



CONTRACEPTIVE PERFORMANCE REPORT 2017-2018



PAKISTAN BUREAU OF STATISTICS

Ministry of Planning, Development & Reform, Islamabad

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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 seven 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, 2017-18 is the 8th 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 complied 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 2017-18, in terms of Couple Year of Protection (CYP), with the last year 2016-17, 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.

Zafar Hasan
Secretary,
M/o Planning, Development & Reform
Chief Statistician (PBS)
June, 2019

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

Genesis of Report

Contraceptive Performance Report 2017-18 owes to devoted and tireless efforts of the following staff of Pakistan Bureau of Statistics (PBS):

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Acronyms

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

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

Executive Summary

Comparison of contraceptive performance during 2017–18 with 2016–17 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 2017-18 as compared to 2016-17, has been computed as -2.7%, 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 2017-18 in terms of Couple Years of Protection (CYP) has increased by 15.6% in comparison with the last year 2016-17.
- b) Province and region wise profile of CYP indicates an increase in Punjab (32.9%) and Gilgit Baltistan (13.1%) whereas decrease has been noticed in Sindh (2.0%), Khyber Pakhtunkhwa (14.0%), Balochistan (6.6%), Islamabad (7.4%), AJK (11.2%) and FATA (9.6%).
- c) Method-wise comparison of 2017-18 with 2016-17 of PWDs, in terms of CYP, increase has been observed in all methods i.e. Condoms (15.2%), Oral Pills (18.9%), Injectables (15.1%), IUCDs (17.5%), Sterilization/Contraceptive Surgery (7.6%) and Implants (30.0%).
- d) Outlet-wise contribution in terms of CYP during the year 2017-18 compared with year 2016-17, has shown an increase of 15.3% in Family Welfare Centers (FWCs), 9.0% in Reproductive Health Services-A (RHS-A) Centers, 92.9% in Mobile Service Units (MSUs), 68.3% in Hakeems & Homeopaths (H&H), 1.2% in Reproductive Health Services-B (RHS-B) Centers, 450.1%¹ in Community based Family Planning Workers (CBFPWs), 8.1% in Regional Training Institutes (RTIs) and 185.6% in OTHERS (franchise clinics etc.). The performance has decreased by 24.4% in Provincial Line Departments (PLDs), 8.5% in Male Mobilizers (MM), 20.5% in Family Planning Initiative for Health (F.P.I.H) Program, and 1.1% in Registered Medical Practitioners (RMPs).

(B) Departments of Health (DoH)

i. Health Facilities (HFs)

- a) Overall Contraceptive Performance of Departments of Health (Health Facilities) for the year 2017-18 in terms of Couple Years of Protection (CYP) has increased by 1.5% 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 Sindh (53.7%), Islamabad (61.0%), AJK (57.0%), FATA (23.2%), Gilgit Baltistan (141.4%) whereas

¹ A new initiative as there was low numbers during previous year.

decrease has been witnessed in Punjab (7.1%), Khyber Pakhtunkhwa (24.0%) and Balochistan (7.8%).

- c) Method-wise comparison of DoH (HFs) for 2017-18 with 2016-17, in terms of CYP, has depicted increase in Condoms (1.2%), Oral Pills (0.7%), Implants (66.4%) and IUCDs (4.9%) whereas decrease has been observed in Injectables (26.4%) and Sterilization/Contraceptive Surgery (2.0%).

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

- a) Overall Contraceptive Performance of Departments of Health (LHWs) for the year 2017-18 in terms of Couple Years of Protection (CYP) has decreased by 18.5% in comparison with the last year 2016-17.
- b) Provincial/regional profile of DoH (LHWs) in terms of CYP indicates an increase in Sindh (2.9%), Khyber Pakhtunkhwa (1.6%), Islamabad (141.3%) and Gilgit Baltistan (37.3%) whereas decrease has been witnessed in Punjab (35.4%), Balochistan (27.6%), AJK (2.4%) and FATA (100%).
- c) Method-wise comparison of 2017-18 with 2016-17 of DoH (LHWs), in terms of CYP, a decrease has been observed in all three methods, that is Condoms (15.4%), Oral Pills (25.3%) and Injectables (16.4%)

(C) NGO Sector

During 2017-18, decrease has been observed in the performance of all three eminent NGO(s) Marie Stopes Society (MSS) of Pakistan; Greenstar Social Marketing (GSM) and Rahnuma Family Planning Association of Pakistan (R-FPAP) involved in FP Services delivery. Performance of Marie Stopes Society (MSS) of Pakistan, has decreased by 22.4% during 2017-18 as compared to its performance during 2016-17 while decrease in performance of other two NGO(s) namely Greenstar Social Marketing (GSM) and Rahnuma Family Planning Association of Pakistan (R-FPAP) have also decreased and remained at 12.0% and 6.3% respectively.

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 2017-18 is 41.0%, whereas 39.3% during 2016-17. Overall mCPR of all stakeholders during 2017-18 when compared with 2016-17, has shown an increase of 4.3%. However, departmental impact in modern Contraceptive Prevalence Rate (mCPR), during the year 2017-18 has been estimated as 15.6% for Population Welfare Departments (PWDs); 11.9% for Departments of Health (HF & LHWs) and for NGO sector represented by three eminent NGOs (Rahnuma FPAP, MSS, GSM), share is 13.7%. In the Provincial setup, estimate of mCPR in Punjab during 2017-18 was 44.5%, while that of Sindh, Khyber Pakhtunkhwa and Balochistan is 35.5%, 45.5% and 12.3% respectively. However, estimate of mCPR of Federal district Islamabad is 72.4% and respective estimate of mCPR of AJK, FATA and Gilgit-Baltistan (GB) are 29.8%, 7.1% & 48.9% respectively.

Report Organization

Annual Contraceptive Performance Report, 2017-18 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. Subsequently, a comparison of two interconnected FP indicators, i.e. Total Fertility Rate (TFR) and Modern Contraceptive Prevalence Rate (mCPR) in South Asian region and Pakistan has been discussed, at length. 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

SECTION- I: INTRODUCTION

Over population is an issue of grave concern for developing and underdeveloped countries because it undermines the state's efforts to alleviate the living standards of citizens by putting pressure on the economic resources that consequently leads to numerous other social problems such as un-employment, load shedding, deteriorating law & order situation and inflation etc. Beside this, rapid increase in population also resulted in increased requirements of food, water, energy, and land thus adding to existing menace of poverty in developing world.

Since the world is experiencing a huge population explosion during present century, the need for fertility control extended beyond the family to societal levels. At the level of family, Family Planning allows individuals and couples to anticipate and attain their desired number of children and the spacing & timing of their births. Now, Family Planning efforts need to be undertaken at societal level, as a means of limiting the population growth to a level within their socio-economic capabilities.

At the state level, population is the centre for the progress & development hence, Family planning can accelerate the achievement of all Sustainable Development Goals (SDGs) designed to end poverty, protect the planet, and ensure prosperity for all by 2030. Currently 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method². There are multiple reasons behind the low usage of modern contraceptives including limited choice of methods; limited access to contraception particularly among young people, poorer segments of populations, or unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users and providers bias and gender-based barriers. Impact of these factors can be reduced by empowering women through effective family planning and liberty to use the modern contraceptive measures to avoid unwanted pregnancies.

Ability to decide freely the number, spacing and timing of one's children is a basic human right, as endorsed at the International Conference on Population and Development in 1994. 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.

²World Health Organization WHO

<http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

Therefore, comprehensive family planning policy at state level is fundamental to the health and survival of women and children.

Rationale for the Contraceptive Performance Report

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 eighth in the series, being published by PBS since 2010-11. The Contraceptive performance report mainly aims at:

- 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 Green Star Social Marketing of Contraceptives (GSM).

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 (HF) and Lady Health Workers (LHW) in FP Service delivery. Performae utilized for collection of data from the source departments, are at **Annexure-VII**. 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:

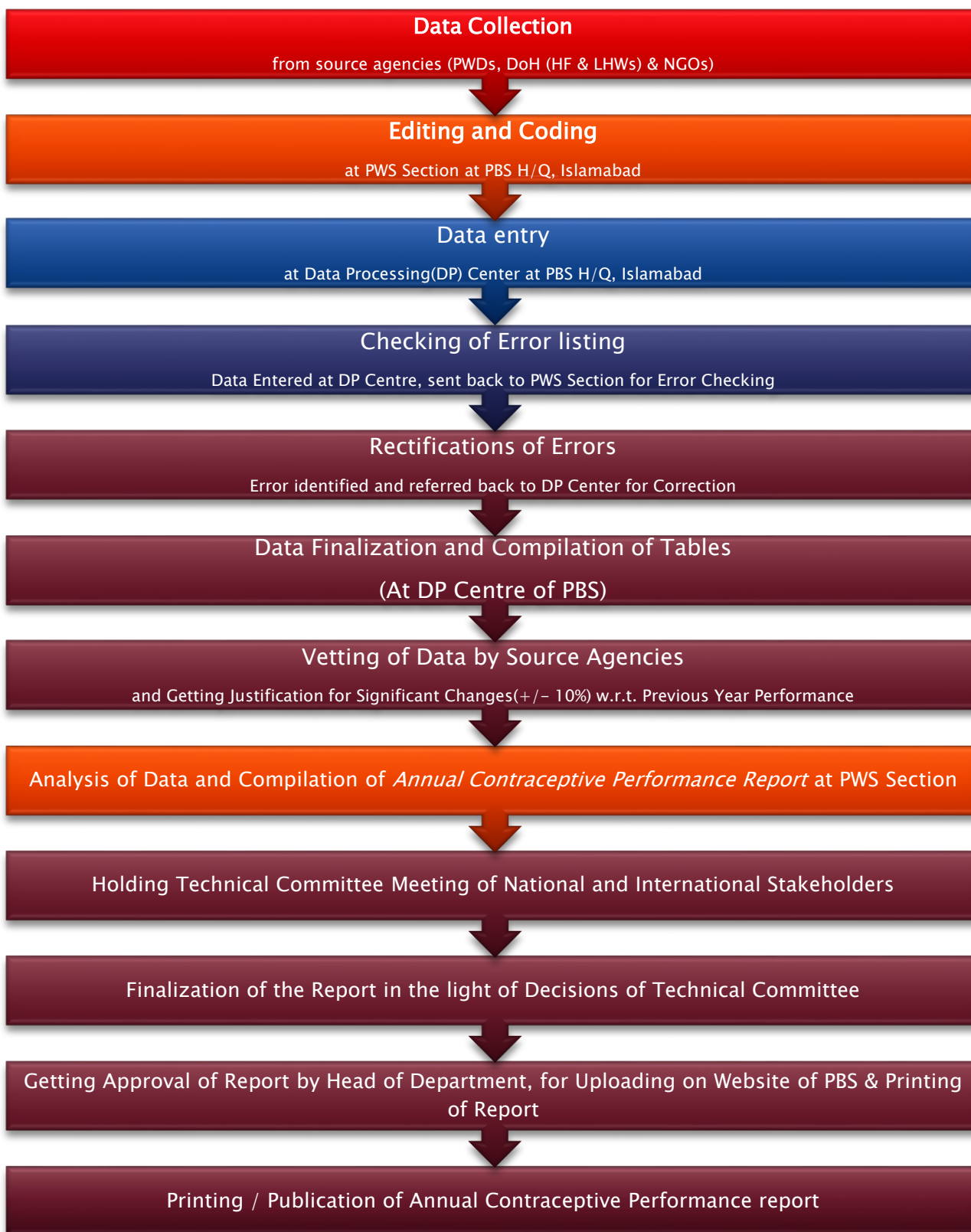


Figure 1 : Report Development Process at PBS H/Q Islamabad

Total Fertility Rate (TFR) and Modern Contraceptive Performance Rate (mCPR)

Contraceptives use play a significant role in controlling fertility, particularly in reaching the replacement level of fertility. Thus there exists a strong inverse relationship between TFR and mCPR, i.e. increasing the use of contraceptives, causes decrease in the fertility rate. Let's try to explore this relationship in South Asian Countries.

Population in South Asian is a matter of concern because top ten populous countries around the world are in South Asia namely India 2nd, Pakistan 6th and Bangladesh is at 8th position with over 160 million progress. Rapid population growth is one of the major challenges for these countries which is leading towards the issues like increased population density, high dependency ratio and strong demand for employment — and these factors are exerting great pressure on socioeconomic development.

South Asian region is considered most densely populated region of the world constituting the over one-fifth of the world's population. Although the countries of South Asia have made some progress in increasing access to modern family planning methods and reducing total fertility rates, the region still accounts for the second highest burden of maternal deaths. Again Poor, marginalized and uneducated households do not have access to the reproductive health services they need, including family planning.

Thus to conclude, it is stated that highest fertility rate and low contraceptive prevalence rates are main

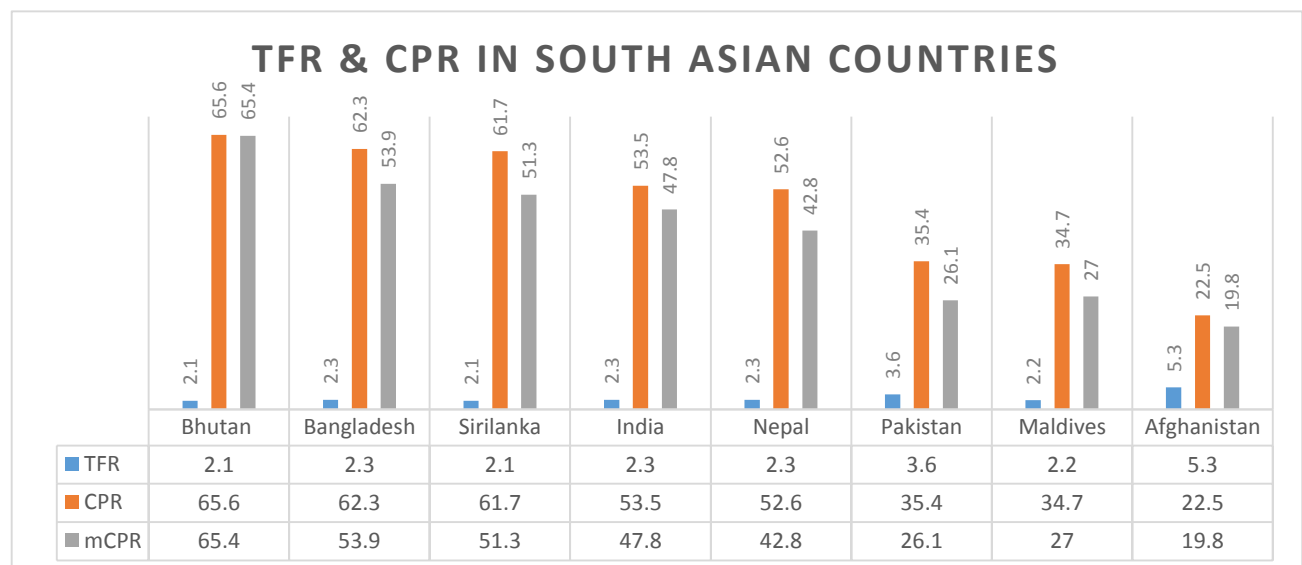


Figure 2 : TFR & CPR in South Asian countries

- *World Contraceptive Use by Marital Status and Age 2018, United Nations, Department of Economic and Social Affairs, Population Division, Fertility and Family Planning Section*
- *World Population Data, 2017 World Population Data Sheet*

contributing factors in the exponential population growth in the south Asian countries. Though most of South

Asian Countries have put in their efforts to control TFR through increasing awareness among masses regarding the use of modern contraceptive methods, but still fertility rates in South Asian countries are significantly higher than replacement level, as illustrated in Figure 2 below:

In most countries of South Asia, fertility remained high during the 1950s and 1960s. It started to decline significantly during the late 1960s. Currently, fertility rate at global level is less than 2.5 children per women³; still the most of the countries particularly Afghanistan and Pakistan in South Asia are lagging behind to equate themselves with global average (See Figure 2), despite the fact that Pakistan was the first country to launch the family welfare programme, its Contraceptive Prevalence Rate (CPR) is lowest amongst the region after Maldives and Afghanistan as depicted in the Figure 2.

Demographic trends in Pakistan

Since establishment, Pakistan population grew significantly, on average, at the rate of 3 percent per year from 1951 until the middle of the 1980's decade⁴. However in the subsequent years, population growth rate gradually declined to 2.69% as per demographic statistics of 1998 census⁵ whereas the total population was recorded about 132 Million. In the subsequent decades although growth rate declined as compared to previous years but still it is higher as compared to other countries in the region i.e. India and Bangladesh. According to 6th population census, 2017 which was conducted after a gap of eighteen years, indicates that population has surged to a staggering number of 207.8 million, as per provisional results of Population & Housing Census, 2017, showing an increase of 75 million people in eighteen years that is computed as almost seven times increase since 1951. This implies that the country has witnessed 57% increase in the population at an annual growth rate of 2.4% which is among the highest population growth countries in the world. It can be further inferred from these statistics that every year, 3.7 million people are being added in Pakistan's population. At this pace and if the population growth remains unchecked, it will outpace Indonesia by 2030 as the country with the largest population. Arguably, this 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

³ Max Roser (2018) - "Fertility Rate". *Published online at OurWorldInData.org*. Retrieved from: <https://ourworldindata.org/fertility-rate>

⁴ **World population review**

<http://worldpopulationreview.com/countries/pakistan-population/>

⁵ **Population Census 1998, Pakistan Bureau of Statistics.**

<http://www.pbs.gov.pk/sites/default/files//tables/DEMOGRAPHIC%20INDICATORS%20-%201998%20CENSUS.pdf>

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.⁶ Low usage of contraceptives supply-side factors (including poor's access to FP services, lack of counseling and 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)⁷.

Family Planning in Pakistan

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

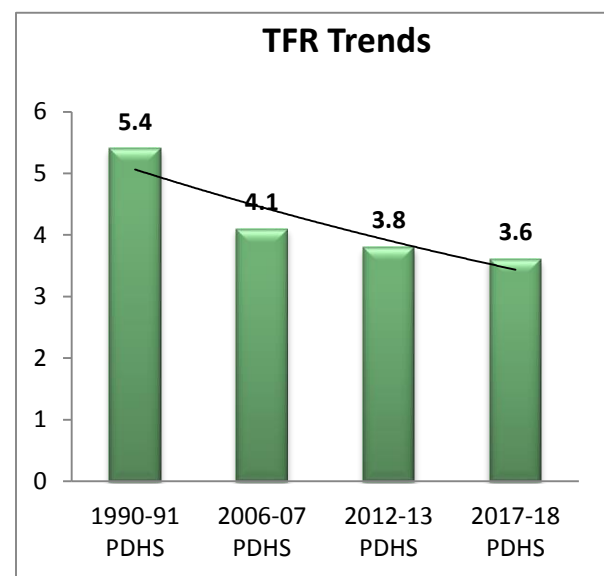


Figure 3: TFR Trends

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

⁶ Fact sheet 2018 prepared by population council

⁷ Batool Zaidi and Sabahat Hussain, “Reasons for Low Modern Contraceptive Use – Insights from Pakistan and Neighboring countries”, *Population council*, January 2015

contraceptive use rose from 6% in 1969 to 11.8% in 1990-91 to 29.6% in 2006-07⁸. 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 2017-18 PDHS—a drop of about two births per woman in almost three decades. Figure 4, depicts trends in TFR since 1990s, as per PDHS reports.

Moreover in the following figure, 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.

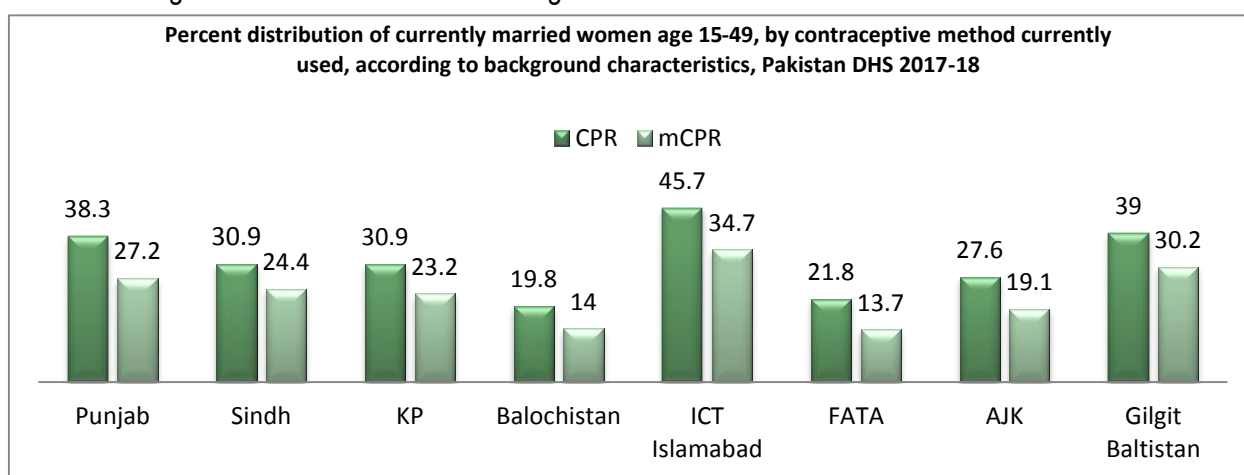


Figure 4: Percent distribution of currently married women age 15-49, by contraceptive method currently used

FP2020

In the meantime, 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.⁹

⁸Changes 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>

⁹ <https://www.familyplanning2020.org>

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.

Following the 18th 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 5 below:

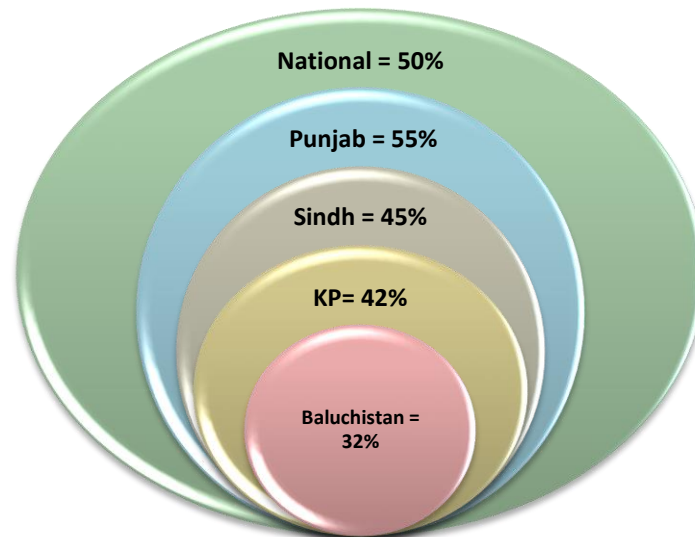


Figure 5 : Provincial CPR Goals by FP2020

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
Goal 3 Ensure healthy lives and promote well-being for all at all ages	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. 3.7 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 3.8 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.

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:

CONVERSION FACTORS* FOR COUPLE YEARS OF PROTECTION (CYP)	
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:

CONVERSION FORMULAE FOR ESTIMATING NUMBER OF USERS	
100 Units of Condoms	1 User
13 Cycles of Oral Pills	1 User
1 Insertion of IUD	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

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

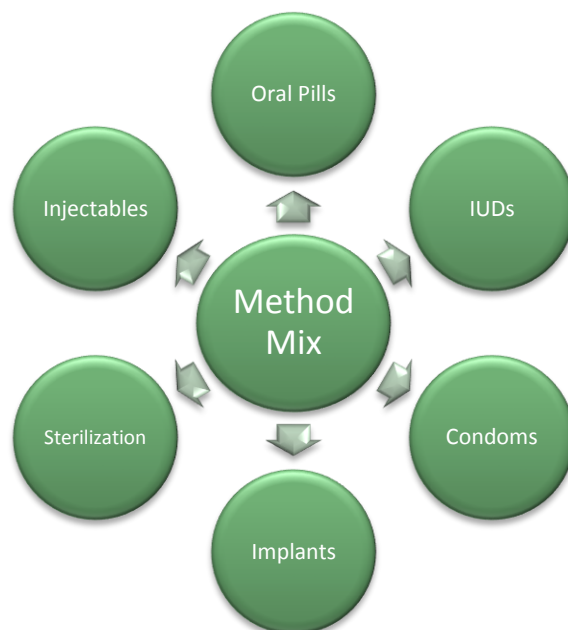


Figure 6: Method Mix

Family Planning Service Vendors

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

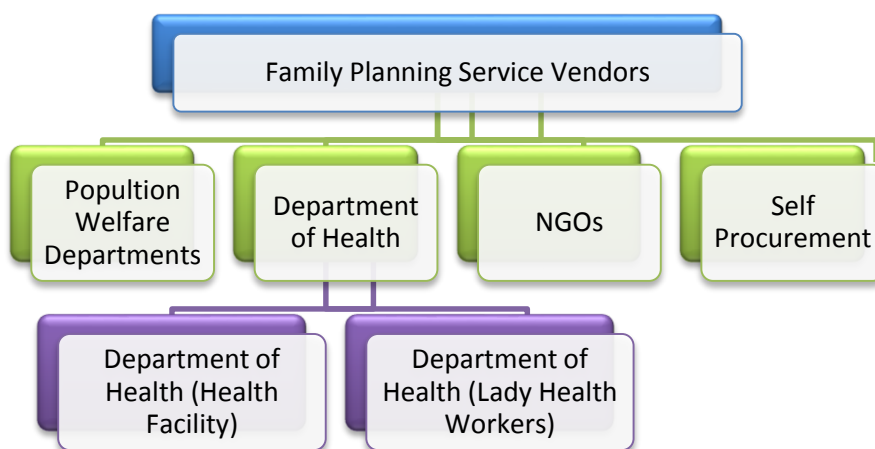


Figure 7 : Family Planning Service Vendors

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 9th year plan. During the 10th 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 below:

Rahnuma Family Planning Association of Pakistan (FPAP):

Rahnuma - Family Planning Association of Pakistan (FPAP) works through various programs to increase access to quality and affordable health care aimed at women and young girls in the civil society of Pakistan. FPAP is committed to promoting Family Planning and Sexual & Reproductive Health as a basic human right and providing sustainable and quality sexual & reproductive health and family planning services to men, women and youth in partnership with government, NGOs and civil society by improving the quality of life of the poor and marginalized. At present Rahnuma FPAP is located in five Regional Offices (Sindh, KPK, Islamabad/AJK/ Gilgit-Baltistan, Punjab and Balochistan) and Fourteen Program Management Offices (PMOs) having extensive service delivery network.

Marie Stopes Society of Pakistan (MSS):

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 68 service delivery centers, and one mother and child health center, providing services in 68 districts across four provinces of the country.

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

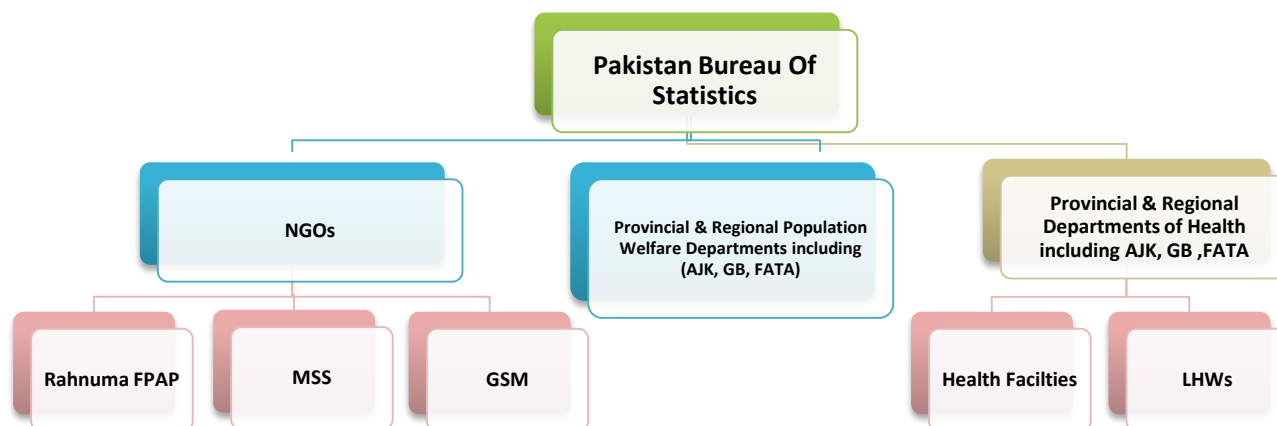


Figure 8: Data received in PBS

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

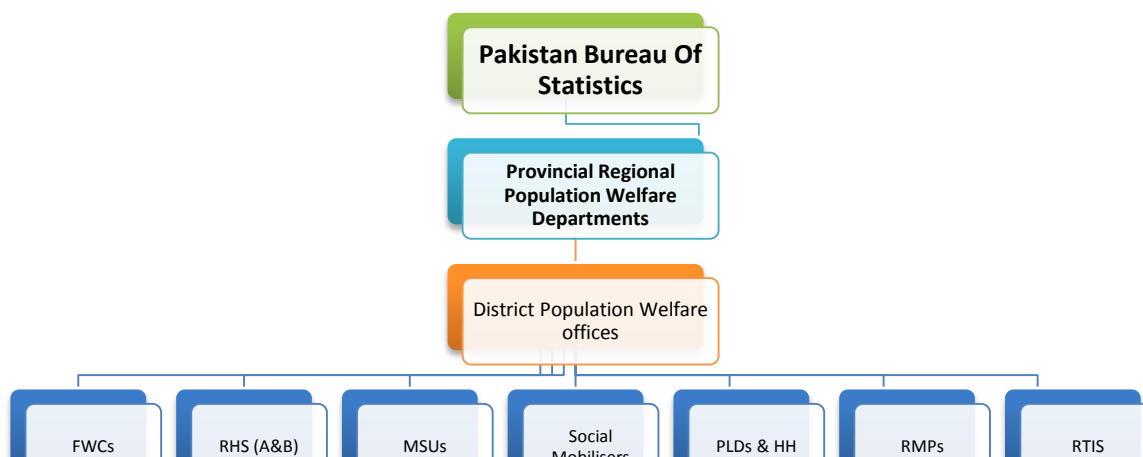


Figure 9: Data Flow Channel in Population Welfare Departments (PWDs)

Provincial Population Welfare Departments, Population Welfare Directorate(s) of FATA, AJK & GB, and three eminent NGOs namely Rahnuma FPAP; Marie Stopes Society and Greenstar (GSM) also provide Contraceptive Performance data to PBS as shown in Fig (9).

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 (10) & Fig (11)

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.

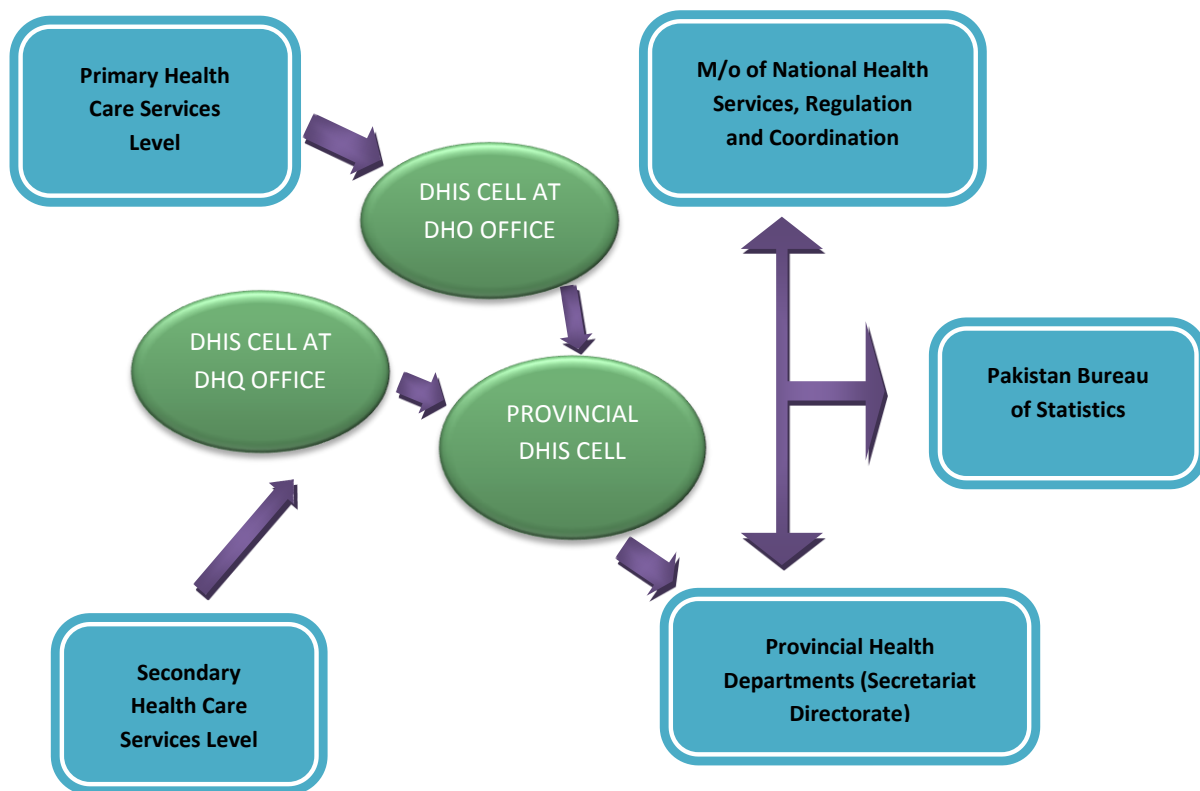


Figure 10: Data reporting by Department of Health (Health Facilities)

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 11: 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).

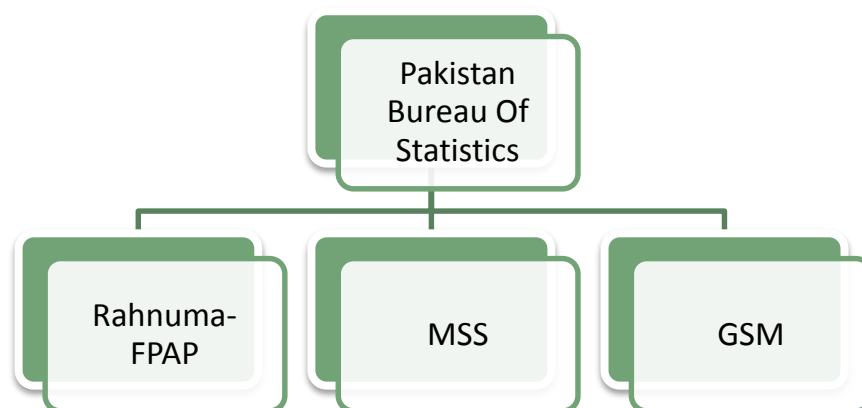


Figure 12 : Data reporting by NGOs

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

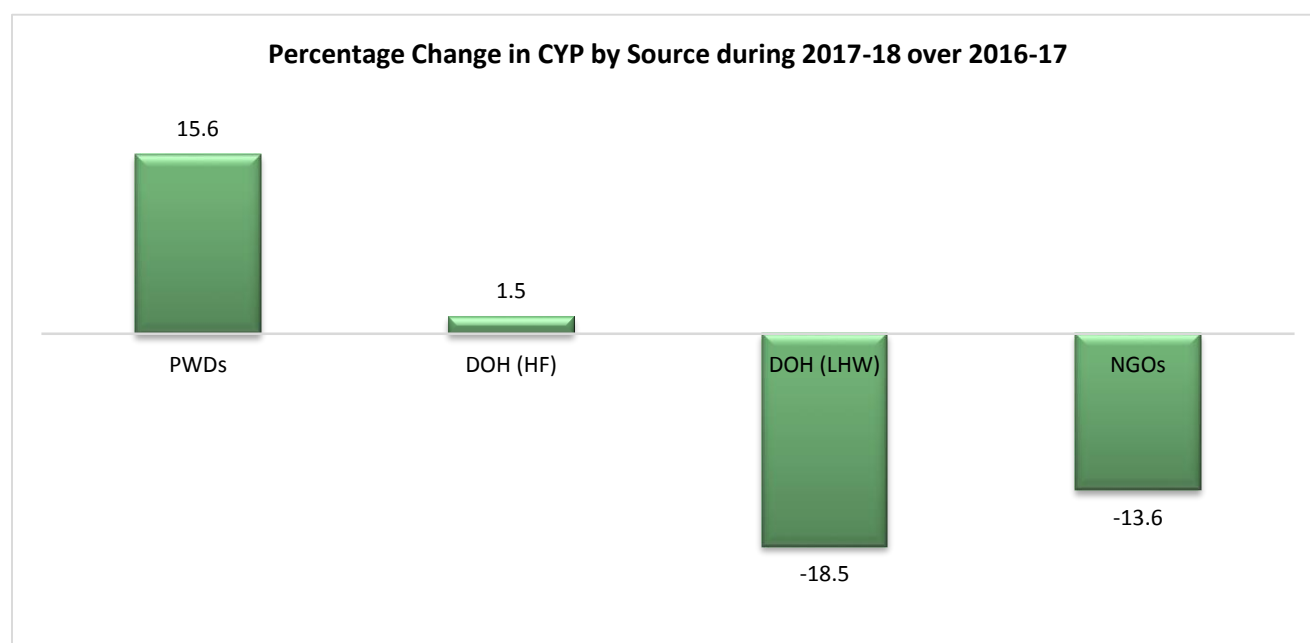
Health (Health Facilities & LHWs data), Provincial Departments of Health (DoHs), Directorates of Health AJK, GB, FATA and District Health Office, Islamabad are approached. Further to reflect the contribution of private sector, Contraceptive data from three eminent NGOs, are collected on monthly/quarterly 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-VII** 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-VIII** 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 (2017-18), in comparison with previous year (2016-17).

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 2017-18 as compared to 2016-17, has been computed as -2.7%, 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.

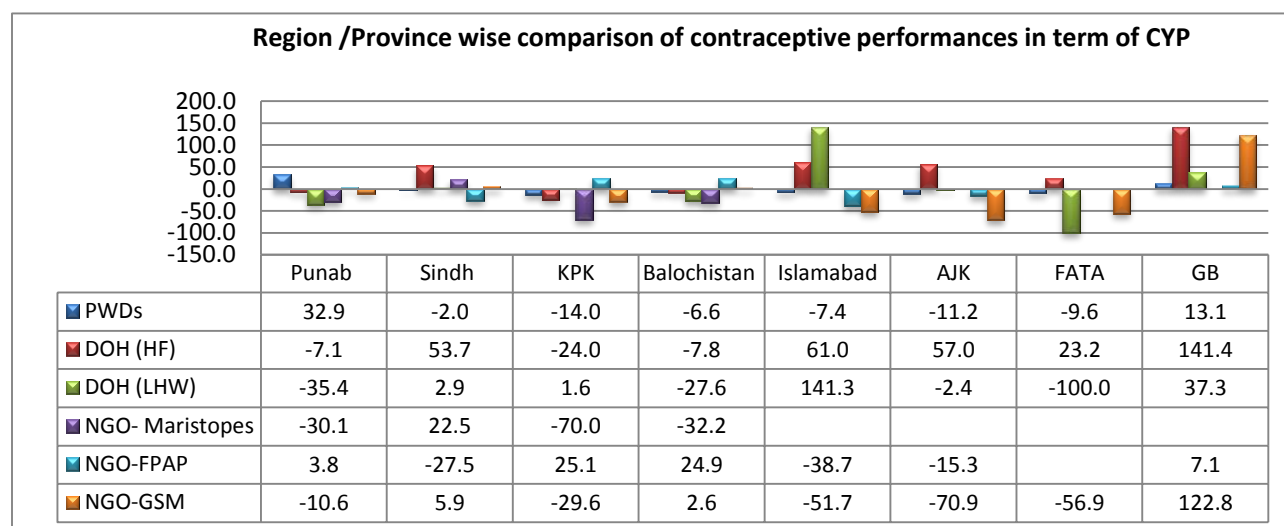
Source wise comparison of performance in terms of CYP, of contraceptive service delivery of 2017-18 over 2016-17 shows that, overall PWDs performed better as compared to other sources followed by the performance of DoH (HF) with increase of 15.6% and 1.5% respectively whereas performance of DoH (LHW) whereas performance of DoH (LHW)



Graph 1: Percentage Change in CYP by Source during 2017-18 over 2016-17

remained low at 18.5%. NGOs performance have also decreased by 13.6%. Source wise Illustration is given in following **graph 1** while for detailed data, **Table 1**, at the end of report is referred.

Region & Province wise comparison of contraceptive performances in terms of CYP of Population Welfare Departments, Department of Health (LHW & HF) and NGOs for the 2017-18 over 2016-17, is given in **Table 1** while graphical illustration is given below in **graph 2** :



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

Method-Wise Comparison of Contraceptive Performance

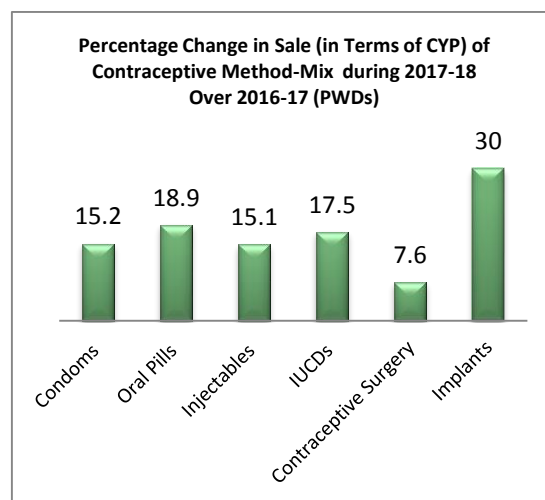
Contraceptive usage by method and department during the year 2017-18 in absolute numbers as well as in terms of CYP is given in **Table-2** at the end of report. Quarterly Break-up of Contraceptive Usage by Source & Methods, in terms of Couple Years of Protection (CYP) for the year 2017-18, in respect of Population Welfare Departments, Department of Health (HFs & LHWs) and NGO(s) (Rahnuma FPAP, Marie Stopes Society (MSS) and Greenstar Social Marketing (GSM)) 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 79.820 million units of Condoms; 3.574 million cycles of Oral Pills as a whole including 3.377 million cycles of Oral Pills (CoC), 16,136 cycles of Oral Pills (PoP), 0.181 million doses of Emergency Contraceptive Pills (EC); For Injectables, sale/distribution figure reported during 2017-18 was 1.532 million vials of Injectables (3-months) & 58 vials of Injectables (2-months). For IUCD, overall 0.768 million insertions of Intrauterine Contraceptive Devices (IUCDs) has been reported that includes 0.767 million insertions of IUCDs (10-years), 265 insertions of IUCDs (05-years). Apart from these, total 105,413 cases of Sterilization/ Contraceptive Surgery have been

reported which include 1884 Male Contraceptive Surgery cases & 103,529 Female Contraceptive Surgery cases. Similarly for Implants, total of 46,818 implants have been reported partitioned by 11,327 Implants (3-years) and 35,491 Implants (5-years). Details regarding each method of contraceptives is reflected in **Table-2**, at the end of the report.

Method-wise comparison of 2017-18 with 2016-17, in terms of CYP, indicates an increase in all methods i.e. Condoms (15.2%), Oral Pills (18.9%), Injectables (15.1%), IUCDs (17.5%), Contraceptive Surgery (7.6%) and Implants (30%). Details are given in **Table-2** and graphical presentation is given in the **graph 3**.

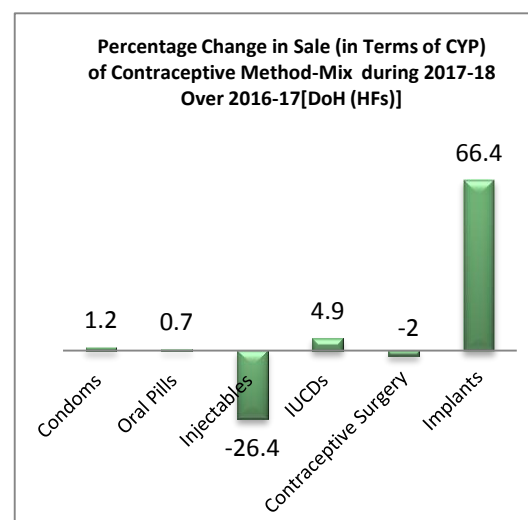


Graph 3: Percentage Change in Sale (in terms of CYP) of Contraceptive Method-Mix During 2017-18 Over 2016-17 (PWDs)

Department of Health (Health Facilities)

The Contraceptive Performance of DoH (HF) service delivery reported a sale of 8.014 million units of Condoms; 1.676 million cycles of Oral Pills which included 1.544 million cycles of CoC-Oral Pills & 0.132 million cycles of PoP-Oral Pills; 1 million vials of both types of Injectables which include .0914 million vials of Injectables (3-months) & 0.091 million vials of Injectables (2-months). Regarding IUCD, 0.310 million insertions of Intrauterine Contraceptive Devices (IUCDs) has been reported in total that are only for 10-year IUCDs. Apart from these, total 54,610 cases of Sterilization/ Contraceptive Surgery including 2687 Male Contraceptive Surgery cases & 51923 Female Contraceptive Surgery cases have been performed. Similarly for Implants, total of 69,155 implants have been reported that are only for 3-years implants. Detail of each method of contraceptive is reflected in **Table-2**.

The Method-wise comparison of 2017-18 with 2016-17, in terms of CYP, an increase has been noticed in Condoms (1.2%), Oral Pills (0.7%), IUCDs (4.9%), and Implants (66.4%) whereas decrease has been observed in Injectables (26.4%), Contraceptive Surgery (2%). Details are given in **Table-2** and graphical presentation is given in the **graph 4**.

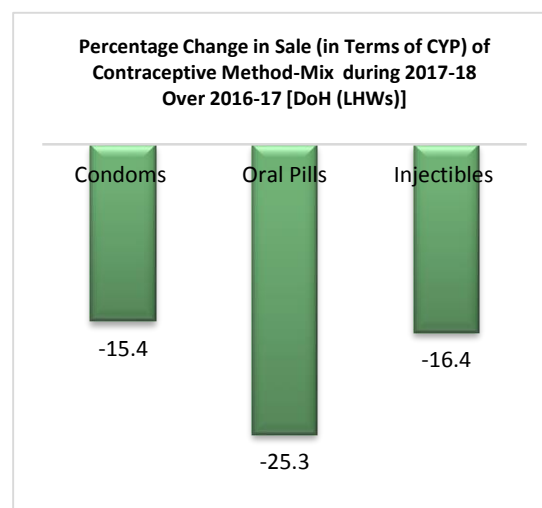


Graph 4: Percentage Change in Sale (in Terms of CYP) of Contraceptive Method-Mix during 2017-18 Over 2016-17 (DoH (HFs))

Departments of Health (LHWs)

In absolute terms, the Contraceptive Performance of DoH (LHWs) service delivery reported a sale of 70.250 million units of Condoms; 8.293 million cycles of Oral Pills on the whole including 8.280 million cycles of Oral Pills (CoC) & 13420 doses of Emergency Contraceptive Pills (EC); For Injectables, sale of 4.405 million vials (3 months) has been reported. The details of each method of contraceptive are reflected in **Table-2** at the end of report.

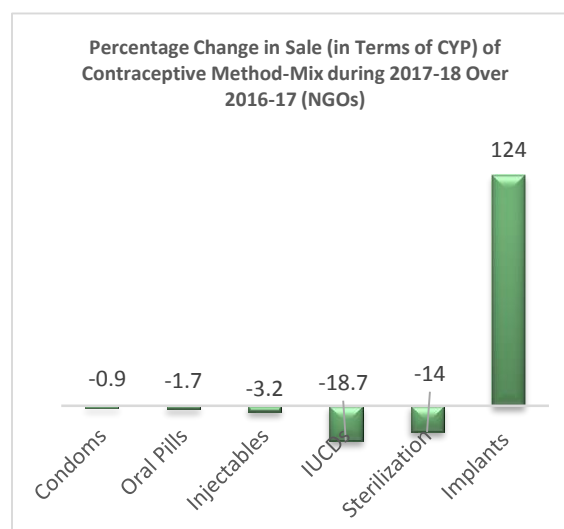
Method-wise comparison of 2017-18 with 2016-17, in terms of CYP, decrease has been noticed in Condoms (15.4%), Oral Pills (25.3%) and Injectables (16.4%). The details are given in **Table-2** at the end of report and graphical presentation is given in the **graph 5**.



Graph 5: Percentage Change in Sale (in terms of CYP) of Contraceptive Method-Mix during 2017-18 over 2016-17 DoH (LHWs)

NGO Sector

In absolute terms, the Contraceptive Performance of NGOs service outlets reported sale of 112.722 million units of Condoms; 3.306 million cycles of Oral Pills which include 1.043 million cycles of Oral Pills (CoC) & 2.262 million doses of Emergency Contraceptive Pills (EC);for Injectables, sale of 1.228 million vials has been reported including 0.879 million vials of Injectables (3-months), 0.244 million vials of Injectables (2-months) & 0.105 million vials of Injectables (1-month); 0.751 million insertions of Intrauterine Contraceptive Devices (IUCDs) as a whole that includes 0.652 million insertions of IUCDs (10-years), 0.099 million insertions of IUCDs (05-years). Apart from these, total 13,663 cases of Sterilization/ Contraceptive Surgery including 294 Male Contraceptive Surgery cases & 13,369 Female Contraceptive Surgery cases. Similarly for Implants, total of 17,179 implants have been reported including 156 Implant (3-years) & 17,023 Implant (5-years). Detail of each method of contraceptives is reflected in **Table-2** at the end of report.



Graph 6: Percentage Change in Sale (in Terms of CYP) of Contraceptive Method-Mix during 2017-18 Over 2016-17 (NGOs)

Method-wise comparison of 2017-18 with 2016-17, in terms of CYP, an increase has been observed in implant (124%) while a decrease has been noticed in Condoms (0.9%), Oral Pills (1.7%), Injectables (3.2%), IUCDs (18.7%) and Contraceptive Surgery (14%). 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 2017-18 over 2016-17 of all methods in absolute term is depicted in **Table (3-a to3-f)**. Details are as under:

Population Welfare Departments (PWDs)

For **Condoms**, method-wise performance of 2017-18 compared with the last year (2016-17), has reflected an increase in Punjab (39.5%), Baluchistan (19.9%), FATA (18.9%) and GB (1.6%). However, decrease in Sindh (15.7%), Khyber Pakhtunkhwa (14.4%), Islamabad (1.6%) and AJK (14.3%) has been noticed (**Table 3-a**).

In case of **Oral Pills**, an increase has been witnessed in Punjab (32.3%), Sindh (13%) Khyber Pakhtunkhwa (2.2%), Baluchistan (13.7%), Gilgit-Baltistan (8.2%) while decrease has been shown in Islamabad (9%), AJK (18.2%) and FATA (16.1%) (**Table 3-b**).

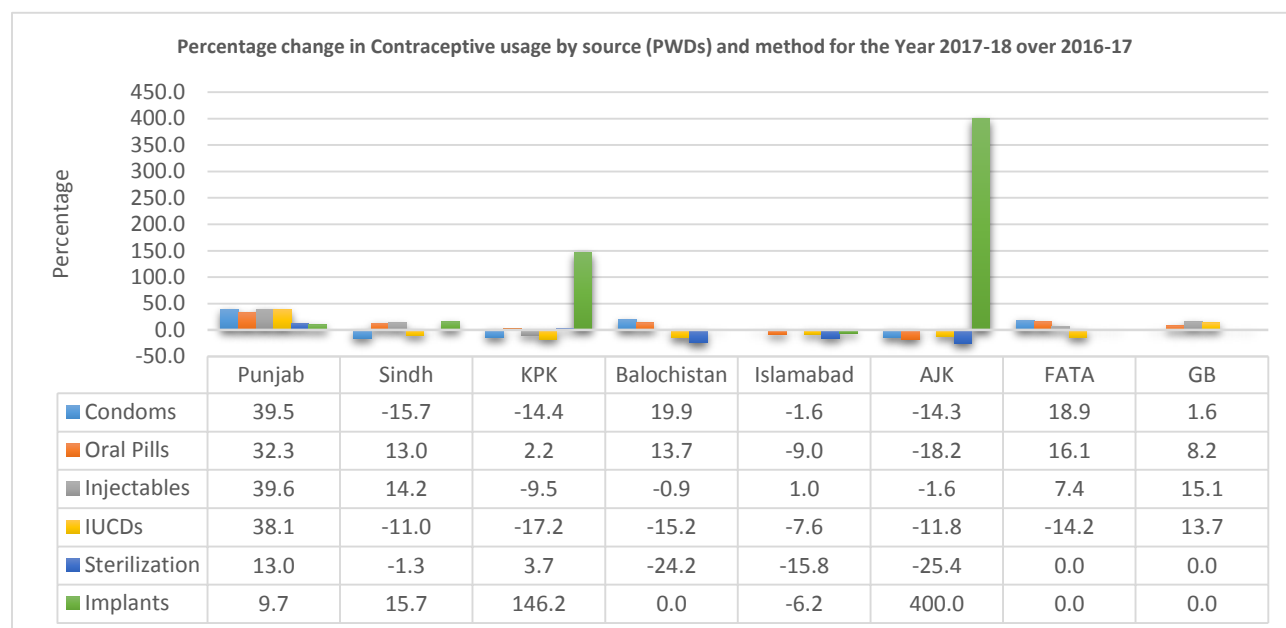
In case of **Injectables**, an increase has been observed in Punjab (39.6%), Sindh (14.2%), Islamabad (1%), Gilgit-Baltistan (15.1%) and FATA (7.4%) while decrease has been depicted in Khyber Pakhtunkhwa (9.5%), Balochistan (0.9%), and AJK (1.6%) (**Table 3-c**).

For **IUCDs**, an increase has been observed in Punjab (38.1%), and Gilgit-Baltistan (13.7%), while decrease has been depicted in Sindh (11%), Khyber Pakhtunkhwa (17.2%), Balochistan (15.2%) Islamabad (7.6 %), AJK (11.8%) and FATA (14.2 %) (**Table 3-d**).

If we look into the figure of **Contraceptives Surgery cases**, an increase has been noticed in Punjab (13%) and KPK (3.7%), while a decrease has been recorded in Sindh (1.3%), Balochistan (24.2%), Islamabad (15.8%) and AJK (25.4%) (**Table 3-e**).

For Implants, an increase has been noticed in Punjab (9.7%), Sindh (15.7%), Khyber Pakhtunkhwa (146.2%) and AJK (400%) while decrease has been observed in Islamabad (6.2%) (**Table 3-f**).

Following **graph 7** depicts the province / region wise percentage change in contraceptive usage by methods for the Year 2017-18 over 2016-17 for PWDs



Graph 7: Percentage change in Contraceptive usage by source (PWDs) and method for the Year 2017-18 over 2016-17

Department of Health (Health Facility)

For **Condoms**, method-wise performance of 2017-18 compared with the last year (2016-17), has reflected an increase in Punjab (13.9%), Sindh (13.2%), Baluchistan (11.4%), Islamabad (12.6%) and FATA (28%). However, decrease in Khyber Pakhtunkhwa (45.2%), AJK (28.8%) and Gilgit-Baltistan (36.8%) has been noticed (**Table 3-a**).

In case of **Oral Pills**, an increase has been witnessed in Punjab (27.7%), Sindh (49.6%), FATA (11.9%), and Gilgit-Baltistan (40.8%), however, decrease in KPK (63.8%), Baluchistan (25.4%), Islamabad (6.3%) and AJK (41%) has been observed (**Table 3-b**).

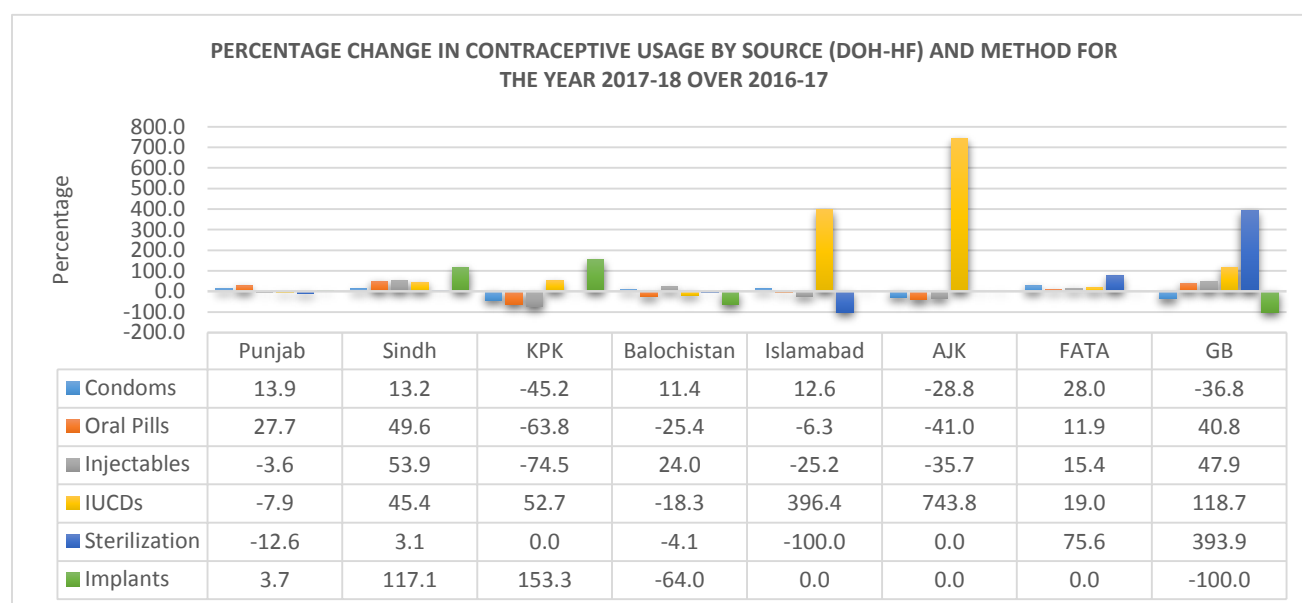
In case of **Injectables**, an increase has been observed in Sindh (53.9%), Baluchistan (24%), FATA (15.4%) and Gilgit-Baltistan (47.9%). However decrease in Punjab (3.6%), Khyber Pakhtunkhwa (74.5%), Islamabad (25.2%), and AJK (35.7%) has been noted (**Table 3-c**).

For **IUCDs**, an increase has been observed in Sindh (45.4%), KPK (52.7%), Islamabad (396.4%), AJK (743.8%), FATA (19%) and Gilgit-Baltistan (118.7%). However, decrease in Punjab (7.9%), and Balochistan (18.3%) has been depicted (**Table 3-d**).

If we look into the figure of Contraceptives Surgery cases an increase has been observed in Sindh (3.1%), FATA (75.6%) and Gilgit-Baltistan (393.9%). However, decrease has been recorded in Punjab (12.6%), Baluchistan (4.1%) and Islamabad (100%) **(Table 3-e)**.

For Implants, an increase has been noticed in DoH (HF) Punjab (3.7%), Sindh (117.1%) and Khyber Pakhtunkhwa (153.3%) while decrease has been observed in DoH (HF) Baluchistan (64%) and Gilgit-Baltistan (100%) **(Table 3-f)**.

Graph 8 is the graphical illustration of the above scenario.



Graph 8: Percentage change in Contraceptive usage by source (DOH-HF) and method for the Year 2017-18 over 2016-17

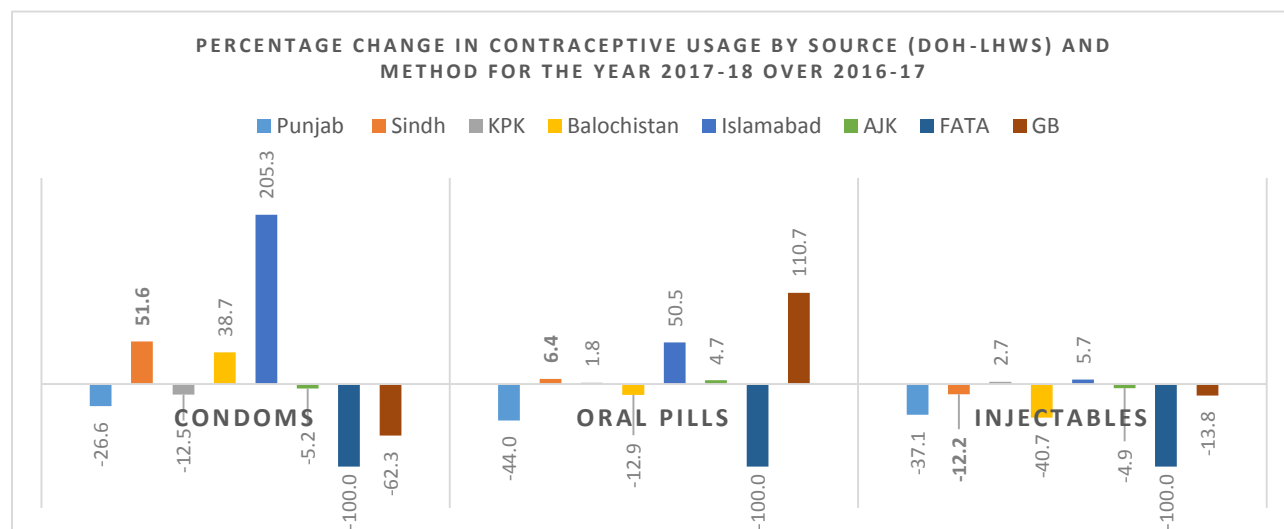
Departments of Health (LHWs)

For Condoms, method-wise performance of 2017-18 compared with the last year (2016-17), has reflected an increase in Sindh (51.6%), Baluchistan (38.7%) and Islamabad (205.3%), whereas decrease in Punjab (26.6%), KPK (12.5%), AJK (5.2%), FATA (100%) and Gilgit-Baltistan (62.3%) has been noticed **(Table 3-a)**.

In case of Oral Pills, an increase has been witnessed in Sindh (6.4%), Islamabad (50.5%), AJK (4.7%) and Gilgit- Baltistan (110.7%) however, decreases in Punjab (44%), Baluchistan (12.9%), and FATA (100%) has been observed **(Table 3-b)**.

In case of Injectables, an increase has been observed in KPK (2.7%) and in Islamabad (5.7%) whereas decrease in Punjab (37.1%), Sindh (12.2%) and Baluchistan (40.7%) AJK (4.9%), FATA (100%) and Gilgit- Baltistan (13.8%) have been noted (**Table 3-c**).

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



Graph 9: Percentage change in Contraceptive usage by source (DOH-LHWs) and method for the Year 2017-18 over 2016-17

NGOs Sector

For **Condoms**, method-wise performance of 2017-18 compared with the last year(2016-17), has reflected an increase in Rahnuma FPAP (19.4%),however, decrease in Marie Stopes Society (MSS) (61.7%) and Greenstar (GSM) (0.5%),has been noticed (**Table 3-a**).

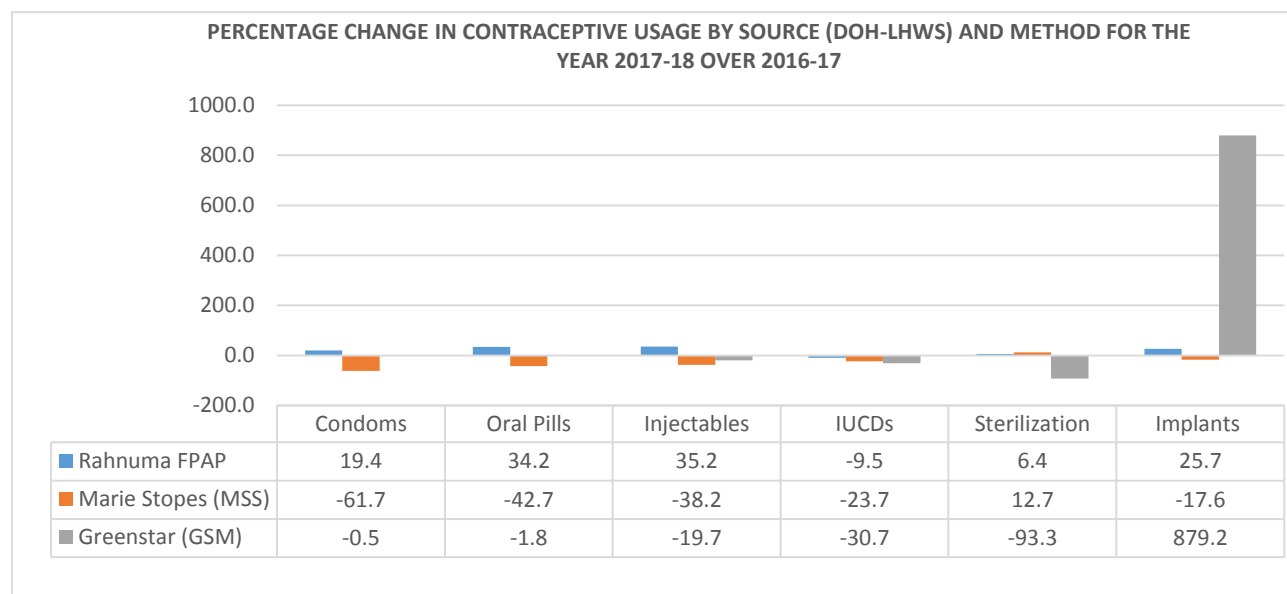
In case of **Oral Pills**, an increase has been witnessed in Rahnuma FPAP (34.2%), whereas decrease in Marie Stopes Society (MSS) (42.7%) and Greenstar (GSM) (1.8%) has been observed (**Table 3-b**).

For Injectables, an increase has been observed in Rahnuma FPAP (35.2%) whereas decrease in Marie Stopes Society (MSS) (38.2%) and Greenstar (GSM) (19.7%), has been depicted (**Table 3-c**).

In case of IUCDs, a decrease has been observed in Rahnuma FPAP (9.5%), Marie Stopes Society (MSS) (23.7%) Greenstar (GSM) (30.7%) and has been noticed (**Table 3-d**).

If we look into the figure of **Contraceptives Surgery** cases, an increase has been recorded in Rahnuma FPAP (6.4%) and Marie Stopes Society (MSS) (12.7%), whereas decrease has been depicted in Greenstar (GSM) (93.3%) (**Table 3-e**).

For **Implants**, an increase has been observed in Rahnuma FPAP (25.7%) and Greenstar (GSM) (879.2%) whereas a decrease has been noted in Marie Stopes Society (MSS) (17.6%) (**Table 3-f**). Graphical illustration is given in **Graph 10** below.



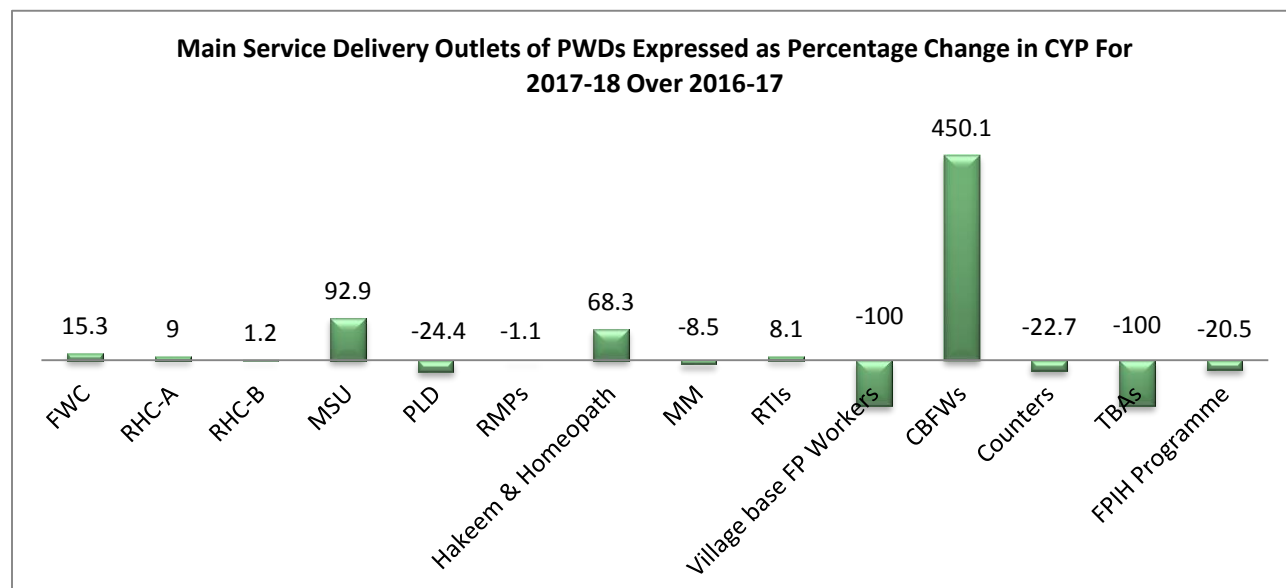
Graph 10: Percentage change in Contraceptive usage by source (DOH-LHWS) and method for the Year 2017-18 over 2016-17

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 2017-18 compared with year 2016-17, has shown an increase of 15.3% in Family Welfare Centers (FWCs), 9.0% in Reproductive Health Services-A(RHS-A), 1.2% in Reproductive Health Services-B (RHS-B), 92.9% in Mobile Service Units (MSUs), 68.3% in Hakeems and Homeopaths (H&H), 8.1% in Regional Training Institutes and 450.1% in CBFPWs. The performance has decreased by 24.4% in Provincial Line Departments (PLDs), 1.1% in RMPs, 8.5% in Male Mobilizers (MM),

100% in village based F.P. Workers, 22.7% in counters , 100% in TBAs and 20.5% in F.P.I.H Programme. The details are given in **Table-4** and graphical presentation (**graph 11**) is given as above:



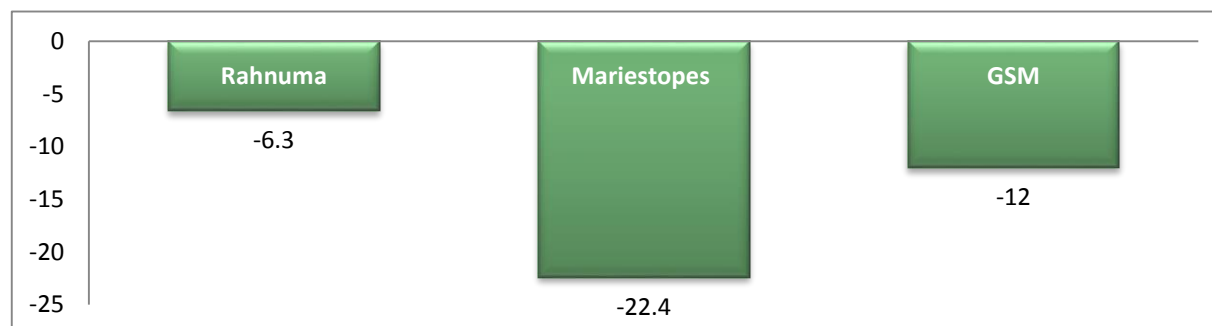
Graph 11: Main Service Delivery Outlets of PWDs expressed as Percentage Change in CYP for 2017-18 Over 2016-17

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

The contribution of services outlets in terms of CYP during the year 2017-18 compared with year 2016-17, has shown an increase of 1.5% in DoH (HFs) and a decrease of 18.5% in DoH (LHWs).The details are given in **Table-4** at the end of report

(C) NGO Sector

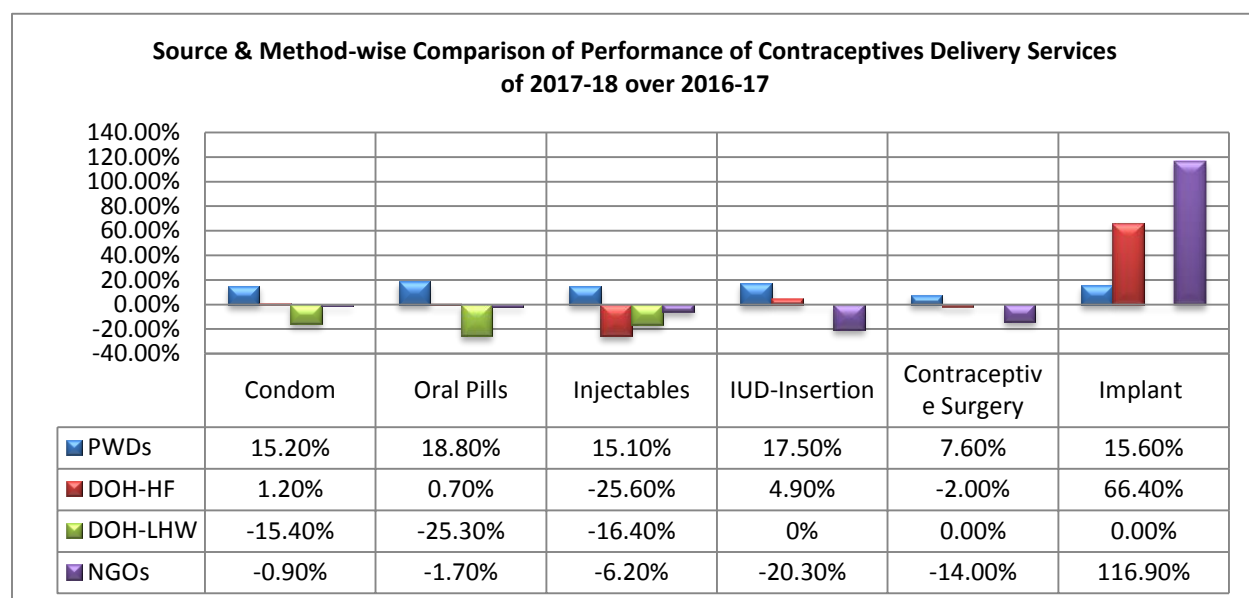
Overall NGO Sector performance has decreased by 13.6% during the year 2017-18 compared with last year 2016-17 .The contribution of NGOs services delivery in terms of CYP during the year 2017-18 compared with year 2016-17, has depicted decrease of 22.4 % in Marie Stopes Society, 6.3% in Rahnuma FPAP and 12.0% in Greenstar. The details are given in **Table-4** and **graph(12)**, in this regard, is given below.



Graph 12: Contribution of NGOs in services delivery in terms of CYP during the year 2017-18 compared with year 2016-17

Comparative Usage by Outlet & Method

Overall Outlet & Method-wise Comparison of Performance of Contraceptives Delivery Services of 2017-18 over 2016-17 in absolute terms shows that, overall PWDs performed better in each of the methods, as compare to other outlets, followed by the DOH-HF(Except the performance in Injectable). Similarly, with respect to the methods implant shows a better performance while comparing it with other methods. DOH (LHWs) performed least as compared to other in every method followed by the NGOs (Except the performance in Implants). Details are given in the **graph 13** below.



Graph 13: Source & Method –wise Comparison of Performance of Contraceptive Services Delivery of 2017-18 over 2016-17

Table 5 (a-f) annexed in the report demonstrates Outlet & Method-wise Comparison of Performance of Contraceptives Delivery Services of 2017-18 over 2016-17 in detail. The following section of the report narrates the outlet and method-wise performance in respect of each department.

Condoms

Population Welfare Departments (PWDs) performances with respect to Condoms

For **Condoms**, the performance of 2017-18 when compared with the 2016-17, an increase has been observed in FWCs (14.8%), RHS-A (17.9%), RHS-B (180.7%), MSUs (63%), PLDs (93.5%), RMPs (7.2%), Hakeem & Homeopaths (H&H) (65%), RTIs (32.4 %), CBFPWs (467%), F.P.I.H Programme **{Only in Islamabad (38.2 %)}**, Gilgit-Baltistan (1.6%), FATA (18.9%), whereas decrease has been recorded in Male Mobilizer (MM) (11%), VBFPW (100%), TBAs (100%), Counters (20.5%) and AJK (14.3%). For details **Table (5-a)** is referred.

DOH (HF) performances with respect to Condoms

For **Condoms**, the performance of 2017-18 when compared with the 2016-17, an increase has been observed in Punjab (13.9%), Sindh (13.2%), Balochistan (11.4%), Islamabad (12.6%) and FATA (28.8%) whereas a decrease has been observed in KPK (45.2%), AJK (28.8%) and Gilgit-Baltistan (36.8%). For details **Table (5-a)** is referred.

DOH (LHW) performances with respect to Condoms

For **Condoms**, the performance of 2017-18 when compared with the 2016-17, an increase has been observed in Sindh (51.6%), Balochistan (38.7%), Islamabad (205.3%) and whereas a decrease has been observed in Punjab (26.6%), KPK (12.5%), AJK (5.2%), FATA (100%) and Gilgit-Baltistan (62.3%). For details **Table (5-a)** is referred.

NGOs performances with respect to Condoms

FPAP

For **Condoms**, the performance of 2017-18 when compared with the 2016-17, an increase has been observed in Punjab (21.1%), Sindh (33.1%), KPK (16.4%), Balochistan (38.4%), AJK (6.8%) and Gilgit-Baltistan (21%) whereas a decrease has been observed in Islamabad (11.5%). For details **Table (5-a)** is referred.

GREENSTAR (GSM)

For **Condoms**, the performance of 2017-18 when compared with the 2016-17, an increase has been observed in Punjab (9.7%), Sindh (18.6%) and Gilgit-Baltistan (221.6%), whereas a decrease has been observed in KPK (43.2%) Balochistan (15.4%), Islamabad (68.4%) AJK (67.9%) and FATA (39.4%). For details **Table (5-a)** is referred.

MARIE STOPES

For **Condoms**, the performance of 2017-18 when compared with the 2016-17, a decrease has been observed in Punjab (63.7%) and Sindh (25.8%), KPK (91.5%) and Balochistan (2.70%). For details **Table (5-a)** is referred.

Oral Pills

PWDs performances with respect to Oral Pills

For **Oral Pills**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in FWCs (16%), RHS-A (19.5%), RHS-B (117.8%), MSUs (73.5%), PLDs (75%), RMP's (8%), Hakeem & Homeopaths(H&H) (58.1%), Male/Social Mobilizers (MM) (0.3%), CBFPWs (404.4%), RTIs (13.2%), Gilgit-Baltistan (8.2%) and Others (129%) whereas decrease has been recorded in VBFPW (100%), Counters (3.8%), TBA's (100%), FPIH Programme (22.2%), AJK (18.2%) and FATA (16.1%). 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 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (27.7%), Sindh (49.6%), FATA (11.9%) and Gilgit-Baltistan (40.8%) whereas decrease has been observed in KPK (63.8%), Balochistan (25.4%), Islamabad (6.3%) and AJK (41%). 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 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (6.4%), KPK (1.8%), Islamabad (50.5%), AJK (4.7%) and Gilgit-Baltistan (110.7%) whereas decrease has been observed in Punjab (44%), Balochistan (12.9%), and FATA (100%). Facility-wise data can be seen in **Table (5-b)**.

NGO's performances with respect to Oral Pills

RAHNUMA (FPAP)

For **Oral Pills**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (47.6%), Sindh (27.7%), KPK (73.7%), Balochistan (14.6%), AJK (4.3%) and Gilgit-Baltistan (10.6%). Whereas decrease has been observed in Islamabad (11.2%) only. Facility-wise data can be seen in **Table (5-b)**.

GREENSTAR SOCIAL MARKETING (GSM)

For **Oral Pills**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (1.1%), Balochistan (48.1%), Islamabad (7.8%), FATA (61.9%) and Gilgit-Baltistan (93.5%). Whereas decrease has been observed in Sindh (10.4%), KPK (11%), and AJK (5.8%). Facility-wise data can be seen in **Table (5-b)**.

MARIE STOPES SOCIETY (MSS)

For **Oral Pills**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Balochistan (2.1%), only. Whereas decrease has been observed in Punjab (53.9%), Sindh (1%) and KPK (77.8%). 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 2017-18 when compared with the 2016-17, an increase has been noted in FWCs (14.6%), RHS-A (8.2%), RHS-B (26.3%), MSUs (50.5%), RMPs (3.9%), RTIs (13.5%), FATA (7.4%), Gilgit-Baltistan (15.1%) and Others (28.7%), whereas decrease has been recorded in PLDs (31.3%), VBFPWs (100%), Counters (27.9%), TBAs (100%), FPIH Programme (-36.8%), and AJK (1.6%). Product-wise data can be seen in **Table (5-c)**

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

(Health Facility)

For **Injectable**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (53.9%), Balochistan (24%), FATA (15.4%) and Gilgit-Baltistan (47.9%) whereas decrease has been observed in Punjab (3.6%), KPK (74.5%), Islamabad (25.2%), AJK (35.7%). Facility-wise data can be seen in **Table (5-c)**.

DOH (LHW)

For **Injectable**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in KPK (2.7%) and Islamabad (5.7%). Whereas decrease has been observed in Punjab (37.1%), Sindh (12.2%), Balochistan (40.7%), AJK (4.9%), FATA (100%) Gilgit-Baltistan (13.8%) Facility-wise data can be seen in **Table (5-c)**.

NGO's performances with respect to Injectables

RAHNUMA FPAP

For **Injectable**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (29.3%), Sindh (1.5%), KPK (55.5%), Balochistan (10.3%), Islamabad (149.8%), AJK (13.1%) and Gilgit-Baltistan (1.5%). Facility-wise data can be seen in **Table (5-c)**.

GREENSTAR SOCIAL MARKETING (GSM)

For **Injectable**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in KPK (7.7%), Islamabad (15.7%), AJK (10.3%) and Gilgit-Baltistan (150.5%). Whereas decrease has been observed in Punjab (22.2%), Sindh (31%), Balochistan (10.9%), and FATA (34.9%). Facility-wise data can be seen in **Table (5-c)**.

MARIE STOPES SOCIETY (MSS)

For **Injectable**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (17.8%), only. Whereas decrease has been observed in Punjab (47.5%), KPK (76.5%) and Balochistan (31.1%). 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 2017-18 when compared with the 2016-17, an increase has been noted in FWCs (15.3%), RHS-A (3.9%), RHS-B (8.8%), MSUs (102%), RTIs (6.4%), Gilgit-Baltistan (13.7%) and Others (236.2%), whereas decrease has been recorded in PLDs (41.1%), RMPs (4.4%), VBFPWs (100%), Counters (25.4%), FPIH Programme (23.2%) AJK, (11.8%) and FATA (14.2%). 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 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (45.4%), KPK (52.7%), Islamabad (396.4%), AJK (743.8%), FATA (19%) and Gilgit-Baltistan (118.7%) whereas decrease has been observed in Punjab (7.9%) and Balochistan (18.3%). Facility-wise data can be seen in **Table (5-d)**.

NGO's performances with respect to IUDs (insertions)

RAHNUMA FPAP

For **IUDs (insertions)**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (1.9%), KPK (21.2%), Balochistan (24.9%), and Gilgit-Baltistan (8.5%). Whereas decrease has been observed in Sindh (29.9%), Islamabad (44.7 %) and AJK (17.0%). Facility-wise data can be seen in **Table (5-d)**.

GREENSTAR SOCIAL MARKETING (GSM)

For **IUDs (insertions)**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Gilgit-Baltistan (69.9%), only. Whereas decrease has been observed in Punjab (30.5%), Sindh (24.2%), KPK (31%), Balochistan (12%), Islamabad (24.7%), FATA (96.2%) and AJK (86.1%). Facility-wise data can be seen in **Table (5-d)**.

MARIE STOPES SOCIETY (MSS)

For **IUDs (insertions)**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (19.3%), only. Whereas decrease has been observed in Punjab (29.9%), KPK (69.2%) and Balochistan (18.9%). 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 2017-18 when compared with the 2016-17, an increase has been noted in RHS-A (7.9%), whereas decrease has been witnessed in RHS-B (1.8%) and AJK (25.4%). Product-wise data can be seen in **Table (5-e)**.

DOH- HF performances with respect to Contraceptive Surgery

For **Contraceptive Surgery**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (3.1%), FATA (75.6%) and Gilgit-Baltistan (393.9%) whereas decrease has been observed in Punjab (12.6 %), Balochistan (4.1%) and Islamabad (100%). Facility-wise data can be seen in **Table (5-e)**.

NGO's performances with respect to Contraceptive Surgery

RAHNUMA FPAP

For **Contraceptive Surgery**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (10.5%), KPK (30.2%) and Balochistan (21.6%), whereas decrease has been observed in Sindh (9.9%), Islamabad (38.5 %), and GB (15.4%). Facility-wise data can be seen in **Table (5-e)**.

GREENSTAR SOCIAL MARKETING (GSM)

For **Contraceptive Surgery**, the performance of 2017-18 when compared with the 2016-17 a decrease has been observed in all i.e. Punjab (91.5%), Sindh (98.4%), KPK (94.2%), and Islamabad (81.9%). Facility-wise data can be seen in **Table (5-e)**.

MARIE STOPES SOCIETY (MSS)

For **Contraceptive Surgery**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Sindh (72.7%), only. Whereas decrease has been observed in Punjab (7.9%), KPK (93%) and Balochistan (48.3%). 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 2016-17 when compared with the 2015-16, increase has been observed in FWCs (447%), RHS-A (11.5%), MSUs (119.5%), Counters (5400%), and AJK (400%). Product-wise data can be seen in **Table (5-f)**.

DOH- HF performances with respect to Implant

For **Implant**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (3.7 %), Sindh (117.1%), and KPK (153.3%) whereas decrease has been observed in Balochistan (64%) and Gilgit-Baltistan (100%). Facility-wise data can be seen in **Table (5-f)**.

NGO's performances with respect to Implants

RAHNUMA FPAP

For **Implant**, the performance of 2017-18 when compared with the 2016-17, an increase has been shown in Punjab (200.8%), Balochistan (273.5%), Islamabad (4.9%) and AJK (12.4%), whereas decrease has been observed in KPK (4.6%), Sindh (7.8%) and GB (47.5%). Facility-wise data can be seen in **Table (5-f)**.

GREENSTAR SOCIAL MARKETING (GSM)

For **Implant**, the performance of 2017-18 when compared with the 2016-17 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 2017-18 when compared with the 2016-17, an increase has been shown in Balochistan (78.1%), only. Whereas decrease has been observed in Punjab (49.9%), Sindh (7.5%) and KPK (54.7%). Facility-wise data can be seen in **Table (5-f)**.

Method and Outlet-Wise Average Performance

Method and Outlet-wise Average performance for the Federal and Provincial setup during the financial year 2017-18 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 23,004 units per FWC sold in Punjab, followed by 14967 units in KPK and 12355 units in Sindh and 8295 units in Balochistan, whereas 21826 units in Islamabad average per FWC has been reported.

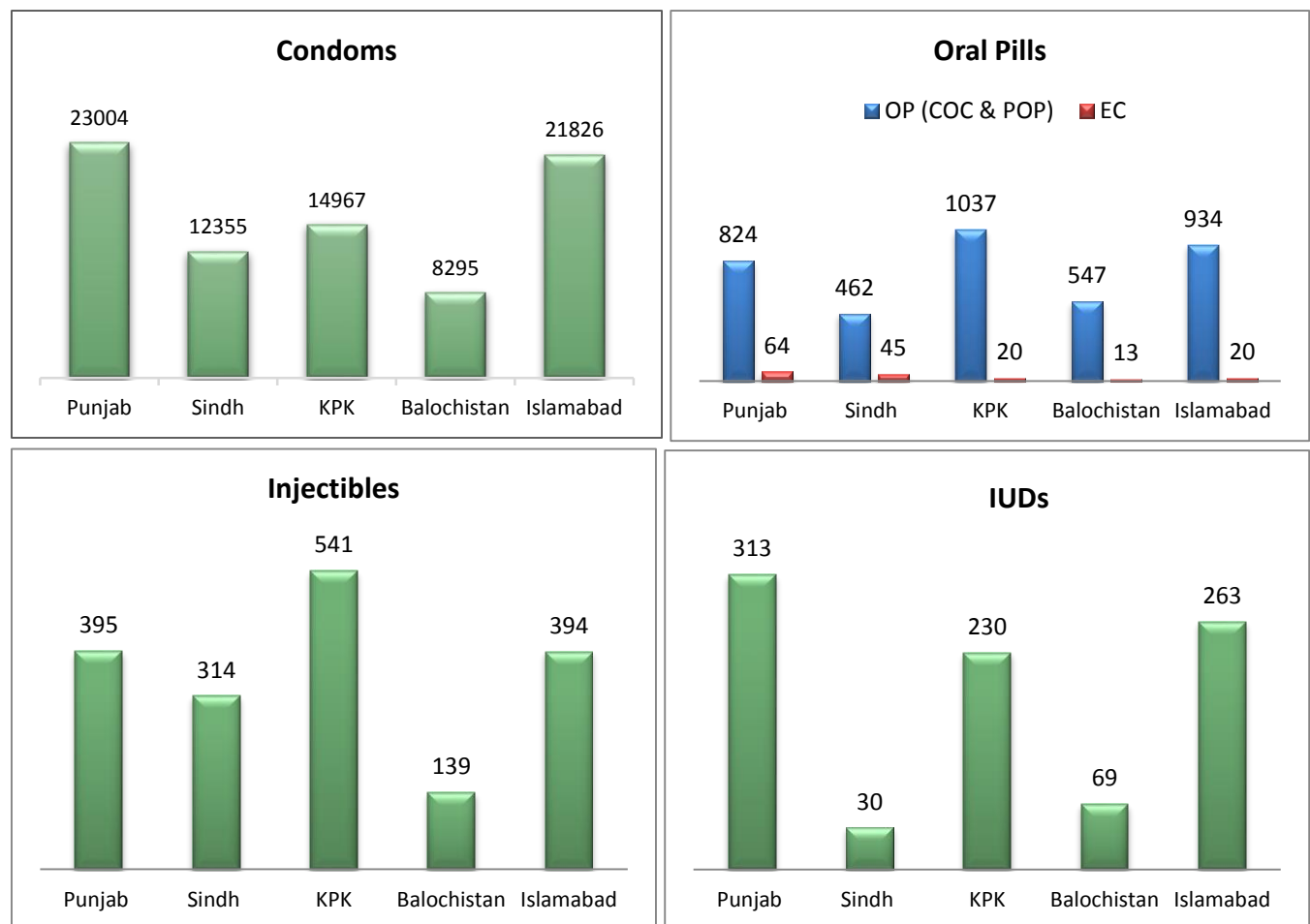
The maximum numbers i.e. 1037 cycles of Oral Pills (COC & POP) per FWC were dispensed by Khyber Pakhtunkhwa and the lowest 462 cycles were reported by FWCs of Sindh, whereas in Islamabad 934 cycles per FWC.

For Emergency Contraceptive Pills (ECP) Punjab is reported as the highest with 64 doses and Balochistan reported as the lowest with 13 doses on average per outlet, while in Islamabad the same was reported as 20 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. 313 per FWC have been reported in Punjab and the lowest figure reported is 44 for FWC of Sindh whereas in Islamabad 263 insertions of IUCD per FWCs.

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:

Graph 13: Average performance per FWC by method

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 .

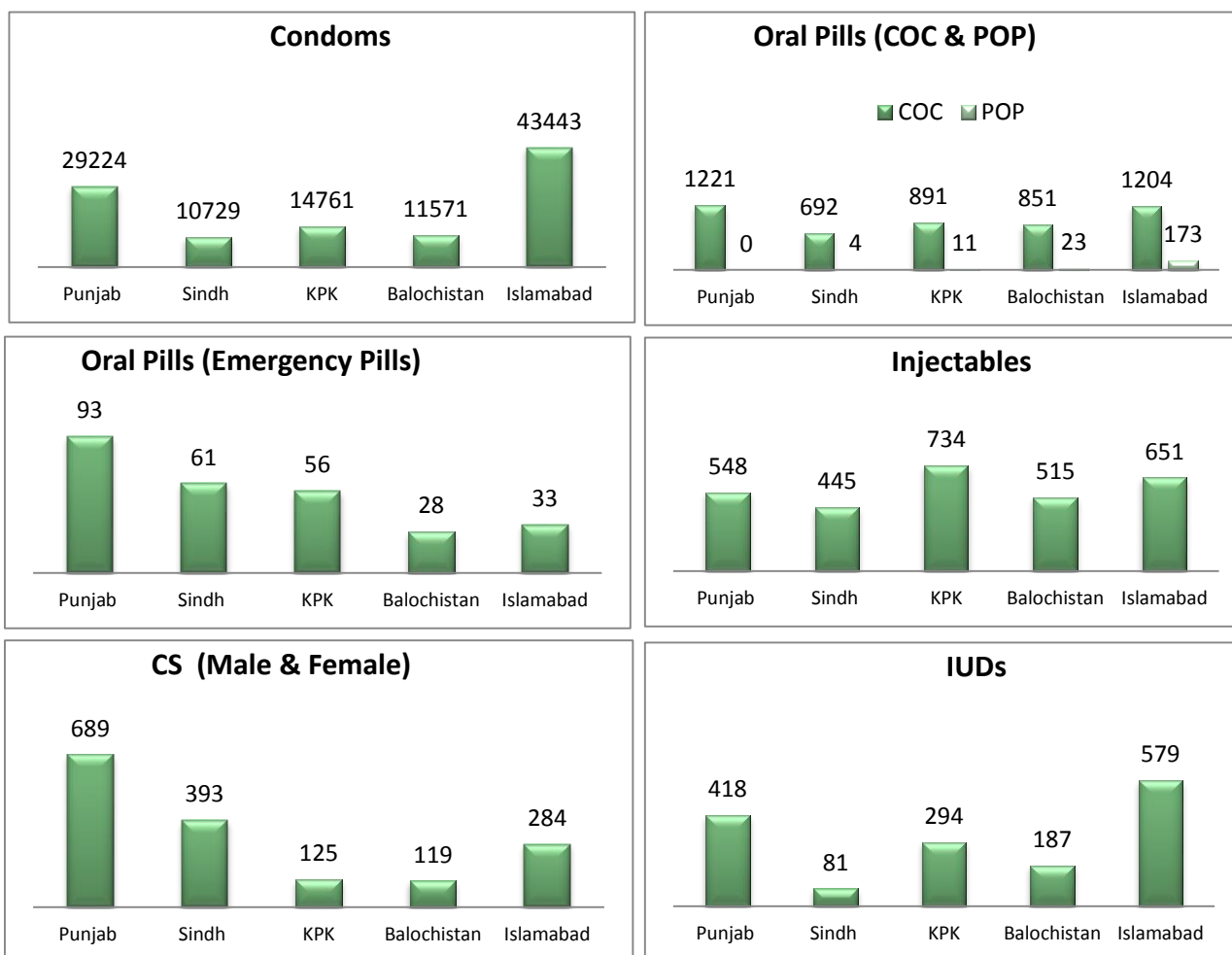
The Reproductive Health Services-A (RHS-A) Centers of Khyber Pakhtunkhwa were able to dispense maximum number 902 cycles of Oral Pills (POP & COC) as compared to the lowest 696 cycles of Oral Pills by RHS-A of Sindh, whereas in Islamabad 1377 cycles of Oral Pills per RHA-A center.

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 (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:



Graph: 14 Average achievement per RHS-A by methods for the year 2017-18

Average Performance per MSU by Method

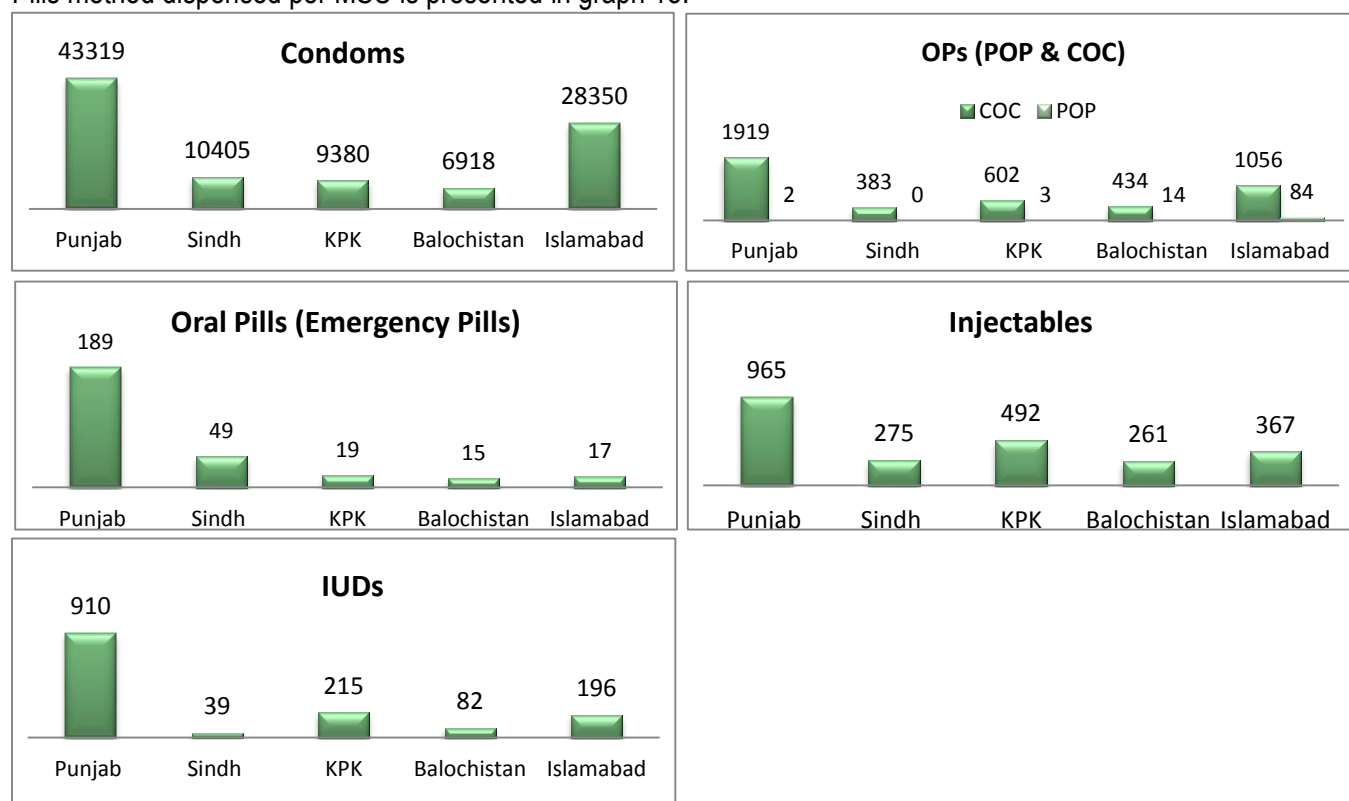
Among provinces, The highest reported average performance for Condoms per MSU is 43319 units in Punjab followed by 10405 units in Sindh, 9380 units in KPK and 6918 units in Balochistan whereas in Islamabad 28350 units.

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.

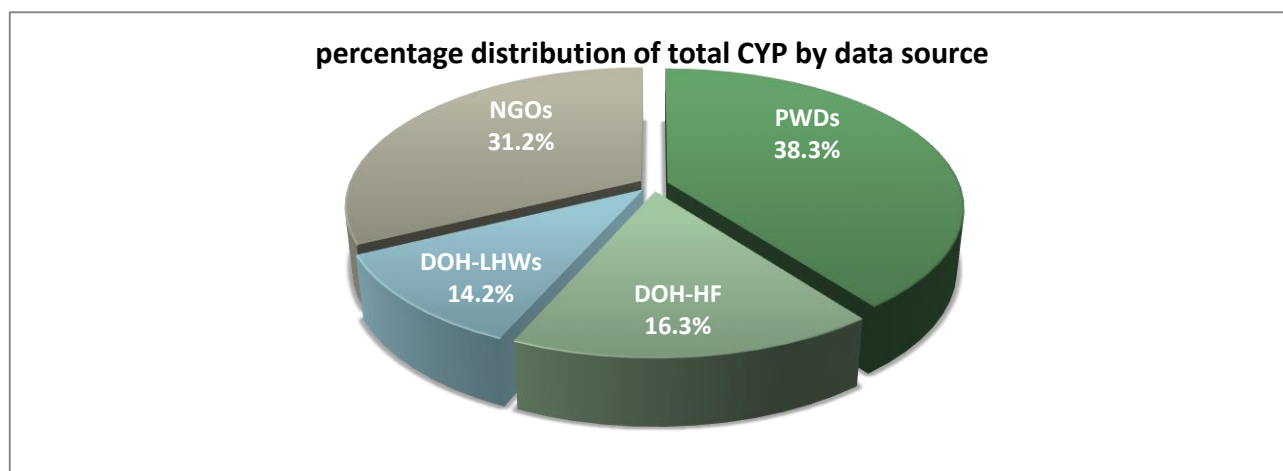
The highest insertions of IUDs i.e. 910 were reported by Punjab in comparison to the lowest 39 insertions carried out by MSU in Sindh, whereas in Islamabad 196 insertions of IUDs per MSU. The graphical presentation of Oral Pills method dispensed per MSU is presented in graph 15:



Graph: 15 Average Performances per MSU by Method

Percentage Distribution of Total CYP by Source

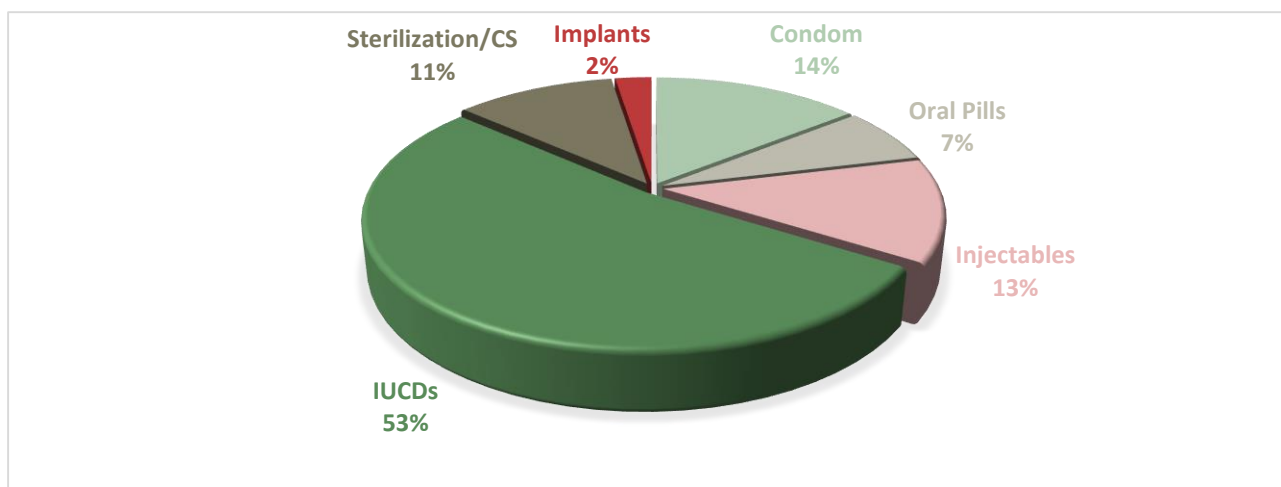
The percentage distribution of total CYP by data source during the year 2017-18 reflected 38.3% in PWDs, 16.3% in DoH (HFs), 14.2% in DOH (LHWs) and 31.2% in NGOs. The details are given in **Table-7** and graphical presentation is as under:



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 2017-18 has been calculated for Condom 14.3%, Oral Pills 6.9%, Injectables 12.7%, IUCDs 52.6%, Contraceptive Surgery 11% and Implants 2.5%. 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 2017-18 is given in Table 8b and details are as under.

Method wise Distribution in PWDs

The method-wise percentage contribution in terms of total CYP during the year 2017-18 has been calculated for Condom 4.2%, Oral Pills 1.5%, Injectables 2.4%, IUCDs 22.4%, Contraceptive Surgery 6.7% and Implants 1.0%. The details are given in **Table-8**:

Method wise Distribution in DOH (HF)

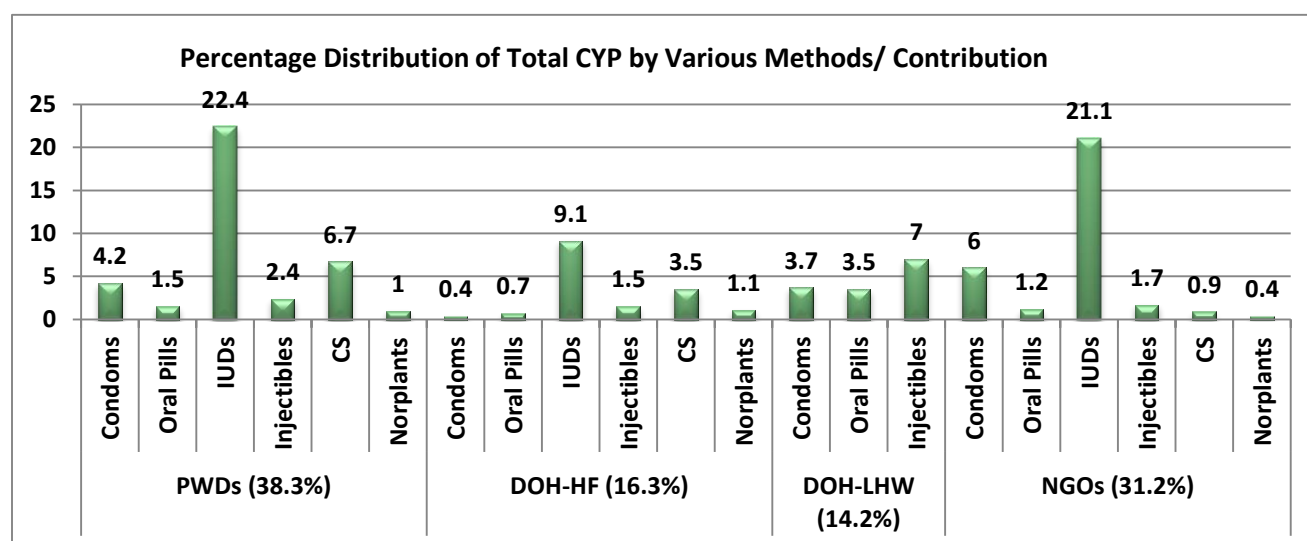
The method-wise percentage contribution in terms of total CYP during the year 2017-18 has been calculated for Condom 0.4%, Oral Pills 0.7%, Injectables 1.5%, IUCDs 9.1%, Contraceptive Surgery 3.5% and Implants 1.1%. The details are given in **Table-8**:

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-8**

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-8** and graphical presentation is as under:



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

Province-wise Family Planning and Mother & Child Health (MCH) Service Delivery for 2017-18

The data indicates that during the year (2017-18) 3,785,129 clients availed Family Planning Services of various contraceptive methods at Family Welfare Centers (FWCs)/ Reproductive Health Service-A (RHS-A) Centers and other outlets. These service delivery outlets also provided the services to 343,415 clients for Pre-natal Care and 230,633 clients for Post-natal Care. Apart from these, FWCs/RHS-A Centers and others outlets had provided treatment to 2,029,728 clients (Children + Adults) for General Ailments. The details are given in **Table-09**.

Pakistan-Estimation of Modern Contraceptive Prevalence Rate (mCPR) for 2017-18

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 27 of this report. The estimated number of users was then divided by estimated number of Married Women of Reproductive Age (MWRA) during that year covered by the service statistics data. Estimates and projection of the number of MWRA have been taken as 16% of the population as per Provisional Results of Census 2017 for estimating MWRA of 2017-18. These MWRA estimates were used as denominators in the calculations as shown in the formula below:

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

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 2017-18 and 2016-17 followed by comparative analysis of two years (Table-10 is referred)The details are given below:

(A) Population Welfare Departments

The Contraceptive Prevalence Rate of Population Welfare Departments (PWDs), on the basis of modern methods, during the year 2017-18 is 15.6%. In Provincial setup, the mCPR by PWDs in Punjab is 18.2%, Sindh 10.0%, Khyber Pakhtunkhwa 18.7% and Balochistan 5.3%, whereas in Federal district Islamabad share in mCPR is 31.5%, AJK 5.8%, FATA 4.8% and in GB 4.8%. The Modern Contraceptive Prevalence Rate of Population Welfare Departments (PWDs) during the year 2017-18 compared with the previous year, an increase of 10% has been noted, while in provincial/regional set-up, an increase has been observed in Punjab (17.6%), Balochistan (22.0%), Islamabad (0.8%), AJK (2.1%) and in FATA (6.6%) and GB (12.6%), whereas decrease has been noticed in Sindh (1.8%) and KPK (2.1%). 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 2017-18 is 11.9%. In Provincial setup, the mCPR by DoH (HF & LHWs) in Punjab is 12.9%, Sindh 10.1%, Khyber Pakhtunkhwa 14.7% and Balochistan 2.0%, whereas in Federal district Islamabad is 1.6%, AJK 6.0%, FATA 1.8% and in GB 32.5%. The Contraceptive Prevalence Rate of DoH (HF & LHWs) during the year 2017-18 compared with the previous year decreased by 7%, whereas in provincial/regional set-up an increase has been observed in Sindh (15.8%), Islamabad (90.3%) and in GB (82.7%), whereas decrease has been observed in Punjab (13.4%), KPK (10.4%) Balochistan (6.7%), AJK (6.9) and FATA (2.8%). 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 2017-18, is 3.2% with provincial contribution Punjab (2.4%), Sindh (2.3%), Khyber Pakhtunkhwa (4.1%) and Balochistan (1.2%). Comparison of mCPR during 2017-18 over 2016-17 in respect of Rahnuma FPAP has noted overall increase of 35.3% (**Table-10**).

Marie Stopes Society (MSS)

The Modern Contraceptive Prevalence Rate (mCPR) of MSS during 2017-18, is 4.3% with provincial contribution Punjab (4.2%), Sindh (6.6%), Khyber Pakhtunkhwa (3.1%) and Balochistan (1.5%).

Comparison of mCPR during 2017-18 over 2016-17 in respect of MSS has shown overall increase of 8.7% (Table-10).

Greenstar Social Marketing (GSM)

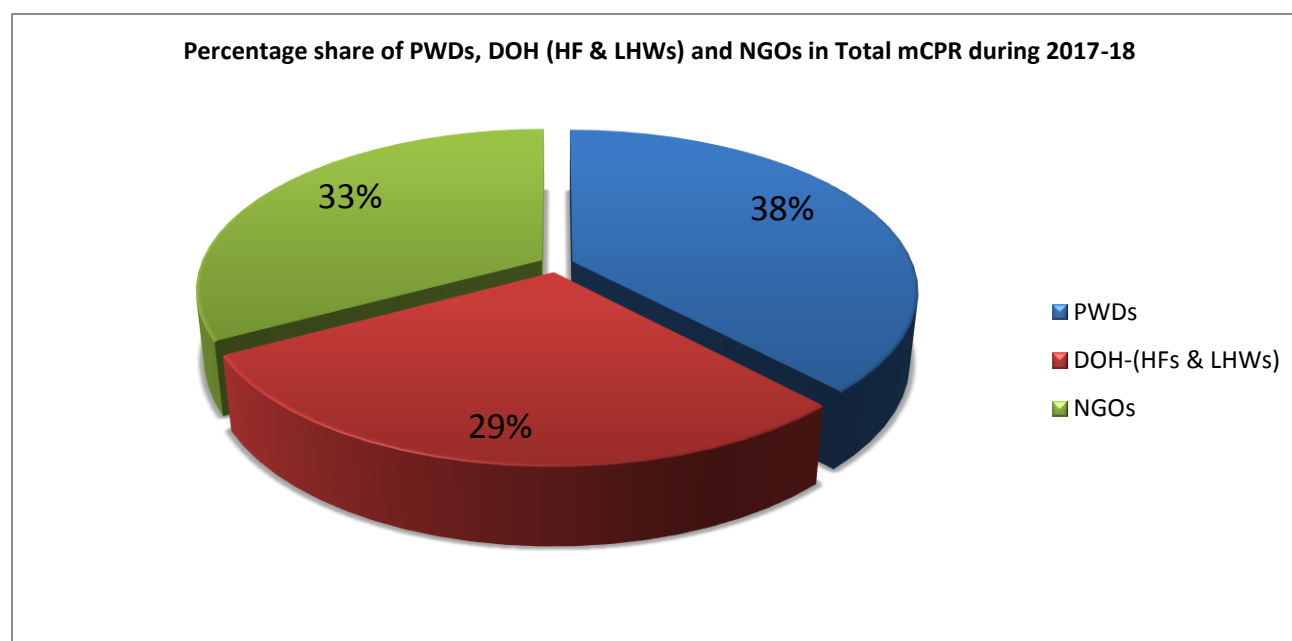
The Modern Contraceptive Prevalence Rate (mCPR) of GSM during 2017-18, is 6.2% with provincial contribution Punjab (6.9%), Sindh (6.5%), Khyber Pakhtunkhwa (5.0%) and Balochistan (2.3%). Comparison of mCPR during 2017-18 over 2016-17 in respect of GSM has observed overall increase of 1.2% (Table-10).

Overall mCPR of all Stakeholders

The overall Contraceptive Prevalence Rate, on the basis of modern methods, during the year 2017-18 is 41.0%. In the Provincial setup, the mCPR in Punjab is 44.5%, Sindh 35.5%, Khyber Pakhtunkhwa 45.5%, Balochistan 12.3%, Federal district Islamabad 72.4 %, AJK 29.8%, FATA 7.1% and Gilgit-Baltistan (GB) 48.9%. The details are given in Table-10.

Overall Contraceptive Prevalence Rate (mCPR) in respect of all stakeholders during 2017-18 when compared with 2016-17, has shown an increase of 4.3%. In provincial/regional comparison of two years, increase has been observed in Punjab (5.0%), Sindh (9.7%), Balochistan (11.7%), AJK (8.6%) and GB in (57.3%), while decrease has been noticed in Khyber Pakhtunkhwa (4.5%), Islamabad (4.7%) and FATA (0.2%). The details are given in Table-10.

Percentage share of PWDs, DOH (HF & LHWs) and NGOs in Total mCPR during 2017-18



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 2017-18 in respect of these departments has also been made with the previous year 2016-17 at national & provincial level. It has been observed that this year Contraceptive Performance of PWDs and DoH (HF), in terms of CYP, has increased by 15.6% & 1.5% respectively, as compared to the previous year while Contraceptive Performance of DoH (LHWs) has decreased by 18.5%, when compared with previous year.

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 decreased by 13.6% during this year (2017-18) as compared to last year (2016-17).

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 for each method. For the year 2017-18, this estimates of mCPR is computed as 41%. As such, estimate of mCPR during 2017-18 has increased by 4.3% as compared to the last year (2016-17) estimate of 39.3%.

Way Forward:

Upon the devolution of M/o Population Welfare, as per notification No.4-17/2010-Min-I dated 2nd 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 State. 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 2017-18, is computed as 41%. As such, estimate of mCPR during 2017-18 has increased by 4.3% as compared to the 2016-17 estimate of 39.3%. This estimated CPR by modern methods is computed by PBS by using Service Statistics supplied by source departments [PWDs, DoH (HF & LHWs) and NGOs] 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 2016-17 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
	2017-18	2016-17	2017-18 Vs 2016-17
PWDs	6,031,013	5,218,044	15.6
PUNJAB	4,046,850	3,046,060	32.9
SINDH	766,974	782,600	-2.0
K.P.K	913,018	1,062,017	-14.0
BALUCHISTAN	99,209	106,235	-6.6
ISLAMABAD	98,816	106,724	-7.4
AJK	44,749	50,415	-11.2
FATA	43,724	48,364	-9.6
GB	17,674	15,628	13.1
DOH(HF)	2,567,288	2,529,135	1.5
PUNJAB	1,725,460	1,858,141	-7.1
SINDH	358,735	233,417	53.7
K.P.K	232,492	305,899	-24.0
BALUCHISTAN	27,690	30,040	-7.8
ISLAMABAD	4,237	2,632	61.0
AJK	5,884	3,747	57.0
FATA	17,943	14,561	23.2
GB	194,846	80,699	141.4
DOH(LHW)	2,239,297	2,748,172	-18.5
PUNJAB	971,230	1,503,945	-35.4
SINDH	568,477	552,348	2.9
K.P.K	621,308	611,472	1.6
BALUCHISTAN	17,030	23,518	-27.6
ISLAMABAD	2,683	1,112	141.3
AJK	34,018	34,850	-2.4
FATA	0	3,044	-100.0
GB	24,550	17,882	37.3
NGOs	4,918,107	5,689,727	-13.6
RAHNUMA (FPAP)	1,626,401	1,736,041	-6.3
MARIE STOPES	1,394,029	1,797,273	-22.4
GREENSTAR (GSM)	1,897,677	2,156,414	-12.0
Pakistan	15,755,706	16,185,079	-2.7

TABLE 2 CONTRACEPTIVE USAGE BY METHOD (PWDS)

METHOD	OVERALL PERFORMANCE		% Change
	2017-18	2016-17	
PWDs			
CONDOMS (Units)	79,820,255	69298325	
CYP	665,169	577486	15.2
ORAL PILL (Cycles)	3,574,562	3009997	
CYP	235,289	197906	18.9
OP-COC	3,377,510	2730446	
CYP	225,167	182030	23.7
OP-EC	180,916	165655	
CYP	9,046	8283	9.2
OP-POP	16,136	113896	
CYP	1,076	7593	-85.8
INJECTABLE (Vials)	1,531,999	1330812	
CYP	382,995	332648	15.1
INJ-DMPA	1,531,941	1330152	
CYP	382,985	332538	15.2
INJ-NetEn	58	660	
CYP	10	110	-91.2
IUCD (Insertions)	767,520	653482	
CYP	3,530,248	3004366	17.5
IUD-CuT	767,255	652212	
CYP	3,529,373	3000175	17.6
IUD-Multiload	265	1270	
CYP	875	4191	-79.1
Sterilization/CS (Cases)	105,413	98011	
CYP	1,054,130	980110	7.6
C.S (Cases)	0	0	
CYP	0	0	0.0
CS(Female)	103,529	95737	
CYP	1,035,290	957370	8.1
CS(Male)	1,884	2274	
CYP	18,840	22740	-17.2
NORPLANT (Insertions)	46,818	40505	
CYP	163,183	125528	30.0
Implanon	11,327	21839	
CYP	28,318	54598	-48.1
Jadelle	35,491	18666	
CYP	134,866	70931	90.1

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

DOH(HF)			
CONDOMS (Units)	8,014,330	7922949	
CYP	66,786	66025	1.2
ORAL PILL (Cycles)	1,676,477	1665397	
CYP	111,765	111026	0.7
OP-COC	1,544,935	1535786	
CYP	102,996	102386	0.6
OP-POP	131,542	129611	
CYP	8,769	8641	1.5
INJECTABLE (Vials)	1,005,296	1352002	
CYP	243,713	331232	-26.4
INJ-DMPA	913,963	1270777	
CYP	228,491	317694	-28.1
INJ-NetEn	91,333	81225	
CYP	15,222	13537	12.4
IUCD (Insertions)	310,008	295612	
CYP	1,426,037	1359815	4.9
IUD-CuT	310,008	295612	
CYP	1,426,037	1359815	4.9
Sterilization/CS (Cases)	54,610	55711	
CYP	546,100	557110	-2.0
CS(Female)	51,923	52518	
CYP	519,230	525180	-1.1
CS(Male)	2,687	3193	
CYP	26,870	31930	-15.8
NORPLANT (Insertions)	69,155	41571	
CYP	172,888	103928	66.4
Implanon	69,155	41571	
CYP	172,888	103928	66.4
DOH(LHW)			
CONDOMS (Units)	82,947,992	99,388,751	
CONDOMS (Units)	70,249,847	83026673	
CYP	585,415	691889	-15.4
ORAL PILL (Cycles)	8,293,191	11095137	
CYP	552,656	739547	-25.3
OP-COC	8,279,767	11087437	
CYP	551,984	739162	-25.3
OP-EC	13,420	7700	
CYP	671	385	74.3
OP-POP	4	0	
CYP	0	0	0.0
INJECTABLE (Vials)	4,404,954	5266941	
CYP	1,101,226	1316735	-16.4
INJ-DMPA	4,404,802	5266941	
CYP	1,101,201	1316735	-16.4
INJ-NetEn	152	0	
CYP	25	0	0.0

Table-2 CONTRACEPTIVE USAGE BY METHOD (NGOs)

NGOs			
CONDOMS (Units)	112,722,449	113690918	
CYP	939,354	947424	-0.9
ORAL PILL (Cycles)	3,305,746	3363423	
CYP	182,682	185921	-1.7
OP-COC	1,043,697	1065021	
CYP	69,580	71001	-2.0
OP-EC	2,262,049	2298402	
CYP	113,102	114920	-1.6
INJECTABLE (Vials)	1,228,025	1308926	
CYP	268,485	277320	-3.2
INJ-DMPA	878,778	839884	
CYP	219,695	209971	4.6
INJ-FEMIJECT	104,940	120622	
CYP	8,072	9279	-13.0
INJ-NetEn	244,307	348420	
CYP	40,718	58070	-29.9
IUCD (Insertions)	751,015	942369	
CYP	3,325,879	4091084	-18.7
IUD-CuT	651,946	754820	
CYP	2,998,952	3472172	-13.6
IUD-Multiload	99,069	187549	
CYP	326,928	618912	-47.2
Sterilization/CS (Cases)	13,663	15893	
CYP	136,630	158930	-14.0
CS(Female)	13,369	15499	
CYP	133,690	154990	-13.7
CS(Male)	294	394	
CYP	2,940	3940	-25.4
NORPLANT (Insertions)	17,179	7922	
CYP	65,077	29048	124.0
Implanon	156	167	
CYP	390	418	-6.6
Jadelle	17,023	6358	
CYP	64,687	24160	167.7
Sino-Implant	0	1397	
CYP	0	4470	-100.0
Pakistan			
CYP	15,755,706	16,185,079	-2.65

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

CONDOM (Units)			
SOURCE	2017-18	2016-17	% Change
PWDs	79,820,255	69,298,325	15.2
PUNJAB	51,323,018	36,783,705	39.5
SINDH	13,633,050	16,171,650	-15.7
K.P.K	10,588,418	12,362,847	-14.4
BALUCHISTAN	2,043,267	1,703,465	19.9
ISLAMABAD	1,195,580	1,214,832	-1.6
AJK	497,856	580,827	-14.3
FATA	346,814	291,773	18.9
GB	192,252	189,226	1.6
DOH(HF)	8,014,330	7,922,949	1.2
PUNJAB	5,822,142	5,111,429	13.9
SINDH	998,667	882,141	13.2
K.P.K	821,895	1,498,459	-45.2
BALUCHISTAN	96,665	86,795	11.4
ISLAMABAD	29,113	25,857	12.6
AJK	87,067	122,212	-28.8
FATA	68,779	53,739	28.0
GB	90,002	142,317	-36.8
DOH(LHW)	70,249,847	83,026,673	-15.4
PUNJAB	48,343,785	65,891,848	-26.6
SINDH	15,898,642	10,485,482	51.6
K.P.K	3,998,065	4,571,159	-12.5
BALUCHISTAN	185,746	133,871	38.7
ISLAMABAD	260,682	85,399	205.3
AJK	1,438,135	1,516,416	-5.2
FATA	0	11,220	-100.0
GB	124,792	331,278	-62.3
NGOs	112,722,449	113,690,918	-0.9
RAHNUMA (FPAP)	1,304,597	1,092,805	19.4
MARIE STOPES	368,884	964,162	-61.7
GREENSTAR (GSM)	111,048,968	111,633,951	-0.5
Pakistan	270,806,881	273,938,865	-1.1

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

SOURCE	ORAL PILLS (CYCLES)									TOTAL ORAL PILLS		
	OP-COC (03-Months)			OP-POP (02-Months)			OP-EC			2017-18	2016-17	%
	2017-18	2016-17	%	2017-18	2016-17	%	2017-18	2016-17	%			
	Change	Change	Change	Change	Change	Change						
PWDs	3,377,510	2,730,446	39.6	16,136	113,896	-97.4	180,916	165,655	-7.7	3,574,562	3,009,997	18.8
PUNJAB	1,869,364	1,339,346	39.6	962	36,746	-97.4	114,873	124,438	-7.7	1,985,199	1,500,530	32.3
SINDH	519,878	453,769	14.6	1,716	20,405	-91.6	46,913	28,878	62.5	568,507	503,052	13.0
K.P.K	729,405	693,983	5.1	2,763	29,605	-90.7	15,051	7,459	101.8	747,219	731,047	2.2
BALUCHISTAN	132,979	105,610	25.9	1,168	10,604	-89.0	3,083	4,497	-31.4	137,230	120,711	13.7
ISLAMABAD	37,338	39,880	-6.4	4,128	6,367	-35.2	963	375	156.8	42,429	46,622	-9.0
AJK	26,899	33,457	-19.6	3,596	3,833	-6.2	33	8	312.5	30,528	37,298	-18.2
FATA	45,272	53,943	-16.1	0	0	0.0	0	0	0.0	45,272	53,943	-16.1
GB	16,375	10,458	56.6	1,803	6,336	-71.5	0	0	0.0	18,178	16,794	8.2
DOH(HF)	1,544,935	1,535,786	33.7	131,542	129,611	-25.3	0	0	0.0	1,676,477	1,665,397	0.7
PUNJAB	855,269	639,884	33.7	54,181	72,485	-25.3	0	0	0.0	909,450	712,369	27.7
SINDH	229,972	146,182	57.3	19,083	20,261	-5.8	0	0	0.0	249,055	166,443	49.6
K.P.K	145,686	493,439	-70.5	40,627	20,563	97.6	0	0	0.0	186,313	514,002	-63.8
BALUCHISTAN	29,754	44,788	-33.6	12,993	12,542	3.6	0	0	0.0	42,747	57,330	-25.4
ISLAMABAD	1,880	2,006	-6.3	0	0	0.0	0	0	0.0	1,880	2,006	-6.3
AJK	6,326	10,715	-41.0	0	0	0.0	0	0	0.0	6,326	10,715	-41.0
FATA	12,482	11,561	8.0	4,655	3,760	23.8	0	0	0.0	17,137	15,321	11.9
GB	263,566	187,211	40.8	3	0	0.0	0	0	0.0	263,569	187,211	40.8
DOH(LHW)	8,279,767	11,087,437	-44.0	4	0	0.0	13,420	7,700	0.0	8,293,191	11,095,137	-25.3
PUNJAB	3,926,850	7,012,344	-44.0	0	0	0.0	0	0	0.0	3,926,850	7,012,344	-44.0
SINDH	2,374,782	2,231,255	6.4	0	0	0.0	0	0	0.0	2,374,782	2,231,255	6.4
K.P.K	1,466,549	1,441,245	1.8	0	0	0.0	0	0	0.0	1,466,549	1,441,245	1.8
BALUCHISTAN	103,394	118,719	-12.9	0	0	0.0	0	0	0.0	103,394	118,719	-12.9
ISLAMABAD	4,409	2,930	50.5	0	0	0.0	0	0	0.0	4,409	2,930	50.5
AJK	148,081	141,372	4.7	0	0	0.0	0	0	0.0	148,081	141,372	4.7
FATA	0	19,540	-100.0	0	0	0.0	0	0	0.0	0	19,540	-100.0
GB	255,702	120,032	113.0	4	0	0.0	13,420	7,700	74.3	269,126	127,732	110.7
NGOs	1,043,697	1,065,021	20.5	0	0	0.0	2,262,049	2,298,402	0.0	3,305,746	3,363,423	-1.7
RAHNUMA (FPAP)	201,484	167,239	20.5	0	0	0.0	22,909	0	0.0	224,393	167,239	34.2
MARIE STOPES	82,196	133,949	-38.6	0	0	0.0	0	9,490	-100.0	82,196	143,439	-42.7
GREENSTAR (GSM)	760,017	763,833	-0.5	0	0	0.0	2,239,140	2,288,912	-2.2	2,999,157	3,052,745	-1.8
Pakistan	14,245,909	16,418,690	-13.2	147,682	243,507	-39.4	2,456,385	2,471,757	-0.6	16,849,976	19,133,954	-11.9

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

SOURCE	INJECTABLES (VIALS)											
	NetEn (02-Months)			DMPA (03 Months)			FEMIJECT (01-Month)			TOTAL INJECTABLES		
	2017-18	2016-17	%	2017-18	2016-17	%	2017-18	2016-17	%	2017-18	2016-17	%
	Chang			Chang			Chang			Change		
PWDs	58	660	-91.2	1,531,941	1,330,152	15.2	0	0	0.0	1,531,999	1,330,812	15.1
PUNJAB	0	0	0.0	694,031	497,140	39.6	0	0	0.0	694,031	497,140	39.6
SINDH	0	132	-100.0	325,046	284,381	14.3	0	0	0.0	325,046	284,513	14.2
K.P.K	0	0	0.0	383,348	423,405	-9.5	0	0	0.0	383,348	423,405	-9.5
BALUCHISTAN	0	364	-100.0	37,307	37,287	0.1	0	0	0.0	37,307	37,651	-0.9
ISLAMABAD	0	0	0.0	20,960	20,761	1.0	0	0	0.0	20,960	20,761	1.0
AJK	0	64	-100.0	23,983	24,305	-1.3	0	0	0.0	23,983	24,369	-1.6
FATA	0	0	0.0	29,823	27,774	7.4	0	0	0.0	29,823	27,774	7.4
GB	58	100	-42.0	17,443	15,099	15.5	0	0	0.0	17,501	15,199	15.1
DOH(HF)	91,333	81,225	12.4	913,963	1,270,777	-28.1	0	0	0.0	1,005,296	1,352,002	-25.6
PUNJAB	56,444	58,123	-2.9	448,636	465,622	-3.6	0	0	0.0	505,080	523,745	-3.6
SINDH	7,715	8,459	-8.8	249,762	158,862	57.2	0	0	0.0	257,477	167,321	53.9
K.P.K	15,534	5,289	193.7	133,105	578,205	-77.0	0	0	0.0	148,639	583,494	-74.5
BALUCHISTAN	6,781	5,455	24.3	33,840	27,302	23.9	0	0	0.0	40,621	32,757	24.0
ISLAMABAD	0	0	0.0	2,690	3,596	-25.2	0	0	0.0	2,690	3,596	-25.2
AJK	0	0	0.0	4,043	6,290	-35.7	0	0	0.0	4,043	6,290	-35.7
FATA	1,051	2,770	-62.1	15,704	11,748	33.7	0	0	0.0	16,755	14,518	15.4
GB	3,808	1,129	237.3	26,183	19,152	36.7	0	0	0.0	29,991	20,281	47.9
DOH(LHW)	152	0	0.0	4,404,802	5,266,941	-16.4	0	0	0.0	4,404,954	5,266,941	-16.4
PUNJAB	0	0	0.0	1,226,301	1,949,425	-37.1	0	0	0.0	1,226,301	1,949,425	-37.1
SINDH	0	0	0.0	1,110,679	1,264,876	-12.2	0	0	0.0	1,110,679	1,264,876	-12.2
K.P.K	0	0	0.0	1,960,884	1,909,186	2.7	0	0	0.0	1,960,884	1,909,186	2.7
BALUCHISTAN	0	0	0.0	34,358	57,953	-40.7	0	0	0.0	34,358	57,953	-40.7
ISLAMABAD	0	0	0.0	867	820	5.7	0	0	0.0	867	820	5.7
AJK	0	0	0.0	48,646	51,155	-4.9	0	0	0.0	48,646	51,155	-4.9
FATA	0	0	0.0	0	6,590	-100.0	0	0	0.0	0	6,590	-100.0
GB	152	0	0.0	23,067	26,936	-14.4	0	0	0.0	23,219	26,936	-13.8
NGOs	244,307	348,420	-29.9	878,778	839,884	4.6	104,940	120,622	-13.0	1,228,025	1,308,926	-6.2
RAHNUMA (FPAP)	1,347	9,084	-85.2	471,911	340,882	38.4	0	0	0.0	473,258	349,966	35.2
MARIE STOPES	0	944	-100.0	50,734	81,128	-37.5	0	0	0.0	50,734	82,072	-38.2
GREENSTAR (GSM)	242,960	338,392	-28.2	356,133	417,874	-14.8	104,940	120,622	-13.0	704,033	876,888	-19.7
Pakistan	335,850	430,305	-22.0	7,729,484	8,707,754	-11.2	104,940	120,622	-13.0	8,170,274	9,258,681	-11.8

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

SOURCE	IUCDs (INSERTIONS)						TOTAL IUCDs		
	10 - Years			05 - Years			2017-18	2016-17	%
	2017-18	2016-17	%	2017-18	2016-17	%			
			Chan			Chang			Chan
PWDs	767,255	652,212	38.1	265	1,270	-100.0	767,520	653,482	38.1
PUNJAB	551,406	399,275	38.1	0	86	-100.0	551,406	399,361	38.1
SINDH	35,812	39,831	-10.1	15	423	-96.5	35,827	40,254	-11.0
K.P.K	137,504	165,968	-17.2	37	48	-22.9	137,541	166,016	-17.2
BALUCHISTAN	11,896	13,869	-14.2	189	378	-50.0	12,085	14,247	-15.2
ISLAMABAD	15,175	16,398	-7.5	0	19	-100.0	15,175	16,417	-7.6
AJK	6,596	7,251	-9.0	4	231	-98.3	6,600	7,482	-11.8
FATA	6,600	7,694	-14.2	0	0	0.0	6,600	7,694	-14.2
GB	2,266	1,926	17.7	20	85	-76.5	2,286	2,011	13.7
DOH(HF)	310,008	295,612	-7.9	0	0	0.0	310,008	295,612	-7.9
PUNJAB	221,291	240,183	-7.9	0	0	0.0	221,291	240,183	-7.9
SINDH	22,456	15,440	45.4	0	0	0.0	22,456	15,440	45.4
K.P.K	36,545	23,926	52.7	0	0	0.0	36,545	23,926	52.7
BALUCHISTAN	2,619	3,205	-18.3	0	0	0.0	2,619	3,205	-18.3
ISLAMABAD	695	140	396.4	0	0	0.0	695	140	396.4
AJK	810	96	743.8	0	0	0.0	810	96	743.8
FATA	2,402	2,018	19.0	0	0	0.0	2,402	2,018	19.0
GB	23,190	10,604	118.7	0	0	0.0	23,190	10,604	118.7
DOH(LHW)	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
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
NGOs	651,946	754,820	-9.5	99,069	187,549	0.0	751,015	942,369	-9.5
RAHNUMA (FPAP)	310,936	343,755	-9.5	0	0	0.0	310,936	343,755	-9.5
MARIE STOPES	275,679	360,496	-23.5	0	818	-100.0	275,679	361,314	-23.7
GREENSTAR (GSM)	65,331	50,569	29.2	99,069	186,731	-46.9	164,400	237,300	-30.7
Pakistan	1,729,209	1,702,644	1.6	99,334	188,819	-47.4	1,828,543	1,891,463	-3.3

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

SOURCE	CONTRACEPTIVE SURGERY (CASES)						TOTAL CS (CASES)		
	CS-MALE			CS-FEMALE					
	2017-18	2016-17	%	2017-18	2016-17	%	2017-18	2016-17	%
			Change			Chang			Change
PWDs	1,884	2,274	-17.2	103,529	95,737	8.1	105,413	98,011	7.6
PUNJAB	1,538	1,854	-17.0	68,891	60,456	14.0	70,429	62,310	13.0
SINDH	324	403	-19.6	28,771	29,063	-1.0	29,095	29,466	-1.3
K.P.K	19	11	72.7	3,951	3,816	3.5	3,970	3,827	3.7
BALUCHISTAN	0	0	0.0	731	964	-24.2	731	964	-24.2
ISLAMABAD	0	4	-100.0	974	1,153	-15.5	974	1,157	-15.8
AJK	3	2	50.0	211	285	-26.0	214	287	-25.4
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
DOH(HF)	2,687	3,193	-15.8	51,923	52,518	-1.1	54,610	55,711	-2.0
PUNJAB	2,497	2,739	-8.8	40,459	46,418	-12.8	42,956	49,157	-12.6
SINDH	24	180	-86.7	5,081	4,771	6.5	5,105	4,951	3.1
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	16	14	14.3	194	205	-5.4	210	219	-4.1
ISLAMABAD	0	0	0.0	0	74	-100.0	0	74	-100.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0
FATA	12	0	0.0	60	41	46.3	72	41	75.6
GB	138	260	-46.9	6,129	1,009	507.4	6,267	1,269	393.9
DOH(LHW)	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
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
NGOs	294	394	-25.4	13,369	15,499	-13.7	13,663	15,893	-14.0
RAHNUMA (FPAP)	226	333	-32.1	4,459	4,070	9.6	4,685	4,403	6.4
MARIE STOPES	68	61	11.5	8,659	7,680	12.7	8,727	7,741	12.7
GREENSTAR (GSM)	0	0	0.0	251	3,749	-93.3	251	3,749	-93.3
Pakistan	4,865	5,861	-17.0	168,821	163,754	3.1	173,686	169,615	2.4

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

SOURCE	IMPLANT (INSERTIONS)									TOTAL IMPLANT		
	IMPLANON (03-Yrs)			IMPLANT (04-Yrs)			JADELLE (05-Yrs)			2017-18	2016-17	% Change
	2017-18	2016-17	%	2017-18	2016-17	%	2017-18	2016-17	%			
			Chan			Chang			Chang			
PWDs	11,327	21,839	-48.1	0	0	0.0	35,491	18,666	90.1	46,818	40,505	15.6
PUNJAB	9,632	16,987	-43.3	0	0	0.0	13,258	3,886	241.2	22,890	20,873	9.7
SINDH	1,399	4,383	-68.1	0	0	0.0	19,935	14,060	41.8	21,334	18,443	15.7
K.P.K	83	196	-57.7	0	0	0.0	1,798	568	216.5	1,881	764	146.2
BALUCHISTAN	0	0	0.0	0	0	0.0	290	0	0.0	290	0	0.0
ISLAMABAD	183	267	-31.5	0	0	0.0	210	152	38.2	393	419	-6.2
AJK	30	6	400.0	0	0	0.0	0	0	0.0	30	6	400.0
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
DOH(HF)	69,155	41,571	66.4	0	0	0.0	0	0	0.0	69,155	41,571	66.4
PUNJAB	18,899	18,220	3.7	0	0	0.0	0	0	0.0	18,899	18,220	3.7
SINDH	46,294	21,324	117.1	0	0	0.0	0	0	0.0	46,294	21,324	117.1
K.P.K	3,700	1,461	153.3	0	0	0.0	0	0	0.0	3,700	1,461	153.3
BALUCHISTAN	119	331	-64.0	0	0	0.0	0	0	0.0	119	331	-64.0
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	143	0	0.0	0	0	0.0	0	0	0.0	143	0	0.0
GB	0	235	-100.0	0	0	0.0	0	0	0.0	0	235	-100.0
DOH(LHW)	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
NGOs	156	167	-6.6	0	1,397	-100.0	17,023	6,358	167.7	17,179	7,922	116.9
RAHNUMA (FPAP)	0	0	0.0	0	1,171	-100.0	1,472	0	0.0	1,472	1,171	25.7
MARIE STOPES	156	167	-6.6	0	226	-100.0	4,476	5,227	-14.4	4,632	5,620	-17.6
GREENSTAR (GSM)	0	0	0.0	0	0	0.0	11,075	1,131	879.2	11,075	1,131	879.2
Pakistan	80,638	63,577	26.8	0	1,397	-100.0	52,514	25,024	109.9	133,152	89,998	47.9

Table 4 OUTLET-WISE USAGE OF CONTRACEPTIVE

OUTLETS	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE
	2017-18	2016-17	% Change
PWDs	6,031,013	5,218,044	15.6
FWC	3,785,152	3,281,613	15.3
RHS-A	1,524,285	1,398,004	9.0
RHS-B	32,547	32,162	1.2
MSU	284,406	147,444	92.9
PLD	5,776	7,635	-24.4
RMPs	58,870	59,531	-1.1
HAKEEM & HOMEOPATH	6,887	4,093	68.3
MM	106,473	116,322	-8.5
RTIs	12,813	11,850	8.1
VILLAGE BASE F.P.WORKI	0	232	-100.0
CBFPWs	29,670	5,394	450.1
COUNTRES	11,331	14,659	-22.7
TBA's	0	52	-100.0
F.P.I.H PROGRAMME	1,438	1,809	-20.5
OTHERS	65,219	22,837	185.6
AJK	44,749	50,415	-11.2
GB	17,674	15,628	13.1
FATA	43,724	48,364	-9.6
DOH(HF)	2,567,288	2,529,135	1.5
PUNJAB	1,725,460	1,858,141	-7.1
SINDH	358,735	233,417	53.7
KPK	232,492	305,899	-24.0
BALUCHISTAN	27,690	30,040	-7.8
AJK	5,884	3,747	57.0
GB	194,846	80,699	141.4
FATA	17,943	14,561	23.2
Others	4,237	2,632	61.0
DOH(LHW)	2,239,297	2,748,172	-18.5
PUNJAB	971,230	1,503,945	-35.4
SINDH	568,477	552,348	2.9
KPK	621,308	611,472	1.6
BALUCHISTAN	17,030	23,518	-27.6
AJK	34,018	34,850	-2.4
GB	24,550	17,882	37.3
FATA	0	3,044	-100.0
Others	2,683	1,112	141.3
NGOs	4,918,107	5,689,727	-13.6
MARIE STOPES	1,394,029	1,797,273	-22.4
RAHNUMA FPAP	1,626,401	1,736,041	-6.3
GSM	1,897,677	2,156,414	-12.0
Pakistan	15,755,706	16,185,079	-2.65

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

OUTLET	CONDOM (Units)		% Change
	2017-18	2016-17	
PWDs	79,820,255	69,298,325	15.2
FWC	55,871,752	48,680,679	14.8
PUNJAB	34,352,755	24,920,077	37.9
SINDH	10,263,209	11,202,152	-8.4
K.P.K	9,317,192	10,747,679	-13.3
BALUCHISTAN	1,327,171	1,170,788	13.4
ISLAMABAD	611,425	639,983	-4.5
RHS-A	4,300,186	3,646,819	17.9
PUNJAB	2,893,211	2,072,829	39.6
SINDH	793,910	865,198	-8.2
K.P.K	413,311	535,556	-22.8
BALUCHISTAN	69,424	58,396	18.9
ISLAMABAD	130,330	114,840	13.5
RHS-B	66,489	23,684	180.7
PUNJAB	0	0	0.0
SINDH	38,959	0	0.0
K.P.K	12,430	12,684	-2.0
BALUCHISTAN	1,300	900	44.4
ISLAMABAD	13,800	10,100	36.6
MSU	3,019,250	1,851,774	63.0
PUNJAB	1,646,106	309,596	431.7
SINDH	749,173	826,012	-9.3
K.P.K	318,914	454,009	-29.8
BALUCHISTAN	276,707	228,457	21.1
ISLAMABAD	28,350	33,700	-15.9
PLD	137,555	71,071	93.5
PUNJAB	100,456	32,905	205.3
SINDH	0	0	0.0
K.P.K	633	701	-9.7
BALUCHISTAN	36,466	37,465	-2.7
RMP	1,240,394	1,157,080	7.2
PUNJAB	453,143	425,811	6.4
SINDH	239,936	193,256	24.2
K.P.K	270,164	305,820	-11.7
BALUCHISTAN	135,243	97,777	38.3
ISLAMABAD	141,908	134,416	5.6
H&H	580,087	351,633	65.0
PUNJAB	229,980	102,003	125.5
SINDH	221,026	101,362	118.1
K.P.K	125,597	144,636	-13.2
BALUCHISTAN	3,484	3,632	-4.1
MM	10,183,501	11,440,179	-11.0
PUNJAB	8,733,447	8,379,130	4.2
SINDH	1,032,221	2,719,816	-62.0
BALUCHISTAN	186,606	100,400	85.9
ISLAMABAD	231,227	240,833	-4.0
RTIs	140,436	106,047	32.4
PUNJAB	59,730	43,088	38.6
SINDH	55,951	41,117	36.1
K.P.K	17,889	16,192	10.5
BALUCHISTAN	6,866	5,650	21.5
ISLAMABAD	0	0	0.0
VILLAGE BASE F.P.WOI	0	4,676	-100.0
K.P.K	0	4,676	-100.0
CBFPWs	2,608,862	460,091	467.0
PUNJAB	2,608,862	460,091	467.0
BALUCHISTAN	0	0	0.0
COUNTRES	133,828	168,404	-20.5
SINDH	0	0	0.0
K.P.K	112,288	139,744	-19.6
ISLAMABAD	21,540	28,660	-24.8
TBAs	0	1,150	-100.0
K.P.K	0	1,150	-100.0
F.P.I.H PROGRAMME	17,000	12,300	38.2
ISLAMABAD	17,000	12,300	38.2
OTHERS	483,993	260,912	85.5
PUNJAB	245,328	38,175	542.6
SINDH	238,665	222,737	7.2
PWD AJK,FATA,GB	1,036,922	1,061,826	-2.3
AJK	497,856	580,827	-14.3
FATA	346,814	291,773	18.9
GB	192,252	189,226	1.6

Continued

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

DOH(HF)	8,014,330	7,922,949	1.2
PUNJAB	5,822,142	5,111,429	13.9
SINDH	998,667	882,141	13.2
K.P.K	821,895	1,498,459	-45.2
BALUCHISTAN	96,665	86,795	11.4
ISLAMABAD	29,113	25,857	12.6
AJK	87,067	122,212	-28.8
FATA	68,779	53,739	28.0
GB	90,002	142,317	-36.8
DOH(LHW)	70,249,847	83,026,673	-15.4
PUNJAB	48,343,785	65,891,848	-26.6
SINDH	15,898,642	10,485,482	51.6
K.P.K	3,998,065	4,571,159	-12.5
BALUCHISTAN	185,746	133,871	38.7
ISLAMABAD	260,682	85,399	205.3
AJK	1,438,135	1,516,416	-5.2
FATA	0	11,220	-100.0
GB	124,792	331,278	-62.3
NGOs	112,722,449	113,690,918	-0.9
MARIE STOPES	368,884	964,162	-61.7
PUNJAB	222,476	613,017	-63.7
SINDH	121,360	163,619	-25.8
K.P.K	15,151	177,358	-91.5
BALUCHISTAN	9,897	10,168	-2.7
NGO (FPAP)	1,304,597	1,092,805	19.4
PUNJAB	436,463	360,316	21.1
SINDH	149,415	112,296	33.1
K.P.K	285,913	245,580	16.4
BALUCHISTAN	207,988	150,235	38.4
ISLAMABAD	85,976	97,103	-11.5
AJK	114,191	106,894	6.8
GB	24,651	20,381	21.0
GSM	111,048,968	111,633,951	-0.5
PUNJAB	68,717,705	62,631,561	9.7
SINDH	29,809,515	25,127,085	18.6
K.P.K	8,946,339	15,761,337	-43.2
BALUCHISTAN	1,393,061	1,646,367	-15.4
ISLAMABAD	1,591,428	5,040,414	-68.4
AJK	342,877	1,067,634	-67.9
FATA	210,846	347,985	-39.4
GB	37,197	11,568	221.6
Pakistan	270,806,881	273,938,865	-1.1

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

OUTLET	OP-COC			OP-POP			OP-EC			ORAL PILL (Cycles)		
	2017-18	2016-17	% Change	2017-18	2016-17	% Change	2017-18	2016-17	% Change	2017-18	2016-17	% Change
PWDs	3,377,510	2,730,446	23.7	16,136	113,896	-85.8	180,916	165,655	9.2	3,574,562	3,009,997	18.8
FWC	2,353,030	1,936,629	21.5	7,929	84,767	-90.6	150,499	144,582	4.1	2,511,458	2,165,978	16.0
PUNJAB	1,217,264	920,560	32.2	878	33,055	-97.3	96,793	110,098	-12.1	1,314,935	1,063,713	23.6
SINDH	384,185	317,051	21.2	1,143	13,872	-91.8	38,573	24,368	58.3	423,901	355,291	19.3
K.P.K	641,336	605,479	5.9	2,340	26,218	-91.1	12,491	6,411	94.8	656,167	638,108	2.8
BALUCHISTAN	87,159	68,070	28.0	357	6,832	-94.8	2,072	3,482	-40.5	89,588	78,384	14.3
ISLAMABAD	23,086	25,469	-9.4	3,211	4,790	-33.0	570	223	155.6	26,867	30,482	-11.9
RHS-A	205,731	165,753	24.1	1,232	7,551	-83.7	15,519	12,887	20.4	222,482	186,191	19.5
PUNJAB	120,851	85,027	42.1	6	3,001	-99.8	9,193	10,106	-9.0	130,050	98,134	32.5
SINDH	51,208	43,399	18.0	270	1,816	-85.1	4,505	2,114	113.1	55,983	47,329	18.3
K.P.K	24,953	29,626	-15.8	301	1,033	-70.9	1,558	527	195.6	26,812	31,186	-14.0
BALUCHISTAN	5,108	4,526	12.9	135	827	-83.7	165	115	43.5	5,408	5,468	-1.1
ISLAMABAD	3,611	3,175	13.7	520	874	-40.5	98	25	292.0	4,229	4,074	3.8
RHS-B	5,118	2,315	121.1	0	36	-100.0	104	47	121.3	5,222	2,398	117.8
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	2,506	0	0.0	0	0	0.0	42	0	0.0	2,548	0	0.0
K.P.K	1,777	1,645	8.0	0	36	-100.0	27	22	22.7	1,804	1,703	5.9
BALUCHISTAN	195	150	30.0	0	0	0.0	0	20	-100.0	195	170	14.7
ISLAMABAD	640	520	23.1	0	0	0.0	35	5	600.0	675	525	28.6
MSU	139,371	75,557	84.5	862	5,794	-85.1	11,977	6,357	88.4	152,210	87,708	73.5
PUNJAB	72,922	14,910	389.1	66	356	-81.5	7,182	3,094	132.1	80,170	18,360	336.7
SINDH	27,567	23,554	17.0	35	1,271	-97.2	3,519	2,286	53.9	31,121	27,111	14.8
K.P.K	20,451	22,442	-8.9	108	1,570	-93.1	643	325	97.8	21,202	24,337	-12.9
BALUCHISTAN	17,375	13,644	27.3	569	2,432	-76.6	616	640	-3.8	18,560	16,716	11.0
ISLAMABAD	1,056	1,007	4.9	84	165	-49.1	17	12	41.7	1,157	1,184	-2.3
PLD	9,208	4,708	95.6	110	411	-73.2	301	378	-20.4	9,619	5,497	75.0
PUNJAB	5,619	2,495	125.2	3	23	-87.0	71	138	-48.6	5,693	2,656	114.3
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	1,173	215	445.6	0	0	0.0	0	0	0.0	1,173	215	445.6
BALUCHISTAN	2,416	1,998	20.9	107	388	-72.4	230	240	-4.2	2,753	2,626	4.8
RMP	68,098	63,713	6.9	313	864	-63.8	1,503	135	1,013.3	69,914	64,712	8.0
PUNJAB	30,422	26,921	13.0	0	240	-100.0	1,225	70	1,650.0	31,647	27,231	16.2
SINDH	5,655	5,194	8.9	10	71	-85.9	0	0	0.0	5,665	5,265	7.6
K.P.K	21,046	17,718	18.8	0	15	-100.0	85	10	750.0	21,131	17,743	19.1
BALUCHISTAN	3,675	6,222	-40.9	0	0	0.0	0	0	0.0	3,675	6,222	-40.9
ISLAMABAD	7,300	7,658	-4.7	303	538	-43.7	193	55	250.9	7,796	8,251	-5.5
H&H	27,577	17,237	60.0	0	211	-100.0	15	0	0.0	27,592	17,448	58.1
PUNJAB	14,324	8,309	72.4	0	0	0.0	0	0	0.0	14,324	8,309	72.4
SINDH	4,487	2,822	59.0	0	71	-100.0	15	0	0.0	4,502	2,893	55.6
K.P.K	8,184	5,688	43.9	0	140	-100.0	0	0	0.0	8,184	5,828	40.4
BALUCHISTAN	582	418	39.2	0	0	0.0	0	0	0.0	582	418	39.2
MM	315,664	313,517	0.7	200	1,290	-84.5	0	0	0.0	315,864	314,807	0.3
PUNJAB	266,510	251,019	6.2	0	0	0.0	0	0	0.0	266,510	251,019	6.2
SINDH	32,940	52,406	-37.1	200	1,290	-84.5	0	0	0.0	33,140	53,696	-38.3
BALUCHISTAN	16,114	10,082	59.8	0	0	0.0	0	0	0.0	16,114	10,082	59.8
ISLAMABAD	100	10	900.0	0	0	0.0	0	0	0.0	100	10	900.0
RTIs	6,856	7,701	-11.0	67	537	-87.5	528	349	51.3	7,451	8,587	-13.2
PUNJAB	2,187	3,901	-43.9	9	71	-87.3	298	214	39.3	2,494	4,186	-40.4
SINDH	3,293	1,962	67.8	58	293	-80.2	205	100	105.0	3,556	2,355	51.0
K.P.K	1,021	1,338	-23.7	0	48	-100.0	25	35	-28.6	1,046	1,421	-26.4
BALUCHISTAN	355	500	-29.0	0	125	-100.0	0	0	0.0	355	625	-43.2
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
VILLAGE BASE F.P.W	0	519	-100.0	0	12	-100.0	0	0	0.0	0	531	-100.0
K.P.K	0	519	-100.0	0	12	-100.0	0	0	0.0	0	531	-100.0
CBFPWs	118,943	22,861	420.3	0	0	0.0	0	718	-100.0	118,943	23,579	404.4
PUNJAB	118,943	22,861	420.3	0	0	0.0	0	718	-100.0	118,943	23,579	404.4
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
COUNTRES	10,234	10,186	0.5	24	533	-95.5	222	174	27.6	10,480	10,893	-3.8
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	9,464	9,196	2.9	14	533	-97.4	222	129	72.1	9,700	9,858	-1.6
ISLAMABAD	770	990	-22.2	10	0	0.0	0	45	-100.0	780	1,035	-24.6
TBAs	0	117	-100.0	0	0	0.0	0	0	0.0	0	117	-100.0
K.P.K	0	117	-100.0	0	0	0.0	0	0	0.0	0	117	-100.0
F.P.I.H PROGRAMME	775	1,051	-26.3	0	0	0.0	50	10	400.0	825	1,061	-22.2
ISLAMABAD	775	1,051	-26.3	0	0	0.0	50	10	400.0	825	1,061	-22.2
OTHERS	28,359	10,724	164.4	0	1,721	-100.0	165	10	1,550.0	28,524	12,455	129.0
PUNJAB	20,322	3,343	507.9	0	0	0.0	111	0	0.0	20,433	3,343	511.2
SINDH	8,037	7,381	8.9	0	1,721	-100.0	54	10	440.0	8,091	9,112	-11.2
PWD AJK,FATA,GB	88,546	97,858	-9.5	5,399	10,169	-46.9	33	8	312.5	93,978	108,035	-13.0
AJK	26,899	33,457	-19.6	3,596	3,833	-6.2	33	8	312.5	30,528	37,298	-18.2
FATA	45,272	53,943	-16.1	0	0	0.0	0	0	0.0	45,272	53,943	-16.1
GB	16,375	10,458	56.6	1,803	6,336	-71.5	0	0	0.0	18,178	16,794	8.2

Continued

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

DOH(HF)	1,544,935	1,535,786	0.6	131,542	129,611	1.5	0	0	0.0	1,676,477	1,665,397	0.7
PUNJAB	855,269	639,884	33.7	54,181	72,485	-25.3	0	0	0.0	909,450	712,369	27.7
SINDH	229,972	146,182	57.3	19,083	20,261	-5.8	0	0	0.0	249,055	166,443	49.6
K.P.K	145,686	493,439	-70.5	40,627	20,563	97.6	0	0	0.0	186,313	514,002	-63.8
BALUCHISTAN	29,754	44,788	-33.6	12,993	12,542	3.6	0	0	0.0	42,747	57,330	-25.4
ISLAMABAD	1,880	2,006	-6.3	0	0	0.0	0	0	0.0	1,880	2,006	-6.3
AJK	6,326	10,715	-41.0	0	0	0.0	0	0	0.0	6,326	10,715	-41.0
FATA	12,482	11,561	8.0	4,655	3,760	23.8	0	0	0.0	17,137	15,321	11.9
GB	263,566	187,211	40.8	3	0	0.0	0	0	0.0	263,569	187,211	40.8
DOH(LHW)	8,279,767	11,087,437	-25.3	4	0	0.0	13,420	7,700	74.3	8,293,191	11,095,137	-25.3
PUNJAB	3,926,850	7,012,344	-44.0	0	0	0.0	0	0	0.0	3,926,850	7,012,344	-44.0
SINDH	2,374,782	2,231,255	6.4	0	0	0.0	0	0	0.0	2,374,782	2,231,255	6.4
K.P.K	1,466,549	1,441,245	1.8	0	0	0.0	0	0	0.0	1,466,549	1,441,245	1.8
BALUCHISTAN	103,394	118,719	-12.9	0	0	0.0	0	0	0.0	103,394	118,719	-12.9
ISLAMABAD	4,409	2,930	50.5	0	0	0.0	0	0	0.0	4,409	2,930	50.5
AJK	148,081	141,372	4.7	0	0	0.0	0	0	0.0	148,081	141,372	4.7
FATA	0	19,540	-100.0	0	0	0.0	0	0	0.0	0	19,540	-100.0
GB	255,702	120,032	113.0	4	0	0.0	13,420	7,700	74.3	269,126	127,732	110.7
NGOs	1,043,697	1,065,021	-2.0	0	0	0.0	2,262,049	2,298,402	-1.6	3,305,746	3,363,423	-1.7
MARIE STOPES	82,196	133,949	-38.6	0	0	0.0	0	9,490	-100.0	82,196	143,439	-42.7
PUNJAB	33,257	64,915	-48.8	0	0	0.0	0	7,178	-100.0	33,257	72,093	-53.9
SINDH	41,167	39,813	3.4	0	0	0.0	0	1,763	-100.0	41,167	41,576	-1.0
K.P.K	6,274	27,754	-77.4	0	0	0.0	0	549	-100.0	6,274	28,303	-77.8
BALUCHISTAN	1,498	1,467	2.1	0	0	0.0	0	0	0.0	1,498	1,467	2.1
NGO (FPAP)	201,484	167,239	20.5	0	0	0.0	22,909	0	0.0	224,393	167,239	34.2
PUNJAB	54,518	41,134	32.5	0	0	0.0	6,183	0	0.0	60,701	41,134	47.6
SINDH	38,920	35,447	9.8	0	0	0.0	6,336	0	0.0	45,256	35,447	27.7
K.P.K	61,360	37,450	63.8	0	0	0.0	3,707	0	0.0	65,067	37,450	73.7
BALUCHISTAN	11,242	11,084	1.4	0	0	0.0	1,457	0	0.0	12,699	11,084	14.6
ISLAMABAD	18,035	22,286	-19.1	0	0	0.0	1,750	0	0.0	19,785	22,286	-11.2
AJK	14,653	16,763	-12.6	0	0	0.0	2,832	0	0.0	17,485	16,763	4.3
GB	2,756	3,075	-10.4	0	0	0.0	644	0	0.0	3,400	3,075	10.6
GSM	760,017	763,833	-0.5	0	0	0.0	2,239,140	2,288,912	-2.2	2,999,157	3,052,745	-1.8
PUNJAB	171,897	177,528	-3.2	0	0	0.0	1,297,578	1,275,651	1.7	1,469,475	1,453,179	1.1
SINDH	319,236	377,619	-15.5	0	0	0.0	771,314	839,354	-8.1	1,090,550	1,216,973	-10.4
K.P.K	86,205	100,731	-14.4	0	0	0.0	70,819	75,689	-6.4	157,024	176,420	-11.0
BALUCHISTAN	164,874	93,975	75.4	0	0	0.0	49,256	50,562	-2.6	214,130	144,537	48.1
ISLAMABAD	5,235	5,136	1.9	0	0	0.0	42,609	39,265	8.5	47,844	44,401	7.8
AJK	4,098	4,179	-1.9	0	0	0.0	6,989	7,585	-7.9	11,087	11,764	-5.8
FATA	7,827	4,605	70.0	0	0	0.0	61	267	-77.2	7,888	4,872	61.9
GB	645	60	975.0	0	0	0.0	514	539	-4.6	1,159	599	93.5
Pakistan	14,245,909	16,418,690	-13.2	147,682	243,507	-39.4	2,456,385	2,471,757	-0.6	16,849,976	19,133,954	-11.9

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

OUTLET	02-Months			03-Months			01-Month			INJECTABLES (Vials)		
	2017-18	2016-17	% Chang	2017-18	2016-17	% Chan	2017-18	2016-17	% Chan	2017-18	2016-17	% Change
PWDs	58	660	-91.2	1,531,941	1,330,152	15.2	0	0	0.0	1,531,999	1,330,812	15.1
FWC	0	251	-100.0	1,214,685	1,059,389	14.7	0	0	0.0	1,214,685	1,059,640	14.6
PUNJAB	0	0	0.0	581,381	435,454	33.5	0	0	0.0	581,381	435,454	33.5
SINDH	0	50	-100.0	262,054	223,327	17.3	0	0	0.0	262,054	223,377	17.3
K.P.K	0	0	0.0	337,682	367,174	-8.0	0	0	0.0	337,682	367,174	-8.0
BALUCHISTAN	0	201	-100.0	22,313	21,324	4.6	0	0	0.0	22,313	21,525	3.7
ISLAMABAD	0	0	0.0	11,255	12,110	-7.1	0	0	0.0	11,255	12,110	-7.1
RHS-A	0	114	-100.0	112,760	104,083	8.3	0	0	0.0	112,760	104,197	8.2
PUNJAB	0	0	0.0	54,204	44,810	21.0	0	0	0.0	54,204	44,810	21.0
SINDH	0	30	-100.0	32,957	30,612	7.7	0	0	0.0	32,957	30,642	7.6
K.P.K	0	0	0.0	20,556	23,623	-13.0	0	0	0.0	20,556	23,623	-13.0
BALUCHISTAN	0	84	-100.0	3,090	3,357	-8.0	0	0	0.0	3,090	3,441	-10.2
ISLAMABAD	0	0	0.0	1,953	1,681	16.2	0	0	0.0	1,953	1,681	16.2
RHS-B	0	0	0.0	1,597	1,264	26.3	0	0	0.0	1,597	1,264	26.3
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	473	0	0.0	0	0	0.0	473	0	0.0
K.P.K	0	0	0.0	604	771	-21.7	0	0	0.0	604	771	-21.7
BALUCHISTAN	0	0	0.0	45	153	-70.6	0	0	0.0	45	153	-70.6
ISLAMABAD	0	0	0.0	475	340	39.7	0	0	0.0	475	340	39.7
MSU	0	70	-100.0	84,007	55,754	50.7	0	0	0.0	84,007	55,824	50.5
PUNJAB	0	0	0.0	36,660	9,359	291.7	0	0	0.0	36,660	9,359	291.7
SINDH	0	0	0.0	19,805	16,359	21.1	0	0	0.0	19,805	16,359	21.1
K.P.K	0	0	0.0	16,719	20,076	-16.7	0	0	0.0	16,719	20,076	-16.7
BALUCHISTAN	0	70	-100.0	10,456	9,572	9.2	0	0	0.0	10,456	9,642	8.4
ISLAMABAD	0	0	0.0	367	388	-5.4	0	0	0.0	367	388	-5.4
PLD	0	9	-100.0	1,566	2,272	-31.1	0	0	0.0	1,566	2,281	-31.3
PUNJAB	0	0	0.0	503	583	-13.7	0	0	0.0	503	583	-13.7
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	10	-100.0	0	0	0.0	0	10	-100.0
BALUCHISTAN	0	9	-100.0	1,063	1,679	-36.7	0	0	0.0	1,063	1,688	-37.0
RMP	0	0	0.0	16,797	16,173	3.9	0	0	0.0	16,797	16,173	3.9
PUNJAB	0	0	0.0	6,094	3,230	88.7	0	0	0.0	6,094	3,230	88.7
SINDH	0	0	0.0	150	375	-60.0	0	0	0.0	150	375	-60.0
K.P.K	0	0	0.0	3,865	6,251	-38.2	0	0	0.0	3,865	6,251	-38.2
BALUCHISTAN	0	0	0.0	233	735	-68.3	0	0	0.0	233	735	-68.3
ISLAMABAD	0	0	0.0	6,455	5,582	15.6	0	0	0.0	6,455	5,582	15.6
H&H	0	0	0.0	400	0	0.0	0	0	0.0	400	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	400	0	0.0	0	0	0.0	400	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
MM	0	0	0.0	1,800	0	0.0	0	0	0.0	1,800	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	1,800	0	0.0	0	0	0.0	1,800	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	0	52	-100.0	5,131	4,469	14.8	0	0	0.0	5,131	4,521	13.5
PUNJAB	0	0	0.0	2,013	1,655	21.6	0	0	0.0	2,013	1,655	21.6
SINDH	0	52	-100.0	2,247	1,507	49.1	0	0	0.0	2,247	1,559	44.1
K.P.K	0	0	0.0	764	840	-9.0	0	0	0.0	764	840	-9.0
BALUCHISTAN	0	0	0.0	107	467	-77.1	0	0	0.0	107	467	-77.1
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
VILLAGE BASE F.P.I	0	0	0.0	0	114	-100.0	0	0	0.0	0	114	-100.0
K.P.K	0	0	0.0	0	114	-100.0	0	0	0.0	0	114	-100.0
CBFPWs	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
COUNTRES	0	0	0.0	3,338	4,631	-27.9	0	0	0.0	3,338	4,631	-27.9
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	3,158	4,406	-28.3	0	0	0.0	3,158	4,406	-28.3
ISLAMABAD	0	0	0.0	180	225	-20.0	0	0	0.0	180	225	-20.0
TBAs	0	0	0.0	0	140	-100.0	0	0	0.0	0	140	-100.0
K.P.K	0	0	0.0	0	140	-100.0	0	0	0.0	0	140	-100.0
F.P.I.H PROGRAMMI	0	0	0.0	275	435	-36.8	0	0	0.0	275	435	-36.8
ISLAMABAD	0	0	0.0	275	435	-36.8	0	0	0.0	275	435	-36.8
OTHERS	0	0	0.0	18,336	14,250	28.7	0	0	0.0	18,336	14,250	28.7
PUNJAB	0	0	0.0	13,176	2,049	543.0	0	0	0.0	13,176	2,049	543.0
SINDH	0	0	0.0	5,160	12,201	-57.7	0	0	0.0	5,160	12,201	-57.7
PWD AJK,FATA,GB	58	164	-64.6	71,249	67,178	6.1	0	0	0.0	71,307	67,342	5.9
AJK	0	64	-100.0	23,983	24,305	-1.3	0	0	0.0	23,983	24,369	-1.6
FATA	0	0	0.0	29,823	27,774	7.4	0	0	0.0	29,823	27,774	7.4
GB	58	100	-42.0	17,443	15,099	15.5	0	0	0.0	17,501	15,199	15.1

Continued

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

DOH(HF)	91,333	81,225	12.4	913,963	1,270,777	-28.1	0	0	0.0	1,005,296	1,352,002	-25.6
PUNJAB	56,444	58,123	-2.9	448,636	465,622	-3.6	0	0	0.0	505,080	523,745	-3.6
SINDH	7,715	8,459	-8.8	249,762	158,862	57.2	0	0	0.0	257,477	167,321	53.9
K.P.K	15,534	5,289	193.7	133,105	578,205	-77.0	0	0	0.0	148,639	583,494	-74.5
BALUCHISTAN	6,781	5,455	24.3	33,840	27,302	23.9	0	0	0.0	40,621	32,757	24.0
ISLAMABAD	0	0	0.0	2,690	3,596	-25.2	0	0	0.0	2,690	3,596	-25.2
AJK	0	0	0.0	4,043	6,290	-35.7	0	0	0.0	4,043	6,290	-35.7
FATA	1,051	2,770	-62.1	15,704	11,748	33.7	0	0	0.0	16,755	14,518	15.4
GB	3,808	1,129	237.3	26,183	19,152	36.7	0	0	0.0	29,991	20,281	47.9
DOH(LHW)	152	0	0.0	4,404,802	5,266,941	-16.4	0	0	0.0	4,404,954	5,266,941	-16.4
PUNJAB	0	0	0.0	1,226,301	1,949,425	-37.1	0	0	0.0	1,226,301	1,949,425	-37.1
SINDH	0	0	0.0	1,110,679	1,264,876	-12.2	0	0	0.0	1,110,679	1,264,876	-12.2
K.P.K	0	0	0.0	1,960,884	1,909,186	2.7	0	0	0.0	1,960,884	1,909,186	2.7
BALUCHISTAN	0	0	0.0	34,358	57,953	-40.7	0	0	0.0	34,358	57,953	-40.7
ISLAMABAD	0	0	0.0	867	820	5.7	0	0	0.0	867	820	5.7
AJK	0	0	0.0	48,646	51,155	-4.9	0	0	0.0	48,646	51,155	-4.9
FATA	0	0	0.0	0	6,590	-100.0	0	0	0.0	0	6,590	-100.0
GB	152	0	0.0	23,067	26,936	-14.4	0	0	0.0	23,219	26,936	-13.8
NGOs	244,307	348,420	-29.9	878,778	839,884	4.6	104,940	120,622	-13.0	1,228,025	1,308,926	-6.2
MARIE STOPES	0	944	-100.0	50,734	81,128	-37.5	0	0	0.0	50,734	82,072	-38.2
PUNJAB	0	445	-100.0	24,050	45,350	-47.0	0	0	0.0	24,050	45,795	-47.5
SINDH	0	482	-100.0	22,355	18,502	20.8	0	0	0.0	22,355	18,984	17.8
K.P.K	0	17	-100.0	3,917	16,678	-76.5	0	0	0.0	3,917	16,695	-76.5
BALUCHISTAN	0	0	0.0	412	598	-31.1	0	0	0.0	412	598	-31.1
NGO (FPAP)	1,347	9,084	-85.2	471,911	340,882	38.4	0	0	0.0	473,258	349,966	35.2
PUNJAB	829	1,286	-35.5	140,297	107,859	30.1	0	0	0.0	141,126	109,145	29.3
SINDH	111	4,624	-97.6	62,947	57,488	9.5	0	0	0.0	63,058	62,112	1.5
K.P.K	332	165	101.2	156,879	100,917	55.5	0	0	0.0	157,211	101,082	55.5
BALUCHISTAN	16	43	-62.8	16,307	14,759	10.5	0	0	0.0	16,323	14,802	10.3
ISLAMABAD	0	2,515	-100.0	47,327	16,432	188.0	0	0	0.0	47,327	18,947	149.8
AJK	14	9	55.6	35,897	31,744	13.1	0	0	0.0	35,911	31,753	13.1
GB	45	442	-89.8	12,257	11,683	4.9	0	0	0.0	12,302	12,125	1.5
GSM	242,960	338,392	-28.2	356,133	417,874	-14.8	104,940	120,622	-13.0	704,033	876,888	-19.7
PUNJAB	78,522	105,515	-25.6	166,242	214,893	-22.6	52,802	62,192	-15.1	297,566	382,600	-22.2
SINDH	81,432	137,926	-41.0	86,538	115,757	-25.2	36,224	42,422	-14.6	204,194	296,105	-31.0
K.P.K	57,017	66,181	-13.8	66,650	47,964	39.0	8,691	8,797	-1.2	132,358	122,942	7.7
BALUCHISTAN	23,365	26,006	-10.2	21,027	24,922	-15.6	5,865	5,465	7.3	50,257	56,393	-10.9
ISLAMABAD	1,040	1,122	-7.3	4,900	3,789	29.3	852	958	-11.1	6,792	5,869	15.7
AJK	960	1,265	-24.1	7,490	6,089	23.0	451	719	-37.3	8,901	8,073	10.3
FATA	622	377	65.0	2,259	4,044	-44.1	42	69	-39.1	2,923	4,490	-34.9
GB	2	0	0.0	1,027	416	146.9	13	0	0.0	1,042	416	150.5
Pakistan	335,850	430,305	-22.0	7,729,484	8,707,754	-11.2	104,940	120,622	-13.0	8,170,274	9,258,681	-11.76

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

OUTLET	IUD-10 Years			IUD-05 Years			IUD (Insertions)		
	2017-18	2016-17	% Change	2017-18	2016-17	% Change	2017-18	2016-17	% Change
PWDs	767,255	652,212	17.6	265	1,270	-79.1	767,520	653,482	17.5
FWC	619,047	536,319	15.4	75	433	-82.7	619,122	536,752	15.3
PUNJAB	459,382	349,613	31.4	0	59	-100.0	459,382	349,672	31.4
SINDH	25,209	27,696	-9.0	14	131	-89.3	25,223	27,827	-9.4
K.P.K	119,740	143,339	-16.5	37	48	-22.9	119,777	143,387	-16.5
BALUCHISTAN	7,181	7,586	-5.3	24	176	-86.4	7,205	7,762	-7.2
ISLAMABAD	7,535	8,085	-6.8	0	19	-100.0	7,535	8,104	-7.0
RHS-A	58,481	56,004	4.4	1	304	-99.7	58,482	56,308	3.9
PUNJAB	41,397	34,820	18.9	0	27	-100.0	41,397	34,847	18.8
SINDH	5,985	6,906	-13.3	1	277	-99.6	5,986	7,183	-16.7
K.P.K	8,240	10,238	-19.5	0	0	0.0	8,240	10,238	-19.5
BALUCHISTAN	1,122	1,843	-39.1	0	0	0.0	1,122	1,843	-39.1
ISLAMABAD	1,737	2,197	-20.9	0	0	0.0	1,737	2,197	-20.9
RHS-B	695	639	8.8	0	0	0.0	695	639	8.8
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	88	0	0.0	0	0	0.0	88	0	0.0
K.P.K	197	334	-41.0	0	0	0.0	197	334	-41.0
BALUCHISTAN	25	60	-58.3	0	0	0.0	25	60	-58.3
ISLAMABAD	385	245	57.1	0	0	0.0	385	245	57.1
MSU	48,021	23,636	103.2	165	217	-24.0	48,186	23,853	102.0
PUNJAB	34,563	8,806	292.5	0	0	0.0	34,563	8,806	292.5
SINDH	2,799	2,812	-0.5	0	15	-100.0	2,799	2,827	-1.0
K.P.K	7,324	8,502	-13.9	0	0	0.0	7,324	8,502	-13.9
BALUCHISTAN	3,139	3,386	-7.3	165	202	-18.3	3,304	3,588	-7.9
ISLAMABAD	196	130	50.8	0	0	0.0	196	130	50.8
PLD	783	1,329	-41.1	0	0	0.0	783	1,329	-41.1
PUNJAB	450	459	-2.0	0	0	0.0	450	459	-2.0
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	333	870	-61.7	0	0	0.0	333	870	-61.7
RMP	8,630	9,029	-4.4	0	0	0.0	8,630	9,029	-4.4
PUNJAB	3,513	2,733	28.5	0	0	0.0	3,513	2,733	28.5
SINDH	0	35	-100.0	0	0	0.0	0	35	-100.0
K.P.K	120	957	-87.5	0	0	0.0	120	957	-87.5
BALUCHISTAN	10	0	0.0	0	0	0.0	10	0	0.0
ISLAMABAD	4,987	5,304	-6.0	0	0	0.0	4,987	5,304	-6.0
H&H	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
MM	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	2,146	2,016	6.4	0	0	0.0	2,146	2,016	6.4
PUNJAB	875	950	-7.9	0	0	0.0	875	950	-7.9
SINDH	1,065	739	44.1	0	0	0.0	1,065	739	44.1
K.P.K	120	203	-40.9	0	0	0.0	120	203	-40.9
BALUCHISTAN	86	124	-30.6	0	0	0.0	86	124	-30.6
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
VILLAGE BASE F.P.I	0	28	-100.0	0	0	0.0	0	28	-100.0
K.P.K	0	28	-100.0	0	0	0.0	0	28	-100.0
CBFPWs	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
COUNTRES	1,843	2,472	-25.4	0	0	0.0	1,843	2,472	-25.4
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	1,763	2,367	-25.5	0	0	0.0	1,763	2,367	-25.5
ISLAMABAD	80	105	-23.8	0	0	0.0	80	105	-23.8
TBAs	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
F.P.I.H PROGRAMMI	255	332	-23.2	0	0	0.0	255	332	-23.2
ISLAMABAD	255	332	-23.2	0	0	0.0	255	332	-23.2
OTHERS	11,892	3,537	236.2	0	0	0.0	11,892	3,537	236.2
PUNJAB	11,226	1,894	492.7	0	0	0.0	11,226	1,894	492.7
SINDH	666	1,643	-59.5	0	0	0.0	666	1,643	-59.5
PWD AJK,FATA,GB	15,462	16,871	-8.4	24	316	-92.4	15,486	17,187	-9.9
AJK	6,596	7,251	-9.0	4	231	-98.3	6,600	7,482	-11.8
FATA	6,600	7,694	-14.2	0	0	0.0	6,600	7,694	-14.2
GB	2,266	1,926	17.7	20	85	-76.5	2,286	2,011	13.7

Continued

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

DOH(HF)	310,008	295,612	4.9	0	0	0.0	310,008	295,612	4.9
PUNJAB	221,291	240,183	-7.9	0	0	0.0	221,291	240,183	-7.9
SINDH	22,456	15,440	45.4	0	0	0.0	22,456	15,440	45.4
K.P.K	36,545	23,926	52.7	0	0	0.0	36,545	23,926	52.7
BALUCHISTAN	2,619	3,205	-18.3	0	0	0.0	2,619	3,205	-18.3
ISLAMABAD	695	140	396.4	0	0	0.0	695	140	396.4
AJK	810	96	743.8	0	0	0.0	810	96	743.8
FATA	2,402	2,018	19.0	0	0	0.0	2,402	2,018	19.0
GB	23,190	10,604	118.7	0	0	0.0	23,190	10,604	118.7
DOH(LHW)	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
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
NGOs	651,946	754,820	-13.6	99,069	187,549	-47.2	751,015	942,369	-20.3
MARIE STOPES	275,679	360,496	-23.5	0	818	-100.0	275,679	361,314	-23.7
PUNJAB	154,220	219,359	-29.7	0	752	-100.0	154,220	220,111	-29.9
SINDH	103,031	86,286	19.4	0	63	-100.0	103,031	86,349	19.3
K.P.K	15,925	51,769	-69.2	0	0	0.0	15,925	51,769	-69.2
BALUCHISTAN	2,503	3,082	-18.8	0	3	-100.0	2,503	3,085	-18.9
NGO (FPAP)	310,936	343,755	-9.5	0	0	0.0	310,936	343,755	-9.5
PUNJAB	121,938	119,674	1.9	0	0	0.0	121,938	119,674	1.9
SINDH	58,624	83,636	-29.9	0	0	0.0	58,624	83,636	-29.9
K.P.K	62,300	51,400	21.2	0	0	0.0	62,300	51,400	21.2
BALUCHISTAN	5,809	4,651	24.9	0	0	0.0	5,809	4,651	24.9
ISLAMABAD	19,804	35,809	-44.7	0	0	0.0	19,804	35,809	-44.7
AJK	33,318	40,161	-17.0	0	0	0.0	33,318	40,161	-17.0
GB	9,143	8,424	8.5	0	0	0.0	9,143	8,424	8.5
GSM	65,331	50,569	29.2	99,069	186,731	-46.9	164,400	237,300	-30.7
PUNJAB	38,191	32,742	16.6	65,765	116,779	-43.7	103,956	149,521	-30.5
SINDH	7,893	4,033	95.7	14,100	24,980	-43.6	21,993	29,013	-24.2
K.P.K	17,131	11,475	49.3	15,768	36,226	-56.5	32,899	47,701	-31.0
BALUCHISTAN	879	293	200.0	1,056	1,905	-44.6	1,935	2,198	-12.0
ISLAMABAD	799	908	-12.0	1,928	2,712	-28.9	2,727	3,620	-24.7
AJK	208	905	-77.0	392	3,409	-88.5	600	4,314	-86.1
FATA	0	160	-100.0	30	620	-95.2	30	780	-96.2
GB	230	53	334.0	30	100	-70.0	260	153	69.9
Pakistan	1,729,209	1,702,644	1.6	99,334	188,819	-47.4	1,828,543	1,891,463	-3.33

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

OUTLET	CS-MALE			CS-FEMALE			CON SURGERY (Cases)		
	2017-18	2016-17	%	2017-18	2016-17	%	2017-18	2016-17	%
PWDs	1,884	2,274	-17.2	103,529	95,737	8.1	105,413	98,011	7.6
FWC	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RHS-A	1,509	1,751	-13.8	100,885	93,118	8.3	102,394	94,869	7.9
PUNJAB	1,185	1,339	-11.5	67,055	58,784	14.1	68,240	60,123	13.5
SINDH	324	403	-19.6	28,771	29,063	-1.0	29,095	29,466	-1.3
K.P.K	0	8	-100.0	3,492	3,333	4.8	3,492	3,341	4.5
BALUCHISTAN	0	0	0.0	715	929	-23.0	715	929	-23.0
ISLAMABAD	0	1	-100.0	852	1,009	-15.6	852	1,010	-15.6
RHS-B	372	521	-28.6	2,433	2,334	4.2	2,805	2,855	-1.8
PUNJAB	353	515	-31.5	1,836	1,672	9.8	2,189	2,187	0.1
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	19	3	533.3	459	483	-5.0	478	486	-1.6
BALUCHISTAN	0	0	0.0	16	35	-54.3	16	35	-54.3
ISLAMABAD	0	3	-100.0	122	144	-15.3	122	147	-17.0
MSU	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
PLD	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RMP	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
H&H	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
MM	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
VILLAGE BASE F.P.V	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
CBFPWs	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
COUNTRES	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
TBAs	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
F.P.I.H PROGRAMME	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
OTHERS	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
PWD AJK,FATA,GB	3	2	50.0	211	285	-26.0	214	287	-25.4
AJK	3	2	50.0	211	285	-26.0	214	287	-25.4
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)

DOH(HF)	2,687	3,193	-15.8	51,923	52,518	-1.1	54,610	55,711	-2.0
PUNJAB	2,497	2,739	-8.8	40,459	46,418	-12.8	42,956	49,157	-12.6
SINDH	24	180	-86.7	5,081	4,771	6.5	5,105	4,951	3.1
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	16	14	14.3	194	205	-5.4	210	219	-4.1
ISLAMABAD	0	0	0.0	0	74	-100.0	0	74	-100.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0
FATA	12	0	0.0	60	41	46.3	72	41	75.6
GB	138	260	-46.9	6,129	1,009	507.4	6,267	1,269	393.9
DOH(LHW)	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0
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
NGOs	294	394	-25.4	13,369	15,499	-13.7	13,663	15,893	-14.0
MARIE STOPES	68	61	11.5	8,659	7,680	12.7	8,727	7,741	12.7
PUNJAB	68	61	11.5	1,391	1,523	-8.7	1,459	1,584	-7.9
SINDH	0	0	0.0	6,177	3,577	72.7	6,177	3,577	72.7
K.P.K	0	0	0.0	38	543	-93.0	38	543	-93.0
BALUCHISTAN	0	0	0.0	1,053	2,037	-48.3	1,053	2,037	-48.3
NGO (FPAP)	226	333	-32.1	4,459	4,070	9.6	4,685	4,403	6.4
PUNJAB	210	304	-30.9	1,598	1,332	20.0	1,808	1,636	10.5
SINDH	1	3	-66.7	1,087	1,205	-9.8	1,088	1,208	-9.9
K.P.K	14	1	1,300.0	1,384	1,073	29.0	1,398	1,074	30.2
BALUCHISTAN	0	0	0.0	90	74	21.6	90	74	21.6
ISLAMABAD	1	6	-83.3	176	282	-37.6	177	288	-38.5
AJK	0	0	0.0	20	0	0.0	20	0	0.0
GB	0	19	-100.0	104	104	0.0	104	123	-15.4
GSM	0	0	0.0	251	3,749	-93.3	251	3,749	-93.3
PUNJAB	0	0	0.0	189	2,236	-91.5	189	2,236	-91.5
SINDH	0	0	0.0	14	865	-98.4	14	865	-98.4
K.P.K	0	0	0.0	33	565	-94.2	33	565	-94.2
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	15	83	-81.9	15	83	-81.9
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
Pakistan	4,865	5,861	-17.0	168,821	163,754	3.1	173,686	169,615	2.40

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

OUTLET	IMPLANON (03 Yr)			IMPLANT (04 Yr)			JADELLE (05 Yr)			IMPLANTS (Insertions)		
	2017-18	2016-17	% Change	2017-18	2016-17	% Chang	2017-18	2016-17	% Change	2017-18	2016-17	% Change
PWDs	11,327	21,839	-48.1	0	0	0.0	35,491	18,666	90.1	46,818	40,505	15.6
FWC	0	0	0.0	0	0	0.0	815	149	447.0	815	149	447.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	741	149	397.3	741	149	397.3
K.P.K	0	0	0.0	0	0	0.0	73	0	0.0	73	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	1	0	0.0	1	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RHS-A	11,297	21,645	-47.8	0	0	0.0	32,760	17,882	83.2	44,057	39,527	11.5
PUNJAB	9,632	16,987	-43.3	0	0	0.0	13,258	3,886	241.2	22,890	20,873	9.7
SINDH	1,399	4,195	-66.7	0	0	0.0	17,344	13,276	30.6	18,743	17,471	7.3
K.P.K	83	196	-57.7	0	0	0.0	1,671	568	194.2	1,754	764	129.6
BALUCHISTAN	0	0	0.0	0	0	0.0	277	0	0.0	277	0	0.0
ISLAMABAD	183	267	-31.5	0	0	0.0	210	152	38.2	393	419	-6.2
RHS-B	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
MSU	0	188	-100.0	0	0	0.0	1,804	634	184.5	1,804	822	119.5
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	188	-100.0	0	0	0.0	1,743	634	174.9	1,743	822	112.0
K.P.K	0	0	0.0	0	0	0.0	49	0	0.0	49	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	12	0	0.0	12	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PLD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RMP	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
H&H	0	0	0.0	0	0	0.0	30	0	0.0	30	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	30	0	0.0	30	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
MM	0	0	0.0	0	0	0.0	27	0	0.0	27	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	27	0	0.0	27	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
RTIs	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
VILLAGE BASE F.P.WC	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
CBFPWs	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
COUNTRES	0	0	0.0	0	0	0.0	55	1	5,400.0	55	1	5,400.0
SINDH	0	0	0.0	0	0	0.0	50	1	4,900.0	50	1	4,900.0
K.P.K	0	0	0.0	0	0	0.0	5	0	0.0	5	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
TBA's	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
F.P.I.H PROGRAMME	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
OTHERS	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PWD AJK,FATA,GB	30	6	400.0	0	0	0.0	0	0	0.0	30	6	400.0
AJK	30	6	400.0	0	0	0.0	0	0	0.0	30	6	400.0
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

Continued

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

DOH(HF)	69,155	41,571	66.4	0	0	0.0	0	0	0.0	69,155	41,571	66.4
PUNJAB	18,899	18,220	3.7	0	0	0.0	0	0	0.0	18,899	18,220	3.7
SINDH	46,294	21,324	117.1	0	0	0.0	0	0	0.0	46,294	21,324	117.1
K.P.K	3,700	1,461	153.3	0	0	0.0	0	0	0.0	3,700	1,461	153.3
BALUCHISTAN	119	331	-64.0	0	0	0.0	0	0	0.0	119	331	-64.0
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	143	0	0.0	0	0	0.0	0	0	0.0	143	0	0.0
GB	0	235	-100.0	0	0	0.0	0	0	0.0	0	235	-100.0
DOH(LHW)	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
BALUCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
AJK	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
FATA	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
GB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
NGOs	156	167	-6.6	0	1,397	-100.0	17,023	6,358	167.7	17,179	7,922	116.9
MARIE STOPES	156	167	-6.6	0	226	-100.0	4,476	5,227	-14.4	4,632	5,620	-17.6
PUNJAB	37	88	-58.0	0	170	-100.0	805	1,421	-43.3	842	1,679	-49.9
SINDH	119	79	50.6	0	38	-100.0	2,990	3,244	-7.8	3,109	3,361	-7.5
K.P.K	0	0	0.0	0	18	-100.0	120	247	-51.4	120	265	-54.7
BALUCHISTAN	0	0	0.0	0	0	0.0	561	315	78.1	561	315	78.1
NGO (FPAP)	0	0	0.0	0	1,171	-100.0	1,472	0	0.0	1,472	1,171	25.7
PUNJAB	0	0	0.0	0	118	-100.0	355	0	0.0	355	118	200.8
SINDH	0	0	0.0	0	437	-100.0	403	0	0.0	403	437	-7.8
K.P.K	0	0	0.0	0	174	-100.0	166	0	0.0	166	174	-4.6
BALUCHISTAN	0	0	0.0	0	49	-100.0	183	0	0.0	183	49	273.5
ISLAMABAD	0	0	0.0	0	82	-100.0	86	0	0.0	86	82	4.9
AJK	0	0	0.0	0	193	-100.0	217	0	0.0	217	193	12.4
GB	0	0	0.0	0	118	-100.0	62	0	0.0	62	118	-47.5
GSM	0	0	0.0	0	0	0.0	11,075	1,131	879.2	11,075	1,131	879.2
PUNJAB	0	0	0.0	0	0	0.0	361	783	-53.9	361	783	-53.9
SINDH	0	0	0.0	0	0	0.0	10,309	230	4,382.2	10,309	230	4,382.2
K.P.K	0	0	0.0	0	0	0.0	36	65	-44.6	36	65	-44.6
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	369	53	596.2	369	53	596.2
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
Pakistan	80,638	63,577	26.8	0	1,397	-100.0	52,514	25,024	109.9	133,152	89,998	47.9

Table 6 AVERAGE PERFORMANCE OF MAJOR SERVICE DELIVERY OUTLETS OF PWD(s)

OUTLET & SOURCE	NON-CLINICAL METHODS														
	Number	CONDOM (Units)		ORAL PILLS (Cycles)						INJECTABLE (Vials)					
	of			OP-COC		OP-POP		ECP		3-Months		2-Months		1-Months	
	Outlets	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet
FWCs	3173	56,489,573	17,803	2,391,623	754	7,953	3	150,886	48	1,236,359	390	-	-	-	-
PUNJAB	1504	34,598,083	23,004	1,237,586	823	878	1	96,904	64	594,557	395	-	-	-	-
SINDH	850	10,501,874	12,355	392,222	461	1,143	1	38,627	45	267,214	314	-	-	-	-
KPK	630	9,429,480	14,967	650,800	1,033	2,354	4	12,713	20	340,840	541	-	-	-	-
BALUCHISTAN	160	1,327,171	8,295	87,159	545	357	2	2,072	13	22,313	139	-	-	-	-
ISLAMABAD	29	632,965	21,826	23,856	823	3,221	111	570	20	11,435	394	-	-	-	-
RHS-A CENTRES	210	4,300,186	20,477	205,731	980	1,232	6	15,519	74	112,760	537	-	-	-	-
PUNJAB	99	2,893,211	29,224	120,851	1,221	6	0	9,193	93	54,204	548	-	-	-	-
SINDH	74	793,910	10,729	51,208	692	270	4	4,505	61	32,957	445	-	-	-	-
KPK	28	413,311	14,761	24,953	891	301	11	1,558	56	20,556	734	-	-	-	-
BALUCHISTAN	6	69,424	11,571	5,108	851	135	23	165	28	3,090	515	-	-	-	-
ISLAMABAD	3	130,330	43,443	3,611	1,204	520	173	98	33	1,953	651	-	-	-	-
MSUs	185	3,019,250	16,320	139,371	753	862	5	11,977	65	84,007	454	-	-	-	-
PUNJAB	38	1,646,106	43,319	72,922	1,919	66	2	7,182	189	36,660	965	-	-	-	-
SINDH	72	749,173	10,405	27,567	383	35	0	3,519	49	19,805	275	-	-	-	-
KPK	34	318,914	9,380	20,451	602	108	3	643	19	16,719	492	-	-	-	-
BALUCHISTAN	40	276,707	6,918	17,375	434	569	14	616	15	10,456	261	-	-	-	-
ISLAMABAD	1	28350	28350	1056	1056	84	84	17	17	367	367	-	-		
OUTLET & SOURCE	CLINICAL METHODS														
	Number	IUCD (Insertions)				STERILIZATION/ C.S (Cases)				IMPLANT (Insertions)					
	of	IUDs 10-yr		IUDs 5-yr		CS MALE		CS FEMALE		3-YEARS		4-YEARS		5-YEARS	
	Outlets	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet	2017-18	Per Outlet
FWCs	3173	632,782	199	75	0	-	-	-	-	-	-	-	-	870	0
PUNJAB	1504	470,608	313	-	-	-	-	-	-	-	-	-	-	-	-
SINDH	850	25,875	30	14	0	-	-	-	-	-	-	-	-	791	1
KPK	630	121,503	193	37	0	-	-	-	-	-	-	-	-	78	0
BALUCHISTAN	160	7,181	45	24	0	-	-	-	-	-	-	-	-	1	0
ISLAMABAD	29	7,615	263	-	-	-	-	-	-	-	-	-	-	-	-
RHS-A CENTRES	210	58,481	278	1	0	1,509	7	100,885	480	11,297	54	-	-	32,760	156
PUNJAB	99	41,397	418	-	-	1,185	12	67,055	677	9,632	97	-	-	13,258	134
SINDH	74	5,985	81	1	0	324	4	28,771	389	1,399	19	-	-	17,344	234
KPK	28	8,240	294	-	-	-	-	3,492	125	83	3	-	-	1,671	60
BALUCHISTAN	6	1,122	187	-	-	-	-	715	119	-	-	-	-	277	46
ISLAMABAD	3	1,737	579	-	-	-	-	852	284	183	61	-	-	210	70
MSUs	185	48,021	260	165	1	-	-	-	-	-	-	-	-	1,804	10
PUNJAB	38	34,563	910	-	-	-	-	-	-	-	-	-	-	-	-
SINDH	72	2,799	39	-	-	-	-	-	-	-	-	-	-	1,743	24
KPK	34	7,324	215	-	-	-	-	-	-	-	-	-	-	49	1
BALUCHISTAN	40	3,139	78	165	4	-	-	-	-	-	-	-	-	12	0
ISLAMABAD	1	196	196	-	-	-	-	-	-	-	-	-	-	-	-

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

SOURCE	CYP	% Change
PWDs	6,031,013	38.3
PUNJAB	4,046,850	25.7
SINDH	766,974	4.9
K.P.K	913,018	5.8
BALUCHISTAN	99,209	0.6
ISLAMABAD	98,816	0.6
AJK	44,749	0.3
FATA	43,724	0.3
GB	17,674	0.1
DOH(HF)	2,567,288	16.3
PUNJAB	1,725,460	11.0
SINDH	358,735	2.3
K.P.K	232,492	1.5
BALUCHISTAN	27,690	0.2
ISLAMABAD	4,237	0.0
AJK	5,884	0.0
FATA	17,943	0.1
GB	194,846	1.2
DOH(LHW)	2,239,297	14.2
PUNJAB	971,230	6.2
SINDH	568,477	3.6
K.P.K	621,308	3.9
BALUCHISTAN	17,030	0.1
ISLAMABAD	2,683	0.0
AJK	34,018	0.2
FATA	0	0.0
GB	24,550	0.2
NGOs	4,918,107	31.2
RAHNUMA (FPAP)	1,626,401	10.3
MARIE STOPES	1,394,029	8.8
GREENSTAR (GSM)	1,897,677	12.0
Pakistan	15,755,706	100.0

Table 8a OVERALL PERCENTAGE DISTRIBUTION OF TOTAL CYP (2017-18) BY METHOD

METHODS	Source	CYP	Percentage share
CONDOMS	Total	2,246,724	14.3
	PWDs	655,169	4.2
	DOH(HF)	66,786	0.4
	DOH(LHW)	585,415	3.7
	NGOs	939,354	6.0
ORAL PILLS	Total	1,082,391	6.9
	PWDs	235,289	1.5
	DOH(HF)	111,765	0.7
	DOH(LHW)	552,655	3.5
	NGOs	182,682	1.2
ORAL PILLS (CoC)	Total	949,727	6.0
	PWDs	225,167	1.4
	DOH(HF)	102,996	0.7
	DOH(LHW)	551,984	3.5
	NGOs	69,580	0.4
ORAL PILLS (POP)	Total	9,845	0.1
	PWDs	1,076	0.0
	DOH(HF)	8,769	0.1
	DOH(LHW)	-	0.0
	NGOs	-	0.0
ORAL PILLS (EC)	Total	122,819	0.8
	PWDs	9,046	0.1
	DOH(HF)	-	0.0
	DOH(LHW)	671	0.0
	NGOs	113,102	0.7
INJECTABLE	Total	1,996,419	12.7
	PWDs	382,995	2.4
	DOH(HF)	243,713	1.5
	DOH(LHW)	1,101,226	7.0
	NGOs	268,485	1.7
INJECTION-DMPA (3 Months)	Total	1,932,372	12.3
	PWDs	382,985	2.4
	DOH(HF)	228,491	1.5
	DOH(LHW)	1,101,201	7.0
	NGOs	219,695	1.4
INJECTION-NetEn (2 Months)	Total	55,975	0.4
	PWDs	10	0.0
	DOH(HF)	15,222	0.1
	DOH(LHW)	25	0.0
	NGOs	40,718	0.3
INJECTION-FEMIJECT (One Month)	Total	8,072	0.1
	PWDs	-	0.0
	DOH(HF)	-	0.0
	DOH(LHW)	-	0.0
	NGOs	8,072	0.1
IUCDs	Total	8,282,165	52.6
	PWDs	3,530,248	22.4
	DOH(HF)	1,426,037	9.1
	DOH(LHW)	-	0.0
	NGOs	3,325,880	21.1
IUD-CuT (10 Year)	Total	7,954,362	50.5
	PWDs	3,529,373	22.4
	DOH(HF)	1,426,037	9.1
	DOH(LHW)	-	0.0
	NGOs	2,998,952	19.0
IUD-Multiload (5 Year)	Total	327,803	2.1
	PWDs	875	0.0
	DOH(HF)	-	0.0
	DOH(LHW)	-	0.0
	NGOs	326,928	2.1
Sterlization/CS	Total	1,736,860	11.0
	PWDs	1,054,130	6.7
	DOH(HF)	546,100	3.5
	DOH(LHW)	-	0.0
	NGOs	136,630	0.9
CS(Male)	Total	48,650	0.3
	PWDs	18,840	0.1
	DOH(HF)	26,870	0.2
	DOH(LHW)	-	0.0
	NGOs	2,940	0.0
CS(Female)	Total	1,688,210	10.7
	PWDs	1,035,290	6.6
	DOH(HF)	519,230	3.3
	DOH(LHW)	-	0.0
	NGOs	133,690	0.8
IMPLANT	Total	401,149	2.5
	PWDs	163,184	1.0
	DOH(HF)	172,888	1.1
	DOH(LHW)	-	0.0
	NGOs	65,077	0.4
Implanon (3 Years)	Total	201,596	1.3
	PWDs	28,318	0.2
	DOH(HF)	172,888	1.1
	DOH(LHW)	-	0.0
	NGOs	390	0.0
Sino-Implant (4 Years)	Total	-	0.0
	PWDs	-	0.0
	DOH(HF)	-	0.0
	DOH(LHW)	-	0.0
	NGOs	-	0.0
Jadelle (5 Years)	Total	199,553	1.3
	PWDs	134,866	0.9
	DOH(HF)	-	0.0
	DOH(LHW)	-	0.0
	NGOs	64,687	0.4
TOTAL CYP	PAKISTAN	15,755,706	100

Table 8b OVERALL PERCENTAGE DISTRIBUTION OF TOTAL CYP (2017-18) BY SOURCE & METHOD

METHODS	CYP	Percentage
PWDs	6,031,013	38.3
CONDOMS	665,169	4.2
CONDOMS (Units)	665,169	4.2
ORAL PILL	235,289	1.5
OP-COC	225,167	1.4
OP-EC	9,046	0.1
OP-POP	1,076	0.0
IUD	3,530,248	22.4
IUD-CuT	3,529,373	22.4
IUD-Multiload	875	0.0
INJECTABLE	382,995	2.4
INJ-DMPA	382,985	2.4
INJ-NetEn	10	0.0
CS	1,054,130	6.7
CS(Female)	1,035,290	6.6
CS(Male)	18,840	0.1
IMPLANT	163,183	1.0
Implanon	28,318	0.2
Jadelle	134,866	0.9
DOH(HF)	2,567,288	16.3
CONDOMS	66,786	0.4
CONDOMS (Units)	66,786	0.4
ORAL PILL	111,765	0.7
OP-COC	102,996	0.7
OP-POP	8,769	0.1
IUD	1,426,037	9.1
IUD-CuT	1,426,037	9.1
INJECTABLE	243,713	1.5
INJ-DMPA	228,491	1.5
INJ-NetEn	15,222	0.1
CS	546,100	3.5
CS(Female)	519,230	3.3
CS(Male)	26,870	0.2
IMPLANT	172,888	1.1
Implanon	172,888	1.1
DOH(LHW)	2,239,297	14.2
CONDOMS	585,415	3.7
CONDOMS (Units)	585,415	3.7
ORAL PILL	552,656	3.5
OP-COC	551,984	3.5
OP-EC	671	0.0
OP-POP	0	0.0
IUD	0	0.0
IUD-CuT	0	0.0
INJECTABLE	1,101,226	7.0
INJ-DMPA	1,101,201	7.0
INJ-NetEn	25	0.0
NGOs	4,918,107	31.2
CONDOMS	939,354	6.0
CONDOMS (Units)	939,354	6.0
ORAL PILL	182,682	1.2
OP-COC	69,580	0.4
OP-EC	113,102	0.7
IUD	3,325,879	21.1
IUD-CuT	2,998,952	19.0
IUD-Multiload	326,928	2.1
INJECTABLE	268,485	1.7
INJ-DMPA	219,695	1.4
INJ-FEMJECT	8,072	0.1
INJ-NetEn	40,718	0.3
CS	136,630	0.9
CS(Female)	133,690	0.8
CS(Male)	2,940	0.0
IMPLANT	65,077	0.4
Implanon	390	0.0
Jadelle	64,687	0.4
Sino-Implant	0	0.0
Pakistan	15,755,706	100.0

Table 9 FAMILY PLANNING AND MOTHER & CHILD (MCH) SERVICES, 2017-18

PROVINCE/FEDERAL TERRITORY	F.P CLIENTS	Condoms	Oral Pills	Injectables	Cu-T (10-Years)	Contraceptive Surgery	MOTHER CARE (Number of Clients)			GENERAL AILMENTS (Number of Patients)			MCH CLIENTS	ALL CLIENTS
1	Sum of Col 3 to 7	3	4	5	6	7	Pre Natal	Post Natal	Total	Children	Adult	Total	Col	Col(2+14)
2	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PUNJAB	2,371,540	984,452	607,120	380,743	356,480	42,745	192,647	110,588	303,235	376,599	1,109,529	1,486,128	1,789,363	4,160,903
SINDH	684,715	275,357	209,621	153,304	23,850	22,583	86,866	72,294	159,160	51,154	34,207	85,361	244,521	929,236
K.P.K	474,507	127,746	92,751	179,632	72,440	1,938	29,382	19,320	48,702	85,440	143,045	228,485	277,187	751,694
BALUCHISTAN	87,966	34,574	27,790	18,055	7,093	454	9,981	8,169	18,150	12,448	78,595	91,043	109,193	197,159
ISLAMABAD	26,702	6,358	6,291	6,695	7,052	306	3,395	2,979	6,374	6,456	10,122	16,578	22,952	49,654
AJK	46,480	20,018	12,942	10,502	2,887	131	9,480	6,171	15,651	27,637	62,923	90,560	106,211	152,691
GB	28,899	9,529	7,697	8,632	3,041	0	1,588	2,338	3,926	2,683	3,552	6,235	10,161	39,060
FATA	64,320	45,960	13,520	0	4,840	0	10,076	8,774	18,850	8,905	16,433	25,338	44,188	108,508
Total	3,785,129	1,503,994	977,732	757,563	477,683	68,157	343,415	230,633	574,048	571,322	1,458,406	2,029,728	2,603,776	6,388,905

Table 10 COMPARISON OF ESTIMATED MODERN CONTRACEPTIVE PREVELANCE RATE (mCPR) FOR 2017-18 AND 2016-17

COMPATIVE ANALYSIS OF CONTRACEPTIVE PREVELANCE RATE OF MODERN METHODS (mCPR),																		
2017-18 OVER 2016-17 BY USING ESTIMATED METHOD USE (EMU) RATES																		
PROVINCE/ REGION	mCPR of PWDS		%	mCPR of DoH (HF&s & LHWs)		%	mCPR of R-FPAP		%	mCPR of MSS		%	mCPR of GSM		%	mCPR of Pakistan		%
	2017-18	2016-17	Change	2017-18	2016-17	Change	2017-18	2016-17	Change	2017-18	2016-17	Change	2017-18	2016-17	Change	2017-18	2016-17	Change
PUNJAB	18.2	15.4	17.6	12.9	14.9	-13.4	2.4	1.8	32.0	4.2	3.8	9.1	6.9	6.4	7.7	44.5	42.3	5.0
SINDH	10.0	10.2	-1.8	10.1	8.7	15.8	2.3	1.7	38.8	6.6	5.8	13.5	6.5	6.1	7.3	35.5	32.4	9.7
KPK	18.7	19.1	-2.1	14.7	16.4	-10.4	4.1	2.7	49.8	3.1	3.3	-5.6	5.0	6.2	-19.0	45.5	47.7	-4.5
BALUCHISTAN	5.3	4.4	22.0	2.0	2.1	-6.7	1.2	0.9	29.8	1.5	1.4	5.6	2.3	2.2	5.3	12.3	11.0	11.7
ISLAMABAD	31.5	31.2	0.8	1.6	0.8	90.3	29.9	24.4	22.6	0.0	0.0	0.0	9.5	19.7	-51.7	72.4	76.0	-4.7
AJK	5.8	5.7	2.1	6.0	6.4	-6.9	16.2	12.0	34.7	0.0	0.0	0.0	1.8	3.4	-46.3	29.8	27.4	8.6
FATA	4.8	4.5	6.6	1.8	1.9	-2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.8	-33.8	7.1	7.1	-0.2
GB	4.8	4.3	12.6	32.5	17.8	82.7	11.2	8.8	27.0	0.0	0.0	0.0	0.4	0.2	95.3	48.9	31.1	57.3
PAKISTAN	15.6	14.1	10.0	11.9	12.8	-7.0	3.2	2.3	35.3	4.3	3.9	8.7	6.2	6.1	1.2	41.0	39.3	4.3
a) Married Women of Reproductive age (MWRA) for 2017-18 is taken as 16% of total Provincial/Regional Population of Pakistan in Economic Survey, 2017-18.																		
b) Married Women of Reproductive age (MWRA) for 2016-17, is taken 16% of Provisional Results of Census ,2017.																		
c) Population of Pakistan without AJK & GB																		

ANNEXURES

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ANNEXURE-I: 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)

	<u>2017-18</u>	<u>2016-17</u>	<u>% change</u>
PWDs			
PUNJAB	4,046,850	3,046,060	32.9
CHINIOT	36,213	14,714	146.1
NANKANA SAHIB	31,952	13,282	140.6
RAHIM YAR KHAN	139,584	70,274	98.6
CHAKWAL	111,446	62,929	77.1
GUJRAT	102,476	58,912	73.9
RAWALPINDI	246,246	153,687	60.2
MIANWALI	72,798	45,584	59.7
KHUSHAB	111,687	72,015	55.1
D.G.KHAN	112,452	72,767	54.5
GUJRANAWALA	146,136	94,958	53.9
KASUR	125,568	82,490	52.2
SARGODHA	150,779	102,179	47.6
NAROWAL	72,706	49,961	45.5
BHAKKAR	81,986	57,037	43.7
VEHARI	70,483	50,124	40.6
BAHAWALNAGAR	143,616	105,497	36.1
ATTOCK	98,079	72,441	35.4
OKARA	111,518	82,435	35.3
LAYYAH	85,678	63,646	34.6
MUZZAFARGARH	142,471	111,530	27.7
PAKPATTAN	109,745	86,850	26.4
BAHAWALPUR	99,552	78,947	26.1
JHANG	106,253	85,559	24.2
LAHORE	259,715	213,588	21.6
JHELUM	126,703	104,426	21.3
LODHRAN	67,576	55,764	21.2
HAFIZABAD	92,003	76,949	19.6
MULTAN	97,896	82,388	18.8
MANDI BHAUDDIN	83,633	70,892	18.0
SIALKOT	102,544	87,406	17.3
SAHIWAL	128,043	112,290	14.0
T.T.SINGH	92,813	82,060	13.1
RAJANPUR	113,457	100,489	12.9
KHANEWAL	96,634	91,972	5.1
SHEIKHPURA	74,736	73,763	1.3
FAISALABAD	201,672	206,258	-2.2
SINDH	766,974	782,600	-2.0
SUJAWAL	8,177	3,070	166.4
QAMBAR	24,960	16,949	47.3
KARACHI EAST	8,672	6,451	34.4
LARKANA	33,279	25,846	28.8
THATTA	20,718	16,148	28.3
HYDERABAD	51,322	41,589	23.4
KARACHI WEST	25,901	22,700	14.1
GHOTKI	20,373	18,483	10.2
JAMSHORO	5,501	5,012	9.7
THARPARKAR	11,360	10,414	9.1
KORANGI TOWN-KARACHI	29,949	27,900	7.3
SHIKARPUR	30,033	28,739	4.5
TANDO MUHAMMAD KHAN	20,774	19,946	4.1
KARACHI CENTRAL	35,588	35,412	0.5
SUKKUR	29,937	30,395	-1.5
MIRPURKHAS	33,120	33,876	-2.2
MALIR TOWN-KARACHI	22,256	22,796	-2.4
KASHMORE	13,777	14,283	-3.5
BADIN	31,235	32,402	-3.6
UMERKOT	13,344	14,119	-5.5
NAUSHAHRO FEROZE	35,894	38,414	-6.6
KARACHI SOUTH	77,884	86,372	-9.8
DADU	32,156	36,178	-11.1
JACOBABAD	24,162	27,374	-11.7
TANDO ALLAHYAR	15,984	19,062	-16.1
MATIARI	11,443	13,846	-17.4
KHAIRPUR	30,434	39,327	-22.6
NAWABSHAH	26,574	35,809	-25.8
SANGHAR	42,167	59,690	-29.4

KPK	913,018	1,062,017	-14.0
TOR GHAR	9,071	2,649	242.4
KOHISTAN	11,629	10,557	10.2
MARDAN	52,709	48,010	9.8
CHITRAL	24,667	23,098	6.8
MANSEHRA	111,098	106,623	4.2
BATAGRAM	8,629	8,331	3.6
NOWSHERA	29,409	28,424	3.5
CHARSADDA	49,686	48,270	2.9
UPPER DIR	23,481	22,871	2.7
SHANGLA	30,005	29,623	1.3
ABBOTABAD	61,013	62,578	-2.5
LAKKI MARWAT	26,720	27,669	-3.4
MALAKAND	24,405	25,928	-5.9
KOHAT	44,099	47,551	-7.3
KARAK	38,897	42,496	-8.5
DERA ISMAIL KHAN	47,650	52,106	-8.6
HARIPUR	59,258	65,546	-9.6
TANK	23,304	26,067	-10.6
PESHAWAR	60,673	87,411	-30.6
SWAT	63,518	93,305	-31.9
BANNU	32,200	48,240	-33.3
HANGU	4,832	8,422	-42.6
LOWER DIR	12,663	22,217	-43.0
SWABI	40,823	79,084	-48.4
BUNNER	22,580	44,939	-49.8
BALUCHISTAN	99,209	106,235	-6.6
CHAGHI	863	175	393.7
BARKHAN	3,243	1,880	72.5
KOHLU	1,461	939	55.5
ZIARAT	1,754	1,188	47.7
NASIRABAD	4,423	3,300	34.0
PISHIN	7,872	6,008	31.0
MUSAKHAIL	1,571	1,258	24.8
KALAT	2,579	2,084	23.8
DERA BUGHTI	1,884	1,571	19.9
PANJGOOR	2,761	2,425	13.8
KILLA ABDULLAH	3,623	3,449	5.1
ZHOB	3,880	3,837	1.1
SIBI	4,474	4,429	1.0
JAFFARABAD	4,396	4,416	-0.4
KACHHI/BOLAN	4,481	4,576	-2.1
LORALAI	5,241	5,398	-2.9
MASTUNG	3,007	3,105	-3.1
LASBELA	1,670	1,726	-3.3
KECH/TURBAT	1,415	1,514	-6.5
NOUSHKI	1,593	1,756	-9.3
KHUZDAR	3,712	4,196	-11.6
KILLA SAIFULLAH	3,633	4,201	-13.5
KHARAN	978	1,284	-23.9
QUETTA	26,903	37,962	-29.1
AWARAN	312	499	-37.5
GAWADAR	376	664	-43.4
JHALMAGSI	1,104	2,394	-53.9
WASHUK	0		
HARNAI	0		
SHERANI	0		

ISLAMABAD	98,816	106,724	-7.4
ISLAMABAD	98,816	106,724	-7.4
AJK	44,749	50,415	-11.2
SUDHNOTI	4,809	2,300	109.1
MIRPUR	4,707	4,149	13.4
NEELUM	3,428	3,450	-0.6
BAGH	4,350	4,471	-2.7
POONCH	5,051	5,691	-11.3
KOTLI	5,033	6,806	-26.0
MUZAFFARABAD	13,889	18,802	-26.1
BHIMBER	3,482	4,746	-26.6
HAVELI			
HATTIAN BALAJEHLUM VALEY			
GILGIT BALTISTAN	17,674	15,628	13.1
GILGIT	5,389	4,109	31.2
SAKURDU	6,820	5,499	24.0
GHIZER	3,092	3,175	-2.6
DIAMER	1,491	1,572	-5.2
GANCHE	881	1,273	-30.8
SHIGAR			
NAGAR			
HUNZA			
KHARMANG			
ASTOR			
FATA	43,724	48,364	-9.6
NORTH WAZIRISTAN	2,166	1,470	47.3
BAJAUR AGENCY	8,129	7,345	10.7
SOUTH WAZIRISTAN	5,488	5,331	2.9
KHYBER AGENCY	5,227	5,467	-4.4
MOHMAND AGENCY	16,717	18,164	-8.0
ORAKZAI AGENCY	2,873	4,948	-41.9
KURRUM AGENCY	3,124	5,638	-44.6
FR TANK			
FR D I KHAN			
LOWER KURUM			
FR LAKKI MARWAT			
FR BANNU			
FR KOHAT			
FR PESHAWAR			

DOH(HF)			
PUNJAB	1,725,460	1,858,141	-7.1
ATTOCK	28,047	19,600	43.1
KHUSHAB	65,635	49,468	32.7
RAWALPINDI	76,255	58,587	30.2
BHAKKAR	34,178	26,450	29.2
MANDI BAHAUDDIN	35,391	29,188	21.3
SAHIWAL	52,282	43,604	19.9
T.T.SINGH	60,181	51,893	16.0
MULTAN	99,219	86,339	14.9
FAISALABAD	89,763	80,602	11.4
BAHAWALPUR	58,333	52,613	10.9
RAJANPUR	47,303	43,915	7.7
OKARA	50,043	48,609	3.0
D.G.KHAN	45,351	44,299	2.4
PAKPATTAN	20,704	20,456	1.2
LODHRAN	23,831	23,764	0.3
CHINIOT	34,553	35,464	-2.6
VEHARI	55,836	59,144	-5.6
RAHIM YAR KHAN	57,513	61,077	-5.8
SIALKOT	46,044	49,508	-7.0
SHEIKHPURA	64,281	70,041	-8.2
KASUR	49,387	54,325	-9.1
GUJRANAWALA	57,410	63,709	-9.9
JHELMUM	26,956	30,231	-10.8
LAYYAH	27,079	30,998	-12.6
BAHAWALNAGAR	43,491	50,050	-13.1
NANKANA SAHIB	18,630	21,634	-13.9
GUJRAT	27,727	32,790	-15.4
MUZZAFARGARH	89,329	109,567	-18.5
HAFIZABAD	22,811	27,995	-18.5
LAHORE	94,898	118,890	-20.2
NAROWAL	15,201	19,495	-22.0
CHAKWAL	36,987	47,899	-22.8
SARGODHA	49,161	67,813	-27.5
MIANWALI	12,059	17,270	-30.2
KHANEWAL	63,751	106,195	-40.0
JHANG	45,839	104,659	-56.2
SINDH	358,735	233,417	53.7
SANGHAR	32,021	9,267	245.5
KORANGI TOWN-KARACHI	4,813	1,447	232.6
TANDO MUHAMMAD KHAN	9,390	3,201	193.3
LARKANA	17,443	6,055	188.1
MATIARI	12,034	4,463	169.6
KARACHI WEST	9,352	3,773	147.8
UMERKOT	13,133	6,220	111.2
KHAIRPUR	33,381	16,589	101.2
BADIN	14,738	7,363	100.2
GHOTKI	14,650	7,441	96.9
THARPARKAR	7,311	3,793	92.7
THATTA	4,535	2,397	89.2
QAMBAR	10,873	5,927	83.4
DADU	18,081	10,324	75.1
SUJAWAL	2,396	1,430	67.6
KARACHI EAST	7,078	4,260	66.1
SUKKUR	10,968	6,733	62.9
MIRPURKHAS	12,908	8,027	60.8
KASHMORE	8,453	5,293	59.7
KARACHI SOUTH	4,781	3,060	56.2
JAMSHORO	10,430	6,722	55.2
NAUSHAHRO FEROZE	18,075	12,383	46.0
SHIKARPUR	15,811	10,852	45.7
TANDO ALLAHYAR	8,138	5,686	43.1
JACOBABAD	21,953	16,418	33.7
HYDERABAD	6,590	5,485	20.1
NAWABSHAH	7,001	6,325	10.7
MALIR TOWN-KARACHI	20,615	19,370	6.4
KARACHI CENTRAL	1,784	33,110	-94.6

KPK	232,492	305,899	-24.0
KOHISTAN	107	24	341.2
TOR GHAR	296	134	120.5
NOWSHERA	39,583	22,035	79.6
TANK	5,519	3,428	61.0
KOHAT	16,086	11,800	36.3
BUNNER	6,074	5,467	11.1
CHARSADDA	28,634	28,497	0.5
HARIPUR	7,221	7,854	-8.0
HANGU	2,090	2,483	-15.8
MANSEHRA	12,548	15,731	-20.2
BATAGRAM	8,039	10,453	-23.1
UPPER DIR	4,594	6,246	-26.5
SWABI	12,226	17,581	-30.5
SWAT	24,046	34,882	-31.1
KARAK	4,092	6,158	-33.5
SHANGLA	6,307	10,046	-37.2
BANNU	6,946	11,089	-37.4
PESHAWAR	12,816	21,371	-40.0
ABBOTABAD	5,473	9,497	-42.4
DERA ISMAIL KHAN	7,020	12,996	-46.0
LOWER DIR	2,386	5,381	-55.7
LAKKI MARWAT	5,460	13,121	-58.4
MALAKAND	5,668	14,789	-61.7
CHITRAL	3,932	14,140	-72.2
MARDAN	5,329	20,695	-74.2
BALUCHISTAN	27,690	30,040	-7.8
PISHIN	1,237	60	1,964.2
KACHHI/BOLAN	116	24	376.8
PANJGOOR	732	199	267.7
BARKHAN	291	98	195.5
ZIARAT	1,585	574	176.3
CHAGHI	2,088	1,024	104.0
JAFFARABAD	3,730	2,110	76.8
ZHOB	450	323	39.4
SIBI	262	190	38.1
AWARAN	338	259	30.5
QUETTA	4,771	4,249	12.3
KILLA SAIFULLAH	217	198	9.5
MASTUNG	556	538	3.4
KILLA ABDULLAH	547	556	-1.6
KHUZDAR	1,090	1,270	-14.2
LASBELA	2,200	2,577	-14.6
NOUSHKI	245	297	-17.6
WASHUK	368	470	-21.7
LORALAI	878	1,124	-21.8
NASIRABAD	1,092	1,419	-23.0
JHALMAGSI	318	421	-24.4
KECH/TURBAT	746	1,109	-32.7
KALAT	695	1,033	-32.8
DERA BUGHTI	1,676	2,573	-34.9
GAWADAR	898	1,612	-44.3
SHERANI	62	138	-55.1
KHARAN	220	606	-63.7
MUSAKHAIL	162	791	-79.5
HARNAI	96	4,199	-97.7
KOHLU	24		

ISLAMABAD	4,237	2,632	61.0
ISLAMABAD	4,237	2,632	61.0
AJK	5,884	3,747	57.0
HAVELI	483	118	309.2
MUZAFFARABAD	2,565	1,107	131.7
SUDHNOTI	334	316	5.7
MIRPUR	456	642	-29.0
KOTLI	23	1,470	-98.4
NEELUM		95	
BAGH			
POONCH			
HATTIAN BALAJEHLUM VALEY			
BHIMBER	2,023		
GILGIT BALTISTAN	194,846	80,699	141.4
HUNZA	58,188	4,355	1,236.3
NAGAR	23,315	2,941	692.8
GILGIT	56,028	14,874	276.7
ASTOR	682	241	183.4
SAKURDU	15,604	13,112	19.0
GANCHE	9,679	8,190	18.2
SHIGAR	31,351	32,955	-4.9
GHIZER		4,031	
KHARMANG	0		
DIAMER			
FATA	17,943	14,561	23.2
FR D I KHAN	37	6	570.0
FR LAKKI MARWAT	7	2	364.9
SOUTH WAZIRISTAN	300	72	317.8
ORAKZAI AGENCY	847	313	170.3
FR KOHAT	915	411	122.4
FR BANNU	72	34	110.7
NORTH WAZIRISTAN	271	169	60.6
MOHMAND AGENCY	6,884	5,052	36.3
BAJAUR AGENCY	4,711	3,645	29.2
KURRUM AGENCY	1,425	1,405	1.4
KHYBER AGENCY	2,043	2,550	-19.9
FR PESHAWAR	348	899	-61.3
LOWER KURUM	84		
FR TANK		2	

DOH(LHW)			
PUNJAB	971,230	1,503,945	-35.4
SARGODHA	31,311	19,875	57.5
ATTOCK	32,855	24,888	32.0
MANDI BAHAUDDIN	30,375	26,603	14.2
KHANEWAL	37,832	35,021	8.0
KHUSHAB	22,681	23,930	-5.2
VEHARI	24,385	25,926	-5.9
SAHIWAL	30,566	32,724	-6.6
BAHAWALNAGAR	30,337	32,626	-7.0
MUZZAFARGARH	45,403	50,511	-10.1
JHANG	31,559	35,952	-12.2
MIANWALI	26,062	29,764	-12.4
OKARA	31,141	35,893	-13.2
SHEIKHPURA	16,358	19,454	-15.9
JHELM	20,419	24,677	-17.3
NAROWAL	21,660	28,034	-22.7
CHAKWAL	21,217	29,387	-27.8
RAHIM YAR KHAN	41,708	58,255	-28.4
T.T.SINGH	27,458	38,583	-28.8
HAFIZABAD	11,561	16,599	-30.3
KASUR	23,435	34,183	-31.4
GUJRAT	30,234	44,348	-31.8
RAWALPINDI	31,156	45,981	-32.2
GUJRANAWALA	40,939	60,459	-32.3
BHAKKAR	35,099	52,931	-33.7
LODHARAN	22,417	36,977	-39.4
PAKPATTAN	19,924	33,247	-40.1
RAJANPUR	21,265	37,774	-43.7
CHINIOT	10,859	19,821	-45.2
FAISALABAD	26,406	51,111	-48.3
SIALKOT	19,507	38,042	-48.7
D.G.KHAN	29,595	69,155	-57.2
MULTAN	39,291	95,984	-59.1
LAYYAH	20,192	55,988	-63.9
NANKANA SAHIB	10,938	30,626	-64.3
LAHORE	27,482	88,231	-68.9
BAHAWALPUR	27,601	120,384	-77.1
SINDH	568,477	552,348	2.9
MIRPURKHAS	22,204	13,267	67.4
SUKKUR	62,994	39,978	57.6
JACOBABAD	12,699	8,216	54.6
LARKANA	54,350	37,651	44.4
NAUSHAHRO FEROZE	52,162	37,767	38.1
KARACHI SOUTH	37,196	27,038	37.6
SUJAWAL	3,000	2,445	22.7
THARPARKAR	13,201	13,478	-2.1
SHIKARPUR	13,101	13,616	-3.8
TANDO MUHAMMAD KHAN	8,153	8,711	-6.4
TANDO ALLAHYAR	17,858	19,318	-7.6
BADIN	13,025	14,135	-7.9
KHAIRPUR	30,380	33,046	-8.1
UMERKOT	12,625	14,477	-12.8
NAWABSHAH	46,990	55,000	-14.6
THATTA	7,737	9,923	-22.0
GHOTKI	17,136	23,014	-25.5
JAMSHORO	7,843	11,589	-32.3
DADU	18,682	34,476	-45.8
MATIARI	6,582	15,184	-56.7
SANGHAR	14,841	40,632	-63.5
KARACHI CENTRAL	13,100	43,282	-69.7
KASHMORE	1,027	4,121	-75.1
QAMBAR	1,660	19,177	-91.3
HYDERABAD		12,807	
MALIR TOWN-KARACHI	19,856		
KARACHI EAST	3,437		
KORANGI TOWN-KARACHI	26,994		
KARACHI WEST	29,644		

KPK	73,619	611,472	-88.0
TANK	2,661	5,510	-51.7
LAKKI MARWAT	5,384	17,752	-69.7
LOWER DIR	4,529	16,986	-73.3
HANGU	797	3,593	-77.8
MARDAN	12,947	70,525	-81.6
MANSEHRA	6,311	34,583	-81.8
BANNU	3,187	18,937	-83.2
DERA ISMAIL KHAN	3,840	23,077	-83.4
CHARSADDA	8,637	58,516	-85.2
CHITRAL	6,576	45,358	-85.5
SWABI	4,851	37,622	-87.1
NOWSHERA	3,243	27,228	-88.1
MALAKAND	4,999	42,136	-88.1
BATAGRAM	442	4,073	-89.2
ABBOTABAD	1,780	19,798	-91.0
HARIPUR	1,458	18,969	-92.3
KOHAT	303	8,627	-96.5
SWAT	1,460	74,489	-98.0
BUNNER	192	11,647	-98.3
UPPER DIR	22	13,699	-99.8
SHANGLA		16,402	
KARAK		7,029	
PESHAWAR		34,170	
TOR GHAR		531	
KOHISTAN		215	
BALUCHISTAN	17,030	23,518	-27.6
KALAT	1,398	265	428.5
PISHIN	718	167	331.1
KHARAN	142	66	114.9
NASIRABAD	1,092	811	34.7
PANJGOOR	5,925	4,721	25.5
SIBI	480	417	15.0
NOUSHKI	505	577	-12.6
WASHUK	2,751	3,223	-14.6
ZIARAT	97	169	-42.8
KHUZDAR	1,905	4,003	-52.4
MASTUNG	231	574	-59.7
JAFFARABAD	664	1,737	-61.7
SHERANI	13	1,101	-98.8
HARNAI	0	539	-100.0
KACHHI/BOLAN	0	536	-100.0
CHAGHI	0	1,519	-100.0
KILLA ABDULLAH	0	12	-100.0
LORALAI	0	18	-100.0
KOHLU	0	78	-100.0
AWARAN	0	166	-100.0
QUETTA	0	2,616	-100.0
KILLA SAIFULLAH	0	203	-100.0
JHALMAGSI	0		
ZHOB	172		
KECH/TURBAT	0		
BARKHAN	0		
MUSAKHAIL	0		
GAWADAR	922		
LASBELA	4		
DERA BUGHTI	10		

ISLAMABAD	2,683	1,112	141.3
ISLAMABAD	2,683	1,112	141.3
AJK	34,018	34,850	-2.4
MIRPUR	2,665	1,878	41.9
MUZAFFARABAD	6,449	4,546	41.9
BAGH	4,381	4,370	0.3
SUDHNOTI	1,883	1,878	0.2
BHIMBER	2,984	2,985	0.0
POONCH	4,119	4,179	-1.4
KOTLI	6,173	7,230	-14.6
HATTIAN BALAJEHLUM VALEY	2,405	2,882	-16.6
HAVELI	1,033	1,541	-33.0
NEELUM	1,927	3,362	-42.7
GILGIT BALTISTAN	24,550	17,882	37.3
DIAMER	650	117	457.1
GANCHE	5,392	3,647	47.8
HUNZA	327	333	-1.8
SAKURDU	6,954	8,079	-13.9
GILGIT	1,789	2,899	-38.3
ASTOR	438	2,322	-81.2
GHIZER	0	485	-100.0
NAGAR	1,356		
KHARMANG	5,177		
SHIGAR	2,466		
FATA		3,044	
KURRUM AGENCY		229	
FR PESHAWAR		100	
ORAKZAI AGENCY		474	
BAJAUR AGENCY			
LOWER KURUM			
NORTH WAZIRISTAN			
FR BANNU			
FR LAKKI MARWAT			
KHYBER AGENCY		2,240	
FR KOHAT			
SOUTH WAZIRISTAN			
MOHMAND AGENCY			
FR D I KHAN			
FR TANK			

NGOs			
PUNJAB	2,464,035	2,889,865	-14.7
LAHORE	469,656		
ATTOCK	6,078		
MULTAN	108,136		
JHELM	11,524		
RAHIM YAR KHAN	50,985		
KHANEWAL	17,576		
LAYYAH	64,697		
LODHRAN	22,143		
SIALKOT	34,259		
BAHAWALPUR	50,702		
RAWALPINDI	208,738		
T.T.SINGH	40,381		
NANKANA SAHIB	13,614		
MIANWALI	9,793		
D.G.KHAN	24,792		
NAROWAL	66,962		
PAKPATTAN	17,293		
GUJRAT	40,122		
GUJRANAWALA	110,617		
CHAKWAL	125,166		
BHAKKAR	5,190		
BAHAWALNAGAR	70,600		
VEHARI	24,672		
HAFIZABAD	19,228		
SHEIKHPURA	34,829		
SAHIWAL	27,684		
MUZZAFARGARH	141,785		
MANDI BAHAUDDIN	10,786		
JHANG	93,613		
KASUR	77,698		
KHUSHAB	14,658		
CHINIOT	8,518		
OKARA	24,161		
FAISALABAD	334,386		
SARGODHA	69,259		
RAJANPUR	13,731		
SINDH	1,327,116	1,313,232	1.1
BADIN	97,826		
SHIKARPUR	8,090		
UMERKOT	36,333		
KARACHI CENTRAL	256,783		
JACOBABAD	10,759		
THATTA	85,805		
KARACHI SOUTH	58,092		
TANDO ALLAHYAR	37,399		
MATIARI	43,237		
NAUSHAHRO FEROZE	52,287		
NAWABSHAH	41,524		
THARPARKAR	27,018		
HYDERABAD	121,309		
SANGHAR	39,229		
DADU	40,315		
MIRPURKHAS	41,048		
SUKKUR	17,807		
SUJAWAL	21,826		
KARACHI EAST	87,785		
KHAIRPUR	23,804		
MALIR TOWN-KARACHI	44,117		
LARKANA	14,432		
JAMSHORO	5,793		
TANDO MUHAMMAD KHAN	41,384		
KORANGI TOWN-KARACHI	23,407		
KASHMORE	16,120		
GHOTKI	5,693		
QAMBAR	8,491		
KARACHI WEST	19,403		

KPK	664,718	873,398	-23.9
ABBOTABAD	17,851		
BUNNER	3,262		
LOWER DIR	3,469		
BANNU	2,684		
KOHAT	109,602		
HARIPUR	31,932		
TOR GHAR			
UPPER DIR	606		
TANK	2,649		
CHITRAL	647		
PESHAWAR	227,347		
BATAGRAM	998		
LAKKI MARWAT	3,711		
HANGU	621		
KARAK	936		
MANSEHRA	14,902		
SWAT	22,069		
DERA ISMAIL KHAN	19,053		
NOWSHERA	42,749		
KOHISTAN			
SHANGLA	561		
SWABI	8,002		
MALAKAND	3,322		
MARDAN	107,455		
CHARSADDA	40,292		
BALUCHISTAN	101,606	105,198	-3.4
QUETTA	65,198	105,198	-38.0
AWARAN			
PISHIN	832		
WASHUK			
ZIARAT	43		
SIBI	776		
NOUSHKI	760		
MUSAKHAIL			
KHUZDAR	844		
NASIRABAD	6,875		
KALAT	210		
GAWADAR	329		
KOHLU			
KILLA ABDULLAH	1,009		
CHAGHI	314		
JHALMAGSI	44		
LORALAI	8,168		
KACHHI/BOLAN	68		
ZHOB	203		
SHERANI			
KECH/TURBAT	4,646		
PANJGOOR	97		
BARKHAN			
JAFFARABAD	1,189		
MASTUNG	285		
DERA BUGHTI			
KILLA SAIFULLAH	1,244		
KHARAN	282		
LASBELA	8,189		
HARNAI			

ISLAMABAD	135,828	234,361	-42.0
ISLAMABAD	135,828		
AJK	173,132	222,060	-22.0
BAGH	2,153		
KOTLI	268		
POONCH	930		
HAVELI	0		
SUDHNOTI	0		
HATTIAN BALAJEHLUM VALEY	206		
BHIMBER	121		
MIRPUR	3,309		
NEELUM	1,714		
MUZAFFARABAD	164,431		
GILGIT BALTISTAN	48,620	44,532	9.2
GILGIT	2,288		
GANCHE	5,613		
SHIGAR	0		
ASTOR	0		
KHARMANG	0		
NAGAR	0		
SAKURDU	11,104		
HUNZA	14,826		
GHIZER	14,589		
DIAMER	201		
FATA	3,053	7,081	-56.9
KURRUM AGENCY	1,486		
ORAKZAI AGENCY	0		
MOHMAND AGENCY	0		
FR TANK	0		
KHYBER AGENCY	621		
FR KOHAT	0		
SOUTH WAZIRISTAN	316		
FR PESHAWAR	0		
FR BANNU	0		
FR LAKKI MARWAT	0		
BAJAUR AGENCY	570		
NORTH WAZIRISTAN	61		
FR D I KHAN	0		
LOWER KURUM			

ANNEXURE-II: 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)

CONDOMS (Units)

SOURCE	Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
PWDs	665169	159268	155343	171519	179039
PUNJAB	427692	93180	101973	116343	116195
SINDH	113609	30175	23552	30154	29729
KPK	88237	27738	20727	15842	23930
BALUCHISTAN	17027	3921	4420	4312	4374
ISLAMABAD	9963	2499	2551	2598	2315
AJK	4149	997	973	1027	1152
FATA	2890	394	766	839	892
GB	1602	363	381	406	453
DOH (HF)	66786	16129	18550	16823	15285
PUNJAB	48518	11633	12914	12730	11240
SINDH	8322	2081	2081	2081	2080
KPK	6849	1667	2739	1423	1020
BALUCHISTAN	806	143	143	260	260
ISLAMABAD	243	91	69	40	42
AJK	726	245	245	118	118
FATA	573	97	160	139	177
GB	750	171	199	32	348
DOH (LHW)	585415	149876	135003	140124	160412
PUNJAB	402865	104279	90509	94109	113968
SINDH	132489	29899	30568	35451	36571
KPK	33317	8490	8490	8169	8169
BALUCHISTAN	1548	487	395	280	387
ISLAMABAD	2172	270	303	886	714
AJK	11984	6281	4398	1124	182
GB	1040	171	340	107	422
NGOs	939354	192267	236886	258829	251372
RAHNUMA (FPAP)	10872	2073	2267	3299	3232
MARIE STOPES	3074	995	769	739	571
GREENSTAR (GSM)	925408	189198	233850	254791	247569

SOURCE	Total Oral Pills	ORAL PILL (Cycles)														
		OP-COC					OP-EC					OP-POP				
		Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
PWDs	235289	225167	51908	55053	57282	60924	9046	697	1524	3088	3737	1076	369	300	246	160
PUNJAB	130432	124624	26485	29599	33795	34746	5744	64	696	2238	2746	64	35	19	7	3
SINDH	37119	34659	8862	8959	8208	8629	2346	420	592	585	750	114	60	40	14	0
KPK	49564	48627	12423	12130	10837	13237	753	149	188	214	202	184	81	36	44	23
BALUCHISTAN	9097	8865	2004	2272	2365	2224	154	50	43	37	24	78	27	24	16	12
ISLAMABAD	2813	2489	610	665	620	595	48	13	6	14	15	275	84	94	58	39
AJK	2035	1793	427	429	463	474	2	0	0	1	1	240	58	61	63	58
FATA	3018	3018	842	733	701	742	0	0	0	0	0	0	0	0	0	0
GB	1212	1092	256	266	292	278	0	0	0	0	0	120	25	26	45	25
DOH (HF)	111765	102996	22076	25289	26693	28938	0	0	0	0	0	8769	2359	2611	1993	1806
PUNJAB	60630	57018	12160	13975	17112	13771	0	0	0	0	0	3612	968	956	991	697
SINDH	16604	15331	3833	3833	3833	3833	0	0	0	0	0	1272	318	318	318	318
KPK	12421	9712	2093	3502	1878	2241	0	0	0	0	0	2708	826	1111	333	439
BALUCHISTAN	2850	1984	442	442	550	549	0	0	0	0	0	866	146	146	287	287
ISLAMABAD	125	125	34	39	13	39	0	0	0	0	0	0	0	0	0	0
AJK	422	422	176	176	35	35	0	0	0	0	0	0	0	0	0	0
FATA	1142	832	212	215	163	243	0	0	0	0	0	310	101	80	64	64
GB	17571	17571	3127	3108	3109	8227	0	0	0	0	0	0	0	0	0	0
DOH (LHW)	552656	551984	129148	132105	138743	151989	671	0	671	0	0	0	0	0	0	0
PUNJAB	261790	261790	62807	63797	64946	70240	0	0	0	0	0	0	0	0	0	0
SINDH	158319	158319	31017	36435	45026	45840	0	0	0	0	0	0	0	0	0	0
KPK	97770	97770	24804	24803	24082	24082	0	0	0	0	0	0	0	0	0	0
BALUCHISTAN	6893	6893	1366	1210	1890	2427	0	0	0	0	0	0	0	0	0	0
ISLAMABAD	294	294	1	101	139	54	0	0	0	0	0	0	0	0	0	0
AJK	9872	9872	4125	2808	1532	1407	0	0	0	0	0	0	0	0	0	0
GB	17718	17047	5030	2950	1128	7939	671	0	671	0	0	0	0	0	0	0
NGOs	182682	69580	12277	13644	26874	16784	113102	25136	27247	34000	26720	0	0	0	0	0
RAHNUMA (FPAP)	14578	13432	3008	3481	3443	3499	1145	212	301	288	344	0	0	0	0	0
MARIE STOPES	5480	5480	1443	1499	1421	1117	0	0	0	0	0	0	0	0	0	0
GREENSTAR	162625	50668	7826	8663	22010	12168	111957	24925	26946	33711	26375	0	0	0	0	0

INJECTABLE (Vials)																
SOURCE	Total Injectables	INJ-DMPA					INJ-FEMIJECT					INJ-NetEn				
		Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
PWDs	382995	382985	90075	95299	94725	102887	0	0	0	0	0	10	4	3	2	1
PUNJAB	173508	173508	35594	41754	46292	49868	0	0	0	0	0	0	0	0	0	0
SINDH	81262	81262	20165	21303	19813	19980	0	0	0	0	0	0	0	0	0	0
KPK	95837	95837	26586	24497	20341	24414	0	0	0	0	0	0	0	0	0	0
BALUCHISTAN	9327	9327	2295	2460	2242	2331	0	0	0	0	0	0	0	0	0	0
ISLAMABAD	5240	5240	1333	1138	1336	1433	0	0	0	0	0	0	0	0	0	0
AJK	5996	5996	1549	1342	1490	1615	0	0	0	0	0	0	0	0	0	0
FATA	7456	7456	1452	1652	2146	2206	0	0	0	0	0	0	0	0	0	0
GB	4370	4361	1101	1154	1065	1041	0	0	0	0	0	10	4	3	2	1
DOH (HF)	243713	228491	57630	60856	56750	53256	0	0	0	0	0	15222	3558	4813	3046	3804
PUNJAB	121566	112159	29718	27969	28366	26107	0	0	0	0	0	9407	2078	3003	1766	2560
SINDH	63726	62441	15612	15612	15612	15605	0	0	0	0	0	1286	322	321	321	322
KPK	35865	33276	7503	12397	7220	6156	0	0	0	0	0	2589	372	1235	496	486
BALUCHISTAN	9590	8460	1672	1671	2560	2558	0	0	0	0	0	1130	231	231	334	334
ISLAMABAD	673	673	336	129	131	78	0	0	0	0	0	0	0	0	0	0
AJK	1011	1011	205	206	300	300	0	0	0	0	0	0	0	0	0	0
FATA	4101	3926	925	1102	969	930	0	0	0	0	0	175	87	24	46	18
GB	7180	6546	1660	1772	1592	1523	0	0	0	0	0	635	468	0	83	84
DOH (LHW)	1101226	1101201	269255	258129	281789	292028	0	0	0	0	0	25	25	0	0	0
PUNJAB	306575	306575	65154	66300	82825	92296	0	0	0	0	0	0	0	0	0	0
SINDH	277670	277670	71654	61192	72333	72492	0	0	0	0	0	0	0	0	0	0
KPK	490221	490221	124033	124030	121080	121079	0	0	0	0	0	0	0	0	0	0
BALUCHISTAN	8590	8590	1310	1459	2569	3252	0	0	0	0	0	0	0	0	0	0
ISLAMABAD	217	217	217	0	0	0	0	0	0	0	0	0	0	0	0	0
AJK	12162	12162	5167	4102	1805	1087	0	0	0	0	0	0	0	0	0	0
GB	5792	5767	1721	1046	1177	1823	0	0	0	0	0	25	25	0	0	0
NGOs	268485	219695	53274	53028	53607	59786	8072	2401	1862	2109	1699	40718	14387	9501	12910	3921
RAHNUMA (FPAP)	118202	117978	27975	30339	27441	32223	0	0	0	0	0	224	84	48	44	49
MARIE STOPES	12684	12684	2849	3634	3108	3094	0	0	0	0	0	0	0	0	0	0
GREENSTAR (GSM)	137599	89033	22451	19055	23059	24469	8072	2401	1862	2109	1699	40493	14303	9453	12866	3872

SOURCE	Total IUDs	IUDs (Insertions)									
		IUD-CuT (10-years)					IUD-Multiload (5-years)				
		Sub-Total	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	SubTotal	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
			2017	2017	2018	2018		2017	2017	2018	2018
PWDs	3530248	3529373	773830	871718	912111	971713	875	432	195	162	86
PUNJAB	2536468	2536468	503502	624326	690267	718373	0	0	0	0	0
SINDH	164785	164735	50393	39588	38097	36657	50	50	0	0	0
KPK	632641	632518	170918	159836	131841	169924	122	122	0	0	0
BALUCHISTAN	55345	54722	13174	14246	15014	12287	624	248	195	149	33
ISLAMABAD	69805	69805	19214	15456	18469	16666	0	0	0	0	0
AJK	30355	30342	8206	6573	7641	7921	13	0	0	13	0
FATA	30360	30360	6725	8611	7779	7245	0	0	0	0	0
GB	10490	10424	1697	3082	3004	2640	66	13	0	0	53
DOH (HF)	1426037	1426037	350235	424212	343468	308122	0	0	0	0	0
PUNJAB	1017939	1017939	245097	253782	274928	244131	0	0	0	0	0
SINDH	103298	103298	25861	25861	25861	25714	0	0	0	0	0
KPK	168107	168107	38916	62795	34868	31528	0	0	0	0	0
BALUCHISTAN	12047	12047	3087	3077	2953	2930	0	0	0	0	0
ISLAMABAD	3197	3197	1909	455	290	543	0	0	0	0	0
AJK	3726	3726	566	570	1297	1293	0	0	0	0	0
FATA	11049	11049	2797	2999	3271	1983	0	0	0	0	0
GB	106674	106674	32002	74672	0	0	0	0	0	0	0
DOH (LHW)	0	0	0	0	0	0	0	0	0	0	0
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
GB	0	0	0	0	0	0	0	0	0	0	0
NGOs	3325879	2998952	645914	860292	748356	744390	326928	107415	99389	75778	44345
RAHNUMA (FPAP)	1430306	1430306	310601	387108	363713	368883	0	0	0	0	0
MARIE STOPES	1268123	1268123	255843	388194	304543	319544	0	0	0	0	0
GREENSTAR (GSM)	627450	300523	79470	84990	80100	55964	326928	107415	99389	75778	44345

STERILIZATION/ CONTRACEPTIVE SURGERY (CS)

SOURCE	CS(Female)						CS(Male)				
	Total CS	Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Sub-Total	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
PWDs	1054130	1035290	247370	266230	293430	228260	18840	6490	4830	4760	2760
PUNJAB	704290	688910	171380	166830	192590	158110	15380	4880	4060	4100	2340
SINDH	290950	287710	60110	84250	85060	58290	3240	1610	660	600	370
KPK	39700	39510	9670	10540	11490	7810	190	0	110	60	20
BALUCHISTAN	7310	7310	2530	1880	1410	1490	0	0	0	0	0
ISLAMABAD	9740	9740	3110	2260	2400	1970	0	0	0	0	0
AJK	2140	2110	570	470	480	590	30	0	0	0	30
FATA	0	0	0	0	0	0	0	0	0	0	0
GB	0	0	0	0	0	0	0	0	0	0	0
DOH (HF)	546100	519230	158000	143050	111710	106470	26870	10130	6290	4380	6070
PUNJAB	429560	404590	108060	104920	98410	93200	24970	8530	6210	4260	5970
SINDH	51050	50810	12670	12730	12730	12680	240	70	60	60	50
KPK	0	0	0	0	0	0	0	0	0	0	0
BALUCHISTAN	2100	1940	550	500	450	440	160	40	10	60	50
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	720	600	140	190	120	150	120	120	0	0	0
GB	62670	61290	36580	24710	0	0	1380	1370	10	0	0
DOH (LHW)	0	0	0	0	0	0	0	0	0	0	0
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
GB	0	0	0	0	0	0	0	0	0	0	0
NGOs	136630	133690	26740	44270	35830	26850	2940	1000	880	420	640
RAHNUMA (FPAP)	46850	44590	9150	13620	12520	9300	2260	610	750	340	560
MARIE STOPES	87270	86590	15080	30650	23310	17550	680	390	130	80	80
GREENSTAR (GSM)	2510	2510	2510	0	0	0	0	0	0	0	0

IMPLANTS											
SOURCE	Total Implants	Implanon					Jadelle				
		Sub-Total	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Sub-Total	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
			2017	2017	2018	2018		2017	2017	2018	2018
PWDs	163183	28318	12033	6788	5325	4173	134866	24685	35249	42138	32794
PUNJAB	74460	24080	10138	6263	4585	3095	50380	6445	12274	16918	14744
SINDH	79251	3498	1700	378	550	870	75753	16450	20558	22865	15880
KPK	7040	208	105	30	13	60	6832	1357	1790	1953	1733
BALUCHISTAN	1102	0	0	0	0	0	1102	133	380	296	293
ISLAMABAD	1256	458	90	100	153	115	798	300	247	106	144
AJK	75	75	0	18	25	33	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
DOH (HF)	172888	172888	43428	45365	43753	40343	0	0	0	0	0
PUNJAB	47248	47248	11583	12098	12953	10615	0	0	0	0	0
SINDH	115735	115735	28948	28945	28948	28895	0	0	0	0	0
KPK	9250	9250	2600	4233	1683	735	0	0	0	0	0
BALUCHISTAN	298	298	58	50	98	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	358	358	240	40	73	5	0	0	0	0	0
GB	0	0	0	0	0	0	0	0	0	0	0
DOH (LHW)	0	0	0	0	0	0	0	0	0	0	0
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
GB	0	0	0	0	0	0	0	0	0	0	0
NGOs	65077	390	93	220	73	5	64687	4887	6867	45820	7114
RAHNUMA (FPAP)	5594	0	0	0	0	0	5594	969	1220	1094	2310
MARIE STOPES	17399	390	93	220	73	5	17009	3557	4841	5202	3409
GREENSTAR (GSM)	42085	0	0	0	0	0	42085	361	806	39524	1395

ANNEXURE-III: 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 2017-18 as Compared to 2016-17	Justification
POPULATION WELFARE DEPARTMENTS (PWDs)			
1	Population Welfare Department, Punjab, Lahore	32.9%	<p>The significant increase of 32.9% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is primarily due to following reasons:</p> <ul style="list-style-type: none"> ❖ Expansion of service delivery network through: <ul style="list-style-type: none"> ○ Establishment of 600FWCs (under ADP Scheme) in addition to existing FWCs. ○ Induction of Community Based Family Planning Workers (CBFPWs) through ADP Scheme. ○ Establishment of 11FHCs (under ADP Scheme) in addition to existing FHCs. ○ Functioning of 86 MSUs. ❖ Zero tolerance for stock-out, contraceptive stock availability is monitored at all service delivery outlets through Contraceptive Logistics Management Information System. Consequently, stock-out remained less than 1%. ❖ Introduction of new ADP Scheme for provision of Family Planning services.
2	Population Welfare Department, Sindh, Karachi.	-2%	-
3	Population Welfare Department, KPK, Peshawar.	-14.0%	<p>The significant decrease of 14% 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"> ○ The District Population Welfare Officers had received less quantity of Contraceptive against their requisition during 2017-18. ○ Supply of IUCD was on hold due to some technical issue as reported by inspection committee. ○ Provincial procurement of Condoms were received in October 2017 before that loan quantities were provided less than demanded. Oral Pills (POP) & (ECP) were also stock-out at CW & S Karachi. ○ Most of Women Medical Officers (WMOs) posts were lying vacant during the reported period due to which the performance has declined. 12 out of 31 WMOs are performing their duties at Reproductive Health Services Centers-A.
4	Population Welfare Department, Balochistan, Quetta.	-6.6%	-
5	District Population Welfare Office, Islamabad.	-7.4%	-

6	Department Of Population Welfare, AJK, Muzaffarabad.	-11.2%	The significant decrease of 11.2% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to the following reasons: i. Due to non-approval of PC-1, no funds were released during 2017-18 against approved PSDP, which resulted in limited field activities. ii. Medicines which are source of attraction for clients especially female that could not be purchased during 2017-18. iii. Most of the positions of women Medical Officer are laying vacant at RHSC-As and MSUs. iv. Information Education and Communication activities to promote family planning activities could not be conducted
7	Population Welfare Directorate, Gilgit-Baltistan,	13.1%	The significant increase of 13.1% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to induction of Women Medical Officers (WMOs).
8	Population Welfare Directorate, FATA, Peshawar.	-9.6%	-

DEPARTMENT OF HEALTH (HEALTH FACILITIES)

1	The Department of Health, Punjab, Lahore	-7.1%	The significant decrease of 7.1% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to short supply of Family Planning Commodities.
2	Department of Health, Sindh, Hyderabad.	53.7%	Justification regarding +/- 10% response has not been provided by source agency in spite of repeated request.
3	Department of Health, Khyber Pakhtunkhwa, Peshawar.	-24.0%	Justification regarding +/- 10% response has not been provided by source agency in spite of repeated request.
4	Department of Health, Balochistan, Quetta.	-7.8%	-
5	The Department of Health, Islamabad	61.0%	The significant increase of 61% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to the following factors: o Availability of sufficient quantity of contraceptive items at health outlets. o Efficient staff, prevailing increased awareness level in Islamabad. o Proper maintenance of recording and timely reporting.
6	Department of Health, Azad Jammu & Kashmir, Muzaffarabad	57.0%	Justification regarding +/- 10% response has not been provided by source agency in spite of repeated request.
7	Department of Health, Gilgit-Baltistan, Gilgit	141.4%	Response regarding Justification of +/-10 % has not been received.
8	The Department of Health, FATA, Peshawar.	23.2%	Response regarding Justification of +/-10 % has not been received.

DEPARTMENT OF HEALTH (LHWs)

1	Department of Health (LHWs), Punjab, Lahore	-35.4%	The IRMNCH Program could not procure contraceptives during F.Y 2017-18, whereas in two consecutive years 2015-2016 & 2016-2017 there were ample supplies of contraceptive available for the fieldworkers. In 2017-18, the field staff had limited supplies for FP Service provision in the
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			community which cause decline in annual CYP generated by LHW Program.
2	Department of Health (LHWs), Sindh, Hyderabad.	2.9%	-
3	Department of Health (LHWs), Khyber Pakhtunkhwa, Peshawar.	1.6%	-
4	DoH (LHWs), Balochistan, Quetta.	-27.6%	The significant decrease of 27.6% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to the following: <ul style="list-style-type: none"> ○ The number of district reported during 2017-18 was lower than the previous year. ○ Some districts (Pishin, Zhob, Khuzdar, Harnai etc.) reported zero number of contraceptive users during this period.
5	Department of Health (LHWs), Islamabad	141.3%	The significant increase of 141.3% 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"> ○ Availability of sufficient quantity of contraceptive items at health outlets. ○ Efficient staff, prevailing increased awareness level in Islamabad. ○ Proper maintenance of recording and timely reporting.
6	The Family Planning and Primary Health Care Program, Azad Jammu & Kashmir, Muzaffarabad	-2.4%	-
7	The National Program for FP & PHC FATA, Peshawar	-100%	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	37.3%	The significant increase of 37.3% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to better mobilization of field staff and readily availability of contraceptives.
NGOs			
1	Rahnuma Family Planning Association of Pakistan (Rahnuma FPAP), Lahore.	-6.6%	-
2	Marie Stopes Society (MSS), Karachi.	-22.4%	<ul style="list-style-type: none"> ○ The significant decrease of 22.4% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to the following key reasons: ○ After completion of our Reproductive Health Franchise (RHF) project, 1000 Pehli Kiran provided were separated from the MMS network in July -2017 which is the main reason for generating (-22.4%) less CYPs compare to the proceeding years. ○ Increased scrutiny and reduction in operating space for civil society organizations like MMS and other rights-based NGOs by law enforcement and Intelligence Agencies (LEIAs) which started in the last week of Jan-2018 and continued through until end of June-2018. Consequently, MMS field operations remained restricted and non-functional in some districts.

3	Greenstar Marketing Karachi	Social (GSM),	-12%	<p>Social Marketing & Social Franchising of contraceptives predominantly generating CYP through FP Programs sponsored by donors, donor's availability and continuation of programs. The significant decrease of 12% in terms of CYP, in the contraceptive performance during 2017-18 as compared to 2016-17 is due to the following reasons:</p> <ul style="list-style-type: none"> ○ Limited service delivery related to availability and delivery of long-acting methods at service providers which are part of the GSM Social Franchise Network. ○ Discontinuation of two key donor funded programs pertaining to Social Franchise Network and ○ Transition period involved lasted for 6-months in the fiscal year 2017-18.
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ANNEXURE-IV: 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">● Warehousing of Contraceptive: 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.● Weak follow-up: Weak follow-up and monitoring of clients due to less strength of outreach workers.● Financial Constraints:● Non-availability of funding through PSDP.● Lack of funding from Provincial Government.● PC-1(Amounting to Rs. 6961.831 Millions) for Population Welfare Programme, Punjab (2017-20) prepared and submitted to Federal Government through P&D for approval, has been returned back due to non-availability of funds.● 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.● Operational difficulties due to old vehicles.● Scarcity of funds for advocacy campaign.● Absence of regional setup.● 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.● Only one post Deputy Director to run IEC campaign/ activities at provincial level although a full	<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>Human resource development is Imperative for planned and organized execution of population welfare activities. Training conducted during Fiscal Year 2107-18 is given below:</p> <table><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><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>Total</td><td>213</td><td>45</td><td>1902</td><td>2292</td></tr></table> <p>Advocacy communication strategy: 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>Expansion of Service Delivery Outlets: The department attaches highest priorities to enhance coverage and access to family planning information and services at community level. Attending to high unmet need are focused to attain replacement level fertility.</p> <p>Expansion of Family Welfare Centers: 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 Puniab with lowest contraceptive</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	Total	213	45	1902	2292
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																													
Total	213	45	1902	2292																													

		<p>directorate was functional before 2002.</p> <p>Introduction to Community Based Family Planning Workers: 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&D Department.</p> <p>Refurbishment of Clinical Services: 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>Franchising of Clinical Services 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 & 2017-18 through which in every district 5 doctors and 20 paramedics have engaged to provide FP services.</p> <p>Establishment of Adolescence Reproductive Health Education Cell: 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>Costed Implementation Plan (CIP): 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 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.</p>	<p>prevalence rate. However 400 FWCs capped on the direction of the P&D Department Health Sector.</p>
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2.	The Population Welfare Department (PWD), Sindh, Karachi	<ul style="list-style-type: none"> 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. ii. Besides, Development partners yet to streamline further for functional integration at sub district level iii. Facing challenges in local manufactures of contraceptives iv. International Procurement and Delivery of contraceptives v. Delivery of contraceptives below district, sub district and facility/ provider vi. Data quality and accuracy vii. Delays in reporting (from Health & development partners) viii. Lack / delay of budget to conduct monitoring visits in fields ix. Capacity issue of field staff 	<ul style="list-style-type: none"> • Functional Integration with Department of Health: PWDs and DOH are sharing task at service delivery level. DOH has notified that LHWs after training can introduce first dose of injection. Health facilities are now to providing post-partum family planning. • Involvement of Private Sector: Private health sector has been engaged in Family Planning by registering them as Reproductive Health Services B Centers to expand the FP service network and to reach out to the remote population. Around 250 private health outlets and service providers have been registers as RHS-B centers throughout Sindh including RMPs and NGOs. Population Welfare Departments Sindh provide them free of costs contraceptives under MoUs and share data with the departments. • Task shifting to the service provider level: Family Welfare Workers / Family Welfare Counselors/Field Technical Officers are now trained in implant insertion and are providing services to the eligible women. Previously this service was available only at specific Centers, by Women Medical Officers are posted. • Life Skill Based Education (LSBE): Life Skill Based Education is being taught in syllabus in Sindh.
3.	The PWD, Khyber Pakhtunkhwa, Peshawar		<p><u>2017-18(Approved Scheme)</u></p> <ul style="list-style-type: none"> • Innovative Scheme for promotion of Population Welfare Programme for achieving SDGs, FP2020 Goals and vision of Population Policy. Under this scheme the following initiatives have been taken: • Establishment of Population Welfare Training Institute. • Establishment of 04 Adolescent Sexual Reproductive Health (ASRH) Centre. • Initiative of Joint Communication Strategy with Health Department. <p><u>HR</u></p> <ul style="list-style-type: none"> • Regularization of 500 staff of various cadre from the project mode to the current side. • 55 New posts of various cadre created during 2017-18 on regular side. • Establishment of two new districts i.e. Kolai Palas and Upper Kohistan. • Merger of 7 tribal districts and bring them on current side of Provincial budget. <p><u>Capacity Building</u></p> <p>Training conducted by PWD KP during 2017-18 for capacity building of its staff and the general community.</p> <ul style="list-style-type: none"> • 48 Master trainers from both PWD and DoH trained on long Acting Reversible contraceptive

			<p>(LARC) methods including Post-Partum IUCD insertion.</p> <ul style="list-style-type: none"> • Training of Y-Peers from four districts of KPK including Swat, Peshawar, D.I.Khan and Kohat on communication, counseling and information about program and its interventions. These young people's will act as advocate for adoption of modern family planning in their respective localities. • HRBA (Human Rights Based Approach on FP): 50 services providers including WMOs, FWWs and FTO of PWD KPK trained during 2017-18. • Population Projection Welfare Officers, Demographers and Woman Medical Officers on three different software to develop their district specific action plan to meet Provincial, National and International commitment. • Training on adolescence sexual and reproductive health (ASRH) and PWD and Health Care Professional to role out ASRH program at district and divisional level.
4.	The Population Welfare Department, Balochistan, Quetta	Response is still awaited	Response is still awaited
5.	District Population Welfare Office, , Islamabad.	<ul style="list-style-type: none"> • No service delivery expansion has been made. • The population coverage is decreasing each year. • The proportion of contribution in maintenance of indicator is decreasing as compared to private sector. • Vacant have not been filled since the devolution. • On transfer of the population welfare program from development budget to current budget, 69 posts including 57 technical posts have been abolished by the FA's organization (Finance Division). • No special storage facility for contraceptive is available in District stores. • No new initiative regarding career planning of field staff to evaluate the morale of staff has been carried out. <p>All of the above mentioned facts are hindering the progress of DPOW and are being addressed at different forums for its early resolution accordingly.</p>	<ul style="list-style-type: none"> • To increase the population coverage following initiatives have been taken :- <ul style="list-style-type: none"> ○ Group meetings of Social Mobilizers were held in far flung areas. ○ Number of Mobile Service Unit Camps were increased and held in outreach areas. ○ Special Family Welfare Assistant (Male) & (Female) were directed to visit the outreach areas of union councils.
6.	The Population Welfare Directorate, AJ&K, Muzaffarabad	<p>Financial Constraints</p> <ul style="list-style-type: none"> • Due to non-approval of PC-1, no funds were released during 2017-18 against approved PSDP. 	Population Welfare Department, AJ&K is committed to provide universal access to quality reproductive health care. For the purpose PWD, AJK has submitted a PC-1 (2017-20) to M/o NHS,R&C

		<ul style="list-style-type: none"> Medicines which are the source of attraction for clients especially female could not be purchased during financial year 2017-18. Information, education and communication activities to promote family planning could not be conducted. <p>Low strength of FMOs</p> <ul style="list-style-type: none"> Many positions of FMOs are laying vacant at RHSC-As and MSUs due to unattractive salary package. <p>Service Delivery Network</p> <ul style="list-style-type: none"> Service Delivery Network stands frozen at the level of 2008. Existing strength of service delivery outlets cannot cater the scattered population across hard to reach terrain of AJ&K. 	<p>Islamabad for approval from the competent forum. In order to achieve the envisaged targets, following strategic areas have been initiated:</p> <p>Enhanced coverage and access to Family Planning Services at community level.</p> <ul style="list-style-type: none"> 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. MSUs will be revitalized to cater the needs of hard to reach and remote areas. RHSC-As will hold extension camps activity to ensure availability of Contraceptive Surgery on a wider scale. Private sector hospitals will be registered as RHS-B and will be encouraged to provide FP services. <p>Reforming High Risk Fertility Behaviour.</p> <ul style="list-style-type: none"> A Behaviour 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. Capacity building of Human Resource. 25 females will be pass out during 2018-19 after completion of 24 month diploma for FWWs Clinical trainings for program personnel and non-program personnel have been scheduled in the plan period 2017-20. <ul style="list-style-type: none"> Uninterrupted availability of Quality Contraceptives. At present USAID is providing contraceptives and has given commitment for the supply up to 2019. An amount of Rs. 28.00 million has been allocated in PC-1(2017-20) for purchase of contraceptives for the year 2019-20. Developing Partnership for Enhancing Coverage and Access to Services. 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. Provision of contraceptives through private clinics in rural communities, urban slums and under-served districts will be focused. Functional Integration of Health and Population Welfare Departments for FP Services. For functional integration the services & resources of Health Department will be utilized
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			<p>during the plan period. Contraceptives and literature containing information about Family Planning, mother and child health will be ensured at all health service outlets.</p> <ul style="list-style-type: none"> • 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. • Involvement of Religious Scholars/ Ulemas. • 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. • During the plan period 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. <p><i>Due to non-approval of PC-1(2017-20) activities planned for the year 2017-18 were not performed accordingly, which resulted in decrease of progress.</i></p>
7.	Population Welfare Directorate, Government of Gilgit-Baltistan, Gilgit.	<ul style="list-style-type: none"> • Non-Approval of Three Year Plan (2017-20), PC-1 Population Welfare Program, Gilgit Baltistan • Non-release of funds allocated for Population Welfare Program Gilgit Baltistan for Financial Year 2017-18 & 2018-19 allocated under Federal PSDP • Non Expansion in service delivery network • Suspension of Mobile Service Units camps (MSUs) due to non-availability of funds 	New initiatives have been proposed in three Year Plan (2017-20) , PC-1 of Population Welfare Program, Gilgit Baltistan currently under consideration with Ministry of Planning, Development and Reforms Islamabad for approval of Central Development Working party (CDWP). Approval is still awaited to implement new initiatives envisaged therein.
8.	Population Welfare Directorate, Tribal Districts (EX-FATA) Peshawar	<p>There are certain issues related to Population Welfare Programme Tribal Districts (Ex-FATA) which are retarding progress of Population Welfare Services. Some of the major issues are as follows:</p> <p>i. Status of Proposed PC1 2017-20: As the Previous PC-I has ended and a new PC-I (2017-20) was prepared which will enhance performance of the programme but it is still under process for approval.</p>	

		<p>A pre-CDWP was held, however, due to merger of FATA with KPK, the routing channel changed with delayed its approval as per the following detail.</p> <p>ii. After pre-CDWP on 14/05/2018 the PC-1 (2017-20) for Population Welfare Program Tribal Districts was amended in light of the minutes of the Pre-CDWP and was forwarded to Ministry National Health Services, Regulation & Coordination Islamabad, however, the Ministry vide letter No.F.4-19/2018-Dir(P&D) dated 17/09/2018 requested to submit the PC-1 (2017-20) through Population Welfare Department / P&D department Khyber Pakhtunkhwa duly approved (recommended) by competent authority / forum.</p> <p>iii. Budgetary Issue: Since the devolution of Ministry of Population Welfare under 18th amendment, Population Welfare Programme Tribal Districts (EX-FATA) has not received budget as per allocation under PC-1,s. The budget being provided is not sufficient for establishment charges, therefore no expansion in the service delivery outlets or recruitment of more staff during the last seven years. All the services are provided through the staff strength and service delivery outlets structure of pre-devolution period.</p> <p>iv. Job Security of staff: 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 Tribal Districts (EX-FATA) are still working under volatile service structure- being funded from PSDP. The same structure and nature of employees working on provincial side (KPK) has been transformed from developmental to current budget and are having a secure service future with promotion prospects. This directorate took submitted</p>	
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		<p>SNE of Population Welfare Programme Tribal Districts (EX-FATA) employees for shifting to current budget to Finance Division, Islamabad through Finance Department Tribal Districts (EX-FATA) Secretariat but Finance Division replied to approach the Khyber Pakhtunkhwa Government to meet the requirements for the purpose. The same has been forwarded to KP Government for necessary action.</p> <p>v. Socio cultural constraints: Unlike settle area, society in Tribal Districts (EX-FATA) 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.</p> <p>vi. Participation of staff in Polio eradication Campaign: It is worth mentioning that the staff of Population Welfare Programme Tribal Districts (EX-FATA) 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. Free of cost commodities available in Sindh province but some commodities were not provided e.g. IUCD and Implant.</p> <p>iv. Turnover of male doctors trained on male vasectomy.</p>	<ul style="list-style-type: none"> - As per new strategy, the tubal ligation clients were mobilized and provided with the services at Rahnuma FPAP own clinics. - Civil Society collectively advocating with government for timely commodities supply. - Negotiating with government for low cost commodity supply. - Interaction with Sindh Government for supply of IUD and Implants. - Part time male doctors hired within system.

		<p>v. RHE camps allocated area limited by PWD in Punjab province.</p> <p>vi. Vary far flung and challenging areas allocated by PWD in Khyber Pakhtunkhwa province.</p>	
10	Marie Stopes Society (MSS), Karachi	<ul style="list-style-type: none"> • Re-registration issues • Increased scrutiny and reduction in operating space for civil society NGOs by government agencies during January to June, 2018. Consequently, MSS field operations remained non-functional in some districts of Punjab 	<ul style="list-style-type: none"> • MSS revised pricing in Nov-Dec 2017 for all services in line with affordability/paying potential across each districts. • Conducted special days for services from November, 2017 where services are provided at subsidized rates. • Revised and implement a new Subsidized Treatment Fund (STF) policy for all services from January, 2018 to onwards under which no woman is turned away based on her inability to pay. Rather, she is treated and missing amount is bridged through the STF. • 250 SF providers and 15 outreach teams are providing services in Punjab districts through new project "Delivering Accelerated Family Planning in Pakistan (DAFPAK)".
11	Greenstar Social Marketing (GSM), Karachi.	-	-
12	Department of Health (HF), KPK, Peshawar.	<p>1. Contraceptive Procurement: Though recently the commodities have been procured jointly by PWD and DoH KPK but it took very long time of two years because it is international procurement and need sufficient time for completion of the process. This lengthy process could hinder the uninterrupted contraceptive supply. To overcome this problem pool procurement of contraceptives at Federal Level for all provinces is needed or</p> <p>The PWD at provincial level must take lead for procurement of contraceptives for all FP outlets of PWD and Health at the analogy of Sindh Govt. As Population Department, has one point agenda of FP/Population Control so the commodities security must be their prime responsibility for ensuring the coverage of unmet need of population.</p> <p>2. Warehousing: FP Commodities for both departments (DoH and PWD) are jointly procured and are stored in the central warehouse</p>	<p>i. Expanding the HR at all levels in DoH including induction of Medical officers (6000 new induction), Paramedics, Vaccinators, LHWs and CMWs (LHWs no. increased to 15850, CMWs increased to 2185)</p> <p>ii. Policy on involvement of CMWs/LHWs in all contraceptives distribution.</p> <p>iii. Capacity building of new inductees and refresher of existing staff (HTSP, GBV, Counseling, LAC.)</p> <p>iv. Uninterrupted supply of contraceptives to all concerned levels.</p> <p>v. Post-Partum Family Planning Strategy.</p> <p>vi. Task sharing and Task Shifting in FP.</p> <p>vii. New Born Survival Strategy.</p> <p>viii. Establishment of 24/7 BEmONC services at selected 85 RHCs/Cat D across KP (providing FP services too).</p> <p>ix. Maternal and Perinatal Death surveillance and response</p> <p>x. Mapping of RH/FP Health Facilities including Health, Population, NGOs and Private Sector.</p> <p>xi. Regular quarterly meetings of the RH Core group (Health) and Provincial Technical Coordination Committee (PTCC) (Population) to share the progress, achievements, and identify the gaps in service provision.</p> <p>xii. Joint CIP (Costed Implementation Plan) of PWD and Health.</p>

		<p>Karachi. Both Departments maintain close cooperation with CW & S for storage needs. There is a pressing need to create warehousing and storage capacities at the provincial level to seamlessly link each of the supply chain functions in a manner that ensures evidence based actions at each level. Both the departments fully realize the need to focus on developing storage capacities which are identified as the weakest link in the entire supply chain.</p>	<p>xiii. Interfacing of FP reports of all stakeholders of the province including DoH, PWD, LHW, MNCH and NGOs</p> <p>xiv. Notifying FP as part of mandatory services for Healthcare Facilities under DOH and Private Sector and NGOs</p> <p>xv. Inclusion of RH indicators on Monitoring Dash board of IMU (Independent Monitoring Unit)</p> <p>xvi. MNCH Very Essential Medicine List (22 medicines included and notified) along with contraceptive, considering its low cost and high impact with a commitment to ensure full supplies round the clock across all health facilities.</p>
	Department of Health (HF), Gilgit Baltistan	<p>i. The Health Department GB is not procuring contraceptive commodities due to shortage of fiscal space in regular budget. USAID was supplying the contraceptive commodities to Health Department GB from their warehouse in Karachi till 2016 through USAID Deliver Project and transport charges from Karachi to various districts of GB was also borne by USAID. After the closure of the project in 2016, the Provincial Departments were made responsible to bear the cost of transportation of contraceptive commodities. However, due to non-availability of funds at Health Department Gilgit-Baltistan under the aforesaid head, the logistic supplies could not be made available. There is interrupted supply of logistics from central warehouse Karachi.</p> <p>ii. The USAID also directed the department to impose commodity charges on clients and deposit the amount thus collected in government exchequer as a result the clients refused to get the services from LHWs and CPR dropped.</p> <p>iii. Harsh weather condition and frequent road blockades and landslides in the area hinder the supply of the commodities.</p> <p>iv. Acceptability of family planning services due to socio cultural and religious barriers in some districts of GB.</p>	<p>i. All the LHWs have been given refresher training on primary health care services including family planning services.</p> <p>ii. Monitoring and supervision mechanism of the family planning program and services have been improved.</p> <p>iii. The cost of transportation of contraceptive commodities has been proposed in the budget of upcoming Financial Year budget of National program of FP&PHC 2019-2020.</p> <p>iv. Contraceptive commodities such as pills and condoms have been provided in 06 out of 10 districts health offices of GB.</p>

ANNEXURE-V: 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.	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.			
		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	--	
		*Not provided by PWD, Punjab			
2.	Population Welfare Department, Government of Sindh, Karachi	FP 2020 targets of PWD Sindh are as under:			
		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		2,843,835	
		Additional Traditional Method			08.0
		Total			44.5
		It has been further intimated that year wise CPR could not be determined from reporting data, therefore we may wait for any National or Provincial survey. However, Multi Indicators Cluster Survey (MICS Sindh) 2014 shows CPR 29% of all methods and 24.8% of modern methods.			
3.	Population Welfare Department, Government KP Peshawar.	Year-wise targets for achieving of 42% Contraceptive Prevalence Rate (CPR) as per FP2020 Commitment will be revised with the revision of Population Policy of Khyber Pakhtunkhwa. However for the year 2017-18 Khyber Pakhtunkhwa has achieved 30.9% CPR (PDHS 2017-18).			
4.	Population Welfare Department, Government of Baluchistan, Quetta	FP-2020 target for the year 2020 has been fixed as 32% CPR. The current CPR of the province is 22.6 % which has been estimated based on the trend of the nearest past surveys calculated with the help of Family Planning Estimating Tools (FPET).			
5	District Population Welfare Office , Govt. of Pakistan, Islamabad	As per statistics available , following targets & achievement are forecasted:			
		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	-	
		Note:			

		<div>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 & achievements.</div> <div>II) Achievement of targets of FP2020 is subject to achievement of service delivery expansion and provision of funds by the Finance Division.</div>																																																											
6.	Population Welfare Directorate, Government of AJK, Muzaffarabad.	<div>The targets for Contraceptive Prevalence Rate (CPR) during 2018-19 and 2019-20 are as under.</div> <table><tr><th>Year</th><th>CPR Targets</th></tr><tr><td>2018-19</td><td>29%</td></tr><tr><td>2019-20</td><td>30%</td></tr></table>	Year	CPR Targets	2018-19	29%	2019-20	30%																																																					
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7.	Population Welfare Directorate Government of Gilgit Baltistan, Gilgit	<table><tr><th rowspan="2">Year</th><th colspan="2">Total Fertility Rate (TFR)</th><th colspan="2">Contraceptive Prevalence Rate (CPR)</th></tr><tr><th>Targets</th><th>Achievements</th><th>Targets</th><th>Achievements</th></tr><tr><td>2016-17</td><td>3.8</td><td>4.6</td><td>38</td><td>38.1</td></tr><tr><td>2017-18</td><td>4.4</td><td>4.6</td><td>40</td><td>38</td></tr></table>	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																																								
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8.	Population Welfare Directorate, FATA, Peshawar	<div>Target based on PC-1 (2017-20)</div> <table><tr><th rowspan="2">Name of Contraceptive</th><th colspan="2">2016-17</th><th>2017-18</th><th>2018-19</th><th>2019-20</th></tr><tr><th>Targets</th><th>Achievements</th><th>Target</th><th>Target</th><th>Target</th></tr><tr><td>Condoms</td><td>291,173</td><td>291,173</td><td>349,407</td><td>862,255</td><td>1,241,647</td></tr><tr><td>Oral Pills (CoC)</td><td>43,155</td><td>53,943</td><td>88,244</td><td>105,893</td><td>152,485</td></tr><tr><td>Oral Pills (PoP)</td><td>5,394</td><td></td><td></td><td></td><td></td></tr><tr><td>Postin Tablets</td><td>5,394</td><td></td><td></td><td></td><td></td></tr><tr><td>IUDs Cu-T 380</td><td>5,770</td><td>7,694</td><td>37,790</td><td>45,348</td><td>65,302</td></tr><tr><td>IUDs Multiload</td><td>1,923</td><td></td><td></td><td></td><td></td></tr><tr><td>Net-En Injection</td><td>13,887</td><td></td><td>9,675</td><td>11,610</td><td>16,718</td></tr><tr><td>DMPA Injection</td><td>13,887</td><td>27,774</td><td></td><td></td><td></td></tr></table> <div>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 is in process for approval in Planning Commission Islamabad. Currently the program is running on the same capped budget. Therefore, no expansion and recruitment of service providers is possible. Resultantly, there occurs some deficiency in achieving the targets.</div>	Name of Contraceptive	2016-17		2017-18	2018-19	2019-20	Targets	Achievements	Target	Target	Target	Condoms	291,173	291,173	349,407	862,255	1,241,647	Oral Pills (CoC)	43,155	53,943	88,244	105,893	152,485	Oral Pills (PoP)	5,394					Postin Tablets	5,394					IUDs Cu-T 380	5,770	7,694	37,790	45,348	65,302	IUDs Multiload	1,923					Net-En Injection	13,887		9,675	11,610	16,718	DMPA Injection	13,887	27,774			
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Net-En Injection	13,887		9,675	11,610	16,718																																																								
DMPA Injection	13,887	27,774																																																											
9	Department of Health (LHWs), Government of Gilgit Baltistan, Gilgit	<table><tr><th rowspan="2">Year</th><th colspan="2">Contraceptive Prevalence Rate (CPR)</th><th colspan="2">Total Fertility Rate (TFR)</th><th colspan="2">Training on Family Planning</th></tr><tr><th>Targets</th><th>Achievements</th><th>Targets</th><th>Achievements</th><th>Targets</th><th>Achievements</th></tr><tr><td>2017-18</td><td>40</td><td>39 (PDHS 2017-18)</td><td>4.4</td><td>4.7 (PDHS 2017-18)</td><td>1365 LHWs</td><td>1365 LHWs have been trained</td></tr></table>	Year	Contraceptive Prevalence Rate (CPR)		Total Fertility Rate (TFR)		Training on Family Planning		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																																							
Year	Contraceptive Prevalence Rate (CPR)			Total Fertility Rate (TFR)		Training on Family Planning																																																							
	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																																																							

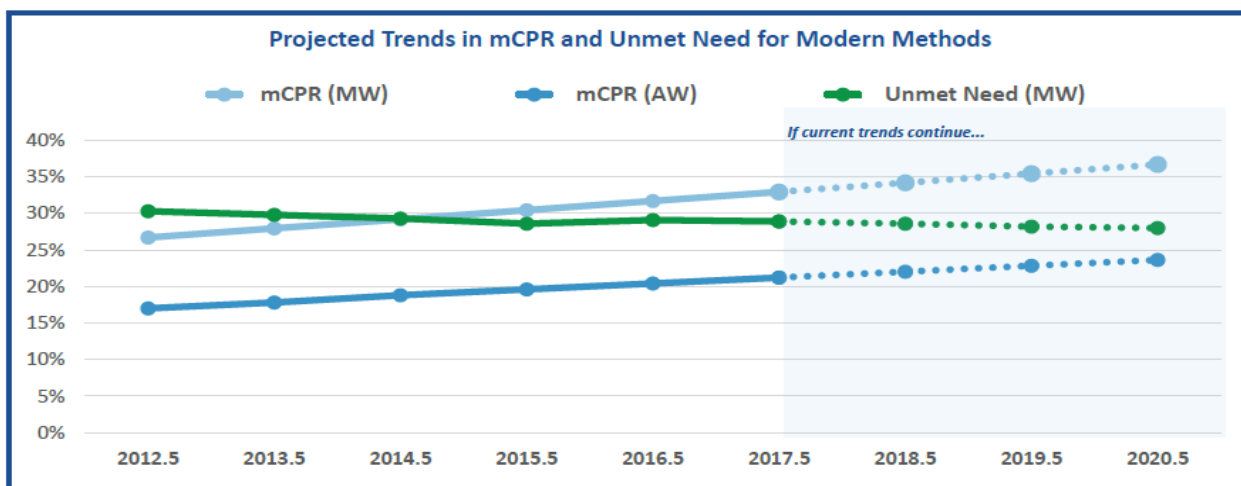
S. #	Name of Department	Targets & Achievements(As Supplied by the Source Agencies)					
10.	Rahnuma- Family Planning Association of Pakistan, Lahore	Methods	Quarterly CYP Achievement (2017-18)				Total (CYP)
			Jul-Spt,2017	Oct-Dec,2017	Jan-Mar,2018	Apl-Jun,2018	
		IUCD	310601	387108	363713	368883	1430305
		Inj.(Depo)	27975	30339	27441	32223	117978
		Inj.(Norigest)	86	49	45	50	230
		Implant	969	1220	1094	2310	5593
		Condom	2073	2267	3298	3231	10869
		Oral Pills	3010	3483	3445	3501	13439
		EC Pills	212	301	288	344	1145
		Sterilization/CS (Male)	610	750	340	560	2260
		Sterilization/CS (Female)	9150	13620	12520	9300	44590
		Total (CYP)	354686	439137	412184	420402	1626409
		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		-		
		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 3.5 percentage points 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-VI: 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)

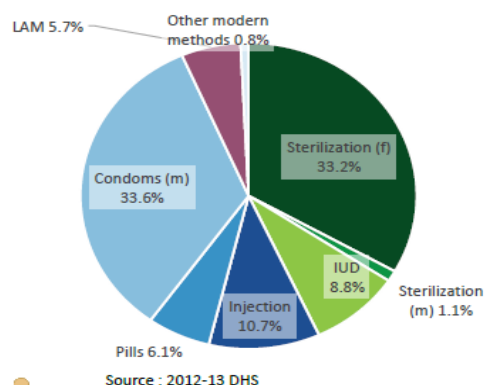
3,000

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

Contraceptive Method Mix (#9)



Data included comes from FP2020 2017 Report

Note: Service Statistics informed 2017 estimates



Contd....

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

9	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

10	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



ANNEXURE-VII: 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															
										FAMILY WELFARE CENTRE (FWCs)				MOBILE SERVICE UNITS (MSUs)				RHS-A CENTRE / FHCs				RHS-B CENTRE			
		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	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

	Name of District	HAKEEMS/HOMEOPATHS				PLDS				RTIS				RMPS				TBAS				OTHERS			
		OPENING	RECEIVED	SOLD	CLOSING	OPENING	RECEIVED	SOLD	CLOSING	OPENING	RECEIVED	SOLD	CLOSING	OPENING	RECEIVED	SOLD	CLOSING	OPENING	RECEIVED	SOLD	CLOSING	OPENING	RECEIVED	SOLD	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	Condoms	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Pieces)		
	(Units)	COC	POP	EC	Cu-T (10-yrs)	Multiload (5-yrs)	DMPA	NET-EN	Male	Female	3- Years	4- Years	5- Years
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1-Opening Balance													
2-Received from CW&S Karachi													
3-Issued to Field													
4-Closing Balance													
i) District Store													
ii)Field													
Total													
5-Expired Stock													
6-Untarceable Stock													
Part-II													
Field													
District Store	Condoms	Oral Pills (Cycles)			IUDs (Insertions)		Injectables (Vials)		Contraceptive Surgery (Cases)		Implant (Pieces)		
	(Units)	COC	POP	EC	Cu-T (10-yrs)	Multiload (5-yrs)	DMPA	NET-EN	Male	Female	3- Years	4- Years	5- Years
1	2	3	4	5	6	7	8	9	10	11	12	13	14
01-Family Welfare Centre (FWC)													
Opening													
Received From District Store													
Sold													

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

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

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

DEPARTMENT OF HEALTH (HEALTH FACILITY)

DISTRICT-WISE CONTRACEPTIVE PERFORMANCE REPORT

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

Month -----

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

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

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

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

[illegible]

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

ANNEXURE VIII: Updated Conversion Factors, along-with necessary details, utilized for the Computation of Couple Years of Protection (CYP)

CYP conversion factors (Updated December 2011)

Method	CYP Per Unit
Copper-T 380-A IUD	4.6 CYP per IUD inserted (3.3 for 5 year IUD e.g. LNG-IUS)
3 year implant (e.g. Implanon)	2.5 CYP per implant
4 year implant (e.g. Sino-Implant)	3.2 CYP per implant
5 year implant (e.g. Jadelle)	3.8 CYP per implant
Emergency Contraception	20 doses per CYP
Fertility Awareness Methods	1.5 CYP per trained adopter
Standard Days Method	1.5 CYP per trained adopter
LAM	4 active users per CYP (or .25 CYP per user)
Sterilization* Global (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)}