

FAMILY PLANNING SERVICES IN PAKISTAN

Background

The Pakistan Demographic and Health Survey 2006-7 described that approximately 22% of married women of reproductive ages (MWRA) in Pakistan use a modern contraceptive method and 8% use a traditional method, while 24% of MWRA would like to use family planning but are unable to avail the means to do so and therefore have an Unmet for family planning.

However, from the perspective of program planners and implementers, such contraceptive prevalence rates (CPR) are only partially helpful since there isn't an estimate available about the number of women availing services from any given source. **Conversion of CPR to actual number of women being served** by each of the major providers of family planning services allows a better understanding of the services delivery, scope and scale of family planning needs in Pakistan.

Family Planning in Pakistan: Reviewing the Numbers

There were approximately 24 million MWRA in 2006-7 (this number increased to approximately 26 million in 2011). Of these around 7 million women were using some form of contraception, 5.1 million of whom used a modern and 1.9 million used a traditional method. Since an unmet need for family planning is expressed by around 24% women, this would account for around 5.9 million women or more than those currently using a modern method

Who is Delivering Family Planning Services

The bulk of family planning providers may be divided into the two sub-groups namely public sector Ministries of Health and Population Welfare (and their associated Provincial Departments), and NGOs & private sector health providers. In addition many women self-purchase family planning supplies directly from stores without the services of a health provider.

Adjusting the current users of contraception for women who were sterilized or received IUDs in previous 12 months, the annual number of women receiving services in any given year drops to around 2.9 million women (of the 5.1 million users of modern contraception) served.

These figures correspond to a 35% contribution by the public sector, 11% by private providers and NGOs and the remaining >50% is self purchase by women/ couples. Most of the services (82%) in the private sector are the sale of condoms and pills. In the public sector no particular method predominates. Distribution of condoms, injectable contraceptives and pills each account for 24-29% of the services provided and female sterilization services for around 13%.

Contraceptive Years of Protection (CYP)

Contraceptive Years of Protection (CYP) were calculated based on women served annually. Approximately 5.2 million CYP are

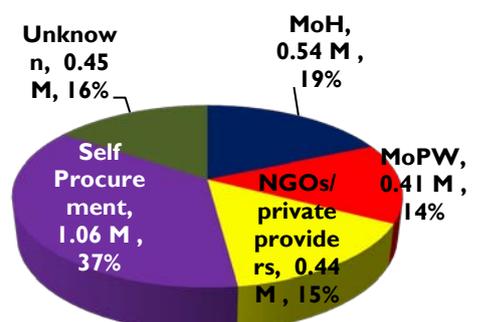
SALIENT POINTS

- Only around 12% of all MWRA – 2.9 million women - access any Family Planning Services in Pakistan
- The Public Sector accounts for around a third of all FP services and reaches approximately 4% MWRA
- Most FP “Services” (50%) are in fact self procurement of condoms and pills by women directly without any contact with a health provider
- Unmet need is estimated at around 24% of all MWRA. Therefore there are twice as many women with an Unmet Need as the total number of women accessing any family planning service

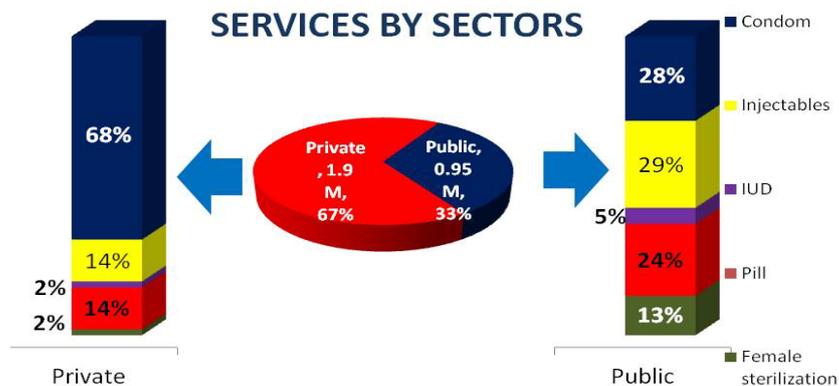
CONTRACEPTION USE IN PAKISTAN



SERVICES MIX BY VENDOR



provided annually. It appears that female sterilization accounts for 45% of the total CYP delivered annually, followed by 31% from condoms. The Ministry and Departments of Health account for around 13% of the CYPs delivered, the Ministry and Department of Population which is the main provider of female sterilizations accounts for around 35% and private sector/ NGOs and self procurement each account for around 21%.



Supported by USAID's Small Grants Program: **Synthesizing Evidence for Policy and Action: Bridging the Gap between Knowledge and Results to Improve Health Outcomes**

Disclaimer:

This report was made possible with support from the American people delivered through the U.S. Agency for International Development (USAID). The contents are the responsibility of Research and Development Solutions, Private Limited, and do not necessarily reflect the opinion of USAID or the U.S. Government.

For Comments and Information please contact:



Research and Development Solutions

www.resdev.org/e2pa

Phone: +92 51 2611 746

Dr. Ayesha Khan ayesha@khans.org
Dr. Adnan Khan adnan@resdev.org

RECOMMENDATIONS

- At these low levels of access, the first priority should be to improve access, regardless of where, by which methods and for whom. However, once some success is demonstrated, a more equitable scale up of services may be indicated.
- While private sector contributes around 80% of curative health services, it has a very small contribution in family planning which is a preventive service. Going forward, any private contribution to FP is likely to come from NGOs rather than private practitioners as is the case for curative healthcare.
- CYP Measurements overestimate the number of women receiving services in part because sterilization is a major component of sterilization and yet since most sterilizations occur too late limit family size, they mere inflate CYPs without adding to family planning choices of women
- Longer term methods are not being optimally utilized to enhance the CYP. Innovative Strategies to increase promotion of IUDs and injectables will need to be incorporated in family planning programs.
- Innovative and low cost service delivery models such as community outreach and distribution models will need to be explored to increase access.