

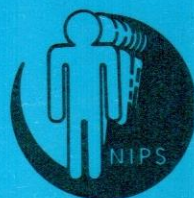
**EVALUATION REPORT**

**OF**

**REPRODUCTIVE HEALTH/  
CONTRACEPTIVE SURGERY PROJECT OF  
POPULATION WELFARE PROGRAMME**

*BY*

*DR. ABDUL HAKIM  
ZAFAR ZAHIR*



**NATIONAL INSTITUTE OF POPULATION STUDIES  
ISLAMABAD**

**APRIL, 1994**



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## PREFACE

Evaluation of various components of the Population Welfare Programme is one of the major activities of National Institute of Population Studies (NIPS). The present study on the evaluation of UNFPA's Project PAK/87/P10 was undertaken by NIPS at the request of UNFPA in the light of their terms of reference.

UNFPA has been financially supporting Reproductive Health Services Centres (RHSC) of Population Welfare Programme of Pakistan.

The study provides a useful evaluation of UNFPA's funded RHSC including extent of achievements of the objectives of the project, bottlenecks and problems hindering planned activities and lessons which could be learned for implementation of other projects.

I acknowledge the contribution of Dr. Abdul Hakim and Mr. Zafar Zahir in conducting the study and writing the report.

I am also thankful to UNFPA for assigning the study to NIPS and providing funds for the study.

**Tewfiq Fehmi**  
Executive Director







## ACKNOWLEDGEMENT

This study was undertaken by the National Institute of Population Studies (NIPS) on the request of UNFPA to evaluate the UNFPA's project PAK/87/P10. The project aimed to strengthen Reproductive Health Services Centres (RHSC) project of Pakistan Population Welfare Programme by providing financial assistance.

The study provides a useful information on situation analysis of (RHSC) and extent to which the services of the centres are reaching to potential clients. It is concluded that Reproductive Health Services Centres play vital role in Population Welfare Programme in Pakistan and inputs provided by UNFPA proved helpful in improving the performance of (RHSC) funded by UNFPA. The objectives of the UNFPA's project were best achieved quantitatively as well as qualitatively. However there is need to continue the efforts to further strengthen the Project.

We are grateful to Mr. Tewfiq Fehmi, Executive Director NIPS for his administrative support and also for providing a feed back in earlier discussions which was helpful in completing the study. We are also thankful to UNFPA for assigning the project to NIPS and providing funds for the study.

**Dr. Abdul Hakim  
Zafar Zahir**







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## EXECUTIVE SUMMARY

UNFPA is providing assistance under PAK/87/P10 for strengthening the functioning of various activities of RHS project of Ministry of Population Welfare, Government of Pakistan. These include (i) renovation and construction of RHS 'A' centres, (ii) provision medical equipment and vehicles; (iii) training of professional staff; (iv) reimbursement to Family\*\* Planning Association of Pakistan (FPAP); and (vi) repair and maintenance of the centre.

On the request of UNFPA, NIPS has undertaken evaluation of the project. For this purpose NIPS research team examined the documents and service statistics produced by the Ministry of Population Welfare and undertook a survey for; (i) situation analysis of the RHS 'A' centres and (ii) to see the performance of the RHS 'A' centres and the staff in the field.

Some of the findings of this evaluation are submitted as follows:

- i. It was noted that the expansion of the network of RHS 'A' centres was not carried out according to the target set in 1987, only 80 'A' centres were established by the end of 1993 against the target of 132 centres. Moreover, out of these only 51 RHS 'A' centres were properly functioning, mainly, because of the shortage of professional staff especially the female doctors.
- ii. Slow progress was also observed in the process of renovation and construction of RHS 'A' centres. Thirty 'A' centres were constructed and another twelve centres were under construction by the end of 1993.
- iii. Performance of the RHS 'A' centres, in terms of number of CS cases performed, was also examined. It was noted that throughout the project period the RHS project could not achieve 50 percent mark of the targets of CS cases. The



findings reveal that out of 16 sampled RHS 'A' centres, only three centres were performing more than 125 CS cases per month. Moreover, it was found that 12 centres were performing less than 100 CS cases per month.

- iv. To facilitate the functioning of the RHS 'A' centre, UNFPA had provided medical equipment, necessary for performing contraceptive surgery cases. UNFPA was able to provide twenty sets of medical equipment during February, 1991 to December, 1992. During the survey, the situation of medical equipment was examined and it was observed that 13 out of total 16 'A' centres were equipped with essential medical equipment. Moreover, ten centres were found to be fully equipped.
- v. It was found that fourteen RHS 'A' centres had a vehicle in working condition for the transportation of the clients and remaining two centres were using the vehicle provided by the District Population Welfare Offices. It was observed that the vehicles were also used by the DPWO officials.
- vi. The training component was an important activity of the RHS project. During the project period (1987-93), 959 female doctors and more than 4,100 paramedical staff, attended various training courses in the country. Whereas, very few doctors (8) have been sent abroad to attend the training of contraceptive surgery. The professional staff had attended the basic training of family planning once when they joined the population welfare programme. But it was noted that refresher courses were rarely attended by the staff of all categories. Moreover, funds for training component were under utilized during the project period.

Some of the recommendations for further improving the RHS project are as under:

- i. The reproductive health services should be strengthened by constructing more RHS 'A' centres in separate buildings;
- ii. Funds should be made available for medical equipment and vehicles enabling proper functioning of RHS 'A' centres.



Replacement of the worn out equipment and vehicles is also recommended.

- iii. Refresher training courses for the professional staff should be arranged after regular intervals;
- iv. Officials of the Population Welfare Programme should regularize visits to RHS 'A' centres for monitoring and supervision of the centre.
- v. It is recommended that UNFPA may continue its support to facilitate the activities of the RHS project in future.



## I. BACKGROUND

In a developing country like Pakistan, the socio-economic development objectives can only be achieved if a sustainable population growth is achieved. Pakistan has experienced an accelerated population growth during the last four decades. Recognizing this alarming population growth, family planning programme was started during mid 60's through clinics in urban areas, which provided clinical contraceptives, especially IUD services (Intra Uterine Device). During 1970-75 these clinics were integrated into Post Partum Project in major hospitals. Later on these were renamed as "Sterilization Centres" with additional function of recruiting clients for surgical contraception.

In 1982 Reproductive Health Services (RHS) project was formulated and included in the 5th Five Year Development Plan, to provide contraceptive surgery along with other temporary contraceptive methods. This project was implemented through a network of government hospitals and extension services in all four provinces of the country. Being the core activity of the Population Welfare Programme, RHS component remained an on going activity in the 5th, 6th and 7th Five Year Plans. An important part of this project included the training in contraceptive surgery for doctors and paramedics of government hospitals, line departments, and target group institutions (TGI). The RHS project was financed by the GOP with the support of USAID, UNFPA and the British ODA.

The field activities of the project remained under the administrative control of the Provincial Population Welfare Programmes. The sterilization services were provided through four types of outlets: RHS 'A' centers, RHS 'B' center, Extension Service Teams, and the service outlets of the Family Planning Association of Pakistan (FPAP). The RHS 'A' centers were established in dedicated spaces within government hospitals,



initially in teaching hospitals. The staff and equipment for the center was provided by the Population Welfare Department. The RHS 'B' centers were established in the government, non-government and private hospitals with adequate gynecological facilities. Arrangement for contraceptive surgery were made available on fee per case basis. The Extension Service Teams were located at suitable RHS 'A' centers which provided services during the camps held in the surrounding rural areas. Separate staff and equipment was provided by the Population Welfare Department.

Under Reproductive Health/Contraceptive Surgery project (PAK/87/P10) UNFPA had been financing the RHS 'A' centres since 1987. The UNFPA assistance was for (i) renovation/construction of 'A' centres; (ii) medical equipment; (iii) provision of vehicles; and (iv) training of professional staff.

## II. OBJECTIVES OF THE RHS PROJECT

The long term and immediate objectives of the project as given in the project document were as follows:

### i. LONG TERM OBJECTIVES OF THE RHS PROJECT

- a. Raising the level of current practice of family planning from 12.9 percent in 1987-88 to 23.5 percent by 1992-93
- b. Providing reproductive health care services to mothers and child health care services for children under 5 years.
- c. Reducing the crude birth rate from 42.3 in 1988 to 38.0 by 1993.
- d. Preventing 3.17 million births during 1988-1993.

### ii. IMMEDIATE OBJECTIVES

- a. Provision of medical equipment and vehicles,
- b. Renovation of service outlets, (construction of 'A' Centres)
- c. Training of doctors and paramedics, and
- d. Institutionalization by reimbursement to FPAP for their RH/CS services.



In the light of the objectives, performance evaluation is carried out on behalf of UNFPA by NIPS in accordance with the terms of reference provided by UNFPA. (Annex-A)

### III. STUDY DESIGN

The evaluation of the RHS project (PAK/87/P10) has been carried out by randomly selecting a sample of 16 RHS 'A' centers from a total of 80 centers scattered in the four provinces and the capital Islamabad. Proper provincial representation was ensured by proportional allocation of the total number of centers of the province as indicated in table-1.

TABLE 1  
NUMBER OF RHS 'A' EXISTING AND SAMPLED CENTRES

RHS 'A' CENTER	PUNJAB	SINDH	NWFP	BALUCHISTAN	ISLAMABAD	TOTAL
Existing Centre	44	20	9	5	2	80
Sampled Centres	8	5	2	1	-	16

The evaluation focused on the strategy, work plan, targets and achievements of the RHS 'A' centers. This was done, firstly, through situation analysis of the RHS 'A' centers; and secondly, by obtaining information about the performance of the staff present at the center.

For the situation analysis following areas were looked into:

- i. Contraceptive surgery facilities available at the RHS 'A' center;
- ii. Staff strength of the RHS center;
- iii. Transport facilities for the clients;
- iv. Availability of medical equipment;
- v. Contraceptive surgery cases performed; and
- vi. Visits of client for other contraceptive methods.



For inquiring the performance of the staff of RHS 'A' centre, the focus was on the following:

- i. their employment with the population welfare programme;
- ii. participation of doctors and paramedical staff in regular training/orientation and refresher courses;
- iii. staff's involvement in contraceptive surgery cases and other Contraceptive methods, and
- iv. problems and suggestions referred by the staff in delivering services.

The selected RHS 'A' centers were visited by the research teams during January-February, 1994. The teams examined the facilities and performance of the centres and conducted interviews with the medical and paramedical staff present at the centre. Furthermore, to check the reliability of the client record, 3-5 interviews of the clients were held at their residence. Clients were randomly selected from the patient record cards to seek information about contraceptive surgery they had undergone.



#### IV PROGRESS MADE TOWARDS ACHIEVING LONG TERM OBJECTIVES

To achieve the long term objectives, the targets were set for the renovation of RHS 'A' centre during the project periods (1987-91). This project started in the existing 28 RHS 'A' centers and according to the project document, the number of 'A' centers were to be increased to 132 by the end of the project period. However, this target was revised during the Tripartite Project Review meeting held in November, 1988. It was decided to increase the number of RHS 'A' centres from 34 in 1988 to 79 by the end of 7th Five Year Plan period. Currently 80 'A' centres are existing and out of these only 51 'A' centers are in operational condition.

Similarly the targets set for each year to perform contraceptive surgery cases have not been achieved. The project document placed a target of 125 CS cases per month for each RHS 'A' center and, therefore, would achieve a target of 1500 CS cases annually. The overall targets for the RHS project were established keeping in view the existing number of RHS 'A' centres in the country. The statistics produced by the Ministry of Population Welfare showed that the annual achievements in terms of CS cases performed by the RHS 'A' centers, could not reach the 50 percent mark through out the project period 1987-93, except for the years 1988(56 percent) and 1987(62 percent). These statistics clearly indicated that the contribution of the RHS project towards achieving the long term objectives of Population Welfare Programme had been substantially low during the project period (Table-2). According to the documents produced by Ministry of Population Welfare, the main reasons for low performance were; (i) slow progress in establishing new RHS 'A' centres because of lack of interest of the hospital administration in providing space for establishing the centre; (ii) shortage of professional staff, mainly due to ban on recruitment of staff in various government departments.



TABLE 2

## NUMBER OF CS CASES PERFORMED BY RHS 'A' CENTRES DURING 1987-93

Year	Targets	Achievements	Percent Achievement
1987	75024	35602	47.5
1988	64170	35641	55.5
1989	59946	37107	61.9
1990	61562	29654	48.2
1991	79676	37985	47.7
1992	121632	38402	31.6
1993*	69768	21300	30.5
<b>TOTAL</b>	<b>531770</b>	<b>235700</b>	<b>44.3</b>

Note: \* Jan-June, 1993

Source: Government of Pakistan, "Monthly Performance Reports, 1988-93", Ministry of Population Welfare, Islamabad.



## V. PROJECT STRATEGY

The Provincial Population Welfare Departments are administratively responsible for providing services and establishing the service outlets with the cooperation of Provincial Health Care system. The RHS Directorate at the Federal Headquarter is responsible for policy formulation, determining the details of budgetary requirements and monitoring the implementation of project activities.

In order to achieve the immediate objectives, RHS 'A' centres were established in the teaching hospitals of the country to provide family planning services, mainly to carry out contraceptive surgery cases. The establishment and strengthening of the 'A' centres involved the following steps:

- i. The hospital administration provided few rooms (3-4) adjacent to the Gynea department for establishing office and storage purpose. The operation theatre facilities of the hospital are shared by Gynea department and population welfare department. Alternatively, separate buildings were also constructed by the MPW for the RHS 'A' centres;
- ii. staff for the 'A' centre were recruited and posted by the Ministry of Population Welfare;
- iii. medical equipment and vehicles were provided under UNFPA assistance. UNFPA also supported the renovation and construction of additional RHS 'A' centres.

Initially 33 RHS 'A' centres were established during 5th and 6th Five Year Plans i.e. upto 1988. Out of these 29 'A' centres started functioning in the 'dedicated spaces' attached with the Gynea departments of various hospitals while the rest were established in separate buildings. In 1987, the availability of sufficient space for establishing the 'A' centre was severely constrained due to over-crowding and growing demand of the hospital space. This was overcome by deciding to construct separate buildings for 'A' centres within the hospital premise.



During the 7th Five Year Plan (1988-93) construction of 30 centres was completed and 12 centres were under construction (Table-3). This delay was mainly due to slow process of allotment of land by the hospital administration.

Training of the staff of the RHS centres remained an important component of the project. Training programme was formulated in early 1987 to provide training to doctors and paramedical staff. Doctors were trained in the techniques of contraceptive surgery especially in minilapartomy. Initially, the duration of training was only for two weeks. However, later on it was extended to 28 weeks. Moreover, the training of paramedic staff was also strengthened to enhance management skills of operation theatre, contraceptive methods and counselling of the family planning clients. These trainings were conducted in 12 RHS 'A' centres. The progress in training component has been discussed in detail separately in this report.

#### **VI. BOTTLENECK AND PROBLEMS**

It was observed, after going through the progress of the RHS project, that the expansion of the network of the RHS 'A' centers could not follow the pace required to meet the targets due to following reasons:

- a. Slow construction and renovation process of the 'A' centres, was partly because of delay in land acquisition from the provincial health department and the lack of interest of the hospital administration. It was also noted, during the survey, that the CS performance of centres attached with the Gynea department was considerably poor. This was mainly due to shortage of space and lack of separate operation theatre for undertaking CS cases. Release of funds for construction also took longer time and created problems.
- b. The medical (surgical) equipment required for RHS 'A' centre was provided quite late in 1991-92 pointing towards the delay in supplies from UNFPA. Furthermore, RHS 'A' centres



with worn out medical equipment needed replacement of these items.

- c. Each 'A' centre was provided a vehicle for transportation of CS clients. Vehicles provided under this project could not fully facilitate the clients of the existing RHS 'A' centres. These vehicles were found being mostly used by the District Population Officials, for other purposes. This practice resulted in reducing life of the vehicles and also required extra funds for their maintenance.
- d. The professional staff for RHS 'A' centres was trained to carry out contraceptive surgery. However, some of the doctors didn't join the population welfare programme after attending these trainings. It was also noted that the training could not be arranged regularly. Most of the staff had only attended regular training and subsequently rarely attended any refresher trainings. Utilization of funds for training was, therefore, substantially low, especially in the case of foreign training very few doctors could avail this opportunity.



**VII. PROGRESS TOWARDS THE RENOVATION/CONSTRUCTION OF RHS 'A' CENTRES**

**i. Expansion of the network of RHS service outlets**

There were thirty (30) RHS 'A' centres in 1987 and 50 more centres were established during seven years of the project period. Official documents had a target of 132 'A' centres to be established by the end of the project period. This target has not been achieved and only 80 centres were established by the end of 1993. Furthermore, in terms of proper functioning, the Monthly Performance Reports indicate that out of these 80 centres only fifty (50) were performing the contraceptive surgery cases. The rest of the 'A' centres were providing services for other contraceptive methods.

**ii. Progress in the process of construction and renovation of RHS 'A' centres**

Necessary construction/renovation of the existing RHS 'A' centres was undertaken during the beginning of the 6th Five Year Plan period (1983-88). To establish these centres, separate space was dedicated within the teaching hospitals for the RHS 'A' centres with the cooperation of Provincial Health Department and the hospital administration. Among the RHS 'A' centres where construction was initiated, the construction of thirty (30) 'A' centres was completed and twelve (12) were still under construction by the end of 1993 (Table-3).



TABLE-3  
ESTABLISHMENT OF RHS "A" CENTRES DURING 5th, 6th AND 7th  
FIVE YEAR PLANS

Plans	Punjab	Sindh	NWFP	Baluchistan	Islamabad	Total
<b>5th &amp; 6th Plans</b> Before 1988 (renovated)	16	9	5	2	1	33
<b>7th Plan</b> 1988-93						
a) Construction Completed	19	6	2	3	-	30
b) Under- Constructions	6	4	1	-	1	12
<b>8th Plan</b> to be Constructed	3	1	-	-	1	5
<b>Total</b>	44	20	8	5	3	80

As regards the 16 sampled RHS 'A' centres, it was found that eight centres were working in their own buildings and other eight centres were attached with various Gynea departments. The working environment, in terms of number of rooms for the staff and independence of Utilization of operation theatre facilities, of the centre in their own building is observed to be much better than their counterparts i.e centres attached with the Gynea department of the hospital. It was observed during visits to the centres attached to the Gynea department that there was a shortage of rooms for physical examination, counselling of clients and sitting arrangement of staff. Maintenance of the



operation theatre was not satisfactory as it was observed that theatre were not hygienically clean, emergency lights were not available and in some cases air-conditioning was not proper. The staff claimed that they had little control over the theatres as they belonged to the Gynea departments and conducted CS cases only when permitted.

The CS cases performed by RHS 'A' centres with two types of building during December, 1993 is shown in (Table-4). Out of eight RHS 'A' centres working in their own buildings, only three centres were able to achieve the target of 125 CS cases per month. On the other hand, out of eight RHS 'A' centres working in the Gynea department, only one centre could achieve the target. Another point to be noted is that four centres working in own buildings performed less than 60 CS cases as compared to two Gynea department based centres. On the whole, twelve centres are found to be performing less than 100 CS cases per month. The three RHS 'A' centres that were not performing any CS cases was due to non-availability of doctors (Thatta, Sukkur) and absence of electricity (Attock). It may be concluded that the RHS 'A' centres working in their own buildings are performing slightly better than those attached with Gynea departments of the hospital.

TABLE 4

PERFORMANCE OF 16 SAMPLED RHS 'A' CENTRES BY TYPE OF THE BUILDING DURING THE MONTH OF DECEMBER, 1993

No. of CS Cases Performed per Month	No. of RHS 'A' Centres Working in		Total
	Own Building	Hospital Building	
Less than 60	4	2	6
60-80	-	2	2
81-100	1	3	4
101-124	-	-	-
125+	3	1	4
Total	8	8	16



VIII. CONDITION OF THE MEDICAL EQUIPMENT OF THE RHS 'A' CENTRE

The project document stated that a list of essential medical equipment was identified by the Ministry of Population Welfare and UNFPA officials in 1987. During 1989-90 UNFPA provided medical equipment to support the functioning of the RHS 'A' centres. It is indicated in the project document that UNFPA would provide medical equipment for 11 'A' centres and 10 Extension Service Units. Twenty newly established 'A' centres were provided medical equipment during 1991-92, equipment of four centres was replaced from the 20 sets of equipment. UNFPA was able to provide first consignment for five centres in February 1991 with a delay of almost three years. However, 16 new centres were equipped by the end of 1992. This indicates that the UNFPA commitment for equipment was fulfilled by the end of 1992.

The availability and condition of equipment at the 16 selected 'A' centres has been examined. Table-5 shows that ten centres are fully equipped and the equipment was in working condition, except in case of the Anaesthesia Machine. It was observed that only four centres had this machine and three of them were in use. The staff of the 'A' centre mentioned that they used syringes for local anaesthesia. However, it was noted that most of the centres (15 to 13) had the essential medical equipment i.e tables for operation, drug autoclave, instrument trolley and drip stand. The most important equipment that is Minilaparotomy kits were also available in 14 centres but the number of kits were around ten in stock at the time of visits.

The position of equipment is further examined for the two type of buildings of the 'A' centres (table-6). It is noted that there is little variation in the distribution of the equipment among two types of centres. It is observed that the hospital based centres are slightly better off in terms of some essential items.



The maintenance of the equipment register was also examined and it was found that nine centres maintained complete and up-to-date record of equipment. The registers of five centres were found partially completed. Two centres didn't have the register.

TABLE 5

AVAILABILITY AND CONDITION OF MEDICAL EQUIPMENTS OF 16 SAMPLED  
RHS 'A' CENTRES DURING DECEMBER, 1993

Equipment	No. of RHS 'A' Centres			
	Currently Available		Condition	
	Yes	No	Working	Not working
1. Operation Tables	15	1	14	1
2. Examination Tables	15	1	14	1
3. Drug Autoclave	13	3	10	3
4. Anaesthesia Machine	4	12	3	1
5. Portable Lights	13	3	10	3
6. Instrument Trolley	15	1	14	1
7. Basin Stand	12	4	12	-
8. Drip Stand	15	1	14	1
9. Gynea Metal Stool	11	5	10	1
10. Sturdy Patient Stool	10	6	9	1
11. Folding Wheel Chair	15	1	14	1
12. Stretcher on Wheel	12	4	12	-
13. Recovery Beds with foam	13	3	13	-
14. Ambu bag	12	4	10	2
15. Geperator	12	4	8	4
16. Suction Machine	10	6	9	1
17. Refrigerator	12	4	12	-
18. Air conditioner	14	2	13	1
19. Laparo/Minilapar- atomy Kits	14	2	14	-



TABLE 6

AVAILABILITY AND CONDITION OF MEDICAL EQUIPMENT OF 16 SAMPLED RHS  
'A' CENTRES DURING DECEMBER, 1993

Equipment	No. of RHS 'A' Centres			
	Currently Available		Working Condition	
	Own Building	Hospital	Own Building	Hospital
1. Operation Tables	8	7	8	6
2. Examination Tables	8	7	8	6
3. Drug Autoclave	6	7	6	4
4. Anaesthesia Machine	4	-	3	-
5. Portable Lights	6	7	5	5
6. Instrument Trolley	7	8	6	8
7. Basin Stand	6	6	6	6
8. Drip Stand	7	8	7	7
9. Gynea Metal Stool	4	7	4	6
10. Sturdy Patient Stool	5	5	5	4
11. Folding Wheel Chair	7	8	7	7
12. Stretcher on Wheel	6	6	6	6
13. Recovery Beds with foam	6	7	6	7
14. Ambu bag	7	5	5	5
15. Generator	6	6	3	5
16. Suction Machine	3	7	2	7
17. Refrigerator	7	5	7	5
18. Air conditioner	6	8	7	6
19. Laparo/Minilapar- atomy Kits	6	8	6	8



#### IX. CONDITION OF VEHICLES PROVIDED TO THE RHS 'A' CENTRES

To support the performance of RHS 'A' centre, a vehicle is required for the transportation of clients, collection of medicine/contraceptives and to assist the staff of the centre. Under the project, UNFPA agreed to procure 39 vehicles during the project period. Initially, 8 British made Landrovers were provided to the RHS 'A' centres operated by FPAP for strengthening their service facilities. These vehicles did not prove suitable and appropriate to assist in contraceptive surgery process during field camps. With this experience, UNFPA later on delivered vehicles consisted of Toyota and Mitsubishi for the use of RHS 'A' centres. UNFPA provided 6 Toyota Hiace vehicles during 1991-93. Maintenance and the POL expenditure of the vehicles were incurred from the GOP funds during the project period.

Out of the 16 RHS 'A' centres surveyed fourteen centres were found to have a vehicle in working condition which were provided by UNFPA (Table-7). The data reveals that all the 16 centres were now (1993) equipped with a vehicle. It was, however, found that sometimes these vehicles were in use of the District Population Welfare officials but made available for duties of the centre when needed. This overuse may reduce the life of the vehicle and more funds may be required for their maintenance.



TABLE-7  
 AVAILABILITY, SOURCE OF FUNDING, AND WORKING CONDITION OF  
 THE VEHICLES OF 16 SAMPLED RHS 'A' CENTRES  
 DURING 1987-1993

Year	Available		Source of Funding		Condition Working
	Yes	No*	GOP	UNFPA	
1987	9	6	-	9	7
1988	9	6	-	9	9
1989	9	6	-	9	9
1990	9	6	-	9	9
1991	10	6	-	10	10
1992	11	5	1	10	11
1993	14	2	-	14	14

\* Six centres were established after 1992



#### X. LAPAROSCOPE REPAIR AND MAINTENANCE CENTRE

A sophisticated equipment (laparoscope) is required to carry out laparoscopic procedure for contraceptive surgery. A repair and maintenance centre was established under the charge of Prof. Seyal in Lahore during early 80's i.e during 5th Five Year Plan period. Function of this repair and maintenance centre was to provide repair and maintenance services to all hospitals which had Laparoscopic facilities and to maintain adequate quantity of spare parts for replacement whenever needed. The Laparoscope technician had to visit the hospitals and RHS 'A' centres on regular basis, atleast after two months to each RHS centre. UNFPA provided funds for the repair and maintenance centre's staffing (PAK/87/P09) and equipment (PAK/87/P10). Under the project, this centre was taken over by the Ministry of Population Welfare and relocated it to Islamabad in April 1991 under the charge of RHS Directorate. An in-service projector operator of Regional Training Institute was trained to manage the repair and maintenance centre.

Performance of this centre was examined through the records relating to the number of visits of the technician to various RHS centres and repair work done. Ministry of Population Welfare records showed that the technician visited the RHS 'A' centres of Karachi and Hyderabad during January. His follow-up visits to the same centres were found for the month of August 1993, i.e with a gap of eight months. Moreover, single visits by the technician were found to various RHS centres in Punjab and NWFP. No visits were recorded for RHS 'A' centres in Baluchistan. The above examples clearly indicate that the frequency of visits to the RHS centres by the technician is much less than identified in the project document. He was supposed to visit each centre after every two months.



### XI. REIMBURSEMENT TO FPAP

Family Planning Association of Pakistan, an NGO started providing services of contraceptive surgery during 1982 through its static and extension service outlets. The Ministry of Population Welfare has been reimbursing the claims of CS at the rate of Rs.235 per CS case during the period of 1982-86. The performance of the FPAP during this period is as under.

TABLE-8  
NUMBER OF CONTRACEPTIVE SURGERY CASES PERFORMED BY FPAP DURING  
1982-1993

YEAR	ALLOCATED TARGET	ACHIEVEMENT	% ACHIEVEMENT
1982-83	7,600 Cases	7,430 Cases	97.8
1983-84	8,100 "	7,748 "	95.6
1984-85	9,200 "	8,609 (11 Months)	93.6
1985-86	12,500 "	12,111 (Estimated)	96.7
1987-88	16,944	11,259	66.4
1988-89	12,000	14,070	117.3
1990-91	17,508	10,081	57.6
1991-92	23,028	13,480	58.5
1992-93	28,860	18,152	62.9

The achievements of the FPAP in performing contraceptive surgery appears encouraging. Considering this performance, GOP continued supporting the FPAP in providing family planning services during 7th Five Year Plan (1988-93), and reimbursing the CS case fee under UNFPA project PAK/87/P10. Targets were revised for CS cases per year during the project period (1988-93). However, fluctuating proportion achievements are recorded for various years. For 1988-89 performance by FPAP in conducting CS cases was the best. For the following years, the achievement is relatively low and could not achieve the targets. In absolute terms, FPAP outlets do show encouraging number of CS cases. UNFPA provided a total amount of US\$ 1,119,645 to FPAP as reimbursement fee for CS cases during a period of 1988-93. UNFPA also assisted the FPAP in terms of providing training to its doctors and



paramedical staff, and supported them with vehicles for its service outlets. UNFPA assistance seems to be properly utilized by FPAP.

## XII. PROGRESS IN TRAINING COMPONENT OF THE STAFF OF RHS 'A' CENTRES

The RHS project emphasized on developing the skills of the professional staff by scheduling training programme during the project period. Following professionals benefitted from the training:

- i. the doctors and paramedics of the Population Welfare Programme were trained in performing contraceptive surgery, identifying surgically difficult cases, dealing with minor surgical problems, assessing and diagnosing abnormal Obs/Gynea and infertility cases.
- ii. non-programme doctors from NGOs, Target Groups Institution units and Line Departments in contraceptive surgery techniques especially Minilaparotomy. Paramedical staff were also trained in theatre management.
- iii. orientation workshops in related fields for doctors and paramedics of all categories.
- iv. training in micro-surgery techniques for treating infertility and recanalization of tubes.
- v. technical training in maintenance of laparoscopic equipment
- vi. training/orientation abroad of programme and non-programme doctors.

During 1987-93, the RHS project provided training to 959 doctors against the target of 415, In 1987 the project could not achieve the target of 108 and only 78 doctors attended the training sessions. This may be due to non-availability of sufficient training centres. With establishment of new training centres, the target of 107 was not only achieved but in addition 31 doctors from FPAP also attended trainings in 1988. In the following years the achievements of the project were



substantially high, indicating that the targets were not properly set according to the training facilities available in the country. A similar situation is observed for target setting of the training for the paramedical staff. More than 4100 paramedics were trained against the target of 377 (see Annex-VI).

The component of Foreign training remained very weak through out the project period and the funds were substantially underutilized. Only eight doctors have been sent abroad for training of Tubectomy and Norplant implantation to Indonesia during 1992.

To conduct the in-country trainings, twelve RHS 'A' centres were established as training centres, furthermore, with the cooperation of FPAP, the model centre at Lahore/Karachi and Behbood's RHS 'A' centre were also involved as training centres.

The evaluation teams interviewed some staff of the RHS 'A' centres and asked them about the subject of training, duration of their first training, and number of training courses attended during their service. It was noted that doctors were trained in contraceptive surgery (minilaparotomy) and the paramedical staff were taught about contraceptive methods, theatre management, midwifery, and counselling techniques.

Most of the doctors (8) attended initially 1-4 weeks training, while the theatre nurses (only 4) got training for more than 18 months (Table-9). The theatre technicians mentioned that usually they get on-the-job training and only a few of them attended proper training. Most of the family welfare workers (FWWs) attended a training of 18 months. In case of the Family Welfare Assistants (FWAs) the duration varied between 2 weeks to three months.

Table-10 shows that during the last five years, a large majority of the staff did attend at least one training course.



The staff who attend a course were mostly new entrants of the population welfare programme. The staff strongly felt the need of refresher courses to be held regularly after every two years.

TABLE - 9

NUMBER OF STAFF OF RHS 'A' CENTRE BY THE  
DURATION OF FIRST TRAINING ATTENDED

Staff	No. of Weeks			No. of Months			
	1-2	3-4	5-6	3	6	12	18+
1. Medical Officer	4	4	-	-	1	-	-
2. Theatre Nurse	2	-	-	2	-	-	4
3. Theatre Technician	-	1	-	2	1	2	1
4. FWW	1	-	-	-	1	-	20
5. FWA	5	1	1	5	-	-	-

TABLE - 10

NUMBER OF STAFF OF RHS 'A' CENTRE BY THE NUMBER OF  
TRAININGS ATTENDED DURING THE LAST FIVE YEAR

Staff	Number of Training			
	0	1	2	2+
1. Medical Officer	1	6	2	-
2. Theatre Nurse	5	3	-	-
3. Theatre Technician	5	1	-	-
4. FWW	9	10	3	-
5. FWA	6	3	1	-



**XIII. PERFORMANCE OF THE STAFF OF RHS 'A' CENTRE IN SERVICE DELIVERY**

The professional staff is mainly involved in service delivery related to (i) MCH care, (ii) contraceptive methods, and (iii) counselling of family planning. The findings of the survey (Table-11,12) show that the Medical Officer is mainly involved in providing contraceptive services. Her main role is to perform CS cases beside providing MCH care to the clients visiting the centre. The theatre staff ( Nurse, Technician) is mostly engaged in providing contraceptives especially assisting in CS cases and IUD insertions. The theatre technician though not responsible, but is still involved in FP counselling and delivery. The family welfare worker (FWW) seems to be the most involved person of the centre. She has been counselling the clients for family planning, providing contraceptives especially IUDs and Injectables, and in some cases also assisting the medical officer in the theatre. The Family Welfare Assistant (FWA) is mainly doing the job of counselling of FP and distributing the condoms and oral pills to the clients.

**TABLE - 11**

**NUMBER OF STAFF OF THE RHS 'A' CENTRE BY THE TYPE OF SERVICES PROVIDED TO THE CLIENTS**

Staff	Type of Services		
	MCH care	Contraceptive methods	Counseling of all clients
1. Medical Officer	7	9	9
2. Theatre Nurse	5	9	7
3. Theatre Technician	2	6	4
4. FWW	15	21	20
5. FWA	7	12	13



TABLE - 12

NUMBER OF STAFF OF RHS 'A' CENTRE BY THE  
TYPE OF FAMILY PLANNING SERVICES

Staff	Type of Family Planning Services			
	CS Cases	IUD	Others	Counseling
1. Medical Officer	9	8	6	7
2. Theatre Nurse	9	8	4	4
3. Theatre Technician	6	1	-	-
4. FWW	16	22	22	22
5. FWA	5	6	11	13

The main function of the RHS 'A' centre is to perform contraceptive surgery cases. The performance of the professional staff in regard to the CS cases performed during a single month at the centre is shown in table-13. It is observed that only two doctors performed more than 125 CS cases during a month whereas three doctors performed less than 80 cases in Dec. 1993. As regards the involvement of FWWs it is interesting to note that ten FWWs out of total 19 ( who were interviewed), assisted in less than 80 CS cases during Dec. 1993. It is clear from the data that, on the whole most of the staff of RHS 'A' centre were performing well below the mark of 125 CS cases per month.



TABLE - 13

**NUMBER OF STAFF OF THE RHS 'A' CENTRE BY  
THE NUMBER OF CS CASES ATTENDED DURING  
THE MONTH OF DECEMBER, 1993**

Staff	Number of CS Cases Attended		
	Less Than 80	80-124	125+
1. Medical Officer	3	1	2
2. Theatre Nurse	4	1	2
3. Theatre Technician	-	1	2
4. FWW	10	3	6
5. FWA	5	2	2

The average client attendance by the staff during a day was also examined. It is observed (tables 14 & 15) that most of the doctors had attended more than ten clients per day. Four doctors reported quite heavy daily activity by attending more than twenty clients per day. This pattern is closely followed by theatre nurse, who are usually not concerned with non-CS clients. Seven FWWs mentioned that they are attending more than sixteen clients per day which is an interesting point to note.

The overall picture of the client attendance shows that the number of family planning clients attended by various staff members is substantially low as compared to the total number of clients visiting the RHS 'A' centres (Table-15). On the average, most staff seems to attend 6-10 clients per day for various family planning methods. This is surely a discouraging situation.



TABLE - 14

NUMBER OF ALL TYPES OF CLIENTS ATTENDED BY RHS 'A'  
STAFF (PER DAY)

Staff	Number of all types of clients				
	1-5	6-10	11-15	16-20	20+
1. Medical Officer	1	-	4	-	4
2. Theatre Nurse	2	-	3	5	-
3. Theatre Technician	1	-	2	-	1
4. FWW	3	6	6	4	3
5. FWA	3	2	3	-	5

TABLE - 15

NUMBER OF STAFF ATTENDING FAMILY PLANNING CLIENTS PER DAY  
AT RHS 'A' CENTRES

Staff	Number of all types of clients				
	1-5	6-10	11-15	16-20	20+
1. Medical Officer	1	4	3	1	-
2. Theatre Nurse	2	5	1	1	-
3. Theatre Technician	1	2	-	-	1
4. FWW	3	12	5	1	1
5. FWA	4	5	1	2	1



#### XIV. MONITORING AND EVALUATION OF RHS PROJECT

The monitoring of the RHS project has been done separately by the Ministry of Population Welfare and UNFPA. The procedure adopted by the Ministry is that the service outlets send the monthly performance reports to the Provincial Head Offices. The monitoring cell at the provincial head office complete these reports and send these to the Directorate of RHS, MPW. Furthermore, the technical staff of the provincial offices and the RHS directorate of MPW also visits the RHS 'A' centres to get the first hand information about the performance of the centres and provide feedback to the concerned provincial offices by suggesting remedial actions. Federal Ministry also prepares an annual Project Progress Report (PPR) which includes the performance report, financial outlay and the bottlenecks and problems in the proper functioning of the service outlets.

UNFPA staff also regularly conduct monitoring of the RHS project by preparing an Annual Project Report (APR) after every six months. This report contains details of UNFPA inputs, analysis of the progress of different components and pinpoints the problems and presents suggestions for improving the progress of the project.

Furthermore, annual Tripartite Project Review (TPR) meeting were held during the project period except for the year 1989. The representatives of GOP, UNFPA and ODA participate in these meetings and discusses the progress of the project in detail. These meetings identify solutions to the problems and make recommendations for early rectifications. Several times the expansion of the RHS 'A' centres could not be adequately carried out due to slow progress of the construction of the centres. Repeatedly, it was mentioned in meetings or reports that the funds for training doctors and paramedics were heavily underutilized, especially the foreign training component. It was identified that British made vehicles were not found suitable for



the services of these 'A' centres. Japanese vehicles (Toyota Hiace) were recommended as more suitable. UNFPA responded positively to various recommendations, while government financial and decision making procedures did not respond adequately, and remained as maintained severe bottlenecks in the achievement of the project objectives.



#### XV. LESSONS LEARNED AND RECOMMENDATIONS

After taking all aspects of RHS project into consideration, following points need to be highlighted.

1. The Reproductive Health Services are the core activity of the population welfare programme. Their role should be strengthened by increasing separate buildings for RHS 'A' centres, as these result in better performance of the centres.
2. Availability of funds should be expedited for providing medical equipment and vehicles to facilitate the functioning of the RHS centres. Timely replacement of equipment and vehicles should also be made possible.
3. The training of the professional staff is an integral part of the RHS project, and is an ongoing activity. There is a need to maintain regularity of holding refresher courses for the staff to update the knowledge about latest developments in contraceptive technology. More doctors should be sent overseas so that they can learn new techniques of contraceptive surgery.
4. The monitoring and supervision of the RHS 'A' centres should be regularized by the officials of the population welfare programme. Feedback from the staff should be strengthened to remove the procedural bottlenecks and in solving the routine problems. The mid term evaluation is also a useful tool for checking the progress of the project and set it in the right direction.



**TERMS OF REFERENCE****(Annex-A)**

1. The extent to which each of the immediate objectives of the project has been achieved
2. The extent of progress made towards achieving the long terms objectives
3. The appropriations and feasibility of project strategy and workplan vis-a-vis the objectives
4. The bottlenecks and problems that hindered implementation of planned activities and their causes
5. The adequacy and timeliness of UNFPA inputs, and their contribution to the achievement of the projects immediate objectives
6. The adequacy and timeliness of Govt. inputs, including management personnel and their contributions to the achievement of immediate objectives
7. The adequacy and timeliness of project monitoring, both by UNFPA and Government and the role that monitoring played in solving implementation bottlenecks
8. The extent to which the role and concerns of women were taken into account in project formulation implementation and monitoring and the extent and level(s) at which women participated, both as project beneficiaries and agents.
9. The lessons learned from all aspects of the project, which may be of subsequent use to other similar projects.



## OBJECTIVES OF THE RHS PROJECT

(Annex-B)

Immediate Objectives

- i. To expand the network of service outlets in teaching hospitals, district headquarter hospitals, tehsil headquarter hospitals and private hospitals as under:

RHS centre	Currently operative ( 1987 )	Target for 1991
'A' Centre	28	132
'B' Centre	88	51
Extension Service Teams	9	21
Total	125	204

- ii. To provide quality RH/CS services to couples on a voluntary basis. The number of contraceptive surgery cases to be performed annually will be as bellow

	1987	1988	1989	1990	1991
CS	133,877	215,000	353,000	557,000	750,000

Targets for other contraceptive methods are as under

Method	1987-88	1988-89	1989-90	1990-91
Condom(Units)	102.111	111.442	124.627	133.090
Oral Pill(Cycle)	1.542	2.266	3.031	3.792
I.U.D (Cases)	0.293	0.669	1.024	1.348
Injectable(vials)	0.272	0.802	1.304	1.902
Foam(Bottle)	0.093	0.260	0.314	0.356



## STATUS OF CONSTRUCTION OF RHS 'A' CENTRES

	Centres established during 5th & 6th Plans		Centres established during 7th Plan Period			TOTAL
	Renovated/Constructed		Construction completed	Under Construction	To be Constructed during 8th Plan	
Punjab:	16		19	6	3	44
Sindh:	9		6	4	1	20
N.W.F.P.	5		2	1	-	8
Balochistan:	2		3	-	-	5
Federal:	1		-	1	1	3
Total =	33*		30	12**	5	80

\*RHS 'A' Centres with separate units:

-- Constructed = 3

-- Currently under construction = 1

\*\*In final stages:

1. JPMC, Karachi.

2. Civil Hospital, Badin.

3. S.G. Hospital, Saudabad, Karachi (E)



## TRAINING OF DOCTORS AND PARAMEDICALS DURING 1987 - 1993

YEARS	DOCTORS		PARAMEDICALS	
	Target	Achievement	Target	Achievement
1987	108	78	53	998
1988	107	100 + 31 (FPAP) = 131	52	633+429 (FPAP) = 1062
1989	106	140	34	942
1990	92	166	166	303
1991	-	48+97 (FPAP) = 145	-	239
1992	48	250	64	511
1993	31	49	8	48
<b>TOTAL:</b>	<b>492</b>	<b>959</b>	<b>377</b>	<b>4103</b>



## Annex - E

**DETAILS OF EQUIPMENT RECEIVED FROM UNFPA AS ASSISTANCE FOR RHS PROJECT**  
(JANUARY, 1987 TO SEPTEMBER, 1993)

UNFPA	REFERENCE	DESCRIPTION	Quantity Received	DISTRIBUTION PLAN					DATE OF DISTRIBUTION PLAN
				Punjab	Sindh	NWFP	Balochistan	Islamabad	
	-	Mimilap Kita	3	-	-	-	3	-	15-12-1987
	-	Laparoscopes	4	-	-	4	-	-	15-12-1987
	24-01-1989	EMO Portable Anaesthesia Sets	10	3	-	5	-	2	21-02-1989
	26-04-1989	02 Cylinders Trolleys	20	8	-	7	2	3	08-06-1989
	"	Regulator-cum-Flowmeter	21	8	-	8	2	3	"
	"	Air-conditioners	11	8	2	-	-	1(R&M Cntr. Lhr.)	"
	06-11-1989	Refrigerator Electric	7	3	-	3	-	1	14-11-1989
	"	Generators	8	3	-	3	1	1	"
	"	Wheel Chairs	7	6	-	-	1	-	"
	"	Pump Aspirating Surgical Portable	7	3	-	1	1	2	"
	"	Table Examination 2 sec.	7	3	-	3	-	1	"
	"	Table Instrument, Laryngoscope, Stool revolving, Wall Clock, Hb-Sets, Drum Sterilizing, Stretcher, Theatre- use trolley, Stethoscope etc.							



REFERENCE		DESCRIPTION	Quantity Received	DISTRIBUTION PLAN					DATE OF DISTRIBUTION PLAN
UNFPA	CW & S Karachi			Punjab	Sindh	NWFP	Balochistan	Islamabad	
	06-11-1989	Refrigerators	2	-	2	-	-	-	14-11-1989
	"	Generators	9	-	9	-	-	-	"
	"	Table Examining	1	-	1	-	-	-	"
	"	Wheel Chairs	3	-	3	-	-	-	"
		Table instrument, stool revolving, wall clock etc.							
11-12-1989	05-12-1989	Hydraulic Table	9	6	-	2	-	1	27-12-1989
		Scale Bathroom, Bad Nursing etc.		Distributed to all provinces except Sindh and Balochistan					
	15-01-1990	Lutoclaves	9	3	-	5	-	1	17-01-1990
		Electrocautry Machine	10	3	-	5	-	2	"
		Light Shadow-less, Umbrella type on stand	10	3	-	3	1	3	"
		Sterilizers, O2 Cylinders, Regulator-cum-Flow meter, Sphygmomanometer etc.		Distributed to all provinces except Sindh					
11-12-1989	15-01-1990	Laparotomy sets complete	14	4	4	4	1	1	22-01-1990
		Mimilap Kites. (Distributed through Laparoscope R&M Centre, Lahore)	118	40	30	30	10	8	"



REFERENCE		DESCRIPTION	Quantity Received	DISTRIBUTION PLAN					DATE OF DISTRIBUTION PLAN
UNFPA	CW & S Karachi			Punjab	Sindh	NWFP	Balochistan	Islamabad	
30-01-1991	28-09-1991	Minilap Kits (Received with equipment for 9 RHS 'A' Centre, Lahore)	140	75	45	20	-	-	08-07-1993
		Generators	5	3	1	1	-	-	"
		Sphygmomanometer	36	20	12	4	-	-	"
	01-07-1992	Minilap Kits (Received with equipment for 11 RHS 'A' Centres)	200	110	40	20	20	10 (R&M Cnt)	"
30-01-1991	28-09-1991	Airconditioners	9	5	3	1	-	-	15-10-1991
		Table Operating Hydraulic	27	14	6	5	2	-	
		Table examining folding	9	5	3	1	-	-	
		Autoclave (Medium)	9	5	3	1	-	-	
		Electrocautry Machine	9	5	3	1	-	-	
		Surgical lamp on stand	9	5	3	1	-	-	



REFERENCE		DESCRIPTION	Quantity Received	DISTRIBUTION PLAN					DATE OF DISTRIBUTION PLAN
UNFPA	CW & S Karachi			Punjab	Sindh	NWFP	Balochistan	Islamabad	
		Light operating stand type	9	5	3	1	-	-	
		Generating sets gasoline, wheel chair, Disinfectors, Stretchers, Pump Aspirators, Stethoscopes, Table instrument, Table utility, Flash light (rechargeable), Wall clock, Eb-Sets etc.							
05-03-1991		Light Operating stand type	4	2	1	-	-	1	
		Bed Iron fixed	36	18	12	-	-	6	
		Bed Iron Portable.	36	18	12	-	-	6	
		Foam Mattress, 02 Cylinders, 02 Regulator and Trolley, Stretcher, Hb-Sets, Examination Table, Scale Bathroom.							
	01-07-1992	Refrigerator Electric	11	8	2	-	1	-	10-01-1993
		Light operating stand type	11	8	2	-	1	-	
		Generating set, Gasoline	11	8	2	-	1	-	
		02 Cylinder, 02 Regulator & Trolley	22	16	4	-	2	-	



REFERENCE		DESCRIPTION	Quantity Received	DISTRIBUTION PLAN					DATE OF DISTRIBUTION PLAN
UNFPA	CW & S Karachi			Punjab	Sindh	NWFP	Balochistan	Islamabad	
		Table examining, stretcher, Table utility, Table instrument, Disinfector, scale Bathroom, Hb-Sets, wall Clock, Battery etc.							
	01-07-1992	Table Operating Hydraulic	22	16	4	-	2	-	15-02-1993
		Rechargeable Electrocautry	11	8	2	-	1	-	
		Rechargeable Flash-light	11	8	2	-	1	-	
		Sphygmomanometer etc							
	01-07-1992	Air-conditioners	11	8	2	-	1	-	15-02-1993
		Light examining	11	8	2	-	1	-	
		Wheel-chair, Drum Sterilizing etc							
11-04-1993	-	Typewriters	10	5	3	1	-	1 (RHS Dte)	14-04-1993
	04-04-1993	AV Equipment for two Master Training Centres							
		Projectors Kodak Extapro 5000 (Replaces SAV 2010 which is obsolete)	2	1	1	-	-	-	19-04-1993



REFERENCE		DESCRIPTION	Quantity Received	DISTRIBUTION PLAN					DATE OF DISTRIBUTION PLAN
UNFPA	CW & S Karachi			Punjab	Sindh	NWFP	Balochistan	Islamabad	
		Projectors 16 MM Biki SSL-2 with 2,000 FT Auto Take-up Reel	2	1	1	-	-	-	
		Projectors 3M Model M-2180	2	1	1	-	-	-	
		VCR	2	1	1	-	-	-	
		TV 21" Sony	2	1	1	-	-	-	
		Photostat Machine	2	1	1	-	-	-	
		OCTV Phillips, Transparency Machine etc.							



**Annex - F**  
**REPAIR AND MAINTENANCE WORK OF LAPAROSCOPIC EQUIPMENT FROM JANUARY TO SEPTEMBER 1993**

DATE	NAME OF HOSPITALS:	WORK DONE:	PARTS REPLACED/ISSUED	
9-1-1993	Civil Hospital L.M.C Hyderabad	Checked Laparoscope No. 852131 & 320-0 Checked Tri-control system & All other parts of Laparoscopic system. The F.O. Cable is not good working condition which is need replacement. The gas system of tri-control system was not working order repaired. The selector switch was not good working order which is need replacement. All the parts of Laparoscopic equipment checked cleaned, oiled & serviced.		
9-1-1993	Lady Dufferin Hospital Hyderabad	I visited L.D.H. Hospital Hyderabad for checking Laparoscopic equipment. Checked Laparoscope No 000720-501 5L1390. Checked tri-control system No 174-D & All other parts of Laparoscopic equipment. All the parts of Laparoscopic equipment cleaned, oiled & serviced.		
10-1-1993	F.P.A.P Model Clinic Karachi	Checked Laparoscope No 000720-501 (072024) Checked Laparator & tri-control system and other parts of Laparoscopic equipment. Provided two trocar cannulas, F.O Cable, one verres needle, three fuse, four & five washers, four valve of trocar cannula. The Telescope of Laparoscopes has become hyze replaced with Laparoscopes No. 852129. All the parts of Laparoscopic equipment biled, cleaned & serviced.	F.O. Cable No. Trocar Cannula, Verres needle. Fuse. Washers. Washers. Valve 12mg/ cannula Laparoscope with applicator.  (852129)	One Two One Three Four Five Four One
10-1-1993	Lady Dufferin Hospital RHS 'A' Centre Karachi.	Checked Laparoscope No 4H1107 & 4H1106. Checked Laparator No 451430 & 481440. Checked four trocar cannula. One trocar cannula out of order replaced with new. One Laparator Forceps rod out of order replaced with new. Checked three tri-control system No. H238, 128 & KCL 102. Provided one guide Kit, washers self sealing cannulas & selim line cannula. All the parts of Laparoscopic system are checked. One operating Laparoscope has become hazy. All the parts checked, cleaned, oiled & serviced.	Guide Kit Washers Washers Forceps rod/ Laparator Trocar cannula	01 04 06  01 02
11-1-1993	P.N.S. Hospital Karachi.	Checked Laparoscope & Tri-control system and other parts of Laparoscopic system. The Ultrine manipulator was out of order replaced with new all the parts of Laparoscopic system in working order.	Ultrine Manipulator	0



11-1-1993	J.P.M.C. Karachi.	Checked Laparoscopes No 427-o & 170-Wolf. Wolf Laparoscope has become hazy. Provided one verres needle and one F.O. Cable. Checked all the parts of Laparoscopic system. One F.O. Cable One operating Laparoscope & One trocar cannula was out of order which is need replacement. Checked two tri-control system No. H2818 569-A. All the parts of Laparoscopic system cleaned, Oiled & serviced.	Verres Needle F.O.Cable	100165-000 000565-501	01 01
12-1-1993	Civil Hospital (RHS-B) Karachi	Checked Laparoscope & Tri-control system and all other parts of Laparoscopic System. The applicator of Laparoscope was jammed, repaired. Point of trocar sharpened. Verres needle was broken replaced with new one. One Ejm lamp fused which is good replacement. All the parts of Laparoscopic equipment cleaned, oiled & serviced.	Verres Needle	100165-000	01
13-1-1993	K.V.Hospital Karachi	Checked Laparoscope No. 4937,31 Wolf & Laparocator No. LPM202. Checked Tri-control system wolf 2145 & Light system of Laparoscope No. 4016 Wolf. All the parts of Laparoscopic System & Laparocator system cleaned, cilnd & serviced. P of tronar sharpened. All the system are in working order.			
16-1-1993	Karachi Hospital Karachi	Checked Laparoscope & insufflator No. KGL = 102 All the parts of Laparocator system are in working order. All the parts checked cleaned, oiled & serviced.			
16-1-1993	Holy Family Hospital Karachi	Checked Laparocator No. LPM 1059 & Tri-control system No. KGL 102. Point trocar sharpened. All the parts of Laparocator system cleaned, oiled. All the system are in working order.			
17-1-1993	Abasi Shahred Hospital Karachi	The Laparoscopic system are not used in this Hospital.	Valve 12 : cannula/	00016-000	02
4-2-1993	K.C.H. RHS 'A' Centre Islamabad		Sealing washers cannula 12per Screw locking Valve cannula	000758-200 001158-501 000699-200	02 01 01
3-3-1993	C.M.H. Rawalpindi	All the parts of Laparoscopic system & Tri-control system are checked. The light system of Tri-control was out of order. Lamp switch of light system out of order replaced with new one. All the parts of Laparoscopic system are in working order.	Lamp on-off switch	100371-100	01
18-3-1993	Model Clinic F.P.A.P Lahore		Laparocator with Telescope. Trigger of Laparocator. Single Double adaptor of Laparocator. Screw locking. inner tube of Laparocator.	001281-506 001318-000 001712-000 00599-200 001192-501	01 01 01 01 01



5-4-1993	M.C.H. RHS 'A' Centre Islamabad	Checked Tri-control system internally and cleaned. Checked Laparoscope No. of 2629. The lense of operating telescope of Laparoscope has become hazy which is need replacement. Checked Laparoscope No. 2630 (complete) cleaned and serviced. Point of trocar sharpened. The applicator of Laparoscope checked. The angle of foreens tongue was out of angle, angle adjusted. All the parts of Laparoscopic equipment are in good working condition.	Operating Laparoscope.	000720-501	01
6-4-1993	M.H. Rawalpindi	Checked Operating Laparoscope No. 5041-0 lense of Operating laparoscope has become hazy which is need replacement. Replaced with new Laparoscope No. 2631. Grip of Utrine Manipulator was broken replaced with new No.00277-501. Trocar cannula was very old which is need replacement replace with new No. 001692. All other parts of Laparoscope system checked cleaned, serviced.	Operating Laparoscope. Utrine manipulator. Trocar cannula 12mm	000720-501 000277-501 001692-501	01 01 01
6-4-1993	R.C.H RHS 'B' Centre Rawalpindi	Checked Laparocator No. LPM 271 & Two Tri-control system No.KGL 102 & 2040 & Wolf Laparoscope No. 4939-31. Points of trocar sharpened. All the parts of Laparoscopic/laparocator system cleaned, oiled & serviced.			
6-4-1993	DHR Hospital RHS 'B' Centre Rawalpindi	Checked Laparocator No. LPM 259 & Insufflator and all other parts of Laparocator. All the parts of Laparocator system are cleaned and oiled. All the parts of Laparocator are in good condition.			
7-4-1993	Holy Family Hospital Rawalpindi.	Checked Laparoscope No. 26034A, Storz and Tri-control system No. 8640503 & Light source system 16720 and all other parts of laparoscopic system checked clean service & oiled. Valves of all cannulas gr. and oiled. Checked Laparocator No. LPM 250 the inner tube of Laparocator was out of order replaced with new. The forceps tongue was broken replaced with new. The forceps tongue was broken replaced with new. Checked Laparoscope No. 4H 1114. The applicator of Laparoscope out of order applicator repaired. The tongue of forceps adjusted. Points of trocar shared. Bivalve of cannulas oiled. provided 6 sealing washers No. 100468 & 2 No. 1692. All the parts of Laparoscopy/Laparocator & Indoscopy systems are in working condition.	Sealing washers 12mm Inner tube of Laparocator Forceps rod. Acorn stopper	100459-200 001692-501 001192-501 000701-503	08 02 01 01 01
7-4-1993	C.M.H. Rawalpindi	Checked Laparoscopes Laparocator No. OB-5858 & Tri-Control System No. 152-D and all other parts of Laparoscopy system. Points of trocar sharpened. Valve of cannula and other parts oiled, cleaned & serviced.			01
21-4-1993	D.H.Q. Hospital RHS 'B' Centre Sargodha.	Checked laparocator No. 195-LPM & Tri-control system No. KGL 102. The inner tube of Laparocator replaced & Forceps red angle adjusted. Valve of Tri-control system was broken which is need replacement. Provided one verrse needle. All the parts of Laparocator system checked cleaned, oiled & serviced.	Verres needle	100165-000	



22-4-1993	DHQ Hospital RHS 'A' Centre Faisalabad.	Checked Operating Laparoscope No. 147/0. Lense of operating Laparoscope has become hazy which is need replacement. Operating Laparoscope replaced with new No. OF 2629(000720-501). Checked Trocar cannula the valve of cannula was broken which is need replacement replaced with new cannula No. 001692-501. The valve of urine manipulator was broken. Urine manipulator replaced with new. Checked tri-control system internally cleaned, oiled & serviced. provided one Guide kit, tow sealing washers & two acorn small	Operating Laparoscope Trocar cannula Utrine manipulator Guide kit. Acorn small sealing washers	00720-501 001692-501 000277-502 000879-506 000285-000 001692-502	
13-6-1993	Nishar Hospital RHS 'A' Centre Multan.	Checked Laparocator No. 180-D & Two Tri-Control System No. 270-LPMM & Nil. The thum of Laparoscope was broken replaced with new. F.O Cable was out of order replaced with new one. Three Ejm lamps was fused replaced. Laparocator rod replaced. Telescope of Laparocator out of order replaced. Provided yoke seal gor sylinder. Point of trocar sharpened. All the parts of Laparocator system cleaned, oiled & serviced.			
14-6-1993	C.M.H. Lahore.	Checked Laparoscope No. 592-0 & Tri-control No. 169-D and trocar cannula 001158-501, Applicator & Utrine manhioulator No. 00277-501. Checked tubing with lever lock. No need of any service. All the parts of Laparoscapy system are in good working condition.	F.O Cable. Telescope. EJM Lamps Take seal. Thum of Laparocator Forceps rovd	000565-501 002399-501 100416-000 100154-000	
14-6-1993	Services Hospital RHS 'A' Centre Lahore	The Laparoscope equipment transformed from RHS 'A' centre services Hospital to RHS 'A' centre Ganga Ram Hospital Lahore.			
15-6-1993	Ganga Ram Hospital RHS 'A' centre Lahore.	Checked Laparoscope with applicator & tri-control system. The light of tri-control system out of order, repaired. Tow Ejm lamps fused, replaced. Provided one trocar cannula. All the parts of Laparoscopic system cleaned, oilde & serviced. point of trocar sharpened.	Trocar cannula. EJM Lamps	001158-501 100416-100	
15-6-1993	Ganga Ram Hospital RHS 'A' Centre Lahore.	Checked all the parts of Laparoscapy system. This equipment use only for diagnostic purpose not for tubeligation because there is no Laparoscope/laparocator along with cannula Kit for the same purpose. There are not trays for sterilization of the equipment. The above mentioned instrument is only for diagnostic Laparoscapy and not for ligation.			
16-6-1993	Services Hospital RHS 'B' Centre Lahore	Checked Laparoscope No. 26034-A & Tri-Control system No. 001282-503 and storz light system. All the parts of Laparoscapy system cleaned, oiled & serviced. Point of trocar sharpened. The Gas system of tri-control out of adjustment, adjusted. The F. O. Cable of system out of order which is need replacement.	EJM lamps. Guide. Inner tube of Laparocator	100416-000 001192-501	02 02 01



17-6-1993	Model Clinic FPAP Lahore.	Checked three Laparoscopes. The Inner tube of one Laparoscoper was out of order replaced with new. Two EJM lamps provided. All the parts of Laparoscoper system checked cleaned, oiled & serviced.				
17-6-1993	U.C.H Lahore	checked Laparoscope with applicator & laparoscoper with telescope and tri-control system internally. Point of trocar sharpened. All the parts of Laparoscope Laparoscoper system checked cleaned, oiled & serviced.				
29-7-1993	D.H.Q Hospital Rawalpindi		Cauty Machine(ERBE) Patient plate	10102-008 20193-008	01 01	
23-8-1993	Holy Family Hospital Karachi	All the parts of Laparoscoper system are on checked All the parts of Laparoscoper system are in working order All the parts of laparoscoper system cleaned, oiled & serviced. point of trocar sharpened. Angle of forceps rod of laparoscoper out of adjustment, angle adjusted.				
23-8-1993	J.P.M.C Karachi	Checked all the parts of laparoscopy system. Operating Laparoscope (Wolf) replaced.F.O Cable (Wolf) replaced. Utrng manipulator KLI replaced. Checked tri-control system. the lamps of the light system was fused replaced with new and two Ejm lamps provided extra.	Operating Laparoscope (Wolf). EJM Lamps. Trocar cannula. F.O.Cable (Wolf). Utrine Manipulator	4939.31 00416-100 934-B 00277-502	01 01 01 01	
23-8-1993	K.A.Hospital Karachi	Checked Laparoscoper with telescope & tri-control system Point of trocar sharpened. All the parts of Laparoscoper system cleaned, oiled & serviced.				
24-8-1993	L.D.Hospital Karachi	Checked Laparoscope No. 4939.31(wolf) & Laparoscoper No. LPM 216 and tri-control system. The locking screw of U.cannula was not working provided with new. The adaptor of F.O. Cable replaced. Provided two sealing washers. The telescope of Laparoscoper out of order which is need replacement.	Adaptor F.O. Cable Locking screw.	00470-000	01 01	
25-8-1993	L.D.Hospital RHS'A' Centre Karachi	Checked four Laparoscope/Laparoscoper & three tri-control system. Point of trocar sharpened & Ae of forces rod adjusted. The Lamp socket of tri-control system out of order which is need replacement. Provided three Ejm lamps. One guide kit, one verres needl. Four sealing washers for cylinder & sealing trocar cannula. One forceps rod of Laparoscoper. All the parts of Laparoscopy system checked, cleaned & oiled and serviced.	EJM lamps. Verres needle. Guide kit Toke seal. Sealing washers. Forceps rod.	00416-100 100165-000 000875-501 100154-000 001692-000	03 01 01 04 06 01	
25-8-1993	Model Clinic FPAP Karachi	Checked Tri-control system & Laparoscope KLI. Two EJM lamps fused replaced, with new. Provided one trocar cannula new. All the parts of Laparoscopy system are in working order.	Trocar cannula. Yoke seal. Sealing washers. EJM Lamps.	001692-501 100154-000 001692-000 00416-100	02 04 04 02	
26-8-1993	JPME RHS'A' Centre Karachi	All the parts of Laparoscoper system are in working order. All the parts of Laparoscoper system checked cleaned, oiled and serviced.				



28-8-1993	Civil Hospital RHS 'B' Karachi	Checked Laparoscope & Tri-control system internally. The lamp of light system was fused replaced with new. The applicator of Laparoscope was out of order replaced with new one. Provided seven washers of cannula. Point of trocar sharpened. Gas system refired. All the parts of Laparoscopy system cleaned, oiled & serviced.	Applicator for Laparoscope. EIM Lamps. Sealing washers.	00416-100 000758-200	01 01 07
11-10-1993	Lady Reading Hospital RHS 'A' Centre Peshawar	Checked all the parts of Laparoscopy/Laparocator system & Applicator of Laparoscope. Five EIM lamps replaced. Three fused M.L. Lamps replaced. Four acorn small provided. Gas system of Tri-central system out of adjustment. Lense of Laparocator/Laparoscope telescope cleaned. point of trocar cannula sharpened.	EIM Lamps. Fuse. Acorn small. Yoke seal. Lamp Mini light source.	00416-000 100137-100 000285-000 100154-000 00858-000	03 03 04 04 03
11-10-1993	H.S. Hospital RHS 'A' Centre Peshawar.	Checked Laparocator No. OB 5364. Laparocator out of order replaced with new. Provided one forceps rod --- Two Trocar cannula checked & Three Tri-control system. Point of trocar sharpened. All the parts of Laparocator system are checked cleaned, oiled & serviced.	Laparocator KLI OF(5987). Forceps rod.	001281-506	01 01
12-10-1993	Model Clinic FPAP Peshawar	Checked Laparocator No LPMM 254 & Telescope No. 1682. Trocar cannula No. SS12 and U. Manipulator 180M-1. Checked Laparocator No. LPMM 215. Telescope No. 1646 & Trocar cannula No. 1425, Tri-control system. All other parts of Laparocator system are checked.			
14-10-1993	RHS 'A' Centre Swat	Checked Tri-control system internally. Laparoscope with applicator completely & KLI control internally. The Telescope of Laparocator was out of order which is need replacement, replaced with new. Point of trocar sharpened. Gauge of yoke CO/2 sealing washer missing. Provided Two Sealing washers. The valve of cannula, Urtime Manipulator & Light system repaired. All the parts of Laparoscopy system checked cleaned, oiled & serviced.	Telescope of Laparocator. Yoke seal. Locking screw.	002399-501 100154-000 000699-200	01 02 01
16-10-1993	RHS 'B' Centre Abbottabad	Checked Laparoscope with applicator. The operating Telescope of Laparocator is not working satisfactorily which is need replacement. Cleaned lense of operating Laparoscope. Checked Tri-control system internally & Trocar cannula. Point of trocar sharpened. Gas system of tri-control system repaired. All the parts of Laparoscopy system checked cleaned, oiled & serviced.			





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