



CONTRACEPTIVE PERFORMANCE REPORT

2013-2014

GOVERNMENT OF PAKISTAN
STATISTICS DIVISION
PAKISTAN BUREAU OF STATISTICS

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PREFACE

Pakistan Bureau of Statistics (PBS) is prime official agency of Pakistan, responsible for the collection, compilation and timely dissemination of reliable statistical information to the policy makers, planners and researchers. This organization 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 (Mo PW). Pursuantly, Population Welfare Statistics Section (PWSS) of PBS has produced the 4th issue of the Annual Contraceptive Performance Report of Population Welfare Program for the year 2013-14.

Requisite information stems from all service delivery points in the country in order to ensure nationwide coverage of Family Planning/Reproductive Health activities. Annual contraceptive performance report is an important intervention to gauge outlet, sector and method-wise contraceptive progress and observe the direction and track/trend for future Contraceptive Requirement and Distribution in the country.

I am grateful to Provincial Population Welfare Departments (PPWDs), the District Population Welfare Office, Islamabad Capital Territory (ICT), Population Welfare Department Azad Jammu & Kashmir (AJK), Population Welfare Programme Gilgit-Baltistan (GB), Social Marketing of Contraceptive (SMC) and other stakeholders for their valuable support in the compilation of this document.

I hope that the user of the report would be able to learn about important measures being undertaken to promote awareness of family planning methods among general public. Comments and suggestions for improvement of Contraceptive Performance Report would be highly appreciated.

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ACRONYMS

AJK	Azad Jammu & Kashmir
CPR	Contraceptive Prevalence Rate
CRD	Contraceptive Requirement and Distribution
CS	Contraceptive Surgery
CYP	Couple Years of Protection
FATA	Federal Administered Tribal Areas
FPAP	Rahnuma Family Planning Association of Pakistan
FP/RH	Family Planning / Reproductive Health
FWCs	Family Welfare Centers
GB	Gilgit - Baltistan
H & H	Hakeem & Homeopaths
ICT	Islamabad Capital Territory
IUDs	Intrauterine Devices
MCH	Mother & Child Health
MM	Male Mobilizers
MMR	Maternal Mortality Rate
MoPW	Ministry of Population Welfare (Devolved)
MSS	Marie Stopes Society
MSUs	Mobile Service Units
NGOs	Non- Governmental Organizations
PBS	Pakistan Bureau of Statistics
PGR	Population Growth Rate
PLDs	Provincial Line Departments
PPWDs	Provincial Population Welfare Departments
PWSS	Population Welfare Statistics Section
RHS	Reproductive Health Services
RMPs	Registered Medical Practitioners
RTIs	Regional Training Institutes
SMC	Greenstar Social Marketing of Contraceptives
TFR	Total Fertility Rate

SUMMARY

The profile of contraceptive performance in 2013–14, compared with the preceding year 2012–13 is summarized as under:-

- a) The overall Contraceptive Performance for the year 2013-14 in terms of Couple Years of Protection (CYP) has increased by 11.15% in comparison with the last year 2012-13.
- b) The Province-wise profile of CYP indicates an increase in all provinces, that is, Punjab (2.5%), Sindh (7.1%), Khyber Pakhtunkhwa (22.5%) and Balochistan (3.9%). As far as the district Islamabad, FATA and Gilgit-Baltistan are concerned, the contraceptive performance has depicted an increase of 33.3%, 11.1% and 59.1% respectively, compared with the previous year. Significant increase in CYP of KPK for this year as compared to the previous year is due to establishment of 110 new FWCs along-with better contraceptive supply through USAID Deliver Project. Similarly significant performance in Islamabad and FATA is due to sufficient supply/stock of contraceptives during the year 2013-14. In GB, the performance has enhanced due to increase in budget allocation during the year 2013-14 to revive the Population Welfare Programme activities, that is holding Mobile Services Unit (MSU) Camps, undertaking Information Education & Communication (IEC) activities and improving desk and field monitoring/supervision. All these activities improved contraceptive clientage during 2013-14 as compared to previous year.
- c) Method-wise comparison of CYP shows increase in Condoms (2.5%), Oral Pills (3.4%), IUDs (17.5%) and Contraceptive Surgery (CS) cases (6.1%), whereas a decrease of 5.9% in Injectables has been observed.
- d) Outlet-wise CYP reflects increase of 10.8% in Family Welfare Centers (FWCs), 14.5% in Reproductive Health Services-A(RHS-A) Centers, 2.4% in Hakeems and Homeopaths (H&H), 6.6% in Male Mobilizers (MM), 17.2% in Registered Medical Practitioners (RMPs), 12.5% in Regional Training Institutes (RTIs), 59.1% in Gilgit-Baltistan and 11.1% in FATA. The performance has decreased by 36.1% in RHS-B, 24.5% in Mobile Service Units (MSUs), 25.3% in Provincial Line Departments (PLDs), 8.9% in AJK and 1.4% in Greenstar/ Social Marketing of Contraceptives (SMC). For NGOs sector, 20.7% increase has been observed in the performance of Rahnuma Family Planning Association of Pakistan (FPAP) and 64.3% in Marie Stopes Society (MSS) of Pakistan in the year 2013-14 compared to 2012-13. Significant increase in Rahnuma FPAP is due to trainings & refreshers of 126 healthcare providers on comprehensive package of modern contraceptive methods. Moreover 500 staff members of Rahnuma FPAP were trained on reporting and recording of data. Significant increase in progress of MSS during 2013-14 as compared to 2012-13, is due to expansion of its Suraj Social Franchise Network, increased frequency of outreach camps and enhanced number of field health educators etc.
- e) The overall Contraceptive Prevalence Rate (CPR) by modern methods, during 2013-14 is 27.41%. The provinces make the rising sequence of CPR as Balochistan (6.73%), Sindh (12.82%), Punjab (17.64%) and Khyber Pakhtunkhwa (23.35%). The highest CPR is observed in the Federal district Islamabad (40.30%).

1. INTRODUCTION

Demographic statistics such as population size, structure, growth rate etc. are pivotal for the social and economic development of the country. At present, Pakistan is the 6th most populous country in the world with estimated population of 188 million and Growth Rate of 1.95 percent which is higher than the average growth rate of South Asian countries. Such a rapid growth in population poses serious threats to the country's social progress, economic stability, health, environment, law & order and food security. The country's high fertility rate is a major contributor to this situation.

Reduction in population growth is one of the top priorities of the government of Pakistan to maintain balance between country's resources and population. However, according to the Economic Survey of Pakistan, 2013-14, Pakistan is still lagging behind other neighbouring countries in all Family Planning indicators (TFR, CPR, PGR & MMR etc.) except Afghanistan. In this context, Family Planning Programs can contribute significantly as there is negative correlation between the Total Fertility Rate (TFR) and the Contraceptive Prevalence Rate (CPR). The decline in the TFR could be more substantial if there is greater use of contraceptives in the country. Use of contraceptives can be increased through female literacy, role of women in decision making, awareness through media and easy access to contraceptive techniques and tools. Keeping in view the key role of contraceptives in the reduction of TFR, this report is an effort to have an up to date data on the contraceptives provided in the market by the government and private stakeholders under the population welfare programme.

1.1 History of Family Planning Program- in Pakistan

Recognizing the consequences of high Population Growth Rate (PGR) on its economic and social development programmes, family planning activities were started in Pakistan on limited scale in the First Five Year National Development Plan (1955-1960) through voluntary organizations. In the Second Five –Year Plan (1960-65), however, family planning services were dispensed through the health infrastructure. Family Planning gained priority in the Third Five year Plan (1965-1970), when an independent setup was established for managing and executing the Population Welfare Programme. Institutional arrangements for the programme attained the status of an independent ministry on 12th June, 1990. Pakistan's first Family Planning Scheme was a part of the country's Third Five Year Plan (1965–1970). This scheme became the template for all subsequent family planning strategies. The scheme's goal was to have a vast impact in the shortest time possible, with a reduction of the birth rate from 50 to 40 per 1000 by 1970. At the onset of the program, condoms were the most available method of contraception, but by 1966 the Intrauterine Device (IUD) had replaced it and has become the

"corner-stone" of the Scheme. The programme witnessed a positive change and received sustained political support from 1988 to 2002 and, as a signatory to the Programme of Action developed at the International Conference on Population and Development at Cairo in 1994, Pakistan pledged to provide universal access to family planning by 2010. There was consistency and continuity in the operations during these years. As a result, Pakistan was referred to be entering the fertility transition phase, with the increasing trend of Contraceptive Prevalence Rate (CPR), resulting in the reduction of Total Fertility Rate (TFR) and Population Growth Rate (PGR).

Though Pakistan was one of the first Asian countries to begin a family planning program with some help from international donors, fertility has declined slower than in neighbouring countries. Historical political strife and cultural restrictions on women constraining their empowerment have hampered implementation of family planning strategies throughout the country. Most women who say they do not want any more children or would like to wait a period of time before their next pregnancy do not have the contraceptive resources available to them to act according to their will.

1.2 Review of Organizational Pursuits of Population Welfare Programme

Population Welfare Programme is an ongoing social development endeavour, operating within the framework of nationally accepted broad-based and strategically focused Population and Development policies. Since its launching, the Population Welfare Programme has experienced many phases in terms of administrative and financial setup.

Before devolution process- 2010, the Federal Government was responsible for the overall execution and entire funding of the Population Welfare Programme through M/o Population Welfare. The M/o Population Welfare was responsible for Policy Planning, advocacy of population issues including reproductive health and gender concern, target setting, training, coordination with other ministries, negotiations for foreign assistance and fulfilling related obligation, monitoring, research, evaluation, information, education and communication programme, services statistics, procurement, warehousing & distribution of contraceptives/commodities, providing policy support to NGOs, public-private partnership and social marketing of contraceptives.

In pursuance to 18th Constitutional Amendment Act 2010, the Ministry of Population Welfare (MoPW) has ceased to exist from 07-12-2010. 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). 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 objectives:

- 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 services statistics;
- c. To carry out periodic analysis of contraceptive performance statistics and
- d. To develop liaison with national & international statistical agencies

1.3 Methodology

As per past practice in the Ministry of Population Welfare, the Pakistan Bureau of Statistics collects the contraceptive performance data on monthly basis by post, through e-mail and by fax from the Provincial Population Welfare Departments (PWDs); Population Welfare Departments AJK, GB ,FATA; District Population Welfare Office,(ICT), Islamabad; Family Planning Association of Pakistan (FPAP) ; Marie Stopes Society of Pakistan (MSS); Greenstar Social Marketing of Contraceptives (SMC) and Regional Training Institutes (RTIs). After careful editing and coding, the data is being classified into tabulation plan and data processing is being undertaking at Data Processing Centre of PBS.

The data is entered on monthly basis and after three months, it is consolidated into the quarterly performance report. At the end of financial year, the performance of all four quarters combined together constitutes annual report. In the current annual report, the percentage change in the contraceptive performance for the financial year 2013-14 using Couple Years of Protection (CYP) has been compared with the last year (2012-13). Contraceptive Prevalence Rate (CPR) on the basis of Modern Methods is also estimated to gauge the birth control process in the country. Methodology involved in the calculation of Couple Years of Protection (CYP) and Contraceptive Prevalence Rate (CPR) is detailed below:

1.3.1 Couple Years of Protection (CYP)

The term Couple Years of Protection (CYP) is one of several commonly used indicators to assess internationally the family planning efforts. It is the protection provided by contraceptive methods during one-year period, based upon the volume of all contraceptives sold or distributed to clients during that period. It is also an indirect estimate of birth control.

CONVERSION FORMULAE FOR COUPLE YEARS OF PROTECTION (CYP)	
144 UNITS OF CONDOM	= 1 CYP
15 CYCLES OF ORAL PILL	= 1 CYP
1 INSERTION OF IUD	= 3.5 CYP
5 VIALS OF INJECTABLE	= 1 CYP
1 CASE OF CONTRACEPTIVE SURGERY (CS)	= 12.5 CYP

1.3.2 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 having ages between 15-49 years only. The Contraceptive Prevalence Rate (CPR) of Pakistan is calculated on the basis of consumption of contraceptive 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:

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

1.4 Service Delivery Units

The following Service Delivery Units are spread all over in the country to facilitate the users for their needs:

1.4.1 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. As a static facility, it serves a

population of about 7000; while operating through its satellites clinics and outreach facility, an FWC covers a population of about 12000.

1.4.2 Reproductive Health Services 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 delivery units. They provide contraceptive surgery facilities for women and men with safe and effective backup medical support. 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.

1.4.3 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.

1.4.4 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.

1.5 Data Sources

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

- Provincial Population Welfare Departments (PPWDs);
- Population Welfare Departments AJK, GB and FATA;
- The District Population Welfare Office, (ICT), Islamabad
- Family Planning Association of Pakistan (FPAP) ;
- Marie Stopes Society of Pakistan (MSS);
- Social Marketing of Contraceptive (SMC);
- Regional Training Institutes (RTIs) and
- Public-private Partnership(PPP)/Target Groups Institutes(TGIs)

1.6 Flow of Data/Performance Reports

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.), then compile / consolidate these reports and transmit it to its provincial Population Welfare Department. The provincial Population Welfare Department transmit these reports to Pakistan Bureau of Statistics. Apart from the provincial departments, FATA, AJK, GB and few prominent NGOs i.e. Rahnuma (FPAP); Marie Stopes and Greenstar (SMC) also provide Contraceptive Performance data to PBS for preparation of contraceptive performance reports.

1.7 Objectives:

Main objectives of the Contraceptive Performance Report are as following:

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

2 RESULTS AND DISCUSSION

2.1 Source-wise Comparison in terms of Couple Years of Protection

The province/sector-wise comparison of contraceptive performance during the year 2013-14 in terms of Couple Year of Protection (CYP) has been made with the previous year 2012-13 in **Table-1** annexed with the report.

At national level, an increase of 11.15% has been observed for all program and non-program outlets during the year (2013-14) compared with 2012 -13.

At provincial level, contraceptive performance of the current financial year compared with the previous year, an increase has been witnessed in all provinces Punjab (2.5%), Sindh (7.1%),Khyber Pakhtunkhwa (22.5%) and Balochistan (3.9%). Significant increase in CYP of KPK for 2013-14 as compared to the previous year is due to establishment of 110 new FWCs along-with better contraceptive supply through USAID Deliver Project.

As far as the district Islamabad, FATA and Gilgit-Baltistan are concerned, the contraceptive performance for the year 2013-14 compared with year 2012-13 has depicted an increase of 33.3%,11.1% and 59.1% respectively. Significant performance in Islamabad and FATA is due to sufficient supply/stock of contraceptives during the year 2013-14. In GB, the performance has enhanced due to increase in budget allocation during the year 2013-14 to revive the Population Welfare Programme activities, that is holding Mobile Service Unit (MSU) Camps, undertaking Information Education & Communication (IEC) activities and improving desk and field monitoring/supervision. All these activities improved contraceptive clientage during 2013-14 as compared to previous year. . For NGO sector, an increase has been observed in the performance of Rahnuma Family Planning Association of Pakistan (FPAP) (20.7%) and in Marie Stopes Society of Pakistan (MSS) (64.3%) in the year 2013-14 compared to year 2012-13. However, the performance of Greenstar/Social Marketing of Contraceptive (SMC), has decreased by 1.4%. Significant increase in Rahnuma FPAP is due to trainings & refreshers of 126 healthcare providers on comprehensive package of modern contraceptive methods. Moreover 500 staff members of Rahnuma FPAP were trained on reporting and recording of data. As reported by MSS, significant increase in its performance is due to progress in the following areas of service delivery channel:

S. No.	Service Delivery Channel	July, 2012 to June, 2013	July, 2013 to June, 2014	% change in 2013-14 over 2012-13
1.	Suraj Social Franchise Network and Reproductive Health Private Providers	525	882	68%
2.	No. of Outreach camps held	256	616	141%
3.	MSS Outreach Teams	14	20	43%
4.	Field Health Educators	303	428	41%

2.2 Method-wise Comparison of Contraceptive Performance

In absolute terms, the contraceptive performance of program and non-program service outlets have reported a sale of 193.200 million units of Condoms, 6.794 million cycles of Oral Pills, 1.669 million insertions of Internal Uterine Devices (IUDs) and 2.811 million vials of Injectables. In addition to this, a total 110,171 Contraceptive Surgery (CS) cases have been performed during the financial year 2013-14.

At national level, method-wise comparison during 2013-14 over 2012-13, in terms of CYP, has shown an increase in Condoms (2.5%), Oral Pills (3.4%), IUDs (17.5%) and Contraceptive Surgery (CS) cases (6.1%), whereas a decrease of 5.9% in Injectables has been observed. The details are shown in **Table-2** at the end of report.

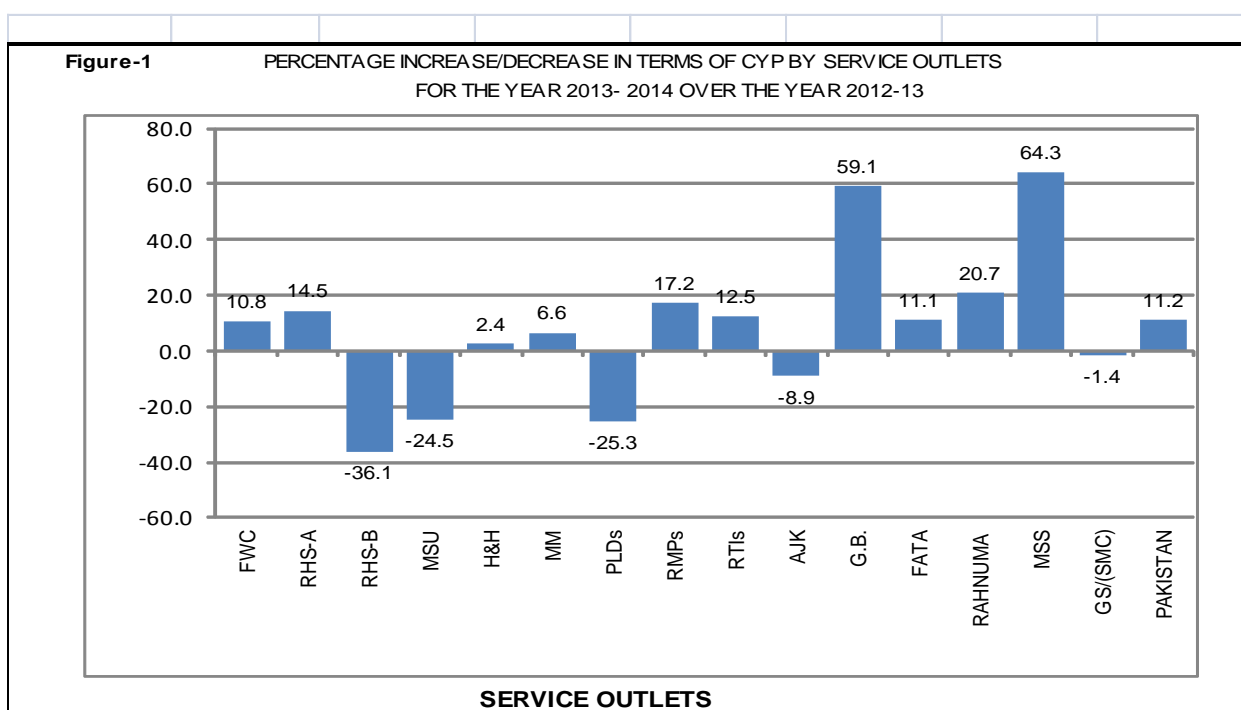
At provincial level, method-wise contraceptives performance for the year 2013-14 is highlighted by using CYP in the preceding paragraphs.

In case of condoms, method-wise performance of year 2013-14 compared with the last year (2012-13), has reflected an increase in Punjab (2.4%), Sindh (8.8%), Khyber Pakhtunkhwa (15%), Islamabad (1.9%), AJK (13.6%), FATA (3.7%), Gilgit-Baltistan (130.2%), RTIs (24.6%), Rahnuma/FPAP (16.3%), Marie Stopes (104.3%). However, a decrease in Baluchistan (1.4%) and SMC (0.8%) has been noticed. For Oral Pills, an increase has been witnessed in Punjab (5.2%), Khyber Pakhtunkhwa (5.4%), Balochistan (11.2%), Islamabad (4.8%), AJK (19.2%), Gilgit-Baltistan (53.2%) and, RTIs (9.8%), Rahnuma FPAP (18.5%), Marie Stopes Society (61.6%), while decrease has been shown in Sindh (3.7%) FATA (10.5%) and SMC (0.1%).

For IUDs, an increase has been observed in Punjab (1.2%), Sindh (2.6%), Khyber Pakhtunkhwa (29.5%), Balochistan (3.3%), Islamabad (56.2%), FATA (21%), Gilgit-Baltistan (85.0%), RTIs (25.0%) Rahnuma/FPAP (25.7%) Marie Stopes Society (64.4%) and Greenstar/SMC (3.2%) while a decrease has been depicted in AJK (18.5%). In case of Injectables, an increase has been observed in Khyber Pakhtunkhwa (7.0%), Balochistan (3.0%), Islamabad (6.3%), Gilgit-Baltistan (18.8%), Rahnuma FPAP(2.1%) and Marie Stopes Society (48.6%) whereas a decrease has been observed in Punjab (2.7%), Sindh (6.6%), AJK (11.1%), FATA (5.9%), RTIs (11.6%) and Greenstar/SMC (20.1%). If we look into the figure of Contraceptives Surgery cases, an increase has been recorded in Punjab (5.3%), Sindh (18.8%), KPK (2.2%), Balochistan (9.0%), AJK (19.5%) and Rahnuma/FPAP (12.4%) whereas a decrease has been observed in Islamabad (6.4%), RTIs (59.3%) and Greenstar/SMC (17%). The details are reflected in **Table-3**.

2.3 Outlet-wise Comparison in Terms of Couple Year of Protection

The contribution of services outlets in terms of CYP during the year 2013-14 compared with year 2012-13, has shown an increase of 10.8% in Family Welfare Centers (FWCs), 14.5% in Reproductive Health Services-A(RHS-A) Centers, 2.4% in Hakeems and Homeopaths (H&H), 6.6% in Male Mobilizers (MM), 17.2% in Registered Medical Practitioners (RMPs), 12.5% in Regional Training Institutes (RTIs), 20.7% in Rahnuma (FPAP), 64.3% in Marie Stopes Society of Pakistan, 59.1% in Gilgit-Baltistan and 11.1% in FATA. The performance has decreased by 36.1% in RHS-B, 24.5% in Mobile Service Units (MSUs), 25.3% in Provincial Line Departments (PLDs), 1.4% in Greenstar/Social Marketing of Contraceptives (SMC) and 8.9% in AJK. The details are given in **Table-4** and graphical presentation is in **Fig.1**.



2.4 Comparative Outlet-wise Contraceptive Performance of Delivery Services

The Outlet/Province/Sector-wise comparison of Contraceptives Performance for Delivery Services has been given in detail at **Table-5**. Discussion on the results is as under:

2.4.1 Family Welfare Centers (FWCs)

The performance of FWCs in terms of CYP has increased by 10.8%, at the national level during the year 2013-14, compared with the last year (2012-13). At the provincial level, increase has been observed in Punjab (7%), Khyber Pakhtunkhwa (24.8%), Balochistan (8.9%) and Islamabad (36.6%). Whereas Sindh reported a minor decrease of 0.1%. For Method wise comparison, at national level, FWCs have shown an increase of 8.5% in Condoms, 5.0% in Oral Pills, 12.4% in IUDs and 2.5% in Injectables.

2.4.2 Reproductive Health Services Centers (RHS-A)

The performance of RHS-A centers, at national level, during the year 2013-14 compared with the last year (2012-13) in terms of CYP has increased by 14.5%. At provincial level, an increase has been observed in all the provinces i.e. Punjab (9.8%), Sindh (36.2%), Khyber Pakhtunkhwa (6.1%) and Balochistan (3.1%), whereas Islamabad has shown a decrease of 0.6%. Regarding Method-wise comparison, the performance of RHS-A centers, at national level, has shown an increase for Condoms by 13.7%, Oral Pills by 3.6%, IUDs by 17.9% and Contraceptive Surgery by 14.4% whereas a decrease is witnessed in Injectables by 4.7%.

2.4.3 Reproductive Health Services Centers (RHS-B)

The performance of RHS-B centers for the year 2013-14 compared with the last year, in terms of CYP has decreased by 36.1%, at national level. At provincial level, an increase has been observed in Khyber Pakhtunkhwa (13.7%), Balochistan (9.1%) and Islamabad (13.7%), whereas a decrease has been reported in Punjab (31.1%) and Sindh (99.0%). However for Method wise comparison, the performance of RHS-B centers has shown a decrease in Condoms (33.2%), Oral Pills (41.3%), IUDs (42.9%), Injectables (30.9%) and Contraceptive Surgery cases (32.5%), at the national level.

2.4.4 Mobile Service Units (MSUs)

The performance of MSUs for the year 2013-14 compared with the year 2012-13, in terms of CYP, has decreased by 24.5%, at national level. At provincial level, increase has been witnessed in Khyber Pakhtunkhwa (23.3%) whereas decrease has been observed in Sindh (5.4%), Balochistan (7.9%) and Islamabad (15.3%), however performance of Punjab has not received. For Method wise comparison, the Performance of MSUs has shown a decrease in Condoms (9.6%), Oral Pills (20.0%), IUDs (27.4%) and Injectables (16.4%), at national level.

2.4.5 Provincial Line Departments (PLDs)

The performance of PLDs for 2013-14 compared with the last year (2012-13), in terms of CYP, has decreased by 25.3%, at national level. At Provincial level, an increase has been observed in Khyber Pakhtunkhwa (16.7%), Balochistan (0.5%) and Islamabad (49.3 %); whereas decrease has been witnessed in Punjab (31.4%). Performance of PLDs of Sindh has not been received. From Method-wise analysis, it has been computed that the performance has increased in Oral Pills (12.8%) whereas the performance has decreased in Condoms (33.4%), IUDs (25.8%) and Injectables (39.0%), at national level.

2.4.6 Registered Medical Practitioners (RMPs)

While comparing the performance of RMPs for the current year with the last year (2012-13), in terms of CYP, an increase of 17.2 % has been observed, at national level. At provincial level, an increase has been noticed in Sindh (51.2%), Khyber Pakhtunkhwa (86.3%), Balochistan (0.4%) and in Islamabad (60.2%). Whereas decline has been reported in Punjab (7.9%). The method-wise performance of RMPs has shown an increase in Condoms (5.4%), Oral Pills (1.8%), IUD (22.3%) and Injectables (8.3%), at national level.

2.4.7 Hakeems and Homoeopaths (H&H)

In terms of CYP, an increase has been observed in the performance of H&H during the year 2013-14 compared with the year 2012-13, by 2.4%, at national level. At provincial level, increase is observed in Punjab (0.9%), Sindh (1.0%), Khyber Pakhtunkhwa (12.4%) and Balochistan (5.8%). The method-wise performance of H&H for the year 2013-14 has shown an increase in Condoms by 8.7% and decrease in Oral Pills by 8.1%, at national level.

2.4.8 Male Mobilizer (MM)

In terms of CYP, an increase has been observed in the performance of Male Mobilizer by 6.6%, at national level. At provincial level, increase has been witnessed in Punjab (8.7%) and Khyber Pakhtunkhwa (11.7%). The decrease has been observed in Sindh (6.8%). The method-wise performance of Male Mobilizer has shown an increase in Condoms by 2.4%, in Oral Pills by 3.3%, and Injectables (780%), at national level.

2.4.9 Rahnuma Family Planning Association of Pakistan (FPAP)

For Rahnuma (FPAP), the overall contraceptive performance for 2013-14 has shown an increase by 20.7%, in terms of CYP, compared with the last year (2012-13). The comparison of the method-wise performance has revealed an increase in Condoms (16.3%), Oral Pills (18.5%), IUDs (25.7%), Injectables (2.1%) and Contraceptive Surgery cases (12.4%).

2.4.10 Azad Jammu & Kashmir (AJK)

The contraceptive performance during 2013-14 for AJK has decreased in terms of CYP by 8.9% over the previous year. While the method-wise performance, an increase has been reported in Condoms (13.6%), Oral Pills (19.2%) and Contraceptive Surgery cases (19.5%) whereas a decrease has been reported in IUDs (18.5%) and Injectables (11.1%).

2.4.11 Gilgit – Baltistan (GB)

The contraceptive performance of GB for the year 2013-14 has reported a significant increase of 59.1% in terms of CYP. The method-wise analysis, increase has been observed for Condoms (130.2%), Oral Pills (53.2%) and IUDs (85%) and Injectables (18.8%).

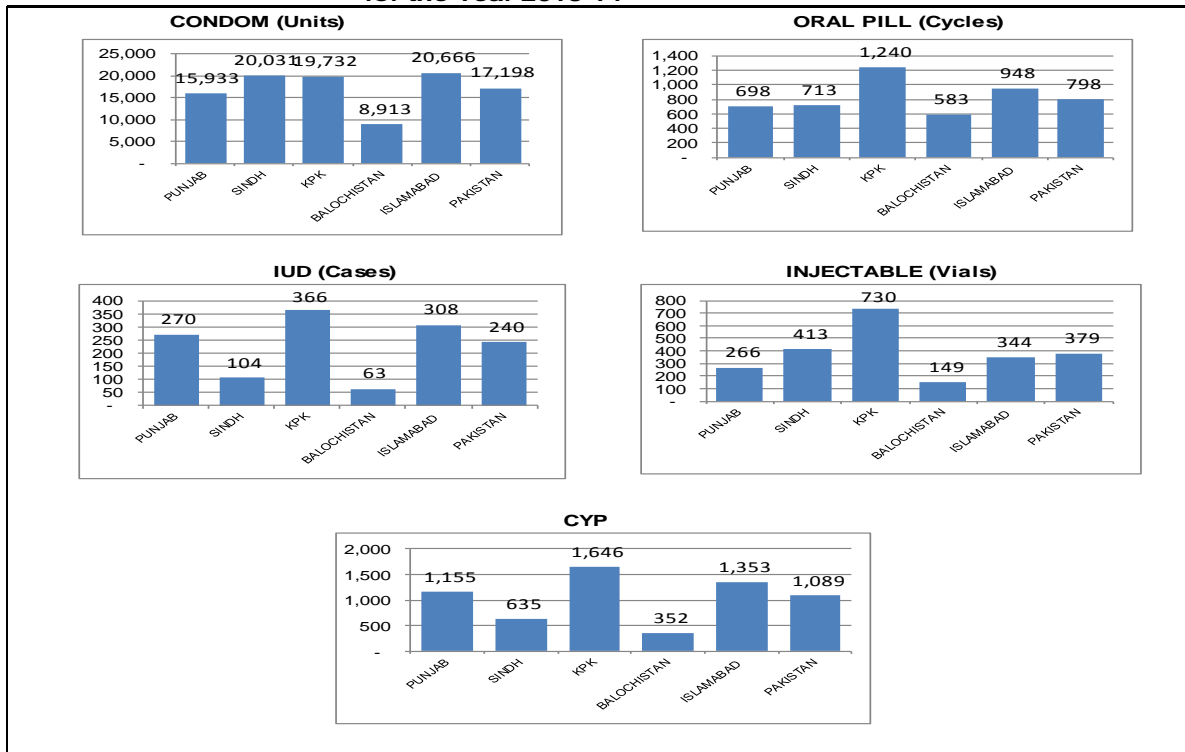
2.5 Method and Outlet-wise Average Performance

Method and Outlet-wise Average performance for the Federal and Provincial setup during the financial year 2013-14 is given in **Table-6**. The details are as follows:

2.5.1 Average performance of FWC by method

Among provinces, the highest average performance of FWC has been reported by Sindh for Condoms i.e. 20,031 units, followed by 19,732 units in Khyber Pakhtunkhwa, 15,933 units in Punjab and 8913 units in Balochistan were sold per FWC whereas 20,666 units per FWC have been reported in Islamabad. The maximum numbers of 1240 cycles of Oral Pills were dispensed by Khyber Pakhtunkhwa and the lowest 583 cycles were reported by FWCs of Balochistan. The highest insertions of IUDs i.e. 366 have been reported by FWCs of Khyber Pakhtunkhwa and the lowest figure (63) is reported by FWCs of Balochistan, whereas 308 insertions have been witnessed in Islamabad. When we look into the figure for injectables, it is noticed that the maximum number has been reported by Khyber Pakhtunkhwa as 730 vials while the minimum number i.e. 149 has been observed in Balochistan. When these contraceptive performances are translated into CYP, it is observed that on average, the highest number of CYP i.e. 1646 has been reported in Khyber Pakhtunkhwa while the lowest 352 for Balochistan, whereas 1353 has been calculated for Islamabad. The graphical presentation of each contraceptive method dispensed per FWC is presented in **Fig-2**:

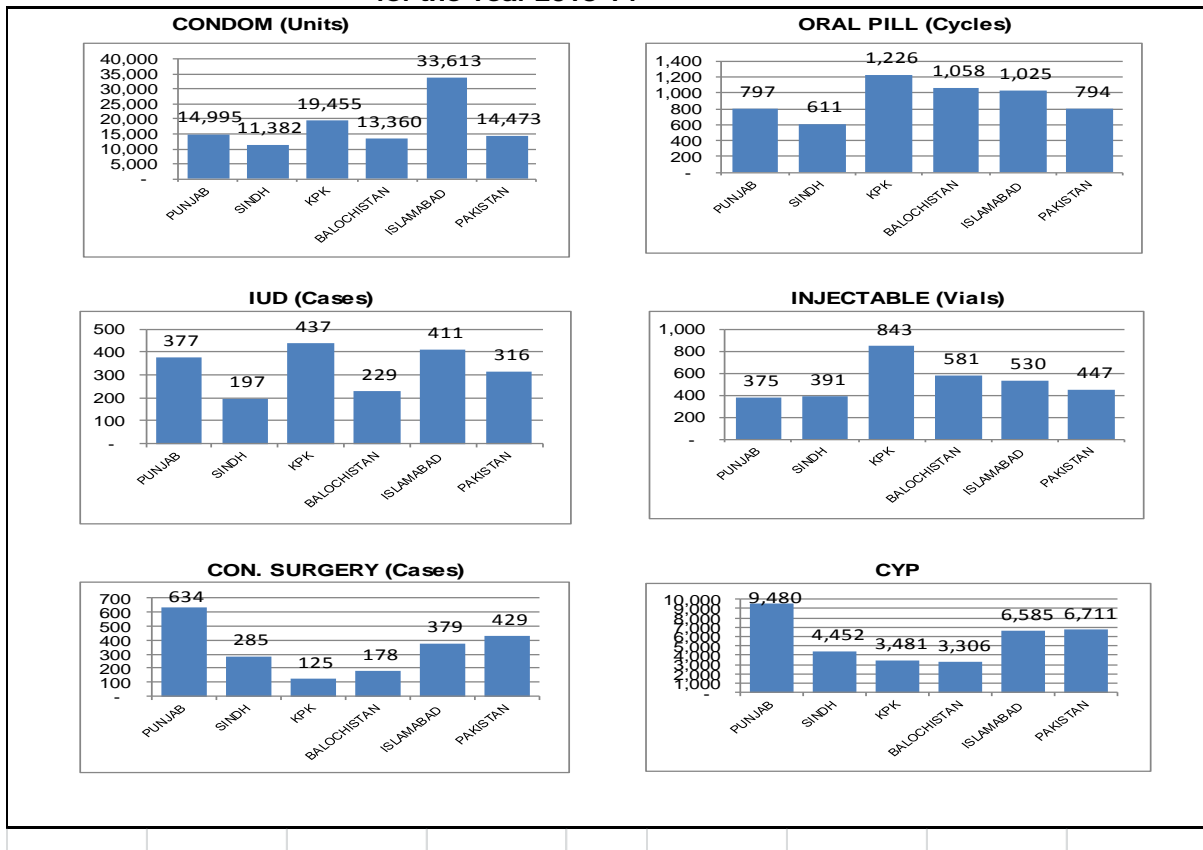
Figure-2 Average Achievement Per FWC by Method for the Year 2013-14



2.5.2 Average performance of RHS-A by method

The highest average achievement for Condoms per RHS-A is 19,455 units which have been sold in Khyber Pakhtunkhwa, followed by 14,995 units in Punjab, 13,360 units in Balochistan and 11,382 units in Sindh whereas 33,613 units have been sold in Islamabad. The Reproductive Health Services-A Centres of Islamabad were able to dispense 1025 cycles of Oral Pills. Among provinces, highest dispensation of Oral Pills i.e. 1226 cycles for RHS-A of Khyber Pakhtunkhwa compared with the lowest 611 cycles of Oral Pills by RHS-A of Sindh. The highest insertions of 437 IUDs were reported by RHS-A of Khyber Pakhtunkhwa compared with the lowest 197 insertions carried out by RHS-A in Sindh. The highest Injectables i.e. 843 vials were observed by Khyber Pakhtunkhwa compared with the lowest 375 vials reported by RHS-As of Punjab whereas Islamabad reached to 530 vials. The highest Contraceptive Surgery cases were performed by Punjab i.e. 634 and the lowest (125) in Khyber Pakhtunkhwa whereas RHS-A of Islamabad carried out 379 cases of contraceptive surgery. When the data of contraceptives performance is translated into CYP, it is observed that on the average, the highest numbers of CYP for Punjab (9,480), while the lowest (3,306) have been calculated for Balochistan. The graphical presentation of each contraceptive method recorded per RHS-A is presented below:

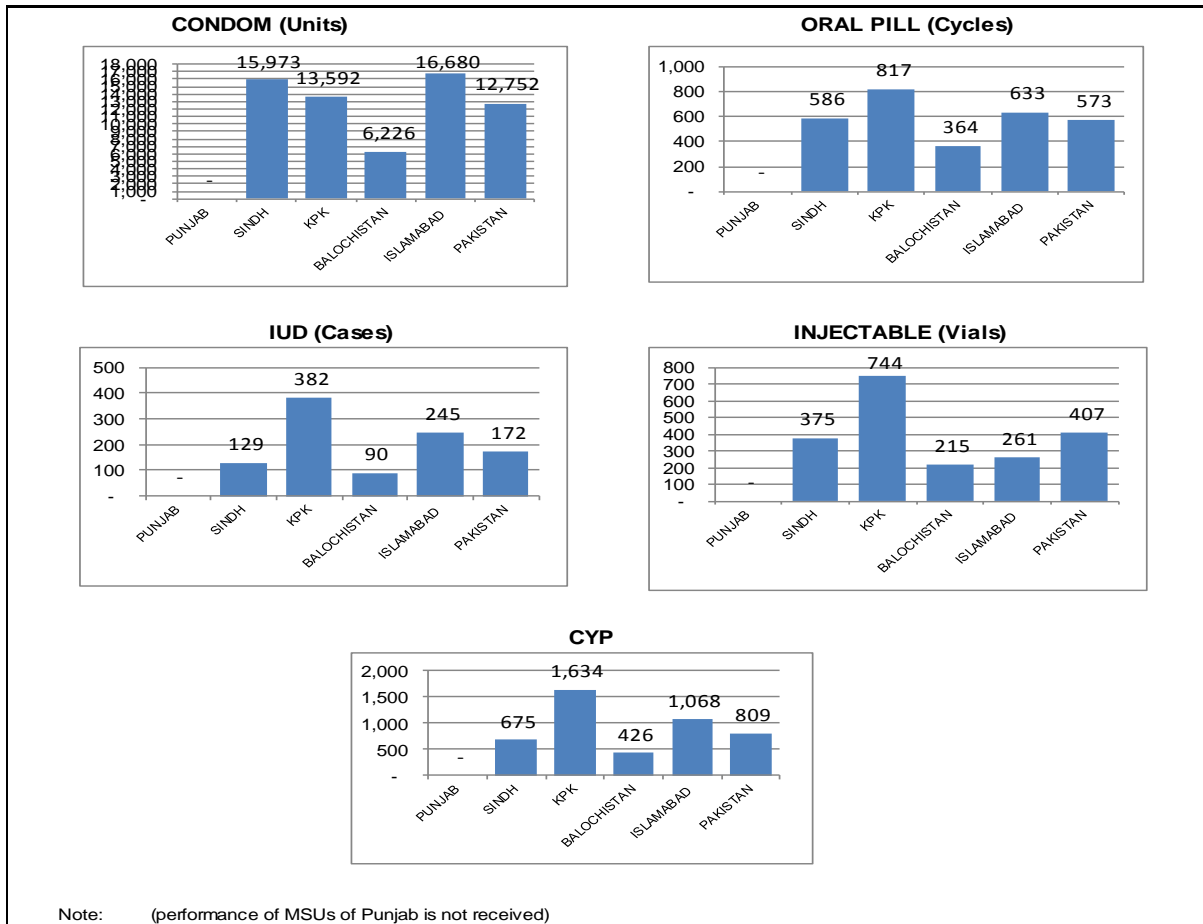
Figure-3 Average Achievement Per RHS-A by Method for the Year 2013-14



2.5.3 Average performance of MSU by method

The highest average reported performance for Condoms per MSU is 15,973 units sold in Sindh followed by 13,592 units in Khyber Pakhtunkhwa, 6,226 units in Balochistan, and 16,680 units in Islamabad. The Mobile Service Units of Khyber Pakhtunkhwa were able to dispense 817 cycles of Oral Pills compared with the lowest 364 cycles in Balochistan whereas in Islamabad 633 cycles were dispensed. The highest reported insertions of IUDs (382) took place in Khyber Pakhtunkhwa compared with the lowest (90) in Balochistan, whereas in Islamabad, 245 insertions of IUDs were reported. The highest numbers of Injectables 744 vials reported by Khyber Pakhtunkhwa compared with the lowest 215 vials reported by MSUs of Balochistan, whereas in Islamabad, 261 vials of injectables have been witnessed. When the contraceptive performance data is translated into CYP, it is observed that on the average, the highest numbers of CYP (1634) were calculated for Khyber Pakhtunkhwa while the lowest (426) are for Balochistan whereas 1068 CYP were noted in Islamabad. The graphical presentation of each contraceptive method as reported by MSUs is presented below:

Figure-4 Average Achievement Per MSU by Method for the Year 2013-14



2.6 Percentage Distribution of Total CYP by Source

The percentage distribution of total CYP by Province/Sector, during the financial year 2013-14, is reflected in Punjab (31.78%), Sindh (8.56%), Khyber Pakhtunkhwa (11.35%), Balochistan (1.08%), Islamabad (1.19%), FATA (0.35%), AJK (0.28%), GB (0.15%), RTIs (0.04%), Rahnuma/Family Planning Association of Pakistan (FPAP)(7.49%), Greenstar/ Social Marketing of Contraceptive (SMC) by (24.31%) and Marie Stopes Society of Pakistan (13.42%). The details are given in **Table-7**.

2.7 Percentage Distribution of Total CYP by Service Outlets

The percentage distribution of total CYP by Service outlets, during the financial year 2013-14, is depicted 32.46% in FWCs, 14.65% in RHS-A, 1.70% in RHS-B, 1.21% in MSUs, 0.64% in PLDs, 1.24% in RMPs, 0.11% in H&H and 1.96% in MM. The details are presented in the **Table-8**.

2.8 Percentage Distribution of Total CYP by Methods

The method-wise percentage contribution for IUDs, Contraceptive Surgery, Condom Injectables and Oral Pills, in terms of total CYP, has been 61.0%, 14.38%, 14.01%, 5.87% and 4.73%, respectively. The details are given in **Table-9**.

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

The data indicates that during the year (2013-14), 3.039 million clients availed Family Planning Services of various Contraceptive methods out of which the Family Welfare Centers provided the services to 275,524 clients for Pre-natal and 189,639 clients for Post-natal Care. Apart from these, Family Welfare Centers had provided treatment to 1,472,541 clients (Children + Adults) for General Ailments. The details are given in **Table-10**.

2.10 Pakistan-Contraceptive Prevalence Rate (CPR) by Modern Methods

The overall Contraceptive Prevalence Rate, on the basis of modern methods, during the year 2013-14 is 27.41%, under the Population Welfare Programme. In the Provincial setup, the CPR in Punjab is 17.64%, Sindh 12.82%, Khyber Pakhtunkhwa 23.35%, Balochistan 6.73% and in Federal district Islamabad is 40.30%. The CPR is calculated from Contraceptive Performance data received from the Provincial Population Welfare Departments (PPWDs); Population Welfare Departments AJK, GB & FATA; The District Population Welfare Office, ICT, Islamabad; Rahnuma/Family Planning Association of Pakistan (FPAP); Marie Stopes Society of Pakistan (MSS); Green star /Social Marketing of Contraceptive (SMC) and Regional Training Institutes (RTIs). The details are given in **Table-11**.

STATISTICAL TABLES

STATISTICAL TABLES

TABLE-1 CONTRACEPTIVE USAGE BY DATA SOURCE DURING 2013-14 OVER 2012-13.

TABLE-2 CONTRACEPTIVE USAGE BY METHOD DURING 2013-14 OVER 2012-13.

TABLE-3 COMPARATIVE ANALYSIS OF CONTRACEPTIVE USAGE BY SOURCE & METHODS DURING 2013-14 OVER 2012-13.

TABLE-4 OUTLET - WISE USAGE OF CONTRACEPTIVE DURING 2013-14 OVER 2012-13.

TABLE-5 COMPARATIVE ANALYSIS OF CONTRACEPTIVE BY OUTLET & METHOD DURING 2013-14 OVER 2012-13.

TABLE-6 METHOD AND OUTLET - WISE AVERAGE PERFORMANCE DURING 2013-14.

TABLE-7 PERCENTAGE DISTRIBUTION OF TOTAL CYP BY SOURCE DURING 2013-14.

TABLE-8 PERCENTAGE DISTRIBUTION OF TOTAL CYP BY OUTLET DURING 2013-14.

TABLE-9 PERCENTAGE DISTRIBUTION OF TOTAL CYP BY METHOD DURING 2013-14.

TABLE-10 PROVINCE-WISE FAMILY PLANNING AND MOTHER & CHILD HEALTH (MCH) SERVICES DURING 2013-14.

TABLE-11 CONTRACEPTIVE PREVALENCE RATE BY MODERN METHODS FOR THE YEAR 2013-14.

Table: 1

CONTRACEPTIVE USAGE BY DATA SOURCE

SOURCE	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE 2013-2014 Vs 2012-2013
	2013-2014	2012-2013	
PUNJAB	3,042,433	2,968,060	2.5
SINDH	819,719	765,073	7.1
K.P.K	1,086,718	887,349	22.5 *
BALUCHISTAN	103,807	99,867	3.9
ISLAMABAD	113,503	85,164	33.3 α
AJK	26,488	29,061	-8.9
FATA	33,953	30,569	11.1 β
GB	14,491	9,106	59.1 ∅
RTIs	4,123	3,664	12.5
RAHNUMA (FPAP)	716,656	593,648	20.7 #
MARIE STOPES	1,284,977	781,890	64.3 ɀ
GREENSTAR (SMC)	2,327,237	2,360,493	-1.4
Pakistan	9,574,104	8,613,944	11.15

* Significant increase in KPK is due to establishment of 110 new FWCs during the year 2013-14.

α Significant increase in Islamabad is due to sufficient supply of contraceptive compared to previous year

β Significant increase in FATA is due to sufficient supply of contraceptive & filling up of vacant post of Women Medical Officer

∅ Federal Govt. enhanced the budget allocation for GB, during the year 2013-14 to revive programme activities.

Significant increase in Rahnuma FPAP is due to training & refreshers of 126 healthcare providers and 500 staff members.

ɀ Significant increase in MSS is due to expansion of its Suraj Social Franchise Network and enhanced frequency of outreach camps

Table: 2

CONTRACEPTIVE USAGE BY METHOD DURING 2013-2014 OVER 2012-2013

METHOD	OVERALL PERFORMANCE		%AGE CHANGE 2013-2014 Vs 2012-2013
	2013-2014	2012-2013	
CONDOMS (Units)	193,200,006	188,451,464	2.5
CYP	1,341,667	1,308,691	
ORAL PILL (Cycles)	6,793,922	6,573,102	3.4
CYP	452,928	438,207	
IUD (Insertion)	1,668,640	1,420,464	17.5
CYP	5,840,240	4,971,624	
INJECTABLE (Vials)	2,810,660	2,986,989	-5.9
CYP	562,132	597,398	
CS (Cases)	110,171	103,842	6.1
CYP	1,377,138	1,298,025	
TOTAL	9,574,104	8,613,944	11.15

Table: 3

COMPARATIVE ANALYSIS OF CONTRACEPTIVE USAGE BY SOURCE & METHOD

SOURCE	CONDOM (Units)			ORAL PILL (Cycles)			IUD (Insertions)			INJECTABLES (Vials)			CON SURGERY (Cases)			COUPLE YEARS OF PROTECTION		
	2013-2014	2012-2013	%	2013-2014	2012-2013	%	2013-2014	2012-2013	%	2013-2014	2012-2013	%	2013-2014	2012-2013	%	2013-2014	2012-2013	%
	Chang			Chang			Change			Chang			Change			Change		
PUNJAB	39,645,484	38,718,472	2.4	1,612,655	1,533,147	5.2	482,739	476,805	1.2	469,100	481,899	-2.7	70,096	66,542	5.3	3,042,433	2,968,060	2.5
SINDH	18,351,687	16,869,248	8.8	666,194	691,497	-3.7	90,368	88,045	2.6	320,378	342,839	-6.6	21,400	18,008	18.8	819,719	765,073	7.1
K.P.K	16,321,339	14,196,352	15.0	950,211	901,828	5.4	219,023	169,178	29.5	441,425	412,654	7.0	4,413	4,319	2.2	1,086,718	887,349	22.5
BALUCHISTAN	2,101,037	2,130,937	-1.4	126,840	114,043	11.2	16,611	16,085	3.3	39,299	38,155	3.0	1,181	1,083	9.0	103,807	99,867	3.9
ISLAMABAD	1,108,236	1,087,086	1.9	43,889	41,882	4.8	22,979	14,715	56.2	25,961	24,415	6.3	1,381	1,475	-6.4	113,503	85,164	33.3
AJK	265,048	233,243	13.6	17,607	14,772	19.2	4,412	5,413	-18.5	13,718	15,432	-11.1	423	354	19.5	26,488	29,061	-8.9
FATA	448,499	432,414	3.7	49,224	54,990	-10.5	6,516	5,386	21.0	23,752	25,244	-5.9	0	0	0.0	33,953	30,569	11.1
GB	119,786	52,042	130.2	18,804	12,275	53.2	2,385	1,289	85.0	20,288	17,075	18.8	0	0	0.0	14,491	9,106	59.1
RTIs	28,639	22,981	24.6	2,242	2,042	9.8	934	747	25.0	1,841	2,083	-11.6	11	27	-59.3	4,123	3,664	12.5
RAHNUMA (FPAP)	1,102,805	948,579	16.3	144,423	121,892	18.5	156,351	124,404	25.7	455,456	445,914	2.1	4,884	4,347	12.4	716,656	593,648	20.7
MARIE STOPES	1,712,545	838,126	104.3	206,290	127,630	61.6	352,928	214,674	64.4	120,418	81,009	48.6	0	0	0.0	1,284,977	781,890	64.3
GREENSTAR (SMC)	111,994,901	112,921,984	-0.8	2,955,543	2,957,104	-0.1	313,394	303,723	3.2	879,024	1,100,270	-20.1	6,382	7,687	-17.0	2,327,237	2,360,493	-1.4
Pakistan	193,200,006	188,451,464	2.5	6,793,922	6,573,102	3.4	1,668,640	1,420,464	17.5	2,810,660	2,986,989	-5.9	110,171	103,842	6.1	9,574,104	8,613,944	11.15

Table: 4 OUTLET-WISE USAGE OF CONTRACEPTIVE DURING 2013-14 OVER 2012-13

OUTLETS	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE Vs 2012-13
	2013-2014	2012-2013	
FWC	3,107,439	2,804,233	10.8
RHS-A	1,402,582	1,224,584	14.5
RHS-B	162,772	254,610	-36.1
MSU	115,750	153,210	-24.5
HAKEEM & HOMEOPATH	10,104	9,868	2.4
MALE MOBILIZER	187,665	175,994	6.6
PLDs	60,891	81,463	-25.3
RMPs	118,978	101,553	17.2
RTIs	4,123	3,664	12.5
AJK	26,488	29,061	-8.9
GB	14,491	9,106	59.1
FATA	33,953	30,569	11.1
RAHNUMA (FPAP)	716,656	593,648	20.7
MARIE STOPES	1,284,977	781,890	64.3
GREENSTAR (SMC)	2,327,237	2,360,493	-1.4
Pakistan	9,574,104	8,613,944	11.15

Table-6

METHOD AND OUTLET WISE AVERAGE PERFORMANCE DURING 2013-14

OUTLET	NO. OF OUTLETS	CONDOM (Units)		ORAL PILL (Cycles)		IUD (Insertions)		INJECTABLE (Vials)		CON SURGERY (Cases)		CYP	
		Per Outlet	Per Outlet	Per Outlet	Per Outlet	Per Outlet	Per Outlet	Per Outlet	Per Outlet	Per Outlet	Per Outlet		
FWCs													
PUNJAB	1504	23,963,875	15,933	1,050,280	698	405,965	270	400,436	266	-	-	1,737,399	1,155
SINDH	628	12,579,344	20,031	447,511	713	65,623	104	259,052	413	-	-	398,682	635
KHYBER PAKHTUNKHWA	532	10,497,284	19,732	659,536	1,240	194,608	366	388,431	730	-	-	875,681	1,646
BALUCHISTAN	160	1,426,113	8,913	93,254	583	10,124	63	23,851	149	-	-	56,325	352
ISLAMABAD	29	599,328	20,666	27,503	948	8,924	308	9,973	344	-	-	39,224	1,353
PAKISTAN	2853	49,065,944	17,198	2,278,084	798	685,244	240	1,081,743	379	-	-	3,107,311	1,089
RHS-A CENTRES													
PUNJAB	99	1,484,517	14,995	78,876	797	37,309	377	37,082	375	62,799	634	938,553	9,480
SINDH	75	853,614	11,382	45,794	611	14,741	197	29,298	391	21,400	285	333,934	4,452
KHYBER PAKHTUNKHWA	26	505,826	19,455	31,885	1,226	11,351	437	21,928	843	3,260	125	90,502	3,481
BALUCHISTAN	6	80,158	13,360	6,350	1,058	1,371	229	3,485	581	1,069	178	19,838	3,306
ISLAMABAD	3	100,840	33,613	3,074	1,025	1,234	411	1,591	530	1,137	379	19,755	6,585
PAKISTAN	209	3,024,955	14,473	165,979	794	66,006	316	93,384	447	89,665	429	1,402,582	6,711
MSUs													
PUNJAB	0	-	-	-	-	-	-	-	-	-	-	-	-
SINDH	72	1,150,037	15,973	42,217	586	9,257	129	27,035	375	-	-	48,607	675
KHYBER PAKHTUNKHWA	30	407,752	13,592	24,518	817	11,458	382	22,328	744	-	-	49,035	1,634
BALUCHISTAN	40	249,023	6,226	14,569	364	3,605	90	8,609	215	-	-	17,040	426
ISLAMABAD	1	16,680	16,680	633	633	245	245	261	261	-	-	1,068	1,068
PAKISTAN	143	1,823,492	12,752	81,937	573	24,565	172	58,233	407	-	-	115,750	809

Table: 7

PERCENTAGE DISTRIBUTION OF TOTAL CYP BY SOURCE

SOURCE	CYP	Percentage
PUNJAB	3,042,433	31.78
SINDH	819,719	8.56
K.P.K	1,086,718	11.35
BALUCHISTAN	103,807	1.08
ISLAMABAD	113,503	1.19
AJK	26,488	0.28
FATA	33,953	0.35
GB	14,491	0.15
RTIs	4,123	0.04
RAHNUMA (FPAP)	716,656	7.49
MARIE STOPES	1,284,977	13.42
GREENSTAR (SMC)	2,327,237	24.31
Pakistan	9,574,104	100.00

Table: 8

PERCENTAGE DISTRIBUTION OF TOTAL CYP BY SERVICE OUTLET

OUTLETS	CYP	Percentage
FWC	3,107,439	32.46
RHS-A	1,402,582	14.65
RHS-B	162,772	1.70
MSU	115,750	1.21
PLDs	60,891	0.64
RMPs	118,978	1.24
HAKEEM & HOMEOPATH	10,104	0.11
MALE MOBILIZER	187,665	1.96
FATA	33,953	0.35
AJK	26,488	0.28
GB	14,491	0.15
RTIs	4,123	0.04
RAHNUMA (FPAP)	716,656	7.49
MARIE STOPES	1,284,977	13.42
GREENSTAR (SMC)	2,327,237	24.31
Pakistan	9,574,104	100.00

Table: 9

PERCENTAGE DISTRIBUTION OF TOTAL CYP BY METHODS

METHODS	CYP	Percentage
CONDOMS	1,341,667	14.01
ORAL PILL	452,928	4.73
IUD	5,840,240	61.00
INJECTABLE	562,132	5.87
CS	1,377,138	14.38
Pakistan	9,574,104	100.00

Table-10

FAMILY PLANNING AND MOTHER & CHILD (MCH) SERVICES DURING 2013-14

PROVINCE/ FEDERAL	F.P CLIENTS	Mother Care (Number of Clients)			General Ailments (Number of Clients)			MCH Clients	All Clients
		Pre Natal	Post Natal	Total	Children	Adult	Total	Col (5+8)	Col (2+5+8)
		1	2	3	4	5	6	7	8
PUNJAB	1,335,389	103,725	66,549	170,274	142,243	410,741	552,984	723,258	2,058,647
SINDH	896,927	93,457	69,011	162,468	408,706	0	408,706	571,174	1,468,101
K.P.K	568,442	48,048	33,235	81,283	123,004	238,573	361,577	442,860	1,011,302
BALUCHISTAN	92,393	10,026	7,539	17,565	13,942	68,514	82,456	100,021	192,414
ISLAMABAD	26,897	3,342	2,405	5,747	21,024	2,546	23,570	29,317	56,214
AJK	31,732	4,676	1,947	6,623	3,056	9,839	12,895	19,518	51,250
GB	26,852	1,290	1,445	2,735	3,274	3,221	6,495	9,230	36,082
FATA	60,650	10,960	7,508	18,468	7,708	16,150	23,858	42,326	102,976
Total	3,039,282	275,524	189,639	465,163	722,957	749,584	1,472,541	1,937,704	4,976,986

Table-11

CONTRACEPTIVE PREVALENCE RATE BY MODERN METHODS FOR 2013-14

		(Fig. in million)						
PROVINCE		MWRA**	CONDOM	ORAL PILL	IUD	INJECTABLE	C.S	Total
PUNJAB	Users	16.321	0.396	0.124	1.465	0.094	0.801	2.880
	CPR%		2.43	0.76	8.97	0.57	4.91	17.64
SINDH	Users	7.205	0.184	0.051	0.318	0.064	0.307	0.924
	CPR%		2.55	0.71	4.41	0.89	4.26	12.82
KPK	Users	4.049	0.163	0.073	0.560	0.088	0.061	0.945
	CPR%		4.03	1.81	13.83	2.18	1.50	23.35
BALUCHISTAN	Users	1.555	0.021	0.010	0.050	0.008	0.016	0.105
	CPR%		1.35	0.63	3.22	0.51	1.03	6.73
ISLAMABAD	Users	0.231	0.011	0.003	0.057	0.005	0.016	0.093
	CPR%		4.80	1.46	24.77	2.25	7.02	40.30
PROVINCIAL TOTAL	Users	29.360	0.775	0.262	2.450	0.259	1.201	4.947
	CPR%		2.64	0.89	8.34	0.88	4.09	16.85
GS(SMC) + Others*	Users	0	1.16	0.26	1.43	0.30	0.15	3.30
	CPR%							
PAKISTAN	Users	30.083	1.932	0.523	3.877	0.562	1.353	8.247
	CPR%		6.422	1.737	12.888	1.869	4.498	27.41

Assumptions:

- a) Carry-over effect of IUD is taken from 2009-10, performance of current year 100% and each next year 20% less.
b) Carry-over effect of CS cases is taken from 1999-2000. Current year performance is 100% and each next year is 5% less.
c) The provincial CPR is calculated on the basis of performance of PPWDs service delivery outlets only.

* Others include FPAP, Marie Stops Society, AJK, FATA, GB and RTIs.

**Married Women of Reproductive age (MWRA) is taken as 16% of total population of Pakistan in Economic Survey, 2014.

GENESIS OF THE REPORT

The Annual Contraceptive Performance Report owes to continuous efforts of the following PBS Officers:

1. Dr. Bahrawar Jan, Deputy Director General
2. Ms. Rizwana Siddique, Director
3. Syed Adil Hashmi, Statistical Officer
4. Mr. Arshad Ahmad Khan, Research Supervisor
5. Mr. Mahmood-ul-Hasan, Statistical Investigator
6. Mr. Ghulam Kibria, Data Processing Assistant