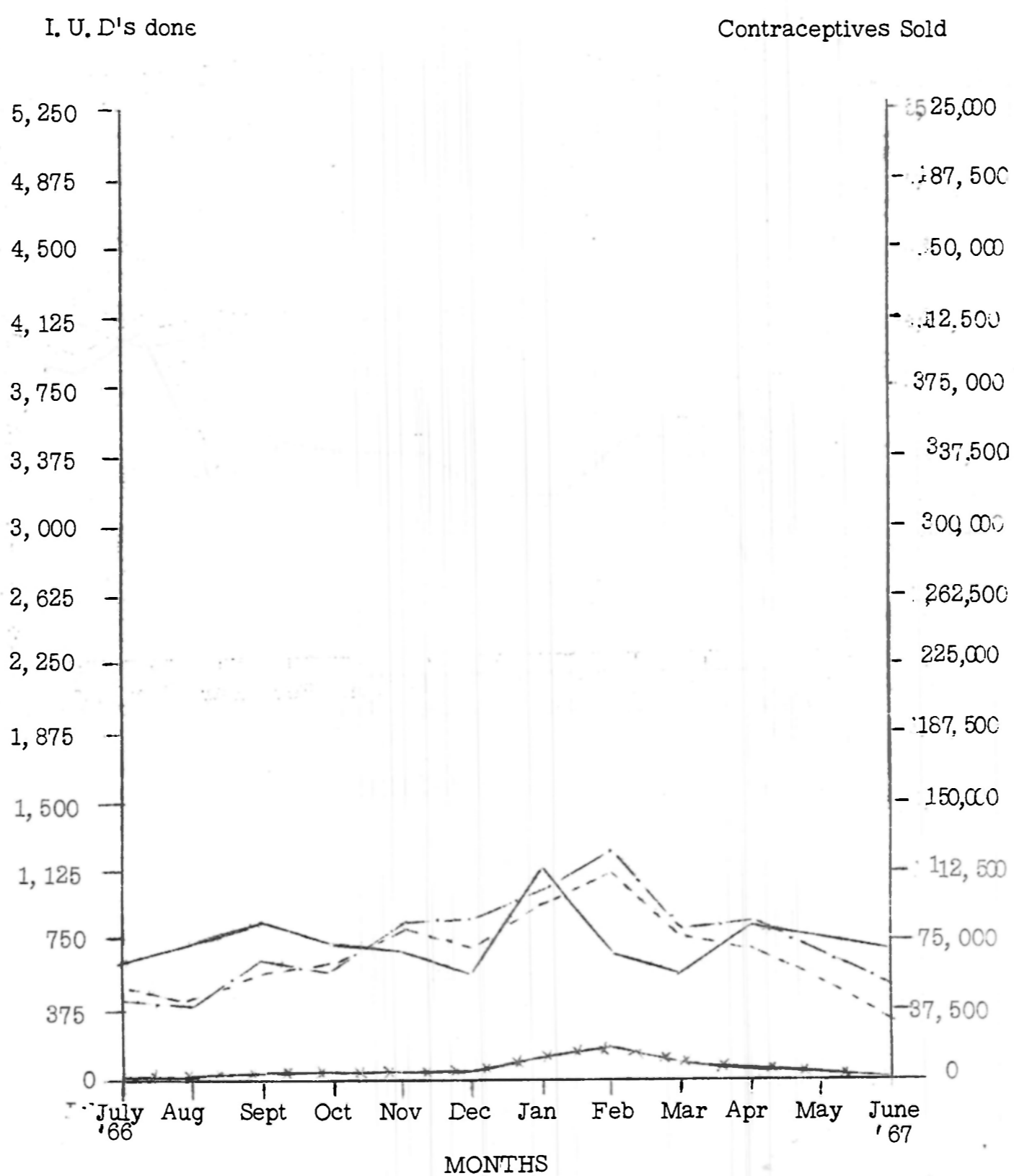
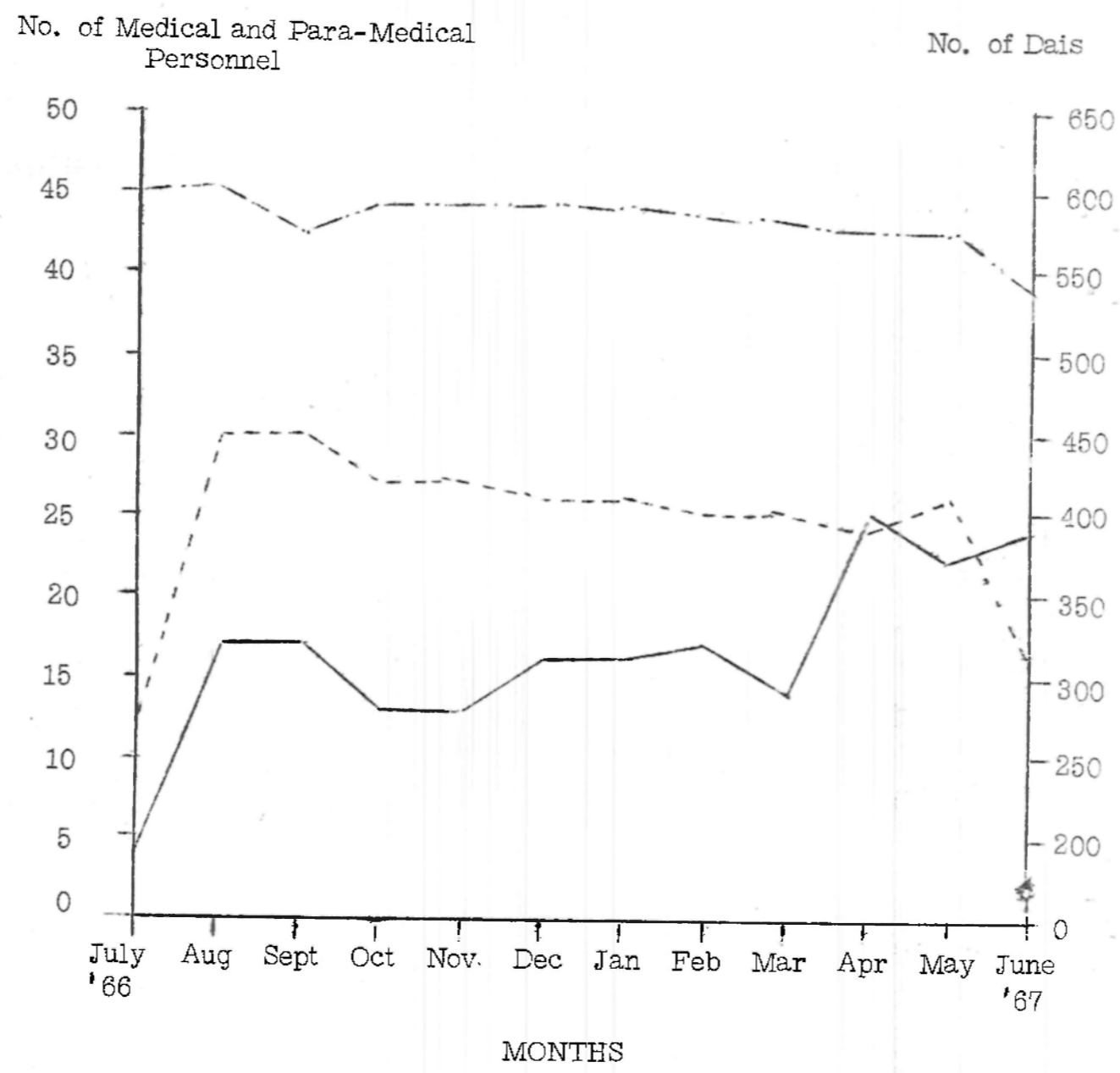


FIGURE C-24 Trained and in Position

SHEIKHUPURA
DISTRICT

Medical Personnel ———
Para-Medical Personnel - - - -
Dais -



JHANG

SOCIODEMOGRAPHIC: Located in the former Punjab, the 1961 population of 1,078,747 persons lived in an area of 3,401 square miles. Density was 317 persons per square mile. The child woman ratio of 760 was slightly below the West Pakistan average while the sex ratio of 868 was average. The percent of the population in urban areas, 16.0, was slightly below average; the percent literate was below average, 11.9, and the percent of the non-agricultural labour force 34.8 was slightly above average.

There are: 3 Tehsils, 94 Union Councils, 2 Municipal Committees, 3 Town Committees, and 1,047 villages; 6 colleges and 26 high schools; 327 miles of metalled roads and 91 miles of unmetalled roads.

There is little industrialization in the area and the proportion of males in non-agriculture reflects the classification of breeders and cattle workers as non-agricultural workers.

PRODUCTIVITY: The number of IUD insertions has increased steadily and consistently from the first through the fourth quarters of the year; the largest increase was between the second and third quarters, 2269 to 3534. The years total was 11,640.

Only 21 vasectomy/tubeligation cases were reported for the year and 13 of these were in the second quarter.

Conventional contraceptive sales were slightly over a million - 1,010,980 for the year - and 46.4 percent of the sales were condoms. Condom sales have increased consistently and steadily, quarter by quarter, from 81,276 to 159,339 in the last quarter. Foam liquids were sold only in the last three quarters but the sales increased rapidly from 2940 to 22,980 and then to 39,300. "Other" conventional contraceptives are a minimal part of the total, but have increased also consistently for each of the four quarters from 80 to 300, to 2,640 and finally to 5,680. Foam tablets, the second most important of the conventionals sold in terms of totals, have a more irregular sales pattern than any of the other types; 250,792 were reported sold in the second quarter while the first, third and fourth quarter sales were 45,816, 80,762 and 90,210. If one excludes the second quarter there is a regular pattern of increase, but it appears that during the second quarter large quantities were "dumped" on the sales agents.

FINANCIAL: Total cost was Rs. 476,700 with a proportionate distribution similar to other districts: Family Planning Supervisors - 29.58 percent, salaries to dais - 22.91 percent, I. U. D. fees - 13.51 percent. Scheme allocations, however, were exceeded in only two cases; allowances of Medical Superintendents or District Health Officer and transportation.

PERSONNEL: Data available to us were very poor with respect to medical personnel. They indicate, however, that for five months of the year, no full time urban clinic physician was available; no change in the number of part time clinic physicians (7) took place; no data on cut piece doctors are available for the last 2 months but the number never exceeded two.

For paramedical personnel only two types of workers were in the programme. A full time LHV was added in September and the number of LHV's part time increased from 11 to 12 that month and the personnel were in place to the end of the year.

Agents increased from 916 to 1079 (the target) in December-January and six were later replaced to remain at target.

The number of dai's remained at target (609) until 4 dropped out in April to be replaced in May. U. C. Secretaries have been at target (adding 2 Municipal Committee secretaries to the U. C. number) constantly through the year.

No technical officer has been available. Only three of the F. P. Supervisors have had to be replaced during the year and the Exec./Publicity officer has been available throughout the year.

FIGURE C-25

JHANG DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid - * * * * *

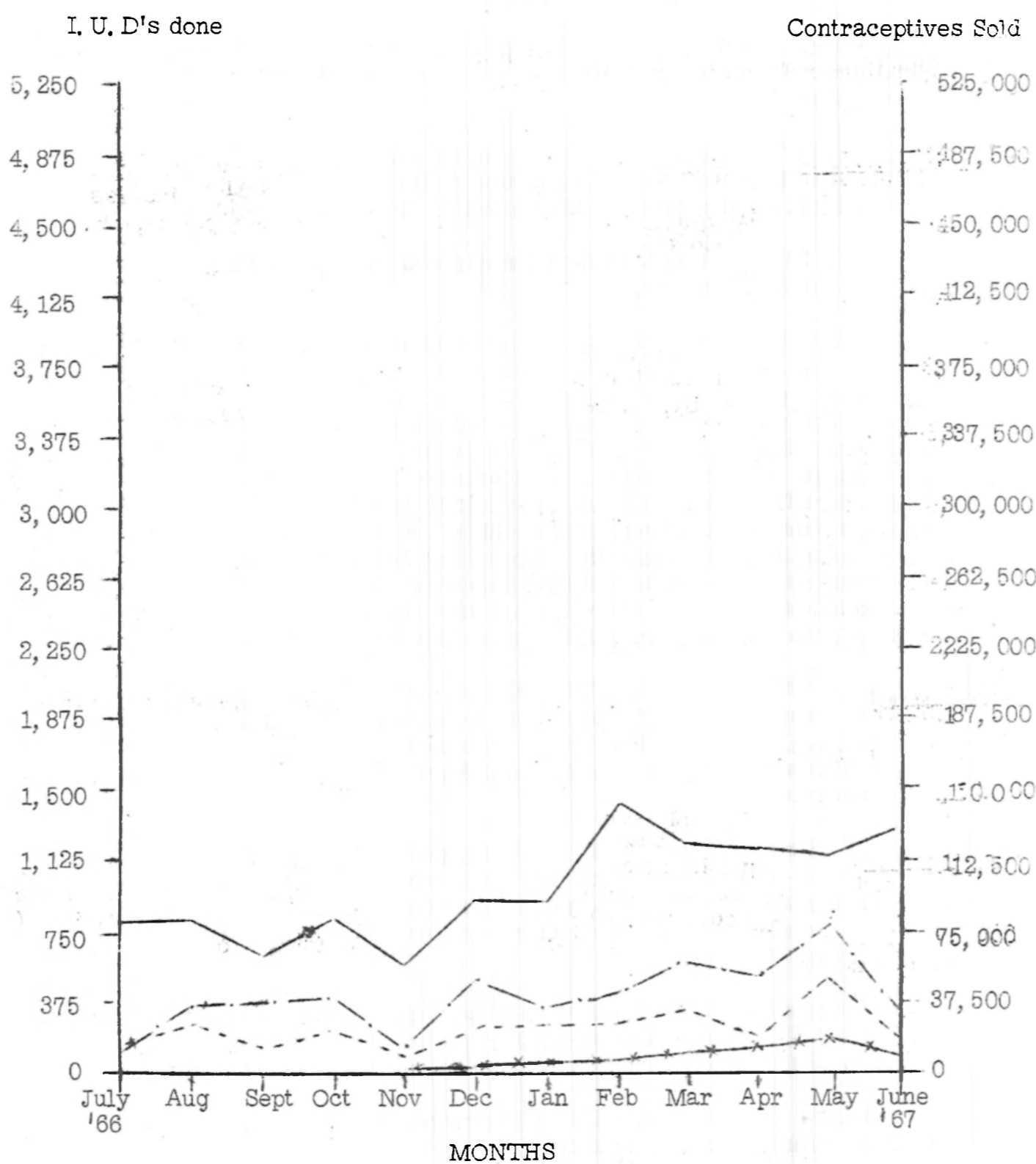


Table 16

All Financial Expenditures for Family Planning Programme 1966-67

Quarterly, Semi-Annual and Annual Totals for Districts, and Provinces. Rs (00's)

	Quarterly		Totals		Semi-Annual Totals		Annual Total
	I	II	III	IV	A	B	
Multan	2669	3145	2615	2930	5814	5545	11359
Lyallpur	1731	2052	2481	2273	3783	4754	8537
Lahore	2023	2788	2489	2469	4811	4958	9769
Karachi	1199	1927	1587	1114	3126	2701	5827
Sialkot	760	1698	1954	2138	2458	4092	6550
Sargodha	1563	1607	1769	810	3170	2579	5749
Gujranwala	1393	1967	1699	2020	3360	3719	7079
Gujrat	755	1159	1090	1010	1914	2100	4014
Hyderabad	837	1372	1689	2428	2209	4117	6326
Rawalpindi	1085	1547	1773	1727	2632	3500	6132
Peshawar	988	1701	1183	1419	2689	2602	5291
Saikhupura	789	1190	1281	1288	1979	2569	4548
Jhang	739	1063	1424	1541	1802	2965	4767
Bazara	1666	1655	986	1236	3321	2222	5543
Mazaffargarh	778	1068	596	1212	1846	1808	3654
Sukkur	626	948	1151	1120	1574	2271	3845
Rahimyar Khan	772	827	864	1020	1599	1884	3483
Mardan	783	689	774	621	1472	1395	2867
Jhelum	705	880	939	363	1585	1302	2887
Nawabshah	710	737	711	911	1447	1622	3069
Bahawalpur	543	754	715	787	1297	1502	2799
Larkana	642	626	551	670	1268	1221	2489
Montgomery	1845	1763	2101	2295	3608	4396	8004
Khairpur	379	503	806	734	882	1540	2422
D. I. Khan	450	429	543	573	879	1116	1995
West Pakistan	26430	34095	33771	34709	60525	68480	129005
Mymensingh	3861	4619	5211	3902	8480	9113	17593
Dacca	-	5284	8739	10193	5284	18932	24216
Comilla	330	2053	2720	5578	2383	8298	10681
Barisal	978	2453	2959	6522	3431	9481	12912
Chittagong	1689	1862	1799	3564	3551	5363	8914
Rajshahi	1508	2094	2996	1894	3602	4890	8492
Khulna	1311	2410	2455	2140	3721	4595	8316
Noakhali	965	1134	1541	2142	2099	3683	5782
Dinajpur	2264	2487	3038	5098	4751	8136	12887
Bogra	2152	2457	2033	1764	4609	3797	8406
Kushtia	500	912	1087	2432	1412	3519	4931
East Pakistan	15558	27765	34578	45229	43323	79807	123130

Table 17
Percent Distribution: Single Financial Item in Total Annual Expenditure by District for Family
Planning Programme July 1986-June 1987

All Fin. Expend. Rst(00's)	Total	Distt. H. Q.	Allw. Med. Supts.	U. C. Sec. & Thana Dev.	F.P.S. Sec. & Thana P.O's.	Pub-Mod-Trans-Port	Urb-UD Fees	Vasec- to array	Sal-ary	Con-Part-time FFP's.	I.H.V's Training.	E. Dip.	Percent Distribution												
													1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Multan	11359	100.0	2.80	0.33	4.37	34.89	3.35	-	2.10	2.24	16.29	0.44	20.13	3.19	0.63	2.18	0.44	0.32							
Lyalpur	8537	100.0	3.67	0.30	4.58	39.55	4.58	-	2.35	2.87	15.46	1.87	18.14	2.62	2.01	1.92	-	-							
Lahore	9769	100.0	6.85	0.19	1.85	26.81	9.11	0.60	1.16	11.66	17.14	1.23	18.92	-	1.87	2.11	-	0.50							
Karachi	5827	100.0	6.62	0.31	2.63	20.56	1.30	0.76	1.15	14.91	21.21	4.38	18.31	3.31	0.86	2.95	0.31	0.45							
Sialkot	6550	100.0	3.57	0.31	4.18	31.30	3.42	1.63	2.29	3.51	15.13	0.50	28.27	3.70	1.95	2.87	1.08	1.27							
Sargodha	5749	100.0	4.97	0.31	6.16	33.64	2.56	-	3.24	4.49	17.17	1.64	15.97	3.71	2.50	2.97	0.18	0.77							
Gujranwala	7079	100.0	3.77	0.37	5.21	25.50	5.09	0.27	2.73	5.38	19.97	0.14	19.13	4.73	4.52	2.83	-	0.77							
Ujrat	4014	100.0	10.54	0.80	-	29.87	6.13	-	4.61	-	17.49	0.07	21.28	1.77	0.95	4.46	0.12	1.84							
Hyderabad	6326	100.0	9.60	0.28	3.54	18.31	6.69	0.13	7.35	2.82	22.57	1.71	14.89	1.80	2.81	2.94	2.65	1.70							
Faisalpindi	6132	100.0	6.54	0.39	5.15	21.89	5.37	0.46	3.05	5.64	20.45	0.73	21.18	3.33	2.04	3.26	0.08	0.42							
Feshawar	5291	100.0	5.96	0.49	4.20	21.05	7.50	-	4.31	5.61	19.62	0.21	12.64	8.28	1.97	3.70	0.06	5.99							
Sheikhupura	4548	100.0	5.50	0.48	4.20	39.07	6.46	0.11	3.52	-	0.52	0.18	19.99	4.13	1.38	3.80	0.02	1.08							
Jhang	4767	100.0	6.06	1.34	5.06	29.58	3.31	-	4.20	4.95	13.51	0.08	22.91	3.42	1.89	2.16	1.33	0.3							
Hazara	5543	100.0	4.36	0.74	6.19	28.52	5.94	0.32	2.27	1.17	12.65	1.66	15.24	14.20	2.42	2.90	0.01	1.32							
Muzaffargarh	3654	100.0	9.50	0.44	9.36	32.02	4.54	-	5.04	0.05	11.60	0.14	16.56	3.28	2.38	4.68	-	0.22							
Sukkur	3845	100.0	6.75	0.47	4.60	26.61	4.86	-	6.24	6.89	12.09	0.36	13.92	5.77	2.37	4.01	-	5.02							
Mahiyar Khan	3483	100.0	9.82	0.34	9.24	28.94	3.24	-	4.54	-	14.58	0.20	16.36	2.30	2.47	3.70	-	4.28							
Mardan	2867	100.0	14.79	0.87	2.41	25.50	7.74	-	1.81	8.02	12.94	0.03	7.71	12.49	1.33	4.39	-	-							
Jhelum	2887	100.0	10.88	0.69	3.08	25.95	16.63	3.05	4.43	-	13.09	0.07	13.72	-	3.15	4.43	-	0.83							
Nawabshah	3069	100.0	7.88	0.39	3.97	22.51	4.01	3.13	5.44	7.23	19.81	0.16	11.66	4.85	2.41	4.76	-	1.73							
Bahawalpur	2799	100.0	14.43	0.86	5.68	29.47	4.36	-	3.89	2.36	9.82	1.96	17.22	1.39	4.00	3.97	0.18	0.74							
Larkana	2489	100.0	13.45	1.17	7.47	27.68	4.25	0.04	3.86	-	15.11	0.80	13.82	3.50	2.89	4.82	0.40	-							
Montgomery	8004	100.0	11.03	0.29	5.02	27.67	4.07	-	2.37	1.99	19.31	0.30	18.45	0.01	2.09	1.69	5.02	0.66							
Khairpur	2422	100.0	13.75	-	3.01	17.75	4.29	-	7.64	-	3.95	-	8.34	6.61	-	25.77	3.17	0.66							
D. I. Khair	1995	100.0	14.54	1.15	3.81	22.26	1.75	-	6.67	-	10.98	-	16.79	5.36	4.31	16.93	-	1.45							
West Pakistan (Total)	129005	207.71	13.31	113.38	666.90	137.12	13.35	96.26	91.80	387.96	18.86	16.55	103.75	55.78	113.90	12.11	30.04	-							
(Average)	5160	8.31	0.53	4.53	27.48	5.48	0.53	3.85	5.10	15.50	0.75	16.66	4.15	2.23	4.56	0.33	1.23	-							

Table 17 (continued)

		Percent Distribution																
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	
Myra. anisangh	17593	100.0	2.07	0.69	12.63	23.00	4.04	0.08	-	0.77	13.69	6.78	28.23	7.60	0.36	0.02	0.03	0.06
Decca	24216	100.0	3.01	0.23	6.69	8.70	3.50	0.14	0.43	1.35	21.41	22.21	20.19	8.00	0.43	0.25	-	2.96
Comilla	10681	100.0	3.33	0.08	7.91	17.29	11.70	-	0.69	0.83	14.21	4.73	33.41	5.78	0.26	0.38	-	-
Barisal	12912	100.0	2.70	0.16	7.25	9.99	29.64	0.61	0.34	1.19	9.22	11.44	12.89	8.14	0.25	-	3.19	1.45
Chittagong	8914	100.0	3.59	0.24	10.19	20.51	14.82	0.27	2.49	1.97	14.10	7.36	13.81	4.35	0.31	0.62	1.74	3.63
Rajshahi	8492	100.0	3.03	0.08	10.47	12.20	0.75	0.32	2.00	2.20	13.04	7.07	36.98	9.45	0.69	0.79	0.78	0.21
Thura	8320	100.0	3.03	0.28	10.46	14.46	3.26	0.02	2.54	1.19	18.44	17.10	20.16	6.92	0.20	1.87	-	0.63
Noakhali	5782	100.0	4.17	0.50	10.41	10.86	7.75	1.80	1.31	0.55	16.12	2.63	32.77	9.93	0.40	0.78	-	0.63
Dinajpur	12887	100.0	6.96	0.16	8.82	8.86	12.60	-	-	-	5.73	36.75	14.86	0.12	0.27	0.64	0.11	4.13
Fogra	8406	100.0	2.01	0.15	6.42	9.14	5.90	-	1.24	1.63	12.99	22.95	26.68	9.01	0.49	1.00	0.39	-
Kushdia	4931	100.0	20.60	0.45	-	4.12	11.54	1.58	1.22	1.14	15.39	11.17	23.32	5.84	0.65	1.34	1.20	0.45
East Pakistan (Total)	123130		54.50	3.02	91.25	139.13	106.50	4.77	12.16	12.82	154.34	150.19	263.30	75.07	4.31	7.69	7.44	12.92
(Average)	11194		4.95	0.27	8.30	12.65	9.59	0.43	1.11	1.28	14.03	13.65	23.94	6.82	0.39	0.70	0.68	1.17

Planning Supervisors or Officers -- amounted to over 40 percent of all costs in West Pakistan but only 16 percent in East Pakistan.

A. Summary of Expenditures

District Headquarters. The proportion of the year's expenditures on district headquarters is highly variable ranging from 2 percent in Begra to 20.6 percent in Kushtia for East Pakistan and from 2.8 percent in Multan to 14.79 percent in Mardan for West Pakistan. Districts in West Pakistan spent proportionately nearly twice as much on Headquarters costs, 8.31 percent, in comparison to 4.95 percent in East Pakistan.

The Headquarters costs for the provinces is not due to the introduction of new districts and the setting up of new headquarters. Most of the high expenditure districts were in the programme in the previous fiscal year. Moreover most districts exceeded the original scheme allocation. Each district was originally allocated Rs 29,300 for the year and 24 of the 36 program districts spent in excess of the allocated amount.

Allowances to Medical Superintendents, Civil Surgeons, and District Health Officers. This is a minor part of the total district costs. In only three districts does it amount to more than one percent of the total expenditures: Jhang- 1.34 percent. In one district (Khaipur) no allowances were reported.

Allowances to Union Council Secretaries in West Pakistan and Additional Staff for Thana Development Officers in East Pakistan. On the average the districts in West Pakistan spent 4.53 percent of their budget on this item and districts in East Pakistan 8.30 reflecting the differences in the nature of these positions. One district in West Pakistan--Gujrat--reported no expenditures and Kushtia reported no expenditures. This is inconsistent with the personnel data.

In general, funds allocated for these persons have not been used. In West Pakistan 19 districts reported less spent than allocated while the number of persons reported in the program is in excess of the target. In East Pakistan the amount spent for additional

staff for Thana Development Officers was under allocation in each district reflecting the failure of the province to fill all assigned post positions. Kushtia reported no payments for the year, yet personnel reports showed persons in position.

The pattern of expenditures during the year is so irregular that one would expect much more variation in the personnel data than reported.

Family Planning Supervisors in West Pakistan and Thana Family Planning Officers in East Pakistan. The proportion of the year's total expenditures spent on these officers was surprisingly variable ranging from 17.75 percent (Khaipur) to 39.55 percent (Lyallpur) in West Pakistan and 4.12 percent (Kushtia) to 23.00 percent (Mymensingh) in East Pakistan. In spite of the high proportion spent in some districts, the total exceeded the scheme allocation only in Mymensingh. Costs have been increasing over the year as the staff positions have been filled and as more expenditures are made on travel by the district officers.

Publicity. During the year the amount spent in the various districts was highly concentrated in specific time segments. Consider the following simple index of concentration. We will note any district as one in which expenditures for publicity are concentrated if the expenditures in one quarter are in excess of 200 percent of the expenditures in any other period. On this basis 14 of the West Pakistan districts and nine of the East Pakistan districts concentrated their publicity expenditures and in the case of the nine East Pakistan districts this was all in the last quarter. Thus any impact the publicity program may have had would not show up in 1966-67.

The amount spent on publicity was variable ranging from Rs 3,500 in D. I. Khan to Rs 106,200 for Multan in West Pakistan and from Rs 6,400 in Rajshahi to Rs 382,700 in Barisal. Nearly half of all districts, 16 exceeded the scheme allocation and the expenditures in Barisal were more than five times the scheme allocation.

Mobile AV Units. These units were apparently not available in all areas. Only 12 districts in West Pakistan and eight in East Pakistan reported expenditures for such units. The cost were relatively low, never exceeding 4 percent of the budget in any district.

Transport. Transport costs are low in both provinces but costs are proportionately four times as high in West Pakistan. As in the case of publicity expenditures the costs were largely concentrated in the last part of the year.

Urban Clinics. As a proportion of total expenditures in the province, urban clinic costs were roughly four times greater in West than East Pakistan. The data, however, again reflect errors in classification. Districts without an urban clinic report expenditures and districts without urban clinics reporting full time urban clinic doctors in the program do not report expenditures for this item.

IUD fees. This item is the second largest item of expenditure in East Pakistan and the third largest in West Pakistan. Payment of the fee is often delayed. For example no payments were made in Muzaffargarh in the 3rd quarter, in Jehlum in the 3rd and 4th quarters and in Dacca and Barisal in the last quarter of the year. IUD fees paid do not reflect variations in the number reported inserted, again suggesting a delay. If the incentive aspect of the fee is to be meaningful, the advantage may be lost or reduced through this delay in payment.

Vasectomy Fees. This is an important expenditure item only for East Pakistan. As in the case of the IUD fees, payments are unrelated to reported performance in East Pakistan because of delayed payments and changes in the fee scale. Because of the apparent delay in payments the East Pakistan districts were under the budgeted amount for the item.

A number of districts report vasectomy fees which are in total above what would be required to pay for the number of operations reported.

Salary of Dais. In most districts the reported expenditures are below scheme allocations. Payments made were highly variable during the year and did not necessarily correspond to the reported variations (or lack of variations) in the number of dais reported in the program. Over the year, however, this item was the second most costly item in West Pakistan and the most costly item in East Pakistan.

Contingencies. The item does not appear in the scheme under the original allocation but all districts report some contingency costs with the exception of two districts in West Pakistan. The costs reported under this category are often extremely high: Rs 193,700 in Dacca and 14 percent of the year's expenditures in Hazara.

Part Time Personnel. This is usually a minor item and the expenditures are fairly regular throughout the year.

Lady Health Visitors. Expenditures are relatively low in all program districts. One, however, reported that 25.47 percent of all expenditures went to Lady Health Visitors despite the small number of such persons reported in the Khaipur program. This again seems to be a case of miss reporting funds on the reporting forms.

The two remaining items, training and equipment, are again relatively minor items in the total costs of the program districts.

B. Summary

In this section we have simply summarized the financial data available to us. This information is of such questionable validity, given missing data and incorrect totals, that a more detailed analysis will require audit reports.

SECTION VII. CORRELATES OF FAMILY PLANNING PERFORMANCE

A. Introduction.

In this section of the research report, we shall examine a number of factors which are assumed to be related to family planning performance in Pakistan. The focus is on the problem of explaining provincial and district differences in family planning. The explanatory variables examined here largely deal with socio-demographic characteristics of the districts rather than with personnel or financial expenditures.

A variety of reasons, some based on personal bias, produced the decision to eliminate the personnel and financial variables from this stage of the analysis although it is expected that as a longer series of statistics become available such an analysis will be made. Among the reasons for the decision are the following: In the case of personnel data and financial data the degree to which statistics were reported was less complete than in the case of performance data. Frequently personnel and financial inputs to the program do not produce any immediate change in performance and if such relationships exist, they do not show up within the period of a single year. Moreover any observed relationship based on the experience of a single year would be of questionable validity.

Analysis of personnel data in relationship to performance presents three unique problems. First, there is no single homogeneous measure of medical personnel. IUD's may be inserted, for example, by medical or paramedical personnel working in full time urban clinics, part time rural clinics, private facilities, or IUD camps. Conventional contraceptives may be sold by agents or distributed by dais or in family planning clinics. Secondly, many of the personnel are constant in number from district to district; for example, the Executive cum Publicity Officer. Third, the number of personnel is often an indirect measure of the estimated population size or number of villages in the district: dais, Family Planning Officers or Supervisors and Union Council Secretaries for example. Therefore certain personnel variations simply reflect differences in the size of the district population.

Expenditure data often may not be used to explain performance data, but they can be used to evaluate performance data. Certain classes of expenditures are the result of specific performance: IUD fees are a function of IUD's reported inserted and vasectomy fees are the function of the vasectomies performed. If fees were constant during the year, which they have not been, then there should be an almost perfect association between performance and fees, provided that there is no significant lag between performance and payment of the fees.

Other types of expenditures may be viewed as direct inputs to the program, but again the pay-off in performance may not appear in the same year in which the investment is made. Often, for example, publicity costs were incurred only in the last quarter of the year in many districts and if there is a direct performance result, it would probably not appear until the following fiscal year. Still other types of expenditures are again the reflection of population size in the district: payments to dais, payments to family planning officers and supervisors, for example.

It would be useful to attempt to determine in some detail, what types of personnel inputs and financial outputs are related to family planning performance. This task, however, will require more data than is available in this report: data on IUD's inserted by type of personnel and conventionals distributed by type of personnel for example. In addition, any analysis which involves a time lag between input and output will require data which extends beyond one single year of the program.

For these reasons, we have restricted this analysis to a select series of variables. The selection of the variables for analysis was based upon two explanatory models.

In the first model which shall be called the population model, it is assumed that organizational structure and operational procedures are relatively constant throughout the country and that the productivity or performance success is simply a function of the size of the population. Assume that the population can be

divided into three groups: (a) the ready acceptors, (b) those who can be motivated, and (c) the resisters. Only if significant fertility differentials exist in the country should one assume that the distribution of these three types is different from district to district. Therefore, given equal organizational and operational procedures, the programme will reach a proportionately constant number of acceptors in each district. A test of this model would be to examine the hypothesis that the performance of the family planning programme is directly related to the total population of the programme districts.

The second model is essentially an organizational model. It assumes that in a relatively new and somewhat experimental programme such as family planning, productivity standards are difficult to establish and assess. This type of programme lacks structurally sequential operations and the rigidity of straight-line or job-lot manufacturing methods where now well-developed time-study methods or systems-analysis procedures may be utilized to set goals and payment rates. Under conditions extant in the country, family planning workers may not know how to work most efficiently, and may even find that hard work and long hours are no more productive than a more relaxed approach to the problem. If no organizational sanctions exist, we may assume that some workers (or districts) simply lack the skills to achieve the organizational targets while others through skill or simple luck consistently reach and surpass their arbitrary performance goals. On the other hand, if organizational sanctions for poor performance are strigent, then one may assume that performance is a function of the organizational performance goals. The test of the latter model would be to test the hypothesis that performance is directly related to performance goals.

There are now two alternative models to explain official performance, but the two models are not independent. Family planning official performance goals are designed to reflect the population size of the various districts and therefore the predictors in each model are strongly and positively associated ($r_s = .91$). Therefore,

while it is possible to test each model, it will be impossible to determine which of the two on the basis of direct separate tests is the correct model.

B. The Data and Methods

In this section two hypotheses will be examined:

(1) Family planning performance is directly related to the total population size of the family planning programme districts.

(2) Family planning performance is directly related to the officially set family planning targets.

By family planning performance we mean only the officially reported number of (a) IUD's inserted, (b) conventional contraceptives of all types sold and (c) vasectomies and tubeligations performed. For analysis purposes we have used the monthly average for the fiscal year 1966-67.

Total district population is a difficult current figure to determine. For reasons which have been explained in detail in Appendix B, the 1961 census enumerated population totals have been used. It is assumed, of course, that relative rank size differences for all districts have remained relatively constant between 1961 and January 1, 1967, the mid-year point of the fiscal year.

Total population size in the family planning programme, however, is used as an indirect measure of the target population. It is implicitly assumed in the population model for example, that when dividing the population into three types - ready acceptors, those who can be motivated, and resisters - the family planning programme population consists of only those at risk, i.e., married couples in the child bearing years of life. If districts vary widely in population structure, then use of the total population may introduce certain bias in the test. It will therefore be necessary to examine certain structurally related variables to determine the validity of the test we shall make in this paper. These variables are (1) the 1961 district sex ratio, (2) the proportion of the population age 15-49 and female, and (3) the proportion of the population married and age 15-49.

In addition to these demographic variables, performance may be influenced by a number of other factors. These may again be divided into four classes: (1) socio-demographic, (2) personnel and, (3) financial inputs, (4) district family planning organization and operational variations. No information was available in codifiable form to deal with item 4 - organizational and operational variations. Data are available on financial and personnel inputs and are in the process of being analysed.

We have examined, however, in this paper the following additional socio-demographic variables: (1) the woman child ratio - again as reported in the 1961 census; operationally, the ratio between the reported number of children under 5 years of age to the number of women age 15-49; (2) Percentage of the population in urban areas in the district, (3) Percentage of the population literate, and (4) Percentage of the male age 10+ population in non-agricultural positions. These variables were selected since they are traditionally found to be related to fertility.

Data were analyzed for the 25 programme districts in West Pakistan and the 11 programme districts in East Pakistan.

C. Presentation of the Data

In this section data are presented for East and West Pakistan separately since the two provinces differ in their level and pattern of family planning achievement and socio-demographic characteristics. On the whole, West Pakistan has a higher level of achievement for IUD's and conventional contraceptives and a lower level for vasectomies and tubelignations. West Pakistan districts are smaller in terms of total population, more urbanized and industrialized.

Listed in Table 18 are the district averages (\bar{x}), standard deviations (s) and coefficients of variation (v) for the fourteen variables examined in this study. For the performance variables - IUD's inserted, conventional contraceptives and vasectomies plus tubelignations - the data represent the average of the 1966-67 monthly district average performance. The listed lower levels of performance in West Pakistan are simply a function of smaller districts. As noted below, the rate per 1000 population is consis-

Summary Measures of Family Planning Performance, 1966-67, and selected Programme District Socio-Demographic Characteristics

Table 18

Variable Identification	East Pakistan		West Pakistan	
	Average Standard Deviation	Coefficient of Variation	Average Standard Deviation	Coefficient of Variation
1. I. U. D.'s inserted	1896	1740	1119	622
2. Conventional contraceptives (00's)	2661	1873	2022	1481
3. Vasectomies and Tubal ligations	265	228	6	9
4. Monthly target - couple years protection - I. U. D.	2015	722	957	612
5. Monthly target - couple years protection-conventionals	11891	4190	5532	3438
6. Monthly target - couple years protection-vasectomies	64	65	28	18.5
7. Population size, 1961 (000's)	3258	1682	1271	653
8. Sex Ratio (1961 Census)	929	27	887	43
9. Proportion of the population female age 15-49	.211	.008	.209	.007
10. " " " married and age 15-49	.338	.014	.317	.017
11. " " " urban	.056	.040	.226	.186
12. " " " male age 10+ in non-agricultural occupations	.147	.084	.312	.097
13. " women-child ratio	865	37	793	65
14. " of the population literate	.188	.033	.197	.059

tently higher in West Pakistan for IUDs and conventional contraceptives.

	<u>East Pakistan</u>	<u>West Pakistan</u>
IUDs	.58	.88
Conventionals	81.68	159.08
Vasectomies and Tubelignations	.08	.005

Table 19 presents the results of the initial tests of the two hypotheses. The first hypothesis that population rank size is related to family planning performance holds for two measures of performance: IUDs and conventional contraceptives. In both East and West Pakistan correlations are amazingly high: for IUDs the rank order correlation coefficients are .98 and .91 and for conventionals .84 and .76 respectively. Total population is unrelated to the monthly average number of vasectomies or tubelignations; and indeed no variables examined here were found to be related to relative levels of performance for vasectomies or tubelignations. To summarize and to put the matter more precisely in a fashion which mirrors the type of statistic used, the higher the population rank of the district, the higher the IUD and conventional contraceptive performance rank.

The same result is found with slightly lower levels of association for targets. Specifically, the higher the target rank the higher the performance rank for IUDs and conventional contraceptives sold. For IUDs the correlations are .88 and .90 and for conventionals .76 and .66 in East and West Pakistan respectively.

For East Pakistan, no other variables were found to be significantly related to family planning performance. In contrast, it was found in West Pakistan that the proportion of the labour force in non-agricultural occupations, the proportion literate and the proportion urban are each significantly associated with IUD performance and the proportion of the labour force in non-agricultural occupations is significantly associated with conventional contraceptive performance.

Table 19
 Correlates (rs)^(a) of Family Planning Performance in Pakistan,
 by Province, 1966-1967

	East Pakistan		West Pakistan	
	I.U.D. rs	Conventional Z	I.U.D. rs	Conventional Z
1961 Total Population	.98	3.10	.84	2.67
1966-67 Target ^b	.88	2.78	.76	2.40
Prop. males age 10+ in non-agri.	...	...	...	...
Prop. literate	...	...	...	...
Prop. urban	...	...	...	...

^aThe measure of association employed is Spearman's r or rho (rs)
^bCorrected for ties

One should be cautioned that the relationship observed between official targets and performance does not mean that all districts equally meet their targets. As noted in Table 20, the degree to which targets are achieved is highly variable. For example, in West Pakistan the monthly average for IUDs exceeds the monthly target while in East Pakistan performance is below target and the relative variation is 37 percent higher (.531 vs .389) in East Pakistan. Districts in both East and West Pakistan are greatly under the target levels for conventionals, but there is little difference in the relative variation: 12 percent (.426 vs .485). This suggests that the average over or under performance may also be a function of target level, but the idea is unsupported by the data. Two factors mitigate the validity of the argument. Table 20 reflects the average district monthly achievement and therefore districts with small targets are disproportionately weighted for each increment above or below target. Secondly, there is no empirical relationship between target rank and level of over or under achievement.

While the relationships between labour force, urban, and literacy and family planning performance are interesting, it is possible that these are spurious, reflecting differences related to district population size. To test this assumption, Kendall's partial Tau measure of association was made. In this test the following notations were used:

- n = Population rank size
- v = Percent non agricultural labour
- w = Percent urban
- x = Percent literate
- y = IUD performance

The results were as follows:

Tyv.n	=	.52	Tyv	=	.65	(2=4.54)
Tyw.n	=	.24	Tyw	=	.34	(2=2.38)
Tyx.n	=	.27	Tyx	=	.43	(2=3.01)

The zero order correlations using tau as the measure rather than rho remain significant. Partialing out the effect of population rank

size reduces the correlations somewhat although some measure of association remains. Unfortunately the sampling distribution of Kendall's partial is not known so that it is impossible to determine if the statistics are statistically significant.

Table 20
Average Percent of Official District Targets
Achieved, by Province, 1966-67^a

	East Pakistan			West Pakistan		
	\bar{x}	s	v	\bar{x}	s	V
IUD	.821	.421	.531	1.372	.535	.389
Conventionals	.211	.090	.426	.493	.239	.485
Vasectomies & Tubelignations	4.810	1.459	.303	.180	.182	1.011

^aComputed by dividing the monthly target by the average monthly achievement during 1966-67. The average does not reflect total provincial achievement.

E. Discussion:

In this section it has been suggested that two models may be used to explain the relative performance of various programme districts with respect to reported IUD's inserted, conventional contraceptives sold and vasectomies or tubelignations performed. One model is essentially a population model while the other is a model of organization operations. In theory and fact the models are not independent; and there is no way, nor need there be cause to reject one model in favour of the other.

The simplest of the two is the population model. Here we assume that no significant fertility or family planning differences exist among districts in Pakistan and there are therefore relatively constant proportions of (1) couples ready to accept family planning, (2) couples who can be motivated to accept family planning and (3) hard core resisters to family planning in all programme districts. In this case, programme performance should be a function only of population size. Population size has been shown to be strongly related to the average number of IUD's inserted and conventional contraceptives sold during 1966-67. Other evidence

indicates that while the operational hypothesis holds in these two cases, the model does not explain all of the district by district performance differences.

First, population rank is unrelated to vasectomy or tubeligation performance. In East Pakistan the average performance level is much higher than can be explained by district size differences relative to West Pakistan. East Pakistan's performance in this area is unique and in terms of numbers astounding. Even within East Pakistan population size is not related to vasectomy and tubeligation performance. Family planning workers explain this performance by personnel, training and organizational differences. As we have suggested above, cultural differences should be examined.

Second, the higher performance levels for IUD's in West Pakistan may be a function of population differences other than size alone. It has been found that three population characteristics other than size are related to the average number of IUDs inserted. These are: proportion of the labour force in non-agricultural occupations, proportion living in urban areas and proportion literate. These are precisely the variables one would expect to find related if family planning differences exist. The strength of association is low but statistically significant. This observation should be carefully re-examined and tested, but if the finding holds up it is the most important element of this study. This type of relationship suggests the beginning of a pattern of acceptance which is usually found as countries go through the usual period of fertility decline. This relationship would also suggest that special motivational efforts in these areas might yield proportionately greater results in acceptance of family planning than in other areas.

The second model, the organizational model, simply assumes that reported performance will be keyed to official targets to avoid sanctions for failure to meet organizational imperatives. This does not mean that the performance reports will be adjusted to meet exactly the target set. What may happen is that if operational targets are unrealistically high in terms of available

equipment, skills, or manpower and yet sanctions still exist for radically poor performance, then reports are adjusted to what is felt to be an acceptable level, i.e., a level at which sanctions can be postponed or avoided.

Patently other factors influence performance. Many more doctors are trained and licensed to perform vasectomies in East Pakistan than West Pakistan.

Determining whether performance is adjusted to target is a difficult task. In this research project we have been able to make one test. Demographers are well aware of the fact that people "adjust" their ages in census reports so that a pattern of age heaping or digital preference is found in census reports of population classified by single years of age. Specifically, for example, too many people are found in age groups ending in zero and five and too few in age groups ending in nine and four.

If IUD insertion rates are adjusted, one might assume that the number would be rounded up to a figure ending in zero and five or that some other digital preference is used. Using traditional demographic techniques the district IUD reports were examined, and while some digital preference was observed, it was not a statistically significant variant. This, however, may mean two things: no digital preference exists or the possible adjustment occurs at lower than district recording levels and as these are summed at the district level, digital preferences disappear.

The simple organizational model may be questioned on the basis of one other fact. Percent of target achieved, on the average, is highly variable by district, province and type of performance. Such differences may reflect organizational variants such as personnel, equipment and expenditures. Nevertheless a strong degree of association between target and performance remains and should be explained.

The logical explanation is that target is a function of population size and that the population model is an appropriate, although incomplete, explanation of family planning performance in Pakistan. Apparently the "ready to adopt population" is being

reached by the sale of conventionals and the IUD programme. The same may be true of vasectomies, and the absence of a significant correlation may simply mean that performance has not reached a sufficiently high enough level to reflect district differences in the number of ready acceptors. On the other hand, personnel and financial differences suggest that in East Pakistan this part of the program may have moved into the group of persons who must be motivated. How clients have been motivated is the interesting question, however?

NAWABSHAH

SCCIOC DEMOGRAPHIC: The 1961 population of this former Sind district was 691,539 in an area of 2,896 square miles and with a density of 238 persons per square mile. The child woman ratio of 832 is slightly below average. Only 12.9 percent of the population is urban 11.7 percent literate, and 21.4 percent of the male labour force in non-agricultural occupations.

Within the district are 5 Talukas, 48 Union Councils, 1 Municipal Committee, 8 Town Committees and 524 villages. Educational facilities were limited to 2 colleges and 19 high schools. There were 160 miles of metalled road and 13 miles of unmetalled road. While an agricultural area, much of the land in the district is desert or ravine land and uncultivable.

PRODUCTIVITY: Of the 9,790 IUD insertions reported during the year, the majority -5,881- were reported in the last six months of the year. Last quarter insertions, however, dropped off from the peak third quarter by nearly twenty percent.

Only nine vasectomies and tubelignations were reported during the year.

A total of 2,189,583 conventionals was reported sold of which 44.2 percent were condoms. Condom sales have been steadily increasing, rising from first quarter sales of 182,433 to 298,149 in the last quarter. Similarly foam liquid sales have consistently increased during the year from 3060 in the first quarter to 45,060 in the last quarter. Sales of "other" contraceptives has been irregular. Collectively they did total slightly more than 10 percent of conventional sales during the year. The sales pattern of foam tablets is consistent with the general West Pakistan programme; if the peak second quarter total is ignored, then the sales of foam tablets has been consistently increasing.

FINANCIAL: Rs. 306,900 was spent during the year with 22.51 per cent for Family Planning Supervisors, 19.8 percent for IUD fees, and 11.66 percent for dais salaries. Expenditures exceed the scheme allocation for mobile units. Rs. 22,200 was spent on an urban clinic although none was projected in the family planning scheme.

PERSONNEL: After an initial drop in medical personnel, the mid year rise can be attributed largely to the registration of four physicians for vasectomy. At the same time one part time clinic physician joined the programme as well as one cut piece physician. At the end of the year four of the six physicians in the programme were registered for vasectomies.

On the average, the paramedical personnel consisted of one full time urban clinic LHV, one LHV - cut piece - and one trained midwife although the latter left the programme at mid year.

Since the beginning of the year, the number of agents built up from 640 to the target level of 692 (for the last five months of the year). The number of dais was slightly below target level during the year but with very little variation and little turnover. An Executive Officer has been available throughout the year, but no Technical Officer has been on duty. With the exception of the first part of the year, the District was one man under strength for the position of Family Planning Supervisor, and during the mid ten months of the year, the number of Union Council secretaries was one or two below strength.

FIGURE C-39
 NAWABSHAH
 DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold _____
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

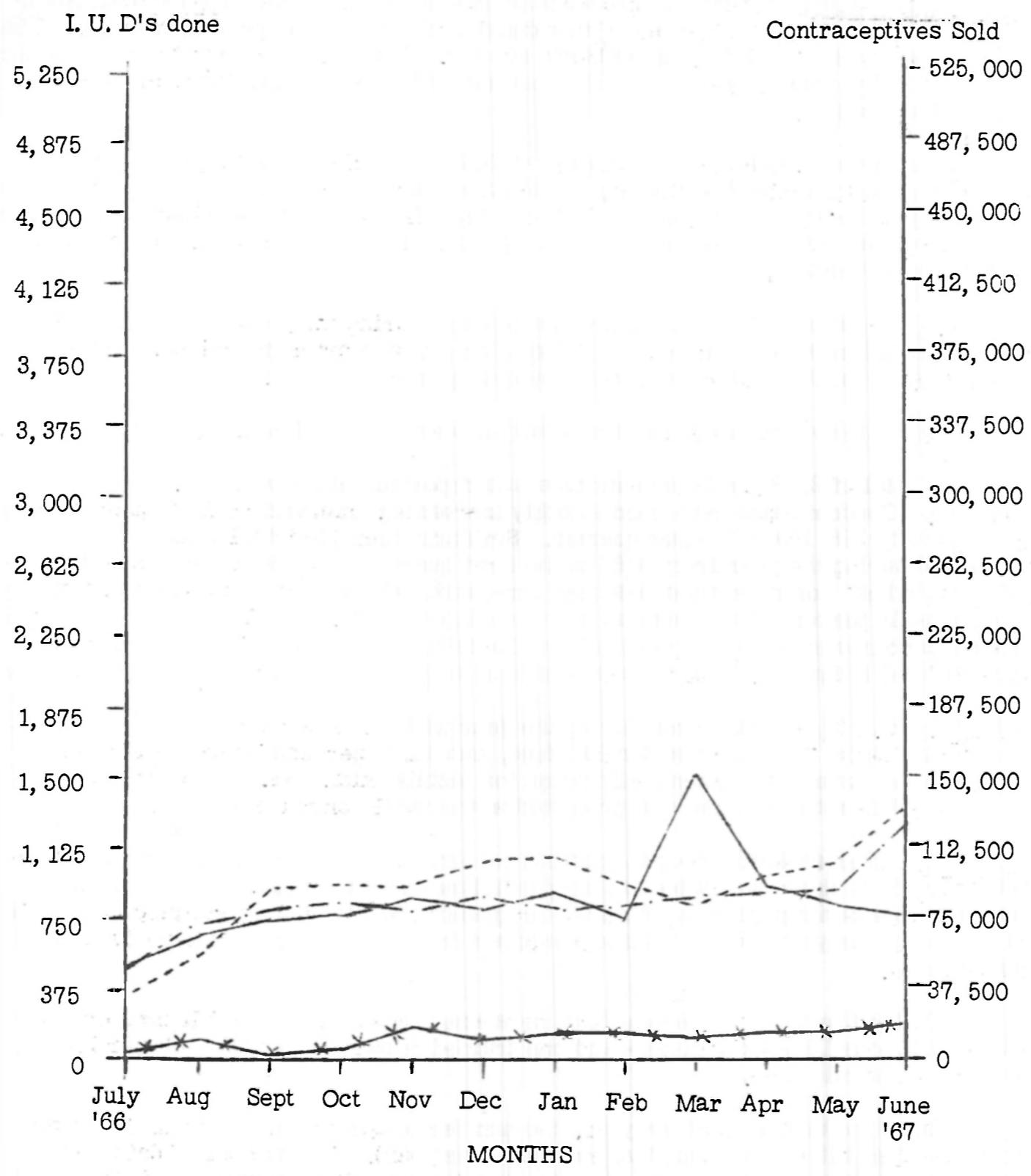
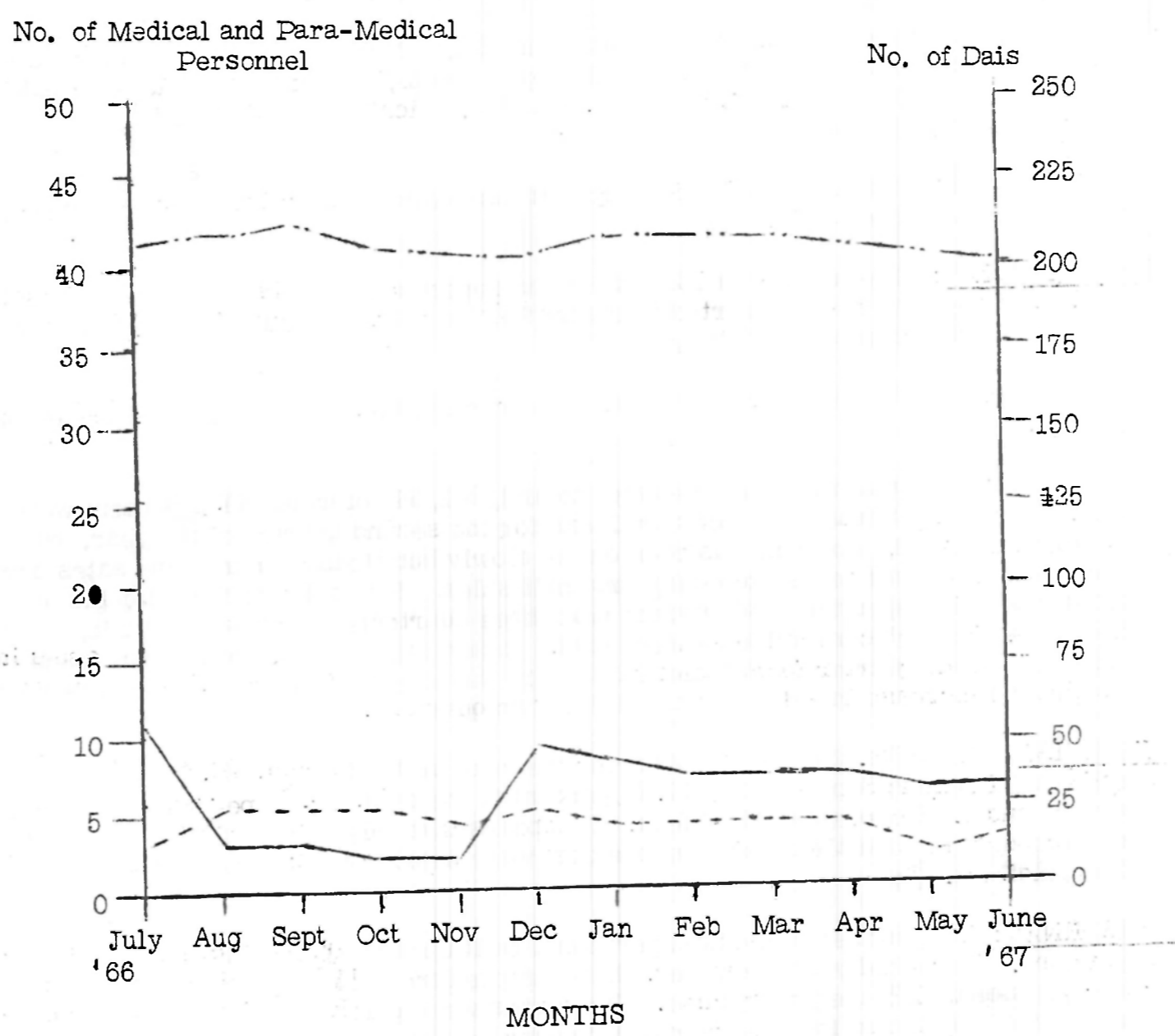


FIGURE C-40 Trained and in Position

NAWABSHAH DISTRICT
 Medical Personnel ———
 Para-Medical Personnel - - - -
 Dais -



BAHAWALPUR

SOCIODEMOGRAPHIC: A former Punjab district - the 1961 population was 1,035,524 persons including special and added areas while the population excluding these areas is 736,000. With an area of 9,587 square miles the density was 77 persons. The child woman ratio of 851 was above average while the sex ratio of 843 was slightly below average. It was below average in percent living in urban areas, 17.8 percent, and in percent literate, 9.5 percent, and in percent males in non-agricultural labour, 2461 percent.

There were: 3 Tehsils, 62 Union Councils, 2 Municipal Committees, 3 Town Committees, and 676 villages; 3 colleges, and 13 high schools; 201 miles of metalled roads and 64 miles of unmetalled roads. Much of the area is practically inaccessible to modern conveyances, particularly Cholistan.

No significant industrial development has taken place in the district, although numerous cottage industries exist.

PRODUCTIVITY: The number of IUD insertions reported in the district has been highly variable and of the total 7,543 reported insertions for the year, the majority, 3,893, were reported for the first six months of the year.

Only 20 vasectomy/tubelignations were reported for the year with 13 being done in the last half.

Conventional contraceptive sales total 1,281,542 of which 44.5 percent were condom sales. The largest quarterly sales total was for the second quarter of the year, but excluding this unusual period, the trend has been one of slowly but steadily increasing sales during the year with second half sales exceeding first half sales. Few sales of foam liquids were reported in the first quarter, 360, but the next three quarterly totals were 60,660, 70,920 and 48,240. No "other" conventionals were sold. In contrast to the usual pattern found in West Pakistan, second quarter foam tablet sales were the lowest of the year, and there seems to be a general increase in sales during the last two quarters.

FINANCIAL: Of the Rs. 279,900 spent during the year in the district, 29.47 percent went to the Family Planning Supervisors, 17.22 percent to the dais, 14.43 percent to District Headquarters and 9.82 percent for IUD fees. It appears that only costs for the District Headquarters exceeded the plan allocation, but the cost were nearly two and one half times the expected expenditure.

PERSONNEL: The number of medical personnel built up through the addition of cut piece physicians. Since mid year, however, these dropped from 11 to 5 and two of the part time clinic physicians left the programme. The losses were partially off set by the addition of 3 physicians registered for vasectomy. However, excluding these, the number of programme physicians at year's end was as low as at the beginning of the year.

The number of paramedical personnel in the programme has increased in two categories: LHVs in part time clinics, and LHV's cut piece. However the three trained midwives who were in the programme during its early stages dropped out.

The number of agents increased from 658 to 912 against a target of 736. The number of dais increased from 288 to 294 (target) by mid year and remained at that level.

An Executive Officer was available through the year but no Technical Officer after midyear. All 15 Family Planning Supervisors have been in position through the year. The number of Union Council Secretaries has been above target and therefore must include some Municipal or Town Committee Chairman.

FIGURE C-41
 BAHAWALPUR
 DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid - x x x x x x x x

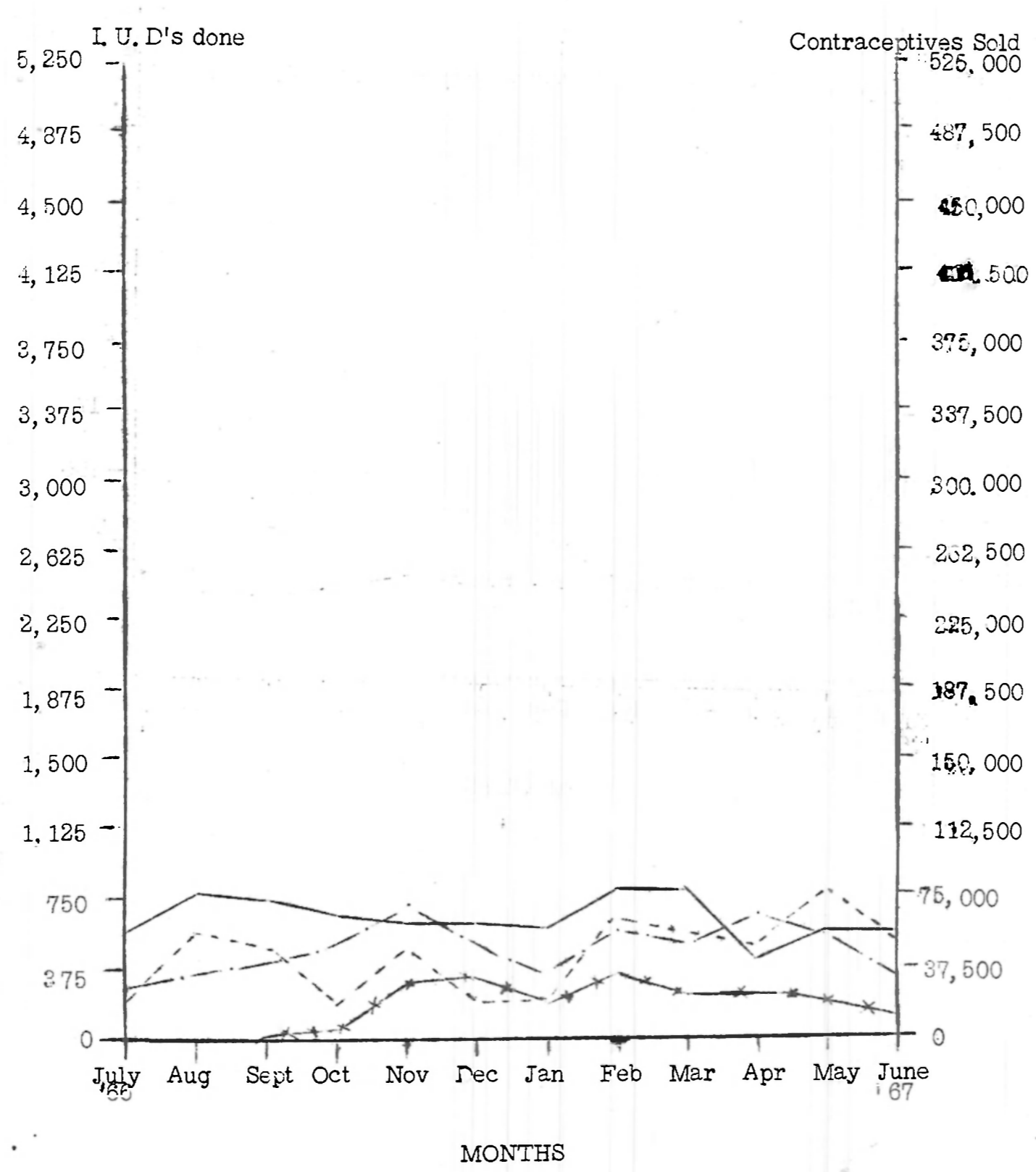


FIGURE C-42

Trained and in Position

BAHAWALPUR
DISTRICT

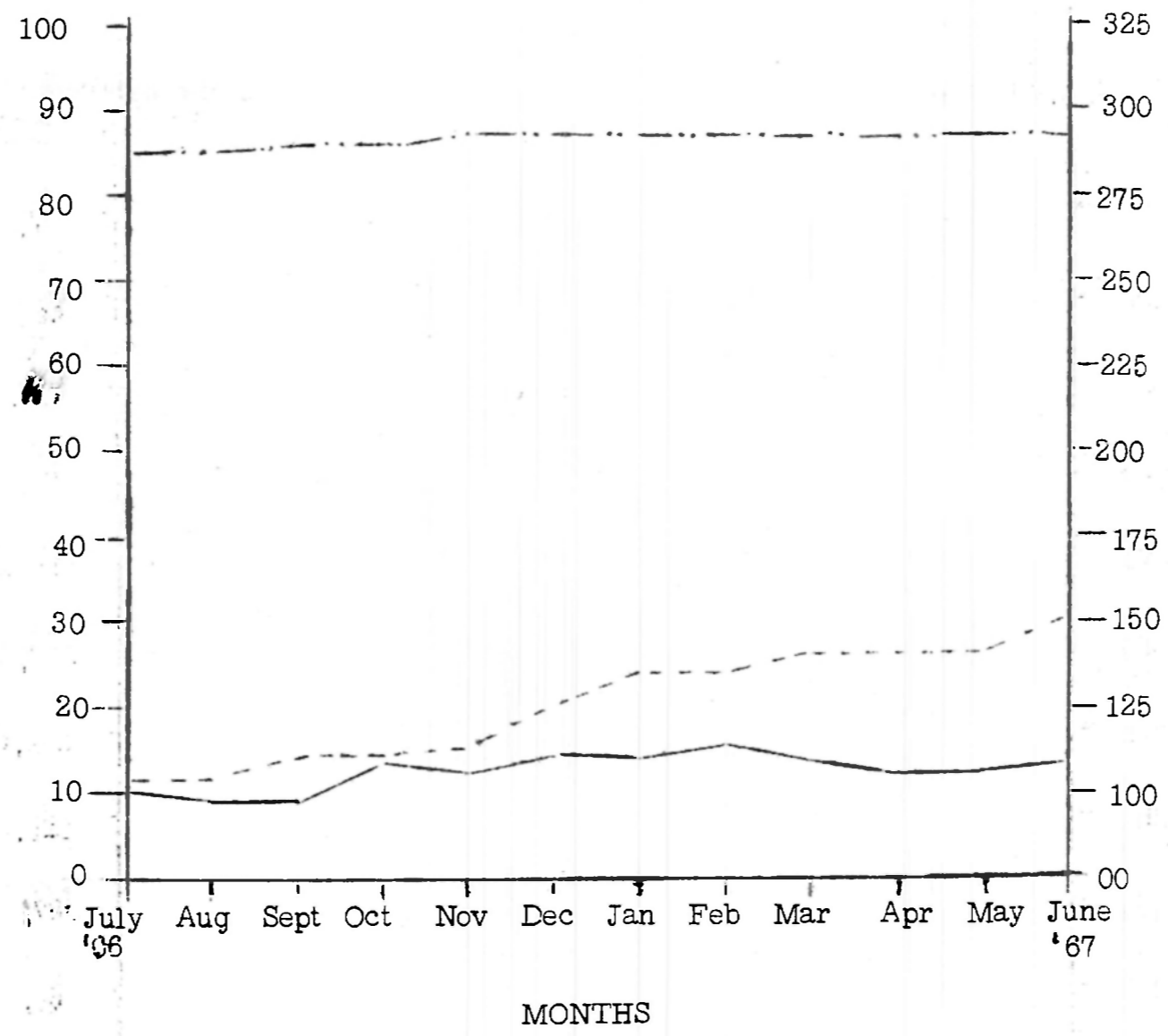
Medical Personnel _____

Para Medical Personnel - - - - -

Dais-.....

No. of Medical and Para-Medical
Personnel

No. of Dais



LARKANA

SOCIO-DEMOGRAPHIC: This district in which Mohanjadaro is located had a 1961 population of 604,460 in an area of 2,866 square miles. The density was 311. Its child woman ratio of 752 is slightly below the West Pakistan average as is the sex ratio of 832. Only 12.9 percent of the population reside in urban areas; 11.8 percent was literate in 1961, and 19.5 percent of the adult males was in the labour force non agricultural occupations.

In this former Sind district, there were 7 Talukas, 49 Union Councils, 3 Municipal Committees, 5 Town Committees, and 445 villages. Education facilities include 2 colleges and 9 high schools. Roads included 77 metalled roads and 374 miles of unmetalled roads.

The district is divided into three parallel strips in which the centre strip is the only agricultural area, while the outer strips are subject to heavy floods.

PRODUCTIVITY: The total number of IUD insertions dropped after the first quarter from 1092 to 701, and since then the reported number has increased consistently so that of the total 4,530 reported for the year, 2,731 were reported for the second half of the year.

Vasectomy/tubeligitations for the year total 31 with 23 being done in the first half of the year.

Conventional contraceptive sales total 1,460,908 of which less than half 44.5 percent were condom sales. Condom sales increased significantly from the first to second quarter, but then fell off with each subsequent quarter. On the other hand, there has been a general increase over the year of foam liquid sales. This has not been true of foam tablet sales which have been relatively constant so that at the end of the year first half sales of 367,022 exceeded the second half sales by 13,000 foam tablets. Only 1500 "other" conventionals were sold - all in the first quarter of the year.

FINANCIAL: Expenditures totalled Rs. 248,900 during the year and 27.68 percent was paid to Family Planning Supervisors, 15.11 percent for IUD fees, 13.82 percent for village dais and 13.46 percent for Headquarters. Costs of publicity exceeded those estimated in the scheme and Headquarters costs were roughly 50 percent higher than the allocation.

PERSONNEL: Medical personnel consisted of part time clinic physicians only until the last quarter when two physicians were registered for vasectomy at the time one physician left the clinics. There are no full time clinic physicians, and no cut piece physicians in the programme in the district. Paramedical personnel since roughly mid year have been solely trained midwives. The rapid fluctuations in the number of paramedical personnel are due only to the rapid turnover of trained midwives in the programme.

The number of agents has been increased gradually through the year to a total of 635 which is 33 in excess of the target. The number of dais has been at or near target (1961) with little turnover.

Administrative personnel have usually been available. The Executive Officer has been in place throughout the year, but no Technical Officer has been available. The 14 required Family Planning Supervisors were in position until the last two months when one dropped from the programme. A total of 51 Union Council secretaries has been in the programme continuously through the year although this apparently included two chairmen of Municipal Committees.

FIGURE C-43

LARK ANA DISTRICT

I U. D's done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid - x x x x x x x x x x

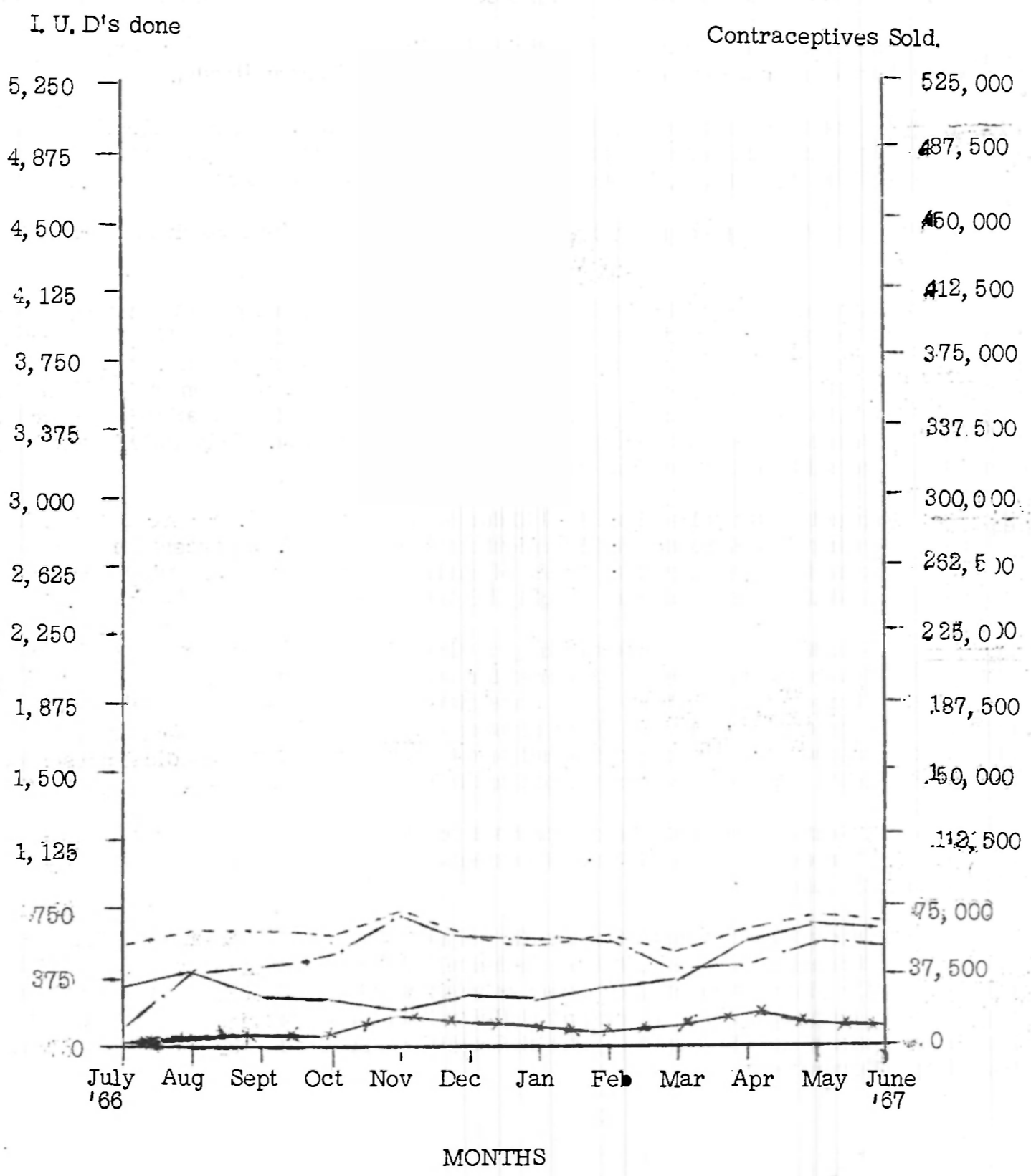
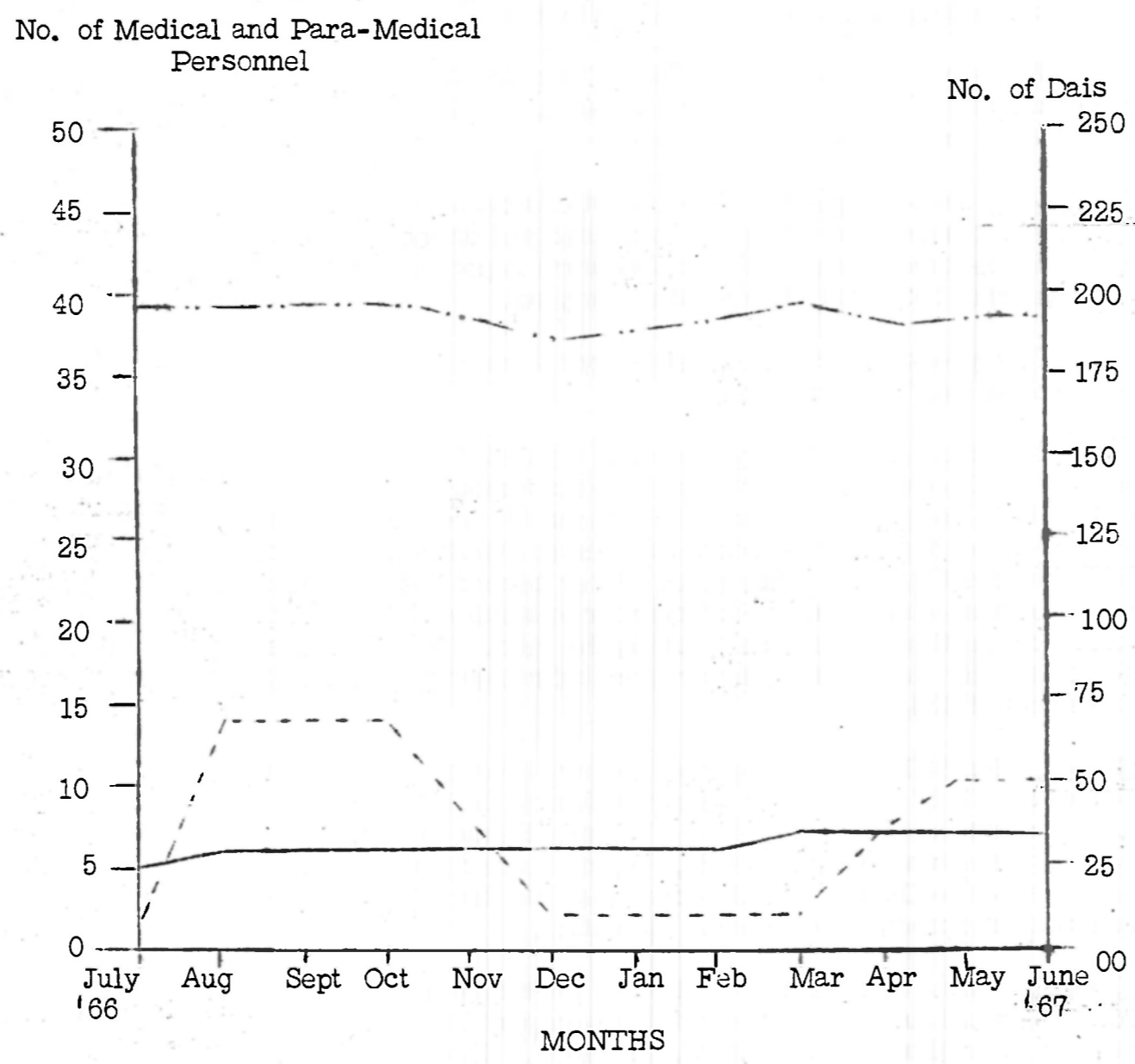


FIGURE C-44 Trained and in Position

LARK-ANA Medical Personnel _____
DISTRICT Para-Medical Personnel - - - - -
Dais -



MONTGOMERY

SOCIO-DEMOGRAPHIC: The population in 1961 was 2,134,072 and with an area 4,224 square miles the density was 505 persons per square mile. The child woman ratio is 778- slightly below average. The sex ratio is 876 (slightly above average); the proportion urban is 112 (below average); literacy is 9.3 (below average); and percent males in non-agricultural occupations is 30.9 or slightly below average.

There are 4 Tehsils, 203 Union Councils, 3 Municipal Committees, 4 Town Committees and 2,142 villages; 2 colleges and 46 high schools; 395 miles of metalled roads and 15 miles of unmetalled roads.

PRODUCTIVITY: After a peak of 7587 insertions reported during the first quarter of the year, the reported total dropped, increased and dropped again in the fourth quarter. Of the 25,594 reported insertions, 13,327 were reported for the first half year and the fourth quarter total was the lowest of the year.

Thirty-one vasectomy/tubeligitations were reported for the year and 23 were completed in the first six months.

Conventional contraceptive sales totalled 2,199,844 and 57.4 percent were condom sales. Condom sales have been erratic during the year; the second quarter total of 518,711 is roughly 44 percent higher than the next highest total (third quarter total). Since the second quarter, condom sales have steadily decreased. No foam liquids were sold in the first quarter of the year. After second quarter sales of 72,120 the sales have decreased consistently each quarter to a low of 37,200 in the fourth quarter. No "other" conventionals were sold during the year. Foam tablet sales have also dropped off consistently quarter by quarter from a first quarter high of 249,258 to a fourth quarter low of 134,197.

FINANCIAL: Rs. 800,400 was reported to have been spent in the district with the usual allocations: 27.67 percent for Family Planning Supervisors, 19.31 percent for IUD fees, 18.45 percent for salaries to dais. District Headquarter's costs were the highest for any West Pakistan district, Rs. 88,500, or more than three times the scheme allocation. Salaries to Union Council Secretaries and transport were further items for which expenditures exceeded the scheme allocation.

PERSONNEL: Since mid-year one full time physician has been available in the urban clinic. Throughout most of the year, seven part time clinic physicians have been available as well as seven doctors, cut piece. The December increase in the number of physicians is due to the addition of doctors registered for vasectomy.

The paramedical personnel consists of 14 or 15 part time clinic LHV's, two (later one) LHV- cut piece, and one full time clinic LHV since January.

The number of agents increased in the first five months to 2132 from 2039 or to a level only two below authorization.

In November the number of Dais increased from 870 to 877 and then in April increased to 927 falling off to 917 at the end of the year while the target is set at 877. However, 122 left the programme at various periods during the last five months of the programme. The other positions have been relatively stable, although the Technical Officer did not become available until January.

FIGURE C-45
MONTGOMERY
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *

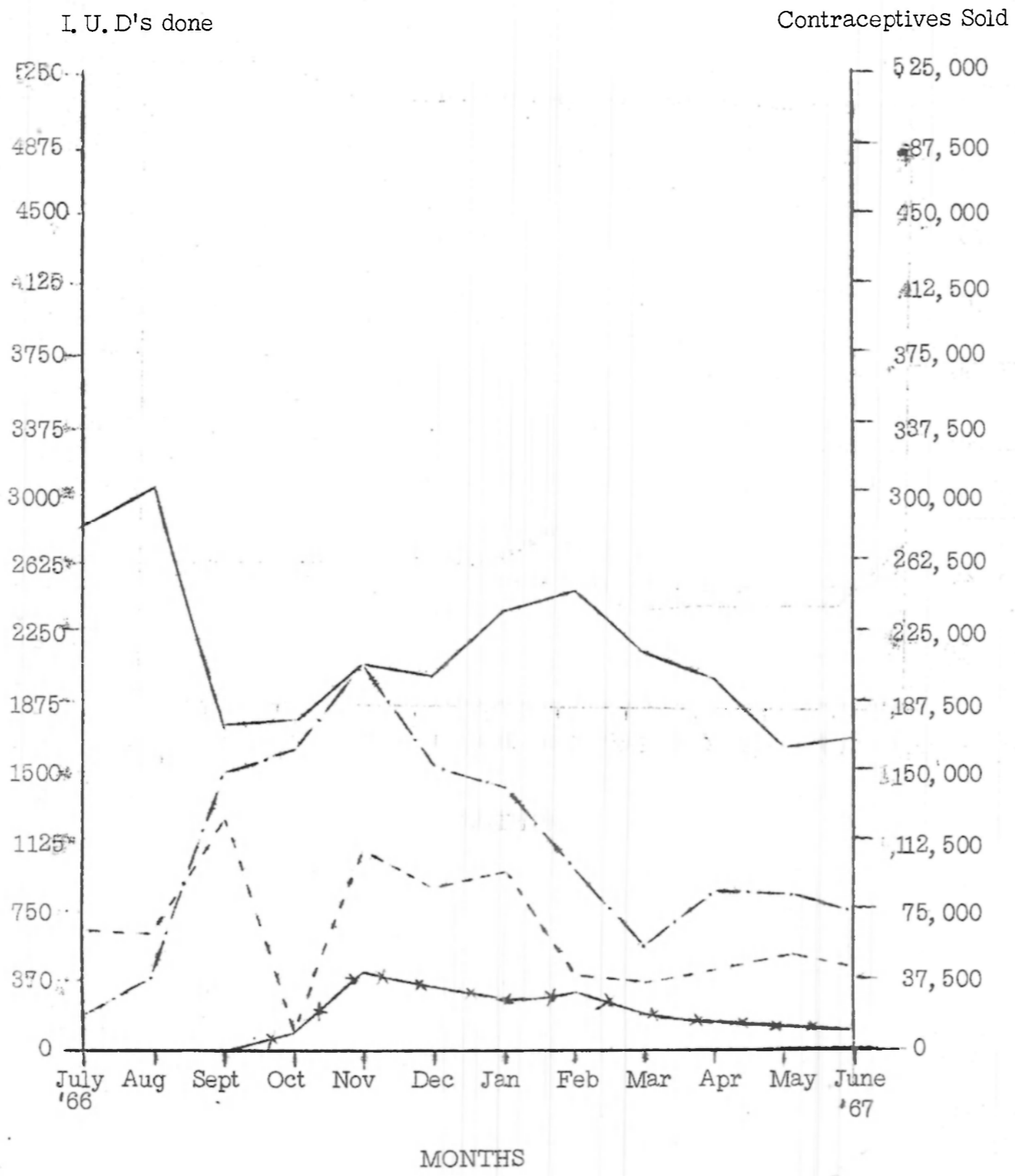
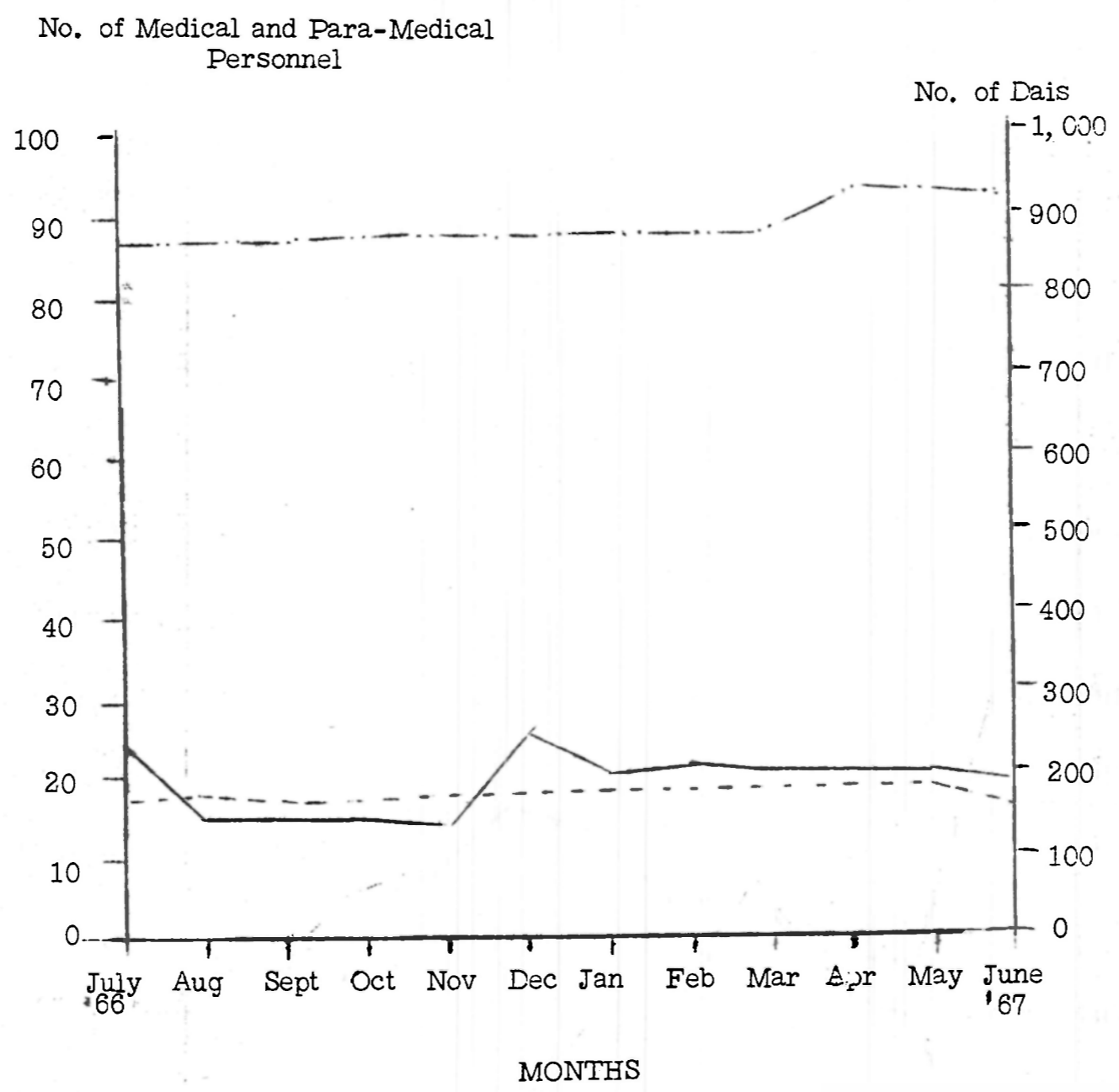


FIGURE C-46
MONTGOMERY DISTRICT
Trained and in Position
Medical Personnel
Para-Medical Personnel
Dais



KHAIRPUR

SOCIODEMOGRAPHIC: A former Sindi division - the 1961 population was 472,137 persons living within an area of 6,018 square miles. Density was 78 persons per square mile. The child woman ratio was 902, much above average, while the sex ratio of 824 was below average. Only 9.8 percent of the population lived in urban areas; only 9.7 percent was literate, and only 20.2 percent of the adult males was in non-agricultural labour.

In 1961 there were 6 Talukas, 36 Union Councils, 1 Municipal Committee, 3 Town Committees, and 355 villages; 1 college and 10 high schools. No information was available on roads.

This was one of the former Independent states which opted to join Pakistan at Partition. It remained, however, an independent unit within the country until 1955. It is essentially a rather primitive agricultural area.

PRODUCTIVITY: IUD insertions reported have increased steadily from a first quarter low of 265 to a fourth quarter high of 1534. Of the total 3,351 reported for the year, 2315 were reported for the second half.

Only 11 vasectomy/tubeligation cases were reported in the district and only 3 in the second half of the year.

Conventional contraceptives sold totalled 836,806 of which 47.3 percent was condoms sold. Condom sales during the year increased consistently, quarter by quarter. In contrast other conventional sales peak earlier in the year and then drop off. Foam liquids were not sold in the first quarter, increased from 22,620 in the second quarter to 30,780 in the third and dropped to 5580 in the fourth. Only 4,160 "other" conventional were sold and 3400 in the third quarter of the year. Foam tablet sales increased from first quarter total of 70,192 to 119,718 in the second quarter and then decreased each quarter thereafter.

FINANCIAL: Expenditures in this district are somewhat unusual. Of the total of Rs. 242,000 25.47 percent was reportedly spent on LHV's, 17.75 percent on Family Planning Supervisors, and 13.65 percent for District Headquarters. The discrepancy suggests that salaries for dais may have been reported for Lady Health Visitors. This is also the only programme district in which no allowances were made to Medical Superintendents or District Health Officers.

PERSONNEL: Medical personnel in the district have been limited to part time clinic personnel, although in the last month of the programme one doctor was registered for vasectomy. All other variations are due to shifts in the number of part time clinic personnel. Paramedical personnel, after what appears to be a reporting error for October, seem limited to one part time clinic LHV and then at the end, a trained midwife was the only person available.

The number of agents is reported consistently to be 473. The number of dais in the programme dropped from 119 to 110 and then increased to 129, but this is 12 below the programme target. The District Executive Officer has been available through the year as well as the required eight Family Planning Supervisors. The District Technical Officer left the programme in May and 48 Union Council Secretaries are in the programme although the 1961 census indicated that there were only 36 Union Councils. However the scheme lists 60.

FIGURE C-47

KHAIRPUR DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold _____
 Foaming Tablets - - - - -
 Foaming Liquid x x x x x x x

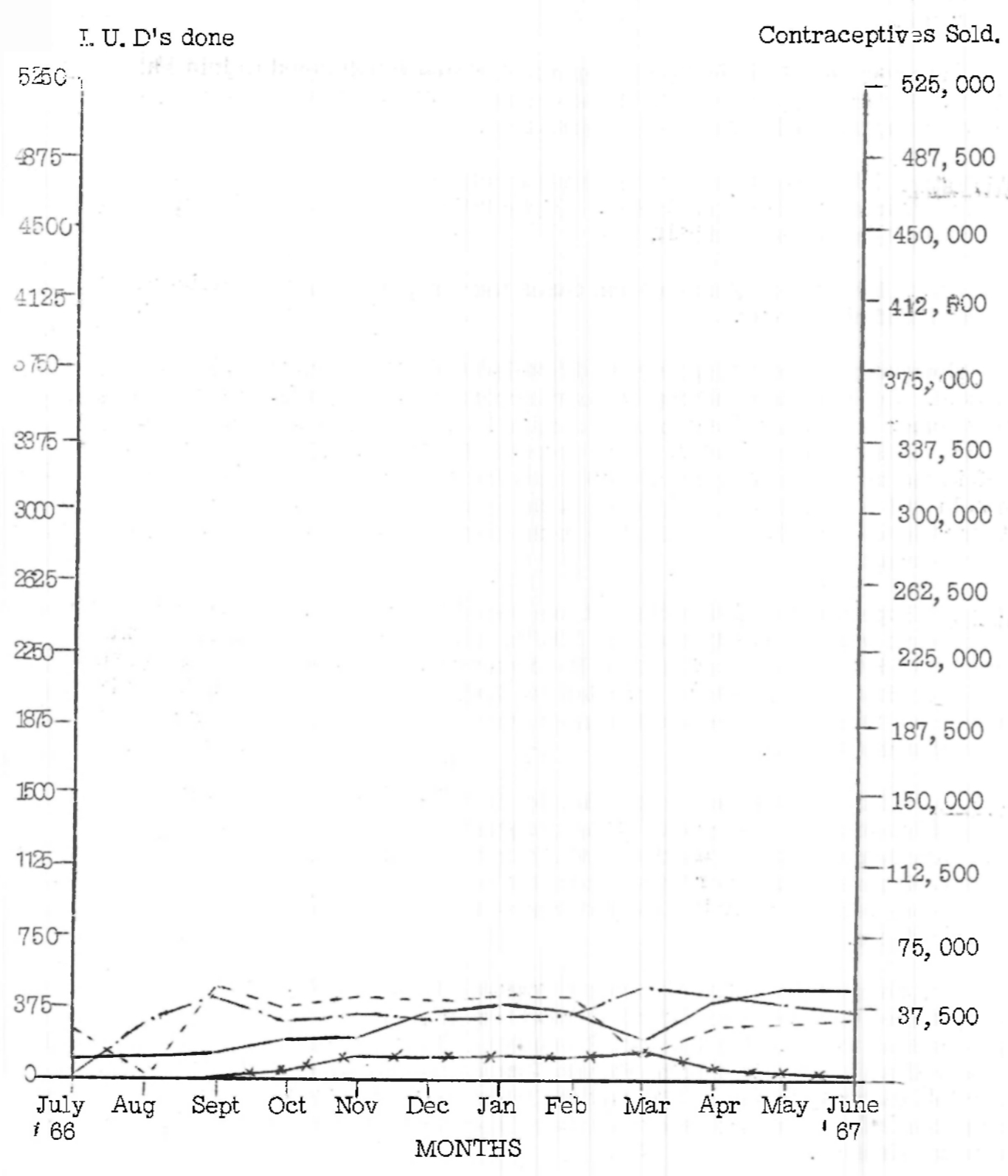
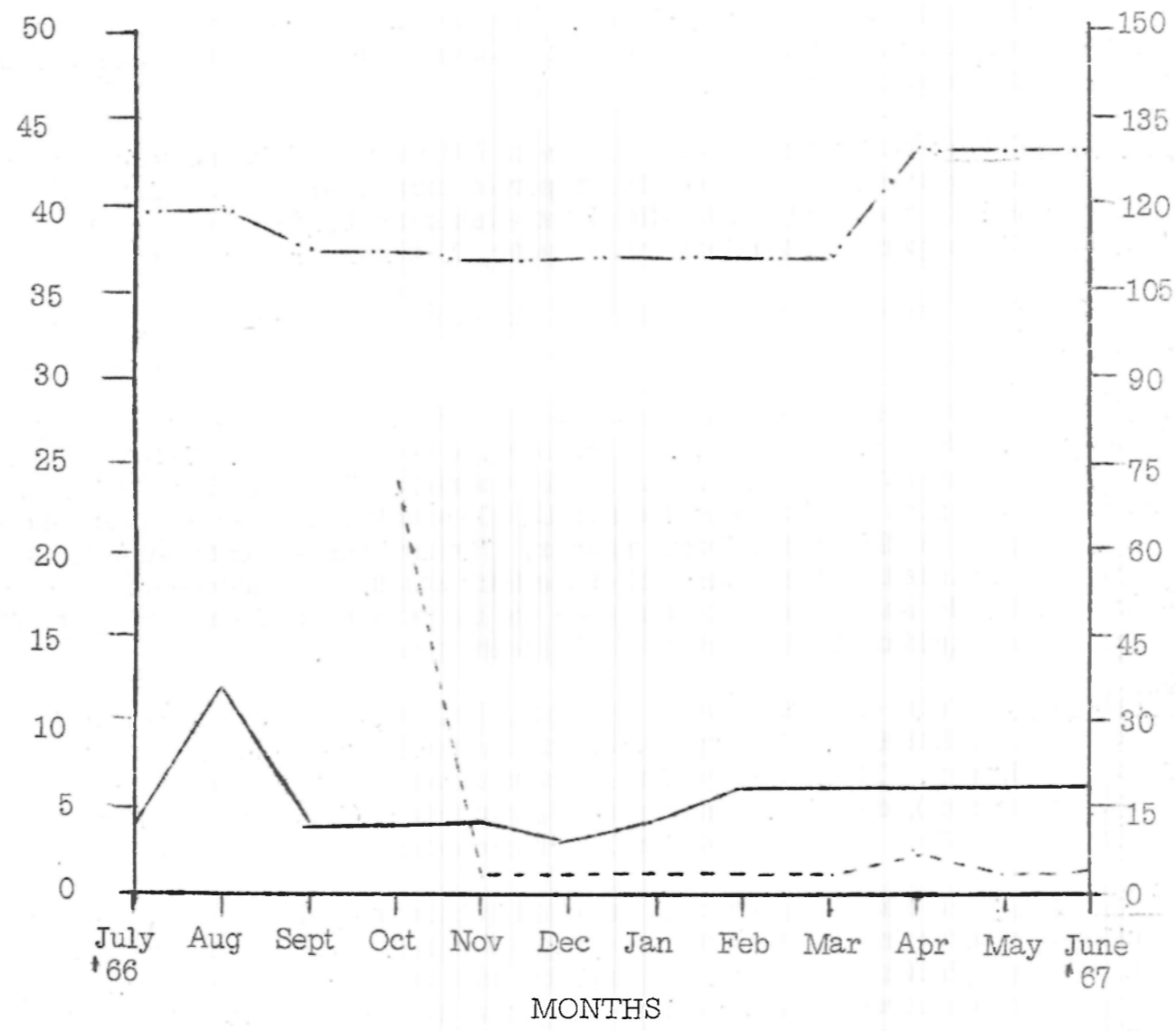


FIGURE C-48
KHAIRPUR
DISTRICT

Trained and in Position
 Medical Personnel _____
 Para-Medical Personnel - - - - -
 Dais -

No. of Medical and Para-Medical
Personnel

No. of Dais



DERA ISMAIL KHAN

SOCIODEMOGRAPHIC: The population was 382,746 in an area of 4,723 square miles and the density was 81 persons per square mile. The child woman ratio is 931 - above average - while the sex ratio - 865 - is average. The percent urban, 17.9, is below average as are the percent literate - 8.7 - and percent in non-agricultural labour, 27.4 percent. There are 3 Tehsils, 31 Union Councils, 1 Municipal Committee, 5 Town Committees and 469 villages; 2 colleges and 11 high schools; 232 miles of metalled roads and 278 miles of non metalled roads.

This is a semi-frontier area, much of which is uninhabitable. It is a poor district in which travel would be difficult. The census reports the area as conservative and the urbanization rate is not the best measure here where the population urban really reside in overgrown villages.

PRODUCTIVITY: With a second quarter low of 703 reported IUD insertions considered as the unusual period, the total number reported increased over the first quarter total of 863 slightly in the third quarter (891) and even more slightly in the fourth quarter, 894. Of the 3351 reported insertions for the year, 1785 were reported in the second half.

Only one vasectomy/tubeligation case was reported in the district during the year.

Conventional contraceptive sales were the lowest of the Pakistan programme districts, 706,424, of which 43.5 percent were condom sales. Condom sales, however, have been increasing regularly quarter by quarter. Foam liquids were not sold in the first quarter; the third quarter total of 12,900 was the high for the year and the sales then dropped to 9960 in the fourth quarter. "Other" conventional sales total 16,000 for the year or less than three percent of the total sales. The second quarter foam tablet sale of 87,440 was the high for the year and since then sales have dropped off consistently and significantly in each of the following quarters.

FINANCIAL: Total expenditures for the year, Rs. 199,500 was the lowest of any of the programme districts. The same pattern of expenditures holds in only a general way in this district. The majority of the expenditures went to Family Planning Supervisors, (22.25 percent), dais (16.79 percent), Headquarters (14.54 percent), and then for IUD fees and LHV's. Expenditures for LHV's exceeded the scheme allocation.

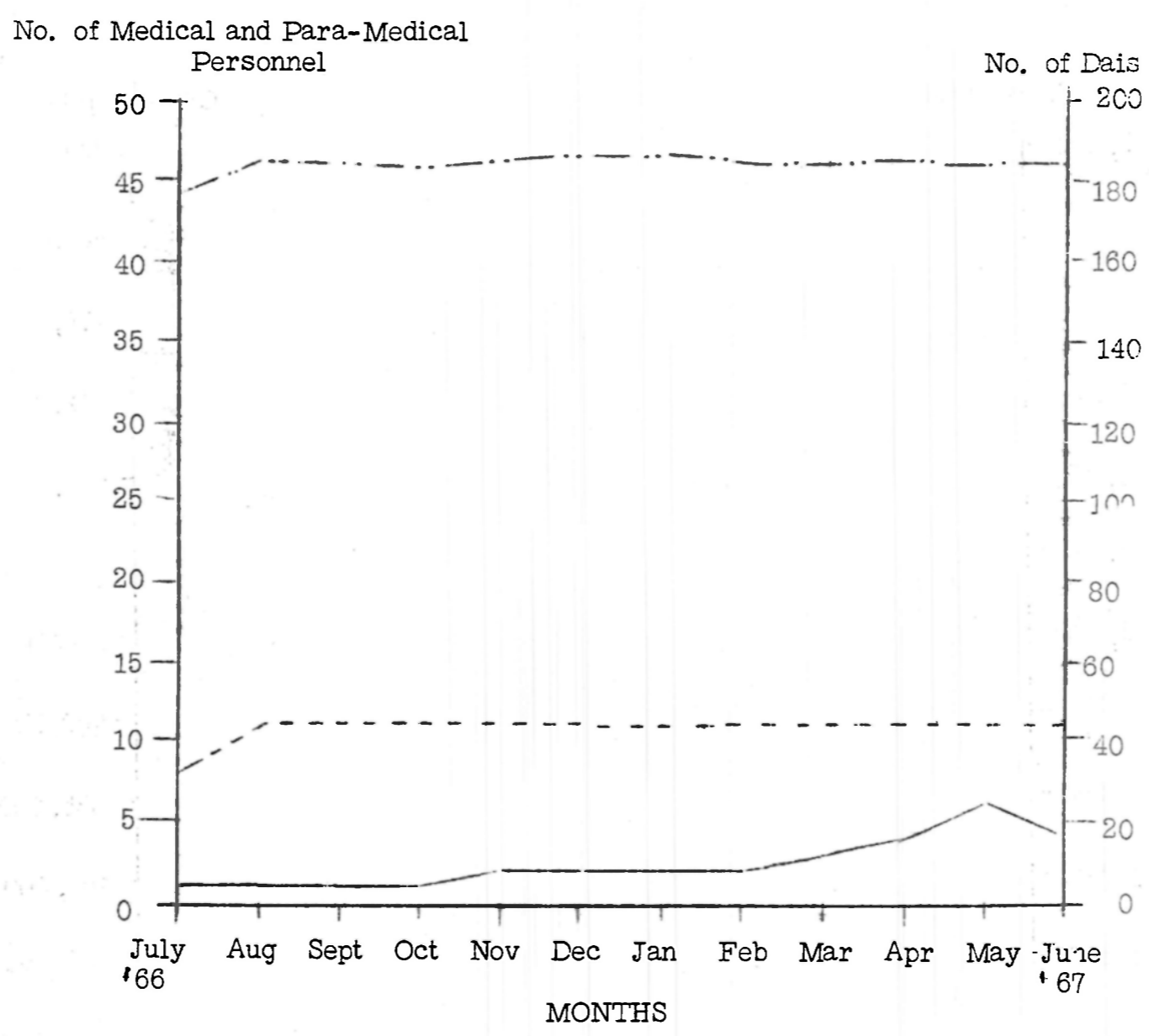
PERSONNEL: Reports on personnel as coded in this study do not correspond with the official reports on which the attached graph is based. Our data indicate that one full time clinic physician was available until the last quarter when two became available. One cut piece physician was available for most of the year, and one doctor was registered for vasectomy in the latter part of the year.

On the average, during the year, the following para-medical personnel were available: 2 urban clinic LHV's, 7 part time clinic LHV's, 1 cut piece LHV and 1 trained midwife. It should be noted, however, that no full time urban clinic was authorized for the district.

The total number of agents was 230 in the first 9 months and later increased to 234 against a target of 352. The number of midwives reported to be in the programme varied between 183 and 186. Other personnel were relatively stable. One Family Planning Officer dropped out in the last two months of the year, the Technical Officer in the last three months and one Union Council secretary in the last five months.

FIGURE C-50 Trained and in Position

D. I. KHAN
DISTRICT Medical Personnel _____
Para-Medical Personnel - - - - -
Dais -



MYMENSINGH

SOCIODEMOGRAPHIC: Located north of the Dacca district the Mymensingh district with its 6361 square mile area and 1961 enumerated population of 7,018,906 had a population density of 1,103 per square mile. It is the largest single district in Pakistan, but in other characteristics is similar to others of East Pakistan. The child woman ratio of 863 and sex ratio of 926 are average for the programme districts. The percent urban, 3.4 percent, percent literate, 14.1 percent, and percent in non agriculture, 9.1 percent are slightly below average.

In 1961 there were 50 Thanas, 575 Union Councils, 6 Municipal Committees, 4 Town Committees, and 8069 villages. Education facilities at that time included 1 agricultural university, 15 colleges, and 186 high schools.

A proportion of the population, roughly 13 percent, are non-Muslims, predominantly a tribal groups, the Goros.

PRODUCTIVITY: During the year, the district reported 39,244 IUD's inserted. The number is the second largest of all programme districts in Pakistan but less than half the number reported in Dacca. The number of insertions did not increase substantially until the last quarter when the number reported was twice that of the previous quarter.

Vasectomies totalled 963 in the first quarter of the year, increased in the second to 2301, then dropped to 59 in the third but increased slightly to 390 in the fourth quarter.

The total conventional contraceptives sold in the districts - 9,235,199 - of which 52.5 percent were condoms. Condom sales have increased steadily from 644 thousand in the first quarter to 2,192 thousand in the last quarter of the year. Foam liquids were sold only in the second and third quarters of the year - somewhat over 15 thousand applications in each quarter. "Other" conventionals were a negligible part of total sales. Foam tablet sales dropped from the first to the third quarter and then increased to the highest level of the year so that second half sales exceed first half sales.

FINANCIAL: The district ranks second in terms of total expenditures, but first in terms of population size and number of villages and Thanas. Rs. 1,759,300 was spent in the 11 months for which data were available for an average of Rs. 159,900 per month.

A relatively high proportion of the budget was spent in overhead and supervisory costs. Following the 28.23 percent spent for organizers (dais), 23.00 percent was spent on for Thana Family Planning Officers, 13.69 percent for I. U. D. fees, and the 12.63 percent for additional staff for Thana Family Planning Officers was in excess of the scheme budget.

PERSONNEL: Despite the increase in the number of IUD's inserted during the last quarter of the year, the number of medical personnel has decreased. Full time clinic staff personnel increased from one to two in February; part time clinic physicians decline from six to three at the end of the year, and the one cut piece physician terminated from the programme in March. There are, however, 14 physicians registered for vasectomy, and it is these who account for the significant increase in medical personnel since February in the district.

Paramedical personnel have decreased since the beginning of the programme year. One full time clinic LHV has been available through the year and one trained midwife. There have been no LHV's, cut piece and the number of LHV's in part time clinics has decreased from 11 to 5.

The total number of dais in the programme has decreased consistently from 3462 in the first part of the year to 3224 in the last month with only eight additions to the programme during the year. The number at the end of the year was more than 700 below target.

While an Executive Officer has been in the programme throughout the year, a Technical Officer was available for only four months. The number of Thana Family Planning Officers was below strength except for one month, and the number of additional staff has been at strength during the month.

FIGURE C-61

MYMENSINGH DISTRICT

I U. D.'s done

Contraceptives Sold

Condoms Sold

Foaming Tablets

Foaming Liquid

xxxxxxx

664,578

557,010

9,317

Contraceptives Sold

525,000

487,500

450,000

412,500

375,000

337,500

300,000

262,500

225,000

187,500

150,000

112,500

75,000

37,500

0

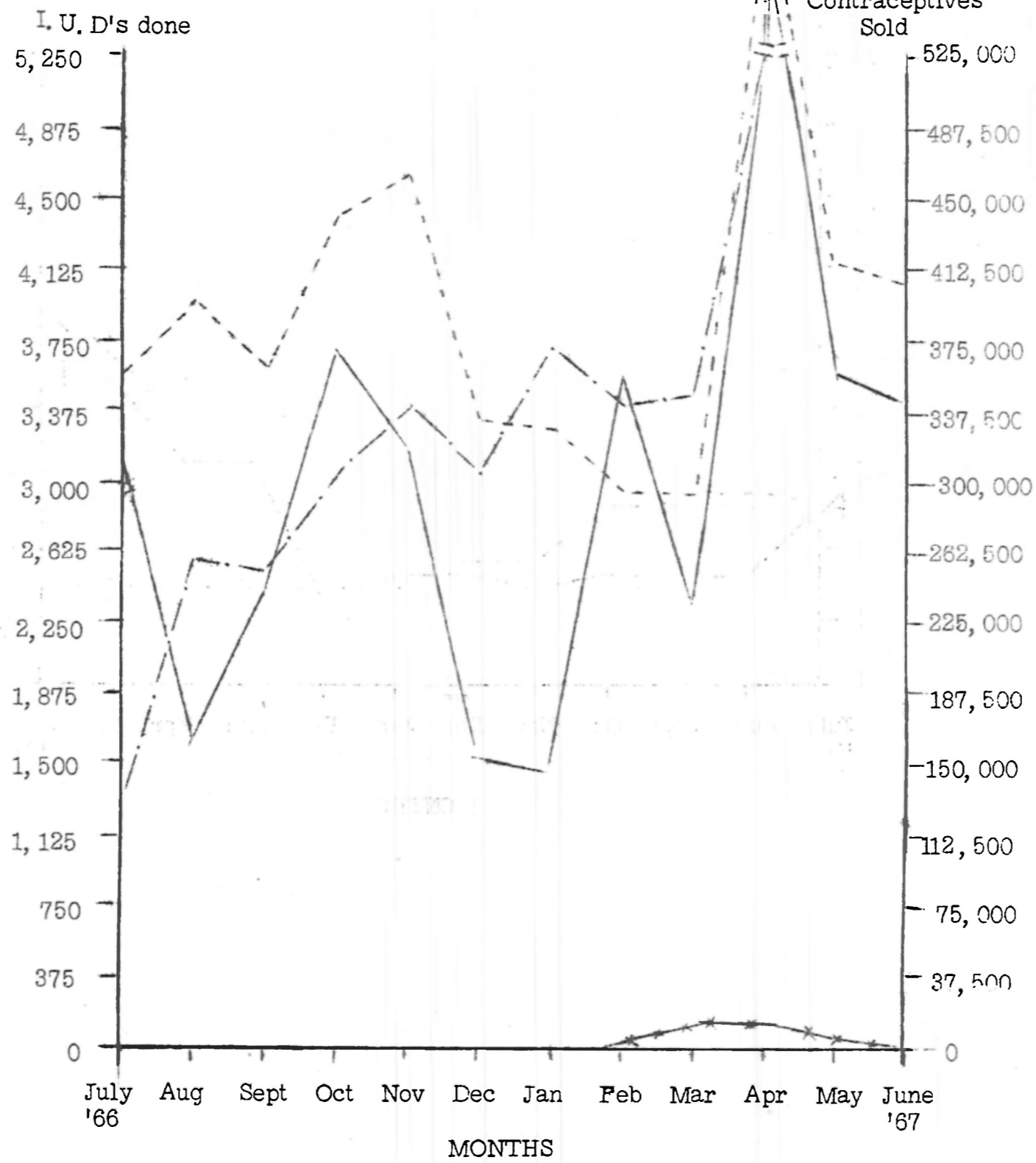
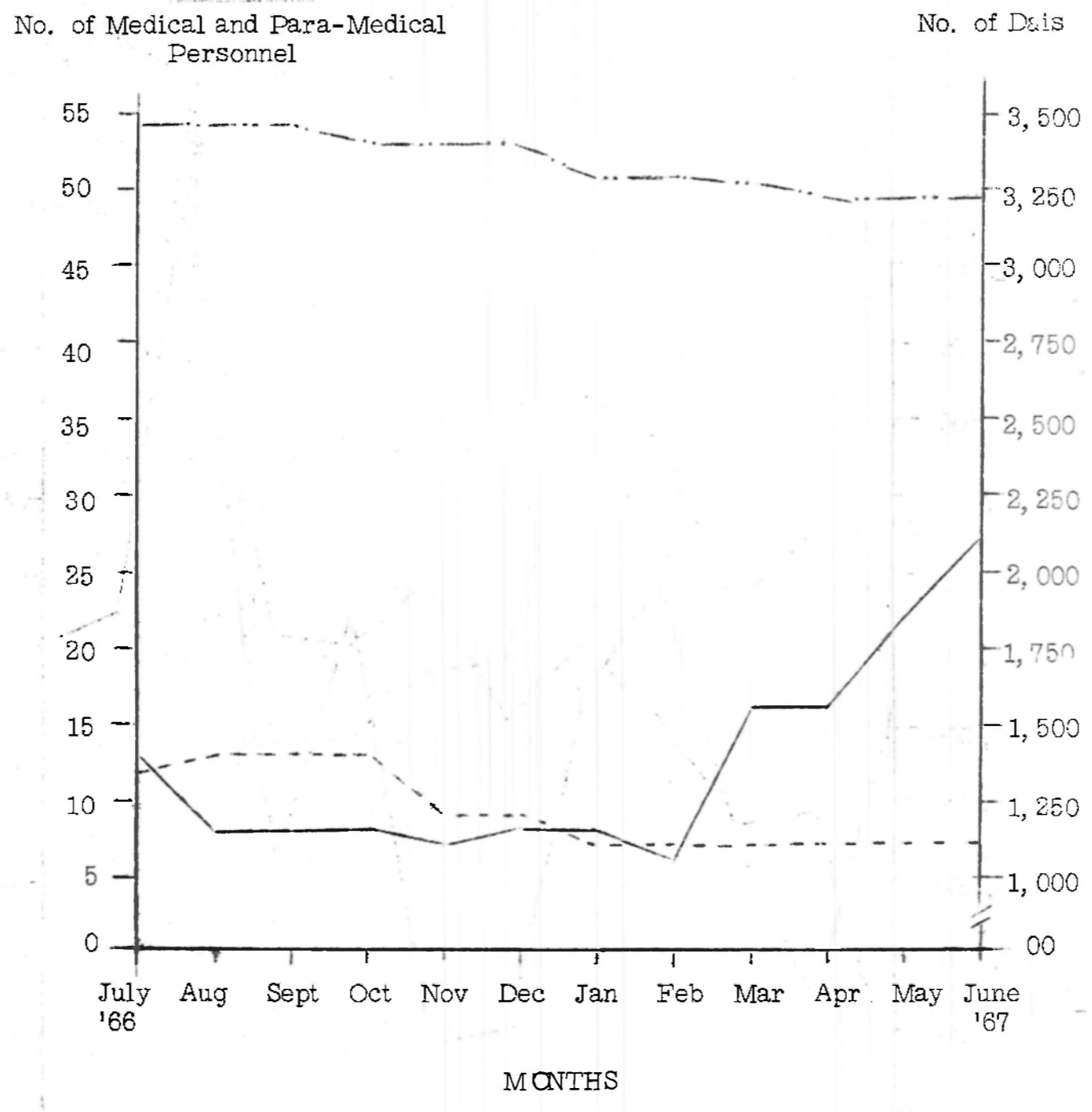


FIGURE C-52
 MYMENSINGH
 DISTRICT

Trained and in Position
 Medical Personnel _____
 Para-Medical Personnel - - - - -
 Dais - - - - -



DACCA

SOCIODEMOGRAPHIC: The provincial capital district of East Pakistan and site of the new second capital, the district had a 1961 enumerated population of 5,095,745 in an area of 2882 square miles with a density of 1768 per square mile. The child woman ratio was 888 and the femininity ratio 902. The level of urbanization was 14.8 percent, the highest in East Pakistan, literacy 18.9 and 30.7 percent of the economically active males were in non-agricultural occupations.

Within the district are 37 Thanas, 392 Union Councils, 2 Municipal Committees, 1 Town Committee, and 5417 villages. Educational facilities are the most extensive in East Pakistan with 2 universities, 21 colleges and 211 high schools.

While agriculture remains dominant, textile and jute mills along with other activities have made Dacca the most industrialized of the districts of East Pakistan.

PRODUCTIVITY: The number of IUD insertions reported for the district, 83,947, is more than twice the number in any other district in East or West Pakistan. There has not been a consistent increase, however, over the year. Insertions increased from the first to second quarter, dropped off significantly in the third and increased in the fourth but still not to the level of the first two quarters. Fewer insertions were done in the second half of the year.

Vasectomies reportedly rose from 369 in the first quarter to 3358 in the second, dropped to 2015 in the third when the incentive fee was reduced, and then jumped to 6590 in the 4th quarter, increasing consistently from month to month. The total reported for the year, 12,332, is the largest number in Pakistan.

Conventional sales were 3,783,061 of which 59.6 percent were condoms ranked 4th in the district. Condom sales have been marked by a steady and significant rise from quarter to quarter: 247,488 in the first quarter to 926,364 in the last quarter. Foam liquids were sold only in the last quarter and were an insignificant part of the total. "Other conventionals" have been sold in all four quarters, but the sales have dropped off drastically from the second to last quarter. Foam tablets follow the sales pattern of condoms; a steady and significant increase from 185,004 in the first quarter to 477,600 in the last quarter.

FINANCIAL: The financial data for Dacca as forwarded to the Family Planning Council is of limited utility, for reports were available for only eight months of the year. However, on the basis of the eight months reports available, Dacca ranked first in total expenditures, Rs. 2,421,600.

According to the reports available, over 63 percent of the funds were spent on vasectomies, salaries to dais, and I. U. D. fees.

Within eight months, the cost for District Headquarters was more than twice the amount allocated in the original scheme, and more than half of this was spent in the third quarter. Similarly twice as much was spent on allowances to Medical Superintendents and Civil Surgeons than allowed for in the scheme. Publicity costs have increased steadily and rapidly quarter by quarter, even with incomplete returns for the last quarter. Salaries for dais fluctuate radically over the year, but the personnel reports indicate a constant number of dais employed throughout the year. Nearly two lac rupees were spent on "contingencies" the largest amount spent by any district.

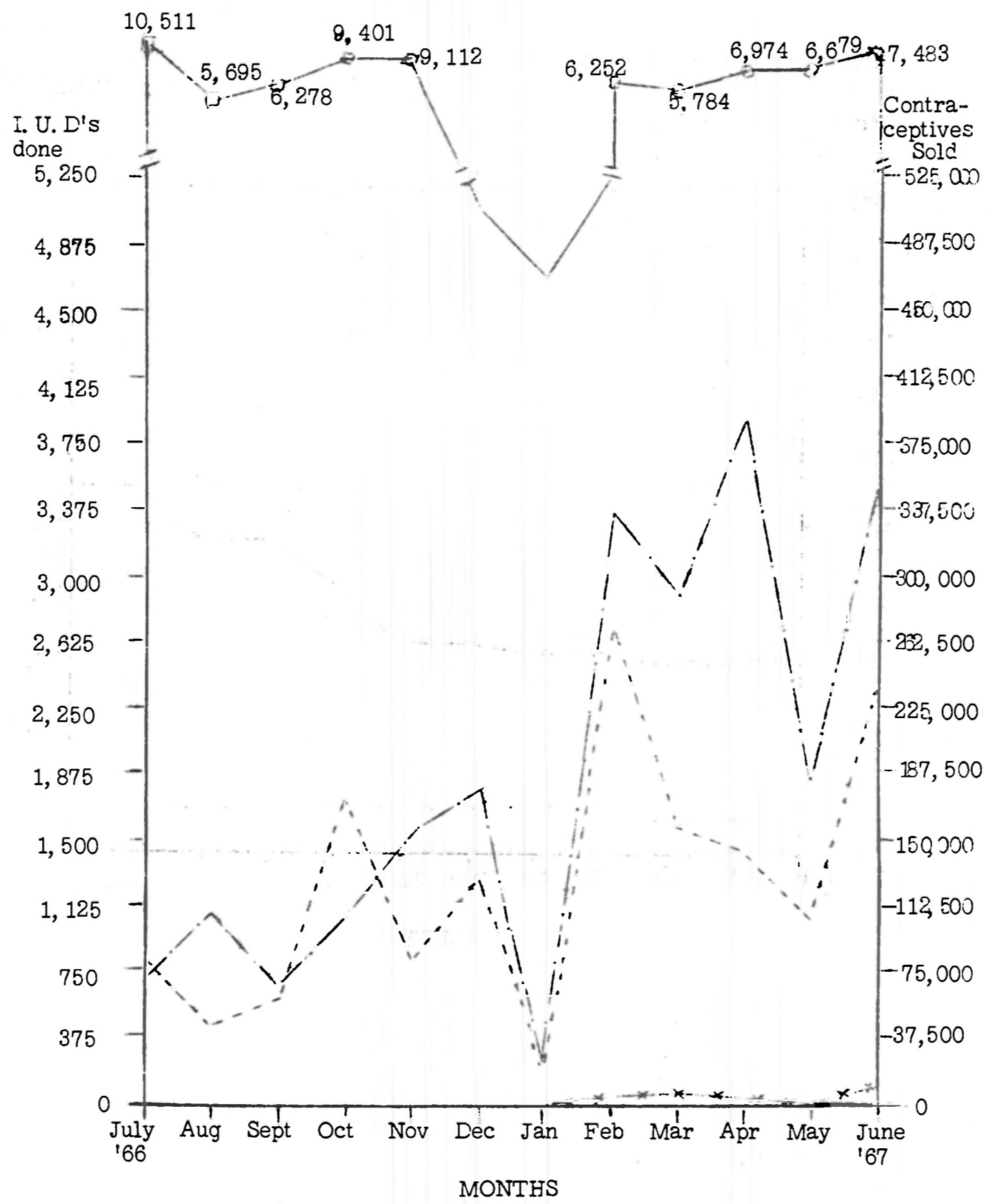
PERSONNEL: Personnel data were not available for the first part of the year. The large number of IUDs reported reflects the large medical staff available. Four physicians have been available for the period covered by the statistics in the full time urban clinics, and at first 57 and then 60 physicians have been reported to be available in part time clinics. No cut piece physicians were reported.

Paramedical personnel consisted of: four LHV's in the urban clinics, 6 LHV's in part time clinics, and 4 trained midwives. Strangely, it is reported that 3633 agents have been available in each of the nine months for which data are available in this study; 3510 dais have been in position for each of the 11 months and the target is exactly 3510. At least there is a little variation in the other personnel data. The Executive Officer has been available through the year as well as the Technical Officer. Four of the Thana Family Planning Officers have dropped from the programme during the year, but all had been replaced by the last month. Six additional staff dropped from the programme during the year, but five had been replaced before the conclusion of the year.

Many of the personnel statistics are highly questionable.

FIGURE C-53
DACCA
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *



COMILLA

SOCIODEMOGRAPHIC Perhaps as well known as any district because of the activity of the rural academy, Comilla had a 1961 population of 4,388,906 in an area of 2594 square miles with a density of 1963 per square mile. The child woman ratio in 1961 was 862 and the femininity ratio was 954: both near the Provincial averages for programme districts. Only 3.2 percent of the population was classified as urban, but 20.3 percent as literate. Nine percent of the economically active population was in non-agricultural occupations.

Within Comilla are 21 Thanas, 362 Union Councils, 3 Minicipal Committees, and 5137 villages. There were 5 colleges and 185 high schools in 1961.

PRODUCTIVITY Reported IUD insertions increased consistenly from the first to fourth quarters; 2768 to 4310, 4829 and 8797. The total number inserted, 20,704 ranks third in the Province.

Vasectomy reports are consistent with those of other East Pakistan districts: 16 were reported for the first quarter, then 26, 65 and 1045 in the last quarter with roughly 70 percent of those done in the last month. The increase came later than in other districts and was smaller; thus the 1152 reported for the year is the smallest number reported by any district in East Pakistan.

Conventional sales total 4,529,512 the second largest number in East Pakistan and only 31.0 percent of the sales were condoms. Females methods were more often sold. The proportion of condoms of conventionals sold is the smallest district percentage in both Provinces. Foam liquids were sold only in the last six months and total only 11,760 applications. "Other conventionals" were negligible: 200 applications. Foam tablets constituted the most often sold conventional: 3,119,054 applications. The number sold increased from the first to second six month period but the total sold in the last quarter was the smallest of all quarters: 553,428.

FINANCIAL: Reports are available for all months of the year. Total expenditures amounted to Rs. 1,068,100 for the year. The district ranked fifth in total expenditures, although ranking 3rd in population size. The largest proportion of the year's expenditures went to dais (33.41 percent) and Thana family planning officers, 17.29 percent, followed by IUD fees (14.21 percent) and publicity (11.70) percent.

Headquarters costs were slightly in excess of the scheme allocation and publicity costs were more than 25 percent in excess of the original scheme allocation. Over 90 percent of these funds were spent in the last quarter alone.

PERSONNEL: The personnel figures available to us do not reflect the dramatic changes indicated in the accompanying graph. Our data indicate one urban clinic physician available until January and none after; one part time clinic physician available until January and then two after. Four doctors cut piece were reported to be in the programme. The rapid expansion noted on the attached graph is due to the registering of 17 doctors for vasectomy late in the year.

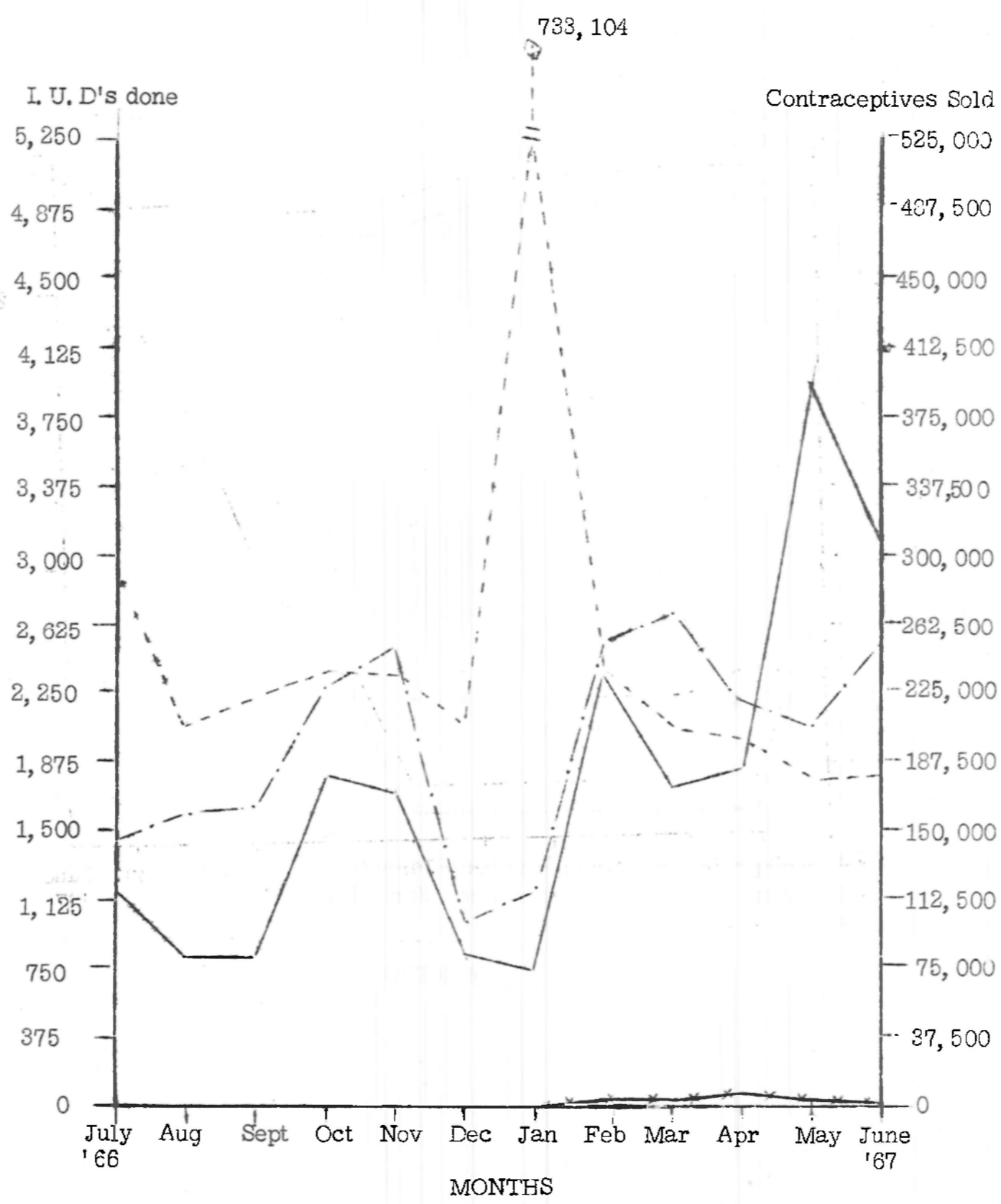
Similarly the data we have indicated only two full time clinic LHV's available for part of the year and one part time clinic LHV available for part of the year, only one paramedical person was available at the end of the year.

The number of agents varied slightly over the year but the terminal total, 2923 was higher by 47 than the total for the first year of the programme. Nevertheless the total number of agents was nearly 2000 less than the plan target for most of the year.

The number of dais in the programme fluctuated slightly and followed the curve indicated in the following figure. The number in the programme remains roughly 500 below the target level.

An executive officer has been available in the programme only in the last five months of the year and no technical officer. For four months, and possibly five, the District was short one Thana family planning officer. Only in the last two months were all of the additional staff in the programme.

FIGURE C-55 I. U. D's done _____
 . COMILLA DISTRICT
 Contraceptives Sold
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid * * * * *



BARISAL (BAKERGANJ)

SOCIODEMOGRAPHIC: The population was reported to be 4,261,767 in an area of 4,240 square miles with a density of 1005 per square mile in 1961. The reported child woman ratio of 876 and the sex ratio of 948 are slightly above average. Literacy is 17.8 percent. The percent urban is reported to be 2.8 and 10.0 percent of the adult males are reported to be in the labour force in non-agricultural occupations.

There were 21 Thanas, 3723 villages and 360 Union Councils; 6 colleges and 166 high schools.

The area, is located on the Bay of Bengal and during the rainy season is almost completely inundated. Part of the Sunderbuns are located here. The area is subject to a wide variety of calamities - floods, cyclones - and the 1943 famine was reported to be particularly heavy here. Transportation is largely via water routes. Roughly 82 percent of the population is Muslim, but there are sizeable groups of Buddhists and Hindus. It is largely agricultural, but there is limited land. There is continual open fighting and endless litigation over property.

PRODUCTIVITY: IUD insertions have increased nearly twenty times from the first to last quarter; 384 to 7261. The increased quarterly totals have been rapid with the largest gains made in the second fourth quarters.

The number of vasectomies and tubeligitations reportedly increased from 8 to 770, 781 and 1509. The increase is dramatic but not as great as that seen in other districts such as Chittagong. The total number reported ranks sixth in the district.

Total conventionals sold, 2,727,279 ranks 5th in the district and consisted predominantly of condom sales: 67.3 percent, only one tenth of a percent less than in Chittagong. Condom sales increased rapidly from 37,952 in the first to 1,141,536 in the third quarter and then dropped to 347,688 in the last quarter. Apparently, the third quarter distribution saturated the market.

Only a small number of foam liquids were sold in the last six months: 4986. No "other" conventionals were sold. Foam tablet sales have been irregular with the largest numbers sold in second and fourth quarters of the year; sales in the last six months exceeded those in the first six months.

FINANCIAL: The 1966-67 financial reports were not available for the first two months of the year. The total amount expended for the year was Rs. 1,291,200 or an average of Rs. 117,400 per month. The district ranks 3rd in expenditures but 4th in population. This is offset by the fact that it ranks 3rd in the number of Thanas. In general, expenditures were below allocation except for publicity in which it was reported that Rs. 284,800 was spent in the last quarter alone - 5 times that spent in any previous quarter and a disproportionately large part of the budget was spent in publicity; 29.64 percent of the year's total expense.

PERSONNEL: Our personnel data again do not correspond to the accompanying graph. We have no indication of any cut-piece physicians in the programme. Only in the last third of the year do we have any report of full time urban clinic personnel five in April and May and these figures seem questionable. In October there were eight part time clinic physicians available but this number dropped to four and only increased to five in April. The dramatic increase is due to the registration of 29 doctors for vasectomy in April and an additional one in June making a total of 30.

The number of agents has increased slightly from 1733 to 1760 but the total number is less than half the target figure. The number of dais available after October remained fairly stable throughout the year and near the official target. An Executive Officer has been available for the months for which we have data, but no Technical Officer. The district has been under strength by one for Thana Family Planning Officers and between 96 to 98 additional staff have been in the programme while 102 are required in the District.

FIGURE C-57
BARISAL
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold _____
 Foaming Tablets - - - - -
 Foaming Liquid - x x x x x x x

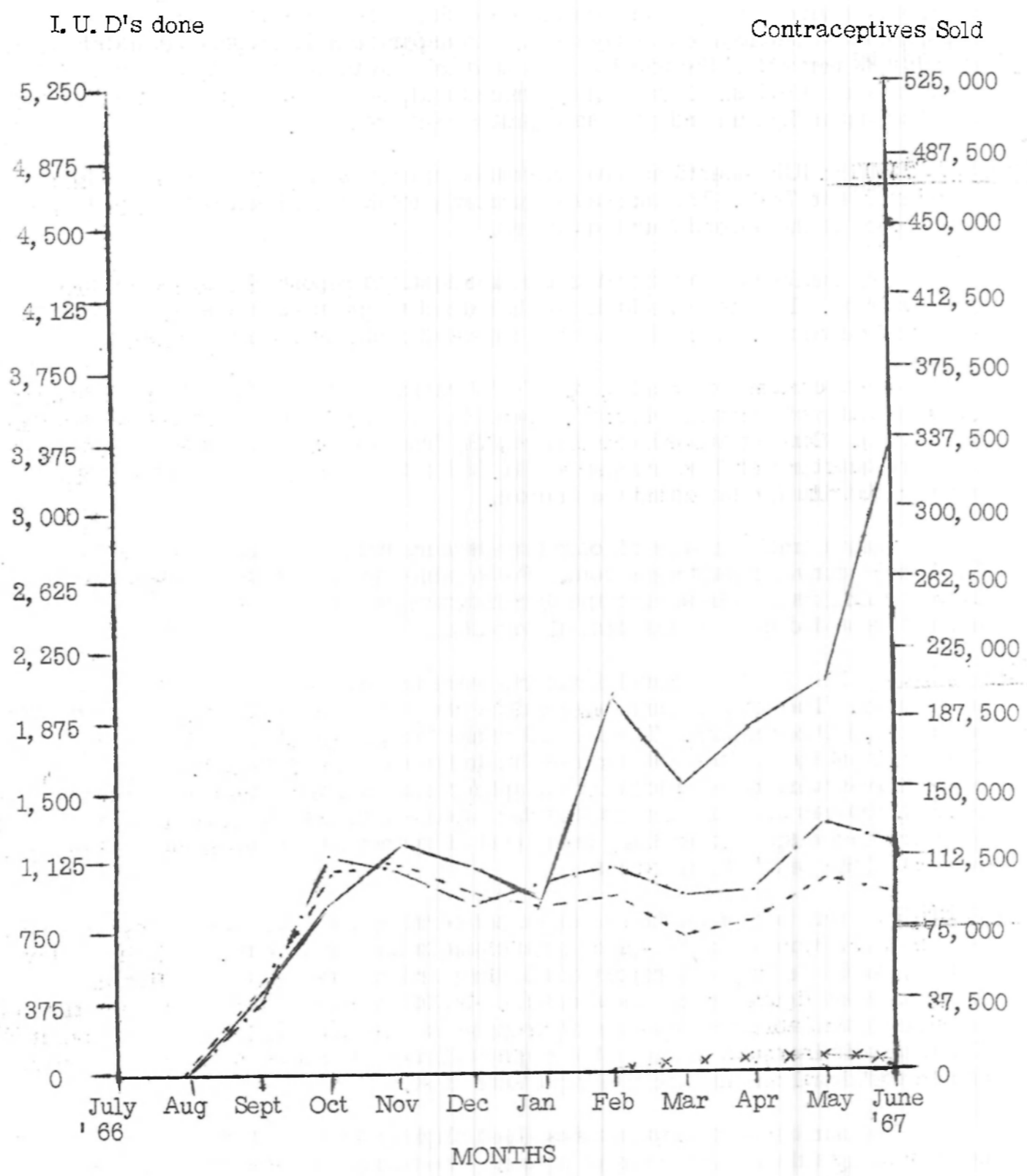
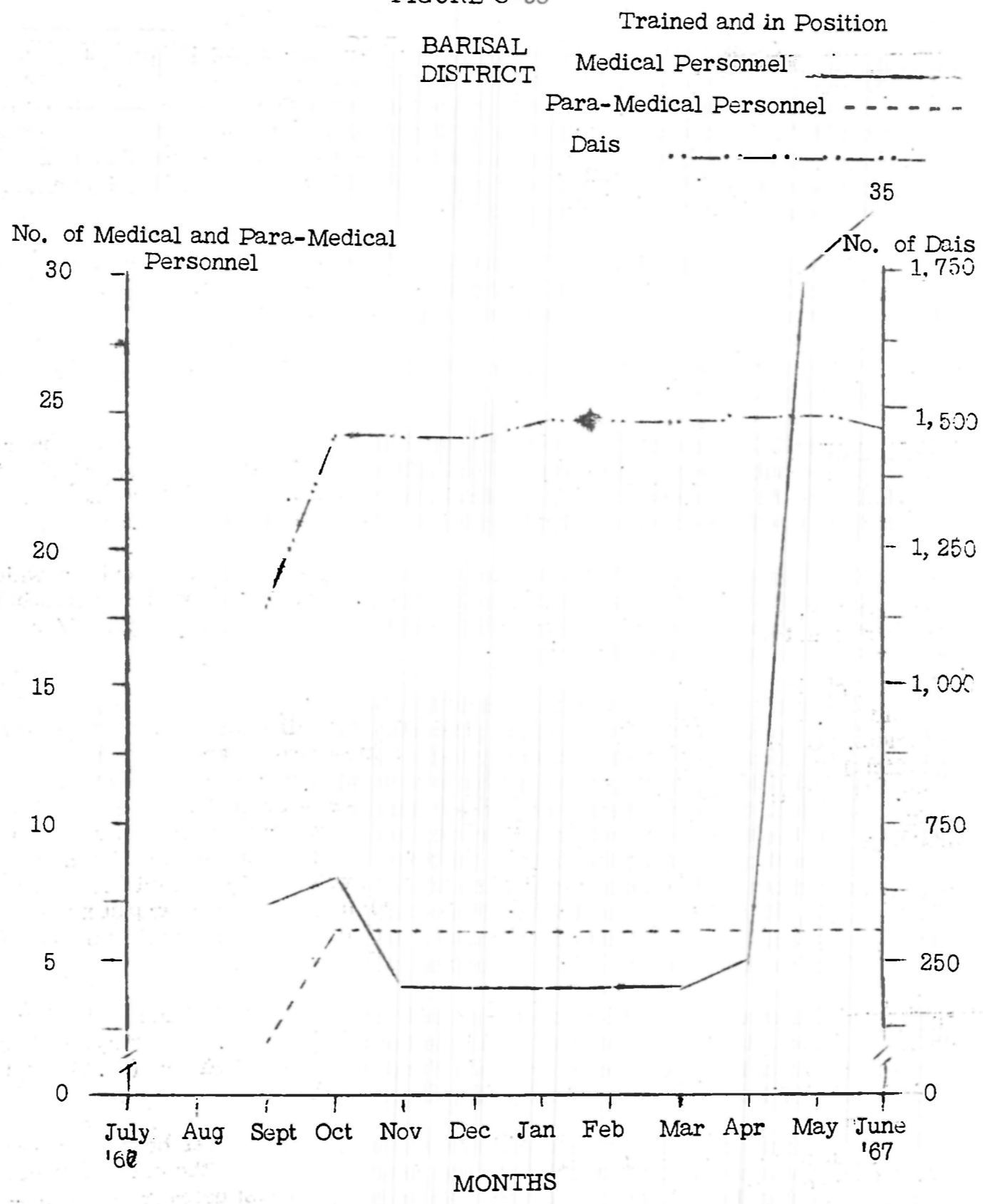


FIGURE C-58



CHITTAGONG

SOCIO-DEMOGRAPHIC: Located on the Bay of Bengal, the 1961 reported population size was 2,982,931 in an area of 2,750 square miles and with a density of 1,103 per square mile. The child woman ratio of 816 was below the provincial ratio as was the femininity ratio of 887. A total of 12.5 percent of the population was classified as urban, 23.0 percent as literate, and 31.3 percent of the economically active males as non-agricultural workers. The latter three figures are above the Provincial average, reflecting the impact of the Chittagong port.

Within Chittagong were 22 Thanas, 225 Union Councils, one Municipal Committee, one Town Committee, and 1,170 villages. There were 10 colleges and 132 high schools. It is classified as agricultural and industrial.

The district is subject yearly to a number of cyclones which inhibit activity and cause great damage.

PRODUCTIVITY: IUD insertions dropped off from 3759 to 3436 in the second quarter and then increased subsequently, by quarter, to 3760 and 4325 so that totals inserted in the second six months exceeded those in the first six months. Total insertions, 15,280, ranked 7th in the district while Chittagong ranks 5th in population size.

Chittagong reports of vasectomies and tubelignations show the pattern which is typical for most East Pakistan programme district. Only 1 case was reported in the first quarter, then 19,106 and finally 2289 in the last quarter with roughly 2/3rds of those case in the last month alone: 1401.

Similarly in total conventionals sold the district ranks 7th with 2,502,692 sold of which 67.4 were condoms, the highest percentage of all East Pakistan programme districts. Condom sales increased slowly in the first three quarters and then dropped off slightly in the last quarter, although the total was higher in the second half of the year. The district reports the second largest number of foam liquids sold in East Pakistan, but the sales were extremely erratic from quarter to quarter and were an insignificant part of the total; the district reported the largest number of "other" conventionals sold but again a small proportion of the total and highly variable quarterly totals: 10,300, 22,300, nil, and 1,500. Foam tablets, the second largest number of conventionals sold in the district, have shown a steadily decreasing number of sales from the first to last quarter: 242,334 dropping off to 146,184.

FINANCIAL: Chittagong ranked 6th in total expenditures (Rs. 891,400 during the year) but 5th in population size. Reports were available for the full year. The largest single items in the financial report were for Thana Family Planning Officers (20.51 percent), I. U. D. fees (14.1 percent) and publicity (14.82 percent).

The costs for District Headquarters was slightly in excess of the budgeted amount, but the amount spent on publicity was nearly four times the original scheme allocation and nearly sixty percent of this was spent in the last quarter of the programme. The district spent the largest sum of any district in East or West Pakistan for training, Rs. 15,500 during the year, concentrated in the second and third quarters of the year, yet the total amount expended was less than the plan allocation.

PERSONNEL: In contrast to many other districts, the medical staff in the family planning programme has built up slightly over the year. The major rise at the end of the year is probably due to the registration of a number of doctors for the vasectomy programme, although the reports -- our data as well as a recheck of the number of doctors registered for vasectomy -- report an additional nine urban clinic physicians. It must be assumed that this is a reporting error. Under this assumption, we note that (for the months for which data are available) there have usually been two urban clinic physicians available, 11 part time clinic doctors for most of the year with a reduction to eight in the last month, and no cut piece physicians. Our data indicate a total of only 21 physicians in the programme at the end of the year.

There are few paramedical personnel in the programme. Since December there has been only one urban clinic LHV available in the programme.

A total of 1155 agents have been reported in the programme during the period covered by our statistics (eight months) against a target of 2983. An Executive Officer has been available through the year, but no Technical Officer since September. One FPO was replaced during the year, and the number of additional staff varied between 62 and 65 against a target of 66. The number of dais in the programme has decline slightly through the year, and the number has usually been at a minimum of 12 percent below target.

FIGURE C-59
CHITTACONG
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold -.-.-.-.-
 Foaming Tablets - - - - -
 Foaming Liquid x x x x x x x x

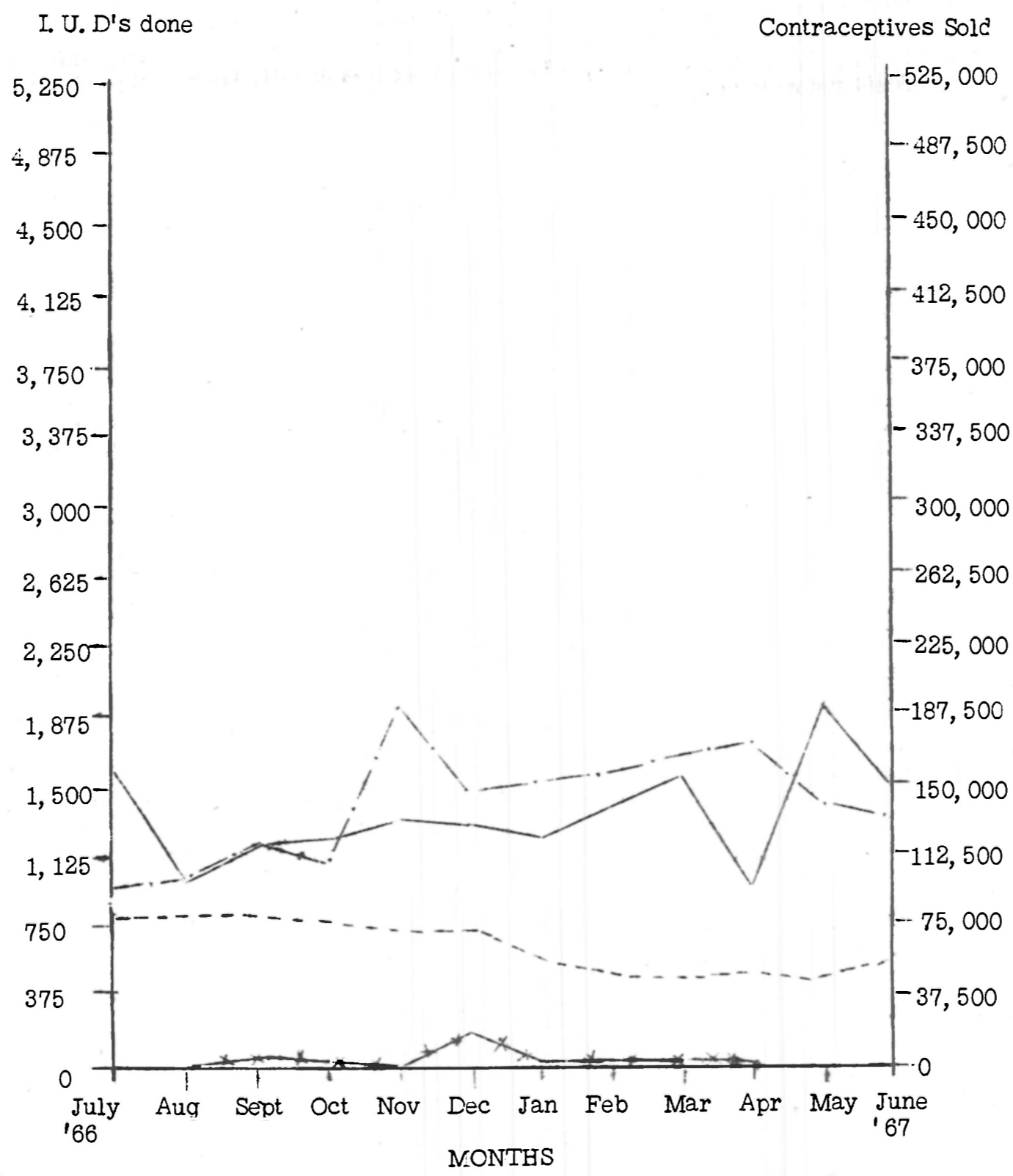
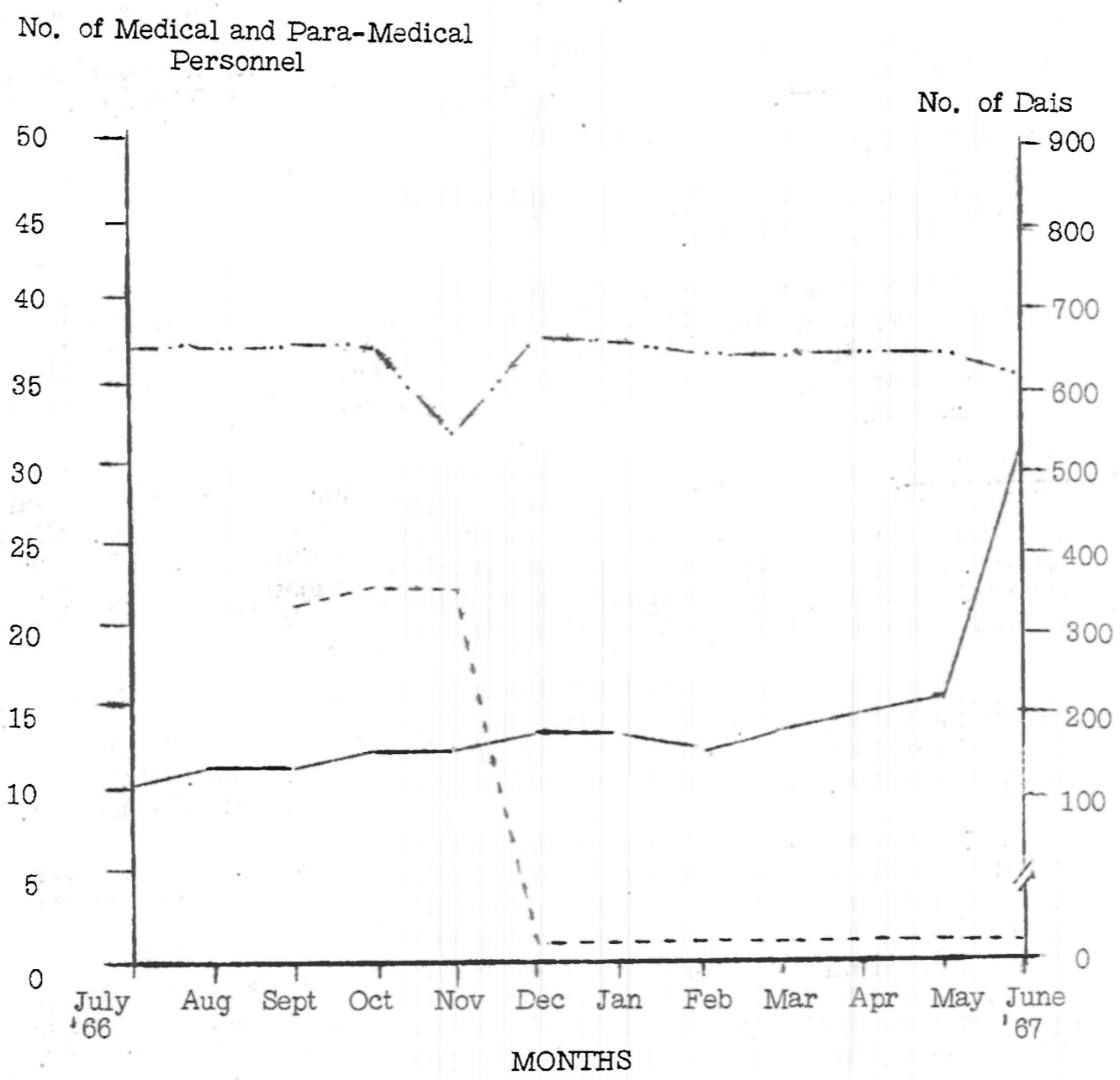


FIGURE C-60 Trained and in Position

CHITTAGONG Medical Personnel _____
DISTRICT Para Medical Personnel - - - - -
Dais _____



RAJSHAHI

SOCIODEMOGRAPHIC: This predominantly agriculture district had an enumerated 1961 population of 2,810,964 living in an area of 3654 square miles with a density of 769 per square miles. The child woman ratio of 873 and sex ratio of 935 are slightly above the programme district average for the Province. The percent literate was 16.2, percent urban 4.3, and the percent of the male economically active non-agricultural labour force was 9.8, all below the district average for East Pakistan.

There were 30 Thanas, 250 Union Councils, 2 Municipal Committees, 1 Town Committee and 6312 villages in 1960. In 1960 there were: 1 University, 8 colleges, and 91 high schools in the District. Most transportation in this district is by road or rail; water transportation is negligible.

The district is the site of one of the 4 Training cum Research Institutes for family planning in Pakistan.

While there is a growing interest in silk culture, the dominant activity remains traditional forms of agriculture. The census commissioner regards the people as being content with the agricultural life which appears to be more than adequate to meet the needs of the local population (noted as conservative and uninterested in social change).

PRODUCTIVITY: A total of 17,551 IUDs were inserted during the year; this total ranks 4th in the Province while the district itself ranks 6th in population size. The number inserted by quarter was largest in the second quarter of the year, 5,494, dropping off to 4,484 by the third quarter and then increasing slightly to 4557 in the fourth quarter. However, with the small number reported for the first quarter, the total in the last six months is slightly greater than in the first six months of the year.

There has been no significant linear increase in the total number of vasectomies and tubelignations. The number reported dropped off consistently from the first to third quarter and then increased slightly from 231 to 288. With a total of 1467 vasectomies, only Comilla in East Pakistan reported a smaller number.

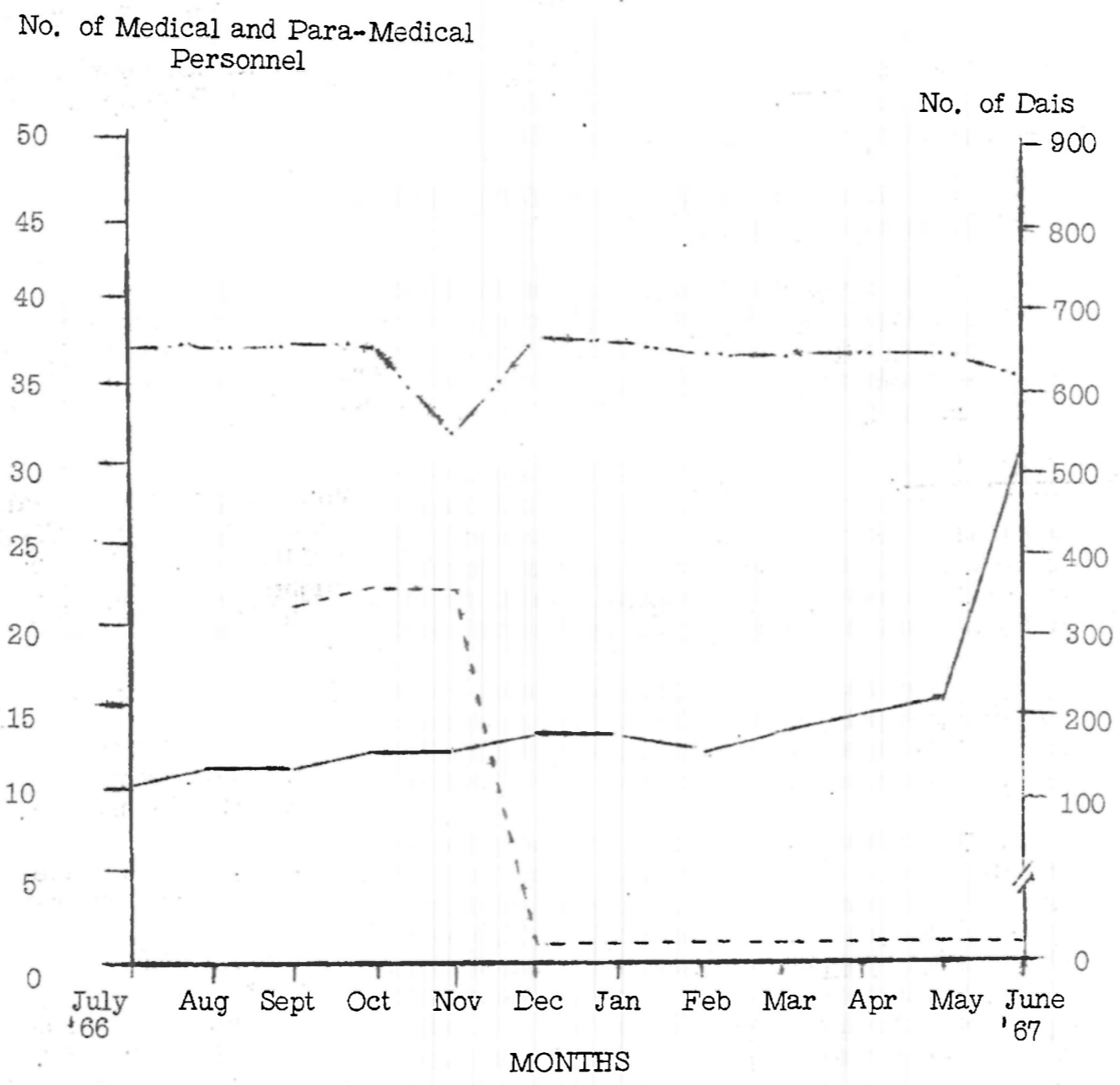
In contrast, conventional contraceptive sales of 4,184,898 were exceeded only by Comilla and Mymensingh. A total of 61.6 percent of the conventionals reported sold were condoms. Condom sales increased from the first to second quarter and then steadily dropped off. Only as result of the low first quarter sales do we find a slightly higher number of sales reported in the second half of the year. Foam liquids were sold only in the last six months - the numbers for the last two quarters increasing from 4380 to 7080. No "other" conventionals were sold. Foam tablets which constituted the second largest type of conventionals sold show the same sales pattern as for condoms: an increase from the first to second quarter and then a consistent decrease in each of the two subsequent quarters so that by the end of the year foam tablet sales in the last six months were less than in the first six months.

For all types of methods, the district has shown a poorer performance in the second half of the year in contrast to the first half of the year.

FINANCIAL: Reports are available for 11 months of the fiscal year. The largest proportion of the expenditures went to salaries for organizers/dais: 36.98 percent which in part reflects the fact that Rajshahi has 6312 villages, the second largest of any district. The next largest proportionate amount went for IUD fees (13.04 percent) and then 12.20 percent for Thana family planning officers. Rajshahi was allocated in the original scheme Rs. 52,450 for publicity but spent only Rs. 6,400 or the smallest amount of any district in East Pakistan, and all was spent in the last six months of the fiscal year.

FIGURE C-60 Trained and in Position

CHITTAGONG Medical Personnel _____
DISTRICT Para Medical Personnel - - - - -
Dais - - - - -



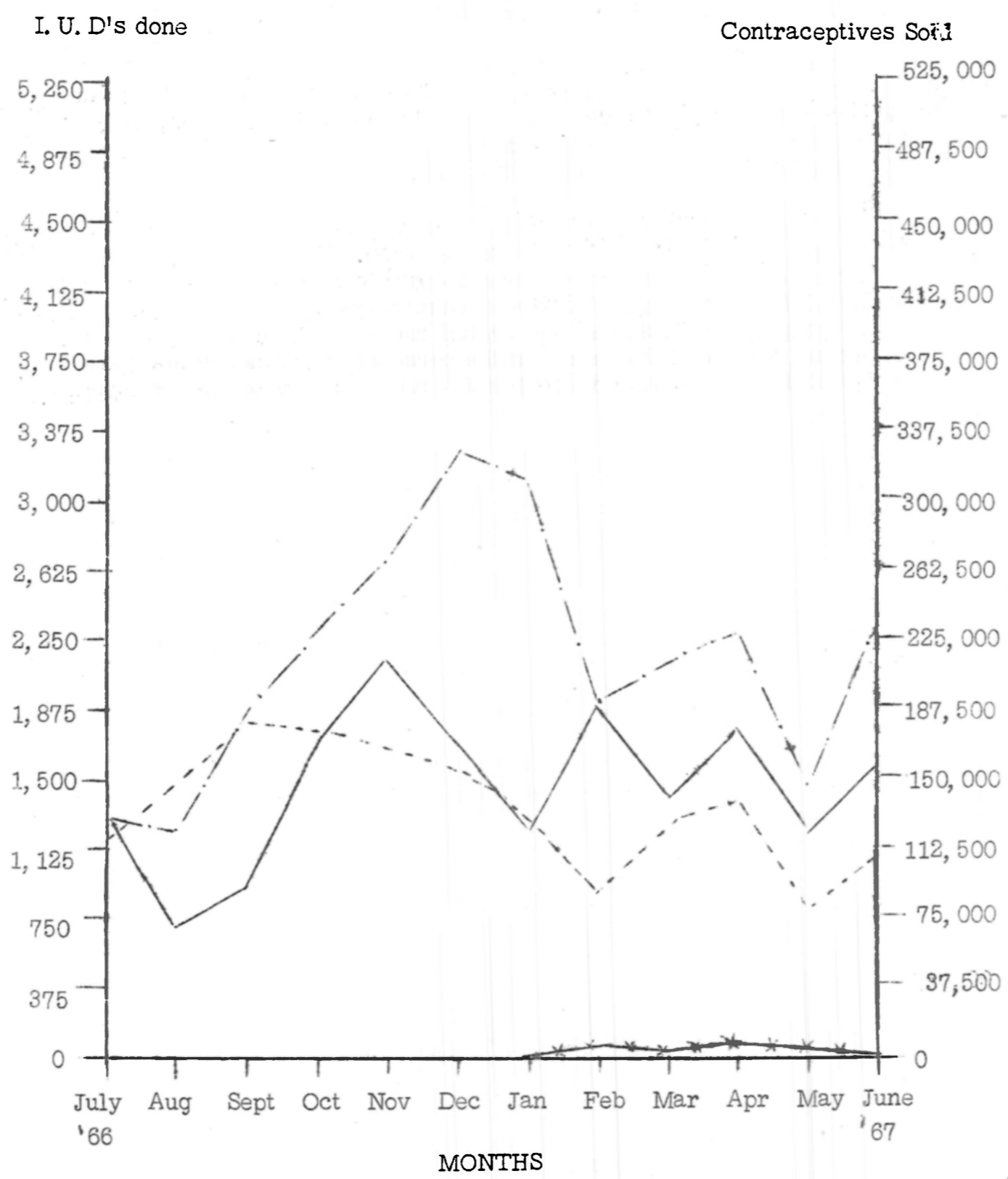
PERSONNEL: A large decrease in the number of medical personnel took place after the first quarter when 28 of the 30 cut piece physicians in the programme left, and the remaining two continued in the programme for the balance of the year. One urban clinic physician was added in October and remained in the programme while the number of doctors working in part time clinics dropped from a peak of eight in October to six by February remaining at that level for the balance of the period. Seven doctors were registered for vasectomy near the end of the year, but these are not indicated on the accompanying graph based upon the official report.

Paramedical personnel have also declined in number. One urban clinic LHV has been present through the period and five part time clinic LHV's for most of the period, although the number was higher by one or two in four months of the year. The number of LHV cut piece workers decreased from 10 to 2 and then increased to four and remained at that level through the year.

It is reported that 1612 agents have been in the programme for each month of the year, but this number is 1200 under the target. The number of dais increased during the middle part of the year but then dropped to 2175 against a target of 2540. An Executive Officer has been available through the year, but no Technical Officer has been in the programme since July. A full cadre of FPO's was not available until the second quarter of the year, but the personnel remained stable thereafter. Since mid-year five of the 90 additional staff have dropped from the programme.

FIGURE C-61
RAJSHAHI
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold _____
 Foaming Tablets - - - - -
 Foaming Liquid x x x x x x x x



PERSONNEL: A large decrease in the number of medical personnel took place after the first quarter when 28 of the 30 cut piece physicians in the programme left, and the remaining two continued in the programme for the balance of the year. One urban clinic physician was added in October and remained in the programme while the number of doctors working in part time clinics dropped from a peak of eight in October to six by February remaining at that level for the balance of the period. Seven doctors were registered for vasectomy near the end of the year, but these are not indicated on the accompanying graph based upon the official report.

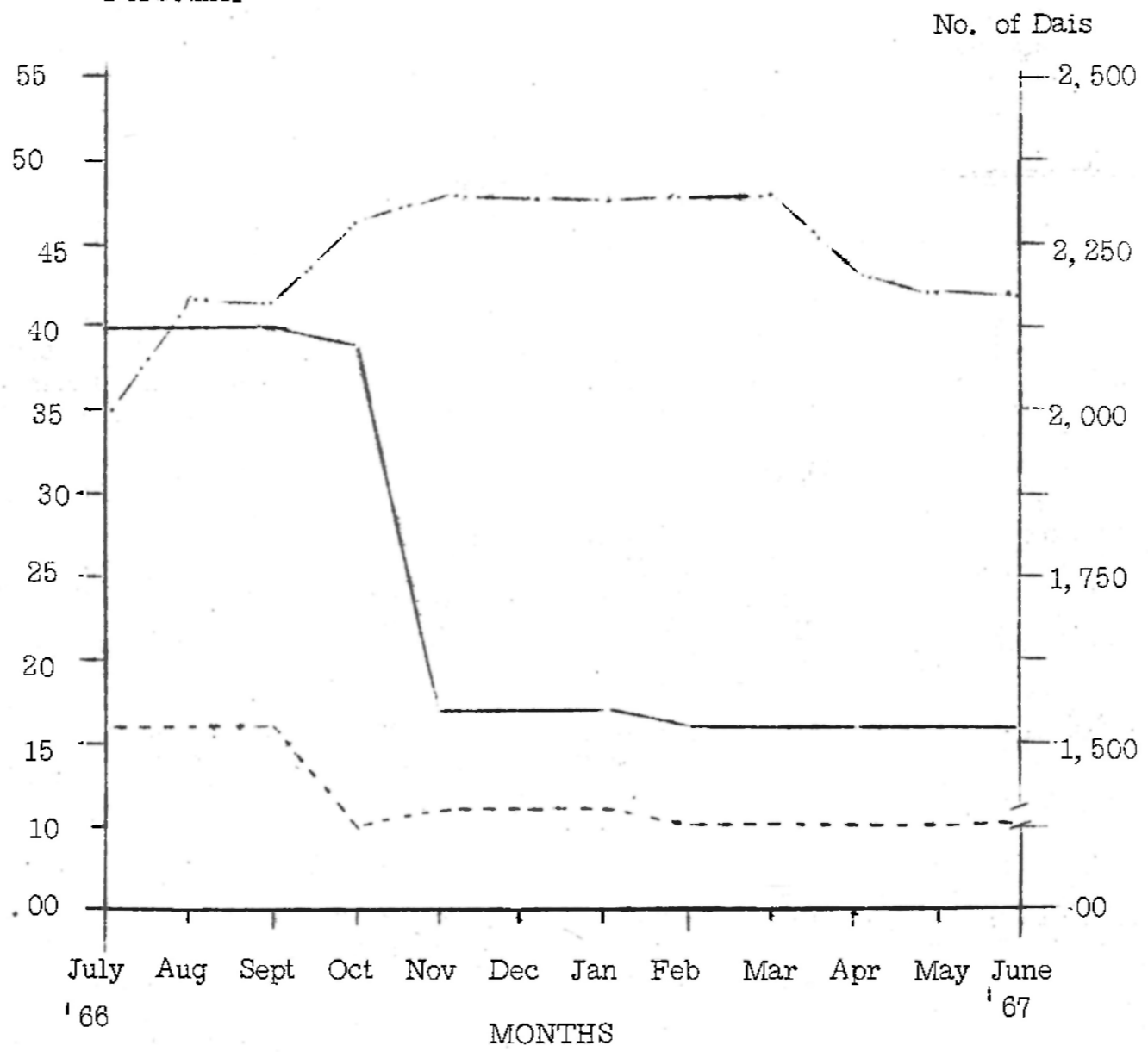
Paramedical personnel have also declined in number. One urban clinic LHV has been present through the period and five part time clinic LHV's for most of the period, although the number was higher by one or two in four months of the year. The number of LHV cut piece workers decreased from 10 to 2 and then increased to four and remained at that level through the year.

It is reported that 1612 agents have been in the programme for each month of the year, but this number of 1200 under the target. The number of dais increased during the middle part of the year but then dropped to 2175 against a target of 2540. An Executive Officer has been available through the year, but no Technical Officer has been in the programme since July. A full cadre of FPO's was not available until the second quarter of the year, but the personnel remained stable thereafter. Since mid-year five of the 90 additional staff have dropped from the programme.

FIGURE C-62

RAJSHAHI DISTRICT
Trained and in Position
Medical Personnel _____
Para-Medical Personnel - - - - -
Dais _____

No. of Medical and Para-Medical Personnel



KHULNA

SCIODEMOGRAPHIC: The district borders the Bay of Bengal, and had a reported 1961 population of 2,448,720 in an area of 4652 square miles with a density of 526 persons per square mile. The child woman ratio of 852 was below the district average and the sex ratio of 907 was similarly below the average. Only 7.0 percent of the residents were in urban areas but this is above the East Pakistan average of programme districts; similarly the 22.4 percent literate and the 16.9 percent of non-agricultural economically active males are above the Provincial averages.

In 1961 there were 22 Thanas, 206 Union Councils, one Municipal Committee, two Town Committees and 2760 villages. Educational facilities included 5 colleges and 114 high schools. Transportation rests heavily upon river transport. It is regarded as an agricultural and partially industrialized area. Much of the district is forest; the Sunderbuns.

PROFECTIVITY: IUD insertions for the year totalled 17,159. The insertion reports during the year were somewhat erratic but not drastically so. First half year insertions were roughly 600 less than in the second half. Quarterly totals demonstrate greater variance.

The number of vasectomy cases increased from 474 in the first quarter to 1528 in the second and then fell to 333 when the fee was reduced. This has increased nearly 300 percent to 1019 in the last quarter. This is a large increase but not a completely unexpected one where the original framework for vasectomies had been in operation.

A total of 1,629,436 conventionals were reported sold of which 63.4 percent were condoms. Condom sales have been regular through the year, but a slowly increasing from quarter to quarter. Foam liquids were only sold in the last half year and were a minor part of total sales. No "other" conventionals were sold. Foam tablet sales have been much more erratic than other sales in the district. The number sold decreased systematically through the first three quarters and then increased from 121,104 to 145,112 in the last quarter.

FINANCIAL: Total expenditures for the year are reported to be Rs. 459,900 which ranks 9th in the District while Khulna ranks 7th in population size. Financial reports are available for all months of the year. The greatest proportionate expenditures were for salaries to dais, 20.16 percent, I. U. D fees, 18.44 percent, and vasectomies, 17.10 percent, and salaries to Thana Family Planning Officers, 14.46 percent.

PERSONNEL: After an initial drop in the number of medical personnel, the total number increased with the addition of four part time urban clinic physician who remained through the balance of the year, one part time clinic doctor who also remained through the year and the four cut piece physicians, three of whom dropped out in the last two months. The rapid increase was again due to the registration of eleven doctors for vasectomy.

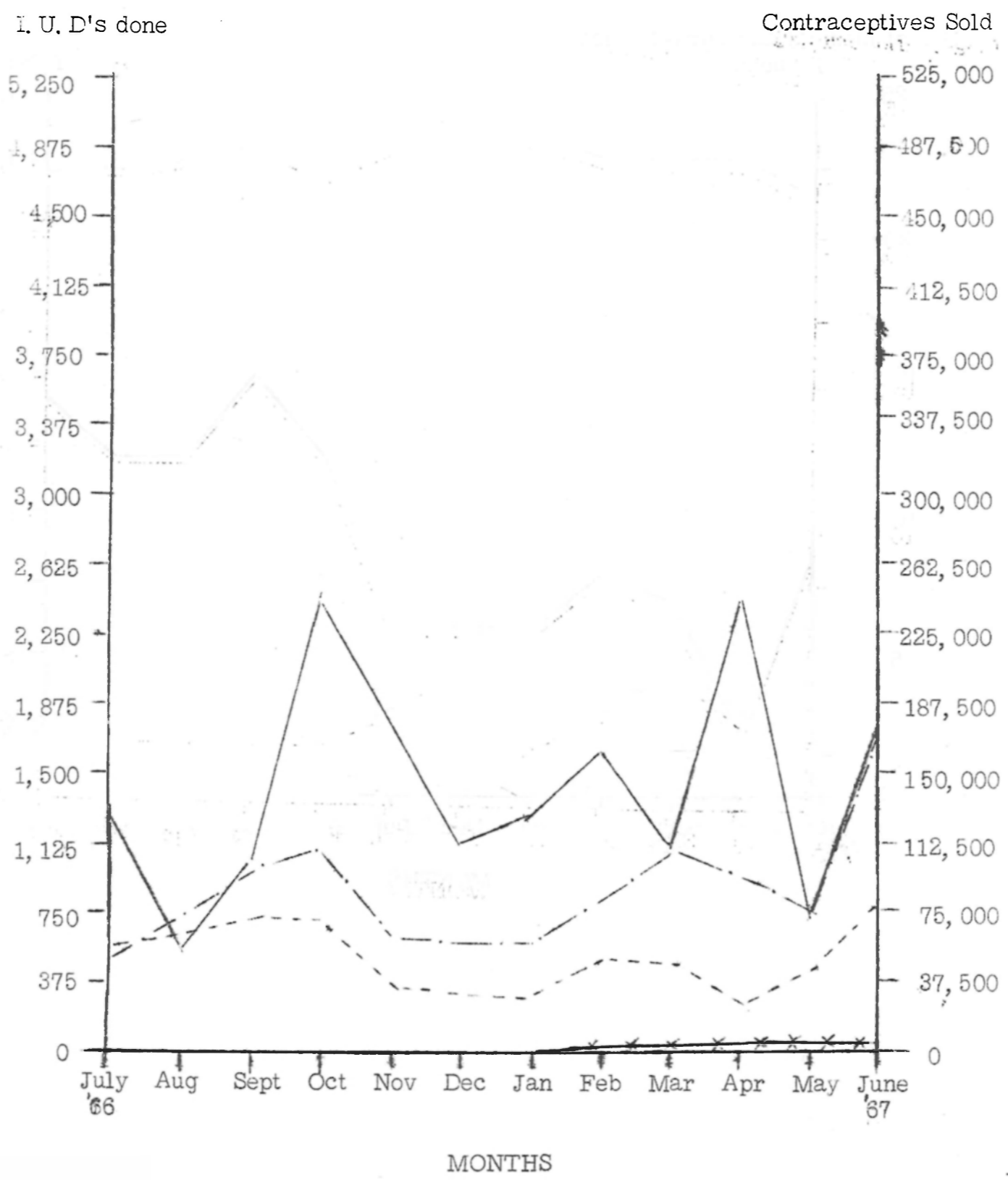
Paramedical personnel have been decreasing in number. One trained midwife was available for at least two months of the first quarter only; one urban clinic LHV was supplemented by an additional one in the last two months of the year, but the number of part time clinic LHV's which ranged between one and three early in the year dropped to zero in the last two months.

The number of agents increased through part of the year and then dropped to 926 against a target of 2449. Similarly the number of dais in the programme increased slightly part way through the year, but by year's end the total was lower than the August figure and over 200 below target. An Executive and a Technical Officer have been available throughout the period, but a full cadre of FPO's has not been available for most of the year, nor have all additional staff been available.

FIGURE C-65

KFULNA
DISTRICT

I U D's done _____
 Contraceptive Sold _____
 Condoms sold
 Foaming Tablets - - - - -
 Foaming Liquid x-x-x-x-x



NOAKHALI

SOCIODEMOGRAPHIC: The 1961 enumerated population was reported to be 2,383,145 in an area of 1,855 square miles, with a density of 1,285 per square mile. While the child/woman ratio is 863 the femininity ratio of 973 is the highest of the programme districts in East Pakistan. The percent urban is 1.4; percent literate 9.8 and only 4.8 percent of the male economically active population is employed in non-agricultural occupations.

Located on the Bay of Bengal, there are 13 Thanas, 175 Union Councils, and 1862 villages. It is an agricultural area predominantly with limited educational facilities - 2 colleges and 88 high schools.

As a result of heavy pressures on the available land there has been considerable out migration, although much of a temporary nature. It is reported that the men, in particular; leave to work at sea and that colonies of people from the area have sprung up throughout the mideast. Certainly the high femininity ratio indicates some out movement of males.

FERTILITY: A total of 10,891 IUD's were inserted during the year. Up through the third quarter of the year, the number increased steadily, but in the last quarter the reported insertions increased by over 50 percent. Roughly the same order of magnitude difference is found in comparing the first and second six month periods.

The vasectomy performance record for Noakhali is most unusual: the quarterly totals were 20, 45, 7 and then 2,262 of which 2,031 were done in the last month of the year alone. It would be worth noting how the organizational structure was able to adapt to such a rapid change within a thirty day period. Despite the last quarter and last month's records, the total 2334 cases ranks 8th in the district and Noakhali ranks 8th in the population.

Noakhali district reports 2,933,134 conventionals sold during the year of which 52.7 percent were condoms. Sales of condoms, however, demonstrate the same irregularity as for vasectomies. The second half years sales were three times as high as in the first half year, and 1,036,636 were reported to be sold in the last quarter alone. Only 1860 applications of foam liquid were sold and all in the last quarter. No "other" conventionals were sold. And foam tablet sales also demonstrate this unique last quarter spurt: from 325,132 in the third quarter to 737,604 in the last quarter.

FINANCIAL: Financial data are not available for the first month of the fiscal year. Expenditures for the 11 months totalled Rs. 578,200 or 10th with respect to all East Pakistan districts while the district itself ranks 8th in population size and 10th with respect to number of villages in the district. Nearly one third of the expenditures, 32.77 percent was for salaries to dais, 16.12 percent for IUD fees and 10.88 percent for Family Planning Officers.

PERSONNEL: No urban clinic physicians have been available to the programme, and no more than one part time clinic physician. We have no evidence of any cut piece physicians in the programme. The rapid rise in the number of medical personnel again only reflects the registration of 17 doctors, for vasectomy.

Through the year, paramedical personnel consist of three part time clinic LHV's only.

It is reported that exactly 1600 agents against a target of 2382 have been available to the programme. The number of dais has decreased from target of 1095 (exact target) to exactly 1000. An executive officer has been available through the year, but a technical officer has been in the programme only for the last five months of the year. With the loss of one FPO for a period of only one month the number of FPO's required has been maintained. Similarly for the last six months of the year 39 Union Council Secretaries have been in the programme.

FIGURE C-65

N OAKHALI
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms sold. - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid x x x x x x x

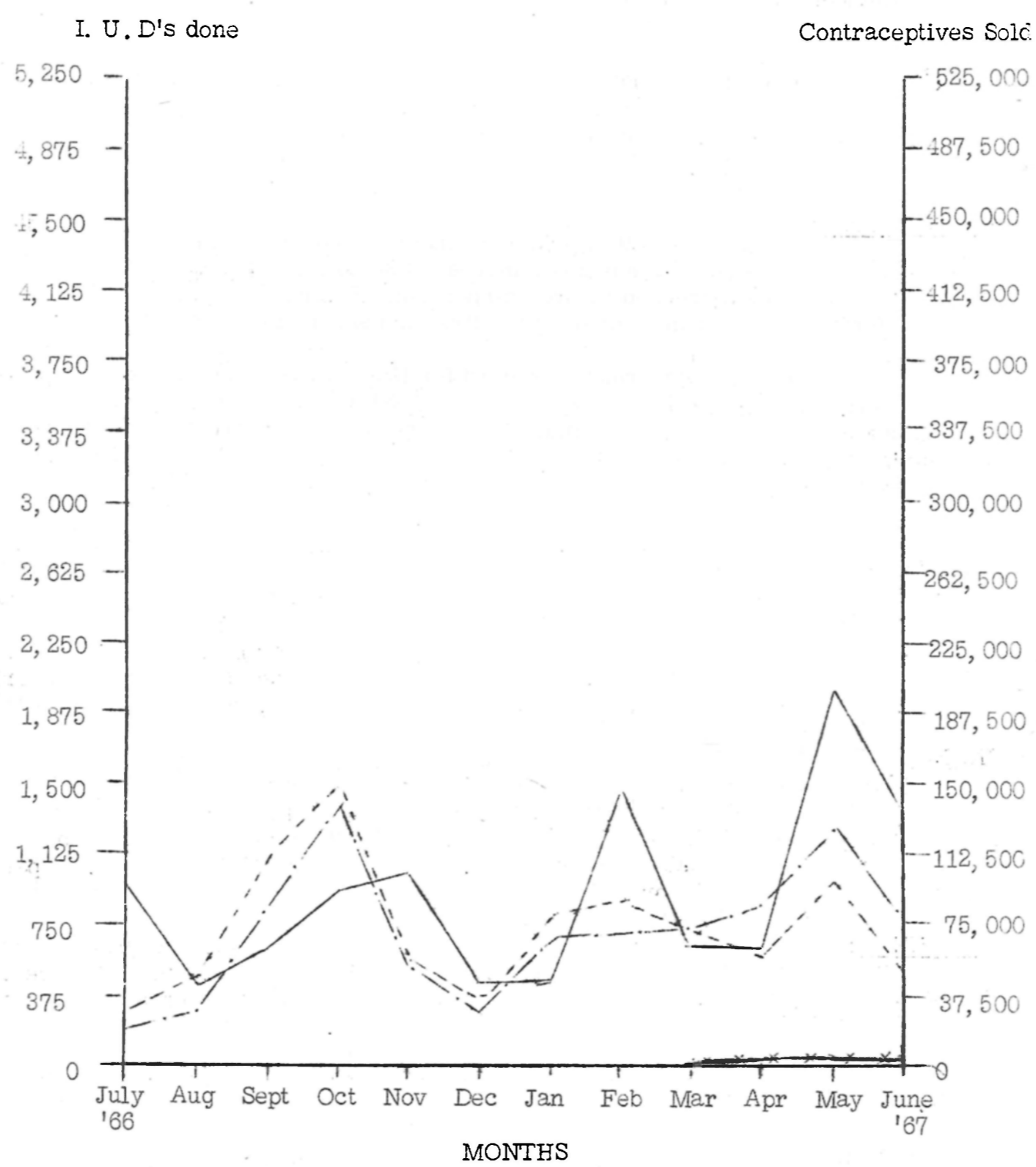


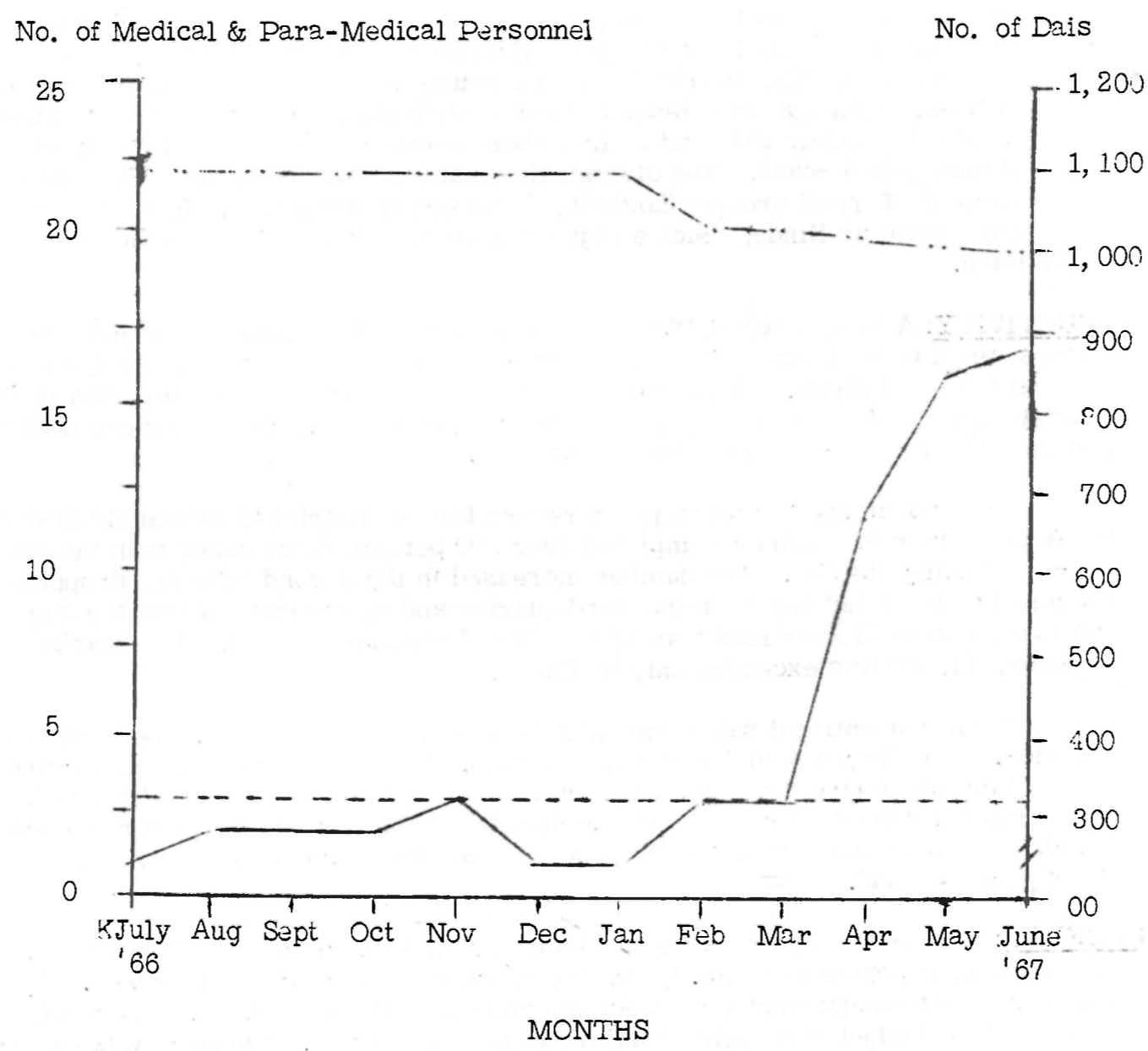
FIGURE C-66 Trained and in Position

NOAKHALI

DISTRICT Medical Personnel _____

Para-Medical Personnel - - - - -

Dais _____



DINAJPUR

SOCIODEMOGRAPHIC: Bordering India on the West, Dinajpur with its 2609 square mile area and population of 1,709,917 had a density of 655 per square mile. The child woman ratio of 803 and femininity ratio of 895 were below the programme district averages for the Province. Only 1.4 percent of the population was listed as urban and 7.9 percent in non-agricultural occupations but 21.3 percent of the population was enumerated as literate.

In 1961 there were 22 Thanas, 157 Union Councils, one Municipal Committee, one Town Committee, and 3089 villages. Educational facilities were limited: 3 colleges and 46 high schools. The district is predominantly an agricultural area like most of East Pakistan. Although an extensive river system runs through the area transportation is usually by bullock cart and in 1961 there were only 61 miles of metalled and 41 miles of unmetalled roads. The district like many in East Pakistan is "multiracial" with a number of tribal groups: Santhals, Palia oraon and Munda. In 1961 32 percent were enumerated as Hindu. Such a high proportion of Hindu's is found nowhere else in Pakistan.

PRODUCTIVITY: A total 8,023 IUD's were inserted during the year. Like most districts, there seemed to be a push in the last quarter to report enough cases to come near to the goal for the district. More than twice as many insertions were reported in the 4th quarter as in the third quarter, and the second half performance was more than 50 percent higher than in the first half of the year.

The vasectomy and tubeligation record for the district is extremely erratic. In the first quarter the district completed over 300 percent more cases than the next nearest ranking district. The number increased in the second quarter, dropped to roughly 1/10th of that figure in the third quarter and by the last quarter the number had increased to 1106 or less than 1/4th of the first quarter total. The year's total, however, 11,050 was exceeded only by Dacca.

Total conventional sales amounted to 1,335,404 of which 49.3 percent were condoms. Only Bogra sold fewer conventionals. The sale of condoms has shown a steady increase during the year, quarter to quarter; foam tablet sales have been erratic but in general indicate a reasonable and steady increase; a small number of foam liquids were sold and only in the last six months. The number of "other contraceptive" is very small - 540.

FINANCIAL: Financial reports were available for all 12 months of the fiscal year. Total expenditures reported were Rs. 1,288,700 which ranked 4th in the Province. The largest part of the budget went for vasectomy and tubeligation fees, 36.75 percent; 14.86 percent of the budget was spent on dai's salaries and only 5.73 percent was expended on IUD fees - proportionately the lowest of all programme districts in Pakistan. No funds were spent on mobile units, transport, urban clinics.

Headquarters costs were more than three times the amount allocated in the original scheme: Rs. 89,500. Publicity costs also exceeded the scheme allocation and over 90 percent of this was spent in the last quarter of the year. The district has the highest expenditure for equipment, Rs. 53,200 and all spent in the last quarter of the year.

PERSONNEL: After an initial drop in medical personnel, the district had available only two physicians in the part time clinics. The rise since January reflects the registration of 42 physicians for vasectomy.

LHV's have been available in both urban and part time clinics throughout the year, although the total dropped from a peak of five to one in the urban clinics and two in the part time clinics by the end of the year.

It was reported that the number of agents in the programme dropped from 1029 to exactly 937 in August and remained at that level through the year, against a target of 1710. By October the number of dais increased to 1100 and remained constantly at that level through the year.

An Executive Officer was not available until the last six months and no technical officer has been available. For only 7 of the 12 months was the full complement of 22 FPO's available. For most of the year 65 of the 66 required additional staff have been in the programme.

FIGURE C-67

DINAJPUR
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold - - - - -
 Foaming Tablets - - - - -
 Foaming Liquid - * * * * *

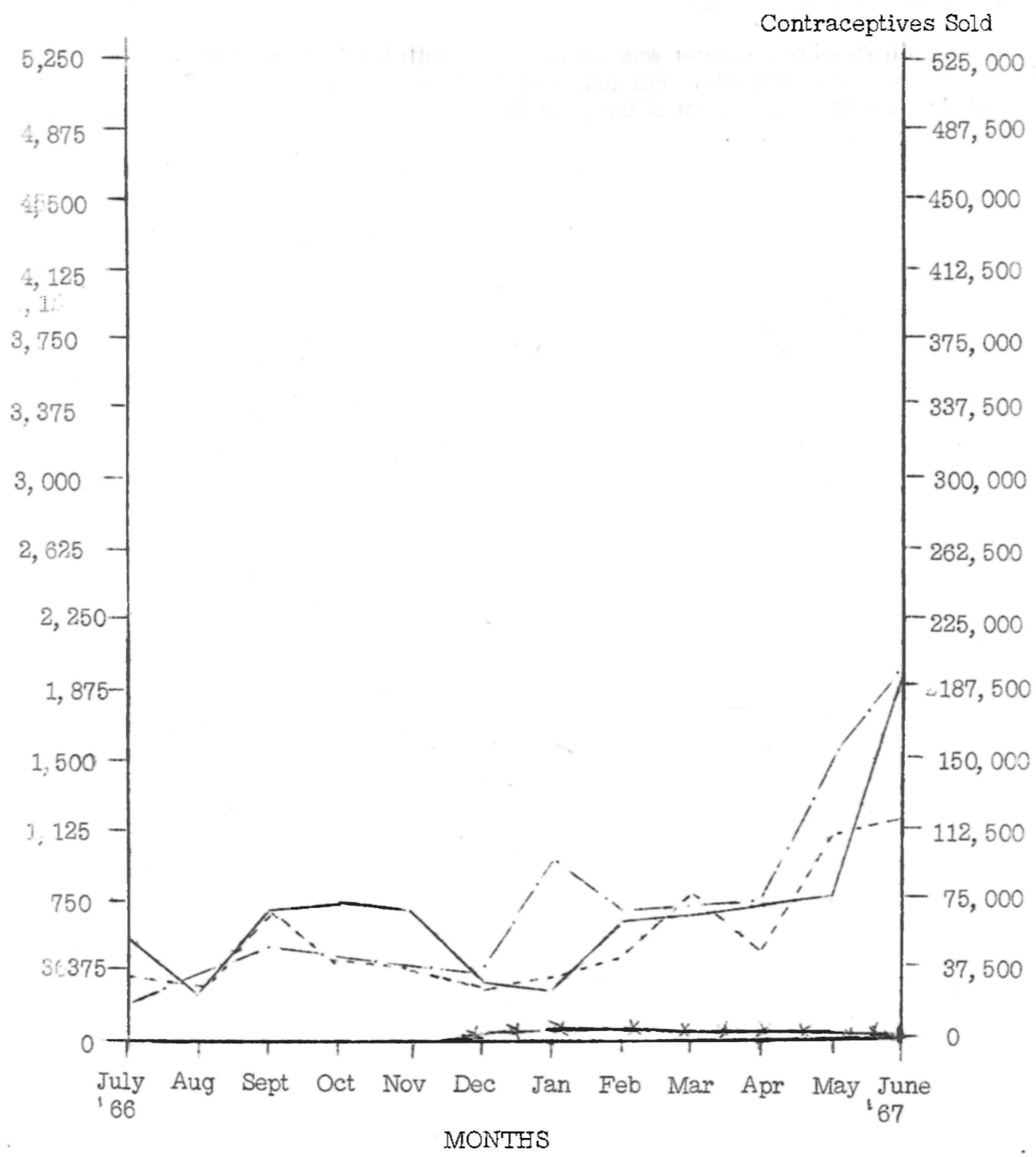


FIGURE C-68

Trained and in Position
Medical Personnel

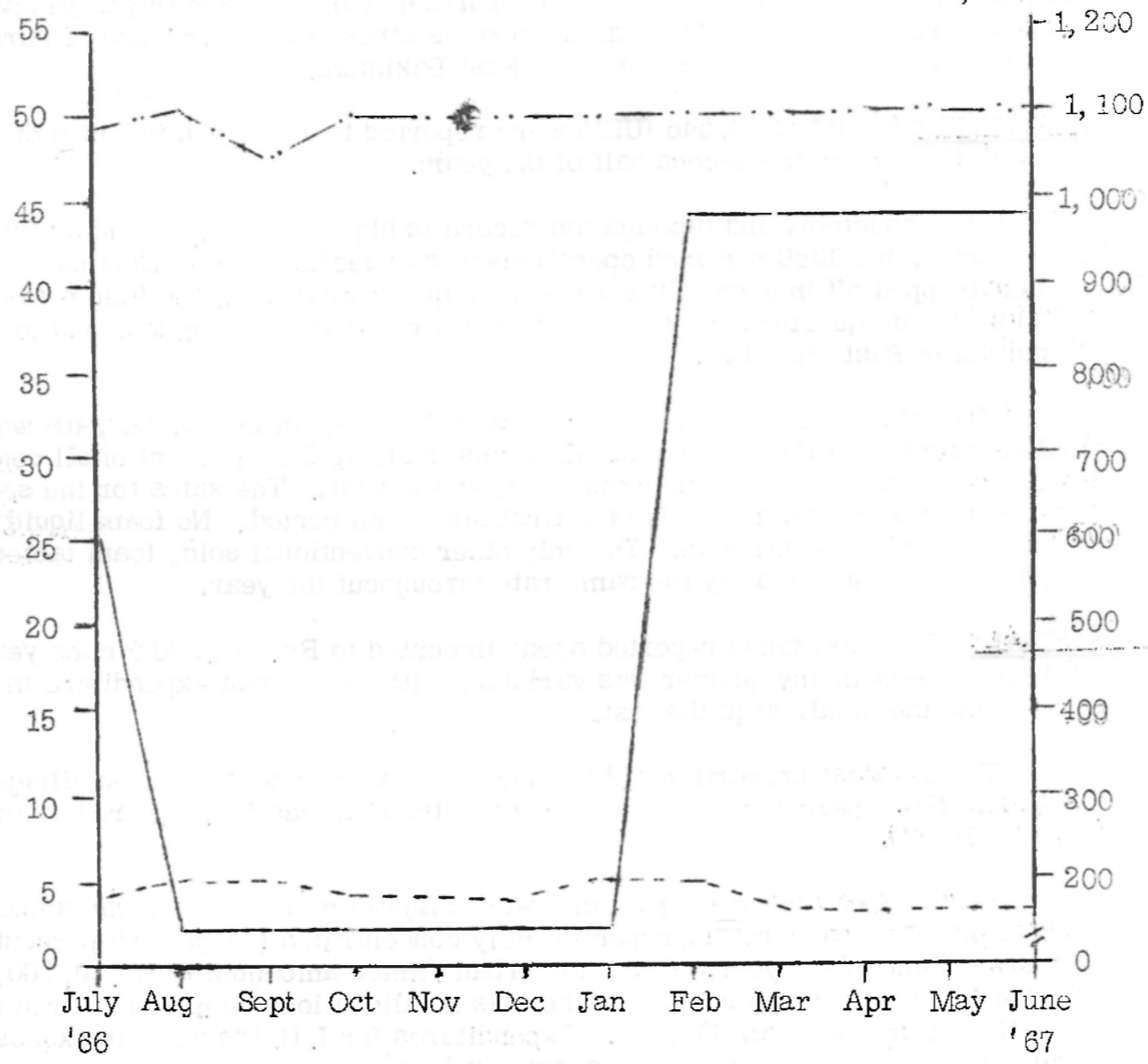
DINAJPUR
DISTRICT

Para-Medical Personnel

Dais

No. of Medical and Para-Medical
Personnel

No. of Dais



MONTHS

BOGRA

SCCIODEMOGRAPHIC: Located in the north-east quadrant of East Pakistan, the district with its 1502 square miles and population of 1,574,105 had a density of 1,048 per square mile. The child woman ratio of 854 is slightly below the programme district average and the sex ratio of 953 slightly above. The percent urban, 3.0, is below average, while the percent literate, 18.7 percent is above average and the proportion of males in non-agricultural occupations is below average.

This is one of the smaller East Pakistan districts; there were in 1961 13 Thanas, 139 Union Councils, 1 Municipal Committee, 1 Town Committee, and 2497 villages. It is predominantly as are all East Pakistan districts, agricultural. The majority of the population is Muslim although a small proportion of Hindu's and tribal groups, mostly Santhals, are found here. The district reports stress the observance of Purdah more than we find in other census reports for East Pakistan.

PRODUCTIVITY: A total of 14,546 IUD's were reported to have been inserted during the year. With more in the second half of the year.

The vasectomy and tubeligation record is highly variable in the district. In the first quarter, the 1380 reported operations was exceeded only by Dinajpur, but this number dropped off in each of the subsequent quarters to 495, and then nearly tripled (1352) in the 4th quarter. By the end of the year, 4387 had been done and the district ranked 4th in East Pakistan.

The total of all conventional contraceptives sold in Bogra, 867,408 was the smallest number in East Pakistan. Condoms made up 68.4 percent of all conventionals sold, and the number has been irregular over the year. The sales for the second six month period were lower than for the first six month period. No foam liquid was sold, nor any "other" conventionals. The only other conventional sold, foam tablets were distributed at approximately the same rate throughout the year.

FINANCIAL: The total funds reported spent amounted to Rs. 840,600 for the year. The total funds spent in any quarter was variable, with the largest expenditure in the second quarter and the smallest in the last.

The greatest proportion of the budget for the year was spent on village organizers, dais (26.7 percent), vasectomy and tubeligation fees (22.95 percent) and IUD fees (12.99 percent).

Local expenditures for publicity were slightly more than allocated under the original scheme and were disproportionately concentrated (roughly 85 percent) in the first six months of the year. Costs for urban clinics amounted to Rs. 13,700 for the year but this was not expected since there is no allocation and no urban area with a population of greater than 100,000. Expenditures for I. U. D's were in excess of the original scheme estimate as were vasectomy fees.

Financial reports had not been received for the last month of the fiscal year at the time the data for this report was coded.

PERSONNEL: Since August and continuing through the year, one urban clinic physician, two part time clinic physicians and one cut piece physician have been in the programme. In February-March 16 doctors were registered for vasectomy, one later dropped out, but in additional three then registered in the following month.

It is reported that one urban clinic LHV and five part time clinic LHV's have been in the programme throughout the entire year.

Since September, exactly 1385 agents have been reported in the programme against a target of 1535. The number of dais reported in the programme dropped from 1420 (target level) in mid-year and remained there until the end of the programme year. An Executive Officer has been available for the year but not a Technical Officer. The required 13 FPOs have been in place through the year. The number of additional staff has been at required level or one in excess for most of the year.

FIGURE C-69

BOGRA DISTRICT

I. U. D's done _____
 Contraceptives Sold. _____
 Condoms sold
 Foaming Tablets - - - - -
 Foaming Liquid - * * * * *

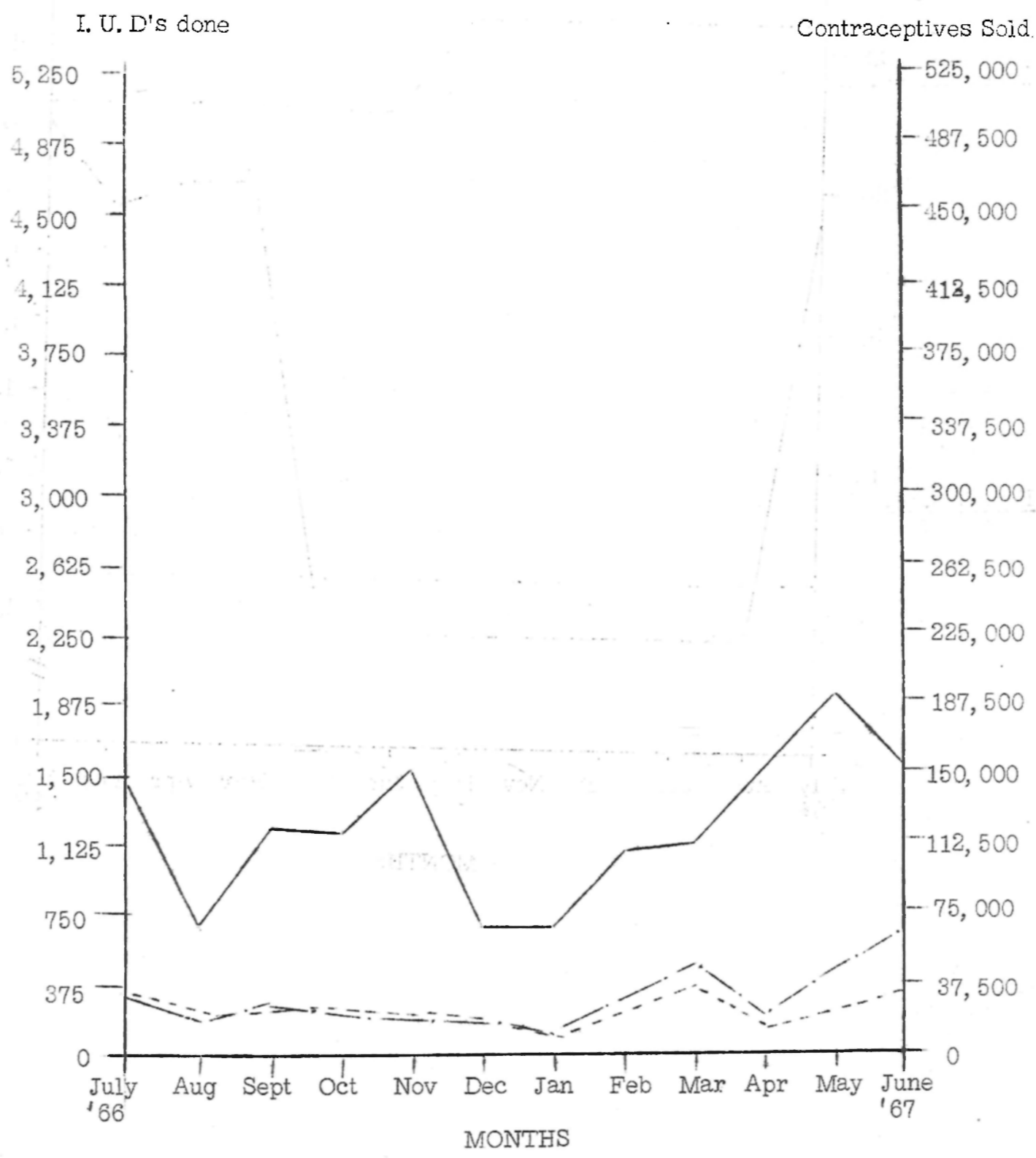


FIGURE C-70

BOGRA DISTRICT

Trained and in Position

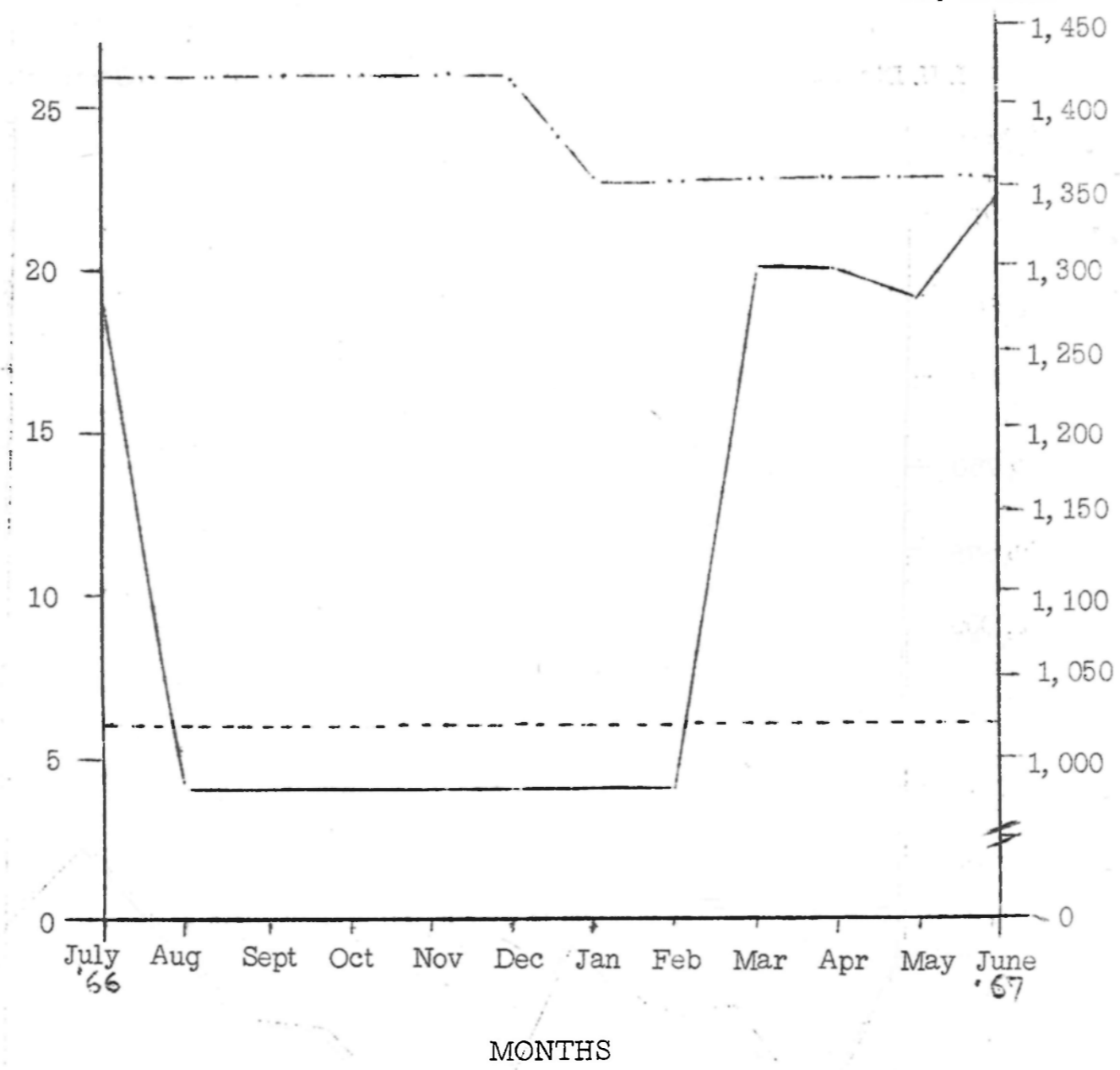
Medical Personnel

Para-Medical Personnel

Dais

No. of Medical and Para-Medical Personnel

No. of Dais



KUSHTIA

SOCIODEMOGRAPHIC: This was the smallest of the East Pakistan programme districts for the period. With its 1,371 square miles and population of 1,166,262 enumerated in 1961 the density was 851 persons per square miles. The child woman ratio of 964 was the highest in East Pakistan while the sex ratio of 921 was slightly below average. The percent urban, 5.4, is about average; the percent literate, 12.5 is below average, and the lowest of the East Pakistan programme districts, and the percent economically active males in the non-agricultural labour force, 18.5, is slightly above average.

As of 1961 there were 12 Thanas, 112 Union Councils, 2 Municipal Committees, 2 Town Committees and 1,580 villages. Educational facilities are extremely limited: 1 college and 32 high schools. Communication facilities are also limited. The district itself constitutes only part of the old Nadia district which was divided between India and Pakistan at Partition.

PRODUCTIVITY: The most remarkable aspect of the family planning programme in Kushtia is the vasectomy and tubeligation record. By the end of the year, 1636 cases had been handled, 164 in the first six months and 1472 in the second six month period. Quarter by quarter the district has shown a marked increase in the number of cases. But this record is consistent throughout East Pakistan, in general, so that the number of cases ranks 9th in the Province. Nonetheless, the number completed is only 144 less than the total number done in all of the West Pakistan districts for the year.

A total of 7,636 IUD's were reported to have been inserted during the year, and the number increased consistently quarter to quarter, rising from 1260 to 2829. The number inserted is the lowest of the East Pakistan programme districts.

In the year, 761,000 condoms were reported to have been sold and this number also steadily increased from the first to last quarter. Only 8,800 foam liquid units were reported to have been sold and all of these were in the last six months, with 7,200 being sold in the 3rd quarter. A total of 616,784 foam tablets were reportedly sold, but fewer in the second six months than in the first six months. The number sold increased steadily for the first three quarters but dropped off in the last quarter. In terms of total conventionals, 1,387,063 "application" were reported to have been sold during the year. The number ranks 9th in East Pakistan.

FINANCIAL: Financial reports are available for all 12 months, although little programme action took place in the first month of the year and expenditures were practically nil. Total costs amounted to Rs. 493,100, the smallest amount spent in any district in East Pakistan. This is consistent with the delayed start of the programme, the small size of the district and the small number of villages in the district. The largest expenditures in the district were for dai's salaries - 23.32 percent, District Headquarters - 20.60 percent, and IUD fees - 15.39 percent. No costs were involved for additional staff for Thana Development Officers. The district headquarters costs were more than three and a half times what was allocated in the original scheme.

Publicity costs exceeded the scheme allocation by more than 100 percent, and more than 80 percent of the total was spent in the last quarter of the year. Costs for mobile unit also exceeded the scheme allocation. A total of Rs. 5,600 was reported spent on urban clinics in the last quarter, although no urban clinics were allocated to the district.

PERSONNEL: Our data indicate that only three doctors in part time clinics were available in the programme throughout the year. The variations noted in the graph must be accounted for by doctors registered for vasectomy. Certainly the majority of the increase in medical personnel at the end of the year is due to this factor for nine physicians were registered at the end of the year.

Four LHV's were reported to be available in the programme throughout the year and the number of paramedical personnel increased at the end of the year with the addition of three trained midwives. The October-November increase noted on the accompanying graph was not noted in the data available to us.

The number of dais in the programme has decreased systematically from 690 to 562 by year's end against a target of 875. Agents are reported to be stable at 817. A technical officer was not available in the district until the last four months although an administrative Officer was present throughout the year. Until the last four months, the District was also short one FPO, and the number of additional staff was one or two under the target of 36 for half of the year despite the report of no expenditures for such personnel.

FIGURE C-71

KUSHIYA
DISTRICT

I. U. D's done _____
 Contraceptives Sold _____
 Condoms Sold _____
 Foaming Tablets - - - - -
 Foaming Liquid ..xxxxxxx

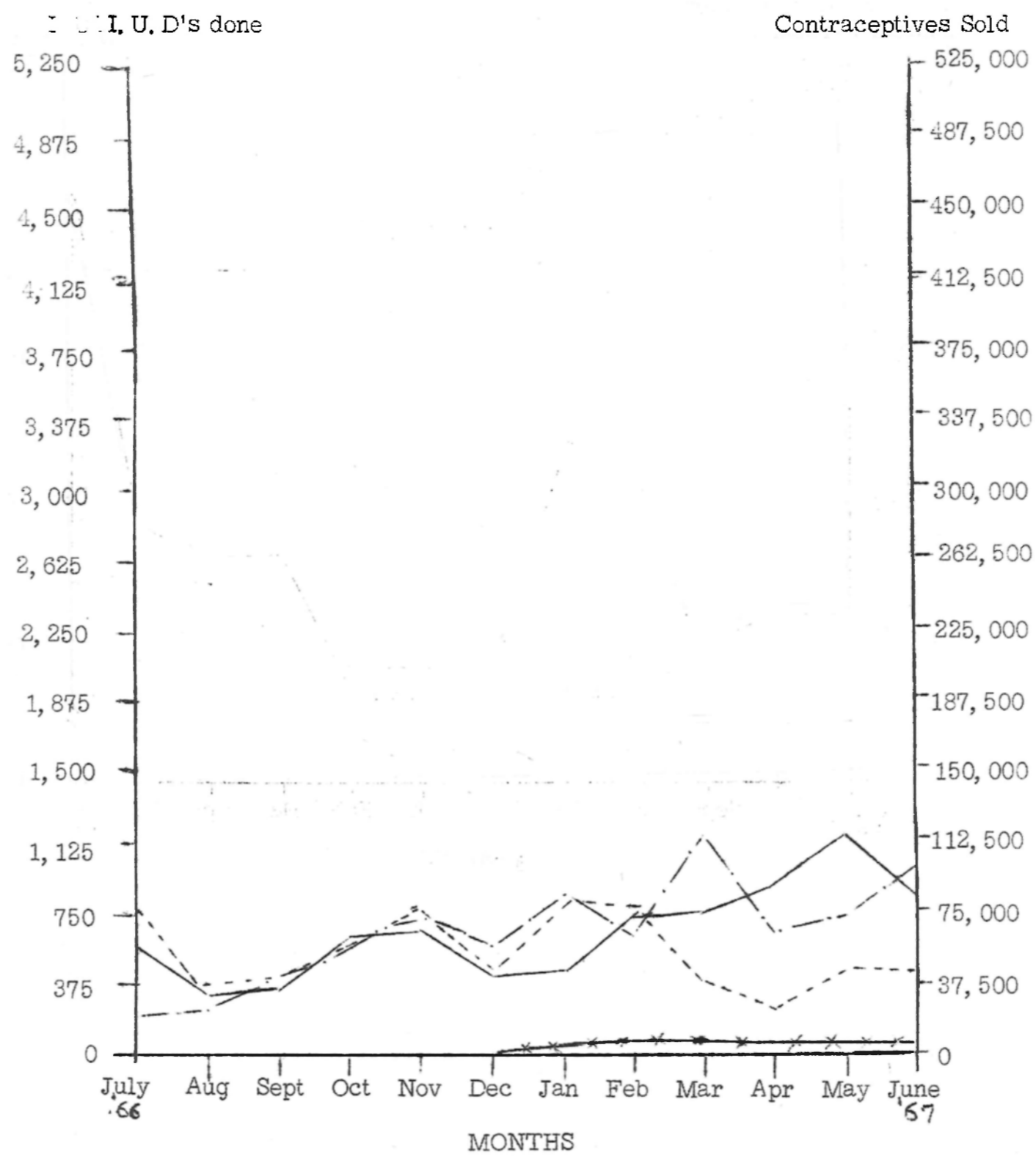
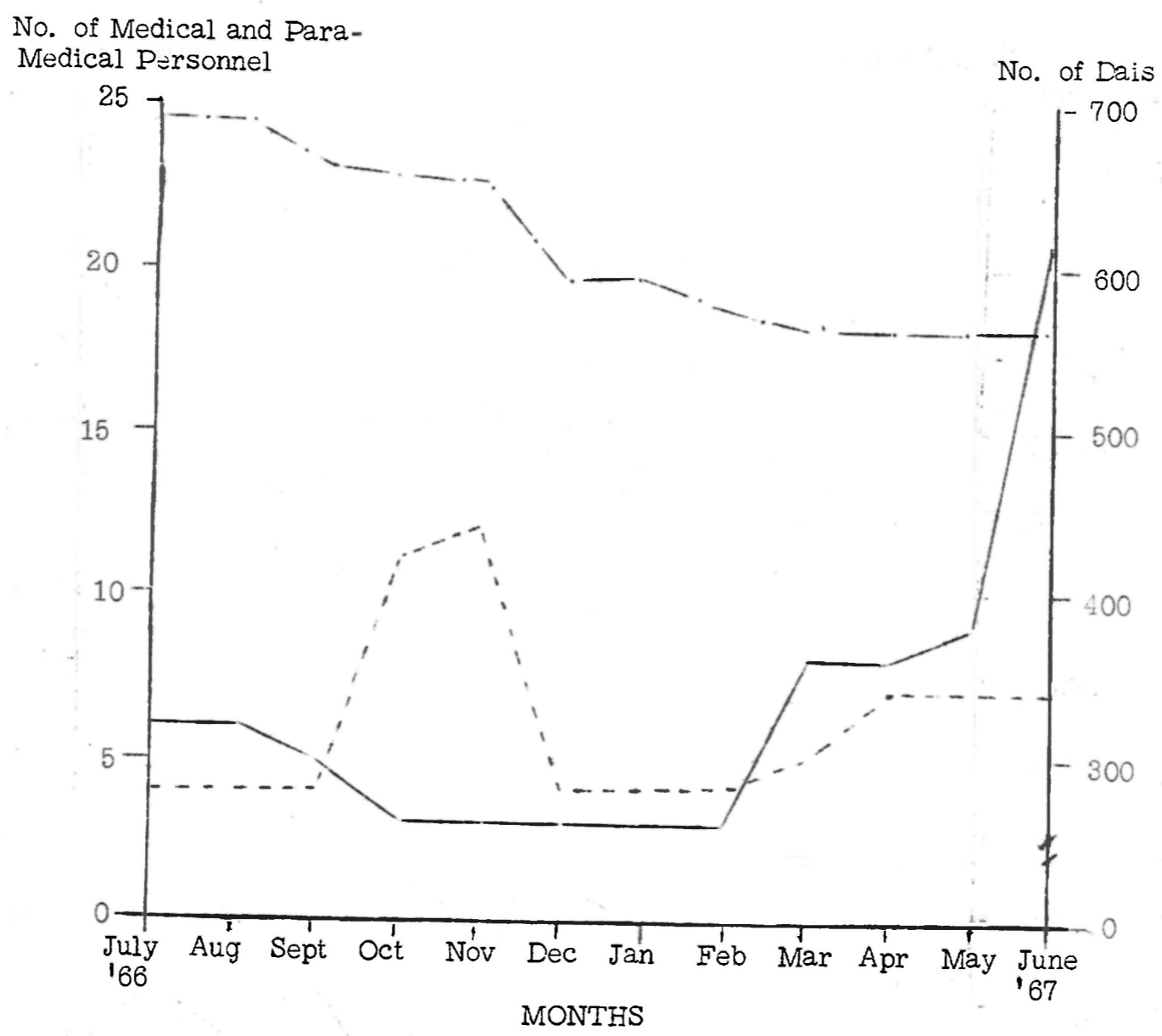


FIGURE C-72

KUSHTIA
DISTRICT

Trained and in Position
Medical Personnel _____
Para-Medical Personnel - - - - -
Dais - - - - -



APPENDIX - D

TABLES

FINANCIAL EXPENDITURES FOR FAMILY PLANNING:
BY SINGLE ITEMS OF EXPENDITURES
QUARTERLY, SEMI-ANNUAL AND ANNUAL TOTALS FOR
DISTRICTS, PROVINCES AND PAKISTAN

GHAUS

TABLE D - 1.

1. District Head Quarters

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total
	I	II	III	IV	A	B	
1. Multan	48	82	100	88	130	188	318
2. Lyallpur	61	72	85	95	133	180	313
3. Lahore	113	172	176	208	285	384	669
4. Karachi	82	120	122	62	202	184	386
5. Sialkot	48	56	67	63	104	130	234
6. Sargodha	71	78	71	66	149	137	286
7. Gujranwala	62	57	69	79	119	148	267
8. Gujrat	81	125	103	114	206	217	423
9. Hyderabad	122	118	162	205	240	367	607
10. Rawalpindi	67	85	126	123	152	249	401
11. Peshawar	52	75	94	94	127	188	315
12. Sheikhpura	49	70	82	49	119	131	250
13. Jhang	60	66	79	85	126	164	290
14. Hazara	76	88	36	41	164	77	241
15. Muzarffargarh	82	81	87	97	163	184	347
16. Sukkur	46	73	67	75	119	142	261
17. Rahimyar Khan	50	66	134	92	116	226	342
18. Mardan	77	111	143	93	188	236	424
19. Jhelum	89	93	107	25	182	132	314
20. Nawabshah	44	57	70	71	101	141	242
21. Bahawalpur	99	109	98	98	208	196	404
22. Larkana	89	72	77	97	161	174	335
23. Montgomery	270	165	278	172	435	450	885
24. Khairpur	82	78	76	97	160	173	333
25. D.I. Khan	77	77	83	53	154	136	290
West Pakistan	1997	2246	2592	2342	4243	4934	9177
1. Mymensingh	68	91	129	76	159	205	364
2. Dacca	-	103	489	136	103	625	728
3. Comilla	15	89	75	177	104	252	356
4. Barisal	11	74	133	131	85	264	349
5. Chittagong	66	65	91	98	131	189	320
6. Rajshahi	84	69	62	42	153	104	257
7. Khulna	74	39	77	62	113	139	252
8. Noakhali	36	56	72	77	92	149	241
9. Dinajpur	105	129	185	476	234	661	895
10. Bogra	31	58	44	36	89	80	169
11. Kushtia	170	260	282	304	430	586	1016
East Pakistan	660	1033	1639	1615	1693	3254	4947
Pakistan	2657	3279	4231	3957	5936	8188	14124

GH.US

2. Allowances to Medical Superintendent/Civil Surgeon and to District Health Officer

TABLE D - 2

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	4	23	6	5	27	11	38
2.	Lyallpur	6	6	8	6	12	14	26
3.	Lahore	4	5	7	3	9	10	19
4.	Karachi	2	5	7	4	7	11	18
5.	Sialkot	4	6	6	4	10	10	20
6.	Sargodha	6	6	6	-	12	6	18
7.	Gujranwala	7	6	7	6	13	13	26
8.	Gujrat	9	9	7	7	18	14	32
9.	Hyderabad	2	3	3	10	5	13	18
10.	Rawalpindi	5	6	7	6	11	13	24
11.	Peshawar	4	6	9	7	10	16	26
12.	Sheikhupura	4	6	6	6	10	12	22
13.	Jhang	12	11	6	35	23	41	64
14.	Hazara	6	23	6	6	29	12	41
15.	Muzaffargarh	3	3	4	6	6	10	16
16.	Sukkur	4	4	6	4	8	10	18
17.	Rahimyar Khan	3	3	3	3	6	6	12
18.	Mardan	12	6	3	4	18	7	25
19.	Jhelum	8	6	6	-	14	6	20
20.	Nawabshah	3	3	3	3	6	6	12
21.	Bahawalpur	6	6	6	6	12	12	24
22.	Larkana	11	6	6	6	17	12	29
23.	Montgomery	4	6	6	7	10	13	23
24.	Khairpur	-	-	-	-	-	-	-
25.	D.I. Khan	6	6	6	5	12	11	23
West Pakistan		135	170	140	149	305	289	594
1.	Mymensingh	118	-	3	-	118	3	121
2.	Dacca	-	2	-	54	2	54	56
3.	Comilla	-	3	1	5	3	6	9
4.	Barisal	-	10	6	5	10	11	21
5.	Chittagong	-	13	4	4	13	8	21
6.	Rajshahi	-	2	3	2	2	5	7
7.	Khulna	6	4	8	6	10	14	24
8.	Noakhali	20	3	3	3	23	6	29
9.	Dinajpur	14	-	2	7	14	7	21
10.	Bogra	6	3	4	-	9	4	13
11.	Kushtia	4	6	6	6	10	12	22
East Pakistan		168	46	38	92	214	130	344
Pakistan		303	216	178	241	519	419	938

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3. (West Pakistan)		TABLE D - 3				3. (East Pakistan)		
Allowances to Union Council Secretaries in West Pakistan and allocation for their T.A/D.A. and contingencies		Quarterly Totals				Semi-Annual Totals		Annual Total
Sl. No.		I	II	III	IV	A	B	
1.	Multan	43	152	108	193	195	301	496
2.	Lyallpur	70	105	106	110	175	216	391
3.	Lahore	32	50	50	49	82	99	181
4.	Karachi	-	151	-	2	151	2	153
5.	Sialkot	36	76	86	76	112	162	274
6.	Sargodha	118	118	118	-	236	118	354
7.	Gujranwala	34	66	50	219	100	269	369
8.	Gujrat	-	-	-	-	-	-	-
9.	Hyderabad	19	59	65	81	78	146	224
10.	Rawalpindi	56	91	83	86	147	169	316
11.	Peshawar	26	39	37	36	65	73	138
12.	Sheikhupura	36	51	51	53	87	104	191
13.	Jhang	-	126	115	-	126	115	241
14.	Hazara	88	87	83	86	175	169	344
15.	Muzaffargarh	79	89	-	174	168	174	342
16.	Sukkur	42	32	68	35	74	103	177
17.	Rahimyar Khan	73	87	87	75	160	162	322
18.	Mardan	21	23	10	15	44	25	69
19.	Jhelum	11	29	43	6	40	49	89
20.	Nawabshah	24	24	33	41	48	74	122
21.	Behawalpur	24	37	47	51	61	98	159
22.	Larkana	53	47	32	54	100	86	186
23.	Montgomery	65	102	100	135	167	235	402
24.	Khairpur	17	21	14	21	38	35	73
25.	D. I. Khan	12	23	26	15	35	41	76
West Pakistan		979	1685	1412	1613	2664	3025	5689
1.	Mymensingh	328	747	757	390	1075	1147	2222
2.	Dacca	-	773	462	386	773	848	1621
3.	Comilla	45	193	294	313	238	607	845
4.	Barisal	90	136	352	358	226	710	936
5.	Chittagong	242	225	245	196	467	441	908
6.	Rajshahi	179	249	275	186	428	461	889
7.	Khulna	155	198	281	236	353	517	870
8.	Noakhali	98	151	184	169	249	353	602
9.	Dinajpur	231	217	333	355	448	688	1136
10.	Bogra	187	105	227	21	292	248	540
11.	Kushtia	-	-	-	-	-	-	-
East Pakistan		1555	2994	3410	2610	4549	6020	10569
Pakistan		2534	4679	4822	4223	7213	9045	16258

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TABLE D - 4

4. (West Pakistan) Family Planning Officers in West Pakistan, and allocation for their T.A/D.A. and contingencies

4. (East Pakistan) Thana Family Planning Officers in East Pakistan, and allocation for their T.A/D.A. and contingencies

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total
	I	II	III	IV	A	B	
1. Multan	740	1172	987	1054	1912	2051	3963
2. Lyallpur	647	892	1011	826	1539	1837	3376
3. Lahore	479	739	858	543	1218	1401	2619
4. Karachi	479	267	259	193	746	452	1198
5. Sialkot	231	518	599	702	749	1301	2050
6. Sargodha	473	502	621	338	975	959	1934
7. Gujranwala	444	494	455	412	938	867	1805
8. Gujrat	199	255	389	356	454	745	1199
9. Hyderabad	184	296	337	341	480	678	1156
10. Rawalpindi	247	329	386	380	576	766	1342
11. Peshawar	197	355	268	294	552	562	1114
12. Sheikhpura	303	493	509	472	796	981	1777
13. Jhang	331	279	448	352	610	800	1410
14. Hazara	389	399	360	433	788	793	1581
15. Muzaffargarh	230	382	317	241	612	558	1170
16. Sukkur	190	245	316	272	435	588	1023
17. Rahimyar Khan	268	278	246	216	546	462	1008
18. Mardan	204	213	192	122	417	314	731
19. Jhelum	200	217	260	72	417	332	749
20. Nawabshah	178	176	168	169	354	337	691
21. Bahawalpur	181	215	193	236	396	429	825
22. Larkana	119	191	201	178	310	379	689
23. Montgomery	333	537	560	785	870	1345	2215
24. Khairpur	109	103	98	120	212	218	430
25. D.I. Khan	100	97	111	136	197	247	444
West Pakistan	7455	9644	10149	9253	17099	19402	36501
1. Mymensingh	435	1388	962	1261	1823	2223	4046
2. Dacca	-	603	557	948	603	1505	2108
3. Comilla	45	215	431	1156	260	1587	1847
4. Barisal	167	496	329	298	663	627	1290
5. Chittagong	351	286	471	720	637	1191	1828
6. Rajshahi	204	263	406	163	467	569	1036
7. Khulna	177	292	394	340	469	734	1203
8. Noakhali	96	149	192	191	245	383	628
9. Dinajpur	203	247	325	367	450	692	1142
10. Bogra	179	102	268	219	281	487	768
11. Kushtia	26	44	78	55	70	133	203
East Pakistan	1883	4085	4413	5718	5968	10131	16099
Pakistan	9338	13729	14562	14971	23067	29533	52600

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TABLE D - 5

5. Publicity

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total	
	I	II	III	IV	A	B		
1.	Multan	688	171	115	88	859	203	1062
2.	Lyallpur	47	127	90	127	174	217	391
3.	Lahore	108	339	191	252	447	443	890
4.	Karachi	2	33	39	2	35	41	76
5.	Sialkot	-	7	108	109	7	217	224
6.	Sargodha	28	35	10	74	63	84	147
7.	Gujranwala	3	75	194	88	78	282	360
8.	Gujrat	9	123	51	63	132	114	246
9.	Hyderabad	61	26	269	67	87	336	423
10.	Rawalpindi	32	78	187	32	110	219	329
11.	Peshawar	139	93	25	140	232	165	397
12.	Sheikhupura	34	44	85	131	78	216	294
13.	Jhang	-	7	121	30	7	151	158
14.	Hazara	215	91	23	-	306	23	329
15.	Muzaffargarh	27	78	56	5	105	61	166
16.	Sukkur	-	61	34	92	61	126	187
17.	Rahimyar Khan	-	11	-	102	11	102	113
18.	Mardan	-	10	100	112	10	212	222
19.	Jhelum	43	16	227	194	59	421	480
20.	Nawabshah	37	1	2	83	38	85	123
21.	Bahawalpur	25	52	3	42	77	45	122
22.	Larkana	84	-	2	34	84	36	120
23.	Montgomery	84	102	37	103	186	140	326
24.	Khairpur	-	-	26	78	-	104	104
25.	D.I. Khan	17	6	8	4	23	12	35
West Pakistan		1683	1586	2003	2052	3269	4055	7324
1.	Mymensingh	214	-	136	341	214	477	691
2.	Dacca	-	28	195	624	28	819	847
3.	Comilla	-	34	96	1120	34	1216	1250
4.	Barisal	-	472	507	2848	472	3355	3827
5.	Chittagong	95	309	48	869	404	917	1321
6.	Rajshahi	-	-	19	45	-	64	64
7.	Khulna	1	12	81	177	13	258	271
8.	Noakhali	176	14	22	236	190	258	448
9.	Dinajpur	65	4	42	1513	69	1555	1624
10.	Bogra	218	217	38	23	435	61	496
11.	Kushtia	58	5	39	467	63	506	569
East Pakistan		827	1095	1223	8263	1922	9486	11408
Pakistan		2510	2681	3226	10315	5191	13541	18732

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TABLE D - 6

6. Mobile AV Units.

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total
	I	II	III	IV	A	B	
1. Multan	-	-	-	-	-	-	-
2. Lyallpur	-	-	-	-	-	-	-
3. Lahore	10	14	17	18	24	35	59
4. Karachi	-	-	27	17	-	44	44
5. Sialkot	11	38	30	28	49	58	107
6. Sargodha	-	-	-	-	-	-	-
7. Gujranwala	16	3	-	-	19	-	19
8. Gujrat	-	-	-	-	-	-	-
9. Hyderabad	-	-	-	8	-	8	8
10. Rawalpindi	4	8	9	7	12	16	28
11. Peshawar	-	-	-	-	-	-	-
12. Sheikhpura	5	-	-	-	5	-	5
13. Jhang	-	-	-	-	-	-	-
14. Hazara	-	-	-	18	-	18	18
15. Muzaffargarh	-	-	-	-	-	-	-
16. Sukkur	-	-	-	-	-	-	-
17. Rahimyar Khan	-	-	-	-	-	-	-
18. Hardan	-	-	-	-	-	-	-
19. Jhelum	29	34	22	3	63	25	88
20. Nawabshah	18	28	12	38	46	50	96
21. Bahawalpur	-	-	-	-	-	-	-
22. Larkana	1	-	-	-	1	-	1
23. Montgomery	-	-	-	-	-	-	-
24. Khairpur	7	15	41	6	22	47	69
25. D.I. Khan	7	15	41	6	2	47	69
West Pakistan	101	140	158	143	241	301	542
1. Mymensingh	-	-	3	2	-	5	5
2. Dacca	-	32	1	2	32	3	35
3. Comilla	-	-	-	-	-	-	-
4. Barisal	-	-	-	79	-	79	-
5. Chittagong	24	-	-	-	24	-	24
6. Rajshahi	27	-	-	-	27	-	27
7. Khulna	2	-	-	-	2	-	2
8. Noakhali	12	26	22	44	38	66	104
9. Dinajpur	-	-	-	-	-	-	-
10. Bogra	-	-	-	-	-	-	-
11. Kushtia	3	1	1	73	4	74	78
East Pakistan	68	59	27	200	127	227	354
Pakistan	169	199	185	343	368	528	896

TABLE D-7

7. Transport (Jeeps & Boats)

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total
	I	II	III	VI	A	B	
1. Multan	17	49	54	119	66	173	239
2. Lyallpur	12	37	75	77	49	152	201
3. Lahore	11	20	20	62	31	82	113
4. Karachi	10	40	16	1	50	17	67
5. Sialkot	-	9	53	88	9	141	150
6. Sargodha	11	14	70	91	25	161	186
7. Gujranwala	7	26	51	109	33	160	193
8. Gujrat	15	31	69	70	46	139	185
9. Hyderabad	32	105	75	253	137	328	465
10. Rawalpindi	9	13	57	108	22	165	187
11. Peshawar	10	26	52	140	36	192	228
12. Sheikhpura	4	22	43	91	26	134	160
13. Jhang	-	11	132	57	11	189	200
14. Hazara	13	47	32	34	60	66	126
15. Muzaffargarh	3	20	53	108	23	161	184
16. Sukkur	12	74	50	104	86	154	240
17. Rahimyar Khan	15	20	54	69	35	123	158
18. Mardan	3	15	15	19	18	34	52
19. Jhelum	-	81	33	14	81	47	128
20. Nawabshah	3	18	33	113	21	146	167
21. Bahawalpur	2	23	30	54	28	84	109
22. Larkana	10	13	29	44	23	73	96
23. Montgomery	15	37	48	90	52	138	190
24. Khairpur	5	48	45	87	53	132	185
25. D.I. Khan	12	18	47	56	30	103	133
West Pakistan	231	817	1236	2058	1048	3294	4342
1. Mymensingh	-	-	-	-	-	-	-
2. Dacca	-	-	41	185	-	226	226
3. Comilla	-	-	-	10	-	10	10
4. Barisal	-	12	19	13	12	32	44
5. Chittagong	14	56	96	56	70	152	222
6. Rajshahi	20	33	75	42	53	117	170
7. Khulna	27	39	72	73	66	145	211
8. Noakhali	6	13	13	44	19	57	76
9. Dinajpur	-	-	-	-	-	-	-
10. Bogra	14	26	31	33	40	64	104
11. Kushtia	10	12	20	18	22	38	60
East Pakistan	91	191	367	474	282	841	1123
Pakistan	322	1008	1603	2532	1330	4135	5465

TABLE D - 8
8. Urban Clinics.

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	37	64	66	88	101	154	255
2.	Lyallpur	40	60	71	74	100	145	245
3.	Lahore	251	346	272	270	597	542	1139
4.	Karachi	173	288	207	201	461	408	869
5.	Sialkot	26	81	62	61	107	123	230
6.	Sargodha	86	86	86	-	172	86	258
7.	Gujranwala	65	76	165	75	141	240	381
8.	Gujrat	-	-	-	-	-	-	-
9.	Hyderabad	27	43	70	39	70	109	179
10.	Rawalpindi	69	67	112	98	136	210	346
11.	Peshawar	32	132	56	77	164	133	297
12.	Sheikhupura	=	-	-	-	-	-	-
13.	Jhang	63	60	45	68	123	113	236
14.	Hazara	-	-	-	65	-	65	65
15.	Muzaffargarh	-	-	-	2	-	2	2
16.	Sukkur	37	79	72	77	116	149	265
17.	Rahimyar Khan	-	-	-	-	-	-	-
18.	Mardan	72	36	74	48	108	122	230
19.	Jhelum	-	-	-	-	-	-	-
20.	Nawabshah	52	53	52	65	105	117	222
21.	Bahawalpur	-	-	-	66	-	66	66
22.	Larkana	-	-	-	-	-	-	-
23.	Montgomery	-	7	90	62	7	152	159
24.	Khairpur	-	-	-	-	-	-	-
25.	D.I. Khan	-	-	-	-	-	-	-
West Pakistan		1030	1478	1590	1436	2508	2936	5444
1.	Mymensingh	27	36	43	29	63	72	135
2.	Dacca	-	46	137	144	46	281	327
3.	Comilla	-	35	26	28	35	54	89
4.	Barisal	-	-	-	154	-	154	154
5.	Chittagong	57	44	30	45	101	75	176
6.	Rajshahi	8	23	137	19	31	156	187
7.	Khulna	18	22	33	26	40	59	99
8.	Noakhali	9	6	12	5	15	17	32
9.	Dinajpur	-	-	-	-	-	-	-
10.	Bogra	16	59	37	25	75	62	137
11.	Kushtia	-	-	-	56	-	56	56
East Pakistan		135	271	455	531	406	986	1392
Pakistan		1165	1749	1955	1967	2914	3922	6836

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- TABLE D - 9

9. IWD Fees (Insertions and Referral)

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	500	400	450	500	900	950	1850
2.	Lyallpur	350	150	470	350	500	820	1320
3.	Lahore	549	421	290	414	970	704	1674
4.	Karachi	160	523	298	255	683	553	1236
5.	Sialkot	202	301	182	306	503	488	991
6.	Sargodha	264	260	264	199	524	463	987
7.	Gujranwala	253	464	252	445	717	697	1414
8.	Gujrat	66	312	190	134	378	324	702
9.	Hyderabad	109	328	215	776	437	991	1428
10.	Rawalpindi	277	314	314	349	591	663	1254
11.	Peshawar	247	325	236	230	572	466	1038
12.	Sheikhupura	137	100	126	70	237	196	433
13.	Jhang	59	207	142	236	266	378	644
14.	Hazara	193	254	92	162	447	254	701
15.	Muzaffargarh	119	152	-	153	271	153	424
16.	Sukkur	84	109	107	165	193	272	465
17.	Rahimyar Khan	148	124	98	138	272	236	508
18.	Mardan	128	89	77	77	217	154	371
19.	Jhelum	244	134	-	-	378	-	378
20.	Nawabshah	163	175	157	113	338	270	608
21.	Bahawalpur	6	120	141	8	126	149	275
22.	Larkana	115	114	53	94	229	147	376
23.	Montgomery	449	313	477	307	762	784	1546
24.	Khairpur	20	55	66	100	75	166	241
25.	D.I. Khan	58	48	56	57	106	113	219
West Pakistan		4900	5792	4753	5638	10692	10391	21083
1.	Mymensingh	820	307	667	615	1127	1282	2409
2.	Dacca	-	1294	1772	2118	1294	3890	5184
3.	Comilla	90	243	452	733	333	1185	1518
4.	Barisal	-	290	325	576	290	901	1191
5.	Chittagong	238	352	281	386	590	667	1257
6.	Rajshahi	118	189	471	329	307	800	1107
7.	Khulna	144	576	427	387	720	814	1534
8.	Noakhali	74	193	215	450	267	665	932
9.	Dinajpur	243	154	173	169	397	342	739
10.	Bogra	290	276	277	249	566	526	1092
11.	Kushtia	57	146	112	444	203	556	759
East Pakistan		2074	4020	5172	6456	6094	11628	17722
Pakistan		6974	9812	9925	12094	16786	22019	38805

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TABLE D - 10

10. Vasectomies/Tubeligations

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	-	50	-	-	50	-	50
2.	Lyalpur	150	-	-	10	150	10	160
3.	Lahore	30	32	5	53	62	58	120
4.	Karachi	24	56	141	34	80	175	255
5.	Sialkot	-	15	7	11	15	18	33
6.	Sargodha	37	20	37	-	57	37	94
7.	Gujranwala	-	4	3	3	4	6	10
8.	Gujrat	-	1	1	1	1	2	3
9.	Hyderabad	3	3	100	2	6	102	108
10.	Kawalpindi	5	9	23	8	14	31	45
11.	Peshawar	1	7	1	2	8	3	11
12.	Sheikhupura	4	4	-	-	8	-	8
13.	Jhang	-	1	2	1	1	3	4
14.	Hazara	4	6	3	79	10	82	92
15.	Muzzaffargarh	-	2	-	3	2	3	5
16.	Sukkur	-	3	6	5	3	11	14
17.	Rahimyar Khan	1	2	1	3	3	4	7
18.	Mardan	-	-	-	1	-	1	1
19.	Jhelum	2	-	-	-	2	-	2
20.	Nawabshah	2	-	3	-	2	3	5
21.	Bahawalpur	1	7	-	47	8	47	55
22.	Larkana	10	5	-	5	15	5	20
23.	Montgomery	4	10	6	4	14	10	24
24.	Khairpur	-	-	-	-	-	-	-
25.	D. I. Khan	-	-	-	-	-	-	-
West Pakistan		278	237	339	272	515	611	1126
1.	Mymensingh	359	506	307	20	865	327	1192
2.	Dacca	-	998	1839	2369	998	4208	5206
3.	Comilla	9	120	14	362	129	376	505
4.	Barisal	-	319	412	746	319	1158	1477
5.	Chittagong	-	1	23	632	1	655	656
6.	Rajshahi	218	214	116	52	432	168	600
7.	Khuina	218	580	328	297	798	625	1423
8.	Noakhali	12	24	3	113	36	116	152
9.	Dinajpur	777	1235	1486	1238	2012	2724	473
10.	Bogra	456	790	249	434	1246	683	1929
11.	Kushtia	14	50	115	372	64	487	551
East Pakistan		2063	4837	4892	6635	6900	11527	18427
Pakistan		2341	5074	5231	6907	7415	12138	19553

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11. Salary to Dais

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	214	837	622	614	1051	1236	2287
2.	Lyallpur	281	417	416	435	698	851	1549
3.	Lahore	336	505	496	511	841	1007	1848
4.	Karachi	215	371	252	229	586	481	1067
5.	Sialkot	115	375	544	490	490	1034	1524
6.	Sargodha	306	306	306	-	612	306	918
7.	Gujranwala	333	339	341	341	672	682	1354
8.	Gujrat	203	220	224	207	423	431	854
9.	Hyderabad	206	272	182	282	478	464	942
10.	Rawalpindi	230	344	361	364	574	725	1299
11.	Peshawar	127	185	179	178	312	357	669
12.	Sheikhupura	118	260	260	271	378	531	909
13.	Jhang	100	183	274	535	283	809	1092
14.	Hazara	225	227	227	166	452	393	845
15.	Muzaffargarh	147	162	-	296	309	296	605
16.	Sukkur	98	144	146	147	242	293	535
17.	Rahimyar Khan	149	158	157	106	307	263	570
18.	Mardan	52	65	65	39	117	104	221
19.	Jhelum	7	178	177	34	185	211	396
20.	Nawabshah	90	88	92	88	178	180	358
21.	Bahawalpur	130	132	132	88	262	220	482
22.	Larkana	87	87	84	86	174	170	344
23.	Montgomery	175	393	376	533	568	909	1477
24.	Khairpur	51	53	40	58	104	98	202
25.	D. I. Khan	83	82	84	86	165	170	335
West Pakistan		4078	6383	6037	6184	10461	12221	22682
1.	Mymensingh	1176	1236	1684	871	2412	2555	4967
2.	Dacca	-	688	2429	1772	688	4201	4889
3.	Comilla	78	969	1157	1364	1047	2521	3568
4.	Barisal	-	420	689	555	420	1244	1664
5.	Chittagong	326	284	282	339	610	621	1231
6.	Rajshahi	522	717	1011	890	1239	1901	3140
7.	Khulna	286	454	556	381	740	937	1677
8.	Noakhali	309	389	613	584	698	1197	1895
9.	Dinajpur	589	480	461	385	1069	846	1915
10.	Bogra	585	614	646	398	1199	1044	2243
11.	Kushtia	104	275	284	487	379	771	1150
East Pakistan		3975	6526	9812	8026	10501	17838	28339
Pakistan		8053	12909	15849	14210	20962	30059	51021

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12. Contingencies (not elsewhere forseen)

Sl. No.		Quarterly Total				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	195	81	46	40	276	86	362
2.	Lyallpur	13	104	46	61	117	107	224
3.	Lahore	-	-	-	-	-	-	-
4.	Karachi	10	-	140	43	10	183	193
5.	Sialkot	29	43	102	69	72	171	243
6.	Sargodha	39	67	65	42	106	107	213
7.	Gujranwala	87	70	60	118	157	178	335
8.	Gujrat	55	16	-	-	71	-	71
9.	Hyderabad	-	-	114	-	-	114	114
10.	Rawalpindi	33	120	25	26	153	51	204
11.	Peshawar	64	311	29	34	375	63	438
12.	Sheikhupura	30	43	41	66	81	107	188
13.	Jhang	43	56	31	33	99	64	163
14.	Hazara	380	291	63	53	671	116	787
15.	Muzaffargarh	21	30	33	36	51	69	120
16.	Sukkur	35	49	79	59	84	138	222
17.	Rahimiyar Khan	20	26	34	-	46	34	80
18.	Mardan	153	74	57	74	227	131	358
19.	Jhelum	-	-	-	-	-	-	-
20.	Nawabshah	44	48	35	22	92	57	149
21.	Bahawalpur	-	1	6	32	1	38	39
22.	Larkana	20	29	16	22	49	38	87
23.	Montgomery	-	-	-	1	-	1	1
24.	Khairpur	11	37	57	55	48	112	160
25.	D.I. Khan	11	13	18	65	24	83	107
West Pakistan		1301	1509	1097	951	2810	2048	4858
1.	Mymensingh	277	276	488	296	553	784	1337
2.	Dacca	-	225	540	1172	225	1712	1937
3.	Comilla	45	126	157	287	171	444	615
4.	Barisal	100	140	168	643	240	811	1051
5.	Chittagong	45	135	100	108	180	208	388
6.	Rajshahi	89	238	375	96	327	471	798
7.	Khulna	154	154	152	116	303	268	576
8.	Noakhali	19	94	176	195	113	371	484
9.	Dinajpur	-	-	-	16	-	16	16
10.	Bogra	148	168	170	271	316	441	757
11.	Kushtia	36	69	85	98	105	183	288
East Pakistan		913	1625	2411	3298	2538	5709	8247
Pakistan		2214	3134	3508	4249	5348	7757	13105

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13. Allowances to the Part Time
Family Planning Doctors

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	7	24	8	32	31	40	71
2.	Lyallpur	32	49	43	48	81	91	172
3.	Lahore	29	79	51	24	108	75	183
4.	Karachi	-	14	16	20	14	36	50
5.	Sialkot	25	33	34	36	58	70	128
6.	Sargodha	48	48	48	-	96	48	144
7.	Gujranwala	26	241	6	47	267	53	320
8.	Gujrat	-	19	3	16	19	19	38
9.	Hyderabad	35	55	34	54	90	88	178
10.	Rawalpindi	24	38	24	39	62	63	125
11.	Peshawar	21	29	35	19	50	54	104
12.	Sheikhpura	22	24	25	17	46	42	88
13.	Jhang	25	28	9	27	54	36	90
14.	Hazara	26	24	29	55	50	84	134
15.	Nuzaffargarh	32	18	7	30	50	37	87
16.	Sukkur	13	27	25	21	45	46	91
17.	Rahimyar Khan	13	21	24	23	39	47	86
18.	Mardan	11	16	7	4	27	11	38
19.	Jhelum	25	28	38	-	53	38	91
20.	Nawabshah	15	6	7	47	21	54	75
21.	Bahawalpur	20	27	26	39	47	65	112
22.	Larkana	18	15	21	18	33	39	72
23.	Montgomery	22	37	40	68	59	108	167
24.	Khairpur	-	-	-	-	-	-	-
25.	D.I. Khan	21	19	14	32	40	46	86
West Pakistan		221	919	574	716	1440	1290	2730
1.	Mymensingh	20	11	32	1	31	33	64
2.	Dacca	-	92	7	5	92	12	104
3.	Comilla	3	10	6	9	13	15	28
4.	Barisal	-	5	13	14	5	27	32
5.	Chittagong	13	11	4	-	24	4	26
6.	Rajshahi	7	17	19	16	24	35	59
7.	Khulna	-	-	17	-	-	17	17
8.	Noakhali	-	5	-	18	5	18	23
9.	Dinajpur	8	-	9	18	8	27	35
10.	Bogra	6	15	12	8	21	20	41
11.	Kushtia	7	11	10	4	18	14	32
East Pakistan		64	177	129	93	241	222	463
Pakistan		585	1096	703	809	1681	1512	3193

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14. Additional Staff for District Health Officers & Civil Surgeons/Medical Superintendents

Sl. No.		Quarterly Totals				Semi-Annual Totals		Annual Total
		I	II	III	IV	A	B	
1.	Multan	106	40	53	49	146	102	248
2.	Lyallpur	22	29	58	55	51	113	164
3.	Lahore	37	55	53	61	92	114	206
4.	Karachi	28	48	45	51	76	96	172
5.	Sialkot	32	50	49	57	82	106	188
6.	Sargodha	57	57	57	-	114	57	171
7.	Gujranwala	44	50	46	64	94	110	204
8.	Gujrat	60	46	34	39	106	73	179
9.	Hyderabad	37	46	48	55	83	103	186
10.	Kawalpindi	26	46	54	74	72	128	200
11.	Peshawar	33	46	62	55	79	117	196
12.	Sheikhupura	35	46	47	45	81	92	173
13.	Jhang	41	20	20	22	61	42	103
14.	Hazara	47	44	33	37	91	70	161
15.	Muzaffargarh	35	48	35	53	83	88	171
16.	Sukkur	26	41	48	39	67	87	154
17.	Rahimyar Khan	26	30	27	46	56	73	129
18.	Mardan	48	33	30	15	81	45	126
19.	Jhelum	47	40	26	15	87	41	128
20.	Nawabshah	34	38	35	39	72	74	146
21.	Bahawalpur	28	37	29	17	65	46	111
22.	Larkana	22	33	32	33	55	65	120
23.	Montgomery	31	46	30	28	77	58	135
24.	Khairpur	73	91	341	112	164	450	617
25.	D. I. Khan	53	40	68	57	93	125	218
West Pakistan		1028	1100	1360	1118	2128	2478	4606
1.	Mymensingh	3	-	-	-	3	-	3
2.	Dacca	-	-	-	61	-	61	61
3.	Comilla	-	16	11	14	16	25	41
4.	Barisal	-	-	-	-	-	-	-
5.	Chittagong	18	-	-	37	18	37	55
6.	Rajshahi	24	14	22	7	38	29	67
7.	Khulna	48	40	29	39	88	68	156
8.	Noakhali	8	12	14	11	20	25	45
9.	Dinajpur	18	18	24	22	36	46	82
10.	Bogra	16	24	30	14	40	44	84
11.	Kushtia	11	15	18	22	26	40	66
East Pakistan		146	139	148	227	285	375	660
Pakistan		1174	1239	1508	1345	2413	2853	5266

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15. Training

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total
	I	II	III	IV	A	B	
1. Multan	-	-	-	50	-	50	50
2. Lyallpur	-	-	-	-	-	-	-
3. Lahore	-	-	-	-	-	-	-
4. Karachi	-	-	18	-	-	18	18
5. Sialkot	1	15	24	31	16	55	71
6. Sargodha	9	-	-	-	9	-	9
7. Gujranwala	-	-	-	-	-	-	-
8. Gujrat	1	2	2	-	3	2	5
9. Hyderabad	-	-	15	99	-	114	114
10. Rawalpindi	1	-	-	4	1	4	5
11. Peshawar	-	-	3	-	-	3	3
12. Sheikhupura	-	-	-	1	-	1	1
13. Jhang	2	8	-	56	10	56	66
14. Hazara	2	-	-	-	2	-	2
15. Muzaffargarh	-	-	-	-	-	-	-
16. Sukkur	-	-	-	-	-	-	-
17. Rahimyar Khan	-	-	-	-	-	-	-
18. Mardan	-	-	-	-	-	-	-
19. Jhelum	-	-	-	-	-	-	-
20. Nawabshah	-	-	-	-	-	-	-
21. Bahawalpur	2	3	-	-	5	-	5
22. Larkana	-	10	-	-	10	-	10
23. Montgomery	107	8	-	-	115	-	115
24. Khairpur	-	2	2	-	2	2	4
25. S.I. Khan	-	-	-	-	-	-	-
West Pakistan	125	48	64	241	173	305	478
1. Mymensingh	6	-	-	-	6	-	6
2. Dacca	-	-	-	-	-	-	-
3. Comilla	-	-	-	-	-	-	-
4. Barisal	99	-	-	-	99	-	99
5. Chittagong	-	62	93	-	62	93	155
6. Rajshahi	-	66	-	-	66	-	66
7. Khulna	-	-	-	-	-	-	-
8. Noakhali	-	-	-	-	-	-	-
9. Dinajpur	11	3	-	-	14	-	14
10. Bogra	-	-	-	33	-	33	33
11. Kushtia	-	-	37	22	-	59	59
East Pakistan	116	131	130	55	247	185	432
Pakistan	241	179	194	296	420	490	910

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16. Equipment and contingencies
for Part-time clinics

Sl. No.	Quarterly Totals				Semi-Annual Totals		Annual Total
	I	II	III	IV	A	B	
1. Multan	70	-	-	-	70	-	70
2. Lyallpur	-	-	-	-	-	-	-
3. Lahore	34	11	3	1	45	4	49
4. Karachi	14	11	-	-	25	-	25
5. Sialkot	-	75	1	7	75	8	83
6. Sargodha	10	10	10	-	20	10	30
7. Gujranwala	12	-	-	14	12	14	26
8. Gujrat	55	-	18	-	55	18	73
9. Hyderabad	-	18	-	102	18	102	120
10. Rawalpindi	-	-	3	23	-	26	26
11. Peshawar	36	71	95	115	107	210	317
12. Sheikhpura	-	27	6	16	27	22	49
13. Jhang	2	-	-	4	2	4	6
14. Hazara	2	74	-	1	76	1	77
15. Muzaffargarh	-	2	2	4	2	6	8
16. Sukkur	34	7	127	25	41	152	193
17. Rahimyar Khan	-	2	-	147	2	147	149
18. Mardan	-	-	-	-	-	-	-
19. Jhelum	-	24	-	-	24	-	24
20. Nawabshah	3	20	9	19	25	28	53
21. Bahawalpur	1	-	-	-	1	-	1
22. Larkana	-	-	-	-	-	-	-
23. Montgomery	-	-	53	-	-	53	53
24. Khairpur	4	-	-	-	4	-	4
25. D.I. Khan	-	-	22	7	-	29	29
West Pakistan	277	354	349	485	631	834	1465
1. Mymensingh	10	1	-	-	11	-	11
2. Dacca	-	402	-	316	402	316	718
3. Comilla	-	-	-	-	-	-	-
4. Barisal	-	79	6	102	79	108	187
5. Chittagong	200	19	31	74	219	105	324
6. Rajshahi	8	-	5	5	8	10	18
7. Khulna	-	-	-	-	-	-	-
8. Noakhali	-	-	-	2	-	2	2
9. Dinajpur	-	-	-	532	-	532	532
10. Bogra	-	-	-	-	-	-	-
11. Kushtia	-	18	-	4	18	4	22
East Pakistan	218	519	42	1035	737	1077	1814
Pakistan	495	873	391	1520	1368	1911	3279

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