



CONTRACEPTIVE PERFORMANCE REPORT

2015-2016

GOVERNMENT OF PAKISTAN
STATISTICS DIVISION
PAKISTAN BUREAU OF STATISTICS

APRIL-2017

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PREFACE

Pakistan Bureau of Statistics (PBS) is responsible for the collection, compilation and timely dissemination of reliable statistical information to the policy makers, planners and researchers. It publishes a variety of data, primary as well as secondary, especially on economic and social aspects of the country.

The task of producing Contraceptive Performance Report has been assigned to PBS as a sequel to the devolution of Ministry of Population Welfare (MoPW). Pursuantly, Population Welfare Statistics (PWSS) Section of PBS has so far released five issues of Annual Contraceptive Performance Reports since 2010-11. In these reports, Contraceptive Performance of Population Welfare Department by source, method & outlet and performance of NGO(s) had been reported.

Annual Contraceptive Performance Report, 2015-16 is the 6th issue of the annual series. In this report, contribution of Department of Health (Health Facility and Lady Health Workers) in rendering family planning services in the form of Contraceptive Performance Statistics has been included, for the first time, by getting respective data from concerned departments. Contraceptive Performance gleaned from service statistics, has been reported in terms of Couple years of Protection (CYP), one of the FP2020 Core Indicators, reported annually for 69 countries. Further, Contraceptive Prevalence Rate, on the basis of modern methods (mCPR), has also been computed by estimating users for each method. In this report, a comparison of contraceptive performance for the year 2015-16, in terms of Couple Year of Protection (CYP), with the last year 2014-15, at National & Provincial level, in respect of Population Welfare Departments, Departments of Health (Health Facility) & (LHWs) and NGO(s), is presented to measure the growth.

I seize this opportunity to acknowledge the debt of gratitude, owed to our worthy respondents of data & stakeholders, both in public and in private sector. I would also like to appreciate the untiring efforts of staff of Population Welfare Statistics Section and staff of Data Processing Centre, in compilation of this report in accordance to the norms of reliability and serviceability.

Efforts have been made to improve this report as per requirement of policy makers, planners, researchers and other data users. I hope that the data users will find it very useful, in tracing their objectives. Comments and suggestions, for improvement, will be highly appreciated.

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April 2017

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LIST OF ABBREVIATIONS & ACRONYMS

AJK	Azad Jammu & Kashmir
BCC	Behavior Change Communication
BHU	Basic Health Unit
BTL	Bilateral Tubal ligation
CPR	Contraceptive Prevalence Rate
CS	Contraceptive Surgery
CW&S	Central Warehouse & Supplies
CYP	Couple Years of Protection
DHIS	District Health Information System
DHO	District Health Officer
DHQ	District Headquarters
DPIU	District Programme Implementation Unit
FATA	Federal Administered Tribal Area
FHMUs	Family Health Mobile Units
FLCFs	Fore Level Control Functions
FP	Family Planning
FPAP	Family Planning Association of Pakistan
FP/RH	Family Planning / Reproductive Health
FWCs	Family Welfare Centers
GB	Gilgit – Baltistan
GSM	Greenstar Social Marketing
HF	Health Facility
H & H	Hakeem & Homeopaths
ICT	Islamabad Capital Territory
IEC	Information Education & Communication
IRC	Institutional Reimbursement Cost
IUDs	Intrauterine Devices
LARCs	Long Acting Reversible Contraceptives
LHW	Lady Health Workers
LMO	Lady Medical Officer
MCH	Mother & Child Health
MM	Male Mobilizers
MMR	Maternal Mortality Rate
MCH	Mother & Child Health
MNCH	Maternal, Newborn and Child Health
MoPW	Ministry of Population Welfare (Devolved)
MSS	Marie Stopes Society
MSUs	Mobile Service Units
M&P	Muller and Phipps
NGOs	Non- Governmental Organizations
NPPI	Norway-Pakistan Partnership Initiative
NSV	Non Scalpel Vasectomy

PBS	Pakistan Bureau of Statistics
PC-1	Planning Commission (Form – 1)
PDHS	Pakistan Demographic Health Survey
PGR	Population Growth Rate
PIU	Project Implementation Unit
PLDs	Provincial Line Departments
PMA	Performance Monitoring & Accountability
PMO	Program Management Offices
PNC	Pakistan Nursing Council
PPHI	People Primary Healthcare Initiative
PSDP	Public Sector Development Project
PPWDs	Provincial Population Welfare Departments
PWSS	Population Welfare Statistics Section
RHS	Reproductive Health Services
RMPs	Registered Medical Practitioners
RTIs	Regional Training Institutes
SNE	Summary of New Expenditure
TFR	Total Fertility Rate
THQ	Tehsil Headquarters
WHO	World Health Organization

EXECUTIVE SUMMARY

The contraceptive performance in 2015–16, compared with the year 2014–15 is summarized as under:

I) **Contraceptive Performance in terms of Couple Years of Protection(CYP)**

The overall contraceptive performance, in terms of CYP, for the year 2015-16 as compared to 2014-15, has been computed as -0.6, based on data collected from Population Welfare Departments (PWDs), Department of Health (including performance of both Health Facilities and LHWs) and NGO (s) (Rahnuma FPAP, MSS and GSM). Source wise breakup is given in subsequent sub headings:

(A) **Population Welfare Departments (PWDs)**

- a) Overall Contraceptive Performance of PWDs for the year 2015-16 in terms of Couple Years of Protection (CYP) has decreased by 10.4% in comparison with the last year 2014-15.
- b) Province-wise profile of CYP indicates an increase in Balochistan (4.7%) whereas decrease has been noticed in Punjab (7.7%), Sindh (21.2%) and Khyber Pakhtunkhwa (11.3%). As far as the district Islamabad and AJK are concerned, the contraceptive performance for the year 2015-16 compared with year 2014-15 has depicted a decrease of 15.4% and 3.3% respectively. While the performance of FATA and Gilgit-Baltistan has increased by 11.3% and 9.3% respectively, for 2015-16 compared with year 2014-15.
- c) Method-wise comparison of 2015-16 with 2014-15 for PWDs, in terms of CYP, increase has been noticed in Implant (22.2%), whereas decrease has been observed in Condoms (7.1%), Oral Pills (4.8%), Injectables (11.6%), IUCDs (12.3%) and Sterilization/Contraceptive Surgery (8.8%).
- d) Outlet-wise contribution in terms of CYP during the year 2015-16 compared with year 2014-15, has shown an increase of 5.4% in Regional Training Institutes (RTIs) and 9.3% in outlets of Gilgit-Baltistan, 11.3% in outlets of FATA. The performance has decreased by 11.1% in Family Welfare Centers (FWCs), 5.3% in Reproductive Health Services-A(RHS-

A) Centers, 24.5% in RHS-B, 13.5% in Mobile Service Units (MSUs), 24.7% in Hakeems and Homeopaths (H&H), 8.5% in Male Mobilizers (MM), 54.2% in Provincial Line Departments (PLDs), 44.3% in Registered Medical Practitioners (RMPs) and 3.3% in outlets of AJK .

(B) Department of Health (Health Facility)

a) Overall Contraceptive Performance of Departments of Health (Health Facility) for the year 2015-16 in terms of Couple Years of Protection (CYP) has increased by 2.4% in comparison with the last year 2014-15.

b) Province-wise profile of DoH (HF) in terms of CYP has shown an increase in Punjab (4.3%), Khyber Pakhtunkhwa (1.5%) and Balochistan (49.2%) whereas a decrease has been witnessed in Sindh (16.6%). As far as the district Islamabad and AJK are concerned, the contraceptive performance for the year 2015-16 compared with year 2014-15 has depicted an increase of 5.3% and 277.6% respectively. While the performance of FATA and Gilgit-Baltistan has decreased by 4.0% and 10.9% respectively, for 2015-16 compared with year 2014-15.

c) Method-wise comparison of DoH (HF) for 2015-16 with 2014-15, in terms of CYP, has depicted increase in Condoms (8.9%), Oral Pills (29.3%), Injectables (17.5%), IUCDs (11.9%) and Implants (3.9%) whereas decrease has been observed in Sterilization/Contraceptive Surgery (22.8%).

(C) Department of Health (LHWs)

a) Overall Contraceptive Performance of Departments of Health (LHWs) for the year 2015-16 in terms of Couple Years of Protection (CYP) has decreased by 8.5% in comparison with the last year 2014-15.

b) Province-wise profile of DoH (LHWs) in terms of CYP indicates increase in Sindh (22.6%) and Khyber Pakhtunkhwa (1.5%) whereas decrease has been witnessed in Punjab (9.7%) and Balochistan (44.8%). As far as the district Islamabad, AJK, FATA and Gilgit-Baltistan are concerned, contraceptive performance for the year 2015-16 compared with year 2014-15 has depicted decrease of 67.9%, 43.0%, 23.7% and 88.9% respectively.

c) Method-wise comparison of 2015-16 with 2014-15 of DoH (LHWs), in terms of CYP, decrease has been noted in Condoms (1.4%), Oral Pills (4.0%) and Injectables (15.3%).

(D) NGO Sector

For NGO sector, increase has been observed in the performance of Marie Stopes Society of Pakistan (MSS) (13.4%) and Greenstar Social Marketing (GSM) (16.1%), however, the performance of Rahnuma Family Planning Association of Pakistan (FPAP) has decreased by 1.0%, during the year 2015-16 as compared to year 2014-15.

II. Contraceptive Prevalence Rate (CPR)

Overall Contraceptive Prevalence Rate on the basis of modern contraceptive methods (mCPR) by estimating each method users, during the year 2015-16 has been computed as 35.5%. However, departmental modern Contraceptive Prevalence Rate(mCPR), during the year 2015-16 is 14.8% for Population Welfare Departments (PWDs); 9.6% for Department of Health (HF & LHWs) and for three eminent NGOs i.e. Rahnuma-FPAP, MSS, GSM, mCPR is 1.5%, 3.6% and 6.0% respectively. In the Provincial / Regional setup, mCPR for Punjab is 38.9%, Sindh 25.0%, Khyber Pakhtunkhwa 46.0%, Balochistan 13.8%, Federal district Islamabad 81.8%, AJK 17.6%, FATA 10% and for Gilgit-Baltistan (GB), mCPR is 22%, during the year 2015-16. Further, overall mCPR for the year 2014-15 has been computed as 32.7%. In this way, mCPR during 2015-16 has increased by 8.6%, as compared to that in previous year.

REPORT ORGANIZATION

Contraceptive Performance Report 2015-16 has been structured in the following sections:

Section – I: Introduction covers background material relating to history and significance of family planning in Pakistan and its impacts on SDG(s) as well as it gives introduction to the report in terms of its scope & objectives.

Section – II: Material & Methods gives notes on related Concepts & Definitions, Method Mix, Family Planning Service Vendors in Pakistan, Service Delivery Mechanism, Data Sources, Channel of Data Flow and Methodology utilized for the compilation of Contraceptive Performance gleaned from the Service Statistics.

Section – III: Results & Discussion is about the key findings regarding the Contraceptive Performance of Population Welfare Department, Department of Health (Health Facility & Lady Health Workers & three eminent NGO(s) i.e., Rahnuma FPAP, Marie Stopes Society of Pakistan (MSS) and Greenstar Social Marketing (GSM) in terms of Couple year of Protection.

Section –IV: Conclusion & Way Forward

SECTION-I: INTRODUCTION

Background

For 2016, Population of Pakistan was estimated as 195.390 million with growth rate of 1.89 percent¹, making it sixth most populous country in the world. Besides this, Pakistan has one of the highest fertility rates in the region except Afghanistan² and lowest rate of contraceptive use³, hampering socio-economic development of masses due to an inverse relationship between economic indicators and fertility. Therefore, accelerating fertility decline through investment in Family Planning (FP) Programme could be a cost effective approach, for ensuring development, as witnessed in many countries especially in Latin America and East Asia⁴.

Family Planning Program in Pakistan

Effective implementation of Family Planning (FP) programme in Pakistan remained very challenging due to number of factors including historical & political strife and cultural restrictions on women constraining their empowerment. These factors together with high unmet need, quality of services, coverage, supplies and management issues seem to be possible causes for low uptake of FP services in Pakistan.

To review the Family Planning Program of Pakistan, both administrative frame work and historical prospective have been taken into account, as under:

Administrative Framework:

In Pakistan, Family Planning Services are provided by both the public and private sectors. In public sector, before 18th ammendments, services were administered & coordinated by

¹ Economic Survey of Pakistan, 2015-16

² UN Population Prospects,2015 Revision

³ According to Pakistan Demographic and Health Survey,2012-13,CPR is 35%, both for modern and traditional methods

⁴ Population Council,2012.Family Planning- An Imperative for Pakistan's Development

Ministries of Health & Population Welfare and delivered by the respective provincial departments. Since devolution of Health & Population Ministries in 2010-11, respective provincial departments are fully responsible for planning and implementation of Population Development and Family Planning Programmes. In the public sector, services are provided either by service delivery centres i.e. Family Welfare Centres, Reproductive Health Services (RHS) Centres & Mobile Service Units of Population Welfare Department or by primary, secondary & tertiary health care facilities and Lady Health Workers (LHWs) of the Health Department.

Private Sector constitutes predominantly of direct self – procurement of commodities from stores or services from private clinics or NGOs by women/couples.

Historical Perspective:

- Pakistan initiated Family Planning Programme in the Private Sector in 1953 and in 1960s in the public sector by making it a part of state policy in 1966. Institutional arrangements for the programme attained the status of an independent ministry on 12th June, 1990. During this period, the Contraceptive Prevalence Rate (CPR) has increased from around 5% in 1960s to 12% in 1990, contributing only 0.25% annually.
- In 1990(s), FP Programme revived through public private partnership and strong political support that led to the intimation of an outreach Family Planning Programme named as Lady Health Workers Programme. This effort led to rapid rise in CPR particularly in rural areas. During the decade (1990 to 2000), overall CPR rose from 12% in 1990 to 30-33% in 2000.
- The decade between 2000 to 2010 saw stagnation or even fall in CPR from 30-33% in 2000 to 30% in 2006-07, according to Pakistan Demographic and Health Survey (PDHS 2006 – 07), witnessing an annual increase of 0.5% since 1960.
- According to latest Pakistan Demographic and Health Survey (PDHS 2012-13), the country's Contraceptive Prevalence Rate (CPR) for modern and traditional methods, is only 35% - one of the lowest CPR(s) in the region, despite six decades of public and private sector programme.

FP-2020

The 2012 London Summit on family planning inspired the current FP2020 movement, in which leaders from around the world committed to expand contraceptives access to an additional 120 million women and girls in the 69 countries with GNI per capita equal to or less than \$ 2,500 (2012). In this regard, a set of core Indicators (FP2020 Core Indicators) has been selected to determine whether countries are on track to reach their ultimate goals, as committed by the year 2020, i.e. to assess strategies and inform decision making, to provide tools to answer fundamental questions concerning overall performance of FP2020, and importantly, to measure how well individual needs are met.

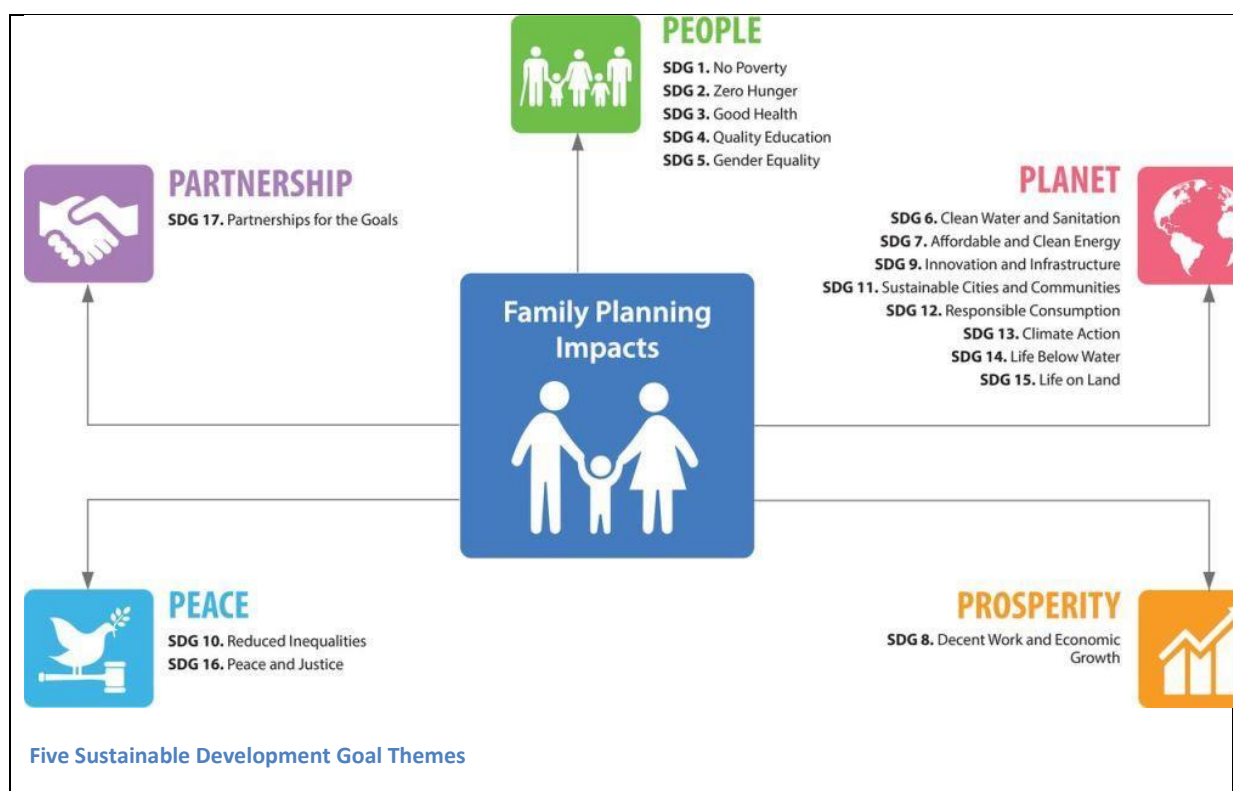
The initial set of 15 Core Indicators was updated in 2015 to form a set of 17 FP2020 Core Indicators. The Core Indicators table is separated into two categories.

- i. Indicators that are reported annually for 69 countries.
- ii. Indicators that are reported annually for a subset of countries in years that they have conducted Demographic and Health Survey (DHS).

For the FP2020, Pakistan committed to increasing the contraceptive prevalence rate to 50% by 2020. The obstacles to success are many including political upheaval, social constraints, women's low status and limited autonomy, yet positive steps are being taken on the national & regional levels, under the auspices of FP2020 movement. A statement on FP2020 (targets vs achievements) in respect of PWDs and NGOs, as supplied by the source agencies, is placed at Annexure-VI.

Family Planning and the Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs) are part of the 2030 Agenda for Sustainable Development which UN Member states adopted at the UN Sustainable Development summit, in September, 2015. Population is the centre of all SDGs with a framework of 17 goals and 169 targets across social, economic and environmental areas of sustainable development. Therefore, voluntary family planning can bring transformational benefits to women, families, communities and countries. These impacts of family planning on all SDGs are well depicted in a commentary⁵, entitled as” **Investing in Family Planning: Key to achieving to Sustainable Development Goals**”, Published by Global Health: Science and Practice. In this commentary, family planning has been presented as cross-sectorial intervention that can hasten progress across the 5 SDG themes of People, Planet, Prosperity, Peace and Partnership, as illustrated in the following Figure:



Source: Glob Health Sci. Pract Advance Access Article published on June 9, 2016 as doi: 10.9745/GHSP-D-15-00374

⁵ Glob Health Sci. Pract Advance Access Article published on June 9, 2016 as doi: 10.9745/GHSP-D-15-00374.

Introduction to Annual Contraceptive Performance Report

In view of importance and key role of family planning in development, Pakistan need, baseline data on the subject for effective planning & evidence based policy making. In this regard, PBS is publishing Annual Contraceptive Performance Report since 2010-11, to measure the capacity and potential of the governmental and non-governmental departments in the field. For the purpose, Contraceptive Performance Statistics presented in this annual report 2015-16, is also an endeavor.

Institutional Arrangements for Collection of Data

In pursuance to 18th Constitutional Amendment Act 2010, the functions of Collection, Maintenance and Analysis of Population Statistics, handled earlier by the Ministry of Population Welfare (MoPW) have been relocated to Statistics Division/Pakistan Bureau of Statistics (PBS). To implement the decision of the Government of Pakistan, the Statistics Division has established a new section in PBS entitled “Population Welfare Statistics Section (PWSS)” with the following functions:

- a. To collect, compile and disseminate contraceptive performance data on monthly, quarterly and yearly basis at provincial and national level;
- b. To maintain data base on contraceptive service statistics;
- c. To carry out periodic analysis of contraceptive performance statistics and
- d. To develop liaison on the subject, with national & international statistical agencies.

Scope of the Report

Since 2010, PBS has been collecting secondary data relating to the service statistics in respect of modern contraceptive methods on a specified format on monthly / quarterly basis from the provincial Population Welfare Departments including Regional Training Institutes (RTIs); Population Welfare Directorate AJK, GB & FATA; District Population Welfare Office, Islamabad and from three eminent NGOs namely Rahnuma – Family Planning Association of

Pakistan (FPAP), Marie Stopes Society of Pakistan (MSS), and Green Star Social Marketing of Contraceptives (GSM). This year, scope of the report has been expanded by incorporating the service statistics in respect of modern contraceptive methods, collected on the prescribed format from Department of Health regarding the contribution of Health Facility(HF) and Lady Health Workers(LHWs).

Objectives of the Report

Main objectives of the Contraceptive Performance Report are:

- To assess the province/sector-wise, method-wise and outlet-wise contraceptive performance in terms of Couple Year of Protection (CYP).
- To provide basis for estimating annual contraceptives requirement and distribution in the country.
- To calculate Contraceptive Prevalence Rate (CPR) for assessing the birth control strategy of the country

SECTION – II: MATERIAL & METHODS

Concepts & Definitions

Family Planning:

Family Planning encompasses services, policies, information, attitudes, practices and commodities including contraceptives that give couples, the ability to avoid unintended pregnancy and to choose whether and / or when to have a child.

Service Statistics:

Service Statistics refer to the volume of contraceptive commodities sold or distributed free of charge, to the clients during a particular period of time.

Couple Years of Protection (CYP):

“Couple Years of Protection (CYP)” is one of several commonly used indicators to assess family planning efforts. It is an indirect estimator of birth control. It is also one of core indicator of FP2020, being reported annually for 69 FP2020 focus countries including Pakistan.

CYP is defined as the estimated protection provided by family planning services during one year period, based upon the volume of all contraceptives sold or distributed free of charge to the clients during that period.

The CYP is calculated by multiplying the quantity of each method distributed to clients/ service statistics by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed for all methods to obtain a total CYP figure. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some

methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that IUDs and implants may be removed before their life span is realized.

The term “CYP” reflects distribution and is a way to estimate coverage and not actual use or impact. The CYP calculation provides an immediate indication of the volume of program activity. CYP can also allow programs to compare the contraceptive coverage provided by different family planning methods.

The following are updated conversion factors, being used internationally to calculate CYP:

CONVERSION FACTORS FOR COUPLE YEARS OF PROTECTION (CYP)		
CONDOM	120 UNITS	= 1 CYP
ORAL PILL (CoC&PoP)	15 CYCLES	= 1 CYP
EMERGENCY PILLS	20 DOSES	= 1 CYP
IUDs Copper – T 380-A (10-YEARS)	1 INSERTION	= 4.6 CYP
IUDs Multiload (05-YEARS)	1 INSERTION	= 3.3 CYP
INJECTABLE DMPA (3-MONTHS)	4 DOSES	= 1 CYP
INJECTABLE NET-EN (2-MONTHS)	6 DOSES	= 1 CYP
MONTHLY INJECTABLE	13 DOSES	= 1 CYP
CONTRACEPTIVE SURGERY /STERILIZATION	1 CASE	= 10 CYP*
Implant (e.g.3-YEARS)	1 IMPLANT	= 2.5 CYP
Implant (e.g.4-YEARS)	1 IMPLANT	= 3.2 CYP
Implant (e.g.5-YEARS)	1 IMPLANT	= 3.8 CYP

Source: These factors are adopted from USAID website. Link: <http://www.usaid.gov>

* For details, Annexure-VIII is referred.

Contraceptive Prevalence Rate (CPR):

The CPR is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually measured for married women of reproductive age i.e.15-49 years. The Contraceptive Prevalence Rate (CPR) of Pakistan is calculated on the basis of consumption of contraceptives by converting number of units sold into users with the help of the formulae given in the following table:

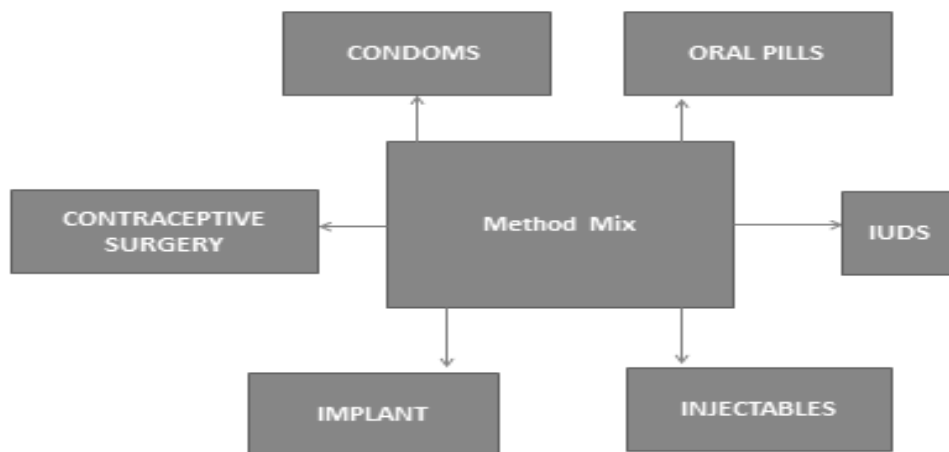
CONVERSION FORMULAE FOR USERS		
100 UNITS OF CONDOM	=	1 USER
13 CYCLES OF ORAL PILL	=	1 USER
1 INSERTION OF IUD	=	1 USER
5 VIALS OF INJECTABLE	=	1 USER
1 CONTRACEPTIVE SURGERY (CS) CASE	=	1 USER

Thereafter, number of users is divided by number of Married Women of Reproductive Age (MWRA), symbolically represented as under:

$$\text{CPR (\%)} = \frac{\text{No. of Users}}{\text{MWRA}} * 100$$

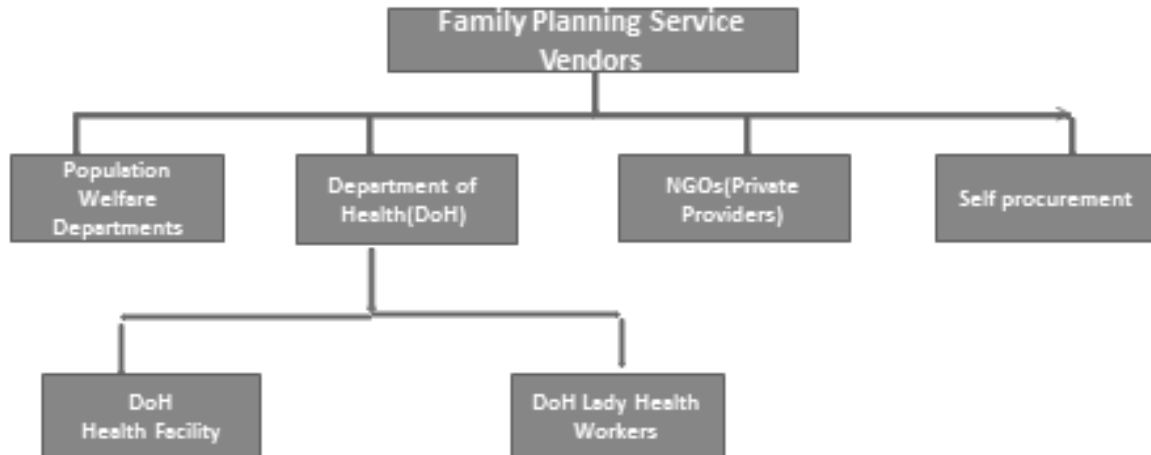
Method Mix

Following method mix of modern contraceptive methods has been followed for reporting contraceptive performance in this report.



Family Planning Service Vendors

Major family planning service vendors in public and private sectors of Pakistan:



Service Delivery Mechanism

A) Population Welfare Departments

Family Welfare Centre (FWC):

The FWC is the cornerstone of Pakistan's Population Welfare Programme. These centers constitute the most extensive institutional network in the country for promoting and delivering family planning services in both urban and rural areas. FWC operates in a rented building in any

BHU, RHC where two separate rooms are available. As a static facility, it serves a population of about 7000; while operating through its satellites clinics and outreach facility, a FWC covers a population of about 12000.

Reproductive Health Services (RHS) Centers:

The Reproductive Health Service Centers are the major clinical component of the Pakistan's Population Welfare Programme. They provide services through RHS-A Centers and RHS-B Centers. The RHS-A centers are hospital-based service outlets in teaching Hospitals, major Hospitals of big cities, all DHQ and related THQ Hospitals. They provide contraceptive surgery facilities for women and men with safe and effective backup medical support along with full range of Contraceptives i.e. IUCD, Injectables, Condoms, Oral Pills, & Implants. RHS-B centres are well-established hospitals and clinics with fully-equipped operating facilities (operation theatre facilities, beds for admission post-operative care, sterilization and emergency resuscitation equipment, etc.) and trained work force.

Mobile Service Units (MSUs):

The MSUs are the flagship of the Population Welfare Programme. These provide a package of quality Family Planning/Reproductive Health (FP/RH) services to the people of those remote villages and hamlets where no other health facility exists. The MSUs operate from specially-designed vehicles which carry with-in them all the facilities of a mini clinic ensuring complete privacy for simple gynecological procedures.

Social Mobilizer / Male Mobilizers:

Population Welfare Programme introduced village based family planning workers projects to enlighten male towards responsible parenthood and family healthy during the 9th year plan.

During the 10th Plan period, the cadre was named as male mobilizers. However, it has been observed that male mobilizers were experiencing difficulty in approaching house hold. It has therefore been decided to supplement their activist with female social mobilizers during the plan period (2009-14). The cadre of male mobilizers has been renamed and observed in the cadre of

social mobilizer (Male). Now, both cadre names (Male Mobilizers / Social Mobilizer) are being used interchangeably.

Regional Training Institutes (RTIs):

The RTIs provide skill-based training in FP/RH for all categories of health care providers i.e. Doctors, medical students, nurses, student nurses, lady health visitors and other paramedics. The RTIs also undertake activities focused on raising the awareness level of hakims, homeopaths, community health workers, teachers and college students.

B) Department of Health (HF)

In the public sector, health services are provided through a tiered referral system of health care facilities with increasing levels of complexity and coverage from primary to secondary and tertiary health facilities. Primary care facilities include Basic Health Unit (BHUs), Rural Health Centres (RHC), Mother and Child Health (MCH) Centres and TB Centres. Tehsil and District Headquarter Hospitals provide increasingly specialized secondary health care while teaching hospitals form the tertiary level tier.

C) Department of Health (LHW)

As a signatory of Alma-Ata declaration⁶, Government of Pakistan, with support from WHO showed its commitment by launching a community health workers programme in 1994, known as the “National Programme for Family Planning and Primary health Care (FP&PHC)” This Programme is popularly known as “Lady Health Workers Programme” (LHWP)”. Through this programme, communication gap between communities and the health system has been bridged, by extension of services through monthly home/door to door visits of LHW(s). These LHW(s) play key role in creating awareness and bringing about changes in attitude regarding basic issues of health and family planning. One LHW is responsible for approximately 1000 people, or 150 homes, and visits 5 to 7 houses daily. The scope of work and responsibility of LHW includes over 20 tasks, ranging from health education in terms of

⁶ International Conference on Primary Health Care, Alma-Ata; 6-12 Sept., 1978, USSR, PP.02

antenatal care and referral, immunization services and support to community mobilization, provision of family Planning and basic curative care.

D) NGO Sector

There are many NGOs that are providing family planning & reproductive health services in the country. However, PBS is collecting contraceptive performance data from the following three eminent NGOs. Their service delivery mechanism is deliberated below:

Rahnuma -Family Planning Association of Pakistan (FPAP):

At present Rahnuma FPAP is located in five Regional Offices (Sind, KPK, Islamabad/AJK/Gilgit-Baltistan, Punjab and Balochistan) and Fourteen Program Management Offices (PMOs) having extensive service delivery network.

Marie Stopes Society of Pakistan (MSS):

MSS is providing family planning services through its Behtar Zindagi Centres (BZCs), Suraj Social Franchise (SF) Centres, Maternal and Child Health (MCH) Centres, Field-based Health Educators (FHEs), Reproductive Health Private Providers (RHPPs) and Outreach Services/Sites.

Green star Social Marketing of Pakistan (GSM):

Green star is also one of the eminent private sector providers of reproductive health services. Green star is contributing in the improvement of the quality of life among low-income people throughout Pakistan by increasing access to and use of health products, services and information through private sector franchise clinics.

Data Sources

The Contraceptive Performance Report is prepared on the basis of data received from the following sources:

A) Population Welfare Departments:

- Provincial Population Welfare Departments (PPWDs)
- Population Welfare Departments AJK, GB and FATA;
- The District Population Welfare Office, (ICT), Islamabad and
- Regional Training Institutes (RTIs)

B) Departments of Health(Health Facility& LHWs):

- Provincial Directorate of Health
- District Health Office Islamabad
- Director General Health Office AJK
- Directorate of Health Services FATA
- Directorate of Health Services GB

C) NGO(s):

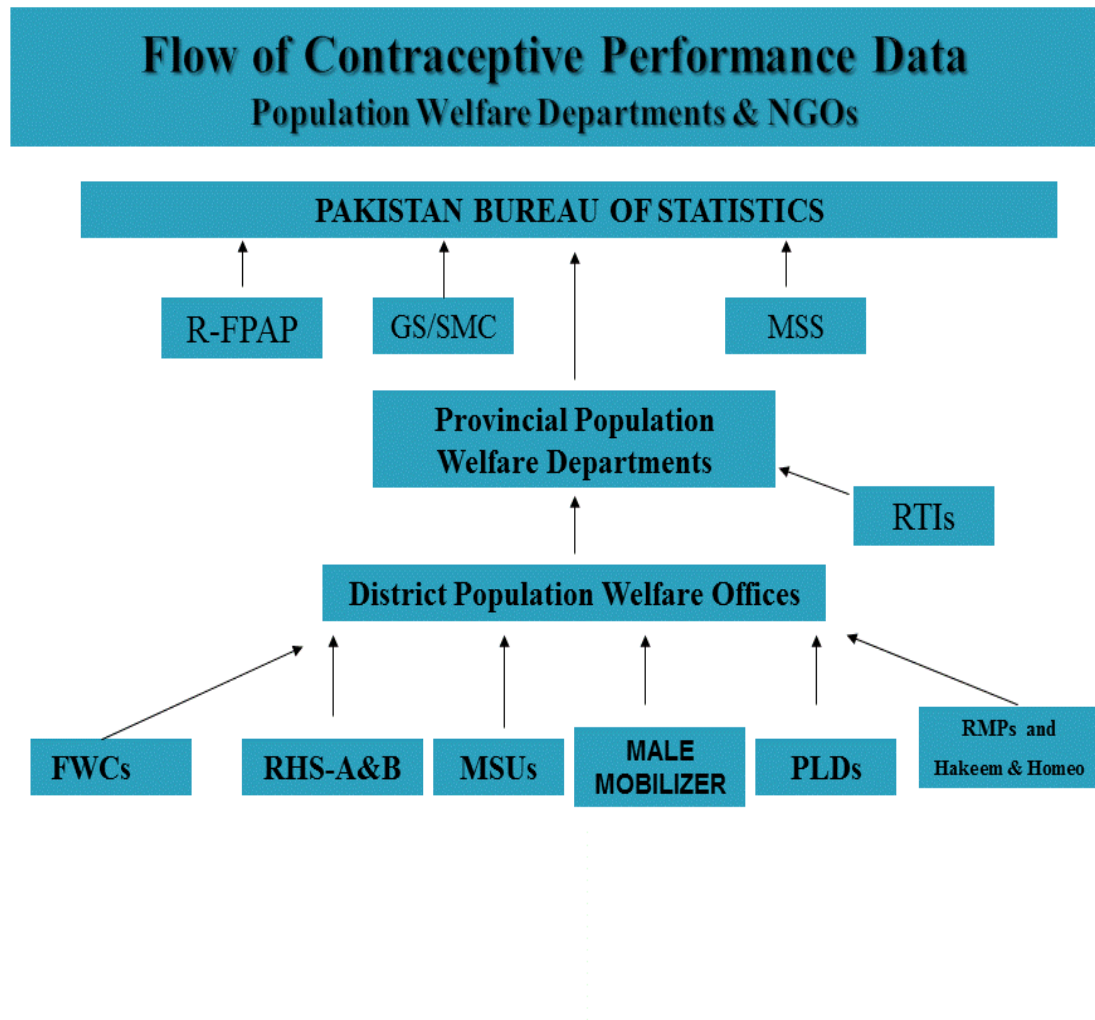
- Rahnuma Family Planning Association of Pakistan (FPAP) ;
- Marie Stopes Society of Pakistan (MSS);
- Greenstar Social Marketing (GSM);

Channel of Data Flow

A) Population Welfare Department & NGOs

The District Population Welfare Office is the main operational tier of Population Welfare Program. It is responsible for actual implementation of population welfare activities in the field. For the purpose, it collects Contraceptive Performance Reports of all the reporting units (FWCs, RHS-A, MSUs etc.). After consolidating, these reports are transmitted to the provincial Population Welfare Department. The provincial Population Welfare Departments forward these reports to Pakistan Bureau of Statistics. Apart from the provincial departments,

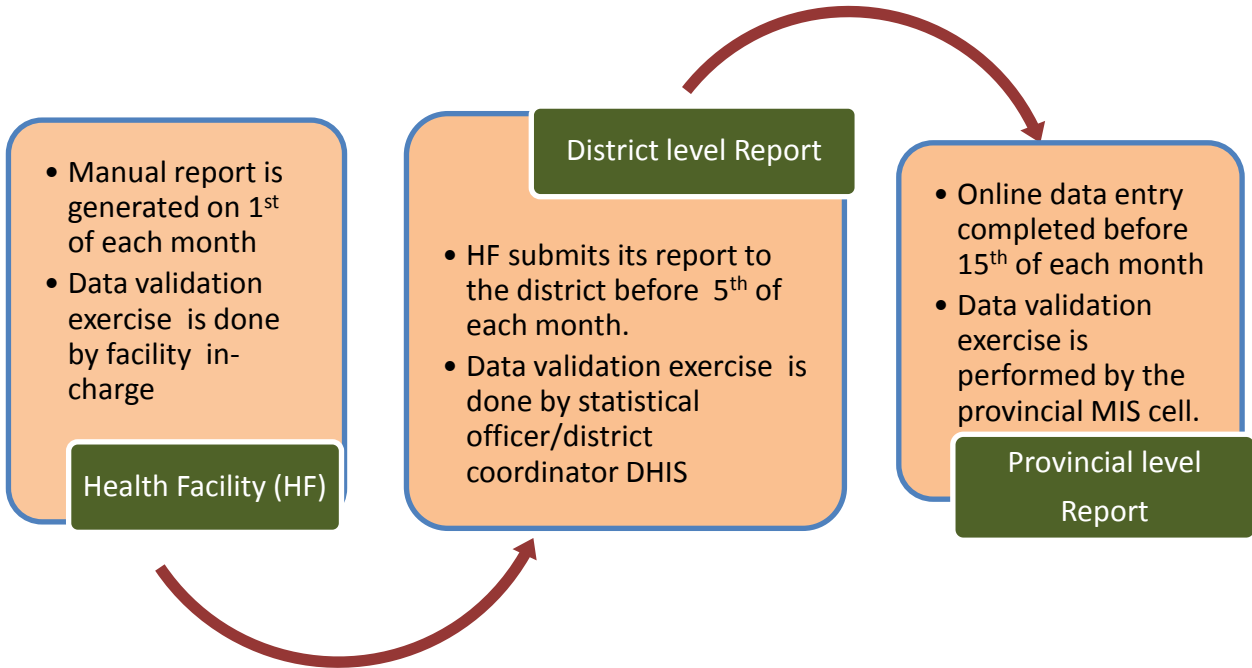
Population Welfare Directorate of FATA, AJK, GB and three eminent NGOs i.e. Rahnuma-FPAP; Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM) also provide Contraceptive Performance data to PBS, that are being utilized for the preparation of quarterly and annual contraceptive performance reports. Flow chart for the same is as follows:



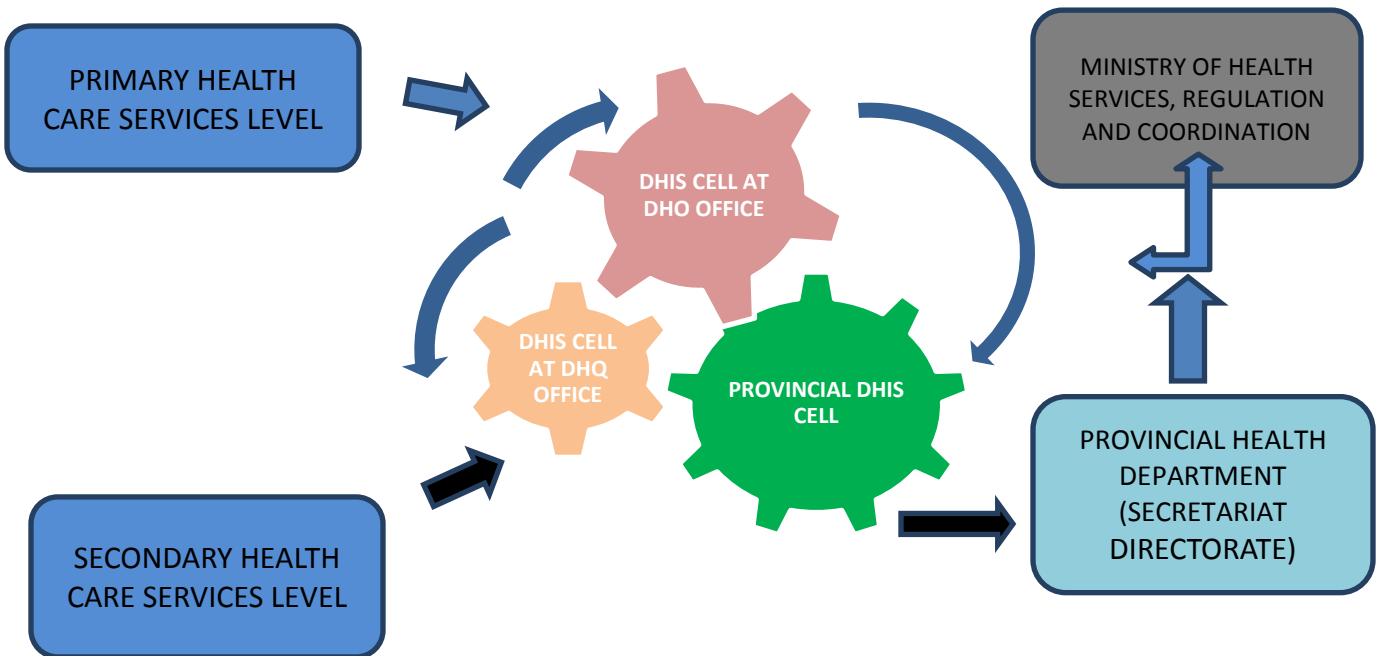
B) Department of Health (Health Facility)

PBS has collected data from focal person at provincial cell of DHIS, responsible for compilation/updating of District Health Information System (DHIS), that in turn collects data from health facility, through the following procedure and channel:

Data Recording, Validation and Transmission

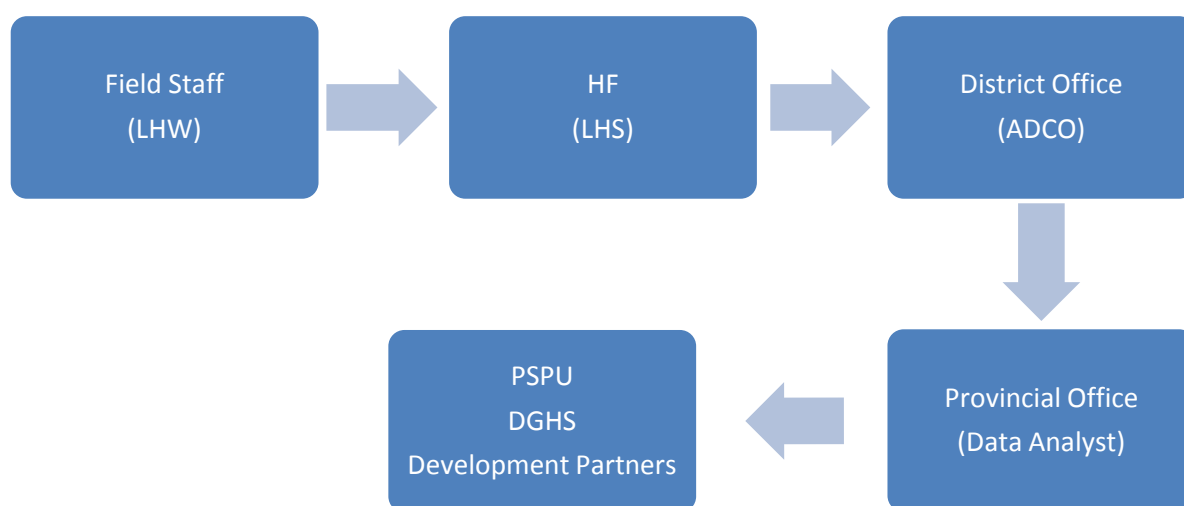


FUNCTIONING OF DHIS



C) Department of Health (LHW)

Data on short term methods such as condoms, oral pills and injectables, being used by LHWs for family planning, is collected by PBS from focal person at provincial office responsible for collection/compilation of performance data of LHWs through the following channel:



Methodology

Pakistan Bureau of Statistics collects contraceptive performance data, in respect of modern methods, on monthly basis by post, through e-mail and by fax from the Provincial Population Welfare Departments (PWDs); Population Welfare Departments AJK, GB, FATA; and Regional Training Institutes (RTIs) and from District Population Welfare Office, Islamabad. For Department of Health (Health Facility) and Department of Health (LHW) data relating to the use of modern family planning methods, Provincial Departments of Health (DoHs), Directorates of Health AJK, GB, FATA and District Health Office,

Islamabad, have been approached. Further to reflect the contribution of private sector, contraceptive performance data in respect of three eminent NGOs, i.e. Rahnuma - Family Planning Association of Pakistan (FPAP); Marie Stopes Society of Pakistan (MSS); Greenstar Social Marketing of Contraceptives (GSM), have been collected on monthly/quarterly basis.

These service statistics in respect of modern contraceptive methods are collected, on the prescribed format (designed by PBS for Department of Health (Health Facility) & Department of Health (Lady Health Workers) and for NGOs). For Population Welfare Departments, the Performa (CLR-11 – for provincial Population Departments & CLR-15, for District Population Welfare Office, Islamabad), as per practice in defunct M/o Population Welfare (MoPW), have been used for collection of contraceptive service statistics data from respective departments / units responsible for the compilation of this data at Provincial Head Quarters. These performa(s) have been placed in Annexure VII of the report for reference. After careful editing and coding, these service statistics/ the data is entered in the data base at Data processing Centre of PBS and thereafter tabulated / classified according to tabulation plan. The data is entered on monthly basis and consolidated after three months, to compile the Quarterly Contraceptive Performance Report. At the end of financial year, Annual Contraceptive Performance Report is compiled. From these service statistics, one of the indicators of Family Planning, that is, Couple – years of Protection (CYP) is computed quarterly and annually, by utilizing internationally updated conversion factors, as mentioned on the website of USAID. Moreover, Contraceptive Prevalence Rate, on the basis of modern methods (mCPR), is also computed annually has also been computed by estimating each method users. Further, in this report, comparative analysis has been presented, in the form of different tables at National & Provincial level, by calculating percentage change in the performance of different departments, for current year (2015-16), in comparison with previous year (2014-15). This year, district level comparative performance of Population Welfare Departments, in terms of CYP, has also been made a part of report (Annexure –I of the report). Moreover, performance of NGO(s) at provincial level has also been included in this report (Annexure – I of the report).

SECTION-III: RESULTS AND DISCUSSION

Source-wise Comparison in terms of Couple Years of Protection

(A) Population Welfare Departments (PWDs)

The province/source-wise comparison of contraceptive performance of Population Welfare Departments (PWDs), during the year 2015-16 has been made with the previous year 2014-15 in terms of Couple Year of Protection (CYP). Detailed data is in **Table-1** attached with the report.

At national level, a decrease of 10.4% has been observed for all program and non-program service outlets of PWDs during the year 2015-16 compared with 2014 -15.

At provincial level, contraceptive performance of the year 2015-16 compared with the previous year, an increase has been observed in Balochistan (4.7%) whereas a decrease has been noticed in the rest of three provinces, that is, Punjab (7.7%), Sindh (21.2%) and Khyber Pakhtunkhwa (11.3%). Significant decrease in Sindh during 2015-16 over 2014-15 is due to the launching of robust camping of Implants & IUDs, resultantly performance elevated in 2014-15. However, during 2015-16, due to non – supply of Implanon coupled with irregular supply of some of commodities, resulted in declined performance. Significant decrease in progress of Khyber Pakhtunkhwa for 2015-16 over 2014-15 is due to multiple factors, that is, less supply of contraceptive against their requisitions since October, 2015; vacant post of Women Medical Officers (WMOs) at RHS-A Centers & MSUs because of which replacement case of WMOs (BPS-17) by Field Technical Officers (FTOs) (BS-16) has been submitted to Finance Department.

As far as the district Islamabad and AJK are concerned, the contraceptive performance for the year 2015-16 compared with year 2014-15 has depicted a decrease of 15.4% and 3.3% respectively. Significant decrease in progress of Islamabad during 2015-16 over 2014-15 is due

to declined progress of MSU component, short supply of IUCDs and Injectables by Central Warehouse & Supply, Karachi and due to temporary assignment of Social Mobilizers in Dengue Cell, CDA Islamabad. However, the performance of FATA and Gilgit-Baltistan has increased by 11.3% and 9.3% respectively, during 2015-16 compared with year 2014-15. Significant increase in progress of FATA for 2015-16 over 2014-15 is due to free Family Planning / Medical Camps for Internally Displaced Persons (IDPs) and improvement in law & order situation in some of the agencies. For detailed quarter-wise justification for +/- 10 % change in performance as compared to the previous quarter as well as to the corresponding quarter of last year, in respect of Population Welfare Departments (PWDs), Annexure-III is referred. Further, statement on the bottlenecks hindering the progress and new initiatives taken to enhance the progress, as supplied by the PWDs, is placed at Annexure-V of the report.

(B) Department of Health (Health Facility)

The province/source-wise comparison of contraceptive performance in respect of Department of Health (HF), during the year 2015-16 has been made with the previous year 2014-15 in terms of Couple Year of Protection (CYP) .Details are in **Table-1** of the report.

At national level, an increase of 2.4% has been observed for DoH (HF) service delivery outlets during the year 2015-16 compared with 2014-15. At provincial level, increase has been observed in Punjab (4.3%), and Khyber Pakhtunkhwa (1.5%) and Balochistan (49.2%) whereas decrease has been noticed in Sindh (16.6%).

As far as the district Islamabad and AJK are concerned, the contraceptive performance for the year 2015-16 compared with year 2014-15 has depicted an increase of 5.3% and 277.6% respectively whereas the performance of FATA and Gilgit-Baltistan has decreased by 4.0% and 10.9% respectively, during 2015-16 compared with year 2014-15.

For justification of +/- 10 % change in performance as compared to the previous year, in respect of Department of Health (HF), Annexure-IV is referred.

(C) Department of Health (LHWs)

The province/source-wise comparison of contraceptive performance of Department in respect of Health (LHWs), during the year 2015-16 has been made with the previous year 2014-15 in terms of Couple Year of Protection (CYP).Details are in **Table-1** attached with the report.

At national level, a decrease of 8.5% has been observed in the performance of DoH (LHWs) service delivery during the year 2015-16 as compared to 2014 -15.

At provincial level, contraceptive performance of the year 2015-16 compared with the previous year, increase has been observed in Sindh (22.6%) and Khyber Pakhtunkhwa (1.5%), whereas decrease has been noticed in Punjab (9.7%) and Balochistan (44.8%).

As far as the district Islamabad, AJK, FATA and Gilgit-Baltistan are concerned, the contraceptive performance for the year 2015-16 compared with year 2014-15 has depicted a decrease of 67.9%, 43.0%, 23.7% and 88.9% respectively.

For justification of +/- 10 % change in performance as compared to the previous year, in respect of Department of Health (LHW), Annexure-IV is referred.

(D) NGO Sector

NGO sector represented by three eminent NGO(s) has shown increase in performance (11.4%) during 2015-16 as compared to 2014-15, in terms of Couple years of Protection (CYP).Amongst these NGO(s), an increase has been observed in the performance of Marie Stopes Society of Pakistan (MSS) (13.4%) and Greenstar Social Marketing (GSM) (16.1%), however, the performance of Rahnuma Family Planning Association of Pakistan (FPAP) has decreased by 1.0% during the year 2015-16 as compared to 2014-15. Significant increase in progress of Marie Stopes Society (MSS) for 2015-16 over 2014-15 is due to positive trend of Family Planning clients at MSS service outlets. Significant increase in progress of Greenstar (GSM) for 2015-16 over 2014-15 is due to purchasing behavior of providers and sub-distributors

based on their business needs; due to reinforcement on community level demand generation activities and expansion of Greenstar network in remote providers areas, clinics and pharmacies. For detailed quarter-wise justification for +/- 10 % change in performance as compared to the previous quarter as well as to the corresponding quarter of last year, in respect of NGOs Annexure-III is referred. Further, statement on the bottlenecks hindering the progress and new initiatives taken to enhance the progress, as supplied by the NGOs, is placed at Annexure-V of the report

Method-wise Comparison of Contraceptive Performance

Data in respect of contraceptive usage by method during the year 2015-16 in absolute terms as well as in terms of CYP have been given in **Table-2**. Main findings in this regard are as follows:

(A) Population Welfare Department (PWDs)

In absolute terms, the Contraceptive Performance of Program and Non-Program service outlets reported sale of 67.813 million units of Condoms; 2.974 million cycles of Oral Pills as a whole including 2.606 million cycles of Oral Pills (CoC), 0.296 million cycles of Oral Pills (PoP), 0.072 million doses of Emergency Contraceptive Pills (EC); 1.199 million vials of injectables as a whole including 1.196 million vials of Injectables (3-months) & 0.003 million vials of Injectables (2-months). For IUCD, sale of 0.620 million insertions of Intrauterine Contraceptive Devices (IUCDs) has been reported as a whole that includes 0.612 million insertions of IUCDs (10-years), 0.008 million insertions of IUCDs (05-years). Apart from these, total 89,946 cases of Sterilization/ Contraceptive Surgery have been reported including 2325 Male Contraceptive Surgery cases & 87,621 Female Contraceptive Surgery cases have been performed. Similarly for Implants, total 21,438 implants have been reported including 12,863 Implant (3-years) and 8,575 Implant (5-years). The detail regarding each method of contraceptives is reflected in **Table-2**.

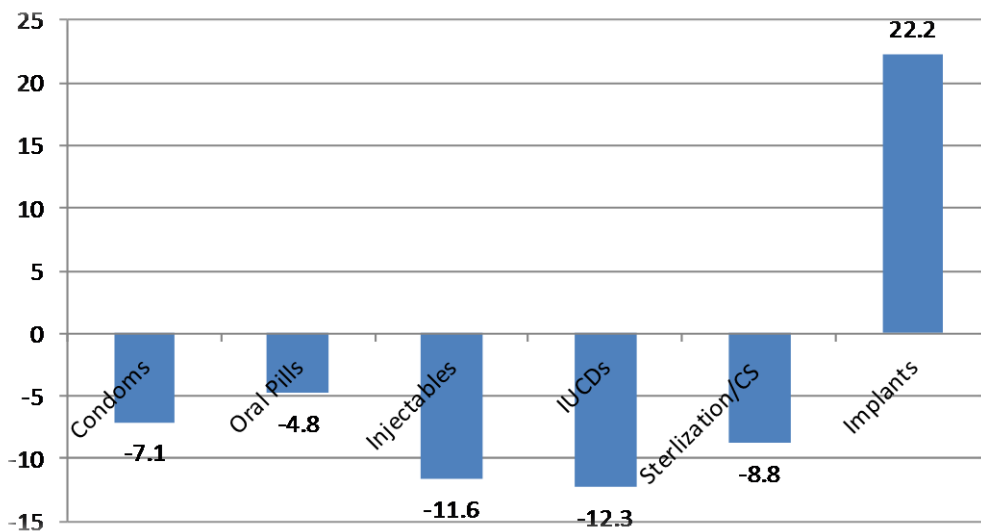
The Method-wise comparison of 2015-16 with 2014-15, in terms of CYP, an increase has been noticed in Implants (22.2%), whereas decrease has been observed in Condoms (7.1%), and Oral

Pills (4.8%), Injectables (11.6%), IUCDs (12.3%) and Contraceptive Surgery (8.8%). The details are given in **Table-2** and graphical presentation is as follows:

Percentage Changes in Sales (in terms of CYP) of Contraceptive Methods

During 2015-16 Over 2014-15

PWDs



(B) Department of Health (Health Facility)

In absolute terms, the Contraceptive Performance of DoH (HF) service delivery reported a sale of 6.946 million units of Condoms; 1.301 million cycles of Oral Pills as a whole including 1.177 million cycles of Oral Pills (CoC) & 0.124 million cycles of Oral Pills (PoP); 0.830 million vials of injectables as a whole including 0.725 million vials of Injectables (3-months) & 0.105 million vials of Injectables (2-months). Regarding IUCD, 0.308 million insertions of Intrauterine Contraceptive Devices (IUCDs) (10-years) has been reported as a whole. Apart from these, total 51,660 cases of Sterilization/ Contraceptive Surgery including 2762 Male Contraceptive Surgery cases & 48,898 Female Contraceptive Surgery cases have been performed. Similarly for

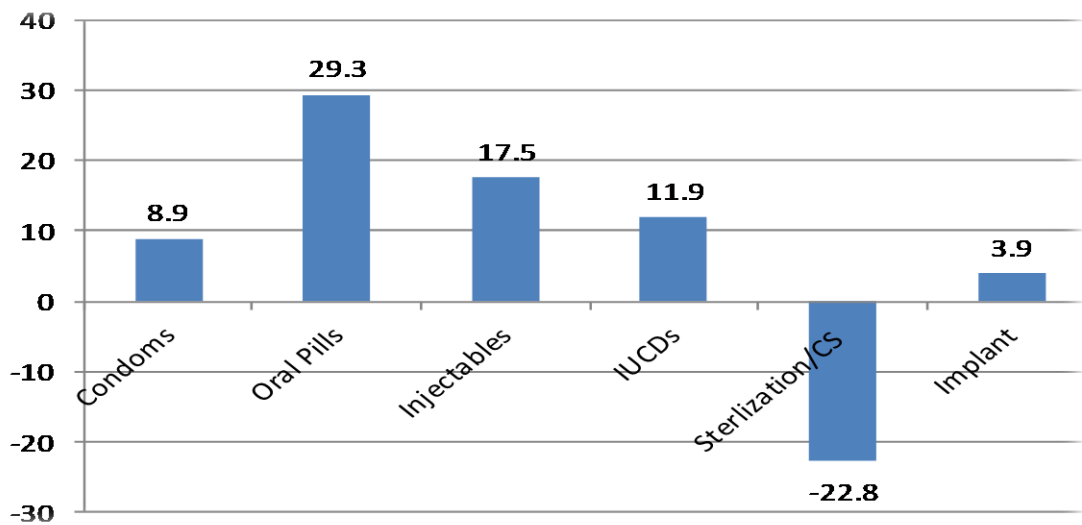
Implants, total 23,593 implants have been reported including 16,705 Implant (4-years) & 6,888 Implant (3-years). The detail of each method of contraceptive is reflected in **Table-2**.

The Method-wise comparison of 2015-16 with 2014-15, in terms of CYP, an increase has been noticed in Condoms (8.9%), Oral Pills (29.3%), Injectables (17.5%), IUCDs (11.9%) and Implants (3.9%), whereas decrease has been observed in Contraceptive Surgery (22.8%). The details are given in **Table-2** and graphical presentation is as follows:

Percentage Changes in Sales (in terms of CYP) of Contraceptive Methods

During 2015-16 Over 2014-15

DoH(HF)



(C) Department of Health (LHWs)

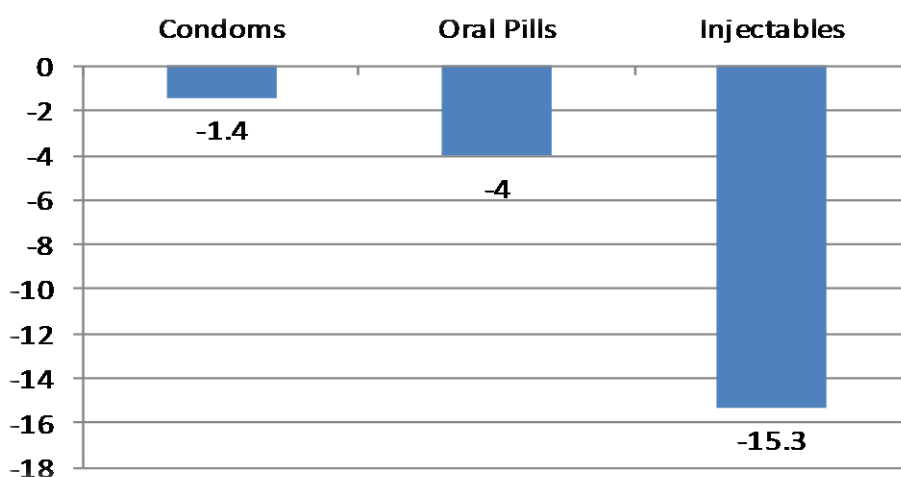
In absolute terms, the Contraceptive Performance of DoH (LHWs) service delivery reported sale of 70.715 million units of Condoms; 7.454 million cycles of Oral Pills as a whole including 7.422 million cycles of Oral Pills (CoC), 0.024 million cycles of Oral Pills (PoP) & 0.008 million doses of Emergency Contraceptive Pills (EC); For injectables, sale of 3.298 million vials has been reported including 3.286 million vials of Injectables (3-months) and 0.011 million vials of Injectables (2-months). The detail of each method of contraceptive is reflected in **Table-2**.

The Method-wise comparison of 2015-16 with 2014-15, in terms of CYP, a decrease has been noticed in Condoms (1.4%), Oral Pills (4.0%) and Injectables (15.3%). The details are given in **Table-2** and graphical presentation is as follows:

Percentage Changes in Sales (in terms of CYP) of Contraceptive Methods

During 2015-16 Over 2014-15

DoH (LHWs)



(D) NGO Sector

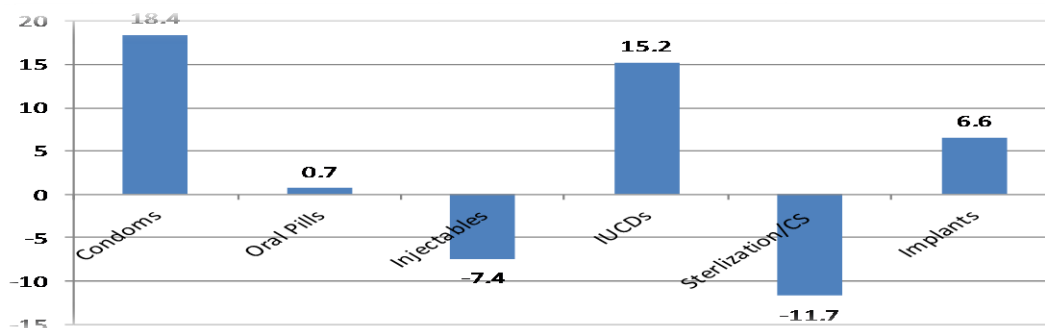
In absolute terms, the Contraceptive Performance of NGOs service outlets reported sale of 127.079 million units of Condoms; 3.161 million cycles of Oral Pills as a whole including 1.221 million cycles of Oral Pills (CoC), 1.940 million doses of Emergency Contraceptive Pills (EC); for injectables, sale of 1.224 million vials has been reported including 0.803 million vials of Injectables (3-months), 0.307 million vials of Injectables (2-months), 0.114 million vials of Injectables (1-month); 0.893 million insertions of Intrauterine Contraceptive Devices (IUCDs) as a whole that includes 0.728 million insertions of IUCDs (10-years), 0.165 million insertions of IUCDs (05-years). Apart from these, total 44,616 cases of Sterilization/ Contraceptive Surgery including 1115 Male Contraceptive Surgery cases & 43,501 Female Contraceptive Surgery cases have been performed. Similarly for Implants, total 13,405 implants have been reported including 7840 Implant (5-years); 4987 Implant (4-years) & 578 Implant (3-years). The detail of each method of contraceptives is reflected in **Table-2**.

Method-wise comparison of 2015-16 with 2014-15, in terms of CYP, an increase has been noticed in Condoms (18.4%), Oral Pills (0.7), IUCDs (15.2%) and Implant (6.6%) whereas a decrease has been observed in Injectables (7.4%) and Contraceptive Surgery (11.7%). The details are given in **Table-2** and graphical presentation is given below:

Percentage Changes in Sales (in terms of CYP) of Contraceptive Methods

During 2015-16 Over 2014-15

(NGOs)



Contraceptive Usage by Source & Method

Method & Source-wise Comparison of Contraceptive Performance of 2015-16 over 2014-15 of all methods in absolute terms is depicted in **Table (3a-3f)**. The details are as under:

(A) Population Welfare Departments (PWDs)

For Condoms, method-wise performance of 2015-16 compared with the last year (2014-15), has reflected increase in FATA (7.3%), Gilgit-Baltistan (15.5%), However, decrease in Punjab (5.2%), Sindh (14.2%), Khyber Pakhtunkhwa (1.7%), Baluchistan (15%), Islamabad (1.8%) and AJK (4.1%) has been noticed.

In case of Oral Pills, increase has been witnessed in Islamabad (14.2%), AJK (21.7%), FATA (28.5%), Gilgit-Baltistan (25.7%), while decrease has been observed in Punjab (2.8%), Sindh (16.1%), Khyber Pakhtunkhwa (3.3%) and Balochistan (2.8%).

In case of Injectables, increase has been observed in FATA (0.5%) while decrease has been noticed in Punjab (10.4%), Sindh (20.3%), Khyber Pakhtunkhwa (9.2%), Balochistan (1.6%), Islamabad (19.2%), AJK (4.3%) and Gilgit-Baltistan (4.1%).

For IUCDs, increase has been observed in Balochistan (10.9%), FATA (9.9%), Gilgit-Baltistan (10.9%), while decrease has been noted in Punjab (8.9%), Sindh (39.3%), Khyber Pakhtunkhwa (13.3%), Islamabad (18.9%) and AJK (6.2%).

If we look into the figure of Contraceptives Surgery cases, decrease has been recorded in all sources i.e. in Punjab (7.7%), Sindh (11.4%), KPK (10%), Balochistan (6.7%), Islamabad (6.6%) and AJK (6%).

For new modern contraceptive method Implant, increase has been noticed in Punjab (66.1%), Khyber Pakhtunkhwa (124.5%) and Islamabad (34.5%) while decrease has been observed in Sindh (2.2%).

On the whole, PWDs has shown decreased performance in respect of all methods that is in Condoms (7.1%), Oral Pills (4.4%), Injectables (12.0%), IUDs (12.6%) and in Contraceptive Surgery (8.8%) whereas increase in performance of Implant (25.4%) during 2015-16, when compared with 2014-15.

(B) Department of Health (Health Facility)

For Condoms, method-wise performance of 2015-16 compared with the last year (2014-15), has reflected increase in Punjab (13.9%), Sindh (4.1%), Khyber Pakhtunkhwa (3.4%), Baluchistan (92.8%), Islamabad (18.6%), AJK (79.0%) and FATA (32.0%). However, decrease in Gilgit-Baltistan (39.3%) has been noticed.

In case of Oral Pills, increase has been witnessed in Punjab (18.3%), Sindh (29.6%), Khyber Pakhtunkhwa (26.3%), Baluchistan (58.9%), Islamabad (24.4%), AJK (1306.2%), FATA (63.9%) and Gilgit-Baltistan (51.5%).

In case of Injectables, increase has been observed in Punjab (23.0%), Sindh (5.9%), Khyber Pakhtunkhwa (12.4%), Baluchistan (58%), Islamabad (15.6%), AJK (84.3%) and FATA (33.4%). However, decrease in Gilgit-Baltistan (34.6%) has been noted.

For IUCDs, increase has been observed in Punjab (15.5%), Khyber Pakhtunkhwa (1.2%) and Baluchistan (100.8%). However, decrease has been noticed in Sindh (11.3%), FATA (15.8%) and Gilgit-Baltistan (100%).

If we look into the figure of Contraceptives Surgery cases, decrease has been recorded in Punjab (21.8%), Sindh (29.2%), Baluchistan (28.8%), Islamabad (5.9%) and FATA (27.0%).

For new modern contraceptive method-Implant, an increase has been noticed in DoH (HF) Punjab (25.5%) and Balochistan (145%) while decrease has been observed in DoH(HF) Sindh (20.1%) and Khyber Pakhtunkhwa (51.7%) whereas Islamabad, AJK, FATA & GB has not reported any case of implant during 2015-16 as well as in 2014-15.

Overall, Department of Health (Health Facility) has shown positive performance in respect of Condoms (8.9%), Oral Pills (29.3%), Injectables (17.2%), IUCDs (11.9%) and Implants (0.5%) while negative performance has been observed in case of Contraceptive Surgery (22.8%) during 2015-16 as compared to 2014-15.

(C) Department of Health (LHWs)

For Condoms, method-wise performance of 2015-16 compared with the last year (2014-15), has reflected increase in Sindh (39.1%) and Khyber Pakhtunkhwa (9.4%), whereas decrease in Punjab (0.4%), Baluchistan (21.7%) Islamabad (82.4%), AJK (43.2%) FATA (11.4%) and Gilgit-Baltistan (79.6%) has been noticed.

In case of Oral Pills, increase has been witnessed in Sindh (27.9%), however, decrease in Punjab (1.5%), Khyber Pakhtunkhwa (1.9%), Baluchistan (23.0%), Islamabad (66.1%), AJK (39.1%), FATA (27.3%) and Gilgit-Baltistan (86.0%) has been observed.

In case of Injectables, increase has been observed in Sindh (17.3%) and Khyber Pakhtunkhwa (1.7%). However decrease in Punjab (25.6%), Baluchistan (67.5%), Islamabad (54.3%), AJK (45.5%), FATA (27.3%) and Gilgit-Baltistan (99.8%) has been noted.

On the whole, contribution of LHW in the service delivery of Family Planning remained negative in respect of all three methods (Condoms 1.4%, Oral Pills 4.1% and Injectables 15.3%) during 2015-16 as compared to 2014-15.

(D) NGO Sector

For Condoms, method-wise performance of 2015-16 compared with the last year (2014-15), has reflected an increase in Marie Stopes Society (MSS) (46.7%) and Greenstar (GSM) (18.1%), however, a decrease in performance by Rahnuma FPAP (17.0%) has been noticed.

In case of Oral Pills, an increase has been witnessed in Marie Stopes Society (MSS) (14.7%) and Greenstar (GSM) (0.8%), whereas decrease in Rahnuma FPAP (11.8%) has been observed.

For Injectables, an increase has been observed in Marie Stopes Society (MSS) (4.1%) while decrease has been depicted in Rahnuma FPAP (24.7%) and Greenstar (GSM) (2.5%).

In case of IUCDs, increase has been observed in Rahnuma FPAP (3.6%), Marie Stopes Society (MSS) (12.1%) and Greenstar (GSM) (17.8%).

If we look into the figure of Contraceptives Surgery cases, decrease has been recorded in all NGOs i.e. in Rahnuma FPAP (26.8%), Marie Stopes Society (MSS) (8.7%) and Greenstar (GSM) (31.6%).

For new modern contraceptive method Implant, decrease has been noticed in Rahnuma FPAP (34.4%) and Marie Stopes Society (MSS) (3.5%).

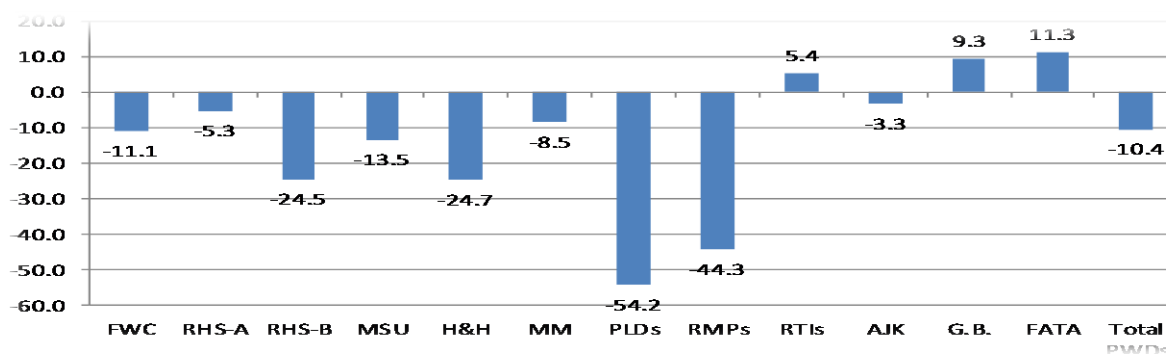
Overall, performance of NGO sector has shown increase in performance in respect of Condoms (18.4%); Oral Pills (1.4%); IUCD (11.2%) while decrease in performance has been noted in Injectable (8.7%); Contraceptive Surgery (11.7%) and Implants (7.1%).

Outlet-wise Comparison in Terms of Couple Year of Protection

(A) Population Welfare Departments (PWDs)

The contribution of services outlets in terms of CYP during the year 2015-16 compared with year 2014-15, has shown an increase of 5.4% in Regional Training Institutes (RTIs), 9.3% in Gilgit-Baltistan, 11.3% in FATA. The performance has decreased by 11.1% in Family Welfare Centers (FWCs), 5.3% in Reproductive Health Services-A(RHS-A) Centers, 24.5% in RHS-B, 13.5% in Mobile Service Units (MSUs), 24.7% in Hakeems and Homeopaths (H&H), 8.5% in Male Mobilizers (MM), 54.2% in Provincial Line Departments (PLDs), 44.3% in Registered Medical Practitioners (RMPs) and 3.3% in AJK. On the whole, performance of all PWDs during 2015-16, has decreased by 10.4% as compared to 2014-15, in terms of CYP. The details are given in **Table-4** and graphical presentation is given as under:

**Service Delivery of Outlets of PWDs expressed as Percentage Changes in CYP
For 2015-16 Over 2014-15**



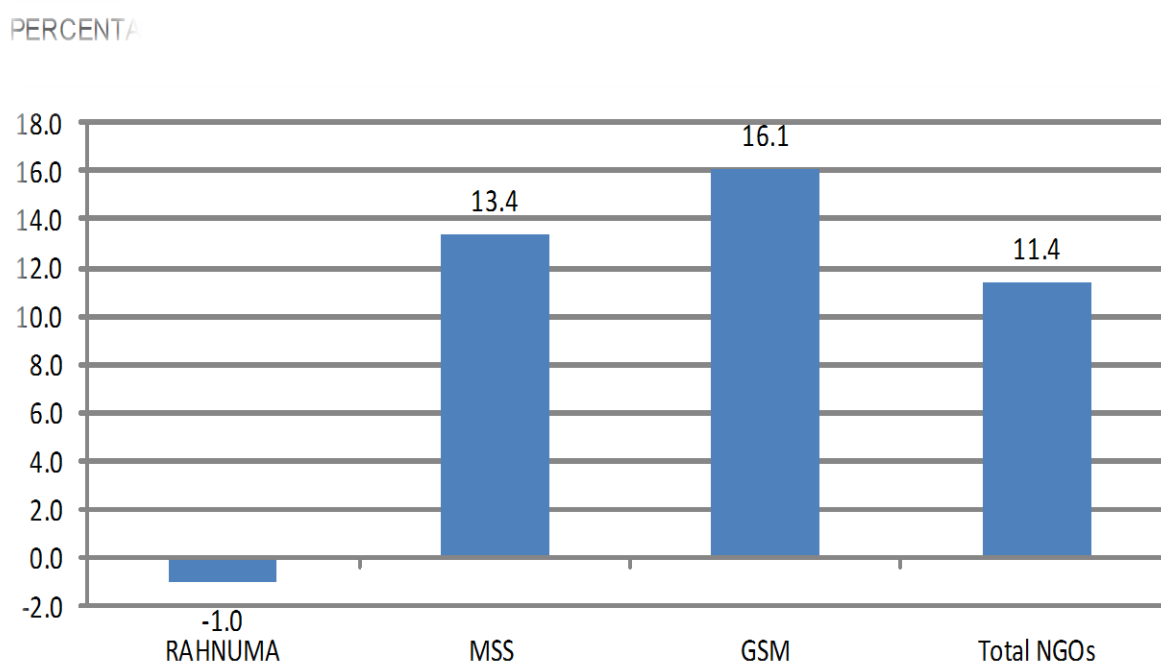
(B) Department of Health (HF & LHWs)

The contribution of services outlets in terms of CYP during the year 2015-16 compared with year 2014-15, has shown an increase of 2.4% in DoH (HF), whereas decrease of 8.5% in DoH (LHWs) has been noted. The details are given in **Table-4**.

(C) NGO Sector

The contribution of services outlets in terms of CYP during the year 2015-16 compared with year 2014-15, has depicted an increase of 13.4% in Marie Stopes Society and 16.1% in Greenstar, while decrease has been observed by 1.0% in Rahnuma FPAP. Overall NGO sector performance has increased by 11.4% during 2015-16 as compared to 2014-15. The details are given in **Table-4** and graph is as follows:

Service Delivery of NGOs Expressed as Percentage Changes in CYP for 2015-16 Over 2014-15



Contraceptive Usage by Outlet & Method

The Outlet-wise Comparison of Performance of Contraceptives Delivery Services of 2015-16 over 2014-15 is depicted in **Table (5a-5f)**. The details are as under:

For **Condoms**, the performance of 2015-16 when compared with the 2014-15, an increase has been observed in these outlets of PWDs, i.e., in RHS-A (0.1%), RHS-B (24.6%), RTIs (5.4%), FATA (7.3%), Gilgit-Baltistan (15.5%), whereas decrease has been recorded in FWCs (6.1%),

MSUs (12%), PLDs (55.3%), RMPs (25.1%), Hakeem & Homeopaths(H&H) (26.1%), Male/Social Mobilizers (MM) (7.6%), AJK (4.1%). Overall PWDs have shown decreased performance in respect of Condoms (7.1%) during 2015-16 as compared to 2014-15. For Department of Health (Health Facility), data has shown increased performance for Condoms (8.9%) during 2015-16 as compared to 2014-15. However, DoH (LHWs) contribution has depicted decline for Condoms 1.4% during 2015-16 as compared to 2014-15. For NGO sector, increased performance in respect of Condoms has been noticed for MSS (46.7%) and GSM (18.1%) whereas decrease in performance (17%) has been observed for Rahnuma FPAP. For details **Table (5-a)** is referred.

For **Oral Pills**, the performance of 2015-16 when compared with the 2014-15, an increase has been noticed in these outlets of PWDs i.e., RHS-A (7.6%), RHS-B (25%), RTIs (40.4%), AJK (21.7%), FATA (28.5%), Gilgit-Baltistan (25.7%), whereas decrease has been noticed in FWCs (4.3%), MSUs (7.6%), PLDs (43.7%), RMPs (16.5%), H&H (20%), MM (12.4%). Overall decreased performance has been observed in respect of Oral Pills (4.4%) for PWDs during 2015-16 as compared to 2014-15. In respect of DoH (HF), increase in performance (29.3%) for Oral Pills while for DoH (LHWs), decrease in performance for Oral Pills (4.1%) has been observed during 2015-16 as compared to 2014-15. For NGO sector, in case of Oral Pills, an increase has been witnessed in Marie Stopes Society (MSS) (14.7%) and Greenstar (GSM) (0.8%), whereas, a decrease in Rahnuma FPAP (11.8%) has been observed. Details can be seen in **Table (5-b)**.

In case of **Injectables**, the performance of 2015-16 when compared with the 2014-15, increase has been observed in these outlets of PWDs i.e. RHS-B (30.7%), RTIs (31.1%), FATA (0.5%) whereas decrease has been depicted in FWCs (12.4%), RHS-A (1.9%), MSUs (13%), PLDs (52.4%), RMPs (45.1%), AJK (4.3%) and Gilgit-Baltistan (4.1%). Overall performance has decreased (12%) for Injectables during 2015-16 in comparison with 2014-15 in respect of PWDs. In case of Department of Health, overall increase in performance (17.2%) has been observed for injectables in respect of DoH (HF) during 2015-16 as compared to 2014-15 while decrease in performance (15.3%) for Injectables, has been observed in case of DoH (LHWs). For NGO sector, in case of Injectables, increase has been observed in Marie Stopes Society (MSS) (4.1%) while a decrease has been depicted in Rahnuma FPAP (24.7%) and Greenstar (GSM) (2.5%). Detailed data can be seen in **Table (5-c)**.

For **IUCDs**, the performance of 2015-16 when compared with the 2014-15, an increase has been noted in these outlets of PWDs i.e., RHS-B (16.8%), FATA (9.9%), Gilgit-Baltistan (10.9%), whereas decrease has been observed in FWCs (12.3%), RHS-A (3.9%), MSUs (15.5%), PLDs (55.2%), RMPs (51.2%), RTIs (1.6%) and AJK (6.2%). Overall decline in performance for IUDs (12.6%) in respect of PWDs has been observed during 2015-16 as compared 2014-15. For Department of Health, overall increase in performance (11.9%) has been observed for IUDs, in respect of DoH (HF) during 2015-16 as compared 2014-15. For NGO sector, in case of IUCDs, an increase has been observed in all three NGOs, that is, Rahnuma FPAP (3.6%), Marie Stopes Society (MSS) (12.1%) and Greenstar (GSM) (17.8%). Details are in **Table (5-d)**.

While looking at the performance of **Contraceptive Surgery** cases, during 2015-16 as compared to 2014-15, decrease has been witnessed in all outlets/sources of PWDs i.e. in RHS-A (7.7%), RHS-B (28%), AJK (6%), resulting in overall decline of (8.8%) for CS cases in respect of PWDs for 2015-16. For Department of Health, overall decrease (22.8%) has been noticed in CS cases during 2015-16 as compared to 2014-15. For NGOs, decrease has been recorded in all NGOs i.e. in Rahnuma FPAP (26.8%), Marie Stopes Society (MSS) (8.7%) and Greenstar (GSM) (31.6%). Detailed data is in **Table (5-e)**.

For **Implants**, the performance of 2015-16 when compared with the 2014-15, increase has been observed in RHS-A (24.2%), MSUs (103.4%), while most of the outlets of PWDs have not reported for this method. For Department of Health, increase has been noticed in DoH Punjab (25.5%) & Blochistan (145%) and decrease has been observed in DoH Sindh (20.1%) & DoH Khyber Pakhtunkhwa (51.7%) whereas DoH Islamabad, AJK, FATA & GB have not reported any case of implant during 2015-16 as well as in 2014-15. In case of NGOs, for this new modern contraceptive method Implant, a decrease has been noticed in Rahnuma FPAP (34.4%) and Marie Stopes Society (MSS) (3.5%) while GSM has not reported any data in this regard. Product-wise data can be seen in **Table (5-f)**.

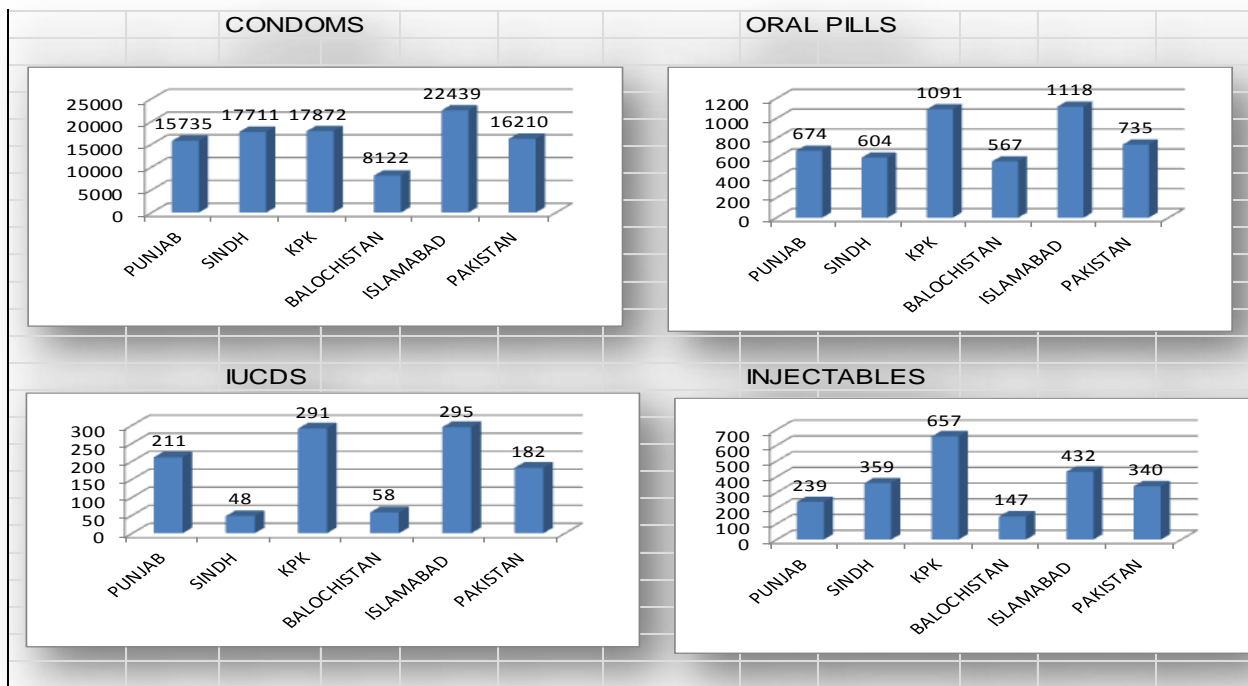
Aveage Performance by Major Service Delivery Units of PWDs

Method and Outlet-wise Average performance for the Federal and Provincial setup during the financial year 2015-16 is given in **Table-6**. The details are as under:

Average performance per FWC by method

The highest average performance obtained for Condoms is 17,872 units per FWC sold in Khyber Pakhtunkhwa, followed by 17,711 units in Sindh, 15,735 units in Punjab and 8,122 units in Balochistan, whereas for Islamabad average performance per FWC has been reported as 22,439 units. The maximum numbers i.e. 1091 cycles of Oral Pills per FWC were dispensed by Khyber Pakhtunkhwa and the lowest 567 cycles were reported by FWCs of Balochistan, whereas in Islamabad 1118 cycles per FWC. By looking at the figure for injectables, it is observed that the maximum number has been reported for Khyber Pakhtunkhwa as 657 vials per FWC while the minimum number i.e. 147 vials per FWC have been observed in Balochistan whereas in Islamabad 432 vials. The highest insertions of IUCDs i.e. 291 per FWC have been reported in Khyber Pakhtunkhwa and the lowest figure reported is 48 for FWC of Sindh whereas in Islamabad 295 insertions of IUCD. The graphical presentation of each contraceptive method dispensed per FWC is presented below:

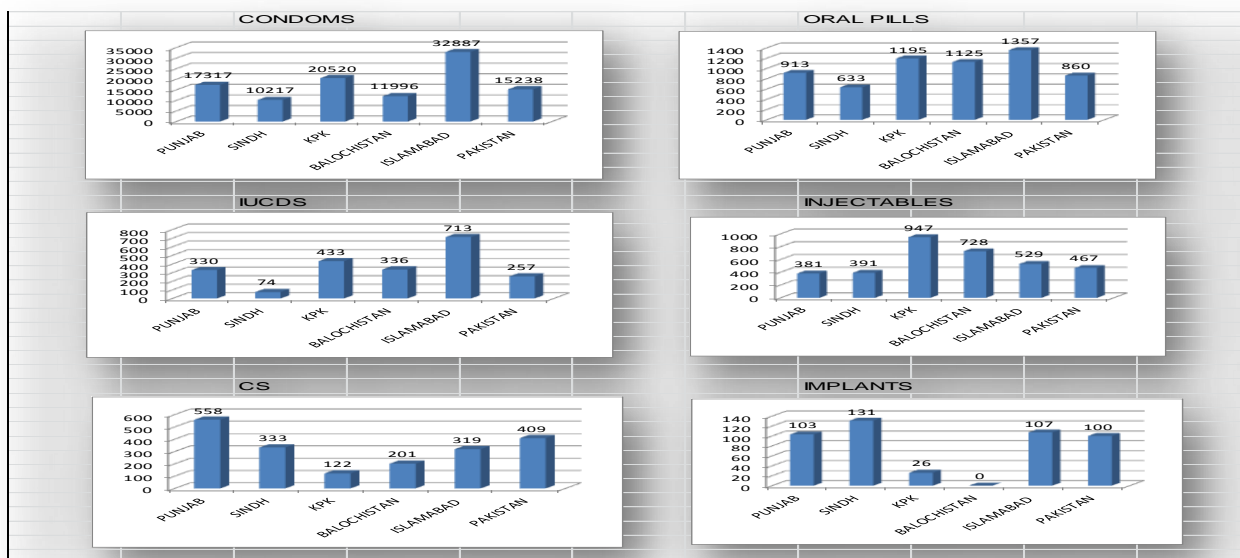
verage Performance per FWC by Method for the Year 2015-16



Average performance per RHS-A by method

Among provinces, the highest average achievement for Condoms per RHS-A is 20,520 units sold in Khyber Pakhtunkhwa followed by 17,317 units in Punjab, 11,996 units in Balochistan and 10,217 units in Sindh, whereas in Islamabad, the reported figure per outlet of RHS-A centers is 32,887 units. The Reproductive Health Services-A Centers of Khyber Pakhtunkhwa were able to dispense maximum number 1195 cycles of Oral Pills as compared to the lowest 633 cycles of Oral Pills by RHS-A of Sindh, whereas in Islamabad 1357 cycles of Oral Pills per RHA-A. The highest insertions of IUDs i.e. 433 were reported by Khyber Pakhtunkhwa in comparison to the lowest 74 insertions carried out by RHS-A Centers in Sindh, whereas in Islamabad 713 insertions of IUDs per RHA-Center. The highest Injectables i.e. 947 vials per RHA-Center were reported by Khyber Pakhtunkhwa in comparison to the lowest 381 vials per outlet reported by RHS-A Center of Punjab, whereas in Islamabad 529 vials per RHS-A Center. The highest Contraceptive Surgery Cases per RHS-A Center were performed by Punjab (558) and the lowest (122) in Khyber Pakhtunkhwa whereas in Islamabad 319 cases per RHS-A Center. The highest Implant insertions per RHS-A Center were performed by Sindh (131) and the lowest (26) in Khyber Pakhtunkhwa whereas in Islamabad 107 insertions per RHS-A Center. The graphical presentation of each contraceptive method per RHS-A Center is presented below:

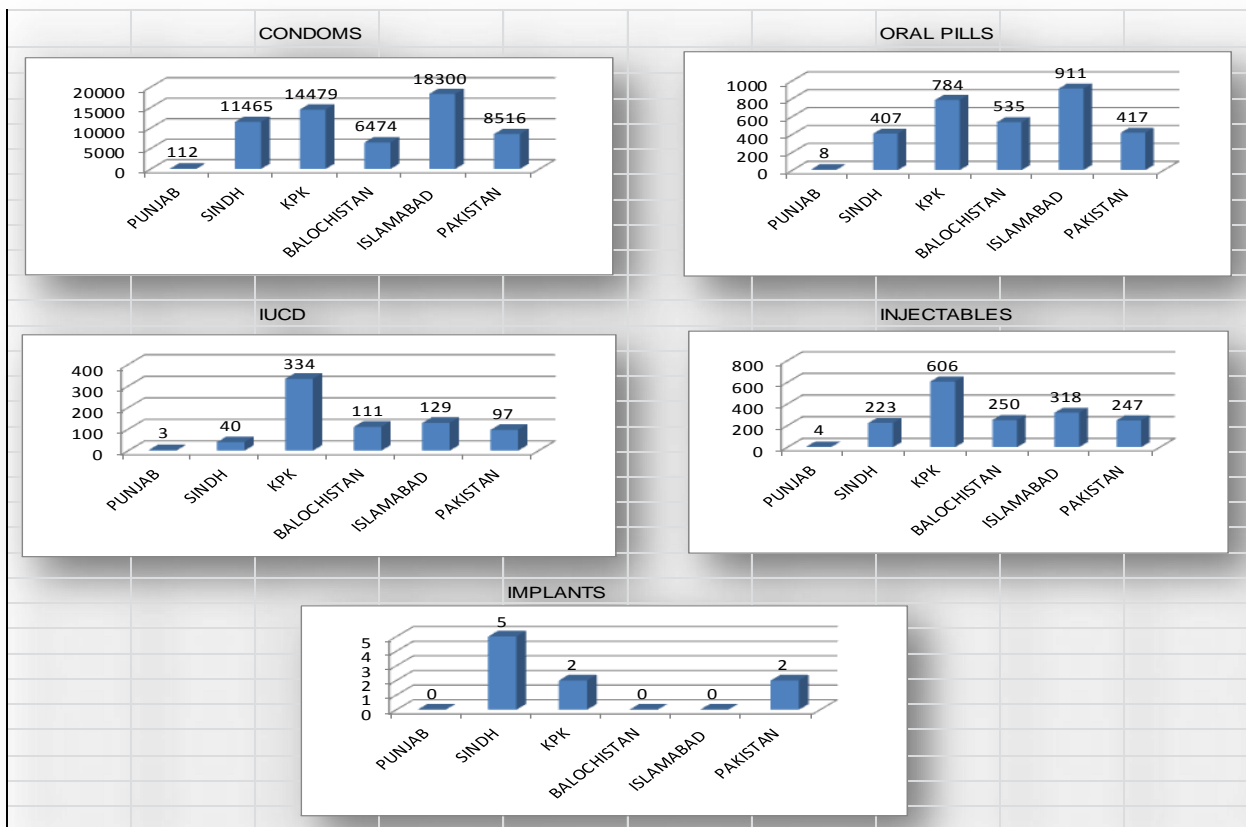
Average Performance per RHS-A by Method for the Year 2015-16



Average performance per MSU by method

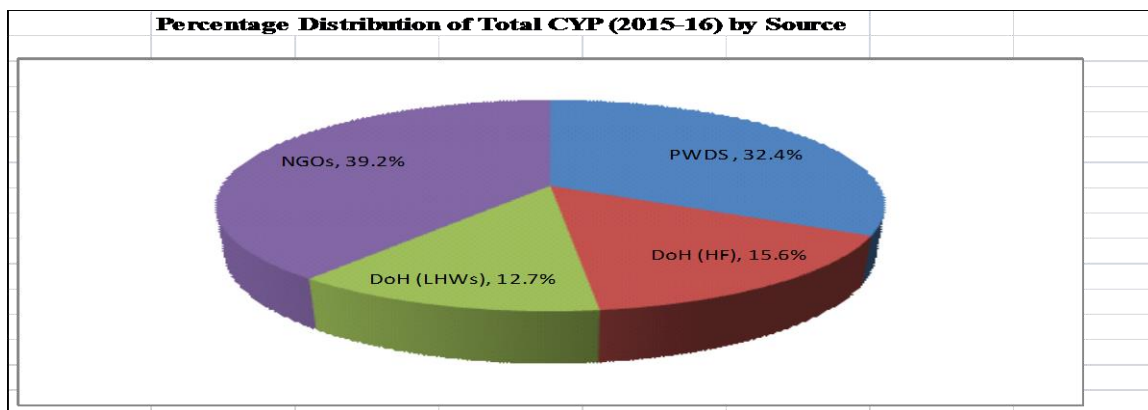
The highest reported average performance for Condoms per MSU is 14,479 units in Khyber Pakhtunkhwa followed by 11,465 units in Sindh, 6,474 units in Balochistan and 112 units in Punjab whereas in Islamabad 18,300 units. The Mobile Service Unit of Khyber Pakhtunkhwa was able to dispense highest numbers of 784 cycles of Oral Pills as compared to the lowest 8 cycles in MSU of Punjab whereas in Islamabad 911 cycles of Oral Pills per MSU. The highest reported 334 insertions of IUDs took place in Khyber Pakhtunkhwa compared to the lowest 3 insertions of IUDs in Punjab whereas in Islamabad 129 insertions of IUDs. The highest numbers of Injectables 606 vials reported by Khyber Pakhtunkhwa as compared to the lowest 4 vials reported by MSUs of Punjab, whereas 318 vials per MSU have been reported by Islamabad. The highest Implant insertions per MSU were performed by Sindh (5) and the lowest (2) in Khyber Pakhtunkhwa. The graphical presentation of each contraceptive method as reported by MSUs is presented below:

Average Performance per MSU by Method for the Year 2015-16



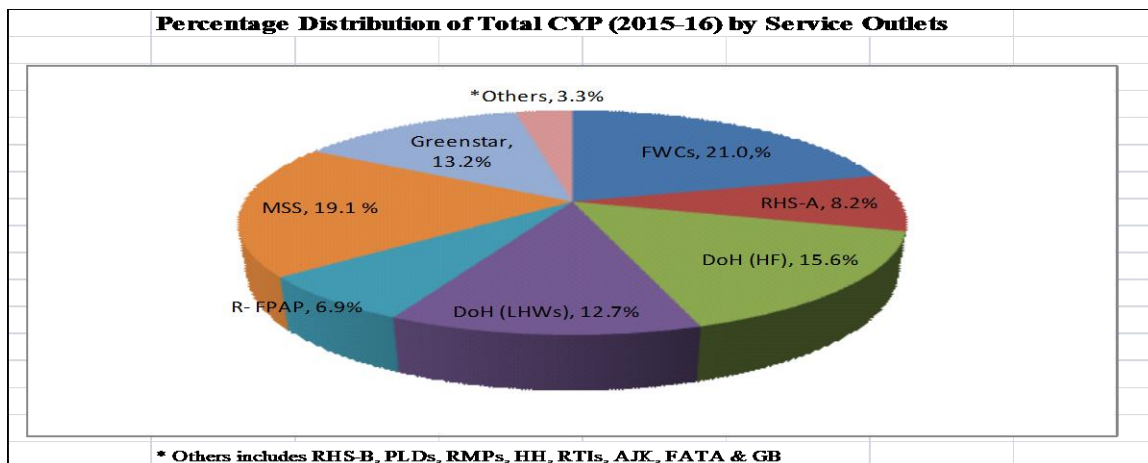
Percentage Distribution of Total CYP by Source

The percentage distribution of total CYP by data source during the year 2015-16 reflected share of 32.4% for PWDS, 15.6% for DoH (HF), 12.7% for DOH(LHWs) and 39.2% for NGOs. The details are given in **Table-7** and graphical presentation is as under:



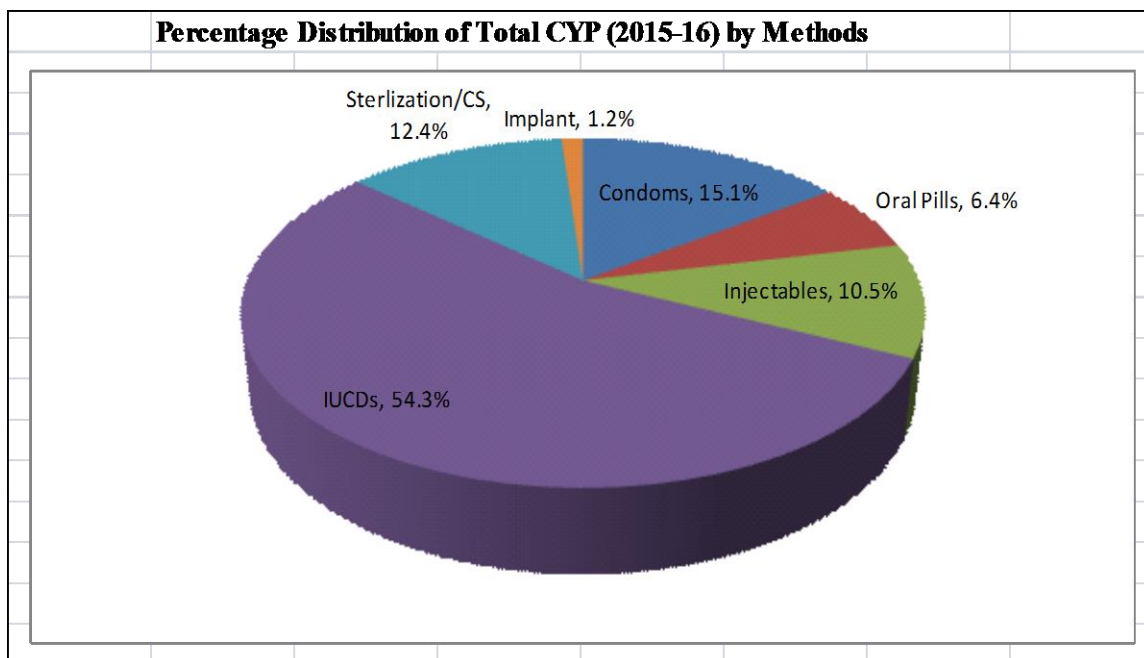
Percentage Distribution of Total CYP by Service Outlets

The percentage distribution of total CYP by Service outlets, during the year 2015-16, has depicted share of 21.0% by FWCs, 8.2 % by RHS-A, 15.6% by Health Facilities of Department of Health(DoH (HF)), 12.7% by LHWs i.e. DoH (LHWs) and 38% collectively by three eminent NGOs. The details are presented in the **Table-8** and graphical presentation is as under:



Percentage Distribution of Total CYP by Method / Contribution of each Method in Method mix

Method Mix for 2015-16 or method-wise percentage contribution in terms of total CYP during the year 2015-16 has been calculated for Condom 15.1%, Oral Pills 6.4%, Injectables 10.5%, IUCDs 54.3%, Contraceptive Surgery 12.4% and Implant 1.2%. The details are given in **Table-9** and graphical presentation is as under:



Province-wise Family Planning and Mother & Child Health (MCH) Services Delivery

The data indicates that during the year (2015-16) 1,336,770 clients availed Family Planning Services of various contraceptive methods out of which the Family Welfare Centers (FWCs) and other outlets provided the services to 152,856 clients for Pre-natal Care and 98,557 clients for Post-natal Care. Apart from these, FWCs and others outlets had provided treatment to 982,205 clients (Children + Adults) for General Ailments. The details are given in **Table-10**.

Pakistan-Contraceptive Prevalence Rate by Modern Methods (mCPR)

The Contraceptive Prevalence Rate, on the basis of modern methods(mCPR), has been calculated, in respect of PWDs, DOH(HF &LHW) and NGO(s) for the years 2015-16 and 2014-15 followed by the comparative analysis of two years (**Table – 11 is referred**). The details are given below:

(A) Population Welfare Departments

The Contraceptive Prevalence Rate of Population Welfare Departments (PWDs), on the basis of modern methods (mCPR), during the year 2015-16 is 14.8%. In the Provincial setup, the CPR by PWDs in Punjab is 15.7%, Sindh 10.6%, Khyber Pakhtunkhwa 21.3% and Balochistan 6.3%, whereas in Federal district Islamabad is 40.8%, AJK 4.5%, FATA 4.7% and in GB 4.3% . The Modern Contraceptive Prevalence Rate (mCPR) of all Population Welfare Departments (PWDs) during the year 2015-16, when compared with the previous year, a decrease of 5.7% has been noted, while in provincial/regional set-up, an increase has been observed in AJK (9.8%), FATA (11.8%) and GB (8.0%) whereas decrease has been noticed in Punjab (5.4%), Sindh (12.7%), Khyber Pakhtunkhwa (2.4%), Balochistan (8.6%) and in Islamabad (1.5%). The details are given in **Table-11**.

(B) Department of Health (HF & LHWs)

The Contraceptive Prevalence Rate of Departments of Health (HF & LHWs), on the basis of modern methods (mCPR), during the year 2015-16 is 9.6%. In the Provincial setup, the mCPR by DoH (HF & LHWs) in Punjab is 12.7%, Sindh 2.1%, Khyber Pakhtunkhwa 12.7%, and Balochistan 3%, whereas for Federal district Islamabad, mCPR is 0.7%, AJK 4.5%, FATA 4.9% and in GB 10.6%. The Contraceptive Prevalence Rate(mCPR) of DoH (HF & LHWs) during the year 2015-16 compared with the previous year has increased by 7.9% whereas in provincial/regional set-up, an increase has been observed in Punjab (8.8%), Sindh (31.3%) and

KPK (7.3%), whereas decrease has been observed in Balochistan (26.8%), Islamabad (64%), AJK(40%) ,FATA (10.1%) and in GB (12.3%) (**Table – 11**).

(D) Non-Governmental Organizations (NGOs)

Rahnuma FPAP:

The Contraceptive Prevalence Rate (mCPR) of Rahnuma FPAP during 2015-16, on the basis of modern methods is 1.5% with provincial contribution (Punjab (1.2%), Sindh (0.7%), KPK (1.9%) and Balochistan (1.0%). Comparison of mCPR during 2015-16 over 2014-15 in respect of Rahnuma FPAP has shown overall increase of 50% (**Table – 11**).

Marie Stopes Society (MSS):

The Contraceptive Prevalence Rate (mCPR) of MSS during 2015-16, on the basis of modern methods, is 3.6% with provincial contribution (Punjab (3.1%), Sindh (5.9%), KPK (3.0%) and Balochistan (1.5%). Comparison of mCPR during 2015-16 over 2014-15 in respect of MSS, has shown an increase of 80% (**Table – 11**).

Greenstar Social Marketing(GSM):

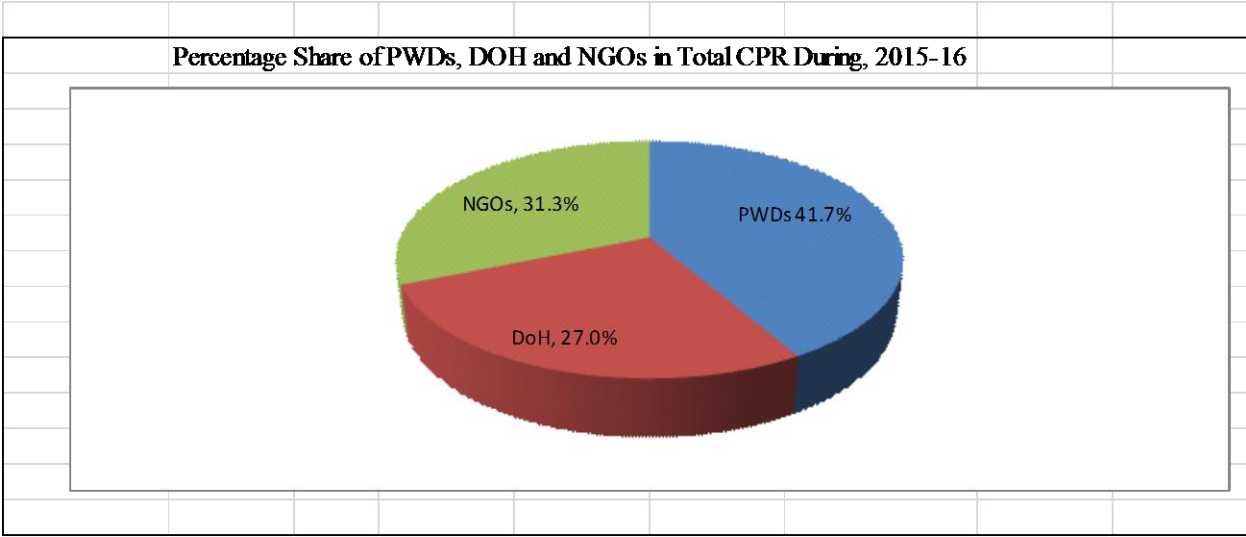
The Contraceptive Prevalence Rate (mCPR) of GSM during 2015-16, on the basis of modern methods is 6% with provincial contribution (Punjab (6.1%), Sindh (5.7%), KPK (7.2%) and Balochistan (2.0%). Comparison of mCPR during 2015-16 over 2014-15 in respect of GSM has shown an increase of 20% (**Table – 11**).

Overall mCPR of all Stakeholders

The overall Contraceptive Prevalence Rate, on the basis of modern methods (mCPR), during the year 2015-16 is 35.5%. In the Provincial setup, the mCPR in Punjab is 38.9%, Sindh 25.0%,

Khyber Pakhtunkhwa 46.0%, Balochistan 13.8%, Federal district Islamabad 81.8%, AJK 17.6%, FATA 10% and Gilgit-Baltistan (GB) 22%. The details are given in **Table-11**.

The graphical Presentation of percentage share of PWDs, DOH and NGOs in the overall mCPR of 2015-16 is as under:



Overall Contraceptive Prevalence Rate, in respect of all stakeholders during 2015-16 when compared with 2014-15, has shown an increase of 8.6%. In the Provincial/ Regional comparison of the two years, increase has been observed in Punjab (8.6%), Sindh (9.6%), KPK (9.5%), Islamabad (21.4%), AJK (4.1%), FATA (1.0%) and GB (5.8%) while decrease has been noted only in Balochistan (9.2%) (**Table – 11**).

SECTION-IV: CONCLUSION & WAY FORWARD

Conclusion:

In the Public Sector, Population Welfare Departments (PWDs) and Department of Health (DoH) are two major Family Planning Service Vendors. The Contraceptive Performance, gleaned from service statistics of these departments have been reported, in terms of Couple Years of Protection (CYP), in this report. The contribution of Department of Health in family planning service delivery bifurcated in Health Facility (HF) and Lady Health Workers(LHWs),is also incorporated in the contraceptive performance, for the first time. Further, comparison of Contraceptive Performance during 2015-16 in respect of these departments has also been made with the previous year 2014-15 at national & provincial level. It is observed that Contraceptive Performance of PWDs, in terms of CYP, has decreased by 10.4%, if compared with the previous year while Contraceptive Performance of DoH (HF), has increased by 2.4%, when compared with the previous year. Moreover, contribution of LHW, in Family Planning Service Delivery has decreased by 8.5% when compared with the previous year (2014-15).

In case of Private Providers, performance of three eminent NGO(s) (Rahnuma FPAP, Marie Stopes Society (MSS) & Greenstar Social Marketing (GSM) has been reflected in the report, wherein Marie Stopes Society (MSS) & Greenstar Social Marketing (GSM) have shown significant progress of (13.4%) and (16.1%) respectively and Rahnuma FPAP has depicted marginal decline (1.0%) in contraceptive performance during the year 2015-16 as compared to 2014-15.

Another indicator of Family Planning, Contraceptive Prevalence Rate on the basis of modern contraceptive methods (mCPR), computed by estimating users for each method, during the year 2015-16 is 35.5% and for the year 2014-15 is 32.7%. As such, mCPR during 2015-16 has increased by 8.6%, as compared to the previous year.

Way Forward:

This year, lot of efforts have been made, to improve reporting of Contraceptive Performance that included in-cooperation of service statistics by Department of Health (Health Facility & LHW), for the first time; district wise performance of Population Welfare Departments and Provincial breakup of NGOs performance etc. Now, as a way forward, following steps need to be taken:

- Data / Service Statistics of Department of Health will be regularly collected and reported by refining the data collection methodologies.
- Efforts will be made to report district wise disaggregated performance of Department of Health.
- Opening and closing stocks of the commodities will also be included, in the future reports.
- On-line data collection from the source agencies and development of software to process the online data , are included in the future plans.
- Recommendations / suggestions by the stakeholders will be taken into account, for further improvement in the reporting mechanism.

STATISTICAL TABLES

Table 1 CONTRACEPTIVE USAGE BY DATA SOURCE

SOURCE	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE
	2015-16	2014-15	
POPULATION WELFARE DEPARTMENTS(PWDs)			
PUNJAB	2,738,199	2,967,755	-7.7
SINDH	697,214	884,577	-21.2
K.P.K	1,086,938	1,225,967	-11.3
BALUCHISTAN	123,000	117,436	4.7
ISLAMABAD	116,114	137,210	-15.4
AJK	42,866	44,309	-3.3
FATA	48,445	43,535	11.3
GB	15,541	14,224	9.3
Sub-Total	4868315	5435014	-10.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)			
PUNJAB	1,878,749	1,802,025	4.3
SINDH	160,650	192,710	-16.6
K.P.K	232,448	228,903	1.5
BALUCHISTAN	27,289	18,294	49.2
ISLAMABAD	715	679	5.3
AJK	2169	575	277.6
FATA	19,858	20,690	-4.0
GB	26,757	30,027	-10.9
Sub-Total	2348635	2293902	2.4
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)			
PUNJAB	1,277,621	1,414,622	-9.7
SINDH	82,842	67,545	22.6
K.P.K	462,753	456,083	1.5
BALUCHISTAN	31,769	57,565	-44.8
ISLAMABAD	1,339	4,175	-67.9
AJK	27,582	48,357	-43.0
FATA	25,014	32,792	-23.7
GB	618	5,562	-88.9
Sub-Total	1909539	2086701	-8.5
NGOs			
RAHNUMA (FPAP)	1,029,776	1,040,692	-1.0
MARIE STOPES SOCIETY (MSS)	2,872,793	2,534,216	13.4
GREENSTAR (GSM)	1,980,529	1,706,205	16.1
Sub-Total	5883098	5281113	11.4
Pakistan	15009587	15096730	-0.6

Notes: i) Variations in CYP of 2014-15 as compared to CYP reported in Annual Contraceptive Performance Report, 2014-15, is due to adopting of updated conversion factors as well as due to revisions in data by some agencies, which have indicated in respective tables. ii) Significant increase in DoH (HF), AJK, is due to incomplete data particularly during the year 2014-15, as informed by the source agency. iii) Quarterly Break-up of data, for PWDs and NGOs is at Annexure-II of the report.

Table 2 CONTRACEPTIVE USAGE BY METHOD

METHODS	OVERALL PERFORMANCE		%AGE CHANGE
	2015-16	2014-15	
POPULATION WELFARE DEPARTMENTS			
CONDOMS (Units)	67,813,302	72,992,295	
CYP	565,111	608,269	-7.1
ORAL PILLS (Cycles)	2,974,196	3,110,162(r)	
CYP	197,077	206,934	-4.8
OP-COC	2,606,162	2,818,655(r)	
CYP	173,744	187,910	-7.5
OP-POP	295,895	266,878(r)	
CYP	19,726	17,792	10.9
OP-EC	72,139	24,629	
CYP	3,607	1,231	192.9
INJECTABLES (Vials)	1,199,197	1,363,456	
CYP	299,566	338,946	-11.6
INJ-DMPA (3 Months)	1,196,397	1,340,443	
CYP	299,099	335,111	-10.7
INJ-NetEn (2 Months)	2,800	23,013	
CYP	467	3,836	-87.8
INJ-FEMIJECT (1 Month)	-	-	
CYP	-	-	0.0
IUCDs (Insertions)	620,304	709,480	
CYP	2,842,359	3,241,495	-12.3
IUD-CuT(10 Years)	611,812	692,470	
CYP	2,814,335	3,185,362	-11.6
IUD-Multiload (5Years)	8,492	17,010	
CYP	28,024	56,133	-50.1
Sterilization/CS (Cases)	89,946	98,640	
CYP	899,460	986,400	-8.8
CS(Male)	2,325	2,751	
CYP	23,250	27,510	-15.5
CS(Female)	87,621	95,889	
CYP	876,210	958,890	-8.6
IMPLANT (Implants)	21,438	17,097	
CYP	64,743	52,970	22.2
Implanon (3 Years)	12,863	4,323	
CYP	32,158	10,808	197.5
Sino-Implant (4 Years)	-	10,632	
CYP	-	34,022	-100.0
Jadelle (5 Years)	8,575	2,142	
CYP	32,585	8,140	300.3
Sub Total of CYP	4,868,315	5,435,014	-10.4

r=revised

(Contd.....Table 2)

DEPARTMENT OF HEALTH (HEALTH FACILITY)			
CONDOMS (Units)	6,945,847	6,380,579	
CYP	57,882	53,171	8.9
ORAL PILLS (Cycles)	1,300,967	1,005,803	
CYP	86,731	67,054	29.3
OP-COC	1,177,275	870,322	
CYP	78,485	58,021	35.3
OP-POP	123,692	135,481	
CYP	8,246	9,032	-8.7
OP-EC	-	-	
CYP	-	-	0.0
INJECTABLES (Vials)	829,809	708,090	
CYP	198,722	169,110	17.5
INJ-DMPA (3 Months)	725,041	613,143	
CYP	181,260	153,286	18.2
INJ-NetEn (2 Months)	104,768	94,947	
CYP	17,461	15,825	10.3
INJ-FEMIJECT (1 Month)	-	-	
CYP	-	-	0.0
IUCDs (Insertions)	308,266	275,493	
CYP	1,418,024	1,267,268	11.9
IUD-CuT(10 Years)	308,266	275,493	
CYP	1,418,024	1,267,268	11.9
IUD-Multiload (5Years)	-	-	-
CYP	-	-	-
Sterilization/CS (Cases)	51,660	66,930	
CYP	516,600	669,300	-22.8
CS(Male)	2,762	2,727	
CYP	27,620	27,270	1.3
CS(Female)	48,898	64,203	
CYP	488,980	642,030	-23.8
IMPLANT (Implants)	23,593	23,472	
CYP	70,676	68,000	3.9
Implanon (3 Years)	6,888	10,158	
CYP	17,220	25,395	-32.2
Sino-Implant (4 Years)	16,705	13,314	
CYP	53,456	42,605	0.0
Jadelle (5 Years)	-	-	-
CYP	-	-	-
Sub Total of CYP	2,348,634	2,293,903	2.4
(Contd..... Table-2)			

DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)			
CONDOMS (Units)	70,715,462	71,684,843	
CYP	589,296	597,374	-1.4
ORAL PILLS (Cycles)	7,453,739	7,771,625	
CYP	496,788	517,423	-4.0
OP-COC	7,421,858	7,704,635	
CYP	494,791	513,642	-3.7
OP-POP	24,181	25,853	
CYP	1,612	1,724	-6.5
OP-EC	7,700	41,137	
CYP	385	2,057	-81.3
INJECTABLES (Vials)	3,297,548	3,892,302	
CYP	823,455	971,905	-15.3
INJ-DMPA (3 Months)	3,286,368	3,878,251	
CYP	821,592	969,563	-15.3
INJ-NetEn (2 Months)	11,180	14,051	
CYP	1,863	2,342	-20.4
INJ-FEMJECT (1 Month)	-	-	
CYP	-	-	0.0
IUCDs (Insertions)	N.A		
CYP	N.A		
IUD-CuT(10 Years)	N.A		
CYP	N.A		
IUD-Multiload (5Years)	N.A		
CYP	N.A		
Sterilization/CS (Cases)	N.A		
CYP	N.A		
CS(Male)	N.A		
CYP	N.A		
CS(Female)	N.A		
CYP	N.A		
IMPLANT (Implants)	N.A		
CYP	N.A		
Implanon (3 Years)	N.A		
CYP	N.A		
Sino-Implant (4 Years)			
CYP	N.A		
Jadelle (5 Years)	N.A		
CYP	N.A		
Sub Total of CYP	1,909,538	2,086,701	-8.5
(Contd.....Table-2)			

NGOs			
CONDOMS (Units)	127,078,975	107,303,299(r)	
CYP	1,058,991	894,194	18.4
ORAL PILLS (Cycles)	3,160,675	3,115,994(r)	
CYP	178,385	177,166	0.7
OP-COC	1,221,094	1,281,977(r)	
CYP	81,406	85,465	-4.7
OP-POP	-	-	
CYP	-	-	0.0
OP-EC	1,939,581	1,834,017(r)	
CYP	96,979	91,701	5.8
INJECTABLES (Vials)	1,224,021	1,340,103(r)	
CYP	260,649	281,603	-7.4
INJ-DMPA (3 Months)	802,522	813,635(r)	
CYP	200,631	203,409	-1.4
INJ-NetEn (2 Months)	307,491	420,053	
CYP	51,249	70,009	-26.8
INJ-FEMIJECT (1 Month)	114,008	106,415	
CYP	8,770	8,186	7.1
IUCDs (Insertions)	892,588	802,529	
CYP	3,891,717	3,378,746	15.2
IUD-CuT(10 Years)	727,828	561,846	
CYP	3,348,009	2,584,492	29.5
IUD-Multiload (5Years)	164,760	240,683	
CYP	543,708	794,254	-31.5
Sterilization/CS (Cases)	44,616	50,511(r)	
CYP	446,160	505,110	-11.7
CS(Male)	1,115	1,881(r)	
CYP	11,150	18,810	-40.7
CS(Female)	43,501	48,630(r)	
CYP	435,010	486,300	-10.5
IMPLANT (Implants)	13,405	14,424	
CYP	47,195	44,293	6.6
Implanon (3 Years)	578	4,558	
CYP	1,445	11,395	-87.3
Sino-Implant (4 Years)	4,987	7,654	
CYP	15,958	24,493	-34.8
Jadelle (5 Years)	7,840	2,212	
CYP	29,792	8,406	254.4
Sub Total of CYP	5,883,098	5,281,112	11.4
Pakistan CYP	15,009,586	15,096,730	-0.6
N.A= Not Applicable r=revised			

Table 3- a CONTRACEPTIVE USAGE BY SOURCE & METHOD (CONDOMS)

SOURCE	CONDOMS (Units)		%AGE CHANGE
	2015-16	2014-15	
POPULATION WELFARE DEPARTMENTS			
PUNJAB	36,897,294	38,922,641	-5.2
SINDH	15,929,260	18,575,756	-14.2
K.P.K	11,037,482	11,233,923	-1.7
BALUCHISTAN	1,845,644	2,171,458	-15.0
ISLAMABAD	1,067,977	1,087,254	-1.8
AJK	415,864	433,600	-4.1
FATA	468,392	436,621	7.3
GB	151,389	131,042	15.5
Sub-Total	67,813,302	72,992,295	-7.1
DEPARTMENT OF HEALTH (HEALTH FACILITY)			
PUNJAB	5,055,449	4,439,567	13.9
SINDH	524,323	503,666	4.1
K.P.K	742,124	718,048	3.4
BALUCHISTAN	141,661	73,490	92.8
ISLAMABAD	556	469	18.6
AJK	61,246	34,223	79.0
FATA	91,589	69,367	32.0
GB	328,899	541,749	-39.3
Sub-Total	6,945,847	6,380,579	8.9
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)			
PUNJAB	64,014,417	64,279,451	-0.4
SINDH	1,359,559	977,265	39.1
K.P.K	2,955,833	2,702,723	9.4
BALUCHISTAN	364,652	465,812	-21.7
ISLAMABAD	30,281	171,969	-82.4
AJK	1,178,060	2,073,523	-43.2
FATA	786,960	888,000	-11.4
GB	25,700	126,100	-79.6
Sub-Total	70,715,462	71,684,843	-1.4
NGOs			
RAHNUMA (FPAP)	1,052,718	1,268,626(r)	-17.0
MARIE STOPES SOCIETY (MSS)	3,911,074	2,666,108(r)	46.7
GREENSTAR (GSM)	122,115,183	103,368,565	18.1
Sub-Total	127,078,975	107,303,299	18.4
Pakistan	272,553,586	258,361,016	5.5

r=revised

Table 3-b CONTRACEPTIVE USAGE BY SOURCE & METHOD (ORAL PILLS)

SOURCE	ORAL PILLS (CYCLES)											
	OP-COC			OP-POP			OP-EC			TOTAL		
	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE
POPULATION WELFARE DEPARTMENTS												
PUNJAB	1,311,366	1,394,516(r)	-6.0	97,463	105,187(r)	-7.3	50,391	1,335	3674.6	1,459,220	1,501,038(r)	-2.8
SINDH	418,955	555,505	-24.6	98,232	78,056	25.8	14,944	986	1415.6	532,131	634,547	-16.1
K.P.K	590,701	630,645	-6.3	70,321	56,765	23.9	4,581	974	370.3	665,603	688,384	-3.3
BALUCHISTAN	113,057	119,184	-5.1	14,349	13,237	8.4	1,447	162	793.2	128,853	132,583	-2.8
ISLAMABAD	40,812	35,836	13.9	6,550	6,316	3.7	776	13	5869.2	48,138	42,165	14.2
AJK	37,275	9,109	309.2	5,693	5,042	12.9	0	21,159	-100.0	42,968	35,310	21.7
FATA	71,581	55,691	28.5	0	0	0.0	0	0	0.0	71,581	55,691	28.5
GB	22,415	18,169	23.4	3,287	2,275	44.5	0	0	0.0	25,702	20,444	25.7
Sub-Total	2,606,162	2,818,655	-7.5	295,895	266,878	10.9	72,139	24,629	192.9	2,974,196	3,110,162	-4.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)												
PUNJAB	619,942	505,071	22.7	64,765	73,914	-12.4	0	0	0	684,707	578,985	18.3
SINDH	87,330	58,507	49.3	12,310	18,387	-33.1	0	0	0	99,640	76,894	29.6
K.P.K	141,916	101,537	39.8	28,092	33,040	-15.0	0	0	0	170,008	134,577	26.3
BALUCHISTAN	22,840	15,014	52.1	12,945	7,506	72.5	0	0	0	35,785	22,520	58.9
ISLAMABAD	586	471	24.4	0	0	0.0	0	0	0	586	471	24.4
AJK	19,434	1,382	1,306.2	0	0	0.0	0	0	0	19,434	1,382	1,306.2
FATA	15,092	9,975	51.3	5,580	2,634	111.8	0	0	0	20,672	12,609	63.9
GB	270,135	178,365	51.5	0	0	0.0	0	0	0	270,135	178,365	51.5
Sub-Total	1,177,275	870,322	35.3	123,692	135,481	-8.7	0	0	0	1,300,967	1,005,803	29.3
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)												
PUNJAB	5,538,788	5,623,257	-1.5	0	0	0	0	0	0	5,538,788	5,623,257	-1.5
SINDH	229,394	172,342	33.1	24,181	25,853	-6.5	0	0	0	253,575	198,195	27.9
K.P.K	1,128,215	1,150,577	-1.9	0	0	0	0	0	0	1,128,215	1,150,577	-1.9
BALUCHISTAN	292,978	380,592	-23.0	0	0	0	0	0	0	292,978	380,592	-23.0
ISLAMABAD	7,141	21,048	-66.1	0	0	0	0	0	0	7,141	21,048	-66.1
AJK	118,386	194,259	-39.1	0	0	0	0	0	0	118,386	194,259	-39.1
FATA	106,720	146,880	-27.3	0	0	0	0	0	0	106,720	146,880	-27.3
GB	236	15,680	-98.5	0	0	0	7,700	41,137	-81	7,936	56,817	-86.0
Sub-Total	7421858	7704635	-3.7	24181	25853	-6.5	7700	41137	-81.3	7,453,739	7,771,625	-4.1
NGOs												
RAHNUMA (FPAP)	156,560	178,926(r)	-12.5	0	0	0	7,750	7,458(r)	3.9	164,310	186,384(r)	-11.8
MARIE STOPES SOCIETY (MSS)	314,697	273,870	14.9	0	0	0	36,012	31,813	13.2	350,709	305,683	14.7
GREENSTAR (GSM)	749,837	829,181	-9.6	0	0	0	1,895,819	1,794,746	5.6	2,645,656	2,623,927	0.8
Sub-Total	1221094	1281977	-4.7	0	0	0.0	1939581	1834017	5.8	3,160,675	3,115,994	1.4
Pakistan	12426389	12675589	-2.0	443768	428212	3.6	2019420	1899783	6.3	14,889,577	15,003,584	-0.8

r=revised

Table 3-c CONTRACEPTIVE USAGE BY SOURCE & METHOD (INJECTABLES)

SOURCE	INJECTABLES (VIALS)											
	DMPA (03 Months)			NetEn (02-Months)			FEMJECT (01-Month)			TOTAL		
	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE
POPULATION WELFARE DEPARTMENTS												
PUNJAB	401,827	448,751	-10.5	176	153	15.0	0	0	0.0	402,003	448,904	-10.4
SINDH	272,213	339,323	-19.8	203	2,484	-91.8	0	0	0.0	272,416	341,807	-20.3
K.P.K	398,671	435,592	-8.5	0	3,328	-100.0	0	0	0.0	398,671	438,920	-9.2
BALUCHISTAN	39,404	32,542	21.1	2,171	9,719	-77.7	0	0	0.0	41,575	42,261	-1.6
ISLAMABAD	23,560	29,149	-19.2	0	10	-100.0	0	0	0.0	23,560	29,159	-19.2
AJK	18,409	19,183	-4.0	44	108	-59.3	0	0	0.0	18,453	19,291	-4.3
FATA	25,661	18,874	0.0	0	6,660	-100.0	0	0	0.0	25,661	25,534	0.5
GB	16,652	17,029	-2.2	206	551	-62.6	0	0	0.0	16,858	17,580	-4.1
Sub-Total	1,196,397	1,340,443	-10.7	2,800	23,013	-87.8	0	0	0.0	1,199,197	1,363,456	-12.0
DEPARTMENT OF HEALTH (HEALTH FACILITY)												
PUNJAB	437,940	353,512	23.9	73,421	62,076	18.3	0	0	0	511,361	415,588	23.0
SINDH	79,137	68,515	15.5	8,660	14,387	-39.8	0	0	0	87,797	82,902	5.9
K.P.K	143,139	126,811	12.9	12,398	11,583	7.0	0	0	0	155,537	138,394	12.4
BALUCHISTAN	23,742	16,184	46.7	7,752	3,748	106.8	0	0	0	31,494	19,932	58.0
ISLAMABAD	1,405	1,215	15.6	0	0	0.0	0	0	0	1,405	1,215	15.6
AJK	1,454	789	84.3	0	0	0.0	0	0	0	1,454	789	84.3
FATA	14,197	9,389	51.2	2,537	3,153	-19.5	0	0	0	16,734	12,542	33.4
GB	24,027	36,728	-34.6	0	0	0.0	0	0	0	24,027	36,728	-34.6
Sub-Total	725041	613143	18.2	104,768	94,947	10.3	0.0	0.0	0.0	829,809	708,090	17.2
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)												
PUNJAB	1,499,659	2,016,305	-25.6	0	0	0.0	0	0	0	1,499,659	2,016,305	-25.6
SINDH	210,978	175,384	20.3	11,180	14,051	-20.4	0	0	0	222,158	189,435	17.3
K.P.K	1,451,628	1,427,422	1.7	0	0	0.0	0	0	0	1,451,628	1,427,422	1.7
BALUCHISTAN	36,793	113,243	-67.5	0	0	0.0	0	0	0	36,793	113,243	-67.5
ISLAMABAD	2,444	5,353	-54.3	0	0	0.0	0	0	0	2,444	5,353	-54.3
AJK	39,488	72,507	-45.5	0	0	0.0	0	0	0	39,488	72,507	-45.5
FATA	45,365	62,400	-27.3	0	0	0.0	0	0	0	45,365	62,400	-27.3
GB	13	5,637	-99.8	0	0	0.0	0	0	0	13	5,637	-99.8
Sub-Total	3286368	3878251	-15.3	11180	14051	-20.4	0.0	0.0	0.0	3,297,548	3,892,302	-15.3
NGOs												
RAHNUMA (FPAP)	293,018	355,564	0.0	24,624	66,386	-62.9	0	0	0.0	317,642	421,950	-24.7
MARIE STOPES SOCIETY (MSS)	174,667	161,180(r)	8.4	6,515	12,893	-49.5	0	0	0.0	181,182	174,073(r)	4.1
GREENSTAR (GSM)	334,837	296,891	12.8	276,352	340,774	-18.9	114,008	106,415	7.1	725,197	744,080	-2.5
Sub-Total	802522	813635	-1.4	307491	420053	-26.8	114008	106415	7.1	1,224,021	1,340,103	-8.7
Pakistan	6010328	6645472	-9.6	426239	552064	-22.8	114008	106415	7.1	6,550,575	7,303,951	-10.3

Table 3-d CONTRACEPTIVE USAGE BY SOURCE & METHOD (IUCDs)

SOURCE	IUCDs (INSERTIONS)								
	CU-T (10 Years)			Multiload (05 Years)			Total		
	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE
POPULATION WELFARE DEPARTMENTS									
PUNJAB	350,463	382,144	-8.3	3,011	5,882	-48.8	353,474	388,026	-8.9
SINDH	36,182	58,794	-38.5	2,774	5,336	-48.0	38,956	64,130	-39.3
K.P.K	176,381	202,235	-12.8	527	1,875	-71.9	176,908	204,110	-13.3
BALUCHISTAN	15,824	13,124	20.6	1,097	2,139	-48.7	16,921	15,263	10.9
ISLAMABAD	18,567	22,429	-17.2	21	480	-95.6	18,588	22,909	-18.9
AJK	5,451	5,715	-4.6	886	1,043	-15.1	6,337	6,758	-6.2
FATA	7,251	6,599	9.9	0	0	0.0	7,251	6,599	9.9
GB	1,693	1,430	18.4	176	255	-31.0	1,869	1,685	10.9
Sub-Total	611,812	692,470	-11.6	8,492	17,010	-50.1	620,304	709,480	-12.6
DEPARTMENT OF HEALTH (HEALTH FACILITY)									
PUNJAB	253,338	219,372	15.5	0	0	0	253,338	219,372	15.5
SINDH	11,880	13,388	-11.3	0	0	0	11,880	13,388	-11.3
K.P.K	37,423	36,977	1.2	0	0	0	37,423	36,977	1.2
BALUCHISTAN	2,737	1,363	100.8	0	0	0	2,737	1,363	100.8
ISLAMABAD	0	0	0.0	0	0	0	0	0	0.0
AJK	0	0	0.0	0	0	0	0	0	0.0
FATA	2,888	3,428	-15.8	0	0	0	2,888	3,428	-15.8
GB	0	965	-100.0	0	0	0	0	965	-100.0
Sub-Total	308,266	275,493	11.9	0	0	0	308,266	275,493	11.9
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)									
PUNJAB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
SINDH	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
K.P.K	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
BALUCHISTAN	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
ISLAMABAD	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
AJK	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
FATA	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
GB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
Sub-Total	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
NGOs									
RAHNUMA (FPAP)	193,824	187,176	3.6	0	0	0.0	193,824	187,176	3.6
MARIE STOPES SOCIETY (MSS)	490,703	358,122	37.0	24,166	101,156	-76.1	514,869	459,278	12.1
GREENSTAR (GSM)	43,301	16,548	161.7	140,594	139,527	0.8	183,895	156,075	17.8
Sub-Total	727,828	561,846	29.5	164,760	240,683	-31.5	892,588	802,529	11.2
Pakistan	1647906	1529809	7.7	173252	257693	-32.8	1821158	1787502	1.9
N.A= Not Applicable									

Table 3-e CONTRACEPTIVE USAGE BY SOURCE & METHOD (CONTRACEPTIVE SURGERY)

SOURCE	CONTRACEPTIVE SURGERY (CASES)								
	CS-MALE			CS-FEMALE			TOTAL		
	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE
POPULATION WELFARE DEPARTMENTS									
PUNJAB	1,838	2,272	-19.1	56,784	61,225	-7.3	58,622	63,497	-7.7
SINDH	475	440	8.0	24,481	27,741	-11.8	24,956	28,181	-11.4
K.P.K	9	23	-60.9	3,541	3,923	-9.7	3,550	3,946	-10.0
BALUCHISTAN	3	9	-66.7	1,240	1,323	-6.3	1,243	1,332	-6.7
ISLAMABAD	0	7	-100.0	1,185	1,262	-6.1	1,185	1,269	-6.6
AJK	0	0	0.0	390	415	-6.0	390	415	-6.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	2,325	2,751	-15.5	87,621	95,889	-8.6	89,946	98,640	-8.8
DEPARTMENT OF HEALTH (HEALTH FACILITY)									
PUNJAB	2,598	2,337	11.2	42,446	55,262	-23.2	45,044	57,599	-21.8
SINDH	96	346	-72.3	6,076	8,374	-27.4	6,172	8,720	-29.2
K.P.K*	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	68	44	54.5	298	470	-36.6	366	514	-28.8
ISLAMABAD	0	0	0.0	32	34	0.0	32	34	-5.9
AJK	0	0	0.0	0	0	0.0	0	0	0.0
FATA	0	0	0.0	46	63	-27.0	46	63	-27.0
GB	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	2,762	2,727	1.3	48,898	64,203	-23.8	51,660	66,930	-22.8
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)									
PUNJAB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
SINDH	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
K.P.K	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
BALUCHISTAN	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
ISLAMABAD	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
AJK	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
FATA	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
GB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
Sub-Total	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
NGOs									
RAHNUMA (FPAP)	438	699(r)	-37.3	3,339	4,459(r)	-25.1	3,777	5,158(r)	-26.8
MARIE STOPES SOCIETY (MSS)	677	1,182	-42.7	38,518	41,769	-7.8	39,195	42,951	-8.7
GREENSTAR (GSM)	0	0	0.0	1,644	2,402	-31.6	1,644	2,402	-31.6
Sub-Total	1,115	1,881	-40.7	43,501	48,630	-10.5	44,616	50,511	-11.7
Pakistan	6202	7359	-15.7	180020	208722	-13.8	186222	216081	-13.8

N.A= Not Applicable
r=revised

*It has been informed by the source agency that data on Contraceptive Surgery (Cases) is not available in their DHIS database.

Table 3-f CONTRACEPTIVE USAGE BY SOURCE & METHOD (IMPLANT)

SOURCE	IMPLANT (IMPLANTS)											
	IMPLANON (03 Years)			SINO-IMPLANT (04 Years)			JADELLE (05 Years)			TOTAL		
	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE	2015-16	2014-15	%AGE CHANGE
POPULATION WELFARE DEPARTMENTS												
PUNJAB	10,203	1,263	707.8	0	4,682	-100.0	0	199	0.0	10,203	6,144	66.1
SINDH	1,979	2,760	-28.3	0	5,799	-100.0	8,173	1,821	0.0	10,152	10,380	-2.2
K.P.K	350	73	379.5	0	140	-100.0	402	122	0.0	752	335	124.5
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	320	227	41.0	0	11	-100.0	0	0	0.0	320	238	34.5
AJK	11	0	0.0	0	0	0.0	0	0	0.0	11	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	12,863	4,323	197.5	0	10,632	-100.0	8,575	2,142	0.0	21,438	17,097	25.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)												
PUNJAB	0	0	0.0	16,705	13,314	25.5	0	0	0.0	16,705	13,314	25.5
SINDH	4,817	6,030	-20.1	0	0	0.0	0	0	0.0	4,817	6,030	-20.1
K.P.K	1,973	4,088	-51.7	0	0	0.0	0	0	0.0	1,973	4,088	-51.7
BALUCHISTAN	98	40	145.0	0	0	0.0	0	0	0.0	98	40	145.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
AJK	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
Sub-Total	6888	10158	-32.2	16705	13314	25.5	0	0	0	23,593	23,472	0.5
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)												
PUNJAB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
SINDH	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
K.P.K	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
BALUCHISTAN	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
ISLAMABAD	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
AJK	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
FATA	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
GB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
Sub-Total	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
NGOs												
RAHNUMA (FPAP)	0	0	0.0	1,081	1,648	0.0	0	0	0.0	1,081	1,648	-34.4
MARIE STOPES SOCIETY (MSS)	578	4,558	-87.3	3,906	6,006	-35.0	7,840	2,212	254.4	12,324	12,776	-3.5
GREENSTAR (GSM)	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
Sub-Total	578	4558	-87.3	4987	7654	-34.8	7840	2212	254.4	13405	14424	-7.1
Pakistan	20329	19039	6.8	21692	31600	-31.4	16415	4354	277.0	58436	54993	6.3

N.A= Not Applicable

Table 4 OUTLET-WISE USAGE OF CONTRACEPTIVE

OUTLETS	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE
	2015-16	2014-15	
POPULATION WELFARE DEPARTMENTS			
FWC	3,153,426	3,545,741	-11.1
RHS-A	1,226,235	1,295,478	-5.3
RHS-B	45,725	60,551	-24.5
MSU	110,320	127,597	-13.5
HAKEEM & HOMEOPATH	7,680	10,204	-24.7
MALE MOBILIZER	134,625	147,062	-8.5
PLDs	12,688	27,711	-54.2
RMPs	60,764	109,111	-44.3
RTIs	10,000	9,491	5.4
AJK	42,866	44,309	-3.3
GB	15,541	14,224	9.3
FATA	48,445	43,535	11.3
Sub-Total	4,868,315	5,435,014	-10.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)			
PUNJAB	1,878,749	1,802,025	4.3
SINDH	160,650	192,710	-16.6
K.P.K	232,448	228,903	1.5
BALUCHISTAN	27,289	18,294	49.2
ISLAMABAD	715	679	5.3
AJK	2,169	575	277.6
FATA	19,858	20,690	-4.0
GB	26,757	30,027	-10.9
Sub-Total	2,348,635	2,293,902	2.4
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)			
PUNJAB	1,277,621	1,414,622	-9.7
SINDH	82,842	67,545	22.6
K.P.K	462,753	456,083	1.5
BALUCHISTAN	31,769	57,565	-44.8
ISLAMABAD	1,339	4,175	-67.9
AJK	27,582	48,357	-43.0
FATA	25,014	32,792	-23.7
GB	618	5,562	-89
Sub-Total	1,909,539	2,086,701	-8.5
NGOs			
RAHNUMA (FPAP)	1,029,776	1,040,692(r)	-1.0
MARIE STOPES SOCIETY (MSS)	2,872,793	2,534,216(r)	13.4
GREENSTAR (GSM)	1,980,529	1,706,205	16.1
Sub-Total	5,883,098	5,281,113	11.4
Pakistan	15,009,587	15,096,731	-0.6

r=revised

Table 5-a CONTRACEPTIVE USAGE BY OUTLET & METHOD (CONDOMS)

OUTLETS	CONDOMS (Units)		
	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS			
FWC	46,246,619	49,271,401	-6.1
PUNJAB	23,665,733	24,362,252	-2.9
SINDH	11,122,565	13,045,203	-14.7
K.P.K	9,508,121	9,785,934	-2.8
BALUCHISTAN	1,299,475	1,467,413	-11.4
ISLAMABAD	650,725	610,599	6.6
RHS-A	3,184,816	3,180,556	0.1
PUNJAB	1,714,360	1,571,234	9.1
SINDH	766,288	850,934	-9.9
K.P.K	533,532	568,416	-6.1
BALUCHISTAN	71,976	92,482	-22.2
ISLAMABAD	98,660	97,490	1.2
RHS-B	20,112	16,144	24.6
PUNJAB	800	300	166.7
SINDH	0	0	0.0
K.P.K	8,812	5,443	61.9
BALUCHISTAN	1,100	1,201	-8.4
ISLAMABAD	9,400	9,200	2.2
MSU	1,541,370	1,752,117	-12.0
PUNJAB	4,270	0	0.0
SINDH	825,461	1,092,757	-24.5
K.P.K	434,363	364,199	19.3
BALUCHISTAN	258,976	281,501	-8.0
ISLAMABAD	18,300	13,660	34.0
PLD	90,034	201,396	-55.3
PUNJAB	28,239	101,940	-72.3
SINDH	0	0	0.0
K.P.K	1,464	14,349	-89.8
BALUCHISTAN	41,731	63,007	-33.8
ISLAMABAD	18,600	22,100	-15.8
RMP	1,615,734	2,156,395	-25.1
PUNJAB	767,464	1,147,773	-33.1
SINDH	269,930	343,957	-21.5
K.P.K	297,074	299,385	-0.8
BALUCHISTAN	160,364	259,436	-38.2
ISLAMABAD	120,902	105,844	14.2
H&H	692,452	936,441	-26.1
PUNJAB	412,871	638,356	-35.3
SINDH	135,305	154,653	-12.5

(Contd.....Table 5a)

K.P.K	140,428	138,183	1.6
BALUCHISTAN	3,848	5,249	-26.7
MM	13,317,264	14,410,852	-7.6
PUNJAB	10,278,558	11,078,114	-7.2
SINDH	2,778,492	3,054,261	-9.0
K.P.K	107,094	50,116	113.7
BALUCHISTAN	1,730	0	0.0
ISLAMABAD	151,390	228,361	-33.7
RTIs	69,256	65,730	5.4
PUNJAB	24,999	22,672	10.3
SINDH	31,219	33,991	-8.2
K.P.K	6,594	7,898	-16.5
BALUCHISTAN	6,444	1,169	451.2
PWD AJK,FATA,GB	1,035,645	1,001,263	3.4
AJK	415,864	433,600	-4.1
FATA	468,392	436,621	7.3
GB	151,389	131,042	15.5
Sub-Total	67813302	72992295	-7.1
DEPARTMENT OF HEALTH (HEALTH FACILITY)			
PUNJAB	5,055,449	4,439,567	13.9
SINDH	524,323	503,666	4.1
K.P.K	742,124	718,048	3.4
BALUCHISTAN	141,661	73,490	92.8
ISLAMABAD	556	469	18.6
AJK	61,246	34,223	79.0
FATA	91,589	69,367	32.0
GB	328,899	541,749	-39.3
Sub-Total	6945847	6380579	8.9
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)			
PUNJAB	64,014,417	64,279,451	-0.4
SINDH	1,359,559	977,265	39.1
K.P.K	2,955,833	2,702,723	9.4
BALUCHISTAN	364,652	465,812	-21.7
ISLAMABAD	30,281	171,969	-82.4
AJK	1,178,060	2,073,523	-43.2
FATA	786,960	888,000	-11.4
GB	25,700	126,100	-79.6
Sub-Total	70715462	71684843	-1.4
NGOs			
RAHNUMA (FPAP)	1,052,718	1,268,626	-17.0
PUNJAB	446,568	453,049	-1.4
SINDH	129,114	211,932	-39.1
K.P.K	168,701	172,852	-2.4
BALUCHISTAN	157,985	235,514	-32.9
ISLAMABAD	52,136	64,898	-19.7
AJK	87,762	101,345	-13.4

(Contd..... Table 5a)

GB	10,452	29,036	-64.0
MARIE STOPES(MSS)	3,911,074	2,666,108(r)	46.7
PUNJAB	1,149,262	985,613(r)	16.6
SINDH	2,395,509	1,189,808(r)	101.3
K.P.K	348,960	463,872(r)	-24.8
BALUCHISTAN	17,343	26,815(r)	-35.3
GSM	122,115,183	103,368,565	18.1
PUNJAB	68,549,841	58,703,578	16.8
SINDH	26,429,616	23,934,075	10.4
K.P.K	19,864,110	14,916,144	33.2
BALUCHISTAN	1,518,843	1,792,242	-15.3
ISLAMABAD	4,132,692	2,867,877	44.1
AJK	1,309,683	1,082,439	21.0
FATA	102,585	61,845	65.9
GB	207,813	10,365	1,904.9
Sub-Total	127,078,975	107,303,299	18
Pakistan	272,553,586	258,361,016	5.5

r= revised

Table 5-b CONTRACEPTIVE USAGE BY OUTLET & METHOD (ORAL PILLS)

OUTLETS	ORAL PILLS (Cycles)											
	OP-COC			OP-POP			OP-EC			Total		
	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS												
FWC	1,799,240	1,973,765	-8.8	234,298	213,553	9.7	63,074	2,867	2,100.0	2,096,612	2,190,185	-4.3
PUNJAB	883,348	931,561	-5.2	84,676	90,207	-6.1	45,675	1,153	3,861.4	1,013,699	1,022,921	-0.9
SINDH	293,658	379,671	-22.7	73,245	60,185	21.7	12,256	766	1,500.0	379,159	440,622	-13.9
K.P.K	514,861	554,354	-7.1	61,945	49,797	24.4	3,819	804	375.0	580,625	604,955	-4.0
BALUCHISTAN	79,858	84,551	-5.6	9,795	9,030	8.5	1,058	132	701.5	90,711	93,713	-3.2
ISLAMABAD	27,515	23,628	16.5	4,637	4,334	7.0	266	12	2,116.7	32,418	27,974	15.9
RHS-A	147,673	141,806	4.1	25,729	25,035	2.8	6,412	322	1,891.3	179,814	167,163	7.6
PUNJAB	74,021	66,149	11.9	11,918	12,212	-2.4	4,491	177	2,437.3	90,430	78,538	15.1
SINDH	37,883	39,146	-3.2	8,253	6,925	19.2	1,348	112	1,103.6	47,484	46,183	2.8
K.P.K	26,735	28,696	-6.8	3,843	4,536	-15.3	498	33	1,409.1	31,076	33,265	-6.6
BALUCHISTAN	5,741	5,456	5.2	971	705	37.7	40	0	0.0	6,752	6,161	9.6
ISLAMABAD	3,293	2,359	39.6	744	657	13.2	35	0	0.0	4,072	3,016	35.0
RHS-B	2,982	2,406	23.9	64	59	8.5	35	0	0.0	3,081	2,465	25.0
PUNJAB	0	60	-100.0	0	0	0.0	0	0	0.0	0	60	-100.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	1,882	1,546	21.7	64	59	8.5	5	0	0.0	1,951	1,605	21.6
BALUCHISTAN	190	235	-19.1	0	0	0.0	0	0	0.0	190	235	-19.1
ISLAMABAD	910	565	61.1	0	0	0.0	30	0	0.0	940	565	66.4
MSU	61,521	70,170	-12.3	12,116	11,332	6.9	1,835	161	1,039.8	75,472	81,663	-7.6
PUNJAB	300	251(r)	0.0	2	15(r)	0.0	19	0	0.0	321	266(r)	20.7
SINDH	21,944	32,309	-32.1	6,083	6,324	-3.8	1,268	78	1,525.6	29,295	38,711	-24.3
K.P.K	19,839	19,481	1.8	3,435	1,893	81.5	259	52	398.1	23,533	21,426	9.8
BALUCHISTAN	18,655	17,467	6.8	2,473	3,019	-18.1	284	30	846.7	21,412	20,516	4.4
ISLAMABAD	783	662	18.3	123	81	51.9	5	1	400.0	911	744	22.4
PLD	6,762	13,398	-49.5	926	621	49.1	201	0	0.0	7,889	14,019	-43.7
PUNJAB	1,946	7,420	-73.8	75	30	150.0	36	0	0.0	2,057	7,450	-72.4
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	377	956	-60.6	0	100	-100.0	0	0	0.0	377	1,056	-64.3
BALUCHISTAN	3,129	3,302	-5.2	821	461	78.1	65	0	0.0	4,015	3,763	6.7
ISLAMABAD	1,310	1,720	-23.8	30	30	0.0	100	0	0.0	1,440	1,750	-17.7
RMP	79,387	95,973	-17.3	2,873	2,916	-1.5	340	49	593.9	82,600	98,938	-16.5
PUNJAB	44,139	50,523	-12.6	269	1,261	-78.7	0	0	0.0	44,408	51,784	-14.2
SINDH	7,324	12,903	-43.2	1,137	139	718.0	0	0	0.0	8,461	13,042	-35.1
K.P.K	17,174	18,505	-7.2	430	280	53.6	0	49	-100.0	17,604	18,834	-6.5
BALUCHISTAN	3,842	7,215	-46.7	21	22	-4.5	0	0	0.0	3,863	7,237	-46.6
ISLAMABAD	6,908	6,827	1.2	1,016	1,214	-16.3	340	0	0.0	8,264	8,041	2.8
H&H	27,669	35,524	-22.1	903	150	502.0	0	36	-100.0	28,572	35,710	-20.0
PUNJAB	18,312	23,844	-23.2	0	0	0.0	0	0	0.0	18,312	23,844	-23.2
SINDH	3,105	4,880	-36.4	603	100	503.0	0	0	0.0	3,708	4,980	-25.5
K.P.K	5,778	5,922	-2.4	280	50	460.0	0	36	-100.0	6,058	6,008	0.8
BALUCHISTAN	474	878	-46.0	20	0	0.0	0	0	0.0	494	878	-43.7
MM	345,589	399,317	-13.5	8,691	5,252	65.5	0	0	0.0	354,280	404,569	-12.4
PUNJAB	287,904	313,627	-8.2	0	1,250	-100.0	0	0	0.0	287,904	314,877	-8.6
SINDH	53,435	84,644	-36.9	8,160	3,952	106.5	0	0	0.0	61,595	88,596	-30.5
K.P.K	3,487	971	259.1	308	50	516.0	0	0	0.0	3,795	1,021	271.7
BALUCHISTAN	670	0	0.0	223	0	0.0	0	0	0.0	893	0	0.0
ISLAMABAD	93	75	24.0	0	0	0.0	0	0	0.0	93	75	24.0
RTIs	4,068	3,327	22.3	1,315	643	104.5	242	35	591.4	5,625	4,005	40.4
PUNJAB	1,396	1,081	29.1	523	212	146.7	170	5	3,300.0	2,089	1,298	60.9
SINDH	1,606	1,952	-17.7	751	431	74.2	72	30	140.0	2,429	2,413	0.7

(Contd..... Table 5)

K.P.K	568	214	165.4	16	0	0.0	0	0	0.0	584	214	172.9
BALUCHISTAN	498	80	522.5	25	0	0.0	0	0	0.0	523	80	553.8
PWD AJK,FATA,GB	131,271	82,969	58.2	8,980	7,317	22.7	0	21,159	-100.0	140,251	111,445	25.8
AJK	37,275	9,109	309.2	5,693	5,042	12.9	0	21,159	-100.0	42,968	35,310	21.7
FATA	71,581	55,691	28.5	0	0	0.0	0	0	0.0	71,581	55,691	28.5
GB	22,415	18,169	23.4	3,287	2,275	44.5	0	0	0.0	25,702	20,444	25.7
Sub-Total	2,606,162	2,818,655	-7.5	295,895	266,878	10.9	72,139	24,629	192.9	2,974,196	3,110,162	-4.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)												
PUNJAB	619,942	505,071	22.7	64,765	73,914	-12.4	0	0	0.0	684,707	578,985	18.3
SINDH	87,330	58,507	49.3	12,310	18,387	-33.1	0	0	0.0	99,640	76,894	29.6
K.P.K	141,916	101,537	39.8	28,092	33,040	-15.0	0	0	0.0	170,008	134,577	26.3
BALUCHISTAN	22,840	15,014	52.1	12,945	7,506	72.5	0	0	0.0	35,785	22,520	58.9
ISLAMABAD	586	471	24.4	0	0	0.0	0	0	0.0	586	471	24.4
AJK	19,434	1,382	1,306.2	0	0	0.0	0	0	0.0	19,434	1,382	1,306.2
FATA	15,092	9,975	51.3	5,580	2,634	111.8	0	0	0.0	20,672	12,609	63.9
GB	270,135	178,365	51.5	0	0	0.0	0	0	0.0	270,135	178,365	51.5
Sub-Total	1,177,275	870,322	35.3	123,692	135,481	-8.7	0	0	0	1,300,967	1,005,803	29.3
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)												
PUNJAB	5,538,788	5,623,257	-1.5	0	0	0.0	0	0	0.0	5,538,788	5,623,257	-1.5
SINDH	229,394	172,342	33.1	24,181	25,853	-6.5	0	0	0.0	253,575	198,195	27.9
K.P.K	1,128,215	1,150,577	-1.9	0	0	0.0	0	0	0.0	1,128,215	1,150,577	-1.9
BALUCHISTAN	292,978	380,592	-23.0	0	0	0.0	0	0	0.0	292,978	380,592	-23.0
ISLAMABAD	7,141	21,048	-66.1	0	0	0.0	0	0	0.0	7,141	21,048	-66.1
AJK	118,386	194,259	-39.1	0	0	0.0	0	0	0.0	118,386	194,259	-39.1
FATA	106,720	146,880	-27.3	0	0	0.0	0	0	0.0	106,720	146,880	-27.3
GB	236	15,680	-98.5	0	0	0.0	7,700	41,137	-81.3	7,936	56,817	-86.0
Sub-Total	7421858	7704635	-3.7	24181	25853	-6.5	7700	41137	-81.3	7453739	7771625	-4.1
NGOs												
RAHNUMA (FPAP)	156,560	178,926(r)	-12.5	0	0	0.0	7,750	7,458(r)	3.9	164,310	186,384(r)	-11.8
PUNJAB	37,183	44,833(r)	-17.1	0	0	0.0	1,380	873(r)	58.1	38,563	45,706	-15.6
SINDH	42,347	69,962(r)	-39.5	0	0	0.0	2,951	3,581(r)	-17.6	45,298	73,543	-38.4
K.P.K	29,084	22,359(r)	30.1	0	0	0.0	2,438	1,092(r)	123.3	31,522	23,451	34.4
BALUCHISTAN	15,990	11,021(r)	45.1	0	0	0.0	218	992(r)	-78.0	16,208	12,013	34.9
ISLAMABAD	13,156	10,429(r)	26.1	0	0	0.0	501	695(r)	-27.9	13,657	11,124	22.8
AJK	16,718	17,721(r)	-5.7	0	0	0.0	32	35(r)	-8.6	16,750	17,756	-5.7
GB	2,082	2,601(r)	-20.0	0	0	0.0	230	190(r)	21.1	2,312	2,791	-17.2
Marie Stopes(MSS)	314,697	273,870	14.9	0	0	0.0	36,012	31,813	13.2	350,709	305,683	14.7
PUNJAB	105,113	92,968	13.1	0	0	0.0	15,085	16,190	-6.8	120,198	109,158	10.1
SINDH	157,496	119,720	31.6	0	0	0.0	20,348	10,562	92.7	177,844	130,282	36.5
K.P.K	50,564	58,575	-13.7	0	0	0.0	579	5,061	-88.6	51,143	63,636	-19.6
BALUCHISTAN	1,524	2,607	-41.5	0	0	0.0	0	0	0.0	1,524	2,607	-41.5
Green Star(GSM)	749,837	829,181	-9.6	0	0	0.0	1,895,819	1,794,746	5.6	2,645,656	2,623,927	0.8
PUNJAB	204,227	229,912	-11.2	0	0	0.0	1,073,877	1,024,142	4.9	1,278,104	1,254,054	1.9
SINDH	378,003	372,294	1.5	0	0	0.0	667,602	639,355	4.4	1,045,605	1,011,649	3.4
K.P.K	107,280	120,278	-10.8	0	0	0.0	64,750	58,255	11.1	172,030	178,533	-3.6
BALUCHISTAN	42,987	93,879	-54.2	0	0	0.0	41,275	36,970	11.6	84,262	130,849	-35.6
ISLAMABAD	6,765	5,013	34.9	0	0	0.0	36,192	31,447	15.1	42,957	36,460	17.8
AJK	4,785	3,539	35.2	0	0	0.0	11,257	5,111	120.3	16,042	8,650	85.5
FATA	3,432	5,040	-31.9	0	0	0.0	218	246	-11.4	3,650	5,286	-30.9
GB	2,358	-774	-404.7	0	0	0.0	648	-780	-183.1	3,006	-1,554	-293.4
Sub-Total	1221094	1281977	-4.7	0	0	0.0	1939581	1834017	5.8	3160675	3115994	1.4
Pakistan	12426389	12675589	-2.0	443768	428212	3.6	2019420	1899783	6.3	14889577	15003584	-0.8

r=revised

Table 5-c CONTRACEPTIVE USAGE BY OUTLET & METHOD (INJECTABLES)

OUTLET	INJECTABLES (Vials)											
	DMPA (03 Months)			Net-EN (02 Months)			Femiject (01 Month)			Total		
	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS												
FWC	969,414	1,097,307	-11.7	1,299	11,296	-88.5	0	0	0.0	970,713	1,108,603	-12.4
PUNJAB	359,906	399,215	-9.8	0	0	0.0	0	0	0.0	359,906	399,215	-9.8
SINDH	225,280	281,475	-20.0	56	2,372	-97.6	0	0	0.0	225,336	283,847	-20.6
K.P.K	349,368	385,465	-9.4	0	2,714	-100.0	0	0	0.0	349,368	388,179	-10.0
BALUCHISTAN	22,335	18,625	19.9	1,243	6,210	-80.0	0	0	0.0	23,578	24,835	-5.1
ISLAMABAD	12,525	12,527	0.0	0	0	0.0	0	0	0.0	12,525	12,527	0.0
RHS-A	97,345	98,584	-1.3	224	832	-73.1	0	0	0.0	97,569	99,416	-1.9
PUNJAB	37,705	38,304	-1.6	0	83	-100.0	0	0	0.0	37,705	38,387	-1.8
SINDH	29,291	31,165	-6.0	0	102	-100.0	0	0	0.0	29,291	31,267	-6.3
K.P.K	24,620	24,236	1.6	0	200	-100.0	0	0	0.0	24,620	24,436	0.8
BALUCHISTAN	4,141	3,538	17.0	224	447	-49.9	0	0	0.0	4,365	3,985	9.5
ISLAMABAD	1,588	1,341	18.4	0	0	0.0	0	0	0.0	1,588	1,341	18.4
RHS-B	1,451	1,065	36.2	0	45	-100.0	0	0	0.0	1,451	1,110	30.7
PUNJAB	0	15	-100.0	0	0	0.0	0	0	0.0	0	15	-100.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	849	331	156.5	0	15	-100.0	0	0	0.0	849	346	145.4
BALUCHISTAN	282	204	38.2	0	30	-100.0	0	0	0.0	282	234	20.5
ISLAMABAD	320	515	-37.9	0	0	0.0	0	0	0.0	320	515	-37.9
MSU	43,926	49,029	-10.4	809	2,385	-66.1	0	0	0.0	44,735	51,414	-13.0
PUNJAB	150	0	0.0	0	0	0.0	0	0	0.0	150	0	0.0
SINDH	15,935	22,015	-27.6	147	10	1,370.0	0	0	0.0	16,082	22,025	-27.0
K.P.K	18,175	19,002	-4.4	0	46	-100.0	0	0	0.0	18,175	19,048	-4.6
BALUCHISTAN	9,348	7,750	20.6	662	2,329	-71.6	0	0	0.0	10,010	10,079	-0.7
ISLAMABAD	318	262	21.4	0	0	0.0	0	0	0.0	318	262	21.4
PLD	4,787	9,841	-51.4	42	307	-86.3	0	0	0.0	4,829	10,148	-52.4
PUNJAB	673	4,150	-83.8	0	20	-100.0	0	0	0.0	673	4,170	-83.9
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	50	-100.0	0	50	-100.0	0	0	0.0	0	100	-100.0
BALUCHISTAN	2,314	2,116	9.4	42	227	-81.5	0	0	0.0	2,356	2,343	0.6
ISLAMABAD	1,800	3,525	-48.9	0	10	-100.0	0	0	0.0	1,800	3,535	-49.1
RMP	14,799	26,615	-44.4	176	683	-74.2	0	0	0.0	14,975	27,298	-45.1
PUNJAB	1,860	6,002	-69.0	176	50	252.0	0	0	0.0	2,036	6,052	-66.4
SINDH	225	3,185	-92.9	0	0	0.0	0	0	0.0	225	3,185	-92.9
K.P.K	5,316	6,247	-14.9	0	180	-100.0	0	0	0.0	5,316	6,427	-17.3
BALUCHISTAN	389	202	92.6	0	453	-100.0	0	0	0.0	389	655	-40.6
ISLAMABAD	7,009	10,979	-36.2	0	0	0.0	0	0	0.0	7,009	10,979	-36.2
H&H	18	82	-78.0	0	0	0.0	0	0	0.0	18	82	-78.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	18	82	-78.0	0	0	0.0	0	0	0.0	18	82	-78.0

(Contd..... Table 5c)

BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
MM	27	0	0.0	0	0	0.0	0	0	0.0	27	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	27	0	0.0	0	0	0.0	0	0	0.0	27	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	3,908	2,834	37.9	0	146	-100.0	0	0	0.0	3,908	2,980	31.1
PUNJAB	1,533	1,065	43.9	0	0	0.0	0	0	0.0	1,533	1,065	43.9
SINDH	1,482	1,483	-0.1	0	0	0.0	0	0	0.0	1,482	1,483	-0.1
K.P.K	298	179	66.5	0	123	-100.0	0	0	0.0	298	302	-1.3
BALUCHISTAN	595	107	456.1	0	23	-100.0	0	0	0.0	595	130	357.7
PWD AJK,FATA,GB	60,722	55,086	10.2	250	7,319	-96.6	0	0	0.0	60,972	62,405	-2.3
AJK	18,409	19,183	-4.0	44	108	-59.3	0	0	0.0	18,453	19,291	-4.3
FATA	25,661	18,874	36.0	0	6,660	-100.0	0	0	0.0	25,661	25,534	0.5
GB	16,652	17,029	-2.2	206	551	-62.6	0	0	0.0	16,858	17,580	-4.1
Sub-Total	1196397	1340443	-10.7	2800	23013	-87.8	0	0	0	1,199,197	1,363,456	-12.0
DEPARTMENT OF HEALTH (HEALTH FACILITY)												
PUNJAB	437,940	353,512	23.9	73,421	62,076	18.3	0	0	0	511,361	415,588	23.0
SINDH	79,137	68,515	15.5	8,660	14,387	-39.8	0	0	0	87,797	82,902	5.9
K.P.K	143,139	126,811	12.9	12,398	11,583	7.0	0	0	0	155,537	138,394	12.4
BALUCHISTAN	23,742	16,184	46.7	7,752	3,748	106.8	0	0	0	31,494	19,932	58.0
ISLAMABAD	1,405	1,215	15.6	0	0	0.0	0	0	0	1,405	1,215	15.6
AJK	1,454	789	84.3	0	0	0.0	0	0	0	1,454	789	84.3
FATA	14,197	9,389	51.2	2,537	3,153	-19.5	0	0	0	16,734	12,542	33.4
GB	24,027	36,728	-34.6	0	0	0.0	0	0	0	24,027	36,728	-34.6
Sub-Total	725041	613143	18.2	104768	94947	10.3	0	0	0.0	829,809	708,090	17.2
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)												
PUNJAB	1,499,659	2,016,305	-25.6	0	0	0.0	0	0	0	1,499,659	2,016,305	-25.6
SINDH	210,978	175,384	20.3	11,180	14,051	-20.4	0	0	0	222,158	189,435	17.3
K.P.K	1,451,628	1,427,422	1.7	0	0	0.0	0	0	0	1,451,628	1,427,422	1.7
BALUCHISTAN	36,793	113,243	-67.5	0	0	0.0	0	0	0	36,793	113,243	-67.5
ISLAMABAD	2,444	5,353	-54.3	0	0	0.0	0	0	0	2,444	5,353	-54.3
AJK	39,488	72,507	-45.5	0	0	0.0	0	0	0	39,488	72,507	-45.5
FATA	45,365	62,400	-27.3	0	0	0.0	0	0	0	45,365	62,400	-27.3
GB	13	5,637	-99.8	0	0	0.0	0	0	0	13	5,637	-99.8
Sub-Total	3286368	3878251	-15.3	11180	14051	-20.4	0	0	0.0	3,297,548	3,892,302	-15.3
NGOs												
RAHNUMA (FPAP)	293,018	355,564	-17.6	24,624	66,386	-62.9	0	0	0.0	317,642	421,950	-24.7
PUNJAB	80,844	84,643	-4.5	8,675	17,143	-49.4	0	0	0.0	89,519	101,786	-12.1
SINDH	83,600	152,486	-45.2	11,862	38,726	-69.4	0	0	0.0	95,462	191,212	-50.1
K.P.K	64,766	58,109	11.5	1,130	1,712	-34.0	0	0	0.0	65,896	59,821	10.2
BALUCHISTAN	15,457	10,217	51.3	281	4,213	-93.3	0	0	0.0	15,738	14,430	9.1
ISLAMABAD	20,781	19,604	6.0	1,596	1,123	42.1	0	0	0.0	22,377	20,727	8.0
AJK	18,620	15,153	22.9	291	2,139	-86.4	0	0	0.0	18,911	17,292	9.4
GB	8,950	15,352	-41.7	789	1,330	-40.7	0	0	0.0	9,739	16,682	-41.6

(Contd..... Table 5c)

MARIE STOPES	174,667	161,180(r)	8.4	6,515	12,893	-49.5	0	0	0.0	181,182	174,073(r)	4.1
PUNJAB	62,033	59,307(r)	4.6	2,798	5,906	-52.6	0	0	0.0	64,831	65,213(r)	-0.7
SINDH	86,253	67,577	27.6	3,547	5,412	-34.5	0	0	0.0	89,800	72,989	23.0
K.P.K	25,498	32,681	-22.0	142	1,476	-90.4	0	0	0.0	25,640	34,157	-24.9
BALUCHISTAN	883	1,615	-45.3	28	99	-71.7	0	0	0.0	911	1,714	-46.8
GSM	334,837	296,891	12.8	276,352	340,774	-18.9	114,008	106,415	7.1	725,197	744,080	-2.5
PUNJAB	155,899	130,800	19.2	105,238	118,847	-11.5	55,328	52,331	5.7	316,465	301,978	4.8
SINDH	102,325	92,957	10.1	100,859	114,998	-12.3	39,543	38,522	2.7	242,727	246,477	-1.5
K.P.K	41,010	43,800	-6.4	55,011	60,060	-8.4	11,859	9,414	26.0	107,880	113,274	-4.8
BALUCHISTAN	22,077	20,446	8.0	11,361	44,069	-74.2	4,993	5,070	-1.5	38,431	69,585	-44.8
ISLAMABAD	5,082	2,545	99.7	1,839	1,415	30.0	1,477	618	139.0	8,398	4,578	83.4
AJK	4,270	3,028	41.0	1,341	1,296	3.5	715	416	71.9	6,326	4,740	33.5
FATA	3,320	2,813	18.0	638	450	41.8	93	121	-23.1	4,051	3,384	19.7
GB	854	502	70.1	65	-361	-118.0	0	-77	-100.0	919	64	1,335.9
Sub-Total	802522	813635	-1.4	307491	420053	-26.8	114008	106415	7.1	1,224,021	1,340,103	-8.7
Pakistan	6010328	6645472	-9.6	426239	552064	-22.8	114008	106415	7.1	6,550,575	7,303,951	-10.3

r=revised

Table 5-d CONTRACEPTIVE USAGE BY OUTLET & METHOD (IUDs)

OUTLETS	IUDs (Insertions)								
	IUD CU-T (10 Years)			IUD Multiloal (05 Years)			Total		
	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS									
FWC	515,183	581,236	-11.4	5,098	11,905	-57.2	520,281	593,141	-12.3
PUNJAB	315,605	341,807	-7.7	2,444	5,044	-51.5	318,049	346,851	-8.3
SINDH	28,200	45,792	-38.4	1,683	3,887	-56.7	29,883	49,679	-39.8
K.P.K	154,253	177,978	-13.3	317	1,367	-76.8	154,570	179,345	-13.8
BALUCHISTAN	8,571	7,270	17.9	642	1,314	-51.1	9,213	8,584	7.3
ISLAMABAD	8,554	8,389	2.0	12	293	-95.9	8,566	8,682	-1.3
RHS-A	52,272	53,953	-3.1	1,387	1,907	-27.3	53,659	55,860	-3.9
PUNJAB	32,106	32,723	-1.9	567	752	-24.6	32,673	33,475	-2.4
SINDH	4,812	6,851	-29.8	757	785	-3.6	5,569	7,636	-27.1
K.P.K	11,257	12,028	-6.4	7	180	-96.1	11,264	12,208	-7.7
BALUCHISTAN	1,957	1,194	63.9	56	117	-52.1	2,013	1,311	53.5
ISLAMABAD	2,140	1,157	85.0	0	73	-100.0	2,140	1,230	74.0
RHS-B	1,013	867	16.8	0	0	0.0	1,013	867	16.8
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	538	277	94.2	0	0	0.0	538	277	94.2
BALUCHISTAN	95	80	18.8	0	0	0.0	95	80	18.8
ISLAMABAD	380	510	-25.5	0	0	0.0	380	510	-25.5
MSU	16,867	19,694	-14.4	715	1,106	-35.4	17,582	20,800	-15.5
PUNJAB	125	0	0.0	0	0	0.0	125	0	0.0
SINDH	2,635	5,308	-50.4	236	409	-42.3	2,871	5,717	-49.8
K.P.K	9,836	10,713	-8.2	189	264	-28.4	10,025	10,977	-8.7
BALUCHISTAN	4,151	3,541	17.2	281	416	-32.5	4,432	3,957	12.0
ISLAMABAD	120	132	-9.1	9	17	-47.1	129	149	-13.4
PLD	2,184	4,710	-53.6	50	279	-82.1	2,234	4,989	-55.2
PUNJAB	478	2,082	-77.0	0	0	0.0	478	2,082	-77.0
SINDH	0	0	0.0	0	0	0.0	0	0	0
K.P.K	0	239	-100.0	0	0	0.0	0	239	-100.0
BALUCHISTAN	924	913	1.2	50	279	-82.1	974	1,192	-18.3
ISLAMABAD	782	1,476	-47.0	0	0	0.0	782	1,476	-47.0
RMP	8,276	16,803	-50.7	0	147	-100.0	8,276	16,950	-51.2
PUNJAB	1,292	4,957	-73.9	0	50	-100.0	1,292	5,007	-74.2
SINDH	25	129	-80.6	0	0	0.0	25	129	-80.6
K.P.K	368	852	-56.8	0	0	0.0	368	852	-56.8
BALUCHISTAN	0	100	-100.0	0	0	0.0	0	100	-100.0
ISLAMABAD	6,591	10,765	-38.8	0	97	0.0	6,591	10,862	-39.3
H&H	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0

(Contd..... Table 5d)

SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
MM	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	1,622	1,463	10.9	180	368	-51.1	1,802	1,831	-1.6
PUNJAB	857	575	49.0	0	36	-100.0	857	611	40.3
SINDH	510	714	-28.6	98	255	-61.6	608	969	-37.3
K.P.K	129	148	-12.8	14	64	-78.1	143	212	-32.5
BALUCHISTAN	126	26	384.6	68	13	423.1	194	39	397.4
PWD AJK,FATA,GB	14,395	13,744	4.7	1,062	1,298	-18.2	15,457	15,042	2.8
AJK	5,451	5,715	-4.6	886	1,043	-15.1	6,337	6,758	-6.2
FATA	7,251	6,599	9.9	0	0	0.0	7,251	6,599	9.9
GB	1,693	1,430	18.4	176	255	-31.0	1,869	1,685	10.9
Sub-Total	611812	692470	-11.6	8492	17010	-50.1	620304	709480	-12.6
DEPARTMENT OF HEALTH (HEALTH FACILITY)									
PUNJAB	253,338	219,372	15.5	0	0	0	253,338	219,372	15.5
SINDH	11,880	13,388	-11.3	0	0	0	11,880	13,388	-11.3
K.P.K	37,423	36,977	1.2	0	0	0	37,423	36,977	1.2
BALUCHISTAN	2,737	1,363	100.8	0	0	0	2,737	1,363	100.8
ISLAMABAD	0	0	0.0	0	0	0	0	0	0.0
AJK	0	0	0.0	0	0	0	0	0	0.0
FATA	2,888	3,428	-15.8	0	0	0	2,888	3,428	-15.8
GB	0	965	-100.0	0	0	0	0	965	-100.0
Sub-Total	308266	275493	11.9	0.0	0.0	0	308266.0	275493.0	11.9
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)									
PUNJAB	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
SINDH	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
K.P.K	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
BALUCHISTAN	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
ISLAMABAD	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
AJK	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
FATA	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
GB	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Sub-Total	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
NGOs									
RAHNUMA (FPAP)	193,824	187,176	3.6	0	0	0.0	193,824	187,176	3.6
PUNJAB	91,280	99,045	-7.8	0	0	0.0	91,280	99,045	-7.8
SINDH	11,714	18,090	-35.2	0	0	0.0	11,714	18,090	-35.2
K.P.K	33,660	27,636	21.8	0	0	0.0	33,660	27,636	21.8
BALUCHISTAN	6,734	2,829	138.0	0	0	0.0	6,734	2,829	138.0
ISLAMABAD	25,082	15,652	60.2	0	0	0.0	25,082	15,652	60.2
AJK	18,681	14,273	30.9	0	0	0.0	18,681	14,273	30.9

(Contd..... Table 5d)

GB	6,673	9,651	-30.9	0	0	0.0	6,673	9,651	-30.9
MARIE STOPES	490,703	358,122	37.0	24,166	101,156	-76.1	514,869	459,278	12.1
PUNJAB	246,284	179,083	37.5	10,769	67,617	-84.1	257,053	246,700	4.2
SINDH	186,879	123,370	51.5	7,400	23,915	-69.1	194,279	147,285	31.9
K.P.K	52,391	48,671	7.6	5,721	8,792	-34.9	58,112	57,463	1.1
BALUCHISTAN	5,149	6,998	-26.4	276	832	-66.8	5,425	7,830	-30.7
GSM	43,301	16,548	161.7	140,594	139,527	0.8	183,895	156,075	17.8
PUNJAB	27,745	8,990	208.6	91,634	76,666	19.5	119,379	85,656	39.4
SINDH	3,044	4,458	-31.7	13,624	19,804	-31.2	16,668	24,262	-31.3
K.P.K	9,963	1,974	404.7	28,671	36,872	-22.2	38,634	38,846	-0.5
BALUCHISTAN	228	65	250.8	1,735	2,063	-15.9	1,963	2,128	-7.8
ISLAMABAD	857	999	-14.2	2,182	1,786	22.2	3,039	2,785	9.1
AJK	1,441	43	3,251.2	2,138	2,404	-11.1	3,579	2,447	46.3
FATA	13	19	-31.6	510	212	140.6	523	231	126.4
GB	10	0	0.0	100	-280	-135.7	110	-280	-139.3
Sub-Total	727828	561846	29.5	164760	240683	-31.5	892588	802529	11.2
Pakistan	1647906	1529809	7.7	173252	257693	-32.8	1,821,158	1,787,502	1.9

N.A. = Not Applicable

Table 5-e CONTRACEPTIVE USAGE BY OUTLET & METHOD (CONTRACEPTIVE SURGERY)

OUTLETS	CONTRACEPTIVE SURGERY (Cases)								
	CS-MALE			CS-FEMALE			Total		
	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS									
FWC	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RHS-A	1,584	1,725	-8.2	83,937	90,901	-7.7	85,521	92,626	-7.7
PUNJAB	1,103	1,273	-13.4	54,133	57,791	-6.3	55,236	59,064	-6.5
SINDH	475	440	8.0	24,481	27,741	-11.8	24,956	28,181	-11.4
K.P.K	6	10	-40.0	3,162	3,112	1.6	3,168	3,122	1.5
BALUCHISTAN	0	0	0.0	1,203	1,232	-2.4	1,203	1,232	-2.4
ISLAMABAD	0	2	-100.0	958	1,025	-6.5	958	1,027	-6.7
RHS-B	741	1,026	-27.8	3,292	4,573	-28.0	4,033	5,599	-28.0
PUNJAB	735	999	-26.4	2,651	3,434	-22.8	3,386	4,433	-23.6
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	3	13	-76.9	377	811	-53.5	380	824	-53.9
BALUCHISTAN	3	9	-66.7	37	91	-59.3	40	100	-60.0
ISLAMABAD	0	5	-100.0	227	237	-4.2	227	242	-6.2
MSU	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
PLD	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RMP	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
(Contd..... Table 5e)									

H&H	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
MM	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	0	0	0.0	2	0	0.0	2	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	2	0	0.0	2	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
PWD AJK,FATA,GB	0	0	0.0	390	415	-6.0	390	415	-6.0
AJK	0	0	0.0	390	415	-6.0	390	415	-6.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	2325	2751	-15.5	87621	95889	-8.6	89,946	98,640	-8.8
DEPARTMENT OF HEALTH (HEALTH FACILITY)									
PUNJAB	2,598	2,337	11.2	42,446	55,262	-23.2	45,044	57,599	-21.8
SINDH	96	346	-72.3	6,076	8,374	-27.4	6,172	8,720	-29.2
K.P.K	0	0	0	0	0	0	0	0	0
BALUCHISTAN	68	44	54.5	298	470	-36.6	366	514	-28.8
ISLAMABAD	0	0	0	32	34	-5.9	32	34	-5.9
AJK	0	0	0	0	0	0	0	0	0.0
FATA	0	0	0	46	63	-27.0	46	63	-27.0
GB	0	0	0	0	0	0.0	0	0	0.0
Sub-Total	2,762	2,727	1.3	48,898	64,203	-23.8	51,660	66,930	-22.8
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)									
PUNJAB	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
SINDH	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
K.P.K	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
BALUCHISTAN	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
ISLAMABAD	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
AJK	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
FATA	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
GB	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Sub-Total	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
(Contd.....Table 5e)									

NGOs									
RAHNUMA (FPAP)	438	699(r)	-37.3	3,339	4,459(r)	-25.1	3,777	5,158(r)	-26.8
PUNJAB	428	673(r)	-36.4	1,378	2,227(r)	-38.1	1,806	2,900	-37.7
SINDH	0	4(r)	-100.0	647	693(r)	-6.6	647	697	-7.2
K.P.K	9	16(r)	-43.8	989	1,104(r)	-10.4	998	1,120	-10.9
BALUCHISTAN	0	0(r)	0	72	153(r)	-52.9	72	153	-52.9
ISLAMABAD	1	6(r)	-83.3	198	257(r)	-23.0	199	263	-24.3
AJK	0	0(r)	0	0	23(r)	-100.0	0	23(r)	-100.0
GB	0	0(r)	0.0	55	2(r)	0.0	55	2(r)	0.0
MARIE STOPES	677	1,182	-42.7	38,518	41,769	-7.8	39,195	42,951	-8.7
PUNJAB	677	1,182	-42.7	4,894	8,345	-41.4	5,571	9,527	-41.5
SINDH	0	0	0.0	26,366	25,211	4.6	26,366	25,211	4.6
K.P.K	0	0	0.0	1,410	3,058	-53.9	1,410	3,058	-53.9
BALUCHISTAN	0	0	0.0	5,848	5,155	13.4	5,848	5,155	13.4
GSM	0	0	0.0	1,644	2,402	-31.6	1,644	2,402	-31.6
PUNJAB	0	0	0.0	944	1,318	-28.4	944	1,318	-28.4
SINDH	0	0	0.0	134	141	-5.0	134	141	-5.0
K.P.K	0	0	0.0	566	942	-39.9	566	942	-39.9
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	1	-100.0	0	1	-100.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	1115	1881	-40.7	43501	48630	-10.5	44616	50511	-11.7
Pakistan	6,202	7,359	-15.7	180020	208722	-13.8	186222	216081	-13.8
N.A= Not Applicable									

r=revised

Table 5-f CONTRACEPTIVE USAGE BY OUTLET & METHOD (IMPLANT)

OUTLETS	IMPLANT (Implants)											
	IMPLANON (03 Years)			IMPLANT (04 Years)			JADELLE (05 Years)			Total		
	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS												
FWC	0	0	0.0	0	0	0.0	21	0	0.0	21	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	21	0	0.0	21	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RHS-A	12,721	4,245	199.7	0	10,610	-100.0	8,263	2,039	305.2	20,984	16,894	24.2
PUNJAB	10,203	1,263	707.8	0	4,682	-100.0	0	199	-100.0	10,203	6,144	66.1
SINDH	1,911	2,717	-29.7	0	5,799	-100.0	7,882	1,718	358.8	9,793	10,234	-4.3
K.P.K	287	38	655.3	0	118	-100.0	381	122	212.3	668	278	140.3
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	320	227	41.0	0	11	-100.0	0	0	0.0	320	238	34.5
RHS-B	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
MSU	122	78	56.4	0	22	-100.0	291	103	182.5	413	203	103.4
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	59	43	37.2	0	0	0.0	291	103	182.5	350	146	139.7
K.P.K	63	35	80.0	0	22	-100.0	0	0	0.0	63	57	10.5
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PLD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RMP	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
H&H	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0

(Contd.....Table 5f)

BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
MM	9	0	0.0	0	0	0.0	0	0	0.0	9	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	9	0	0.0	0	0	0.0	0	0	0.0	9	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PWD AJK,FATA,GB	11	0	0.0	0	0	0.0	0	0	0.0	11	0	0.0
AJK	11	0	0.0	0	0	0.0	0	0	0.0	11	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	12863	4323	197.5	0	10632	-100.0	8575	2142	300.3	21,438	17,097	25.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)												
PUNJAB	0	0	0.0	16,705	13,314	25.5	0	0	0.0	16,705	13,314	25.5
SINDH	4,817	6,030	-20.1	0	0	0.0	0	0	0.0	4,817	6,030	-20.1
K.P.K	1,973	4,088	-51.7	0	0	0.0	0	0	0.0	1,973	4,088	-51.7
BALUCHISTAN	98	40	145.0	0	0	0.0	0	0	0.0	98	40	145.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	6888	10158	-32.2	16705	13314	25.5	0	0	0	23,593	23,472	0.5
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)												
PUNJAB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
SINDH	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
K.P.K	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
BALUCHISTAN	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
ISLAMABAD	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
AJK	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
FATA	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
GB	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
Sub-Total	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
NGOs												
RAHNUMA (FPAP)	0.0	0.0	0.0	1081.0	1648.0	-34.4	0	0	0.0	1,081	1,648	-34.4
PUNJAB	0	0	0.0	192	935	-79.5	0	0	0.0	192	935	-79.5
SINDH	0	0	0.0	221	265	-16.6	0	0	0.0	221	265	-16.6
K.P.K	0	0	0.0	168	126	33.3	0	0	0.0	168	126	33.3
BALUCHISTAN	0	0	0.0	152.0	30.0	406.7	0	0	0.0	152	30	406.7
ISLAMABAD	0	0	0.0	81.0	36	125.0	0	0	0.0	81	36	125.0
AJK	0	0	0.0	188	231	-18.6	0	0	0.0	188	231	-18.6
GB	0	0	0.0	79	25	216.0	0	0	0.0	79	25	216.0

(Contd.....Table 5f)

MARIE STOPES	578	4558	-87.3	3906	6006	-35.0	7840	2212	254.4	12324	12776	-3.5
PUNJAB	271	1,049	-74.2	1,232.0	3058	-59.7	2036	796	155.8	3,539	4,903	-27.8
SINDH	250	3,210	-92.2	2,044.0	1821	12.2	4842	845	473.0	7,136	5,876	21.4
K.P.K	57	299	-80.9	630.0	938	-32.8	813	497	63.6	1,500	1,734	-13.5
BALUCHISTAN	0	0	0.0	0.0	189	-100.0	149	74	101.4	149	263	-43.3
GSM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Sub-Total	578	4558	-87.3	4987	7654	-34.8	7840	2212	254.4	13,405	14,424	-7.1
Pakistan	20329	19039	6.8	21692	31600	-31.4	16415	4354	277.0	58436	54993	6.3

Table 6 AVERAGE PERFORMANCE BY MAJOR SERVICE DELIVERY UNITS OF PWDs

SOURCE	NO OF OUTLETS	CONDOMS (UNITS)		ORAL PILLS (CYCLES)		INJECTABLES (VIALS)		IUD (INSERTIONS)		STERILIZATION /CS (CASES)		IMPLANT (IMPLANTS)	
		2015-16	Per Outlet	2015-16	Per Outlet	2015-16	Per Outlet	2015-16	Per Outlet	2015-16	Per Outlet	2015-16	Per Outlet
FWC	2853	46,246,619	16210	2,096,612	735	970713	340	520281	182	0	0	21	0
PUNJAB	1504	23,665,733	15735	1,013,699	674	359906	239	318049	211	0	0	0	0
SINDH	628	11,122,565	17711	379,159	604	225336	359	29883	48	0	0	0	0
K.P.K	532	9,508,121	17872	580,625	1,091	349368	657	154570	291	0	0	21	0
BALUCHISTAN	160	1,299,475	8122	90,711	567	23578	147	9213	58	0	0	0	0
ISLAMABAD	29	650,725	22439	32,418	1,118	12525	432	8566	295	0	0	0	0
RHS-A	209	3184816	15238	179,814	860	97569	467	53659	257	85521	409	20984	100
PUNJAB	99	1,714,360	17317	90,430	913	37705	381	32673	330	55236	558	10203	103
SINDH	75	766,288	10217	47,484	633	29291	391	5569	74	24956	333	9793	131
K.P.K	26	533,532	20520	31,076	1,195	24620	947	11264	433	3168	122	668	26
BALUCHISTAN	6	71,976	11996	6,752	1,125	4365	728	2013	336	1203	201	0	0
ISLAMABAD	3	98,660	32887	4,072	1,357	1588	529	2140	713	958	319	320	107
MSU	181	1541370	8516	75,472	417	44735	247	17582	97	0	0	413	2
PUNJAB	38	4,270	112	321	8	150	4	125	3	0	0	0	0
SINDH	72	825,461	11465	29,295	407	16082	223	2871	40	0	0	350	5
K.P.K	30	434,363	14479	23,533	784	18175	606	10025	334	0	0	63	2
BALUCHISTAN	40	258,976	6474	21,412	535	10010	250	4432	111	0	0	0	0
ISLAMABAD	1	18,300	18300	911	911	318	318	129	129	0	0	0	0

Table 7 PERCENTAGE DISTRIBUTION OF TOTAL CYP (2015-16) BY SOURCE

SOURCE	COUPLE YEARS OF PROTECTION (CYP) FOR 2015-16	%AGE SHARE
POPULATION WELFARE DEPARTMENTS		
PUNJAB	2,738,199	18.2
SINDH	697,214	4.6
K.P.K	1,086,938	7.2
BALUCHISTAN	123,000	0.8
ISLAMABAD	116,114	0.8
AJK	42,866	0.3
FATA	48,445	0.3
GB	15,541	0.1
Sub-Total	4868315	32.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)		
PUNJAB	1,878,749	12.5
SINDH	160,650	1.1
K.P.K	232,448	1.5
BALUCHISTAN	27,289	0.2
ISLAMABAD	715	0.0
AJK	2,169	0.0
FATA	19,858	0.1
GB	26,757	0.2
Sub-Total	2348635	15.6
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)		
PUNJAB	1,277,621	8.5
SINDH	82,842	0.6
K.P.K	462,753	3.1
BALUCHISTAN	31,769	0.2
ISLAMABAD	1,339	0.0
AJK	27,582	0.2
FATA	25,014	0.2
GB	618	0.0
Sub-Total	1909539	12.7
NGOs		
RAHNUMA (FPAP)	1,029,776	6.9
MARIE STOPES SOCIETY (MSS)	2,872,793	19.1
GREENSTAR (GSM)	1,980,529	13.2
Sub-Total	5883098	39.2
Pakistan	15009587	100.0

Table-8 PERCENTAGE DISTRIBUTION OF TOTAL CYP (2015-16) BY OUTLET

SOURCE	COUPLE YEARS OF PROTECTION (CYP) FOR 2015-16	%AGE SHARE
POPULATION WELFARE DEPARTMENTS		
FWC	3,153,426	21.0
RHS-A	1,226,235	8.2
RHS-B	45,725	0.3
MSU	110,320	0.7
PLDs	12,688	0.1
RMPs	60,764	0.4
HAKEEM & HOMEOPATH	7,680	0.1
MALE MOBILIZER	134,625	0.9
RTIs	10,000	0.1
AJK	42,866	0.3
FATA	48,445	0.3
GB	15,541	0.1
Sub-Total	4868315	32.4
DEPARTMENT OF HEALTH (HEALTH FACILITY)		
PUNJAB	1,878,749	12.5
SINDH	160,650	1.1
K.P.K	232,448	1.5
BALUCHISTAN	27,289	0.2
ISLAMABAD	715	0.0
AJK	2,169	0.0
FATA	19,858	0.1
GB	26,757	0.2
Sub-Total	2348635	15.6
DEPARTMENT OF HEALTH (LADY HEALTH WORKERS)		
PUNJAB	1,277,621	8.5
SINDH	82,842	0.6
K.P.K	462,753	3.1
BALUCHISTAN	31,769	0.2
ISLAMABAD	1,339	0.0
AJK	27,582	0.2
FATA	25,014	0.2
GB	618	0.0
Sub-Total	1909539	12.7
NGOs		
RAHNUMA (FPAP)	1,029,776	6.9
MARIE STOPES SOCIETY (MSS)	2,872,793	19.1
GREENSTAR (GSM)	1,980,529	13.2
Sub-Total	5883098	39.2
Pakistan	15009587	100

Table-9 PERCENTAGE DISTRIBUTION OF TOTAL CYP (2015-16) BY METHOD

METHODS	Source	CYP	Percentage share
CONDOMS (Units)	Total	2271280	15.1
	PWDs	565111	24.9
	DOH(HF)	57882	2.5
	DOH(LHW)	589296	25.9
	NGOs	1058991	46.6
ORAL PILL (Cycles)	Total	958981	6.4
	PWDs	197077	20.6
	DOH(HF)	86731	9.0
	DOH(LHW)	496788	51.8
	NGOs	178385	18.6
OP-COC	Total	828426	5.5
	PWDs	173744	21.0
	DOH(HF)	78485	9.5
	DOH(LHW)	494791	59.7
	NGOs	81406	9.8
OP-POP	Total	29584	0.2
	PWDs	19726	66.7
	DOH(HF)	8246	27.9
	DOH(LHW)	1612	5.4
	NGOs	0	0.0
OP-EC	Total	100971	0.7
	PWDs	3607	3.6
	DOH(HF)	0	0.0
	DOH(LHW)	385	0.4
	NGOs	96979	96.0
INJECTABLES (Vials)	Total	1582392	10.5
	PWDs	299566	18.9
	DOH(HF)	198722	12.6
	DOH(LHW)	823455	52.0
	NGOs	260649	16.5
INJ-DMPA (3 Months)	Total	1502582	10.0
	PWDs	299099	19.9
	DOH(HF)	181260	12.1
	DOH(LHW)	821592	54.7
	NGOs	200631	13.4
INJ-NetEn (2 Months)	Total	71040	0.5
	PWDs	467	0.7
	DOH(HF)	17461	24.6
	DOH(LHW)	1863	2.6
	NGOs	51249	72.1
INJ-FEMIJECT (One Month)	Total	8770	0.1
	PWDs	0	0.0
	DOH(HF)	0	0.0
	DOH(LHW)	0	0.0
	NGOs	8770	100.0

Contd.....Table 9

IUCD (Insertions)	Total	8152100	54.3
	PWDs	2842359	34.9
	DOH(HF)	1418024	17.4
	DOH(LHW)	0	0.0
	NGOs	3891717	47.7
IUD-CuT (10 Year)	Total	7580368	50.5
	PWDs	2814335	37.1
	DOH(HF)	1418024	18.7
	DOH(LHW)	0	0.0
	NGOs	3348009	44.2
IUD-Multiload (5 Year)	Total	571732	3.8
	PWDs	28024	4.9
	DOH(HF)	0	0.0
	DOH(LHW)	0	0.0
	NGOs	543708	95.1
Sterlization/CS (Cases)	Total	1862220	12.4
	PWDs	899460	48.3
	DOH(HF)	516600	27.7
	DOH(LHW)	0	0.0
	NGOs	446160	24.0
CS(Male)	Total	62020	0.4
	PWDs	23250	37.5
	DOH(HF)	27620	44.5
	DOH(LHW)	0	0.0
	NGOs	11150	18.0
CS(Female)	Total	1800200	12.0
	PWDs	876210	48.7
	DOH(HF)	488980	27.2
	DOH(LHW)	0	0.0
	NGOs	435010	24.2
IMPLANT (implants)	Total	182614	1.2
	PWDs	64743	35.5
	DOH(HF)	70676	38.7
	DOH(LHW)	0	0.0
	NGOs	47195	25.8
Implanon (3 Years)	Total	50823	0.3
	PWDs	32158	63.3
	DOH(HF)	17220	33.9
	DOH(LHW)	0	0.0
	NGOs	1445	2.8
Sino-Implant (4 Years)	Total	69414	0.5
	PWDs	0	0.0
	DOH(HF)	53456	77.0
	DOH(LHW)	0	0.0
	NGOs	15958	23.0
Jadelle (5 Years)	Total	62377	0.4
	PWDs	32585	52.2
	DOH(HF)	0	0.0
	DOH(LHW)	0	0.0
	NGOs	29792	47.8
TOTAL	PAKISTAN	15009587	100.0

Table-10 FAMILY PLANNING AND MOTHER & CHILD (MCH) SERVICES

PROVINCE/FEDERAL TERRITORY	F.P CLIENTS	MOTHER CARE			GENERAL AILMENTS			MCH CLIENTS	ALL CLIENTS
		(Number of Clients)			(Number of Patients)				
		Pre Natal	Post Natal	Total	Children	Adult	Total	Col (5+8)	Col(2+5+8)
1	2	3	4	5	6	7	8	9	10
PUNJAB	649,154	75,708	39,133	114,841	177,359	512,291	689,650	804,491	1,453,645
SINDH	343,070	41,027	33,589	74,616	27,353	19,724	47,077	121,693	464,763
K.P.K	211,725	20,270	14,176	34,446	53,359	98,321	151,680	186,126	397,851
BALUCHISTAN	46,627	4,523	3,635	8,158	5,752	31,713	37,465	45,623	92,250
ISLAMABAD	13,807	1,613	1,483	3,096	8,479	893	9,372	12,468	26,275
AJK	21,648	4,592	1,751	6,343	7,667	23,390	31,057	37,400	59,048
GB	12,368	369	532	901	1,102	553	1,655	2,556	14,924
FATA	38,371	4,754	4,258	9,012	3,983	10,266	14,249	23,261	61,632
Total	1,336,770	152,856	98,557	251,413	285,054	697,151	982,205	1,233,618	2,570,388

Table 11 CPR BY MODERN METHOD (mCPR) FOR 2015-16 OVER 2014-15

PROVINCE/ REGION	mCPR for PWDs		% Change	mCPR for DoH(HF &LHWs)		% Change	mCPR for R- FPAP		% Change	m CPR for MSS		% Change	mCPR for GSM		% Change	m CPR for Pakistan		% Change
	2015-16	2014- 15		2015 -16	2014- 15		2015- 16	2014- 15		2015- 16	2014- 15		2015- 16	2014- 15		2015- 16	2014- 15	
PUNJAB	15.7	16.6	-5.4	12.7	11.7	8.8	1.2	0.8	58.1	3.1	1.8	72.2	6.1	5.0	22.8	38.9	35.8	8.6
SINDH	10.6	12.1	-12.7	2.1	1.6	31.3	0.7	0.9	-19.3	5.9	2.9	103.6	5.7	5.3	7.8	25.0	22.8	9.6
KPK	21.3	21.8	-2.4	12.7	11.8	7.3	1.9	1.1	72.6	3.0	1.9	63.0	7.2	5.5	32.6	46.0	42.0	9.5
BALUCHISTA N	6.3	6.9	-8.6	3.0	4.1	-26.8	1.0	0.6	66.8	1.5	0.9	66.6	2.0	2.8	-26.6	13.8	15.2	-9.2
ISLAMABAD	40.8	41.4	-1.5	0.7	2.0	-64.0	18.9	9.1	107.6	0.0	0.0	0.0	21.4	14.9	43.9	81.8	67.4	21.4
AJK	4.5	4.1	9.8	4.5	7.5	-40.0	5.5	3.0	83.3	0.0	0.0	0.0	3.1	2.2	40.9	17.6	16.9	4.1
FATA	4.7	4.2	11.8	4.9	5.5	-10.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.3	42.9	10.0	9.9	1.0
GILGIT- BALTISTAN	4.3	4.0	8.0	10.6	12.1	-12.3	6.2	4.8	28.3	0.0	0.0	0.0	0.9	-0.1	-1001.4	22.0	20.8	5.8
PAKISTAN	14.8	15.7	-5.7	9.6	8.9	7.9	1.5	1.0	50.0	3.6	2.0	80.0	6.0	5.0	20.0	35.5	32.7	8.6

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ANNEXURE-I: Provincial & District - wise break up of Contraceptive Performance in respect of Population Welfare Department & Provincial/Regional Analysis for NGOs

CONTRACEPTIVE USAGE BY PROVINCE AND DISTRICT			
	COUPLE YEARS OF PROTECTION (CYP)		
Province/District			
	2015-16	2014-15	% Change
POPULATION WELFARE DEPARTMENTS(PWDS)			
PUNJAB	2,738,199	2,967,755	-7.7
ATTOCK	66,636	61,456	8.4
BAHAWALNAGAR	106,716	109,573	-2.6
BAHAWALPUR	67,956	83,322	-18.4
BHAKKAR	42,854	40,048	7.0
CHAKWAL	49,246	60,561	-18.7
D.G.KHAN	66,258	88,605	-25.2
FAISALABAD	195,375	210,344	-7.1
GUJRANAWALA	91,501	114,942	-20.4
GUJRAT	48,176	64,354	-25.1
HAFIZABAD	72,995	55,404	31.7
JHANG	91,175	84,043	8.5
JHELUM	84,298	70,823	19.0
KASUR	76,492	80,423	-4.9
KHANEWAL	93,575	111,260	-15.9
KHUSHAB	68,506	71,961	-4.8
LAHORE	211,578	220,660	-4.1
LAYYAH	62,040	67,565	-8.2
LODHRAN	53,923	59,239	-9.0
MANDI BAHAUDDIN	49,873	48,168	3.5
MIANWALI	39,243	52,733	-25.6
MULTAN	77,179	93,076	-17.1
MUZZAFARGARH	107,342	101,728	5.5

NAROWAL	39,502	34,722	13.8
OKARA	51,144	57,814	-11.5
PAKPATTAN	78,408	80,764	-2.9
RAHIM YAR KHAN	59,367	121,265	-51.0
RAJANPUR	84,499	89,581	-5.7
RAWALPINDI	129,672	120,487	7.6
SAHIWAL	100,674	83,327	20.8
SARGODHA	79,162	103,889	-23.8
SHEIKHPURA	97,748	96,299	1.5
SIALKOT	92,048	95,615	-3.7
T.T.SINGH	56,350	67,855	-17.0
VEHARI	46,688	65,849	-29.1
SINDH	697214	884,577	-21.2
BADIN	61,305	47,828	28.2
DADU	25,081	40,563	-38.2
GHOTKI	49,765	52,059	-4.4
HYDERABAD	14,615	28,221	-48.2
JACOBABAD	38,185	57,942	-34.1
JAMSHORO	11,143	67,635	-83.5
KARACHI CENTRAL	21,349	56,440	-62.2
KARACHI EAST	6,421	39,497	-83.7
KARACHI SOUTH	46,842	40,864	14.6
KARACHI WEST	27,428	30,590	-10.3
KASHMORE	77,792	64,272	21.0
KHAIRPUR	55,173	32,504	69.7
KORANGI TOWN-KARACHI	14,084	35,272	-60.1
LARKANA	22,635	46,416	-51.2
MALIR TOWN-KARACHI	25,163	24,143	4.2
MATIARI	14,628	33,752	-56.7
MIRPURKHAS	31,834	20,233	57.3
NAUSHAHRO FEROZE	32,395	24,952	29.8
NAWABSHAH	21,748	21,366	1.8
QAMBAR	12,937	22,571	-42.7
SANGHAR	15,660	22,296	-29.8

SHIKARPUR	10,973	13,203	-16.9
SUJAWAL	14,555	17,913	-18.7
SUKKUR	31,495	25,134	25.3
TANDO ALLAHYAR	14,006	18,912	-25.9
K.P.K	1,086,938	1,225,967	-11.3
ABBOTABAD	69,102	77,774	-11.2
BANNU	55,819	62,956	-11.3
BATAGRAM	23,659	21,472	10.2
BUNNER	125,415	76,315	64.3
CHARSADDA	62,845	36,436	72.5
CHITRAL	10,573	43,219	-75.5
DERA ISMAIL KHAN	36,595	48,889	-25.1
HANGU	68,460	33,895	102.0
HARIPUR	23,045	25,895	-11.0
KARAK	20,237	102,199	-80.2
KOHAT	50,760	66,868	-24.1
KOHISTAN	11,337	99,682	-88.6
LAKKI MARWAT	20,299	57,626	-47.4
LOWER DIR	44,817	82,347	-45.6
MALAKAND	89,911	32,540	176.3
MANSEHRA	47,256	36,413	29.8
MARDAN	42,769	32,695	30.8
NOWSHERA	26,703	23,668	12.8
PESHAWAR	12,803	51,516	-75.1
SHANGLA	56,505	48,012	17.7
SWABI	85,519	83,596	2.3
SWAT	36,870	15,733	134.3
TANK	2,742	28,491	-90.4
TOR GHAR	25,302	33,074	6.7
UPPER DIR	17,596	4,653	278.1
BALUCHISTAN	123,000	117,436	4.7
AWARAN	720	519	38.8
BARKHAN	4,960	1,190	316.9
CHAGHI	668	1,235	-45.9

DERA BUGHTI	2,039	1,494	36.4
GAWADAR	712	500	42.5
JAFFARABAD	5,392	6,819	-20.9
JHALMAGSI	3,092	2,771	11.6
KACHHI/BOLAN	4,649	4,917	-5.4
KALAT	1,805	1,566	15.3
KECH/TURBAT	1,199	1,114	7.7
KHARAN	723	890	-18.8
KHUZDAR	6,061	6,928	-12.5
KILLA ABDULLAH	2,909	3,605	-19.3
KILLA SAIFULLAH	3,557	4,113	-13.5
KOHLU	1,472	1,254	17.4
LASBELA	2,051	2,739	-25.1
LORALAI	7,803	2,873	171.6
MASTUNG	3,279	3,636	-9.8
MUSAKHAIL	2,092	1,685	24.2
NASIRABAD	4,201	3,868	8.6
NOUSHKI	934	809	15.5
PANJGOOR	2,337	2,331	0.3
PISHIN	5,228	7,154	-26.9
QUETTA	46,552	42,607	9.3
SIBI	2,962	4,473	-33.8
ZHOB	3,882	4,468	-13.1
ZIARAT	1,720	1,880	-8.5
ISLAMABAD	116,114	137,210	-15.4
ISLAMABAD	116,114	137,210	-15.4
AJK	42,866	44,309	-3.3
BAGH	4,656	4,450	4.6
BHIMBER	3,237	3,654	-11.4
KOTLI	5,921	8,590	-31.1
MIRPUR	3,993	3,805	4.9
MUZAFFARABAD	15,051	15,874	-5.2
NEELUM	4,319	3,655	18.2
POONCH	4,253	3,084	37.9

SUDHNOTI	1,436	1,196	20.0
FATA	48,445	43,535	11.3
BAJAUR AGENCY	7,803	7,945	-1.8
KHYBER AGENCY	5,687	5,376	5.8
KURRUM AGENCY	3,662	3,002	22.0
MOHMAND AGENCY	18,914	14,147	33.7
NORTH WAZIRISTAN	3,659	2,753	32.9
ORAKZAI AGENCY	4,380	4,883	-10.3
SOUTH WAZIRISTAN	4,340	5,430	-20.1
GB	15,541	14,224	9.3
DIAMER	1,171	1,466	-20.1
GANCHE	864	959	-10.0
GHIZER	2,306	3,105	-25.7
GILGIT	6,825	4,432	54.0
SAKURDU	4,376	4,262	2.7
NGOs			
RAHNUMA (FPAP)	1,029,776	1,040,692	-1.0
AJK	93,085	72,790	27.9
BALUCHISTAN	38,487	20,643	86.4
ISLAMABAD	124,424	81,104	53.4
KPK	185,200	156,527	18.3
NA	34,105	48,987	-30.4
PUNJAB	466,488	518,425	-10.0
SINDH	87,985	142,216	-38.1
MARIE STOPES	2,872,793	2,534,216	13.4
BALUCHISTAN	84,114	88,190	-4.6
KPK	291,932	305,558	-4.5
PUNJAB	1,269,824	1,188,653	6.8
SINDH	1,226,923	951,815	28.9
			Contd.

GREENSTAR (GSM)	1,980,529	1,706,205	16.1
AJK	26,826	18,648	43.9
BALUCHISTAN	32,158	42,996	-25.2
FATA	3,781	2,438	55.1
ISLAMABAD	49,533	37,224	33.1
KPK	342,361	297,095	15.2
NA	2,522	-869	-390.2
PUNJAB	1,138,787	919,796	23.8
SINDH	384,562	388,877	-1.1

ANNEXURE-II: Quarterly break – up of Contraceptive Performance data, in case of Population Welfare Departments and NGO(s).

TABLE I: CONTRACEPTIVE USAGE BY DATA SOURCE (1st Quarter July-September 2015)

SOURCE	COUPLE YEARS OF PROTECTION (CYP)			%AGE CHANGE	
	Jul-Sep 2015	Jul-Sep 2014	Apr-Jun 2015	Jul-Sep 2015 Vs Jul-Sep 2014	Jul-Sep 2015 Vs Apr-Jun 2015
PUNJAB	660,536	789,240	591,977	-16.3	11.6
SINDH	167,486	209,546	217,893	-20.1	-23.1
K.P.K	290,380	265,840	319,060	9.2	-9.0
BALUCHISTAN	30,015	27,606	30,983	8.7	-3.1
ISLAMABAD	32,235	31,110	34,568	3.6	-6.8
AJK	9,929	9,046	12,033	9.8	-17.5
FATA	13,447	9,642	11,475	39.5	17.2
GB	3,440	3,408	3,811	0.9	-9.8
RAHNUMA (FPAP)	256,031	250,401	275,019	2.2	-6.9
MARIE STOPES	569,186	558,950	619,432	1.8	-8.1
GREENSTAR (GSM)	446,268	354,136	482,337	26.0	-7.5
Pakistan	2,478,953	2,508,895	2,598,587	-1.2	-4.6

Table II: CONTRACEPTIVE USAGE BY DATA SOURCE (2nd Quarter Oct-Dec. 2015)

SOURCE	COUPLE YEARS OF PROTECTION (CYP)			%AGE CHANGE	
	Oct-Dec 2015	Oct-Dec 2014	Jul-Sep 2015	Oct-Dec 2015 Vs Oct-Dec 2014	Oct-Dec 2015 Vs Jul-Sep 2015
PUNJAB	692,752	809,864	660,536	-14.5	4.9
SINDH	186,686	233,699	167,486	-20.1	11.5
K.P.K	315,864	312,774	290,380	1.0	8.8
BALUCHISTAN	32,511	29,106	30,015	11.7	8.3
ISLAMABAD	31,551	35,448	32,235	-11.0	-2.1
AJK	10,696	12,361	9,929	-13.5	7.7
FATA	11,407	11,909	13,447	-4.2	-15.2
GB	3,695	3,537	3,440	4.5	7.4
RAHNUMA (FPAP)	273,342	265,621	256,031	2.9	6.8
MARIE STOPES	970,146	722,266	569,186	34.3	70.4
GREENSTAR (GSM)	535,177	359,710	446,268	48.8	19.9
Pakistan	3,063,826	2,796,293	2,478,953	9.6	23.6

Table:III CONTRACEPTIVE USAGE BY DATA SOURCE (3rd Quarter Jan-Mar 2016)

SOURCE	COUPLE YEARS OF PROTECTION (CYP)			%AGE CHANGE	
	Jan-Mar 2016	Jan-Mar 2015	Oct-Dec 2015	Jan-Mar 2016 Vs Jan-Mar 2015	Jan-Mar 2016 Vs Oct-Dec 2015
PUNJAB	703,285	776,673	692,752	-9.4	1.5
SINDH	168,720	223,439	186,686	-24.5	-9.6
K.P.K	251,724	328,293	315,864	-23.3	-20.3
BALUCHISTAN	30,659	29,741	32,511	3.1	-5.7
ISLAMABAD	27,964	36,085	31,551	-22.5	-11.4
AJK	11,329	10,870	10,696	4.2	5.9
FATA	11,804	10,510	11,407	12.3	3.5
GB	4,728	3,468	3,695	36.3	28.0
RAHNUMA (FPAP)	221,514	249,651	273,342	-11.3	-19.0
MARIE STOPES	772,764	633,568	970,146	22.0	-20.3
GREENSTAR (GSM)	529,398	510,022	535,177	3.8	-1.1
Pakistan	2,733,892	2,812,320	3,063,826	-2.8	-10.8

Table: IV CONTRACEPTIVE USAGE BY DATA SOURCE (4th Quarter Apr-Jun 2016)

SOURCE	COUPLE YEARS OF PROTECTION (CYP)			%AGE CHANGE	
	Apr-June 2016	Apr-June 2015	Jan-Mar 2016	Apr-June 2016 Vs Apr-June 2015	Apr-June 2016 Vs Jan-Mar 2016
PUNJAB	681,625	591,977	703,285	15.1	-3.1
SINDH	174,321	217,893	168,720	-20.0	3.3
K.P.K	228,969	319,060	251,724	-28.2	-9.0
BALUCHISTAN	29,815	30,983	30,659	-3.8	-2.8
ISLAMABAD	24,364	34,568	27,964	-29.5	-12.9
AJK	10,912	12,033	11,329	-9.3	-3.7
FATA	11,786	11,475	11,804	2.7	-0.2
GB	3,678	3,811	4,728	-3.5	-22.2
RAHNUMA (FPAP)	278,888	275,019	221,514	1.4	25.9
MARIE STOPES	560,698	619,432	772,764	-9.5	-27.4
GREENSTAR (GSM)	469,687	482,337	529,398	-2.6	-11.3
Pakistan	2,474,742	2,598,587	2,733,892	-4.8	-9.5

ANNEXURE-III: Justification for + / - 10% change in performance as compared to the previous quarter as well as to the corresponding quarter of the last year in respect of Population Welfare Departments & NGO(s)

Quarter-Wise Justifications \pm 10% Change

(Quarter- I)

Sr. No.	Justification Received From	Quarter - I (July- September , 2015)	
		Comparison with previous Quarter (April – June, 2015)	Comparison with corresponding Quarter of previous year (July – September, 2014)
Population Welfare Departments(PWDs)			
1	Population Welfare Department (PWD) Punjab	11.6% (Not supplied by the source agency)	-16.3% i) Due to shortage of staff in many districts like Bahawalnagar Bahawalpur, Chakwal, Lodhran, Sargodha, Khushab, Narowal and Gujrat. ii) Flood affected districts i.e. Jhang, Muzaffargarh and Rajanpur. iii) Screening for Hepatitis B & C before C S cases resulting in less C S cases. iv) Refresher training of Family Welfare Worker during the quarter.
2	Population Welfare Department (PWD) Sindh	-23.1% A robust camping campaign of implant and IUCD, was launched during previous quarter i.e. April-June 2015. Therefore, performance elevated. Further supply of implanon stopped and introduced Jadelle, which resulted in declined Performance during quarter (July-September, 2015). Usually performance increases in camping months which are organized at regular intervals.	-20.1% Decreased performance with proceeding year quarter is due to irregular supply of some of the commodities
3	Population Welfare Department (PWD),KPK	-9.0% (N.A.)	9.2% (N.A.)

4	Population Welfare Department (PWD) Baluchistan	-3.1% (N.A.)	8.7% (N.A.)
5	District Population Welfare Office, (DPWO) Islamabad	-6.8% (N.A.)	3.6% (N.A.)
Population Welfare Directorates			
6	Population Welfare Directorate, (PWD) Azad Jammu & Kashmir	-17.5% Due to delayed release of funds for the 1 st quarter of financial year 2015-16, frequency of mobile camps were reduced during the month of Ramadan in July, 2015 (N.A.)	9.8% (N.A.)
7	Population Welfare Directorate, (PWD) Gilgit Baltistan	-9.8% (N.A.)	0.9% (N.A.)
8	Population Welfare Directorate, (PDW) FATA	17.2% Due to free Family Planning / Medical Camps for IDPs	39.5% Due to free Family Planning / Medical Camps for IDPs
NGOs			
9	Marie Stopes Society of Pakistan (MSS)	-8.1% (N.A.)	1.8% (N.A.)
10	Greenstar Social Marketing (GSM)	-7.5% (N.A.)	26.0% Major reason for the variation is the purchasing behavior of providers/sub distributors. Sometimes providers and sub distributors based on their business needs/plan make bulk purchases and this result in significant increase in CYP generation than the previous year quarter.
11	Rahnuma FPAP	-6.9% (N.A.)	2.2% (N.A.)

N.A. = Not Applicable

Quarter-Wise Justifications \pm 10% Change

(Quarter- II)

Sr.No.	Justification Received From	Quarter - II (October- December , 2015)	
		Comparison with previous Quarter (July – Sept. , 2015)	Comparison with corresponding Quarter of previous year (Oct.-Dec. , 2014)
Population Welfare Departments(PWDs)			
1	Population Welfare Department (PWD) Punjab	4.9% (N.A.)	-14.5 % i) Shortage of staff in many districts like Attock, Bahawalnagar, Bahawalpur, Chakwal, Lodhran, Sargodha, Khushab, Narowal & Gujrat etc. ii) Local election 2015 was in process iii) Screening for Hepatitis B&C before Contraceptive Surgery Cases resulting less CS cases iv) Advance training of FWWs during the quarter in some districts.
2	Population Welfare Department (PWD) Sindh	11.5% Due to Ramadan and Eid holidays in the month July, 2015, performance of July-Sept. , 2015 was less and now increased in (Oct.-Dec. 2015)	-20.1% Decreased performance with proceeding year quarter is due to irregular supply of some of the commodities.
3	Population Welfare Department (PWD) Khyber Pakhtunkhwa	8.8% (N.A.)	1.0% (N.A.)
4	Population Welfare Department (PWD) Baluchistan	8.3% (N.A.)	11.7% (Not Supplied by the Source Agency)
5	District Population Welfare Office, (DPWO) Islamabad	-2.1% (N.A.)	-11.0% Declined performance (-11.0%) is due to absence of performance of Social Mobilizer as they were on temporary assignment in Dengue Cell, CDA Islamabad.

Population Welfare Directorates			
6	Population Welfare Directorate, (PWD) Azad Jammu & Kashmir	7.7 % (N.A.)	-13.5% The significant decrease in performance is due to non-availability of District Officer as most of the DPW Officer in AJK is appointed on contract basis. Their contract was ended in June, 2015 which was later on renewed in January, 2016. In the absence of district Management, the field activities were affected.
7	Population Welfare Directorate, (PWD) Gigli Baltistan	7.4% (N.A.)	4.5% (N.A.)
8	Population Welfare Directorate, (PWD) FATA	-15.2% No Free Family Planning Medical Camps for IDPs were held during Oct-Dec, 2015 as no budget was available for general medicines and that PC-I (2015-20) has not yet been approved.	-4.2% (N.A.)
NGOs			
9	Marie Stopes Society of Pakistan (MSS)	70.4% This period saw positive trends in term of growth. The (Oct-Dec) quarter is usually productive as clients prefer to take up an FP method during winter season. Also, July saw a dip due to the holy Ramadan, during which clients observe fasts and do not actively seek FP services. Thus dip was seen to be normalizing through the Oct-Dec quarter during which services rose.	34.3% During this period, MSS has maximum number of project on board, due to which they were able to reach out to a high number of clients. This was done by increasing number of service delivery outlets i.e., Suraj clinics, Field Health Educators, Pehli Kiran providers and Behtar Zindigi Centres. The major contribution was from Long Acting Reversible Contraceptives (LARCs) especially of IUDS. There was also an increase in the use of short term method. This was coupled with their field marketing and Behavior Change Communication (BCC) efforts.

10	Greenstar Social Marketing (GSM)	19.9% GS experienced increase in sales with respect to previous quarter, due to reinforcement of community level demand generation activities.	48.8% Increase in commercial sales was due to the expansion in network of Greenstar to remote provider's areas, clinics and pharmacies.
11	Rahnuma FPAP	6.8% (N.A.)	2.9% (N.A.)

N.A. = Not Applicable

**Quarter-Wise Justifications \pm 10% Change
(Quarter- III)**

Sr.No.	Justification Received From	Quarter - III(January-March , 2016)	
		Comparison with previous Quarter (Oct –Dec. , 2015)	Comparison with corresponding Quarter of previous year (Jan.-March , 2015)
Population Welfare Departments (PWDs)			
1	Population Welfare Department (PWD) Punjab	1.5% (N.A.)	-9.4 (N.A.)
2	Population Welfare Department (PWD) Sindh	-9.6% (N.A.)	-24.5% Due to irregular supply of some of the commodities, performance has declined.
3	Population Welfare Department (PWD) Khyber Pakhtunkhwa	-20.3% I) DPWOs were receiving less quantity of contraceptives against their requisitions since Oct-Dec, 2015 ii) Vacant posts of WMOs at RHSAs & MSUs.	-23.3% I) DPWOs were receiving less quantity of contraceptives against the demand/ requisitions since October, 2015 ii) Vacant posts of WMOs at RHSAs & MSUs. Therefore, replacement case of WMO(s) (BPS-17) by FTO (BPS-16) submitted to finance Department and has not yet been finalized.
4	Population Welfare Department (PWD) Baluchistan	-5.7% (N.A.)	3.1% (N.A.)
5	District Population Welfare Office, (DPWO) Islamabad	-11.4% Declined performance (11.1%) for the period Jan-Mar, 2016 vs Oct-Dec, and 2015 is due to short supply of IUCD and Injectable by CW&S, Karachi during Jan-Mar, 2016.	-22.5% Declined performance (-21.9%) for the period Jan-Mar, 2015 vs Jan – Mar,2016 is due to short supply of IUCD and Injectable by CW&S, Karachi during Jan-Mar, 2016.

Population Welfare Directorates			
6	Population Welfare Directorate, (PWD) Azad Jammu & Kashmir	5.9 % (N.A.)	4.2% (N.A.)
7	Population Welfare Directorate, (PWD) Gigli Baltistan	28.0% The increase in contraceptive performance is due to availability of general medicines in MSU and FWCs during Jan-Mar, 2016.	36.3% I) During the quarter Jan-Mar, 2016, 27 Mobile Service Unit camps were arranged while for the same quarter in 2015 camps were not arranged. ii) General medicines were being procured during the financial year 2015-16. The increase in contraceptive performance also is due to availability of general medicines in MSU and FWCs during Jan-Mar, 2016.
8	Population Welfare Directorate, (PWD) FATA	3.5% (N.A.)	12.3% Significant increase in CYP during Jan-Mar, 2016 over Jan-Mar, 2015 is due to improvement in law & order situation in some agencies.
NGOs			
9	Marie Stopes Society of Pakistan (MSS)	-20.3% Service numbers decreased as one of the projects (Family Planning/Reproductive Health) (FPRH) was closed due to which there was a reduction in the sale of service delivery units. The major impact of this was seen in the next quarter when the project was fully closed.	22.0% Service numbers decreased as one of the projects (Family Planning/Reproductive Health) (FPRH) was closed due to which there was a reduction in the sale of service delivery units. The major impact of this was seen in the next quarter when the project was fully closed.
10	Greenstar Social Marking (GSM)	-1.1% (N.A.)	3.8% (N.A.)
11	Rahnuma FPAP	-19.0% i) Due to stock out of injectables (Norigest) across system. ii) Commodities supplies at high subsidized rate or free of cost by public and some private sectors. iii) Change in government policies	-11.3% i) Due to stock out of injectables (Norigest) across system. ii) Commodities supplies at high subsidized rate or free of cost by public and some private sectors. iii) Change in government policies especially in Punjab Province related to stoppage of institutional Reimbursement Cost (IRC) and strengthening of public sector in providing permanent contraceptive methods through RHE camp.

		especially in Punjab Province related to stoppage of institutional Reimbursement Cost (IRC) and strengthening of public sector in providing permanent contraceptive methods through RHE camp.	
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N.A. = Not Applicable

**Quarter-Wise Justifications ± 10% Change
(Quarter- IV)**

Sr.No.	Justification Received From	Quarter - IV(April - June , 2016)	
		Comparison with previous Quarter (Jan. – Mar. , 2016)	Comparison with corresponding Quarter of previous year (Apr. – Jun. , 2015)
Population Welfare Departments(PWDs)			
1	Population Welfare Department (PWD) Punjab	-3.1% (N.A.)	15.1% i) Effective Monitoring, ii) Smooth weather condition, iii) Functioning of newly established FWCs under ADP Schemes iv) Re-operationalization of 38 Defunct Family Health Mobile Units (FHMUs)
2	Population Welfare Department (PWD) Sindh	3.3 % (N.A.)	-20.0% Due to irregular supply of some of commodities and Holy Ramadan observed in April – June, 2016.
3	Population Welfare Department (PWD) Khyber Pakhtunkhwa	-9.0 % (N.A.)	-28.2% i)Due to the Holy month of Ramadan in June, 2016’ ii) Due to closure of USAID deliver Project, supply to the province has been reduced against we demand/requisition. iii) Vacant posts of WMOs at RHSAs & MSUs. The replacement case of WMOs (BPS-17) by FTOs submitted to Finance Department and is not yet finalized.
4	Population Welfare Department (PWD) Baluchistan	-2.8 % (N.A.)	-3.8 % (N.A.)
5	District Population Welfare Office, (DPWO) Islamabad	-12.9% Decrease in April – June 2016 is due to Ramadan in the month of June, 2016.	-29.5% Decrease in April – June 2016 is due to Ramadan in the month of June, 2016.

Population Welfare Directorates

6	Population Welfare Directorate, (PWD) Azad Jammu & Kashmir	-3.7 % (N.A.)	9.3 % (N.A.)
7	Population Welfare Directorate, (PWD) Gilgit Baltistan	-22.2 % In-charge Family Welfare Workers (FWWs) and Lady Health Visitors (LHVs) of Family Welfare Centers (FWCs) and Reproductive Health Service (RHS-A) centers have remained under training in April—May for 15 days and in June for 8 days resulting a decline in contraceptive performance during the quarter Apr-Jun, 2016	-3.5% (N.A.)
8	Population Welfare Directorate, (PWD) FATA	-0.2 % (N.A.)	2.7 % (N.A.)
NGOs			
9	Marie Stopes Society of Pakistan (MSS)	-27.4% Numbers were reduced in this quarter as one of the major projects (Family Planning/Reproductive Health) (FPRH) was closed in April, 2016 which reduced service outlets of MSS.	-9.5 % (N.A.)
10	Greenstar Social Markting (GSM)	-11.3 % Decline in sales is primarily because of halted community level demand generation activities and increase in price of injectables.	-2.6 % (N.A.)

11	Rahnuma FPAP	<p>25.9 %</p> <p>The increase 25.9% in reporting quarter (April-June, 2016) in comparison to the first quarter of the same year (Jan-Mar,2016) is attributed primarily to a short term project introduced by Rahnuma FPAP with IPPF/UNFPA funding designed to concentrate on capacity building of service providers on providing implant services. In 2016, we have also focused on increasing enrollment of Private Practitioners (PPSs) and building their capacity in providing family planning services, which also added to this increase in CYP</p>	<p>1.4% (N.A.)</p>
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N.A. = Not Applicable

ANNEXURE-IV: Justification for + / - 10% change in performance during 2015-16 as compared to 2014-15 in respect of Department of Health (Health Facility & LHWs)

Sr. No.	Sources	PERCENTGE CHANGE IN 2015-16 IN COMPARISON WITH 2014-15	JUSTIFICATION
DEPARTMENT OF HEALTH (HEALTH FACILITY)			
1	The Department of Health, Punjab, Lahore	4.3%	Not Applicable
2	The Department of Health, Sindh, Hyderabad	-16.6%	The only reason for this ambiguity was probably the difference in data form sent by PBS and the data entry protocol in DHIS System. Now DHIS indicators are in process of revision. Date requirement of PBS will be catered in revised version of DHIS.
3	The Department of Health, Khyber Pakhtunkhwa, Peshawar	1.5%	Not Applicable
4	The Department of Health, Balochistan, Quetta	49.2%	Justification has not been provided by source agency.
5	The Department of Health, Islamabad	5.3%	Not Applicable
6	The Department of Health, Azad Jammu & Kashmir, Muzafarabad	277.6%	The main reason behind significant change is incomplete data during 2014-15. During the year 2014-15, District Muzaffarabad supplied 12 reports from CMH and 3 from AIMS; District Neelum has provided reports for 6 months, District Sudhnuti has supplied one month and District Bhimber also supplied one month report. While 6 – Districts have not reported their data. During 2015-16, six out of ten districts have submitted their report fully.
7	The Department of Health, Gilgit – Baltistan, Gilgit	-10.9%	Justification has not been provided by source agency.
8	The Department of Health, FATA, Peshawar	-4.0%	Not Applicable
DEPARTMENT OF HEALTH (LHWs)			
1	The Department of Health (LHWs), Punjab, Lahore	-9.7%	Not Applicable
2	The Department of Health (LHWs), Sindh, Hyderabad	22.6%	Reason behind increase of 22.6% Contraceptive usage by LHWs program Sindh are as follows: <ul style="list-style-type: none"> • In time supplies of contraceptive items from District Stores to attached FLCFs and then onward to LHWs level were made accordingly. • LHWs provided the FP services in their respective communities as per laid down protocols. • The monitoring/supervision up to LHW level was properly conducted which ultimately improve the working capacity of staff at grass root level.
3	The Department of Health (LHWs), Khyber Pakhtunkhwa, Peshawar	1.5%	Not Applicable
4	The Department of Health (LHWs), Balochistan, Quetta	-44.8%	Justification has not been provided by source agency.
5	The Department of Health (LHWs), Islamabad	-67.9%	The requisite information/clarification about difference regarding contraceptive performance for the years 2014-15 and 2015-16 is as under: <ol style="list-style-type: none"> i. During the financial year 2014-15, the sufficient stock of contraceptives was available in the store while in the year 2015-16, stock of contraceptive was not available in the store for supply to facilities, and as a result the significant decrease has been noted. ii. Services of LHWs and other staff were regularized w.e.f. 01.07.2012 with the order of the Supreme Court of Pakistan as order of the regularization of the services of LHWs/staff was issued to on 07.11.2014 so the performance of the field staff was badly affected owing to the series of agitations of the supervisory staff for months, till they received their long awaited/outstanding salaries after regularization. iii. In addition to their duties, the field staff has been involved in other national/life-threatening matters i.e. Polio, Dengue and Measles Eradication campaign/activities that consume major bulk of their working hours.

			<ul style="list-style-type: none"> iv. Besides above mentioned facts, the following constraints also caused decrease in usage of contraceptive performance of the Lady Health Workers Programme: <ul style="list-style-type: none"> a. Non-availability of Warehouse. b. Ban on recruitment against vacant posts. c. Non provision of additional funds to clear out standing liabilities. d. Inadequate provision of funds for repair/maintenance of vehicles.
6	The Department of Health (LHWs), Azad Jammu & Kashmir, Muzaffarabad	-43.0%	<p>Significant decrease (-43.0%) in performance during 2015-16 as compared to 2014-15, is due to the following reasons:</p> <ul style="list-style-type: none"> i. During 2014-15, USAID/DELIVER PROJECT was functioning in the entire Pakistan including all the Federating Units (AJK, GB, FATA & ICT). The arrangement of transport including transportation cost from Central Warehouse Karachi to all the District Stores of LHW Program in four Provinces and in all the Federating Units was being paid by them. As the tenure of the above Project completed, there was discontinuation in supplies from Central Warehouse Karachi to DPIU Stores of LHW Program in AJK. ii. LHW Program AJK is presently suffering crisis as the Annual Federal PSDP Allocation of Rs. 330.00 Millions, which is insufficient to make payment of salary to the working staff. Presently, the back log of salary payment is of 07 months. The staff has not been paid since June, 2016. In view of the same, it is quite impossible to bear transportation charges from CW&S Karachi to 10 DPIU Stores of AJK and thereafter from there to attached Health Facilities from where the working LHWs could replenish the stock of contraceptive items on monthly basis. iii. The working morale of field staff is also affected due to irregular and delayed payment of their salaries. It is important here to mention that in AJK Region, most of the working LHSs & LHWs are totally dependent on their salaries. The delayed payment creates a mental/psychological torture which ultimately affects their working performance.
7	The Department of Health (LHWs), Gilgit – Baltistan, Gilgit	-88.9%	The significant decline in the couple years of protection (CYP) during the financial year 2015-16 as compared to FY 2014-15 was due to non-availability of stock of DPIUs of Gilgit-Baltistan, most of the DPIUs of Gilgit-Baltistan showed nil balance of contraceptive during the FY 2015-16. Moreover the concerned agencies (UNICEF) supplied contraceptives directly to the districts after 2014-15.
8	The Department of Health (LHWs), FATA, Peshawar	-23.7%	The reasons behind significant decrease (-23.7%) in performance during 2015-16 as compared to 2014-15 is less/insufficient supply of contraceptive items from USAID during FY 2015-16 and also no local purchase made for contraceptive items due to limitation of Budget.

ANNEXURE-V: Statement on the bottlenecks hindering the progress and new initiatives taken to enhance the progress, as supplied by the source agencies (Population Welfare Departments & NGOs)

Sr. No.	Name of Department	Bottlenecks	Initiatives for 2015-16 and onwards
1.	Population Welfare Department, Government of Punjab, <u>Lahore</u>	<p>i. Delay in approval of Punjab Population policy.</p> <p>ii. Issues Relating to Tehsil Population Welfare (TPW) Office:</p> <ul style="list-style-type: none"> • Non-availability of vehicles for TPWSs. • No administrative and financial powers of TPWOs at Tehsil level. • Lack of ownership from line departments. <p>iii. Issues Relating to Family Health Clinics.</p> <ul style="list-style-type: none"> • Deficiency of service providers (WMOs) (33 vacant post out of 121). • Absence of career path and professional growth. • Lack of special incentive. • Total 146 vehicles are required to fully equip all FHC(s) out of which only 127 (61 during 1982-1995 and 66 during 2000-2008), have been purchased so far. • Functional Centres at Ganga Ram Hospital, Lahore, MTC, Nishtar Hospital, Multan, Vasectomy Centre, Sialkot and FHC, THQ Hospital Chunian, Kasur, have been demolished by the Health Department. 	<p>i. Punjab Population Policy: Punjab Population policy has been drafted and submitted for approval of provincial cabinet.</p> <p>ii. Annual Development Programms: Different Development Programmes have been planned / launched that included up gradation of Family Health Clinics (2014-15); Strengthening of Population Welfare Training Institutes, Lahore (2014-16), Regional Training Institutes Multan & Lahore. Restructuring & Reorganization (2014-16)l Expansion of Family Welfare Centers & Introduction of Community Based Family Planning Workers (2014-18); Construction of 11 Family Health Clinics (2014-17); Provision of missing facilities / infrastructure at Family Health Clinics and Family Welfare Centres of Population Welfare Department, Punjab (2015-16) and construction of Population Welfare House, Punjab (2016-18).</p> <p>iii. Refurbishment of Mobile service units: 38 MSU vehicles out of 117 in 13 lowest CPR Districts have been refurbished & made functional and WMO(s) have also been recruited through PPSC.</p> <p>iv. Introduction of M-Governance: PWD has taken a leap by introducing M-Governance with PITB for on line monitoring and reporting through DPWO(s), Dy. DPWO (Tech.) & TPWO(s).</p> <p>v. Monitoring through MEAs: Hiring of 116 Monitoring & Evaluation Assistants (MEAs), for inspection of service delivery outlets of PWD Punjab (2015-17).</p> <p>vi. Ulema Advisory Board at Provincial level: Population Welfare Department has constituted Advisory Board of Ulema, at provincial level, after the approval of Chief Minister, Punjab, on 14.11.2014, to guide the department for carrying out its programme and policies, to control Population, in the light of Islamic jurisprudence and injunctions.</p> <p>vii. Two new Districts set-up: For establishment of two new Districts set-up (Nankana & Chiniot), a summary has been submitted to Chief Minister, for approval.</p>

		<p>iv. Issues relating to Family Health Mobile Units (FHMU).</p> <p>Out of 117, only 38 FHMU have been re-furbished while funds for remaining 79 are required.</p> <p>v. Issues relating to Social Mobilizers.</p> <p>Social Mobilizers are on retainer ship fee of Rs. 7,000 per months. 97 Social Mobilizers are being regularized in compliance of LHC Multan Bench Orders. Most of others have also approached courts, for their regularization.</p> <p>vi. Miscellaneous:</p> <ul style="list-style-type: none"> • Programme devolved along with employees in 2002 has not been shifted to current side of budget to date and still funded through PSDP. • Delayed and insufficient releases with a complex funding flow mechanism. • Ban on Recruitment - large no. of vacant position. • Existence of DPW and TPW offices in rented buildings. • Absence of regional set up. • Non-replacement of old monitoring vehicles. 	
2.	Population Welfare Department, Government of Sindh, Karachi	<p>During 2014-15 and for most part of 2015-16, the irregular supplies of contraceptive remained a hurdle, in the performance. Resultantly, some of the districts & centers were in stock out position.</p>	<ul style="list-style-type: none"> • PWD, Sindh has expanded the service network by involving Public Health Sector which includes department of Health, Peoples Primary Health Initiatives, and Mother & New born and Child Health (MNCH) Programme. • PWD, Sindh has arranged more than 130 sessions, for training of Doctors and Paramedics of department of Health, PPHI, MNCH, NNPPPI, MSS in IUCD and Implanon insertion / removal techniques.

3.	Population Welfare Department, Government of Khyber Pakhtunkhwa, Peshawar	<p>i. Delay in implementation of 100 new FWCs project, under provincial ADP scheme: Occurred due to court cases. If this delay had not occurred, progress / performance for year 2015-16, might have increased manifold.</p> <p>ii. Low Strength of WMO: Many positions of WMO(s) are laying vacant at RHS-A(s) and MSU(s) of the province, due to decreased joining rate of WMO(s) against the advertised position.</p> <p>iii. Less supply of contraceptive: Supply of contraceptives to the province, suffered due to closing of US Deliver project.</p> <p>iv. Less funding from Federal PSDP: Federal Government has not provided adequate funds, as pledged under NFC award.</p>	<p>i. Scheme for Involvement of Imam, Khateeb, in Social Mobilization: The scheme for involvement of Imam and Khateeb, in Social Mobilization, has been initiated, under Provincial ADP Scheme, for effective implementation of Population Welfare Programme at District, Tehsil & Union Council levels. This includes enrolment of 250 Social Mobilizers in all 25 Districts of KPK with 10 Social Mobilizers per District.</p> <p>ii. Village Based Family Planning Worker: This scheme has been initiated under provincial ADP as a pilot project in two Districts of Malakand & Nowshera, by hiring 16 village based Family Planning workers (eight in each districts), providing a chance for Family Planning. Basic MCH and Elementary Medical care to the rural population, at their door step.</p> <p>iii. Contraceptive Procurement at Provincial level: For the year 2015-16, joint procurement of contraceptives, by PWD & DOH, has been carried out. In this connection, supplies like oral pills and injections have been arrived while condoms and CU-T are expected to be arrived shortly.</p> <p>iv. Establishment of new service delivery outlets: To meet the unmet need of FP/RH at grass root level, 100 new FWCs, 4 MSU(s) and 4 RHSC – As, have been established, under provincial ADP Scheme.</p>
4.	Population Welfare Department, Government of Baluchistan, <u>Quetta</u>	<p>i. Less Male Involvement: Lack of basic infrastructure to increase male involvement in family planning programme and to facilitate the successful running of family planning programs in all districts.</p> <p>ii. Funding Constraints: Issues relating to funding constraints for purchasing necessary equipment for each Family Welfare Center.</p>	<p>i. New Plan of Expansion: PWD, Balochistan has developed / submitted a new plan to expand the programme, in order to ensure the more facilities and timely provision of contraceptives to public. This plan includes creation of new RHSAs, FWCs and MSUs and establishment of a divisional directorate, to strengthen the monitoring / coordination among all outlets of a division to set a venue of training at Divisional level; and to solve all types of technical / non-technical problems immediately, to avoid delays etc.</p> <p>ii. Launching of strong male mobilizer project: The department has launched a strong male mobilizer project to motivate the rules towards the programme. This project has been made more useful, as compared to the past, by making some amendment in it.</p> <p>iii. Broadcasting of radio programme: The department has broadcasted some radio programmes and is going to plan some more, to address health and family planning issues.</p>

		<p>iii. Challenges in the availability & accessibility of contraceptive: Some challenges like unpredictable donor funding and lack of coordination in the procurement processes, hinder the availability and accessibility of contraceptive, at district and tehsil level.</p> <p>iv. Delay in approval of funding for the programme in the province.</p> <p>v. Issues relating to capacity building and skill development of service providers, at all levels.</p> <p>vi. More media and publicity campaigns, are directly needed, to enhance social acceptance of family planning programme.</p> <p>vii. Need to involve Ulemas religious leaders, to resolve religious issues & misconception.</p>	
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		<p>viii. Inaccessibility to FWC(s) / Reproductive Centers in rural areas of Balochistan, being geographically far so there is need for mobile clinics or establishing more FWC(s) / RHSA(s) / MSU(s) etc.</p> <p>ix. Systemized supply of contraceptive is required for those, who needed.</p> <p>x. Stronger Coordination between International donors, National NGO/INGOs, Provincial and National stakeholders is already needed, for the success of programme.</p>	
5.	District Population Welfare Office , Government of Pakistan, <u>Islamabad</u>	At present, the existing service delivery network of the district comprises of 31 Family Welfare Centres, 03 Reproductive Health Service Centres, 01 Mobile Service Unit and 20 Social Mobilizers, is providing services relating to Reproductive Health Family Planning / Mother & Child Health to 50 to 60% of the population, which, as per FP 2020 and SDGs, should reach 100% by establishment of new service delivery outlets. However, Finance Division allocated only Rs. 120.00 million as compared to proposed demand of Rs. 153.00 million based	To achieve 100% coverage of family planning services in the district, as per Vision 2025, FP 2020 and SDG(s), establishments of 07 new family welfare Centres and recruitment of 10 new Social Mobilizers have been proposed and will be achieved subject to provision of funds and recruitment of staff.

		on forecasted activities and expansion for the year 2016-17. This will result in failure to sustain and increase existing level of performance, to achieve objectives end targets, as per Vision 2025, FP 2020 and SDG(s).	
6.	Population Welfare Directorate, Government of AJK, <u>Muzaffarabad</u>	<p>i. Non-Expansion in Service Delivery Outlets: No expansion in service delivery outlets could be made since last 10 year, which severely hindered the progress of the program.</p> <p>ii. Delayed Releases of Funds: The Program is being funded through Federal PSDP, and the quarter wise funds are not released in time which affects the progress of the program.</p> <p>iii. Commodity Security: There is no Commodity (Contraceptive) security, after withdrawal of the same from USAID.</p>	<p>i. Proposed Expansion in the Programme: In PC-I (2015-20). proposed expansion in service delivery network includes establishment of 03 new Mobile Service Units, 55 Family Welfare Centres and recruitment of 53 village Based Family Welfare Workers, that will increase the coverage of Family Planning services, in hard to reach areas.</p> <p>ii. IEC Campaign: IEC (Information, Education & Communication Campaigns) are planned to be launched using latest technologies (mobile broadcasting etc.) for awareness of the targeted population.</p> <p>iii. Satellite Campus: During 2014-15, extensive satellite camps were arranged in far flung areas of AJ&K which enhanced the progress up to 44% in 2014-15 as compared to 2013-14.</p>
7.	Population Welfare Directorate Government of <u>Gilgit Baltistan, Gilgit</u>	<p>i. Non – expansion of programme / service delivers outlets since 2008 due to non-implementation of approved PC-I 2010-15: No expansion in service delivery outlets/programme structure since June 2008, due to non-implementation of approved PC-I (2010-15), (approved by CDWP on 19th November, 2009, at a cost of Rs. 663.103 million), owing to devolution / 18th amendment.</p> <p>ii. Inadequate Funding: Funding for Population Welfare Programme, GB, is being made from Federal PSDP, at capped level (93% of the budget was utilized to</p>	<p>i. PC-I proposing expansion plans for service delivery outlets and staff (2015-20): PC-I (2015-20) proposing expansion plan of service delivery outlets (increasing no. of FWC(s) from 37 to 86 no. of RHS-A centres from 3 to 6 and no. of MSU(s) from 3 to 7) as well as recruitment plan of staff i.e. creating 139 posts in different grades for Directorate office as well as for different Service delivery outlets, have been prepared and endorsed by the Chief Minister, GB, for onward transmission to M/O Health, services, Regulation & Coordination Islamabad.</p> <p>ii. Reduction in Staff of Family Welfare Centres: To reduce the overhead expenditure and based on learning / experience in the field, staff of Family Welfare Centre has been proposed to be reduced from 5 to 2 i.e. instead of having separated Family Welfare Assistants (male & female) at each Family Welfare Centre, for counseling / motivation, registration and follow-up of family planning clients, existing staff of health facility concerned and social mobilizer of the Union Council concerned shall be encouraged / involved through an incentive package for the same in the newly proposed set – up.</p> <p>iii. Incentive Packages for enhancing contraceptive performance:</p> <ol style="list-style-type: none"> For IUCD, Multiload and Jadelle Implant, a sum of Rs. 200 per client. For Contraceptive Surgery (Tubaligation & Vasectomy), a sum of Rs. 300/- per client. For other contraceptive methods (Injectable, Oral Pills & Condoms), a sum of Rs. 100/-

	<p>meet pay & allowances during Financial year 2015-16 and expected to utilize more than 97% to meet pay & allowances, during financial year 2016-17, leaving behind very meager amount for programme activities.</p> <p>iii. Lack of ownership from Government of Gilgit Baltistan: As per CCI decision made in its meeting, held on 28th April, 2011, respective Provincial Govt. had to arrange funds over and above capped federal allocation for Population Welfare Programmes.</p> <p>iv. Non-availability of Lady Medical Officers: 11 posts of Lady Medical Officers are currently vacant, resulting in restricting services of RHS-A centres. At FWCs, there is no contraceptive surgery cases to build up CYP to considerable level.</p> <p>v. Restricting Number of Mobile Service Unit Camps: Mobile Service Unit, being major source of client generation, is being curtailed due to lack of funds as average cost of a camp in GB is on little higher side as compared to the rest of country, due to mountainous rough terrain and scattered population.</p> <p>vi. Non-holding of Training of Programme Personal: After devolution / post 18th amendment period, no trainings / refresher trainings by management staff / officers could be arranged as there is no population welfare training institute in GB and no other province cater any training of GB</p>	<p>per client, is proposed on completion of one cycle of each method, to attain one CYP. The amount will be payable on production of complete information of each client (Name, Husband name, Age, Date of Birth, CNIC No., Address, No. of living children with dates of births. Verification and counter – verification will be carried out by the incharge FWC and incharge Medical Officers. On the spot verification of clients, will also be carried out by concerned District Population Welfare Office / Directorate of Population Welfare, as deemed fit.</p>
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		<p>officers/officials.</p> <p>vii.Limited IEC (Information Education & Communication) Amities:</p> <p>IEC activities have also been curtailed, after devolution, due to non-available of funds resulting in decelerated performance.</p>	
8.	<p>Population Welfare Directorate, FATA, <u>Peshawar</u></p>	<p>i. Job Security of Staff:</p> <p>Employees working in Population Welfare Programme FATA, are still working under volatile service structure (PC-I) – being funded from Federal PSDP. However, the same structure and nature of employees, working on provincial side (KPK) have been transformed from developmental to current budget and are having secure service future will promotion & up gradation prospects.</p> <p>The Directorate of FATA took initiative and sent SNE of Population Welfare Programme FATA employees to M/o National Health Services & Regulation Islamabad through FATA Secretariat but still pending.</p> <p>ii. Socio-cultural Constraints & Less Budgetary Allocation:</p> <p>Society in FATA is more traditional and resistant to Family Planning and considers large families as more powerful. In this scenario, supplementing of Family Planning Services through general medicine is a tool to attract tribal population to Population Welfare Service Delivery outlets but less budgetary allocation always remains a hurdle.</p>	<p>Proposed PC-I 2015-20:</p> <p>A new project proposal (PC-I 2015-20) has been prepared and submitted to M/o Health, Services & Regulation, Islamabad. Approval and implementation of the same could be a ray of hope for future progress of programme services.</p>

		<p>iii. Law and Order: Law and Order situation of FATA also threatens the security of staff.</p>	
9.	Rahnuma, Family Planning Association of Pakistan, Lahore	<p>i. Task Shifting and Task Sharing Approach: Task shifting and task sharing approach was adopted by Rahnuma FPAP, for strengthening and expanding existing health care facilities through its nation – wide service delivery network. Non-availability of Lady Medical Officer (LMO) and high turnover due to salary package offered in comparison to other market competitors incited an idea of sharing and shifting of tasks under which Mid – level service providers, in organization are trained on long term methods as supplementary service providers to address family planning needs of population residing mainly in rural areas.</p> <p>ii. Change in Strategy for RHE Camps: Reduction in permanent contraceptive methods reported by Rahnuma FPAP, is observed due to change in strategy of provincial governments for RHE camps. Collaboration between Public and Private Sectors, on RHE camps unexhausted overtime and no. of locations allocated to private sector, has also reduced. Despite the alternative measures such as free permanent method camps by Rahnuma FPAP, it is not possible for development sector, to match with the scale & holistic package of traditional RHE camps modalities in</p>	<p>i. Stock-out of Injectables (Norigest): Due to stock-out of injectable (Norigest), it is challenging for Rahnuma FPAP to switch over its customary clients of Norigest to other family planning commodities.</p> <p>ii. Training of Service Provider on Post - Partum IUCD: Rahnuma FPAP envisaged and gradually progressing on implementation of a comprehensive plan for post - partum contraceptive uptake, in its service delivery outlets. Training of counselor on post-partum family planning counseling and capacity / technical skill of service providers on PPIUCD uptake is in progress. Lady Doctors in the system, are trained from Agha Khan University Karachi and NCMNCH, in batches, on past-partum IUCD insertions. Trickle down plan of these training, up to mid-level service providers, is also envisioned by the organization. Due to better counseling, high no. of women is motivated to adopt post – partum contraceptives, in the immediate post – delivery period.</p> <p>iii. Initiation of free permanent method camps at Family Health Hospitals of Rahnuma FPAP: Due to dis - continuation of Reproduction Health Extension (RHE) camps in collaboration with government and hindrances in disbursement of Institutional Reimbursement Cost (IRC), Rahnuma FPAP has decided to approach potential clients through free permanent amps, at its own hospitals. These clients are provided with permanent contraceptive methods.</p> <p>iv. In 2016 Rehnuma FPAP has also focused on increasing enrolment of private practitioners (PPs) and building their capacity in providing Family Planning Services.</p>

		providing permanent family planning methods to clients.	
10.	Marie Stopes Society (MSS), <u>Karachi</u>	Commodity security is a bottleneck for smooth continuation of service delivery.	Advocacy campaign with Population Welfare Departments (PWDs), Department of Health (DOH) and Pakistan Nursing Council (PNC), on task shifting / task sharing for implants done by lower cadres, to expand access to services of implants in remote and rural areas.
11.	Greenstar Social Marketing (GSM), <u>Karachi</u>	<p>Bottlenecks / issues in provision of District level Contraceptive Performance data, on monthly basis:</p> <p>Compilation of sales data and CYP by district and product, often show high variation / fluctuation between districts and products every month. The main reason for this variation in monthly sales is the purchasing behavior of small outlets and provider. Quantity purchased by outlets and providers, mainly depends on their cash flows and usually do not buy every month. However, if data is compiled by province and on quarterly basis, variation in sale within quarter and province disappear.</p>	<p>i. CYP by Green star:</p> <p>Green Star Social Marketing produce CYPs by selling Green Star branded Contraceptives (Condoms, Pills and Injectable) to more than 70,000 retailers (Sathi and Touch Condoms) and 33,000 medical stores and pharmacies (Condoms, Pills and Injectable) spread all over the country through a highly reputed nation-wide distributor Muller and Phipps (M&P) at subsidized price. Intrauterine contraceptive devices (IUCDs) are sold to trained family planning providers.</p> <p>ii. Collection & Recording of contraceptive sale data:</p> <p>The raw sale data is received from distributor, on daily basis. The sale data is compiled in the form of final report on monthly basis by province & product, after necessary cleaning & processing.</p>

ANNEXURE-VI: Statement on FP 2020 (Targets vs Achievements), in respect of PWDs and NGO(s)

Sr. No	Name of Department	Targets & Achievements(As Supplied by the Source Agencies)																																																							
1.	Population Welfare Department, Government of Punjab, Lahore	<p>The targets for Contraceptive Prevalence Rate (CPR) committed by Punjab Province during the National Population Summit held in 2015 to raise the CPR to 55% by 2020.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Year</th> <th style="width: 35%;">Targets(%)</th> <th style="width: 35%;">Achievements (%)</th> </tr> </thead> <tbody> <tr><td>2013-14</td><td style="text-align: center;">43.09</td><td style="text-align: center;">40.70</td></tr> <tr><td>2014-15</td><td style="text-align: center;">44.18</td><td style="text-align: center;">41.48</td></tr> <tr><td>2015-16</td><td style="text-align: center;">46.34</td><td style="text-align: center;">43.04</td></tr> <tr><td>2016-17</td><td style="text-align: center;">48.51</td><td style="text-align: center;">--</td></tr> <tr><td>2017-18</td><td style="text-align: center;">50.67</td><td style="text-align: center;">--</td></tr> <tr><td>2018-19</td><td style="text-align: center;">52.84</td><td style="text-align: center;">--</td></tr> <tr><td>2019-20</td><td style="text-align: center;">55.00</td><td style="text-align: center;">--</td></tr> </tbody> </table>				Year	Targets(%)	Achievements (%)	2013-14	43.09	40.70	2014-15	44.18	41.48	2015-16	46.34	43.04	2016-17	48.51	--	2017-18	50.67	--	2018-19	52.84	--	2019-20	55.00	--																												
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2.	Population Welfare Department, Government of Sindh, Karachi	<p>FP 2020 targets of PWD Sindh are as under:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Year</th> <th style="width: 20%;">Increase per annum</th> <th style="width: 20%;">Additional users</th> <th style="width: 40%;">map%</th> </tr> </thead> <tbody> <tr><td>2012</td><td style="text-align: center;">up</td><td style="text-align: right;">1,638,534</td><td style="text-align: center;">24.5</td></tr> <tr><td>2013</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">136,504</td><td style="text-align: center;">26.0</td></tr> <tr><td>2014</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">140,459</td><td style="text-align: center;">27.5</td></tr> <tr><td>2015</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">144,595</td><td style="text-align: center;">29.0</td></tr> <tr><td>2016</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">148,640</td><td style="text-align: center;">30.5</td></tr> <tr><td>2017</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">152,685</td><td style="text-align: center;">32.0</td></tr> <tr><td>2018</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">156,731</td><td style="text-align: center;">33.5</td></tr> <tr><td>2019</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">160,776</td><td style="text-align: center;">35.0</td></tr> <tr><td>2020</td><td style="text-align: center;">1.5%</td><td style="text-align: right;">164,821</td><td style="text-align: center;">36.5</td></tr> <tr><td>Sub Total</td><td></td><td style="text-align: right;">2,843,835</td><td></td></tr> <tr> <td>Additional Method</td> <td style="text-align: center;">Traditional</td> <td></td> <td style="text-align: center;">08.0</td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td style="text-align: center;">44.5</td> </tr> </tbody> </table> <p style="margin-top: 10px;">It has been further intimated that year wise CPR could not be determined from reporting data, therefore we may wait for any National or Provincial survey. However, Multi Indicators Cluster Survey (MICS Sindh) 2014 shows CPR 29% of all methods and 24.8% of modern methods.</p>				Year	Increase per annum	Additional users	map%	2012	up	1,638,534	24.5	2013	1.5%	136,504	26.0	2014	1.5%	140,459	27.5	2015	1.5%	144,595	29.0	2016	1.5%	148,640	30.5	2017	1.5%	152,685	32.0	2018	1.5%	156,731	33.5	2019	1.5%	160,776	35.0	2020	1.5%	164,821	36.5	Sub Total		2,843,835		Additional Method	Traditional		08.0	Total			44.5
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3.	Population Welfare Department, Government of Khyber Pakhtunkhwa, Peshawar	<p>Approved Population Policy 2015 envisages achievement 42% CPR by the year 2020, subject to universalization of FP services by all stakeholders, particularly PWD, DOH, NGOs & Civil Society organizations. The baseline for CPR target is 28.1% (PDHS 2012-13). Based on PDHS findings 2012-13, the department has extrapolated the following yearly targets of CPR to be achieved by all stakeholders on yearly basis. As far as the achievements are concerned, it cannot be projected without having a recent Demographic & Health Survey in hand.</p> <table border="1" data-bbox="483 297 1690 423"> <thead> <tr> <th data-bbox="483 297 619 329">Indicators</th> <th colspan="10" data-bbox="619 297 1690 329">YEARS</th> </tr> <tr> <td data-bbox="483 329 619 391"></td> <td data-bbox="619 329 947 391">2012 Baseline (PDHS 2012-13)</td> <td data-bbox="947 329 1045 391">2013</td> <td data-bbox="1045 329 1144 391">2014</td> <td data-bbox="1144 329 1243 391">2015</td> <td data-bbox="1243 329 1341 391">2016</td> <td data-bbox="1341 329 1440 391">2017</td> <td data-bbox="1440 329 1539 391">2018</td> <td data-bbox="1539 329 1638 391">2019</td> <td data-bbox="1638 329 1736 391">2020 Target</td> <td data-bbox="1736 329 1690 391"></td> </tr> </thead> <tbody> <tr> <td data-bbox="483 391 619 423">CPR</td> <td data-bbox="619 391 947 423">28.1</td> <td data-bbox="947 391 1045 423">29.8</td> <td data-bbox="1045 391 1144 423">31.6</td> <td data-bbox="1144 391 1243 423">33.3</td> <td data-bbox="1243 391 1341 423">35.0</td> <td data-bbox="1341 391 1440 423">36.8</td> <td data-bbox="1440 391 1539 423">38.5</td> <td data-bbox="1539 391 1638 423">40.3</td> <td data-bbox="1638 391 1736 423">42.0</td> <td data-bbox="1736 391 1690 423"></td> </tr> </tbody> </table>	Indicators	YEARS											2012 Baseline (PDHS 2012-13)	2013	2014	2015	2016	2017	2018	2019	2020 Target		CPR	28.1	29.8	31.6	33.3	35.0	36.8	38.5	40.3	42.0	
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4.	Population Welfare Department, Government of Baluchistan, Quetta	FP-2020 target for the year 2020 has been fixed as 32% CPR. The current CPR of the province is 22.6, which has been estimated based on the trend of the near past surveys calculated with the help of Family Planning Estimating Tools (FPET).																																	
5.	District Population Welfare Office, Govt. of Pakistan, Islamabad	District Population Welfare Office has no technical expertise i.e. post of Demographer to forecast the targets and other population /demographic projections. In this regard, Population Programme Wing, Ministry of Health Services, Regulation & Coordination has been requested to forecast the targets of District Islamabad regarding FP 2020. However, it has been informed that FP 2020 target for Contraceptive Prevalence Rate (CPR) is 55% whereas Pakistan Demographic & Health Survey (PSDP) (2012-13) reveals 59.4% Contraceptive Prevalence Rate (CPR) for District Islamabad.																																	
6.	Population Welfare Directorate, Government of AJK, Muzaffarabad	<p>The targets for Contraceptive Prevalence Rate (CPR) during 2014-15 and 2015-16 are as under.</p> <table border="1" data-bbox="483 854 1514 951"> <thead> <tr> <th data-bbox="483 854 999 886">Year</th> <th data-bbox="999 854 1514 886">CPR Targets</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 886 999 919">2014-15</td> <td data-bbox="999 886 1514 919">27%</td> </tr> <tr> <td data-bbox="483 919 999 951">2015-16</td> <td data-bbox="999 919 1514 951">29%</td> </tr> </tbody> </table>	Year	CPR Targets	2014-15	27%	2015-16	29%																											
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7.	Population Welfare Directorate Government of Gilgit Baltistan, Gilgit	<p>Gilgit Baltistan Demographic and Health survey was conducted in 2008 and Contraceptive Prevalence rate of Gilgit Baltistan was recorded as 29.4. Subsequently another survey “ Pakistan Demographic and Health survey was conducted in 2012 by National Institute of Population Studies and Contraceptive Prevalence Rate of Gilgit Baltistan was recorded as 34%. The annual increase in Contraceptive Prevalence Rate (CPR) of Gilgit Baltistan is about 1.5 per annum during the period 2008-12. Achievement in Contraceptive Prevalence Rate for the year 2014 and 2015 has been calculated on basis of this increasing trend.</p> <table border="1" data-bbox="483 1162 1677 1406"> <thead> <tr> <th data-bbox="483 1162 604 1224">Year</th> <th data-bbox="604 1162 726 1224">Targets</th> <th data-bbox="726 1162 911 1224">Achievements</th> <th data-bbox="911 1162 1096 1224">% Achievements</th> <th data-bbox="1096 1162 1677 1224">Remarks</th> </tr> <tr> <td data-bbox="483 1224 604 1256"></td> <td data-bbox="604 1224 726 1256">CPR</td> <td data-bbox="726 1224 911 1256">CPR</td> <td data-bbox="911 1224 1096 1256">CPR</td> <td data-bbox="1096 1224 1677 1256"></td> </tr> </thead> <tbody> <tr> <td data-bbox="483 1256 604 1406">2014-15</td> <td data-bbox="604 1256 726 1406">36</td> <td data-bbox="726 1256 911 1406">36.2</td> <td data-bbox="911 1256 1096 1406">100.5</td> <td data-bbox="1096 1256 1677 1406">Program Set-up has remained frozen at pre-devolution level with no expansion in service delivery since 2008. Expansion in service delivery network has been planned in Five Year Plan (2015-20). PC-1 of Population Welfare Program Gilgit-</td> </tr> </tbody> </table>	Year	Targets	Achievements	% Achievements	Remarks		CPR	CPR	CPR		2014-15	36	36.2	100.5	Program Set-up has remained frozen at pre-devolution level with no expansion in service delivery since 2008. Expansion in service delivery network has been planned in Five Year Plan (2015-20). PC-1 of Population Welfare Program Gilgit-																		
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					Baltistan has already been submitted to the Ministry of national Health services, Regulation and coordination. Targets have been envisaged based on proposed expansion plan for 2015-20.
	2015-16	37	37.2	100.5	
	2016-17	38	--		
	2017-18	39	--		
	2018-19	40	--		
	2019-20	42	--		
8.	Population Welfare Directorate, FATA, Peshawar	Target based on PC-1 (2015-20)			
	Name of Contraceptive	Target 2016-17	Target 2017-18	Target 2018-19	Target 2019-20
	Condoms	718546	862255	1034706	1241647
	Oral Pills	88244	105893	127072	152485
	Inject able	37790	45348	54418	65302
	IUD/Copper-T	9675	11610	13931	16718
	Name of Contraceptive	Target 2015-16	Achievement 2015-16	Reasons	
	Total Condoms	598788	468392	The targets are based on the New proposed PC-1 for the period (2015-20), which was prepared and submitted, to M/o NHR&C Islamabad, and presently is in process for approval in Planning Commission Islamabad. Currently the program is running on the same caped budget. Therefore, no expansion and recruitment of service providers is possible. Resultantly, there occurs some deficiency in achieving the targets.	
	Oral Pills	73536	71571		
	Injectables	31492	25661		
	IUD/Cu-T	8062	7251		

9.	Rahnuma-Family Planning Association of Pakistan, Lahore	<table border="1"> <thead> <tr> <th>Methods</th> <th>Jul-Spt,15</th> <th>Oct-Dec,15</th> <th>Jan-Mar,16</th> <th>Apl-Jun,16</th> <th>Total (CYP)</th> </tr> </thead> <tbody> <tr> <td>IUCD</td> <td>218468</td> <td>238694</td> <td>192901</td> <td>244610</td> <td>894,673</td> </tr> <tr> <td>Inj.(Depo)</td> <td>22929</td> <td>17544</td> <td>15424</td> <td>17460</td> <td>73,357</td> </tr> <tr> <td>Inj.(Norigest)</td> <td>1650</td> <td>1546</td> <td>504</td> <td>525</td> <td>4,225</td> </tr> <tr> <td>Implant</td> <td>578</td> <td>745</td> <td>3150</td> <td>2044</td> <td>6,517</td> </tr> <tr> <td>Condom</td> <td>2434</td> <td>2143</td> <td>1987</td> <td>2420</td> <td>8,984</td> </tr> <tr> <td>Oral Pills</td> <td>3221</td> <td>2587</td> <td>2064</td> <td>2601</td> <td>10,473</td> </tr> <tr> <td>Sterilization/CS</td> <td>7280</td> <td>10520</td> <td>9830</td> <td>10580</td> <td>38,210</td> </tr> <tr> <td>Total (CYP)</td> <td>256,560</td> <td>273,779</td> <td>225,860</td> <td>280,240</td> <td>1,036,439</td> </tr> </tbody> </table>	Methods	Jul-Spt,15	Oct-Dec,15	Jan-Mar,16	Apl-Jun,16	Total (CYP)	IUCD	218468	238694	192901	244610	894,673	Inj.(Depo)	22929	17544	15424	17460	73,357	Inj.(Norigest)	1650	1546	504	525	4,225	Implant	578	745	3150	2044	6,517	Condom	2434	2143	1987	2420	8,984	Oral Pills	3221	2587	2064	2601	10,473	Sterilization/CS	7280	10520	9830	10580	38,210	Total (CYP)	256,560	273,779	225,860	280,240	1,036,439
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10.	Marie Stopes Society (MSS), Karachi	<p>Of the 7 million additional FP users required to meet the mCPR 2020 commitment, we foresee that 0.6 million of these users will be catered to by MSS.</p> <p>MSS created to 0.7 million FP users in 2014-2015. Based on historical trends and projections MSS aims to raise this number to 1.3 million by 2020. Year-wise targets vs achievements with quarterly breakup in respect of the years 2014-15 and 2015-16 is given in the following tables:</p>																																																						

		2014-15									
METHODS		JULY-SEPTEMBER,2014		OCTOBER-DECEMBER,14		JANUARY-MARCH,15		APRIL-JUNE,15		TOTAL	
		TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS
Permanent Method		14,291	9,912	19,656	15,865	13,816	9,186	14,391	7,934	62,154	42,897
Implant		3,967	3,661	5,297	4,014	6,611	2,567	6,346	2,616	22,221	12,858
IUCD		62,899	99,628	86,192	127,803	101,837	118,870	93,324	115,469	344,252	461,770
Injectables		28,013	40,525	38,644	42,380	33,845	42,620	31,249	48,454	131,751	173,979
Pills		19,788	61,043	27,182	63,352	36,655	66,376	34,037	88,058	117,662	278,829
Condoms		180,519	557,666	247,193	655,470	807,573	653,275	791,573	799,687	2,026,858	2,666,098
EC		2,414	10,011	25,325	8,741	7,915	6,607	6,337	6,454	41,991	31,813
		2015-16									
METHODS		JULY-SEPTEMBER, 2015		OCTOBER-DECEMBER,15		JANUARY-MARCH, 2016		APRIL-JUNE,2016		TOTAL	
		TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS	TARGETS	ACHIEVEMENTS
Permanent Method		13,362	7,596	17,130	14,262	12,378	11,292	10,421	6,045	53,291	39,195
Implant		6,403	2,209	8,315	4,367	7,567	3,352	7,843	2,396	30,128	12,324
IUCD		88,738	103,854	126,986	172,387	147,567	135,787	136,386	102,841	499,677	514,869
Injectables		32,366	44,568	44,923	51,470	56,717	47,267	51,773	37,877	185,779	181,182
Pills		34,905	75,806	47,986	87,977	74,794	84,788	70,248	66,126	227,933	314,697
Condoms		859,416	714,105	1,099,544	1,166,035	490,278	1,260,536	478,393	770,398	2,927,631	3,911,074
EC		6,532	6,615	10,358	11,084	3,539	12,639	3,198	5,674	23,627	36,012
Total		1,041,722	954,753	1,355,242	1,507,582	792,840	1,555,661	758,262	991,357	3,948,066	5,009,353

11.	Greenstar Social Marketing (GSM), Karachi	Name of contraceptives	Target	Achievement (2014-15) in terms of CYP
		Condom	--	861,405
		Oral Pills	--	17,910
		Injectable	--	139,202
		IUD	--	546,261
		VSC	--	24,960
		Total	--	1,746,738
		Name of contraceptives	Target (in terms of CYP)	Achievement (2015-16) in terms of CYP
		Condom	1,12,6,747	1,017,753
		Oral Pills	197,672	144,781
		Injectable	196,382	138,518
		IUD	849,537	663,145
		VSC	33,600	16,440
		Total:	2,403,938	1,980,637

ANNEXURE-VII: Performa(s) developed / utilized for collection of Contraceptive Performance data from Population Welfare Department, Department of Health (Health Facility) & Department of Health (LHW) and NGO(s)

Population Welfare Departments

CLR-11(used for Provincial Population Welfare Departments)

POPULATION WELFARE DEPARTMENT-----

DISTRICT-WISE PROVINCIAL CONTRACEPTIVE STOCK AND SALE REPORT OF----- (METHOD NAME)

FOR THE MONTH OF -----

S. No.	Name of District	DISTRICT STORE				FIELD TOTAL				FIELD BREAK-UP																
		OPENING BALANCE	RECEIVED	SOLD	CLOSING BALANCE	FAMILY WELFARE CENTRE (FWCs)				MOBILE SERVICE UNITS (MSUs)				RHS-A CENTRE / FHCs				RHS-B CENTRE								
						OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	

	Name of District	HAKEEMS/HOMEOPATHS				PLDS				RTIS				RMPS				TBAS				OTHERS			
		OPENING BALANCE	RECEIVED	SOLD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE	OPENING BALANCE	RECEIVED	SO LD	CLOSING BALANCE
		27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

**CLR-15(used for District Population Welfare Office
Islamabad)**

District Contraceptive Stock Report

Distribution													
1	Provincial Office												
	Office Copy for the Month of ----- ----- Year-----												
2	Name of District												
Part-I													
District Store	Condoms	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Pieces)		
	(Units)	COC	POP	EC	Cu-T (10- yrs)	Multiload (5-yrs)	DMPA	NET-EN	Male	Female	3- Years	4- Years	5- Years
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1-Opening Balance													
2-Received from CW&S Karachi													
3-Issued to Field													
4-Closing Balance													
i) District Store													
ii)Field													

Total													
5-Expired Stock													
6-Untarceable Stock													
Part-II													
Field													
District Store	Condoms	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Pieces)		
	(Units)	COC	POP	EC	Cu-T (10-yrs)	Multiload (5-yrs)	DMPA	NET-EN	Male	Female	3- Years	4- Years	5- Years
1	2	3	4	5	6	7	8	9	10	11	12	13	14
01-Family Welfare Centre (FWC)													
Opening													
Received From District Store													
Sold													
Closing Balance													
02. MSUs													
Opening													
Received From District Store													
Sold													

Closing Balance													
02. MSUs													
Opening													
Received From District Store													
Sold													
Closing Balance													
03. Male Mobilizers													
Opening													
Received From District Store													
Sold													
Closing Balance													
04. RHS-As													
Opening													
Received From District Store													
Sold													
Closing Balance													
05. RHS-Bs													
Opening													
Received From District Store													

Sold													
Closing Balance													
06. RMPs													
Opening													
Received From District Store													
Sold													
Closing Balance													
07. Hakeems													
Opening													
Received From District Store													
Sold													
Closing Balance													
08. Homeopaths													
Opening													
Received From District Store													
Sold													
Closing Balance													
09. PLDs													
Opening													

Received From District Store													
Sold													
Closing Balance													
10. DDPs													
Opening													
Received From District Store													
Sold													
Closing Balance													
11. TBAs													
Opening													
Received From District Store													
Sold													
Closing Balance													
12. Counters													
Opening													
Received From District Store													
Sold													
Closing Balance													
13. Field Total													

Opening													
Received From District Store													
Sold													
Closing Balance													
	Part-III												
EDO (Health)													
District Store	Condoms	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Pieces)		
	(Units)	COC	POP	EC	Cu-T (10- yrs)	Multiload (5-yrs)	DMPA	NET- EN	Male	Female	3- Years	4- Years	5- Years
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sold													

DEPARTMENT OF HEALTH (HEALTH FACILITY)

DISTRICT-WISE CONTRACEPTIVE PERFORMANCE REPORT

Name of Province/Area/Region: -----

Month -----

Sr. No.	Name of District	District-wise Contraceptive Performance of Department of Health												
		Condoms	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Implants)		
		(Units)	COC	POP	EC	Cu-T (10-yrs)	Multiload (5-yrs)	DMPA	NET-EN	Male	Female	3-Years	4-Years	5-Years

Note: Provincial level consolidated progress may be forwarded to PBS Headquarter as being practiced by Provincial Population Welfare Departments.

**DEPARTMENT OF HEALTH
LADY HEALTH WORKERS (LHWs) PROGRAMME**

DISTRICT-WISE CONTRACEPTIVE PERFORMANCE REPORT

Name of Province/Area/Region: -----

Month: -----

Sr. No.	Name of District	No. of LHWs		Condoms (Pieces)	Oral Pills (Cycles)			Injectables (Vials)	
		Posted	Reported		COC	POP	EC	DMPA	NET-EN
			Performance						

Note: Provincial level consolidated progress may be forwarded to PBS Headquarter as being practiced by Provincial Population Welfare Departments.

CONTRACEPTIVE PERFORMANCE BY NGOs

Name of NGOs-----

Name of Province/Area/Region: -----

Month -----

Sr. No	Name of District	Number of Service Delivery Outlets	District-wise Contraceptive Performance of NGOs Outlets												
			Condoms (Units)	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Implants)		
				COC	POP	EC	Cu-T	Multiloa d	DMP A	NET- EN	Male	Female	3- Years	4- Years	5- Years

Note: Provincial level consolidated progress may be forwarded to PBS Headquarter as being practiced by Provincial Population Welfare Departments.

ANNEXURE VIII: Updated conversion factors, along with necessary details, utilized for the computation of Couple Years of Protection (CYP)

CYP conversion factors (Updated December 2011)

Method	CYP Per Unit
Copper-T 380-A IUD	4.6 CYP per IUD inserted (3.3 for 5 year IUD e.g. LNG-IUS)
3 year implant (e.g. Implanon)	2.5 CYP per implant
4 year implant (e.g. Sino-Implant)	3.2 CYP per implant
5 year implant (e.g. Jadelle)	3.8 CYP per implant
Emergency Contraception	20 doses per CYP
Fertility Awareness Methods	1.5 CYP per trained adopter
Standard Days Method	1.5 CYP per trained adopter
LAM	4 active users per CYP (or .25 CYP per user)
Sterilization*	
Global	10
(India, Nepal, Bangladesh)	13
Oral Contraceptives	15 cycles per CYP
Condoms (Male and Female)	120 units per CYP
Vaginal Foaming Tablets	120 units per CYP
Depo Provera (DMPA) Injectable	4 doses per CYP
Noristerat (NET-En) Injectable	6 doses per CYP
Cyclofem Monthly Injectable	13 doses per CYP
Monthly Vaginal Ring/Patch	15 units per CYP

*The CYP conversion factor for sterilization varies because it depends on when the sterilization is performed in the reproductive life of the individual. For more specific data on CYPs and sterilization, consult with national DHS and CDC reproductive health survey records which may provide a historical calculation based on a specific country's context.

Source: USAID website (www.usaid.gov)

Why Conversion Factor of 10 seems to be most suitable for Sterilization in Pakistan?

The new/updated conversion factors were developed by the Futures Institute on behalf of USAID, using an exhaustive literature review of 6,000 published articles, together with a very rigorous methodology. Conversion factors are based on numerous factors such as the availability of new evidence about method continuation and failure rates. According to the guidelines given in the footnote of CYP updated conversion factors, for Sterilization, conversion factor of 10 is chosen on the basis of DHS surveys of the respective countries.

Here is a table from the Demographic and Health Surveys for selected South Asian countries. The table clearly explains the reason why India, Bangladesh, and Nepal use a conversion factor of 13 as the age of female sterilization in these countries is far lower than that in Pakistan. In contrast, considering the age of menopause and the fact that two-thirds of the married women undergo sterilization after the age of 30 years, conversion factor of 10 seems more applicable/relevant to Pakistan, in case of sterilization.

Country	DHS survey year	Age at sterilization (in years)						Median age at sterilization
		<25	25-29	30-34	35-39	40-44	45-49	
Bangladesh	2014	27	32.7	23.1	11.9	4	0.9	28.3
India	2005-06	46	35	15	3.9	0.6	0	25.5
Nepal	2011	32	40.3	20.9	5.3	1.3		27
Pakistan	2012-13	7	27.9	33.8	22.7	7.4	1.2	31.5
Sri Lanka	1987	14	33.8	33	15.3	3.8	0.2	30

