

FAMILY PLANNING SERVICE DELIVERY AND ITS UPTAKE IN PAKISTAN

Background

Both the public and private sectors provide family planning services in Pakistan. As was discussed in a previous brief, the public sector serves around 35% of current users, whereas the private sector services and self procurement of commodities account for the remaining 65%. In this brief we look at estimates of services provided based on commodity distribution reported by the Government of Pakistan (Contraceptive Performance Report). Nearly all FP commodities in Pakistan come from a central warehouse and therefore their supplies are recorded. The records have been published annually by the Ministry of Population Welfare until it was devolved in 2010. Thereafter, these records have been published by the Pakistan Bureau of Statistics. The reports include supplies to both the private and the public sector.

Public Sector

In the public sector, services were coordinated by the Ministries of Health and Population Welfare and delivered by their respective provincial departments. Since devolution of health and population in 2010-11, the provincial departments have also assumed the role of planning and will assume financial responsibilities in 2014. The Planning Commission and the Ministry of Interprovincial Coordination liaise between provinces.

Private Sector

The private sector currently provides more than 50% of the FP services in Pakistan. Private sector activities include services provided by independent healthcare providers or NGOs and independent procurement from stores and pharmacies by individuals. Prominent private sector providers include the Greenstar Social Marketing (GSM), the Marie Stopes Society (MSS) and Rahnuma Family Planning Association of Pakistan (FPAP). A major part of the private sector contribution includes independent procurement of services by end-users from stores and pharmacies (of pills and condoms) or via services provided by independent healthcare providers. These commodities are largely supplied by the Greenstar Social Marketing. In Pakistan, where per-capita GNP is low and 70-80% seek healthcare in the private sector, affordability and access to quality health products and services are key challenges for private sector providers. However over the last few years some prominent NGOs have been making an important contribution to healthcare in general. In the recent past they have been significant in providing reproductive health services through different levels of health workers and outlets in over 100 districts of Pakistan.

Service Delivery vs. Uptake in 2006-2007

The number of women served with FP services in the public or the private sector was derived from the commodity data from the Contraceptive Performance Report 2007ⁱ using definitions specified in the 2010-11 report: Condoms: 100 units

SALIENT POINTS

- The supply of Family Planning services and commodities exceed their uptake for the year 2007 by 32% or around 1.39 million women
- IUD distribution and uptake is the major discrepancy in both public and private sector.
- Supply of services and commodities for FP have declined over the past 5 years by around 7% or by 300,000 MWWA per year. If this is true, it would mean that the CPR for modern methods may have dropped to around 17% by 2011
- Despite considerable investments in FP during the period, the quantum of public sector services remained unchanged and private sector services diminished
- One new NGO entered services delivery but did not increase the overall number of clients being served, suggesting that it took over clients that were self procuring their methods rather than recruiting new clients.
- It appears that the Contraceptive Performance Report may not adequately reflect the supply of commodities in the country particularly for the private sector.

per user, Oral Pills: 13 cycles of pills per user and Injections: 5 vials of injections per user.

SERVICE DELIVERY VS. UPTAKE IN 2006-07

Persons served in millions	Service Delivery*	Uptake [±]	Difference	Diff (%)
Condoms	1.61	1.61	0.00	0%
Oral Pills	0.68	0.50	0.18	27%
IUD	1.24	0.10	1.14	92%
Injections	0.60	0.54	0.06	10%
Sterilization	0.18	0.17	0.01	0%
Total Users	4.31	2.92	1.39	32%

* From Contraceptive Performance Report 2006-7

± From the Pakistan Demographic Health Survey 2006-7

Since wastage and other factors may cause some differences in services/ commodities delivered and their uptake by women, FP uptake was estimated based on current modern method users that acquired their method during the 12 months prior to the Pakistan Demographic and Health Survey 2006-7ⁱⁱ. The following table compares services delivered vs. their uptake in the year 2007, which was chosen as the last year for which

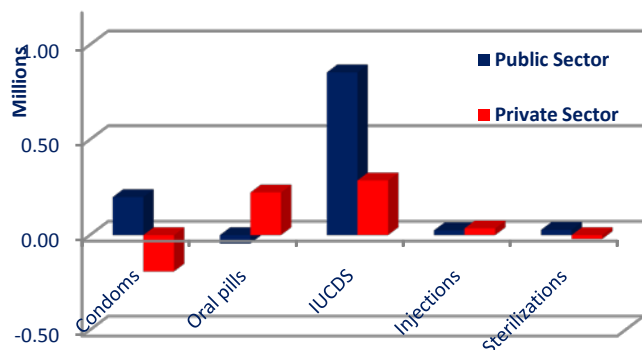
SERVICE DELIVERY VS. UPTAKE IN 2006-07

Persons served in millions	Public			Private		
	Delivery (D)	Uptake (U)	D-U	Delivery (D)	Uptake (U)	D-U
Condoms	0.47	0.27	0.20	1.14	1.34	-0.19
Oral pills	0.19	0.23	-0.04	0.49	0.27	0.23
IUDS	0.91	0.05	0.85	0.34	0.05	0.29
Injections	0.30	0.28	0.03	0.30	0.27	0.04
Sterilizations	0.15	0.13	0.03	0.03	0.05	-0.02
Total	2.02	0.96	1.07	2.3	1.98	0.35

uptake data, i.e. PDHS, are available:

While some 10-20% differences may be understandable for each individual commodity, a discrepancy of 92% or around 1.14 million persons served with IUDs is more difficult to explain, particularly when it accounts almost exclusively for all the observed differences. This is further examined by looking at service delivery and uptake from the public and private sector separately. These differences are depicted below:

DIFFERENCES BETWEEN DELIVERY AND UPTAKE IN 2007



As the table and the graph show, the provision of services far exceeds their uptake, especially in the public sector particularly for IUDs. We are not aware of data to explain this discrepancy. However, if 1.24 million MWRAs were receiving IUDs for the past 5 years, then given the 3-5 year retention average for an IUD, there would be 6-7 million women with IUD today and the CPR would be double its current value.

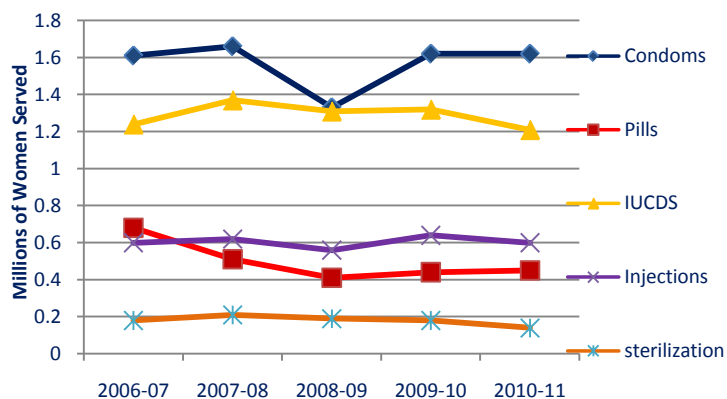
Service Delivery Trends for the Last Five Years

To identify the trends in service delivery of contraceptives, annual commodity/ services output data from the annual Contraceptive Performance Reports are shown. Data for these reports come from various provincial population welfare departments; population welfare departments AJK, GB and FATA; The District Population Welfare Office, ICT, Islamabad; Family Planning Association of Pakistan (FPAP); Marie Stopes Society of Pakistan (NGO); Social Marketing of Contraceptive (SMC); Regional Training Institutes (RTIs) and Public-private Partnership (PPP)/Target Groups Institutes (TGIs).

The following table and graph describe the trend of each service:

TRENDS IN COMMODITY/ SERVICE SUPPLY 2007 - 2011						
Population in Millions	Condoms	Pills	IUD	Injections	Sterilization	Total
2006-07	1.61	0.68	1.24	0.60	0.18	4.31
2007-08	1.66	0.51	1.37	0.62	0.21	4.36
2008-09	1.33	0.41	1.31	0.56	0.19	3.80
2009-10	1.62	0.44	1.32	0.64	0.18	4.20
2010-11	1.62	0.45	1.21	0.60	0.14	4.02
Diff (2011-2006)	0.01	-0.23	-0.03	0	-0.04	-0.30
Diff in %	-0.6%	-34%	-3%	0%	-25%	-7%

* Source: CPR reports from the years 2006-07 to 2010-11



It appears that the supply of condoms remained unchanged as did injections, however there was a 34% drop in the supply of pills and the numbers of women receiving sterilization dropped by 25%. With minor variations, the trends are very steady suggesting that mechanisms of procurement and disbursement remained relatively unchanged.

Comparing Service Delivery in the Public and Private Sectors

The trends in service delivery were markedly different in the public and private sectors. In the private sector there was a significant drop in the amount of pills provided that was partially offset by an increase in IUDs. Thus while there was a switch between methods from pills to IUDs, the overall number of women being served dropped by 350,000 or 15%.

There are some unanswered questions. For example, the Marie Stopes Society started providing Family Planning services during this period. Their share of services is shown to be around 30,000 women in the Contraceptive Performance Report 2010-11, although according to their own records, they served over one million women between July 2010 and June 2011. While it is possible that supplies to MSS were counted under some other head, the quantum of services is equal to around half of all private sector services. Additionally, the entry of a new provider did not result in increased numbers of women served as is discussed below. It will also be useful to understand how supplies (and therefore services) are attributed in the Contraceptive Performance Report.

DIFFERENCES IN THE PRIVATE SECTOR				
Persons served in millions	2006-07	2010-11	Diff 2011-2006	% Diff
Condoms	1.14	1.05	-0.09	-8%
Oral pills	0.49	0.20	-0.29	-59%
IUDs	0.34	0.41	0.08	23%
Injections	0.30	0.26	-0.05	-15%
Sterilizations	0.03	0.03	0	0%
Total	2.30	1.95	-0.35	-15%

DIFFERENCES IN THE PUBLIC SECTOR				
Persons served in millions	2006-07	2010-11	Diff 2011-2006	% Diff
Condoms	0.47	0.56	0.09	20%
Oral pills	0.19	0.25	0.06	33%
IUDs	0.91	0.80	-0.11	-12%
Injections	0.30	0.34	0.04	13%
Sterilizations	0.15	0.11	-0.04	-26%
Total	2.02	2.06	0.04	2%

In the public sector, the quantities remained more or less unchanged over the 2006 to 2011 period, with only

a slight drop in the output of sterilizations and IUDs that was offset by the supply of other commodities.

The main concern here is that even if the so called declines in the outputs were attributable to an overall correction of previous over reporting, there was no net gain in the number of services that were provided. Even when a new provider entered the private sector, there was merely shifting of clients without increasing the overall number of women who are availing FP services. This means that service providers are failing to convince new clients which is deeply concerning given that there are more than twice as many women with an unmet than those who avail FP services.

The other aspect is that between 2007 and 2011 the population of MWRA will have increased by around 2 million. If the total number of women being served with FP services declined by 350,000 then the CPR for modern methods must also have declined. Adjusting for the drop in the number of women being served, it would appear that current CPR for modern methods would now be around 18%, which is alarming, given the recent interest and investment in family planning in Pakistan.

Conclusion:

- **Large Discrepancy:** The number of women being served with family planning services is much higher than the number of women that say that they are using modern family planning methods. The discrepancy is around 1.39 million women and is largely due to IUDs given in the public and private sectors.
- **Accuracy:** If this high level of provision was correct, then around 3-5 million women would have received IUDs in Pakistan, effectively doubling the CPR in the past 5 years.

- **Decreasing Service Delivery:** Comparing 2006-2007 to 2010-2011, service delivery decreased by 7% or around 300,000 women. This decrease was most prominent for IUDs in both the public and the private sectors.
- **Losing Ground:** Since the estimated number of MWRA increased by 2 million women between 2007 and 2011 and the overall provision of services declined, it is possible that the CPR for modern methods may have declined and would be expected to be around 17% in the next PDHS.
- **Increased FP Investment and Low Results:** Even if the public sector remained unchanged and the private sector services diminished, these changes happened while there was substantial investment into family planning and reproductive health. This needs to be reviewed.
- **Positive Trends in Long-Term Methods:** In the private sector there was a switch from pills and sterilizations to IUDs.
- **Updating of Contraceptive Performance Report:** reviewing whether private sector contribution seems to be adequately reflected in the report.
- **Recruiting Women with Unmet Need and New Users:** Despite the increase in the overall number of women served by NGO providers, the private sector services remained unchanged. This likely suggests that NGOs took over clients who were procuring their methods themselves, rather than recruiting new clients, particularly those with an unmet need. This highlights the need for future FP interventions to ensure strategies for recruiting new users and reducing unmet need.

ⁱ Terminology used supplies/commodities (from Contraceptive Performance Report), service delivery (conversion given by the Contraceptive Performance Report converting supplies = users formula), and uptake data (from PDHS 2006-07).

ⁱⁱ Research and Development Solutions Policy Brief #2: Service Delivery for Family Planning in Pakistan. February 2012.
<http://resdev.org/Docs/01fpservices.pdf>

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