

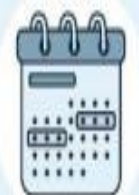
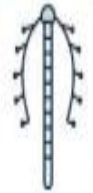


# CONTRACEPTIVE PERFORMANCE REPORT 2018-19

**PAKISTAN BUREAU OF STATISTICS**

Ministry of Planning, Development & Special Initiative, Islamabad

[www.pbs.gov.pk](http://www.pbs.gov.pk)





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# Genesis of Report

Contraceptive Performance Report 2018-19 owes to devoted and tireless efforts of the following staff of Pakistan Bureau of Statistics (PBS):

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## Preface

Pakistan Bureau of Statistics (PBS) is prime official agency of Pakistan, responsible for collection, compilation and timely dissemination of reliable statistical information to policy makers, planners and researchers. This organization publishes a variety of data, collected through primary as well as secondary sources, 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 (PWS) Section of PBS has so far released ninth issues of Annual Contraceptive Performance Reports since 2010-11. In these reports, secondary data relating to Contraceptive Performance of Public Sector and Private Sector represented by three eminent NGO(s), involved in service delivery, had been presented in the form of different tables.

Annual Contraceptive Performance Report, 2018-19 is the 9<sup>th</sup> issue in the series. The Report is based on secondary data comprising contribution of Provincial & Regional Population Welfare Departments; Provincial & Regional Departments of Health (Health Facilities & Lady Health Workers) and three eminent NGO(s) (Rahnuma Family Planning Association of Pakistan, Greenstar Social Marketing and Marie Stopes Society) in rendering family planning services. Performance of these Agencies are reported in the form of Service Statistics covering services data of commodities to clients, by getting respective data from concerned departments. In this report, Contraceptive Performance gleaned from these Service Statistics, has been compiled in terms of Couple years of Protection (CYP), one of the indicators of FP2020 Core Indicators, being reported annually for 69 FP2020 focus countries. In addition, this report presents comparison of contraceptive performance for the year 2018-19, in terms of Couple Year of Protection (CYP), with the last year 2017-18, at National & Provincial level, in respect of Population Welfare Departments, Departments of Health (Health Facilities & LHWs) and for three eminent NGO(s). Moreover, annual estimates of modern Contraceptive Prevalence Rate (mCPR), developed by using an approximation of Estimated Method User (EMU) rates through Service Statistics have also been included in this report, to have an idea about annual trends in mCPR.

I appreciate and acknowledge the role of our worthy data suppliers & key 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, Pakistan Bureau of Statistics Islamabad towards compiling this report, in accordance to the norms of reliability and serviceability.

Considering the requirements of policy makers, planners, researchers and other data users, efforts have been made to improve this report. It is hoped that the data users will find it useful. However, there is always a room for improvement. Comments and suggestions, for future improvement will be highly appreciated.

**Mathar Niaz Rana**  
**Secretary,**  
**M/o Planning, Development & Special Initiatives/**  
**Chief Statistician (PBS)**  
**September, 2020**

Pakistan Bureau of Statistics,  
M/o Planning, Development & Special Initiatives,  
Government of Pakistan,  
Islamabad.





## Executive Summary

Comparison of contraceptive performance during 2018-19 with 2017-18 is summarized as under:

### I) Contraceptive Performance in Terms of Couple Years of Protection (CYP)

Overall Contraceptive Performance in terms of Couple Years of Protection (CYP) for the year 2018-19 as compared to 2017-18, has been computed as 4%, based on Family Planning Service Statistics data collected from Population Welfare Departments, Departments of Health (including performance of both Health Facilities & Lady Health Workers (LHWs) and from three eminent NGO(s) namely Rahnuma Family Planning Association of Pakistan (Rahnuma FPAP), Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM), working throughout the country. Source-wise break-up is given in subsequent sub-headings:

#### (A) Population Welfare Departments (PWDs)

- a) Overall Contraceptive Performance of PWDs for the year 2018-19 in terms of Couple Years of Protection (CYP) has increased by 13.7% in comparison with the last year 2017-18.
- b) Province and region wise profile of CYP indicates an increase in Punjab (17.1%) Sindh (5%), Khyber Pakhtunkhwa (13.3%), AJK (8.7%) and Gilgit Baltistan (4.1%) whereas decrease has been noticed in Balochistan (26.1%), Islamabad (1.9%) and Merged Area KP (FATA) (10.1%).
- c) Method-wise comparison of 2018-19 with 2017-18 of PWDs, in terms of CYP, increase has been observed in all methods i.e. Condoms (11.4%), Oral Pills (31.7%), Injectables (8%), IUCDs (17.8%), Sterilization/Contraceptive Surgery (0.1%) and Implants (8%).
- d) Outlet-wise contribution in terms of CYP during the year 2018-19 compared with year 2017-18, has shown an increase of 19.4% in Family Welfare Centers (FWCs), 2.8% in Reproductive Health Services-A (RHS-A) Centers, 42.9% in RHS-B Centers, 2.6% in Mobile Service Units (MSUs), 39.3% in Registered Medical Practitioners (RMPs), 55.4% in Hakeems & Homeopaths (H&H), 26.6% in Community based Family Planning Workers (CBFPWs) and 78.% in Counters. The performance has decreased by 20.3% in Provincial Line Departments (PLDs), 2.9% in Male Mobilizers (MM), 23.4% in Regional Training Institutes (RTIs), 29.8% in (F.P.I.H.) Program and 11.9% in Others (Franchise Clinics etc.).

#### (B) Departments of Health (DoH)

##### i. Health Facilities (HFs)

- a) Overall Contraceptive Performance of Departments of Health (Health Facilities) for the year 2018-19 in terms of Couple Years of Protection (CYP) has decreased by 15.4% in comparison with the last year 2017-18.
- b) Provincial/regional profile of Departments of Health (HFs) in terms of CYP has shown an increase in Balochistan (19.1%) and Merged Area-KP (FATA) (16.4%), whereas decrease has been witnessed in Punjab (7.8%), Sindh (7.5%), Khyber Pakhtunkhwa (24.8%), Islamabad (47.9%), AJK (6.4%) and Gilgit Baltistan (92.6%).

- c) Method-wise comparison of DoH (HFs) for 2018-19 with 2017-18, in terms of CYP, has depicted increase in Condoms (3.2%), Oral Pills (24%), Injectables (15.7%), IUCDs (6.4%), Sterilization/Contraceptive Surgery (23%) and Implants (63.7%).

**ii. Lady Health Workers (LHWs)**

- a) Overall Contraceptive Performance of Departments of Health (LHWs) for the year 2018-19 in terms of Couple Years of Protection (CYP) has decreased by 0.5% in comparison with the last year 2017-18.
- b) Provincial/regional profile of DoH (LHWs) in terms of CYP indicates an increase in Sindh (4.2%), Khyber Pakhtunkhwa (0.6%) and Balochistan (123.5%), whereas decrease has been witnessed in Punjab (4.7%), Islamabad (60.6%), AJK (10.9%) and Gilgit Baltistan (31.8%). The DoH (LHWs) Merged Area-KP (FATA) has informed no activity has been undertaken due to non-availability of contraceptive commodities.
- c) Method-wise comparison of 2018-19 with 2017-18 of DoH (LHWs), in terms of CYP, has shown an increase in Oral Pills (0.4%) whereas decrease has been observed in Condoms (2.1%) and Injectables (0.03%).

**(C) NGO Sector**

- a) Overall Contraceptive Performance of NGOs Sector for the year 2018-19 in terms of Couple Years of Protection (CYP) has increased by 4.2% in comparison with the last year 2017-18.
- b) Increase has been observed in the performance of Rahnuma Family Planning Association of Pakistan (R-FPAP)(11.5%) and Greenstar Social Marketing (GSM)(5%), whereas decrease has been noticed in Marie Stopes Society (MSS)(5.3%).

**II) Modern Contraceptive Prevalence Rate (mCPR) by Estimated Modern Method User (EMU) rates**

Annual estimates of modern Contraceptive Prevalence Rate (mCPR), by using an approximation of Estimated Modern Method Use (EMU) rates, computed through services statistics, during the year 2018-19 is 42.8%, whereas 39.7% during 2017-18. Overall mCPR of all stakeholders during 2018-19 when compared with 2017-18, has shown an increase of 7.7%. However, departmental impact in mCPR, during the year 2018-19 has been estimated as 16.7% for Population Welfare Departments (PWDs); 11.6% for Departments of Health (HF & LHWs) and 14.5% for NGO sector represented by three eminent NGOs (Rahnuma FPAP, MSS, GSM). In the Provincial setup, estimate of mCPR in Punjab during 2018-19 was 47.2%, while that of Sindh, Khyber Pakhtunkhwa and Balochistan is 35.7%, 45.5% and 15.2% respectively. However, estimate of mCPR of Federal district Islamabad is 69.8% and respective estimate of mCPR of AJK, FATA and Gilgit-Baltistan (GB) are 29.6%, 7.8% & 54.1% respectively.

## Report Organization

Annual Contraceptive Performance Report, 2018-19 has been organized in the following key sections:

**Section – I:** contains introductory and background information. It begins with discussion on issues of rapidly growing population at global and regional levels, following a comprehensive description on the rationale of Contraceptive Performance Report. The next segment under the section –I, outlines the demographic trends in Pakistan; followed by the description on the history of family planning in Pakistan and details about international commitments of Pakistan with respect to global Family Planning movement (FP2020). The last segment of this section highlights the initiatives taken by Pakistan to fulfill aforesaid commitments and concluded with deliberation on relationship between SDG(s) and Family Planning.

**Section – II:** delineates the details regarding Concepts and definitions used in the report including 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 being gleaned from the Service Statistics.

**Section – III:** comprises key findings regarding the Contraceptive Performance of Provincial & Regional Population Welfare Departments, Provincial & Regional Departments of Health (Health Facilities & Lady Health Workers) & of three eminent NGO(s) i.e. Rahnuma FPAP, Marie Stopes Society of Pakistan (MSS) and Greenstar Social Marketing (GSM). This contraceptive performance has been compiled in terms of two FP performance Indicators that are (a) Couple Years of Protection (CYP) and (b) Estimate of Modern Contraceptive Prevalence Rate (mCPR)

**Section –IV:** Conclusion & Way Forward



## Acronyms

<b>AJK</b>	Azad Jammu & Kashmir
<b>BHU</b>	Basic Health Unit
<b>CPR</b>	Contraceptive Prevalence Rate
<b>COC Pills</b>	Combined Oral Contraceptive Pills
<b>CBFPWs</b>	Community Based Family Planning Workers
<b>CS</b>	Contraceptive Surgery
<b>CYP</b>	Couple Years of Protection
<b>DGHS</b>	Director General Health Services
<b>DHIS</b>	District Health Information System
<b>DHO</b>	District Health Office
<b>DHQ</b>	District Headquarters
<b>FATA</b>	Federally Administered Tribal Area
<b>FHMUs</b>	Family Health Mobile Units
<b>FLCF</b>	Fore Level Control Function
<b>FP</b>	Family Planning
<b>FPAP</b>	Family Planning Association of Pakistan
<b>FPIH</b>	Family Planning Initiative for Health
<b>FWCs</b>	Family Welfare Centers
<b>GB</b>	Gilgit – Baltistan
<b>GSM</b>	Greenstar Social Marketing
<b>HF</b>	Health Facility
<b>H &amp; H</b>	Hakeem & Homeopaths
<b>ICT</b>	Islamabad Capital Territory
<b>IEC</b>	Information Education & Communication
<b>IRC</b>	Institutional Reimbursement Cost
<b>IUDs</b>	Intrauterine Devices
<b>LARCs</b>	Long Acting Reversible Contraceptive
<b>LHW</b>	Lady Health Workers
<b>LMO</b>	Lady Medical Officer
<b>MCH</b>	Mother & Child Health
<b>MM</b>	Male Mobilizers
<b>MMR</b>	Maternal Mortality Rate
<b>MCH</b>	Mother & Child Health
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>MoPW</b>	Ministry of Population Welfare
<b>MSS</b>	Marie Stopes Society
<b>MSUs</b>	Mobile Service Units
<b>M&amp;P</b>	Muller & Phipps
<b>MWRA</b>	Married Women of Reproductive Age

<b>NGOs</b>	Non- Governmental Organizations
<b>NSV</b>	Non Scalpel Vasectomy
<b>PBS</b>	Pakistan Bureau of Statistics
<b>PC-1</b>	Planning Commission (Form – 1)
<b>PDHS</b>	Pakistan Demographic & Health Survey
<b>PDS</b>	Pakistan Demographic Survey
<b>PGR</b>	Population Growth Rate
<b>PIU</b>	Project Implementation Unit
<b>PLDs</b>	Provincial Line Departments
<b>PMA</b>	Performance Monitoring & Accountability
<b>PMO</b>	Program Management Offices
<b>PNC</b>	Pakistan Nursing Council
<b>PPHI</b>	People Primary Healthcare Initiative
<b>POP PILLS</b>	Progestogen Only Pills or Mini Pills
<b>PSDP</b>	Public Sector Development Programme
<b>PPWDs</b>	Provincial Population Welfare Departments
<b>PWSS</b>	Population Welfare Statistics Section
<b>RHS</b>	Reproductive Health Services
<b>RMPs</b>	Registered Medical Practitioners
<b>RTIs</b>	Regional Training Institutes
<b>SNE</b>	Summary of New Expenditure
<b>TBAAs</b>	Traditional Birth Attendants
<b>TFR</b>	Total Fertility Rate
<b>THQs</b>	Tehsil Headquarters
<b>VBFPWs</b>	Village Based Family Planning Workers
<b>WHO</b>	World Health Organization

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## SECTION- I: INTRODUCTION

Pakistan's population has grown by 57 percent since 1998, reaching 207.7 million<sup>1</sup>, making Pakistan the world's fifth-most-populous country, surpassing Brazil and ranking behind China, India, US and the Indonesia. The chief causes of the continuing surge, according to population experts, include religious taboos, political timidity and public ignorance, especially in rural areas.

Importantly, the high fertility driving population growth in Pakistan is not completely a matter of choice. Huge numbers of Pakistani couples want to space or limit births but are unable to do so due to lack of information and/or services. Modern contraceptive use by currently married women has stagnated over the last 5 years, with 26% of women using a modern method in 2012-13 and 25% in 2017-18. The most popular modern methods among women are female sterilization and male condoms (9% each). Unmet need for family planning services is high at 17%.<sup>2</sup> The main barriers to contraceptive use include physical distances from delivery points, costs, social barriers, poor quality of services, and associated misperceptions. Millions of desperate women resort to induced abortions every year, often in unsafe conditions that compound maternal and child health outcomes. Poor and uneducated households are most affected, and poverty in the country has a close relation with low literacy, high fertility, and high childhood and maternal mortality. Low public expenditure on health, population and education are among the root causes of poor indicators on socio-economic development.

It is important that the country's population growth rate is at a staggering 2.4 percent that is at least double of other regional countries like India, Bangladesh and Sri Lanka. The situation indeed warrants steps on an urgent basis to reverse this growth. On 4<sup>th</sup> July 2018 The Honorable Supreme Court of Pakistan, taking family Planning as human rights issue took Suo Moto Notice and constituted a task force to frame clear, specific and actionable recommendations to address matters relating to alarming population growth. The Task Force, after a series of meetings, framed a set of recommendations aiming at enhancing contraceptive prevalence rate (CPR) to 55 percent, lowering total fertility rate (TFR) to 2.1 and bringing down population growth rate to 1.5 percent by 2030 and has furnished some concrete suggestions, including that of making pre-marital counseling on family planning mandatory for nikkah registration as well as holding a ulema conference on the issue on a regular basis.

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<sup>1</sup> **Pakistan Bureau of Statistics.** Provisional Summary Results Of 6th Population And Housing Census-2017  
<http://www.pbs.gov.pk/content/provisional-summary-results-6th-population-and-housing-census-2017-0>

<sup>2</sup> **Pakistan Demographic and Health Survey 2017-18.**  
<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

Contraception assists couples and individuals to achieve their reproductive goals and enables them to exercise the right to have children by choice. Empowering women to choose the number, timing and the space of their pregnancies is not only a matter of human right but also related to many other issues vital to sustainable development including health, education and women's status in the society. Therefore, comprehensive family planning policy at state level is fundamental to the health and survival of women & children supplemented by the authentic and validated statistical record of contraceptive performance data. The Annual Contraceptive Report 2018-19 is the 9<sup>th</sup> report in series of reports that has been compiled by Pakistan Bureau of Statistics in provision of Annual Contraceptive Performance Data, since 2010-11.

### **Rationale for the Contraceptive Performance Report**

Measuring progress in meeting the need for family planning requires not only an assessment of overall levels and trends in contraceptive prevalence and the unmet need for family planning, but also an assessment of the range and types of contraceptive methods used.

Pakistan has gone through devolution of its services related public sectors including population welfare programme and health sector to the provinces with the 18th amendment in its Constitution which became effective from June 28, 2011. In pursuance to 18th Constitutional Amendment Act 2010, the functions of Collection, Maintenance and Analysis of Population Statistics, handled earlier by the defunct Ministry of Population Welfare (MoPW) have been relocated to Pakistan Bureau of Statistics (PBS). To implement the decision of the Government of Pakistan, Pakistan Bureau of Statistics has established a new section entitled as "Population Welfare Statistics (PWS) Section" with the following objectives:

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

For the compliance of the above mentioned objectives and in view of importance and key role of family planning in the development of the country, an effort has been made to compile contraceptive performance data at national level for measuring the capacity and performance of the government and non-government departments in the field. Contraceptive Performance Report is one of the significant publications of the Pakistan Bureau of

Statistics (PBS) being published annually by one of the eminent section of PBS – Population Welfare Statistics (PWS) Section.

Current Annual Contraceptive Performance Report is ninth in the series, being published by PBS since 2010-11. The Contraceptive performance report mainly aims:

- 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 estimate trends in Modern Contraceptive Prevalence Rate (mCPR) by using an approximation of Estimated Modern Use (EMU) rates to have an idea about the birth control strategy of the country.

In order to achieve the above mentioned objectives of Annual Contraceptive Performance Report, PBS has been collecting secondary data relating to FP service statistics on monthly/quarterly basis from three main source agencies which are:

- a. Provincial & Regional Population Welfare Departments including Population Welfare Directorates of AJK, GB & defunct FATA and District Population Welfare Office ICT, Islamabad
- b. Provincial & Regional Departments of Health covering FP Service Statistics of both Health Facilities and LHWs,
- c. In private sector, FP Service Statistics is being collected from three eminent NGOs involved in service delivery namely Rahnuma Family Planning Association of Pakistan (Rahnuma FPAP), Marie Stopes Society of Pakistan (MSS), and Greenstar Social Marketing of Contraceptives (GSM).

## **Family Planning in Pakistan**

Rapid rise in population poses the biggest threat to the state's plans to achieve self-sufficiency in different human development indicators. Unchecked population growth in Pakistan is among one of the serious challenges, which the country faces today. Major causes of this continuing surge are high fertility rate, public ignorance about modern contraceptive measures, religious taboos particularly in rural areas, son preferences, need of more earning hands, early marriages, avoiding family planning measures and people beliefs about family planning considering it contrary to Islamic teaching. In Pakistan on average couples have 1 unwanted child.<sup>3</sup> Low usage of contraceptives supply-side factors (including poor's access to FP services, lack of counseling and

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<sup>3</sup> Fact sheet 2018 prepared by population council

technical knowledge of unmotivated providers, and insufficient of availability of affordable modern methods) are the major obstacles to the uptake of modern contraceptives, rather than the more frequently cited demand-side factors (including husband disapproval and religious opposition)<sup>4</sup>.

Although Pakistan has initiated its family planning programme in 1950s with the help of World Bank, however it could not achieve the intended results so far. During the year 1965, an ambitious Family Planning Scheme became part of the “Third Five Year Plan” that was considered as model for other Islamic countries but it also remained ineffective, despite its placement on high policy agenda and an unquestioned commitment posed by government, mainly due to over-reliance on the IUD and design defects. For the next couple of decades, family planning has remained on low priority. During the 1980s, the Sixth and Seventh Five Year Plans outlined a new Multi-Sectoral

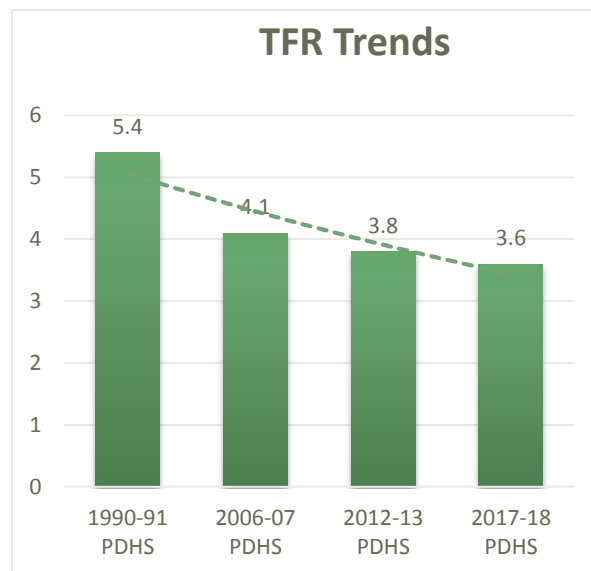


Figure 1: TFR Trends

Strategy in which a new Population Welfare program was designed to utilize public and private clinics to increase the availability, commercial marketing of contraceptives started to stimulate public demand and mobile service units were established.

The year 1990 was denoted as “turning point” for family planning in Pakistan by the experts & researchers and reported strong and consistent evidences for the rapid decline in fertility and population growth from the late 1980s through 2000. Total fertility rate declined from 6.5 in 1979-80 to 5.4 in 1990-91 and to 4.1 in 2006-07, and contraceptive use rose from 6% in 1969 to 11.8% in 1990-91 to 29.6% in 2006-07<sup>5</sup>. Overall, the era of 1990-2006 witnessed a decline in Fertility rate. According to findings of series of four Pakistan Demographic & Health Survey (PDHS), launched during the period 1990-91 till 2017-18, there has been a steady decline in fertility rates over time, from 5.4 births per woman as reported in the 1990-91 PDHS to 3.6 births per woman in the

<sup>4</sup> Batool Zaidi and Sabahat Hussain, “Reasons for Low Modern Contraceptive Use – Insights from Pakistan and Neighboring countries”, *Population council*, January 2015

<sup>5</sup>Changes In contraceptive use and the method mix In Pakistan 1990-91 to 2006-07, Greenstar Research Department Working Paper No. 3, 2009.

<https://www.greenstar.org.pk/assets/publications/pub4.pdf>

2017-18 PDHS—a drop of about two births per woman in almost three decades. Figure 2, depicts trends in TFR since 1990s, as per PDHS reports.

Moreover in the figure 3, percent distribution of married women of reproductive age (15-49), currently using family planning method is given. Overall, 34% of currently married women use a method of family planning, with 25% using a modern method and 9% using a traditional method.

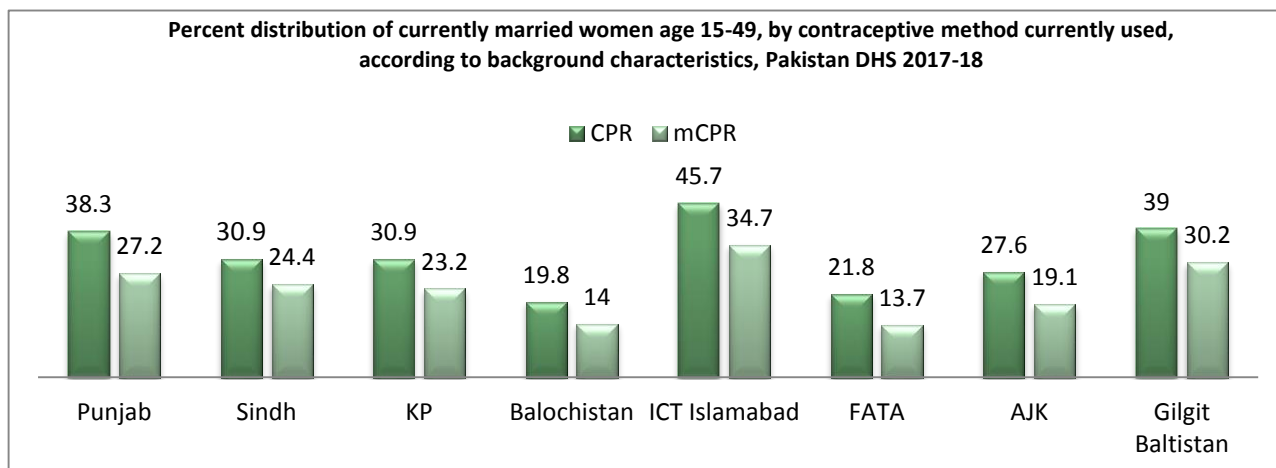


Figure 2: Percent distribution of currently married women age 15-49, by contraceptive method currently used

## Family Planning 2020

FP2020 a global initiative is undertaken, that support and focus on rights of individuals particularly of women and girls to decide, freely and for themselves, whether, when, and how many children to have. This global movement is an outcome of 2012 London Summit on Family Planning (FP) launched with an aim to improve the FP services to women and girls in the poorest countries. To date, more than 169 partners—including focus country governments, donor governments, foundations, civil society organizations, multilateral institutions, and private sector partners—have joined FP2020 with formal commitments to support, expand and fund rights-based family planning. Pakistan is also signatory of this FP2020 global agenda. <sup>6</sup>

## Commitments of Pakistan for FP2020

FP 2020 is global partnership that encourages community level progress of family planning goals by prioritizing it in 69 focused countries including 36 commitments-making countries. Pakistan is one of these commitment-making countries which are working to expand access to family commodities and services. FP2020 has created a unique platform and architecture, for global family planning community to fulfill these commitments.

<sup>6</sup> <https://www.familyplanning2020.org>

Following the 18<sup>th</sup> constitutional amendment and devolution of responsibility for FP financing, policy making and program implementation, this commitment package by Pakistan represents the revitalized focus and ownership of the federation and the provinces/regions of Pakistan, to the pledges made in the 2012 Summit, and to additional commitments made jointly by the provinces for adding direction and transparency to achieving FP2020 Goals.

### **Commitment 1: Raising CPR to 50%**

Raise the CPR to 50 percent by 2020, by ensuring the optimal involvement of the public and private health sectors in family planning, and move towards universal coverage of reproductive health services meeting the SDG target 3.7 by 2030.

### **Commitment 2: Offering greater choices of contraceptive and better counseling**

Offer greater contraceptive choices through an improved method mix, by better counseling and expanding the use of long acting reversible methods, availing all possible opportunities in the health system (especially antenatal and post-delivery consultations) and training 33 percent of all LHVs, FWWs and community based workers (LHWs and CMWs) to provide a wider range of contraceptive products.

### **Commitment 3: Expansion of programme to all the stakeholders**

Expand the program focus by providing services and information to men and gatekeepers so as to reduce unmet need among those women who cite husbands/social/religious opposition as reasons for non-use.

### **Commitment 4: Reduction in unmet needs**

Focus on addressing the information and FP service needs of nearly 100,000 married adolescent girls aged 15-19 thereby reducing their unmet need and meeting the reproductive health informational gaps of unmarried youth by providing life skills based education.

### **Commitment 5: Enhancing funding of family planning programme**

Provincial Ministers of Finance assure an increase in financing, moving towards the 2020 goal of \$2.50 per capita that includes both private and public funding for family planning, (especially new initiatives) with support from the Federal government. Provincial commitments to meet FP 2020 (CPR Goals by 2020) are given in the Figure 3:



Figure 3 : Provincial CPR Goals by FP2020



## Initiatives Taken to Fulfill the FP2020 Commitments

When Pakistan committed to FP2020 at the 2012 London Summit, it had just embarked on a massive overhaul of its federal system. The Ministry of Health had been abolished and responsibility for health policies, financing, and programming devolved to the four provinces— all part of the shift from a centralized state to a system with significant provincial autonomy.

Now, the devolution process has matured and stabilized, thanks in large part to positive political will and outstanding cooperation across ministries and provinces. The original FP2020 commitment has been transformed into provincial goals and each province has taken ownership of its FP2020 strategy. The Federal Ministry of Health has been reconstituted as a coordinating body, fostering alignment and synergy across the provinces. At the 2017 Family Planning Summit, Pakistan presented its renewed FP2020 pledge as a package commitment from the federal government and the four provinces. High-level delegations from each province attended the Summit, and the provincial chief ministers pledged to personally monitor progress on their FP2020 goals.

## Family Planning and Sustainable Development Goals (SDGs)

Though population is a center of all the Sustainable Development Goals (SDGs) comprising a framework of 17 goals and 169 targets across social, economic and environmental areas of sustainable development. However, SDGs making specific references to family planning particularly Goal 3 on Health and Goal 5 on Gender Equality and Women’s Empowerment with specified target of 3.7 and 5.6 ensuring universal access to sexual and Reproductive Health, are reproduced below, for specified and ready reference: Though, number of initiatives are being taken, however, increasing the political priority of family planning, can help in view of the current status of Pakistan as FP2020 focus country.

Goals	Targets
<b>Goal 3 Ensure healthy lives and promote well-being for all at all ages</b>	<b>3.1</b> By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. <b>3.7</b> By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs. <b>3.8</b> Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

## Goal 5 Achieve gender equality and empower all women and girls

**5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the international Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Specifying only these SDG goals here, does not mean that only these goals are directly related to family planning. Accomplishment of most of the SDGs goals are linked to effective family planning as it will be impossible to end poverty and hunger (goals 1 and 2), ensure quality education for all (goal 4), promote sustained economic growth (goal 8) without ensuring that every women has access to quality, rights-based family planning services.

In view of the above, accelerated & vigorous efforts are direly needed to have a check on rapidly increasing population through effective and fool proof implementation of population welfare programme of related issues by creating awareness among masses.

## Methodology

Pakistan Bureau of Statistics collects contraceptive performance data/ FP Service Statistics on monthly basis by post, through e-mail and by fax from the Provincial Population Welfare Departments (PWDs); Population Welfare Directorates AJK, GB & FATA and District Population Welfare Office, Islamabad. For Departments of Health (Health Facilities & LHWs data), Provincial Departments of Health (DoHs), Directorates of Health AJK, GB, FATA and District Health Office, Islamabad are approached. Further to reflect the contribution of private sector, Contraceptive data from three eminent NGOs, are collected on monthly/quarterly basis. These service statistics in respect of modern contraceptive methods are collected, on the prescribed format CLR-11 & CLR-15. These Performa(s) have been attached in **Annexure-I** of the report for reference. After careful editing and coding, data is entered in the data base at Data Processing Centre of PBS and thereafter tabulated / classified according to approved tabulation plan. The data is entered on monthly basis and consolidated after three months to compile the Quarterly Contraceptive Performance. At the end of financial year, Annual Contraceptive Performance Report is compiled. From these service statistics, the indicator, Couple Years of Protection (CYP) is computed on quarterly and annual basis by utilizing internationally recommended conversion factors, as mentioned in **Annexure-II** of this report. Moreover, mCPR is also estimated on annual basis by using an approximation of Estimating Modern Use (EMU) rates. The comparative analysis has been presented, in the form of different tables at national and provincial level, by calculating the percentage changes in the

contraceptive performance in respect of afore mentioned different departments for the current financial year (2018-19), in comparison with previous year (2017-18).

It is worthy to mention here that upon taking over assignment during 2010-11, Contraceptive Performance report was developed on the pattern followed by the defunct Ministry of Population Welfare containing FP Service Statistics only from Provincial & Regional Population Welfare Departments and from three NGOs. However, from the years 2015-16 & onwards, scope of the report has been extended by incorporating the service statistics from Provincial & Regional Departments of Health highlighting the contribution of both Health Facilities (HFs) and Lady Health Workers (LHWs) in FP Service delivery. Performae utilized for collection of data from the source departments, are at **Annexure-I**. Moreover, data on new programmes / initiatives have also been included in this report, on time to time basis in addition to routine activities being reported upon by the provinces. Meticulous process is adopted, for the compilation of Contraceptive Performance report by PBS, which is illustrated in the flow chart given on the following page:

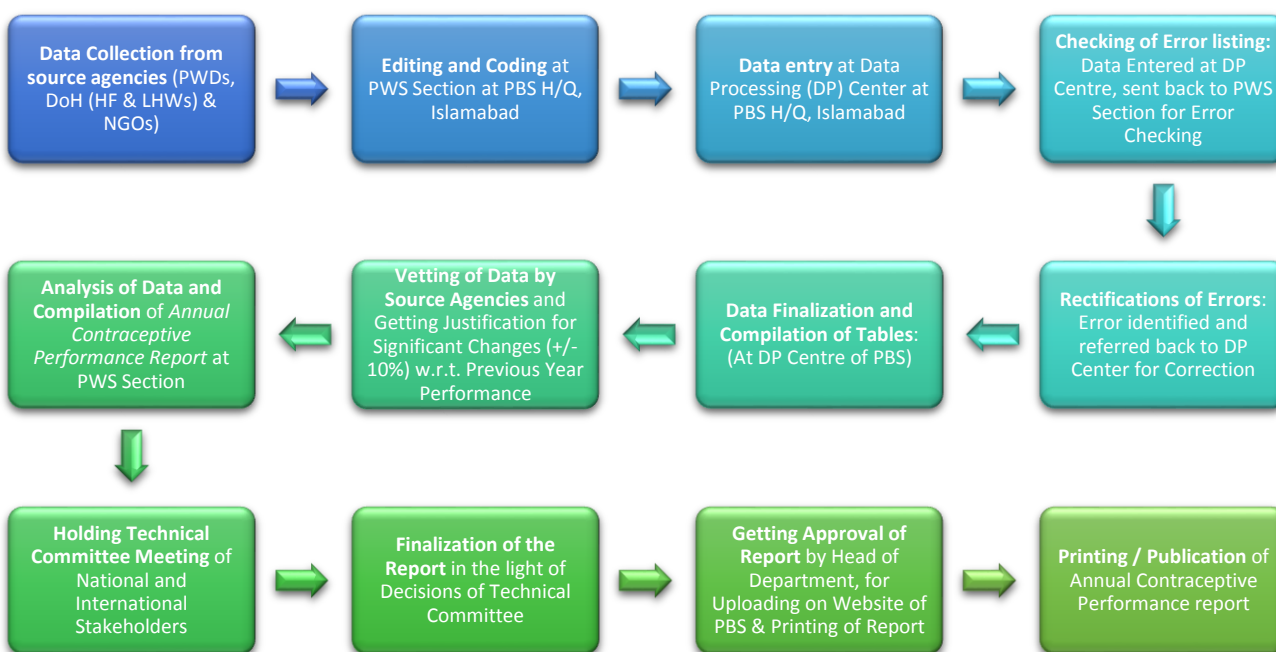


Figure 4: Report Development Process at PBS H/Q Islamabad

## SECTION – II: CONCEPTS & DEFINITIONS

### **Family Planning:**

Family Planning encompasses the 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 focused 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 clients during that period.

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.

The 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:

<b>CONVERSION FACTORS* FOR COUPLE YEARS OF PROTECTION (CYP)</b>	
Condom	120 Units = 1 CYP
Oral Pills(COC&POP)	15 Cycles = 1 CYP
Emergency Contraceptive Pills (ECP)	20 Doses = 1 CYP
IUCDs 380-A /Cu-T(10-Years)	1 Insertion = 4.6 CYP
IUCDs Multiload (05-Years)	1 Insertion = 3.3 CYP
Inject-able DMPA (03-Months)	4 Doses = 1 CYP
Inject-able Net-En (02-Months)	6 Doses = 1 CYP
Inject-able Femiject (1-Month)	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. Modern Contraceptive Prevalence Rate (mCPR) for this report, has been estimated by using an approximation of Estimated Modern Use (EMU) rates for each method, 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:

<b>CONVERSION FORMULAE FOR ESTIMATING NUMBER OF USERS</b>	
100 Units of Condoms	1 User
13 Cycles of Oral Pills	1 User
1 Insertion of IUDs	1 User
5 Vials of Injectables	1 User
1 Contraceptive Surgery (CS) /Sterilization Case	1 User

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

$$\text{Estimated mCPR (\%)} = (\text{Estimated Number of Users} / \text{MWRA}) \times 100$$

## Method Mix

The method mix provides a profile of the relative level of use of different contraceptive methods. A broad method mix suggests that the population has access to a range of different contraceptive methods. Following method mix of modern contraception has been followed for reporting contraceptive performance in this report.

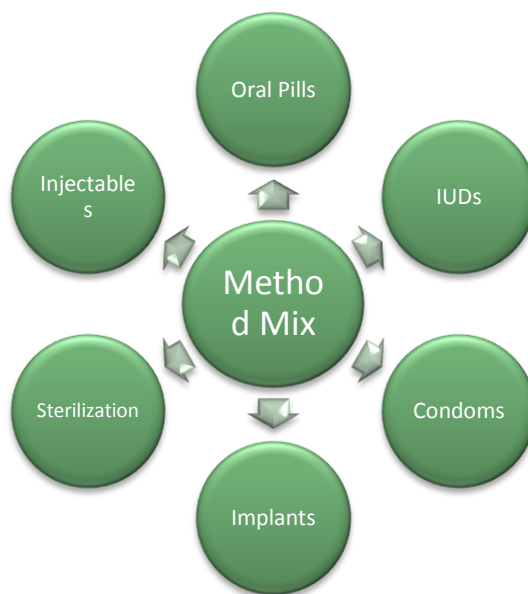


Figure 5: Method Mix

## Family Planning Service Vendors

The public sector, has an explicit mandate to provide FP services, is providing services in both urban and rural areas. In this regard, Population Welfare Department (PWD) and Department of Health is quite active in provision of FP services. Whereas few major NGOs are also active in provision of these service. PBS use to collect from the following agencies for its Annual Contraceptive Performance Report. Fig 6 gives a snapshot of Major family planning service vendors in public and private sectors of Pakistan:

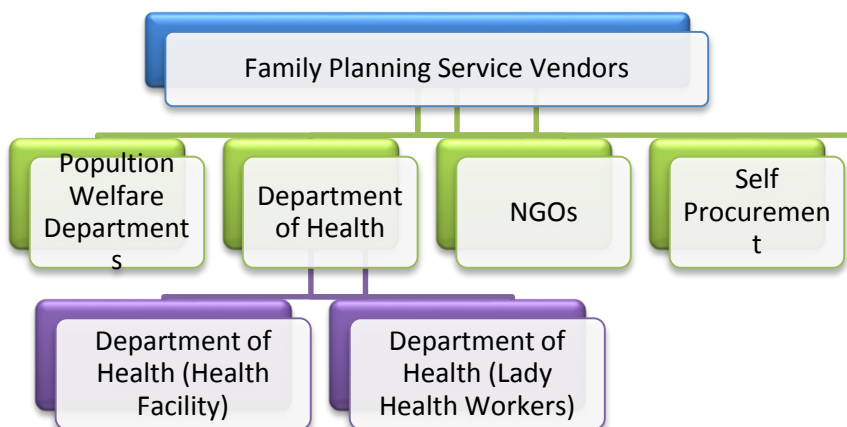


Figure 6 : Family Planning Service Vendors

## Categories of Family Planning Data

Following are three categories of family planning data that are utilized for estimating coverage/distribution:

- i. Number of contraceptive commodities distributed to clients by method;
- ii. Number of client family planning service visit, by method and
- iii. Number of current contraceptive users.

Some methodological details regarding these different types of family planning data, is as under:

**Commodities distributed to clients:** Under this category, we use data on commodities distributed to clients from service delivery points-that is, counted when products or services are provided to clients-as opposed to further back in the supply chain such as when products are distributed to warehouses or to the service delivery points.

**Service visits:** By service units, we mean the number of times clients interacted with a provider for contraceptive services. For short acting contraceptive methods, the same client may be counted multiple times because the client comes multiple times for resupply (e.g., an Injectable client has 4 service visits because she receives 4 injections over the course of a year).Here, conversion of service visits data to an estimate of the number of contraceptive users in given year must take this into account.

**Current users:** Under current user category, all persons are considered who are currently using contraception, regardless of when the method was received. This is not directly comparable with the number of clients served in a year because it includes people still using long acting or permanent method received in previous years (e.g. a woman who had an IUD inserted in 2013 may still be an IUD user in 2016).

In this report, we are only using / compiling data relating to commodities distributed to clients.

## Service Delivery Mechanism

### 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 major clinical component of 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 Hospital 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, Implant. RHS-B centers 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 Mobilizers / Male Mobilizers:***

Population Welfare Programme introduced village based Family Planning workers projects to enlighten male towards responsible parenthood and family healthy during the 9<sup>th</sup> year plan. During the 10<sup>th</sup> Plan period, the cadre was named as male mobilizers. However, it has been observed the male mobilizers were experiencing difficulty in approaching house hold. It has therefore been decided to supplement these activists 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.

### ***Department of Health (HFs)***

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.

### **Department of Health (LHWs)**

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

### **NGO Sector**

PBS is collecting contraceptive performance data from the following three eminent NGOs, involved in service delivery relating to family planning reproductive health services in the country. Their service delivery mechanism is deliberated in the following:

#### ***Rahnuma Family Planning Association of Pakistan (FPAP):***

Rahnuma Family Planning Association of Pakistan (Rahnuma FPAP) was founded in 1953 and is Member Association of International Planned Parenthood Federation (IPPF). It is one of the largest and the oldest rights based national registered civil society organization working in sexual and reproductive health and rights (SRHR) including family planning (FP) in Pakistan.

Rahnuma FPAP envisions to lead the rights-based movement using the holistic development paradigm which strengthens family well-being, enables empowerment of women and other vulnerable groups, support youth, adolescents and protects children. Its mission is to lead a movement for SRHR including FP as a basic human right in Pakistan and to provide and enable sustainable and quality SRHR services to men, women and young people in partnership with government and other stakeholders.

Rahnuma FPAP has its head office in Lahore, five regional offices in Lahore, Islamabad, Peshawar, Karachi and Quetta along with its management offices in Faisalabad, Chakwal, Muzaffargarh, Muzaffarabad, Baltistan, Haripur, Kohat, Mardan, Badin and Turbat. These offices are providing services through static clinics i.e. Family Health Clinics, Model Clinics, Mobile Service Units, Associated Clinics, Private Practitioners, Community Based Distributors, and Youth Resource Centers.

#### ***Marie Stopes Society of Pakistan (MSS):***

Marie Stopes Society is a social enterprise that provides comprehensive reproductive health services for people throughout Pakistan. Their aim is to increase access to reproductive health information and services that empower women, men, young people and families to lead healthier lives.

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.

Registered under the Societies Act of Pakistan, MSS opened its first clinic in Karachi in 1992. Today, MSS is operating a network of 82 service delivery centers, and one mother and child health center, providing services in 73 districts of Pakistan and two subdivisions of merged area-KP (FATA).

### ***Greenstar Social Marketing of Pakistan (GSM):***

Greenstar is also one of the eminent private sector providers of reproductive health services. Greenstar Social Marketing (GSM) was established in 1991 as a social enterprise, to improve the sexual and reproductive health of people in the country by increasing choices and access to quality modern family planning methods and contraceptives.

Greenstar 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.

Distribution network of over 7,000 franchised clinics & 70,000 retail outlets. GSM is responsible for provision of approximately 53% of all contraceptives, distributed by the private sector, in Pakistan.

### **Data Sources**

Contraceptive Performance Report is prepared on the basis of Family Planning (commodities to clients) data received from following sources:

#### **Population Welfare Departments:**

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

#### **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.

#### **NGO(s)**

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

## Channel of Data Reporting to PBS

Pakistan Bureau of Statistics collects family planning service statistics from public sector data sources/agencies including Provincial & Regional Population Welfare Departments, Departments of Health (Health facility & LHWs) and from three eminent NGOs namely Rahnuma FPAP, Marie stopes and Greenstar Social Marketing. Following figure illustrates the flow of data from data source agencies to PBS:

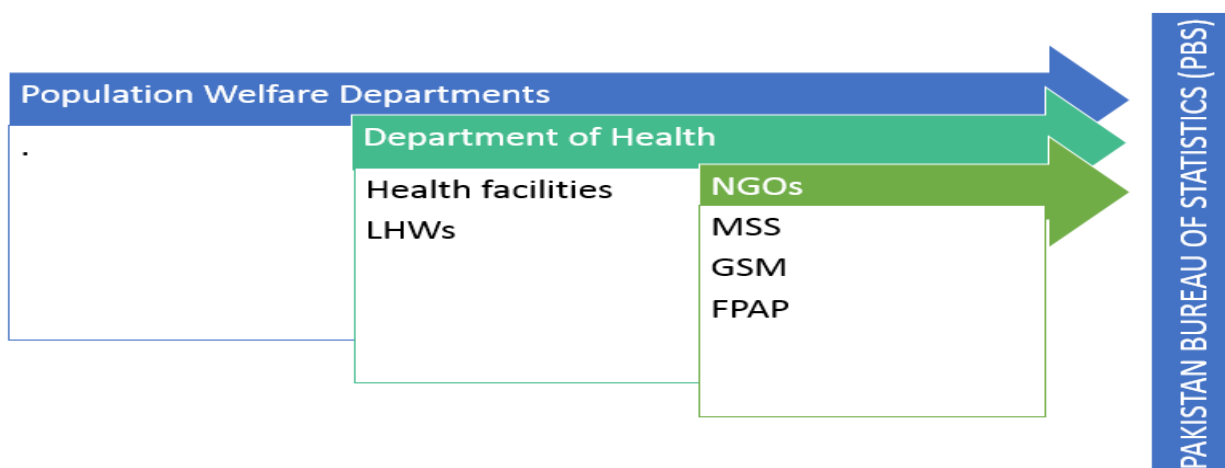


Figure 7: Data received in PBS

### A. Data Flow Channel in Population Welfare Departments (PWDs)

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. Besides the Provincial Population Welfare Departments, Population Welfare Directorate(s) of FATA, AJK & GB, and

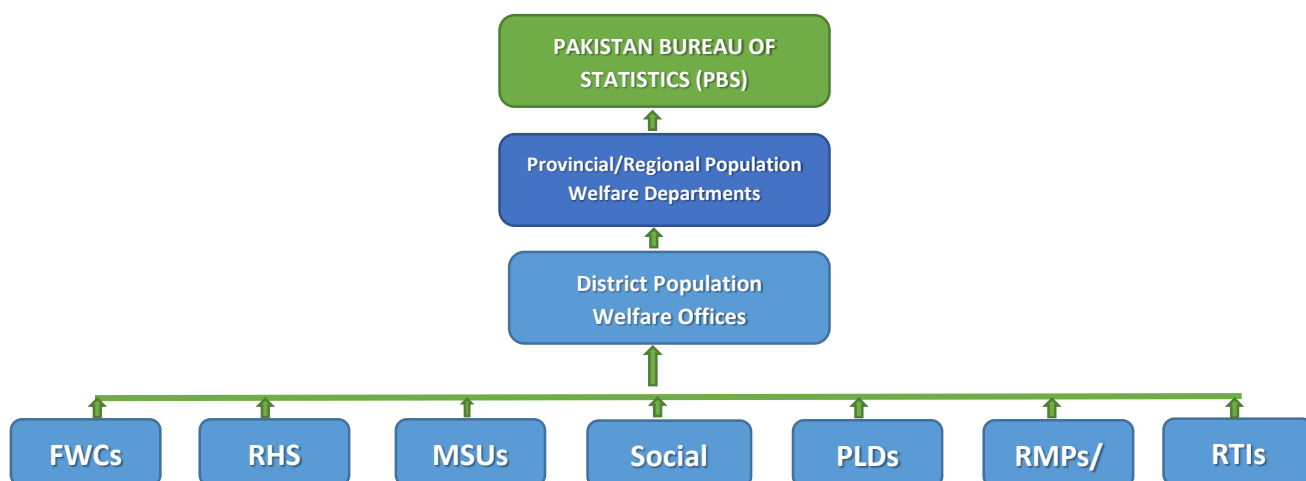


Figure 8: Data Flow Channel in Population Welfare Departments (PWDs)

three eminent NGOs namely Rahnuma FPAP; Marie Stopes Society and Greenstar (GSM) also provide Contraceptive Performance data to PBS as shown in Fig (8).

Further, flow of data from Provincial Departments of Health regarding contribution of Health Facilities (HFs) and Lady Health Workers (LHWs) has also been described separately through Fig (9) & Fig (10)

## B. Data Flow Channel in Departments of Health (Health Facilities)

PBS collects data from focal person at provincial cell of District Health Information System (DHIS), responsible for maintenance/updating of DHIS, that in turn collects data from health facility, through the following channel.

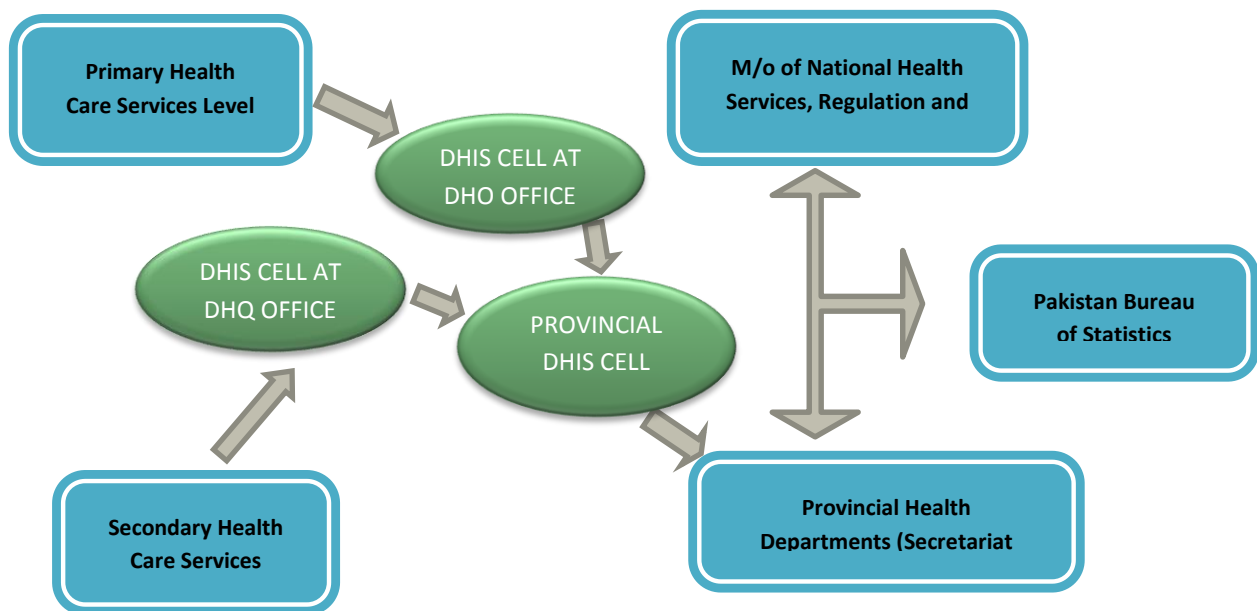


Figure 9: Data reporting by Department of Health (Health Facilities)

## C. Data Flow Channel in Departments of Health (LHWs)

Further, Data on short term methods such as Condoms, Oral Pills and Injectables, being used by LHWs for family planning, is collected by PBS from Provincial Office responsible for collection/compilation of services data of LHWs, on the basis of their monthly reporting as shown in the **Figure 10**



Figure 10: Data reporting by Department of Health (LHWs)

## D. Data Reporting by NGOs

PBS collects service statistics data from private sector also. In this regard, data/ service statistics are collected from three eminent NGOs involved in service delivery of family planning namely Rahnuma-Family Planning Association of Pakistan(Rahnuma-FPAP), Marie Stopes Society(MSS) and Greenstar Social Marketing(GSM).

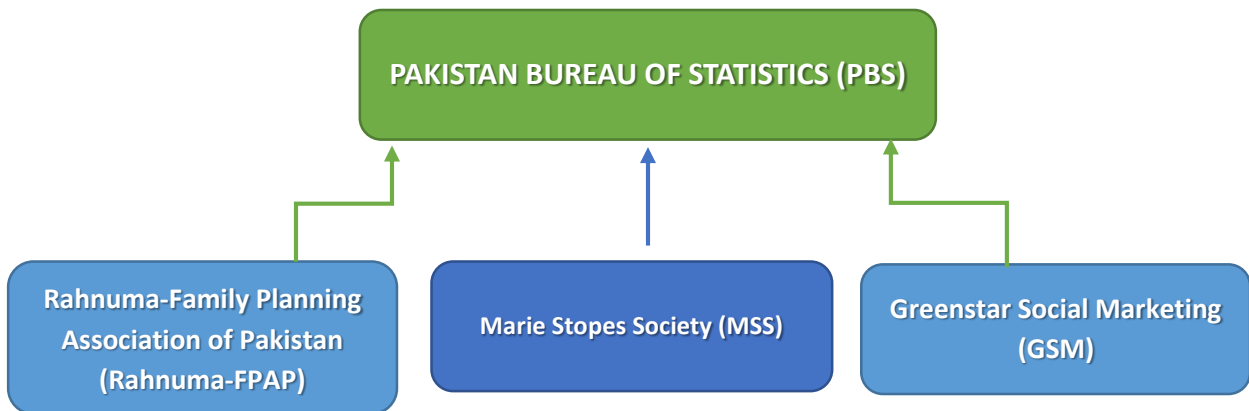


Figure 11 : Data reporting by NGOs

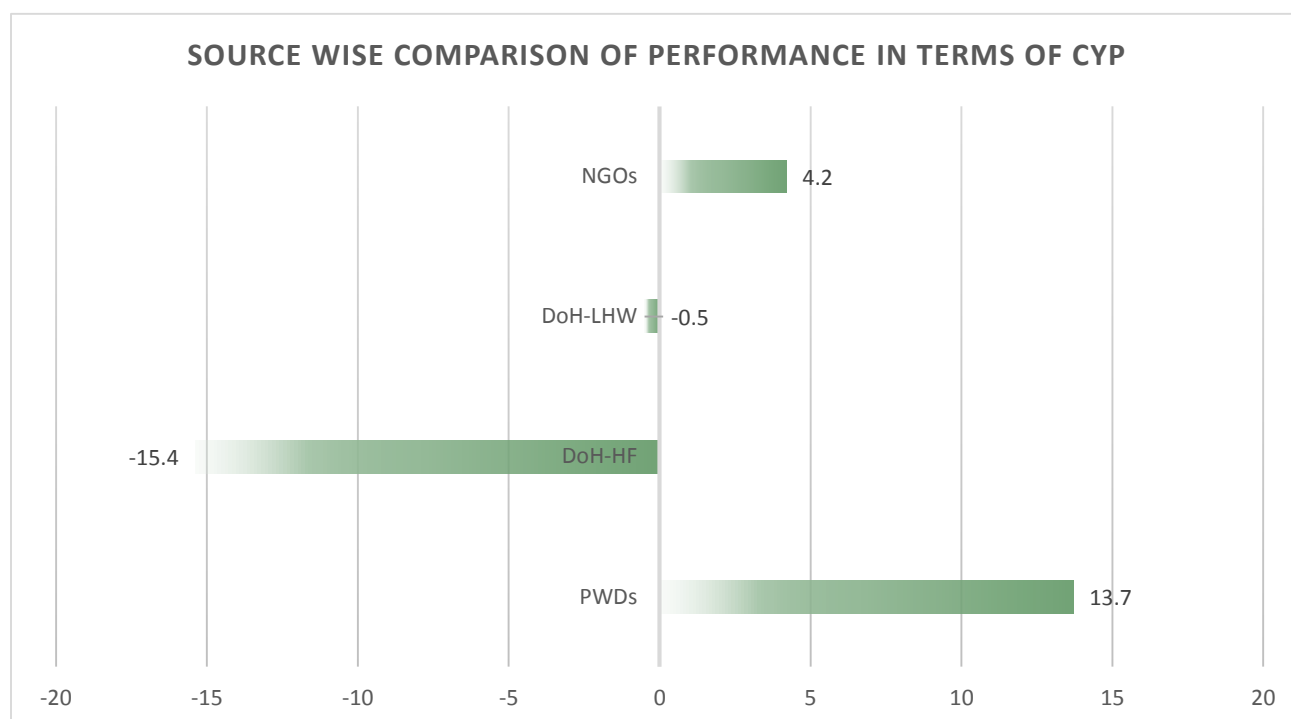


## SECTION III – RESULTS AND DISCUSSION

### Source-Wise Comparison in Terms of Couple Years of Protection

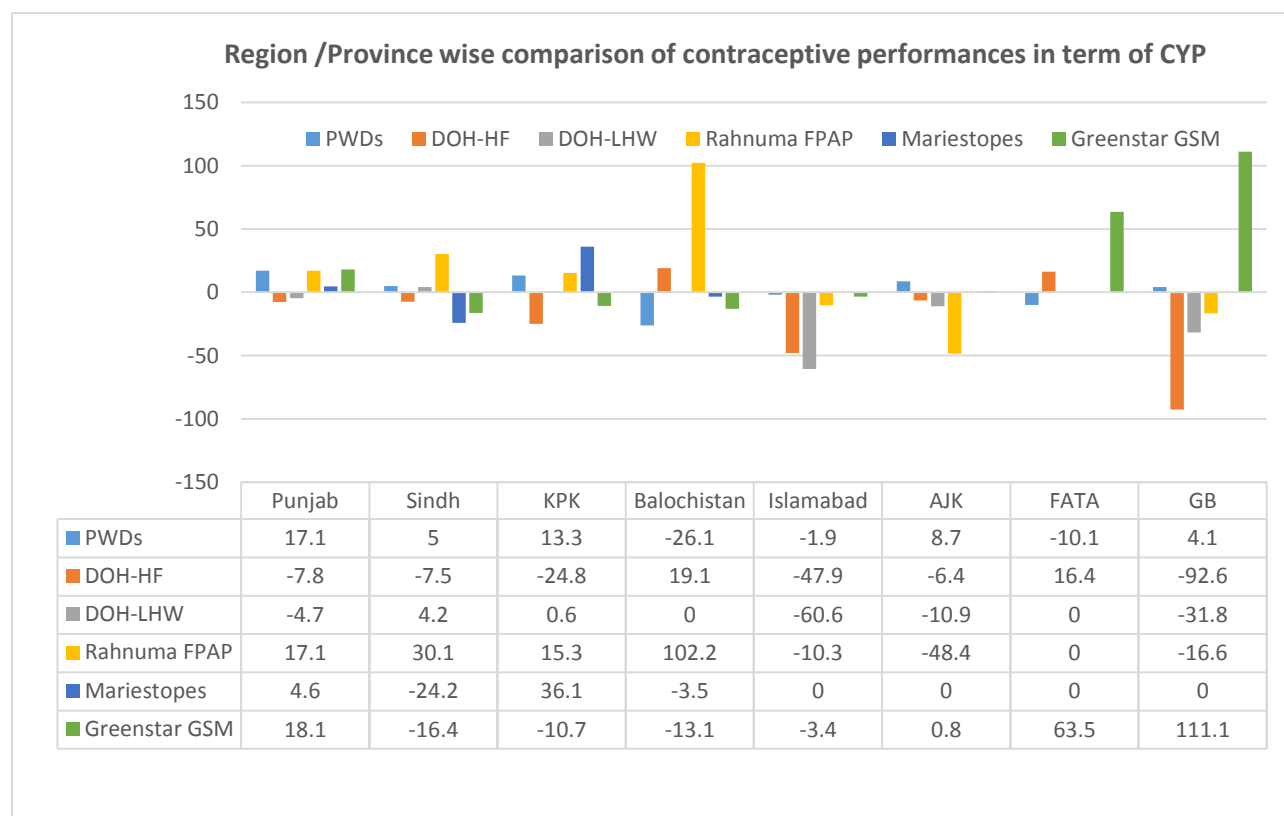
Overall Contraceptive Performance in terms of Couple Years of Protection (CYP) for the year 2018-19 as compared to 2017-18, has been computed as 4%, based on Family Planning Service Statistics data collected from Population Welfare Departments, Departments of Health (including performance of both Health Facilities & Lady Health Workers (LHWs) and from data of three eminent NGO(s) namely Rahnuma Family Planning Association of Pakistan (Rahnuma-FPAP), Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM), working throughout the country.

Source wise comparison of performance in terms of CYP, of contraceptive service delivery of 2018-19 over 2017-18 shows that, overall PWDs performed better as compared to other sources followed by the performance of NGOs Sector with increase of 13.7% and 4.2% respectively whereas performance of DoH (HF) & DoH (LHW) remained low at -15.4% and -0.5% respectively. Source wise Illustration is given in following **graph 1** while for detailed data, **Table 1**, at the end of report is referred.



Graph 1: Percentage Change in CYP by Source during 2018-19 over 2017-18

Source-wise Regional/ Provincial comparison of contraceptive performances in terms of CYP of Population Welfare Departments, Department of Health (LHWs & HF) and NGOs for the 2018-19 over 2017-18, is given in **Table-1** while graphical illustration is given in **graph-2**:



**Graph 2: Region /Province wise Comparison of Contraceptive Performance in terms of CYP**

### Method-Wise Comparison of Contraceptive Performance

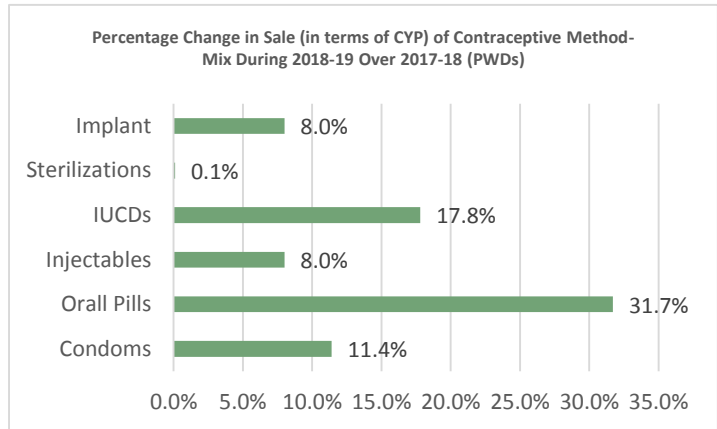
Contraceptive usage by method and department during the year 2018-19 in absolute numbers as well as in terms of CYP is given in **Table-2** at the end of report. Quarterly Break-up of Contraceptive Usage by Source & Methods, in terms of Couple Years of Protection (CYP) for the year 2018-19, in respect of Population Welfare Departments, Department of Health (HF & LHW) and NGO(s) (Rahnuma FPAP, Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM) is at **Annexure-II**. Main findings with respect to each source are explained as under:

### Population Welfare Department (PWDs)

In absolute terms, the Contraceptive Performance of Program and Non-Program service outlets reported sale of 88.894 million units of Condoms; 4.733 million cycles of Oral Pills as a whole including 4.382 million cycles of



Oral Pills (CoC), 15,088 cycles of Oral Pills (PoP), 0.336 million doses of Emergency Contraceptive Pills (EC); For Injectables, sale/distribution figure reported during 2018-19 was 1.655 million vials of Injectables (3-months) & 254 vials of Injectables (2-months). For IUCD, overall 0.904 million insertions of Intrauterine Contraceptive Devices (IUCDs) has been reported that includes 0.904 million insertions of IUCDs (10-years), 2 insertions of IUCDs (05-years). Apart from these, total 105,559 cases of Sterilization/ Contraceptive Surgery have been reported which include 1751 Male Contraceptive Surgery cases & 103,808 Female Contraceptive Surgery cases. Similarly for Implants, total of 47,350 implants have been reported partitioned by 2861 Implants (3-years) and 44,489 Implants (5-years). Details regarding each method of contraceptives is reflected in **Table-2**, at the end of the report.

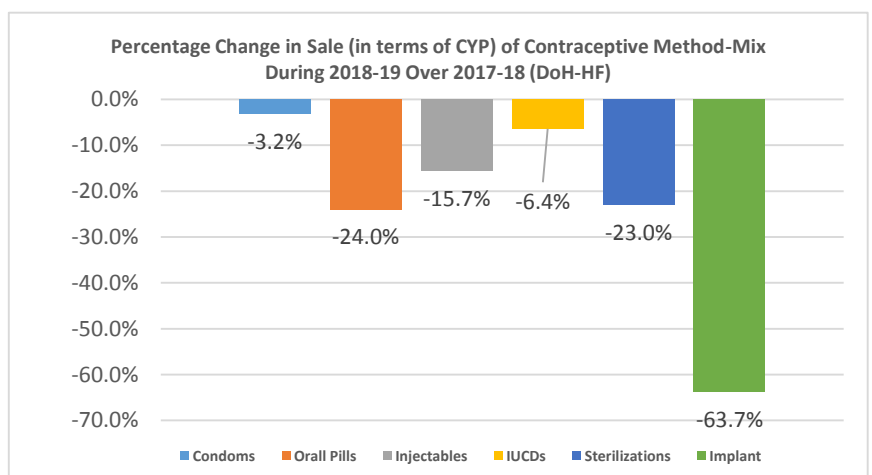


Method-wise comparison of 2018-19 with 2017-18, in terms of CYP, indicates an increase in all methods i.e. Condoms (11.4%), Oral Pills (31.7%), Injectables (8.0%), IUCDs (17.8%), Sterilization/Contraceptive Surgery (0.1%) and Implants (8.0%). Details are given in **Table-2** at the end of report and graphical presentation is given in the **graph 3**.

## Department of Health (Health Facilities)

Graph 3: Percentage Change in Sale (in terms of CYP) of Contraceptive Method-Mix during 2018-19 Over 2017-18 (PWDs)

The Contraceptive Performance of DoH (HF) service delivery reported a sale of 7.758 million units of Condoms; 1.275 million cycles of Oral Pills which included 1.199 million cycles of CoC-Oral Pills & 75,411 cycles of PoP-Oral Pills; 0.837 million vials of both types of Injectables which include 0.791 million vials of



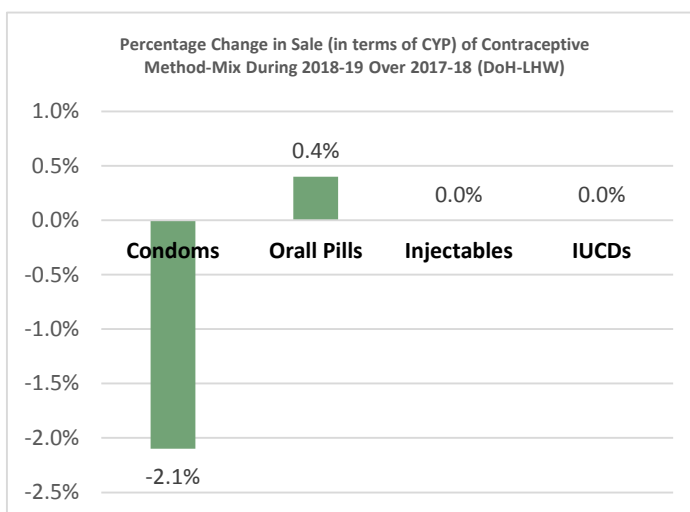
Graph 4: Percentage Change in Sale (in Terms of CYP) of Contraceptive Method-Mix during 2017-18 Over 2016-17(DoH (HFs)

Injectables (3-months) & 0.046 million vials of Injectables (2-months). Regarding IUCD, 0.290 million insertions of Intrauterine Contraceptive Devices (IUCDs) has been reported in total that include 0.090 million for 10-year IUCDs & 597 IUCDs (05-years). Apart from these, total 42,032 cases of Sterilization/ Contraceptive Surgery including 2123 Male Contraceptive Surgery cases & 39,909 Female Contraceptive Surgery cases have been performed. Similarly for Implants, total of 25,125 implants have been reported that are only for 3-years implants. Detail of each method of contraceptive is reflected in **Table-2** at the end of report.

The Method-wise comparison of 2018-19 with 2017-18, in terms of CYP, decrease has been observed in all methods i.e. i.e. Condoms (3.2%), Oral Pills (24.0%), Injectables (15.7%), IUCDs (6.4%), Contraceptive Surgery (23.0%) and Implants (63.7%).Details are given in **Table-2** at the end of report and graphical presentation is given in the **graph 4**.

### Departments of Health (LHWs)

In absolute terms, the Contraceptive Performance of DoH (LHWs) service delivery reported a sale of 68.769 million units of Condoms; 8.320 million cycles of Oral Pills (CoC); For Injectables, sale of 4.404 million vials (3 months) has been reported. The details of each method of contraceptive are reflected in **Table-2** at the end of report.

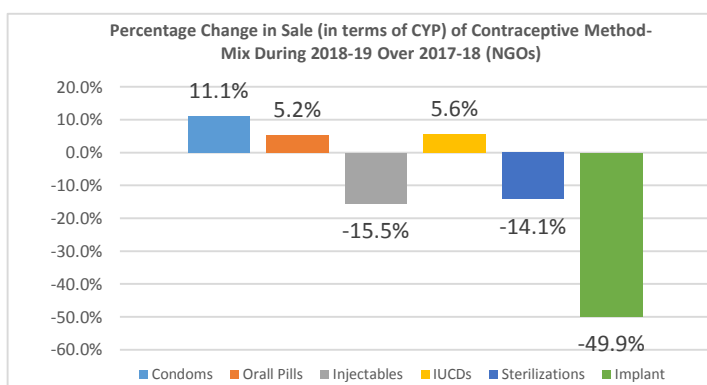


Graph 5: Percentage Change in Sale (in terms of CYP) of Contraceptive Method-Mix during 2018-19 over 2017-18 DoH (LHWs)

Method-wise comparison of 2018-19 with 2017-18, in terms of CYP, decrease has been noticed in Condoms (2.1%), while a minor increase was noticed in Oral Pill (0.4%). The details are given in **Table-2** at the end of report and graphical presentation is given in the **graph 5**.

### NGO Sector

In absolute terms, the Contraceptive Performance of NGOs service outlets reported sale of 125.258 million units of Condoms; 3.453



Graph 6: Percentage Change in Sale (in Terms of CYP) of Contraceptive Method-Mix during 2018-19 Over 2017-18 (NGOs)

million cycles of Oral Pills which include 1.176 million cycles of Oral Pills (CoC) & 2.76 million doses of Emergency Contraceptive Pills (EC); for Injectables sale of 1.046 million vials has been reported including 0.786 million vials of Injectables (3-months), 0.115 million vials of Injectables (2-months) & 0.145 million vials of Injectables (1-month); 0.799 million insertions of Intrauterine Contraceptive Devices (IUCDs) as a whole that includes 0.674 million insertions of IUCDs (10-years), 0.125 million insertions of IUCDs (05-years). Apart from these, total 11,736 cases of Sterilization/ Contraceptive Surgery including 288 Male Contraceptive Surgery cases & 11,448 Female Contraceptive Surgery cases. Similarly for Implants, total of 9,033 implants have been reported including 1342 Implant (3-years) & 7,691 Implant (5-years). Detail of each method of contraceptives is reflected in **Table-2** at the end of report.

Method-wise comparison of 2018-19 with 2017-18, in terms of CYP, an increase has been observed in Condoms (11.1%), Oral Pills (5.2%), IUD Insertion (5.6%) while a decrease has been noticed in Injectables (15.5%), Sterilization/ Contraceptive Surgery (14.1%) and implants (49.9%). Details are given in **Table-2** at the end of report and graphical presentation is given in the **graph 6**.

### Contraceptive Usage by Source & Method

Method & Source-wise Comparison of Contraceptive Performance of 2018-19 over 2017-18 of all methods in absolute term is shown in **Table (3-a to3-f)** at the end of report. Details are as under:

### Population Welfare Departments (PWDs)

For **Condoms**, method-wise performance of 2018-19 compared with the last year (2017-18), has reflected an increase in PWDs Punjab (14%), Sindh (9.9%), Khyber Pakhtunkhwa (3.2%), Islamabad (3.2%), AJK (24.7%) Merged Area (FATA) (28.2%) and GB (14.1%). However, decrease in PWDs Baluchistan (3.5%) has been observed. Details are given in **Table-3a** at the end of report.

In case of **Oral Pills**, an increase has been witnessed in PWDs Punjab (49.7%), Sindh (5.6%), Khyber Pakhtunkhwa (17.8%), Islamabad (0.6%), AJK (28.4%), Merged Area (FATA) (5.3%) and GB (21.3%). However, decrease in PWDs Baluchistan (5.7%) has been noticed. Details are given in **Table-3b** at the end of report.

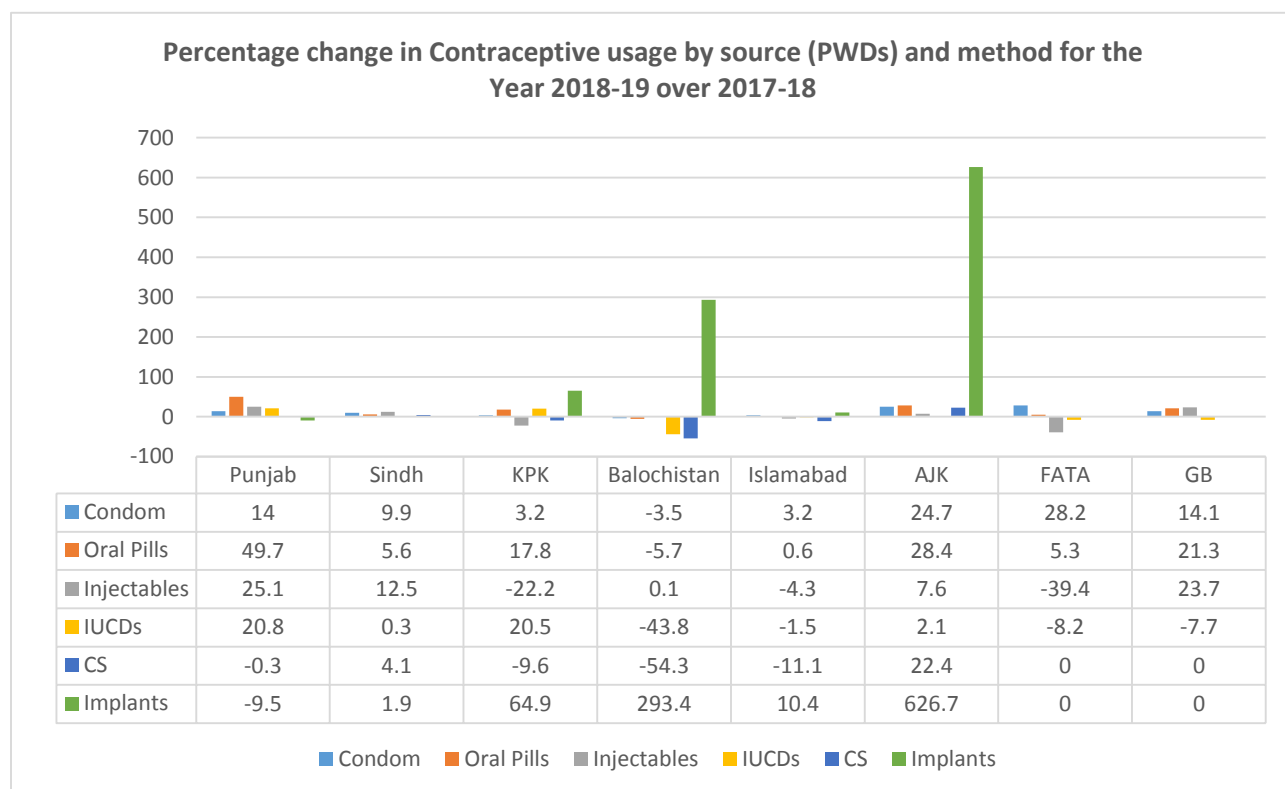
In case of **Injectables**, an increase has been observed in PWDs Punjab (25.1%), Sindh (12.5%), Balochistan (0.1%), AJK (7.6%) and Gilgit-Baltistan (23.7%) while decrease has been depicted in PWDs Khyber Pakhtunkhwa (22.2%), Islamabad (4.3%) and Merged Area (FATA)(39.4%). Details are given in **Table-3c** at the end of report.

For **IUCDs**, an increase has been observed in PWDs Punjab (20.8%), Sindh (0.3%), Khyber Pakhtunkhwa (20.5%) and AJK (2.1%) while decrease has been depicted in PWDs Balochistan (43.8%), Islamabad (1.5 %), Merged Area (FATA) (8.2 %) and Gilgit-Baltistan (7.7%). Details are given in **Table-3d** at the end of report.

If we look into the figure of **Contraceptives Surgery cases**, an increase has been noticed in PWDs Sindh (4.1%) and AJK (22.4%) while a decrease has been recorded in PWDs Punjab (0.3%), KPK (9.6%), Balochistan (54.3%) and Islamabad (11.1%). Details are given in **Table-3e** at the end of report.

For Implants, an increase has been noticed in Sindh (1.9%), Khyber Pakhtunkhwa (64.9%), Balochistan (293.4%) Islamabad (10.4%) and AJK (626.7%) while decrease has been observed in Punjab (9.5%). Details are given in **Table-3f** at the end of report.

Following **graph-7** depicts the province / region wise percentage change in contraceptive usage by methods for the Year 2018-19 over 2017-18 for PWDs



Graph 7: Percentage change in Contraceptive usage by source (PWDs) and method for the Year 2018-19 over 2017-18

## Department of Health (Health Facility)

In case of **Condoms**, method-wise performance of 2018-19 compared with the last year (2017-18), has reflected an increase in DoH (HF) Punjab (13.5%), Baluchistan (30.1%), FATA (43.3%) and Gilgit-Baltistan (40.8%).

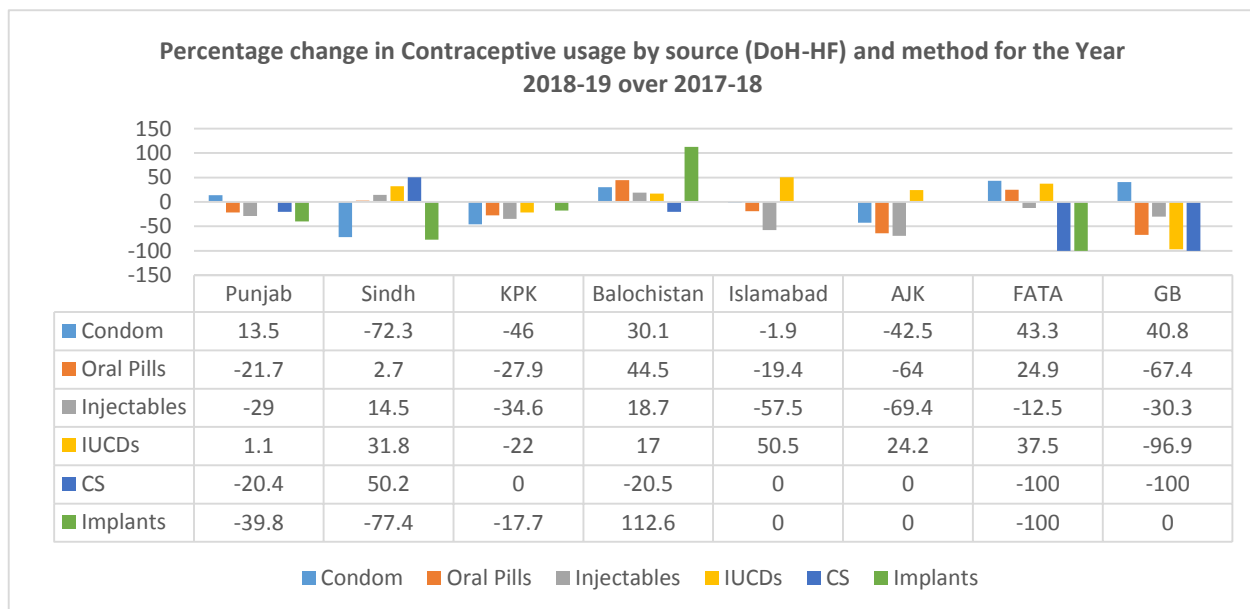
However, decrease in DoH (HF) Sindh (72.3%), Khyber Pakhtunkhwa (46%), Islamabad (1.9%) and AJK (42.5%) has been noticed. Details are given in **Table-3a** at the end of report.

In case of **Oral Pills**, method-wise performance of 2018-19 compared with the last year (2017-18), an increase has been witnessed in DoH (HF) Sindh (2.7%), Baluchistan (44.5%) and Merged Area-FATA (24.9%), however decrease in DoH (HF) Punjab (21.7%), KPK (27.9%), Islamabad (19.4%), AJK (64%) and Gilgit-Baltistan (67.4%) has been observed (**Table 3-b**).

For **Injectables**, method-wise performance of 2018-19 compared with the last year (2017-18), an increase has been observed in DoH (HF) Sindh (14.5%) and Baluchistan (18.7%). However decrease in DoH (HF) Punjab (29.0%), Khyber Pakhtunkhwa (34.6%), Islamabad (57.5%), AJK (69.4%), FATA (12.5%) and Gilgit-Baltistan (30.3%) has been noted (**Table 3-c**).

For **IUCDs**, method-wise performance of 2018-19 compared with the last year (2017-18), method-wise performance of 2018-19 compared with the last year (2017-18), an increase has been observed in DoH (HF) Punjab (1.1.9%), Sindh (31.8%), Balochistan (17.3%), AJK (24.2%) and FATA (37.5%). However, decrease in DoH (HF) KPK (22.0%), Islamabad (50.5%) and Gilgit-Baltistan (96.9%) has been depicted (**Table 3-d**).

If we look into the figure of **Contraceptives Surgery** cases, method-wise performance of 2018-19 compared with the last year (2017-18), an increase has been observed in DoH (HF) Sindh (50.2%). However, decrease has been recorded in DoH Punjab (20.4%), Baluchistan (20.5%), FATA (100%) and Gilgit-Baltistan (100%) (**Table 3-e**).



**Graph 8: Percentage change in Contraceptive usage by source (DOH-HF) and method for the Year 2018-19 over 2017-18**

For **Implants**, method-wise performance of 2018-19 compared with the last year (2017-18), an increase has been noticed in DoH (HFs) Baluchistan (112.6%) while decrease has been observed in DoH (HFs) Punjab (39.8%), Sindh (77.4%), Khyber Pakhtunkhwa (17.7%) and Merged Area (FATA) (100%) (**Table 3-f**).

**Graph 8** is the graphical illustration of the above scenario.

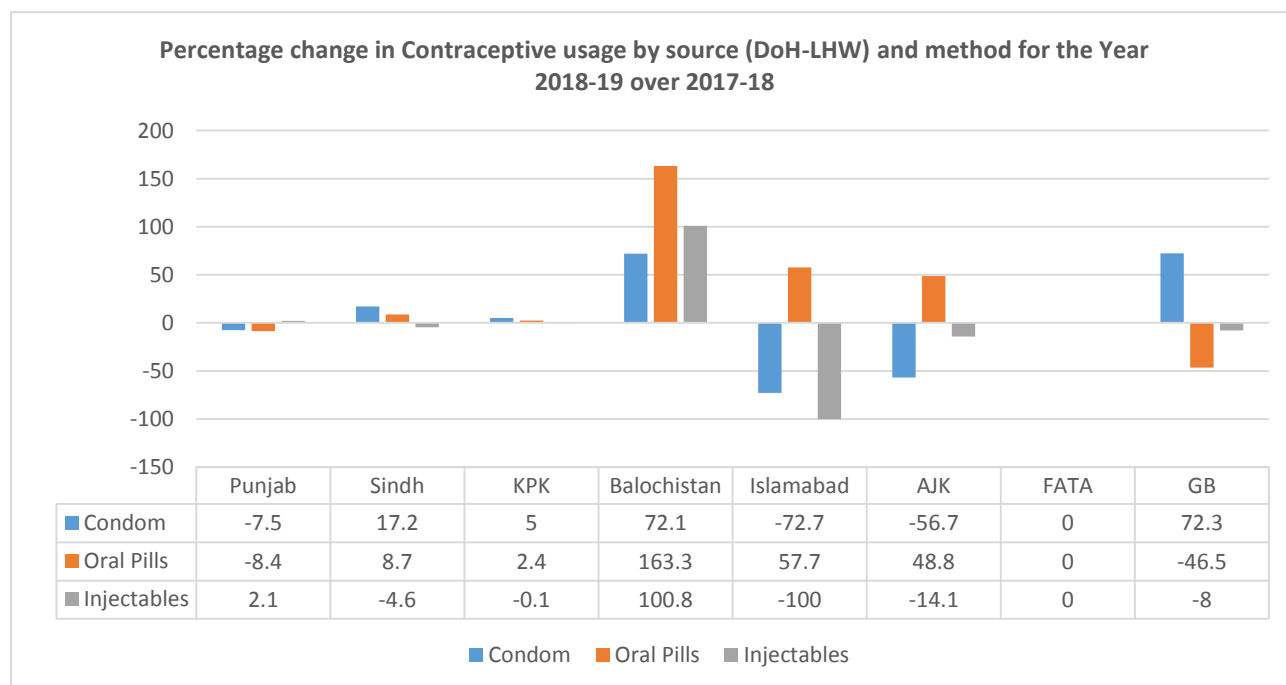
### Departments of Health (LHWs)

For Condoms, method-wise performance of 2018-19 compared with the last year (2017-18), has reflected an increase Sindh (17.2%), KPK (5.0%), Baluchistan (72.1%) and Gilgit-Baltistan (72.3%), whereas decrease in in Punjab (7.1%), Islamabad (72.7%) and AJK (56.7%) has been noticed (**Table 3-a**).

In case of Oral Pills, an increase has been witnessed in DoH (LHWs) Sindh (8.7%), KPK (2.4%), Baluchistan (163.3%), Islamabad (57.7%) and AJK (48.8%) however, decreases in DoH (LHWs) Punjab (8.4%) and Gilgit-Baltistan (46.5%) has been observed (**Table 3-b**).

In case of Injectables, an increase has been observed in DoH (LHWs) Punjab (2.1%) and Baluchistan (100.8%) whereas decrease in DoH (LHWs) Sindh (4.6%), KPK (1000.1%), Islamabad (100%), AJK (14.1%) and Gilgit-Baltistan (8.0%) have been noted (**Table 3-c**).

The situation has been graphically represented as **graph 9**.



**Graph 9: Percentage change in Contraceptive usage by source (DOH-LHWs) and method for the Year 2018-19 over 2017-18**

## NGOs Sector

For **Condoms**, method-wise performance of 2018-19 compared with the last year (2017-18), has depicted an increase in all three NGOs i.e. Rahnuma FPAP (52.8%), Marie Stopes Society (MSS) (165.1%) and Greenstar (GSM) (10.1%) (**Table 3-a**).

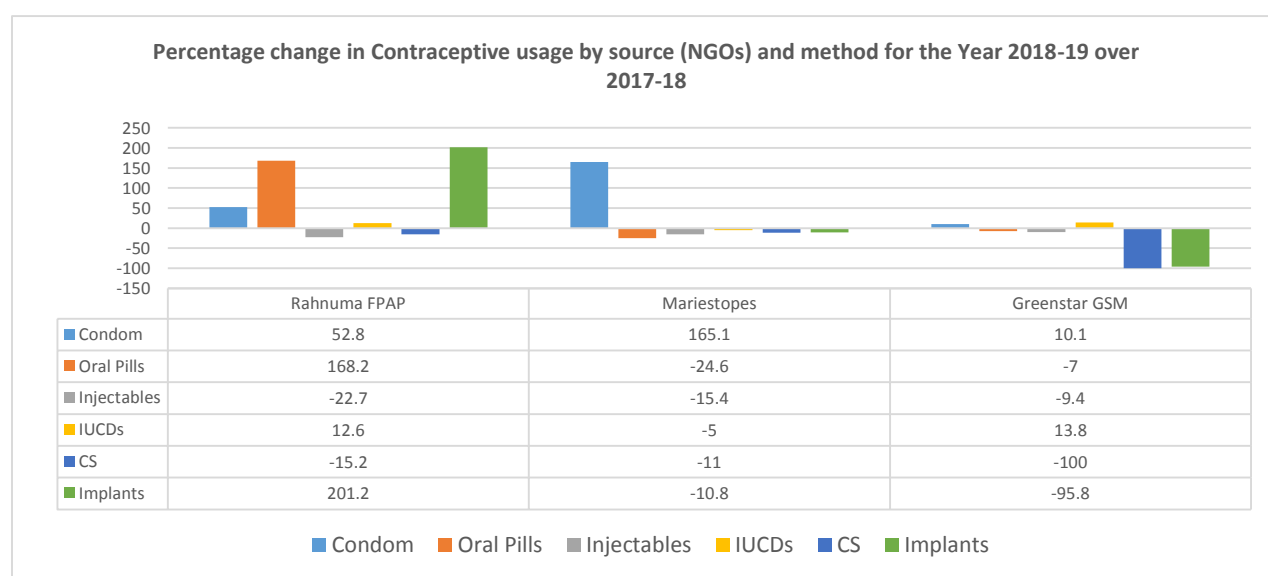
In case of **Oral Pills**, an increase has been witnessed in Rahnuma FPAP (168.2%), whereas decrease in Marie Stopes Society (MSS) (24.6%) and Greenstar (GSM) (7%) has been observed (**Table 3-b**).

For **Injectables**, decrease has been observed in all three NGOs i.e. Rahnuma FPAP (22.7%), Marie Stopes Society (MSS) (15.4%) and Greenstar (GSM) (9.4%), has been noticed (**Table 3-c**).

In case of **IUCDs**, an increase has been observed in Rahnuma FPAP (12.6%) and Greenstar (GSM) (13.8%), whereas decrease has been witnessed in Marie Stopes Society (MSS) (5%) (**Table 3-d**).

If we look into the figure of **Contraceptives Surgery** cases, a decrease has been observed in Rahnuma FPAP (15.2%), Marie Stopes Society (MSS) (11%) and Greenstar (GSM) (100%) (**Table 3-e**).

For **Implants**, an increase has been observed in Rahnuma FPAP (201.2%) whereas a decrease has been noted in Marie Stopes Society (MSS) (10.8%) and Greenstar (GSM) (95.8%) (**Table 3-f**). Graphical illustration is given in **Graph 10**.

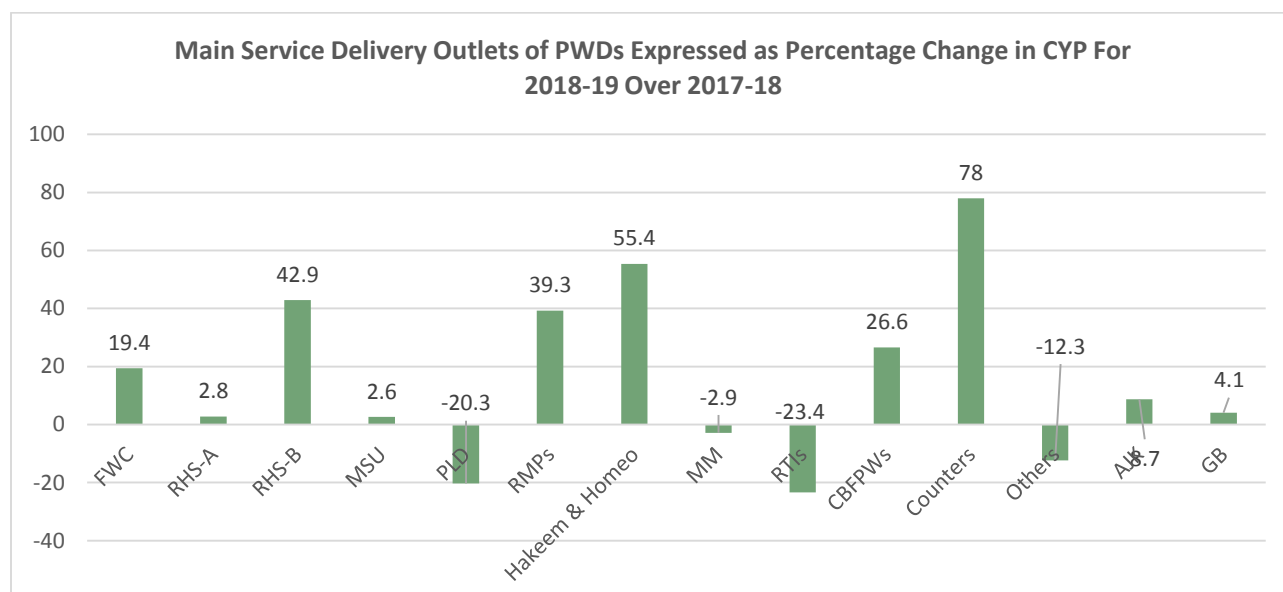


**Graph 10: Percentage change in Contraceptive usage by source (DOH-LHWs) and method for the Year 2018-19 over 2017-18**

## Outlet-Wise Comparison in terms of Couple Years of Protection

### (A) Population Welfare Departments (PWDs)

The contribution of services outlets in terms of CYP during the year 2018-19 compared with year 2017-18, has shown an increase of 19.4% in Family Welfare Centers (FWCs), 2.8% in Reproductive Health Services-A (RHS-A), 42.9% in RHS-B, 2.6% in Mobile Service Units (MSUs), 39.3% in RMPs, 55.4% in Hakeems and Homeopaths (H&H), 26.6% in CBFPWs and 78% in Counters. The performance has decreased by 20.3% in Provincial Line Departments (PLDs), 2.9% in Male Mobilizers (MM), 23.4% in Regional Training Institutes (RTIs), and 29.8% in F.P.I.H Programme.



Graph 11: Main Service Delivery Outlets of PWDs expressed as Percentage Change in CYP for 2018-19 Over 2017-18

The details are given in **Table-4** at the end of report and graphical presentation (**graph 11**) is given:

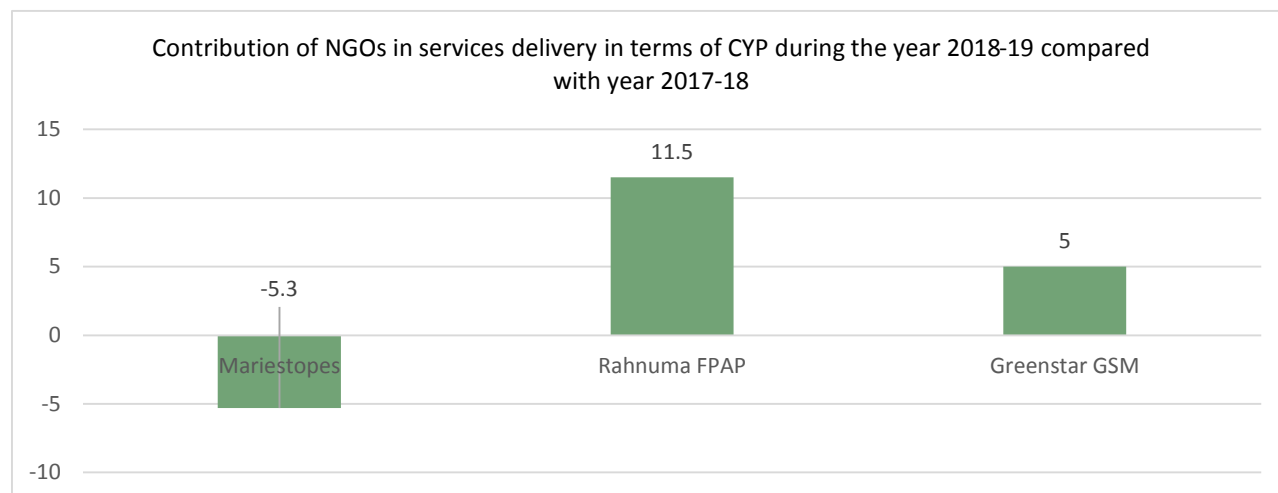
### (B) Departments of Health (HF) & (LHWs)

The overall contribution of services outlets in terms of CYP during the year 2018-19 compared with last year (2017-18), has shown a decrease of 15.4% in DoH (HFs) and 0.5% in DoH (LHWs). The details are given in **Table-4** at the end of report.



## (C) NGO Sector

Overall NGO Sector performance has increased by 4.2% during the year 2018-19 compared with last year (2017-18). The contribution of NGOs services delivery in terms of CYP during the year 2018-19 compared with



**Graph 12: Contribution of NGOs in services delivery in terms of CYP during the year 2018-19 compared with year 2017-18** year 2017-18, increase has been observed in Rahnuma FPAP (11.5%) and Greenstar (5%) whereas decrease has been depicted in Marie Stopes Society (5.3%). The details are given in **Table-4** at the end of the report and in **graph (12)**.

### Comparative Usage by Outlet & Method

Outlet & Method-wise Comparison of Performance of Contraceptives Delivery Services of 2018-19 over 2017-18 in absolute terms shows that, overall PWDs performed better in each of the methods, as compare to the other source agencies. **Table 5 (a-f)** annexed in the report demonstrates Outlet & Method-wise Comparison of Performance of Contraceptives Delivery Services of 2018-19 over 2017-18 in detail. The following section of the report narrates the outlet and method-wise performance of PWDs and overall performance of each method in respect other source agencies.

### Condoms

#### **Population Welfare Departments (PWDs) performances with respect to Condoms**

For **Condoms**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in FWCs (13.6%), RHS-A (16.3%), RHS-B (372.5%), MSUs (11.2%), RMPs (15.5%), H&H (29%), RTIs (2.3 %), CBFPWs (16.7%), Counters (56.1%), F.P.I.H Program (3.5 %), and PWD-AJK (24.7%), PWD Merged Area (FATA) (28.2%) and PWD-Gilgit-Baltistan (14.1%), whereas decrease has been recorded in PLDs (38%) and Male Mobilizer (MM) (8.3%). For details **Table (5-a)** is referred.

### ***DOH (HFs) performances with respect to Condoms***

For **Condoms**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in DoH (HFs) Punjab (13.5%), Baluchistan (30.1%), FATA (43.3%) and Gilgit-Baltistan (40.8%). However, decrease in DoH (HFs) Sindh (72.3%), Khyber Pakhtunkhwa (46%), Islamabad (1.9%) and AJK (42.5%). For details **Table (5-a)** is referred.

### ***DOH (LHW) performances with respect to Condoms***

For **Condoms**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in Sindh (17.2%), KPK (5.0%), Baluchistan (72.1%) and Gilgit-Baltistan (72.3%), whereas decrease in Punjab (7.1%), Islamabad (72.7%) and AJK (56.7%) has been noticed (**Table 5-a**).

### ***NGOs performances with respect to Condoms***

#### ***Rahnuma FPAP***

For **Condoms**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in Punjab (15%), Sindh (108.4%), KPK (123%), Balochistan (34.6%), AJK (46.9%) and Gilgit-Baltistan (24.4%) whereas a decrease has been observed in Islamabad (25.1%). For details **Table (5-a)** is referred.

#### ***Greenstar (GSM)***

For **Condoms**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in Punjab (11.1%), KPK (28.2%) Balochistan (62%), Islamabad (10.6%) AJK (81.6%) and Merged Area FATA (103.1%) and Gilgit-Baltistan (501.7%), whereas a decrease has been observed in Sindh (2.2%). For details **Table (5-a)** is referred.

#### ***Marie Stopes Society (MSS)***

For **Condoms**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in Punjab (165.1%) and Sindh (182.1%) and KPK (217.8%), whereas decrease has been noted in Balochistan (33.1%). For details **Table (5-a)** is referred.

### ***Oral Pills***

#### ***PWDs performances with respect to Oral Pills***

For **Oral Pills**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in FWCs (32.9%), RHS-A (31.2%), RHS-B (313.5%), MSUs (35.9%), RMP's (51.8%), Hakeem & Homeopaths(H&H) (29.2%), Male/Social Mobilizers (MM) (19.2%), CBFPWs (53.9%), RTIs (16.1%), Gilgit-

Baltistan (21.3%), Counters (3.8%), TBA's (100%), FPIH Programme (22.2%), AJK (28.4%) and FATA (5.3%) and Others (129%) whereas decrease has been recorded in PLD (3.7%), . Facility-wise data can be seen in **Table (5-b)**.

### ***Department of Health (Health Facility) performances with respect to Oral Pills***

For **Oral Pills**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in DoH (HFs) Sindh (2.7%), Baluchistan (44.5%) and FATA (24.9%) however, decrease in DoH (HFs) Punjab (21.7%), KPK (27.9%), Islamabad (19.4%), AJK (64%) and Gilgit-Baltistan (67.4%) has been observed. Facility-wise data can be seen in **Table (5-b)**.

### ***Department of Health (LHWs) performances with respect to Oral Pills***

For **Oral Pills**, the performance of 2018-19 when compared with the 2017-18, an increase has been witnessed in DoH (LHWs) Sindh (8.7%), KPK (2.4%), Baluchistan (163.3%), Islamabad (57.7%) and AJK (48.8%) however, decreases in DoH (LHWs) Punjab (8.4%) and Gilgit-Baltistan (46.5%) has been observed (**Table 5-b**).

### ***NGO's performances with respect to Oral Pills***

#### ***Rahnuma (FPAP)***

For **Oral Pills**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (112.8%), Sindh (111.8%), KPK (254.5%), Balochistan (244.6%), AJK (352.4%) and Gilgit-Baltistan (102.4%). Whereas decrease has been observed in Islamabad (17%). Facility-wise data can be seen in **Table (5-b)**.

#### ***Greenstar (GSM)***

For **Oral Pills**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Islamabad (5.1%), AJK (2.9%) and Gilgit-Baltistan (374.7%). Whereas decrease has been observed in Punjab (2.6%), Sindh (8%), KPK (12.7%), Balochistan (32%) and Merged Area-FATA (31.6%). Facility-wise data can be seen in **Table (5-b)**.

#### ***Marie Stopes Society (MSS)***

For **Oral Pills**, the performance of 2018-19 when compared with the 2017-18, a decrease has been noticed in Punjab (24.6%), Sindh (19.8%), KPK (28.3%) and Balochistan (28.6%). Facility-wise data can be seen in **Table (5-b)**.

## **Injectable**

### ***Population Welfare Departments (PWDs) performances with respect to Injectables***

For **Injectables**, the performance of 2018-19 when compared with the 2017-18, an increase has been noted in FWCs (7.1%), RHS-A (11.9%), RHS-B (574.8%), MSUs (1.1%), PLDs (69.4%), RMPs (52.6%), H&H (1991.5%), Counters (27.9%), FPIH Programme (20%), AJK (7.6%) and Gilgit-Baltistan (23.7%), whereas decrease has been recorded in RTIs (13.7%) and Merged Area-FATA (39.4%). Product-wise data can be seen in **Table (5-c)**

### ***Department of Health (Health Facilities) performances with respect to Injectables***

For **Injectable**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in DoH (HFs) Sindh (14.5%) and Baluchistan (18.7%). However decrease in DoH (HFs) Punjab (29.0%), Khyber Pakhtunkhwa (34.6%), Islamabad (57.5%), AJK (69.4%), FATA (12.5%) and Gilgit-Baltistan (30.3%) has been noted **Table (5-c)**.

### ***Department of Health (LHWs) performance with respect to Injectables***

For **Injectables**, an increase has been observed in DoH (LHWs) Punjab (2.1%) and Baluchistan (100.8%) whereas decrease has been witnessed in DoH (LHWs) Sindh (4.6%), KPK (0.1%), Islamabad (100%), AJK (14.1%) and Gilgit- Baltistan (8.0%) (**Table 5-c**).

### ***NGO's performances with respect to Injectables***

#### **Rahnuma FPAP**

For **Injectable**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Sindh (83.1%) and Balochistan (24.4%), whereas decrease has been witnessed in Punjab (25.4%), KPK (53.6%), Islamabad (58.5 %), AJK (37.9%) and Gilgit-Baltistan (19.3%). Facility-wise data can be seen in **Table (5-c)**.

#### **Greenstar (GSM)**

For **Injectable**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Sindh (4.7%) and Merged Area-FATA (25.8%), whereas decrease has been observed in Punjab (16.4%), KPK (9.6%), Balochistan (19.2%), Islamabad (32.9%), AJK (30.1%) and Gilgit-Baltistan (20.5%). Facility-wise data can be seen in **Table (5-c)**.

### **Marie Stopes Society (MSS)**

For **Injectable**, the performance of 2018-19 when compared with the 2017-18, a decrease has been observed in Punjab (12%), Sindh (18%), KPK (20.2%) and Balochistan (26%). Facility-wise data can be seen in **Table (5-c)**.

## **IUDs (insertions)**

### **Population Welfare Departments (PWDs) performances with respect to IUDs (insertions)**

For **IUCDs**, the performance of 2018-19 when compared with the 2017-18, an increase has been noted in FWCs (20.7%), RHS-A (9.4%), RHS-B (215.8%), RMPs (42.7%), Counters (91.6%), AJK, (2.1%), whereas decrease has been recorded in MSUs (0.1%), PLDs (43%), RTIs(31.7%), FPIH Programme (39.2%), Merged Area-FATA (8.2%), Gilgit-Baltistan (7.7%). Product-wise data can be seen in **Table (5-d)**.

### **Department of Health (Health Facilities) performances with respect to IUDs (insertions)**

For **IUDs (insertions)**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in DoH (HFs) Punjab (1.1.9%), Sindh (31.8%), Balochistan (17.3%), AJK (24.2%) and FATA (37.5%). However, decrease in DoH (HFs) KPK (22.0%), Islamabad (50.5%) and Gilgit-Baltistan (96.9%) has been depicted (**Table 5-d**).

## **NGO's performances with respect to IUDs (insertions)**

### **Rahnuma FPAP**

For **IUDs (insertions)**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (18.9%), Sindh (27%), KPK (21.5%) and Balochistan (115.3%). Whereas decrease has been observed in Islamabad (3 %), AJK (52.7%) and Gilgit-Baltistan (17.6%). Facility-wise data can be seen in **Table (5-d)**.

### **Greenstar (GSM)**

For **IUDs (insertions)**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (39.4%), FATA (96.7%) and Gilgit-Baltistan (44.6%). Whereas decrease has been observed in Sindh (35%), KPK (26.2%), Balochistan (83%), Islamabad (5.8%) and AJK (68.2%). Facility-wise data can be seen in **Table (5-d)**.

### **Marie Stopes Society (MSS)**

For **IUDs (insertions)**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (3.8%) and KPK (36.9%). Whereas decrease has been observed in Sindh (24.4%) and Balochistan (12%). Facility-wise data can be seen in **Table (5-d)**.

## **Contraceptive Surgery**

### ***Population Welfare Departments (PWDs) performances with respect to Contraceptive Surgery***

When we look into the figure of **Contraceptive Surgery** cases, the performance of 2018-19 when compared with the 2017-18, an increase has been noted in RHS-B (4.7%) and AJK (22.4%) whereas performance of RHS-A almost same as last year (2017-18). Detail are in **Table (5-e)**.

### ***DOH- HF performances with respect to Contraceptive Surgery***

For **Contraceptive Surgery**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in DoH (HFs) Sindh (50.2%). However, decrease has been recorded in DoH Punjab (20.4%), Baluchistan (20.5%), Merged Area-FATA (100%) and Gilgit-Baltistan (100%) (**Table 5-e**).

### ***NGO's performances with respect to Contraceptive Surgery***

#### **Rahnuma FPAP**

For **Contraceptive Surgery**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (14.4%), Balochistan (46.7%) and GB (7.7%) whereas decrease has been observed in Sindh (36.8%), KPK (32.7%), Islamabad (83.6 %) and AJK (100%). Facility-wise data can be seen in **Table (5-e)**.

#### **Greenstar Social Marketing (GSM)**

No sterilization case has been reported by Greenstar Social Marketing during 2018-19 (**Table 5-e**).

#### **Marie Stopes Society (MSS)**

For **Contraceptive Surgery**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (39.3%), KPK (55.3%) and Balochistan (8%). Whereas decrease has been observed in Sindh (26.6%). Facility-wise data can be seen in **Table (5-e)**.

## Implant

### ***Population Welfare Departments (PWDs) performances with respect to Implant***

For **Implants**, the performance of 2018-19 when compared with the 2017-18, increase has been witnessed in FWCs (189.8%), MSUs (13.7%) and AJK (626.7%), whereas decrease has been observed in RHS-A (4.1%). Detail are in **Table (5-f)**.

### ***DOH- HF performances with respect to Implant***

For **Implant**, the performance of 2018-19 when compared with the 2017-18, an increase has been observed in DoH (HFs) Baluchistan (112.6%) whereas decrease has been noted in DoH (HFs) Punjab (39.8%), Sindh (77.4%), Khyber Pakhtunkhwa (17.7%) and Merged Area (FATA) (100%). Detail are in **(Table 5-f)**.

### ***NGO's performances with respect to Implants***

#### **Rahnuma FPAP**

For **Implant**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in Punjab (200.8%), Sindh (7.8%), KPK (4.6%), Balochistan (273.5%), Islamabad (4.9%) and AJK (12.4%) and GB (47.5%). Facility-wise data can be seen in **Table (5-f)**.

#### **Greenstar Social Marketing (GSM)**

For **Implant**, the performance of 2018-19 when compared with the 2017-18 an increase has been observed in Sindh (4382.2%) and Islamabad (596.2%) whereas a decrease has been noted in Punjab (53.9%) and KPK (44.6%). Facility-wise data can be seen in **Table (5-f)**.

#### **Marie Stopes Society (MSS)**

For **Implant**, the performance of 2018-19 when compared with the 2017-18, an increase has been shown in KPK (20%) and Balochistan (2.1%), whereas decrease has been observed in Punjab (33.1%) and Sindh (8.3%). Facility-wise data can be seen in **Table (5-f)**.

## **Method-Wise Average Performance of Major Outlets of PWDs**

Method and Outlet-wise Average performance for the Federal and Provincial setup during the financial year 2018-9 is given in **Table-6**. The details are as under:

### **Average performance per FWC by method**

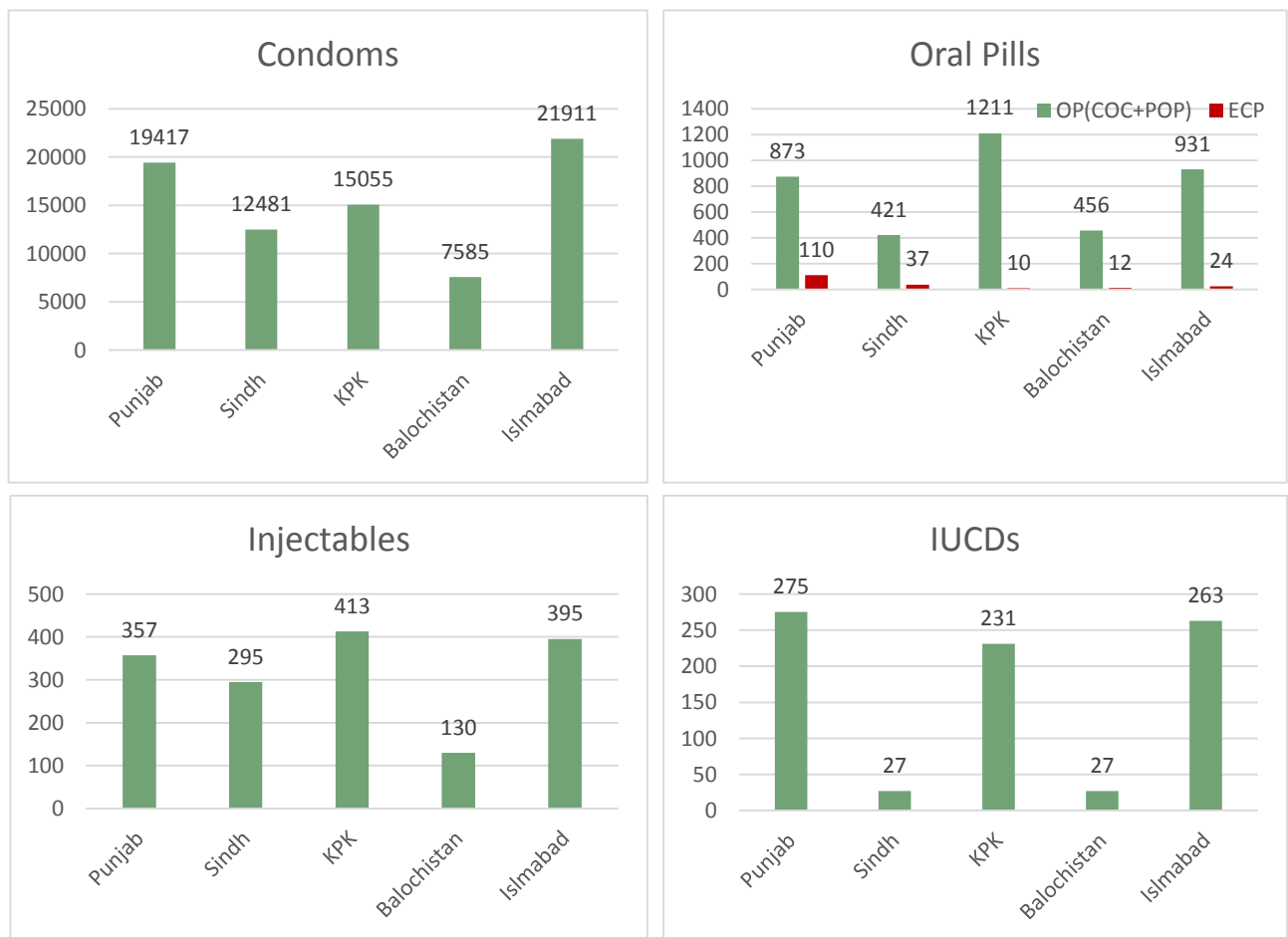
Among provinces, the highest average performance obtained for **Condoms** is 19,417 units per FWC sold in Punjab, followed by 15,055 units in KPK, 12,481 units in Sindh and 7585 units in Balochistan, whereas 21,911 units in Islamabad average per FWC has been reported.

The maximum numbers i.e. 1211 cycles of **Oral Pills (COC & POP)** per FWC were dispensed by Khyber Pakhtunkhwa and the lowest 421 cycles were reported by FWCs of Sindh, whereas in Islamabad 931 cycles per FWC.

For Emergency Contraceptive Pills (ECP) PWD Punjab is reported as the highest with 110 doses and Balochistan reported as the lowest with 12 doses on average per outlet, while in Islamabad the same was reported as 24 doses.

By looking at the figure for Injectables, it is observed that the maximum number has been reported for Khyber Pakhtunkhwa as 541 vials per FWC while the minimum number i.e. 139 vials per FWC have been observed in Balochistan whereas in Islamabad 394 vials per FWCs.

The highest insertions of IUCDs i.e. 275 per FWC have been reported in Punjab and the lowest figure reported is 27 for FWC of Sindh and Balochistan whereas in Islamabad 263 insertions of IUCD per FWCs.



Graph 13: Average performance per FWC by method for the year 2018-19



By looking at the figure for Implant, it is observed that the FWCs of Sindh and KPK are providing services of Jadelle. Maximum number has been reported for Sindh as 1 Jadelle per FWC while the minimum number i.e. 0.1 per FWC have been observed in KPK. The graphical presentation (graph-13) in respect of all methods is given above:

### **Average performance per RHS-A by method**

Among provinces, the highest average performance for Condoms per RHS-A is 29224 units in Punjab followed by, 14761 units in KPK, 11571 units in Balochistan and 10729 units in Sindh whereas 43,443 units sold in Islamabad .

The Reproductive Health Services-A (RHS-A) Centers of Khyber Pakhtunkhwa were able to dispense maximum number 902 cycles of Oral Pills (POP & COC) as compared to the lowest 696 cycles of Oral Pills by RHS-A of Sindh, whereas in Islamabad 1377 cycles of Oral Pills per RHA-A center.

Whereas Oral Pills (ECP) Punjab is reported as the highest with 93 doses and Balochistan reported as the lowest with 28 doses on average per outlet, while in Islamabad the same was reported as 33 doses.

The highest Injectables i.e. 734 vials per RHA-Center were reported by Khyber Pakhtunkhwa in comparison to the lowest 445 vials per outlet reported by RHS-A Center of Sindh, whereas in Islamabad 651 vials per RHS-A Center.

The highest insertions of IUDs i.e. 418 were reported by Punjab in comparison to the lowest 81 insertions carried out by RHS-A Centers in Sindh, whereas in Islamabad 579 insertions of IUDs per RHS-A Center.

The highest Contraceptive Surgery Cases per RHS-A Center were performed by Punjab (689) and the lowest



Graph: 14 Average achievement per RHS-A by methods for the year 2018-19

(119) in Balochistan whereas in Islamabad 284 cases per RHS-A Center. The graphical presentation of Oral Pills method dispensed per FWC is presented in graph 14:

### Average Performance per MSU by Method

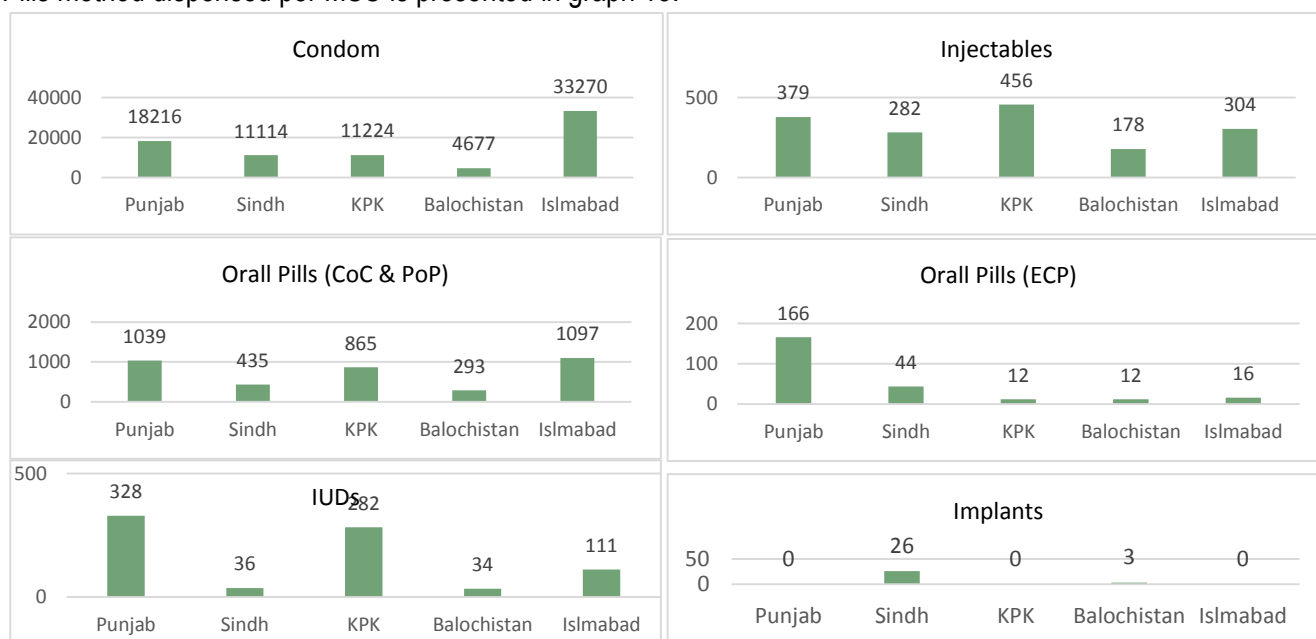
Among provinces, The highest reported average performance for Condoms per MSU is 43319 units in Punjab followed by 10405 units in Sindh, 9380 units in KPK and 6918 units in Balochistan whereas in Islamabad 28350 units.

The MSUs of Punjab were able to dispense maximum number 1921 cycles of Oral Pills (POP & COC) as compared to the lowest 383 cycles of Oral Pills by MSU of Sindh, whereas in Islamabad 1140 cycles of Oral Pills per MSU.

Whereas in term of Oral Pills (Emergency Contraceptive) Punjab is reported as the highest with 189 doses and Balochistan reported as the lowest with 15 doses on average per outlet, while in Islamabad the same was reported as 17 doses.

The highest Injectables i.e. 965 vials per MSUs were reported by Punjab in comparison to the lowest 261 vials per outlet reported by MSU of Balochistan, whereas in Islamabad 367 vials per MSU.

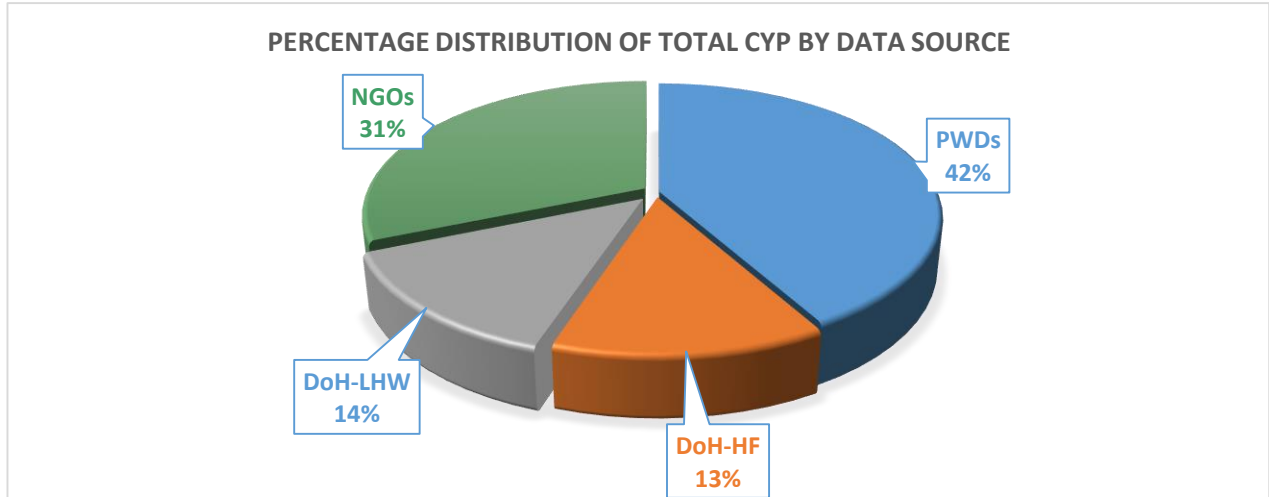
The highest insertions of IUDs i.e. 910 were reported by Punjab in comparison to the lowest 39 insertions carried out by MSU in Sindh, whereas in Islamabad 196 insertions of IUDs per MSU. The graphical presentation of Oral Pills method dispensed per MSU is presented in graph 15:



Graph: 15 Average Performances per MSU by Method

## Percentage Distribution of Total CYP by Source

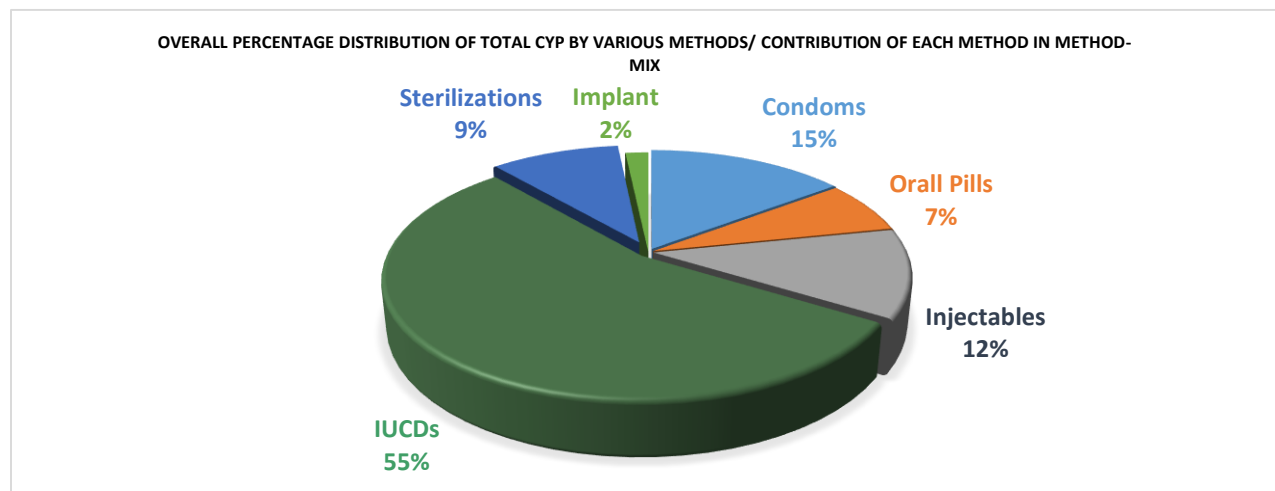
The percentage distribution of total CYP by data source during the year 2018-19 reflected 41.8% in PWDs, 13.3% in DoH (HFs), 13.6% in DOH (LHWs) and 31.3% in NGOs. The details are given in **Table-7** and graphical presentation is as under:



Graph: 16 percentage distribution of total CYP by data source

## Overall Percentage Distribution of Total CYP by Various Methods/ Contribution of Each Method in Method-Mix

Overall the method-wise percentage contribution in terms of total CYP during the year 2018-19 has been calculated for Condom 14.8%, Oral Pills 7%, Injectables 11.9%, IUCDs 55%, Contraceptive Surgery 9.7% and Implants 1.7%. The details are given in **Table-8a** and graphical presentation in graph 17:



Graph: 17 Overall Percentage Distribution of Total CYP by Various Methods/ Contribution of Each Method in Method-Mix

Source and method wise percentage contribution in term of total CYP during the year 2018-19 is given in **Table-8b** at the end of the report and details are as under.

### Method wise Distribution in PWDs

The method-wise percentage contribution of PWDs in terms of total CYP during the year 2018-19 has been calculated for Condom 4.5%, Oral Pills 1.9%, Injectables 2.5%, IUCDs 25.4%, Contraceptive Surgery 6.4% and Implants 1.1%. The details are given in **Table-8b** at the end of the report.

### Method wise Distribution in DOH (HF)

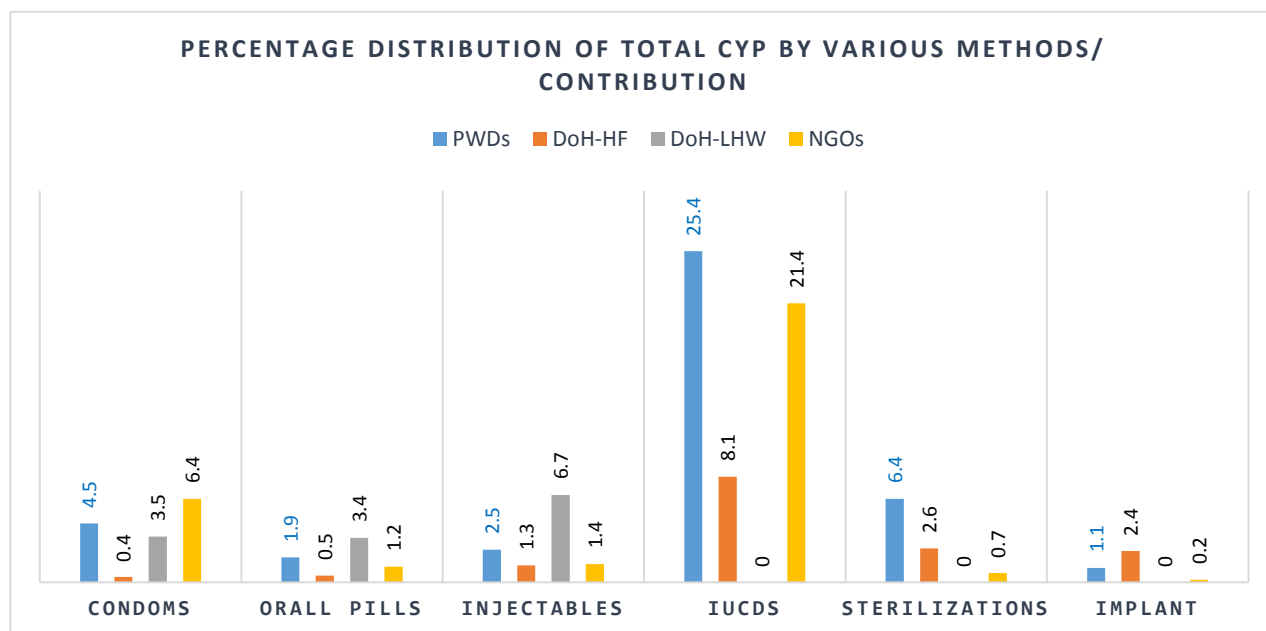
The method-wise percentage contribution in terms of total CYP during the year 2017-18 has been calculated for Condom 0.4%, Oral Pills 0.7%, Injectables 1.5%, IUCDs 9.1%, Contraceptive Surgery 3.5% and Implants 1.1%. The details are given in **Table-8b** at the end of the report.

### Method wise Distribution in DOH (LHW)

The method-wise percentage contribution in terms of total CYP during the year 2017-18 has been calculated for Condom 3.7%, Oral Pills 3.5% and Injectables 7.0%. The details are given in **Table-8b** at the end of the report

### Method wise Distribution in DOH (NGOs)

The method-wise percentage contribution in terms of total CYP during the year 2017-18 has been calculated for Condom 6.0%, Oral Pills 1.2%, Injectables 1.7%, IUCDs 21.1%, Contraceptive Surgery 0.9% and Implants 0.4%. The details are given in **Table-8b** at the end of the report. The graphical presentation of all source agencies is as under:



Graph: 18 Percentage Distribution of Total CYP by Various Methods/ Contribution:

## Family Planning and Mother & Child Health (MCH) Service Delivery of PWDs for 2018-19

The data indicates that during the year (2018-19) 4,568,332 clients availed Family Planning Services of various contraceptive methods at Family Welfare Centers (FWCs)/ Reproductive Health Service-A (RHS-A) Centers and other outlets of PWDs. These service delivery outlets also provided the MCH services to 355,612 clients for Pre-natal Care and 235,493 clients for Post-natal Care. Apart from these, FWCs/RHS-A Centers and others outlets of PWDs had provided treatment to 1,741,406 clients (Children + Adults) for General Ailments. The details are given in **Table-09**.

## Pakistan-Estimation of Modern Contraceptive Prevalence Rate (mCPR) for 2018-19

Estimates of the modern contraceptive prevalence rate (mCPR), a population-level indicator, that are derived directly from family planning service statistics lack sufficient accuracy to serve stand-alone substitutes for survey based estimates. However, data on service statistics of Contraceptive commodities distributed to clients have been utilized, for estimating number of contraceptive users, as per formulae given in table on page-11 of this report. The estimated number of users (current year users + previous year's carry-over Users of Long Terms Methods i.e. IUDs, Sterilization and Implants) was then divided by estimated number of Married Women of Reproductive Age (MWRA) during that year covered by the service statistics data. Female Married Population of Census, 2017 is 16.2% of total Population. Estimates and projection of the number of MWRA have been taken as 16.2%, of estimated Population of 2018-19, on the basis of Census 2017 (1.9% average increase for population of March, 2018 & March, 2019). These MWRA estimates were used as denominators in the calculations as shown in the formula as under:

$$\text{Formula for Estimate of mCPR (\%)} = (\text{Estimated Number of Users} / \text{MWRA}) \times 100$$

This yielded approximations of annual mCPR estimates, referred to as Estimated Modern Use (EMU) rates. EMU rates constitute an approximation of the actual mCPR.

The Contraceptive Prevalence Rate, on the basis of modern methods, has been calculated in respect of PWDs; DOH (HFs & LHWS) and NGO(s) for the year 2018-19 and 2017-18 followed by comparative analysis of two years (Table-10 is referred)The details are given as under:

### (A) Population Welfare Departments

The Contraceptive Prevalence Rate of Population Welfare Departments (PWDs), on the basis of modern methods, during the year 2018-19 is 16.7%. In Provincial setup, the mCPR by PWDs in Punjab is 20.2%, Sindh

9.8%, Khyber Pakhtunkhwa 18.6% and Balochistan 5.4%, whereas in Federal district Islamabad share in mCPR is 30.3%, AJK 6.2%, merged area FATA 5% and in GB 7.1%. The Modern Contraceptive Prevalence Rate of Population Welfare Departments (PWDs) during the year 2018-19 compared with the previous year, an increase of 11% has been observed, while in provincial/regional set-up, an increase has been observed in Punjab (16%), Sindh (2.4%), KPK (3.5%), Islamabad (0.8%), AJK (12.8%), FATA (6.9%) and GB (13.3%), whereas decrease has been noticed in Balochistan (5.7%). The details are given in **Table-10**.

## **(B) Departments of Health (HF & LHWs)**

The Contraceptive Prevalence Rate of Departments of Health (HF & LHWs), on the basis of modern methods (mCPR), during the year 2018-19 is 11.6%. In Provincial setup, the mCPR by DoH (HF & LHWs) in Punjab is 12.5%, Sindh 10.3%, Khyber Pakhtunkhwa 13.9% and Balochistan 3.6%, whereas in Federal district Islamabad is 0.9%, AJK 5%, FATA 2% and in GB 29.4%. The Contraceptive Prevalence Rate of DoH (HF & LHWs) during the year 2018-19 compared with the previous year increased by 1%, whereas in provincial/regional set-up an increase has been observed in Punjab (0.6%), Sindh (6.1%), Balochistan (65.1%) and in FATA (12.8%), whereas decrease has been observed in KPK (1.5%), Islamabad (40%), AJK (11.9%) and GB (30.6%). The details are given in **Table-10**.

## **(C) Non-Governmental Organizations (NGOs) Sector**

### **Rahnuma FPAP**

The Modern Contraceptive Prevalence Rate (mCPR) of Rahnuma FPAP during 2018-19, is 3.8% with provincial contribution Punjab (2.8%), Sindh (3.1%), Khyber Pakhtunkhwa (5%) Balochistan (2.1%), Islamabad (29.1%), AJK (16.3) and GB (16.1). Comparison of mCPR during 2018-19 over 2017-18 in respect of Rahnuma FPAP has noted overall increase of 23.1% (**Table-10**).

### **Marie Stopes Society (MSS)**

The Modern Contraceptive Prevalence Rate (mCPR) of MSS during 2018-19, is 4.3% with provincial contribution Punjab (4.3%), Sindh (6.5%), Khyber Pakhtunkhwa (3%) and Balochistan (1.6%). Comparison of mCPR during 2018-19 over 2017-18 in respect of MSS has shown overall increase of 4.5% (**Table-10**).

### Greenstar Social Marketing (GSM)

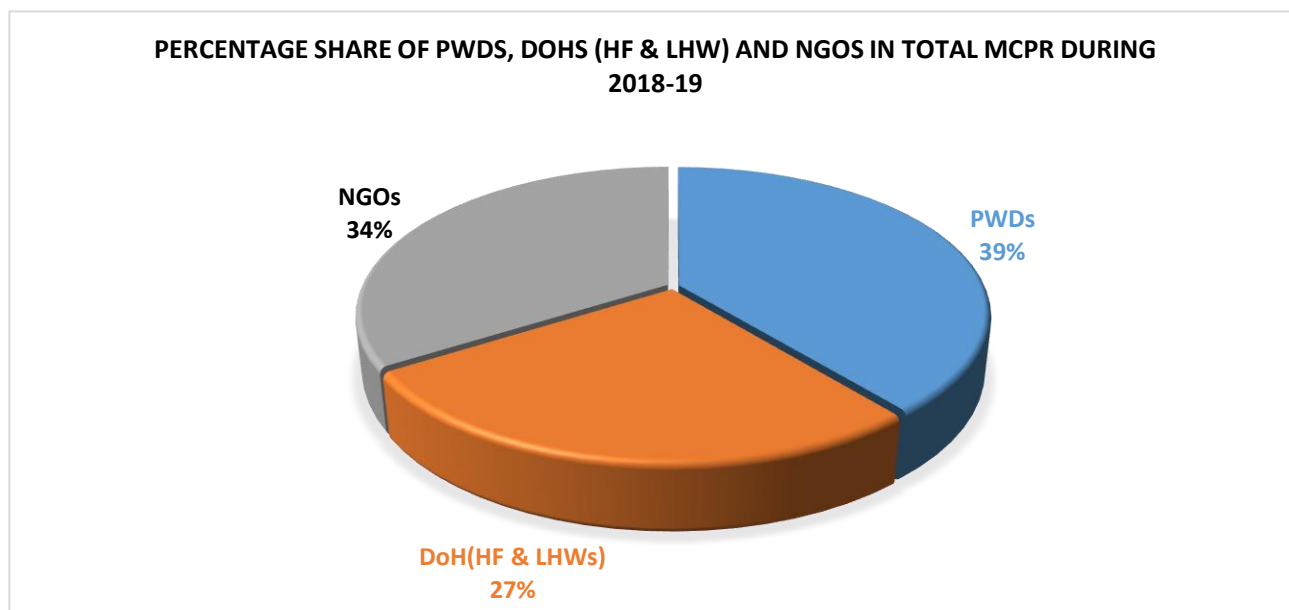
The Modern Contraceptive Prevalence Rate (mCPR) of GSM during 2018-19, is 6.4% with provincial contribution Punjab (7.4%), Sindh (6%), Khyber Pakhtunkhwa (5.1%), Balochistan (2.5%), Islamabad (9.5%), AJK (2.1%), FATA (0.8%) and GB (1.6%). Comparison of mCPR during 2018-19 over 2017-18 in respect of GSM has observed overall increase of 6.8% (Table-10).

### Overall mCPR of all Stakeholders

The overall Contraceptive Prevalence Rate, on the basis of modern methods, during the year 2018-19 is 42.8%. In the Provincial setup, the mCPR in Punjab is 47.2%, Sindh 35.7%, Khyber Pakhtunkhwa 45.2%, Balochistan 115.2%, Federal district Islamabad 69.8 %, AJK 29.6%, FATA 7.8% and Gilgit-Baltistan (GB) 54.1%.The details are given in Table-10.

Overall Contraceptive Prevalence Rate (mCPR) in respect of all stakeholders during 2018-19 when compared with 2017-18, has shown an increase of 7.7%. In provincial/regional comparison of two years, increase has been observed in Punjab (10.4%), Sindh (4.6%), Khyber Pakhtunkhwa (3.9%), Balochistan (13.7%), Islamabad (0.9%), AJK (4.5%) and FATA in (11.7%), while decrease has been noticed in and GB (15%). The details are given in Table-10.

### Percentage share of PWDs, DOH (HF & LHWs) and NGOs in Total mCPR during 2018-19





## SECTION-IV: CONCLUSION & WAY FORWARD

### Conclusion:

In Annual Contraceptive Performance Report, progress of Family Planning (FP) services in the country, is generally measured by services statistics. These service statistics are related to modern Contraceptive methods/services provided to clients at service delivery points through six modern methods including three Non-clinical Methods (Condoms, Oral Pills & Injectables) and three Clinical Methods (IUDs, Sterilization/Contraceptive Surgery & Implants) 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 here, in terms of Couple Years of Protection (CYP), one of the major indicator of Family Planning Services / efforts, in a country. Here performance of Department of Health has been bifurcated by the contribution of Health Facility (HF) and contribution of Lady Health Workers (LHWs) in Family Planning Service delivery. Further, comparison of Contraceptive Performance during 2018-19 in respect of these departments has also been made with the previous year 2017-18 at national & provincial level. It has been observed that this year Contraceptive Performance of PWDs in terms of CYP, has increased by 13.7% while Contraceptive Performance of DoH (HF) and DoH (LHWs) has decreased by 15.4% & 0.5% respectively, when compared with previous year (2017-18).

In case of Private Service Providers, performance of three eminent NGO(s) Rahnuma FPAP, Marie Stopes Society (MSS) & Greenstar Social Marketing (GSM) has been included in the report. Overall performance of NGOs sector is increased by 4.2% during this year (2018-19) as compared to last year (2017-18).

Another indicator of Family Planning, Contraceptive Prevalence Rate, on the basis of modern methods (mCPR), has also been estimated using an approximation of Estimated Modern Use (EMU) rates, including the carry-over Users of Long Terms Methods i.e. IUDs, Sterilization and Implants. For the year 2018-19, this estimates of mCPR is computed as 42.8%. As such, estimate of mCPR during 2018-19 has increased by 7.7% as compared to the last year (2017-18) estimate of 39.7. By using the EMU rates for estimating the mCPR on the current year performance of 2018-19 (with-out carryover users), the mCPR is computed as 27%.

### Way Forward:

Upon the devolution of M/o Population Welfare, as per notification No.4-17/2010-Min-I dated 2<sup>nd</sup> December, 2010, issued by Cabinet Division, the function of "Collection, Maintenance and Analysis of Demographic and Population Statistics" under the M/o Population Welfare was relocated to Pakistan Bureau of Statistics. The Contraceptive Performance Report, earlier prepared by the defunct M/o Population Welfare is now being compiled by PBS from secondary data in respect of Family Planning service delivery, collected from Provincial & Regional Population Welfare Departments, Departments of Health regarding contribution of Health Facilities and Lady Health Workers, and from three eminent NGO(s). For the release of this report at national level, PBS, is responsible for compilation, tabulation and measuring performance in terms of contraceptive commodities supplied to clients. However, following are some issues that need to be addressed for improving Contraceptive Performance data reporting.

- I. **Contraceptive Prevalence Rate (CPR):** According to PDHS 2017-18, the CPR by any method is 34.2% & by any modern method is 25% while in PDHS 2012-13, CPR by any method was 35.4% and by modern methods was 26.1%. In contrary, the mCPR, estimated by PBS using an approximation of Estimated Method Use (EMU) rates for each method, for the year 2018-19, is computed as 42.8%. As such, estimate of mCPR during 2018-19 has increased by 7.7% as compared to the 2017-18 estimate of 39.7%. This estimated CPR by modern methods is computed by PBS by using Service Statistics supplied by source departments [PWDs, DoH (HF & LHWs) and NGOs], including the carry-over Users of Long Terms Methods i.e. IUDs, Sterilization and Implants that shows an upward trend. This situation needs to be scrutinized in detail as reporting of Service Statistics by respective source departments seem to be on the higher side than actual consumption.
- II. **High Share of IUDs in CYP:** It has been observed from supplied data that contribution of IUDs during 2018-19 in CYP is very high (over 50%). This means strong Monitoring & Evaluation mechanism is needed to ascertain that no over reporting is being done. Moreover, data on dis-continuation rate of IUD(s), also need to be taken into account by the source departments.
- III. **Need for on-spot Checking of Data Quality:** PBS has no mechanism for on-spot checking of data quality except asking justification for +/- 10% change in current year performance as compared to previous year performance and getting the data vetted by the source agencies. It is proposed that PBS, as a third party, may carry out random on-spot checking for ensuring data quality, at least once in a quarter.
- IV. **Delay in Supply of Health Data:** In general, data on contraceptive performance is not being supplied on time by Health Departments in respect of both Health Facilities and Lady Health Workers (HFs and LHWs). To resolve this problem, Director General (Health) Technical Wing, M/o National Health Services Regulation & Coordination, may be requested to collect the respective data and ensure timely supply of accurate and consolidated contraceptive performance data of Provincial/Regional Departments of Health (Health Facilities and Lady Health Workers), for compilation of this report.
- V. **Lack of Coordination:** There is a lack of coordination between Provincial Population Welfare Departments & Departments of Health (Health Facilities and Lady Health Workers) and NGO(s) working in provinces. Though, Sindh and Khyber Pakhtunkhwa have taken some positive steps and started coordination meetings but these are not being organized regularly. In this connection, it is proposed that all Provincial Population Welfare Departments (PWDs), may take the lead in strengthening the coordination among the departments / organizations working in the field at provincial level and also take steps for improvements in collection & compilation of contraceptive performance data at provincial level, by inviting representative from PBS, in the regular Provincial Coordination Committee meeting. It is also requested to kindly transmit the consolidated data/Service Statistics to PBS for its compilation, at national level, by declaring Population Welfare Departments, as a hub/focal point.
- VI. **Uniform Standard for Data Reporting:** Uniform standards for data reporting is the key to evaluate the performance of source agencies. Though efforts are underway, to collect data on a uniform format from all stakeholders but still it is not being followed completely. In this connection, PBS has developed a standard format and shared with the stakeholders in different forums/meetings. The stakeholders are advised to send contraceptive performance data on uniform format.

## STATISTICAL TABLES



**Table 1 CONTRACEPTIVE USAGE BY DATA SOURCE**

SOURCE	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE
	2018-19	2017-18	2018-19 Vs 2017-18
<b>PWDs</b>	<b>6,856,519</b>	<b>6,031,013</b>	<b>13.7</b>
PUNJAB	4,740,198	4,046,850	17.1
SINDH	805,659	766,974	5.0
K.P.K	1,034,064	913,018	13.3
BALUCHISTAN	73,279	99,209	-26.1
ISLAMABAD	96,966	98,816	-1.9
AJK	48,664	44,749	8.7
Merged Area FATA	39,289	43,724	-10.1
GB	18,400	17,674	4.1
<b>DOH(HF)</b>	<b>2,172,973</b>	<b>2,567,288</b>	<b>-15.4</b>
PUNJAB	1,590,427	1,725,460	-7.8
SINDH	331,700	358,735	-7.5
K.P.K	174,796	232,492	-24.8
BALUCHISTAN	32,978	27,690	19.1
ISLAMABAD	2,207	4,237	-47.9
AJK	5,506	5,884	-6.4
Merged Area FATA	20,894	17,943	16.4
GB	14,465	194,846	-92.6
<b>DOH(LHW)</b>	<b>2,228,673</b>	<b>2,239,297</b>	<b>-0.5</b>
PUNJAB	925,388	971,230	-4.7
SINDH	592,112	568,477	4.2
K.P.K	624,996	621,308	0.6
BALUCHISTAN	38,060	17,030	123.5
ISLAMABAD	1,057	2,683	-60.6
AJK	30,324	34,018	-10.9
Merged Area FATA	0	0	0.0
GB	16,736	24,550	-31.8
<b>NGOs</b>	<b>5,126,311</b>	<b>4,918,107</b>	<b>4.2</b>
RAHNUMA (FPAP)	1,814,103	1,626,401	11.5
MARIE STOPES	1,319,571	1,394,029	-5.3
GREENSTAR (GSM)	1,992,637	1,897,677	5.0
<b>Pakistan</b>	<b>16,384,477</b>	<b>15,755,706</b>	<b>4.0</b>

**TABLE 2 CONTRACEPTIVE USAGE BY METHOD (PWDS)**

METHOD	OVERALL PERFORMANCE		
	2018-19	2017-18	% Change
<b>PWDs</b>	<b>96,339,709</b>	<b>85,846,567</b>	
CONDOMS (Units)	88,893,840	79820255	
CYP	740,782	665169	11.4
<b>ORAL PILL (Cycles)</b>	<b>4,733,481</b>	<b>3574562</b>	
<b>CYP</b>	309,972	235289	<b>31.7</b>
OP-COC	4,382,808	3377510	
CYP	292,187	225167	29.8
OP-EC	335,585	180916	
CYP	16,779	9046	85.5
OP-POP	15,088	16136	
CYP	1,006	1076	-6.5
<b>INJECTABLE (Vials)</b>	<b>1,655,084</b>	<b>1531999</b>	
<b>CYP</b>	413,750	382995	<b>8.0</b>
INJ-DMPA (3-months)	1,654,830	1531941	
CYP	413,708	382985	8.0
INJ-NetEn (2-months)	254	58	
CYP	42	10	337.9
<b>IUCD (Insertions)</b>	<b>904,395</b>	<b>767520</b>	
<b>CYP</b>	4,160,214	3530248	<b>17.8</b>
IUD-CuT (10-years)	904,393	767255	
CYP	4,160,208	3529373	17.9
IUD-Multiload(5-years)	2	265	
CYP	7	875	-99.2
<b>Sterilization/CS (Cases)</b>	<b>105,559</b>	<b>105413</b>	
<b>CYP</b>	1,055,590	1054130	<b>0.1</b>
CS(Female)	103,808	103529	
CYP	1,038,080	1035290	0.3
CS(Male)	1,751	1884	
CYP	17,510	18840	-7.1
<b>IMPLANT (Insertions)</b>	<b>47,350</b>	<b>46818</b>	
<b>CYP</b>	176,211	163183	<b>8.0</b>
Implanon	2,861	11327	
CYP	7,153	28318	-74.7
Jadelle	44,489	35491	
CYP	169,058	134866	25.4

**Table-2 CONTRACEPTIVE USAGE BY METHOD (DOH-HF) & (DoH- LHWs)**

<b>DOH(HF)</b>	<b>10,227,700</b>	<b>11,129,876</b>	
CONDOMS (Units)	7,758,453	8014330	
CYP	64,654	66786	-3.2
<b>ORAL PILL (Cycles)</b>	<b>1,275,078</b>	<b>1676477</b>	
CYP	84,996	111765	-24.0
OP-COC	1,199,097	1544935	
CYP	79,940	102996	-22.4
OP-EC	570	0	
CYP	29	0	0.0
OP-POP	75,411	131542	
CYP	5,027	8769	-42.7
<b>INJECTABLE (Vials)</b>	<b>836,665</b>	<b>1005296</b>	
CYP	205,371	243713	-15.7
INJ-DMPA(3-months)	791,127	913963	
CYP	197,782	228491	-13.4
INJ-NetEn(2-months)	45,538	91333	
CYP	7,590	15222	-50.1
<b>IUCD (Insertions)</b>	<b>290,347</b>	<b>310008</b>	
CYP	1,334,820	1426037	-6.4
IUD-CuT(10-years)	289,750	310008	
CYP	1,332,850	1426037	-6.5
IUD-Multiload(5-years)	597	0	
CYP	1,970	0	0.0
<b>Sterilization/CS (Cases)</b>	<b>42,032</b>	<b>54610</b>	
CYP	420,320	546100	-23.0
CS(Female)	39,909	51923	
CYP	399,090	519230	-23.1
CS(Male)	2,123	2687	
CYP	21,230	26870	-21.0
<b>IMPLANT (Insertions)</b>	<b>25,125</b>	<b>69155</b>	
CYP	62,813	172888	-63.7
Implanon	25,125	69155	
CYP	62,813	172888	-63.7
<b>DOH(LHW)</b>	<b>81,492,626</b>	<b>82,947,992</b>	
CONDOMS (Units)	68,768,562	70249847	
CYP	573,071	585415	-2.1
<b>ORAL PILL (Cycles)</b>	<b>8,320,442</b>	<b>8293191</b>	
CYP	554,696	552656	0.4
OP-COC	8,320,442	8279767	
CYP	554,696	551984	0.5
OP-EC	0	13420	
CYP	0	671	-100.0
OP-POP	0	4	
CYP	0	0	-100.0
<b>INJECTABLE (Vials)</b>	<b>4,403,622</b>	<b>4404954</b>	
CYP	1,100,906	1101226	0.0
INJ-DMPA(3-months)	4,403,622	4404802	
CYP	1,100,906	1101201	0.0
INJ-NetEn(2-months)	0	152	
CYP	0	25	-100.0

**Table-2 CONTRACEPTIVE USAGE BY METHOD (NGOs)**

<b>NGOs</b>	<b>130,577,409</b>	<b>118,038,077</b>	
CONDOMS (Units)	125,257,845	112722449	
CYP	1,043,815	939354	11.1
<b>ORAL PILL (Cycles)</b>	<b>3,452,766</b>	<b>3305746</b>	
<b>CYP</b>	192,246	182682	<b>5.2</b>
OP-COC	1,176,484	1043697	
CYP	78,432	69580	12.7
OP-EC	2,276,282	2262049	
CYP	113,814	113102	0.6
<b>INJECTABLE (Vials)</b>	<b>1,046,874</b>	<b>1228025</b>	
<b>CYP</b>	226,966	268485	<b>-15.5</b>
INJ-DMPA(3-months)	786,374	878778	
CYP	196,594	219695	-10.5
INJ-FEMIJECT(1-months)	145,348	104940	
CYP	11,181	8072	38.5
INJ-NetEn(2-months)	115,152	244307	
CYP	19,192	40718	-52.9
<b>IUCD (Insertions)</b>	<b>799,155</b>	<b>751015</b>	
<b>CYP</b>	3,513,343	3325879	<b>5.6</b>
IUD-CuT(10-years)	673,947	651946	
CYP	3,100,156	2998952	3.4
IUD-Multiload(5-years)	125,208	99069	
CYP	413,186	326928	26.4
<b>Sterilization/CS (Cases)</b>	<b>11,736</b>	<b>13663</b>	
<b>CYP</b>	117,360	136630	<b>-14.1</b>
CS(Female)	11,448	13369	
CYP	114,480	133690	-14.4
CS(Male)	288	294	
CYP	2,880	2940	-2.0
<b>IMPLANT (Insertions)</b>	<b>9,033</b>	<b>17179</b>	
<b>CYP</b>	32,581	65077	<b>-49.9</b>
Implanon	1,342	156	
CYP	3,355	390	760.3
Jadelle	7,691	17023	
CYP	29,226	64687	-54.8
<b>Pakistan</b>			
<b>CYP</b>	<b>16,384,477</b>	<b>15,755,706</b>	<b>4.0</b>



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

<b>CONDOM (Units)</b>			
<b>SOURCE</b>	<b>2018-19</b>	<b>2017-18</b>	<b>% Change</b>
<b>PWDs</b>	<b>88,893,840</b>	<b>79,820,255</b>	<b>11.4</b>
PUNJAB	58,496,126	51,323,018	14.0
SINDH	14,979,264	13,633,050	9.9
K.P.K	10,928,592	10,588,418	3.2
BALUCHISTAN	1,971,248	2,043,267	-3.5
ISLAMABAD	1,233,981	1,195,580	3.2
AJK	620,613	497,856	24.7
FATA	444,650	346,814	28.2
GB	219,366	192,252	14.1
<b>DOH(HF)</b>	<b>7,758,453</b>	<b>8,014,330</b>	<b>-3.2</b>
PUNJAB	6,608,362	5,822,142	13.5
SINDH	276,693	998,667	-72.3
K.P.K	443,740	821,895	-46.0
BALUCHISTAN	125,807	96,665	30.1
ISLAMABAD	28,555	29,113	-1.9
AJK	50,027	87,067	-42.5
FATA	98,588	68,779	43.3
GB	126,681	90,002	40.8
<b>DOH(LHW)</b>	<b>68,768,562</b>	<b>70,249,847</b>	<b>-2.1</b>
PUNJAB	44,703,258	48,343,785	-7.5
SINDH	18,638,494	15,898,642	17.2
K.P.K	4,198,649	3,998,065	5.0
BALUCHISTAN	319,587	185,746	72.1
ISLAMABAD	71,168	260,682	-72.7
AJK	622,438	1,438,135	-56.7
FATA	0	0	0.0
GB	214,968	124,792	72.3
<b>NGOs</b>	<b>125,257,845</b>	<b>112,722,449</b>	<b>11.1</b>
RAHNUMA (FPAP)	1,993,626	1,304,597	52.8
MARIE STOPES	977,940	368,884	165.1
GREENSTAR (GSM)	122,286,279	111,048,968	10.1
<b>Pakistan</b>	<b>290,678,700</b>	<b>270,806,881</b>	<b>7.3</b>

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

SOURCE	ORAL PILLS (CYCLES)									TOTAL ORAL PILLS		
	OP-COC			OP-POP			OP-EC			2018-19	2017-18	%
	2018-19	2017-18	%	2018-19	2017-18	%	2018-19	2017-18	%			
	Change			Change			Chan			Change		
<b>PWDs</b>	<b>4,382,808</b>	<b>3,377,510</b>	<b>29.8</b>	<b>15,088</b>	<b>16,136</b>	<b>-6.5</b>	<b>335,585</b>	<b>180,916</b>	<b>85.5</b>	<b>4,733,481</b>	<b>3,574,562</b>	<b>32.4</b>
PUNJAB	2,692,971	1,869,364	44.1	94	962	-90.2	278,963	114,873	142.8	2,972,028	1,985,199	49.7
SINDH	554,847	519,878	6.7	475	1,716	-72.3	44,966	46,913	-4.2	600,288	568,507	5.6
K.P.K	869,590	729,405	19.2	2,881	2,763	4.3	7,641	15,051	-49.2	880,112	747,219	17.8
BALUCHISTAN	126,325	132,979	-5.0	241	1,168	-79.4	2,869	3,083	-6.9	129,435	137,230	-5.7
ISLAMABAD	39,567	37,338	6.0	2,071	4,128	-49.8	1,052	963	9.2	42,690	42,429	0.6
AJK	33,761	26,899	25.5	5,351	3,596	48.8	94	33	184.8	39,206	30,528	28.4
FATA	47,677	45,272	5.3	0	0	0.0	0	0	0.0	47,677	45,272	5.3
GB	18,070	16,375	10.4	3,975	1,803	120.5	0	0	0.0	22,045	18,178	21.3
<b>DOH(HF)</b>	<b>1,199,097</b>	<b>1,544,935</b>	<b>-22.4</b>	<b>75,411</b>	<b>131,542</b>	<b>-42.7</b>	<b>570</b>	<b>0</b>	<b>0.0</b>	<b>1,275,078</b>	<b>1,676,477</b>	<b>-23.9</b>
PUNJAB	692,992	855,269	-19.0	19,069	54,181	-64.8	0	0	0.0	712,061	909,450	-21.7
SINDH	247,035	229,972	7.4	8,750	19,083	-54.1	0	0	0.0	255,785	249,055	2.7
K.P.K	111,669	145,686	-23.3	22,587	40,627	-44.4	0	0	0.0	134,256	186,313	-27.9
BALUCHISTAN	43,267	29,754	45.4	18,491	12,993	42.3	0	0	0.0	61,758	42,747	44.5
ISLAMABAD	1,516	1,880	-19.4	0	0	0.0	0	0	0.0	1,516	1,880	-19.4
AJK	2,280	6,326	-64.0	0	0	0.0	0	0	0.0	2,280	6,326	-64.0
FATA	14,888	12,482	19.3	6,514	4,655	39.9	0	0	0.0	21,402	17,137	24.9
GB	85,450	263,566	-67.6	0	3	-100.0	570	0	0.0	86,020	263,569	-67.4
<b>DOH(LHW)</b>	<b>8,320,442</b>	<b>8,279,767</b>	<b>0.5</b>	<b>0</b>	<b>4</b>	<b>-100.0</b>	<b>0</b>	<b>13,420</b>	<b>-100.0</b>	<b>8,320,442</b>	<b>8,293,191</b>	<b>0.3</b>
PUNJAB	3,595,495	3,926,850	-8.4	0	0	0.0	0	0	0.0	3,595,495	3,926,850	-8.4
SINDH	2,580,296	2,374,782	8.7	0	0	0.0	0	0	0.0	2,580,296	2,374,782	8.7
K.P.K	1,501,053	1,466,549	2.4	0	0	0.0	0	0	0.0	1,501,053	1,466,549	2.4
BALUCHISTAN	272,228	103,394	163.3	0	0	0.0	0	0	0.0	272,228	103,394	163.3
ISLAMABAD	6,953	4,409	57.7	0	0	0.0	0	0	0.0	6,953	4,409	57.7
AJK	220,368	148,081	48.8	0	0	0.0	0	0	0.0	220,368	148,081	48.8
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	144,049	255,702	-43.7	0	4	-100.0	0	13,420	-100.0	144,049	269,126	-46.5
<b>NGOs</b>	<b>1,176,484</b>	<b>1,043,697</b>	<b>12.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>2,276,282</b>	<b>2,262,049</b>	<b>0.6</b>	<b>3,452,766</b>	<b>3,305,746</b>	<b>4.4</b>
RAHNUMA (FPAP)	518,113	201,484	157.1	0	0	0.0	83,717	22,909	265.4	601,830	224,393	168.2
MARIE STOPES	62,004	82,196	-24.6	0	0	0.0	0	0	0.0	62,004	82,196	-24.6
GREENSTAR (GSM)	596,367	760,017	-21.5	0	0	0.0	2,192,565	2,239,140	-2.1	2,788,932	2,999,157	-7.0
<b>Pakistan</b>	<b>15,078,831</b>	<b>14,245,909</b>	<b>5.8</b>	<b>90,499</b>	<b>147,682</b>	<b>-38.7</b>	<b>2,612,437</b>	<b>2,456,385</b>	<b>6.4</b>	<b>17,781,767</b>	<b>16,849,976</b>	<b>5.5</b>

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

SOURCE	INJECTABLES (VIALS)									TOTAL INJECTABLES		
	NetEn (02-Months)			DMPA (03 Months)			FEMIJECT (01-Month)			2018-19	2017-18	%
	2018-19	2017-18	%	2018-19	2017-18	%	2018-19	2017-18	%			
	Chang			Chang			Chang			Change		
<b>PWDs</b>	<b>254</b>	<b>58</b>	<b>337.9</b>	<b>1,654,830</b>	<b>1,531,941</b>	<b>8.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>1,655,084</b>	<b>1,531,999</b>	<b>8.0</b>
PUNJAB	0	0	0.0	868,232	694,031	25.1	0	0	0.0	868,232	694,031	25.1
SINDH	0	0	0.0	365,658	325,046	12.5	0	0	0.0	365,658	325,046	12.5
K.P.K	0	0	0.0	298,249	383,348	-22.2	0	0	0.0	298,249	383,348	-22.2
BALUCHISTAN	100	0	0.0	37,249	37,307	-0.2	0	0	0.0	37,349	37,307	0.1
ISLAMABAD	0	0	0.0	20,054	20,960	-4.3	0	0	0.0	20,054	20,960	-4.3
AJK	0	0	0.0	25,805	23,983	7.6	0	0	0.0	25,805	23,983	7.6
FATA	0	0	0.0	18,081	29,823	-39.4	0	0	0.0	18,081	29,823	-39.4
GB	154	58	165.5	21,502	17,443	23.3	0	0	0.0	21,656	17,501	23.7
<b>DOH(HF)</b>	<b>45,538</b>	<b>91,333</b>	<b>-50.1</b>	<b>791,127</b>	<b>913,963</b>	<b>-13.4</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>836,665</b>	<b>1,005,296</b>	<b>-16.8</b>
PUNJAB	21,169	56,444	-62.5	337,334	448,636	-24.8	0	0	0.0	358,503	505,080	-29.0
SINDH	3,154	7,715	-59.1	291,577	249,762	16.7	0	0	0.0	294,731	257,477	14.5
K.P.K	10,045	15,534	-35.3	87,218	133,105	-34.5	0	0	0.0	97,263	148,639	-34.6
BALUCHISTAN	8,140	6,781	20.0	40,070	33,840	18.4	0	0	0.0	48,210	40,621	18.7
ISLAMABAD	0	0	0.0	1,142	2,690	-57.5	0	0	0.0	1,142	2,690	-57.5
AJK	0	0	0.0	1,239	4,043	-69.4	0	0	0.0	1,239	4,043	-69.4
FATA	2,504	1,051	138.2	12,158	15,704	-22.6	0	0	0.0	14,662	16,755	-12.5
GB	526	3,808	-86.2	20,389	26,183	-22.1	0	0	0.0	20,915	29,991	-30.3
<b>DOH(LHW)</b>	<b>0</b>	<b>152</b>	<b>-100.0</b>	<b>4,403,622</b>	<b>4,404,802</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>4,403,622</b>	<b>4,404,954</b>	<b>0.0</b>
PUNJAB	0	0	0.0	1,252,645	1,226,301	2.1	0	0	0.0	1,252,645	1,226,301	2.1
SINDH	0	0	0.0	1,059,085	1,110,679	-4.6	0	0	0.0	1,059,085	1,110,679	-4.6
K.P.K	0	0	0.0	1,959,748	1,960,884	-0.1	0	0	0.0	1,959,748	1,960,884	-0.1
BALUCHISTAN	0	0	0.0	68,994	34,358	100.8	0	0	0.0	68,994	34,358	100.8
ISLAMABAD	0	0	0.0	0	867	-100.0	0	0	0.0	0	867	-100.0
AJK	0	0	0.0	41,783	48,646	-14.1	0	0	0.0	41,783	48,646	-14.1
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	152	-100.0	21,367	23,067	-7.4	0	0	0.0	21,367	23,219	-8.0
<b>NGOs</b>	<b>115,152</b>	<b>244,307</b>	<b>-52.9</b>	<b>786,374</b>	<b>878,778</b>	<b>-10.5</b>	<b>145,348</b>	<b>104,940</b>	<b>38.5</b>	<b>1,046,874</b>	<b>1,228,025</b>	<b>-14.8</b>
RAHNUMA (FPAP)	1,270	1,347	-5.7	364,619	471,911	-22.7	0	0	0.0	365,889	473,258	-22.7
MARIE STOPES	0	0	0.0	42,931	50,734	-15.4	0	0	0.0	42,931	50,734	-15.4
GREENSTAR (GSM)	113,882	242,960	-53.1	378,824	356,133	6.4	145,348	104,940	38.5	638,054	704,033	-9.4
<b>Pakistan</b>	<b>160,944</b>	<b>335,850</b>	<b>-52.1</b>	<b>7,635,953</b>	<b>7,729,484</b>	<b>-1.2</b>	<b>145,348</b>	<b>104,940</b>	<b>38.5</b>	<b>7,942,245</b>	<b>8,170,274</b>	<b>-2.8</b>

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

SOURCE	IUCDs (INSERTIONS)						TOTAL IUCDs		
	10 - Years			05 - Years			2018-19	2017-18	%
	2018-19	2017-18	%	2018-19	2017-18	%			
		Chan			Change			Change	
<b>PWDs</b>	<b>904,393</b>	<b>767,255</b>	<b>17.9</b>	<b>2</b>	<b>265</b>	<b>-99.2</b>	<b>904,395</b>	<b>767,520</b>	<b>17.8</b>
PUNJAB	666,025	551,406	20.8	0	0	0.0	666,025	551,406	20.8
SINDH	35,919	35,812	0.3	0	15	-100.0	35,919	35,827	0.3
K.P.K	165,796	137,504	20.6	0	37	-100.0	165,796	137,541	20.5
BALUCHISTAN	6,797	11,896	-42.9	0	189	-100.0	6,797	12,085	-43.8
ISLAMABAD	14,947	15,175	-1.5	0	0	0.0	14,947	15,175	-1.5
AJK	6,738	6,596	2.2	2	4	-50.0	6,740	6,600	2.1
FATA	6,062	6,600	-8.2	0	0	0.0	6,062	6,600	-8.2
GB	2,109	2,266	-6.9	0	20	-100.0	2,109	2,286	-7.7
<b>DOH(HF)</b>	<b>289,750</b>	<b>310,008</b>	<b>-6.5</b>	<b>597</b>	<b>0</b>	<b>0.0</b>	<b>290,347</b>	<b>310,008</b>	<b>-6.3</b>
PUNJAB	223,826	221,291	1.1	0	0	0.0	223,826	221,291	1.1
SINDH	29,594	22,456	31.8	0	0	0.0	29,594	22,456	31.8
K.P.K	28,490	36,545	-22.0	0	0	0.0	28,490	36,545	-22.0
BALUCHISTAN	3,073	2,619	17.3	0	0	0.0	3,073	2,619	17.3
ISLAMABAD	344	695	-50.5	0	0	0.0	344	695	-50.5
AJK	1,006	810	24.2	0	0	0.0	1,006	810	24.2
FATA	3,302	2,402	37.5	0	0	0.0	3,302	2,402	37.5
GB	115	23,190	-99.5	597	0	0.0	712	23,190	-96.9
<b>DOH(LHW)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
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
<b>NGOs</b>	<b>673,947</b>	<b>651,946</b>	<b>3.4</b>	<b>125,208</b>	<b>99,069</b>	<b>26.4</b>	<b>799,155</b>	<b>751,015</b>	<b>6.4</b>
RAHNUMA (FPAP)	350,182	310,936	12.6	0	0	0.0	350,182	310,936	12.6
MARIE STOPES	261,947	275,679	-5.0	0	0	0.0	261,947	275,679	-5.0
GREENSTAR (GSM)	61,818	65,331	-5.4	125,208	99,069	26.4	187,026	164,400	13.8
<b>Pakistan</b>	<b>1,868,090</b>	<b>1,729,209</b>	<b>8.0</b>	<b>125,807</b>	<b>99,334</b>	<b>26.7</b>	<b>1,993,897</b>	<b>1,828,543</b>	<b>9.0</b>

**Table 3e CONTRACEPTIVE USAGE BY SOURCE &METHOD (STERILIZATION/CONTRACEPTIVE SURGERY)**

SOURCE	CONTRACEPTIVE SURGERY (CASES)						TOTAL CS (CASES)		
	CS-MALE			CS-FEMALE			2018-19	2017-18	%
	2018-19	2017-18	% Change	2018-19	2017-18	% Chang			
<b>PWDs</b>	<b>1,751</b>	<b>1,884</b>	<b>-7.1</b>	<b>103,808</b>	<b>103,529</b>	<b>0.3</b>	<b>105,559</b>	<b>105,413</b>	<b>0.1</b>
PUNJAB	1,316	1,538	-14.4	68,906	68,891	0.0	70,222	70,429	-0.3
SINDH	426	324	31.5	29,862	28,771	3.8	30,288	29,095	4.1
K.P.K	9	19	-52.6	3,578	3,951	-9.4	3,587	3,970	-9.6
BALUCHISTAN	0	0	0.0	334	731	-54.3	334	731	-54.3
ISLAMABAD	0	0	0.0	866	974	-11.1	866	974	-11.1
AJK	0	3	-100.0	262	211	24.2	262	214	22.4
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
<b>DOH(HF)</b>	<b>2,123</b>	<b>2,687</b>	<b>-21.0</b>	<b>39,909</b>	<b>51,923</b>	<b>-23.1</b>	<b>42,032</b>	<b>54,610</b>	<b>-23.0</b>
PUNJAB	1,963	2,497	-21.4	32,236	40,459	-20.3	34,199	42,956	-20.4
SINDH	140	24	483.3	7,526	5,081	48.1	7,666	5,105	50.2
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	20	16	25.0	147	194	-24.2	167	210	-20.5
ISLAMABAD	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
FATA	0	12	-100.0	0	60	-100.0	0	72	-100.0
GB	0	138	-100.0	0	6,129	-100.0	0	6,267	-100.0
<b>DOH(LHW)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
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
<b>NGOs</b>	<b>288</b>	<b>294</b>	<b>-2.0</b>	<b>11,448</b>	<b>13,369</b>	<b>-14.4</b>	<b>11,736</b>	<b>13,663</b>	<b>-14.1</b>
RAHNUMA (FPAP)	225	226	-0.4	3,746	4,459	-16.0	3,971	4,685	-15.2
MARIE STOPES	63	68	-7.4	7,702	8,659	-11.1	7,765	8,727	-11.0
GREENSTAR (GSM)	0	0	0.0	0	251	-100.0	0	251	-100.0
<b>Pakistan</b>	<b>4,162</b>	<b>4,865</b>	<b>-14.5</b>	<b>155,165</b>	<b>168,821</b>	<b>-8.1</b>	<b>159,327</b>	<b>173,686</b>	<b>-8.3</b>

**Table 3f CONTRACEPTIVE USAGE BY SOURCE & METHOD (IMPLANTS)**

SOURCE	IMPLANT (INSERTIONS)									TOTAL IMPLANT		
	IMPLANON (03-Yrs)			IMPLANT (04-Yrs)			JADELLE (05-Yrs)			2018-19	2017-18	%
	2018-19	2017-18	%	2018-19	2017-18	%	2018-19	2017-18	%			
	Change			Change			Change			Change		
<b>PWDs</b>	<b>2,861</b>	<b>11,327</b>	<b>-74.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>44,489</b>	<b>35,491</b>	<b>25.4</b>	<b>47,350</b>	<b>46,818</b>	<b>1.1</b>
PUNJAB	1,926	9,632	-80.0	0	0	0.0	18,799	13,258	41.8	20,725	22,890	-9.5
SINDH	411	1,399	-70.6	0	0	0.0	21,319	19,935	6.9	21,730	21,334	1.9
K.P.K	335	83	303.6	0	0	0.0	2,767	1,798	53.9	3,102	1,881	64.9
BALUCHISTAN	0	0	0.0	0	0	0.0	1,141	290	293.4	1,141	290	293.4
ISLAMABAD	173	183	-5.5	0	0	0.0	261	210	24.3	434	393	10.4
AJK	16	30	-46.7	0	0	0.0	202	0	0.0	218	30	626.7
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
<b>DOH(HF)</b>	<b>25,125</b>	<b>69,155</b>	<b>-63.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>25,125</b>	<b>69,155</b>	<b>-63.7</b>
PUNJAB	11,374	18,899	-39.8	0	0	0.0	0	0	0.0	11,374	18,899	-39.8
SINDH	10,452	46,294	-77.4	0	0	0.0	0	0	0.0	10,452	46,294	-77.4
K.P.K	3,046	3,700	-17.7	0	0	0.0	0	0	0.0	3,046	3,700	-17.7
BALUCHISTAN	253	119	112.6	0	0	0.0	0	0	0.0	253	119	112.6
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	143	-100.0	0	0	0.0	0	0	0.0	0	143	-100.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
<b>DOH(LHW)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
<b>NGOs</b>	<b>1,342</b>	<b>156</b>	<b>760.3</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>7,691</b>	<b>17,023</b>	<b>-54.8</b>	<b>9,033</b>	<b>17,179</b>	<b>-47.4</b>
RAHNUMA (FPAP)	0	0	0.0	0	0	0.0	4,434	1,472	201.2	4,434	1,472	201.2
MARIE STOPES	1,342	156	760.3	0	0	0.0	2,788	4,476	-37.7	4,130	4,632	-10.8
GREENSTAR (GSM)	0	0	0.0	0	0	0.0	469	11,075	-95.8	469	11,075	-95.8
<b>Pakistan</b>	<b>29,328</b>	<b>80,638</b>	<b>-63.6</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>52,180</b>	<b>52,514</b>	<b>-0.6</b>	<b>81,508</b>	<b>133,152</b>	<b>-38.8</b>

**Table 4 OUTLET-WISE USAGE OF CONTRACEPTIVE**

OUTLETS	COUPLE YEARS OF PROTECTION (CYP)		
	2018-19	2017-18	% Change
<b>PWDs</b>	<b>6,856,519</b>	<b>6,031,013</b>	<b>13.7</b>
FWC	4,517,934	3,785,152	19.4
RHS-A	1,567,125	1,524,285	2.8
RHS-B	46,522	32,547	42.9
MSU	291,928	284,406	2.6
PLD	4,602	5,776	-20.3
RMPs	81,984	58,870	39.3
HAKEEM & HOMEOPATH	10,706	6,887	55.4
MM	103,371	106,473	-2.9
RTIs	9,820	12,813	-23.4
VILLAGE BASE F.P.WORKI	0	0	0.0
CBFPWs	37,553	29,670	26.6
COUNTERS	20,173	11,331	78.0
TBAs	0	0	0.0
F.P.I.H PROGRAMME	1,010	1,438	-29.8
OTHERS OUTLETS	57,439	65,219	-11.9
AJK	48,664	44,749	8.7
GB	18,400	17,674	4.1
FATA	39,289	43,724	-10.1
<b>DOH(HF)</b>	<b>2,172,973</b>	<b>2,567,288</b>	<b>-15.4</b>
PUNJAB	1,590,427	1,725,460	-7.8
SINDH	331,700	358,735	-7.5
KPK	174,796	232,492	-24.8
BALUCHISTAN	32,978	27,690	19.1
ISLAMABAD	2,207	4,237	-47.9
AJK	5,506	5,884	-6.4
GB	14,465	194,846	-92.6
FATA	20,894	17,943	16.4
<b>DOH(LHW)</b>	<b>2,228,673</b>	<b>2,239,297</b>	<b>-0.5</b>
PUNJAB	925,388	971,230	-4.7
SINDH	592,112	568,477	4.2
KPK	624,996	621,308	0.6
BALUCHISTAN	38,060	17,030	123.5
ISLAMABAD	1,057	2,683	-60.6
AJK	30,324	34,018	-10.9
GB	16,736	24,550	-31.8
FATA	0	0	0.0
<b>NGOs</b>	<b>5,126,311</b>	<b>4,918,107</b>	<b>4.2</b>
MARIE STOPES	1,319,571	1,394,029	-5.3
RAHNUMA (FPAP)	1,814,103	1,626,401	11.5
GSM	1,992,637	1,897,677	5.0
<b>Pakistan</b>	<b>16,384,477</b>	<b>15,755,706</b>	<b>4.0</b>

**Table 5a CONTRACEPTIVE USAGE BY OUTLET & METHOD (CONDOMs)**

OUTLET	CONDOM (Units)		% Change
	2018-19	2017-18	
<b>PWDs</b>	<b>88,893,840</b>	<b>79,820,255</b>	<b>11.4</b>
<b>FWC</b>	<b>63,476,763</b>	<b>55,871,752</b>	<b>13.6</b>
PUNJAB	40,492,327	34,352,755	17.9
SINDH	11,754,020	10,263,209	14.5
K.P.K	9,331,325	9,317,192	0.2
BALOCHISTAN	1,289,374	1,327,171	-2.8
ISLAMABAD	609,717	611,425	-0.3
<b>RHS-A</b>	<b>4,999,615</b>	<b>4,300,186</b>	<b>16.3</b>
PUNJAB	3,498,182	2,893,211	20.9
SINDH	862,211	793,910	8.6
K.P.K	408,518	413,311	-1.2
BALOCHISTAN	81,388	69,424	17.2
ISLAMABAD	149,316	130,330	14.6
<b>RHS-B</b>	<b>314,167</b>	<b>66,489</b>	<b>372.5</b>
PUNJAB	0	0	0.0
SINDH	290,475	38,959	645.6
K.P.K	7,342	12,430	-40.9
BALOCHISTAN	1,600	1,300	23.1
ISLAMABAD	14,750	13,800	6.9
<b>MSU</b>	<b>3,357,388</b>	<b>3,019,250</b>	<b>11.2</b>
PUNJAB	1,894,438	1,646,106	15.1
SINDH	800,172	749,173	6.8
K.P.K	381,625	318,914	19.7
BALOCHISTAN	247,883	276,707	-10.4
ISLAMABAD	33,270	28,350	17.4
<b>PLD</b>	<b>85,233</b>	<b>137,555</b>	<b>-38.0</b>
PUNJAB	47,992	100,456	-52.2
SINDH	0	0	0.0
K.P.K	267	633	-57.8
BALOCHISTAN	36,974	36,466	1.4
<b>RMP</b>	<b>1,432,417</b>	<b>1,240,394</b>	<b>15.5</b>
PUNJAB	539,720	453,143	19.1
SINDH	153,983	239,936	-35.8
K.P.K	467,396	270,164	73.0
BALOCHISTAN	120,990	135,243	-10.5
ISLAMABAD	150,328	141,908	5.9
<b>H&amp;H</b>	<b>748,502</b>	<b>580,087</b>	<b>29.0</b>
PUNJAB	333,661	229,980	45.1
SINDH	290,662	221,026	31.5
K.P.K	118,939	125,597	-5.3
BALOCHISTAN	5,240	3,484	50.4
<b>MM</b>	<b>9,334,066</b>	<b>10,183,501</b>	<b>-8.3</b>
PUNJAB	8,385,720	8,733,447	-4.0
SINDH	531,781	1,032,221	-48.5
BALOCHISTAN	183,265	186,606	-1.8
ISLAMABAD	233,300	231,227	0.9
<b>RTIs</b>	<b>143,705</b>	<b>140,436</b>	<b>2.3</b>
PUNJAB	53,274	59,730	-10.8
SINDH	55,890	55,951	-0.1
K.P.K	30,007	17,889	67.7
BALOCHISTAN	4,534	6,866	-34.0
ISLAMABAD	0	0	0.0
<b>VILLAGE BASE F.P.WOF</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
K.P.K	0	0	0.0
<b>CBFPWs</b>	<b>3,044,923</b>	<b>2,608,862</b>	<b>16.7</b>
PUNJAB	3,044,923	2,608,862	16.7
BALOCHISTAN	0	0	0.0
<b>COUNTRES</b>	<b>208,873</b>	<b>133,828</b>	<b>56.1</b>
PUNJAB	0	0	0.0
SINDH	0	0	0.0
K.P.K	183,173	112,288	63.1
ISLAMABAD	25,700	21,540	19.3
<b>TBA's</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
K.P.K	0	0	0.0
<b>F.P.I.H PROGRAMME</b>	<b>17,600</b>	<b>17,000</b>	<b>3.5</b>
ISLAMABAD	17,600	17,000	3.5
<b>OTHERS</b>	<b>445,959</b>	<b>483,993</b>	<b>-7.9</b>
PUNJAB	205,889	245,328	-16.1
SINDH	240,070	238,665	0.6
BALOCHISTAN	0	0	0.0
<b>PWD AJK,FATA,GB</b>	<b>1,284,629</b>	<b>1,036,922</b>	<b>23.9</b>
AJK	620,613	497,856	24.7
FATA	444,650	346,814	28.2
GB	219,366	192,252	14.1

Continued .....



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

<b>DOH(HF)</b>	<b>7,758,453</b>	<b>8,014,330</b>	<b>-3.2</b>
PUNJAB	6,608,362	5,822,142	13.5
SINDH	276,693	998,667	-72.3
K.P.K	443,740	821,895	-46.0
BALUCHISTAN	125,807	96,665	30.1
ISLAMABAD	28,555	29,113	-1.9
AJK	50,027	87,067	-42.5
FATA	98,588	68,779	43.3
GB	126,681	90,002	40.8
<b>DOH(LHW)</b>	<b>68,768,562</b>	<b>70,249,847</b>	<b>-2.1</b>
PUNJAB	44,703,258	48,343,785	-7.5
SINDH	18,638,494	15,898,642	17.2
K.P.K	4,198,649	3,998,065	5.0
BALUCHISTAN	319,587	185,746	72.1
ISLAMABAD	71,168	260,682	-72.7
AJK	622,438	1,438,135	-56.7
FATA	0	0	0.0
GB	214,968	124,792	72.3
<b>NGOs</b>	<b>125,257,845</b>	<b>112,722,449</b>	<b>11.1</b>
<b>MARIE STOPES</b>	<b>977,940</b>	<b>368,884</b>	<b>165.1</b>
PUNJAB	627,638	222,476	182.1
SINDH	295,531	121,360	143.5
K.P.K	48,147	15,151	217.8
BALUCHISTAN	6,624	9,897	-33.1
<b>RAHNUMA (FPAP)</b>	<b>1,993,626</b>	<b>1,304,597</b>	<b>52.8</b>
PUNJAB	501,857	436,463	15.0
SINDH	311,404	149,415	108.4
K.P.K	637,659	285,913	123.0
BALUCHISTAN	279,943	207,988	34.6
ISLAMABAD	64,408	85,976	-25.1
AJK	167,694	114,191	46.9
GB	30,661	24,651	24.4
<b>GSM</b>	<b>122,286,279</b>	<b>111,048,968</b>	<b>10.1</b>
PUNJAB	76,360,680	68,717,705	11.1
SINDH	29,161,135	29,809,515	-2.2
K.P.K	11,472,776	8,946,339	28.2
BALUCHISTAN	2,256,401	1,393,061	62.0
ISLAMABAD	1,760,498	1,591,428	10.6
AJK	622,648	342,877	81.6
FATA	428,326	210,846	103.1
GB	223,815	37,197	501.7
<b>Pakistan</b>	<b>290,678,700</b>	<b>270,806,881</b>	<b>7.3</b>



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

<b>DOH(HF)</b>	<b>1,199,097</b>	<b>1,544,935</b>	<b>-22.4</b>	<b>75,411</b>	<b>131,542</b>	<b>-42.7</b>	<b>570</b>	<b>0</b>	<b>0.0</b>	<b>1,275,078</b>	<b>1,676,477</b>	<b>-23.9</b>
PUNJAB	692,992	855,269	-19.0	19,069	54,181	-64.8	0	0	0.0	712,061	909,450	-21.7
SINDH	247,035	229,972	7.4	8,750	19,083	-54.1	0	0	0.0	255,785	249,055	2.7
K.P.K	111,669	145,686	-23.3	22,587	40,627	-44.4	0	0	0.0	134,256	186,313	-27.9
BALUCHISTAN	43,267	29,754	45.4	18,491	12,993	42.3	0	0	0.0	61,758	42,747	44.5
ISLAMABAD	1,516	1,880	-19.4	0	0	0.0	0	0	0.0	1,516	1,880	-19.4
AJK	2,280	6,326	-64.0	0	0	0.0	0	0	0.0	2,280	6,326	-64.0
FATA	14,888	12,482	19.3	6,514	4,655	39.9	0	0	0.0	21,402	17,137	24.9
GB	85,450	263,566	-67.6	0	3	-100.0	570	0	0.0	86,020	263,569	-67.4
<b>DOH(LHW)</b>	<b>8,320,442</b>	<b>8,279,767</b>	<b>0.5</b>	<b>0</b>	<b>4</b>	<b>-100.0</b>	<b>0</b>	<b>13,420</b>	<b>-100.0</b>	<b>8,320,442</b>	<b>8,293,191</b>	<b>0.3</b>
PUNJAB	3,595,495	3,926,850	-8.4	0	0	0.0	0	0	0.0	3,595,495	3,926,850	-8.4
SINDH	2,580,296	2,374,782	8.7	0	0	0.0	0	0	0.0	2,580,296	2,374,782	8.7
K.P.K	1,501,053	1,466,549	2.4	0	0	0.0	0	0	0.0	1,501,053	1,466,549	2.4
BALUCHISTAN	272,228	103,394	163.3	0	0	0.0	0	0	0.0	272,228	103,394	163.3
ISLAMABAD	6,953	4,409	57.7	0	0	0.0	0	0	0.0	6,953	4,409	57.7
AJK	220,368	148,081	48.8	0	0	0.0	0	0	0.0	220,368	148,081	48.8
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	144,049	255,702	-43.7	0	4	-100.0	0	13,420	-100.0	144,049	269,126	-46.5
<b>NGOs</b>	<b>1,176,484</b>	<b>1,043,697</b>	<b>12.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>2,276,282</b>	<b>2,262,049</b>	<b>0.6</b>	<b>3,452,766</b>	<b>3,305,746</b>	<b>4.4</b>
<b>MARIE STOPES</b>	<b>62,004</b>	<b>82,196</b>	<b>-24.6</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>62,004</b>	<b>82,196</b>	<b>-24.6</b>
PUNJAB	26,674	33,257	-19.8	0	0	0.0	0	0	0.0	26,674	33,257	-19.8
SINDH	29,501	41,167	-28.3	0	0	0.0	0	0	0.0	29,501	41,167	-28.3
K.P.K	4,759	6,274	-24.1	0	0	0.0	0	0	0.0	4,759	6,274	-24.1
BALUCHISTAN	1,070	1,498	-28.6	0	0	0.0	0	0	0.0	1,070	1,498	-28.6
<b>RAHNUMA (FPAP)</b>	<b>518,113</b>	<b>201,484</b>	<b>157.1</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>83,717</b>	<b>22,909</b>	<b>265.4</b>	<b>601,830</b>	<b>224,393</b>	<b>168.2</b>
PUNJAB	110,749	54,518	103.1	0	0	0.0	18,402	6,183	197.6	129,151	60,701	112.8
SINDH	66,525	38,920	70.9	0	0	0.0	29,311	6,336	362.6	95,836	45,256	111.8
K.P.K	216,988	61,360	253.6	0	0	0.0	13,706	3,707	269.7	230,694	65,067	254.5
BALUCHISTAN	39,905	11,242	255.0	0	0	0.0	3,850	1,457	164.2	43,755	12,699	244.6
ISLAMABAD	14,126	18,035	-21.7	0	0	0.0	2,290	1,750	30.9	16,416	19,785	-17.0
AJK	63,675	14,653	334.6	0	0	0.0	15,423	2,832	444.6	79,098	17,485	352.4
GB	6,145	2,756	123.0	0	0	0.0	735	644	14.1	6,880	3,400	102.4
<b>GSM</b>	<b>596,367</b>	<b>760,017</b>	<b>-21.5</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>2,192,565</b>	<b>2,239,140</b>	<b>-2.1</b>	<b>2,788,932</b>	<b>2,999,157</b>	<b>-7.0</b>
PUNJAB	130,428	171,897	-24.1	0	0	0.0	1,300,118	1,297,578	0.2	1,430,546	1,469,475	-2.6
SINDH	299,511	319,236	-6.2	0	0	0.0	703,572	771,314	-8.8	1,003,083	1,090,550	-8.0
K.P.K	64,614	86,205	-25.0	0	0	0.0	72,524	70,819	2.4	137,138	157,024	-12.7
BALUCHISTAN	86,397	164,874	-47.6	0	0	0.0	59,177	49,256	20.1	145,574	214,130	-32.0
ISLAMABAD	2,322	5,235	-55.6	0	0	0.0	47,965	42,609	12.6	50,287	47,844	5.1
AJK	3,717	4,098	-9.3	0	0	0.0	7,691	6,989	10.0	11,408	11,087	2.9
FATA	5,310	7,827	-32.2	0	0	0.0	84	61	37.7	5,394	7,888	-31.6
GB	4,068	645	530.7	0	0	0.0	1,434	514	179.0	5,502	1,159	374.7
<b>Pakistan</b>	<b>15,078,831</b>	<b>14,245,909</b>	<b>5.8</b>	<b>90,499</b>	<b>147,682</b>	<b>-38.7</b>	<b>2,612,437</b>	<b>2,456,385</b>	<b>6.4</b>	<b>17,781,767</b>	<b>16,849,976</b>	<b>5.5</b>



**Table 5c CONTRACEPTIVE USAGE BY OUTLET &METHOD (INJECTABLEs)**

<b>DOH(HF)</b>	<b>45,538</b>	<b>91,333</b>	<b>-50.1</b>	<b>791,127</b>	<b>913,963</b>	<b>-13.4</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>836,665</b>	<b>1,005,296</b>	<b>-16.8</b>
PUNJAB	21,169	56,444	-62.5	337,334	448,636	-24.8	0	0	0.0	358,503	505,080	-29.0
SINDH	3,154	7,715	-59.1	291,577	249,762	16.7	0	0	0.0	294,731	257,477	14.5
K.P.K	10,045	15,534	-35.3	87,218	133,105	-34.5	0	0	0.0	97,263	148,639	-34.6
BALUCHISTAN	8,140	6,781	20.0	40,070	33,840	18.4	0	0	0.0	48,210	40,621	18.7
ISLAMABAD	0	0	0.0	1,142	2,690	-57.5	0	0	0.0	1,142	2,690	-57.5
AJK	0	0	0.0	1,239	4,043	-69.4	0	0	0.0	1,239	4,043	-69.4
FATA	2,504	1,051	138.2	12,158	15,704	-22.6	0	0	0.0	14,662	16,755	-12.5
GB	526	3,808	-86.2	20,389	26,183	-22.1	0	0	0.0	20,915	29,991	-30.3
<b>DOH(LHW)</b>	<b>0</b>	<b>152</b>	<b>-100.0</b>	<b>4,403,622</b>	<b>4,404,802</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>4,403,622</b>	<b>4,404,954</b>	<b>0.0</b>
PUNJAB	0	0	0.0	1,252,645	1,226,301	2.1	0	0	0.0	1,252,645	1,226,301	2.1
SINDH	0	0	0.0	1,059,085	1,110,679	-4.6	0	0	0.0	1,059,085	1,110,679	-4.6
K.P.K	0	0	0.0	1,959,748	1,960,884	-0.1	0	0	0.0	1,959,748	1,960,884	-0.1
BALUCHISTAN	0	0	0.0	68,994	34,358	100.8	0	0	0.0	68,994	34,358	100.8
ISLAMABAD	0	0	0.0	0	867	-100.0	0	0	0.0	0	867	-100.0
AJK	0	0	0.0	41,783	48,646	-14.1	0	0	0.0	41,783	48,646	-14.1
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	152	-100.0	21,367	23,067	-7.4	0	0	0.0	21,367	23,219	-8.0
<b>NGOs</b>	<b>115,152</b>	<b>244,307</b>	<b>-52.9</b>	<b>786,374</b>	<b>878,778</b>	<b>-10.5</b>	<b>145,348</b>	<b>104,940</b>	<b>38.5</b>	<b>1,046,874</b>	<b>1,228,025</b>	<b>-14.8</b>
<b>MARIE STOPES</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>42,931</b>	<b>50,734</b>	<b>-15.4</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>42,931</b>	<b>50,734</b>	<b>-15.4</b>
PUNJAB	0	0	0.0	21,176	24,050	-12.0	0	0	0.0	21,176	24,050	-12.0
SINDH	0	0	0.0	18,323	22,355	-18.0	0	0	0.0	18,323	22,355	-18.0
K.P.K	0	0	0.0	3,127	3,917	-20.2	0	0	0.0	3,127	3,917	-20.2
BALUCHISTAN	0	0	0.0	305	412	-26.0	0	0	0.0	305	412	-26.0
<b>RAHNUMA (FPAP)</b>	<b>1,270</b>	<b>1,347</b>	<b>-5.7</b>	<b>364,619</b>	<b>471,911</b>	<b>-22.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>365,889</b>	<b>473,258</b>	<b>-22.7</b>
PUNJAB	1,226	829	47.9	104,123	140,297	-25.8	0	0	0.0	105,349	141,126	-25.4
SINDH	0	111	-100.0	115,466	62,947	83.4	0	0	0.0	115,466	63,058	83.1
K.P.K	0	332	-100.0	72,887	156,879	-53.5	0	0	0.0	72,887	157,211	-53.6
BALUCHISTAN	0	16	-100.0	20,304	16,307	24.5	0	0	0.0	20,304	16,323	24.4
ISLAMABAD	4	0	0.0	19,648	47,327	-58.5	0	0	0.0	19,652	47,327	-58.5
AJK	40	14	185.7	22,264	35,897	-38.0	0	0	0.0	22,304	35,911	-37.9
GB	0	45	-100.0	9,927	12,257	-19.0	0	0	0.0	9,927	12,302	-19.3
<b>GSM</b>	<b>113,882</b>	<b>242,960</b>	<b>-53.1</b>	<b>378,824</b>	<b>356,133</b>	<b>6.4</b>	<b>145,348</b>	<b>104,940</b>	<b>38.5</b>	<b>638,054</b>	<b>704,033</b>	<b>-9.4</b>
PUNJAB	30,171	78,522	-61.6	152,908	166,242	-8.0	65,555	52,802	24.2	248,634	297,566	-16.4
SINDH	23,040	81,432	-71.7	134,708	86,538	55.7	56,101	36,224	54.9	213,849	204,194	4.7
K.P.K	58,119	57,017	1.9	52,334	66,650	-21.5	9,215	8,691	6.0	119,668	132,358	-9.6
BALUCHISTAN	1,937	23,365	-91.7	27,001	21,027	28.4	11,678	5,865	99.1	40,616	50,257	-19.2
ISLAMABAD	20	1,040	-98.1	2,772	4,900	-43.4	1,763	852	106.9	4,555	6,792	-32.9
AJK	117	960	-87.8	5,250	7,490	-29.9	859	451	90.5	6,226	8,901	-30.1
FATA	478	622	-23.2	3,143	2,259	39.1	57	42	35.7	3,678	2,923	25.8
GB	0	2	-100.0	708	1,027	-31.1	120	13	823.1	828	1,042	-20.5
<b>Pakistan</b>	<b>160,944</b>	<b>335,850</b>	<b>-52.1</b>	<b>7,635,953</b>	<b>7,729,484</b>	<b>-1.2</b>	<b>145,348</b>	<b>104,940</b>	<b>38.5</b>	<b>7,942,245</b>	<b>8,170,274</b>	<b>-2.79</b>

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

OUTLET	IUD-10 Years			IUD-05 Years			IUD (Insertions)		
	2018-19	2017-18	% Change	2018-19	2017-18	% Chang	2018-19	2017-18	% Change
<b>PWDs</b>	<b>904,393</b>	<b>767,255</b>	<b>17.9</b>	<b>2</b>	<b>265</b>	<b>-99.2</b>	<b>904,395</b>	<b>767,520</b>	<b>17.8</b>
<b>FWC</b>	<b>747,118</b>	<b>619,047</b>	<b>20.7</b>	<b>0</b>	<b>75</b>	<b>-100.0</b>	<b>747,118</b>	<b>619,122</b>	<b>20.7</b>
PUNJAB	566,321	459,382	23.3	0	0	0.0	566,321	459,382	23.3
SINDH	25,897	25,209	2.7	0	14	-100.0	25,897	25,223	2.7
K.P.K	142,794	119,740	19.3	0	37	-100.0	142,794	119,777	19.2
BALUCHISTAN	4,607	7,181	-35.8	0	24	-100.0	4,607	7,205	-36.1
ISLAMABAD	7,499	7,535	-0.5	0	0	0.0	7,499	7,535	-0.5
<b>RHS-A</b>	<b>63,988</b>	<b>58,481</b>	<b>9.4</b>	<b>0</b>	<b>1</b>	<b>-100.0</b>	<b>63,988</b>	<b>58,482</b>	<b>9.4</b>
PUNJAB	47,050	41,397	13.7	0	0	0.0	47,050	41,397	13.7
SINDH	5,453	5,985	-8.9	0	1	-100.0	5,453	5,986	-8.9
K.P.K	9,339	8,240	13.3	0	0	0.0	9,339	8,240	13.3
BALUCHISTAN	293	1,122	-73.9	0	0	0.0	293	1,122	-73.9
ISLAMABAD	1,853	1,737	6.7	0	0	0.0	1,853	1,737	6.7
<b>RHS-B</b>	<b>2,195</b>	<b>695</b>	<b>215.8</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>2,195</b>	<b>695</b>	<b>215.8</b>
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	1,626	88	1,747.7	0	0	0.0	1,626	88	1,747.7
K.P.K	294	197	49.2	0	0	0.0	294	197	49.2
BALUCHISTAN	0	25	-100.0	0	0	0.0	0	25	-100.0
ISLAMABAD	275	385	-28.6	0	0	0.0	275	385	-28.6
<b>MSU</b>	<b>48,156</b>	<b>48,021</b>	<b>0.3</b>	<b>0</b>	<b>165</b>	<b>-100.0</b>	<b>48,156</b>	<b>48,186</b>	<b>-0.1</b>
PUNJAB	34,078	34,563	-1.4	0	0	0.0	34,078	34,563	-1.4
SINDH	2,564	2,799	-8.4	0	0	0.0	2,564	2,799	-8.4
K.P.K	9,594	7,324	31.0	0	0	0.0	9,594	7,324	31.0
BALUCHISTAN	1,809	3,139	-42.4	0	165	-100.0	1,809	3,304	-45.2
ISLAMABAD	111	196	-43.4	0	0	0.0	111	196	-43.4
<b>PLD</b>	<b>446</b>	<b>783</b>	<b>-43.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>446</b>	<b>783</b>	<b>-43.0</b>
PUNJAB	358	450	-20.4	0	0	0.0	358	450	-20.4
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	88	333	-73.6	0	0	0.0	88	333	-73.6
<b>RMP</b>	<b>12,313</b>	<b>8,630</b>	<b>42.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>12,313</b>	<b>8,630</b>	<b>42.7</b>
PUNJAB	7,331	3,513	108.7	0	0	0.0	7,331	3,513	108.7
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	48	120	-60.0	0	0	0.0	48	120	-60.0
BALUCHISTAN	0	10	-100.0	0	0	0.0	0	10	-100.0
ISLAMABAD	4,934	4,987	-1.1	0	0	0.0	4,934	4,987	-1.1
<b>H&amp;H</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
<b>MM</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
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
<b>RTIs</b>	<b>1,466</b>	<b>2,146</b>	<b>-31.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>1,466</b>	<b>2,146</b>	<b>-31.7</b>
PUNJAB	782	875	-10.6	0	0	0.0	782	875	-10.6
SINDH	369	1,065	-65.4	0	0	0.0	369	1,065	-65.4
K.P.K	315	120	162.5	0	0	0.0	315	120	162.5
BALUCHISTAN	0	86	-100.0	0	0	0.0	0	86	-100.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
<b>VILLAGE BASE F.P.I</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
<b>CBFPWs</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
PUNJAB	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
<b>COUNTRES</b>	<b>3,532</b>	<b>1,843</b>	<b>91.6</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>3,532</b>	<b>1,843</b>	<b>91.6</b>
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	3,412	1,763	93.5	0	0	0.0	3,412	1,763	93.5
ISLAMABAD	120	80	50.0	0	0	0.0	120	80	50.0
<b>TBAs</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
<b>F.P.I.H PROGRAMMI</b>	<b>155</b>	<b>255</b>	<b>-39.2</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>155</b>	<b>255</b>	<b>-39.2</b>
ISLAMABAD	155	255	-39.2	0	0	0.0	155	255	-39.2
<b>OTHERS</b>	<b>10,115</b>	<b>11,892</b>	<b>-14.9</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>10,115</b>	<b>11,892</b>	<b>-14.9</b>
PUNJAB	10,105	11,226	-10.0	0	0	0.0	10,105	11,226	-10.0
SINDH	10	666	-98.5	0	0	0.0	10	666	-98.5
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
<b>PWD AJK,FATA,GB</b>	<b>14,909</b>	<b>15,462</b>	<b>-3.6</b>	<b>2</b>	<b>24</b>	<b>-91.7</b>	<b>14,911</b>	<b>15,486</b>	<b>-3.7</b>
AJK	6,738	6,596	2.2	2	4	-50.0	6,740	6,600	2.1
FATA	6,062	6,600	-8.2	0	0	0.0	6,062	6,600	-8.2
GB	2,109	2,266	-6.9	0	20	-100.0	2,109	2,286	-7.7

Continued .....

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

<b>DOH(HF)</b>	<b>289,750</b>	<b>310,008</b>	<b>-6.5</b>	<b>597</b>	<b>0</b>	<b>0.0</b>	<b>290,347</b>	<b>310,008</b>	<b>-6.3</b>
PUNJAB	223,826	221,291	1.1	0	0	0.0	223,826	221,291	1.1
SINDH	29,594	22,456	31.8	0	0	0.0	29,594	22,456	31.8
K.P.K	28,490	36,545	-22.0	0	0	0.0	28,490	36,545	-22.0
BALUCHISTAN	3,073	2,619	17.3	0	0	0.0	3,073	2,619	17.3
ISLAMABAD	344	695	-50.5	0	0	0.0	344	695	-50.5
AJK	1,006	810	24.2	0	0	0.0	1,006	810	24.2
FATA	3,302	2,402	37.5	0	0	0.0	3,302	2,402	37.5
GB	115	23,190	-99.5	597	0	0.0	712	23,190	-96.9
<b>DOH(LHW)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
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
<b>NGOs</b>	<b>673,947</b>	<b>651,946</b>	<b>3.4</b>	<b>125,208</b>	<b>99,069</b>	<b>26.4</b>	<b>799,155</b>	<b>751,015</b>	<b>6.4</b>
<b>MARIE STOPES</b>	<b>261,947</b>	<b>275,679</b>	<b>-5.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>261,947</b>	<b>275,679</b>	<b>-5.0</b>
PUNJAB	160,045	154,220	3.8	0	0	0.0	160,045	154,220	3.8
SINDH	77,904	103,031	-24.4	0	0	0.0	77,904	103,031	-24.4
K.P.K	21,795	15,925	36.9	0	0	0.0	21,795	15,925	36.9
BALUCHISTAN	2,203	2,503	-12.0	0	0	0.0	2,203	2,503	-12.0
<b>RAHNUMA (FPAP)</b>	<b>350,182</b>	<b>310,936</b>	<b>12.6</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>350,182</b>	<b>310,936</b>	<b>12.6</b>
PUNJAB	145,025	121,938	18.9	0	0	0.0	145,025	121,938	18.9
SINDH	74,433	58,624	27.0	0	0	0.0	74,433	58,624	27.0
K.P.K	75,723	62,300	21.5	0	0	0.0	75,723	62,300	21.5
BALUCHISTAN	12,508	5,809	115.3	0	0	0.0	12,508	5,809	115.3
ISLAMABAD	19,200	19,804	-3.0	0	0	0.0	19,200	19,804	-3.0
AJK	15,763	33,318	-52.7	0	0	0.0	15,763	33,318	-52.7
GB	7,530	9,143	-17.6	0	0	0.0	7,530	9,143	-17.6
<b>GSM</b>	<b>61,818</b>	<b>65,331</b>	<b>-5.4</b>	<b>125,208</b>	<b>99,069</b>	<b>26.4</b>	<b>187,026</b>	<b>164,400</b>	<b>13.8</b>
PUNJAB	51,151	38,191	33.9	93,761	65,765	42.6	144,912	103,956	39.4
SINDH	3,158	7,893	-60.0	11,148	14,100	-20.9	14,306	21,993	-35.0
K.P.K	6,897	17,131	-59.7	17,388	15,768	10.3	24,285	32,899	-26.2
BALUCHISTAN	71	879	-91.9	258	1,056	-75.6	329	1,935	-83.0
ISLAMABAD	414	799	-48.2	2,154	1,928	11.7	2,568	2,727	-5.8
AJK	11	208	-94.7	180	392	-54.1	191	600	-68.2
FATA	0	0	0.0	59	30	96.7	59	30	96.7
GB	116	230	-49.6	260	30	766.7	376	260	44.6
<b>Pakistan</b>	<b>1,868,090</b>	<b>1,729,209</b>	<b>8.0</b>	<b>125,807</b>	<b>99,334</b>	<b>26.7</b>	<b>1,993,897</b>	<b>1,828,543</b>	<b>9.0</b>

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

OUTLET	CS-MALE			CS-FEMALE			CON SURGERY (Cases)		
	2018-19	2017-18	% Change	2018-19	2017-18	% Change	2018-19	2017-18	% Change
<b>PWDs</b>	<b>1,751</b>	<b>1,884</b>	<b>-7.1</b>	<b>103,808</b>	<b>103,529</b>	<b>0.3</b>	<b>105,559</b>	<b>105,413</b>	<b>0.1</b>
<b>FWC</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	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
<b>RHS-A</b>	<b>1,433</b>	<b>1,509</b>	<b>-5.0</b>	<b>100,928</b>	<b>100,885</b>	<b>0.0</b>	<b>102,361</b>	<b>102,394</b>	<b>0.0</b>
PUNJAB	1,007	1,185	-15.0	67,207	67,055	0.2	68,214	68,240	0.0
SINDH	426	324	31.5	29,513	28,771	2.6	29,939	29,095	2.9
K.P.K	0	0	0.0	3,135	3,492	-10.2	3,135	3,492	-10.2
BALOCHISTAN	0	0	0.0	334	715	-53.3	334	715	-53.3
ISLAMABAD	0	0	0.0	739	852	-13.3	739	852	-13.3
<b>RHS-B</b>	<b>318</b>	<b>372</b>	<b>-14.5</b>	<b>2,618</b>	<b>2,433</b>	<b>7.6</b>	<b>2,936</b>	<b>2,805</b>	<b>4.7</b>
PUNJAB	309	353	-12.5	1,699	1,836	-7.5	2,008	2,189	-8.3
SINDH	0	0	0.0	349	0	0.0	349	0	0.0
K.P.K	9	19	-52.6	443	459	-3.5	452	478	-5.4
BALOCHISTAN	0	0	0.0	0	16	-100.0	0	16	-100.0
ISLAMABAD	0	0	0.0	127	122	4.1	127	122	4.1
<b>MSU</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	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
<b>PLD</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	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
<b>RMP</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	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
<b>H&amp;H</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
<b>MM</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	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
<b>RTIs</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	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
<b>VILLAGE BASE F.P.M</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
<b>CBFPWs</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
BALOCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
<b>COUNTRES</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
<b>TBAs</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
<b>F.P.I.H PROGRAMME</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
<b>OTHERS</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
BALOCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
<b>PWD AJK,FATA,GB</b>	<b>0</b>	<b>3</b>	<b>-100.0</b>	<b>262</b>	<b>211</b>	<b>24.2</b>	<b>262</b>	<b>214</b>	<b>22.4</b>
AJK	0	3	-100.0	262	211	24.2	262	214	22.4
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

Continued .....



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

<b>DOH(HF)</b>	<b>2,123</b>	<b>2,687</b>	<b>-21.0</b>	<b>39,909</b>	<b>51,923</b>	<b>-23.1</b>	<b>42,032</b>	<b>54,610</b>	<b>-23.0</b>
PUNJAB	1,963	2,497	-21.4	32,236	40,459	-20.3	34,199	42,956	-20.4
SINDH	140	24	483.3	7,526	5,081	48.1	7,666	5,105	50.2
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	20	16	25.0	147	194	-24.2	167	210	-20.5
ISLAMABAD	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
FATA	0	12	-100.0	0	60	-100.0	0	72	-100.0
GB	0	138	-100.0	0	6,129	-100.0	0	6,267	-100.0
<b>DOH(LHW)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
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
<b>NGOs</b>	<b>288</b>	<b>294</b>	<b>-2.0</b>	<b>11,448</b>	<b>13,369</b>	<b>-14.4</b>	<b>11,736</b>	<b>13,663</b>	<b>-14.1</b>
<b>MARIE STOPES</b>	<b>63</b>	<b>68</b>	<b>-7.4</b>	<b>7,702</b>	<b>8,659</b>	<b>-11.1</b>	<b>7,765</b>	<b>8,727</b>	<b>-11.0</b>
PUNJAB	54	68	-20.6	1,978	1,391	42.2	2,032	1,459	39.3
SINDH	9	0	0.0	4,528	6,177	-26.7	4,537	6,177	-26.6
K.P.K	0	0	0.0	59	38	55.3	59	38	55.3
BALUCHISTAN	0	0	0.0	1,137	1,053	8.0	1,137	1,053	8.0
<b>RAHNUMA (FPAP)</b>	<b>225</b>	<b>226</b>	<b>-0.4</b>	<b>3,746</b>	<b>4,459</b>	<b>-16.0</b>	<b>3,971</b>	<b>4,685</b>	<b>-15.2</b>
PUNJAB	220	210	4.8	1,849	1,598	15.7	2,069	1,808	14.4
SINDH	0	1	-100.0	688	1,087	-36.7	688	1,088	-36.8
K.P.K	3	14	-78.6	938	1,384	-32.2	941	1,398	-32.7
BALUCHISTAN	0	0	0.0	132	90	46.7	132	90	46.7
ISLAMABAD	2	1	100.0	27	176	-84.7	29	177	-83.6
AJK	0	0	0.0	0	20	-100.0	0	20	-100.0
GB	0	0	0.0	112	104	7.7	112	104	7.7
<b>GSM</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>251</b>	<b>-100.0</b>	<b>0</b>	<b>251</b>	<b>-100.0</b>
PUNJAB	0	0	0.0	0	189	-100.0	0	189	-100.0
SINDH	0	0	0.0	0	14	-100.0	0	14	-100.0
K.P.K	0	0	0.0	0	33	-100.0	0	33	-100.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	15	-100.0	0	15	-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
<b>Pakistan</b>	<b>4,162</b>	<b>4,865</b>	<b>-14.5</b>	<b>155,165</b>	<b>168,821</b>	<b>-8.1</b>	<b>159,327</b>	<b>173,686</b>	<b>-8.3</b>



**Table 5f CONTRACEPTIVE USAGE BY OUTLET &METHOD (IMPLANTS)**

<b>DOH(HF)</b>	<b>25,125</b>	<b>69,155</b>	<b>-63.7</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>25,125</b>	<b>69,155</b>	<b>-63.7</b>
PUNJAB	11,374	18,899	-39.8	0	0	0.0	0	0	0.0	11,374	18,899	-39.8
SINDH	10,452	46,294	-77.4	0	0	0.0	0	0	0.0	10,452	46,294	-77.4
K.P.K	3,046	3,700	-17.7	0	0	0.0	0	0	0.0	3,046	3,700	-17.7
BALUCHISTAN	253	119	112.6	0	0	0.0	0	0	0.0	253	119	112.6
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	143	-100.0	0	0	0.0	0	0	0.0	0	143	-100.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
<b>DOH(LHW)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
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
<b>NGOs</b>	<b>1,342</b>	<b>156</b>	<b>760.3</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>7,691</b>	<b>17,023</b>	<b>-54.8</b>	<b>9,033</b>	<b>17,179</b>	<b>-47.4</b>
<b>MARIE STOPES</b>	<b>1,342</b>	<b>156</b>	<b>760.3</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>2,788</b>	<b>4,476</b>	<b>-37.7</b>	<b>4,130</b>	<b>4,632</b>	<b>-10.8</b>
PUNJAB	71	37	91.9	0	0	0.0	492	805	-38.9	563	842	-33.1
SINDH	1,046	119	779.0	0	0	0.0	1,804	2,990	-39.7	2,850	3,109	-8.3
K.P.K	3	0	0.0	0	0	0.0	141	120	17.5	144	120	20.0
BALUCHISTAN	222	0	0.0	0	0	0.0	351	561	-37.4	573	561	2.1
<b>RAHNUMA (FPAP)</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>4,434</b>	<b>1,472</b>	<b>201.2</b>	<b>4,434</b>	<b>1,472</b>	<b>201.2</b>
PUNJAB	0	0	0.0	0	0	0.0	861	355	142.5	861	355	142.5
SINDH	0	0	0.0	0	0	0.0	1,666	403	313.4	1,666	403	313.4
K.P.K	0	0	0.0	0	0	0.0	1,024	166	516.9	1,024	166	516.9
BALUCHISTAN	0	0	0.0	0	0	0.0	409	183	123.5	409	183	123.5
ISLAMABAD	0	0	0.0	0	0	0.0	225	86	161.6	225	86	161.6
AJK	0	0	0.0	0	0	0.0	225	217	3.7	225	217	3.7
GB	0	0	0.0	0	0	0.0	24	62	-61.3	24	62	-61.3
<b>GSM</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>469</b>	<b>11,075</b>	<b>-95.8</b>	<b>469</b>	<b>11,075</b>	<b>-95.8</b>
PUNJAB	0	0	0.0	0	0	0.0	149	361	-58.7	149	361	-58.7
SINDH	0	0	0.0	0	0	0.0	101	10,309	-99.0	101	10,309	-99.0
K.P.K	0	0	0.0	0	0	0.0	19	36	-47.2	19	36	-47.2
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	200	369	-45.8	200	369	-45.8
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
<b>Pakistan</b>	<b>29,328</b>	<b>80,638</b>	<b>-63.6</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>52,180</b>	<b>52,514</b>	<b>-0.6</b>	<b>81,508</b>	<b>133,152</b>	<b>-38.8</b>

**Table 6 AVERAGE PERFORMANCE OF MAJOR SERVICE DELIVERY OUTLETS OF PWD(s), 2018-19**

OUTLET & SOURCE	NON-CLINICAL METHODS												CLINICAL METHODS											
	Number of Outlets	CONDOM (Units)		ORAL PILLS (Cycles)								INJECTABLE (Vials)		IUCD (Insertions)		STERILIZATION/ CS (Cases)				IMPLANT (Insertions)				
				OP-COC		OP-POP		CoC+PoP		ECP		3-Months		IUDs 10-yrs		CS MALE		CS FEMALE		3-YEARS		5-YEARS		
	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet	2018-19	Per Outlet		
<b>FWCs</b>	<b>3888</b>	<b>64,131,595</b>	<b>16,495</b>	<b>3,103,662</b>	<b>798</b>	<b>4,647</b>	<b>1</b>	<b>3,108,309</b>	<b>799</b>	<b>275,335</b>	<b>71</b>	<b>1,326,310</b>	<b>341</b>	<b>760,765</b>	<b>196</b>	-	-	-	-	<b>18</b>	-	-	<b>2,365</b>	<b>1</b>
PUNJAB	2096	40,698,216	19,417	1,828,981	873	94	0	1,829,075	873	230,454	110	748,535	357	576,426	275	-	-	-	-	-	-	-	-	-
SINDH	961	11,994,090	12,481	403,903	420	337	0	404,240	421	35,620	37	283,043	295	25,907	27	-	-	-	-	18	-	-	2,273	2
KPK	632	9,514,498	15,055	762,984	1,207	2,559	4	765,543	1,211	6,529	10	261,188	413	146,206	231	-	-	-	-	-	-	-	91	0
BALUCHISTAN	170	1,289,374	7,585	82,278	484	186	1	82,464	485	2,033	12	22,076	130	4,607	27	-	-	-	-	-	-	-	1	0
ISLAMABAD	29	635,417	21,911	25,516	880	1,471	51	26,987	931	699	24	11,468	395	7,619	263	-	-	-	-	-	-	-	-	-
<b>RHS-A CENTRES</b>	<b>243</b>	<b>4,999,615</b>	<b>20,575</b>	<b>261,460</b>	<b>1,076</b>	<b>684</b>	<b>3</b>	<b>262,144</b>	<b>1,079</b>	<b>29,655</b>	<b>122</b>	<b>126,217</b>	<b>519</b>	<b>63,988</b>	<b>263</b>	<b>1,433</b>	<b>5,90</b>	<b>100,928</b>	<b>415</b>	<b>2,800</b>	<b>12</b>	<b>39,472</b>	<b>162</b>	
PUNJAB	124	3,498,182	28,211	164,710	1,328	-	-	164,710	1,328	23,593	190	64,772	522	47,050	379	1,007	8.12	67,207	542	1,926	16	18,799	152	
SINDH	74	862,211	11,652	58,853	795	124	2	58,977	797	5,047	68	38,074	515	5,453	74	426	5.76	29,513	399	366	5	16,965	229	
KPK	31	408,518	13,178	29,407	949	228	7	29,635	956	703	23	17,608	568	9,339	301	-	-	3,135	101	335	11	2,670	86	
BALUCHISTAN	11	81,388	7,399	5,225	475	-	-	5,225	475	150	14	3,518	320	293	27	-	-	334	30	-	-	777	71	
ISLAMABAD	3	149,316	49,772	3,265	1,088	332	111	3,597	1,199	162	54	2,245	748	1,853	618	-	-	739	246	173	58	261	87	
<b>MSUs</b>	<b>266</b>	<b>3,357,388</b>	<b>12,622</b>	<b>185,168</b>	<b>696</b>	<b>230</b>	<b>1</b>	<b>185,398</b>	<b>697</b>	<b>21,465</b>	<b>81</b>	<b>84,946</b>	<b>319</b>	<b>48,156</b>	<b>181</b>	-	-	-	-	<b>27</b>	<b>0</b>	<b>2,025</b>	<b>8</b>	
PUNJAB	104	1,894,438	18,216	108,081	1,039	-	-	108,081	1,039	17,281	166	39,381	379	34,078	328	-	-	-	-	27	0	-	-	
SINDH	72	800,172	11,114	31,270	434	14	0	31,284	435	3,147	44	20,332	282	2,564	36	-	-	-	-	-	-	1,850	26	
KPK	34	381,625	11,224	29,326	863	94	3	29,420	865	405	12	15,519	456	9,594	282	-	-	-	-	-	-	4	0	
BALUCHISTAN	55	247,883	4,507	15,461	281	55	1	15,516	282	616	11	9,410	171	1,809	33	-	-	-	-	-	-	171	3	
ISLAMABAD	1	33270	33,270	1030	1,030	67	67	1,097	1,097	16	16	304	304	111	111	-	-	-	-	-	-	-	-	

**Table 7 PERCENTAGE DISTRIBUTION OF TOTAL CYP (2017-18) BY SOURCE**

<b>SOURCE</b>	<b>CYP</b>	<b>% Change</b>
<b>PWDs</b>	<b>6,856,519</b>	<b>41.8</b>
PUNJAB	4,740,198	28.9
SINDH	805,659	4.9
K.P.K	1,034,064	6.3
BALUCHISTAN	73,279	0.4
ISLAMABAD	96,966	0.6
AJK	48,664	0.3
FATA	39,289	0.2
GB	18,400	0.1
<b>DOH(HF)</b>	<b>2,172,973</b>	<b>13.3</b>
PUNJAB	1,590,427	9.7
SINDH	331,700	2.0
K.P.K	174,796	1.1
BALUCHISTAN	32,978	0.2
ISLAMABAD	2,207	0.0
AJK	5,506	0.0
FATA	20,894	0.1
GB	14,465	0.1
<b>DOH(LHW)</b>	<b>2,228,673</b>	<b>13.6</b>
PUNJAB	925,388	5.6
SINDH	592,112	3.6
K.P.K	624,996	3.8
BALUCHISTAN	38,060	0.2
ISLAMABAD	1,057	0.0
AJK	30,324	0.2
FATA	0	0.0
GB	16,736	0.1
<b>NGOs</b>	<b>5,126,311</b>	<b>31.3</b>
RAHNUMA (FPAP)	1,814,103	11.1
MARIE STOPES	1,319,571	8.1
GREENSTAR (GSM)	1,992,637	12.2
<b>Pakistan</b>	<b>16,384,477</b>	<b>100.0</b>

**Table 8a OVERALL PERCENTAGE DISTRIBUTION OF TOTAL CYP (2018-19) BY METHOD**

<b>METHODS</b>	<b>CYP</b>	<b>Percentage</b>
<b>CONDOMS</b>	<b>2,422,322</b>	<b>14.8</b>
<b>CONDOMS (Units)</b>	<b>2,422,322</b>	14.8
PWDs	740,782	4.5
DOH(HF)	64,654	0.4
DOH(LHW)	573,071	3.5
NGOs	1,043,815	6.4
<b>ORAL PILL</b>	<b>1,141,911</b>	<b>7.0</b>
<b>OP-COC</b>	<b>1,005,255</b>	6.1
PWDs	292,187	1.8
DOH(HF)	79,940	0.5
DOH(LHW)	554,696	3.4
NGOs	78,432	0.5
<b>OP-EC</b>	<b>130,622</b>	0.8
PWDs	16,779	0.1
DOH(HF)	29	0.0
DOH(LHW)	0	0.0
NGOs	113,814	0.7
<b>OP-POP</b>	<b>6,033</b>	0.0
PWDs	1,006	0.0
DOH(HF)	5,027	0.0
DOH(LHW)	0	0.0
<b>INJECTABLE</b>	<b>1,946,993</b>	<b>11.9</b>
<b>INJ-DMPA</b>	<b>1,908,988</b>	11.7
PWDs	413,708	2.5
DOH(HF)	197,782	1.2
DOH(LHW)	1,100,906	6.7
NGOs	196,594	1.2
<b>INJ-FEMIJECT</b>	<b>11,181</b>	0.1
NGOs	11,181	0.1
<b>INJ-NetEn</b>	<b>26,824</b>	0.2
PWDs	42	0.0
DOH(HF)	7,590	0.0
DOH(LHW)	0	0.0
NGOs	19,192	0.1
<b>IUD</b>	<b>9,008,377</b>	<b>55.0</b>
<b>IUD-CuT</b>	<b>8,593,214</b>	52.4
PWDs	4,160,208	25.4
DOH(HF)	1,332,850	8.1
DOH(LHW)	0	0.0
NGOs	3,100,156	18.9
<b>IUD-Multiload</b>	<b>415,163</b>	2.5
PWDs	7	0.0
DOH(HF)	1,970	0.0
NGOs	413,186	2.5
<b>NORPLANT</b>	<b>0</b>	0.0
PWDs	0	0.0
<b>CS</b>	<b>1,593,270</b>	<b>9.7</b>
<b>CS(Female)</b>	<b>1,551,650</b>	9.5
PWDs	1,038,080	6.3
DOH(HF)	399,090	2.4
NGOs	114,480	0.7
<b>CS(Male)</b>	<b>41,620</b>	0.3
PWDs	17,510	0.1
DOH(HF)	21,230	0.1
NGOs	2,880	0.0
<b>IMPLANT</b>	<b>271,604</b>	<b>1.7</b>
<b>Implanon</b>	<b>73,320</b>	0.4
PWDs	7,153	0.0
DOH(HF)	62,813	0.4
NGOs	3,355	0.0
<b>Jadelle</b>	<b>198,284</b>	1.2
PWDs	169,058	1.0
NGOs	29,226	0.2
<b>Pakistan</b>	<b>16,384,477</b>	<b>100.0</b>

**Table 8b OVERALL PERCENTAGE DISTRIBUTION OF TOTAL CYP (2018-19) BY SOURCE & METHOD**

<b>METHODS</b>	<b>CYP</b>	<b>Percentage</b>
<b>PWDs</b>	<b>6,856,519</b>	<b>41.8</b>
<b>CONDOMS</b>	<b>740,782</b>	<b>4.5</b>
CONDOMS	740,782	4.5
<b>ORAL PILL</b>	<b>309,972</b>	<b>1.9</b>
OP-COC	292,187	1.8
OP-EC	16,779	0.1
OP-POP	1,006	0.0
<b>INJECTABLE</b>	<b>413,750</b>	<b>2.5</b>
INJ-DMPA	413,708	2.5
INJ-NetEn	42	0.0
<b>IUD</b>	<b>4,160,214</b>	<b>25.4</b>
IUD-CuT	4,160,208	25.4
IUD-Multiload	7	0.0
NORPLANT	0	0.0
<b>CS</b>	<b>1,055,590</b>	<b>6.4</b>
CS(Female)	1,038,080	6.3
CS(Male)	17,510	0.1
<b>IMPLANT</b>	<b>176,211</b>	<b>1.1</b>
Implanon	7,153	0.0
Jadelle	169,058	1.0
<b>DOH(HF)</b>	<b>2,172,973</b>	<b>13.3</b>
<b>CONDOMS</b>	<b>64,654</b>	<b>0.4</b>
CONDOMS	64,654	0.4
<b>ORAL PILL</b>	<b>84,996</b>	<b>0.5</b>
OP-COC	79,940	0.5
OP-EC	29	0.0
OP-POP	5,027	0.0
<b>INJECTABLE</b>	<b>205,371</b>	<b>1.3</b>
INJ-DMPA	197,782	1.2
INJ-NetEn	7,590	0.0
<b>IUD</b>	<b>1,334,820</b>	<b>8.1</b>
IUD-CuT	1,332,850	8.1
IUD-Multiload	1,970	0.0
<b>CS</b>	<b>420,320</b>	<b>2.6</b>
CS(Female)	399,090	2.4
CS(Male)	21,230	0.1
<b>IMPLANT</b>	<b>62,813</b>	<b>0.4</b>
Implanon	62,813	0.4
<b>DOH(LHW)</b>	<b>2,228,673</b>	<b>13.6</b>
<b>CONDOMS</b>	<b>573,071</b>	<b>3.5</b>
CONDOMS	573,071	3.5
<b>ORAL PILL</b>	<b>554,696</b>	<b>3.4</b>
OP-COC	554,696	3.4
OP-EC	0	0.0
OP-POP	0	0.0
<b>INJECTABLE</b>	<b>1,100,906</b>	<b>6.7</b>
INJ-DMPA	1,100,906	6.7
INJ-NetEn	0	0.0
<b>IUD</b>	<b>0</b>	<b>0.0</b>
IUD-CuT	0	0.0
<b>NGOs</b>	<b>5,126,311</b>	<b>31.3</b>
<b>CONDOMS</b>	<b>1,043,815</b>	<b>6.4</b>
CONDOMS	1,043,815	6.4
<b>ORAL PILL</b>	<b>192,246</b>	<b>1.2</b>
OP-COC	78,432	0.5
OP-EC	113,814	0.7
<b>INJECTABLE</b>	<b>226,966</b>	<b>1.4</b>
INJ-DMPA	196,594	1.2
INJ-FEMIJECT	11,181	0.1
INJ-NetEn	19,192	0.1
<b>IUD</b>	<b>3,513,343</b>	<b>21.4</b>
IUD-CuT	3,100,156	18.9
IUD-Multiload	413,186	2.5
<b>CS</b>	<b>117,360</b>	<b>0.7</b>
CS(Female)	114,480	0.7
CS(Male)	2,880	0.0
<b>IMPLANT</b>	<b>32,581</b>	<b>0.2</b>
Implanon	3,355	0.0
Jadelle	29,226	0.2
<b>Pakistan</b>	<b>16,384,477</b>	<b>100.0</b>

**Table 9 FAMILY PLANNING AND MOTHER & CHILD (MCH) SERVICES, 2018-19**

PROVINCE/FEDERAL TERRITORY	F.P	Condoms	Oral Pills	Injectables	IUDs	Contraceptive	MOTHER CARE			GENERAL AILMENTS			MCH	ALL
	CLIENTS					Surgery	(Number of Clients)			(Number of Patients)			CLIENTS	CLIENTS
	Sum of Col 3 to 7						Pre Natal	Post Natal	Total	Children	Adult	Total	Col	Col(2+14)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PUNJAB	2,918,235	1,129,708	871,535	454,690	419,731	42,571	218,580	129,534	348,114	357,048	937,794	1,294,842	1,642,956	4,561,191
SINDH	746,276	301,983	225,719	166,859	25,526	26,189	77,237	63,108	140,345	43,386	24,966	68,352	208,697	954,973
K.P.K	664,384	214,748	164,545	165,558	117,528	2,005	22,311	14,167	36,478	73,543	108,414	181,957	218,435	882,819
BALUCHISTAN	79,686	31,892	25,940	18,025	3,545	284	9,494	7,757	17,251	13,068	79,930	92,998	110,249	189,935
ISLAMABAD	27,312	6,424	6,397	6,836	7,160	495	3,244	2,893	6,137	8,223	10,473	18,696	24,833	52,145
AJK	54,827	25,380	16,143	10,656	2,648	0	14,631	8,361	22,992	16,817	44,780	61,597	84,589	139,416
GB	36,087	11,462	9,912	11,522	3,191	0	1,862	1,947	3,809	1,606	1,931	3,537	7,346	43,433
FATA	41,525	24,278	10,577	70	2,782	3,818	8,253	7,726	15,979	6,913	12,514	19,427	35,406	76,931
<b>Total</b>	<b>4,568,332</b>	<b>1,745,875</b>	<b>1,330,768</b>	<b>834,216</b>	<b>582,111</b>	<b>75,362</b>	<b>355,612</b>	<b>235,493</b>	<b>591,105</b>	<b>520,604</b>	<b>1,220,802</b>	<b>1,741,406</b>	<b>2,332,511</b>	<b>6,900,843</b>

**Table 10 COMPARISON OF ESTIMATED MODERN CONTRACEPTIVE PREVELANCE RATE (mCPR) FOR 2018-19 AND 2017-18 BY USING ESTIMATED METHOD USE (EMU) RATES**

PROVINCE/ REGION	mCPR of PWDS		%	mCPR of DoH (HFs & LHWs)		%	mCPR of R-FPAP		%	mCPR of MSS		%	mCPR of GSM		%	mCPR of Pakistan		%
	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19	2017-18	Change
PUNJAB	20.2	17.4	16.0	12.5	12.4	0.6	2.8	2.3	22.3	4.3	4.0	7.0	7.4	6.6	11.9	47.2	42.7	10.4
SINDH	9.8	9.6	2.4	10.3	9.7	6.1	3.1	2.2	39.6	6.5	6.3	2.5	6.0	6.3	-4.9	35.7	34.2	4.6
KPK	18.6	18.0	3.5	13.9	14.1	-1.5	5.0	3.9	27.3	3.0	3.0	-1.0	5.1	4.8	5.3	45.5	43.8	3.9
BALUCHISTAN	5.4	5.8	-5.7	3.6	2.2	65.1	2.1	1.3	58.1	1.6	1.6	1.2	2.5	2.5	-1.3	15.2	13.4	13.7
ISLAMABAD	30.3	30.0	0.8	0.9	1.5	-40.0	29.1	28.6	1.9	0.0	0.0	0.0	9.5	9.1	4.7	69.8	69.2	0.9
AJK	6.2	5.5	12.8	5.0	5.7	-11.9	16.3	15.4	5.9	0.0	0.0	0.0	2.1	1.7	18.6	29.6	28.3	4.5
FATA	5.0	4.7	6.9	2.0	1.8	12.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.5	53.4	7.8	7.0	11.7
GB	7.1	6.3	13.3	29.4	42.3	-30.6	16.1	14.5	10.4	0.0	0.0	0.0	1.6	0.5	213.3	54.1	63.7	-15.0
<b>PAKISTAN</b>	<b>16.7</b>	<b>15.1</b>	<b>11.0</b>	<b>11.6</b>	<b>11.5</b>	<b>1.0</b>	<b>3.8</b>	<b>3.1</b>	<b>23.1</b>	<b>4.3</b>	<b>4.1</b>	<b>4.5</b>	<b>6.4</b>	<b>6.0</b>	<b>6.8</b>	<b>42.8</b>	<b>39.7</b>	<b>7.7</b>



## **ANNEXURES**



## List of Annexures

<b>Description</b>
<b>Annexure-I:</b> Performa(s) developed/ utilized for collection of Population Welfare Departments, Department of Health (HFs & LHWs) and NGO(s).
<b>Annexure-II:</b> Updated conversion factors, along with necessary details, utilized for the computation of Couple Years of Protection (CYP).
<b>Annexure-III:</b> Provincial & District-wise Comparative Analysis of Contraceptive Performance, in terms of Couple Year of Protection (CYP) for the year 2018-19 and 2017-18, in respect of Population Welfare Departments, Department of Health (HFs & LHWs) and Provincial break-up of the Contraceptive Performance by three NGO(s) (Rahnuma FPAP, Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM)).
<b>Annexure-IV:</b> Quarterly Break-up of Contraceptive Usage by Source & Methods, in terms of Couple Year of Protection (CYP) for the year 2018-19, in respect of Population Welfare Departments, Department of Health (HFs & LHWs) and NGO(s) (Rahnuma FPAP, Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM)).
<b>Annexure-V:</b> Justification for + / - 10% change in contraceptive performance 2018-19 as compared to last year in respect of Population Welfare Departments, Department of Health (HFs & LHWs) and NGO(s).
<b>Annexure-VI:</b> Statement on bottlenecks hindering the progress & new initiatives taken to enhance the progress, as supplied by the source agencies (Population Welfare Departments, Departments of Health and NGOs).
<b>Annexure-VII:</b> Statement on FP2020 (Targets vs Achievements) in respect of Population Welfare Departments and NGO(s).
<b>Annexure-VIII:</b> Pakistan: FP2020 Core Indicators Summary Sheet 2017 & FP2020 Core Indicators 1-9 Country Fact Sheet.



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

**CLR-11) POPULATION WELFARE DEPARTMENT-**

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

FOR THE MONTH OF -----

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

	Name of District	HAKEEMS/HOMEOPATHS				PLDS				RTIS				RMPS				TBAS				OTHERS			
		OPENING	RECEIVED	SOLD	CLOSING	OPENING	RECEIVED	SO LD	CLOSING	OPENING	RECEIVED	SO LD	CLOSING	OPENING	RECEIVED	SO LD	CLOSING	OPENING	RECEIVED	SO LD	CLOSING	OPENING	RECEIVED	SO LD	CLOSING
		BALANCE			BALANCE	BALANCE			BALANCE	BALANCE			BALANCE	BALANCE			BALANCE	BALANCE			BALANCE	BALANCE			BALANCE
1	2	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												
2	Office Copy for the Month of ----- Year----- ----- Name of District												
Part-I													
District Store	<b>Condoms</b>	<b>Oral Pills (Cycles)</b>			<b>IUDs ( Insertions)</b>		<b>Injectables (Vials)</b>		<b>Contraceptive Surgery (Cases)</b>		<b>Implant (Pieces)</b>		
	<b>(Units)</b>	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	<b>Condoms</b>	<b>Oral Pills (Cycles)</b>			<b>IUDs ( Insertions)</b>		<b>Injectables (Vials)</b>		<b>Contraceptive Surgery (Cases)</b>		<b>Implant (Pieces)</b>		
	<b>(Units)</b>	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
<b>01-Family Welfare Centre (FWC)</b>													
Opening													
Received From District Store													
Sold													

Closing Balance													
<b>02. MSUs</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>02. MSUs</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>03. Male Mobilizers</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>04. RHS-As</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>05. RHS-Bs</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>06. RMPs</b>													
Opening													
Received From District Store													
Sold													

Closing Balance													
<b>07. Hakeems</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>08. Homeopaths</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>09. PLDs</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>10. DDPs</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>11.TBAs</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													



<b>12. Counters</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
<b>13. Field Total</b>													
Opening													
Received From District Store													
Sold													
Closing Balance													
	Part-III												
EDO (Health)													
District Store	<b>Condoms</b>	<b>Oral Pills (Cycles)</b>			<b>IUDs ( Insertions)</b>		<b>Injectables (Vials)</b>		<b>Contraceptive Surgery (Cases)</b>		<b>Implant (Pieces)</b>		
	<b>(Units)</b>	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
<b>Sold</b>													

**DEPARTMENT OF HEALTH (HEALTH FACILITY)**

**DISTRICT-WISE CONTRACEPTIVE PERFORMANCE REPORT**

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

**Month -----**

S. No.	Name of District	District-wise Contraceptive Performance of Department of Health													
		Condoms (Units)	Oral Pills (Cycles)			IUDs ( Insertions)			Injectables (Vials)		Contraceptive Surgery (Cases)		Norplant (Pieces)		
		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 PROGRAMME  
DISTRICT-WISE PROVINCIAL CONTRACEPTIVE PERFORMANCE REPORT**

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

**Month** -----

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

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 -----

S. 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 (Sets)			
				COC	POP	EC	Cu-T	Multiloop	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.

## ANNEXURE II: 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 (India, Nepal, Bangladesh)	10 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. For Pakistan, 10 considered to be the most suitable, based upon the fact that two-third of the married women in Pakistan undergo sterilization after the age of 30 years as informed through the Pakistan Demographic & Health Survey (PD&HS) {Source: USAID website ([www.usaid.gov](http://www.usaid.gov))}

**ANNEXURE-III: Provincial & District-Wise Comparative Analysis of Contraceptive Performance, in terms of Couple Years of Protection (CYP) For The Year 2017-18 and 2016-17, in respect of Population Welfare Departments, Departments of Health (HFs & LHWs) & NGO(s) (Rahnuma FPAP, MSS & GSM)**

	<b>2018-19</b>	<b>2017-18</b>	<b>PERCENTAGE</b>
<b>PWDs</b>			
<b>PUNJAB</b>	<b>4,740,198</b>	<b>4,046,850</b>	<b>17.1</b>
ATTOCK	94,469	98,079	-3.7
BAHAWALNAGAR	191,795	143,616	33.5
BAHAWALPUR	111,295	99,552	11.8
BHAKKAR	102,416	81,986	24.9
CHAKWAL	140,590	111,446	26.2
CHINIOT	40,529	36,213	11.9
D.G.KHAN	135,615	112,452	20.6
FAISALABAD	201,288	201,672	-0.2
GUJRANAWALA	159,683	146,136	9.3
GUJRAT	112,143	102,476	9.4
HAFIZABAD	95,336	92,003	3.6
JHANG	115,775	106,253	9.0
JHELMUM	122,443	126,703	-3.4
KASUR	144,014	125,568	14.7
KHANEWAL	102,595	96,634	6.2
KHUSHAB	129,230	111,687	15.7
LAHORE	278,466	259,715	7.2
LAYYAH	136,348	85,678	59.1
LODHRAN	70,024	67,576	3.6
MANDI BHAUDDIN	102,508	83,633	22.6
MIANWALI	108,401	72,798	48.9
MULTAN	117,251	97,896	19.8
MUZZAFARGARH	218,707	142,471	53.5
NANKANA SAHIB	38,224	31,952	19.6
NAROWAL	90,019	72,706	23.8
OKARA	154,534	111,518	38.6
PAKPATTAN	120,680	109,745	10.0
RAHIM YAR KHAN	148,147	139,584	6.1
RAJANPUR	123,795	113,457	9.1
RAWALPINDI	285,634	246,246	16.0
SAHIWAL	137,551	128,043	7.4
SARGODHA	203,771	150,779	35.1
SHEIKHPURA	79,615	74,736	6.5
SIALKOT	117,941	102,544	15.0
T.T.SINGH	113,926	92,813	22.7
VEHARI	95,437	70,483	35.4
<b>SINDH</b>	<b>805,659</b>	<b>766,974</b>	<b>5.0</b>
BADIN	30,819	31,235	-1.3
DADU	27,885	32,156	-13.3
GHOTKI	21,299	20,373	4.5
HYDERABAD	51,797	51,322	0.9
JACOBABAD	26,773	24,162	10.8
JAMSHORO	5,306	5,501	-3.5
KARACHI CENTRAL	30,991	35,588	-12.9
KARACHI EAST	10,083	8,672	16.3
KARACHI SOUTH	70,341	77,884	-9.7
KARACHI WEST	23,700	25,901	-8.5
KASHMIRE	13,149	13,777	-4.6
KHAIRPUR	38,606	30,434	26.8
KORANGI TOWN-KARACHI	38,155	29,949	27.4
LARKANA	38,109	33,279	14.5
MALIR TOWN-KARACHI	19,704	22,256	-11.5
MATIARI	10,319	11,443	-9.8
MIRPURKHAS	44,286	33,120	33.7
NAUSHAHRO FEROZE	39,817	35,894	10.9
NAWABSHAH	33,034	26,574	24.3
QAMBAR	28,264	24,960	13.2
SANGHAR	39,365	42,167	-6.6
SHIKARPUR	30,409	30,033	1.3
SUJAWAL	9,867	8,177	20.7
SUKKUR	31,171	29,937	4.1
TANDO ALLAHYAR	17,466	15,984	9.3
TANDO MUHAMMAD KHAN	22,188	20,774	6.8
THARPARKAR	13,728	11,360	20.8
THATTA	19,438	20,718	-6.2
UMERKOT	19,588	13,344	46.8

<b>KPK</b>	<b>1,034,064</b>	<b>913,018</b>	<b>13.3</b>
ABBOTABAD	76,502	61,013	25.4
BANNU	33,041	32,200	2.6
BATAGRAM	9,864	8,629	14.3
BUNNER	15,072	22,580	-33.3
CHARSADDA	59,493	49,686	19.7
CHITRAL	28,709	24,667	16.4
DERA ISMAIL KHAN	49,250	47,650	3.4
HANGU	7,009	4,832	45.0
HARIPUR	62,315	59,258	5.2
KARAK	48,423	38,897	24.5
KOHAT	44,958	44,099	1.9
KOHISTAN LOWER	17,880	11,629	53.8
KOHISTAN UPPER			
KOLAI PALLAS			
LAKKI MARWAT	35,593	26,720	33.2
LOWER DIR	14,890	12,663	17.6
MALAKAND	33,708	24,405	38.1
MANSEHRA	101,357	111,098	-8.8
MARDAN	52,788	52,709	0.1
NOWSHERA	36,301	29,409	23.4
PESHAWAR	85,654	60,673	41.2
SHANGLA	33,742	30,005	12.5
SWABI	38,206	40,823	-6.4
SWAT	89,338	63,518	40.6
TANK	29,325	23,304	25.8
TOR GHAR	8,594	9,071	-5.3
UPPER DIR	22,053	23,481	-6.1
<b>BALUCHISTAN</b>	<b>73,279</b>	<b>99,209</b>	<b>-26.1</b>
AWARAN	442	312	41.7
BARKHAN	787	3,243	-75.7
CHAGHI	1,040	863	20.6
DERA BUGHTI	2,065	1,884	9.6
Duki			
GAWADAR	739	376	96.7
HARNAI	0	0	0.0
JAFFARABAD	3,050	4,396	-30.6
JHALMAGSI	1,686	1,104	52.8
KACHHI/BOLAN	3,790	4,481	-15.4
KALAT	2,022	2,579	-21.6
KECH/TURBAT	1,685	1,415	19.1
KHARAN	1,094	978	11.9
KHUZDAR	2,192	3,712	-40.9
KILLA ABDULLAH	2,937	3,623	-18.9
KILLA SAIFULLAH	2,013	3,633	-44.6
KOHLU	1,358	1,461	-7.0
LASBELA	1,976	1,670	18.3
LORALAI	3,075	5,241	-41.3
MASTUNG	4,193	3,007	39.4
MUSAKHAIL	2,187	1,571	39.2
NASIRABAD	3,499	4,423	-20.9
NOUSHKI	1,410	1,593	-11.5
PANJGOOR	2,499	2,761	-9.5
PISHIN	3,597	7,872	-54.3
QUETTA	14,850	26,903	-44.8
SHERANI	0	0	0.0
SIBI	4,003	4,474	-10.5
Sikandarabad			
SOHBAT PUR			
WASHUK	0	0	0.0
ZHOB	3,141	3,880	-19.1
ZIARAT	1,948	1,754	11.1

<b>ISLAMABAD</b>	<b>96,966</b>	<b>98,816</b>	<b>-1.9</b>
ISLAMABAD	96,966	98,816	-1.9
<b>AJK</b>	<b>48,664</b>	<b>44,749</b>	<b>8.7</b>
BAGH	4,281	4,350	-1.6
BHIMBER	4,084	3,482	17.3
HATTIAN BALA/JEHLUM VALEY			
HAVELI			
KOTLI	4,714	5,033	-6.3
MIRPUR	5,112	4,707	8.6
MUZAFFARABAD	17,090	13,889	23.0
NEELUM	4,327	3,428	26.2
POONCH	4,997	5,051	-1.1
SUDHNOTI	4,060	4,809	-15.6
<b>GB</b>	<b>18,400</b>	<b>17,674</b>	<b>4.1</b>
ASTOR	0		
DIAMER	999	1,491	-33.0
GANCHE	1,114	881	26.4
GHIZER	4,435	3,092	43.4
GILGIT	5,666	5,389	5.1
HUNZA	0		
KHARMANG			
NAGAR			
SAKURDU	6,186	6,820	-9.3
SHIGAR			
<b>FATA</b>	<b>39,289</b>	<b>43,724</b>	<b>-10.1</b>
BAJAUR AGENCY	11,316	8,129	39.2
FR BANNU			
FR D I KHAN			
FR KOHAT			
FR LAKKI MARWAT			
FR PESHAWAR			
FR TANK			
KHYBER AGENCY	5,323	5,227	1.8
KURRUM AGENCY	2,767	3,124	-11.4
LOWER KURUM			
MOHMAND AGENCY	10,725	16,717	-35.8
NORTH WAZIRISTAN	2,262	2,166	4.5
ORAKZAI AGENCY	5,368	2,873	86.9
SOUTH WAZIRISTAN	1,527	5,488	-72.2



**DOH(HF)**

<b>PUNJAB</b>	<b>1,590,427</b>	<b>1,725,460</b>	<b>-7.8</b>
ATTOCK	27,475	28,047	-2.0
BAHAWALNAGAR	42,773	43,491	-1.7
BAHAWALPUR	55,355	58,333	-5.1
BHAKKAR	31,483	34,178	-7.9
CHAKWAL	25,350	36,987	-31.5
CHINIOT	28,762	34,553	-16.8
D.G.KHAN	58,579	45,351	29.2
FAISALABAD	81,690	89,763	-9.0
GUJRANAWALA	50,126	57,410	-12.7
GUJRAT	32,456	27,727	17.1
HAFIZABAD	19,203	22,811	-15.8
JHANG	74,583	45,839	62.7
JHELUM	27,554	26,956	2.2
KASUR	53,290	49,387	7.9
KHANEWAL	43,475	63,751	-31.8
KHUSHAB	40,562	65,635	-38.2
LAHORE	95,877	94,898	1.0
LAYYAH	27,379	27,079	1.1
LODHRAN	22,130	23,831	-7.1
MANDI BHAUDDIN	37,667	35,391	6.4
MIANWALI	11,843	12,059	-1.8
MULTAN	111,310	99,219	12.2
MUZZAFARGARH	59,989	89,329	-32.8
NANKANA SAHIB	22,920	18,630	23.0
NAROWAL	19,245	15,201	26.6
OKARA	51,298	50,043	2.5
PAKPATTAN	17,603	20,704	-15.0
RAHIM YAR KHAN	49,907	57,513	-13.2
RAJANPUR	27,783	47,303	-41.3
RAWALPINDI	64,009	76,255	-16.1
SAHIWAL	48,941	52,282	-6.4
SARGODHA	46,193	49,161	-6.0
SHEIKHPURA	61,362	64,281	-4.5
SIALKOT	50,641	46,044	10.0
T.T.SINGH	28,543	60,181	-52.6
VEHARI	43,072	55,836	-22.9
<b>SINDH</b>	<b>331,700</b>	<b>358,735</b>	<b>-7.5</b>
BADIN	13,507	14,738	-8.4
DADU	15,538	18,081	-14.1
GHOTKI	10,980	14,650	-25.0
HYDERABAD	11,736	6,590	78.1
JACOBABAD	16,489	21,953	-24.9
JAMSHORO	10,582	10,430	1.5
KARACHI CENTRAL	579	1,784	-67.5
KARACHI EAST	6,528	7,078	-7.8
KARACHI SOUTH	4,463	4,781	-6.6
KARACHI WEST	12,144	9,352	29.9
KASHMORE	12,047	8,453	42.5
KHAIRPUR	26,088	33,381	-21.8
KORANGI TOWN-KARACHI	2,338	4,813	-51.4
LARKANA	14,467	17,443	-17.1
MALIR TOWN-KARACHI	11,338	20,615	-45.0
MATIARI	7,766	12,034	-35.5
MIRPURKHAS	13,152	12,908	1.9
NAUSHAHRO FEROZE	36,264	18,075	100.6
NAWABSHAH	12,572	7,001	79.6
QAMBAR	9,997	10,873	-8.1
SANGHAR	24,077	32,021	-24.8
SHIKARPUR	15,874	15,811	0.4
SUJAWAL	3,037	2,396	26.8
SUKKUR	8,072	10,968	-26.4
TANDO ALLAHYAR	5,711	8,138	-29.8
TANDO MUHAMMAD KHAN	4,924	9,390	-47.6
THARPARKAR	7,254	7,311	-0.8
THATTA	5,963	4,535	31.5
UMERKOT	8,213	13,133	-37.5

<b>KPK</b>	<b>174,796</b>	<b>232,492</b>	<b>-24.8</b>
ABBOTABAD	1,963	5,473	-64.1
BANNU	4,418	6,946	-36.4
BATAGRAM	7,200	8,039	-10.4
BUNNER	3,747	6,074	-38.3
CHARSADDA	28,264	28,634	-1.3
CHITRAL	3,813	3,932	-3.0
DERA ISMAIL KHAN	6,876	7,020	-2.0
HANGU	1,303	2,090	-37.7
HARIPUR	4,539	7,221	-37.2
KARAK	4,505	4,092	10.1
KOHAT	14,319	16,086	-11.0
KOHISTAN LOWER	56	107	-47.5
KOHISTAN UPPER			
KOLAI PALLAS			
LAKKI MARWAT	2,937	5,460	-46.2
LOWER DIR	2,112	2,386	-11.5
MALAKAND	4,682	5,668	-17.4
MANSEHRA	8,443	12,548	-32.7
MARDAN	5,839	5,329	9.6
NOWSHERA	24,248	39,583	-38.7
PESHAWAR	6,611	12,816	-48.4
SHANGLA	3,777	6,307	-40.1
SWABI	6,305	12,226	-48.4
SWAT	19,673	24,046	-18.2
TANK	3,675	5,519	-33.4
TOR GHAR	2,065	296	597.1
UPPER DIR	3,426	4,594	-25.4
<b>BALUCHISTAN</b>	<b>32,978</b>	<b>27,690</b>	<b>19.1</b>
AWARAN	371	338	9.5
BARKHAN	542	291	86.6
CHAGHI	1,351	2,088	-35.3
DERA BUGHTI	486	1,676	-71.0
Duki			
GAWADAR	822	898	-8.6
HARNAI	102	96	6.6
JAFFARABAD	4,976	3,730	33.4
JHALMAGSI	435	318	36.7
KACHHI/BOLAN	328	116	183.8
KALAT	894	695	28.7
KECH/TURBAT	1,314	746	76.0
KHARAN	226	220	2.7
KHUZDAR	3,079	1,090	182.6
KILLA ABDULLAH	415	547	-24.1
KILLA SAIFULLAH	385	217	77.6
KOHLU	73	24	205.9
LASBELA	4,185	2,200	90.2
LORALAI	1,298	878	47.8
MASTUNG	742	556	33.5
MUSAKHAIL	461	162	184.1
NASIRABAD	1,588	1,092	45.4
NOUSHKI	837	245	242.1
PANJGOOR	741	732	1.2
PISHIN	791	1,237	-36.1
QUETTA	3,914	4,771	-18.0
SHERANI	29	62	-53.0
SIBI	720	262	175.1
Sikandarabad			
SOHBAT PUR	12		
WASHUK	365	368	-0.8
ZHOB	319	450	-29.2
ZIARAT	1,177	1,585	-25.7

<b>ISLAMABAD</b>	<b>2,207</b>	<b>4,237</b>	<b>-47.9</b>
ISLAMABAD	2,207	4,237	-47.9
<b>AJK</b>	<b>5,506</b>	<b>5,884</b>	<b>-6.4</b>
BAGH			
BHIMBER		2,023	
HATTIAN BALA/JEHLUM VALEY			
HAVELI		483	
KOTLI		23	
MIRPUR		456	
MUZAFFARABAD	5,506	2,565	114.7
NEELUM			
POONCH			
SUDHNOTI		334	
<b>GB</b>	<b>14,465</b>	<b>194,846</b>	<b>-92.6</b>
ASTOR	569	682	-16.5
DIAMER			
GANCHE	4,454	9,679	-54.0
GHIZER			
GILGIT	1,522	56,028	-97.3
HUNZA	2,731	58,188	-95.3
KHARMANG	384	0	0.0
NAGAR	1,039	23,315	-95.5
SAKURDU		15,604	
SHIGAR	3,765	31,351	-88.0
<b>FATA</b>	<b>20,894</b>	<b>17,943</b>	<b>16.4</b>
BAJAUR AGENCY	5,377	4,711	14.1
FR BANNU	55	72	-22.7
FR D I KHAN	0	37	-100.0
FR KOHAT	718	915	-21.6
FR LAKKI MARWAT	17	7	127.7
FR PESHAWAR	862	348	147.9
FR TANK	5		
KHYBER AGENCY	2,555	2,043	25.1
KURRUM AGENCY	1,104	1,425	-22.5
LOWER KURUM		84	
MOHMAND AGENCY	6,787	6,884	-1.4
NORTH WAZIRISTAN	2,999	271	1,006.5
ORAKZAI AGENCY	415	847	-51.0
SOUTH WAZIRISTAN	0	300	-99.8

**DOH(LHW)**

<b>PUNJAB</b>	<b>925,388</b>	<b>971,230</b>	<b>-4.7</b>
ATTOCK	18,278	32,855	-44.4
BAHAWALNAGAR	23,379	30,337	-22.9
BAHAWALPUR	33,401	27,601	21.0
BHAKKAR	26,995	35,099	-23.1
CHAKWAL	22,917	21,217	8.0
CHINIOT	9,104	10,859	-16.2
D.G.KHAN	20,658	29,595	-30.2
FAISALABAD	37,225	26,406	41.0
GUJRANAWALA	31,392	40,939	-23.3
GUJRAT	49,387	30,234	63.3
HAFIZABAD	24,939	11,561	115.7
JHANG	39,595	31,559	25.5
JHELUM	17,086	20,419	-16.3
KASUR	23,105	23,435	-1.4
KHANEWAL	46,925	37,832	24.0
KHUSHAB	18,247	22,681	-19.6
LAHORE	31,842	27,482	15.9
LAYYAH	19,317	20,192	-4.3
LODHRAN	18,357	22,417	-18.1
MANDI BHAUDDIN	29,262	30,375	-3.7
MIANWALI	28,240	26,062	8.4
MULTAN	29,891	39,291	-23.9
MUZZAFARGARH	23,016	45,403	-49.3
NANKANA SAHIB	14,526	10,938	32.8
NAROWAL	25,612	21,660	18.2
OKARA	28,985	31,141	-6.9
PAKPATTAN	14,060	19,924	-29.4
RAHIM YAR KHAN	27,023	41,708	-35.2
RAJANPUR	14,195	21,265	-33.2
RAWALPINDI	24,658	31,156	-20.9
SAHIWAL	25,753	30,566	-15.7
SARGODHA	32,844	31,311	4.9
SHEIKHPURA	21,007	16,358	28.4
SIALKOT	26,084	19,507	33.7
T.T.SINGH	22,671	27,458	-17.4
VEHARI	25,411	24,385	4.2
<b>SINDH</b>	<b>592,112</b>	<b>568,477</b>	<b>4.2</b>
BADIN	12,010	13,025	-7.8
DADU	21,520	18,682	15.2
GHOTKI	17,801	17,136	3.9
HYDERABAD	6,067		
JACOBABAD	18,779	12,699	47.9
JAMSHORO	8,678	7,843	10.6
KARACHI CENTRAL	11,366	13,100	-13.2
KARACHI EAST	16,360	3,437	375.9
KARACHI SOUTH	7,212	37,196	-80.6
KARACHI WEST	20,720	29,644	-30.1
KASHMORE	177	1,027	-82.7
KHAIRPUR	43,754	30,380	44.0
KORANGI TOWN-KARACHI	31,875	26,994	18.1
LARKANA	22,947	54,350	-57.8
MALIR TOWN-KARACHI	12,733	19,856	-35.9
MATIARI	7,741	6,582	17.6
MIRPURKHAS	11,025	22,204	-50.3
NAUSHAHRO FEROZE	81,067	52,162	55.4
NAWABSHAH	29,314	46,990	-37.6
QAMBAR	7,086	1,660	326.9
SANGHAR	24,386	14,841	64.3
SHIKARPUR	7,818	13,101	-40.3
SUJAWAL	5,760	3,000	92.0
SUKKUR	107,738	62,994	71.0
TANDO ALLAHYAR	14,202	17,858	-20.5
TANDO MUHAMMAD KHAN	10,330	8,153	26.7
THARPARKAR	11,985	13,201	-9.2
THATTA	11,266	7,737	45.6
UMERKOT	10,394	12,625	-17.7

<b>KPK</b>	<b>624,996</b>	<b>621,308</b>	<b>0.6</b>
ABBOTABAD	17,532	18,415	-4.8
BANNU	14,019	15,156	-7.5
BATAGRAM	4,407	4,510	-2.3
BUNNER	11,973	11,866	0.9
CHARSADDA	38,155	55,092	-30.7
CHITRAL	45,890	46,030	-0.3
DERA ISMAIL KHAN	28,987	27,789	4.3
HANGU	8,481	17,199	-50.7
HARIPUR	19,406	14,978	29.6
KARAK	10,511	3,580	193.6
KOHAT	11,456	18,371	-37.6
KOHISTAN LOWER	3,331	8,656	-61.5
KOHISTAN UPPER			
KOLAI PALLAS			
LAKKI MARWAT	14,307	8,994	59.1
LOWER DIR	13,284	249	5,232.5
MALAKAND	39,098	17,543	122.9
MANSEHRA	36,041	46,194	-22.0
MARDAN	62,568	31,306	99.9
NOWSHERA	37,614	71,380	-47.3
PESHAWAR	34,152	22,485	51.9
SHANGLA	23,856	38,149	-37.5
SWABI	35,363	16,690	111.9
SWAT	72,235	39,693	82.0
TANK	27,649	79,308	-65.1
TOR GHAR	2,340	7,675	-69.5
UPPER DIR	12,343		
<b>BALOCHISTAN</b>	<b>38,060</b>	<b>17,030</b>	<b>123.5</b>
AWARAN		0	0.0
BARKHAN		0	0.0
CHAGHI		0	0.0
DERA BUGHTI	131	10	1,167.9
Duki			
GAWADAR	403	922	-56.3
HARNAI	550	0	0.0
JAFFARABAD	1,055	664	58.8
JHALMAGSI		0	0.0
KACHHI/BOLAN	827	0	0.0
KALAT	1,410	1,398	0.9
KECH/TURBAT	1,363	0	0.0
KHARAN	497	142	249.4
KHUZDAR	6,654	1,905	249.3
KILLA ABDULLAH	291	0	0.0
KILLA SAIFULLAH	497	0	0.0
KOHLU	436	0	0.0
LASBELA		4	
LORALAI		0	0.0
MASTUNG	1,178	231	409.5
MUSAKHAIL		0	0.0
NASIRABAD	913	1,092	-16.4
NOUSHKI	903	505	78.8
PANJGOOR	9,648	5,925	62.9
PISHIN	1,643	718	128.8
QUETTA	3,443	0	0.0
SHERANI	74	13	453.4
SIBI	493	480	2.7
Sikandarabad	437		
SOHBAT PUR	355		
WASHUK	3,654	2,751	32.8
ZHOB	782	172	355.2
ZIARAT	422	97	335.4

<b>ISLAMABAD</b>	<b>1,057</b>	<b>2,683</b>	<b>-60.6</b>
ISLAMABAD	1,057	2,683	-60.6
<b>AJK</b>	<b>30,324</b>	<b>34,018</b>	<b>-10.9</b>
BAGH	4,137	4,381	-5.6
BHIMBER	3,291	2,984	10.3
HATTIAN BALA/JEHLUM VALEY	1,452	2,405	-39.6
HAVELI	2,967	1,033	187.3
KOTLI	5,942	6,173	-3.7
MIRPUR	2,521	2,665	-5.4
MUZAFFARABAD	3,701	6,449	-42.6
NEELUM	1,129	1,927	-41.4
POONCH	3,124	4,119	-24.1
SUDHNOTI	2,061	1,883	9.4
<b>GB</b>	<b>16,736</b>	<b>24,550</b>	<b>-31.8</b>
ASTOR	128	438	-70.8
DIAMER	696	650	7.1
GANCHE	5,955	5,392	10.5
GHIZER	25	0	0.0
GILGIT	4,594	1,789	156.7
HUNZA	3,047	327	831.2
KHARMANG		5,177	
NAGAR	1,351	1,356	-0.4
SAKURDU	0	6,954	-100.0
SHIGAR	941	2,466	-61.9
<b>FATA</b>	<b>0</b>		
BAJAUR AGENCY			
FR BANNU			
FR D I KHAN			
FR KOHAT			
FR LAKKI MARWAT			
FR PESHAWAR			
FR TANK			
KHYBER AGENCY			
KURRUM AGENCY	0		
LOWER KURUM			
MOHMAND AGENCY			
NORTH WAZIRISTAN			
ORAKZAI AGENCY			
SOUTH WAZIRISTAN			

**NGOs**

<b>PUNJAB</b>	<b>2,804,284</b>	<b>2,464,035</b>	<b>13.8</b>
ATTOCK	6,695	6,078	10.1
BAHAWALNAGAR	83,058	70,600	17.6
BAHAWALPUR	40,380	50,702	-20.4
BHAKKAR	6,849	5,190	32.0
CHAKWAL	123,770	125,166	-1.1
CHINIOT	13,590	8,518	59.6
D.G.KHAN	18,889	24,792	-23.8
FAISALABAD	354,531	334,386	6.0
GUJRANAWALA	104,091	110,617	-5.9
GUJRAT	35,284	40,122	-12.1
HAFIZABAD	18,690	19,228	-2.8
JHANG	103,738	93,613	10.8
JHELUM	6,007	11,524	-47.9
KASUR	55,045	77,698	-29.2
KHANEWAL	10,284	17,576	-41.5
KHUSHAB	11,546	14,658	-21.2
LAHORE	827,291	469,656	76.1
LAYYAH	84,995	64,697	31.4
LODHRAN	19,875	22,143	-10.2
MANDI BHAUDDIN	10,840	10,786	0.5
MIANWALI	11,120	9,793	13.5
MULTAN	148,325	108,136	37.2
MUZZAFARGARH	158,776	141,785	12.0
NANKANA SAHIB	7,732	13,614	-43.2
NAROWAL	72,906	66,962	8.9
OKARA	34,813	24,161	44.1
PAKPATTAN	14,788	17,293	-14.5
RAHIM YAR KHAN	35,067	50,985	-31.2
RAJANPUR	10,158	13,731	-26.0
RAWALPINDI	165,162	208,738	-20.9
SAHIWAL	27,403	27,684	-1.0
SARGODHA	37,793	69,259	-45.4
SHEIKHPURA	56,529	34,829	62.3
SIALKOT	34,276	34,259	0.0
T.T.SINGH	40,210	40,381	-0.4
VEHARI	13,779	24,672	-44.2
<b>SINDH</b>	<b>1,206,860</b>	<b>1,327,116</b>	<b>-9.1</b>
BADIN	116,151	97,826	18.7
DADU	33,088	40,315	-17.9
GHOTKI	8,629	5,693	51.6
HYDERABAD	80,969	121,309	-33.3
JACOBABAD	9,673	10,759	-10.1
JAMSHORO	4,535	5,793	-21.7
KARACHI CENTRAL	342,414	256,783	33.3
KARACHI EAST	87,254	87,785	-0.6
KARACHI SOUTH	40,629	58,092	-30.1
KARACHI WEST	17,510	19,403	-9.8
KASHMORE	12,123	16,120	-24.8
KHAIRPUR	12,830	23,804	-46.1
KORANGI TOWN-KARACHI	26,346	23,407	12.6
LARKANA	19,191	14,432	33.0
MALIR TOWN-KARACHI	35,420	44,117	-19.7
MATIARI	36,086	43,237	-16.5
MIRPURKHAS	37,673	41,048	-8.2
NAUSHAHRO FEROZE	35,546	52,287	-32.0
NAWABSHAH	34,358	41,524	-17.3
QAMBAR	2,679	8,491	-68.4
SANGHAR	29,781	39,229	-24.1
SHIKARPUR	8,046	8,090	-0.5
SUJAWAL	16,188	21,826	-25.8
SUKKUR	22,716	17,807	27.6
TANDO ALLAHYAR	29,953	37,399	-19.9
TANDO MUHAMMAD KHAN	31,993	41,384	-22.7
THARPARKAR	15,887	27,018	-41.2
THATTA	38,463	85,805	-55.2
UMERKOT	20,728	36,333	-42.9

<b>KPK</b>	<b>719,402</b>	<b>664,718</b>	<b>8.2</b>
ABBOTABAD	9,745	17,851	-45.4
BANNU	4,017	2,684	49.7
BATAGRAM	867	998	-13.1
BUNNER	2,139	3,262	-34.4
CHARSADDA	32,226	40,292	-20.0
CHITRAL	7,406	647	1,044.2
DERA ISMAIL KHAN	15,571	19,053	-18.3
HANGU	360	621	-42.0
HARIPUR	42,756	31,932	33.9
KARAK	143	936	-84.7
KOHAT	115,834	109,602	5.7
KOHISTAN LOWER	8		
KOHISTAN UPPER			
KOLAI PALLAS			
LAKKI MARWAT	2,906	3,711	-21.7
LOWER DIR	3,961	3,469	14.2
MALAKAND	4,298	3,322	29.4
MANSEHRA	7,642	14,902	-48.7
MARDAN	74,232	107,455	-30.9
NOWSHERA	70,023	42,749	63.8
PESHAWAR	293,664	227,347	29.2
SHANGLA	1,290	561	129.8
SWABI	5,784	8,002	-27.7
SWAT	20,268	22,069	-8.2
TANK	2,517	2,649	-5.0
TOR GHAR	1		
UPPER DIR	1,745	606	188.0
<b>BALUCHISTAN</b>	<b>130,939</b>	<b>101,606</b>	<b>28.9</b>
AWARAN			
BARKHAN	0		
CHAGHI	273	314	-12.8
DERA BUGHTI	0		
Duki			
GAWADAR	296	329	-10.2
HARNAI			
JAFFARABAD	1,161	1,189	-2.4
JHALMAGSI	245	44	451.4
KACHHI/BOLAN	50	68	-26.7
KALAT	253	210	20.2
KECH/TURBAT	7,784	4,646	67.6
KHARAN	550	282	95.2
KHUZDAR	9,507	844	1,026.7
KILLA ABDULLAH	1,055	1,009	4.6
KILLA SAIFULLAH	209	1,244	-83.2
KOHLU			
LASBELA	13,129	8,189	60.3
LORALAI	774	8,168	-90.5
MASTUNG	484	285	69.8
MUSAKHAIL			
NASIRABAD	7,253	6,875	5.5
NOUSHKI	300	760	-60.4
PANJGOOR	127	97	31.8
PISHIN	1,065	832	28.0
QUETTA	85,474	65,198	31.1
SHERANI			
SIBI	692	776	-10.9
Sikandarabad			
SOHBAT PUR			
WASHUK			
ZHOB	219	203	7.5
ZIARAT	39	43	-9.7



<b>ISLAMABAD</b>	<b>123,799</b>	<b>135,828</b>	<b>-8.9</b>
ISLAMABAD	123,799	135,828	-8.9
<b>AJK</b>	<b>93,215</b>	<b>173,132</b>	<b>-46.2</b>
BAGH	1,451	2,153	-32.6
BHIMBER	76	121	-37.5
HATTIAN BALA/JEHLUM VALEY HAVELI	3,854	206	1,772.5
KOTLI	239	268	-10.6
MIRPUR	4,374	3,309	32.2
MUZAFFARABAD	81,673	164,431	-50.3
NEELUM	800	1,714	-53.3
POONCH	748	930	-19.6
SUDHNOTI			
<b>GB</b>	<b>42,819</b>	<b>48,620</b>	<b>-11.9</b>
ASTOR			
DIAMER		201	
GANCHE	4,064	5,613	-27.6
GHIZER	7,124	14,589	-51.2
GILGIT	17,480	2,288	663.8
HUNZA	9,590	14,826	-35.3
KHARMANG NAGAR			
SAKURDU	4,561	11,104	-58.9
SHIGAR			
<b>FATA</b>	<b>4,992</b>	<b>3,053</b>	<b>63.5</b>
BAJAUR AGENCY	1,565	570	174.7
FR BANNU			
FR D I KHAN			
FR KOHAT			
FR LAKKI MARWAT			
FR PESHAWAR			
FR TANK			
KHYBER AGENCY	1,278	621	105.9
KURRUM AGENCY	1,696	1,486	14.2
LOWER KURUM	50		
MOHMAND AGENCY			
NORTH WAZIRISTAN	115	61	88.2
ORAKZAI AGENCY			
SOUTH WAZIRISTAN	288	316	-8.8

**ANNEXURE-IV: Quarterly Break-up of Contraceptive Usage By Source & Methods, in Terms of Couple Years Of Protection (CYP) for the Year 2017-18 in Respect Of Population Welfare Departments, Department of Health (HFs & LHWs)& NGO(s)**

		<b>CONDOMS</b>				
		<b>Total</b>	<b>Jul-Sep 2018</b>	<b>Oct-Dec 2018</b>	<b>Jan-Mar 2019</b>	<b>Apr-Jun 2019</b>
<b>PWDs</b>		<b>740782</b>	<b>183420</b>	<b>190755</b>	<b>193788</b>	<b>172819</b>
	PUNJAB	487468	118241	122900	126896	119431
	SINDH	124827	31769	32082	30379	30598
	KPK	91072	23860	26003	27154	14055
	BALOCHISTAN	16427	4265	4293	4044	3825
	ISLAMABAD	10283	2640	2662	2569	2412
	AJK	5172	1284	1403	1337	1147
	FATA	3705	905	930	965	906
	GB	1828	457	482	443	446
<b>DOH (HF)</b>		<b>64654</b>	<b>15906</b>	<b>16385</b>	<b>17028</b>	<b>15334</b>
	PUNJAB	55070	13050	13853	14780	13386
	SINDH	2306	970	552	446	338
	KPK	3698	1078	908	963	749
	BALOCHISTAN	1048	209	274	280	285
	ISLAMABAD	238	49	47	38	104
	AJK	417	132	90	107	88
	FATA	822	165	211	188	258
	GB	1056	253	450	226	127
<b>DOH (LHW)</b>		<b>573071</b>	<b>146338</b>	<b>252577</b>	<b>119680</b>	<b>54476</b>
	PUNJAB	372527	84402	206478	58834	22813
	SINDH	155321	50787	34596	49268	20670
	KPK	34989	8386	8386	8702	9516
	BALOCHISTAN	2663	677	653	815	519
	ISLAMABAD	593	301	0	116	176
	AJK	5187	1681	1989	1324	193
	FATA	0	0	0	0	0
	GB	1791	104	476	622	589
<b>NGOs</b>		<b>1043815</b>	<b>286634</b>	<b>286685</b>	<b>282275</b>	<b>188221</b>
	RAHNUMA (FPAP)	16614	2694	2398	2566	8957
	MARIE STOPES SOCIETY (MSS)	8149	752	2389	3402	1607
	GREENSTAR (GSM)	1019052	283189	281898	276308	177657

		ORAL PILL															
		Total	OP-COC					OP-EC					OP-POP				
			Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
<b>PWDs</b>		<b>309972</b>	<b>292187</b>	<b>61127</b>	<b>68030</b>	<b>77809</b>	<b>85222</b>	<b>16779</b>	<b>3637</b>	<b>3871</b>	<b>4885</b>	<b>4387</b>	<b>1006</b>	<b>201</b>	<b>185</b>	<b>253</b>	<b>366</b>
	PUNJAB	193486	179531	35126	40709	49544	54152	13948	2908	3237	4129	3675	6	2	2	2	0
	SINDH	39270	36990	8559	9090	9737	9603	2248	606	556	592	494	32	3	3	1	25
	KPK	58547	57973	12976	13881	14175	16941	382	86	40	102	154	192	33	3	60	97
	BALUCHISTAN	8581	8422	2267	2104	2009	2041	143	24	29	47	44	16	7	4	5	0
	ISLAMABAD	2828	2638	680	639	648	671	53	10	8	15	20	138	15	23	39	60
	AJK	2612	2251	502	535	538	676	5	4	0	0	0	357	60	68	110	118
	FATA	3178	3178	785	791	853	749	0	0	0	0	0	0	0	0	0	0
	GB	1470	1205	231	280	304	389	0	0	0	0	0	265	80	82	37	66
<b>DOH (HF)</b>		<b>84996</b>	<b>79940</b>	<b>20464</b>	<b>18546</b>	<b>19693</b>	<b>21236</b>	<b>29</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5027</b>	<b>1436</b>	<b>1380</b>	<b>1119</b>	<b>1093</b>
	PUNJAB	47471	46199	12142	10554	11267	12237	0	0	0	0	0	1271	530	349	201	191
	SINDH	17052	16469	3664	4179	4310	4316	0	0	0	0	0	583	191	217	96	80
	KPK	8950	7445	1587	2120	1597	2140	0	0	0	0	0	1506	348	365	364	428
	BALUCHISTAN	4117	2884	590	985	794	517	0	0	0	0	0	1233	283	325	317	308
	ISLAMABAD	101	101	30	21	18	32	0	0	0	0	0	0	0	0	0	0
	AJK	152	152	31	40	35	46	0	0	0	0	0	0	0	0	0	0
	FATA	1427	993	182	320	233	259	0	0	0	0	0	434	83	124	141	86
	GB	5725	5697	2239	328	1439	1691	29	29	0	0	0	0	0	0	0	0
<b>DOH (LHW)</b>		<b>554696</b>	<b>554696</b>	<b>151980</b>	<b>147092</b>	<b>136038</b>	<b>119585</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	239700	239700	54250	74281	63149	48020	0	0	0	0	0	0	0	0	0	0
	SINDH	172020	172020	60175	37178	40030	34636	0	0	0	0	0	0	0	0	0	0
	KPK	100070	100070	24347	24347	24800	26577	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	18149	18149	7499	5723	2650	2276	0	0	0	0	0	0	0	0	0	0
	ISLAMABAD	464	464	21	11	90	342	0	0	0	0	0	0	0	0	0	0
	AJK	14691	14691	2648	3415	3020	5609	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	9603	9603	3041	2138	2299	2125	0	0	0	0	0	0	0	0	0	0
<b>NGOs</b>		<b>192246</b>	<b>78432</b>	<b>13595</b>	<b>36202</b>	<b>33218</b>	<b>-4583</b>	<b>113814</b>	<b>19210</b>	<b>30914</b>	<b>33094</b>	<b>30597</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	RAHNUMA (FPAP)	38727	34541	6055	7590	5457	15440	4186	595	733	706	2152	0	0	0	0	0
	MARIE STOPES SOCIETY (MSS)	4134	4134	1225	1105	1005	799	0	0	0	0	0	0	0	0	0	0
	GREENSTAR (GSM)	149386	39758	6315	27508	26756	-20822	109628	18615	30180	32387	28445	0	0	0	0	0

		INJECTABLE															
		Total	INJ-DMPA					INJ-FEMIJECT					INJ-NetEn			INJ-NetEn	
			Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
<b>PWDs</b>		<b>413750</b>	<b>413708</b>	<b>105335</b>	<b>109249</b>	<b>106332</b>	<b>92793</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42</b>	<b>0</b>	<b>31</b>	<b>8</b>	<b>3</b>
	PUNJAB	217058	217058	50566	53038	57092	56362	0	0	0	0	0	0	0	0	0	0
	SINDH	91415	91415	22757	24140	22857	21661	0	0	0	0	0	0	0	0	0	0
	KPK	74562	74562	23563	23774	19276	7950	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	9329	9312	2349	2395	2161	2407	0	0	0	0	0	17	0	5	8	3
	ISLAMABAD	5014	5014	1415	1156	1280	1164	0	0	0	0	0	0	0	0	0	0
	AJK	6451	6451	1593	1720	1662	1476	0	0	0	0	0	0	0	0	0	0
	FATA	4520	4520	2006	1564	626	325	0	0	0	0	0	0	0	0	0	0
	GB	5401	5376	1086	1463	1379	1448	0	0	0	0	0	26	0	26	0	0
<b>DOH (HF)</b>		<b>205371</b>	<b>197782</b>	<b>51717</b>	<b>51960</b>	<b>48933</b>	<b>45172</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7590</b>	<b>2452</b>	<b>1782</b>	<b>1832</b>	<b>1524</b>
	PUNJAB	87862	84334	23988	22055	20576	17716	0	0	0	0	0	3528	1376	938	556	658
	SINDH	73420	72894	16183	18414	19020	19277	0	0	0	0	0	526	181	146	101	96
	KPK	23479	21805	6171	6888	4911	3835	0	0	0	0	0	1674	451	243	524	455
	BALUCHISTAN	11374	10018	2419	2523	2610	2466	0	0	0	0	0	1357	309	392	413	243
	ISLAMABAD	286	286	91	63	90	42	0	0	0	0	0	0	0	0	0	0
	AJK	310	310	85	87	67	70	0	0	0	0	0	0	0	0	0	0
	FATA	3457	3040	952	797	668	623	0	0	0	0	0	417	46	62	238	71
	GB	5185	5097	1829	1134	991	1145	0	0	0	0	0	88	88	0	0	0
<b>DOH (LHW)</b>		<b>1100906</b>	<b>1100906</b>	<b>282078</b>	<b>280419</b>	<b>300549</b>	<b>237860</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	313161	313161	81991	80095	86822	64253	0	0	0	0	0	0	0	0	0	0
	SINDH	264771	264771	70455	69720	84787	39810	0	0	0	0	0	0	0	0	0	0
	KPK	489937	489937	120804	120804	120793	127537	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	17249	17249	4939	4761	4244	3305	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	10446	10446	2230	3498	2751	1968	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	5342	5342	1660	1541	1153	988	0	0	0	0	0	0	0	0	0	0
<b>NGOs</b>		<b>226966</b>	<b>196594</b>	<b>58296</b>	<b>50236</b>	<b>42790</b>	<b>45272</b>	<b>11181</b>	<b>2413</b>	<b>2724</b>	<b>2963</b>	<b>3081</b>	<b>19192</b>	<b>4376</b>	<b>4429</b>	<b>7557</b>	<b>2829</b>
	RAHNUMA (FPAP)	91366	91155	25754	17587	18489	29325	0	0	0	0	0	212	73	88	36	14
	MARIE STOPES SOCIETY (MSS)	10733	10733	3279	2760	3012	1682	0	0	0	0	0	0	0	0	0	0
	GREENSTAR (GSM)	124867	94706	29263	29890	21289	14265	11181	2413	2724	2963	3081	18980	4303	4341	7521	2815

		IUD										
		Total	IUD-CuT					IUD-Multiload				
			Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
<b>PWDs</b>		<b>4160214</b>	<b>4160208</b>	<b>1001365</b>	<b>1049858</b>	<b>1111861</b>	<b>997124</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	3063715	3063715	719541	757818	811647	774709	0	0	0	0	0
	SINDH	165227	165227	35549	40195	44399	45085	0	0	0	0	0
	KPK	762662	762662	197989	208628	215386	140659	0	0	0	0	0
	BALUCHISTAN	31266	31266	10460	7691	5663	7452	0	0	0	0	0
	ISLAMABAD	68756	68756	18331	16486	17006	16933	0	0	0	0	0
	AJK	31001	30995	8478	8883	7447	6187	7	7	0	0	0
	FATA	27885	27885	8262	7526	7783	4315	0	0	0	0	0
	GB	9701	9701	2755	2631	2530	1785	0	0	0	0	0
<b>DOH (HF)</b>		<b>1334820</b>	<b>1332850</b>	<b>326747</b>	<b>361643</b>	<b>333426</b>	<b>311034</b>	<b>1970</b>	<b>1789</b>	<b>0</b>	<b>109</b>	<b>73</b>
	PUNJAB	1029600	1029600	253359	266174	265650	244416	0	0	0	0	0
	SINDH	136132	136132	28525	39339	33069	35199	0	0	0	0	0
	KPK	131054	131054	36478	44965	26340	23271	0	0	0	0	0
	BALUCHISTAN	14136	14136	2806	5663	2981	2686	0	0	0	0	0
	ISLAMABAD	1582	1582	317	409	423	432	0	0	0	0	0
	AJK	4628	4628	1320	1187	1072	1049	0	0	0	0	0
	FATA	15189	15189	3846	3652	3712	3979	0	0	0	0	0
	GB	2499	529	97	253	179	0	1970	1789	0	109	73
<b>DOH (LHW)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	0	0	0	0	0	0	0	0	0	0	0
	SINDH	0	0	0	0	0	0	0	0	0	0	0
	KPK	0	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>NGOs</b>		<b>3513343</b>	<b>3100156</b>	<b>730912</b>	<b>776784</b>	<b>853815</b>	<b>738645</b>	<b>413186</b>	<b>58625</b>	<b>96928</b>	<b>144309</b>	<b>113325</b>
	RAHNUMA (FPAP)	1610837	1610837	337585	416029	332410	524814	0	0	0	0	0
	MARIE STOPES SOCIETY (MSS)	1204956	1204956	322046	334839	343234	204838	0	0	0	0	0
	GREENSTAR (GSM)	697549	284363	71282	25916	178172	8993	413186	58625	96928	144309	113325

		STERILIZATION/CONTRACEPTIVE SURGERY										
		Total	CS(Female)					CS(Male)				
			Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
<b>PWDs</b>		<b>1055590</b>	<b>1038080</b>	<b>239880</b>	<b>269830</b>	<b>300500</b>	<b>227870</b>	<b>17510</b>	<b>3910</b>	<b>5140</b>	<b>5400</b>	<b>3060</b>
	PUNJAB	702220	689060	173740	173070	191580	150670	13160	3220	3760	4090	2090
	SINDH	302880	298620	54780	82940	94420	66480	4260	650	1370	1310	930
	KPK	35870	35780	7900	9870	10410	7600	90	40	10	0	40
	BALUCHISTAN	3340	3340	1010	1180	1070	80	0	0	0	0	0
	ISLAMABAD	8660	8660	1770	1940	2380	2570	0	0	0	0	0
	AJK	2620	2620	680	830	640	470	0	0	0	0	0
	FATA	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>DOH (HF)</b>		<b>420320</b>	<b>399090</b>	<b>101570</b>	<b>130150</b>	<b>105620</b>	<b>61750</b>	<b>21230</b>	<b>9620</b>	<b>4600</b>	<b>4170</b>	<b>2840</b>
	PUNJAB	341990	322360	83310	104460	86580	48010	19630	9580	4460	3080	2510
	SINDH	76660	75260	17930	25390	18530	13410	1400	10	70	1090	230
	KPK	0	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	1670	1470	330	300	510	330	200	30	70	0	100
	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	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>DOH (LHW)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	0	0	0	0	0	0	0	0	0	0	0
	SINDH	0	0	0	0	0	0	0	0	0	0	0
	KPK	0	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>NGOs</b>		<b>117360</b>	<b>114480</b>	<b>30350</b>	<b>41240</b>	<b>27580</b>	<b>15310</b>	<b>2880</b>	<b>630</b>	<b>1000</b>	<b>740</b>	<b>510</b>
	RAHNUMA (FPAP)	39710	37460	6680	9690	9690	11400	2250	580	640	560	470
	MARIE STOPES SOCIETY (MSS)	77650	77020	23670	31550	17890	3910	630	50	360	180	40
	GREENSTAR (GSM)	0	0	0	0	0	0	0	0	0	0	0

		IMPLANTS										
		Total	Implanon					Jadelle				
			Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
<b>PWDs</b>		<b>176211</b>	<b>7153</b>	<b>3513</b>	<b>1860</b>	<b>1108</b>	<b>673</b>	<b>169058</b>	<b>41112</b>	<b>56605</b>	<b>46181</b>	<b>25160</b>
	PUNJAB	76251	4815	2823	1175	640	178	71436	19243	25069	20471	6654
	SINDH	82040	1028	183	50	368	428	81012	18434	27580	21348	13650
	KPK	11352	838	345	353	73	68	10515	2052	2181	3317	2964
	BALUCHISTAN	4336	0	0	0	0	0	4336	1167	1493	661	1015
	ISLAMABAD	1424	433	123	283	28	0	992	137	99	141	616
	AJK	808	40	40	0	0	0	768	80	182	243	262
	FATA	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>DOH (HF)</b>		<b>62813</b>	<b>62813</b>	<b>20773</b>	<b>21543</b>	<b>11255</b>	<b>9243</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	28435	28435	8205	13240	5273	1718	0	0	0	0	0
	SINDH	26130	26130	11098	7043	4468	3523	0	0	0	0	0
	KPK	7615	7615	1265	1055	1385	3910	0	0	0	0	0
	BALUCHISTAN	633	633	205	205	130	93	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>DOH (LHW)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	PUNJAB	0	0	0	0	0	0	0	0	0	0	0
	SINDH	0	0	0	0	0	0	0	0	0	0	0
	KPK	0	0	0	0	0	0	0	0	0	0	0
	BALUCHISTAN	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0	0
	GB	0	0	0	0	0	0	0	0	0	0	0
<b>NGOs</b>		<b>32581</b>	<b>3355</b>	<b>120</b>	<b>1300</b>	<b>1933</b>	<b>3</b>	<b>29226</b>	<b>12274</b>	<b>7577</b>	<b>4226</b>	<b>5149</b>
	RAHNUMA (FPAP)	16849	0	0	0	0	0	16849	7585	4647	2820	1797
	MARIE STOPES SOCIETY (MSS)	13949	3355	120	1300	1933	3	10594	4150	2835	1212	2398
	GREENSTAR (GSM)	1782	0	0	0	0	0	1782	540	95	194	954

**ANNEXURE-V: Justification For +/- 10% Change in Contraceptive Performance 2017-18 as Compared to the Last Year in Respect of Population Welfare Departments, Departments Of Health (HFs & LHWs) and NGO(s).**

Source Department		%Age Change in CYP for 2018-19 as Compared to 2017-18	Justification
<b>POPULATION WELFARE DEPARTMENTS (PWDs)</b>			
1	Population Welfare Department, Punjab, Lahore	17.1%	<p>The significant increase of 17.1% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to following reasons:</p> <ul style="list-style-type: none"> <li>• Performance of FWCs Established in 2017-18 under ADP Scheme increased significantly during 2018-19 due to effective evaluation.</li> <li>• Human Resource Development by conducting effective training module on advocacy &amp; communication skills.</li> <li>• Induction of Community Based Family Planning Workers (CBFPWs) through ADP Scheme to enhance Family Planning Services.</li> <li>• Ensure contraceptive stock availability at all Service Delivery Outlets through Contraceptive Logistics Management Information System (CLIMS).</li> <li>• Refurbishment of MSUs which caused increase in referral clients and contraceptive adoption awareness to the community.</li> <li>• Small, independent health care business have been organized into quality ensured network through ADP Scheme “Franchising of Clinical Services”.</li> <li>• Referral Slip System by outreach workers.</li> <li>• Software of Population Welfare Management Program (PWMP) &amp; Contraceptive Logistics Management Information System (CLIMS) are helpful to keep vigilant in prompt action on observations during field monitoring visits as well as maintenance of contraceptive stock level at service Delivery Outlets.</li> </ul>
2	Population Welfare Department, Sindh, Karachi.	5%	-
3	Population Welfare Department, KPK, Peshawar.	13.3%	<p>The significant increase of 13.3% in terms of CYP, in the contraceptive performance during 2018-19 as compared to 2017-18 is due to following reasons:</p> <ul style="list-style-type: none"> <li>○ The consumption of Implants and IUCDs have been increased during 2018-19.</li> <li>○ Population Welfare Department, Khyber Pakhtunkhwa has started Task Sharing/ Shifting and focused on Long Acting Reversible Contraceptive (LARC). Substantial increase in the performance of Implants resulted in overall increase in CYP.</li> </ul>



4	Population Welfare Department, Balochistan, Quetta.	-26.1%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.</b>
5	District Population Welfare Office, Islamabad.	-1.9%	-
6	Department of Population Welfare, AJK, Muzaffarabad.	8.7%	-
7	Population Welfare Directorate, Merged Area KP (FATA), Peshawar.	-10.1%	The justification for % change in 2018-19 as compared to 2017-18 is due to the following reasons <ul style="list-style-type: none"> <li>• DPWO South Waziristan had shortage of Condoms which were received to them in January 2019.</li> <li>• Stoppage of Injectables supply from Central Warehouse &amp; Supply Karachi to Population Welfare erstwhile FATA.</li> </ul>
8	Population Welfare Directorate, Gilgit-Baltistan	4.1%	-
<b>DEPARTMENT OF HEALTH (HEALTH FACILITIES)</b>			
1	The Department of Health, Punjab, Lahore	-7.8%	-
2	Department of Health, Sindh, Hyderabad.	-7.5%	-
3	Department of Health, Khyber Pakhtunkhwa, Peshawar.	-24.8%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.</b>
4	Department of Health, Balochistan, Quetta.	19.1%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.-</b>
5	The Department of Health, Islamabad	-47.9%	The significant decrease of 61% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to the following factors: <ul style="list-style-type: none"> <li>○ Availability of sufficient quantity of contraceptive items at health outlets.</li> <li>○ Efficient staff, prevailing increased awareness level in Islamabad.</li> <li>○ Proper maintenance of recording and timely reporting.</li> </ul>
6	Department of Health, Azad Jammu & Kashmir, Muzaffarabad	-6.4%	-
7	Department of Health, Gilgit-Baltistan, Gilgit	92.6%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.</b>
8	The Department of Health, FATA, Peshawar.	16.4%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.</b>
<b>DEPARTMENT OF HEALTH (LHWs)</b>			

1	Department of Health (LHWs), Punjab, Lahore	-4.7%	Due to Contraceptive Procurement in 2016-17 & 2017-18 there were ample supply of contraceptive available for the fieldwork in 2017-18. However, the Integrated Reproductive Maternal Newborn Child Health (RMNCH) Program could not procure contraceptives during 2018-19, in the result during 2018-19, the field staff had limited supplies for FP Service provision in the community which cause decline in annual CYP generated by LHW Component.
2	Department of Health (LHWs), Sindh, Hyderabad.	4.2%	-
3	Department of Health (LHWs), Khyber Pakhtunkhwa, Peshawar.	0.6%	-
4	DoH (LHWs), Balochistan, Quetta.	123.5%	The significant decrease of 123.5% in terms of CYP, in the contraceptive performance during 2018-19 as compared to 2017-18 is due to the following: <ul style="list-style-type: none"> <li>The number of reporting districts during 2018-19 are 228 as compared to 133 districts in 2017-18. Due to the higher reporting rate in 2018-19 the performance has increased.</li> </ul>
5	Department of Health (LHWs), Islamabad	-60.6%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.</b>
6	The Family Planning and Primary Health Care Program , Azad Jammu & Kashmir, Muzaffarabad	-10.9%	The significant decrease of 10.9% in terms of CYP, in the contraceptive performance during 2018-19 as compared to 2017-18 is as under: <ul style="list-style-type: none"> <li>The LHWs Program AJK is facing stock out of contraceptive items (Condoms, Oral pills &amp; 3-months Injections since August, 2019).</li> <li>The Population Program Wing M/o National Health Services Regulation &amp; Coordination (M/o NHR&amp;C), Islamabad to provide the required contraceptive stock. The M/o NHR&amp;C, Islamabad has informed that very limited contraceptive stock is available for Population Welfare Departments.</li> </ul>
7	The National Program for FP & PHC FATA, Peshawar	0%	No supplies received from USAID and no local purchase made for contraceptive items due to limitations of budget during 2017-18.
8	The National Program for FP & PHC, Gilgit- Baltistan, Gilgit	-31.8%	<b>Justification regarding +/- 10% change has not been provided by source agency in spite of repeated request.</b>
<b>NGOs</b>			
1	Rahnuma Family Planning Association of Pakistan (Rahnuma FPAP), Lahore.	11.5%	The overall percentage increase of 11.5% in Couple Year of Protection (CYP) as calculated for 2018-19 compare to 2017-18 is attributed primarily to initiation and implementation of Family Planning Service focused projects funded by DFID and UNFPA. During reporting period Rahnuma FPAP established 18 new service delivery outlets, trained service providers on long-term and short-term family planning methods and more specifically arranged skill base trainings on Implant.
2	Marie Stopes Society (MSS), Karachi.	-5.3%	-
3	Greenstar Social Marketing (GSM), Karachi	5%	The overall percentage increase of 5% is attributed primarily to continuous efforts to expand the footprint and reach of service delivery through identification of new providers, pharmacies, and retail outlets all over Pakistan. This was supplemented by a rigorous capacity building and supportive supervision mechanism to maximize quality service delivery

**ANNEXURE-VI: Statement on Bottlenecks hindering the Progress & New Initiatives taken to enhance the Progress, as supplied by the Source Agencies.**

S. #	Name of Department	Bottlenecks	Initiatives for 2017-18 and onward																																		
1.	The Population Welfare Department (PWD), Punjab, Lahore.	<ul style="list-style-type: none"> <li>• <b>Warehousing of Contraceptive:</b> Before devolution warehousing of contraceptive was the subject of Federal Government, However upon devolution, efforts have been undertaken to construct Warehouse at provincial level but due to non-provision of land from the Government of Punjab the matter is still pending which results in Population Welfare Department, Punjab to bear logistic charges for supply of contraceptives from central warehouse, Karachi to the districts of Punjab.</li> <li>• <b>Weak follow-up:</b> and monitoring of clients due to less strength of outreach workers.</li> <li>• <b>Financial Constraints:</b> <ul style="list-style-type: none"> <li>➤ Non-availability of funding through PSDP.</li> <li>➤ Lack of funding from Provincial Government.</li> <li>➤ PC-1 (Amounting to Rs. 6961.831 million) for Population Welfare Programme, Punjab (2017-20) prepared and submitted to Federal Government through P&amp;D for approval has been returned back due to non-availability of funds.</li> </ul> </li> <li>• Finance Department sanctioned 9978 posts in SNE 2017-18 i.e. in position strength. 3809 posts have not been sanctioned by Finance Department. Due to this Department is unwillingly bound to close number service delivery outlets instead of increasing accessibility of services.</li> <li>• Operational difficulties due to old vehicles.</li> <li>• Scarcity of funds for advocacy campaign.</li> <li>• Absence of regional setup. <ul style="list-style-type: none"> <li>• Non-replacement of old Monitoring vehicles: To strengthen the cadre of TPWO and effecting monitoring urgent replacement of old monitoring vehicles is a dire need at all levels.</li> </ul> </li> </ul>	<p>Punjab is committed to provide universal access to quality reproductive health care and take steps for youth development and women empowerment. For the purpose, Punjab aims to adopt a multi-sectoral approach by involving all stakeholders in public and private sector in line with Punjab Population Policy 2017 to capture the Demographic Dividend. In order to achieve this vision, work on following strategic areas has been initiated.</p> <p><b>Human resource development</b> is Imperative for planned and organized execution of population welfare activities. Training conducted during Fiscal Year 2107-18 is given below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>RTI</th> <th>24-Months Diploma</th> <th>Training of Doctors</th> <th>Training of FWAs / FWWs/ LHVs/ CMWs</th> <th>Orientation Training</th> </tr> </thead> <tbody> <tr> <td>Lahore</td> <td>57</td> <td>-</td> <td>499</td> <td>989</td> </tr> <tr> <td>Multan</td> <td>59</td> <td>-</td> <td>604</td> <td>736</td> </tr> <tr> <td>Sahiwal</td> <td>47</td> <td>-</td> <td>199</td> <td>87</td> </tr> <tr> <td>Faisalabad</td> <td>50</td> <td>45</td> <td>600</td> <td>480</td> </tr> <tr> <td><b>Total</b></td> <td><b>213</b></td> <td><b>45</b></td> <td><b>1902</b></td> <td><b>2292</b></td> </tr> </tbody> </table> <p><b>Advocacy communication strategy:</b> 2017-18 was a year of consolidation of the campaign started in the previous year based upon the guidelines given in population policy 2017. The Campaign focused on voluntary adoption of small family norms through public awareness campaign. Supported by community based counseling and motivational efforts. The campaign consisted of two main parts i.e. print and electronic media being managed by provincial office while outreach plan by field offices. The outreach plan strengthens and focusing on renewing the strategy of Inter Personnel Communication (IPC) onward which was based on modern principles of behavior change and communication (BBC) strategy.</p> <p><b>Expansion of Service Delivery Outlets:</b> The department attaches highest priorities to enhance coverage and access to family planning</p>					RTI	24-Months Diploma	Training of Doctors	Training of FWAs / FWWs/ LHVs/ CMWs	Orientation Training	Lahore	57	-	499	989	Multan	59	-	604	736	Sahiwal	47	-	199	87	Faisalabad	50	45	600	480	<b>Total</b>	<b>213</b>	<b>45</b>	<b>1902</b>	<b>2292</b>
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		<ul style="list-style-type: none"> <li>• Only one post Deputy Director to run IEC campaign/ activities at provincial level although a full directorate was functional before 2002.</li> </ul>	<p>information and services at community level. Attending to high unmet need are focused to attain replacement level fertility.</p> <p><b>Expansion of Family Welfare Centers:</b> In addition to the existing network of 1500 FWCs 600 new FWCs have been established during the 2014-18 in phased manner down to Union Council level in 22 district of Punjab with lowest contraceptive prevalence rate. However 400 FWCs capped on the direction of the P&amp;D Department Health Sector.</p> <p><b>Introduction to Community Based Family Planning Workers:</b> In order to bridge the gap between the facility and community 900 community based Family Planning Workers have been inducted during 2014-18 in lowest CPR district of Punjab however, this induction have been capped down on the direction on P&amp;D Department.</p> <p><b>Refurbishment of Clinical Services:</b> During financial year 2017-18 initiatives have been taken to reactivate 20 more Mobile Service Units in 9 district of Punjab which provides total 86 functional Mobile Service Units. 20 specialized vehicles have been sent for refurbishment and the process for the recruitment of WMOs has been initiated.</p> <p><b>Franchising of Clinical Services</b> Partnership with private sector is an effectively proven strategy for geographically hard to reach population or for whom the opening timing for public service delivery outlets may be inconvenient. Clinical franchising is service delivery approached in which small independent health care businesses are organized to quality assure network. In 5 districts the franchising of clinical services is piloted in two phases 2016-17 &amp; 2017-18 through which in every district 5 doctors and 20 paramedics have engaged to provide FP services.</p> <p><b>Establishment of Adolescence Reproductive Health Education Cell:</b> Through ADP scheme 2016-18 Adolescence Reproductive Health Education Cell have been established to address adolescent issues at the basic level. Lectures regarding adolescent issues, life skill base education, Health and Hygiene were delivered to girls and boys in schools and colleges by male and female doctors.</p> <p><b>Costed Implementation Plan (CIP):</b> A well-defined Costed Implementation Plan (CIP) for FP in a country or province would serve as a major instrument to raise priority of family planning and in</p>
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			particular for achieving FP 2020 commitments. The CIP includes multiyear strategic approach that defines strategies and activities, maps-out and coordinates investments, and presents a combined approach towards resource mobilization for achieving FP goals. CIP has been approved and in process of implementation to achieve target oriented results.
2.	The PWD, Sindh, Karachi	<ul style="list-style-type: none"> <li>i. Still have some gaps in integration and coordination in relevant departments to bring all on one page in achieving FP 2020 goals. Some outlets outsourced by the Health Department are not properly streamlined.</li> <li>ii. Besides, Development partners yet to streamline further for functional integration at sub district level</li> <li>iii. Facing challenges in local manufactures of contraceptives</li> <li>iv. International Procurement and Delivery of contraceptives</li> <li>v. Delivery of contraceptives below district, sub district and facility/provider</li> <li>vi. Data quality and accuracy</li> <li>vii. Monitoring visits allocation be made in budget</li> <li>viii. Capacity issue of field staff</li> <li>ix. Migrants from other provinces don't agree in family planning services</li> </ul>	<p><b>1. Functional Integration:</b> Political will ensured at the Highest level of Government of Sindh: Brought Health and Population Welfare Department on one platform for mainstreaming Family Planning Services; Facilities engaged in PPF; Integrated FP into primary care; PPHI, HIS and CMWs streamlined; RHS-B Strengthen Counseling and screening; Male engagement; Sindh FP 2020 Poocho Helpline (080011171) launched to provide information to community regarding FP/Health facilities. Urban plan &amp; integrated RMNCH &amp; FP in process</p> <p><b>2. Sindh Population Taskforce:</b> SPTF has been established in Sindh and two meetings have been conducted as of now which were chaired by Honorable Chief Minister Sindh.</p> <p><b>3. Establishment of a joint platform for all partners:</b> Brought together all relevant stakeholders (department for Population &amp; Health along with their allied programs i.e. PPHI,HIS, LHWs and Maternal, Neo-natal and child health (MNCH), Planning and Development Board, Finance, Education, Women Development, Information, Youth Affairs), INGOs, NGOs and Academia on one platform.</p> <p><b>4. Sindh Narrative:</b> Tolerance; Acceptance; Inclusive; consolidation; Political Will; Social Media; National Narrative; Balancing instead of controlling.</p> <p><b>5. Legislation:</b> Sindh Reproductive Health Care Rights Act 2019, Marital counseling and legislation of Nikah Bill; Sindh Child Marriage Restraint Act, 2013</p> <p><b>6. Capacity Building:</b> Training of FP method, PPF, Task Sharing</p> <p><b>7. LSBE:</b> Life Skill base Education has been the part of curriculum</p> <p><b>8. Contraceptive Procurement:</b> Procured Jadelle &amp; Sayana Press</p>

3.	The PWD, Khyber Pakhtunkhwa, Peshawar	<p>i. Most of the WMOs posts lying vacant as majority of WMOs after joining the department are reluctant to continue their service due to non-provision of Health professional allowances as compared to DoH.</p> <p>ii. Due to lengthy and complicated process of contraceptive procurement, contraceptive could not be procured well in time and resultantly stock out / under stock of contraceptive at service delivery outlets faced.</p> <p>iii. PWD KP faced shortage of 03 month injection due to cut on its share by Federal government.</p> <p>iv. The process expansion by the deptt: in the service delivery and not include in ADPs</p> <p>v. Funds for communication and strategy for Media campaign under regular budget.</p>	<p><b><u>2018-19 under ADP ongoing (Approved Scheme)</u></b></p> <ul style="list-style-type: none"> <li>● Establishing PWTI, under the scheme “Innovative Scheme for promotion of Population Welfare Programme for achieving SDGs, FP2020 Goals and Vision of Population Policy”.</li> </ul> <p><b><u>2018-19 under ADP ongoing (New Scheme)</u></b></p> <ul style="list-style-type: none"> <li>● Consolidation of Existing Service Delivery Centers under the scheme Service Delivery Centers are being strengthened in term of Furniture, Fixture, machinery and equipment.</li> <li>● Expansion of hostel facility at Regional Training Institute, Peshawar, under the scheme 07 rooms have been constructed in Regional Training Institute, Peshawar.</li> <li>● Delivering Accelerated Family Planning in KP (DFID Assisted) (Foreign Aid P&amp;D Project)</li> <li>● Involvement of 200 Religious Scholars as Social Mobilisers at Village Council Level in Khyber Pakhtunkhwa. Under the Scheme 200 Ulama will be trained as master trainers who will impart step down training at district level.</li> <li>● Establishment of 10 Adolescent and Sexual Reproductive Health Center will be established in various districts.</li> </ul>
4.	Population Welfare Department, Government of Baluchistan, Quetta	<p>i. Issues relating to Social Mobilisers Still not all social mobiliser have been recruited according the sectioned strength. In coming months the process of recruitment will be completed.</p> <p>ii. Issues relating to capacity building of the officials and technical staff and improving the skills of service providers in all service outlets is still a challenge. After devolution of 18th amendment, less trainings/ refresher training have been arranged as it was common practice in past</p> <p>iii. Geographically far furlong areas of province needs more FWCs/ Reproductive Centers / MSUs especially in rural villages. Baluchistan is the mountainous region and program is facing accessibility issues for the client and</p>	<ol style="list-style-type: none"> <li>1. Stronger coordination between international donors. National NGO/INGOs at provincial level along with stakeholders has been improved for the success of programme</li> <li>2. Medical Camps have been increased which is expected to bring changes as a source of client generation</li> <li>3. 45 lady doctors have also been recruited through PPSC.</li> <li>4. Some new programme districts have established and staff are being recruited and in some place the process has been completed</li> <li>5. Introduction of Jadelle in the contraceptive package can enhance the programme performance. This contraceptive method is gaining importance in the province</li> <li>6. Contraceptive procurement at provincial level has been carried out. In this connection, supplies like condom and</li> </ol>

		<p>scattered population. In this regard, no service delivery expansion in satisfied quantity has been made.</p> <p>iv. The population coverage is decreasing each year</p> <p>v. No special storage facility for contraceptive is available in district stores</p> <p>vi. No new initiative regarding career planning of field staff to evaluate the morale of staff has been carried out</p>	<p>some other type of contraceptives have been received in the CWH, Karachi.</p> <p>7. LOU-Letter of understanding between – between PWD &amp; PPHI Balochistan has been signed to engage 600 BHUs for family planning services.</p> <p>8. Medical camp focusing RH/FP have been increased at district level</p>
5.	District Population Welfare Office, Government of Pakistan, Islamabad.	-	-
6.	Population Welfare Directorate, Government of AJK, Muzaffarabad	<p><b>Non availability of contraceptives</b></p> <ul style="list-style-type: none"> <li>• Contraceptives were being provide by USIAD which were stocked out during 2019</li> <li>• Medicine which are the source of attractions for client could not be purchased during financial year 2018-19 due to late approval of PC-1 (06-05-2019)</li> <li>• Information, Education and communication activities to promote family planning couldn't be conducted</li> </ul> <p><b>Low strength of FMOs</b></p> <ul style="list-style-type: none"> <li>• Many positions of FMOs are vacant at RHSC-As and MSUs due to unattractive salary packages</li> </ul> <p><b>Service Delivery Network</b></p> <ul style="list-style-type: none"> <li>• Service delivery network stand frozen at the level of 2008. Existing strength of service delivery outlets cannot cater the scattered population across hard to reach terrain of AJ&amp;K</li> </ul>	<p>Population Welfare Department, AJ&amp;K is committed to provide universal access to quality reproductive health care. In order to achieve the envisaged targets, following strategic areas have been initiated:</p> <p><b>Enhanced coverage and access to Family Planning Services at community level.</b></p> <ul style="list-style-type: none"> <li>✓ During the Three Year Plan (2017-20), FWCs apart from contraception will extend antenatal, postnatal and general health services for mothers and infants through satellite camps.</li> <li>✓ MSUs will be revitalized to cater the needs of hard to reach and remote areas.</li> <li>✓ RHSC-As will hold extension camps activity to ensure availability of Contraceptive Surgery on a wider scale.</li> <li>✓ Private sector hospitals will be registered as RHS-B and will be encouraged to provide FP services.</li> </ul> <p><b>Reforming High Risk Fertility Behavior.</b></p> <ul style="list-style-type: none"> <li>✓ A Behavior Change Communication (BCC) and Information, Education and Communication (IEC) campaign will be launched that will focus on family well-being, small family norms, birth spacing, reproductive health, nutrition and mobilization of resources involved in population and development information.</li> </ul> <p><b>Capacity building of Human Resource.</b></p> <ul style="list-style-type: none"> <li>✓ 25 females will be pass out during 2019-20 after completion of 24 month diploma for FWWs</li> </ul>

			<ul style="list-style-type: none"> <li>✓ Clinical trainings for program personnel and non-program personnel have been scheduled in the plan period 2019-20.</li> </ul> <p><b>Uninterrupted availability of Quality Contraceptives.</b></p> <ul style="list-style-type: none"> <li>✓ At present USAID is providing contraceptives and has given commitment for the supply up to 2019.</li> <li>✓ Process for pooled procurement at federal level has been finalized</li> </ul> <p><b>Developing Partnership for Enhancing Coverage and Access to Services.</b></p> <ul style="list-style-type: none"> <li>✓ Partnership will be developed with non-governmental organizations, private sector, community based organizations and civil society organizations for arrangement of satellite camps to resolve unmet need, extend coverage and particularly to reach out to remote households.</li> <li>✓ Provision of contraceptives through private clinics in rural communities, urban slums and under-served districts will be focused.</li> </ul> <p><b>Functional Integration of Health and Population Welfare Departments for FP Services.</b></p> <ul style="list-style-type: none"> <li>✓ For functional integration the services &amp; resources of Health Department will be utilized during the plan period. Contraceptives and literature containing information about Family Planning, mother and child health will be ensured at all health service outlets.</li> <li>✓ Lady Health Workers (LHWs) will be utilized for arrangement of camps for Mobile Service Units of Population Welfare Department in far flung areas. For this purpose each LHW will be given Rs.1000/camp as incentive. Community Midwives (CMWs) will be nominated as sale points of contraceptives. For this purpose each CMW will be given Rs.500/month.</li> </ul> <p><b>Involvement of Religious Scholars/ Ulemas.</b></p> <ul style="list-style-type: none"> <li>✓ The religious scholars and ulemas can play a great role for family planning as they were successfully utilized to control high growth rate in some Muslim countries. They can carry the message to the union council level especially in rural areas.</li> </ul>
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			<ul style="list-style-type: none"> <li>✓ During 2019-20 seminars focusing on “Family Planning and Islam” have been proposed in each district. Financial incentive @ Rs.1000/= per participant of these seminars is also proposed.</li> </ul>
7.	Population Welfare Directorate, Government of Gilgit-Baltistan, Gilgit.	<p>Non-Approval of PC-1 (2017-20)  Non-Provision of budget for development and operational activities of department.  Stock out of contraceptives  Non Availability of medicines  Suspension of outreach activities due to non-availability of budget</p>	<ul style="list-style-type: none"> <li>• 3- Year Plan (2017-20) approved on 6<sup>th</sup> May, 019 i.e. towards end of financial year 2018-19</li> <li>• Implementation of Supreme Court recommendations, Gilgit- Baltistan Population task force notified.</li> <li>• Intervention of United Nation Population fund (UNFPA) in Gilgit-Baltistan</li> </ul>
8.	Population Welfare Directorate, Merged Area. (EX-FATA) Peshawar	<p>There are certain issues related to Population Welfare Merged Districts Khyber Pakhtunkhwa which are retarding progress of Population Welfare Services. Some of the major issues are as follows:</p> <p>i. <b>Budgetary Issue:</b> Since the devolution of Ministry of Population Welfare under 18<sup>th</sup> amendment, Population Welfare Programme erstwhile FATA did not received budget as per allocation under PC-1 (2010-2015 extended 2017). On the expiry of PC-1 (2010-2015 extended 2017, a new PC-I (2017-20) was prepared which was supposed to provide better performance as per targets enshrined in it. However, after prolong session of processing, it was not approved due to the reason that FATA merged with Khyber Pakhtunkhwa. Consequently, planning Commission directed to prepare a modified PC-I (2017-19) with a rationalize cost for salaries of the existing staff and accrued liabilities for the two Financial Years (2017-18 &amp; 2018-19). The modified PC-I (2017-19) was approved by CDWP in its meeting held on 06-05-2020. However, authorization for the same was not granted by PIA section due to some technical issues—rather the previous approved PC-I (2010-15 extended 2017) was proposed for extension by the competent forum.</p> <p>Consequent upon the above, the previous approved PC-I (2010-15 extended 2017) was further extended</p>	

		<p>on 17-06-2019 w.e.f. 01-07-2017 to 30-06-2019</p> <p>In view of the above, no fund was available for expansion of the program services to achieve better performance viz a viz the targets.</p> <p>However, in the post merger scenario, the Directorate of Population Welfare Merged areas has taken up the budget related issues through Administrative Department with Finance Department Khyber Pakhtunkhwa. A PC-I (2019-22) titled "Consolidation/ Strengthening of Existing service Delivery Units of Population Welfare Merged Districts" at a total cost of 58 million has been approved through which the exiting service delivery units shall be strengthened in terms of contraceptives, medicine etc. performance of the program may be increase after the implementation of the PC-I</p> <p>ii. <b>Job Security of staff:</b> It is a universally accepted principle that job security plays a vital role in commitment and devotion of employees. However, unfortunately, the employees working in Population Welfare Programme erstwhile FATA were working under volatile service structure-- being funded from PSDP. Therefore, the staff always preferred to join a regular service in any other department rather than to continue their services in Population Welfare Programme erstwhile FATA. Hence performance of the programme used to suffer at times.</p> <p>In the post-merger scenario the salaries of the existing staff has been shifted to regular budget and new posts are being proposed to finance department Khyber pakhtunkhaw to fill up the gap of service providers in the existing service delievery outlets. Moreover, the regularization and absorption case of the existing staff is already under process at provincial level and it is hope thart once employees are provided are secure service structure and future prospects as available to population</p>	
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		<p>welfare department Khyber Pakhtunkhaw. The outflow of the employees from population welfare merged districts shall stop and performance may enhance.</p> <p>iii. <b>Socio cultural constraints:</b> Unlike settle area, society in merged Districts is more traditional and resistant to Family Planning. Larger families are considered more powerful, hence, Family Planning is unattractive for the society. In this connection supplementing of Family Planning services through general medicines is a tool to attract tribal population to Population Welfare Service Delivery Outlets but unfortunately less budgetary allocation always remains a hurdle. Now under the PC-1 (2019-22) titled "consolidation/ strengthening of existing service delivery units of population welfare merged districts" medicines are to be provided to all outlets in merged districts.</p> <p>iv. <b>Participation of staff in Polio eradication Campaign:</b> It is worth mentioning that the staff of Population Welfare merged Districts also actively participates in polio eradication campaign which hinders their services in family planning.</p>	
9.	Rahnuma- Family Planning Association of Pakistan, Lahore	<p>i. Non availability of commodities at some provinces.</p> <p>ii. Increase in cost of commodities in open market.</p> <p>iii. Full range of commodities were not provided to RAHNUMA-FPAP from Government of Sindh.</p> <p>iv. RHE camps allocated area limited by PWD in Punjab province.</p>	<ul style="list-style-type: none"> <li>- New DFID funded projects of family planning implemented in 10 districts under which 10 additional service delivery outlets were operationalized during reporting period.</li> <li>- Service providers especially newly inducted staff was trained on range of methods including long term and permanent contraception methods.</li> <li>- Civil society collectively continued advocating with government for timely commodity supply.</li> <li>- Council of common interest CCI recommendations provided opportunity to lobby with concerned provincial departments under UNFPA Partnership.</li> </ul>
10.	Marie Stopes Society (MSS), Karachi	-	-
11.	Greenstar Social Marketing (GSM), Karachi.	v. The donor support for ensuring contraceptive security is declining progressively. Private sector is	-

		<p>expected to generate its own commodities, which will limit subsidization of prices and choice for the users in underserved areas.</p> <p>vi. Complete product mix of FP is not available due to limitations/problems at the manufacturer end (in case of Depo-Provera), lack of donor support and subsidization options (implants, Novaject), problems with import of manufacturers based in India (IUCDs).</p> <p>vii. Unregulated import of counterfeit and low quality condoms has a negative impact on sales</p> <p>viii. The decision of government to include condoms in the medical device category will classify a 3% import duty on the commodity, which will replace the current zero percent rated category of condoms.</p>	
12.	Department of Health (LHW/ IRMNCH & Nutrition)Program , Punjab, Lahore	<p>Shortage of Commodity/ Financial constraints due to:</p> <ol style="list-style-type: none"> <li>1. International procurement / suppliers; there were hindrances in the timely supplies of commodity.</li> <li>2. Budget Shortages</li> </ol>	<p>To strengthen the supply chain system it has been approved at the departmental level that P &amp; S department and PWD will work in close coordination and in this respect commodity forecasting and procurement of contraceptives timely and according to need to prevent shortages is under process in PWD.</p>
DRAAP New regulations		<p>New procurement rules for registration of drugs being supplied/procured internationally and supplied so drugs weren't able to be purchased which caused delays in procurement because suppliers had to meet new DRAAP rules.</p>	
<p>Lady health workers as dying cadre. Currently 43,200 LHWs been working in Punjab from their initial number of approximately 48,200. These LHWs cover almost 71% of rural area and 31% of urban population in all 36 districts of Punjab. The LHWs coverage area is continuously declining due to death, retirement, resignation and termination. No recruitment has been done in the LHW program after regularization of their services in 2012 and declared a dying cadre.</p>		<p>To cover 100% rural areas and urban slums by the LHWs in Punjab approximately 13,000 more LHWs and 520 LHSs. This increase in LHW covered area is essential in to address the existing gap in FP services.</p> <p>The program has proposed different models to increase the 100% rural areas and urban slums by the LHWs which include:</p> <ul style="list-style-type: none"> <li>• Hiring by department on existing LHW program model</li> <li>• Outsourcing the LHW Services</li> <li>• Hiring the Staff through HR Recruitment Company.</li> </ul> <p>After approval from competent authority the coverage along with services will improve</p>	
Skilled staff for FP service provision/ Capacity building		<p>Capacity building of health staff on new techniques and modern contraceptive methods along with</p>	

			refresher trainings of staff have been conducted at provincial & district level. Refresher training of staff on FP modern methods and provision of services have been conducted and details are given in Table 2.
		Misconception, Misunderstanding, Poverty & Illiteracy	Involvement of all stakeholders, religious famous personalities for awareness raising. Involvement of teachers and curriculum update accordingly. More community awareness raising sessions by LHWs conducted. Communication channel has been established through social media as well for more awareness
		Behavior Change Counselling	Involvement of LHWs in demand creation through social mobilization and counseling sessions. The number of sessions conducted for Women Support Group Meetings by LHWs are as follows: 2018-2019: 1,276,035 2019-2020: 399,472 Further proposal are also under discussion for the counseling of male members of the family, community elders and leaders etc

## ANNEXURE-VII: STATEMENT ON FP2020 (TARGETS VS ACHIEVEMENTS) IN RESPECT OF POPULATION WELFARE DEPARTMENTS.

S. #	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"> <thead> <tr> <th>Year</th> <th>Targets (%)</th> <th>Achievements (%)</th> </tr> </thead> <tbody> <tr> <td>2013-14</td> <td>43.09</td> <td>40.01</td> </tr> <tr> <td>2014-15</td> <td>44.18</td> <td>41.48</td> </tr> <tr> <td>2015-16</td> <td>46.34</td> <td>43.04</td> </tr> <tr> <td>2016-17</td> <td>48.51</td> <td>-</td> </tr> <tr> <td>2017-18</td> <td>50.67</td> <td>38.3</td> </tr> <tr> <td>2018-19</td> <td>52.84</td> <td>--</td> </tr> <tr> <td>2019-20</td> <td>55.00</td> <td>--</td> </tr> </tbody> </table> <p>*Not provided by PWD, Punjab</p>	Year	Targets (%)	Achievements (%)	2013-14	43.09	40.01	2014-15	44.18	41.48	2015-16	46.34	43.04	2016-17	48.51	-	2017-18	50.67	38.3	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" data-bbox="618 226 1468 669"> <thead> <tr> <th>Year</th> <th>Increase per annum</th> <th>Additional users</th> <th>mCPR%</th> </tr> </thead> <tbody> <tr><td>2012</td><td>up</td><td>1,638,534</td><td>24.5</td></tr> <tr><td>2013</td><td>1.5%</td><td>136,504</td><td>26.0</td></tr> <tr><td>2014</td><td>1.5%</td><td>140,459</td><td>27.5</td></tr> <tr><td>2015</td><td>1.5%</td><td>144,595</td><td>29.0</td></tr> <tr><td>2016</td><td>1.5%</td><td>148,640</td><td>30.5</td></tr> <tr><td>2017</td><td>1.5%</td><td>152,685</td><td>32.0</td></tr> <tr><td>2018</td><td>1.5%</td><td>156,731</td><td>33.5</td></tr> <tr><td>2019</td><td>1.5%</td><td>160,776</td><td>35.0</td></tr> <tr><td>2020</td><td>1.5%</td><td>164,821</td><td>36.5</td></tr> <tr><td>Sub Total</td><td></td><td><b>2,843,835</b></td><td></td></tr> <tr><td>Additional Traditional Method</td><td></td><td></td><td>08.0</td></tr> <tr><td>Total</td><td></td><td></td><td>44.5</td></tr> </tbody> </table> <p>FP 2020 achievements of PWD Sindh are as under:</p> <table border="1" data-bbox="618 732 1468 953"> <thead> <tr> <th>Year</th> <th>Increase per annum</th> <th>Additional users</th> <th>mCPR%</th> </tr> </thead> <tbody> <tr><td>2012</td><td>up</td><td>1,638,534</td><td>24.5</td></tr> <tr><td>2018</td><td>-</td><td>-</td><td>24.4*</td></tr> <tr><td>2019</td><td>3.0%</td><td>273,892</td><td>27.5**</td></tr> <tr><td>Additional Traditional Method</td><td></td><td></td><td>6.5</td></tr> <tr><td>Total</td><td></td><td></td><td>34.0</td></tr> </tbody> </table> <p>*Based on PDHS 2017-18 mCPR = 24.4  **Based on service Data collected on FP2020 Monthly Reporting Perfroma</p>	Year	Increase per annum	Additional users	mCPR%	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		<b>2,843,835</b>		Additional Traditional Method			08.0	Total			44.5	Year	Increase per annum	Additional users	mCPR%	2012	up	1,638,534	24.5	2018	-	-	24.4*	2019	3.0%	273,892	27.5**	Additional Traditional Method			6.5	Total			34.0
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3.	Population Welfare Department, Government KP Peshawar.	Year-wise target of 31% achieved against 42% Contraceptive Prevalence Rate (CPR) as per FP2020 The targets will be revised with the revision of Population Policy of Khyber Pakhtunkhwa.																																																																												
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 19.6 % which has been estimated based on the trend of the nearest past surveys calculated with the help of Family Planning Estimating Tools (FPET).																																																																												
5.	District Population Welfare Office, Govt. of Pakistan, Islamabad	<p>As per statistics available , following targets &amp; achievement are forecasted:</p> <table border="1" data-bbox="553 1356 1516 1577"> <thead> <tr> <th>Component/Indicator</th> <th>Baseline/Achievement</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Family Welfare Centres</td><td>31</td><td>42</td></tr> <tr><td>Social Mobilizer</td><td>20</td><td>35</td></tr> <tr><td>Contraceptive Prevalence Rate (CPR)</td><td>59.6% (PDHS, 2012-13)</td><td>60%</td></tr> <tr><td>Total Fertility Rate (TFR)</td><td>3.00 (PDHS, 2012-13)</td><td>-</td></tr> <tr><td>Population Growth Rate</td><td>4.91 Population Census 2017 Preliminary Results</td><td>-</td></tr> </tbody> </table> <p>Note:</p> <p>I) It has been informed by District Population Welfare Office (DPWO), Islamabad that the DPWO has no trained technical and non-technical infrastructural set up to complete the assignment of FP2020 targets &amp; achievements.</p> <p>II) Achievement of targets of FP2020 is subject to achievement of service delivery expansion and provision of funds by the Finance Division.</p>	Component/Indicator	Baseline/Achievement	Target	Family Welfare Centres	31	42	Social Mobilizer	20	35	Contraceptive Prevalence Rate (CPR)	59.6% (PDHS, 2012-13)	60%	Total Fertility Rate (TFR)	3.00 (PDHS, 2012-13)	-	Population Growth Rate	4.91 Population Census 2017 Preliminary Results	-																																																										
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6.	Population Welfare Directorate,	<p>The targets for Contraceptive Prevalence Rate (CPR) during 2018-19 and 2019-20 are as under.</p> <table border="1" data-bbox="683 1860 1442 1892"> <thead> <tr> <th>Year</th> <th>CPR Targets</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Year	CPR Targets																																																																										
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	Government of AJK, Muzaffarabad.		2018-19	29%			
			2019-20	30%			
7.	Population Welfare Directorate Government of Gilgit Baltistan, Gilgit	Year	Total Fertility Rate (TFR)		Contraceptive Prevalence Rate (CPR)		
			Targets	Achievements	Targets	Achievements	
		2016-17	3.8	4.6	38	38.1	
		2017-18	4.4	4.6	40	38	
		2018-19	4.0	4.6	45	39	
8.	Population Welfare Directorate, Merged Areas, Khyberpukhtoonkha	Target based on PC-1 (2017-20)					
		Name of Contraceptive	2017-18		2018-19		2019-20
			Targets	Achievements	Target	Achievements	Target
		Condoms	349407	346814	419288	444650	503145
		Oral Pills (CoC)	51786	45272	62143	47677	74571
		Oral Pills (PoP)	6472	-	7766	-	9319
		Postin Tablets	6472	-	7766	-	9319
		IUDs Cu-T 380	6924	6600	8308	6062	9969
		IUDs Multiload	2307	-	2768	-	3321
		Net-En Injection	16664	-	19996	-	23995
		DMPA Injection	16664	29823	19996	18081	23995
		The targets are based on the New proposed PC-1 for the period (2017-20), which was prepared in response to Ministry of National Health Services, Regulations & Coordination, and Islamabad letters No. 52(2)/201/Dir P&D dated 31.07.2017, However, due to merger of FATA the same was not approved. The programme was running on the capped budget. Therefore, no expansion and recruitment of service provision was possible. Resultantly, there occurs some deficiency in achieving the target.					
9.	Department of Health (LHWs/ Integrated Reproductive Maternal Newborn & Child Health & Nutrition, IRMNCH), Punjab, Lahore	Services provided	2017-18	2018-19	2019-2020 (upto Dec 19)		
		Eligible couples have been served through provision of Condoms, Oral Pills (COC), 3 months injections	17,531,789	14,540,012	3,295,712		
		IRMNCH & Nutrition Program under P&S Healthcare department contribute to the overall health sector goals of improvement in maternal, newborn & child health along with provision of family planning services by bridging the gap between health facilities and communities. LHWs JDs also includes the motivation and counseling of clients for adoption and continuation of family planning methods. She provides following family planning services in her coverage area including provision of condoms, oral contraceptive pills and administration of injectable contraceptives (second dose) to the eligible couples in the community. She also refer clients needing IUCD insertions, contraceptive surgery to the nearest Government health facility preferably to CMW, BHUs, RHCs and THQH/DHQs for surgery.					
		The program is also striving to promote and provide the modern methods of contraceptives. For that purpose comprehensive trainings focusing the modern contraception has been planned and since January 2018 till now the following trainings have already been conducted as given below					
10	Department of Health (LHWs), Government	Year	Contraceptive Prevalence Rate (CPR)	Total Fertility Rate (TFR)	Training on Family Planning		

	of Gilgit Baltistan, Gilgit		Targets	Achievements	Targets	Achievements	Targets	Achievements
		2017-18	40	39 (PDHS 2017-18)	4.4	4.7 (PDHS 2017-18)	1365 LHWs	1365 LHWs have been trained
		2018-19	45	38	4.4	4.5	1365 LHWs	1365 LHWs not trained due to lack of funds

S. #	Name of Department	Targets & Achievements(As Supplied by the Source Agencies)					
10.	Rahnuma- Family Planning Association of Pakistan, Lahore	Methods	Quarterly CYP Achievement (2018-19)				Total (CYP)
			Jul-Spt,2018	Oct-Dec,2018	Jan-Mar,2019	Apl-Jun,2019	
		IUCD	337585	416029	332410	524814	1610838
		Inj.(Depo)	25754	17586	18489	29325	91154
		Inj.(Norigest)	75	89	37	14	215
		Implant	7577	4647	2820	1805	16849
		Condom	2692	2397	2564	8953	16606
		Oral Pills	6058	7593	5459	15448	34558
		EC Pills	595	733	706	2152	4186
		Sterilization/CS (Male)	580	640	560	470	2250
		Sterilization/CS (Female)	6680	9690	9690	11400	37460
		Total (CYP)	387596	459404	372735	594381	1814116
		Overall Projected CYP Performance Indicator (PIs) & Achievement					
	Year	Performance Indicator (PIs) (million)	Achievements (million)	Remarks			
	2014	1.450	0.99	Annual			
	2015	1.645	1.06	Annual			
	2016	1.800	1.38	Annual			
	2017	1.996	1.65	Annual			
	2018	2.150	1.68	Annual			
	2019	2.250	2.57	Annual			
	2020	2.350	-				
	Total	13.741					
Note: Achievement against PIs in any given year is subject to donor funding, socio-political situation, supply chain management of contraceptives etc.							
11.	Marie Stopes Society (MSS), Karachi	To assess the contribution to FP2020, MSS has measured its cumulative contribution/achievements from 2012 to-date. Over the last six years (2012 to 2018), MSS generated 1.2 million additional FP users and contributed <b>3.5 percentage points</b> to the national modern Contraceptive Prevalence Rate (mCPR).					
12.	Greenstar Social Marketing (GSM), Karachi	The number of users that GSM will be adding to the national framework through its services is as under:					
	Commodities/ Products	FP Users by Methods					
		2018-19	2019-20	2020-21	2021-2022	20202-23	
	Condoms	1,272,039	1454,072	1,620,022	1796,812	1,983,911	
	Pills	213,514	231,056	249,838	268,271	287,040	
	Injectables	178,992	191,181	203,498	215,665	227,558	
	IUDs	201,790	222,011	241,970	262,513	283,488	
	Total FP Users	1,866,335	2,098,320	2,315,328	2,543,261	2,781,996	

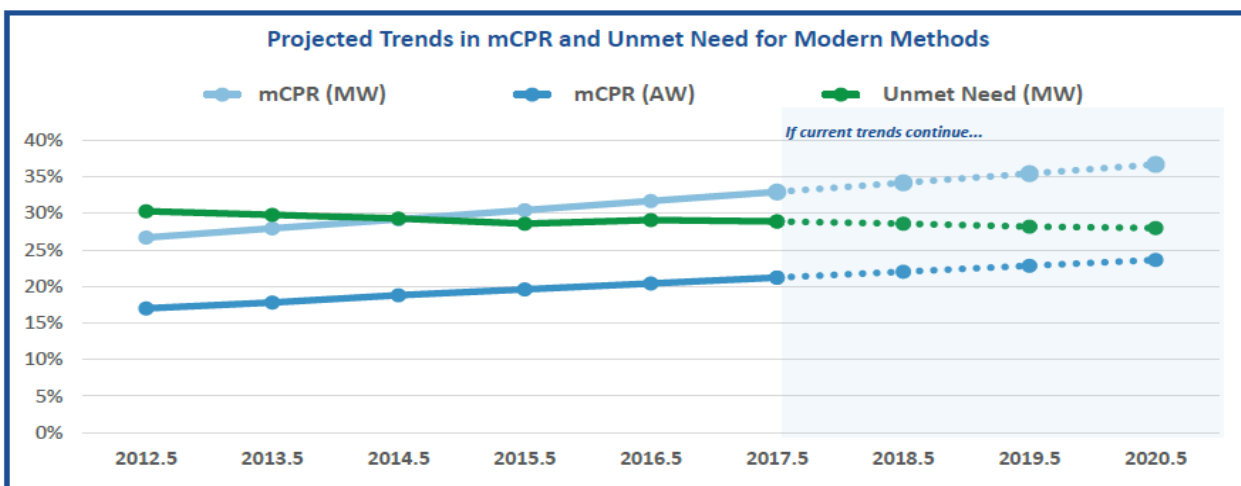


# Annexure-VIII: Pakistan: FP2020 Core Indicators Summary Sheet 2017 & FP2020 Core Indicators 1-9 Country Fact Sheet.

## Pakistan

### FP2020 2017 Core Indicators 1-9 Country Fact Sheet

		Current Estimate for 2017	Projection to 2020
#1	Additional Users of Modern Contraception	2,921,000	4,768,000
#2	Modern Contraceptive Prevalence Rate (mCPR AW)	21.2%	23.6%
#3	Unmet Need for Modern Contraception (MW)	28.9%	28.0%
#4	Demand Satisfied for Modern Contraception (MW)	53.3%	56.7%



**In 2017, we estimate**

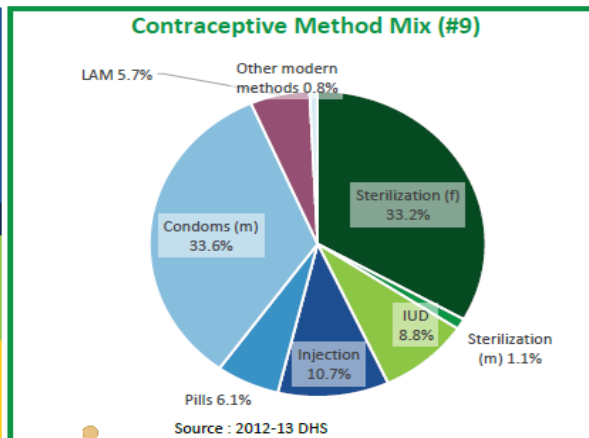
**10,520,000**  
women are using a modern method of contraception in Pakistan

**As a result of modern contraceptive use:**

- 2,640,000** unintended pregnancies prevented (#6)
- 806,000** unsafe abortions averted (#7)
- 3,000** maternal deaths averted (#8)

Data recency: color indicates year of most recent data used to inform estimates

- New : 2016 to Present
- Recent : 2012 to 2016
- Old : Prior to 2012



Data included comes from FP2020 2017 Report

Note: Service Statistics informed 2017 estimates

**FP 2020** **TRACK 20**

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# Pakistan

## FP2020 Core Indicator Summary Sheet: 2017

		2012.5	2013.5	2014.5	2015.5	2016.5	2017.5
1	Number of additional users of modern methods of contraception	0	543,000	1,193,000	1,760,000	2,337,000	2,921,000
2	Contraceptive prevalence rate, modern methods (mCPR) among all women	17.0%	17.8%	18.8%	19.6%	20.4%	21.2%
3	Percentage of women with an unmet need for a modern method of contraception (married/in-union)	30.3%	29.8%	29.3%	28.6%	29.1%	28.9%
4	Percentage of women whose demand is satisfied with a modern method of contraception (married/in-union)	46.8%	48.4%	49.9%	51.6%	52.1%	53.3%
5	Number of unintended pregnancies	2,068,000	2,092,000	2,112,000	2,125,000	2,134,000	2,138,000
6	Number of unintended pregnancies averted due to use of modern methods of contraception	1,907,000	2,043,000	2,207,000	2,349,000	2,494,000	2,640,000
7	Number of unsafe abortions averted due to use of modern methods of contraception	582,000	624,000	674,000	717,000	761,000	806,000
8	Number of maternal deaths averted due to use of modern methods of contraception	2,000	2,000	2,000	2,000	2,000	3,000

Percentage of women using each modern method of contraception (method mix)	
<i>Long-acting and permanent methods</i>	
Sterilization (female)	33.2%
Sterilization (male)	1.1%
IUD	8.8%
Implants	0.0%
<i>Short-term methods</i>	
Injection	10.7%
Pill	6.1%
Condom (male)	33.6%
LAM	5.7%
Other modern methods	0.8%
Source	2012-13 DHS
Population	Married

Percentage of facilities stocked out, by method offered, on the day of assessment	
<i>Long-acting and permanent methods</i>	
Sterilization (female)	n/a
Sterilization (male)	n/a
IUD	n/a
Implants	n/a
<i>Short-term methods</i>	
Injection	n/a
Pill	n/a
Condom (male)	n/a
LAM	n/a
Other modern methods	n/a
Source	n/a
Year	n/a

		%	%	Source	Year
11a	Percentage of primary SDPs that have at least 3 modern methods of contraception available on day of assessment		n/a	n/a	n/a
11b	Percentage of secondary/tertiary SDPs with at least 5 modern methods of contraception available on day of assessment		n/a		

		2012	2013	2014	2015	2016	Source
12	Annual expenditure on family planning from government's domestic budget	n/a	n/a	n/a	n/a	n/a	n/a
13	Couple-years of protection (CYP)	n/a	n/a	n/a	n/a	n/a	n/a

		Value	Population	Source
14	Method Information Index	13.5%	MW	
15	Percentage of women who were provided with information on family planning during recent contact with a health service provider	40.6%	MW	2012-13 DHS
16	Percentage of women who make family planning decisions alone or jointly with their husbands or partners	92.0%	n/a	
17	Adolescent birth rate (per 1000 women 15-19)	44	n/a	2012-13 DHS

		Long-acting			Short-term		Source
		IUD	Implant	Injectable	Pill	Condoms (male)	
18	Discontinuation while in need	22.9%	n/a	46.9%	41.3%	21.7%	2012-13 DHS
	Discontinuation while not in need	2.3%	n/a	11.3%	13.9%	14.6%	
	Total discontinuation (all reasons)	25.5%	n/a	60.7%	56.4%	37.8%	
	Switching to a different method	8.5%	n/a	16.5%	13.8%	5.7%	

Data recency: color indicates year of most recent data used to inform estimates

- New : 2016 to Present
- Recent : 2012 to 2016
- 

Data based on FP2020: The Way Ahead 2016-2017

