

ANTICIPATING THE PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 2013 WITH EXISTING SUPPLIES DATA

Background

The data for the Pakistan Demographic Health Survey (PDHS) were collected in 2013 and its results are soon to be published. The last DHS was carried out in 2006-07¹. There was a gap of 6 years between these two surveys and a gap of 15 years between PDHS of 1991 and 2006. Resource constrained countries such as Pakistan cannot afford funding large national surveys frequently even though the information from these surveys is valuable for policy and programming.

We propose to show that when analyzed appropriately, existing data can fill some information gaps. These analyses will not completely replace the need for PDHS which includes much more extensive information than just CPR but existing data can help evaluate the performance of ongoing FP services.

Methodology

The Pakistan Bureau of Statistics (PBS) reports annual supply of contraceptives and provision of sterilization. In previous analyses we have shown that these are accurate depictions of actual services being provided. The only exceptions are: 1) IUD supply is exaggerated when compared to their actual uptake as shown in the PDHS 2006-7 and 2) the supplies used by the NGO Marie Stopes Society (MSS) are under-reported². We corrected the supply of IUDs for actual consumption based on comparison with the PDHS 2006-72 and used actual supply data for modern contraceptives from reports of the Marie Stopes Society (MSS). Current modern contraceptives users were calculated from CYP formulae used by the PBS. Traditional FP users were estimated by allowing an annual increment of 3% from 2006-7 (the rate of population increase suggested by the

SALIENT POINTS AND RECOMMENDATIONS

- The estimated CPR was 35% in June 2011
- The rise in CPR is around 1% per annum
- Condoms continue to be the major “service” provided although sterilization is the predominant method in the method mix
- Self-procurement through social marketing remains the main sources of contraceptives, accounting for 42% of all FP services
- Relative roles of public and private sectors in FP services has remained largely unchanged

Pakistan Census Organization). CPR was calculated by using estimates of MWRA from PBS. Users of FP services in a given year were calculated as all women/couples that had availed any modern method in that year. This is lower than the actual number of FP users since users of both sterilization and IUD will continue to count as method users for years after they receive services. 2011 data were used since that this is the last year for which all required data were available.

Findings

Based on the estimates of supplies of contraceptive commodity supplies, there were 6.6 million users of modern contraceptives and 2.1 million traditional FP method users in June 2011 (the last year when data from all sources is available). These 8.67 million FP users correspond to a **national CPR of 34.8%**. These findings suggest that the national CPR has continued to improve at approximately 1% annually since 1990 and

Actual Commodities Supplied and Estimates of Users of FP Services

	Commodities (in Millions)					Commodities adjusted for IUD over reporting	Users			
	Public Sector	Private Sector		Total Commodities reported	Estimated persons using FP		Method Mix	Estimated number of Service Users	Service Mix	
	FPAP	GSM	MSS							
Condoms	56.434	0.687	104.525	0.677	162.323	162.323	1,352,692	16%	1,352,692	40%
Oral Pills	3.201	0.110	2.480	0.103	5.894	5.894	453,393	5%	453,393	13%
IUCD	0.796	0.114	0.269	0.173	1.352	0.291	1,017,725	12%	290,779	9%
Injections	1.716	0.341	0.929	0.073	3.060	3.060	764,969	12%	764,969	30%
Sterilization	0.106	0.004	0.025	0.110	0.245	0.245	2,727,544	31%	245,479	7%
Implants	-	-	-	0.002	0.002	0.002	2,376	0.03%	2,376	0%
Traditional	-	-	-	-	-	-	2,096,863	24%		

Estimated CPR: 34.8%

Total FP Users: 8,158,640

Estimated number of women being served with FP services annually: 2,852,764

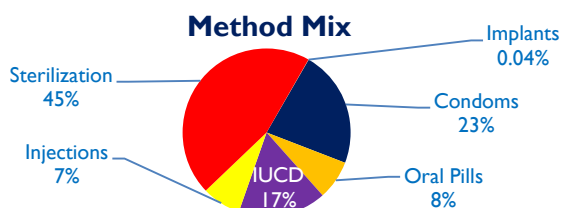
Estimated proportion of MWRA being served with FP services annually: 11%

that this pace remains unchanged since 2006-7 DHS.

Approximately 3.4 million women/ couple received FP services in 2011, up from 3 million in 2006-7. However, as the population has increased, this would represent a slight decline in the proportion of MWRA being served with FP services from 12% to 11%.

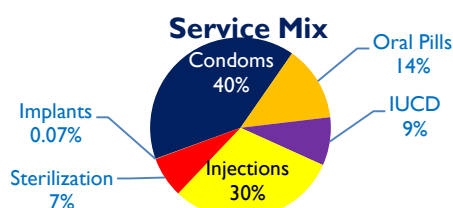
Method Mix

As seen previously¹, the commonest method in the mix is female sterilization which now accounts 45% of the method mix, up from 37% in 2006-7. Condoms are next at 23% and IUCDs have come up to 17%.



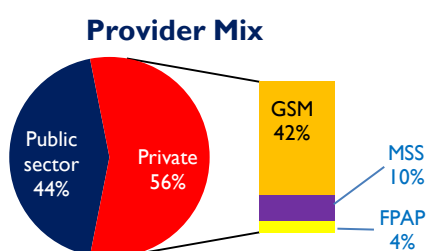
Services Mix

Within the service mix or the actual FP services being provided in a given year, condoms continue to dominate at 40%, although this is a drop from the 2006-7 when they accounted for over half of the services. Injections now constitute around 30% of all services.



Providers Mix

Among the providers, the relative contribution of the public sector has expanded from around 35% in the PDHS 2006-7 to 44%. The role of Greenstar Social Marketing (GSM) and therefore that of social marketing (to promote self-procurement of FP by women) has ever so slightly expanded from 40% during the PDHS. There was an ambiguity in the PDHS 2006-7 where approximately 12% women had reported being unsure of the source of their contraceptives. It may well be that the changes seen in these estimates based on actual commodity supplies clarify this ambiguity rather than representing a real change. To a large extent, this distribution of providers is relative unchanged from that seen in the PDHS 2006-7³, with the exception of the entry of one NGO (MSS) that now provides 10% of FP services in Pakistan.



Conclusions

Estimation of users of FP services based on commodity supplies can serve as a useful tool to estimate CPR and the effectiveness of FP services in the years between national surveys such as the DHS that measure CPR.

Such estimates can provide in depth information about services in individual provinces (and possibly districts) and by the different types of service providers. Such details are not available in the PDHS due to sample size limitations. This will be attempted in future policy briefs.

Our estimates suggest that the overall CPR has increased by less than 1% per annum over the past 5 years – as it did between the PDHS 1990 and 2006 – despite an investment in FP of USD 652 million between 2000 and 2010 by the Government of Pakistan (UNFPA 2010) and additional inputs by donors.

The role of major providers such the public sector and major NGOs has remained relatively unchanged. The public sector provides around 44% of the services. Most FP commodities are self-procured (mostly socially marketed by GSM). The one change is the emergence of the Marie Stopes Society (MSS) – that was not a major provider during PDHS 2006-7. MSS now provides around 10% of FP services annually. FPAP has a niche presence in collaboration with the public sector.

The major question to ask is: why is it that despite such efforts and investments, the overall landscape of FP remains unchanged year after year? With around the same number of women continuing to self-procure FP supplies and with minimal increases in the actual number of FP users suggests that additional demand is not being created. This may now be the biggest limitation in expanding FP use in Pakistan.

- 1 Pakistan Demographic and Health Survey 2006-7. Measure and the National Institute of Population Studies, Pakistan
- 2 FP Services Delivery and its Uptake. Research and Development Solutions Policy Brief Series # 13, July 2012.
- 3 Khan AA, Abbas K, Hamza HB, Bilal A and Khan A. From Contraceptive Prevalence to Family Planning Service Users - Implications for Policy and Programs. J Pak Med Assoc. J Pak Med Assoc Vol. 63, No. 4 (Suppl. 3), April 2013

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