



CONTRACEPTIVE PERFORMANCE REPORT

2014-2015

GOVERNMENT OF PAKISTAN
STATISTICS DIVISION
PAKISTAN BUREAU OF STATISTICS

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PREFACE

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

The task of producing Contraceptive Performance Report has been assigned to PBS as a sequel to the devolution of Ministry of Population Welfare (MOPW). Pursuantly, Population Welfare Statistics Section (PWSS) of PBS has produced the 5th issue of the Annual Contraceptive Performance Report of Population Welfare Program for the year 2014-15.

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

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

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

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ACRONYMS

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

SUMMARY

The profile of contraceptive performance in 2014–15, compared with the preceding year 2013–14 is summarized as under:-

- a) The overall Contraceptive Performance for the year 2014-15 in terms of Couple Years of Protection (CYP) has decreased by 7.2% in comparison with the last year 2013-14.
- b) The Province-wise profile of CYP indicates a decrease in all provinces, i.e. Punjab (13.4%), Sindh (2.2%), Khyber Pakhtunkhwa (10.2%) and Balochistan (1.3%). Significant decrease in progress of Punjab for 2014-15 over 2013-14 is due to shortage of technical staff i.e. Family Welfare Councilors/Workers and Women Medical Officers, coupled with some other factors like engagement of staff in refresher training; low clientage due to severe weather conditions & heavy rains; shifting of Family Welfare Centers to Health Outlets and insufficient contraceptive availability in some districts. Significant decrease in progress of Khyber Pakhtunkhwa for 2014-15 over 2013-14 is due to completion of project life and resulted in termination of 550 FWCs project employees along-with deregistration of 480 Male Mobilizers by June, 2014. As far as the district Islamabad and Gilgit-Baltistan are concerned, the contraceptive performance has depicted a decrease of 0.1% and 19.4% respectively, compared with the previous year. Significant decrease in progress of GB during 2014-15 over 2013-14 is due to shortage of contraceptive (Norigest), poor performance (low sale of contraceptives) of Male Mobilizers and declined progress of MSU component. During Oct-Dec, 2013, a total 51 MSU camps were arranged whereas during Oct- Dec, 2014 only 13 MSU camps were held. While the performance of AJK and FATA has been increased by 43.7% and 2.9% respectively for 2014-15 compared with the year 2013-14. Significant increase in progress of AJK for 2014-15 over 2013-14 is due to availability of medicines and increased frequency of mobile camping.
- c) Method-wise comparison of CYP has shown an increase in new method Norplant (227.5%) whereas a decrease in Condoms (6.7%), Oral Pills (7.3%), IUDs (9.3%), Injectables (4.8%) and Contraceptive Surgery cases (5.4%) has been observed, compared with the previous year. The new method Norplant is included in Government Sector Population Welfare Programme as well as Private Sector in 2014-15 and noted a significant increase when compared with 2013-14.

- d) Outlet-wise CYP during the year 2014-15 compared with year 2013-14, has shown an increase of 1.2% in Reproductive Health Services-A(RHS-A) Centers, 3.1% in Regional Training Institutes (RTIs), Whereas performance has decreased 10.3% in Family Welfare Centers (FWCs), 54.8% in RHS-B centres, 13.0% in Mobile Service Units (MSUs), 11.9% in Hakeems and Homeopaths (H&H), 32.3% in Male Mobilizers (MM), 64.2% in Provincial Line Departments (PLDs) and 27.5% in Registered Medical Practitioners (RMPs).
- e) For NGO sector, an increase has been observed in the performance of Rahnuma Family Planning Association of Pakistan (FPAP) (15.8%) and in Marie Stopes Society of Pakistan (MSS) (33.9%) in the year 2014-15 compared to year 2013-14. Significant increase in the performance of Rahnuma FPAP during 2014-15 over 2013-14 is due to skill-based training & refreshers of more than 100 service providers on comprehensive package of modern contraceptive methods with focus on long term permanent methods. Surgical intervention specially tub-ligation and non scalpel vasectomy were strengthened; staff was trained for extending these intervention through static & mobile camps and provision family planning services through mobile service units especially in humanitarian settings. Significant increase in the progress of Marie Stopes Society (MSS) for 2014-15 over 2013-14 is due to rapid increased number of Social Franchise Units along-with Field Health Educators; community based Private Providers (PK Providers) and mobile outreach camps. However, the performance of Greenstar Social Marketing (GSM) has decreased by 30.5%. Significant decrease in progress of Greenstar (GSM) for 2014-15 over 2013-14 is due to restructuring of its network, IPC activities remain stagnant during the period, halted community-level demand generation activities; less emphasis on VSC (Volunteer Surgery Contraceptive) services; increase in prices of injectables coupled with adverse variance in commercial sales due to distributor bottleneck in supplying to the smaller and remote provider's clinic & pharmacies, in that time period.
- f) The overall Contraceptive Prevalence Rate (CPR) by modern methods, during 2014-15 is 25.54% which is lower than 27.41% in the year 2013-14. The CPR among the provinces has been witnessed in Punjab (16.65%), Sindh (12.10%), Khyber Pakhtunkhwa (21.78%) and Balochistan (6.93%). The highest CPR has been observed in the Federal district Islamabad (41.36%).

1. INTRODUCTION

At present, Pakistan is the 6th most populous country in the world with estimated projected population of 191.71 million and Growth Rate of 1.92 percent. The population growth is one of the key factor that has a strong effect on economic development of a country. High population growth not only puts a country's economic resources under stress, but also increase dependency ratio of young people and thereby constrain the productivity growth in the economy.

Pakistan population is projected to increase to over 227 million by 2025. It is well established fact that, other than oil rich economies, no country can prosper without a radical reduction in its population growth rate. As such, the need for lowering the growth rate of population is more urgent than ever. Another positive impact of the declining fertility rates during this period will create a demographic dividend, in which the dependency rate (the ratio of working to non-working people, i.e. adults versus children and old people) will fall. This can create an opportunity for the country to boost its productive capacity because of the increase in the supply of human resources. This demographic dividend as a window of opportunity will be available till 2045 beyond which aging trend will set in. Thus, reduction in population growth through accelerated family planning efforts, is the need of the hour.

Though, reduction in population growth is one of the top priorities of the government of Pakistan to maintain balance between country's resources and population. However, according to the Economic Survey of Pakistan, 2014-15, Pakistan is still lagging behind other neighboring countries in all Family Planning indicators (TFR, CPR, PGR & MMR etc.) except Afghanistan. In this context, Family Planning Programs can contribute significantly as there is negative correlation between the Total Fertility Rate (TFR) and the Contraceptive Prevalence Rate (CPR). The decline in the TFR could be more substantial if there is greater use of contraceptives in the country. Use of contraceptives can be increased through female literacy, role of women in decision making, awareness through media and easy access to contraceptive techniques and tools. Keeping in view the key role of contraceptives in the reduction of TFR, this report is an effort to have an up-to-date data on the contraceptives provided in the market by the government and private stakeholders under the population welfare program.

1.1 History of Family Planning Program- in Pakistan

Recognizing the consequences of high Population Growth Rate (PGR) on the economic and social development programs, family planning activities were started in Pakistan on limited scale in the First Five Year National Development Plan (1955-1960) through voluntary organizations. In the Second Five –Year Plan (1960-65), however, family planning services were dispensed through the health infrastructure. In the 1960s, Pakistan was at the vanguard of

family planning, becoming one of the first countries in the world, to develop a national Population Policy. Again, Family Planning gained priority in the Third Five year Plan (1965-1970), when an independent setup was established for managing and executing the Population Welfare Program. Institutional arrangements for the program attained the status of an independent ministry on 12th June, 1990. Pakistan's first Family Planning Scheme was a part of the country's Third Five Year Plan (1965–1970). This scheme became the template for all subsequent family planning strategies. The scheme's goal was to have a vast impact in the shortest time possible, with a reduction of the birth rate from 50 to 40 per 1000 by 1970. The program witnessed a positive change and received sustained political support from 1988 to 2002 and, as a signatory to the Program of Action developed at the International Conference on Population and Development at Cairo in 1994, Pakistan pledged to provide universal access to family planning by 2010. There was consistency and continuity in the operations during these years, however that initial wave of progress has stalled. Today only one-fourth of married or in-union Pakistani women use modern contraceptive.

Though Pakistan was one of the first Asian countries to begin a family planning program with some help from international donors, fertility has declined slower than in neighbouring countries. Historical & political strife and cultural restrictions on women constraining their empowerment have hampered implementation of family planning strategies throughout the country. Besides this, most women say that they do not want any more children or would like to wait a period of time before their next pregnancy, don't have access to the contraceptive resources. So unmet need of contraceptives is also a big obstacle in the effective implementation of family planning program.

In this scenario, the 2012 London Summit on family planning was a transformational moment that inspired the current FP2020 movement, in which leaders from around the world committed to expanding contraceptive access to an additional 120 million women and girls in the world's 69 poorest countries by the year 2020. At 2012 London Summit on family Planning, Pakistan committed to increasing the contraceptive prevalence rate to 55% by 2020. The obstacles to success are many as also pointed out earlier including political upheaval, social constraints, women's low status and limited autonomy, yet positive steps are being taken on the national & regional levels, under the auspices of FP2020 movement.

1.2 Review of Organizational Pursuits of Population Welfare Program

In pursuance to 18th Constitutional Amendment Act 2010, the functions of Collection, Maintenance and Analysis of Population Statistics, handled earlier by the Ministry of Population Welfare (MoPW) have been relocated to Statistics Division (Pakistan Bureau of Statistics). To implement the decision of the Government of Pakistan, the Statistics Division

has established a new section in PBS entitled “Population Welfare Statistics Section (PWSS)” with the following objectives:

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

1.3 Methodology

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

The data is entered on monthly basis and consolidated after three months, to compile the quarterly performance report. At the end of financial year, the performance of all four quarters is combined together to compile the annual report. In the current annual report, the percentage change in the contraceptive performance for the financial year 2014-15 using Couple Years of Protection (CYP) has been compared with the last year (2013-14). Contraceptive Prevalence Rate (CPR) on the basis of Modern Methods is also estimated to gauge the birth control process in the country. Methodology involved in the calculation of Couple Years of Protection (CYP) and Contraceptive Prevalence Rate (CPR) is detailed in the proceeding text. It is worthy to mention here that efforts are under way to collect the data relating to Family Planning services rendered by Department of Health including the contribution of Lady Health Workers that includes holding meeting with the concerned stakeholders in collaboration with Population Council and the development of software / application for on-line data supply from the stakeholders, as decided in the meetings of technical committee, held during the last year.

1.3.1 Couple Years of Protection (CYP)

The term Couple Years of Protection (CYP) is one of several commonly used indicators to assess internationally the family planning efforts. It is the protection provided by

contraceptive methods during one-year period, based upon the volume of all contraceptives sold or distributed to clients during that period. It is also an indirect estimate of birth control.

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

1.3.2 Contraceptive Prevalence Rate (CPR)

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

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

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

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

1.4 Service Delivery Units

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

1.4.1 Family Welfare Centre (FWC)

The FWC is the cornerstone of Pakistan's Population Welfare Programme. These centers constitute the most extensive institutional network in the country for promoting and delivering

family planning services in both urban and rural areas. As a static facility, it serves a population of about 7000; while operating through its satellites clinics and outreach facility, a FWC covers a population of about 12000.

1.4.2 Reproductive Health Services Centers

The Reproductive Health Service Centers are the major clinical component of the Pakistan's Population Welfare Programme. They provide services through RHS-A Centers and RHS-B Centers. The RHS-A centers are hospital-based service delivery units. They provide contraceptive surgery facilities for women and men with safe and effective backup medical support. Well-established hospitals and clinics with fully-equipped operating facilities (operation theatre facilities, beds for admission, post-operative care, sterilization and emergency resuscitation equipment, etc.) and trained work force.

1.4.3 Mobile Service Units (MSUs)

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

1.4.4 Regional Training Institutes (RTIs)

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

1.4.5 NGO Sector

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

- i. **Rahnuma Family Planning Association of Pakistan (FPAP):** At present Rahnuma FPAP is located in five Regional Offices (Sind, KPK, Islamabad/AJK/Gilgit-Baltistan, Punjab and Baluchistan) and Fourteen Program Management Offices (PMOs) having extensive service delivery network.

- ii. **Marie Stopes Society of Pakistan (MSS):** MSS is providing family planning services through its Behtar Zindagi Centres (BZCs), *Suraj* Social Franchise (SF) Centres, Maternal and Child Health (MCH) Centres, Field-based Health Educators (FHEs), Reproductive Health Private Providers (RHPPs) and Outreach Services/Sites.
- iii. **Greenstar Social Marketing of Pakistan (GSM):** Greenstar is also one of the eminent private sector provider of reproductive health services. 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.

1.5 Data Sources

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

- Provincial Population Welfare Departments (PPWDs);
- Population Welfare Departments AJK, GB and FATA;
- The District Population Welfare Office, (ICT), Islamabad
- Rahnuma Family Planning Association of Pakistan (FPAP) ;
- Marie Stopes Society of Pakistan (MSS);
- Greenstar Social Marketing (GSM);
- Regional Training Institutes (RTIs) and

1.6 Flow of Data/Performance Reports

The District Population Welfare Office is the main operational tier of Population Welfare Program. It is responsible for actual implementation of population welfare activities in the field. For the purpose, it collects Contraceptive Performance Reports of all the reporting units (FWCs, RHS-A, MSUs etc.). After consolidating these reports, are transmitted to the provincial Population Welfare Department. The provincial Population Welfare Departments forwarded these reports to Pakistan Bureau of Statistics. Apart from the provincial departments, FATA, AJK, GB and few prominent NGOs i.e. Rahnuma (FPAP); Marie Stopes and Greenstar (GSM) also provide Contraceptive Performance data to PBS, that are being utilized for the preparation of contraceptive performance reports.

1.7 Objectives:

Main objectives of the Contraceptive Performance Report are as following:

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

2 RESULTS AND DISCUSSION

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

The province/sector-wise comparison of contraceptive performance during the year 2014-15 in terms of Couple Year of Protection (CYP) has been made with the previous year 2013-14 in **Table-1** annexed with the report.

At national level, a decrease of 7.2% has been observed for all program and non-program outlets during the year (2014-15) compared with 2013 -14.

At provincial level, contraceptive performance of the year 2014-15 compared with the previous year, a decrease has been witnessed in all provinces i.e. Punjab (13.4%), Sindh (2.2%), Khyber Pakhtunkhwa (10.2%) and Balochistan (1.3%). Significant decrease in progress of Punjab for 2014-15 over 2013-14 is due to shortage of technical staff i.e. Family Welfare Councilors/Workers and Women Medical Officers, coupled with some other factors like engagement of staff in refresher training; low clientage due to severe weather conditions & heavy rains; shifting of Family Welfare Centers to Health Outlets and insufficient contraceptive availability in some districts. Significant decrease in progress of Khyber Pakhtunkhwa for 2014-15 over 2013-14 is due to completion of project life and resulted in termination of 550 FWCs project employees along-with deregistration of 480 Male Mobilizers by June, 2014.

As far as the district Islamabad and Gilgit-Baltistan are concerned, the contraceptive performance for the year 2014-15 compared with year 2013-14 has depicted a decrease of 0.1% and 19.4% respectively. Significant decrease in progress of GB during 2014-15 over 2013-14 is due to shortage of contraceptive (Norigest), poor performance (low sale of contraceptives) of Male Mobilizers and declined progress of MSU component. During October-December 2013, a total 51 MSU camps were arranged whereas during Oct- Dec, 2014 only 13 MSU camps were held. While the performance of AJK and FATA has been increased by 43.7% and 2.9% respectively, for 2014-15 compared with year 2013-14. Significant increase in progress of AJK for 2014-15 over 2013-14 is due to availability of medicines and increased frequency of mobile camping.

For NGO sector, an increase has been observed in the performance of Rahnuma Family Planning Association of Pakistan (FPAP) (15.8%) and in Marie Stopes Society of Pakistan (MSS) (33.9%) in the year 2014-15 compared to year 2013-14. Significant increase in the performance of Rahnuma FPAP during 2014-15 over 2013-14 is due to skill-based training & refreshers of more than 100 service providers on comprehensive package of modern contraceptive methods with focus on long term permanent methods. Surgical intervention

specially tub-ligation and non scalpel vasectomy were strengthened; staff was trained for extending these intervention through static & mobile camps and provision family planning services through mobile service units especially in humanitarian settings. Significant increase in the progress of Marie Stopes Society (MSS) for 2014-15 over 2013-14 is due to rapid increased number of Social Franchise Units along-with Field Health Educators; community based Private Providers (PK Providers) and mobile outreach camps. However, the performance of Greenstar Social Marketing (GSM) of contraceptive has decreased by 30.5%. Significant decrease in progress of Greenstar (GSM) for 2014-15 over 2013-14 is due to restructuring of its network, IPC activities remain stagnant during the period, halted community-level demand generation activities; less emphasis on VSC (Volunteer Surgery Contraceptive) services; increase in prices of injectables coupled with adverse variance in commercial sales due to distributor bottleneck in supplying to the smaller and remote provider's clinic & pharmacies, in that time period.

2.2 Method-wise Comparison of Contraceptive Performance

In absolute terms, the contraceptive performance of program and non-program service outlets have reported a sale of 180.296 million units of Condoms, 6.297 million cycles of Oral Pills, 1.512 million insertions of Internal Uterine Devices (IUDs) and 2.704 million vials of Injectables. In addition to this, a total 106,200 Contraceptive Surgery (CS) cases and 31,512 Norplant cases have been performed during the financial year 2014-15.

At national level, method-wise comparison during 2014-15 over 2013-14 has shown an increase in new method Norplant (227.5%) whereas a decrease in Condoms (6.7%), Oral Pills (7.3%), IUDs (9.3%), Injectables (4.8%) and Contraceptive Surgery cases (5.4%) has been observed. The details are shown in **Table-2** at the end of report.

At provincial level, method-wise contraceptives performance in terms of CYP, for the year 2014-15 is highlighted in **Table-3** and related description is given in the proceeding paragraphs.

In case of condoms, method-wise performance of year 2014-15 compared with the last year (2013-14), has reflected an increase in Sindh (1.2%), Baluchistan (3.4%) AJK (63.6%), Gilgit-Baltistan (9.4%), Rahnuma FPAP (15.0%), Marie Stopes (55.7%). However, a decrease in Punjab (1.9%), Khyber Pakhtunkhwa (31.2%), Islamabad (1.9%), FATA (2.6%) and GSM (7.7%) has been noticed.

For Oral Pills, an increase has been witnessed in Balochistan (4.5%), Islamabad (0.5%), AJK (100.5%), FATA (13.1%), Gilgit-Baltistan (8.7%), Rahnuma FPAP (23.9%) and Marie Stopes Society (48.2%), while decrease has been shown in Punjab (2.1%), Sindh (4.8%), Khyber Pakhtunkhwa (27.6%), and GSM (11.2%).

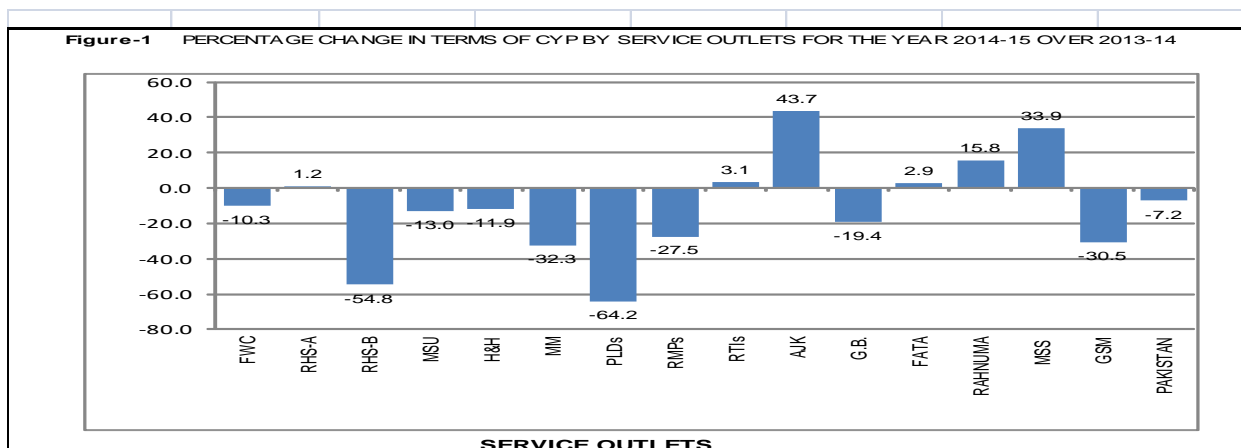
For IUDs, an increase has been observed in Islamabad (0.2%), AJK (53.2%), FATA (1.3%), Rahnuma FPAP (19.7%) and Marie Stopes Society (30.1%), while a decrease has been depicted in Punjab (19.7%), Sindh (27.3%), Khyber Pakhtunkhwa (6.9%), Balochistan (8.1%), , Gilgit-Baltistan (29.4%) and GSM (50.2%).

In case of Injectables, an increase has been observed in Balochistan (7.5%), Islamabad (12.3%), AJK (40.6%), FATA (7.5%) and Marie Stopes Society (44.6%) whereas a decrease has been observed in Punjab (4.6%), Sindh (2.3%), Khyber Pakhtunkhwa (0.7%), Gilgit-Baltistan (13.3%), Rahnuma FPAP (7.4%) and GSM (15.4%).

If we look into the figure of Contraceptives Surgery cases, an increase has been recorded in Sindh (20.1%), Balochistan (12.8%) and Rahnuma FPAP (5.6%) whereas a decrease has been observed in Punjab (9.4%), KPK (10.6%), Islamabad (8.1%), AJK (1.9%) and GSM (62.4%). A new modern contraceptive method Norplant has been included in this report. During the year 2014-15, 6144 cases of Norplant in Punjab, 10,380 cases of Norplant in Sindh, 335 cases of Norplant in Khyber Pakhtunkhwa, 238 cases of Norplant in Islamabad, 1648 cases of Norplant in Rahnuma FPAP and 12776 cases of Norplant in MSS were performed.

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

The contribution of services outlets in terms of CYP during the year 2014-15 compared with year 2013-14, has shown an increase of 1.2% in Reproductive Health Services-A(RHS-A) Centers, 3.1% in Regional Training Institutes (RTIs), 43.7% in AJK, 2.9% in FATA, 15.8% in Rahnuma FPAP and 33.9% in Marie Stopes Society of Pakistan. The performance has decreased 10.3% in Family Welfare Centers (FWCs), 54.8% in RHS-B, 13.0% in Mobile Service Units (MSUs), 11.9% in Hakeems and Homeopaths (H&H), 32.3% in Male Mobilizers (MM), 64.2% in Provincial Line Departments (PLDs), 27.5% in Registered Medical Practitioners (RMPs), 19.4% in Gilgit-Baltistan and 30.5% in Greenstar Social Marketing (GSM). The details are given in **Table-4** and graphical presentation is in **Fig.1**.



2.4 Comparative Outlet-wise Contraceptive Performance of Delivery Services

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

2.4.1 Family Welfare Centers (FWCs)

The performance of FWCs in terms of CYP has decreased by 10.3%, at the national level during the year 2014-15, compared with the last year (2013-14). At the provincial level, decrease has been observed in all provinces i.e. Punjab (11.6%), Sindh (12.9%), Khyber Pakhtunkhwa (7.1%), Balochistan (8.7%), whereas in Islamabad decrease is (0.6%). For Method wise comparison, at national level, FWCs have shown an increase of 0.5% in Condoms and 0.4% in Injectables while decrease has been witnessed in Oral Pills (0.5%) and IUDs (13.4%).

2.4.2 Reproductive Health Services Centers (RHS-A)

The performance of RHS-A centers, at national level, during the year 2014-15 compared with the last year (2013-14) in terms of CYP has increased by 1.2%. At provincial level, an increase has been observed in Sindh (14%), Khyber Pakhtunkhwa (3.6%) and Balochistan (10.1%), whereas decrease has been noted in Punjab (4.3%) and Islamabad (2.4%). Regarding Method-wise comparison, the performance of RHS-A centers, at national level, has shown an increase in Condoms (5.1%), Oral Pills (3.9%), Injectables (3.5%), Contraceptive Surgery (1.0%) and Norplant (75.5%) whereas a decrease is witnessed in IUDs by 11.2%,.

2.4.3 Reproductive Health Services Centers (RHS-B)

The performance of RHS-B centers for the year 2014-15 compared with the last year, in terms of CYP has decreased by 54.8%, at national level. At provincial level, decrease has been observed in all provinces i.e. Punjab (60.4%), Sindh (100%), Khyber Pakhtunkhwa (29.6%), and Balochistan (1.5%), whereas Islamabad has been reported increase of 11.5%. However for Method wise comparison, the performance of RHS-B centers has shown a decrease in Condoms (65.7%), Oral Pills (50.1%), IUDs (94.0%), Injectables (87.7%) and Contraceptive Surgery cases (36.4%), at the national level.

2.4.4 Mobile Service Units (MSUs)

The performance of MSUs for the year 2014-15 compared with the year 2013-14, in terms of CYP, has decreased by 13.0%, at national level. At provincial level, increase has been witnessed in Balochistan (12.6%) whereas decrease has been observed in Sindh (29.0%), Khyber Pakhtunkhwa (5.5%) and Islamabad (32.7%), however performance of MSUs of Punjab has not been received. For Method wise comparison, the Performance of MSUs has shown a decrease in Condoms (3.9%), Oral Pills (0.7%), IUDs (15.6%) and Injectables (15.1%), at national level.

2.4.5 Provincial Line Departments (PLDs)

The performance of PLDs for 2014-15 compared with the last year (2013-14), in terms of CYP, has decreased by 64.2%, at national level. At Provincial level, an increase has been observed in Khyber Pakhtunkhwa (20.2%) and Islamabad (20.8%); whereas decrease has been witnessed in Punjab (80.9%) and Balochistan (14.8%). Performance of PLDs of Sindh has not been received. From Method-wise analysis, it has been computed that the performance has decreased in Condoms (18.2%), Oral Pills (78.0%), IUDs (65.8%) and Injectables (47.2%), at national level.

2.4.6 Registered Medical Practitioners (RMPs)

While comparing the performance of RMPs for the current year with the last year (2013-14), in terms of CYP, a decrease of 27.5% has been observed, at national level. At provincial level, an increase has been noticed in Balochistan (4.8%), whereas decline has been reported in Punjab (48.1%), Sindh (42.5%), Khyber Pakhtunkhwa (13.8%) and in Islamabad (1.1%). The method-wise performance of RMPs has shown a decrease in Condoms (16.7%), Oral Pills (8.2%), IUD (31.7%) and Injectables (22.4%), at national level.

2.4.7 Hakeems and Homoeopaths (H&H)

In terms of CYP, a decrease of 11.9% has been observed in the performance of H&H during the year 2014-15 compared with the year 2013-14, at national level. At provincial level, increase is observed in Balochistan (7.3%) whereas decrease has been witnessed in Punjab (8.9%), Sindh (30.7%) and Khyber Pakhtunkhwa (0.1%). The method-wise performance of H&H for the year 2014-15 has shown a decrease in Condoms by 13.2% and in Oral Pills by 9.0%, at national level.

2.4.8 Male Mobilizer (MM)

In terms of CYP, a decrease has been observed in the performance of Male Mobilizer by 32.3%, at national level. At provincial level, decrease has been witnessed in Punjab (13.3%), Sindh (5.7%), Khyber Pakhtunkhwa (99.1%). The method-wise performance of MM has shown a decrease in Condoms by 26.7% and in Oral Pills by 38.3%, at national level.

2.4.9 Azad Jammu & Kashmir (AJK)

The contraceptive performance during 2014-15 for AJK has increased in terms of CYP by 43.7% over the previous year. While the method-wise performance, an increase has been reported in Condoms (63.6%), Oral Pills (100.5%), IUDs (53.2%) and Injectables (40.6%) whereas decrease has been reported in Contraceptive Surgery cases (1.9%).

2.4.10 Federally Administrative Tribal Area (FATA)

For FATA, the overall contraceptive performance for 2014-15 has shown an increase of 2.9%, in terms of CYP, compared with the last year (2013-14). The comparison of the

method-wise performance has depicted an increase in Oral Pills (13.1%) IUDs (1.3%) and Injectables (7.5%) whereas decrease has been noted in Condoms (2.6 %).

2.4.11 Gilgit – Baltistan (GB)

The contraceptive performance of GB for the year 2014-15 has reported a decrease of 19.4% in terms of CYP. The method-wise analysis, increase has been observed for Condoms (9.4%) and Oral Pills (8.7%) whereas decrease is noticed in IUDs (29.4%) and Injectables (13.3%).

2.4.12 Rahnuma Family Planning Association of Pakistan (FPAP)

For Rahnuma (FPAP), the overall contraceptive performance for 2014-15 has shown an increase by 15.8%, in terms of CYP, compared with the last year (2013-14). The comparison of the method-wise performance has revealed an increase in Condoms (15.0 %), Oral Pills (23.9%), IUDs (19.7%) and Contraceptive Surgery cases (5.6%) whereas decrease has been noted in Injectables (7.4%).

2.4.13 Marie Stopes Society of Pakistan (MSS)

For MSS, the overall contraceptive performance for 2014-15 has shown an increase by 33.9%, in terms of CYP, compared with the last year (2013-14). The comparison of the method-wise performance has witnessed an increase in Condoms (55.7 %), Oral Pills (48.2%), IUDs (30.1%) and Injectables (44.6%).

2.4.14 Greenstar Social Marketing (GSM)

For GSM, the overall contraceptive performance for 2014-15 has noted a decrease of 30.5%, in terms of CYP, compared with the last year (2013-14). The comparison of the method-wise performance has shown a decrease in Condoms (7.7 %), Oral Pills (11.2%), IUDs (50.2%), Injectables (15.4%) and Contraceptive Surgery cases (62.4%).

2.5 Method and Outlet-wise Average Performance

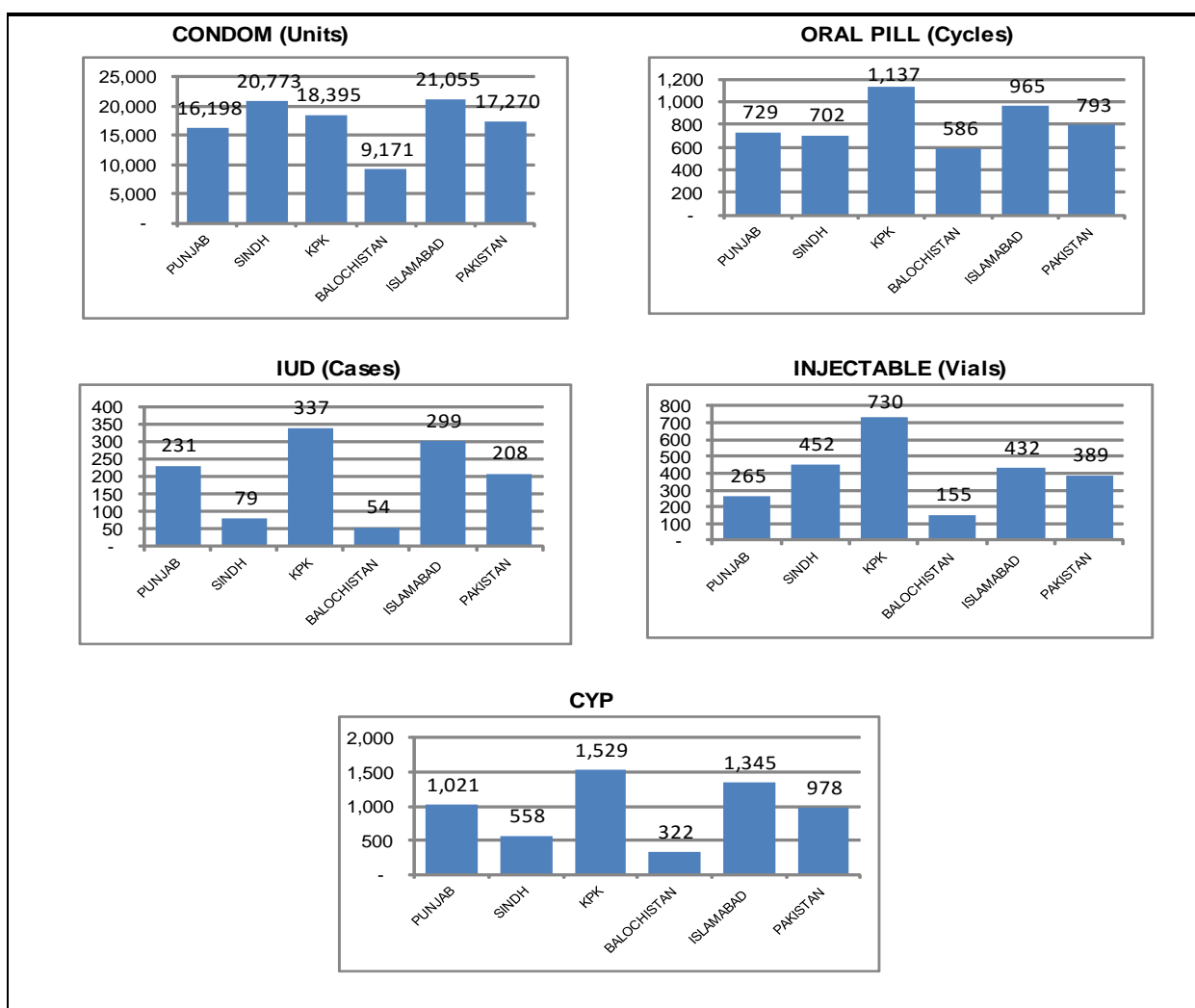
Method and Outlet-wise Average performance for the Federal and Provincial setup during the financial year 2014-15 is given in **Table-6**. The details are as follows:

2.5.1 Average performance of FWC by method

Among provinces, the highest average performance of FWC has been reported by Sindh for Condoms i.e. 20,773 units, followed by 18,395 units in Khyber Pakhtunkhwa, 16,198 units in Punjab and 9171 units in Balochistan were sold per FWC whereas 21,055 units per FWC have been reported in Islamabad. The maximum numbers of 1137 cycles of Oral Pills were dispensed by Khyber Pakhtunkhwa and the lowest 586 cycles were reported by FWCs of

Balochistan. The highest insertions of IUDs i.e. 337 have been reported by FWCs of Khyber Pakhtunkhwa and the lowest figure (54) is reported by FWCs of Balochistan, whereas 299 insertions have been witnessed in Islamabad. When we look into the figure for injectables, it is noticed that the maximum number has been reported by Khyber Pakhtunkhwa as 730 vials while the minimum number i.e. 155 has been observed in Balochistan. When these contraceptive performances are translated into CYP, it is observed that on average, the highest number of CYP i.e. 1529 has been reported in Khyber Pakhtunkhwa while the lowest 322 for Balochistan, whereas 1345 has been calculated for Islamabad. The graphical presentation of each contraceptive method dispensed per FWC is presented in **Fig-2**:

Figure-2 Average Achievement Per FWC by Method for the year 2014-15

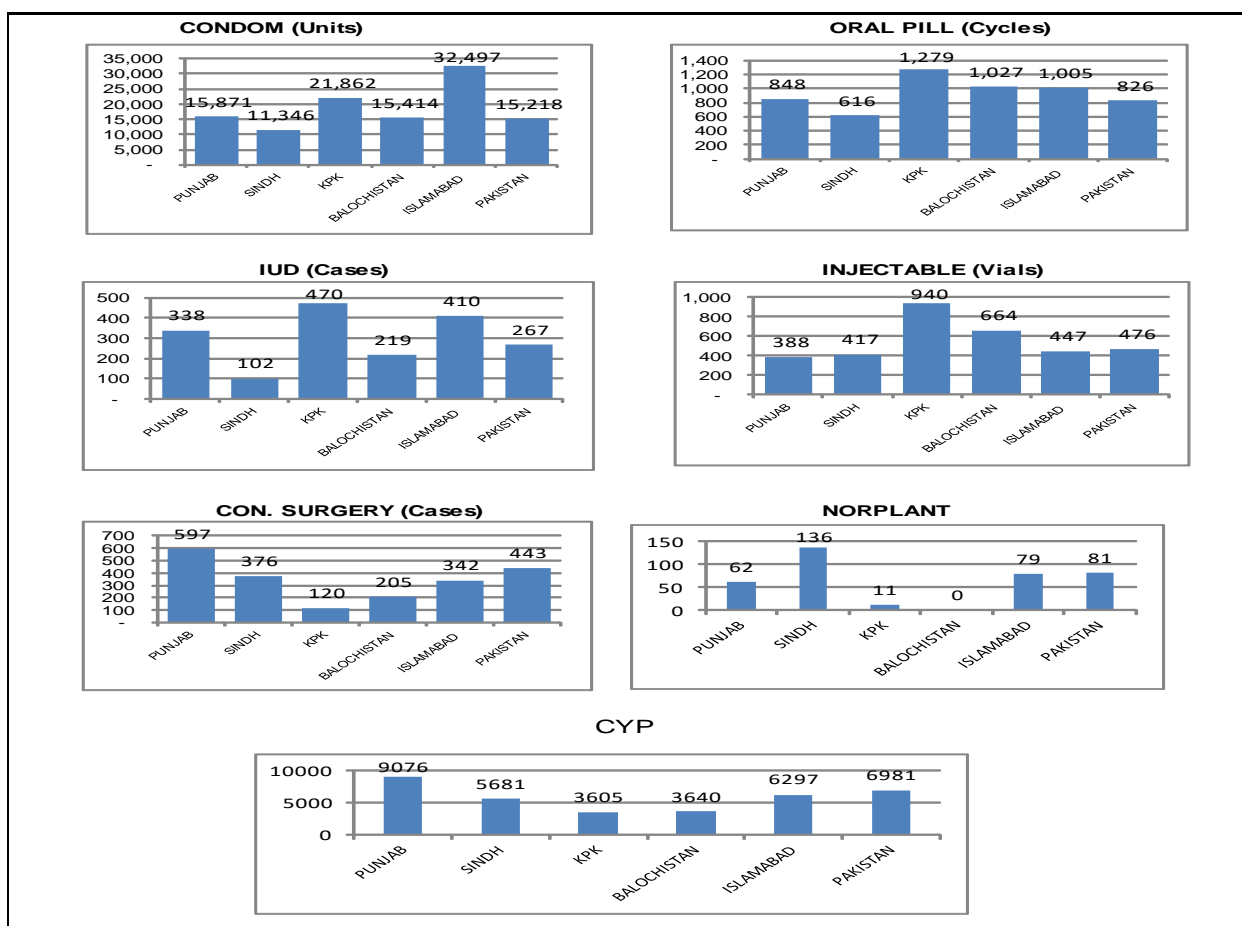


2.5.2 Average performance of RHS-A by method

The highest average achievement for Condoms per RHS-A is 21,862 units which have been sold in Khyber Pakhtunkhwa, followed by 15,871 units in Punjab, 15,414 units in

Balochistan and 11,346 units in Sindh, whereas 32,497 units have been sold in Islamabad. The Reproductive Health Services-A Centres of Islamabad were able to dispense 1,005 cycles of Oral Pills. Among provinces, highest dispensation of Oral Pills i.e. 1,279 cycles for RHS-A of Khyber Pakhtunkhwa compared with the lowest 616 cycles of Oral Pills by RHS-A of Sindh. The highest insertions of 470 IUDs were reported by RHS-A of Khyber Pakhtunkhwa compared with the lowest 102 insertions carried out by RHS-A in Sindh. The highest Injectables i.e. 940 vials were observed by Khyber Pakhtunkhwa compared with the lowest 388 vials reported by RHS-A of Punjab whereas Islamabad reached to 447 vials. The highest average Contraceptive Surgery cases were performed by Punjab i.e. 597 and the lowest (120) in Khyber Pakhtunkhwa whereas RHS-A of Islamabad carried out 342 cases of contraceptive surgery. The highest average Norplant cases were performed by Sindh i.e. 137 and the lowest (11) in Khyber Pakhtunkhwa whereas RHS-A of Islamabad carried out 79 cases of Norplant. When the data of contraceptives performance is translated into CYP, it is observed that on the average, the highest numbers of CYP for Punjab (9,076), while the lowest (3,605) have been calculated for Khyber Pakhtunkhwa. The graphical presentation of each contraceptive method recorded per RHS-A is presented below:

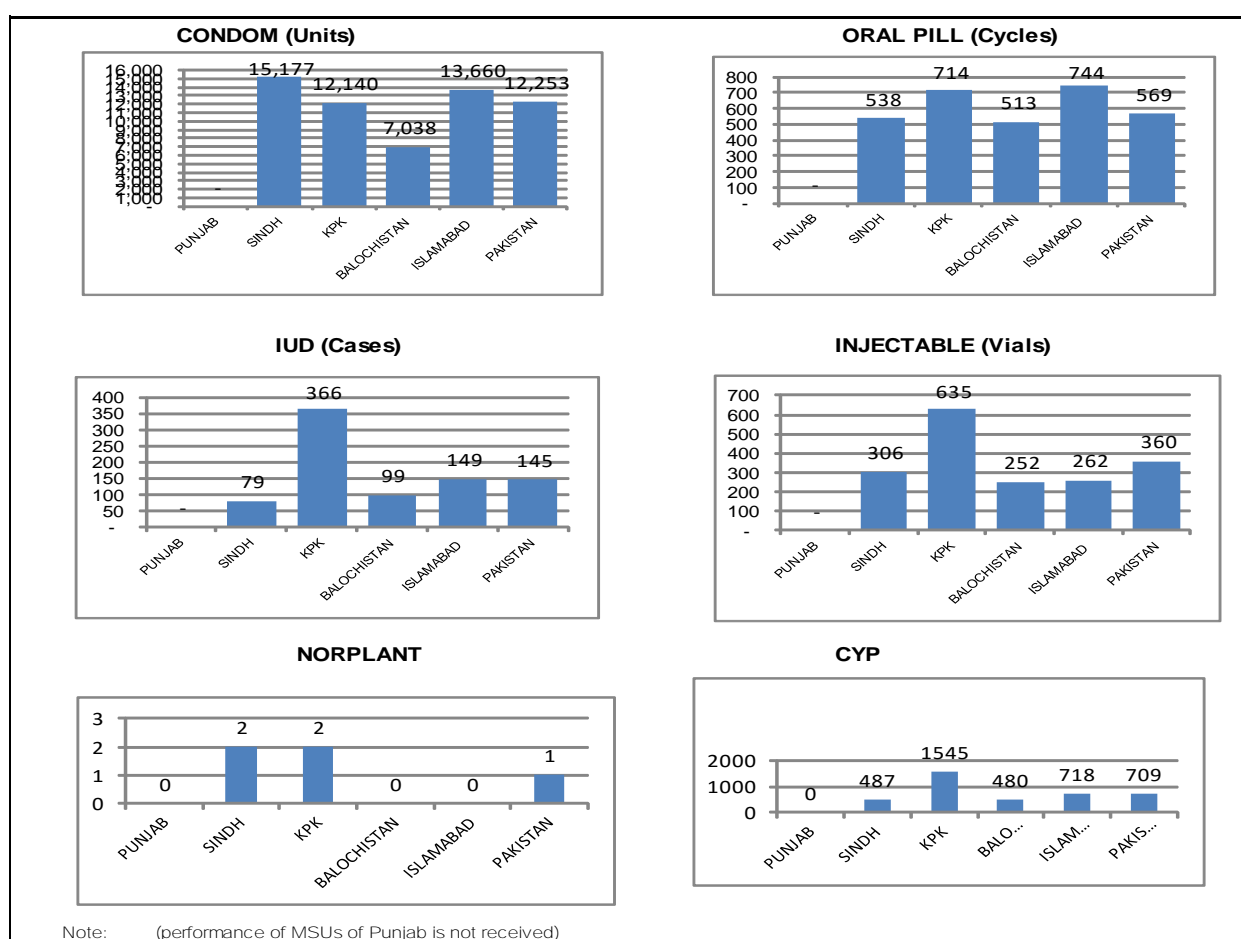
Figure-3 Average Achievement Per RHS-A by Method for the year 2014-15



2.5.3 Average performance of MSU by method

The highest average reported performance for Condoms per MSU is 15,177 units sold in Sindh followed by 12,140 units in Khyber Pakhtunkhwa and 7,038 units in Balochistan while 13,660 units in Islamabad. The Mobile Service Units of Khyber Pakhtunkhwa were able to dispense 714 cycles of Oral Pills compared with the lowest 513 cycles in Balochistan whereas in Islamabad 744 cycles were dispensed. The highest reported insertions of IUDs (366) took place in Khyber Pakhtunkhwa compared with the lowest (79) in Sindh, whereas in Islamabad, 149 insertions of IUDs were reported. The highest numbers of Injectables 635 vials reported by Khyber Pakhtunkhwa compared with the lowest 252 vials reported by MSUs of Balochistan, whereas in Islamabad, 262 vials of injectables have been witnessed. The Norplant cases, performed by MSUs, are represented in the figure-4 below. When the contraceptive performance data is translated into CYP, it is observed that on the average, the highest numbers of CYP (1545) were calculated for Khyber Pakhtunkhwa while the lowest (480) are for Balochistan whereas 718 CYP were noted in Islamabad. The graphical presentation of each contraceptive method as reported by MSUs is presented below:

Figure-4 Average Achievement Per MSU by Method for the year 2014-15



2.6 Percentage Distribution of Total CYP by Source

The percentage distribution of total CYP by data source during the year 2014-15 reflected 29.52% in Punjab, 9.51% in Sindh, 10.94% in Khyber Pakhtunkhwa, 1.15% in Balochistan, 1.26% in Islamabad, 0.43% in AJK, 0.39% in FATA, 0.13% in Gilgit – Baltistan, 9.29% in Rahnuma FPAP, 19.26% in Marie Stopes Society and 18.12 % in GSM. The details are given in **Table-7**.

2.7 Percentage Distribution of Total CYP by Service Outlets

The percentage distribution of total CYP by Service outlets, during the financial year 2014-15, is depicted 31.25% in FWCs, 16.34% in RHS-A, 0.82% in RHS-B, 1.13% in MSUs, 0.24% in PLDs, 0.97% in RMPs, 0.10% in H&H and 1.42% in MM. The details are presented in the **Table-8**.

2.8 Percentage Distribution of Total CYP by Methods

The method-wise percentage contribution in terms of total CYP has been calculated for Condom (14.02%), Oral Pills (4.70%), IUDs (59.27%), Injectables (6.06%), Contraceptive Surgery (14.87) and Norplant (1.09%). The details are given in **Table-9**.

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

The data indicates that during the year (2014-15), 2,839,958 clients availed Family Planning Services of various contraceptive methods out of which the Family Welfare Centers provided the services to 280,439 clients for Pre-natal and 190,346 clients for Post-natal Care. Apart from these, Family Welfare Centers had provided treatment to 1,811,597 clients (Children + Adults) for General Ailments. The details are given in **Table-10**.

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

The overall Contraceptive Prevalence Rate, on the basis of modern methods, during the year 2014-15 is 25.54%, under the Population Welfare Program. In the Provincial setup, the CPR in Punjab is 16.65%, Sindh 12.11%, Khyber Pakhtunkhwa 21.78%, Balochistan 6.93% and in Federal district Islamabad is 41.36%. The CPR is calculated from Contraceptive Performance data received from the Provincial Population Welfare Departments (PPWDs); Population Welfare Departments AJK, GB & FATA; The District Population Welfare Office, Islamabad; Rahnuma Family Planning Association of Pakistan (FPAP); Marie Stopes Society of Pakistan (MSS); Greenstar Social Marketing (GSM) and Regional Training Institutes (RTIs). The details are given in **Table-11**. The CPR 25.54% for the year 2014-15 is slipped down from 27.41% in the year 2013-14. The comparative analysis of CPR is given in **Table-12**.

STATISTICAL TABLES

STATISTICAL TABLES

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Table: 1

CONTRACEPTIVE USAGE BY DATA SOURCE 2014-2015 OVER 2013-2014

SOURCE	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE 2014-2015 Vs 2013-2014
	2014-2015	2013-2014	
PUNJAB	2,636,084	3,045,367	-13.4 *
SINDH	848,757	867,989	-2.2
K.P.K	976,494	1,087,861	-10.2 #
BALUCHISTAN	102,441	103,812	-1.3
ISLAMABAD	112,840	112,976	-0.1
AJK	38,064	26,488	43.7 α
FATA	34,948	33,953	2.9
GB	11,686	14,491	-19.4 ∅
RAHNUMA (FPAP)	829,879	716,656	15.8 ∪
MARIE STOPES	1,720,201	1,284,977	33.9 «
GREEN STAR (GSM)	1,617,869	2,327,237	-30.5 θ
Pakistan	8,929,263	9,621,805	-7.2

* Significant decrease in progress of Punjab for 2014-15 over 2013-14 is due to shortage of technical staff i.e. Family Welfare Councilors/Workers and Women Medical Officers, coupled with some other factors like engagement of staff in refresher training; low clientage due to severe weather conditions & heavy rains; shifting of Family Welfare Centres to Health Outlets and insufficient contraceptive availability in some districts.

Significant decrease in progress of Khyber Pakhtunkhwa for 2014-15 over 2013-14 is due to completion of project life and resulted in termination of 550 FWCs project employees along-with deregistration of 480 Male Mobilizers by June, 2014.

α Significant increase in progress of AJK for 2014-15 over 2013-14 is due to availability of medicines and increased frequency of mobile camping.

∅ Significant decrease in progress of GB during 2014-15 over 2013-14 is due to shortage of contraceptive (Norigest) and poor performance (low sale of contraceptives) of Male Mobilizers and declined progress of MSU component. During Oct-Dec, 2013, a total 51 MSU camps were arranged whereas during Oct- Dec, 2014 only 13 MSU camps were held.

∪ Significant increase in the performance of Rahnuma FPAP during 2014-15 over 2013-14 is due to skill-base training & refreshers of more than 100 service providers on comprehensive package of modern contraceptive methods with focus on long term permanent methods. Surgical intervention specially tub-ligation and non scalpel vasectomy were strengthened; staff was trained for extending these intervention through static & mobile camps and provision family planning services through mobile service units especially in humanitarian settings.

« Significant increase in the progress of Marie Stopes Society (MSS) for 2014-15 over 2013-14 is due to rapid increased number of Social Franchise Units along-with Field Health Educators; community based Private Providers (PK Providers) and mobile outreach camps.

θ Significant decrease in progress of Greenstar (GSM) for 2014-15 over 2013-14 is due to restructuring of its network, IPC activities remain stagnant during the period, halted community-level demand generation activities; less emphasis on VSC (Volunteer Surgery Contraceptive) services; increase in prices of injectables coupled with adverse variance in commercial sales due to distributor bottleneck in supplying to the smaller and remote provider's clinic & pharmacies, in that time period.

Table: 2

CONTRACEPTIVE USAGE BY METHOD DURING 2014-2015 OVER 2013-2014

METHOD		OVERALL PERFORMANCE		%AGE CHANGE 2014-2015 Vs 2013-2014
		2014-2015	2013-2014	
CONDOMS CYP	(Units)	180,295,680 1,252,053	193,200,014 1,341,667	-6.7
ORAL PILL CYP	(Cycles)	6,297,269 419,818	6,791,654 452,777	-7.3
IUD CYP	(Insertion)	1,512,009 5,292,032	1,666,406 5,832,421	-9.3
INJECTABLE CYP	(Vials)	2,703,559 540,712	2,840,378 568,076	-4.8
CS CYP	(Cases)	106,200 1,327,500	112,224 1,402,800	-5.4
NORPLANT CYP	(Pieces)	31,521 97,148	9,626 24,065	227.5
TOTAL		8,929,263	9,621,805	-7.2

Table: 3

COMPARATIVE ANALYSIS OF CONTRACEPTIVE USAGE BY SOURCE & METHOD 2014-2015 OVER 2013-2014

SOURCE	CONDOM (Units)			ORAL PILL (Cycles)			IUD (Insertions)			INJECTABLES (Vials)			CON SURGERY (Cases)			NORPLANT (Cases)			COUPLE YEARS OF PROTECTION		
	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%
	Change			Change			Change			Change			Change			Change			Change		
PUNJAB	38,922,641	39,666,899	-1.9	1,579,611	1,614,040	-2.1	388,026	483,432	-19.7	448,904	470,440	-4.6	63,497	70,096	-9.4	6,144	0	0.0	2,636,084	3,045,367	-13.4
SINDH	18,575,756	18,352,287	1.2	634,547	666,378	-4.8	64,130	88,218	-27.3	341,807	349,945	-2.3	28,181	23,464	20.1	10,380	9,626	7.8	848,757	867,989	-2.2
K.P.K	11,233,923	16,327,971	-31.2	688,384	950,509	-27.6	204,110	219,294	-6.9	438,920	442,067	-0.7	3,946	4,413	-10.6	335	0	0.0	976,494	1,087,861	-10.2
BALUCHISTAN	2,171,458	2,101,037	3.4	132,583	126,875	4.5	15,263	16,611	-8.1	42,261	39,309	7.5	1,332	1,181	12.8	0	0	0.0	102,441	103,812	-1.3
ISLAMABAD	1,087,254	1,108,236	-1.9	42,165	41,961	0.5	22,909	22,865	0.2	29,159	25,961	12.3	1,269	1,381	-8.1	238	0	0.0	112,840	112,976	-0.1
AJK	433,600	265,048	63.6	35,310	17,607	100.5	6,758	4,412	53.2	19,291	13,718	40.6	415	423	-1.9	0	0	0.0	38,064	26,488	43.7
FATA	436,621	448,499	-2.6	55,691	49,224	13.1	6,599	6,516	1.3	25,534	23,752	7.5	0	0	0.0	0	0	0.0	34,948	33,953	2.9
GB	131,042	119,786	9.4	20,444	18,804	8.7	1,685	2,385	-29.4	17,580	20,288	-13.3	0	0	0.0	0	0	0.0	11,686	14,491	-19.4
RAHNUMA (FPAP)	1,268,712	1,102,805	15.0	178,924	144,423	23.9	187,176	156,351	19.7	421,950	455,456	-7.4	5,158	4,884	5.6	1,648	0	0.0	829,879	716,656	15.8
MARIE STOPES	2,666,108	1,712,545	55.7	305,683	206,290	48.2	459,278	352,928	30.1	174,073	120,418	44.6	0	0	0.0	12,776	0	0.0	1,720,201	1,284,977	33.9
GREENSTAR (GSM)	103,368,565	111,994,901	-7.7	2,623,927	2,955,543	-11.2	156,075	313,394	-50.2	744,080	879,024	-15.4	2,402	6,382	-62.4	0	0	0.0	1,617,869	2,327,237	-30.5
Pakistan	180,295,680	193,200,014	-6.7	6,297,269	6,791,654	-7.3	1,512,009	1,666,406	-9.3	2,703,559	2,840,378	-4.8	106,200	112,224	-5.4	31,521	9,626	227.46	8,929,263	9,621,805	-7.2

Table: 4

OUTLET-WISE USAGE OF CONTRACEPTIVE 2014-2015 OVER 2013-2014

OUTLETS	COUPLE YEARS OF PROTECTION (CYP)		%AGE CHANGE IN
	2014-2015	2013-2014	
			2014-15 over 2013-14
FWC	2,790,781	3,111,305	-10.3
RHS-A	1,459,126	1,442,113	1.2
RHS-B	73,520	162,774	-54.8
MSU	101,334	116,541	-13.0
HAKEEM & HOMEOPATH	8,900	10,104	-11.9
MALE MOBILIZER	127,047	187,665	-32.3
PLDs	21,824	60,891	-64.2
RMPs	86,355	119,118	-27.5
RTIs	7,728	7,494	3.1
AJK	38,064	26,488	43.7
GB	11,686	14,491	-19.4
FATA	34,948	33,953	2.9
RAHNUMA (FPAP)	829,879	716,656	15.8
MARIE STOPES	1,720,201	1,284,977	33.9
GREEN STAR (GSM)	1,617,869	2,327,237	-30.5
Pakistan	8,929,263	9,621,805	-7.2

Table: 5

COMPARATIVE ANALYSIS OF CONTRACEPTIVE USAGE BY OUTLET & METHOD 2014-2015 OVER 2013-2014

OUTLETS & METHODS	CONDOM (Units)			ORAL PILL (Cycles)			IUD (Insertions)			INJECTABLES (Vials)			CON SURGERY (Cases)			NORPLANT (Piece)			COUPLE YEARS OF PROTECTION		
	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%	2014-2015	2013-2014	%
	Change			Change			Change			Change			Change			Change			Change		
FWC	49,271,401	49,038,791	0.5	2,263,567	2,275,446	-0.5	593,141	685,203	-13.4	1,108,603	1,104,255	0.4	0	0	0.0	0	0	0.0	2,790,781	3,111,305	-10.3
PUNJAB	24,362,252	23,963,875	1.7	1,096,303	1,050,280	4.4	346,851	405,965	-14.6	399,215	400,436	-0.3	0	0	0.0	0	0	0.0	1,536,091	1,737,399	-11.6
SINDH	13,045,203	12,552,191	3.9	440,622	444,873	-1.0	49,679	65,582	-24.2	283,847	281,564	0.8	0	0	0.0	0	0	0.0	350,612	402,676	-12.9
K.P.K	9,785,934	10,497,284	-6.8	604,955	659,536	-8.3	179,345	194,608	-7.8	388,179	388,431	-0.1	0	0	0.0	0	0	0.0	813,632	875,681	-7.1
BALOCHISTAN	1,467,413	1,426,113	2.9	93,713	93,254	0.5	8,584	10,124	-15.2	24,835	23,851	4.1	0	0	0.0	0	0	0.0	51,449	56,325	-8.7
ISLAMABAD	610,599	599,328	1.9	27,974	27,503	1.7	8,682	8,924	-2.7	12,527	9,973	25.6	0	0	0.0	0	0	0.0	38,998	39,224	-0.6
RHS-A	3,180,556	3,024,955	5.1	172,620	166,161	3.9	55,860	62,895	-11.2	99,416	96,095	3.5	92,626	91,729	1.0	16,894	9,626	75.5	1,459,126	1,442,113	1.2
PUNJAB	1,571,234	1,484,517	5.8	83,995	78,876	6.5	33,475	37,309	-10.3	38,387	37,082	3.5	59,064	62,799	-5.9	6,144	0	0.0	898,547	938,553	-4.3
SINDH	850,934	853,614	-0.3	46,183	45,976	0.5	7,636	11,744	-35.0	31,267	32,009	-2.3	28,181	23,464	20.1	10,234	9,626	6.3	426,108	373,864	14.0
K.P.K	568,416	505,826	12.4	33,265	31,885	4.3	12,208	11,351	7.5	24,436	21,928	11.4	3,122	3,260	-4.2	278	0	0.0	93,741	90,502	3.6
BALOCHISTAN	92,482	80,158	15.4	6,161	6,350	-3.0	1,311	1,371	-4.4	3,985	3,485	14.3	1,232	1,069	15.2	0	0	0.0	21,838	19,838	10.1
ISLAMABAD	97,490	100,840	-3.3	3,016	3,074	-1.9	1,230	1,120	9.8	1,341	1,591	-15.7	1,027	1,137	-9.7	238	0	0.0	18,891	19,356	-2.4
RHS-B	16,144	47,002	-65.7	2,465	4,943	-50.1	867	14,355	-94.0	1,110	9,004	-87.7	5,599	8,806	-36.4	0	0	0.0	73,520	162,774	-54.8
PUNJAB	300	23,306	-98.7	60	2,255	-97.3	0	13,456	-100.0	15	7,081	-99.8	4,433	7,297	-39.2	0	0	0.0	55,422	140,037	-60.4
SINDH	0	4,900	-100.0	0	390	-100.0	0	40	-100.0	0	500	-100.0	0	0	0.0	0	0	0.0	0	300	-100.0
K.P.K	5,443	7,996	-31.9	1,605	1,773	-9.5	277	439	-36.9	346	966	-64.2	824	1,153	-28.5	0	0	0.0	11,483	16,316	-29.6
BALOCHISTAN	1,201	1,500	-19.9	235	165	42.4	80	50	60.0	234	142	64.8	100	112	-10.7	0	0	0.0	1,601	1,625	-1.5
ISLAMABAD	9,200	9,300	-1.1	565	360	56.9	510	370	37.8	515	315	63.5	242	244	-0.8	0	0	0.0	5,015	4,497	11.5
MSU	1,752,117	1,823,492	-3.9	81,397	81,972	-0.7	20,800	24,656	-15.6	51,414	60,584	-15.1	0	0	0.0	203	0	0.0	101,334	116,541	-13.0
PUNJAB	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
SINDH	1,092,757	1,150,037	-5.0	38,711	42,217	-8.3	5,717	9,348	-38.8	22,025	29,386	-25.0	0	0	0.0	146	0	0.0	35,083	49,396	-29.0
K.P.K	364,199	407,752	-10.7	21,426	24,518	-12.6	10,977	11,458	-4.2	19,048	22,328	-14.7	0	0	0.0	57	0	0.0	46,345	49,035	-5.5
BALOCHISTAN	281,501	249,023	13.0	20,516	14,604	40.5	3,957	3,605	9.8	10,079	8,609	17.1	0	0	0.0	0	0	0.0	19,188	17,042	12.6
ISLAMABAD	13,660	16,680	-18.1	744	633	17.5	149	245	-39.2	262	261	0.4	0	0	0.0	0	0	0.0	718	1,068	-32.7
PLD	201,396	246,313	-18.2	14,019	63,718	-78.0	4,989	14,596	-65.8	10,148	19,232	-47.2	0	0	0.0	0	0	0.0	21,824	60,891	-64.2
PUNJAB	101,940	155,550	-34.5	7,450	56,996	-86.9	2,082	11,713	-82.2	4,170	14,116	-70.5	0	0	0.0	0	0	0.0	9,326	48,699	-80.9
SINDH	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
K.P.K	14,349	5,816	146.7	1,056	1,047	0.9	239	209	14.4	100	63	58.7	0	0	0.0	0	0	0.0	1,027	854	20.2
BALOCHISTAN	63,007	61,947	1.7	3,763	4,245	-11.4	1,192	1,461	-18.4	2,343	2,138	9.6	0	0	0.0	0	0	0.0	5,329	6,254	-14.8
ISLAMABAD	22,100	23,000	-3.9	1,750	1,430	22.4	1,476	1,213	21.7	3,535	2,915	21.3	0	0	0.0	0	0	0.0	6,143	5,084	20.8
RMP	2,156,395	2,588,547	-16.7	98,938	107,775	-8.2	16,950	24,834	-31.7	27,298	35,189	-22.4	0	0	0.0	0	0	0.0	86,355	119,118	-27.5
PUNJAB	1,147,773	1,434,727	-20.0	51,784	48,121	7.6	5,007	12,253	-59.1	6,062	10,385	-41.7	0	0	0.0	0	0	0.0	30,158	58,134	-48.1
SINDH	343,957	418,902	-17.9	13,042	21,242	-38.6	129	633	-79.6	3,185	5,105	-37.6	0	0	0.0	0	0	0.0	4,347	7,562	-42.5
K.P.K	299,385	355,273	-15.7	18,834	21,976	-14.3	852	955	-10.8	6,427	7,709	-16.6	0	0	0.0	0	0	0.0	7,602	8,817	-13.8
BALOCHISTAN	259,436	275,427	-5.8	7,237	7,645	-5.3	100	0	0.0	655	1,084	-39.6	0	0	0.0	0	0	0.0	2,765	2,639	4.8
ISLAMABAD	105,844	104,218	1.6	8,041	8,791	-8.5	10,862	10,993	-1.2	10,979	10,906	0.7	0	0	0.0	0	0	0.0	41,484	41,967	-1.1
H&H	936,441	1,078,258	-13.2	35,710	39,237	-9.0	0	0	0.0	82	0	0.0	0	0	0.0	0	0	0.0	8,900	10,104	-11.9
PUNJAB	638,356	718,007	-11.1	23,844	24,342	-2.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	6,023	6,609	-8.9
SINDH	154,653	212,391	-27.2	4,980	8,305	-40.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1,406	2,029	-30.7
K.P.K	138,183	140,991	-2.0	6,008	5,978	0.5	0	0	0.0	82	0	0.0	0	0	0.0	0	0	0.0	1,377	1,378	-0.1
BALOCHISTAN	5,249	6,869	-23.6	878	612	43.5	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	95	89	7.3
MM	14,410,852	19,653,272	-26.7	404,569	656,188	-38.3	0	2,120	-100.0	0	88	-100.0	0	0	0.0	0	0	0.0	127,047	187,665	-32.3
PUNJAB	11,078,114	11,865,502	-6.6	314,877	351,785	-10.5	0	2,043	-100.0	0	0	0.0	0	0	0.0	0	0	0.0	97,923	113,002	-13.3
SINDH	3,054,261	3,132,499	-2.5	88,596	100,735	-12.1	0	74	-100.0	0	88	-100.0	0	0	0.0	0	0	0.0	27,117	28,746	-5.7
K.P.K	50,116	4,400,401	-98.9	1,021	203,498	-99.5	0	3	-100.0	0	0	0.0	0	0	0.0	0	0	0.0	416	44,135	-99.1
BALOCHISTAN	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
ISLAMABAD	228,361	254,870	-10.4	75	170	-55.9	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1,591	1,781	-10.7
Sub Total	108,370,378	115,699,384	-6.3	3,223,984	3,396,214	-5.1	819,402	837,747	-2.2	1,405,488	1,515,931	-7.3	7,975	11,689	-31.8	14,424	0	0.0	4,260,375	4,411,295	-3.4
RTIs	65,730	55,800	17.8	4,005	4,323	-7.4	1,831	1,761	4.0	2,980	3,275	-9.0	0	0	0.0	0	0	0.0	7,728	7,494	3.1
AJK	433,600	265,048	63.6	35,310	17,607	100.5	6,758	4,412	53.2	19,291	13,718	40.6	415	423	-1.9	0	0	0.0	38,064	26,488	43.7
FATA	436,621	448,499	-2.6	55,691	49,224	13.1	6,599	6,516	1.3	25,534	23,752	7.5	0	0	0.0	0	0	0.0	34,948	33,953	2.9
GB	131,042	119,786	9.4	20,444	18,804	8.7	1,685	2,385	-29.4	17,580	20,288	-13.3	0	0	0.0	0	0	0.0	11,686	14,491	-19.4
RAHNUMA)	1,268,712	1,102,805	15.0	178,924	144,423	23.9	187,176	156,351	19.7	421,950	455,456	-7.4	5,158	4,884	5						

Table-6

METHOD AND OUTLET WISE AVERAGE PERFORMANCE DURING 2014-15

OUTLET	NO. OF OUTLETS	CONDOM (Units)		ORAL PILL (Cycles)		IUD (Insertions)		INJECTABLE (Vials)		CON SURGERY (Cases)		NORPLANT (Pieces)		CYP	
		2014-15	Per Outlet	2014-15	Per Outlet	2014-15	Per Outlet	2014-15	Per Outlet	2014-15	Per Outlet	2014-15	Per Outlet	2014-15	Per Outlet
FWCs															
PUNJAB	1504	24,362,252	16,198	1,096,303	729	346,851	231	399,215	265	-	-	-		1,536,091	1,021
SINDH	628	13,045,203	20,773	440,622	702	49,679	79	283,847	452	-	-	-		350,612	558
KHYBER PAKHTUNKHWA	532	9,785,934	18,395	604,955	1,137	179,345	337	388,179	730	-	-	-		813,632	1,529
BALUCHISTAN	160	1,467,413	9,171	93,713	586	8,584	54	24,835	155	-	-	-		51,449	322
ISLAMABAD	29	610,599	21,055	27,974	965	8,682	299	12,527	432	-	-	-		38,998	1,345
PAKISTAN	2853	49,271,401	17,270	2,263,567	793	593,141	208	1,108,603	389	-	-	-		2,790,782	978
RHS-A CENTRES															
PUNJAB	99	1,571,234	15,871	83,995	848	33,475	338	38,387	388	59,064	597	6,144	62	898,547	9,076
SINDH	75	850,934	11,346	46,183	616	7,636	102	31,267	417	28,181	376	10,234	136	426,108	5,681
KHYBER PAKHTUNKHWA	26	568,416	21,862	33,265	1,279	12,208	470	24,436	940	3,122	120	278	11	93,741	3,605
BALUCHISTAN	6	92,482	15,414	6,161	1,027	1,311	219	3,985	664	1,232	205	-	-	21,838	3,640
ISLAMABAD	3	97,490	32,497	3,016	1,005	1,230	410	1,341	447	1,027	342	238	79	18,891	6,297
PAKISTAN	209	3,180,556	15,218	172,620	826	55,860	267	99,416	476	92,626	443	16,894	81	1,459,125	6,981
MSUs															
PUNJAB	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SINDH	72	1,092,757	15177	38,711	538	5,717	79	22,025	306	-	-	146	2	35,083	487
KHYBER PAKHTUNKHWA	30	364,199	12140	21,426	714	10,977	366	19,048	635	-	-	57	2	46,345	1,545
BALUCHISTAN	40	281,501	7038	20,516	513	3,957	99	10,079	252	-	-	-	-	19,188	480
ISLAMABAD	1	13,660	13660	744	744	149	149	262	262	-	-	-	-	718	718
PAKISTAN	143	1,752,117	12253	81,397	569	20,800	145	51,414	360	-	-	203	1	101,334	709

Table: 7

PERCENTAGE DISTRIBUTION OF TOTAL CYP BY SOURCE 2014-2015

SOURCE	CYP	Percentage
PUNJAB	2,636,084	29.52
SINDH	848,757	9.51
K.P.K	976,494	10.94
BALUCHISTAN	102,441	1.15
ISLAMABAD	112,840	1.26
AJK	38,064	0.43
FATA	34,948	0.39
GB	11,686	0.13
RAHNUMA (FPAP)	829,879	9.29
MARIE STOPES	1,720,201	19.26
GREEN STAR (GSM)	1,617,869	18.12
Pakistan	8,929,263	100.00

Table: 8

PERCENTAGE DISTRIBUTION OF TOTAL CYP BY SERVICE OUTLET 2014-2015

OUTLETS	CYP	Percentage
FWC	2,790,781	31.25
RHS-A	1,459,126	16.34
RHS-B	73,520	0.82
MSU	101,334	1.13
PLDs	21,824	0.24
RMPs	86,355	0.97
HAKEEM & HOMEOPATH	8,900	0.10
MALE MOBILIZER	127,047	1.42
AJK	38,064	0.43
FATA	34,948	0.39
GB	11,686	0.13
RTIs	7,728	0.09
RAHNUMA (FPAP)	829,879	9.29
MARIE STOPES	1,720,201	19.26
GREEN STAR (GSM)	1,617,869	18.12
Pakistan	8,929,263	100.00

Table: 9

PERCENTAGE DISTRIBUTION OF TOTAL CYP BY METHODS 2014-2015

METHODS	CYP	Percentage
CONDOMS	1,252,053	14.02
ORAL PILL	419,818	4.70
IUD	5,292,032	59.27
INJECTABLE	540,712	6.06
CS	1,327,500	14.87
NORPLANT	97,148	1.09
Pakistan	8,929,263	100.00

Table-10

FAMILY PLANNING AND MOTHER & CHILD (MCH) SERVICES DURING 2014-15

PROVINCE/FEDERAL TERRITORY	F.P CLIENTS	Mother Care (Number of Clients)			General Ailments (Number of Clients)			MCH Clients	All Clients
		Pre Natal	Post Natal	Total	Children	Adult	Total		
1	2	3	4	5	6	7	8	9	10
PUNJAB	1,327,800	141,304	80,620	221,924	269,154	801,362	1,070,516	1,292,440	2,620,240
SINDH	680,879	69,872	59,841	129,713	250,572	14,149	264,721	394,434	1,075,313
K.P.K	502,074	39,289	26,838	66,127	96,843	192,654	289,497	355,624	857,698
BALUCHISTAN	97,348	10,976	8,485	19,461	13,779	72,664	86,443	105,904	203,252
ISLAMABAD	27,389	3,427	2,789	6,216	17,684	2,327	20,011	26,227	53,616
AJK	49,642	4,523	3,162	7,685	11,497	34,561	46,058	53,743	103,385
GB	88,674	809	1,047	1,856	1,486	1,117	2,603	4,459	93,133
FATA	66,152	10,239	7,564	17,803	6,252	25,496	31,748	49,551	115,703
Total	2,839,958	280,439	190,346	470,785	667,267	1,144,330	1,811,597	2,282,382	5,122,340

Table-11

CONTRACEPTIVE PREVALENCE RATE BY MODERN METHODS FOR 2014-15

(Fig. in million)

PROVINCE		MWRA**	CONDOM	ORAL PILL	IUD	INJECTABLE	C.S	NORPLANT	TOTAL
PUNJAB	Users	16.614	0.389	0.122	1.356	0.090	0.803	0.006	2.765
	CPR%		2.34	0.73	8.16	0.54	4.83	0.04	16.65
SINDH	Users	7.358	0.186	0.049	0.267	0.068	0.311	0.010	0.891
	CPR%		2.52	0.66	3.62	0.93	4.23	0.13	12.10
KPK	Users	4.134	0.112	0.053	0.588	0.088	0.059	0.000	0.900
	CPR%		2.72	1.28	14.21	2.12	1.44	0.01	21.78
BALUCHISTAN	Users	1.591	0.022	0.010	0.048	0.008	0.022	0.000	0.110
	CPR%		1.36	0.64	3.04	0.53	1.36	0.00	6.93
ISLAMABAD	Users	0.237	0.011	0.003	0.062	0.006	0.016	0.000	0.098
	CPR%		4.59	1.37	25.99	2.46	6.85	0.10	41.36
PROV. TOTAL	Users	29.933	0.720	0.237	2.320	0.260	1.211	0.016	4.765
	CPR%		2.41	0.79	7.75	0.87	4.05	0.05	15.92
GSM + Others*	Users	0	1.083	0.248	1.298	0.281	0.145	0.014	3.069
	CPR%								
PAKISTAN	Users	30.673	1.803	0.484	3.618	0.541	1.357	0.031	7.834
	CPR%		5.878	1.579	11.797	1.763	4.422	0.10	25.54

Assumptions:

- a) Carry-over effect of IUD is taken from 2010-11 and performance of current year (2014-15) is taken as 100% and for each preceding year make 20% less i.e 80% for (2013-14), 60% for (2012-13), 40% for (2011-12) and 20% for (2010-11).
- b) Carry-over effect of CS cases is taken from 1999-2000. In the similar way current year performance is 100% and for each preceding year is make 5% less.
- c) The provincial CPR is calculated on the basis of performance of PPWDs service delivery outlets only.

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

**Married Women of Reproductive age (MWRA) is taken as 16% of total projected population of Pakistan for the year 2014-14, as given in Economic Survey, 2014-15.

Table-12

COMPARATIVE ANALYSIS OF CONTRACEPTIVE PREVALENCE RATE (CPR) BY MODERN METHODS FOR 2014-15 OVER 2013-14

(Users in million)

PROVINCE		CPR TOTAL		%Change in 2014-15 over 2013-14
		2014-15	2013-14	
PUNJAB	Users	2.765	2.880	-3.98
	CPR%	16.65	17.64	
SINDH	Users	0.891	0.924	-3.61
	CPR%	12.10	12.82	
KPK	Users	0.900	0.945	-4.73
	CPR%	21.78	23.35	
BALUCHISTAN	Users	0.110	0.105	5.03
	CPR%	6.93	6.73	
ISLAMABAD	Users	0.098	0.093	5.41
	CPR%	41.36	40.30	
PROVINCIAL TOTAL	Users	4.765	4.947	-3.68
	CPR%	15.92	16.85	
GSM + Others*	Users	3.069	3.300	-7.00
	CPR%			
PAKISTAN	Users	7.834	8.247	-5.01
	CPR%	25.54	27.41	-6.82

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

SUPPLEMENTARY MATERIAL

A meeting of Technical Committee on Contraceptive Performance Report, 2014-15 was held on 26th February, 2016, under the chairmanship of Chief Statistician, Pakistan Bureau of Statistics (PBS), at Islamabad. In the meeting, the stakeholders/participants has proposed that internationally revised conversion formulae may be adopted for calculation of Couple Year of Protection (CYP), to facilitate the comparison since all provinces are using revised formulae.

As desired by the stakeholders, an in house study has been carried out by using data of Annual Contraceptive Performance Report, 2014-15 by using conversion formulae/factors employed by USAID/MEASURE and variation in the result have been noted in terms of %age change in CYP using proposed CYP conversion formulae/factors (USAID/MEASURE), 18.7% increase has been observed in terms of CYP as compared to currently used standard conversion formulae. The national level contraceptive performance in terms of CYP has been computed as 8.9 million, will swell to 10.6 million by the use of proposed conversion formulae/factors of CYP.

The source-wise comparison by the use of proposed CYP conversion formulae/factors (USAID/MEASURE) made with the standard formulae/factors currently in practice is given in supplementary **Table-1**.

At national level, in method-wise comparison by use of proposed factors, CYP computed for various modern methods Condoms, IUDs, Injectables and Contraceptive Surgery cases has increased by 20.0%, 24.9%, 13.6% and 4.0% respectively. While 7.4% decrease has been observed in Oral Pills. The details are shown in supplementary **Table-2**.

SupplementaryTable-1				
COMPARATIVE SOURCE - WISE CONTRACEPTIVE PERFORMANCE BY PROPOSED FACTORS OVER STANDARD FACTORS FOR THE YEAR 2014-15				
	SOURCE	COUPLE YEARS OF PROTECTION (CYP)		%CHANGE IN PROPOSED OVER STANDARD FACTORS
		*CYP BY STANDARD FACTORS	**CYP BY PROPOSED FACTORS	
A	POPULATION WELFARE DEPARTMENTS			
	PUNJAB	2,636,084	3,163,484	20.0
	SINDH	848,757	969,120	14.2
	KHYBER PAKHTUNKHWA	976,494	1,228,516	25.8
	BALUCHISTAN	102,441	121,432	18.5
	ISLAMABAD	112,840	141,017	25.0
	AJK	38,064	45,907	20.6
	FATA	34,948	43,535	24.6
	GILGIT BALTISTAN (GB)	11,686	14,224	21.7
	SUB-TOTAL	4,761,314	5,727,235	20.3
B	NGOs			
	RAHNUMA (FPAP)	829,879	1,055,679	27.2
	MARIE STOPES SOCIETY	1,720,201	2,104,706	22.4
	SUB-TOTAL	2,550,080	3,160,385	23.9
C	OTHER			
	GREENSTAR	1,617,869	1,707,464	5.5
	TOTAL	8,929,263	10,595,084	18.7
*Standard Factors (Factors in practice of former M/o Population Welfare Islamabad)				
	144-Condoms per CYP			
	15-cycle of Oral Contraceptive per CYP			
	1-IUD 3.5 CYP			
	5-Vials of Injectables per CYP			
	1-Case of Contraceptive Surgery 12.5 CYP			
**Proposed Factors (USAID/MEASURE Factors)				
	120-Condoms per CYP			
	15-cycle of Oral Contraceptive(CoC/PoP) per CYP			
	20-Doses of Emergency Contraceptive (EC) per CYP			
	1-IUD (10-years) Copper-T-380-A 4.6 CYP			
	1-IUD (5-years) Multiload 3.3 CYP			
	1-Case of Contraceptive Surgery 13 CYP			
	4-Doses Depo Provera(DMPA) Injectables per CYP			
	6-Doses Norgest(NET-EN) Injectables per CYP			
	13-Doses 1-Month Injectables per CYP			
	3-years Implant (Implanon) 2.5 CYP per implant			
	4-years Implant 3.2 CYP per implant			
	5-years Implant (Jadelle) 3.8 CYP per implant			

SupplementaryTable-2

**COMPARATIVE METHOD WISE PERFORMANCE OF CONTRACEPTIVE USAGE
BY PROPOSED FACTORS OVER STANDARD FACTORS FOR THE YEAR 2014-15**

METHOD	OVERALL PERFORMANCE	COUPLE YEARS OF PROTECTION (CYP)		%CHANGE IN
	2014-15	*CYP BY STANDARD FACTORS	**CYP BY PROPOSED FACTORS	PROPOSED OVER STANDARD FACTOES
CONDOM (Units)	180,295,680	1,252,053	1,502,464	20.0
ORAL PILL (Cycles)	6,297,269	419,818	388,948	-7.4
COC	4,099,379	273,292	273,292	0.0
POP	345,702	23,047	23,047	0.0
EC	1,852,188	123,479	92,609	-25.0
IUD (Insertions)	1,512,009	5,292,032	6,611,729	24.9
COPPER-T380-A	1,247,769	4,367,192	5,739,737	31.4
MULTILOAD	264,240	924,840	871,992	-5.7
INJECTABLE (Vials)	2,703,559	540,712	614,194	13.6
3-MONTHS (DMPA)	2,050,303	410,061	512,576	25.0
2-MONTHS (NET-EN)	572,387	114,477	95,398	-16.7
1-MONTH (FEMIJECT)	80,869	16,174	6,221	-61.5
CON. SURGERY (Cases)	106,200	1,327,500	1,380,600	4.0
NORPLANT (Pices)	31,521	97,148	97,148	0.0
IMPLANON	9,045	22,613	22,613	0.0
IMPLANT	18,122	57,990	57,990	0.0
JADELLE	4,354	16,545	16,545	0.0
TOTAL CYP		8,929,263	10,595,084	18.7

***Standard Factors (Factors in practice of former M/o Population Welfare Islamabad)**

144-Condoms per CYP

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