

**EVALUATION OF  
CONTRACEPTIVE SURGERY CASES AND  
FAMILY PLANNING SERVICES OF REPRODUCTIVE  
HEALTH SERVICES-B CENTRES IN PAKISTAN**

**Azra Aziz  
Dr. Saman Yazdani  
Waqas Imran**



**National Institute of Population Studies  
Planning and Development Division  
Government of Pakistan  
Islamabad**

**EVALUATION OF  
CONTRACEPTIVE SURGERY CASES  
AND FAMILY PLANNING SERVICES OF  
REPRODUCTIVE HEALTH SERVICES – B  
CENTRES IN PAKISTAN**

**Azra Aziz  
Dr. Saman Yazdani  
Waqas Imran**



**National Institute of Population Studies  
Planning and Development Division,  
Government of Pakistan  
Islamabad, Pakistan  
March, 2012**

*The study report on Evaluation of Contraceptive Surgery Cases and Family Planning Clients of Reproductive Health Services-B Centres in Pakistan was approved by the committee of the Ministry of Population Welfare (defunct) whose members were drawn from the national level experts, scholars, demographers, representatives from population welfare department and Reproductive Health Centres of Pakistan. The members of the Technical Advisory Committee responsible for the report were chosen for their special competences and with regard to appropriate representation. This report has been reviewed by a group other than the authors according to the procedures approved by the Report Review Committee of National Institute of Population Studies.*

*The National Institute of Population Studies (NIPS) was established in 1986 as an autonomous organization with a board of governors and an advisory Committee of experts to undertake Population and Development research and provide research based feedback to Population Welfare Programme and Planning & Development Division. Its role and responsibilities also include to provide technical assistance to the Population Welfare Programme in the identification and design of strategies and monitoring of defined objectives. The NIPS has become the principal operating body of data bank of government, non-government and international agencies in the conduct of their services.*

*Copyrights 2012 by the National Institute of Population Studies  
ISBN:978-969-9732-00-3*

*This report may be reproduce in whole or in parts for the official use of all the stakeholders. Any part of this report may be copied or adopted to meet local need without permission of the authors or the National Institute of Population Studies. The authors would appreciate receiving copy of any material in which the text or tables in this report are used and or the strategies and programmes developed on the suggestions/recommendation of this study. Additional information about the survey report may be obtained from the National Institute of Population Studies (Website: [www.nips.org.pk](http://www.nips.org.pk)).*

## TABLE OF CONTENTS

Foreword.....	v
Acknowledgement.....	vii
Abbreviations.....	ix
Executive Summary.....	xi
Summary Table of the Findings.....	xvii
<b>CHAPTER-1 .....</b>	<b>1</b>
<b>INTRODUCTION .....</b>	<b>1</b>
1.1 Background.....	1
1.2 Aim of the Study.....	3
1.3 Justification.....	3
1.4 Study Objectives.....	3
<b>CHAPTER-2 .....</b>	<b>5</b>
<b>METHODOLOGY .....</b>	<b>5</b>
2.1 Study Design and Sampling Methodology.....	5
2.2 Sample size.....	5
2.2.1 For the Situation Analysis of RHS-B Centres.....	5
2.2.2 For the Perception of District Population Welfare Officers.....	6
2.2.3 For the Registered Contraceptive Surgery Clients.....	6
2.2.4 For the Exit Clients.....	7
2.3 Research Tools.....	7
2.4 Team Composition and Responsibilities.....	8
2.5 Quality Control Measures.....	9
2.6 Data Collection.....	9
2.7 Challenges.....	9
2.8 Coverage.....	10
2.9 Data Processing and Analysis.....	10
<b>CHAPTER-3 .....</b>	<b>11</b>
<b>SITUATION ANALYSIS .....</b>	<b>11</b>
3.1 Situation of Building.....	11
3.2 Period of Establishment and Source of Funding.....	12
3.3 Operation Theatre and Other Facilities.....	13
3.4 Staffing Position.....	14
3.5 Quantity and Source of Supply of Contraceptive.....	15
3.6 Current Stock Position.....	16
3.7 Clientele at RHS-B Centres.....	16
3.8 Transportation and Refreshment.....	17
3.9 Job Satisfaction.....	18
3.10 Source of Referral.....	18
3.11 Problems.....	19
3.12 Suggestions.....	20
3.13 Observational Analysis.....	21
<b>CHAPTER-4 .....</b>	<b>23</b>
<b>CONTRACEPTIVE SURGERY CLIENTS .....</b>	<b>23</b>
4.1 The Characteristics of Clients.....	23
4.1.1 Age.....	23
4.1.2 Education of the Clients.....	23
4.1.3 Education of the Clients' Spouse.....	24
4.1.4 Employment Status.....	24
4.1.5 Number of Living Children.....	24
4.1.6 Still Birth.....	24
4.1.7 Abortion.....	24
4.2 Knowledge about RHS-B Centre in the Local Area.....	26
4.3 Counselling at RHS-B Centres.....	26

4.4	Referrals of Contraceptive Surgery .....	27
4.5	Reasons to Select RHS-B Centre for the Contraceptive Surgery .....	28
4.6	Problems Faced During Surgery .....	29
4.7	Post-Surgery Counselling and Follow up .....	29
4.8	Complications after Surgery .....	30
4.9	Payment to Clients .....	30
4.10	Resuscitation of Client .....	31
4.11	Satisfaction of Clients .....	31
4.12	Situation of RHS-B Centres Premises and Attitude of Staff .....	32
4.13	Deficiencies of RHS-B Centres .....	32
4.14	Suggestions for the Improvement of RHS-B Centres .....	33
<b>CHAPTER-5 .....</b>		<b>35</b>
<b>FAMILY PLANNING CLIENTS.....</b>		<b>35</b>
5.1	Background Characteristics .....	35
5.1.1	Age .....	35
5.1.2	Education of the Respondent.....	36
5.1.3	Education of Husband .....	36
5.1.4	Employment.....	37
5.1.5	Number of Living Children .....	37
5.1.6	Stillbirths and Abortion.....	37
5.2	Source of Counselling about Family Planning.....	40
5.3	Source of Knowledge about RHS-B Centres in Local Area.....	40
5.4	Side Effects from Current FP Method .....	41
5.5	Client Services at/in the RHS-B Centres .....	42
5.6	Deficiencies of RHS-B Centres .....	43
5.7	Suggestions for the Improvement of RHS-B Centres.....	43
<b>CHAPTER-6 .....</b>		<b>45</b>
<b>PERCEPTION OF DISTRICT POPULATION WELFARE OFFICER .....</b>		<b>45</b>
6.1	Establishment and Current Status of RHS-B Centres .....	45
6.2	Functional and Non-Functional RHS-B Centres.....	45
6.3	Situation and Performance of the RHS-B Centres .....	47
6.4	The RHS-B Centres and DPWO at the District Level.....	48
6.5	Criteria for Performance and Assessment of Performance of RHS-B Centre .....	50
6.6	Supervision of RHS-B Centre by MoPW.....	50
6.7	Suggestion for the Improvement of RHS-B Centre by DPWO .....	51
<b>CHAPTER-7 .....</b>		<b>53</b>
<b>KEY FINDINGS/CONCLUSIONS .....</b>		<b>53</b>
7.1	Situation Analysis.....	53
7.2	Contraceptive Surgery Clients .....	54
7.3	Exit/Family Planning Clients.....	55
7.4	The Perception of District Population Welfare Officers (DPWO).....	57
<b>CHAPTER-8 .....</b>		<b>59</b>
<b>RECOMMENDATIONS .....</b>		<b>59</b>
	For the Government.....	59
	For the private partners.....	60
	For NIPS .....	60
<b>ANNEXES .....</b>		<b>61</b>
<b>ANNEX-A .....</b>		<b>63</b>
<b>ANNEX-B .....</b>		<b>69</b>
<b>ANNEX-C .....</b>		<b>71</b>
	List of Project Staff.....	71
<b>ANNEX-D .....</b>		<b>73</b>
<b>QUESTIONNAIRES .....</b>		<b>73</b>

## LIST OF TABLES AND FIGURES

### **CHAPTER 2      MATHODOLOGY**

Table 2.1:	Distribution of sample according to private partners, province and clients. ....	7
Table 2.2:	Coverage of registered and Exit Clients by private partners and province. ....	10

### **CHAPTER 3      SITUATION ANALYSES**

Table 3.1:	Number of RHS-B centres by building occupancy and number of rooms. ....	12
Table 3.2:	Number of RHS-B centres by year of establishment and source of funding. ....	13
Table 3.3:	Number of RHS-B centres of all partners by facilities. ....	14
Table 3.4:	Percent distribution of health outlets by number of current staff in position of various cadres. ....	15
Table 3.5:	Percentage of stock of contraceptives by private partners. ....	16
Table 3.6:	Percentage of source of contraceptives by private partners. ....	16
Table 3.7:	Percent distribution of RHS-B centres by number of users and private partners. ....	17
Table 3.8:	Number of RHS-B centres that provided transport and refreshment to the contraceptive surgery clients. ....	17
Table 3.9:	Percentage of RHS-B centres by complaints/problems as stated by the in-charge. ....	20
Table 3.10:	Percentage of RHS-B centres by the suggestions for the improvement. ....	20
Table 3.11:	Percentage of activities of RHS-B centres by private partners. ....	22

### **CHAPTER 4      CONTRACEPTIVE SURGERY CLIENTS**

Table 4.1:	Percentage distribution of respondents who had contraceptive surgery by their background characteristics and private partners. ....	25
Table 4.2:	Percentage of women who got knowledge about RHS-B centre from different sources in their area by private partners. ....	26
Table 4.3:	Percentage of women who were recommended by different referrals for the surgery by private partners. ....	28
Table 4.4:	Percentage of women who reported reasons for selecting RHS-B centre for the surgery by private partners. ....	28
Table 4.5:	Percentage of women who reported problems faced during surgery by private partners. ....	29
Table 4.6:	Percent distribution of women who were asked and visited RHS-B centres for follow-up by private partners. ....	29
Table 4.7:	Percent distribution of clients by private partners and attitude of staff. ....	32
Table 4.8:	Percent distribution of women who reported deficiencies of RHS-B centres by private partners. ....	33
Table 4.9:	Percentage of suggestions given by the respondents for the improvement of RHS-B centre by private partners. ....	34

### **CHAPTER 5      FAMILY PLANNING CLIENTS**

Table 5.1:	Percent distribution of users by background characteristics and by private partners. ....	38
Table 5.2:	Percent distribution of users by background characteristics and contraceptive method. ....	39
Table 5.3:	Percentage of Exit Clients who received counselling about FP by private partners. ....	40
Table 5.4:	Percentage of Exit Clients who received knowledge about RHS-B centre through different sources by private partners. ....	41
Table 5.5:	Percentage of Exit Clients who faced side effects from the current method by private partners. ....	41

Table 5.6:	Percentage of Exit Clients who have taken action in case of complaints by private partners. .42
Table 5.7:	Percentage of Exit Clients who have reported deficiencies of RHS-B centres by private partners. ....43
Table 5.8:	Percentage of suggestions given by the respondents for the improvement of RHS-B centre...44

**CHAPTER 6 PERCEPTION OF DISTRICT POPULATION WELFARE OFFICER**

Table 6.1:	Period of establishment of the sampled RHS-B centres reported by DPWO.....45
Table 6.2:	Total number of RHS-B centres by province, districts and status of operation.....46
Table 6.3:	Percent distribution of DPWO who reported about the Signboard displayed at the RHS –B... centres.....47
Table 6.4:	Percentage of physical state of the RHS-B centres in the sampled districts as described..... by the DPWO.....48
Table 6.5:	The method of contraceptive supply to RHS-B centre in sampled districts.....49
Table 6.6:	Percentage of criteria used for assessing the performance of RHS-B centre.....50
Table 6.7:	Supervision of RHS-B staff by MoPW.....51
Table 6.8:	Percentages of suggestions for the improvement of RHS-B centres at district level as..... reported by DPWO. ....52

**ANNEXURE A**

Table A.1:	Institutional reimbursement cost (IRC) rates approved by PWD W.E.F 2007 for male and .... female contraceptive surgery cases at RHS-B centres.....63
Table A.2:	List of registered/ operational RHS-B centres of all partners. ....64
Table A.3:	List of sampled RHS-B centres.....66
Table A.4:	List of RHS-B centres responded to situation analysis questionnaire.....67

**ANNEXURE B**

Table B.1:	Contraceptive stock position of all private partners (22 RHS-B centres) .....69
Table B.2:	Clientage of RHS-B centres of all private partners during 2008-09 .....69

## Foreword

Programme components of the defunct Ministry of Population Welfare (MoPW) were evaluated by NIPS from time to time to provide a basis for further refinement and improvement in the implementation of the programme/s. For this purpose, an evaluation of the Reproductive Health Services (RHS)-B Centers, operated by NGOs and Private sectors in collaboration with MoPW was carried out.

The objective of the study was to assess the performance of RHS-B Centers regarding the CSC's performed, to examine and assess the FP services being provided by RHS-B Centers and Institutional Reimbursement Claims (IRC) paid by the District Population Welfare Officers during the year (July 2008 –June 2009).

The evaluation of Contraceptives Surgery Cases (CSC) and Family Planning (FP) Services of RHS-B Centers was done for the first time with a view to provide a solid basis for continuing public private partnership, generate suggestions and appropriate corrective measures for the future. A professionally competent team of NIPS staff was entrusted with the task of carrying out the evaluation. Thirty RHS-B Centers of several private partners were visited and information was successfully collected from 330 registered clients and 173 clients on the spot at the service outlets. Information on situation analysis was obtained from 66 centers of different partners. District Population Welfare Officers were also interviewed to get their perception on the performance of RHS-B centers located in their jurisdiction.

Various individuals and private organizations contributed to the successful completion of the study to which I am really thankful. I wish to acknowledge the dedication of all Supervisors, Interviewers and Coordinators of the data collection teams who worked restlessly to collect quality data in the stipulated time. I would also extend my appreciation to the DEOs who involved in the study. I also wish to acknowledge the support given by administration and accounts section of this Institute.

Furthermore, we owe special thanks to the reviewers of the draft manuscript for valuable comments and suggestions. The efforts of Syed Mubashir Ali, Freelance Consultant are acknowledged and appreciated for editing of the report of the study.

Mr. Amanullah Bhatti, Project Director, Mrs. Azra Aziz, Principal Investigator and Mr. Waqas Imran, Deputy Principal Investigator, deserve special commendation for successfully conducting the survey and producing this report.

I appreciate the contribution of Dr. Saman Yazdani Khan, Consultant for this study for



providing technical assistance during the execution of the survey and writing this report and to Shirkat Gah-Women's Resource Centre, Pakistan, for sparing her to do so. I also appreciate the efforts of Mr. Faateh-ud-din Ahmad, Programmer, for providing guidance for data analysis in a timely manner.

The present evaluation has some invaluable suggestions and inputs for the planners and policy makers, which will form the basis for strengthening and further improvement of partnership with private sector.



**(Saeed Ahmad Khan)**  
**Executive Director**

## Acknowledgement

The study titled “Evaluation of Contraceptive Surgery Cases (CSC) and Family Planning (FP) Services of Reproductive Health Services – B Centres (RHS-B)” is the first evaluation of its kind ever conducted since their establishment and the establishment of the Public Private Partnership (PPP) to provide Reproductive Health (RH) services in the country.

The objectives of the study were to assess the performance of RHS-B Centres regarding the CSCs performed, the Institutional Reimbursement Claims (IRC) paid by the district Population office during one year (July 2008 – June 2009) and to examine and assess the FP services being provided by the RHS-B Centres. In addition, to explore the current status of RHS-B Centres engaged in the provision of RH and FP services with the collaboration of MoPW.

Various individuals and private organizations contributed to the successful completion of the study. We are and must be thankful to them. We wish to acknowledge all supervisors, interviewers and the coordinator of the data collection teams who worked restlessly to collect quality data in the stipulated time. We also wish to thank administration and accounts for administrative and financial support and specially Mr. Faateh-ud-din Ahmed, Programmer, who assisted in managing and analyzing the data.

We are also thankful to Dr Mumtaz Esker, Director General (Technical), MoPW (defunct) for her facilitation, guidance and necessary inputs. Thanks are also due to Dr. Shabana Saleem, Director RHS, Dr. Sofia Yunus, in charge RHS-A FGSH and Dr. Irum, DDPWO (Tec.) in the Ministry of Population Welfare who were helpful and cooperative in providing the required inputs at the initial stage of the study. A special thanks to Centre for Health and Population Studies (CHPS), Pakistan and Shirkat Gah-Women’s Resource Centre, Pakistan, for sparing the consultant to complete this work.

The evaluation could not have been completed without the cooperation of the managers and staff of the RHS-B Centres included in the sample. Their valuable inputs in the evaluation are highly commended. We are deeply indebted to Mr. Amanullah Bhatti, Director (R&S) and

Dr. Sajid Ahmed, Executive Director (then), NIPS, who provided all kind of administrative support and directions due to which we are able to complete the project successfully. We also appreciate the efforts of Mr. Muhammad Imran, Stenographer, for formatting the report.

**Azra Aziz  
Dr. Saman Yazdani  
Waqas Imran**

MoPW	Ministry of Population Welfare
MSS	Marie Stops Society
NGO	Non- Governmental Organization
NIPS	National Institute of Population Studies
OT	Operation Theatre
PAVHNA	Pakistan Volunteer Health and Nutrition Association
Pvt.	Private
PWD	Population Welfare Department
PWP	Population Welfare Programme
PLDs	Provincial Line Departments
PPP	Public Private Partnership
RH	Reproductive Health
RHS	Reproductive Heal Services
RMO	Resident Medical Officer
RTI	Regional Training Institute/s
SAF	Standardized Assessment Form
SPSS	Statistical Package for Social Sciences
Supt	Superintendent
Surg.	Surgery
Tech.	Technical
TL	Tubal Ligation
TFR	Total Fertility Rate
Vasect.	Vasectomy
WMO	Woman Medical Officer
FGSH	Federal Government Services Hospital
CHPS	Centre for Health and Population Studies

## Abbreviations

AC	Air Conditioner
Approx.	Approximately
B.T.L	Bilateral Tubiligation
CS	Contraceptive Surgery
CSCs	Contraceptive Surgery Cases
CPR	Contraceptive Prevalence Rate
CBOs	Community Based Organizations
DDPWO	Deputy District Population Welfare Officer
DPWO	District Population Welfare Officer
EmONC	Emergency Obstetrics and Neonatal Care
Equip.	Equipment
FP	Family Planning
FPAP	Family Planning Association of Pakistan
FWA	Family Welfare Assistant
FS	Female Sterilization
GoP	Government of Pakistan
Hd.	Head
Govt.	Government
GS	Green Star
ICT	Islamabad Capital Territory
IEC	Information, Education and Counselling
Inj.	Injectables
IRC	Institutional Reimbursement Cost
IUCD	Intra Uterine Contraceptive Device
KP	Khyber Phakhtunkhwa
KRL	Kahuta Research Laboratories
Lap.	Laparoscopy
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MoU	Memorandum of Understanding

## **Executive Summary**

### **Background**

In the last quarter of 2009, the defunct Ministry of Population Welfare (MoPW) , Pakistan, requested the National Institute of Population Studies (NIPS), Islamabad, to undertake an evaluation of the Reproductive Health Service (RHS) - B Centres in Pakistan. The RHS-B centres are non-programme service outlets of the MoPW, usually set-up in partnership with NGOs and the private sector and offer Reproductive Health (RH) services package including preventive, obstetric and gynaecological services, maternal and child health (MCH) care, consultation and counselling for infertility and full range of FP methods including Contraceptive Surgery (CS).

### **Objectives**

The specific objectives of the evaluation were to assess the performance of RHS-B centres regarding Contraceptive Surgery Cases (CSCs) performed and Institutional Reimbursement Cost (IRC) claims paid by the district office for the CSCs during July 2008 to June 2009 and also to examine and assess the Family Planning services being provided by them.

### **Partners**

The major partners identified were Green Star, Marie Stopes Society (working all over Pakistan), Family Planning Association of Pakistan (present all over Pakistan except Sindh), Pakistan Volunteer Health and Nutrition Association (Sindh only). RHS-B Centres operating in Government Hospitals at Tehsil Hospital Kharian, Gujarat and KRL General Hospital were included in the evaluation.

### **Methodology**

Both structured and open ended questions were used to interview clients, the District Population Welfare Officer (DPWO) of Population Welfare Department and In-charge RHS-B centres of partner NGOs/private organizations using random and multistage sampling technique per group.

### **Coverage**

Among 80 total registered centres of major partners (i.e. Green Star, Marie Stopes Society, Family Planning Association of Pakistan, Pakistan Volunteer Health and Nutrition Association, and RHS-B Centres operating in Government Hospitals) 30 centres were visited for the

validation of registered and exit clients.

A total of 65 centers of these partners responded to the circulated questionnaire on situation analysis, wherein information was collected on physical infrastructure, functioning, staffing, contraceptive supply, stock, client age, extension camps, incentives for clients, monitoring procedure and job satisfaction.

Of the total number of 20 districts involved in the study, 18 District Population Welfare Officers were interviewed (Two of them had additional charge of another district). DPWOs provided information regarding functioning, location, supply of contraceptives, reporting, validation of Contraceptive Surgery cases facilities and monitoring of RHS-B centres being run in the district.

The total numbers of clients interviewed were 510 out of which 333 were registered clients who had undergone Contraceptive surgery (CS) in the past at an RHS-B Centre and 177 were exit clients present at the time of survey when the NIPS team visited the Centres. Of the total 333, there were 3 male clients and of the exit clients 4 were male clients who were excluded from the analysis because of insufficient number. Thus the report contains analysis of 503 female clients.

Perceptions of clients were collected pertaining to counseling at RHS-B Centers, situation of RHS-B centers, counseling before and after surgery, problems faced during surgery, complications after surgery, payment to clients, resuscitation of client, post-surgery counseling and follow up. Questions were further asked about satisfaction of clients and suggestions sought on improvement of services.

### **Findings**

Most of the RHS-B centres have their own building and the impetus for establishing these centres occurred only after 1999 when 59 percent were created. Interestingly, most were financially supported by their own organizations and received contraceptive supply from sources other than DPWOs. The RHS-B centres had a client load of 500-2000 clients during the study period July 2008-June 2009. Most clients were referred by health professional/s of different hospitals followed by referrals by the Population Welfare Department. One important issue identified by clients, was to reduce the delay in **validation process and reimbursement of IRC claims**. Some other issues identified by the NIPS Field Survey Team were that Family Planning sign board, direction of sign and price list of contraceptives were displayed by less than one third of the RHS-B centres. Same was true regarding keeping a copy of the Computerized National

Identity Card (CNIC) of the clients by the RHS-B centres. There was high level of job satisfaction of the staff.

Findings pertaining to the registered clients who had undergone CS showed that most (72 percent) were in age group 30-39 years and just under half (41 percent) were illiterate, only 15 percent had primary education and 12 Percent had education higher than primary level. Majority of clients were employed (87 percent) and most had 5 or/and above living children (70 percent). About 49 percent CS clients received resuscitation after surgery and 90 percent received payments against CS. Regarding counselling at the RHS-B Centre, 52 percent of clients reported receiving FP counselling and 48 percent received none. Whereas 62 percent and 92 percent of the CS clients received counselling before and after the contraceptive surgery operation respectively. Follow-up was suggested to 81 Percent of the clients. They regularly received their compensation money (except Government clinic clients) but few received proper resuscitation post-surgery. There was a high level of satisfaction with services and staff and amongst suggestions for improvement many suggested that the number of centres should be increased.

Findings pertaining to the Family Planning (exit clients) interviewed on the spot revealed that 64 percent clients were between age group of 30-39 years old although younger age group also made up a total of 28 percent of the clients visiting the centre. About 55 percent of the clients were illiterate whereas 15 percent had education upto primary level. Most of the clients had living children 5 and above but single child families were also present in this group. 86 percent were gainfully employed and the younger age group (< 25) showed a preference for spacing and IUCD was most popular (58 Percent) followed by pill and Injectable (17 percent), and none were using CS. **Where the number of children exceeded four, there was a steep rise in CS.** Major reasons reported by clients for using FP were that they had achieved desired family size (25 percent) and the current method was easy to use (20 Percent). Most clients (43 Percent) reported that they were referred by personnel of Health Department followed by referrals by personnel of Population Welfare Department, Dai/TBA and 15 Percent by personal contacts. Regarding counselling, 75 percent of FP (exit) clients received it.



Both registered and exit clients (95+ Percent) were satisfied with the attitude of the staff and services provided by the RHS-B centres and would recommend it to others. Most clients asked for the number of centres to be increased.

34 percent CS clients and 36 percent exit clients reported ever having an abortion in their reproductive life.

The DPWOs confirmed that the majority of the Centres were created in the last decade. Many of the Centres were non-functional especially in the KP province where not only the numbers of centres were few but majority were non-functional. Also the geographical distribution of the RHS-B centres was skewed as many in provinces like KP and were proportionally far below the population size. Furthermore the DPWOs reported that 1/3<sup>rd</sup> to half have a signboard, displayed a price list, and 1/3<sup>rd</sup> of the time contraceptive supply was done by them, however a majority (74 percent) displayed IEC material and validation of CS cases took place 89 Percent of the time. About (72 percent) made supervisory visits to the centres either once a month (61 percent) or once every quarter (31 percent). A high level of satisfaction with the performance report was reported by the 70 percent of the DPWOs. But the disturbing fact was that the 30 percent who were not satisfied (e.g. the condition of operation theatre was poor etc.), only did something to improve the situation in 4-26 percent of the cases.

### **Conclusion**

It seems that generally the RHS-B centres were well established institutions, well staffed and well equipped, despite some being non-functional. The Centres were well known in the area as the sources of referral were mainly from the health and population sector of the area and except for a few complaints, they were mostly functioning satisfactorily.

The Contraceptive Surgery (CS) clients that frequently visited the RHS-B centres were mostly in their 30's, majority illiterate, mostly in paid employment, had large family size with few reported induced abortions. They expressed a high level of satisfaction with services and staff and the reasons of selecting the centre included good staff behaviour and the centre being good, few complications during and post surgery. They regularly received their compensation money (except Government clinic clients) although proper resuscitation post surgery services for all partners needed to improve. There was a desire that the number of centres should increase.

Women in the exit clients group (present at the RHS-B centre at the time of interview) were also

majority 30-39 years old but younger age group women were also visiting the centre. Majority were educated with higher education (including husbands), were employed and there were single child families too. Majority were gainfully employed. The choice of Contraceptive Surgery cases increased with increased number of living children. The number of induced abortions were more as compared to CS group and these clients were referred mostly by Health and Population Sectors but Dai (untrained traditional birth attendant) also referred cases. Side effects were reported by clients and many sought treatment at the Centre. There was a high level of satisfaction and the three most significant suggestions for improvement included: i) posting a security guard at the centre ii) staff should respond more quickly to emergencies and iii) increasing the number of centres.

The DPWOs confirmed that the majority of the Centres were created in the last decade. Generally they presented a dismal picture which contrasted with views of the clients and the in-charge of RHS-B centres. The skewed distribution, the non-functional centres and the lack of proper physical set-up was disturbing. Also the DPWO displayed apathy in improving the situation.

### **Recommendations**

The government should work out the IRC claim situation, negotiate with private partners to use RHS-B centres for EmONC services, promote education for all but particularly females and look into the suggestions provided by the DPWO. The private partners should look into the suggestions provided by all for improvement of their services and solicit NIPS for individual reports. NIPS should try and analyze data per province for each partner.



## Summary Table of the Findings

Indicators	Percent
<b>SITUATION ANALYSIS</b>	
<b>Building Occupancy</b>	
Rented	12
Owned	88
<b>Establishment of Centres</b>	
1982-1999	18
2000-01	09
2002-2009	50
Not Reported	23
<b>Rooms of the Centres</b>	
Less Than or equal to 10 Rooms	69
Greater Than 10 Rooms	31
<b>Source of Funding</b>	
Government	08
NGOs	28
Others	37
Not Reported	27
<b>Source of Contraceptives</b>	
DPWO	12
Others	71
Not Reported	17
<b>Clients Visited</b>	
Upto 500	52
501-2000	24
2000 and Above	24
<b>Transport Provided to CS clients</b>	
Yes	65
No	35
<b>Refreshment provided to CS clients</b>	
Yes	91
No	09
<b>Can Leave Job if Get Better Position</b>	
Yes	12
No	66
Depends	22
<b>Referrals of Surgery Cases (multiple response)</b>	<b>Percentage</b>
Personnel of Health Department	38
Personnel of Population Welfare Department	32
Personnel of Own NGOs	33
Dai/TBA	11
CBOs	11
Satisfied Clients	09
<b>Complaints Reported by the In charge of RHS-B Centres (multiple response)</b>	
Delay in validation and reimbursement of claims	28
Expense of CS is more than their reimbursements	12
Shortage of staff and heavy work load	11
Low Salaries with no incentive and extensive paperwork	10
No problem	50

PERCEPTION OF DISTRICTS POPULATION WELFARE OFFICERS	Percent
<b>Signboard displayed</b>	
Yes	37
No	41
Don't know	22
<b>Price list displayed</b>	
Yes	59
No	41
<b>IEC Material</b>	
Yes	74
No	26
<b>Contraceptive Supply</b>	
Yes	33
No	67
<b>Performance report submitted</b>	
Yes	56
No	44
<b>Validation of contraceptive surgery cases</b>	
Yes	89
No	11
<b>Satisfied with the performance report</b>	
Yes	70
No	30
<b>Supply of Contraceptives</b>	
Monthly	40
On demand	20
Others	40
<b>Supportive supervision</b>	
Yes	72
No	28
<b>Organized training for Doctors</b>	
Yes	39
No	61
CONTRACEPTIVE SURGERY CLIENTS	Percent
<b>Age of Women</b>	
< 30	13
30-39	72
40 and Above	15
<b>Education</b>	
No Education	41
Some education	59
<b>Women Employed</b>	
Yes	87
No	13
<b>Number of Living Children</b>	
2	02
3	07
4	21
5 and Above	70
<b>Women had still birth</b>	
Yes	13
No	87

<b>Women ever had abortion</b>	
Yes	34
No	66
<b>Women who had spontaneous abortions</b>	
Yes	84
No	16
<b>Women who had induced abortions</b>	
Yes	16
No	84
<b>Women who received Family Planning Counselling</b>	
Yes	52
No	48
<b>Proper sitting arrangements at RHS-B centre</b>	
Yes	96
No	04
<b>Well qualified staff</b>	
Yes	94
No	06
<b>Counselling before surgery</b>	
Yes	62
No	38
<b>Counselling after surgery</b>	
Yes	92
No	08
<b>Problems faced during surgery</b>	
Yes	09
No	91
<b>Received payments against surgery</b>	
Yes	90
No	10
<b>Resuscitation of clients</b>	
Yes	52
No	48
<b>Visited for follow-up</b>	
Yes	73
No	27
<b>FAMILY PLANNING EXIT CLIENTS</b>	
	<b>Percent</b>
<b>Age group of the Women</b>	
< 30	28
30-39	64
40 and Above	08
<b>Education</b>	
No Education	55
Some education	45
<b>Women Employed</b>	
Yes	86
No	14
<b>Number of Living Children</b>	
At most 2	13
3	11
4	23
5 and Above	53

<b>Women had still birth</b>	
Yes	84
No	16
<b>Women ever had abortion</b>	
Yes	36
No	14
<b>Women who had spontaneous abortions</b>	
Yes	73
No	27
<b>Women who had induced abortions</b>	
Yes	27
No	73
<b>Women who received counselling about family planning</b>	
Yes	70
No	30
<b>Referrals of Clients (Percentage)</b>	
Personnel of Health Department	43
Personnel of Population Welfare Department	22
Dai/TBA	22
Personal contacts	15
Media	01
<b>Current Users of Contraceptive Methods</b>	
Oral Pills	10
IUCD	18
Condom	06
Injectables	27
Female Sterilization	38
Others	01
<b>Reasons for Using Current Family Planning Methods</b>	
Achieved desired family size	25
Easy to use	20
Method is safe	17
Reason not reported	38
<b>Side effect from current contraceptive method ( Percentage)</b>	20

# CHAPTER-1

## INTRODUCTION

### 1.1 Background

The RHS-B centres are major clinical components of Population Welfare Programme (PWP) of the Government of Pakistan (GoP) in collaboration with private sector. The goal of RHS centres is to help the programme in stabilizing population growth rate in Pakistan by increasing the Contraceptive Prevalence Rate (CPR) and reducing the Total Fertility Rate (TFR). The RHS centres offer Reproductive Health (RH) services package including preventive obstetric and gynaecological services, maternal and child health (MCH) care, consultation and counselling for infertility and full range of FP methods including Contraceptive Surgery (CS). These services contribute to reduction in infant and maternal morbidity and mortality, improvement in women's health status and reduction in fertility.

There are two (2) types of RHS Centres set up by the Ministry of Population Welfare (MoPW) (defunct). One is the RHS-A Centres that are independent units constructed on the premises of large government hospitals. The second are the RHS-B Centres. These are non-programme service outlets of the MoPW and located in hospitals of Provincial Line Departments (PLDs) including Health, in NGOs and private sector run health facilities that are equipped with operation theatre facilities and are interested in performing CS. The RHS-B Centres are supported by Population Welfare Departments (PWD's) of MoPW that makes payment on per case basis for provision of CSCs. In addition to CS counselling, these centres provide a complete range of FP methods to their clients. Hospitals registered as RHS-B Centres are provided training in Contraceptive Surgery for their doctors and paramedics at the RHS Training Centres of the PWD's of MoPW. Senior doctors from RHS Training Centres and Deputy District Population Welfare Officer (DDPWO) Technical, from the District Population Welfare Office, ensure quality of services through periodic supervisory visits. The following Standard Operating Procedures are followed for the registration of a RHS-B Centres:-

a. Application

The hospital/s/clinic/s interested for registration as RHS-B Centre will apply to the concerned District Population Welfare Officer (DPWO). The application would be



examined by the DPWO within a week of its receipt. All deficiencies noted would be conveyed to the applicant for removal within a clearly specified period along with a copy of the Standardized Assessment Form (SAF). The SAF is meant for obtaining information on the facilities, services and manpower available at the applying hospital/s/clinic/s.

b. Assessment of Hospitals/Clinic

The hospital/s/clinic/s will return the duly filled SAF indicating details of the facilities, services and manpower available with them.

c. Physical Verification

The DPWO/DDPWO (Tech) will visit the hospital/s/clinic/s for physical verification of the SAF. Gaps are identified and pointed out to the applicant/representative again. Efforts are made to finalize the decision regarding the application for registration of RHS-B Centre within a month from the date of first receipt of the application.

d. Memorandum of Understanding (MoU)

Upon satisfaction, the DPWO will sign a formal MoU with the authorities of the interested hospital/s/clinic/s.

e. Logistic Needs Assessment

The DPWO works out a need assessment of the hospital/s/clinic/s registered as RHS-B Centre and arranges the required Logistics (Contraceptives, Signboard and Information, Education and Counselling [IEC] Material) and training of Doctors/Paramedics (Theatre Nurse/Theatre Technician) at Regional Training Institute/s (RTI) of the concerned Population Welfare Department (PWD)/MoPW, Islamabad.

f. Clients' Record Keeping by Hospital/Clinic

RHS-B centres ought to maintain a separate record of the clients visiting them for FP/RH services (counselling/dispensation of contraceptives and CS).

g. Contraceptives Replenishment and Performance Reporting

The DPWO deutes his field staff (Family Welfare Assistant, Male) on a monthly basis to visit the hospital/s/clinic/s registered as RHS-B Centre in order to replenish contraceptive supplies and collect report on contraceptive performance.

h. Reimbursement for CS/Institutional Reimbursement Cost (IRC)

After undertaking validation of 10 Percent of the reported CSCs, IRC is made to the registered RHS-B Centres at Rs. 1400/- for Tubal Ligation (TL) and Rs.1550/- for Vasectomy. (Annex-A, Table A.1).

i. Liaison and Supportive Supervision

To ensure cooperation, the DPWO/DDPWO (Tech.) personally visits the registered RHS-B Centres at least once in two months and discusses any genuine demands or problems, making every effort to facilitate their task.

## **1.2 Aim of the Study**

It had come to the notice of the MoPW that since the establishment of the RHS-B Centres, no evaluation study of the CSCs and FP services provided at these Centres had ever been undertaken. This gap needed to be filled and the MoPW requested National Institute of Population Studies (NIPS) - the Govt. think tank on population - to undertake an evaluation study of RHS-B Centres so as to assess the strength and quality of services provided by them and to gauge the strength of the Public Private Partnership.

## **1.3 Justification**

All other components of the MoPW have been evaluated by NIPS. The evaluation study of this clinical component was also under the research agenda envisaged in PC-1 (2010-15) of NIPS and approved by the Committee of National Economic Council. The evaluation aimed to generate suggestions and recommendations for policy making.

## **1.4 Study Objectives**

The present study is designed to identify weak links in the working of RHS-B Centres and to generate suggestions and appropriate corrective measures for the future. The study also aims to highlight the limitations of infrastructure, staff and availability of services at the RHS-B Centres. The specific objectives of the study are as follows:

1. To assess the performance of RHS-B centres regarding the CSCs performed and Institutional Reimbursement Cost (IRC) claims paid by the district office during one financial year (July 2008 – June 2009).
2. To examine and assess the Family Planning services being provided by RHS-B Centres.



## CHAPTER-2

### METHODOLOGY

This chapter highlights the methodology used for the study including procedure adopted to draw a study sample, survey methodology, research tools and fieldwork, coverage and quality measures.

#### **2.1 Study Design and Sampling Methodology**

A list of all the registered RHS-B centres in Pakistan was obtained from the MoPW in order to select RHS-B centres, which were providing Reproductive Health (RH) Services. The major partners identified were Green Star (GS), Marie Stopes Society (MSS), Family Planning Association of Pakistan (FPAP), Pakistan Volunteer Health and Nutrition Association (PAVHNA), RHS-B Centres operating in Government Hospitals and other private RH centres. Green star and Marie Stopes Society have their RHS Centres in all provinces and Federal Capital Territory, whereas Family Planning Association of Pakistan is working in Federal Capital Territory and three provinces (Punjab, KPK and Balochistan), Pakistan Voluntary Health and Nutrition Association (PAVHNA) is based in one province (Sindh), RHS-B centres are based in Government Hospitals and are situated at Tehsil-Hospital Kharian, Gujarat and KRL General Hospital. All other private clinics are operating in Punjab, Sindh and Balochistan.

The study sample was drawn from: 1) the functional RHS-B Centres; 2) the District Population Welfare Officers; 3) the registered clients (CS cases) and 4) the current users (exit clients) of FP.

The sampling for each category was done separately as under:-

#### **2.2 Sample size**

##### **2.2.1 For the Situation Analysis of RHS-B Centres**

- All functional RHS-B centres of all the partners were included in assessing the physical condition of their Centres. A structured questionnaire was mailed/posted to the head office of each partner organizations (GS, MSS, FPAP, PAVHNA) as well as to the in charge of RHS-B centre of Government hospitals (where the RHS-B was located) and private clinics. Each of the private partners was asked to forward the questionnaire to in charge of all functional RHS-B centres operating under them. This was done in order to

collect first hand information directly regarding the physical condition/situation, functioning, staffing, contraceptive supply, stock and clientage, camps, incentives for clients, monitoring procedure and job satisfaction. This methodology was adopted after pre testing and having experience that in most of the places due to security reasons team members were not allowed to visit the centre/hospitals to collect information and interview the in charge of RHS-B centres.

- However, the supervisors of the field team recorded some observations about the physical condition of RHS-B Centres when they visited the sampled RHS-B centres to interview clients.

#### 2.2.2 For the Perception of District Population Welfare Officers

- In order to get the views of the MoPW on the functioning of RHS-B Centres, the District Population Welfare Officers (DPWO) of each sampled districts, were interviewed.

#### 2.2.3 For the Registered Contraceptive Surgery Clients

- The list of registered RHS-B centres of each partner obtained from the MoPW was categorized into geographical area i.e. into provinces and the Islamabad capital territory (ICT), (list given in Annex-A, Table A.2). From the provincial list of each partner, a 33 Percent representative sample was drawn using simple random sampling technique. However, in some districts where the number of RHS-B Centres was small, some judgment was made in the selection of the RHS-B Centre/s in order to give the partners a representation in the province. The sample thus obtained is exhibited in Annex-A, Table A.3.
- From the sampled RHS-B centres, the list of all registered clients of each partner served during 2008-2009 was obtained. Using this list, a five Percent (5 Percent) sample of CSCs, whose claims had been reimbursed by the MoPW, were selected by systematic random sampling procedure. It is to be mentioned here that in a few cases where the selected clients belonged/resided in other than the sampled district, the client in the sampled districts replaced them. Also in cases where the registered clients of any partner were found to be more than 2000, a sample of three Percent (instead of 5 Percent) was selected due to budgetary constraints.

#### 2.2.4 For the Exit Clients

- In addition to CSCs, ten (10) exit clients of the sampled RHS-B Centre were included in the sample. This was done in order to evaluate the current service delivery practices of the RHS-B Centres and to compare with past picture being captured through the CSCs. Thus, exit clients were interviewed on the spot at the RHS-B Centre. However, in some RHS-B Centres, the team could not find 10 exit clients even after follow-up of four days. The sample drawn from each domain is shown in Table 2.1.

Table 2.1: Distribution of sample according to private partners, province and clients.

Private Partners	Total RHS-B Centres	Sampled RHS-B Centres	Registered Clients	Exit Clients
GS	44	15	169	150
MSS	18	6	136	60
FPAP	6	4	42	40
PAVHNA	2	1	43	10
Other Privates	7	3	14	30
RHS-B in Govt. Hospitals	3	1	2	10
<b>Provincial Breakup</b>				
Punjab	36	10	152	100
Sindh	28	9	171	90
KP	7	4	27	40
Balochistan	4	4	41	40
Islamabad	5	3	15	30
<b>Total</b>	<b>80</b>	<b>30</b>	<b>406</b>	<b>300</b>

### 2.3 Research Tools

The study design used for the evaluation was mixed method technique in which both structured interviews (quantitative) and (some) open ended questions (qualitative) were employed. The structured questionnaires were developed on the basis of a pilot survey conducted prior to the main survey. Three types of questionnaires were designed to obtain information and to assess the usefulness and efficiency of RHS-B centres.

The first questionnaire had two parts. The first part was used for collecting the situation analysis of all operational RHS-B Centres from the in-charge of RHS-B Centre. Information was collected on the date of establishment of the Centre, staff strength, delivery of contraceptives, supply, clientage, and infrastructure, problems regarding staff, resources, service delivery, monitoring and supervisory procedures. The second part was used for recording quick observations by the supervisors (of field teams) on situation of RHS-B Centres.

The second questionnaire collected information from the DPWO on procedure/mechanism used for signing of MoU, supply of logistics (contraceptives, signboard and IEC Material), reimbursement claims, sale proceeds, monitoring and evaluation mechanism, training provided to the staff of RHS-B centres and problems, if any.

The third questionnaire was designed for the clients (registered and exit). The information on characteristics of the clients, knowledge and practice of the FP methods, type and kind of services received from the RHS-B Centres, problems faced in using contraceptives during and after surgery, opinion about attitude and behaviour of the RHS-B staff and suggestions on improvement was collected through this questionnaire.

#### **2.4 Team Composition and Responsibilities**

The core team of the project was responsible for the completion of the study including proposal writing, developing of research tools, training of field staff, pre-testing, supervision and monitoring of data collection, data processing, data analysis, report writing, editing and dissemination.

The total number of field teams for data collection were five. Each team comprised of a supervisor i.e. male team leader, two female interviewers, and a driver of the vehicle. The supervisor was responsible for overall management of field activities such as establishing a close contact with NIPS office; preparing the client lists and sample selection; suitable lodging and boarding of team members; arrangement of transport; ensuring the quality of data; organizing the questionnaires after the interview and dispatching them to NIPS office and other related activities.

The female interviewers were responsible for conducting the interviews with eligible clients as assigned by the team supervisor. Before leaving the client, they ensured that questionnaire was filled completely and all relevant answers were properly recorded on the questionnaire. They edited the questionnaire after completing the day's work and handed it over to the team supervisor. If required, they also revisited the client for completing incomplete answers. The female interviewers cooperated with other team members so that the fieldwork was completed according to the schedule prepared by the supervisor.

The driver of the vehicle was an important member of the team and responsible for maintaining the vehicle in working condition and ensuring availability of sufficient fuel during the field

visits. He also helped the supervisor in locating the sampled clients, establishing rapport with the local community and in providing security for the female team members.

## **2.5 Quality Control Measures**

The supervisor was primarily responsible for ensuring good quality of the data collected through proper fieldwork; efficient team building; regular editing of questionnaire and verifying the responses by re-visiting the client/s.

The core team members monitored the data collection process and visited each of the field teams at least twice a month during the fieldwork. During each visit to a team, spot-checking of the data collection was done. The core team visited a few clients in a recently completed community and verified the answers recorded in the original questionnaire by re-interviewing the client. Periodic review sessions were held with the interviewing teams on errors detected in the fieldwork. Close communication by telephone was ensured at all times between the core team and field personnel during fieldwork.

## **2.6 Data Collection**

The field staff participated in ten days training program devoted to various aspects of the survey. Fieldwork was completed during January–March 2010 according to pre-scheduled programme given to each team. Vehicles were provided by the DPWOs of the sampled districts. Funds were provided to the supervisor for fuel of the vehicle (POL) and per diem of the driver.

## **2.7 Challenges**

The situation analysis questionnaire was sent to all partners with the instructions that the information may be filled out by the in-charge of the functional RHS-B centres. Out of all functional RHS-B Centres (80) we could get data only for 65 Centres. The list of all such RHS-B centres is given in Annex-A, Table A.4.

The interviews of DPWO were completed from all except one DPWO who refused to give an interview indicating that he had never been involved and was not satisfied with the role of MoPW. DPWO's are responsible to maintain liaison with RHS-B centres and ensure quality of cases and validation of cases for reimbursement of IRC claim. In fact all the DPWOs criticized the MoPW for maintaining insufficient contact and collaboration with RHS-B centres (perceptions and views of DPWOs are presented in details in chapter 6).

Despite best efforts, written and verbal and telephonic reminders on several occasions, the KRL



Hospital (Islamabad), Sardar Ranjha Surgical Hospital (Sargodha), and Railway Hospital (Sukkur) could not be included in the survey. There were different reasons for that. For KRL, it was security constraints and for others, it was non-functional status of RHS-B Centres. Till the writing of this report the process of completing the formalities of obtaining the information was still ongoing. Hence, we were left with no choice but to complete the survey excluding these three Centres from total sampled RHS-B centres.

## 2.8 Coverage

Overall coverage of the sampled clients of CSCs and current FP users is depicted in Table 2.2.

Table 2.2: Coverage of registered and Exit Clients by private partners and province.

Private Partners	Registered Clients			Exit Clients		
	Sampled	Interviewed	Coverage (Percent)	Sampled	Interviewed	Coverage (Percent)
GS	169	148	88	150	60	40
MSS	136	114	82	60	51	85
FPAP	42	35	83	40	41	102
PAVHNA	43	24	56	10	10	100
Other Privates	14	10	71	30	15	50
RHS-B in Govt. Hospital	2	0	0	10	0	0
<b>Provinces</b>						
Punjab	152	126	83	100	53	53
Sindh	171	140	82	90	56	62
KP	27	22	81	40	17	42
Balochistan	41	32	78	40	46	115
Islamabad	15	13	92	30	5	17
<b>Total</b>	<b>406</b>	<b>333</b>	<b>82</b>	<b>300</b>	<b>177</b>	<b>59</b>

*Note: Among registered clients, three were male clients and among exit clients, four were male. All male clients were not included in the analysis.*

## 2.9 Data Processing and Analysis

After checking and field editing, all the questionnaires were sent to NIPS office in Islamabad for logging in and supplementary checking prior to data entry. All the questionnaires were edited by the office coordinator to carry out corrections if any. Data from the questionnaires was entered into microcomputers by a team of data entry operators under the guidance of programmer. Deputy Principal Investigator (DPI) supervised data editing and processing. Under the supervision of programmer, DPI analyzed the data by using the SPSS computer package. All Tables were generated according to the pre-designed tabulation plan approved by the project core team.

## CHAPTER-3

### SITUATION ANALYSIS

In order to get a firsthand knowledge about the background, infrastructure and function of the service delivery system in RHS-B centres, all the partners were asked to provide the information about all RHS-B centres being run by them. Currently there are five main partners i.e. GS, MSS, FPAP, PAVHNA and other private partners engaged in the provision of Reproductive Health (RH) and Family Planning (FP) services.

All the partners were requested to provide information about situation of their outlets i.e. source of funding, year of establishment of each outlet, facilities at the outlets, staff position, contraceptive supply system, clientage at the outlets as well as in extension camps, monitoring procedure, job satisfaction, problems and suggestions as narrated by the In-charge of each outlets. The in-charge of each RHS-B outlet was asked to fill out the structured questionnaire (Module 1-A) for relevant information. Out of total functional (80) Centres, 65 centres provided information, thus giving a response rate of 81 Percent. The breakdown by partners regarding detailed information about infrastructure of the outlets was gathered from a total of 36 centres of GS, 17 centres of MSS, 6 centres of FPAP, one Centre of PAVHNA and 5 centres of other private partners. Partial information was provided by KRL, a Centre located on the premises of a government hospital, which was not included in the analysis due to non-comparability of data with other partners. The key findings based on these 65 Centres are discussed in the following sections.

#### **3.1 Situation of Building**

The majority of the RHS-B Centres i.e. 57/65 or (88 Percent) are situated in their own building whereas 6 Centres of MSS and one Centre each of GS and FPAP do not have their own building. Most of the centres have the building of less than 10 rooms except two centres of MSS, 12 of GS, 3 of FPAP, 1 of PAVHNA and 2 private clinics that are housed in a large building of having more than 10 rooms (Table 3.1).

Table 3.1: Number of RHS-B centres by building occupancy and number of rooms.

Private Partners	Building Occupancy		No of Rooms		Numbers
	Rented	Owned	<10	>10	
GS	1	35	24	12	36
MSS	6	11	15	2	17
FPAP	1	5	3	3	6
PAVHNA	0	1	0	1	1
Other Pvt.	0	5	3	2	5
Total	8	57	45	20	65
Percent	12	88	69	31	100

### 3.2 Period of Establishment and Source of Funding

As mentioned earlier, 36 centres of GS, 17 centres of MSS, 6 centres of FPAP, 5 centres of other private partners and 1 Centre of PAVHNA provided information on the situation of their centres. They were further explored to provide period of their establishments and source of funding.

Table 3.2 shows that except PAVHNA all other centres reported about period of their establishment. Amongst all 5 centres of MSS, 3 centres of GS, 2 centres of FPAP and other private partners each established during 1982-99. Eight centres of MSS and one centre of GS were established in the year 2000 whereas most of the centres (27) of GS, 4 Centres of MSS and one Centre of each FPAP and other private partner were established during 2002-09. Therefore, from a slow start, these centres increased geometrically in the last decade.

Most of RHS-B centres have multiple sources of funding as indicated in Table 3.2. Seven centres of MSS, 3 of GS, 6 of FPAP and one of PAVHNA and other NGOs reported that their own NGO provide financial support whereas the Government supports one centre of every partner. Majority of the GS centres are supported by some other source which is not mentioned. Three centres of GS and two of other partners did not know their funding sources.

Table 3.2: Number of RHS-B centres by year of establishment and source of funding.

Private Partners	Year of Establishment				Source of Funding				Numbers
	1982-99	2000-01	2002-09	NR	Govt.	NGO	Others	DK	
GS	3	1	27	5	1	3	29	3	36
MSS	5	8	4	0	1	7	4	0	17
FPAP	2	0	1	3	1	6	1	0	6
PAVHNA	-	-	-	1	1	1	1	0	1
Other Pvt.	2	0	1	2	1	1	2	2	5
<b>Total</b>	<b>12</b>	<b>09</b>	<b>33</b>	<b>11</b>	<b>5</b>	<b>18</b>	<b>37</b>	<b>5</b>	<b>65</b>

“-” not reported, “NR” not reported

### 3.3 Operation Theatre and Other Facilities

Although almost all RHS-B centres have Operation Theatre (OT) and clinical services, yet the services provided by them are not homogenous across the board. Out of 36 centres of GS, 35 had IUD insertion and removal kits, 33 had Laparoscopy, 29 had screening of hepatitis and 28 had semen analysis facility, 20 had Minilap, 18 had blood bank, 6 had Vasectomy Kit and 4 had a laparoscope and laparocator.

Out of 17 MSS centres, 12 had Laparoscopy, 8 have a vasectomy kit, 5 have Minilap, 4 had routine urine tests, 2 had anaesthesia machine and only one Centre had the facility of blood bank and Haemoglobin estimation whereas all of them had laparoscope and laparocator.

All FPAP centres had all the items required for Operation Theatre, laboratory, clinical and contraceptive services; five centres had Vasectomy Kit and 4 had Minilap, Anaesthesia Machine and Blood bank; 2 centres had Laparoscope and Laparocator.

PAVHNA had all the OT facilities clinical services, contraceptive surgery services and laboratory for medical tests except Ambulance, Laparoscope and Laparocator. Amongst 5 centres of other partners, most had OT facilities, laboratory, clinical and CS services except one centre which did not have ambulance, generator, blood bank, semen analysis, laparoscopy Contractive Surgery and 2 centres did not have Laparoscope, Laparocator and Vasectomy Kit. A further detail on the facilities available in the RHS-B Centres is given in Table 3.3.

Table 3.3: Number of RHS-B centres of all partners by facilities.

Facilities	Private Partners					Numbers
	GS	MSS	FPAP	PAVHNA	Others	
Ambulance	13	13	5	0	4	35
<b>Operation Theatre Facilities</b>						
Scrub Room	36	16	6	1	5	64
OT Table	36	17	6	1	5	65
OT Light	36	17	6	1	5	65
Air Conditioner	36	17	6	1	5	65
Generator	36	17	6	1	4	64
Surg. Equip. for Minilap/Lap.	36	17	6	1	5	65
Oxygen Cylinder	36	17	6	1	5	65
Suction Machine	36	17	6	1	5	65
Ambubag	36	16	6	1	5	64
Anaesthesia Machine	34	2	4	1	5	46
Emergency Medicine	36	16	6	1	5	64
Blood Bank	18	1	4	1	4	28
<b>Laboratory for</b>						
Haemoglobin Estimation	29	1	6	1	5	42
Routine blood tests	29	0	6	1	5	41
Routine urine tests	30	4	6	1	5	46
Screening of Hepatitis B and C	29	0	6	1	5	41
Semen Analysis	28	0	6	1	4	39
<b>Clinical and Contraceptive Surgery Services</b>						
IUD Insertion Kit	35	17	6	1	5	64
IUD Removal Instrument	35	17	6	1	5	64
Minilap	20	5	4	1	5	35
Lap.CS	33	12	6	1	4	56
Laparoscope	4	17	2	0	2	25
Laparocator	4	17	2	0	2	25
Vasectomy Kit	6	8	5	1	2	22
<b>Total</b>	<b>36</b>	<b>17</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>65</b>

### 3.4 Staffing Position

Information collected on staff shows that of the total 65 centres reporting, 59 (91 Percent) reported on their staffing position. About 46 centres had one post sanctioned for administration, whereas about a quarter of the RHS-B centres had 2 to 3 administrative posts each and all were

filled. With regard to posts of technical specialists i.e. gynaecologist, surgeons, anaesthetists, about 50+ had at least one of each, 12-20 Percent had 2 of each and 30 Percent had three of each. As regards, doctors and paramedics, a Woman Medical Officer and a Resident (male) Medical Officer was present in 50 (49-54) Percent cases, two of each was present in 12-17 Percent and three of each in 29-39 Percent of the centres. Paramedics and support staff was also adequately present (see Table 3.4 for details).

**Table 3.4: Percent distribution of health outlets by number of current staff in position of various cadres.**

Posts	Number of Staff in Position at RHS-B Centres ( Percent)				Numbers	
	1	2	3+	Percent	Reported	Total
<b>Administration</b>	46	29	25	100	59	65
<b>Technical Specialists</b>						
Gynaecologist	58	12	30	100	50	65
Surgeon	50	20	30	100	45	65
Anaesthetist	57	13	30	100	40	65
<b>Doctors</b>						
WMO	54	17	29	100	41	65
RMO	49	12	39	100	27	65
<b>Paramedics</b>						
Theatre Nurse	45	14	41	100	63	65
Theatre Technician	47	10	43	100	48	65
LHV	51	16	33	100	49	65
<b>Supporting Staff</b>	24	16	60	100	57	65

### 3.5 Quantity and Source of Supply of Contraceptive

In response to the question "Do you have sufficient contraceptive stock?" 60 centres reported that they had sufficient quantity of stock of each method i.e. pills, IUCD, condoms and Injectable. Five centres of other private partners did not report on stock position. However, one centre of MSS and 13 centres of GS did not report their source of contraceptives. Regarding source of contraceptives only 12 Percent reported getting contraceptive from DPWO and 71 Percent reported other sources of supply of contraceptives. Further details are presented in Table 3.5 and 3.6.

Table 3.5: Percentage of stock of contraceptives by private partners.

Private Partners	Had Sufficient Stock of Contraceptives				Number of Centres reporting
	Oral Pills	IUCD	Condom	Injections	
GS	50	56	44	53	36
MSS	94	94	94	94	17
FPAP	100	100	100	100	6
PAVHNA	100	100	100	100	1
Number of Centres	68	70	65	70	60

Table 3.6: Percentage of source of contraceptives by private partners.

Private Partners	Source of Contraceptives		Number of Centres Reporting
	DPWO	Others	
GS	3	61	36
MSS	6	94	17
FPAP	0	100	6
PAVHNA	100	0	1
Other Pvt.	60	40	5
Total ( Percent)	12	71	65

### 3.6 Current Stock Position

Looking into the type of services and quantity of contraceptive stock available at each health outlets of all partners, 22 (22/65) centres provided information on quarterly stock position. Data provided on contraceptives was encouraging; overall all partners had enough stock of all contraceptives. In total, all these centres have 29,179 cycles of oral pills, 41,231 IUCDs, 20,104 dozen condoms, 47,214 vials of Injectable and 512 Norplant in their stock at the time of the survey which was more than enough to meet the needs of the clients for at least three months. (Details in Annex-B, Table B.1).

### 3.7 Clientele at RHS-B Centres

Data presented in Table 3.7 shows that 58 of RHS-B centres reported on utilization rates during the study period. Seven (7) centres of MSS did not report about their clientele. The Percentage and number of clients at each RHS-B centre of each partner during 2008-09 are presented in Table 3.7. The data shows that 30 centres were visited by less than 500 clients, 14 centres by 501-2000 clients and another 14 centres by more than 2000 clients. The centres of FPAP and PAVHNA had more than 2000 users whereas 50 Percent centres (5 centres) of MSS had users in the same range; 4 MSS centres had clients in the range of 501-2000 and one centre had less than

500 clients. Regarding GS, of the 36 sampled centres 77 Percent (27 centres) had less than 500 users/clients and the remaining had clients in the range of 501-2000+. Of the other partners, eighty Percent centres (4) had less than 2000 clients and 20 Percent centres (1) had above 2000 clients; (each partner's clientage, both at the centres and in the camps is presented in Annex-B, Table B.2 in absolute numbers).

Table 3.7: Percent distribution of RHS-B centres by number of users and private partners.

Number of Users	Private Partners					Numbers
	GS	MSS	FPAP	PAVHNA	Others	
Upto 500	77.1	10.0	0.0	0.0	40.0	30
501 – 2000	20.0	40.0	0.0	0.0	40.0	14
2000+	2.9	50.0	100.0	100.0	20.0	14
Percent	100	100	100	100	100	
Total	36	10	6	1	5	58

### 3.8 Transportation and Refreshment

Regarding responses on transport (Table 3.8) provided to patients after surgery, data reveals that 18 centres of GS, 17 of MSS, 4 of FPAP and one of PAVHNA and 2 of other private centre did provide transport to the patients after surgery while 18 centres of GS, 2 of FPAP and 3 of other NGO did not. Reasons were not mentioned.

Regarding provision of refreshment following CS, it was reported that most of the partners had provided some refreshment to their clients after they had undergone surgery. However, one Centre of MSS, three centres of GS and 2 centres of other private partners did not provide any refreshment (Table 3.8).

Table 3.8: Number of RHS-B centres that provided transport and refreshment to the contraceptive surgery clients.

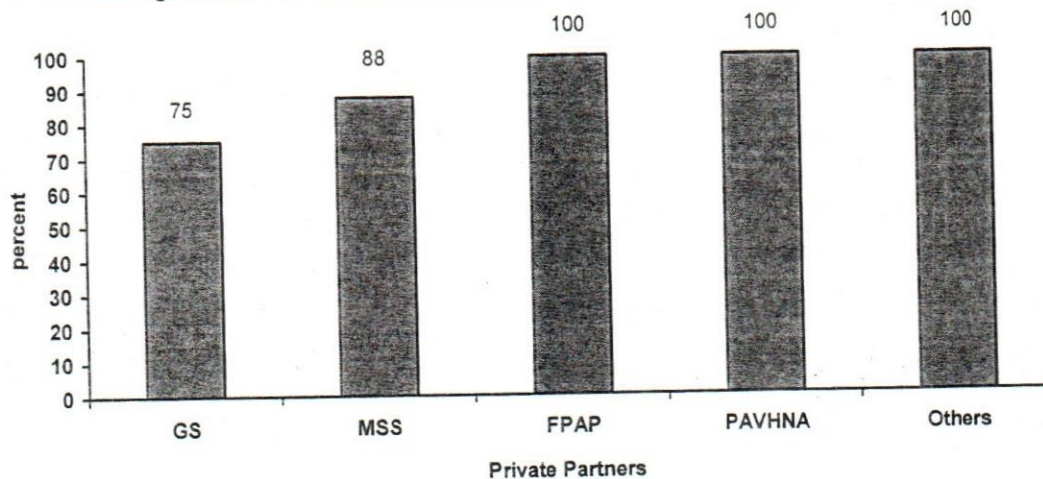
Private Partners	Transportation	Refreshment	Numbers
GS	18	33	36
MSS	17	16	17
FPAP	4	6	6
PAVHNA	1	1	1
Other Pvt.	2	3	5
Total	42	59	65



### 3.9 Job Satisfaction

The staff at the RHS-B was questioned about the nature of their jobs, their liking of the current job and their future intention to stay on the same job even if they had another offer. Doctors of FPAP and other private outlets were fully satisfied with their jobs and more than two thirds of the doctors of GS and MSS (88 Percent) were satisfied with their jobs and liked to work for common people (Figure 3.1). However, on further questioning 3 Percent Doctors of GS, 12 Percent of MSS and 33 Percent of FPAP expressed their intention to leave their jobs if they were offered a higher paying job.

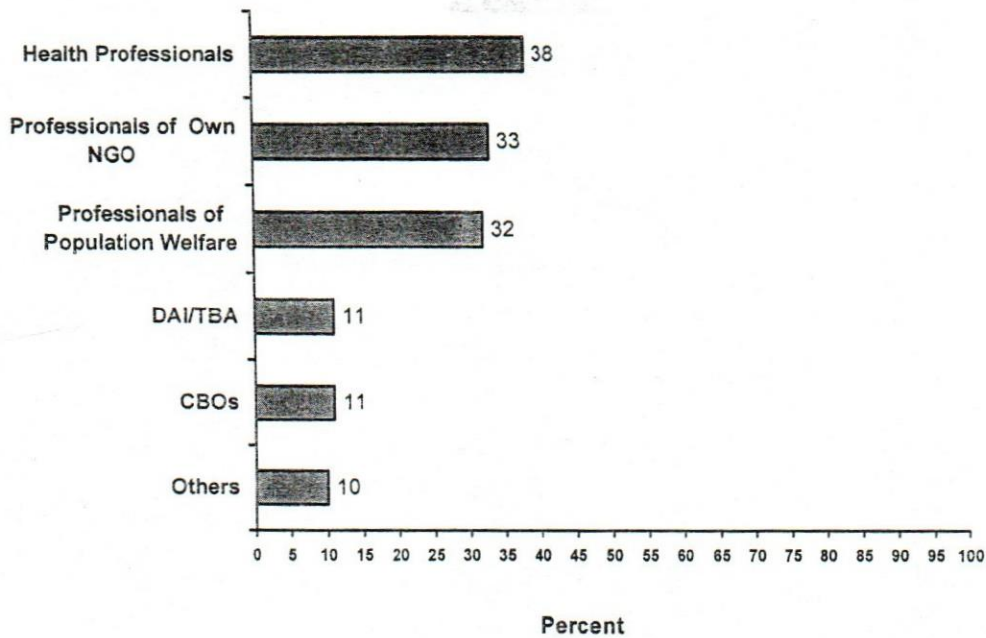
Figure 3.1: Percentage of staff of RHS-B centres satisfied from their Jobs by private partners.



### 3.10 Source of Referral

Regarding sources of referral (Figure 3.2), 38 Percent of clients visiting RHS-B centres were referred by health professionals, 32 Percent and 33 Percent clients were referred by personnel working in Population Welfare Department and own NGOs respectively. Dai and CBOs each referred 11 Percent clients to the centres and other sources including satisfied clients referred ten Percent clients to the centres.

Figure 3.2: Percentage of RHS-B centre's clients by source of referrals.



### 3.11 Problems

The problems were outlined by the in-charge of the RHS-B centres and are presented in Table 3.9. Of the total, half of the centres, in-charge was satisfied and (50 Percent) reported no problem.

Among the reported problems the most frequent complaints were delay in validation and reimbursement of claims (27.3 Percent); expenses of CS are more than reimbursements (12.1 Percent); shortage of staff and heavy workload (10.6 Percent); and non cooperative/supportive staff of MoPW (9.2 Percent); lack of resources, had no funds for vehicle and beds for CS cases (9.2 Percent); for each extensive paper work for record maintenance and low salary without incentives (9.1 Percent) and rapid turn over of doctors (6.1 Percent).

Non cooperation of DPWO/MoPW and other donors were also reported by 1.5 Percent of centres. Reference matured for IEC was not provided by the DPWO (1.5 Percent). Referral by the Lady Health Workers was also not encouraged and supported by the Population Welfare Department reported by 1.5 Percent of centres in-charge.

**Table 3.9: Percentage of RHS-B centres by complaints/problems as stated by the in-charge**

Complaints/Problems	Percentage of Centres
1. The Centre is very well; it has no problem at all.	50.0
2. Delay in validation and late reimbursement.	27.3
3. Expenses of CS are more than their reimbursements.	12.1
4. Shortage of staff and heavy workload.	10.6
5. Non cooperative/supportive staff of MoPW. They do not work properly and their attitude is not good.	9.2
6. Lack of resources, had no funds for vehicle and beds for CS cases.	9.2
7. Extensive paper work for record maintenance.	9.1
8. Salary is very low with no incentives.	9.1
9. Rapid turnover of doctors.	6.1
10. IEC material was not provided by the DPWO of MoPW.	1.5
11. Lack of support from other donors.	1.5
12. Most of the cases are referred by Lady Health Workers, which is not encouraged and supported by the Population Welfare Departments.	1.5

### 3.12 Suggestions

The following suggestions (Table 3.10) were reported by in-charge RHS-B centre for the improvement in working of centres and building good public private partnership.

**Table 3.10: Percentage of RHS-B centres by the suggestions for the improvement.**

Suggestions	Percentage of Centres
1. No Suggestions.	50.0
2. Reimbursement of IRC claims should be on time and fee should be increased.	18.2
3. Incentives for doctors as well as patients should be increased.	15.2
4. Referrals should be on regular basis.	10.6
5. Paperwork should be decreased.	12.1
6. Staff should be increased and male doctors should be appointed for male clients.	7.6
7. DPWO should have regular communication and provide supportive supervision along with contraceptives.	6.1
8. Transport facility should be provided to the surgery clients.	6.1
9. Refresher trainings should be organized for doctors, LHWs of each partner by the MoPW.	6.1
10. Large buildings with more capacity should be provided to the centres.	3.0
11. IEC material should be provided to each Centre.	3.0
12. Report of CS cases at camps and Centres should be submitted to medical superintendent or head of RHS-B Centres	1.5
13. More Lady Health Workers (LHWs) should be involved to satisfy clients.	1.5
14. The number of RHS-B centres should be increased.	1.5

### 3.13 Observational Analysis

A brief checklist was developed and completed by supervisors of NIPS field teams. They physically observed the sampled RHS-B centre in order to get a quick overview and information was obtained on the following topics/items:-

- 1) Display of direction sign and signboard for Family Planning.
- 2) Location of Centre.
- 3) Display of price list of contraceptives.
- 4) Waiting area and seating arrangements for clients.
- 5) Audio visual privacy in the examination room.
- 6) Record of client's name with copy of NIC and complete address.
- 7) Client's history including consent form.
- 8) Record of referral and motivation.
- 9) Monthly report of contraceptives.

The data show that FPAP and PAVHNA centres exhibited a nearly complete record, MSS was a close second. For all other partners, the weak points that emerged were 1) lack of separate space allocated for RHS-B Centre; 2) inability to display the FP Signboard; 3) inability to install the direction signboard; 4) Price list of contraceptives not displayed; 5) Copy of CNIC not kept; 6) clients not motivated; 7) lack of submission of monthly report and 8) lack of privacy – visual and/or auditory. However, in reading these results, it must be remembered that the sample size of each partner was not proportional or equal.

Table 3.11: Percentage of activities of RHS-B centres by private partners

Activities	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Client's Convenience to access RHS-B Centre	80.0	100.0	100.0	100.0	100.0	89.7	26
Separate space allocated for RHS-B Centre	53.3	66.7	100.0	100.0	66.7	65.5	19
FP Signboard Displayed	26.7	50.0	100.0	100.0	33.3	44.8	13
Direction Signboard Installed	13.3	50.0	100.0	0.0	33.3	34.5	10
Price list of contraceptives displayed	13.3	66.7	75.0	0.0	0.0	31.0	9
Copy of CNIC	33.3	100.0	100.0	100.0	66.7	62.1	18
Client's Name	93.3	100.0	100.0	100.0	100.0	96.6	28
Address of Client	60.0	66.7	100.0	100.0	33.3	65.5	19
Client's History	46.7	66.7	75.0	100.0	0.0	51.7	15
Consent Form	60.0	66.7	100.0	100.0	66.7	69.0	20
Referral Record	73.3	66.7	100.0	100.0	0.0	69.0	20
Client's Motivation	26.7	50.0	100.0	100.0	0.0	41.4	12
Payment Claims	80.0	83.3	100.0	100.0	100.0	86.2	25
Monthly Contraceptive Report	33.3	50.0	100.0	100.0	33.3	48.3	14
Privacy	60.0	100.0	100.0	100.0	33.3	72.4	21
Auditory	46.7	66.7	75.0	100.0	33.3	55.2	16
Visual							
Separate Waiting Room	73.3	100.0	100.0	100.0	66.7	82.8	24
<b>Total</b>	<b>15</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>3</b>		<b>29</b>

## CHAPTER-4

### CONTRACEPTIVE SURGERY CLIENTS

The main objectives of this study were to assess the performance of RHS-B Centres regarding the surgery cases performed and Family Planning services provided to the users. In this context background information of users, their knowledge of contraceptive methods, attitudes and perceptions regarding the services, facilities, comfort, deficiencies and problems faced at the Centres was collected. Whereas the data on current users of Family Planning methods are presented in the next chapter, this chapter deals with responses from registered clients who had undergone CS at the RHS-B centres and had received compensation for it. A sample of these clients was drawn from client's registers maintained at the RHS-B centres. The selected clients were interviewed at home. Overall, samples of 333 registered clients were interviewed. It is pertinent to mention here that three male clients who had undergone vasectomy were also interviewed. However they have been excluded in the analysis keeping in view the small size of respondents and responses being different from women clients.

Of the total 330 interviewed women registered clients, 148 were GS clients, 114 MSS, 32 FPAP, 24 PAVHNA, 10 of other RHS-B centres (private) and 2 from Government centres.

#### **4.1 The Characteristics of Clients**

Background characteristics of the clients of each partner organization are presented according to current age of respondents, their education, spouse's education, employment status, number of living children, stillbirth and abortions in Table 4.1.

##### **4.1.1 Age**

Mean age of the clients visiting RHS-B Centres was 34.2 years. Table 4.1 reveals that the age groups coming to the centres for sterilization services were women of older age group. The maximum numbers of clients (70-84 Percent) were between 30-40 years of age and next age group seeking services (2<sup>nd</sup>) were women over 40 (20-30 Percent). The age group of less than 29 years barely made up 10-15 Percent of the clientele at each Centre.

##### **4.1.2 Education of the Clients**

The education status of clients frequenting the RHS-B centres for CS services was as follows: 1)

67.3 Percent illiterate 2) 15.2 Percent had primary education 3) 5.7 Percent had education upto middle 4) 6.7 Percent had secondary education 5) 5.1 Percent with education above secondary. Regarding specific organization, MSS and GS network got more clients who were illiterate or had primary education (although a fair number of other clients also frequented the centres).

#### 4.1.3 Education of the Clients' Spouse

The clients spouse education showed that 40.6 Percent were illiterate, 18.8 Percent had received primary education, 10.3 Percent middle, 17.6 Percent secondary and 12.7 Percent higher than secondary education.

#### 4.1.4 Employment Status

RHS-B Centres attracted more employed women as compared to unemployed. Data shows that 87 Percent women who had surgery were gainfully employed and 13 Percent were not employed. Among the partners, all clients of private partners were employed, 91.2 Percent clients of PAVHNA were gainfully employed followed by 87 Percent of GS, 86 Percent of MSS and 81 Percent of FPAP.

#### 4.1.5 Number of Living Children

The mean number of living children of CS clients was 6 children (6.25 Percent of the clients who visited MSS, 5.38 Percent of GS, 5.78 Percent of FPAP, 4.83 Percent of PAVHNA and 5.83 Percent for (other) Private partners {(not shown in the Table)}). The number of living children was dependent on the age group of the client, with older age groups reporting more number of living children. Data showed that more than 90 Percent of women had surgery when they had at least 4 children.

#### 4.1.6 Still Birth

Regarding stillbirths, 87 Percent reported no stillbirth and 13 Percent reported a stillbirth. Of these 8.8 Percent reported one stillbirth and 4.2 Percent reported two or more stillbirths. Of the private partners 18.7 Percent of FPAP clients reported still births followed by 14.9 of GS clients, 10.5 Percent of MSS clients and 8.3 Percent of each PAVHNA and other partners.

#### 4.1.7 Abortion

Abortion is allowed in Pakistan under certain conditions i.e. it is allowed if there is a risk to the life of the mother and child. In this study, effort was made to find out the number of abortions per woman. It was noted that 66 Percent women did not report any abortion in their reproductive

life whereas about 34 Percent women reported having an abortion. Of the reported abortions 84 Percent of the women reported spontaneous abortions and 16 Percent induced abortions. Of the reported ones, FPAP clients reported the maximum induced abortions at 41.6 Percent.

**Table 4.1: Percentage distribution of respondents who had contraceptive surgery by their background characteristics and private partners.**

Number of Users	Private Partners					Percent
	GS	MSS	FPAP	PAVHNA	Others	
<b>Age</b>						
< 25	7	0	0	0	0	3.0
25-29	10	9.6	6.3	12.5	16.7	10.0
30-34	30	28.1	43.7	45.8	16.7	30.1
35-39	38	42.1	40.6	33.3	41.6	40.2
40-44	12	14.9	6.3	4.2	8.3	12.2
45+	3	5.3	3.1	4.2	16.7	4.5
<b>Education of Respondents</b>						
No education	70.9	74	43.8	33.3	25	67.3
Primary	12.8	12	25	20.8	33.3	15.2
Middle	6.8	2	9.4	12.5	0	5.7
Secondary	5.4	3	12.5	16.7	16.7	6.7
Higher	4.1	9	9.3	16.7	25	5.1
<b>Education of Husband</b>						
No education	44.6	46.5	25	16.7	25	40.6
Primary	16.9	25.4	15.6	4.2	16.7	18.8
Middle	10.8	9.6	9.4	12.5	8.3	10.3
Secondary	18.9	9.6	25	33.3	25	17.6
Higher	8.8	8.9	25	33.3	25	12.7
<b>Gainfully Employed</b>						
Yes	87.2	86	81.3	91.7	100	87
No	12.8	14	18.7	8.3	0	13
<b>Number of Living Children</b>						
2	2.7	0.9	0	0	0	1.6
3	10.1	4.4	3.1	4.3	16.7	7.3
4	25.1	13.2	15.6	45.8	8.3	21
5	20.9	20.2	33.4	33.3	8.3	22.4
6+	41.2	61.3	47.9	16.6	66.7	47.7
<b>Number of Still Birth</b>						
0	85.1	89.5	81.3	91.7	91.7	87
1	9.5	6.1	15.6	8.3	8.3	8.8
2+	5.4	4.4	3.1	0	0	4.2
<b>Ever had Abortion</b>						
Yes	37.2	27.2	37.5	45.8	25	33.9
No	62.8	72.8	62.5	54.2	75	66.1
<b>Type of Abortions</b>						
Spontaneous	92.7	83.9	58.4	72.7	66.7	83.9
Induced	7.3	16.1	41.6	27.3	33.3	16.1
Percent	100	100	100	100	100	100
Total	148	114	32	24	12	330



## 4.2 Knowledge about RHS-B Centre in the Local Area

The majority of the clients found out about the RHS-B centre from health professionals (34.5 Percent); followed by 20 Percent from Population Welfare officials. Other important sources were personal contacts 16 Percent and from the local Dai/TBA - 13 Percent. Other sources included - from RHS-B staff, 3 Percent, from television, 3 Percent and others- 8.2 Percent.

Health professional usually referred to other (private) RHS-B centres - 70 Percent of the time; and to RHS-B centres in govt. hospitals 50 Percent of the time, to FPAP outlets - 47 Percent and to MSS outlets - 40 Percent; to Greenstar 26 Percent and to PAVHNA 29 Percent. Population Welfare Officers mostly referred to PAVHNA centres (58 Percent) and then FPAP (25 Percent); few were referred to GS (19.6 Percent) and MSS (14 Percent). Referral from watching television advertisements went mostly to FPAP (12.5 Percent). Dai's preference was private/other RHS-B centres (20 Percent), GS outlets (17 Percent) and MSS (14 Percent). Personal reference mostly preferred PAVHNA (25 Percent) and GS (21.6 Percent).

**Table 4.2: Percentage of women who got knowledge about RHS-B centre from different sources in their area by private partners.**

Sources	Private Partners					Total	Numbers
	GS	MSS	FPAP	PAVHNA	Others		
Health professionals	26.4	39.5	46.9	29.2	70.0	34.5	114
Population Welfare professionals	19.6	14.0	25.0	58.3	0.0	20.3	67
DAI/TBA	16.9	11.4	6.3	8.3	20.0	13.3	44
RHSB Centre/Staff	2.7	0.9	12.5	4.2	0.0	3.0	10
Television	2.7	0.9	12.5	4.2	0.0	3.0	10
Personal contacts / self decision	21.6	11.4	9.4	25.0	0.0	16.4	54
Others	7.4	12.3	6.3	0.0	0.0	8.2	27
<b>Total</b>	<b>148</b>	<b>114</b>	<b>32</b>	<b>24</b>	<b>12</b>	<b>330</b>	

## 4.3 Counseling at RHS-B Centers

Counselling can bring a difference between a continuous FP user and a drop out (with all its subsequent ill effects). Regarding receiving counselling from the RHS-B Centre, 51.5 Percent of clients reported receiving Family Planning counselling and 48.5 Percent received none. Of those receiving counselling, the break-up by each private partner is presented in the Figure 4.1.

Table 4.3: Percentage of women who were recommended by different referrals for the surgery by private partners.

Referrals	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Health professionals	50.7	30.7	21.9	33.3	50.0	39.4	130
Population Welfare professionals	19.6	23.7	65.6	33.3	20.0	26.4	87
RHSB Staff/RHSB Doctor	9.5	11.4	6.3	0.0	10.0	9.1	30
DAI	4.7	0.9	0.0	0.0	0.0	2.4	8
Relatives	27.7	61.4	53.1	83.3	70.0	47.6	157
Personal contacts/Self decision	20.9	8.8	3.1	0.0	0.0	12.7	42
<b>Total (Number)</b>	<b>148</b>	<b>114</b>	<b>32</b>	<b>24</b>	<b>12</b>		<b>330</b>

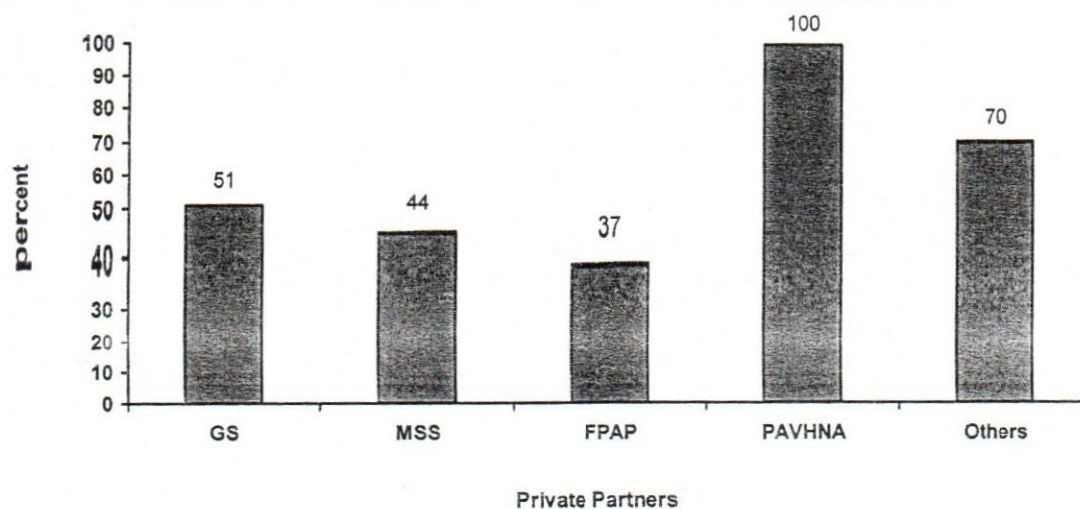
#### 4.5 Reasons to Select RHS-B Centre for the Contraceptive Surgery

The most prominent reason for selecting a RHS-B Centre for surgery was that the RHS-B staff was very good (30.3 Percent) followed by 'centre is very good' (22 Percent) and 'because it is near to home' (21.5 Percent). Other significant reasons included 1) recommended by relatives (17 Percent); 2) recommended by Dai (11.8 Percent); 3) recommended by nurse /LHW (11 Percent); 4) recommended by FWA and all staff is female (7.6 Percent) and finally self decision (5.5 Percent). The break-up per partner is presented in the Table below

Table 4.4: Percentage of women who reported reasons for selecting RHS-B centre for the surgery by private partners.

Reasons	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Centre is very good						22.1	73
RHSB Staff is very good	29.1	21.9	37.5	62.5	40.0	30.3	100
Recommended by Nurse/LHW	6.8	14.9	15.6	16.7	0.0	10.9	36
Recommended by DAI/TBA	8.1	19.3	6.3	8.3	10.0	11.8	39
Recommended by FWA	9.5	6.1	6.3	8.3	0.0	7.6	25
Because all staff is female	6.8	11.4	3.1	4.2	0.0	7.6	25
Because it is near to home	23.0	16.7	18.8	20.8	60.0	21.5	71
Recommended by Relatives/ Neighbours /friends	25.0	7.0	28.1	4.2	20.0	17.3	57
Self Decision	6.1	6.1	6.3	0.0	0.0	5.5	18
<b>Total (Number)</b>	<b>148</b>	<b>114</b>	<b>32</b>	<b>24</b>	<b>12</b>		<b>330</b>

Figure 4.1: Percentage of women who received counselling from RHS-B centre by private partner.



Regarding receiving counselling by the client or client's spouse before the CS operation, 62 Percent of the registered clients reported receiving counselling but 38 Percent did not receive any counselling. All 24 of the PAVHNA clients and 2 clients of the government clinics reported that they or their spouse had received counselling before the operation. Only 75 Percent of FPAP clients (32 in total), 70 Percent of private clinics (10 clients in total), 61.5 Percent of GS clients (148 in total) and 51 Percent of MSS clients reported receiving any counselling. Thus, 49 Percent of MSS clients, 38.5 Percent of GS, 25 Percent of FPAP and 30 Percent of the private clinic clients reported having not received any counselling before the contraceptive surgery operation.

A total of 92 Percent clients had counselling after tubiligation done but 8 Percent did not. Of those who had BTL done, 97 Percent had it done at RHS-B Centre and 3 Percent at extension camps of GS and MSS. BTL during C Section was reported by only 10 Percent of clients (Data not shown in Table).

#### 4.4 Referrals of Contraceptive Surgery

It was overwhelmingly that how many of the relatives of the client (47.6 Percent) who recommended sterilization to them followed by health professionals (39.4 Percent) and Population Welfare Officers (26.4 Percent). Others who suggested CS included RHS-B staff/doctor (9 Percent); and (not surprisingly) Dai only suggested sterilization to a very few (2.4 Percent). Self-decision was taken by 12.7 Percent of clients. The break-up per partner is presented in the Table 4.3.

#### 4.6 Problems Faced During Surgery

About 11 Percent clients reported problems faced during surgery. A total of 14 Percent of the MSS clients reported problem faced during surgery, 12 Percent clients of GS clients, 10 Percent of other private clients and 3 Percent of FPAP clients. Most clients (93 Percent) received medicine after surgery and postoperative instructions. However, 20 Percent clients of private clinic did not receive any medicine. Major problems reported by each partner are shown in Table 4.5.

Table 4.5: Percentage of women who reported problems faced during surgery by private partners.

Problems	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Infection in the Abdomen	0.0	1.8	0.0	0.0	0.0	0.6	2
Lower abdominal pain	7.4	3.5	0.0	0.0	0.0	4.5	15
Pain in the body	4.1	7.9	3.1	0.0	10.0	5.2	17
Unconsciousness upto next day	0.0	0.9	0.0	0.0	0.0	0.3	1
<b>Total (Number)</b>	<b>148</b>	<b>114</b>	<b>32</b>	<b>24</b>	<b>12</b>	<b>330</b>	<b>35</b>

#### 4.7 Post-Surgery Counseling and Follow up

Of the total clients, about 81 Percent of the clients were asked to come for the follow-up and 19 Percent were not (Table 4.6). Amongst the different organizations 84 Percent of FPAP clients, 83 Percent of MSS, 79 Percent each of GS and PAVHNA clients and 50 Percent of government clinic clients were requested to come to the RHS-B Centre for a follow-up. Almost 73 Percent of the clients reported that they did visit the RHS-B Centre for a follow up. However, 41 Percent of FPAP clients, 30 Percent of GS clients, 25 Percent of MSS clients, 20 Percent of private clinic clients and 13 Percent of PAVHNA clients, did not visit the RHS-B Centre for follow-up.

Table 4.6: Percent distribution of women who were asked and visited RHS-B centres for follow-up by private partners

Private Partners	Asked to Follow-up		Follow-up Visit		Numbers
	Yes	No	Yes	No	
GS	79.1	20.9	70.3	29.7	148
MSS	83.3	16.7	75.4	24.6	114
FPAP	84.4	15.6	59.4	40.6	32
PAVHNA	79.2	20.8	87.5	12.5	24
Others	80.0	20.0	80.0	20.0	10
Govt.	50.0	50.0	100.0	0.0	2
<b>Total</b>	<b>267</b>	<b>63</b>	<b>240</b>	<b>90</b>	<b>330</b>
<b>Percent</b>	<b>80.9</b>	<b>19.1</b>	<b>72.7</b>	<b>27.3</b>	<b>100.0</b>

#### **4.8 Complications after Surgery**

Amongst the reported complications after surgery, overall 24 Percent reported lower backache. This complaint was reported by 70 Percent of the clients of private clinics and a quarter (20 to 25 Percent) of clients of MSS, GS and PAVHNA. Another common complaint was abdominal pain (14 Percent); this was a major complaint of PAVHNA clients -29 Percent, MSS-15 Percent and GS clients-13.5 Percent. A total of 9 Percent of FPAP clients also complained of abdominal pain after CS. Next common was menstrual complaint (11.5 Percent); 13 Percent of MSS clients, 12.5 Percent of FPAP and 10 Percent each of GS and private RHS-B Centre clients and a few of the government RHS –B centre clients complained of this.

#### **4.9 Payment to Clients**

According to SOP all the RHS-B Centres have to provide Rs.250 for the women clients who undergo surgery and Rs.500 for male clients who undergo vasectomy. Amongst the interviewed clients, overall 90 Percent of the client reported receiving payment after operation. Interestingly neither of the two clients sampled from government clinics had received any payment nor had 30 Percent of private clinic clients, 12.5 Percent of PAVHNA clients, 10 Percent of GS clients and 8 Percent of MSS clients.

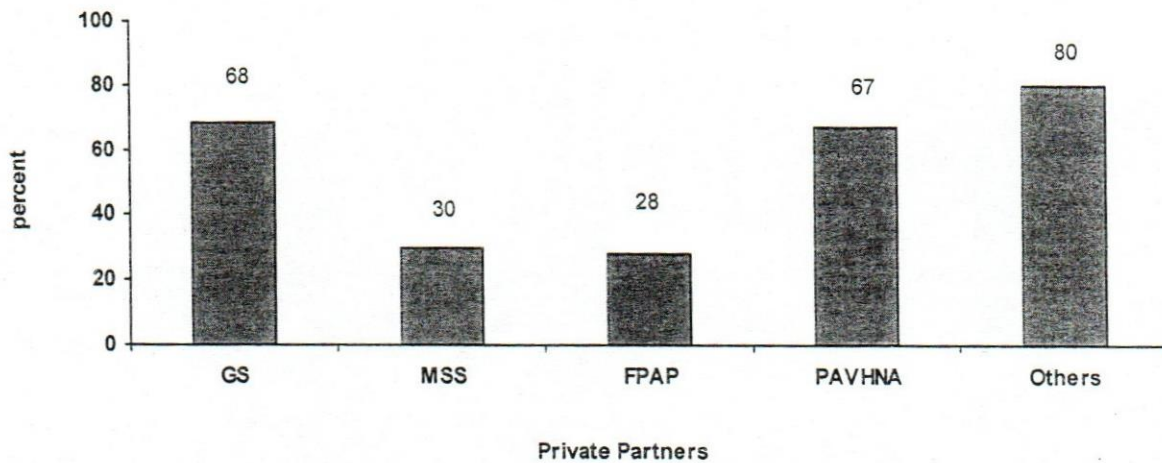
Out of the 90 Percent of the clients who had received payment, 54 Percent reported receiving Rs. 250, 6 Percent each reported receiving rupees 275 and 300, 5 Percent each reported receiving 200 and 400 rupees and rest of the clients reported receiving from 300 to 500 rupees.

Amongst the different partner organizations all clients (21) of PAVHNA, 72 Percent of FPAP clients, 65 Percent of MSS clients, 48 Percent of GS clients and 43 Percent of private clinic clients reported receiving 250 rupees. Three other private clinic clients (again 43 Percent) reported receiving rupees 300 and some clients of FPAP (6 out of 32 total sampled clients) reported receiving 400 rupees after the operation.

#### 4.10 Resuscitation of Client

From among all the questioned clients, only 48.5 Percent were served with some kind of refreshment at the RHS-B Centre while 51.5 Percent received no resuscitation. The later situation was particularly true (i.e. receiving no refreshment) for government clinics (neither of the 2 clients sampled reported receiving anything). Figure 4.2 shows that 80 Percent clients of private clinics, 68 Percent of GS, and 67 Percent of PAVHNA received no refreshment. 30 Percent of MSS and 28 Percent of FPAP clients also reported the same.

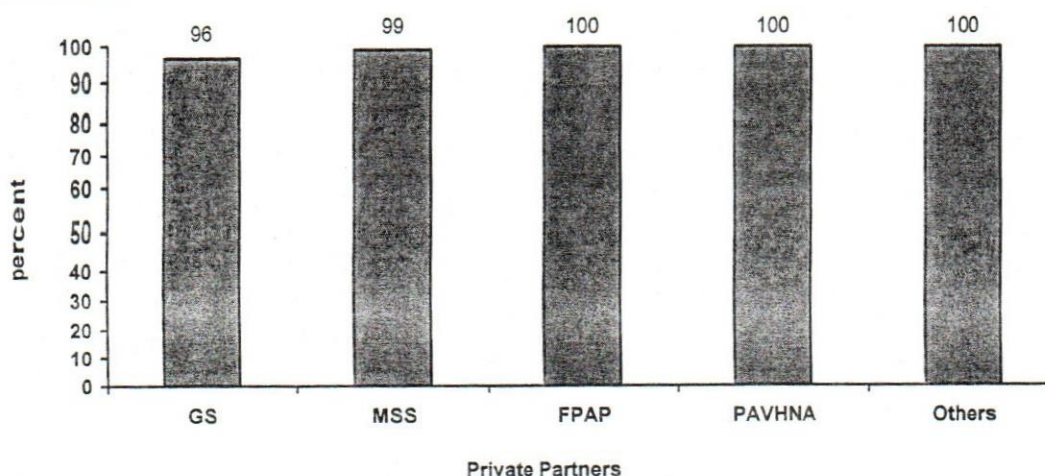
Figure 4.2: Percentage of women who did not receive refreshment after CS operation.



#### 4.11 Satisfaction of Clients

Figure 4.3 shows that follow-up visits were satisfactory for nearly all clients except the clients of the government clinics where one of the two clients sampled was satisfied and the other was dissatisfied. However, RHS-B centres were not located within walking distance of the client as 96 Percent had to reach the Centre by a vehicle and it still took half an hour (30 minutes) for 20 Percent of the client and 1 hour (60 minutes) for 17 Percent of the clients. For the rest, by any mode of transport it took from 1 hour to 4 hours to reach the Centre.

Figure 4.3: Percentage of women who were satisfied with the treatment of RHS-B Centres on follow-up visit by private partner.



#### 4.12 Situation of RHS-B Centres Premises and Attitude of Staff

Most RHS-B centres had comfortable premises and 96.4 Percent clients reported proper seating arrangements (data not shown in Table); 96.5 Percent of the clients reported excellent and/or good/cooperative attitude of the staff whereas 3.5 Percent reported bad/impolite behaviour of the RHS staff. The organizational breakup is given in the Table 4.7 below.

Table 4.7: Percent distribution of clients by private partners and attitude of staff.

Private Partners	Staff Attitude			Total	
	Excellent	Good/Cooperative	Bad/Impolite	Percent	Numbers
GS	27.2	69.3	3.5	100.0	148
MSS	20.3	74.3	5.4	100.0	114
FPAP	46.9	53.1	0.0	100.0	32
PAVHNA	58.3	41.7	0.0	100.0	24
Others	40.0	50.0	10.0	100.0	10
Govt.	0.0	100.0	0.0	100.0	2
<b>Total</b>	<b>27.2</b>	<b>69.3</b>	<b>3.5</b>	<b>100.0</b>	<b>330</b>

#### 4.13 Deficiencies of RHS-B Centres

Regarding deficiencies of the RHS-B centre only (65 out of 330) 19.6 Percent reported any and of these 2 stood out clearly. These were that 1) Free medicines were not provided after the treatment/operation (major reason reported for Govt., GS and FPAP RHS-B centres) and 2) RHS-B staff did not recommend a follow-up visit and do not motivate the clients for Family Planning (FP); true (across board) for other (private), GS, FPAP, MSS and PAVHNA RHS-B centres (in descending ranking order). Few clients, and mostly true for MSS, reported more reasons and these were that RHS-B centre staff deals with the client with bad behaviour, short of

staff and patients have to wait for a long time, bad furniture, no electric power /generator, no room heater, no air conditioner.

Regarding trusting the staff of the RHS-B centres, 93.6 Percent of the questioned clients felt that the staff was qualified for providing the services and 94.8 Percent were satisfied with the services. Of the 5 Percent who were not satisfied - 7.4 Percent were GS clients, 4.2 Percent were PAVHNA, 3.5 Percent were MSS clients and 10 Percent were private clinic clients. Whether they would recommend the services to others, 92.4 Percent said "Yes" and this was particularly true of PAVHNA and Government Premises where clients reported (100 Percent) satisfaction (however, these clients were few in number compared to clients of centres of other partners). Deficiencies were reported by 16.4 Percent of clients in the RHS-B centres and 83.6 Percent reported none. The breakup of deficiencies reported by each partner is presented in the Table 4.8 it is clear that govt. hospitals are the worst performing of all (50 Percent reported deficiencies at/in these centres).

**Table 4.8: Percent distribution of women who reported deficiencies of RHS-B centres by private partners.**

Deficiencies of RHS-B Centres	Private Partners						Total	
	GS	MSS	FPAP	PAVHNA	Others	Govt.	Percent	Numbers
Yes	17.6	17.5	12.5	4.2	20.0	50.0	16.4	54
No	82.4	82.5	87.5	95.8	80.0	50.0	83.6	276
<b>Total</b>	<b>148</b>	<b>114</b>	<b>32</b>	<b>24</b>	<b>10</b>	<b>2</b>	<b>100</b>	<b>330</b>

#### **4.14 Suggestions for the Improvement of RHS-B Centres**

Amongst the suggestions provided by the clients for improvement of RHS-B centres the most important was that number of centres should be increased (21 Percent), especially true for PAVHNA clients (46 Percent) FPAP (34 Percent) and GS (24 Percent) and Other Private RHS (20 Percent).

Other common suggestions given by the clients was that 1) there should be a security guard at the Centre (15 Percent), especially true for Private RHS clients (30 Percent) and GS (20); 2) RHS-B Staff should respond immediately in case of emergency-21 Percent of MSS clients and 16 Percent of FPAP clients; 3) there should be a more staff; 4) transport should be provided (9 Percent respectively); 5) incentive should be increased reported by 45 Percent of the clients; 6) separate room for the visitors were reported by 11 Percent overall; 7) there should be more staff at RHS-B centres (29 Percent) and especially female staff should be increased, suggested by 9



Percent of the clients; 8) motivational campaign should be expanded (27 Percent); 9) clinic should be clean and furniture should be in good condition reported by 24 Percent and 2 Percent of clients respectively; 10) the doctors of RHS-B centres should give proper time to the patients (4 Percent) and behave politely with clients (8 Percent) who visited the centres. These findings are presented in Table 4.9.

Table 4.9: Percentage of suggestions given by the respondents for the improvement of RHS-B centre by private partners.

Suggestions for improvement of RHS-B Centre	Private Partners						Total	
	GS	MSS	FPAP	PAVHNA	Others	Govt.	Percent	Number
Centre is fine in all respects / No suggestions	18.9	26.3	25.0	8.3	20.0	0.0	21.2	70
There should be a security guard at the Centre	19.6	9.6	12.5	0.0	30.0	50.0	14.5	48
Number of RHS-B centres should be increased	10.8	23.7	34.4	45.8	20.0	50.0	20.6	68
Transport should be provided to the patients after the treatment/ operation	14.2	5.3	.0	0.0	20.0	0.0	8.8	29
Incentive should be increased for the patients.	6.1	1.8	6.3	8.3	0.0	0.0	4.5	15
RHS-B Staff should work in emergency immediately	2.0	21.9	15.6	0.0	0.0	0.0	10.0	33
Free medicine should be provided after the treatment/ operation.	3.4	1.8	0.0	4.2	0.0	0.0	2.4	8
There should be a separate room for the visitors	6.1	1.8	3.1	4.2	0.0	0.0	3.9	13
There should be more staff at RHS-B Centre	14.9	1.8	0.0	16.7	10.0	0.0	8.8	29
There should be female doctors at RHS-B Centre	1.4	2.6	3.1	8.3	10.0	0.0	2.7	9
More staff should be provided to the RHS-B Centres so that they deal the patients on time and patients need not to be waiting for their turn.	4.7	0.9	0.0	0.0	0.0	0.0	2.4	8
Motivation should be extended to the home visits	10.1	4.4	6.3	20.8	0.0	0.0	8.2	27
Centre should be clean	4.1	15.8	0.0	0.0	0.0	0.0	7.3	24
Doctors should give proper time to the patients	0.7	2.6	0.0	0.0	0.0	0.0	1.2	4
RHS-B staff should deal the patients politely and they should be trained for the good behaviour	4.7	0.9	0.0	0.0	0.0	0.0	2.4	8
Furniture should be in good condition, power generator, room heater and room air conditioner should be provided	0.7	0.9	0.0	0.0	0.0	0.0	0.6	2
<b>Total (Number)</b>	<b>148</b>	<b>114</b>	<b>32</b>	<b>24</b>	<b>10</b>	<b>2</b>		<b>330</b>

## CHAPTER-5

### FAMILY PLANNING CLIENTS

This chapter deals with the responses of current Family Planning users (exit clients) interviewed at the RHS-B Centres on the day survey team visited the respective Centre. They were asked questions on the quality of services and service providers, the counselling and knowledge of contraceptives, source of knowledge about centres, deficiencies and problems faced in getting services at the centres and suggestions for improvement. Background characteristics of the users were also collected in order to assess the type of visitors visiting these outlets and using RH service.

#### 5.1 Background Characteristics

Table 5.1 shows the Percent distribution of respondents receiving FP services from RHS-B centres. From among 173 respondents, 35 Percent received services from Green Star (GS) network, 21 Percent respondents received services from FPAP, about 30 Percent from MSS, and only 6 Percent from PAVHNA and the rest 9 Percent from private RHS-B centres. Table 5.2 represents distribution of respondents by background characteristics according to the use of various contraceptive methods. Data show that 38 Percent respondents adopted female sterilization, 26.5 Percent were using Injectable, 18.5 Percent IUCD, 9.8 Percent oral pills, 6.4 Percent condom and 0.6 Percent other contraceptive methods (not mentioned).

##### 5.1.1 Age

Although there were a greater number of younger age group clients (<30) visiting the RHS-B centres (making a total of 28 Percent of the clients), yet the greater number of women utilizing the RHS-B Centre was 35-39 years old (36 Percent) followed closely by age group of women 30-34 years old (28 Percent). Of the younger age group, (<25 years), were found few in number at the RHS-B Centre (7 Percent); this reflects that the real need for FP increases and exists to the maximum in women in their 30s (30-39) who seek a permanent method like FS. Women in their 40s are also less likely to use the Centre (Table 5.1).

The use of Family Planning method according to age groups (> 25 years) showed that the younger age group was going more for birth spacing i.e. use of pill was about 17 Percent and

IUCD was 58 Percent, Injectable 17 Percent and none were using FS. Almost similar findings were present for the 25-29 age group (pill=8 Percent, IUCD=22 Percent, Injectable=42 Percent, FS=19 Percent). In contrast to this, the older age group, were mostly going for a permanent method like FS (30-34 years - 47 Percent, 35-39 years- 44 Percent, 40-44 years- 73 Percent) although some were practicing birth spacing also. Amongst 30-34 years age group Pill/IUCD was used by 14 Percent and Injectable by 18 Percent and 35-39 years age group IUCD 16 Percent, Injectable 29 Percent (Table 5.2). Overall, in the different age groups, the IUCD, Injectable and FS were the more popular methods.

#### 5.1.2 Education of the Respondent

Education of respondent had relationship with their contraceptive practice and source of service providers. Amongst the clients visiting the centres, most were illiterate (55 Percent) and the clients with middle and secondary education was 19.7 Percent. About 16 Percent had primary education and visited MSS the most (23.5 Percent) followed by GS (15 Percent), FPAP (13.5 Percent), PAVHNA (10 Percent) and other partners (6.7 Percent). The clients with more than secondary and higher education visited both MSS and FPAP (37.5 Percent each) (Table 5.1).

Table 5.2 shows how education affects contraceptive choice. Amongst the illiterate and women with primary education, the most popular method was female sterilization (42 Percent and 61 Percent respectively); followed by Injectable (26 Percent) amongst the illiterate group and (14 Percent) for the latter. For those with secondary education, Injectable were preferred (47 Percent) and women with higher education preferred the IUCD (50 Percent).

#### 5.1.3 Education of Husband

Most of the spouses (42 Percent) of exit clients are illiterate too, although 26 Percent spouses had higher secondary education (Table 5.1). Data presented in Table 5.2 shows that respondent's spouse having different education levels and choice of (current) contraceptive method. Clients who had undergone FS, their spouses were illiterate 48 Percent of the time followed by 25 Percent of the time for Injectables and 14 Percent of the time for IUCD. Amongst the primary level educated spouses, 50 Percent had undergone FS followed by 25 Percent using IUCD and 17 Percent Injectables. In clients with middle level education spouses, 42 Percent had undergone FS and IUCD each followed by 17 Percent Injectable users. In the secondary level educated group of spouses, 36 Percent of the clients underwent FS followed by 29 Percent using Injectables and

16 Percent using oral pills 10 Percent IUCD. For the highly educated spousal group, 33 Percent were using Injectables, 24 Percent IUCD and 20 Percent underwent FS.

#### 5.1.4 Employment

Distribution of employment status of respondents by different partner organizations presented in Table 5.1 exhibits that more than 80 Percent clients of all partners were gainfully employed. Employment status affected contraceptive behaviour. The RHS-B centres attracted mostly clients with some employment (income) and 86 Percent of the total women interviewed were currently gainfully employed. Distribution of respondents by their occupation according to their current use of contraceptive methods is shown in Table 5.2. Among those that were not gainfully employed 40 Percent had undergone FS followed by 26 Percent using Injectables and 18 Percent using IUCD. Amongst those that were employed, 33 Percent were using Injectables, 29 Percent underwent FS and 21 Percent were using IUCD.

#### 5.1.5 Number of Living Children

Distribution of users by different partners' shows that about 23.7 Percent users of all partners had 1 to 3 children and the rest of them had more than 3 children. As expected, the number of living children affected the type of Family Planning method used. If the living children were 4 or more than 4, there was a steep rise in the use of FS; 4 living children = 48 Percent, 5 living children = 53 Percent and 6 living children = 48 Percent. With fewer living children, birth spacing was practiced (details in Table 5.2).

#### 5.1.6 Stillbirths and Abortion

Table 5.1 show that most women (84 Percent) did not report any stillbirth, only 11 Percent reported one and 5 Percent reported two and more. Ever had abortion was reported by 36 Percent of the clients of which 73 Percent were spontaneous and 27 Percent were induced abortions. The distribution of clients reporting ever abortion (spontaneous and induced) shows that, 53 Percent clients of private providers, 45 Percent clients of MSS, 32.4 Percent of FPAP, 30 Percent of PAVHNA and 27 Percent of GS clients ever had abortion in reproductive life (Table 5.1). Clients who underwent an induced abortion also reported the use of methods e.g. IUCD (38.6 Percent), condom (38.6 Percent), Injectable/s (58.6 Percent), Oral pills (10 Percent) and FS (54.3 Percent) (Table 5.2).

Table 5.1: Percent distribution of users by background characteristics and by private partners.

Number of Users	Private Partners					Percent
	GS	MSS	FPAP	PAVHNA	Others	
<b>Age</b>						
< 25	6.7	5.9	13.5	0.0	0.0	6.9
25-29	21.6	17.6	24.3	20.0	20.0	20.8
30-34	26.7	39.2	18.9	30.0	20.0	28.4
35-39	35.0	31.4	35.1	50.0	46.7	35.8
40-44	8.3	5.9	2.8	0.0	13.3	6.4
45+	1.7	0.0	5.4	0.0	0.0	1.7
<b>Education of Respondent</b>						
No education	53.3	52.9	59.5	40.0	66.7	54.9
Primary	15.0	23.5	13.5	10.0	6.7	16.2
Middle	11.7	5.9	2.7	10.0	20.0	8.7
Secondary	15.0	5.9	8.1	30.0	6.6	11.0
Higher	5.0	11.8	16.2	10.0	0.0	9.2
<b>Education of Husband</b>						
No education	40.0	43.2	43.2	40.0	46.7	42.3
Primary	8.3	9.8	2.8	10.0	0.0	6.9
Middle	10.0	3.9	10.8	0.0	0.0	6.9
Secondary	15.0	17.6	18.9	30.0	20.0	17.9
Higher	26.7	25.5	24.3	20.0	33.3	26.0
<b>Gainfully Employed</b>						
Yes	85.0	82.4	89.2	80.0	100	86.1
No	15.0	17.6	10.8	20.0	0.0	13.9
<b>Number of Living Children</b>						
1	5.0	2.0	5.4	0.0	0.0	3.5
2	6.7	9.7	13.5	20.0	0.0	9.2
3	15.0	11.8	2.7	10.0	13.3	11.0
4	21.7	23.5	24.4	20.0	26.7	23.1
5	18.3	25.5	16.2	20.0	13.3	19.7
6+	33.3	27.5	37.8	30.0	26.7	33.5
<b>Number of Still Birth</b>						
0	83.3	74.6	97.3	90.0	80.0	83.8
1	11.7	17.6	0.0	10.0	13.3	11.0
2+	12.0	7.8	2.7	0.0	6.7	5.2
<b>Ever had Abortion</b>						
Yes	26.7	45.1	32.4	30.0	53.3	35.8
No	73.3	54.9	67.6	70.0	46.9	64.2
<b>Type of Abortion</b>						
Spontaneous	81.3	73.9	58.3	100.0	62.5	72.6
Induced	18.7	26.1	41.7	0.0	37.5	27.4
Percent	100	100	100	100	100	100
Total (Number)	60	51	37	10	15	173
Total (Percent)	34.7	29.5	21.4	5.8	8.6	

Table 5.2: Percent distribution of users by background characteristics and contraceptive method.

Number of Users	Contraceptive Methods						Total	
	Oral Pills	IUCD	Condom	Injectable	FS	Other	Percent	Numbers
<b>Age</b>								
< 25	16.7	58.3	8.3	16.7	0.0	0.0	100	12
25-29	8.3	22.3	8.3	41.7	19.4	0.0	100	36
30-34	14.3	14.3	4.2	18.4	46.9	2.0	100	49
35-39	8.1	16.1	3.2	29.0	43.6	0.0	100	62
40-44	0.0	0.0	9.1	18.2	72.7	0.0	100	11
45+	0.0	0.0	66.7	0.0	33.3	0.0	100	3
<b>Education of Respondent</b>								
No education	7.4	18.9	5.3	26.3	42.1	0.0	100	95
Primary	14.3	7.1	3.6	14.3	60.7	0.0	100	28
Middle	20.0	13.3	6.7	26.7	33.3	0.0	100	15
Secondary	10.5	10.5	5.3	47.4	21.0	5.3	100	19
Higher	6.3	50.0	18.7	25.0	0.0	0.0	100	16
<b>Education of Husband</b>								
No education	6.8	13.7	6.8	24.8	47.9	0.0	100	73
Primary	8.3	25.0	0.0	16.7	50.0	0.0	100	12
Middle	0.0	41.7	0.0	16.6	41.7	0.0	100	12
Secondary	16.1	9.7	6.5	29.0	35.5	3.2	100	31
Higher	13.3	24.4	8.9	33.4	20.0	0.0	100	45
<b>Gainfully Employed</b>								
Yes	4.2	20.8	12.5	33.3	29.2	0.0	100	149
No	10.7	18.1	5.4	25.5	39.6	0.7	100	24
<b>Number of Living Children</b>								
1	33.3	16.7	16.7	33.3	0.0	0.0	100	6
2	6.3	50.0	12.4	31.3	0.0	0.0	100	16
3	15.7	21.1	26.3	31.6	5.3	0.0	100	19
4	7.5	15.0	5.0	25.0	47.5	0.0	100	40
5	5.9	17.6	0.0	20.7	52.9	2.9	100	34
6+	10.3	12.1	1.7	27.6	48.3	0.0	100	58
<b>Number of Still Birth</b>								
0	11.0	19.4	6.9	24.8	37.9	0.0	100	145
1	0.0	15.8	5.3	26.3	47.3	5.3	100	19
2+	11.1	11.1	0.0	55.6	22.2	0.0	100	9
<b>Ever had Abortion</b>								
Yes	8.1	19.4	8.1	27.4	35.5	1.5	100	62
No	10.8	18.0	5.4	26.1	39.7	0.0	100	111
<b>Type of Abortion</b>								
Spontaneous	8.9	20.0	4.4	26.7	37.8	2.2	100	45
Induced	10.0	38.6	38.6	58.6	54.3	0.0	100	17
<b>Total (Number)</b>	<b>17</b>	<b>32</b>	<b>11</b>	<b>46</b>	<b>66</b>	<b>1</b>		
<b>Total (Percent)</b>	<b>9.8</b>	<b>18.5</b>	<b>6.4</b>	<b>26.5</b>	<b>38.2</b>	<b>0.6</b>	<b>100</b>	<b>173</b>

## 5.2 Source of Counseling about Family Planning

Regarding source of counselling about Family Planning, most of the clients (70 Percent) reported getting information from health professionals, personal contacts (54 Percent) and very interestingly 23 Percent reported getting it from Dai/TBA but only 22 Percent reported getting information from Population Welfare (PW) professionals and only 0.6 Percent reported getting it from the media (Table 5.3). Of course, some may have had more than one source of information. FPAP was the only organization whose client reported getting information from media or IEC material.

Table 5.3: Percentage of Exit Clients who received counselling about FP by private partners.

Source of Counselling about FP	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Health professionals	78.3	58.8	56.8	100.0	89.7	69.9	121
Population Welfare professionals	15.0	29.4	10.8	10.0	60.0	22.0	38
DAI/TBA	20.0	23.5	21.6	50.0	20.0	23.1	40
Media/IEC Material	0.0	0.0	2.7	0.0	0.0	0.6	1
Personal Contacts/Self decision	56.7	47.1	59.5	30.0	73.3	54.3	94
<b>Total</b>	<b>60</b>	<b>51</b>	<b>37</b>	<b>10</b>	<b>15</b>		<b>173</b>

## 5.3 Source of Knowledge about RHS-B Centres in Local Area

As regards getting information about the RHS-B Centre located in their area, Table 5.4 shows that a large number (43 Percent) found out about the RHS-B Centre from health professionals, 22 Percent from Dai/TBA, 15 Percent from personal contacts, 22 Percent from Population Welfare (PW) professionals and 1 Percent from television.

The distribution of clients by different partners shows that 60 Percent of PAVHNA clients and 57 Percent of FPAP clients were sent by health professionals as compared to 32 Percent of GS clients and 31 Percent of MSS clients. Many of the PAVHNA clients (40 Percent) were referred to the RHS-B Centre by Dais; likewise, 30 Percent of GS clients and 28 Percent of MSS clients had a Dai referral. However, many FPAP (24 Percent) clients and GS (15 Percent) clients also came to these RHS-B centres on their own (self decision). Many of the MSS clients were referred by other sources/or PW professionals.

Table 5.4: Percentage of Exit Clients who received knowledge about RHS-B centre through different sources by private partners.

Source of Knowledge of RHS-B in Local Area	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Health professionals	31.7	31.4	56.8	60.0	80.0	42.8	74
Population Welfare professionals	23.3	13.7	21.6	20.0	46.7	22.0	38
DAI/TBA	30.0	27.5	5.4	40.0	0.0	22.0	38
RHS-B Centre/Staff	0.0	0.0	2.7	0.0	0.0	0.6	1
Television	0.0	0.0	2.7	0.0	0.0	0.6	1
Personal contacts / self decision	15.0	5.9	24.3	0.0	26.7	14.5	25
Others	1.7	13.7	0.0	0.0	0.0	4.8	8
<b>Total (Number)</b>	<b>60</b>	<b>51</b>	<b>37</b>	<b>10</b>	<b>15</b>		<b>173</b>

#### 5.4 Side Effects from Current FP Method

Side effects were reported by very few clients (35) of current FP users. Major side effects reported were back pain, swelling in the body, blood pressure, irregular menstruation, infection, bleeding and dizziness. Details of side effects by various partners are given in the Table 5.5.

Table 5.5: Percentage of Exit Clients who faced side effects from the current method by private partners.

Major Side Effects	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Back pain	5.0	2.0	5.4	10.0	0.0	4.0	7
Swelling in the body	5.0	5.9	2.7	0.0	6.7	4.6	8
Blood pressure	5.0	0.0	0.0	0.0	13.3	2.9	5
Irregular Menstruation	0.0	2.0	2.7	0.0	13.3	2.3	4
Bleeding	0.0	2.0	2.7	0.0	6.7	1.7	3
Infection	0.0	2.0	2.7	0.0	0.0	1.2	2
Dizziness	3.3	5.9	2.7	0.0	0.0	3.5	6
<b>Total (Number)</b>	<b>60</b>	<b>51</b>	<b>37</b>	<b>10</b>	<b>15</b>	<b>20.2</b>	<b>173</b>

In case of complaints overall 65 Percent of the clients sought treatment; of these 32 Percent went back to the RHS-B Centre and discussed the problem. Only 8 Percent went to another doctor or changed the FP method after discussion with doctor. About 6 Percent did not report any complaint. Almost 11 Percent took medicine after doctor's examination (Table 5.6).



Table 5.6: Percentage of Exit Clients who have taken action in case of complaints by private partners.

Action Taken in Case of Complaints	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Went to RHS-B Centre and discussed the problem	31.7	35.3	45.9	10.0	6.7	32.4	56
Went to the doctor for the examination	8.3	11.8	0.0	30.0	0.0	8.1	14
Changed the FP method after discussion with doctor	21.7	0.0	0.0	0.0	0.0	7.5	13
Took medicine after the discussion/examination	11.7	2.0	27.0	0.0	6.7	11.0	19
No Complaints	1.7	3.9	.0	0.0	46.7	5.8	10

### 5.5 Client Services at/in the RHS-B Centres

The clients were questioned regarding the facilities at the RHS-B centres. Regarding counselling, most exit clients (74.5 Percent) reported receiving it; of the different partners of RHS-B centres, all PAVHNA clients, although very few in number in this study (10 out of a sample of 173), had been counselled as had been the clients of private providers (again few clients i.e.15 out of a sample of 173). Amongst others, 82 Percent of GS clients, 65 Percent of MSS clients and 59 Percent of FPAP clients reported received counselling.

Patient comfort was ascertained by asking about proper arrangements and attitudes of staff. About 92 Percent of the clients reported proper seating arrangements at RHS-B centres; and except for GS where 80 Percent clients reported satisfaction, clients of all other organizations (MSS, FPAP and PAVHNA) expressed 100 Percent satisfaction in the seating arrangements at the RHS-B centres. Regarding the attitude of the staff towards the clients, only 11 Percent reported a bad attitude of the staff whereas 45 Percent found it to be excellent and 50 Percent found it to be good/cooperative. Clients reported that FPAP and PAVHNA staff had an excellent/good cooperative attitude 100 Percent of the time, GS staff 95 Percent, MSS 94 Percent and private providers 87 Percent of the time.

Most clients (95 Percent) reported satisfaction with services. About 13 Percent reported dissatisfaction with Injectables and 6 Percent with pills. Amongst the organizations, almost all clients reported being satisfied with services but 13 Percent of GS clients were dissatisfied.

A large number of clients (94 Percent) felt that the staff were qualified for the job; 100 Percent for FPAP, PAVHNA and other private providers; 92 Percent for GS and 90 Percent for MSS.

Overall 94 Percent of the satisfied clients would recommend the RHS-B Centre to others. 100 Percent of MSS and PAVHNA clients; 97 Percent of FPAP clients, 93 Percent of private provider clients and 87 Percent of GS clients recommended this RHS-B centre to others. (Data not shown in Table)

## 5.6 Deficiencies of RHS-B Centres

As regards deficiencies of RHS-B centres (Table 5.7), about 33 Percent clients of GS, 13.5 Percent of FPAP and 27 Percent of private providers reported some deficiencies in the working of RHS-B centres. No deficiencies were reported by MSS and PAVHNA clients. Overall 22 Percent of the clients responded about the deficiencies observed at RHS-B Centres.

The GS clients complained about poor conditions of the premises (13 Percent), poor motivation of the staff (10 Percent), staff dealing badly with the clients and no free medicines were provided to the clients (8 Percent respectively). Same complaints were voiced by clients of private/others RHS-B centres with additional complaints of insufficient staff and patients have to wait a long time for their turn. The main complaint of FPAP client was that free medicines were not provided after the treatment/operation.

Table 5.7: Percentage of Exit Clients who have reported deficiencies of RHS-B centres by private partners.

Deficiencies of RHS-B Centre	Private Partners					Total	
	GS	MSS	FPAP	PAVHNA	Others	Percentage	Numbers
Free medicines were not provided after the treatment /operation	8.3	0.0	8.1	0.0	13.3	5.8	10
RHS-B staff deals the clients with bad behaviour	8.3	0.0	2.7	0.0	13.3	4.6	8
Staff is very short and patients have to wait for their turn for long time	3.3	0.0	0.0	0.0	6.7	1.7	3
Bad furniture/No electric power generator/No room heater/No air conditioner	13.3	0.0	2.7	0.0	0.0	5.2	9
RHS-B staff do not recommend their clients to follow-up and do not motivate the people for FP services	10.0	0.0	0.0	0.0	13.3	4.6	8
<b>Total (Number)</b>	<b>60</b>	<b>51</b>	<b>37</b>	<b>10</b>	<b>15</b>		<b>173</b>

## 5.7 Suggestions for the Improvement of RHS-B Centres

Amongst the suggestions provided by the clients (Table 5.8) for improvement of RHS-B Centres, the most important were that there should be a security guard at the Centre (20 Percent),

especially true for MSS clients (30 Percent) GS and PAVHNA (20 Percent) and FPAP (16 Percent). Whilst overall 13 Percent of clients felt that the centre was fine in all respects, 87 Percent gave suggestions for improvement. These are listed in Table 5.8 and included that 1) RHS-B Staff should respond immediately in case of emergency (17 Percent) 22 Percent of FPAP clients and 18 Percent of MSS and GS clients; 2) number of RHS-B centres should be increased (overall 16 Percent); true for PAVHNA clients (50 Percent) FPAP clients (22 Percent) MSS clients (14 Percent) and GS clients (12 Percent); 3) there should be a separate room for the visitors 11 Percent overall but particularly true for private/other RHS-B centres (27 Percent); 4) free medicines should be provided after the operation (8 Percent); 5) incentive should be increased; 6) more staff should be appointed at the Centre especially female staff - 7 Percent of the clients; 7) transport should be provided after surgery (6 Percent) 8) home visits should be made for motivational purposes and 9) centre should be clean - suggested by 4 Percent of clients. Further detail can be found in the Table 5.8.

**Table 5.8: Percentage of suggestions given by the respondents for the improvement of RHS-B centre.**

Suggestions	Percentage	Numbers
Centre is fine in all respects.	13.3	23
There should be a security guard at the Centre.	20.2	35
Number of RHS-B centres should be increased.	16.2	28
Transport should be provided to the patients after treatment /operation.	6.4	11
Incentive should be increased for the patients.	6.9	12
RHS-B Staff should work immediately in emergency.	16.8	29
Free medicines should be provided after the treatment/operation.	8.1	14
There should be a separate room for the visitors.	11.0	19
There should be more staff at RHS-B Centre.	6.9	12
There should be female doctors at RHS-B Centre.	6.9	12
More staff should be provided to the RHS-B Centres so that they can deal the patients in time and patients do not need to wait.	11.0	19
Motivation should be extended and expanded to the home visits.	4.0	7
Centre should be clean.	4.0	7
Doctors should give proper time to the patients.	1.7	3
RHS-B staff should deal the patients politely and they should be trained for the good behaviour.	1.7	3
Furniture should be in good condition, power generator, room heater and room air conditioner should be provided.	1.7	3
<b>Total</b>		<b>173</b>

## CHAPTER-6

### PERCEPTION OF DISTRICT POPULATION WELFARE OFFICER

This chapter presents the perceptions of District Population Welfare Officers (DPWO) regarding the RHS-B Centres operating in their districts. They were asked various questions including the date of establishment of RHS-B Centres, functioning and location, supply of contraceptives, reporting, validation and procedure for monitoring.

#### 6.1 Establishment and Current Status of RHS-B Centres

Analysis of the responses reported by DPWO revealed that the idea of establishing RHS-B Centres took place in the early 1980s but it seemed to have remained stagnant until 1999. Out of 30 RHS-B Centres that were part of the sample, only 6 were created in the 18 years during 1981 to 1999. However, from 2000 to 2001, another 3 were setup and then 7 in the following 7 years (2002-2009). Unfortunately, the date of establishment of 11 RHS-B centres could not be determined and 3 DPWO questionnaires could not be completed. The breakup of all centres with year of establishment is given in Table 6.1.

Table 6.1: Period of establishment of the sampled RHS-B centres reported by DPWO.

Period of Establishment	Numbers
1982-1999	06
2000-2001	03
2002-2009	07
Don't Know	11
No response	3
<b>Total</b>	<b>30</b>

#### 6.2 Functional and Non-Functional RHS-B Centres

The performance of the DPWO reflects the performance of the MoPW and its interaction or lack thereof with the RHS-B Centre. Each DPWO in the sampled district was asked about the status of all the RHS-B Centres in their districts. In the sampled districts, the total number of registered RHS- B centres were 65 but due to various reasons (not known and/or not reported), all of them were not functional. Those that were functional at the time of survey were 44. The provincial/districts breakdown of all functional and non-functional RHS-B centres is given below in Table 6.2.

Table 6.2: Total number of RHS-B centres by province, districts and status of operation.

Province	Functional RHS-B	Non Functional RHS-B	Total RHS-B
	Numbers	Numbers	Numbers
<b>Punjab (total)</b>	<b>14</b>	<b>10</b>	<b>24</b>
Sargodha	2	1	3
Khushab	1	0	1
Multan	2	4	6
Khanewal	3	3	6
Jhelum	1	0	1
Lahore	2	2	4
Narowal	1	0	1
Sialkot	2	0	2
<b>Sindh (total)</b>	<b>16</b>	<b>7</b>	<b>23</b>
Jacobabad	1	3	4
Sukkur	1	2	3
Hyderabad	3	2	5
Tando Adam and Shahdadpur	3	0	3
Larkana	2	0	2
Karachi	6	0	6
<b>KP</b>	<b>2</b>	<b>4</b>	<b>6</b>
Mardan	1	3	4
Abbotabad	1	1	2
<b>Balochistan (Quetta)</b>	<b>4</b>	<b>0</b>	<b>4</b>
<b>Islamabad</b>	<b>8</b>	<b>0</b>	<b>8</b>
<b>Total</b>	<b>44</b>	<b>21</b>	<b>65</b>

The highest number of RHS-B Centres was located in the Punjab and the least in Balochistan. However, of the 24 Centres in the Punjab, over half (14) were functional and the rest (10) were non-functional. The most disturbing picture is in KP province where of the total of 6 centres, 4 were non-functional. In Sindh, from a total of 23 centres about one-third (7) were non-functional. All centres (4) of Balochistan and Islamabad Capital territory (8) were found to be functional.

The best performing district in the Punjab was Sialkot where all RHS-B Centre were functional and the worst was Multan, where out of 6 centres, 4 were non-functional. In Sindh, Karachi was the best performing district followed closely by Tando Adam (and Shahdadpur) where all RHS-B Centres were functioning and the poorest performance was Jacobabad where out or 4 RHS-B Centres, 3 were non-functional. KP provided a poor picture in Mardan where again out of a total

of 4, 3 RHS-B Centres were non-functional. In Balochistan, RHS-B centres were present only in Quetta and that were functioning like the ones in Islamabad.

### 6.3 Situation and Performance of the RHS-B Centres

On being questioned about the physical state of the sampled RHS-B Centres in their district, the DPWO gave a mixed report as explained in the Table 6.3 and 6.4 below. About the **installation of signboards**, they reported that these were displayed at 37 Percent of the RHS-B centres but missing in the rest. A few (22 Percent) did not know whether it was displayed or not.

**Table 6.3: Percent distribution of DPWO who reported about the Signboard displayed at the RHS –B centres.**

Signboard Displayed	Percent	Numbers
Yes	37.0	10
No	40.7	11
Don't Know	22.2	6
Total	100	27

According to the DPWO, in about 60 Percent (59 Percent) centres, the price list of contraceptives was displayed; about 74 Percent displayed Information, Education and Communication (IEC) material; a little more than half (56 Percent) created a performance report and in 70 Percent of the cases, the DPWO was satisfied with it. The DPWO reported that the Contraceptive supply was only regular in 33 Percent of the Centres from MoPW.

About 70 Percent DPWO were satisfied with the performance of the Centres. Of the 30 Percent of centres that were reported to be not working upto the mark were associated with improper record keeping as well as for not preparing monthly reports.

Table 6.4: Percentage of physical state of the RHS-B centres in the sampled districts as described by the DPWO

Characteristic	Percentage	Numbers
Price List of Contraceptives Displayed	59.3	16
IEC Material	74.1	20
Contraceptive Supply	33.3	9
Performance Report Seen	55.6	15
Validation of CS Cases	88.9	24
Satisfied with Performance Report of RHS-B centres	70.4	19
Unsatisfied because they do not work properly, record was not maintained and monthly report was not prepared	29.6	8
<b>Steps Taken to in Case of Dissatisfaction</b>		
Instructed them to improve the condition of operation theatre	3.7	1
Tried to explain the doctors to improve their work	18.5	5
Guided them for proper record keeping and send their reports	25.9	7
<b>Total</b>		<b>27</b>

#### 6.4 The RHS-B Centres and DPWO at the District Level

Data shown in Table 6.5, presents a mixed picture of RHS-B centres functioning at district level. Among 20 DPWO's who were interviewed, Data shows that, only one fourth of the DPWOs were aware of the method of supply of contraceptive to the RHS-B centres. Among the ones who reported about the supply, 2 DPWOs reported a regular monthly supply, 1 reported no supply was given on demand by RHS-B centre and the rest stated any other method, which was not specified. Thirteen of 18 DPWOs visited RHS-B centres. Of those who made supervisory visits, 8 visited once each month and 4 every quarter and one DPWO did not report about the frequency of visit.

Table 6.5: The method of contraceptive supply to RHS-B centre in sampled districts.

	Percent	Numbers
<b>Contraceptive Supply</b>		
No	72.2	13
Yes	27.8	5
<b>Total</b>	<b>100.0</b>	<b>18</b>
<b>Supply</b>		
Monthly	40.0	2
On demand	20.0	1
Others	40.0	2
<b>Total</b>	<b>100.0</b>	<b>5</b>
<b>Performance Assessed by DPWO</b>		
Fortnightly	5.5	1
Once in a month	61.1	11
Quarterly	11.1	2
Others	22.2	4
<b>Total</b>	<b>100</b>	<b>18</b>
<b>Reports Submitted by RHS-B centres</b>		
Monthly	77.8	14
Annually	5.5	1
Others	16.7	3
<b>Total</b>	<b>100</b>	<b>18</b>
<b>Visits of Supportive Supervision</b>		
No	27.8	5
Yes	72.2	13
<b>Total</b>	<b>100.0</b>	<b>18</b>
<b>Frequency of Visits</b>		
Once in a Month	61.5	8
Quarterly	30.8	4
Others	7.7	1
<b>Total</b>	<b>100.0</b>	<b>13</b>
<b>Is there any mechanism to assess the performance?</b>		
No	11.0	2
Yes	89.0	16
<b>Total</b>	<b>100.0</b>	<b>18</b>



## 6.5 Criteria for Performance and Assessment of Performance of RHS-B Centre

Following the terms of reference in the MoU signed between the private party and the MoPW, 89 Percent of the DPWOs reported that a mechanism did exist to assess the performance of the RHS-B Centres. Only 11 Percent reported that there were no criteria devised for assessing performance. Different criteria had been developed to assess performance of RHS-B Centres. Mainly it was the monthly performance report (61.1 Percent), but IRC claims (27.8 Percent), and sometimes sales proceeds (5.5 Percent) also helped in monitoring the activity of the RHS-B Centre. Thirteen out of 18 DPWOs reported conducting supportive supervisions to the Centres (Table 6.6).

Table 6.6: Percentage of criteria used for assessing the performance of RHS-B centre.

	Percent	Numbers
Monthly performance report	61.1	11
Sales Proceeds	5.5	1
IRC Claims	27.8	5
Others	5.5	1
Visits of Supervisory Staff	72.2	13
<b>Total</b>	<b>100.0</b>	<b>18</b>

Eleven (11) DPWOs reported assessing the performance of the RHS-B Centre at least once in a month after receiving a monthly report regarding the functioning of the RHS-B Centres.

The supply of contraceptives to the RHS-B Centres as shown in Table 6.5 was very limited from the Population Welfare Department (MoPW). The supply of contraceptives from DPWOs was made only when the private party was unable to fill this gap from its own resources.

## 6.6 Supervision of RHD-B Centre by MoPW

The supervision was being done by the MoPW staff i.e. DPWO, DDPWO (Tech) and others in 100 Percent of cases. 39 Percent provided input in the shape of trainings to the doctors and paramedics. Details are given in Table 6.7.

Table 6.7: Supervision of RHS-B staff by MoPW.

Organized Training for the Doctors	Percent	Numbers
<b>Organize training for Doctors / Paramedics</b>		
Yes	39	7
No	61	11
<b>Total</b>	<b>100</b>	<b>18</b>
<b>Visit of Supervisory Staff</b>		
DPWO	50	9
DDPWO (Tech.)	33	6
Others	17	3
<b>Total</b>		<b>18</b>
<b>Training to Doctors by (multiple responses)</b>		
DPWO	14.3	1
RTI	28.6	2
RHS Training Unit	42.9	3
Others	28.6	2
<b>Training to Paramedics by (multiple responses)</b>		
DPWO	100.0	7
RTI	28.6	2
RHS Training Unit	28.6	2
Others	14.3	1

### 6.7 Suggestion for the Improvement of RHS-B Centre by DPWO

Suggestions for improvement of RHS-B Centres at district level (by DPWO) are listed in Table 6.8.

The key suggestions (94.4 Percent each) that emerged were that 1) RHS- B centres should work for the betterment of the community 2) RHS staff should be given better package 3) supply of contraceptives should be proper and in time 4) the training programmes for the staff of RHS should be organized 5) there was no justification for the partnership with the private sector because they were not working properly.

Other suggestions included the doctors and paramedic staff should be well trained, skilled and friendly with the clients (88.4 Percent); all CS clients should be validated before payment (83.3 Percent); 24 hours service should be provided (83.3 Percent); centre should be clean (83.3 Percent) and should not depend on Health and Population Department (77.8 Percent); RHS-B Centres should coordinate with MoPW (61 Percent).

**Table 6.8: Percentages of suggestions for the improvement of RHS-B centres at district level as reported by DPWO.**

<b>Suggestions for the Improvement</b>	<b>Percentage</b>
RHS-B centre should work for the betterment of the community	94.4
Doctors and paramedic staff should be well trained, skilled and efficient	88.9
Doctor and paramedic staff should be cooperative and friendly with client	88.9
All CS clients should be validated before reimbursement of IRC claims	83.3
RHS-B staff should be available 24 hours to serve the clients	83.3
There should be coordination of RSH-B, they should sent performance report to DPWO and IRC claims should be increased and paid by DPWO	61.1
RHS-B Centre should not depend on health and PWD	77.8
RHS-B centres staff should be given better package with high incentives	94.4
Proper supply of contraceptive to the centres	94.4
Accurate client record should be maintained	88.9
Centre should be clean	83.3
Training programs for the staff of RHS-B should be organized	94.4
RHS-B not working properly therefore, no justification for the partnership with MoPW	94.4
No suggestion	77.8
<b>Total</b>	<b>18</b>

## CHAPTER-7

### KEY FINDINGS/CONCLUSIONS

This chapter discusses the findings of the survey and the conclusions that can be drawn from them. It is based only on the study findings and will deal with each section of the study separately.

#### 7.1 Situation Analysis

The idea of setting up a Public Private Partnership (PPP) i.e. of creating a partnership between the Ministry of Population Welfare (MoPW), Government of Pakistan (GoP) and private organizations providing Reproductive Health (RH) services e.g. Family Planning Association of Pakistan (FPAP), Green Star (GS) network, Marie Stopes Society (MSS) of Pakistan, etc. was a new idea that started in the early 80s but really took off in the last decade (2000-2009) when most of the RHS-B centres were established. However, most of the RHS- B Centres seemed to be doing a satisfactory job.

The positive points that emerged from the study were that they have a high sustainability quotient; i.e. a majority (88 Percent), were housed in a building owned by the private partner with sufficient space - 70 Percent composed of 10 or less rooms (some of the In-charge of RHS-B centres wanted more space) and the rest were larger. Also, they had their own source of funding, were generally well equipped, except for government run set-ups (Table 3.2); well staffed (Table 3.4) and maintained a sufficient stock of modern contraceptives with a regular supply line (only 12 Percent reported source of supply as the DPWO, 71 Percent had their own sources (Table 3.5 and 3.6).

A few of the staff working at the RHS-B centres reported that they would change jobs if being offered a better one, however, generally there was a high level of job satisfaction amongst the staff who seemed well motivated – they said that they liked working for the common people. This was reflected in the utilization rates of the RHS-B centres as most of the centres were well utilised with utilization rates ranging from 500 to 2000+ per year particularly for FPAP and PAVHNA.

Regarding client services, the centre seemed well meshed with the health and population sector

of the local area, as most of the referrals took place through the health professional followed by officials of the Population Welfare Department. However, few were referred by the local Dai. Also most (94 Percent) centres reported providing transport to the client following procedure.

Improvement was required in certain areas. Although 50 Percent of the RHS-B centres reported no problem, yet 50 Percent did and important to note was that foremost amongst these were issues with MoPW i.e. delay in validation/reimbursement of claims and expenditure on of CS were more than reimbursements. Some of the others were more to do with the private partner and this needs to be addressed by the each one of the partners. NIPS field team also identified issues like poor record keeping by some partners especially GS, PAVHNA and private clinics. A few other issues were also identified by them like lack of separate space etc. and again these needs to be looked into by the private partners.

## **7.2 Contraceptive Surgery Clients**

An analysis of the data of clients who underwent Contraceptive Surgery (CS) at the centres reveals that these were older women, usually between the ages 30-39 years (70 Percent) or above 40 (16 Percent). Very few of the younger women underwent CS. A CS client was usually illiterate, (67 Percent) and had an illiterate spouse 40 Percent of the time. Despite this, these clients were largely gainfully employed (87 Percent) and so were a majority (91 Percent) of their spouses. None of the clients had a single child and CS was the most popular method after 4-6 children, when its incidence increased markedly.

The information on abortion showed that very few had undergone induced abortion and it was less common than spontaneous abortion. However, here one has to keep in mind that there might be certain misreporting by the client, as abortion is a very sensitive subject and a client may not feel comfortable in discussing about it to a complete stranger filling out the questionnaire.

The counselling services at the RHS- B centres were in need of improvement as only about half of the clients received proper counselling.

Regarding referral to the RHS-B centre, health professionals were referring clients to all private partners; PW personnel also referred to all but had a preference for FPAP, may be as they were most familiar with them; the Dai sent clients to GS whereas PAVHNA had majority referrals from the relatives of clients, as did MSS, private and others clinic; GS was also attracting self – referrals.

The RHS-B centres seemed to be popular and provided satisfactory services to the clients (those with dissatisfactory service were the government run clinics). A major pull factor for the clients was the good attitude of the staff and the centre being "good". Clients reported that centres were conveniently located yet the actual distance varied from 30 minutes to 4 hours time to reach the centre. Also overall quality of services seemed to be satisfactory as only 11 Percent reported complications during the procedure and most received adequate treatment for it. However, private clinics did not provide relief 20 Percent of the time. Majority of the clients were advised follow-up visits (81 Percent) and 72 Percent actually did follow-up on that advice.

No problems were reported by a majority (91 Percent) of the clients following the procedure. Overall payment to the client was satisfactory except for Govt. and private clinics; here clients also reported not receiving post surgery refreshment and so did clients of GS and PAVHNA. This was different from what the In-charge of RHS-B centres reported.

### **7.3 Exit/Family Planning Clients**

The profile of the Exit or Family Planning (FP) clients who were interviewed at the RHS-B centre showed that more of the FP clients were in the younger age group representing up a total of 21 Percent of the clients visiting the centre as (compared to 10 Percent of CS clients). However, clients from 30-39 years still represent 64 Percent of the total whereas older age group (40+) reflect a small Percentage (8 Percent) of the total.

Regarding education, it was seen that FP clients seemed to be better educated – few were illiterate i.e. 55 Percent and had 42 Percent of illiterate spouses. What was significant that both the clients and the spouses had more higher education; amongst clients 11 Percent had secondary and 9 Percent had higher education and their spouses had 26 Percent higher education. Educational attainment and FP use seem to be positively co-related.

Majority of the clients (86 Percent) were in paying jobs (gainfully employed) and if this was seen with the CS data, it seems that RHS-B centres attract clients having jobs. Also significant fact was that FP clients reported one child families and few had 6 child families. The number of still births and abortions was low. However induced abortion was practised by 27 Percent of clients and FPAP was approached more for this (as in CS clients seeking an induced abortion) followed by private clinics and MSS.

The popular method of FP use differed with age. IUCD was preferred by <25 years of age, 25-30 years of age preferred Injectables and IUCD and a few preferred Female Sterilization (FS). As age increases, the latter i.e. FS became overwhelmingly popular. However, for 45+ clients, it was the condom which was most popular followed by FS.

FP use was also affected by education; the illiterate to middle educated (client and spouse) went for FS whereas the clients with secondary to higher education used IUCD and Injectables

Employment seemed to have a limited effect on choice of contraceptive method. Gainfully employed or not, clients preferred FS and Injectables. However, the number of children affected choice of contraception. None of the one (1) child families reported using FS, instead they did birth spacing i.e. using oral pills, IUCD (more popular), or Injectables, condoms (less popular). The use of FS increased with increase in the number of living children and at 4-6 living children, the number of clients seeking FS increased to almost 50 Percent; however, Injectables also remained popular as did IUCD. The use of condoms and pills dropped dramatically.

The number of clients reporting induced abortion who had used contraception was highest in clients who had used Injectables (58.6 Percent of the time), followed by FS. This would point to the fact that clients, keen to keep a small family size, were using induced abortion as a means of FP, each time a contraceptive method failed or between breaks from using contraception.

In trying to convince or motivate people to use contraception/FP, the health professionals were taking the lead (70 Percent of the time) for all partners; and although next frequent it was a personal decision (54 Percent of the time) but what was interesting fact that the Dai (23 Percent) was motivating clients too.

Knowledge of the RHS-B centre was highest with the health professional who seemed to know most about PAVHNA and FPAP; PWP mostly sent clients to private (other) partners, whereas Dai's preferred PAVHNA, GS and MSS but hardly any to FPAP.

Side effects were reported by clients of all partners but fewer by PAVHNA clients. However, interestingly, infection was only reported by MSS and FPAP clients. Treatment of side effects was good, especially for GS, MSS and FPAP clients but GS performed best in response to side effects.

Client satisfaction was good as most clients reported good quality of services; the seating arrangements were good and so was the staff attitude. FPAP and PAVHNA presenting the best results. Overall, client satisfaction with services, skills of staff etc. was satisfactory leading to clients satisfaction happy to recommend the RHS-B centre/s to others 94 Percent of the time. Only a 1/4 of the clients reported some deficiencies, most common in GS centres; the MSS and PAVHNA clients had no complaints. The details of deficiencies have been presented in Table 5.7.

Although there was a high level of client satisfaction, yet when further investigated, only 13 percent of the clients felt that there was no need for improvement of the centre. Others provided suggestions which were manifold (Table 5.8) but the most important was that a security guard should be posted at the RHS-B Centres. It seems that there was a level of insecurity that the clients felt in visiting these centres. Also important finding was that many clients wanted the number of RHS-B centres to be increased.

Amongst the other important points suggested by clients for improvements were that the staff should respond to patients immediately; more staff was required at the centre; a separate room should be available for clients at the centre and free medicines should be provided etc.

#### **7.4 The Perception of District Population Welfare Officers (DPWO)**

The DPWO provided information on many aspects of the working of the PWDs of the MoPW with the private partners of the RHS-B centres. Generally they presented a dismal picture which contrasted with views of the clients and the in-charge of RHS-B centres.

As reported by the DPWO the number of non-functional centres per province were quite a few. This was very disturbing (Table 6.2), especially in the KP province where not only were there fewer centres but 66 Percent of them were non-functional. These needs to be looked into and the non-functional Centres should be made functional especially since there is a repeated demand by the clients to increase the number of RHS-B centres.

Also the geographical distribution of the RHS-B centres was very skewed as the number of RHS-B Centres in provinces like KP and were proportionally far below the population size especially when compared to the high number of RHS-B centres located in Islamabad (ICT). This shows a certain lack of proper planning.



The overall picture presented by the DPWO of the RHS-B Centres showed that almost one third (37 Percent) displayed a signboard; and more than half (59 Percent) displayed a price list; a majority (74 Percent) displayed IEC material (for motivation); contraceptive supply by the DPWO was made for 33 Percent of the RHS-B centres but validation of CS cases took place 89 Percent of the time; most DPWOs (70 Percent) were satisfied with the performance report submitted by the Centres.

A disturbing fact that emerged was that although 70 Percent of the DPWOs were satisfied with the performance of the Centres, the 30 Percent who were not e.g. the condition of operation theatre was poor etc., only did something to improve the situation in 4 -26 Percent of the cases (Table 6.4). This apathy on the part of the DPWOs highlights poor performance by the MoPW. Also, it was significant to find that only 11 DPWOs reported assessing the performance of the RHS-B Centre at least once in a month.

## CHAPTER-8

### RECOMMENDATIONS

#### **For the Government**

1. The issue of IRC claims and validation is an important point that the government needs to look into and work out with the private partner. Also the gender inequity in compensation should be ended.
2. Keeping in mind the fact that the RHS-B centres are functioning well (well staffed, well equipped, conveniently located and distributed in both rural and urban areas) and that both the clients and the staff expressed a high level of satisfaction with them, the Government should negotiate with the private partners of the RHS-B Centres to add Safe Motherhood services at the centres along with Population services. This would be particularly useful following the 18<sup>th</sup> constitutional amendment by which Population and Health have come under the purview of the provinces. Keeping the budgetary constraints/challenges of the provinces in mind, adding of health services to the existing population services at the RHS-B centres would go a long way to sustain and strengthen both. Also it will facilitate the attainment of the MDG 4 and 5 by Pakistan.
3. The government needs to promote female education as it seems that educational attainment and FP use are positively co-related. The study showed that FP clients seemed to be better educated – few are illiterate i.e. 55 Percent and had 42 Percent of illiterate spouses. Also FP clients and the spouses had more higher education; amongst clients 11 Percent had secondary and 9 Percent had higher education and their spouses had 26 Percent higher education.
4. The distribution of the centres is uneven and skewed. It would be useful if the government can improve that after talking to the private partners.
5. Some of the positive suggestions provided by the DPWOs to improve the functioning RHS-B centres needs to be looked into.
6. The role of the DPWOs needs to be strengthened and their poor performance needs to be addressed.

7. DDPWO (Technical) may be assigned task to visit RHS-B centres on regular basis to conform quality of services.

### **For the private partners**

1. It is important that the non-functioning centres should be made operational. This will fulfil an important demand/need of the clients that more centres should be established.
2. Some of the negative points that emerged need to be addressed by the partners. These are as follows:
  - a. Many of the RHS-B centres had no vasectomy kits; therefore this service was being denied or not offered to the clients at all leaving the onus and burden of contraception disproportionately on females.
  - b. Post procedure refreshments must be provided to the clients.
  - c. Regarding referrals, it was the health professionals and PW personnel referring clients and very few of the Dai's (untrained Traditional Birth Attendants or TBAs) who were referring clients. In a village or at community level, it is the TBA who is the major provider of RH services to the woman, particularly for the poorest section of the society; however it seems that they are not motivated to refer cases for CS despite the incentive involved.
  - d. The counselling services at the RHS- B centres are only available to half of the clients. This should be made available to all as it is an important step in continuous FP usage and prevents drop out.
  - e. Private partners should request NIPS for a more in-depth analysis of the data per partner as it will be a good insight into their work, almost like an independent evaluation and will help them improve their functioning.
3. The different deficiencies and suggestions presented by the clients need to be looked into and addressed.
4. The In-charge RHS-B centres identified problems and provided suggestions. These are given in Table 3.10 and 3.11. These need to be addressed.

### **For NIPS**

1. NIPS should conduct a well planned advocacy and dissemination campaign of the findings of the study as it is important for the population sector.
2. In order to attract involve the interest of the provincial government, an Urdu translation of the findings and recommendations is advised.
3. NIPS should try and perform a more in-depth analysis for each province.
4. NIPS should (given the time and finance) perform a comparison of CS and FP clients, per province/per partner.

## **ANNEXES**



## ANNEX-A

Table A.1: Institutional reimbursement cost (IRC) rates approved by PWD W.E.F 2007 for male and female contraceptive surgery cases at RHS-B centres

Components	TUBECTOMY (RHS-B CENTRES)		VESECTOMY (RHS-B CENTRES)	
	Static	Extensions camps	Static	Extensions camps
	Approved Rates	Approved Rates	Approved Rates	Approved Rates
<b>A. Physical Facilities :</b> Medicines, Syringes, Drugs, Bandages and Security, etc. Sterilization of equipment, Operation Theatre maintenance, Gloves, Linen ( Purchase and washing), and Condoms(20) for post vasectomy clients	400	400	320	320
<b>B. Services and Support</b>				
Doctor + (Health /Private /NGOs , etc) For operating CS.	240	250	300	300
Surgeon/Gynaecologist/Specialist cover: For Technical Supervision and Surgical / Gynaecologist cover	20	50	20	20
Medical Superintendent : For making backup services	10	20	10	10
Anaesthetist: For coverage	10	10	10	10
Hospital staff for in OT/ recovery For assistance and recovery	200	200	20	20
Laboratory Staff: For Lab. Test facilities: Blood CP, Urine RE, Blood Urea/ Sugar, Pregnancy test + Hepatitis B and C Screening.	200	200	200	200
<b>C. Client</b>	250	250	500	500
<b>D. Referrer/ Motivator</b>	150	150	150	150
<b>E: Client's Nutrition/ Resuscitation</b>	20	20	20	20
<b>Total</b>	1400	1550	1550	1550

Table A.2: List of registered/ operational RHS-B centres of all partners.

S.No.	ORGANIZATIONS	PROVINCE (Total Centres)
	GREENSTAR	
1	PUNJAB	Azmi Welfare Clinic, Green Star, Multan.
2		Gulzar Medical Centre, Green Star, Multan.
3		Ameer Clinic Green Star, Multan.
4		Zoya Clinic Green Star, Multan.
5		Sameen Zafar Medicare Green Star, Multan.
6		Maqsooda Zia Hospital, Green Star, Faisalabad.
7		Amin Poly Clinic Green Star, Sargodha.
8		Sohail Surgical Hospital Green star, Lahore.
9		Hilal-e-Ahmer Green Star, Lahore.
10		Talat Nursing Home, Green Star, Rawalpindi.
11		Al Shifa Hospital, Green Star, Vehari.
12		Family Hospital Green star, Khanewal.
13		Siddique Hospital, Green Star, Khanewal.
14		Al-Hamid Hospital, Green Star, Khanewal.
15		Fatima Medical Centre, Green Star, Sheikhpura.
16		Rubina Sovikarno Hospital, Manawala Green Star, Sheikhpura.
17		Fazal Hospital Green Star, Jhelum.
18		Rana Maternity Home (Joharabad) Green Star, Khushab.
19		Zafar Hospital Green Star, Sahiwal.
20		Shahida Tariq, Green Star, Narowal.
21		Fatima Hospital Green Star, Narowal.
22	SINDH	Kunri Christian Hospital, Kunri, Mirpurkhas.
23		Asim Clinic Hyderabad.
24		Mukthar Medicare Clinic, Khairpur.
25		Saira Clinic, Hyderabad.
26		Bhitai Medical Centre, Shahdadpur.
27		Gulshan General Hospital, Karachi (East).
28		Aisha Clinic Jacobabad.
29		Dua-e-Fatima Hospital, Karachi.
30		Sindh Medical Centre, Digri, Mirpurkhas.
31		Al-Noor Hospital, Jhudo, Mirpurkhas.
32		Family Health Clinic Karachi.
33		Ali Clinic and Maternity Home, Ranipur, Khairpur.
34		Sagar Clinic and Maternity Home, Larkana.
35		Al Shifa Clinic, Karachi (East).
36		Munnawar Memorial Hospital, Karachi (East).
37		Naheed Medical Centre, Karachi (West).
38		Al Shifa Hospital, Karachi (West).
39		Christian Hospital, Quetta.
40	KP	Mother Care Hospital Green Star plus Goad Road, Haripur.
41		Al-Hamza Hospital, Green Star plus, Ghazi, Haripur.
42		Junaid Medical Centre, Greenstar, Mardan.
43		Dr. Ruqia Sultana, Mandian, Abbotabad.
44	ISLAMABAD	Alfalsh Hospital, Islamabad.

S.No.	ORGANIZATIONS	PROVINCE (Total Centres)	
<b>MARIE STOPES SOCIETY</b>			
45	PUNJAB	Marie Stopes Society, D.G. Khan.	
46		Marie Stopes Society, Multan.	
47		Marie Stopes Society, Faisalabad.	
48		Marie Stopes Society, Gujranwala.	
49		Marie Stopes Society, Sargodha.	
50		Marie Stopes Society, Lahore.	
51		Marie Stopes Society, Bahawalpur.	
52		Marie Stopes Society, Rawalpindi.	
53		SINDH	Marie Stopes Society, Mehmoodabad Karachi (South).
54			Marie Stopes Society, Hyderabad.
55	Marie Stopes Society, Sukkur.		
56	Marie Stopes Society, Shikarpur.		
57	Marie Stopes Society, Mirpurkhas.		
58	Marie Stopes Society, Benazirabad (Nawabshah).		
59	Marie Stopes Society, Tando Adam (Tando Allahyar).		
60	Marie Stopes Society, Quetta.		
61	KPK	Marie Stopes Society, Peshawar.	
62		Marie Stopes Society, Abbotabad.	
<b>FAMILY PLANNING ASSOCIATION OF PAKISTAN</b>			
63	PUNJAB	Family Health Hospital, Faisalabad.	
64		Family Health Hospital, Johar Town, Lahore.	
65		Family Health Hospital, Chakwal.	
66		Family Health Hospital, Quetta.	
67	KPK	FPAP, Rokhanakor, Peshawar.	
68	ISLAMABAD	Family Health Hospital, I-10, Islamabad.	
<b>PAKISTAN VOLUNTEER HEALTH AND NUTRITION ASSOCIATION</b>			
69	SINDH	PAVHNA Medical and Surgical Centre, Karachi	
70		Larkana	
<b>OTHER PRIVATE RHS-B CENTRES</b>			
71	PUNJAB	Shalimar Hospital, Lahore.	
72		Govt. Maternity Chohan Road, Lahore.	
73		Memorial Christian Hospital, Sialkot.	
74		Christian Hospital, Sialkot.	
75	SINDH	Red Crescent Hospital Sukkur.	
76		Shah Bhattai, Hyderabad.	
77		Lady Dufferin, Hospital, Quetta.	
<b>GOVERNMENT HOSPITALS</b>			
78	PUNJAB	THQ Hospital, Kharian, Gujrat.	
79	ISLAMABAD	KRL General Hospital, Islamabad.	
80		PNS Hafeez, Islamabad.	



Table A.3: List of sampled RHS-B centres.

S.No.	PROVINCIAL/ DISTRICTS	Codes	NAME OF SAMPLED RHS-B CENTRES
<b>PUNJAB</b>			
1.	Sargodha	1.	Marie Stopes Society.
2.	Khushab	2.	Rana Maternity Home (Joharabad) Green Star.
3.	Multan	3.	Marie Stopes Society, Multan.
		4.	Gulzar Medical Centre Green Star.
4.	Khanewai	5.	Siddique Hospital Green Star.
5.	Jhelum	6.	Fazal Hospital Green Star
6.	Lahore	7.	Sohail Surgical Hospital, Green star.
		8.	Family Planning Association of Pakistan
7.	Narowal	9.	Shahida Tariq, Narowal, Green Star.
8.	Sialkot	10.	Christian Hospital, Private.
<b>KP</b>			
9.	Peshawar	11.	Marie Stopes Society.
		12.	Rokhanakor, Family Health Hospital.
10.	Mardan	13.	Junaid Medical Centre, Greenstar, Mardan.
11.	Abbotabad	14.	Dr. Ruqia Sultana, Green Star.
<b>SINDH</b>			
12.	Jacobabad	15.	Aisha Clinic Greenstar.
13.	Sukkur	16.	Marie Stopes Society.
14.	Hyderabad	17.	Asim Clinic Greenstar.
		18.	Shah Bhattai, Private.
15.	Shahdadpur (Sangarh)	19.	Bhitai Medical Centre Greenstar.
16.	Tando Adam	20.	Marie Stopes Society.
17.	Larkana	21.	Sagar Clinic and Maternity Home Greenstar.
18.	Karachi	22.	Dua-e-Fatima Greenstar.
		23.	Medical and Surgical Centre, PAVHNA.
19.	Quetta	24.	Christian Hospital, Green Star
		25.	Marie Stopes Society.
		26.	FPAP, Satellite Town.
		27.	Lady Dufferin Hospital, Private.
<b>ISLAMABAD</b>			
20.	Islamabad	28.	Family Hospital I-10, FPAP.
		29.	KRL General Hospital.
		30.	Alfalah Hospital, Green Star.

Table A.4: List of RHS-B centres responded to situation analysis questionnaire

S.No	ORGANIZATION	DISTRICTS
	GREEN STAR	
1.	Tando Adam	Sanghar, Tando Adam
2.	Zafar Clinic and Maternity Home	Sahiwal
3.	Rana Clinic and Maternity Home	Khushab
4.	Atif Clinic	Faisalabad
5.	Fazal Hospital	Jhelum
6.	Talat Nursing Home	Rawalpindi
7.	Fatima Hospital	Sialkot
8.	Rubina Hospital	Sheikhupura
9.	Sohail Surgical Hospital	Lahore
10.	Christian Hospital	Sialkot
11.	Alfalah Hospital, Sangjani	Islamabad
12.	Al Shifa Hospital (West)	Karachi
13.	Gulshan General Hospital	Karachi
14.	Surgical Munawar Hospital	Karachi
15.	Naheed Medical Centre	Karachi
16.	Family Health Clinic	Karachi
17.	Dua-e-Fatima Hospital	Karachi
18.	Bhittai Medical Centre	Hyderabad
19.	Saira Clinic	Hyderabad
20.	Asim Clinic	Hyderabad
21.	Sindh Medical Centre, Digri	Mirpurkhas
22.	Al-Noor Medical Centre, Jhudo	Mirpurkhas
23.	Kunri Christian Hospital, Kunri	Mirpurkhas
24.	Mother Care Hospital	Haripur
25.	Al- Hamza Hospital	Haripur
26.	Ruqia Hospital	Abbotabad
27.	Siddique Hospital	Khanewal
28.	Al-Hameed Family Hospital	Khanewal
29.	Family Hospital	Khanewal
30.	Gulzar Medical Centre	Multan
31.	Sameen Zafar Medical Centre	Multan
32.	Zoya Clinic and Maternity Home	Multan
33.	Azmi Welfare Clinic	Multan
34.	Ameer Clinic and Maternity Home	Multan
35.	Ali Clinic and Maternity Home Ranipur	Khairpur
36.	Mukthar Medicare Clinic	Khairpur

S.No	ORGANIZATION	DISTRICTS
<b>MARIE STOPES SOCIETY</b>		
37.	Hyderabad	Hyderabad
38.	Mirpurkhas	Mirpurkhas
39.	Karachi	Karachi
40.	Multan	Multan
41.	Quetta	Quetta
42.	Sargodha	Sargodha
43.	Peshawar	Peshawar
44.	Sukkur	Sukkur
45.	Dera Ghazi Khan.	Dera Ghazi Khan
46.	Shikarpur	Shikarpur
47.	Nawabshah	Nawabshah/ Banazirabad
48.	Faisalabad	Faisalabad
49.	Abbotabad	Abbotabad
50.	Lahore	Lahore
51.	Rawalpindi	Rawalpindi
52.	Gujranwala	Gujranwala
53.	Bahawalpur	Bahawalpur
<b>FAMILY PLANNING ASSOCIATION OF PAKISTAN</b>		
54.	Family Health Hospital	Faisalabad
55.	Family Health Hospital	Lahore
56.	Family Health Hospital	Chakwal
57.	Family Health Hospital, Rokhanakor	Peshawar
58.	Family Health Hospital, Satellite town	Quetta
59.	Family Health Hospital, I-10	Islamabad
<b>PAKISTAN VOLUNTEER HEALTH AND NUTRITION ASSOCIATION</b>		
60.	Medical and Surgical Centre	Karachi
<b>OTHER PRIVATE RHS-B CENTRES</b>		
61.	Memorial Christian Hospital	Sialkot
62.	Christian Hospital, SKT	Sialkot
63.	Government Maternity, Chohan Road	Lahore
64.	T.H.Q Hospital	Kharian
65.	Red Crescent Hospital	Sukkur

## ANNEX-B

Table B.1: Contraceptive stock position of all private partners (22 RHS-B centres)

PRIVATE PARTNERS	CONTRACEPTIVE METHODS				
	Oral Pills (Cycle Pkt)	IUCD (Numbers)	Condom (Dozen)	Injectables (Vials)	Norplant
GS	113	906	286	176	0
MSS	16460	31585	10258	10897	160
FPAP	11963	8389	7957	35425	352
PAVHNA	487	282	1264	494	0
Other Private	45	4	31	87	0
RHS-B in Govt. Premises	111	65	308	135	0
<b>Total</b>	<b>29179</b>	<b>41231</b>	<b>20104</b>	<b>47214</b>	<b>512</b>

Table B.2: Clientage of RHS-B centres of all private partners during 2008-09

PARTNERS	Oral Pills	IUCD	Condom	Injectables	Minilap	Lap	Vasect.	Numbers
GS	251	474	98	529	10812	0	0	12164
MSS	2884	4983	4047	1725	3766	0	7	17412
FPAP	815	1847	11480	1967	1266	12	712	18099
PAVHNE	114	196	7003	199	501	350	3	8366
Other Private	292	168	1947	264	784	3	305	3763
Government	255	65	313	135	28	29	0	825
<b>Total</b>	<b>4611</b>	<b>7733</b>	<b>24888</b>	<b>4819</b>	<b>17157</b>	<b>394</b>	<b>1027</b>	<b>60629</b>
CLIENTS AT THE CAMPS								
GS	50	2508	0	2	1020	0	0	3580
MSS	315	9703	179	106	8790	0	0	19093
FPAP	4	21	3	0	2368	0	162	2558
PAVHNE	0	0	0	0	0	0	0	0
Other Private	234	0	0	0	0	0	0	234
Government	114	65	308	135	21	22	0	665
<b>Total</b>	<b>717</b>	<b>12297</b>	<b>490</b>	<b>243</b>	<b>12199</b>	<b>22</b>	<b>162</b>	<b>26130</b>



## List of Project Staff

S.No.	Name / designation	
	<b>Core Team / Staff</b>	
1	Mr. Amanullah Bhatti, Director, NIPS	Project Director
2	Ms. Azra Aziz, Senior Fellow NIPS	Principle Investigator
3	Mr. Waqas Imran, Research Associate, NIPS	Deputy Principal Investigator
4	Dr. Saman Yazdani Khan	Consultant
5	Mr. Zafar Iqbal Khan Niazi	Secretary (M&F)
6	Mr. Muhammad Arif	Accountant (NIPS)
	<b>Data Processing Staff</b>	
1	Mr. Faateh ud din Ahmad	Programmer
2	Mr. Waqas Imran	Deputy Principal Investigator
3	Mr. Faisal Zeb	Assistant Programmer
4	Mr. Dil Nawaz	Data Entry Operator
	<b>Office Editors</b>	
1	Ms. Riffat Jahan	Coordinator
2	Mr. Waqas Imran	Deputy Principal Investigator
	<b>Field Staff</b>	
	<b>TEAM-1</b>	<b>SARGODHA, KHUSHAB, MULTAN, KHANEWAL</b>
1	Mr. Raffique Mirrani	Supervisor
2	Ms. Shahida Shaheen	Female Interviewer
3	Ms. Mehwish Ansari	Female Interviewer
	<b>TEAM-2</b>	<b>Jhelum, Lahore, Narowal, Sialkot</b>
4	Mr. Asif Bashir	Supervisor
5	Ms. Naila Saeed	Female Interviewer
6	Ms. Quratul Ain Hashmi	Female Interviewer
	<b>TEAM-3</b>	<b>ISLAMABAD, PESHAWAR, MARDAN, ABBOTABAD</b>
7	Mr. Arif Ali Zaidi	Supervisor
8	Ms. Nazia Hussain	Female Interviewer
9	Ms. Zainab Bibi	Female Interviewer
	<b>TEAM-4</b>	<b>HYDERABAD, SHAHDADPUR, TANDO ADAM, SUKKUR, LARKANA, KARACHI</b>
10	Mr. Abdul Haq Baloch	Supervisor
11	Ms. Tehzeeb Bhutto	Female Interviewer
12	Ms. Qudsia Mungi	Female Interviewer
	<b>TEAM-5</b>	<b>, JACOBABAD, KARACHI</b>
13	Mr. Muhammad Hafeez Farooq	Supervisor
14	Ms. Samina Naz	Female Interviewer
15	Ms. Hameeda Baloch	Female Interviewer



# QUESTIONNAIRES





NATIONAL INSTITUTE OF POPULATION STUDIES  
EVALUATION OF RHS-B CENTERS 2009-2010  
DPWO QUESTIONNAIRE - Module I

IDENTIFICATION

PROVINCE (PUNJAB=1; SINDH=2; NWFP=3; BALOCHISTAN=4, ISLAMABAD=5)

DISTRICT \_\_\_\_\_


RESULT OF INTERVIEW (INCOMPLPETE=1; COMPLETE=2; OTHERS=3 \_\_\_\_\_ )   
Specify

NO.	QUESTIONS	CODING CATEGORIES	SKIP
1	Date of Establishment of Provincial Directorate (technical).	DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>	
2	How many RHS-B centers are enlisted with the MoPW?	Numbers <input type="text"/>	
3	Did MOU signed at the time of registration?	Yes 1 No 2	
4	What were the main objectives of enlisting RHS-B centers? _____ _____ _____	_____ _____ _____ <input type="text"/>	
5	Who supply contraceptives to RHS-B centers? a)- DDPWO..... b)- ADPWO..... c)- Male Assisstant.....	Yes No 1 2 1 2 1 2	
6	How often contracerptive supplied?	Monthly 1 Quarterly 2 Annually 3	
7	Did IEC material provided to RHS-B centers?	Yes 1 No 2	
8	Did validation of CS and Vesectomy take place before reimbursement claims?	Yes 1 No 2	

9

What were the reimbursement claims for CS, Vesectomy and sale proceed of Contraceptives during 2008-09?

SN	Name of RHS-B Center	Reimbursement (CS)							
		July 08-Sep 08		Oct 08 - Dec 08		Jan 09 - March 09		Apr 09-June 09	
		Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount
1									
2									
3									
4									
5									
6									
7									
Sum									
SN	Name of RHS-B Center	Reimbursement (VS)							
1									
2									
3									
4									
5									
6									
7									
Sum									
SN	Name of RHS-B Center	Sale Proceed (Injectables)							
		Units		Amount		Units		Amount	
		Units	Amount	Units	Amount	Units	Amount	Units	Amount
1									
2									
3									
4									
5									
6									
7									
Sum									
SN	Name of RHS-B Center	Sale Proceed (Condoms)							
1									
2									
3									
4									
5									
6									
7									
Sum									
SN	Name of RHS-B Center	Sale Proceed (Oral Pills)							
1									
2									
3									
4									
5									
6									
7									
Sum									

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES				SKIP			
	SN	Name of RHS-B Center	Reimbursement (CS)									
9			July 08-Sep 08		Oct 08 - Dec 08		Jan 09 - March 09		Apr 09-June 09			
			Units	Amount	Units	Amount	Units	Amount	Units	Amount		
	1											
	2											
	3											
	4											
	5											
	6											
	7											
Sum												
10	Did any mechanism develop to assess the performance of RHS-B centers?				Yes	1	No	2				
11	What is the criteria for assessing the performance of RHS-B centers?  a)- Monthly Performance Report ..... b)- Sale.Proceeds..... c)- IRC.....				Yes	No	1	2	1	2	1	2
12	Do you regularly assess the performance of RHS-B centers?				Yes	1	No	2				
13	Do the RHS-B centers send monthly performance report to you?				Yes	1	No	2				
14	Can you show us the last performance report?				Yes	1	No	2				
15	Are you satisfied with the performance of RHS-B centres?				Yes	1	No	2	→	17		
16	If you are not satisfied with the performance of any RHS-B center, what step do you take?  _____ _____ _____ _____ _____											
17	Do you regularly monitor the centres?				Yes	1	No	2	→	20		



NATIONAL INSTITUTE OF POPULATION STUDIES  
EVALUATION OF RHS-B CENTERS 2009-2010  
SITUATION ANALYSIS QUESTIONNAIRE-Module II

IDENTIFICATION

PROVINCE (PUNJAB=1; SINDH=2; NWFP=3; BALOCHISTAN=4, ISLAMABAD=5)

DISTRICT \_\_\_\_\_

AREA URBAN =1; RURAL=2 .....

Sampled RHS-B Center \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SECTION 1 : CONDITION OF RHS-B CENTERS

NO.	QUESTIONS	CODING CATEGORIES	SKIP
101	Is direction sign installed? (Observe)	YES 1 NO 2	
102	Is Family Planning sign board displayed? (Observe)	YES 1 NO 2	
103	Is it convenient for the clients to reach the center?	YES 1 NO 2	
104	What are the working Hours of the RHS – B Centre?	From: A.M <input type="text"/> To: P.M <input type="text"/>	
105	When was the centre established?	MM <input type="text"/> YY <input type="text"/>	
106	What is your source of funding? a)- MoPW ..... b)- Pvt/NGOs ..... c)- Others _____	Yes No 1 2 1 2 1 2	
107	Is this building rented or owned?	OWN 1 Rented 2	
108	Price list of contraceptives displayed	YES 1 NO 2	
109	Total Number of rooms excluding veranda and latrine	Numbers <input type="text"/>	
110	Is privacy maintained in examination room? a) Auditory ..... b) Visual .....	YES NO 1 2 1 2	
111	Is equipment register being maintained?	Complete 1 Incomplete 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
112	<b>A. OUTPATIENT ROOMS</b>	<input type="checkbox"/> <input type="checkbox"/>		
	<b>B. NUMBER OF BEDS FOR:</b>			
	a)- SURGICAL CASES.....	<input type="checkbox"/> <input type="checkbox"/>		
	b)- GYNE/OBS Cases.....	<input type="checkbox"/> <input type="checkbox"/>		
	c)- MEDICAL Cases.....	<input type="checkbox"/> <input type="checkbox"/>		
	d)- OTHER Cases.....	<input type="checkbox"/> <input type="checkbox"/>		
	<b>C. AMBULANCE FACILITIES</b>	Yes	No	
		1	2	
	<b>D. LABORATORY FOR :</b>			
	a)- Hemoglobin Estimation .....	1	2	
	b)- Routine Blood Test .....	1	2	
	c)- Routine Urine Test .....	1	2	
	d)- Screening of Hepatitis 'B' and 'C' .....	1	2	
	e)- Semen Analysis .....	1	2	
	<b>E. BLOOD BANK FACILITY</b> .....	1	2	
	<b>F. OPERATION THEATER FACILITIES</b>			
	i)- Scrub Room - equiped adequately .....	1	2	
	ii)- Operation Theater .....	1	2	
	a)- O.T Table .....	1	2	
	b)- O.T Light .....	1	2	
	c)- Air Conditioner .....	1	2	
	d)- Generator .....	1	2	
	e)- Surgical Equipment for Minilap/Laproscopy .....	1	2	
	f)- Oxygen Cylinder .....	1	2	
	g)- Suction Machine .....	1	2	
h)- Ambubag .....	1	2		
i)- Anesthesia Machine .....	1	2		
j)- Emergency Medicines & Backup Support .....	1	2		
<b>G. AVAILABILITY OF CLINICAL SERVICES</b>				
a)- IUD Insertion Kit .....	1	2		
b)- IUD removal instruments .....	1	2		
<b>CONTRACEPTIVE SURGERY SERVICES</b>				
i)- Tubectomy .....	1	2		
a)- Minilaparotomy .....	1	2		
b)- Lapaoscopic CS .....	1	2		
Laparoscope .....	1	2		
Laparocator .....	1	2		
ii)- Vasectomy (NSV) .....	1	2		
a)- Vesectomy Kit .....	1	2		

113

**STAFFING**

CATEGORY	Total Posts	Filled Posts			Vacant Posts		Number of Staff		
		Total	Male	Female	Total	Since When	Present	Absent	On Leave
a) ADMINISTRATION									
b) TECHNICAL									
1-Specialists									
Gynecologist									
Surgeon									
Anesthesist									
2-Doctors									
WMO									
RMO									
3-Paramedics									
Theater Nurse									
Theater Technician									
LHV									
c) SUPPORTING STAFF									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																					
114	Experience/Trainings																																																																																																																																																																							
	<table border="1"> <thead> <tr> <th rowspan="2">CATEGORY</th> <th colspan="2">Date of joining</th> <th rowspan="2">Experience (Years)</th> <th colspan="3">Trainings during Last 3 Years</th> <th rowspan="2">Foreign</th> <th rowspan="2">None</th> <th rowspan="2">Source</th> </tr> <tr> <th>Govt. Service</th> <th>RHS-B</th> <th>Total</th> <th>In Country</th> <th></th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>7 Days</td> <td>14 Days</td> <td>21 Days</td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td>a) ADMINISTRATION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) TECHNICAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-Specialists</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gynecologist</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-Doctors</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WMO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RMO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-Paramedics</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Theater Nurse</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Theater Technician</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) SUPPORTING STAFF</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CATEGORY	Date of joining		Experience (Years)	Trainings during Last 3 Years			Foreign	None	Source	Govt. Service	RHS-B	Total	In Country						7 Days	14 Days	21 Days				a) ADMINISTRATION										b) TECHNICAL										1-Specialists										Gynecologist										Surgeon										Anesthetist										2-Doctors										WMO										RMO										3-Paramedics										Theater Nurse										Theater Technician										LHV										c) SUPPORTING STAFF											
CATEGORY	Date of joining		Experience (Years)	Trainings during Last 3 Years			Foreign	None				Source																																																																																																																																																												
	Govt. Service	RHS-B		Total	In Country																																																																																																																																																																			
				7 Days	14 Days	21 Days																																																																																																																																																																		
a) ADMINISTRATION																																																																																																																																																																								
b) TECHNICAL																																																																																																																																																																								
1-Specialists																																																																																																																																																																								
Gynecologist																																																																																																																																																																								
Surgeon																																																																																																																																																																								
Anesthetist																																																																																																																																																																								
2-Doctors																																																																																																																																																																								
WMO																																																																																																																																																																								
RMO																																																																																																																																																																								
3-Paramedics																																																																																																																																																																								
Theater Nurse																																																																																																																																																																								
Theater Technician																																																																																																																																																																								
LHV																																																																																																																																																																								
c) SUPPORTING STAFF																																																																																																																																																																								
115	<p>Do you keep record of:</p> <p>a)- Name of Client .....</p> <p>b)- Address of Client .....</p> <p>c)- Copy of CNIC of Client .....</p> <p>d)- Client History .....</p> <p>e)- Client consent form .....</p> <p>f)- Clients referred .....</p> <p>g)- Clients motivated .....</p> <p>h)- Claim for payment .....</p> <p>i)- Sale proceed .....</p> <p>j)- Monthly report of the contraceptives .....</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> </tr> <tr> <td>g)</td> <td>1</td> <td>2</td> </tr> <tr> <td>h)</td> <td>1</td> <td>2</td> </tr> <tr> <td>i)</td> <td>1</td> <td>2</td> </tr> <tr> <td>j)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a)	1	2	b)	1	2	c)	1	2	d)	1	2	e)	1	2	f)	1	2	g)	1	2	h)	1	2	i)	1	2	j)	1	2																																																																																																																																					
	YES	NO																																																																																																																																																																						
a)	1	2																																																																																																																																																																						
b)	1	2																																																																																																																																																																						
c)	1	2																																																																																																																																																																						
d)	1	2																																																																																																																																																																						
e)	1	2																																																																																																																																																																						
f)	1	2																																																																																																																																																																						
g)	1	2																																																																																																																																																																						
h)	1	2																																																																																																																																																																						
i)	1	2																																																																																																																																																																						
j)	1	2																																																																																																																																																																						
116	Is stock register being maintained?	<table> <tbody> <tr> <td>Complete</td> <td>1</td> </tr> <tr> <td>Incomplete</td> <td>2</td> </tr> </tbody> </table>	Complete	1	Incomplete	2																																																																																																																																																																		
Complete	1																																																																																																																																																																							
Incomplete	2																																																																																																																																																																							
117	<p>Do you have sufficient contraceptive stock</p> <p>a) PILL .....</p> <p>b) IUD .....</p> <p>c) CONDOM .....</p> <p>d) INJECTABLES .....</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	a)	1	2	b)	1	2	c)	1	2	d)	1	2																																																																																																																																																							
	Yes	No																																																																																																																																																																						
a)	1	2																																																																																																																																																																						
b)	1	2																																																																																																																																																																						
c)	1	2																																																																																																																																																																						
d)	1	2																																																																																																																																																																						
118	For how many months you must have stock at RHS – B Centres?	Months <input type="text"/>																																																																																																																																																																						
119	<p>From where do you get stock/supplies?</p> <p>a) DPWO</p> <p>b) Others _____</p> <p>Specify _____</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	a)	1	2	b)	1	2																																																																																																																																																													
	Yes	No																																																																																																																																																																						
a)	1	2																																																																																																																																																																						
b)	1	2																																																																																																																																																																						
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																					
120	<p>Quarterly stock position during 2008 – 2009.</p> <table border="1"> <thead> <tr> <th>Contraceptive</th> <th>1<sup>st</sup> Quarter (July-Sept.)</th> <th>2<sup>nd</sup> Quarter (Oct. – Dec)</th> <th>3<sup>rd</sup> Quarter (Jan-Mar)</th> <th>4<sup>th</sup> Quarter (Apr-June)</th> </tr> </thead> <tbody> <tr> <td>Pills (Cycles packet)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IUDs (Number)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Condoms (Units)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Injectables (Vials)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Contraceptive	1 <sup>st</sup> Quarter (July-Sept.)	2 <sup>nd</sup> Quarter (Oct. – Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-June)	Pills (Cycles packet)					IUDs (Number)					Condoms (Units)					Injectables (Vials)																																																																																																																																																		
Contraceptive	1 <sup>st</sup> Quarter (July-Sept.)	2 <sup>nd</sup> Quarter (Oct. – Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-June)																																																																																																																																																																				
Pills (Cycles packet)																																																																																																																																																																								
IUDs (Number)																																																																																																																																																																								
Condoms (Units)																																																																																																																																																																								
Injectables (Vials)																																																																																																																																																																								
121	Is transport provided to the patient to go back home?	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2	123																																																																																																																																																																	
YES	1																																																																																																																																																																							
NO	2																																																																																																																																																																							
122	Is transportation fee given to the patient?	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2																																																																																																																																																																		
YES	1																																																																																																																																																																							
NO	2																																																																																																																																																																							
123	<p>Is any incentive given to the patient?</p> <p>If Yes How much _____</p>	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2																																																																																																																																																																		
YES	1																																																																																																																																																																							
NO	2																																																																																																																																																																							
124	Is any refreshment provided to the client?	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2																																																																																																																																																																		
YES	1																																																																																																																																																																							
NO	2																																																																																																																																																																							



**SECTION 2 : PERFORMANCE OF RHS-B CENTERS AND CAMPS**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201	Do you hold extension camps?	YES 1 NO 2 → 207	
202	How many extension camps were held in last one year	No of Camps <input type="text"/> <input type="text"/> <input type="text"/>	
203	Is there emergency cover during camps? (i.e., Gynecologist/Surgeon, Anesthetists?)	YES 1 NO 2	
204	Is emergency equipment available (such as suction machine and ambubag, Oxygen cylinder, etc) during the camps.	YES 1 NO 2	
205	Does field staff generate enough caseload?	YES 1 NO 2	
206	Please describe the process of CS case referred at your unit?  _____ _____	_____ _____ _____	
207	Why did you not hold extension camps?  _____ _____	_____ _____ _____ _____	

**NATIONAL INSTITUTE OF POPULATION STUDIES  
EVALUATION OF RHS-B CENTERS 2009-2010  
CLIENT QUESTIONNAIRE - Module III**

IDENTIFICATION

PROVINCE (PUNJAB=1; SINDH=2; NWFP=3; BALOCHISTAN=4, ISLAMABAD=5) \_\_\_\_\_

DISTRICT \_\_\_\_\_

AREA URBAN =1; RURAL=2 .....

Sampled RHS-B Center \_\_\_\_\_

Name and address of Sampled Client \_\_\_\_\_

\_\_\_\_\_

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RESULT*	_____	_____	_____	RESULT <input type="checkbox"/>
NEXT VISIT: DATE TIME	_____ _____	_____ _____	_____	TOTAL NUMBER OF VISITS <input type="checkbox"/> <input type="checkbox"/>

\*RESULT CODES:

- |                         |                   |
|-------------------------|-------------------|
| 1 COMPLETED             | 4 PREMISES LOCKED |
| 2 ELIGIBLE WOMAN ABSENT | 5 REFUSED         |
| 3 WRONG ADDRESS         | 6 OTHER _____     |

Specify

INTERVIEWER	SUPERVISOR	OFFICE EDITOR	Keyed By
NAME _____	NAME: _____	NAME: _____	NAME: _____
DATE _____	DATE: _____	DATE: _____	DATE: _____

**Introduction and Consent**

Hello. My name is \_\_\_\_\_ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about evaluation of RHS-B centers. We would very much appreciate your participation in this survey. I would like to ask you about your satisfaction on the services you are receiving from RHS-B centers.

The survey usually takes between 30-60 minutes to complete. Participation in the survey is voluntary. If I ask any question you do not want to answer, tell me and I will go to the next question; or you can stop the interview at any time. All of the answers you give will be kept strictly confidential and will not be shown to other people. However, we hope you will participate in the survey since your views are important. At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ..... 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2    END

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How old are you in completed years?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 96	
103	What is the highest class you completed? Education : 0,1,2,3,4,5,6,7,8,9,10,11,12,.....	Class ..... <input type="text"/> <input type="text"/>	
104	What is the highest class your husband completed? Education : 0,1,2,3,4,5,6,7,8,9,10,11,12,.....	Class ..... <input type="text"/> <input type="text"/>	
105	Are you gainfully employed?	YES 1 NO 2	
106	How many live births you have had ?  [Please be sure to include all the children you have given birth to, even if some survived only for a short time]  [IF 'NO' LIVE BIRTH, ENTER '00']	BOYS <input type="text"/> <input type="text"/> GIRLS <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/>	
107	How long ago did you give the last live birth?	Years <input type="text"/> <input type="text"/>	
108	What is the age of your youngest child?	Completed Years <input type="text"/> <input type="text"/>	
109	How many of your children are living now?	BOYS <input type="text"/> <input type="text"/> GIRLS <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/>	

**SECTION 2. KNOWLEDGE AND ATTITUDE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP							
		A. Heard		B. Ever Used									
		Yes	No	Yes	No								
201	Which ways or methods of family planning have you heard about and ever used?												
	a)- PILL .....	1	2	1	2								
	b)- IUD .....	1	2	1	2								
	c)- CONDOM .....	1	2	1	2								
	d)- INJECTABLES .....	1	2	1	2								
	e)- FEMALE STERILISATION .....	1	2	1	2								
	f)- MALE STERILISATION .....	1	2	1	2								
	g)- IMPLANTS .....	1	2	1	2								
	h)- RHYTHM .....	1	2	1	2								
	i)- WITHDRAWAL .....	1	2	1	2								
	j)- OTHER _____ Specify	1	2	1	2								
202	Are you currently using any method?	Yes	No										
	a)- PILL.....	1	2										
	b)- IUD .....	1	2										
	c)- CONDOM .....	1	2										
	d)- INJECTABLES.....	1	2										
	e)- FEMALE STERILISATION .....	1	2			301							
	f)- IMPLANTS .....	1	2										
	g)- RHYTHM .....	1	2										
	h)- WITHDRAWAL .....	1	2										
	i)- OTHER _____ Specify	1	2										
203	For how long have you/your husband been using current method ?	MONTHS		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
YEAR				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>									
204	Reason for the choice of this method?	_____											
	_____	_____											
		_____											
		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>											
205	Who provide you knowledge/ information/ counseling about contraceptive methods? (prompted)	Yes	No										
	a)- RHS-B .....	1	2										
	b)- PRIVATE DOCTOR .....	1	2										
	c)- FWW .....	1	2										
	d)- FWA .....	1	2										
	e)- VBA .....	1	2										
	f)- LHV .....	1	2										
	g)- FWC .....	1	2										
	h)- FRIENDS .....	1	2										
	i)- RELATIVE .....	1	2										
	j)- OTHERS _____ Specify	1	2			210							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
206	<p>Did you receive information/ education/ counseling and methods of contraceptive from RHS – B centre?</p> <p>a)- PILL ..... 1 2</p> <p>b)- IUD ..... 1 2</p> <p>c)- CONDOM ..... 1 2</p> <p>d)- INJECTABLES ..... 1 2</p> <p>e)- FEMALE STERILISATION ..... 1 2</p> <p>f)- MALE STERILISATION ..... 1 2</p> <p>g)- IMPLANTS ..... 1 2</p> <p>h)- RHYTHM ..... 1 2</p> <p>i)- WITHDRAWAL ..... 1 2</p> <p>j)- OTHER _____ 1 2</p> <p style="text-align: center;">Specify</p>	<p>Yes No</p>	
207	<p>How did you come to know about RHS – B Centre in the area?</p> <p>a)- FWW ..... 1 2</p> <p>b)- VILLAGE BASED WORKER ..... 1 2</p> <p>c)- HUSBAND ..... 1 2</p> <p>d)- FRIEND/RELATIVE ..... 1 2</p> <p>e)- DOCTOR ..... 1 2</p> <p>f)- PARAMEDICS/LHV ..... 1 2</p> <p>g)- TBA ..... 1 2</p> <p>h)- AYA ..... 1 2</p> <p>i)- MSU WORKER ..... 1 2</p>	<p>Yes No</p>	
208	<p>What services you have received from RHS – B Centre other than contraceptives?</p> <p>a)- ANTENATAL CARE ..... 1 2</p> <p>b)- POSTNATAL CARE ..... 1 2</p> <p>c)- MCH ..... 1 2</p> <p>d)- IMMUNISATION ..... 1 2</p> <p>e)- ABORTION ..... 1 2</p> <p>f)- CANCER Treatment (BREAST, etc.) ..... 1 2</p> <p>g)- STIs, RTIs, HIVs ..... 1 2</p> <p>h)- GENERAL HEALTH ..... 1 2</p> <p>i)- OTHERS _____ 1 2</p>	<p>Yes No</p>	
209	<p>Did you ever visited to the RHS – B Centre for follow up?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
210	<p>From where do you mostly get contraceptive supplies?</p> <p>a)- RHS-B .....  b)- FWC/LHV .....  c)- DISPENSARIES .....  d)- BHU .....  e)- HOSPITAL .....  f)- MEDICAL STORE/SHOPS .....  g)- SMC OUTLETS .....  h)- NGO .....  i)- RMP .....  j)- Others _____  Specify _____</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Yes	No																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
211	<p>Have you ever experienced any side effect with with your current method of family planning?</p>	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 → End</td> </tr> </table>	YES	1	NO	2 → End																	
YES	1																						
NO	2 → End																						
212	<p>What major side effects you have faced?</p> <p>a)- OBESITY .....  b)- HEADACHES.....  c)- DIZZINESS .....  d)- NAUSEA .....  e)- INFECTION IN STITCHES.....  f)- OTHER HEALTH PROBLEMS.....  g)- INTERFERENCE WITH SEX .....  h)- PSYCHOLOGICAL/DEPRESSION .....  i)- BLEEDING/IRREGULAR MENSES .....  j)- OTHERS _____  (specify) _____</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Yes	No																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
1	2																						
213	<p>What have you done about it?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>																					

### SECTION 3 CONTRACEPTIVE SURGERY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
	CHECK 202 STERILIZED <span style="border: 1px solid black; padding: 2px;">1</span> NOT STERILIZED <span style="border: 1px solid black; padding: 2px;">2</span>		401																																										
301	When did you go for sterilization?	DD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> MM <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> YY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>																																											
302	Who recommended sterilization to you? a)- HUSBAND..... b)- FRIEND/NEIGHBOR ..... c)- RELATIVE ..... d)- DOCTOR..... e)- RHS-B STAFF ..... f)- MSU WORKER ..... g)- FWW/FWA ..... h)- LHV ..... i)- PARAMEDICAL ..... j)- AYA/DAI ..... k)- TV/RADIO/PRESS ..... l)- VBFPW ..... m)- OTHER _____ <div style="text-align: center; margin-left: 100px;">Specify</div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr><td>a)- HUSBAND.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b)- FRIEND/NEIGHBOR .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c)- RELATIVE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d)- DOCTOR.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e)- RHS-B STAFF .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f)- MSU WORKER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g)- FWW/FWA .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h)- LHV .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i)- PARAMEDICAL .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j)- AYA/DAI .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k)- TV/RADIO/PRESS .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l)- VBFPW .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m)- OTHER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	a)- HUSBAND.....	1	2	b)- FRIEND/NEIGHBOR .....	1	2	c)- RELATIVE .....	1	2	d)- DOCTOR.....	1	2	e)- RHS-B STAFF .....	1	2	f)- MSU WORKER .....	1	2	g)- FWW/FWA .....	1	2	h)- LHV .....	1	2	i)- PARAMEDICAL .....	1	2	j)- AYA/DAI .....	1	2	k)- TV/RADIO/PRESS .....	1	2	l)- VBFPW .....	1	2	m)- OTHER .....	1	2	
	Yes	No																																											
a)- HUSBAND.....	1	2																																											
b)- FRIEND/NEIGHBOR .....	1	2																																											
c)- RELATIVE .....	1	2																																											
d)- DOCTOR.....	1	2																																											
e)- RHS-B STAFF .....	1	2																																											
f)- MSU WORKER .....	1	2																																											
g)- FWW/FWA .....	1	2																																											
h)- LHV .....	1	2																																											
i)- PARAMEDICAL .....	1	2																																											
j)- AYA/DAI .....	1	2																																											
k)- TV/RADIO/PRESS .....	1	2																																											
l)- VBFPW .....	1	2																																											
m)- OTHER .....	1	2																																											
303	What was the waiting time for operation?	min <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> hh <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>																																											
304	Did you receive counseling before the operation?	YES 1 NO 2																																											
305	Did you receive post surgery counseling?	YES 1 NO 2																																											
306	Any problem faced during sterilization?  <b>[IF 'YES' WHAT WAS THE PROBLEM]</b>  _____ _____ _____	YES 1 NO 2																																											
307	Have you had any problems after sterilization?  Menstrual complaints ..... Depression ..... Lethargy ..... Feeling of guilt ..... Vague abdominal pain ..... Pelvic pain ..... Lower backache ..... Other _____ <div style="text-align: center; margin-left: 100px;">Specify</div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> </tr> </thead> <tbody> <tr><td>Menstrual complaints .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Depression .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Lethargy .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Feeling of guilt .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Vague abdominal pain .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Pelvic pain .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Lower backache .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	Menstrual complaints .....	1	2	Depression .....	1	2	Lethargy .....	1	2	Feeling of guilt .....	1	2	Vague abdominal pain .....	1	2	Pelvic pain .....	1	2	Lower backache .....	1	2	Other .....	1	2																
	YES	NO																																											
Menstrual complaints .....	1	2																																											
Depression .....	1	2																																											
Lethargy .....	1	2																																											
Feeling of guilt .....	1	2																																											
Vague abdominal pain .....	1	2																																											
Pelvic pain .....	1	2																																											
Lower backache .....	1	2																																											
Other .....	1	2																																											

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	Did you receive any payment for operating surgery?	YES 1 NO 2 →	310
309	How much payment did you receive?	Rs: <input type="text"/>	
310	Was any incentive given by the RHS – B Centre?	YES 1 NO 2	
311	Was any refreshment given by the RHS – B Centre?	YES 1 NO 2	
312	Did the RHS – B Centre charge money for the operation?	YES 1 NO 2 →	314
313	How much charges did you received?	Rs: <input type="text"/>	
314	Is the centre easily accessible?	YES 1 NO 2	
315	What mode of transport did you use?	RHS-B Transport 1 Private Transport 2 Ambulance 3	
316	How much estimated time you had to spend on travel to reach at :	a. CAMP MINUTES <input type="text"/> HOURS <input type="text"/>  b. RHS – B Centre  MINUTES <input type="text"/> HOURS <input type="text"/>	
317	Were you given any medicine after surgery?	YES 1 NO 2	
318	Did you receive IEC material from the centre about family planning?	YES 1 NO 2	
319	Were you asked to come to RHS-B Centre for follow up?	YES 1 NO 2	
320	Did you ever visit the Centre for follow up?	YES 1 NO 2	



**SECTION 4: CLIENT'S PERCEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Was there proper sitting arrangement at the centre?	YES 1 NO 2	
402	Were you satisfied with the services provided by the RHS – B centre?	YES 1 NO 2	
403	What was the attitude of the staff?	GOOD/FRIENDLY/COOPERATIVE 1 BAD/NON-FRIENDLY/IMPOLITE 2	
404	Do you think the RHS-B center's staff is well qualified for providing FP and health services?	YES 1 NO 2 DK 98	
405	Have you recommended someone else to go to RHS – B Centre for sterilization /contraceptive services?	YES 1 NO 2	
406	Are there any deficiencies of RHS – B Centres?  <b>[IF 'YES', PLEASE DESCRIBE]</b> _____ _____	YES 1 NO 2  <input type="checkbox"/> <input type="checkbox"/>	→ End
407	What are your suggestions to improve the deficiencies?  _____ _____ _____	_____ _____ _____  <input type="checkbox"/> <input type="checkbox"/>	
408	<b>INTERVIEWER'S OBSERVATION</b> <i>(To be filled in after completing interview)</i>  _____ _____ _____ _____ _____ _____ _____ _____		



# 485, St. # 09, Sector F-10/2, Islamabad  
Tel: +92-51-9267147-149 Website: [www.nips.org.pk](http://www.nips.org.pk)