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STRENGTHENING PERFORMANCE MONITORING AND EVALUATION OF REPRODUCTIVE HEALTH AND FAMILY PLANNING PROGRAMMES IN PAKISTAN

Abdul Hakim
Zafar Zahir
Shahid Munir

NATIONAL INSTITUTE OF POPULATION STUDIES (NIPS)
Islamabad
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STRENGTHENING PERFORMANCE MONITORING AND EVALUATION SYSTEM FOR MEASURING THE PROGRESS OF REPRODUCTIVE HEALTH AND FAMILY PLANNING PROGRAMMES IN PAKISTAN

Abdul Hakim

Zafar Zahir
Shahid Munir

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GLOSSARY

ADHO	Assistant District Health Officer
BHU	Basic Health Unit
DEO	District Education Officer
DHO	District Health Officer
DDHO	Deputy District Health Officer
DHQ	District Head Quarter (Hospital)
DPWO	District Population Welfare Officer
DDPWO	Deputy District Population Welfare Officer
ESCAP	Economic and Social Commission for Asia and Pacific
FGM	Female Genital Mutilation
FHT	Female Health Technician
FP	Family Planning
FWC	Family Welfare Centre
FWC	Family Welfare Councillor
FWW	Family Welfare Worker
GRD	Government Registered Dispensary
HIV	Human Immune Virus
HMIS	Health Management and Information System
HT	Health Technician
ICPD	International Conference on Population and Development (1994)
IEC	Information,,Education and Communication
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCH	Mother and Child Health
M & E	Monitoring and Evaluation
M/o Health	Ministry of Health
MPW	Ministry of Population Welfare
MIS	Management Information System
M & S	Monitoring and Statistics
MSU	Mobil Service Unit

MT	Medical Technician
NGO	Non Governmental Organisation
NIH	National Institute of Health
NIPS	National Institute of Population Studies
PD Khan	Pind Dadan Khan
PLD	Provincial Line Departments
PM	Programme Monitoring
PMRC	Pakistan Medical Research Council
PWD	Population Welfare Department
PWP	Population Welfare Programme
QCS	Quick Count Survey
RH	Reproductive Health
RHC	Rural Health Centre
RHS	Reproductive Health Services
RMPs	Registered Medical Practitioners
RTIs	Reproductive Tract Infections
R/U	Rural and Urban
SDPs	Service Delivery Points
SS & DP	Service Statistics and Data Processing
STDs	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
THQ	Tehsil Head Quarter (Hospital)
TPWO	Tehsil Population Welfare Officer
VBFPW	Village Based Family Planning Worker

FOREWORD

An important function of the National Institute of Population Studies (NIPS) is to provide research based input to the policy makers and planners for improving the reproductive health and family planning programmes. That is perhaps the reason that when the Economic and Social Commission for Asia and Pacific (ESCAP) decided to launch a project titled "Strengthening Performance Monitoring and Evaluation System for Measuring the Progress of Reproductive Health and Family Planning Programme" in Pakistan, it chose NIPS to initiate the pilot study. The main objective of the project was to experiment collection of data on reproductive health and family planning indicators from various sources so that a simple, internationally comparable set of indicators could be developed. After examining the existing MIS of Health and Population Welfare Programmes and taking into account the ICPD 1994 recommendations, NIPS identified a list of indicators, with source of information and periodicity, for monitoring the performance of reproductive health and family planning services. The indicators identified included: monitoring ICPD goals on reproductive health; policies related to reproductive health; family planning; maternal and child health; reproductive tract infections (RTIs); sexually transmitted diseases (STDs); unmet need; quality of care, coverage and access; and demographic, social and economic indicators.

The study was conducted in district Jhelum of the Punjab province during 1998 and 1999. Service outlets belonging to Health and Population Welfare departments were included for collecting data. The main sources of information included the existing Client Record Card (CRC), Daily Attendance Client Register, Monthly Performance Report of each service outlet and a new Reproductive Health Client Card (RHCC) designed specially for collection of additional indicators; as well as a quick count sample survey.

The service providers of both health and population welfare obtained information from female clients visiting their service outlets. A regular periodic field monitoring system was also devised for the success of this project. To catch up with the actual functioning of the service outlets, separate formats were designed for monthly and quarterly monitoring reports. To supplement the information thus gathered, a quick count cross sectional sample survey was also undertaken during 1999, covering both urban and rural areas of the study area.

The country report based on the data collected from the study area was prepared and presented by Dr. Abdul Hakim, Director, NIPS at the Regional Seminar of ESCAP, Bangkok, in September 1999. The

presentation was widely appreciated and invoked a number of comments and suggestions at the seminar. The present report incorporates them all. We hope that the data and recommendations presented in this report will help in strengthening the monitoring of reproductive health and family planning programmes in Pakistan.

All those organizations and individuals who provided help to NIPS in the smooth implementation of the study deserve appreciation. In particular, I acknowledge with gratitude the financial and technical support provided by the Economic and Social Commission for Asia and the Pacific (ESCAP) which enabled Pakistan to participate in this regional project. I would also like to acknowledge the support and cooperation rendered by the Ministries of Population Welfare and Health; Punjab Population and Health Departments; and the district population welfare and health officers.

Dr. Abdul Hakim, Director, NIPS who was the Study Director of the project deserves my special commendation for successfully completing the study and producing the final report according to the guidelines provided by ESCAP. Mr. Zafar Zahir, and Mr. Shahid Munir, Associate Fellows, NIPS worked hard and assisted the Study Director in the implementation of the project. Their support and efforts of all other staff involved in the project are duly acknowledged.

I hope the report with its findings and policy recommendations would be found useful by the planners, managers and field functionaries of Health and Population Welfare Programmes as well as by all others involved in any capacity with the programmes of reproductive health and family planning in Pakistan.

Ismail Patel
Executive Director

October, 1999

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The regional project "Strengthening Performance Monitoring and Evaluation System for Measuring the Progress of Reproductive Health and Family Planning Programmes in Pakistan" launched by the Population Division of the United Nations Economics and Social Commission for Asia and Pacific (ESCAP) was completed in several stages and several organizations and individuals provided assistance in its implementation. First of all, I would like to thank ESCAP, particularly Dr. Nibhon Debavalya. Director and Dr. A. Razzaque Rukanuddin, Senior Project Adviser, Population and Rural and Urban Division, ESCAP for financial and technical support provided for the successful implementation of the project. I am grateful to Pakistan's ministries of Population Welfare and Health for extending full support. The MIS experts of these ministries shared their experiences for analyzing the existing MIS which proved useful in reviewing, modifying and selecting the additional indicators of reproductive health and family planning. In particular, I would like to thank Dr. G.M. Samdani, Secretary, Mr. M. Shafique Ahmad, ex-Director General, and Mr. Iqbal H. Makhdoomi, Director General (M&S) of Ministry of Population Welfare for their support and useful suggestions. Dr. S.M. Mursalin, Federal HIMS Officer, Basic Health Services, Ministry of Health also provided useful information regarding MIS of Ministry of Health. His cooperation is gratefully acknowledged.

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I am grateful to Mr. Tewfiq Fehmi and Mr. Mahbub Ahmad, ex-Executive Directors of NIPS, for their support in executing the project. Mr. Ismail Patel, Executive Director, NIPS enthusiastically helped and supported in data collection as well as report writing and provided valuable comments on the draft report. I am grateful for his guidance and encouragement.

Mr. Zafar Zahir Associate Fellow, NIPS worked as Principal Investigator and assisted the Study Director in the overall implementation of the project and also contributed in designing new formats, manual, training of staff, conducting the sample survey and report writing. Mr. Shahid Munir, Associate Fellow, NIPS worked as Field Coordinator and assisted the Principal Investigator and Project Director in the implementation of the project, in particular, for data collection. I am grateful for their assistance in successfully executing the project activities. Mr. Shahid Hamid, Field Supervisor, the staff of service outlets, field staff of sample survey and several other individuals who worked in data collection deserve special appreciation. Mr. Faateh-ud-Din, Programmer and his team also merit my appreciation for assistance in data processing.

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October, 1999

Dr. Abdul Hakim
Director

EXECUTIVE SUMMARY

Pakistan has one of the oldest family planning programmes, in the region. However, it has not been able to achieve the desired level of success in the areas of reproductive health and family planning. Even the health programme run by the Ministry of Health side by side with the Population Welfare programme has not fully addressed the issues of reproductive health. Among other factors, lack of proper monitoring and supervision are responsible for not achieving the desired goals in the area of reproductive health and family planning (RH/FP)

In the light of the 1994 ICPD-POA, the Population Division of the United Nation's Economic and Social Commission for Asia and Pacific (ESCAP) initiated a regional project titled "Strengthening Performance Monitoring and Evaluation System for Measuring the Progress of Reproductive Health and Family Planning Programme". The ESCAP selected Pakistan alongwith six other countries to initiate the project and the National Institute of Population Studies (NIPS), Islamabad was entrusted with its implementation in Pakistan. The main objective of the project was to experiment collection of data on reproductive health and family planning indicators from various sources so that a simple internationally comparable set of indicators could be developed.

Although Pakistan's Ministries of Health and Population Welfare have been following their own Management Information Systems (MIS), these required revision and up-dating in the light of ICPD-POA paradigm shift. Therefore after examining the existing MIS of Health and Population Welfare Programmes and taking into account the ICPD 1994 recommendations, a list of indicators has been identified, with source of information and periodicity, for monitoring the performance of reproductive health and family planning services. The indicators identified include: monitoring ICPD goals on reproductive health; policies related to reproductive health; family planning; maternal and child health; reproductive tract infections (RTIs); sexually transmitted diseases (STDs); unmet need; quality of care, coverage and access; and demographic, social and economic indicators.

The main sources of information include the existing Client Record Card (CRC), Daily Attendance Client Register, Monthly Performance Report of each service outlet as well as the new Reproductive Health Client Card (RHCC) designed for collection of additional indicators; and quick count sample survey.

Maximum possible information on all indicators identified in the list has been collected. However, information in regard to abortion, gender biased violence and female genital mutilation was not possible to collect due to non availability of services, lack of proper record-keeping and cultural sensitivities.

For experimenting the project, a thorough study of the existing system of monitoring and evaluation was carried out and a detailed review of existing indicators of RH/FP was also undertaken. It was observed that information pertaining to several indicators of RH/FP was not being collected by the

programme. Therefore, additional data was collected in the project area which pertained to number of living children, age of the youngest child; acceptance of family planning after delivery; infertile client; reproductive intentions; pregnancy history; breast examination; reproductive tract infections (RTIs); and sexually transmitted diseases (STDs) etc.

A one page pre-coded format "Reproductive Health Client Card (RHCC)" for collecting the above information, not covered in the existing client record card of service statistics, was designed. For collecting data on this format, an experimental area of district Jhelum having both urban and rural population was selected. Necessary training was imparted to the officials involved in implementing the project. The service providers of both health and population welfare obtained information from female clients visiting their service outlets.

To facilitate the service providers to record the information on the new Reproductive Health Client Card, a manual of instruction was prepared. A regular periodic field monitoring system was also devised as an important part for the success of this project. To catch up with the actual functioning of the service outlets, separate formats were designed for monthly and quarterly monitoring reports.

Through the new RHCC, information on the required indicators was collected from 3059 women clients age 15-49 years who visited the outlets of Health and Population Welfare in the study area during 1998-99. Major findings regarding different indicators are presented in summary table A.

To supplement the information thus gathered, a quick count cross sectional sample survey was also undertaken during May - June, 1999 covering both urban and rural areas from the study area. Under this survey, 633 currently married women (CMW) age 15-49 years were interviewed from both rural and urban areas. Information was also obtained about, among other indicators, the above stated additional RH/FP indicators. Information was recorded on a pre-designed questionnaire, which included questions relating to size of the household members with their sex and age; background variables of the woman and her husband, such as age, education, and occupation; fertility level, infertility and related matters; infant and child mortality; pregnancy and related matters; mother and child health care (MCH); prevalence of breast cancer and related issues; knowledge about RTIs, STDs, and hepatitis, and place for treatment; knowledge, practice, side-effects of contraceptive methods and reasons of non use; access to health and family planning facilities; views about the facility and its staff.

Three qualified and well trained interviewing teams collected information on the above indicators. Data obtained through sample survey has also been analyzed and presented in the report. Main findings of the survey are presented in summary table B.

The findings of both the service statistics and quick count sample survey, produced information on indicators which proved quite useful for Monitoring and Evaluation of the RH/FP programme.

A review of the existing MIS of both Population Welfare and Health brings to the fore a number of problems. The work load at the peripheral level is too much. Most of the information collected is not processed and not much used at any level. There is very little feedback given to those at the field level. Several service outlets do not have workers to fill the required formats. At those centres where such workers are available, it requires lot of time to fill the formats. Further, there is lack of coordination between Family Planning and Health MIS which need further strengthening.

The current Management Information Systems are designed mainly to collect and report fragmented service statistics, such as number of clients served and their selected characteristics, type of services provided etc., and are not geared for providing comprehensive and integrated RH/FP services to the target population. The shift from merely monitoring the services to meeting the clients' needs would require a systematic rethinking about the design of the information base which needs to be taken up seriously.

There is a need for more technical inputs to improve the service statistics and Management Information System (MIS) for programme planning and monitoring at local levels. The required inputs include the development of manuals, data processing systems, standardization of concepts and definitions, improvement of local survey conducting capabilities, and the training of local staff in necessary data analysis skills as well as the use of data for programme management and policy formulation. Efforts have to be initiated to develop input and process indicators and measures, particularly for capturing the quality of care.

There is need to strengthen collaboration of data collection between various organizations in the country. Where the data collection system suffers in quality and coverage, there is need to improve and strengthen the capacity to overcome the shortcomings so that more effective monitoring and evaluation of RH/FP programme performance could be achieved.

The additional format (RHCC) devised under the project may be merged and unified by both Ministries of Population Welfare and Health in their existing data collection systems. Functional integration of both Ministries is also recommended as both the programmes in Pakistan are operating independently.

The two sources of information have helped in generating a set of indicators useful for monitoring and evaluation of the performance of reproductive health and family planning programmes in Pakistan. It is safe to conclude that through the same methodology (i.e. service statistics as well as cross sectional survey) information on the additional indicators can be obtained from other areas of Pakistan as well with, of course, requisite training of service providers and proper monitoring and supervision.

The ESCAP project has successfully demonstrated that it is possible to collect data on ICPD recommended indicators in Pakistan provided requisite training, technical inputs and effective monitoring and supervision are arranged. The existing infrastructure can easily be re-adjusted and prevalent data collecting formats be modified without much extra financial burden to replicate and sustain the project nationally.

Summary Table A

INDICATORS OF FEMALE CLIENTS WHO VISITED SERVICE OUTLETS, DISTRICT JHELUM, 1998-99

INDICATOR	URBAN	RURAL	TOTAL
Median Age	30.1	28.9	29.4
Mean of Living Children	3.60	2.89	3.24
Infertile client (%)	14.60	10.06	12.26
Want No More Children (%)	59.9	55.9	57.9
Want only Sons (%)	12.8	10.4	11.6
Want only Daughters (%)	5.1	4.4	4.8
Want Both (%)	22.1	29.2	25.8
Delivery Occurred at Home (%)	76.1	61.3	68.5
Delivery Attended by Doctor (%)	12.2	9.8	11.0
Delivery Attended by LHV (%)	13.0	15.1	14.1
Delivery Attended by TBAs (%)	72.6	60.9	66.4
Experienced any Abortion (%)	13.1	21.6	17.5
BREAST ABNORMAL (%)	3.7	3.6	3.6
Suspected Cases of RTIs (%)	17.3	15.6	16.4
RTIs Cases Referred (%)	7.7	6.3	7.0
Suspected Cases of STDs (%)	0.14	0.51	0.33
STDs Cases Referred (%)	0.14	0.38	0.26
Number of Women	1479	1580	3059

Source: RHCC, 1998-99

Summary Table B

INDICATORS OF CURRENTLY MARRIED WOMEN AGE 15-49 YEARS, DISTRICT JHELUM, 1999

INDICATORS	***Urban***	***Rural***	***Total***
BACKGROUND			
Mean Age	32.6	32.5	32.5
Not Educated (%)	20.2	22.2	21.5
Secondary and above (%)	11.0	5.3	7.3
FERTILITY			
Mean of Living Children	3.4	3.1	3.2
Total Fertility Rate (TFR)	5.0	5.7	5.4
INFERTILITY (%)			
Not Sure About Infertility	24.8	30.1	28.3
Infertility is Treatable	62.4	56.9	58.8
Knew Place for Treatment	55.4	50.2	52.0
MOTHER AND CHILD HEALTH (%)			
Pregnancy Attended by Doctor	59.2	46.9	51.3
Delivery Attended by Doctor	40.0	30.3	33.8
Delivery Occurred at Home	54.9	62.6	59.9
Complications During Delivery	24.1	12.6	16.7
Not Vaccinated for Tetanus Toxoid	19.5	30.3	26.4
Received Pre-natal Care	61.0	47.1	52.0
Received Post-natal Care	39.5	22.7	28.6
ABORTION (%)			
Had Knowledge of Abortion	72.9	61.0	65.1
Had Knowledge of Abortion's Side-effects	31.7	33.7	33.0
BREAST-FEEDING(Starting Time) (%)			
Immediately after Birth	22.1	24.6	23.7
After Few Hours	39.0	31.9	34.4
After One or Few Days	33.8	38.6	36.9
Never Breast Fed	5.1	4.8	4.9

INDICATORS	Urban	Rural	Total
REPRODUCTIVE TRACT INFECTIONS (RTIs) (%)			
Knowledge of RTIs	83.5	87.9	86.4
Suspected Cases of RTIs	40.7	44.4	43.1
SEXUALLY TRANSMITTED DISEASES (STDs) (%)			
Knowledge of STDs	53.2	55.2	54.5
Suspected Cases of STDs	2.6	4.4	3.8
HEPATITIS (%)3			
Knowledge of Hepatitis B & C	54.6	58.6	57.2
FAMILY PLANNING METHODS (%)			
Knowledge	95.4	93.3	94.0
Ever Use of Any Method	55.0	35.2	42.0
Current Use of Any Method	34.9	19.5	24.8
Main Reasons for Never Use (%)			
1. Wants (More) Children	27.6	34.2	32.4
2. Husband Opposed	7.1	8.6	8.2
3. Fear of Side-effects	7.2	4.5	5.2
4. Lack of Knowledge	3.1	5.2	4.6
5. Religion Opposes FP	4.1	4.1	4.1
QUALITY AND COVERAGE OF SERVICES			
Worker Visited at Home (%)	38.1	41.2	40.1
Worker Discussed FP with Women (%)	60.2	60.2	60.2
Mean Number of Visits	5.8	6.8	6.4
Women Visited the Facility (%)	22.0	34.9	30.5
Women Visited for MCH Care (%)	60.4	80.7	75.6
Women Visited for Family Planning (%)	25.0	15.2	17.6
Women visited for Ant-natal Checkup (%)	10.4	7.6	8.3
Service Providers Discussed with Women (%)	43.8	31.7	34.7
Service Providers Explained Methods (%)	77.5	84.5	82.7
Number of Women	218	415	633

Source: QCS, 1999

CHAPTER 1

BACKGROUND

CHAPTER 1

BACKGROUND

1.1 Population Welfare Programme

Pakistan with a population of 130.6 million in 1998 is the seventh most populous country in the world and fourth in Asia and the Pacific region. The historical trends indicate a continuously increasing growth in population (Table 1.1). The population has been growing at a rate of 2.6 per cent per annum during 1981-98 intercensal period, which translates into a net annual addition of 3.4 million people to the existing population of the country. If this trend continues, Pakistan's population would increase to 214 million in 2020.

Pakistan has had a long history of family planning dating back to 1960s. However, that programme had not been notably successful. The programme was target driven and motivated primarily by a desire to reduce the population growth rate. Moreover, that programme was not functionally integrated with other aspects of reproductive health, did not concern itself to any appreciable degree with issues relating to the status of women, and was largely confined to the activities of the Ministry of Population Welfare.

Realizing the implications of fast Population growth for the socio-economic development of the country, a population policy was adopted in the First Five Year Development Plan (1955-60) by introducing family planning concepts and practices through Family Planning Association of Pakistan (FPAP), a Non-Governmental Organisation (NGO). During 1960-65, family planning services were extended through health outlets. The situation changed in the Third Five Year Plan (1965-70), when an independent family planning infrastructure was created and mass scale IEC activities were introduced for lowering fertility trends. Research and service delivery systems were also established. During 1970-75, Continuous Motivation System (CMS) was adopted by employing trained male and female motivators at grass root level. However, during 1975 to 1980, family planning activities lost momentum and were put in a low gear due to suspension of the IEC activities and re-organization of the programme.

Table 1.1
POPULATION SIZE AND RATE OF POPULATION GROWTH PAKISTAN, 1901-1998

Year	Population (Thousands)	Intercensal Annual Growth (%)
1901	16576	--
1911	19382	0.6
1921	21109	0.8
1931	23542	1.1
1941	28282	1.9
1947	32500	1.8
1951	33740	1.8
1961	42880	2.4
1972	65309	3.6
1981	84254	3.1
1998	130600	2.6

Source: Census from 1981 to 1998

In 1981, a major administrative re-organization was undertaken and approach of the programme was made broad based by adopting multisectoral and multi-dimensional strategies whereby federal and provincial line Ministries, Departments of health and health outlets of all line departments were actively involved in the programme and were mandated to provide family planning services. During Sixth Five Year Plan (1983-88), field activities were provincialized, role of NGOs was institutionalized and social marketing of contraceptives was established. The National Institute of Population Studies (NIPS) was setup for undertaking research on population and development. The major policies in the Seventh Five Year Plan (1988-93) and the Eighth Five Year Plan (1993-98) followed the same strategy for lowering the fertility level.

The current Ninth Five Year Plan (1998-2003) envisages expansion of existing infrastructure and facilities. At present, family planning services are provided, in both rural and urban areas, through 11,000 female village based family planning workers; 1,518 family welfare centres; 94 reproductive health services centres; 131 mobile service units; 6,401 health outlets; 340 target group institutions; 21,425 registered medical practitioners; 12,419 indigenous doctors, 450 non-governmental organizations; and 42,847 outlets of social marketing programme. In addition, around 43,000 Lady Health Workers of Prime Minister's Programme for family planning and primary health provide reproductive health services in the country.

Pakistan, alongwith all countries present in the International Conference on Population and Development (ICPD) 1994, accepted that population concerns are central to sustainable development strategies. Since ICPD, situation in Pakistan has changed markedly and the demographic dynamics have, atleast, begun to change. There is now strong evidence that fertility has shown decline during 1990s.

Further, there have been important shifts in population policy. The shift from a family planning target orientation to meeting clients' needs has been incorporated as an important dimension of Pakistan's policy whose thrust is to expand the extent and nature of services. While the aim of reducing Pakistan's population growth remains the cornerstone of policy, it is now generally recognized that the way to achieve this is to provide broad, high quality and readily accessible reproductive health services to meet the needs of individual couples. However, Pakistan cannot by any means claim that its reproductive health problems have been solved, or even that all its policies are being effectively implemented.

Reproductive health of women in Pakistan is still generally considered to be poor. According to latest national level Fertility and Family Planning Survey 1996-97, total fertility rate is 5.3 for 1992-96. Infant mortality is around 90 per 1000 live births and maternal mortality about 420 deaths per 100,000 live births. The availability of services and supplies for both health and family planning in Pakistan are inadequate. Most of the women (83 percent) deliver babies at home without the assistance of trained attendants. Less than a third of women (30 percent) receive any antenatal care. For women living in rural areas, this figure is even lower: at 17 percent. There is wide gap between knowledge and use of contraceptive which have been reported 94 and 24 percent respectively among currently married women aged 15-49 years. The unmet need for family planning is around 38 percent. Family size norms are still high in the society with an ideal mean number of 4.3 children.

Inspite of the fact that Pakistan has one of the oldest population programmes in Asia, it has not been able to achieve much in the way of reproductive change. Several factors are responsible for the delayed onset of reproductive change. Lack of organized research, evaluation and general monitoring of various components of reproductive health and family planning are considered to be among the important factors.

1.2 Management Information System (MIS)

In Pakistan, family planning and health programmes are planned, implemented and managed by two different ministries, that is, Ministry of Population Welfare and Ministry of Health respectively. There is yet another notable differential: family planning programme is vertical (managed by Federal Government); while health programme is horizontal (managed by Provinces). The Prime Minister's Programme for family planning and primary health care, administered by the Federal Ministry of Health is, however, vertical. Hence the two Ministries of Health and Population Welfare have separate Management Information Systems.

1.2.1 Existing MIS for Population Welfare Programme

The family planning programme which has been officially named as Population Welfare Programme in Pakistan generates valuable information and statistics which are used for monitoring the programme implementation. The Management Information System (MIS) of the Programme was first developed in 1966 and was modified as the programme expanded over time. It was assessed that the flow of information from field level to upwards was not systematic. Data was used principally for the collection of statistics, rather than as a source of information for correcting the direction of the programme for its improvement. The statistics compiled were used at the higher level and little feedback was provided to workers and field functionaries.

As the programme expanded by adding more components in the form of different projects, separate recording and reporting systems were devised and implemented for each project. Separate manuals were prepared for each component for the flow of data from field to district and upward tiers at the provincial and federal levels. But gradually the system became a complex mix of several recording and reporting systems. These systems created confusion rather than streamlining the information to be used for programme improvement. A need was therefore felt to integrate, revise and simplify the whole system. This aim was realized through a project titled Supervision, Monitoring and Evaluation (SME) system in 1986-87. The formats designed under the SME system have been adopted by the Ministry of Population Welfare to collect required information from the programme functionaries (Annexure-I). It includes Family Planning Client Record Card and Family Welfare Centre Daily Attendance Register Clients/Patients.

The data provide basis for monitoring the programme at various levels of the hierarchy. The existing system in the Population Welfare Programme covers the federal, provincial and district level tiers responsible to either design or implement the monitoring tools and also make decisions for improvement of the programme:

At the federal level, the Ministry of Population Welfare is headed by a Secretary to the Government of Pakistan. The Ministry has various wings such as Administration, Planning, Technical, Programme and Monitoring and Statistics (M&S). Monitoring and Statistics (M&S) Wing in the Ministry of Population Welfare functions through; a) Directorates of Service Statistics and Data Processing (SS&DP); b) Programme Monitoring (PM); c) Procurement, Material and Equipment (PM&E); and d) Stores & Supplies (S&S). The Directorate of SS&DP and PM are responsible for compiling programme service statistics, setting of demographic targets, population projections, monitoring of programme performance and evaluation of different components of the programme.

The M&S Wing has developed a Management Information System (MIS) and collects and compiles information on contraceptive use, contraceptive supplies and stock position, by different components of the programme, at national, provincial and district levels. The data compiled by the M&S Wing provide the basis for monitoring the overall performance of the programme. The M&S Wing's responsibilities include the monitoring of: contraceptive inventory; service delivery infrastructure; performance of service delivery network; staff position at various levels; transport and logistic system; client profile; continuity in the use of contraceptives; and follow-up of clients, validation and field monitoring.

At the Provincial level, the population welfare programme is implemented by the Population Welfare Departments. Among various Directorates, there is a Directorate of Monitoring and Evaluation, responsible for monitoring the activities of each component of the programme and evaluating the overall performance of the programme in each of the four provinces. It identifies the weak areas of the programme and suggests remedial measures. The Directorate is also responsible to organize review meetings with the field officers and follow-up the decisions taken in these meetings. The Directorate compiles service statistics of the province according to MIS developed by the M&S Wing and transmits it to the Ministry of Population Welfare. In the four provinces, the Divisional set up has been established to strengthen supervision, coordination and linkages in the field.

The District set up in each province is responsible to plan, organize and implement family planning activities through various channels of service delivery, such as the Family Welfare Centres (FWCs), Mobile Service Units (MSUs), Reproductive Health Service Centres (RHSCs), Registered Medical Practitioners (RMPs), outlets of Health Department and other Provincial Line Departments (PLDs), Village Based Family Planning Workers (VBFPWs), Hakeems, and Homeopaths. This set up is also responsible to monitor, supervise and provide on-the-job guidance to the service providers through field visits and periodic meetings. Among other activities, the tehsil set-up, being the smaller unit of the District, is responsible to supervise programme activities in the tehsil through regular field visits. The family planning MIS data is collected in each of the district and transmitted to the respective provincial headquarters for onward transmission and compilation at the national level.

1.2.2 Existing MIS for Health Department

Given the large health infrastructure in Pakistan (both public & private), catering to a population of over 100 Million people, a need was felt to develop and establish a National Health Management Information System (HMIS) which is able to collect, process, analyze and provide feedback on all health related data including information on input, process and output indicators.

In response to this need the Ministry of Health in collaboration with the Provincial Health Departments and international agencies developed a National Health Management Information System (HMIS) during 1990-1993. Before the system was designed, a study was undertaken on `Situation of Existing Health Management Information System in Pakistan'. This report was presented before a national workshop, where it was decided to transform the existing routine reporting system into a comprehensive health management information system. Subsequently, efforts were made to develop a nationally acceptable information system through wide ranging consensus building workshops held at the provincial and the federal levels. Series of workshops were thus organized, both at the provincial and national levels, on health services functions, indicators, information structures and processes. This exercise led to the finalization of the national HMIS.

The new system was developed for the first level care facilities spread throughout the country. Presently, the provinces (the end users) fully own the new system. The national HMIS presently include indicators on preventive services (mother and child health issues), priority health problems, information on logistics, essential drugs, supplies and management indicators etc.

During 1993 to 1996, a nation wide training programme was launched to introduce this system and nearly 2000 health staff were trained in the new HMIS data collection techniques and data use. Presently, the system stands introduced to almost all the first level government health facilities of the country (nearly 10000).

The HMIS is generating tremendous amount of information which flows directly from the peripheral health facilities to the District, then to the Divisional and subsequently to Provincial Cells. Ultimately, the information reaches the National HMIS Cell. Efforts are being made to connect the District, Divisional and Provincial HMIS Cells with the National HMIS Computer Cell located within the Ministry of Health at Islamabad.

The HMIS data analysis is being done at all levels of the health care delivery system. Efforts are now being made to improve the information feedback mechanism and promote information use to facilitate the health staff for taking informed decisions. Ministry of Health is also trying to find ways to expand the scope of the present system to cover other sectors of health care e.g. private sector and secondary/ tertiary health care.

A district implementation and monitoring Committee comprising the District Health Officer (DHO), District Population Welfare Officer (DPWO), District Education Officer (DEO), female Deputy District Health Officer (DDHO), Incharge of Rural Health Centre (RHC), and Assistant District Health Officer (ADHO), with the help of female supervisor of the Prime Ministers' Programme for Family Planning and Health and incharge of health institutions monitors the progress of the programme. Specific formats are designed to record information from the patient and to transmit the monthly report to upward managers. These formats include Family Planning Register; Monthly Report; and Health Management Information System (Annexure-II).

The District Health Officer is responsible for monitoring the performance of all health service outlets in the district. He also prepares the monthly progress report and sends it to the provincial health department. He is also a member of District Health Authority, which supervises the development of social sector in the district.

The incharge of BHU/MCH supervises and monitors the activities of Lady Health Workers (LHWs) and Traditional Birth Attendants (TBA's) with the help of female supervisor. The incharge of the center helps in the feed back of the programme and monitoring.

The incharge of the RHC monitors the activities of RHC. A vehicle is provided to facilitate the Incharge's monitoring work. Incharge of RHC also organises the monthly meeting of LHWs, TBAs and staff of the Centre.

DDHOs monitor, supervise and coordinate the activities of the respective field staff, who also play an intermediate role between the health Centers and DHO.

A review of the existing MIS of both Population Welfare and Health brings to the fore a number of problems. The work load at the peripheral level is too much. Most of the information collected is not processed and not much used at any level. There is very little feedback given to those who start filling the formats at the lowest level. Several service outlets of family planning and health do not have workers to fill the required formats. At those centres where such workers are available, it requires lot of time to fill the formats. There is also very little monitoring and evaluation of data collection. Hardly, there is any serious study undertaken in Pakistan to review and examine the overall monitoring and evaluation of data collection process through service statistic. It has been observed that with a view to achieving desired target/goals, lot of over reporting is being made. Further, there is lack of coordination between Family Planning and Health MIS which need further strengthening.

CHAPTER 2

REPRODUCTIVE HEALTH/ FAMILY PLANNING INDICATORS

CHAPTER 2

REPRODUCTIVE HEALTH/FAMILY PLANNING INDICATORS

While affirming the dangers of rapid population growth and the importance of population dynamics in national development, an essential aspect of the ICPD in 1994 was to reassert the primacy of meeting the needs of individuals and families as the central purpose of population efforts. The aim of meeting individual needs was not seen as conflicting with demographic objectives, rather, the world's experience in recent decades has shown that, given the means to control fertility, most couples will do so. On the other hand, the shift of attention to meeting peoples' needs brings into focus the point that these needs, even within the area of reproduction, go well beyond family planning. In addition to limiting fertility to wanted children, couples need to be able to bear wanted children safely; to overcome barriers to infertility; to engage in marital relations without contracting disease; to bear the consequences of unwanted pregnancy with minimal hardship; and to engage in healthy, uncoerced, and mutually rewarding sexual relations. Meeting these needs was encompassed in the term "reproductive health", which became the new centerpiece of the population agenda. In the ICPD Programme of Action, reproductive health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process". Pakistan, alongwith the great majority of the nations represented, embraced this "new paradigm" enthusiastically.

Both the Bali Declaration on Population and Sustainable Development (1992) and Programme of Action (POA) of the International Conference on Population and Development (ICPD, 1994), have stressed further strengthening the Reproductive Health (RH) and Family Planning (FP) programmes and also strengthening their existing activities. For this, there was a need to identify indicators which would be helpful to monitor and evaluate the expanded reproductive health and family planning programme in the country and will also help raise the quality of care services. Further, there was a need to develop a comprehensive integrated field level approach in terms of monitoring and evaluation of service delivery systems of both Health and Population Welfare programmes.

For monitoring and evaluating the RH/FP activities on scientific basis, it was essential that core information and data is collected on regular basis which could help in assessing the effectiveness of the RH/FP programme. A pilot study by an independent research organisation was also needed to help in strengthening the programme activities.

2.1 Objectives and Purpose of the Project

In the light of the 1994 ICPD-POA, the Population Division of the United Nation's Economic and Social Commission for Asia and Pacific (ESCAP) initiated a regional project titled "Strengthening Performance Monitoring and Evaluation System for Measuring the Progress of Reproductive Health and Family Planning Programme". The ESCAP selected Pakistan alongwith six other countries to initiate the study. The National Institute of Population Studies (NIPS) was entrusted with this study in Pakistan. NIPS has undertaken several research and evaluation studies pertaining to the Population Welfare and Health Programmes in the past. The findings of these studies were incorporated in designing the strategies for improving the programme performance and developmental plans of the country. The objectives of the project are as follows.

(a) Long - Term Objectives:

The long term objective of the project is to strengthen existing monitoring and evaluation system for measuring the progress of national reproductive health and family planning programmes' capabilities, including the quality of services, and to improve and institutionalise the monitoring and evaluation systems necessary for effective and better programme performance and management.

(b) Short - Term Objectives:

(i) To identify and adopt appropriate, standardized indicators for programme performance and monitoring and evaluation (M&E) system at the national, sub national and local levels.

(ii) To strengthen and improve data availability and their timely utilisation for programme monitoring and evaluation at all levels.

(iii) To develop appropriate feed back mechanism for effective programme monitoring and evaluation.

(iv) To develop national capacity for proper management, utilisation and dissemination of RH/FP performance indicators and the other related data for better Monitoring and Evaluation.

2.2 RH/FP Indicators Identified and Selected

The ESCAP organized an Expert Group Meeting in July 1999 at Bangkok which was attended by Project Directors of all the participating countries. In the light of ICPD-POA and keeping in view the requirements of each country, a list of indicators was identified for strengthening the monitoring of the programme. Finally in this workshop, indicators were selected which could produce comparable data.

Although Pakistan's Ministries of Health and Population Welfare have been following their own Management Information Systems (MIS), these require revision and up-dating in the light of ICPD-POA paradigm shift. Therefore after examining the existing MIS of Health and Population Welfare Programmes and taking into account the ICPD 1994 recommendations, a list of indicators has been identified, with source of information and periodicity, for monitoring the performance of reproductive health and family planning services. All indicators with their sources of data are listed at annexure III. The main sources of information include the existing Client Record Card (CRC), Daily Attendant Client Register, Monthly Performance Report of each service outlet as well as the Reproductive Health Client Card (RHCC) designed for collection of additional indicators and quick count sample survey.

Maximum possible information on all indicators identified in the list has been collected. However, information in regard to following was not possible to collect due to non availability of services, lack of proper record-keeping and culturally non acceptable practices:

(i) Abortion

(ii) Gender biased violence

(iii) Female Genital Mutilation (FGM)

For filling formats for the above mentioned indicators, routine formats and questionnaires of service statistics were reviewed. Where some changes/modifications or additional data was required, formats were changed, modified and in some cases new additional formats were introduced. In addition to this, the Quick Count Survey (QCS) of the selected area and women was also conducted to accomplish the objectives of the project.

2.3 Additional Formats for Recording and Reporting

2.3.1 Reproductive Health Client Card

A review of the existing record-keeping formats showed that a new format " Reproductive Health Client Card (RHCC)" was required to be added for collecting information not covered in the existing client record cards (annexure-IV). So an additional card was introduced and now, in addition to the existing formats, the new format of RHCC is also to be filled for female clients visiting the service outlets of Health and Population Welfare Programmes. This RHCC records information on some of the important RH/FP indicators, such as:

(i) Number of living children/ (Male/Female);

(ii) Age of the youngest child;

(iii) Acceptance of family planning after delivery;

(iv) Infertile client;

(v) Reproductive Intentions;

(vi) Pregnancy history/ outcome of last delivery/place of delivery/person attending delivery;

(vii) Breast examination;

(viii) Reproductive Tract Infections (RTIs); suspected cases and clients referred;. and

(ix) Sexually Transmitted Diseases (STDs); suspected cases and clients referred.

2.3.2 Monthly Report of Service Outlet

Every service outlet has been compiling a monthly report summarizing information taken from client records. Although some useful information was thus collected but it was not being compiled. This information and data from the new client card is now recorded in the additional "Monthly Report" compiled for each outlet (annexure-V and VI). The new monthly report covers:

(i) Staff position including absenteeism;

(ii) Family planning users by age groups and side effects;

(iii) Clinical examination of clients; covering breast examination; cases of jaundice history; suspected cases of RTI/STDs; and infertile clients;

(iv) Client's intentions regarding more children;

(v) Shifting of clients to other family planning methods; and

(vi) Pregnancy history and outcome of last delivery including place and attendant.

2.3.3 Manual of Instructions

To facilitate the service providers to record the information on the new Reproductive Health Client Card, a manual of instruction has been prepared which includes guidelines to fill the card (Anexure-VII). Some general and specific instructions contained in the manual are reproduced below:

(i) General Instructions

1. All the service providers should make sure to write completely all information on every record card (existing/new) for patient/clients visiting their service outlets. These cards should be available for inspection by officers and researchers on their visits.

2. All the record cards should be filled neatly with PEN or BALLPOINT for use in future.

3. The existing "Monthly Performance Report" is prepared by the in-charge of FWC, RHS`A' centre, MSU and DPWO, for transmission to concerned offices of Population Welfare Programme. A separate copy of monthly report is also to be prepared by each incharge for NIPS with caption "COPY FOR NIPS". (Sufficient blank copies of these reports to be supplied by NIPS).

4. Similarly, for the Health Department, the existing "Monthly Performance Report" is prepared by the in-charge of Basic Health Unit (BHU), Reproduce Health Centre (RHC), Mother and Child Health (MCH) Centre, Tehsil Headquarter (THQ) and District Headquarter (DHQ) Hospitals, for transmission to concerned offices of Health Department. Now it is required that a separate copy of monthly report also be prepared by each incharge for NIPS with caption "COPY FOR NIPS". (Sufficient copies of these reports to be supplied by NIPS).

5. The NIPS Data Collection Team will visit each service outlet during 5th to 20th of every month. The team members would transfer information from existing and new record card/reports on a pre-designed SHEET during their visit to respective outlet.

6. The incharge of each outlet should ensure that all recording and reporting FORMS are available in sufficient quantity, and the shortage is reported to DPWO office and NIPS through telephone or letter on priority basis.

7. It is important to record the complete ADDRESS OF PATIENT/CLIENT in a neat way on the existing and new cards so that follow-up could be easily done at a later stage.

8. Any clarification at anytime in filling the new client card should be sought by consulting the staff of neighbouring service outlet or District officers or NIPS team members.

(ii) Specific Instructions for the "Reproductive Health Client Card (ME-RH-F-1)"

1. The new "Reproductive Health Client Card" is to be filled for female patients/clients visiting the service outlet who are currently married, aged 15-49 years, and are seeking services for family planning, MCH, RTIs, STDs, and in-fertility. This card is to be filled by the in-charge or Lady Health Worker (LHW) of all service outlets of Population Welfare Programme and Health Department.

2. It is important to stress that this CARD is pre-coded, to facilitate its Computer use and filling by the incharge. Therefore all the information should be recorded in the relevant box.

CHAPTER 3

METHODS AND MATERIALS

CHAPTER 3

METHODS AND MATERIALS

To achieve the objectives of the project, interrelated activities were carried out. The Project Director, stationed at the National Institute of Population Studies (NIPS), Islamabad was assisted by a team of researchers and support staff of NIPS, who were closely associated in the implementation of the project (Annexure A).

3.1 Selection of Study Area

The Project Director held meetings with senior officials of the Ministry of Population Welfare, Ministry of Health, Provincial Health and Population Welfare Departments for selection of the area for experiment. In the light of discussions, two tehsils of District Jhelum (Jhelum and Sohawa) were selected for implementing the project. The project area has both rural and urban population and also has the infrastructure of service outlets of both Population Welfare and Health Departments.

The Project Director alongwith project staff from NIPS visited the project area of district Jhelum. They held detailed meetings with District Population Welfare Officer (DPWO) and District Health Officer (DHO). A few service delivery outlets were also visited to get first hand knowledge. Some of the characteristics of the project area are described here.

3.2 Profile of Study Area

A district is the most important basic administrative unit in the province. Jhelum district, the study area, is about 110 km from capital city Islamabad, which is located on both sides of the River Jhelum on Grand Truck (G.T) Road in the North East part of Pakistan in the province of Punjab. Rawalpindi, the city adjacent to Islamabad, is the Divisional Headquarter of Jhelum district. Jhelum district consists of three Tehsils (Sub-districts) viz. (i) Jhelum (ii) Sohawa (iii) Pind Dadan Khan. Both, Jhelum and Sohawa tehsils (sub-districts) selected for the study have urban and rural proportion of population.

Total area of the district is 2,146 Sq. km and as in March, 1998 the total population of the area was 1,127,331 with 2.1 percent population growth rate per annum. The urban and rural distribution of population is 294,968 (27 percent) and 808,936 (73 percent) respectively. Urban population, which is quite dense lives mostly in Jhelum city, Municipal Committees of Dina and Sarai Alamgir. There are three Town Committees Sohawa, Pind Dadan Khan & Khewra. Jhelum District shares its boundaries with districts of Mirpur (Azad Jammu and Kashmir), Rawalpindi, Chakwal, Mandi Bahauddin, Sargodha and Gujrat.

3.3 Infrastructure of Population Welfare and Health Departments in Study Area

Jhelum district has an established network of health and family planning facilities spread over urban and rural areas. The total number of service outlets of Population Welfare in the district are 19, while those in the study area (Jhelum and Sohawa) number 15.(Table 3.1).

TABLE 3.1

POPULATION WELFARE PROGRAMME'S SERVICE OUTLETS, DISTRICT JHELUM, 1998-99.

TEHSIL	(FWC)	RHS `A' CENTRE	TOTAL
JHELUM	10	1	11
SOHAWA	4	-	4
PIND DADAN KHAN	4	-	4
TOTAL	18	1	19

It is evident from the data that Family Welfare Centres (FWCs) are the major service outlets in both the district and the project area. The Family Welfare Centres (FWCs) are the basic outlets at the grass root level providing services to both urban and rural areas, and are located in both urban and rural areas. The staff position in FWCs is given in table 3.2.

TABLE 3.2

STAFF POSITION IN FAMILY WELFARE CENTRES (FWCS), DISTRICT JHELUM, 1998-99.

DESIGNATION	SANCTIONED POST	FILLED POST	VACANT POST
FWC/ FWWS	22	20	2
FWA (MALE)	22	18	4
FWA (FEMALE)	22	9	13
CHOWKIDAR	22	17	5
FEMALE HELPER	22	16	6

The Position with regard to outlets of Health Department is presented in table 3.3. It is evident that Basic Health Units and Rural Health Centres are the basic service outlets in the district as well as project area.

TABLE 3.3

HEALTH DEPARTMENT'S SERVICE OUTLETS, DISTRICT JHELUM, 1998-99

Tehsil	DHQ	THQ	RHC	BHU	GRD	MCH	TOTAL
Jhelum	1	-	2	15	3	4	25
Sohawa	-	-	2	14	3	-	19
Pind Dadan Khan	-	1	2	12	2	3	20
TOTAL	1	1	6	41	8	7	64

Note: DHQ: District Head Quarter Hospital, THQ: Tehsil Head Quarter Hospital; RHC: Rural Health Centre; BHU: Basic Health Unit; GRD: Government Registered Dispensary; MCH: Mother and Child Health Centre;

The Basic Health Unit is located at the village, serving the rural population, whereas, the Rural Health Centre is placed at the tehsil city level, and serves both rural and urban population.

In addition to this, there are 750 Lady Health Workers (LHW) placed by Health Department in large villages and urban localities. They provide health and family planning services to people by visiting their homes, and submit monthly reports to the nearby BHUs or RHCs. The staff position in Basic Health Units (BHUs) is presented in table 3.4.

TABLE 3.4

STAFF POSITION IN BASIC HEALTH UNITS (BHUS), DISTRICT JHELUM, 1998-99.

Designation	Sanctioned Post	Filled Post	Vacant Post
Medical Officer	48	14	34
Medical Assistant	08	08	-
Lady Health Visitor (LHV)	48	13	35
Mid Wife	48	17	31
Female Health Technician (FHT)	03	03	-
Male Health Technician (HT)	40	40	-
Dispenser	45	45	-

NIPS team, during visit to the project area (Jhelum), observed that every month each Family Welfare Centre (FWC) prepares summary report of staff position, medicines, and clientage of family planning and general treatment and sends it to District Population Welfare Officer (DPWO). The DPWO compiles district monthly report and sends it to provincial Head Quarter for onward submission to federal set-up in the Ministry of Population Welfare. Similarly, the incharge of BHU and RHC also submit reports to District Health Officer (DHO). The DHO compiles a district monthly report and sends it to provincial headquarters, from where it is transmitted to the federal Ministry of Health.

3.4 Training Imparted for Data Collection

3.4.1 Workshop for Master Trainers at ESCAP, Bangkok

The training of project staff was considered very important before executing the project in the field. The ESCAP Secretariat, Bangkok organised a training workshop for the seven participating countries during 15-18 July, 1997. This was attended by the Study Directors, research staff of the project, and the representatives of ESCAP and UNFPA. Pakistan was represented by the associated staff in NIPS with the project, that is, the Study Director (Dr. Abdul Hakim); Principal Investigator (Zafar Zahir) and Field Coordinator (Shahid Munir).

During the workshop, each country, including Pakistan, made presentation relating to its Reproductive Health Programme, which also included the existing MIS for record keeping. A detailed discussion was held to identify the selected indicators for strengthening the monitoring of the programme. Every individual country has its own strengths and limitations in collecting information on reproductive health. However, those indicators were selected which could produce comparable set of information. This workshop enhanced the knowledge and perception of the project staff tremendously in the selection of indicators and implementation of the project activities.

3.4.2 Training Workshop for Master Trainers

Subsequently, NIPS organised a two days workshop for Master Trainers during 4-6 February 1998 at Islamabad. The workshop was attended by 30 participants representing the Ministries of Health and Population Welfare at the Federal, Provincial and District levels. The research staff of NIPS and Population Council, Islamabad, were also present. An expert from ESCAP and local resource persons were invited to assist the project

staff to conduct the workshop.

Project staff of NIPS, highlighted the importance of strengthening the existing Monitoring and Evaluation System in the light of 1994 ICPD goals and Plan of Action. Details of the ESCAP regional project were explained and the need for generating data on new variables as indicated in the 1994 ICPD Plan of Action was stressed. Further, it was emphasized that there was room for strengthening the system for improving the programme.

The Project Manager of the Regional Project of ESCAP, explained to the participants the regional context of the ESCAP Project of monitoring and evaluation for RH/FP, which has been launched in seven countries of Asia. He apprised the participants that a list of indicators for monitoring the RH/FP programmes has been adopted by these countries so that comparable data could be generated.

Detailed presentations on the existing Management Information Systems (MIS) of Health and Population Welfare Programmes, were made by the concerned Federal MIS officers. Federal Health MIS officer presented the Health MIS and explained that the Health MIS included information on 18 priority health problems including MCH, FP, Malaria, TB, Immunization etc. This data is being collected at First Care Facility Level (FCFL) such as BHU, RHC, Dispensaries etc. The MIS for the Population Welfare was presented by the MIS officer of the Ministry of Population Welfare who said that the MIS had been designed in only 1990 around five main functions, that is, service delivery, contraceptive logistic, programme administration, non-service delivery components and national programme recording. Family Welfare Centres (FWCs) are the main service delivery units at the grass root level providing family planning and selected services to clients. The selected Indicators for the ESCAP monitoring and evaluation project were explained by the Project Staff of NIPS. These were discussed in the light of practicality within the existing infrastructure and utility of information collected.

The new Reproductive Health Client Card, which had been designed to collect information not available in the existing MIS register/cards, was presented and explained to the participants by the Project Staff of NIPS. The card was to be filled for married women aged 15-49 who visited the service outlets of both the departments of Health and Population Welfare in the project area.

The indicators to be selected for the ESCAP monitoring and evaluation project were discussed in detail. The participants discussed each indicator in the light of suitability according to Pakistani environment; practicality within the existing infrastructure; and utility of information collected. Participants made suggestions on various indicators in respect of their practicality. Some of the indicators were dropped due to non-suitability in the existing system.

It was suggested that a Quick Count Survey of the project area could be undertaken to collect information on indicators not covered by service statistics. It was recommended that a Base Line Survey of all service outlets of Health and Population Welfare departments may be undertaken for situation analysis. Client Exit Interview survey could also be conducted to get feedback about services and staff behavior.

The presentation of newly designed Forms was made by the project staff of NIPS and deliberated upon in detail. These Forms were designed to collect information not available in the existing MIS formats in accordance with the required/identified list of indicators. The participants were informed that NIPS staff would carry out field monitoring on a monthly basis. For this purpose, monthly performance report forms have been prepared to compile data from existing and new client cards for every service outlets. Participants were asked to examine these Forms. Participants suggested some important changes as under:

i) After discussion a separate client card may be introduced namely "Reproductive Health Client Card" for all clients visiting service outlets of Health and Population Welfare Departments. New Card will collect information on following items:

   a) Fertility, parity and future intentions,

   b) Infertile Cases,

   c) Suspected cases of Reproductive Tract Infections (RTIs),

   d) Suspected cases of Sexually Transmitted Diseases (STDs);

ii) It was suggested that staff at service outlets could not confirm the cases of STDs and RTIs. They could only identify the suspected cases by asking relevant questions to all clients and could refer these cases for further examination.

iii) The Base Line Survey of all service outlets should also examine the availability of all essential equipment, medicines, and contraceptives, according to the prescribed list of these items.

Participants also emphasised the importance of estimating base population of the project area. For this, various sources such as, census reports, DPWO, DHO, Lady Health Workers record etc. could be used.

3.4.3 Workshop for Master Trainers to Revise the Project Formats

A second round of workshop for Master Trainers was organised at NIPS in Islamabad during 22-23 May, 1998 to discuss the changes recommended in the new formats during the last workshop. The Master Trainers from project area, district Jhelum, were invited to study the revised version and to discuss in details various sections of the new Reproductive Health Client Card.

Some alterations were made in the design of the card. It was also recommended to add in the new card the symptoms to identify the suspected cases of Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs) to facilitate the staff examining the patients.

The workshop also prepared training schedule for the incharge and staff of all service outlets in the project area belonging to Health and Population Welfare departments.

3.4.4 Training for the Staff of Service Outlets

The incharge and female staff of service outlets of Health and Population Welfare departments were then invited to attend training sessions. Considering the large number of participants (87), training sessions were organised in three badges at three Health Centers of Project area: Sohawa, Jhelum and Dina during June, 1998. The training was attended by the programme managers of district Jhelum, the incharge of all service outlets of both health and population welfare departments, and also by some paramedics.

The project staff from NIPS organised and imparted the training. They were assisted by the Master Trainers who had been trained earlier for this purpose. The main purpose of the training was to give introduction of the ESCAP project, explain the process of implementation, and train the staff for collecting information on the newly designed Reproductive Health Client Card from clients/patients at their service outlets. It was emphasized that the new card was not to replace the existing recording cards/registers. Rather, it was meant to be a supplement card. The service providers would fill the card for only currently married women of age 15-49, who were seeking services for MCH, family planning,

RTIs, STDs, and infertility.

The participants were thoroughly explained various sections of the card. This included importance of the information, how to ask questions and record the responses from the patient on the card. During the training sessions, the Project staff of NIPS was also assisted by senior doctors and other master trainers, especially on medical subjects.

3.5 Periodic Field Monitoring Under the Project

It was essential to undertake regular and systematic monitoring programme for the success of the project. Hence, a periodic field monitoring system was devised as an important part of this project. To catch up with the actual functioning of the service outlets, separate formats were designed for monthly and quarterly monitoring reports.

3.5.1 Monthly Monitoring

The Monthly Monitoring formats were prepared for each type of service outlet. These formats included: staff presence; FP clients by age; clinical examination; future intentions for children; and pregnancy history (Annexure-VIII). In addition to this, a consolidated monthly report (Desk Monitoring) was prepared at NIPS office which highlighted the overall picture of the functioning of all service outlets. (Annexure-IX)

NIPS sent its team to the project area for data collection on monthly basis. Every service outlet was visited and the data transferred on a pre-designed sheet from the existing and new RH client cards filled by the staff. A copy of the existing Monthly Performance Report was also collected. The team submitted this set of data to NIPS and afterwards, all data was transferred on computer software designed for further analysis.

However, if this project is replicated at national level, this monthly exercise would have to be carried out by the staff of the service outlets as a part of their current job. Further, the existing formats would also have to be revised accordingly.

3.5.2 Quarterly Monitoring

Next stage of monitoring was to visit all service outlets after every THREE months. For this purpose, the NIPS team visited the outlets and examined the functioning and performance by recording information on a set of pre-designed formats.

The Quarterly Monitoring formats were designed for each type of service outlet in such a manner that the following aspects were properly highlighted:

(i) Condition of the service outlet;

(ii) Facilities available;

(iii) Staff position;

(iv) Stock position of contraceptives/ medicines;

(v) Client attendance; and

(vi) Supervision of the outlet.

In case the system is adopted at the national level, the district managers of both departments may use these formats for monitoring the performance of the service outlets on quarterly basis.

3.6 Data Collection under the Project

Data was collected from the field through newly introduced Reproductive Health Client Card, and existing Client Record Card through Monthly Performance Reports. The data collected on monthly basis through Reproductive Health Client Card covers one year period from June, 1998 to June, 1999; whereas the data on regular service statistics has been collected since January, 1998 covering one and half year period. In addition, data collection under the Quick Count Survey, a cross sectional survey, from representative sample of Currently Married Women (CMW) was undertaken from the project area during early 1999.

3.7 Data Entry, Cleaning and Analysis

The data obtained by NIPS team through Reproductive Health Client Card and other sources was checked and entered in the computer for further processing and analysis. After entry and cleaning, the final analysis of data was done by using Package SPSS and later the report was written.

3.8 Quick Count Survey

It was noted that information on all the Indicators of reproductive health and family planning identified for this project could not be collected through service statistics (both existing and newly designed additional RH Client Card). Therefore, a Quick Count Sample Survey was also conducted to get information from the currently married women of age 15-49 residing in the project area viz. Jhelum and Sohawa Tehsil of district Jhelum. Information was recorded on a pre-designed questionnaire which included questions relating to the following:

(1) Size of the household members with their sex and age;

(2) Background variables of the woman and her husband, such as age, education, occupation;

(3) Fertility level, Infertility and related matters;

(4) Infant and Child mortality;

(5) Pregnancy and related matters;

(6) Mother and Child Health Care (MCH);

(7) Prevalence of Breast Cancer and related issues;

(8) Knowledge about RTIs, STDs, and Hepatitis, and place for treatment;

(9) Knowledge, practice, side-effects of contraceptive methods and reasons of non use;

(10) Access to health and family planning facilities;

(11) Views about the facility and its staff.

Details of design, questionnaire etc. of the Quick Count Survey are given at Annexure X.

CHAPTER 4

QUALITY AND COVERAGE OF DATA

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4.1 Existing Service Statistics Data Quality and Coverage

The Management Information System (MIS) of the Population Welfare Programme was developed in 1966 and modified from time to time. Finally a revised and improved MIS was introduced in 1990, changing gradually from a simple service delivery system to a complex and expanded programme being covered under the revised MIS. The present MIS system, operating at all levels, has been designed around five main functions i.e. Service Delivery, Contraceptive Logistics, Programme Administration, Non-Service Delivery components and National Programme Recording & Reporting.

4.1.1 Service Delivery

The main service outlets of the Population Welfare Programme are Family Welfare Centres (FWCs), Mobile Service Units (MSUs), and Reproductive Health Services Centres (RHSCs).

The Family Welfare Centre (FWC) is one of the key service components of the programme, in urban, semi-urban and rural areas. More than 1500 such centres are operating in the country to provide conventional and clinical contraceptives. These centres are maintaining various formats like area data sheet, daily attendance register, clinical record card, contraceptive stock register, medicine record and clinical and other office equipment record. They submit monthly reports on personnel position, equipment position, family planning performance, sterilization cases referred, contraceptives stock position, future requirement of contraceptives and medicines stock. This format is comprehensive but it lacks coverage like number of camps held, drop out cases, counseling, quality care, duplication and availability of IEC material. Being target oriented programme, the service providers tend to escalate data to show their achievement. Incomplete addresses of clients are also a matter of serious concern. Forecasting of contraceptives requirements is yet another weak area resulting in poor quality of data.

The Mobile Service Units (MSUs) are operating to provide programme coverage at hinterland areas. They maintain record regarding availability of equipments, medicines, vehicles and contraceptives. Their reporting system does not indicate number of camps held, number of villages covered (new and old), drop out of contraceptives and availability of IEC material.

Reproductive Health Services Centres (RHSCs) is a unit headed by a Medical Doctor and established in a hospital with their own operation theater for provision of all contraceptive facilities. Although they have a comprehensive reporting system but it lacks in several areas, such as availability of IEC material, number of counseling meetings held, follow-up of clients, incomplete addresses, number of tuebligation cases referred by FWC staff, etc.

4.1.2 Contraceptive Logistics

Each service delivery point maintains stock register for contraceptives and records position on daily basis. At the beginning of the month, previous month's stock position as indicated by the monthly performance reports is consolidated at district level, at provincial level and finally at the national level to indicate the stock available for number of months. At the national level, availability of stock is assessed for forecasting future stock requirements.

4.1.3 Programme Administration

The data on personnel position, availability of equipment, medicines, vehicle at each service delivery unit and at the district level are recorded in their monthly report to assist the provincial managers in calculating future requirement of manpower and other important programme support requirements.

4.1.4 Non-Service Delivery Components

The Non Service Delivery Components like Non-Governmental Organizations (NGOs), Target Group Institutions (TGIs), Provincial Line Departments (PLDs), Hakeems and Homoeopaths and Registered Medical Practitioners (RMPs) also submit their monthly reports with minimum recording and

reporting requirement. The indicators that are weak or missing in their systems are ante-natal, post-natal, MCH, clients drop outs.

4.1.5 National Programme Recording & Reporting

At the national level, a national report is published indicating method-wise contraceptive performance of the programme outlets, contraceptive performance of the non-programme service outlets, client attendance, per service delivery unit, method-wise old users and new users, MCH, ante-natal, post-natal, general ailment clients and percentage of achievement against method-wise targets. This report is circulated to the senior managers and policy makers. Although this report is quite comprehensive to use as a monitoring tool, it could be further improved by strengthening reports about some important indicators like drop out of clients, continious users, age and parity of the clients, method shift, manpower to be recruited, vehicle position, stock of medicines, stock of equipment etc.

Reproductive Health indictors are required to assess needs to monitor whether programmes are implemented effectively, and to evaluate programmes impact within the district. The clinic and patient records exist in almost at all Service Delivery Points (SDPs), but they are incomplete and little attempt is made to consolidate this information. The service providers complain that statistical forms are too complex, lengthy and take a lot of time to fill, that staff is under trained and thus the data suffer in quality and coverage. Moreover, regular analysis and interpretation of the data with regular feedback to concerned field staff is missing.

4.2 Quality and Coverage of Data in Project Area

4.2.1 Reliability, Validity and Completeness

While implementing this project, reliability of the service statistics has been ensured by directing the service providers to record all relevant information from the clients in the Register or Client Record Cards either while examining the client or immediately afterward. The service providers have recorded full information about the clients including their complete name, addresses, ages, the purpose of their visits and the treatments provided to them.

To check the validity of the service statistics, one should visit the client and confirm the visit of the person to the service outlet and the treatment provided. In actual practice, for the Health Department, it has not been done because it requires more staff and logistics to follow the clients as they are in large numbers. For the Population Welfare Department there is a system of client verification of contraceptives. But again this is only limited to 10 percent clients who have had IUD insertion. This is done by the supervisory technical staff from higher offices (Divisional Directorate).

Another important issue is the completeness of information recorded by the staff for each client. The service providers sometime ignore to record the age of clients and are also reluctant to probe the exact age. Age is very important for further analysis and also provides guidelines for the programme managers to refocus their target clients. Complete names of the clients/ husbands, and their addresses are also vital for the purpose of validation and follow-up but these too are at times overlooked by the service providers.

4.2.2 Data Collection Problems at Service Outlet Level

One of the main problems is that the staff do not realise the importance of recording complete information about the clients on the prescribed registers/ cards, though this is essential for relocating the client for follow up visits.

In case of population welfare outlets, it was also observed that sometime the staff filled in a new client card for a follow-up client. They seemed to be hesitant to search the previous card from the record and make entry on the follow-up section. Similarly, outlets of the health department entered every client in the register with a new "Client Number" and did not bother to check her previous record from the book. This is done to increase the client coverage of new cases, so as to meet the target set for the current month by the district management. In this way, the service provider avoids labourious work and also shows her efficiency in terms of attending more clients but in the process quality of data suffers.

At the service outlets, where daily client attendance is quite high and the service provider remains busy throughout the day, she feels uncomfortable in filling out so many record cards and registers by interrupting her main job of examining and prescribing for every client. Hence, the coverage

of record keeping may not be 100 percent and completeness of information may also be lacking for some clients.

The staff prepares a consolidated monthly performance for each service outlet and transmits it to the respective district office. Some of the information, like age and the number of children of the client was found to be not compiled in the monthly reports.

As explained earlier, NIPS had introduced a new RH Client Card for this project. For this card, the staff has to devote extra time for recording information relating to reproductive health indicators. It was observed that the staff did not fill this card for all those clients for whom they recorded information in the existing formats of service statistics to be submitted to their managers.

4.2.3 Problems at Management Level

Looking at district management level of the Population Welfare Department, the District Population Welfare Officer (DPWO), as a routine exercise, checks the client registers whenever he visits the service outlet, ignoring the client record cards. He seems to be interested in the number of clients visiting during current and previous months, and never bothers to check the schedule of follow up of old clients. The clients of Oral Pill or Injection should revisit the outlet for next dose or supply. However, information about this important aspect does not really interest the DPWOs.

Similarly, for the Health Department, the district managers have to check so many registers and records for various sets of clients of different areas of health care, besides the managerial records. Here again, the interest of the health managers is mostly in seeing the performance in terms of number of clients who visited the facility.

4.2.4 Resolving the Problems

Realising the above problems, NIPS at the very beginning, arranged some training sessions for the staff of the service outlets, and also the district managers belonging to both departments. The project concept, mechanism and implementation was thoroughly explained and instructions for filling the new

RH client card were elaborated for better understanding.

During the training, it was emphasised to record complete information on the existing and new formats so that the same could easily be transferred on other sheet at data collection stage.

As another step, NIPS staff, while collecting monthly records, checked the completeness of the data. They remained with the service providers for filling the format for each client and wrote all relevant information. They also provided guidelines for any difficulty faced by the staff. Their regular visits to all service outlets resulted in proper supervision and helped to strengthen the monitoring of the implementation process.

Under this project, NIPS enhanced the reporting system by introducing the Transfer Data Sheets. These sheets were designed to transfer all information about every client from the existing and new client formats in a single row of the sheet. Later on, the complete information was transferred from these sheets to the computer and further analysis was easily carried out without losing any information.

4.2.5 Workload and Staff Capacity

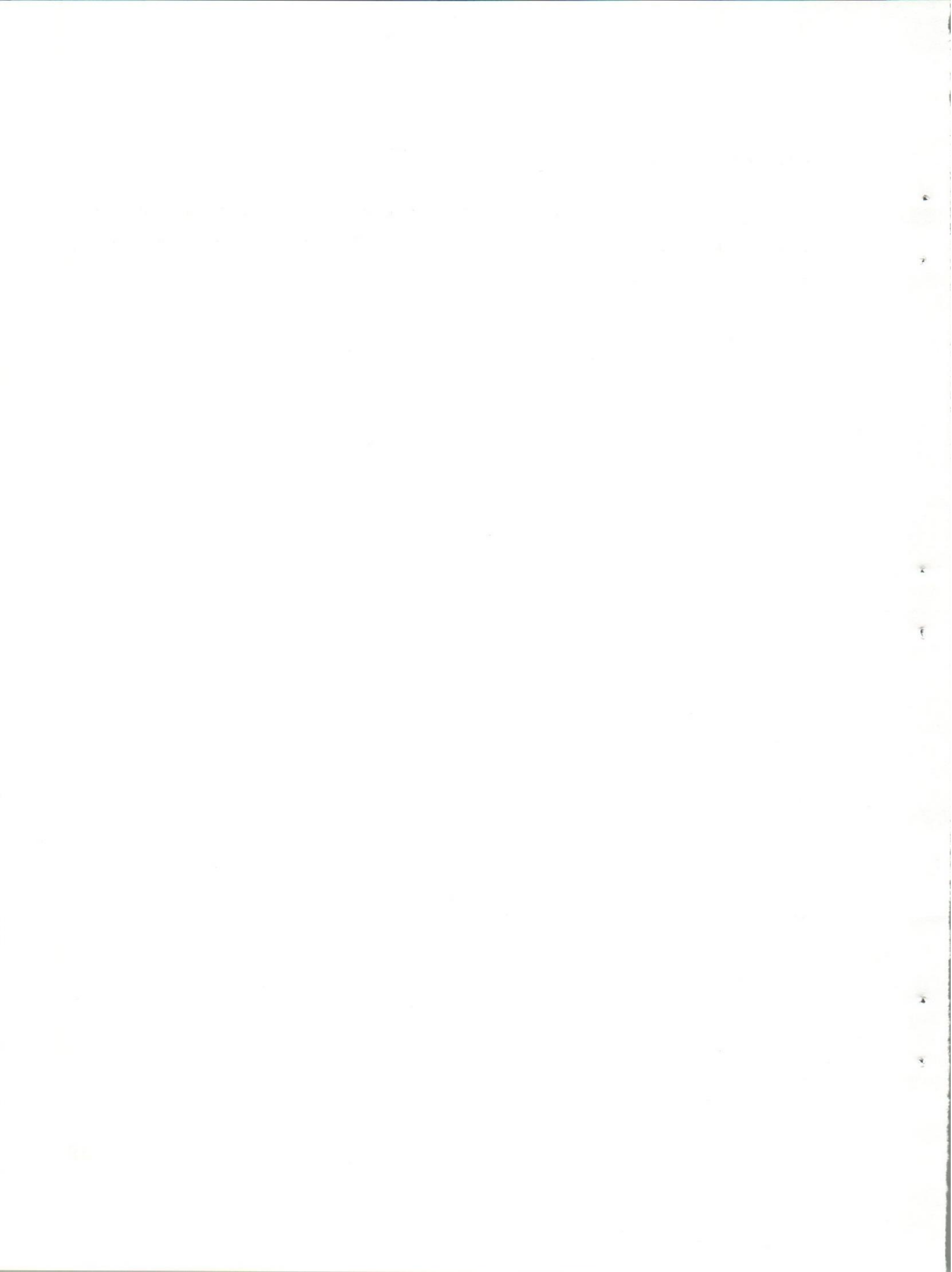
The staff of both health and population welfare departments always complain about filling out so many formats. In their view, their actual job is to examine the clients and provide them proper treatment. Obtaining and maintaining record from the clients and transferring it on the monthly reports is considered a.time-consuming extra work.

Introduction of new RH client card by NIPS was taken by the staff as an overload in record keeping. During the training, the service providers and other field staff were very upset. But as the time passed and the NIPS project staff's repeated instructions to fill all formats they reconciled and made it their routine exercise. Still, the coverage was not 100 percent.

It emerged during the project implementation that the client record format should be comprehensive and should include sufficient information about the client. However, the reporting formats should compile maximum information but be fewer should in number. In this way, the field staff

will not have to spend much time in recording information on so many formats.

For the capacity building, it is essential that the field staff should attend training sessions on recording and reporting system. These training sessions should be arranged periodically for all levels of staff.



CHAPTER 5

RESULTS OF DATA COLLECTION IN PROJECT AREA

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RESULTS OF DATA COLLECTION IN PROJECT AREA

The main objective of the project was to experiment collection of data on reproductive health and family planning indicators from various sources so that a simple internationally comparable set of indicators could be developed. Both service statistics and cross sectional quick count survey methods of data collection were deployed.

5.1 Findings From Service Statistics

Since several indicators are not collected through existing system of data collection through service statistics, data under this project has been collected also on those indicators which were not being covered previously. These additional indicators pertaining to RH/FP were collected through service outlets of both health and population welfare programmes on monthly basis. Hence, to meet the project's main objective of collecting of data regarding Reproductive Health and Family Planning, in particular, for indicators not covered under the prevalent system, a new card called Reproductive Health Client Card (RHCC) was introduced and data collected through it. The main indicators covered through RHCC are: Fertility/Family Planning; In-Fertility; Reproductive Intentions; Obstetric History; Reproductive Tract Infections; and Sexually Transmitted Diseases. In this card, information on these indicators from 3059 women clients age 15-49 years who visited the outlets of Health and Population Welfare in the study area during 1998-99, were collected, processed and analyzed. Major findings regarding different indicators are discussed below:

5.1.1 Coverage

It is found that out of 3059 clients, 44 percent visited outlets of the health department while 56 percent visited outlets of the population welfare department. Forty eight percent clients belong to urban area, compared to 52 percent coming from rural area. It is also noted that from rural area the health department outlets are capturing 70 percent clients compared to 30 percent by population welfare department. The obvious reason for this is that most of the service outlets of the population welfare department are located within or close to urban areas (Table 5.1). There is a need to relocate Family Welfare Centres (FWCs) of the Population Welfare Department to capture more clients from rural areas.

Table 5.1

PERCENT DISTRIBUTION OF CLIENTS BY TYPE OF SERVICE OUTLETS AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Service Outlets	Urban	Rural	Total
Health Department	15.7	70.2	43.8
Population Welfare Department	84.3	29.8	56.2
Total	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

SOURCE: RHCC, 1998-99

5.1.2 Age

Mean age of clients visiting health and population welfare outlets is 29.5 years with 30.4 years for those visiting the outlets of the population welfare department and 28.2 years for clients coming to the outlets of the health department (Table 5.2). The clients visiting outlets of the population welfare department are mostly from age 25 to 39 years with highest magnitude (36.3 percent) from age group 30-34 years. As against this, clients visiting outlets of the health department comparatively belong to younger ages from 20-39 years with highest magnitude (32.4 percent) belonging to 25-29 years. This indicates that younger women preferred to visit health department outlets more frequently, due to the fact that health outlets provide a wider range of reproductive health services. Women visiting population welfare outlets preferred to visit these outlets when they have borne a certain number of children. By the age of 30 years, a married woman in Pakistan has already had 3-4 surviving children.

TABLE 5.2

PERCENT DISTRIBUTION OF CLIENTS BY AGE AND TYPE OF SERVICE OUTLETS, DISTRICT JHELUM, 1998-99

AGE OF CLIENT	HEALTH DEPARTMENT	POPULATION WELFARE DEPARTMENT	TOTAL
15-19	3.6	0.8	2.0
20-24	21.3	9.7	14.8
25-29	32.4	25.0	28.3
30-34	23.2	36.3	30.6
35-39	12.9	24.7	19.5
40-44	4.5	3.0	3.7
45-49	1.9	0.1	0.8
Age not reported	0.2	0.3	0.3
Total	100.0	100.0	100.0
Number of clients	**1341**	**1718**	**3059**
Mean age	**28.2**	**30.4**	**29.5**

5.1.3 Number of Living Children

The mean number of living children of clients has been 3.24 children, with 3.56 for clients visiting outlets of the population welfare department and 2.82 children for clients visiting outlets of the health department. This differential in mean number of children between the clients of health and population welfare outlets has been due to the differential in age between the two sets of clients. It is encouraging that the highest number of clients (70 percent) visited outlets of health department when they had no child, indicating that younger women prefer to visit outlets of the health department for overall reproductive health care. In contrast, women visit outlets of the population welfare department when they have 2-5 children. The highest proportion (22.3 percent) of population welfare department clients had 4 children (Table 5.3).

TABLE 5.3

PERCENT DISTRIBUTION OF CLIENTS BY NUMBER OF LIVING CHILDREN AND TYPE OF SERVICE OUTLETS DISTRICT JHELUM, 1998-99

Number of Living Children	Health Department	Population Welfare Department	Total
No child	17.0	1.7	8.4
1	15.9	7.5	11.2
2	15.9	20.0	18.2
3	15.7	21.9	19.2
4	14.4	22.3	18.8
5	8.8	14.3	11.9
6	5:7	6.6	6.2
7	3.7	3.4	3.5
8 and more	3.0	2.2	2.5
Total	100.0	100.0	100.0
Number of Clients	**1341**	**1718**	**3509**
Mean of Living Children	**2.82**	**3.56**	**3.24**

Source: RHCC, 1998-99

5.1.4 Duration of Accepting Family Planning after last Delivery

The acceptance of family planning methods after last delivery indicates that majority of clients (35 percent) accepted family planning after 10 weeks of the last delivery. Only 16 percent indicate accepting family planning within 10 weeks of the last delivery (Table 5.4).

TABLE 5.4

PERCENT DISTRIBUTION OF CLIENTS WHO ACCEPTED FAMILY PLANNING AFTER LAST DELIVERY BY TIME DURATION AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Duration of Accepting Family Planning	Urban	Rural	Total
Non User	37.1	60.0	48.9
Within 6 weeks	11.0	14.1	12.6
During 6-10 Weeks	4.6	3.0	3.8
After 10 Weeks	47.3	22.9	34.7
Total	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

5.1.5 Infertility

A woman was considered infertile if she is living with her husband, has had no birth for two years after marriage or last birth, and also not using any contraceptive. This is an important information not collected earlier either through service statistics or cross sectional surveys. It is found that 13 percent of the clients were infertile, with 15 percent belonging to urban and 10 percent to rural area. Only 2 percent clients were referred for treatment. The referral is found higher in rural area (3 percent) while it is negligible in urban area (1 percent). There is need to pay more attention to such clients in both urban and rural areas. The provision for treatment and referral also need to be improved (Table 5.5).

TABLE 5.5

PERCENTAGE OF CLIENTS BY INFERTILITY AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99.

In-fertility	Urban	Rural	Total
In-fertile Client	14.60	10.06	12.26
In-fertile Client Referred	0.95	3.04	2.03
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

5.1.6 Desire for Children

Desire for more children is an important indicator which should be known to service providers for both reproductive health and family planning components. This information is not collected through existing service statistics. Hence information collected through RHCC has been analysed and presented in Table 5.6. There are 58 percent clients who wanted no more children, with 60 percent in urban area and 56 percent in rural area. The desire for sons has been noted prominently (12 percent) both in urban and rural areas, compared to desire for daughters (5 percent). The information collected through RHCC highlights a preference and desire for male children in Pakistani Society as wàs also noted in several earlier cross sectional sample surveys undertaken in Pakistan.

TABLE 5.6

PERCENT DISTRIBUTION OF CLIENTS BY DESIRE FOR CHILDREN AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Desire for children	Urban	Rural	Total
Want No More	59.9	55.9	57.9
Only Sons	12.8	10.4	11.6
Only Daughters	5.1	4.4	4.8
Want Both	22.1	29.2	25.8
Total	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

5.1.7 Place and Attendance of Last Delivery

It is found that majority of last deliveries occurred at home (69 percent) and only 23 percent of the deliveries were in Health Centre/Hospitals/Clinics. It is also noted that a large number of deliveries occurred at home even in urban areas, which infact requires attention of policy makers and service providers (Table 5.7). The clients are either not sure about the quality of services provided by Hospitals/Clinics for deliveries or they are not motivated about the advantages of having deliveries in Hospitals/Clinics. It is also possible that services are either not available or, where available, not affordable.

It is also observed from Table 5.7 that only 11 percent deliveries were attended by Doctors and 14 percent by Lady Health Visitors (LHVs). Majority of the deliveries were attended by Traditional Birth

Attendants and other un-trained persons.

TABLE 5.7

PERCENT DISTRIBUTION OF CLIENTS BY PLACE AND WHO ATTENDED LAST DELIVERY AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Place and attendant of last Delivery	Urban	Rural	Total
A Place Last Delivery			
Home	76.1	61.3	68.5
Health Dept. Centre	6.9	12.7	9.9
Other Hospital/Clinic	14.7	11.7	13.2
No Live birth	2.2	14.2	8.4
B Person Who Attended Last Delivery			
Doctor	12.2	9.8	11.0
LHV	13.0	15.1	14.1
Mid wife	12.7	13.4	13.0
Trained TBA	39.1	32.2	35.5
Un-Trained Person	20.8	15.3	17.9
No Live birth	2.2	14.2	8.4
Total	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

5.1.8 Abortion

Abortion is illegal in Pakistan and is only allowed if there is a risk to the life of the mother and child. Unfortunately, no authentic data on this indicator is available from any source in Pakistan. Through RHCC, a valuable information on abortion has been obtained. It is noted that 83 percent of the clients did not have any abortion. In other words, only 17 percent of the clients have had abortions (Table 5.8a). It is observed that 11 percent of the clients have undergone one abortion, 4 percent two abortions, and 1 percent three abortions while there are only few cases of 4 to 6 abortions. There are visible indications that occurrence of abortion is more prevalent in rural area compared to urban.

It is also evident that more abortions have occurred to clients who visited outlets of the health departments, compared to clients who visited outlets of the population welfare department (Table 5.8b). Twenty five percent abortions occurred to clients visiting outlets of the health department, compared to 11 percent of clients visiting outlets of the population welfare department. The clients, presumably,

preferred outlets of the health department for treatment of RH/FP problems.

TABLE 5.8 a

PERCENT DISTRIBUTION OF CLIENTS BY NUMBER OF ABORTION AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Number of Abortions	Urban	Rural	Total
No Abortion	86.9	78.4	82.5
1	8.7	13.8	11.3
2	2.7	4.9	3.8
3	0.8	1.8	1.3
4	0.4	0.6	0.5
5	0.3	0.3	0.3
6+	0.1	0.4	0.3
Total	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

TABLE 5.8 b

PERCENT DISTRIBUTION OF CLIENTS BY NUMBER OF ABORTIONS AND TYPE OF SERVICE OUTLETS, DISTRICT JHELUM, 1998-99

Number of Abortions	Health Department	Population Welfare Department	Total
No Abortion	74.6	88.6	82.5
1	16.0	7.7	11.3
2	5.4	2.6	3.8
3	2.2	0.6	1.3
4	0.8	0.2	0.5
5	0.4	0.2	0.3
6+	0.5	0.1	0.3
Total	100.0	100.0	100.0
Number of Clients	**1341**	**1718**	**3059**

Source: RHCC, 1998-99

5.1.9 Breast Examination and Its Symptoms

The clients visiting outlets of the health and population welfare departments got their breast examination. Data thus collected is presented in table 5.9 alongwith symptoms. Overall, it has been found that 3.6 percent clients have abnormal symptoms of breast with almost equal distribution between urban and rural areas. In other words, 96.4 percent clients in the study area have normal breasts.

TABLE 5.9

PERCENTAGE OF CLIENTS BY BREAST EXAMINATION, ITS SYMPTOMS AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Symptoms	Urban	Rural	Total
a. Shape of Nipple			
i. Inverted	0.3	1.8	1.1
ii. Retracted	0.1	0.4	0.3
iii. Small	2.0	0.6	1.3
b. Cracked Nipple	1.7	1.2	1.4
c. Breast Abscess	0.3	0.4	0.4
d. Lump Breast	0.3	0.6	0.5
e. Breast Abnormal	3.7	3.6	3.6
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

5.1.10 Reproductive Tract Infections (RTIs)

Efforts were made to obtain information about clients by symptoms of Reproductive Tract Infections (RTIs) and information in this regard is presented in Table 5.10a, 5.10b and 5.10c. Table 5.10a indicates specific symptom of RTIs by place of residence. It is noted that back pain has been reported as the highest proportion symptom (33 percent), with 41 percent in urban and 26 percent in rural areas. This is followed by vaginal discharge/bleeding (18 percent) with almost similar distribution of clients in urban and rural areas.

TABLE 5.10 a

PERCENTAGE OF CLIENTS BY SPECIFIC SYMPTOMS OF REPRODUCTIVE TRACT INFECTIONS (RTIS) AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Specific Symptoms of RTIs	Urban	Rural	Total
Vaginal Discharge/Bleeding	18.5	17.4	17.9
Colour of Discharge	10.6	10.8	10.7
Smell of Discharge	12.3	10.3	11.2
Back Pain	41.4	25.5	33.2
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

TABLE 5.10 b

PERCENT DISTRIBUTION OF CLIENTS BY ANY SYMPTOMS OF REPRODUCTIVE TRACT INFECTIONS (RTIS) AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Any Symptoms of RTIs	Urban	Rural	Total
None	53.3	68.7	61.3
Any One	29.4	15.6	22.3
Any Two	4.9	531	5.0
Any Three	5.9	3.9	4.9
All of Four	6.4	6.6	6.5
Total	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

Table 5.10b indicates that 39 percent of clients have atleast one or more symptoms of RTIs. The suspected cases of RTIs were 16 percent, out of which only 7 percent were referred for further examination (Table 5.10c). The high proportion of suspected cases of RTIs need attention of policy makers and service providers of reproductive health services.

TABLE 5.10 c

PERCENTAGE OF SUSPECTED CLIENTS OF REPRODUCTIVE TRACT INFECTIONS (RTIS) AND WHO WERE REFERRED FOR TREATMENT BY PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

RTIs Cases	Urban	Rural	Total
Suspected	17.3	15.6	16.4
Referred	7.7	6.3	7.0
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

5.1.11 Sexually Transmitted Diseases (STDs)

Detailed information has been obtained on this indicator through RHCC. Since it is not possible for majority of women in Pakistan to identify by themselves symptoms of STDs, the information had to be collected through service providers regarding clients who visited the facility. Hence, it is a diagnostic sort of information as presented in Tables 5.11a, 5.11b and 5.11c. It may be noted from Table 5.11a that the highest occurrence of STDs symptoms has been 'Repeated Infection' (3.4 percent), followed by frequent micturition and fever (2.9 percent), burning micturition, (1.9 percent), skin rash (1.7 percent) and Chronic Cough (1.6 percent).

TABLE 5.11 a

PERCENTAGE OF CLIENTS BY SPECIFIC SYMPTOMS OF SEXUALLY TRANSMITTED DISEASES (STDS) AND PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Specific Symptoms of STDs	Urban	Rural	Total
History. Blood Transfusion	0.7	1.6	1.2
Weight Loss	0.5	2.0	1.3
Discharge per Urethra	0.9	1.3	1.1
Burning Micturition	1.6	2.2	1.9
Frequent Micturition	2.7	3.1	2.9
Repeated Infection	2.3	4.1	3.4
Chronic Cough	2.3	0.9	1.6
Fever	4.8	1.1	2.9
Skin rash	1.8	1.7	1.7
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

TABLE 5.11 b

PERCENT DISTRIBUTION OF CLIENTS WHO HAD ANY SYMPTOMS OF SEXUALLY TRANSMITTED DISEASES (STDS) BY PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

Any Symptoms of STDs	Urban	Rural	Total
None	87.6	90.6	89.1
Any One	8.2	5.7	6.9
Ant Two	3.4	1.6	2.5
Any Three	0.5	1.0	0.8
Any Four	0.1	0.6	0.4
Any Five	0.1	0.3	0.2
Any Six	0.1	--	--
Any Eight	--	0.1	0.1
All Nine	--	0.1	0.1
TOTAL	100.0	100.0	100.0
Number of Clients	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

Around 11 percent of clients had at least one or more symptoms of STDs with slightly higher proportion in urban areas, compared to rural areas (Table 5.11b).

From a total of 3059 clients who visited outlets of health and population welfare departments, only 10 cases (0.33 percent) of STDs, with eight from rural area and two from urban areas, were noted. Out of these ten, eight cases were referred for further examination (Table 5.11c).

TABLE 5.11 c

PERCENTAGE OF SUSPECTED CLIENTS OF SEXUALLY TRANSMITTED DISEASES (STDS) AND WHO WERE REFERRED FOR EXAMINATION BY PLACE OF RESIDENCE, DISTRICT JHELUM, 1998-99

STDs Cases	Urban	Rural	Total
Suspected	0.14	0.51	0.33
Referred	0.14	0.38	0.26
NUMBER OF CLIENTS	**1479**	**1580**	**3059**

Source: RHCC, 1998-99

Table 5.11d contains information of STDs and RTIs symptoms. It is pertinent to note that 59 percent of the clients have no symptoms either of STDs or RTIs. There are 6 cases suspected of having both STDs and RTIs. (Table 5.11d).

TABLE 5.11 d

PERCENT DISTRIBUTION OF CLIENTS WHO HAVE SYMPTOMS OF REPRODUCTIVE TRACT INFECTIONS (RTIS) BY SYMPTOMS OF SEXUALLY TRANSMITTED DISEASES (STDS), DISTRICT JHELUM, 1998-99

Sexually Transmitted Diseases	Reproductive Tract Infections			
	None	Any One	Two & Plus	Total
None	59.2	19.5	10.3	89.1
	(1812)	(598)	(316)	(2726)
Any one	1.6	2.3	3.0	6.9
	(49)	(69)	(93)	(211)
Any two	0.3	0.3	1.8	2.5
	(10)	(10)	(56)	(76)
Any three	0.03	0.1	0.7	0.8
	(1)	(2)	(21)	(24)
Any four	--	0.03	0.4	0.4
	--	(1)	(11)	(12)
Five & plus	0.1	0.1	0.2	0.3
	(2)	(2)	(6)	(10)
Total	61.3	22.3	16.4	100.0
	(1874)	**(682)**	**(503)**	**(3059)**

Source: RHCC, 1998-99

The information on reproductive health indicators is very important and should be collected through routine service statistics. The availability of this information would help the programme managers to order their priorities and determine the directions of the reproductive health programmes in the area accordingly. Timely availability of this information would also help in meeting needs of the individuals for reproductive health and family planning in more efficient and effective manner.

5.2 Findings from Quick Count Survey

A quick count cross sectional sample survey was undertaken during May - June, 1999 covering both urban and rural areas from the study area. Under this survey, 633 currently married women (CMW) age 15-49 years were interviewed with 66 percent from rural area and 34 percent from urban area. The detail about the design and findings of the survey are at Annexure X. Main findings from the quick count survey on reproductive health/family planning indicators of currently married women age 15-49 are presented in table 5.12.

5.2.1 Background Characteristics

Background characteristics of CMW aged 15-49 years indicate young age structure (mean age 32.5 years), high fertility (TFR 5.4 children) and low level of education (secondary and above, 7.3).

5.2.2. In-Fertility

Knowledge about in-fertility is not universal, as over one-fourth (28 percent) women are not sure that a woman can be in-fertile. There are 59 percent women who indicated that in-fertility is treatable and 52 percent of them knew the place for treatment of in-fertility. These figures call for expansion of outlets of reproductive health services in the community.

5.2.3 Place and Attendant of last Delivery

Most of the deliveries (60 percent) were reported to have occurred at home, with 63 percent in rural area and 55 percent in urban area. Similarly, most of the deliveries were not attended by trained medical doctors. A large number of women (17 percent) reported facing complications during their last deliveries.

5.2.4 Abortion

Over one third of women had no knowledge about the fact that a pregnancy can be aborted if mother's health is in danger and this proportion is high in rural area (39 percent). Similarly, nearly one third of women knew of any side effect of abortion.

5.2.5 Breast Feeding

Twenty four percent women have reported starting breast-feeding immediately after the birth of a child. There were 37 percent women who started breast feeding the child after one or few days of birth. A reasonable magnitude (5 percent) of women never resorted to breast feeding to their last children and the pattern is almost similar in urban and rural areas. It appears that there is a need for more motivation through mass media and interpersonal communication for advocating advantages of breast-feeding.

5.2.6 Immunization

It is encouraging that immunization against six diseases to their last born children have been reported by a fairly large proportion of women (77-92 percent) with almost similar coverage in urban and rural areas.

Over one forth women have reported having no vaccination against tetanus toxoid. This also indicates that in Pakistani society women are not much concerned about their own health, but do care for their children.

5.2.7 Pre-natal and Post-natal Health Care

It is found that about half of women received pre-natal care, compared to about one-fourth women who received postnatal care. Both Government Hospitals and Private Hospitals/Clinics were visited by women seeking pre-natal or post-natal health care. About one third of women paid only two visits for pre-natal or post-natal health care. A reasonable proportion of women (21 percent) made three visits while very few women paid more than four visits for pre-natal or post natal health care.

5.2.8 Breast Cancer

The knowledge of breast cancer is significantly high among women (82 percent) in the study area. About 12 percent women have reported finding any growth in their breast. However, prevalence of breast cancer is almost negligible in the study area.

5.2.9 Reproductive Tract Infections (RTIs)

It is encouraging to find that knowledge about any symptom of Reproductive Tract Infections (RTIs) is quite high (86 percent) among currently married women. Specific knowledge of various symptoms of RTIs is also reasonably high, ranging from 73 to 90 percent. Around half of women reported experiencing back pain as the most common symptom of RTIs, followed by hip pain by one-third women and vaginal discharge/bleeding by one fourth of women. Majority of women knew the place for treatment of RTIs both in urban and rural areas. Another encouraging sign is that a large proportion of women (78 percent) have discussed with their husbands about problems of RTIs.

5.2.10 Sexually Transmitted Diseases (STDs)

Questions were asked about Sexually Transmitted Diseases (STDs) to currently married women and it was found that nearly half of them had no knowledge about this problem. Nearly one third of women knew any symptoms of STDs. When asked about experiencing any symptoms of STDs, it was reported that hip pain was experienced by 33 percent women, followed by burning micturition (9 percent), weight loss (7 percent), and discharge through vaginal (6 percent). Reasonably high proportion (87 percent) of women discussed about problem of STDs with their husbands.

5.2.11 Hepatitis

Knowledge about Hepatitis A, B and C is fairly high among women. Knowledge about Hepatitis A is around 85 percent, compared to 57 percent in case of Hepatitis B and C.

5.2.12 Knowledge and Use of Family Planning Methods

Knowledge of any family planning method among currently married women age 15-49 years is 94 percent with almost similar distribution in urban and rural areas.

The ever use of any family planning method is 42 percent with 55 percent in urban and 35 percent in rural areas. The current use of any family planning method is 25 percent with 35 percent in urban and 20 percent in rural areas. The current use of traditional methods is around 3 percent. It is interesting to note that knowledge and prevalence of contraceptive methods in the study area is almost of the same level as found in the Pakistan Fertility and Family Planning Survey during 1996-97. Hence, as at the national level, there is also wide gap between knowledge and practice in the study area.

The never users have indicated desire for more children (32 percent), husband's opposition (8 percent), lack of knowledge (5 percent) and religious opposition (4 percent) as main reasons for not using family planning methods.

5.2.13 Coverage

Around 40 percent women reported visit at home by workers of population welfare and health departments. Those who have visited homes, 60 percent of them discussed about family planning.

Only 31 percent of women have reported visiting any facility of health and population welfare programmes during the last 12 months. The main reason for women visiting any Hospital/Clinic facility was that either the child or they themselves were sick (76 percent). Only 18 percent visited a facility for family planning and even a lesser percentage -8- women reported visiting any health facility for ante-natal check up.

It was reported that one-third staff members discussed family planning with women when they visited the facility. It is encouraging to note that around 83 percent service providers did explain methods to women while only 9 percent did not do so.

TABLE 5.12

MAIN FINDINGS OF REPRODUCTIVE HEALTH AND FAMILY PLANNING INDICATORS OF CURRENTLY MARRIED WOMEN AGE 15-49 YEARS, DISTRICT JHELUM, 1999

INDICATORS	Urban	Rural	Total
BACKGROUND			
Mean Age	32.6	32.5	32.5
Not Educated (%)	20.2	22.2	21.5
Secondary and above (%)	11.0	5.3	7.3
FERTILITY			
Mean of Living Children	3.4	3.1	3.2
Total Fertility Rate (TFR)	5.0	5.7	5.4
INFERTILITY			
Not Sure About Infertility (%)	24.8	30.1	28.3
Infertility is Treatable (%)	62.4	56.9	58.8
Knew Place for Treatment (%)	55.4	50.2	52.0
MOTHER AND CHILD HEALTH			
Pregnancy Attended by Doctor (%)	59.2	46.9	51.3
Delivery Attended by Doctor (%)	40.0	30.3	33.8
Delivery Occurred at Home (%)	54.9	62.6	59.9
Complications During Delivery (%)	24.1	12.6	16.7
Not Vaccinated for Tetanus Toxoid (%)	19.5	30.3	26.4
Received Pre-natal Care (%)	61.0	47.1	52.0
Received Post-natal Care (%)	39.5	22.7	28.6
ABORTION			
Knowledge of Abortion (%)	72.9	61.0	65.1
Knowledge of Abortion's Side-effects (%)	31.7	33.7	33.0
BREAST-FEEDING(Starting Time)			
Immediately after Birth (%)	22.1	24.6	23.7
After Few Hours (%)	39.0	31.9	34.4
After One or Few Days (%)	33.8	38.6	36.9
Never Breast Fed (%)	5.1	4.8	4.9

INDICATORS	Urban	Rural	Total
REPRODUCTIVE TRACT INFECTIONS (%)			
Knowledge of RTIs	83.5	87.9	86.4
Suspected Cases of RTIs	40.7	44.4	43.1
SEXUALLY TRANSMITTED DISEASES (%)			
Knowledge of STDs	53.2	55.2	54.5
Suspected Cases of STDs	2.6	4.4	3.8
HEPATITIS (%)			
Knowledge of Hepatitis B &C	54.6	58.6	57.2
FAMILY PLANNING METHODS (%)			
Knowledge	95.4	93.3	94.0
Ever Use of Any Method	55.0	35.2	42.0
Current Use of Any Method	34.9	19.5	24.8
1. Pill	4.1	1.9	2.7
2. IUD	5.5	3.1	3.9
3. Injection	3.7	1.2	2.1
4. Female Sterilization	7.8	4.8	5.8
5. Condom	11.5	4.8	7.1
6. Any Traditional Method	2.3	3.6	3.2
Main Reasons for Never Use (%)			
1. Wants (More) Children	27.6	34.2	32.4
2. Husband Opposed	7.1	8.6	8.2
3. Fear of Side-effects	7.2	4.5	5.2
4. Lack of Knowledge	3.1	5.2	4.6
5. Religion Opposes FP	4.1	4.1	4.1
QUALITY AND COVERAGE OF SERVICES (%)			
Worker Visited at Home	38.1	41.2	40.1
Worker Discussed FP with Women	60.2	60.2	60.2
Mean Number of Visits	5.8	6.8	6.4

INDICATORS	Urban	Rural	Total
Women Visited the Facility	22.0	34.9	30.5
Women Visited for Mother and Child Health Care	60.4	80.7	75.6
Women Visited for Family Planning	25.0	15.2	17.6
Women visited for Ant-natal Checkup	10.4	7.6	8.3
Service Providers Discussed with Women	43.8	31.7	34.7
Explained Service Providers Methods	77.5	84.5	82.7
Number of Women	218	415	633

Source: QCS, 1999

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

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Pakistan has one of the oldest family planning programme, in Asia and Pacific Region. Although in existence for about 35 years, it has not been able to achieve the desired level of success in the area of reproductive health and family planning. Even, the health programme run by the Ministry of Health side by side with the Population Welfare Programme has not fully addressed the issues of reproductive health in Pakistan. Among other factors, lack of proper monitoring and supervision are the major factors for not achieving the desired goals in the area of reproductive health (RH) and family planning (FP).

For the success of any programme, particularly that dealing with RH and FP, a reliable system of monitoring and evaluation is an absolute must. And if it lacks in effectiveness, there is need to strengthen it. With this in view, Pakistan and six other countries of the ESCAP region, undertook and experimented a project called "Strengthening Monitoring and Evaluation Systems for Measuring the progress of Reproductive Health and Family Planning Programme". Under this project, a thorough study of the existing system of monitoring and evaluation was carried out and a detailed review of existing indicators of RH/FP was also undertaken.

It was observed that information pertaining to several indicators of RH/FP was not being collected by the programme though it should be gathered in the light of ICPD, 1994. Hence additional indicators, covering the following, were identified to be collected:

(i) Number of living children (Male/Female);

(ii) Age of the youngest child;

(iii) Acceptance of family planning after delivery;

(iv) Infertile client;

(v) Reproductive Intentions;

(vi) Pregnancy history; outcome of last delivery; place of delivery; person attending delivery;

(vii) Breast examination;

(viii) Reproductive Tract Infections (RTIs); suspected and referred clients;. and

(ix) Sexually Transmitted Diseases (STDs); suspected and referred clients.

For this purpose, a one page pre-coded format "Reproductive Health Client Card (RHCC)" for collecting the above information, not covered in the existing client record card of service statistics, was designed. For collecting data on this format, an experimental area of district Jhelum having both urban and rural population, was selected in consultation with the federal and provincial population welfare and health departments. The managers, supervisors and the service providers of the project area were imparted training before introducing the format. Fieldwork of this project was started soon after the training, that is, by mid June 1998. Data from 34 health and family planning service outlets was collected through the Reproductive Health Client Card (RHCC) which was placed both in family planning and health service outlets. The service providers of both health and population welfare obtained information from female clients visiting their service outlets and provided the same to the project staff of NIPS on their visits. The information thus collected from 3059 currently married women has been analyzed and presented in this report.

A quick count cross sectional sample survey was also undertaken covering both urban and rural segments of the study area. Under this survey, 633 currently married women age 15-49 years were interviewed and information obtained about, among other indicators, the above stated additional RH/FP indicators. This methodology of data collection has proved useful to supplement the service statistics. Data obtained through sample survey has also been analysed and presented in the report.

The two sources of information have helped in generating a set of indicators useful for monitoring and evaluation of the performance of reproductive health and family planning programmes in Pakistan. It is safe to conclude that through the same methodology (i.e. service statistics as well as cross sectional survey) information on the additional indicators can be obtained from other areas of Pakistan as well with, of course, requisite training of service providers and proper monitoring and supervision.

6.1 Lessons Learnt

6.1.1 The Indicators of RH/ FP

It has been observed that few indicators can be collected through different methodologies. There is need to adopt simple method of collecting information. Some compound indicators are very complex in their construction and data needs. Therefore such methods should be used as may make it easy to construct, understand or interpret the indicator. In some cases, an indicator may not be so straight forward to calculate, for example expectation of life at birth and sex ratio. Such indicators should be paid special attention.

Through prevalent systems, only partial and fragmented information is collected on reproductive health by ministries of health, population welfare, and other organizations. For fuller and integrated information, the systems need to be amended. The Management Information Systems maintained by the ministries of health and population welfare provide a wide range of inputs that could be tapped for the construction of indicators. It is essential, therefore, that a review of these systems be undertaken as a preliminary step in defining indicators appropriate for a particular programme and setting up procedures for collecting, processing and assembling relevant data.

6.1.2 The New Client Format

During the data collection process, it was observed that the clients were reluctant to provide information about sensitive questions like, breast examination, reproductive tract infections (RTIs) and sexually transmitted diseases (STDs). The clients were apprised about the usefulness of the information and it was explained to them that it was essential for their own health and well being. This proved helpful in convincing them to provide the requisite information. Initially, efforts were also made to obtain from the clients information on history of contact about STDs but it was found difficult to obtain and was therefore dropped from the RHCC after receiving feed back from the service providers.

6.1.3 The Service Outlets and the Supplies

NIPS supervisory team frequently visited service outlets to check progress of the project and to examine the client cards filled by the service providers. Necessary on job training and guidelines were provided for removing any doubts and clarifications. This was considered particularly important at the initial stages of the implementation of the project. It is, therefore, essential that required supervision is ensured, at least, at the initial stages of such projects.

In the field area, many family welfare centres (FWCs) were found situated at isolated places and service providers (FWWs) were not local residents. Therefore, specially in rainy seasons and extreme weathers, the service providers were found absent from the center. This did not only adversely affect her performance but also undermined reporting and recording of events. Even on normal days, late coming was noticed, mainly due to the fact that particularly in villages, there was a transport problem. Clients and patients usually have to stay at the center from 08.00 a.m. to 12.00 noon, waiting for the Lady Health Visitor (LHV), doctor or incharge of the centers who comes late. The inconvenience thus caused shattered the confidence of the clients. The casual attitude of LHVs also undermined the confidence of clients and created bad impression about the centre.

Many service outlets faced shortage of medicines, stationary and printed forms for recording and reporting.

In the absence of qualified medical doctor some of the BHUs were being run by the medical technicians (Males). Although some of them have established good reputation in the local community, yet it affects quality of services provided to the clients as well as the reliability and validity of the information reported.

The Family Welfare Workers (FWW) of Family Welfare Centers (FWC) and the Lady Health Visitors (LHV) of Basic Health Units (BHU) had to be taken into confidence to report the actual number of clients and it was found that the FWCs in particular over report the clients, because they have to achieve the given target of atleast 100 clients per month. Such over reporting of service statistics is one of the serious problems of service outlets needing special attention and remedial measures.

Due to limited staff and load of work at BHU, filling of RHCC was affected. Specially in BHU, the LHV was found careless in filling the age of the client and did not probe to find the exact age. At the service outlets, record keeping was found poor, addresses of clients were incomplete, dropout of clients were not followed, over reporting by staff was usual and absenteeism on the part of staff was frequent.

Supervisory staff was also found to be taking little interest in supervising and monitoring the performance of staff and supplies of medicines and contraceptives were also found to be irregular in some cases.

There was also duplication of services by health and population programmes. For strengthening the monitoring, District Health Officer (DHO) and District Population Welfare Officer (DPWO) staff should collaborate so as to avoid duplication and overlapping of services.

6.2 Recommendations

6.2.1 Monitoring and Evaluation System

The collection of information on additional RH/FP indicators would require additional resources as more training of service providers is needed at the grass roots levels. Allocation of optimum resources (financial as well as others) would help to monitor progress towards improving the outcomes of RH/FP programmes.

There is a need for more technical inputs to improve the service statistics and Management Information System (MIS) for programme planning and monitoring at local levels. The required inputs include the development of manuals, data processing systems, standardization of concepts and definitions, improvement of local survey conducting capabilities, and the training of local staff in necessary data analysis skills as well as the use of data for programme management and policy formulation. Efforts have to be initiated to develop input and process indicators and measures, particularly for capturing the quality of care services.

The lack of coordination, non-accessibility to data sets and non-involvement of potential users of these surveys often lead to a limited use of the data for programme planning, development and monitoring.

For example, the ministries of population welfare and health may not be involved in a population or health related survey carried out by the Federal Bureau of Statistics and hence may not appreciate the potential usefulness of the data. This may be due to the lack of skilled data analysts and/or data accessibility.

The existing system comprising service statistics, census, sample surveys and other reporting system such as administrative records is not fully equipped or effective enough to cope easily with the new demands for informations. Besides the usual problems of coverage, frequency, timeliness, disaggregation and consistency of available data, a major deficiency of the existing system lies in its designs. The current management information systems are designed mainly to collect and report fragmented service statistics, such as number of clients served and their selected characteristics, type of services provided etc., and are not geared for providing comprehensive and integrated health services to the target population. The shift from merely monitoring the services to meeting the clients' needs would require a systematic rethinking about the design of the information base. The changing nature of the demand for data, and the increasing cost of data collection, analysis and dissemination add a new dimension to the problem which need to be taken up seriously.

6.2.2 The Indicators of RH/FP

Responsibility for maintaining reliable sources for the construction of the indicators lies with the programme manager. In the design stage of the project, it will be necessary to undertake a review of existing sources and their deficiencies. Many sources are of potential value but are likely to need strengthening to provide the required indicators for programme management. Where cooperation with other government department or NGOs is possible, a clear programme is needed, setting out the steps to be taken to improve statistical infrastructure in the programme areas.

The new emphasis on process indicators for family planning and reproductive health programme, sub-programme and component project management has important data collection implications. It entails fully integrating the implications of data collection in programme and project design. It also entails not only the strengthening of existing administrative and health sources, but going beyond the traditional data sources used for the well defined macro level outcome indicators and establishing new ones. There will, of course, have to be a balance between consideration of the needs for indicators and the technical and

cost constraints. Inevitably, the collection and processing of reasonable quality and timely data required for the indicators will have a cost. But if they lead to more effective programme, sub programme and component project delivery, it will be a price well worth paying.

While identifying and adopting various RH/FP indicators, focus should be placed first on those indicators which provide easily measurable trends. In the field of population welfare, there are several indicators which have been tested widely to measure and monitor family planning performance in the form of contraceptives distributed and sold, number of acceptors method-wise, contraceptive continuation and prevalence rates and drop out rates, etc. However, much is needed in the field of reproductive health service statistics, official administrative records and statistics, survey results etc., which can help in the identification, gathering and adoption of required indicators. These indicators are required to assess changes relating to various programme inputs, outputs and outcomes that ultimately indicate the impact of the programme in terms of fertility and mortality reduction etc.

Devising good indicators of quality is difficult. At least indicators must provide reliable, objective, and relevant information about important issues; they must be sensitive to changes in performance; and they must be easy to calculate with available data. The additional indicators suggested under the project are recommended for adoption by both health and population welfare programmes.

6.2.3 Data Collection Systems

A good monitoring and evaluation system should be founded on the following essential requirements and principles :

i) The system should be simple to understand, easy to implement and functional;

ii) It should be designed to serve programme needs and emphasis should be on grass root performance, evaluation and accountability;

iii) The system should be relevant to RH/FP policies and should provide basic information to policy makers and programme managers;

iv) It should be flexible enough to adjust to programme changes but robust enough to generate good quality statistics;

v) It should not only serve as a viable check and balance system but should also help to develop an environment conducive to improving programme personnel commitment and motivation; and

vi) It should be made relevant by producing timely outputs on a regular basis.

There is need to strengthen collaboration of data collection between various organizations in the country. Several organizations, such as Federal Bureau of Statistics (FBS), Ministry of Health, Population Welfare, NIPS, PMRC need to coordinate with each other in data gathering. The data generated at the service delivery points (SDPs) should increasingly become an important source of information. The integration of service statistics systems into a comprehensive client/household based MIS needs to be strengthened and institutionalized to provide the much needed information for monitoring and evaluation. Extra efforts will have to be made to rationalize and integrate management information systems into a comprehensive information source for continuous programme monitoring at all levels.

The additional format (RHCC) devised under the project may be merged and unified by both Ministries of Population Welfare and Health in their existing data collection systems. Functional integration of both Ministries is also recommended as both the programmes in Pakistan are operating independently.

Sample surveys are increasingly becoming an integral part of national statistical system. They are an important tool for obtaining a vast array of critical demographic, socio – economic and health data for carrying out in-depth analyses. Survey findings had assisted policy makers to obtain the necessary insights into determinants, consequences and interlinkages among variables. Sample surveys can similarly be used not only to construct indictors but also to interpret and explain them. As such, there is also need to build a mechanism to undertake sample surveys at local levels, may be at district, divisional or provincial levels.

Pakistan Demographic Health Survey (PDHS) 1990-91; Pakistan Contraceptive Prevalence Surveys (PCPS) 1984-85 and 1994-95; Pakistan Fertility and Family Planning Survey (PFFPS) 1996-97; and other type of such surveys are examples of comprehensive national level surveys which provide in one data set wide range of information directly useful for policy intervention, especially in some particular aspects of reproductive health based on interviewing. Multi round of such surveys could potentially serve as a major tool for monitoring and evaluation purposes.

6.2.4 The Staff of Service Outlet

In view of the broad scope of RH/FP services proposed in the ICPD – POA and of service providers, the need for improving the quality of care and services, there is an urgent need to make training broad-based to include all emerging issues and concepts in respect of expanded RH/FP programme activities. It is also essential that adequate training be given before implementing a new system and, if possible, to involve the managers and field workers in designing such a system. Their involvement can help to ensure effective local level implementation. Such an effort has proved successful and produced good results in the project area.

FWC staff should not over report the clients simply to meet the target which is at present 100 clients per month. It is recommended that actual position of the clients should be monitored by the programme managers then a reasonable target should be fixed.

6.3 Utilization of Data and Scope for Expansion

Like many other developing countries, in Pakistan too, the exiting national health related data collection system and its processing and analysis suffers in quality and coverage. Hence, there is need to improve and strengthen the capacity to overcome the shortcomings so that more effective monitoring and evaluation of RH/FP programme performance could be achieved. Moreover, following ICPD – POA, the role of family planning has been expanded to cover an area more complex and broader in scope and dimension than previously was the case. But the existing data systems do not provide adequate information for RH/FP monitoring and evaluation of programme performance and the quality of care services. Therefore, there is a clear need to establish a RH/FP information base and collect a minimum set of RH/FP status and programme indicators in a timely and cost effective way, so that programme performance may be monitored and evaluated properly and quickly. The RH/FP information base should cover such areas as follows:

- Some basic indicators of family planning (counseling and services);

- Maternal health such as maternal care and pregnancy outcome (prenatal and postnatal care);

- Accessibility and acceptability of RH/FP services;
- Quality of care;
- Reproductive tract infectious (RTIs);
- Sexually transmitted diseases (STDs) ;
- Infertility and selected socio economic and demographic variables depicting housing status and well being of the population at large.

Such an information base will provide an opportunity to the programme managers and national experts to look beyond narrow perceptions/views about the issues and help them plan and execute more effective programme management.

On the whole, the methodology of data collection adopted for this project has proved useful to supplement the service statistics. It has been observed that through service statistics as well as cross sectional survey, information on the additional indicators of RH/FP can be obtained from other areas of Pakistan as well. However, requisite training of service providers, their monitoring and supervision are the essential ingredients. The existing infrastructures of both health and population welfare can easily be readjusted and prevalent data collecting formats be modified without much extra financial burden to replicate and sustain the project nationally.

ANNEXURES

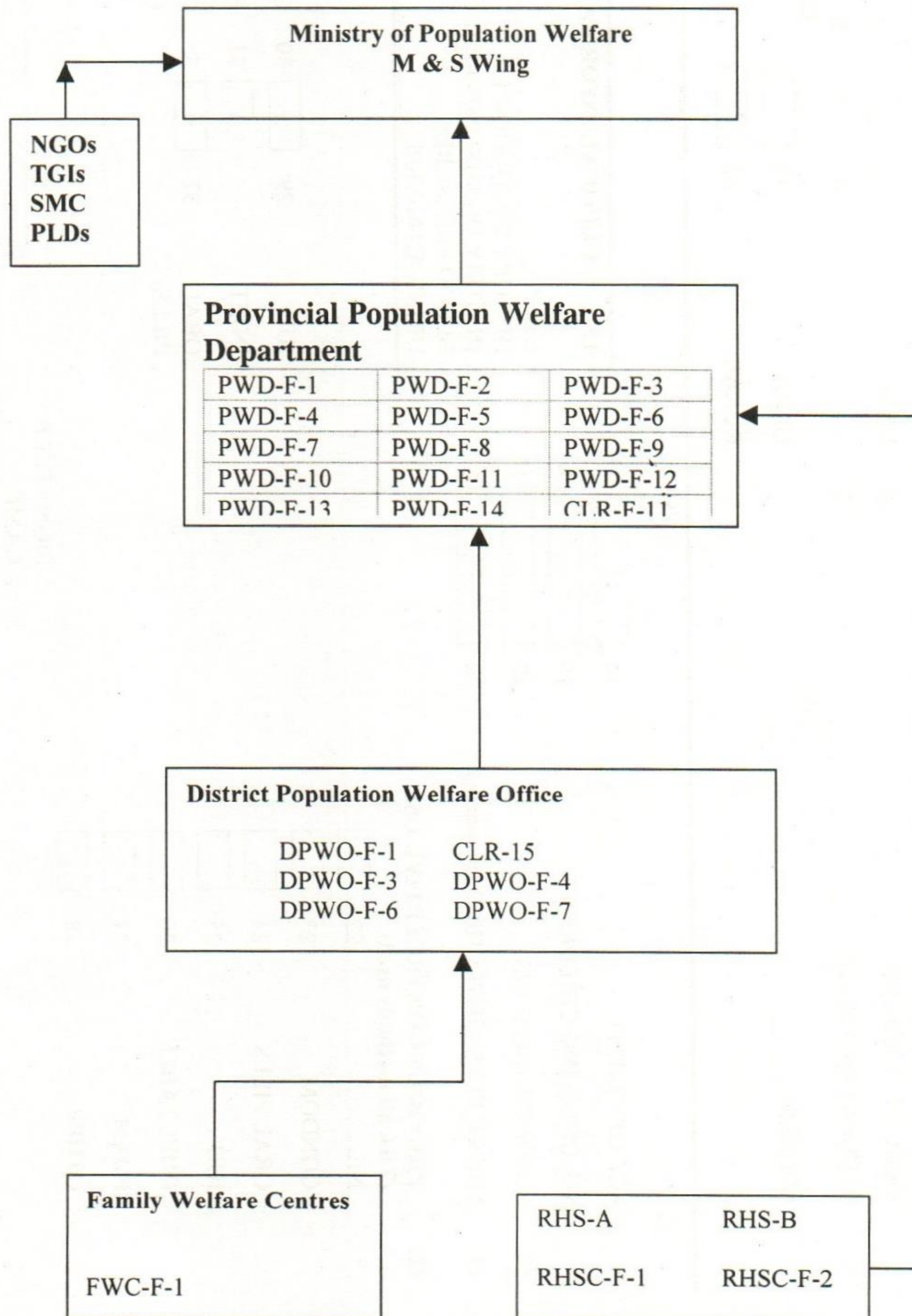
ANNEXURE A

Project Staff

Dr. Abdul Hakim	Study Director
Mr. Zafar Zahir	Principal Investigator
Mr. Shahid Munir	Field Coordinator
Mr. Shahid Hamid	Field Supervisor
Mr. Faateh-Ud-Din Ahmad	Computer Programmer
Mr. Muhammad Suba	Personal Assistant
Mr. Muhammad Sabir Tabassam	Stenographer

ANNEXURE-I

EXISTING FORMATS OF MANAGEMENT INFORMATION SYSTEM (MIS) OF MINISTRY OF POPULATION WELFARE, FOR POPULATION WELFARE PROGRAMME SERVICE OUTLETS



ANNEXURE-I (1)
FAMILY PLANNING CLIENT RECORD CARD

1 NAME OF CLIENT ____________

2 NAME OF HUSBAND ____________

3 OCCUPATION/CASTE ____________

4 ADDRESS ____________

5. CLIENT NO. 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

6 DATE 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] (Day, Month, Year)

7 URBAN 12 [ ]

RURAL 13 [ ]

---

8 AGE OF CLIENT 14 [ ][ ] 15

9 NO. OF LIVING CHILDREN 16 [ ][ ] 17

10 NO. OF LIVING SONS 18 [ ][ ] 19

11 AGE OF YOUNGEST CHILD (in month) 20 [ ][ ] 21

12. PREVIOUS CONTRCEPTIVE USE
(Tick all methods used)

NIL 22 [ ]

CONDOM 23 [ ]

ORAL PILLS 24 [ ]

IUD 25 [ ]

INJECTABLE 26 [ ]

FOAM 27 [ ]

OTHER 28 [ ]

13. CLINICAL INFORMATION

L.M.P. ____________

HISTORY FO JOUNDICE ____________

HISTORY OF THROMBO-PHELBITIS ____________

BLOOD PRESSURE ____________

URINE ANALYSIS ____________

IUD 29 [ ][ ] 30 CONDOM 34 [ ]

INJET [ ] 31 FOAM 35 [ ]

ORAL PILLS 32 [ ][ ] 3 OTHER (Specify) 36 [ ]

SIGNATURE ____________

NAME ____________

DESIGNATION ____________

DATE ____________

FOLLOW-UP INFORMATION

S. No.	Date of Visit	Purpose of Visit	Advice/ Treatment	Type & Quantity of Contraceptive Issued	Reason for Method Change	Signature of Incharge
1	2	3	4	5	6	9

ANNEXURE-I (2)

FAMILY WELFARE CENTRE
DAILY ATTENDANCE REGISTER CLIENTS/ PATIENTS

FAMILY PLANNING				FAMILY PLANNING								MCH					
Monthly Serial Number	Name of Client Wife of/Daughter of, complete address	Age of Client	No.of living Children	New/Old	Client No	Condom	O.P. (Cycles)	Foam (bottles)	IUD (Cu-T/LL)	Ingectable (does No)	C.S. (Ref.)	Ante Natal	Post Natal	Child	General/Ailments/ Complaints	Advice/treatment Name of medicine and quantity	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

ANNEXURE-II

EXISTING FORMATS OF MANAGEMENT INFORMATION SYSTEM (MIS) OF MINISTRY OF HEALTH FOR HEALTH PROGRAMME SERVICE OUTLETS

ANNEXURE-II (1)

FAMILY PLANNING REGISTER (FR5)

S. No.	Regd. Date	Name of Client	Case		Age	Sex		No. of Children	Contraceptive Method							Referral		Remarks
			New	Old		M	F		Condom	Foam	Pill	Inject.	IUD	Surgery	Other	Referred	Feedback Received	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

ANNEXURE-II (2)
MONTHLY REPORT

MONTHLY REPORT
For First Level Care Facilities

Month: [ ] Year: [ ]

1. INSTITUTION IDENTIFICATION

A. Identification No: [ ]

B. Institution Name:
C. Province
D. Division
E. District
F. Tehsil/Taluka

G. Union Council:

H. Incharge Name: I. Signature

2. POPULATION DATA

(From Population Chart)

J. Catchment Area Population [ ]

K. Expected Births this month (CA population/300): [ ]
(From Birth Register)

Number of Births Registered (2)		% of Expected Birth (2)/(1)	%
Number of Newborns weighed (3)		% of Births Registered (3)/(2)	%
Number of Low Birth Weight Babies (4)		% of Newborns weighed (4)/(3)	%

3. MEETINGS / HEALTH EDUCATION SESSIONS / HOME VISITS *(from Meeting Register)*

A. Number of Staff Meeting held: [ ]

B. Meetings:
1. with TBAs [ ]
2. with CHWs [ ]
3. with Health Committee or Community Leaders [ ]

C. Health Education Sessions:
1. in Institutions [ ]
2. in Schools [ ]
3. in Community [ ]

D. Home visits by Facility Personnel: [ ]

4. ESSENTIAL DRUGS / VACCINES / SUPPLIES *(From Stock Register)*

	Item	Unit	Recd	Issued		Closing Balance	Days out of Stock		Other Essential Drugs/Supplies	Unit	Days out of Stock
				For Care	Discarded						
A.	BCG Vaccine	Dose						M.	ORS	Packet	
B.	DPT Vaccine	Dose						N.	Cotrimoxazole	Tablet	
C.	Polio Vaccine	Dose						O.	Cotrimoxaz. Syrup	Bottle	
D.	TT vaccine	Dose						P.	Chloroquine	Tablet	
E.	Measles Vaccine	Dose						Q.	Primaquine	Tablet	
F.	DT vaccine	Dose						R.	Iron Tablets	Tablet	
G.	Syringes	Piece						S.	Folate Tablets	Tablet	
H.	Needles	Piece						T.	Streptomycin	Vial	
I.	Oral Contraceptive	Cycle						U.	Isoniazid (INH)	Tablet	
J.	Condoms	Piece						V.	INH = Tb1	Tablet	
K.	Inj. Contraceptive	Dose						W.	Zieil-Nielsen	Bottle	
L.	IUDs	Piece						X.			

5. COMMENTS / RECOMMENDATIONS / ACHEIVEMENTS

6. TRANSMISSION

A.	Received at District Health Office on:	___ / ___ / ___	Name/Signature: ______
B.	Received at Computer Center on:	___ / ___ / ___	Name/Signature: ______
C.	Data Entered on Computer on:	___ / ___ / ___	Name/Signature: ______

7. CURATIVE CARE

A. **New Cases** (all diseases by age group) *(From OPD Register)*	Under 1	1 to 4	5 to 14	15 to 44	45 and over	Total
1. Male						
2. Female						
3. Total New Cases						
4. Old Cases						
5. Total Visits (3 + 4)						
6. Cases Referred						
7. Feedback from Cases Referred						
8. % Referred of Total New Cases (6 / 3) x 100						%
9. % Feedback on Referred Cases (7 / 6) x 1000						%

B. **Health Problems** (Priority disease) (From Abstract Register)	Under 1	1 to 4	5 and over	Total	% of Total New Cases
101. Diarrheo					%
102. Dysentery					%
103. Acute Respiratory Infections					%
104. Fever (Clinical Malaria)					%
105. Cough more than 2 weeks					%
106. Suspected Cholera					%
107. Suspected Meningococcal Meningitis					%
108. Poliomyelitis					%
109. Measles					%
110. Neonatal Tetanus					%
111. Diphtheria					%
112. Whooping Cough					%
113. Goiter					%
114. Suspected Viral Hepatitis					%
115. Suspected AIDS					%
116. Snake bite with signs of poisoning					%
117. Dog Bite					%
118. Scabies					%
Total new cases priority disease					%

C. **Diarrhea** (New Cases under 5 years) *(From Abstract Register)*	Dehydration Status				Total Diarrhoea Cases under 5 Years
	None 101.0	Some 101.1	Severe 101.2	Unknown 101.9	
101. a. Number of Diarrhea Cases under 5 years					
b. % of total Diarrhea Cases under 5 years					

D. **Dysentery** (New Cases under 5 years) *(From Abstract Register)*	Dehydration Status				Total Dysentery Cases under 5 Years
	None 102.0	Some 102.1	Severe 102.2	Unknown 102.9	
101. a. Number of Dysentery Cases under 5 years					
b. % of total Dysentery Cases under 5 years					

E. **Acute Respiratory Infections** (New Cases under 5 years) *(From Abstract Register)*	No Pneumonia 103.0	Pneumonia 103.1	Severe Pneumonia 103.2	V. Severe Disease 103.3	Unknown 103.9	Total ARI Cases under 5 Years
103. a. Number of ARI Cases under 5 years						
b. % of total ARI Cases under 5 years	%	%	%	%	%	

F. Malaria

(From Abstract Register)	Blood Slides						Total Fever Cases
	104.0 Examined in Facility		104.1 Sent out		104.2 Not taken		
104. Number of Fever Cases (New Case all ages)		%		%		%	
(From Laboratory Register)	Internal		External				
(Only Outpatient New Cases)	Number	% Positive	Number	% Positive			
1. Total Number of Slides examined (New Cases)							
2. Number of Slides Malaria Parasite Positive		%		%			
3. Number of Slides Plasmodium Falciparum Positive							

G. Tuberculosis

(From Abstract Register)	Sputum Smears Requested				Total Cases Cough more than 2 weeks
	105.0 Examined in facility		105.1 Patient Referred		
105. Number of Cases of Cough more than 2 weeks (New cases all ages)		%		%	
(From Laboratory Register)	Internal		External		
Only Outpatient New Cases	Number	% Positive	Number	% Positive	
1. No. of Sputum Smear Series Done					
2. No. of Smears Series AFB Positive		%		%	
(From Tuberculosis Register)				Number	
1. Tuberculosis Patients under Treatment at end of previous month					
2. Started Treatment this month	a. Total number Started Treatment (Ind. New relapses, transferred and resumed treatment)				% of Total Number Started Treatment
	b. Number of New cases				%
3. Discharged during this month	a. Total number of Discharged (Including cured, died, transferred and lost as defaulters)				% of Total Number Discharged
	b. Number Lost as Defaulters				%
4. Tuberculosis Patients under Treatment at end of this month					

H. Immunizable Childhood Diseases (From Abstract Register)	Not Vaccinated	Partially Vaccinated	Fully Vaccinated	Vaccination Status Unknown	Total Cases	% of Cases Fully Vaccinated
108. Poliomyelitis						%
109. Measles						%
110. Neonatal Tetanus						%
111. Diphtheria						%
112. Whooping Cough						%

I. **Distribution of Iodine Caps.** (from IDD Register)	Number of Clients
1. Under 20 Years	
2. Pregnant Women	

5. Total Caps.

J. Malnutration (Child under 3) (From Abstract Register)	Number	% of Total
1. Total Wieght		
2. Normal		%

3. Child bearing Age Women		Distributed
4. Total Number of Child		

3. Moderate Malnutration		%
4. Severe Manutration		%

8. MOTHER AND CHILD CARE PREVENTIVE ACTIVITIES

A. Pre-natal Care *(From Mother Health Register)*				Expected New Pregnancies this month (CA Population / 270)			(1)
Number Newly Registered (2)		Newly Register During 1st Trimester (3)		Homeoglobin under 10 gm% at 1st measurement (4)		Total Visits (5)	
% of Expected New Pregnancies (2)/(1)	%	% of Total Newly Register (3)/(2)	%	% of Total Newly Registered (4)/(2)		No. of Re-visits (5). (2)	

B. Deliveries Expected Deliveries this month (CA Population/300) *(From Mother Health Register)*					
Total Number of Deliveries (2)		Number of Deliveries by Trained Persons (5)		% of Expected Deliveries (5)/(1)	%
Number of Stillbirths (3)		Number of Deliveries in your facility (6)		% of Deliveries by Trained Persons (6)/(5)	%
Number of Abortions (4)					

C. Post-natal Care *(From Mother Health Register)*	
Number of Deliveries in month previous to reporting month (7)	
Record at least 1 postnatal Visit (8)	
% of Deliveries in Previous month (8)/(7)	%

D. Maternal Deaths Number: *(From Mother Health Register)*

E. Family Planning (From Family Planning Register											
Total Visits	Males	Female	New Cases	Old Cases	Condom	Foam	Pills	Injection	IUDC	Surgery	Referred
				Units Distributed							

F. Growth Monitoring *(From Child Health Register)*		Expected Children under 1 year this month (CA Population / 320)			
No. Newly Registered under 1 year (2)		Total Visit (3)			
% of Expected under 1 year (2) /(1)	%	No. Normal Nutrition Status (4)		% of Total Visits (4) /(3)	%

G. Vaccinations Catchment Area *Population (if different from page 1)*
(From EPI Register) Number Fixed Centres: Number outreach Teams:

	0-11 months	12-23 months	[illegible]	[illegible]en
1. BCG				
2. DPT - 1				
3. DPT - 2				
4. DPT - 3				
5. DPT - Booster				
6. OPV - Zero				
7. OPV - 1				
8. OPV - 2				
9. OPV - 3				
10. OPV - Booster				
11. DT - 1				
12. DT – 2				
13. DT – Booster				
14. Measles				
15. Fully Immunized Children				

Target Group for TT Vaccines	TT - I	TT - II	TT - III	TT – IV	TT - V
16. Pregnant Women					
17. Child Bearing Age Women					
18. Total					

ANNEXURE-II (3)
INTEGRATED SUMMARY REPORT FOR THE DISTRICT

COPY FOR NIPS
HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Integrated Summary Report
District:_______________
Period:__________ to __________

Status as on:____/____/______

A

Source of Reporting	Mother and Child Health (MCH											Family Planning		
	Births			# of Maternal Deaths	Estim. # of pregnant Women	# of Regd. Women for Attendance Care		# of Children Regd. For Growth Monit.		# of Low Birth Weight Babies		# of New Cases	# of Follow Up Cases	Total (New + Old)
	Expected	Registered												
		#	%			#	%	#	%	#	%			
LHWS														
FLCF														
TOTAL														

B

Source of Reporting	Priority													Total		
	Diarrhoea			ARI			Fever			Scabies						
	<5 Year	5+Years	Total	<5 Year		5+Years	Total	<5 Year	5+Years	Total	<5 Year	5+Years	Total	<5 Year	5+Years	Total
LHWS																
FLCF																
TOTAL																

ANNEXURE-III

MODIFIED LIST INDICATORS FOR REPRODUCTIVE HEALTH AND FAMILY PLANNING AND THE SOURCE FOR DATA COLLECTION

Sr. No	Indicators	Source of Information		Periodicity
		Existing Recording and Reporting Forms	Supplement Forms (for additional information)	
1.	INDICATORS FOR MONITORING ICPD GOALS			
	REPRODUCTIVE HEALTH			
1.1	Percent of Service Delivery Points (SDPs), at Primary Health Care level offering a full range of RH services either directly or through referrals		Baseline survey of 1. FWC (R/U) 2. RHS'A&B'centers 3. Health outlets 4. PMPs 5. NGO centers Questionnaire will include RH services offered to clients.	One-time survey
1.2	Contraceptive Prevalence Rate (by method)	Monthly Reports (for FP Acceptors) FWC-F-1 RHSC-F-1(RHS'A') RHSC-F-1(RHS'B') Monthly report (Health outlet) DHO monthly report	To calculate CPR: Quick Count Survey of selected Area. Respondent will be currently married women aged 15-49.	Reports on monthly bases. Sample Survey on six month bases.
1.3	Percent of birth attended by trained health personnel	Health Dept: MCH card for all clients of BHUs, RHCs, THQ & DHQ hospitals.	A) Add "Last birth attended by whom" in following: 1. Reproductive Health Client Card for all service outlets. 2. Monthly Reports of all service outlets. B) Quick Count Survey of the Area.	Reports on monthly bases. On six month bases

1.4	Percent of population with access to basic health services		Quick Count Survey.	On six month bases
	MORTALITY REDUCTION			
1.5	Infant mortality rate (by sex)		Quick Count Survey.	On six month basis
1.6	Under 5 mortality rate (by sex)		Quick Count Survey.	On six month basis
1.7	Maternal mortality ratio * direct estimate is difficult * determine causes of maternal death		Quick Count Survey. To determine causes of maternal deaths.	On six month basis
	SOCIAL			
1.10	Adult literacy rate (by sex)			One-time information Census Report of Dist. Jehlum
2.	LEGISLATIVE AND ADMINISTRATIVE POLICES RELATED TO REPRODUCTIVE HEALTH			
2.1	National policy specifying written standards of quality of care for: (i) family planning information and services (ii) maternal care	PC-I of Population Welfare Programme PC-I of M/o Health		One-time information
2.3	National policy for the provision of contraceptives at nominal cost or without charge	PC-I of Population Welfare Programme relating to prices of contraceptives.		One-time information
2.5	National strategic plan to control RTIs and STDs, including HIV-AIDS	PC-I of M/o Health (Section of NIH)		One-time information
2.7	Age at first marriage by sex: (i) does a legal minimum age exist? (ii) what is the legal minimum age? (iii) is the legal age endorsed?	PC-I of M/o Law and Parliamentary Affairs.		One-time inform

3.	FAMILY PLANNING INDICATORS			
	UNMET NEED			
3.1	Percent of sexual active women of reproductive age who want to postpone or stop childbearing and who are not currently using any contraceptive method.		Quick Count Survey.	On six month basis
3.2	Adolescent fertility rate (age< 20)		Quick Count Survey.	On six month basis
	COVERAGE AND ACCESS			
3.3	Percent of population within 2 hours walk from FP service delivery point		Quick Count Survey.	On six month basis
3.4	Percent of FP client who are: (i) adolescent (age < 20) ii) Men	Age of clients is given in client register/ cards of all service outlets.	1) Add columns for total clients by age and sex in the Monthly Report of service outlets of PWP and Health Dept. 2) Quick count survey	On monthly basis On six month basis
	QUALITY OF CARE			
3.6	No. of contraceptive methods available at family health care centers	Monthly Reports of service outlets of: Population Welfare Programme 1) FWC-F-1 2) RHSC-F-1(RHS A) 3) RHSC-F-1(RHS B) Health Dept. 4) Hospitals 5) RHCs 6) BHUs	Add column for number of outlets by FP methods available in the Monthly Report of NIPS.	On monthly basis
3.7	Percent of SDPs with: 1) equipment for high level disinfection/ sterilization 2) Piped water		Add column for number of service outlets with such facilities in: Field Monitoring Report of all service outlets.	On Quarterly basis.

3.8	Percent of postpartum women (6 weeks after delivery) offered family planning		1) Add column for postpartum women in "Reproductive Health Client Card" 2) Add column in Monthly Report of all service outlets.	On monthly basis.
3.9(1)	Percent of clients asked about the: 1) reproductive intentions		1) Add column in "Reproductive Health Client Card". for Reproductive Intentions such as: i) How many more children do you want in future? 2) Add column in Monthly Reports for: i) No. of clients who want more children.	On monthly basis.
3.9(2)	2. Concern about contraceptive methods	Client card and register indicate the side effects. But not mentioned in monthly reports.	Add column in the Follow-up of "Reproductive Health Client Card" all outlets for side effect and reasons of method shift. Add column in the Monthly Reports of all outlets: i) No. of clients mentioned side effects ii) No. of clients who were shifted to other method.	On monthly basis.
3.10	Percent of SDPs with availability for 3 months stock of contraceptives		Add column in the Monthly Report of all outlets for availability of contraceptives for THREE months. Add this question in Field Monitoring Report.	On monthly basis. On quarterly basis.

4.	MATERNAL HEALTH INDICATORS			
	UNMET NEED			
4.1	Percent of delivering women who developed obstetrics complications and received emergency obstetric care	Health Dept. MCH card (Data available on Obstetric complications)		
	COVERAGE AND ACCESS			
4.2	Percent of pregnant women attended at least once by trained health personnel.		Quick count survey	On six months basis
4.4	No. of district hospitals per 500,000 population, able to provide C-Sections and blood transfusion on 24 hours basis	Health Dept. MCH client card (Data available on type of delivery)	Survey of all Health outlets.	One time information.
	QUALITY OF CARE			
4.5	Percent of deliveries that are C-Section	Health Dept. MCH client card (Data available on type of delivery)	Survey of all Health outlets.	One time information.
4.6	Percent of pregnant women attending antenatal services who received: i) Iron/ Folate 2. Tetanus immunization	Health Dept: Client MCH cards already has this information. Monthly reports of all Health outlets.		On monthly basis
4.7	Percent of pregnant women receiving maternal services expressing satisfaction with: 1. prenatal care 2. delivery services 3. postnatal care		1. Client-Exit Survey: Survey of clients who will be present at the FP/Health outlets. 2. Quick Count Survey: Women ever married (15-49)	One time survey

	MANAGEMENT			
4.8	Availability of in-service training programme on life saving skills for midwives, nurses and paramedics		Survey of all Health outlets. Question relating to staff training.	One time survey
5.	REPRODUCTIVE TRACT INFECTIONS (RTI) SEXUALLY TRANSMITTED DISEASES (STD)			
	UNMET NEED			
5.1	Estimated prevalence of syphilis and/or gonorrhea (by sex)		1. Add column in the "Reproductive Health Client Card" for RTIs and STDs. 2. Add column in the Monthly Reports of all service outlets.	On monthly basis
5.2	Estimated prevalence of HIV among adolescents, men and women		1. Add column in the "Reproductive Health Client Card" for RTIs and STDs. 2. Add column in the Monthly Reports of all service outlets.	On monthly basis.
	MANAGEMENT			
5.10	Availability of in-service training about RTIs for health providers		Health Dept. Baseline survey of staff of all hospital and service outlets.	
7.	FERTILITY			
	UNMET NEED			
7.1	Percent of women aged 20-44 who want to become pregnant, are not using contraception and have not become pregnant during past two years		Quick count survey.	On six month basis

8.	HARMFUL PRACTICE			
8.2	Sex ratio of births	Census report of Jehlum district		One time information
9.	POPULATION, SOCIAL AND ECONOMIC INDICATORS			
	POPULATION			
9.1	Total		Quick count survey	One time information
9.2	Median age of population		As above	As above
9.3	percent rural population		" "	" "
9.4	Annual change %		" "	" "
	DEMOGRAPHIC			
9.5	Crude birth rate		" "	" "
9.6	Total fertility rate		" "	" "
9.8	Average no. of children desired		Quick count survey	One time information
	SOCIAL AND ADMINISTRATIVE			
9.10	Percent of households headed by one parent (by sex)		" "	" "
9.11	Percent of household without access to safe water		Quick count survey	One time information
	ECONOMIC			
9.13	GNP per capita		" "	" "
9.14	Unemployment rate: 1. Overall (by sex) 2. Under age 25 (by sex)		" "	" "
9.15	Labour force participation rate (by sex)		" "	" "

ANNEXURE- IV

NEW FORMAT "REPRODUCTIVE HEALTH CLIENT CARD", EXPERIMENTED IN THE PROJECT AREA

ESCAP MONITORING AND EVALUATION PROJECT

REPRODUCTIVE HEALTH CLIENT CARD

(Filled by Incharge/Staff of Service Outlet)

ME-RH-F-1

1. IDENTIFICATION:

1.1 Type of Service Outlets: (1) Health Dept. (2) Pop. Welfare Dept. — 01

1.2 Address of the Centre: ____________

1.3 Service Outlet I.D No — 02 03 04 05 06 (H/P D T S.No)

1.4 Client Number (for PWP) — 07 08 09 10 11 12 13 (S.No.) (Month) (Year)

Patient/Client No (for Health Dept.) — 14 15 16 17 18 19 20 21 22 (OPD/S.No.) (Month) (Year)

1.5 Name of Client/Patient ____________

1.6 Name of Husband/Father ____________

1.7 Address of the Client ____________

1.8 Age — 23 24

1.9 Date of Visit ____________

2. FERTILITY/FAMILY PLANNING:

2.1 Number of Living Children:
- Male — 25
- Female — 26

2.2 Age of the youngest child — 27 28

2.3 How long after the LAST delivery, the client accepted FP method? — 29
- (1) Non User
- (2) Within 6 weeks
- (3) During 6-10 weeks
- (4) After more than 10 weeks

3. IN-FERTILITY (Yes 1, No 2)

3.1 In-fertile Client — 30

3.2 In-fertile Client Referred — 31

4. REPRODUCTIVE INTENTIONS: (Yes 1, No 2)

4.1. Want more children? — 32

4.2. If YES, how many?
- Total — 33
- Sons — 34
- Daughters — 35

5. OBSTETRIC HISTORY:

5.1 Total Pregnancies: — 36 37

5.2 Total Abortions: — 38 39

5.3 Out-come of Last Pregnancy: (1) Live birth (2) Others — 40

5.4 Place of last delivery: (1) Home (2) Health Dept. Centre (3) Other Hospital/Clinic — 41

5.5 Last Delivery Attended by: (1) Doctor (2) LHV (3) Midwife (4) Trained TBA (5) Un-trained Person — 42

5.6 BREAST EXAMINATION: (Yes 1, No 2)

(a) Shape of Nipple:
- (i) Inverted — 43
- (ii) Retracted — 44
- (iii) Small — 45

(b) Cracked Nipple — 46

(c) Breast Abscess — 47

(d) Lump Breast — 48

(e) BREAST ABNORMAL (IF ANY 'YES') — 49

6. REPRODUCTIVE TRACT INFECTIONS (RTIs): (Yes 1, No 2)

6.1. Any Vaginal Discharge/bleeding — 50

6.2. Colour of Discharge — 51

6.3. Smell of Discharge — 52

6.4. Back Pain — 53

6.5. Suspected Case of RTIs (IF ANY TWO 'YES') — 54

6.6. Case of RTI referred for Examination — 55

7. SEXUALLY TRANSMITTED DISEASES (STDs): (Yes 1, No 2)

7.1. History of Contact — 56

7.2 History of Blood Transfusion — 57

7.3 Weight loss — 58

7.4 Discharge per Urethra — 59

7.5 Burning Micturition — 60

7.6 Frequent Micturition — 61

7.5 Repeated Infection — 62

7.6 Repeated Diarrhea — 63

7.7 Chronic Cough — 64

7.8 Fever — 65

7.9 Skin Rash — 66

7.10 Suspected Case of STDs (IF ANY FIVE 'YES')

7.11 Case Referred for Examination

N.B: Instruction for filling this card is annexed with Card

FOLLOW-UP INFORMATION OF FAMILY PLANNING CLIENT

S. No.	Date of Visit	Purpose of Visit	Advice/ Treatment	Type & Quantity of Contraceptive Issued	Reason for Method Change	Side Effects (if any)	Next Visit Date	Signature of Incharge
1	2	3	4	5	6	7	8	9

ANNEXURE-V

MONTHELY PERFORMANCE REPORTS FOR THE SERVICE OUTLETS OF POPULATION WELFARE PROGRAMME

ANNEXURE-V (1)

ESCAP MONITORING AND EVALUATION PROJECT
MONTHLY REPORT OF FAMILY WELFARE CENTER
(to be filled by NIPS field staff)

ME-MR-PW-1

Month --------------- Year ----------- Tehsil: 1. Jehlum 2. Sohawa Address of FWC ------------------------- Rural/ Urban -------------------------	Dispatched to: Copy for NIPS ------ Copy for FWC -------

1. Staff Position

Designation	Staff Posted	Staff on leave for more than FIVE days 1. Yes 2. No	Salary received for last month 1.Yes 2.No
a. Family Welfare Councilor (FWC)			
b. Family Welfare Worker (FWW)			
c. Family Welfare Assistant(FWA female)			
d. Aya/ Helper			
e. Chowkidar			

2. Family Planning Client Characteristics:

Contraceptive methods	Age group of clients					Side-effect cases (if any)
	15-19	20-34	35-49	50+	Total	
1. IUD						
2. Nori-gest (injectable)						
3. Depo-provera (injectable)						
4. Oral pills						
5. Condom						
6. C.S case referred to hospital						
7. Total clients						

3. Clinical Examination of Clients:

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. Intentions and concerns of all Clients:

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the centre		

5. Pregnancy history of clients visited the centre:

S.No.	Characteristics of Pregnancy	Total clients
1.	**Number of clients who have accepted family planning, six weeks after delivery**	
2.	Women who had induced abortion in the past	
4.	Out-come of last delivery: (i) Live births	
5.	(ii) Other births	
6.	Place of last delivery: 1. At Home	
	2. Health Department centre	
	3. Other Hospital/clinic	
7.	Last delivery attended by whom: (i) Trained personnel	
	(ii) Un-trained personnel	

Signature: --

Name of Monitor: ---------------------------------

Date of visit: ---

ANNEXURE- V(2)

FORMAT FOR REPRODUCTIVE HEALTH SERVICES, RHS`A' CENTRE

ESCAP MONITORING AND EVALUATION PROJECT
MONTHLY REPORT OF RHS `A' CENTER
(to be filled by NIPS field staff)

ME-MR-PW-2

Month --------------- Year ----------- **District: Jehlum** **Address of RHS`A' Center---------------**			**Dispatched to:** **Copy for NIPS ------** **Copy for RHS`A' -------**
1. Staff Position			
Designation	**Staff Posted**	**Staff on leave for more than FIVE days** **1. Yes 2. No**	**Salary received for last month** **1.Yes 2.No**
a. Medical Officer			
b. Family Welfare Worker (FWW)			
c. Family Welfare Assistant			
d. Theater Nurse			
e. Theater Technician			
f. LDC (Clark)			
g. Aya/ Helper			
h. Driver			

2. Family Planning Client Characteristics:

Contraceptive methods	**Age group of clients**					**Side-effect cases (if any)**
	15-19	**20-34**	**35-49**	**50+**	**Total**	
1. CS cases						
2. IUD						
3. Nori-gest (injectable)						
4. Depo-provera (injectable)						
5. Oral pills						
6. Condom						
7. Total clients						

3. **Clinical Examination of Clients:**

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. **Intentions and concerns of all Clients:**

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the center		

5. Pregnancy history of clients visited the center:

S.No.	Characteristics of Pregnancy	Total clients
1.	**Number of clients who have accepted family planning, six weeks after delivery**	
2.	Women who had induced abortion in the past	
4.	Out-come of last delivery: (i) Live birth	
5.	(ii) Other birth	
6.	Place of last delivery: 1. At Home	
	2. Health Department center	
	3. Other Hospital/clinic	
7	Last delivery attended by whom: (i) Trained personnel	
	(ii) Un-trained personnel	

Signature: --

Name of Monitor: --------------------------------

Date of visit: ---

ANNEXURE VI

MONTHLY PERFORMANCE REPORTS FOR THE SERVICE OUTLETS OF HEALTH PROGRAMME

ANNEXURE-VI (1)

ESCAP MONITORING AND EVALUATION PROJECT

MONTHLY REPORT

BASIC HEALTH UNIT (BHU)

(to be filled by NIPS field staff)

ME-MR-H-1

Month --------------- Year ----------- Tehsil: 1. Jehlum 2. Sohawa Address of BHU ------------------------	Dispatched to: Copy for NIPS ------ Copy for BHU -------

1. Staff Position

Designation	Staff Posted	Staff on leave for more than FIVE days 1. Yes 2. No	Salary received for last month 1.Yes 2.No
a. Medical Officer (Male/Female)			
b. Medical Assistant			
c. Lady Health Visitor (LHV)			
d. Mid Wife			
e. Health Technician (Male/female)			
f. Dispenser			
g. Lady Health Worker (LHW)			

2. Family Planning Client Characteristics:

Contraceptive metho	Age group of clients					Side-effect cases(if any)
	15-19	20-34	35-49	50+	Total	
1. IUD						
2. Nori-gest (injectable)						
3. Depo-provera (injectable)						
4. Oral pills						
5. Condom						
6. C.S case referred						
7. Total clients						

3. Clinical Examination of Clients:

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. Intentions and concerns of all Clients:

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the centre		

5. Pregnancy history of clients visited the centre:

S.No.	Characteristics of Pregnancy	Total clients
1.	Number of clients who have accepted family planning, six weeks after delivery	
2.	Women who had induced abortion in the past	
	Total pregnant women	

Signature: ---------------------------------------

Name of Monitor: --------------------------------

Date of visit: --

ANNEXURE VI (2)

ESCAP MONITORING AND EVALUATION PROJECT

MONTHLY REPORT
MOTHER AND CHILD HEALTH (MCH) CENTRE

(to be filled by NIPS field staff)

ME-MR-H-2

Month --------------- Year ------------ Tehsil: 1. Jehlum 2. Sohawa Address of MCH---------------------------	Dispatched to: Copy for NIPS ------ Copy for MCH Centre -------

1. Staff Position

Designation	Staff Posted	Staff on leave for more than FIVE days 1. Yes 2. No	Salary received for last month 1.Yes 2.No
a. Medical Officer (Male/Female)			
b. Medical Assistant			
c. Lady Health Visitor (LHV)			
d. Mid Wife			
e. Health Technician (Male/female)			
f. Dispenser			

2. Family Planning Client Characteristics:

Contraceptive metho	Age group of clients					Side-effect cases(if any)
	15-19	20-34	35-49	50+	Total	
1. IUD						
2. Nori-gest (injectable)						
3. Depo-provera (injectable)						
4. Oral pills						
5. Condom						
6. C.S case referred						
7. Total clients						

3. **Clinical Examination of Clients:**

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. **Intentions and concerns of all Clients:**

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the centre		

5. Pregnancy history of clients visited the centre:

S.No.	Characteristics of Pregnancy	Total clients
1.	Number of clients who have accepted family planning, six weeks after delivery	
2.	Women who had induced abortion in the past	
	Total pregnant women	

Signature: --
Name of Monitor: ---------------------------------
Date of visit: ---

ANNEXURE VI (3)

ESCAP MONITORING AND EVALUATION PROJECT
MONTHLY REPORT
RURAL HEALTH CENTRE (RHC)
(to be filled by NIPS field staff)

ME-MR-H-3

Month ---------------- Year ------------ Tehsil: 1. Jehlum 2. Sohawa Address of RHC---------------------------	Dispatched to: Copy for NIPS ------ Copy for RHC -------		
1. Staff Position			
Designation	**Staff Posted**	**Staff on leave for more than FIVE days 1. Yes 2. No**	**Salary received for last month 1.Yes 2.No**
a. Medical Officer (Male)			
b. Medical Officer (Female)			
c. Lady Health Visitor (LHV)			
d. Medical Health Technician			
e. Laboratory Technician			
f. Dispenser			
g. TBA/Dai			
h. Lady Health Worker(LHW)			

2. Family Planning Client Characteristics:

Contraceptive metho	Age group of clients					Side-effect cases(if any)
	15-19	20-34	35-49	50+	Total	
1. IUD						
2. Nori-gest (injectable)						
3. Depo-provera (injectable)						
4. Oral pills						
5. Condom						
6. C.S case referred						
7. Total clients						

3. **Clinical Examination of Clients:**

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. **Intentions and concerns of all Clients:**

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the centre		

5. Pregnancy history of clients visited the centre:

S.No.	Characteristics of Pregnancy	Total clients
1.	Number of clients who have accepted family planning, six weeks after delivery	
2.	Women who had induced abortion in the past	
4.	Out-come of last delivery: (i) Live births	
5.	(ii) Other births	
6.	Place of last delivery: 1. At Home	
	2. Health Department centre	
	3. Other Hospital/clinic	
7.	Last delivery attended by whom: (i) Trained personnel	
	(ii) Un-trained personnel	

Signature: --

Name of Monitor: ---------------------------------

Date of visit: --

ANNEXURE VI (4)

ESCAP MONITORING AND EVALUATION PROJECT

MONTHLY REPORT

TEHSIL HQ HOSPITAL (THQ)

(to be filled by NIPS field staff)

ME-MR-H-4

Month ---------------- Year ------------ **Tehsil: 1. Jehlum 2. Sohawa** **Address of THQ---------------------------**	**Dispatched to:** **Copy for NIPS ------** **Copy for THQ -------**

1. Staff Position

Designation	Staff Posted	Staff on leave for more than FIVE days 1. Yes 2. No	Salary received for last month 1.Yes 2.No
a. Medical Officer (Male)			
b. Medical Officer (Female)			
c. Lady Health Visitor (LHV)			
d. Medical Health Technician			
e. Laboratory Technician			
f. Dispenser			
g. TBA/Dai			

2. Family Planning Client Characteristics:

Contraceptive metho	Age group of clients					Side-effect cases(if any)
	15-19	20-34	35-49	50+	Total	
1. IUD						
2. Nori-gest (injectable)						
3. Depo-provera (injectable)						
4. Oral pills						
5. Condom						
6. C.S case referred						
7. Total clients						

3. **Clinical Examination of Clients:**

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. **Intentions and concerns of all Clients:**

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the centre		

5. Pregnancy history of clients visited the centre:

S.No.	Characteristics of Pregnancy	Total clients
1.	Number of clients who have accepted family planning, six weeks after delivery	
2.	Women who had induced abortion in the past	
4.	Out-come of last delivery: (i) Live births	
5.	(ii) Other births	
6.	Place of last delivery: 1. At Home	
	2. Health Department centre	
	3. Other Hospital/clinic	
7.	Last delivery attended by whom:	

	(i) Trained personnel	
	(ii) Un-trained personnel	

Signature: --
Name of Monitor: ----------------------------------
Date of visit: ---

ANNEXURE VI (5)

ESCAP MONITORING AND EVALUATION PROJECT

MONTHLY REPORT

DISTRICT HQ HOSPITAL (DHQ)

(to be filled by NIPS field staff)

ME-MR-H-5

Month --------------- Year ----------- Tehsil: 1. Jehlum 2. Sohawa Address of DHQ---------------------------	Dispatched to: Copy for NIPS ------ Copy for DHQ -------

1. Staff Position

Designation	Staff Posted	Staff on leave for more than FIVE days 1. Yes 2. No	Salary received for last month 1.Yes 2.No
a. Medical Superintendent (MS)			
b. Dy. Medical Superintendent (DMS)			
c. Medical Officer (Male)			
d. Medical Officer (Female)			
e. Lady Health Visitor (LHV)			
f. Medical Health Technician			
g. Laboratory Technician			
h. Dispenser			
j. TBA/Dai			

3. Family Planning Client Characteristics:

Contraceptive metho	Age group of clients					Side-effect cases(if any)
	15-19	20-34	35-49	50+	Total	
1. IUD						
2. Nori-gest (injectable)						
3. Depo-provera (injectable)						
4. Oral pills						
5. Condom						

6. C.S case referred						
7. Total clients						

3. Clinical Examination of Clients:

S. No.	Clinical Examination	Number of clients	
		Yes	No
1.	Breast Examination Normal		
2.	Cases of Jaundice History		
3.	Suspected Cases of RTIs		
4.	Suspected Cases of STDs		
5.	In-Fertile Clients		

4. Intentions and concerns of all Clients:

S. No.	Intention and concerns of all clients	Number of clients	
		Yes	No
1.	Clients who want more children		
2.	Clients who want more sons		
3.	Clients experienced side-effects of contraceptives		
4.	Clients who were shifted to other FP method		
	Total Clients visited the centre		

5. Pregnancy history of clients visited the centre:

S.No.	Characteristics of Pregnancy	Total clients
1.	Number of clients who have accepted family planning, six weeks after delivery	
2.	Women who had induced abortion in the past	
4.	Out-come of last delivery: (i) Live births	
5.	(ii) Other births	
6.	Place of last delivery: 1. At Home	

	2. Health Department centre	
	3. Other Hospital/clinic	
7.	Last delivery attended by whom: (i) Trained personnel	
	(ii) Un-trained personnel	

Signature: --
Name of Monitor: ---------------------------------
Date of visit: ---

ANNEXURE- VII

MANUAL OF INSTRUCTIONS

FOR

COMPLETING THE NEW FORMAT

"REPRODUCTIVE HEALTH CLIENT CARD"

FOR THE PROJECT

"STRENGTHENING PERFORMANCE MONITORING AND EVALUATION SYSTEMS
FOR MEASURING THE PROGRESS OF REPRODUCTIVE HEALTH
AND FAMILY PLANNING PROGRAMMES
IN PAKISTAN"

by

Dr. ABDUL HAKIM

ZAFAR ZAHIR

NATIONAL INSTITUTE OF POPULATION STUDIES (NIPS)
ISLAMABAD

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ANNEXURE

I- Reproductive Health Client Card (ME-RH-F-1)

CHAPTER- 1

INTRODUCTION

The Population Welfare Programme in Pakistan has passed through various phases during last three decades, each conspicuous for its approach, coverage and impact. It has been applauded, criticized, and restructured at various times. And also reshaped with each political change and has undergone various internal and external organizational reviews and evaluations.

The prime objective of the programme was to curtail the high level of fertility by offering a full range of modern methods of contraception and utilizes its information, education and communication (IEC) system, together with a host of other activities to disseminate knowledge, create awareness and encourage use of contraception.

I- JUSTIFICATION OF THE PROJECT

Unfortunately it could not achieve the same success in Pakistan, as the programme in other countries of the region. One reason for this may be the lack of organized research, evaluation and general monitoring of its various components. Although, international forums, such as the Bali Declaration on Population and Sustainable Development (1992) and the International Conference on Population and Development (ICPD, 1994), Programme of Action, have stressed on further strengthening the Reproductive Health (RH) and Family Planning (FP) programmes.

For this, there is a need to identify indicators which help to monitor and evaluate the expanded reproductive health and family planning programme in the country with raising the quality of care services. Also, a comprehensive integrated field level approach in terms of monitoring and evaluation of service delivery systems of both Health and Population Welfare programmes.

For monitoring and evaluating the RH/FP activities on scientific basis, a research organisation is required to undertake such pilot study. In Pakistan, NIPS has done several research evaluations of the Population Welfare programme in the past. And the findings were incorporated in designing the strategies for better performance.

The Population Division of ESCAP, the United Nations, has contacted NIPS to undertake the study in Pakistan as an experiment. The project titled as "Strengthening performance Monitoring and evaluation system for measuring the progress of reproductive health and family planning programme in Pakistan", has following objectives.

II- OBJECTIVES OF THE PROJECT

A. Long-term objectives:

The long term objective of the project is to strengthen existing monitoring and evaluation system for measuring the progress of national reproductive health and family planning programmes' capabilities, including the quality of services and to improve and institutionalised the monitoring and evaluation systems necessary for effective and better programme performance and management.

B. Short-term objectives:

1. To identify and adopt appropriate, standardized indicators for programme performance and for monitoring and evaluation (M&E) system at the national, sub national and local levels.

2. To strengthen and improve data availability and their timely utilisation for programme M&E at all levels.

3. To develop appropriate feed back mechanism for effective programme M&E.

4. To develop national capacity building for proper management, utilisation and dissemination of RH/FP performance indicators and the other related data for better M&E.

CHAPTER- 2

GENERAL INSTRUCTIONS

1. All the service providers make it sure to completely write all information on every record card (existing/new) for patient/clients visiting their service outlet. And these cards should be available for inspection by officers and researchers on their visits.

2. All the record cards should be filled neatly with PEN or BALLPOINT for later use.

3. The existing "Monthly Performance Report" is being prepared by the in-charge of FWC, RHS'A' centre, MSU and DPWO, for transmission to concerned offices of Population Welfare Programme. Now it is requested that a separate copy of monthly report will also be prepared by each incharge for NIPS with caption "COPY FOR NIPS". Sufficient copies of these reports will be supplied by NIPS.

4. Similarly, for the Health Department, the existing "Monthly Performance Report" is being prepared by the in-charge of BHU, RHC, MCH centre, THQ and DHQ hospitals, for transmission to concerned offices of Health Department. Now it is requested that a separate copy of monthly report will also be prepared by each incharge for NIPS with caption "COPY FOR NIPS". Sufficient copies of these reports will be supplied by NIPS.

5. The NIPS Data Collection Team will visit each service outlet during 5th to 20th of every month. The team member will transfer information from existing and new record card/reports on a pre-designed SHEET during their visit to respective outlet.

6. It is the responsibility of the incharge that all recording and reporting FORMS should be available in sufficient quantity, and the shortage should be reported to DPWO office and NIPS through telephone or letter on priority bases.

7. It is very important to record the complete ADDRESS OF PATIENT/CLIENT in a neat way on the existing and new cards so that follow-up could be easily done on later stage.

8. Any clarification at anytime in filling the New client card should be removed by consulting the neighbouring service outlet staff or District officers or NIPS team member.

CHAPTER- 3

SPECIFIC INSTRUCTIONS

REPRODUCTIVE HEALTH CLIENT CARD (ME-RH-F-1)

1. The new "Reproductive Health Client Card (ME-RH-F-1)" should be filled for females patient/clients visiting the service outlet who are currently married, aged 15-49 years, and are seeking services for family planning, MCH, RTIs, STDs, and in-fertility . This card will be filled by the In-charge or Lady Health Visitor (LHV) of all service outlets of Population Welfare Programme and Health Department.

2. It is important to highlight that this CARD is pre-coded, to facilitate in Computer use and filling by the incharge. Therefore all the information should be recorded in the relevant box.

IDENTIFICATION:	
1.1 Type of Centre: (1) Health Department (2) Population Welfare Department	Write the relevant code in Box-1 for the service outlet of respective department. Code 1= Health Dept. Code 2= Population Welfare Dept.
1.2 Address of the Centre	Write the name and complete address of the outlet.
1.3 Service outlet Identification (ID) Number:	Write the appropriate code in boxes 2-6 as follow: (i) In box-2 write code for type of outlet as: Code 1= Health, Code 2= PWD (ii) In box-3 write code 1 for District Jhelum. (iii) In box-4 write code for Tehsil: Code 1= Jhelum Code 2= Sohawa (iv) In boxes 5-6 write the code for this Service Outlet as given in the list.

1.4 (i) Client Number (for Population Welfare Dept.) (ii) Patient/ client Number: (for Health Dept.)	1. For PWD service outlet, write the client number in boxes 7-13. Write the Serial No. in boxes 7-9, as recorded in the Daily Client Register. 2. Record the "Month" in boxes 10-11 and "Year" in boxes 12-13 of the visit of the client. 3. For Health service outlet, write the patient/ client number in boxes 14-16, from the OPD register OR the client number from Family Planning register as the case may be. 4. Record the "Month" in boxes 17-18 and "Year" in boxes 19-20 of the visit of the patient or client.
1.5 Name of Patient/ Client	Write complete name of the client or patient.
1.6 Name of Husband/ Father	Write the name of husband or father.
1.7 Address of the patient/ client	Write complete ADDRESS of the patient/ client which should include: (i) Name of the Head of household (ii) House/ Street number or name (iii) Name of Mohalla or Village
1.8 Age	Probe age of the patient/ client and write the age in completed years in boxes 21-22.
1.9 Date of Visit of the patient/ client	Record the date of the visit of the patient/ client.
2. FERTILITY/ FAMILY PLANNING:	
2.1 Number of Living Children, Male and Female.	Write the number of living male children in box 23 and female children in box 24. If children are more than 9 of any sex, write '+' sign on the Right Side of the box and write the number for additional children of either sex.
2.2 Age of the youngest child	Write the age of the youngest child in completed years in boxes 25-26. If the age is less than one year than record age in completed months and write 'M' on the right side of the boxes.
2.3 How long after the last delivery, the client accepted family planning.	Write the relevant code given for the response in box-27.

3. IN-FERTILITY:	
3.1 In-fertile client	Infertile client means that "A couple living together, having no birth TWO years after marriage or after last birth and NOT using family planning methods". Write code 1= Yes if the client is in-fertile, otherwise code 2= No for fertile client in box-28.
3.2 In-fertile client referred	Write code 1= Yes if client is referred for examination/ treatment, otherwise code 2= No in box-29.
4. REPRODUCTIVE INTENTIONS: 4.1 Want more children?	Ask this question to the client and record the response. Write code 1= Yes if client WANT MORE children, otherwise code 2= No in box-30.
4.2 If YES, how many? TOTAL, SONS, and DAUGHTERS	If the client answer YES in 4.1, than ask the number of children (male or female) she want to have in future, and record the numbers in boxes 31-33 for Total, Sons and Daughters respectively.
5. OBSTETRIC HISTORY:	
5.1 Total Pregnancies	Ask the client about total pregnancies she had during her reproductive cycle, and record the numbers in the boxes 34-35.
5.2 Total abortions	Ask the client about total abortions, including Induced and Un-induced abortions, she had during her reproductive cycle, and record the numbers in boxes 36-37.
5.3 Out-come of last delivery: (1) Live Birth (2) Others	1. Write the appropriate code in box-38. 2. A Live Birth means that the child after delivery shows signs of breathing or crying. 3. The Code 'Others' include still births which means that the Foetus does not shows any signs of breathing or crying. Or simply a dead baby.
5.4 Place of Last Delivery: (1) Home (2) Health Dept. Centre (3) Other hospital/clinic	Write the relevant code for the place of delivery in box-39.
5.5 Last delivery attended by: (1) Doctor (2) LHV (3) Mid-wife (4) Trained TBA (5) Un-trained Person	Write the relevant code for the person who had attended the last delivery in box-40. For Code 4: The trained TBA means that she has attended training of 3 months from Health or PWP Departments. For Code 5: Un-trained person also include traditional Dai.

5.6 BREAST EXAMINATION: (a) Shape of Nipple (1) Inverted (2) Retracted (3) Small (b) Cracked nipple (c) Breast Abscess (d) Lump breast BREAST ABNORMAL	1. The service provider should physically examine the breast and record the respective observations as code 1= Yes and 2= No in the relevant boxes 41-47. 2. Lump in the breast means any Palpable Mass. 3. If there is any 'YES' response to the symptoms given, than the breast is NOT NORMAL, otherwise breast is NORMAL. Record the relevant code in box-47.
6. REPRODUCTIVE TRACT INFECTION:	
6.1 to 6.4 General Symptoms of RTIs. Questions 6.1 to 6.4	1. Ask the female, questions relating to RTIs and record responses as code 1= Yes and code 2= No, in the relevant boxes 48-51.
6.5 Suspected case of RTIs	1. If there are TWO 'Yes" responses to questions 6.1 to 6.4, than the female is a suspected case of RTIs. 2. Record the relevant code in box-52.
6.6 Case of RTIs referred for examination	1. Any suspected case of RTIs should be referred for further examination. 2. Record the relevant code in box-53.
7. SEXUALLY TRANSMITTED DISEASES:	
7.1 to 7.9 General Symptoms of STDs.	1. Ask the female questions relating to STDs and record the code 1= Yes, code 2= No, in the boxes 54-62. 2. Micturition means the process of discharging urine from urinary bladder. 3. Chronic means that the symptom of disease persisted for more than TWO weeks.
7.10 Suspected case of STDs	1. If there are 'YES' responses to any FIVE symptoms mentioned in questions 7.1 to 7.9, than the female is a suspected case of STDs. 2. Write the relevant code in box-63.
7.11 Case referred for examination	1. Any suspected case of STDs should be referred for further examination. 2. Write the relevant code in box-64

ANNEXURE-VIII

MONTHLY FIELD MONITORING REPORTS

MONITORING AND EVALUATION PROJECT

FIELD MONITORING OF SERVICE OUTLETS
FAMILY WELFARE CENTER

ME-FM-FWC-1

District: Jehlum Tehsil (1) Jehlum (2) Sohawa Address of FWC --------------------- Location: (1) Rural (2) Urban	Date of visit: ---------------- Time of visit: ---------------- Name of Field Monitor: ------------------------ -
Name of Incharge: -------------------------- Designation: -------------	

1. CONDITION OF THE SERVICE OUTLET:

Service outl	Conditions of the service outlet			
1. Building	1. Independent building	2. Part of a building	3. Rented	4. Not rented
2. Location	1. Residential area	2. Commercial area	3. Easy access for people	4. Sign board placed outside
3. Maintenance	1. Recently white-washed	2. Need white-wash	3. Clean wall/ doors	4. Neat floors
4. Electricity	1. Electricity working	2. Load shedding during working hours	3. Electricity dis-connected	4. Not available in the area
5. Drinking water	1. Tapped water inside	2. Tapped water outside	3. No tapped water in the locality	4. Un-hygienic water used
6. Sterilization of equipments	1. Sterilizer working	2. Sterilizer not working	3. Sterilizer not available	4. Sterilization is NOT done
7. Examination Room	1. Separate room	2. No separate room	3. Visual privacy observed	4. No visual privacy
8. Waiting room	1. Separate room	2. Clients sit in the counselling room		

2. STAFF POSITION AND STATUS:

Designation	Staff Status				
	Sanctioned (Number)	Posted (Number)	Vacant (Number)	Staff present	Vacancy since when (Date)
a. Family Welfare Councilor (FWC)					
b. Family Welfare Worker (FWW)					
c. Family Welfare Assistant(FWA female)					
d. Family Welfare Assistant (FWA male)					
e. Aya/ Helper					
f. Chowkidar					

3. RECORD KEEPING:

Type of Records	Maintained 1. Yes 2. No	Completed (all columns filled) 1. Yes 2. No	Up-to-date 1. Yes 2. No
1. Staff Attendance Register			
2. Daily Dairy			
3. Client Cards (RH and FP)			
4. Client Registration Register			
5. Stock Register (for contraceptives)			
6. Stock Register (for Medicines)			
7. Monthly Performance Report			
8. Inventory Register			
9. Cash Book			
10. Feedback Report received from Distt./ Sub.district Office			

4. FINANCIAL STATUS:

	Sanctioned (Amount Rs.)	Available at the beginning of last month (Amount Rs.)	Disbursed during last month (Amount Rs.)
1. Imprest money			
2. Other funds			

5. FAMILY PLANING CLIENTS DURING REFERENCE PERIOD: (SPECIFY ---------------)

Contraceptive method	During last month (No. of clients)		During last 3 months (No. of clients)	
	New	Old	New	Old
Condom				
Pill				
Injectable (i) Nori-gest				
Injectable (ii) Depo-Provera				
IUD				
Total Clients				

6. STATUS OF FOLLOW-UP FAMILY PLANNING CLIENTS:

Contraceptive methods	Follow-up visits (No. of clients)	Drop-outs (No. of clients)	Continuous Users (No. of clients)	Total clients
Condom				
Pill				
Injectable (i) Nori-gest				
Injectable (ii) Depo-Provera				
IUD				
Total Clients				

7. REPRODUCTIVE HEALTH CLIENTS DURING REFERENCE PERIOD: SPECIFY (-------------)

Type of Clients	During last month (No. of clients)	During last 3 months (No. of clients)
1. Breast Examination Normal		
2. Pre-Natal care		
3. Post-Natal care		
4. Suspected cases of RTIs		
5. Suspected cases of STDs		
6. Cases of In-fertility		
Total Clients		

8. STOCK OF CONTRACEPTIVES:

Contraceptives	Stock availability				REMARKS Shortage reported to District Office 1. Yes 2. No
	Stock available for three months	Stock available for less than 3 months	Stock available for one month only	Stock NOT available	
1. Condom					
2. Oral Pill					
Injectable (i) Nori-gest					
Injectable (ii) Depo-Provera					
4. IUD (Copper-T)					

9. STOCK OF ESSENTIAL MEDICINES:

Name of Medicines	Stock availability				REMARKS Shortage reported to District Office
	Stock available for three months	Stock available for less than 3 months	Stock available for one month only	Stock NOT available	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

10. SUPERVISION AND CLIENT VALIDATION BY THE STAFF OF SERVICE OUTLET:

Supervisor	Tasks of supervision (during last month)		Validation of clients (No. of clients)		
	No. of centers visited	No. of staff trained	Clients of all methods	IUD clients	C.S. Cases Referred
1. Family Welfare Counçilor					
2. Family Welfare Worker					

11. SUPERVISION AND CLIENT VALIDATION BY OTHER SUPERVISORS:

Supervisors	Tasks of supervision During Last Month			Validation of clients During Last Month (No. of clients)		
	No. of visits	No. of training sessions	Stock register checked 1.Yes 2.No	Clients of all methods	IUD clients	Contraceptive surgery clients
1. Staff of DPWO						
2. Dy. Director (Tech) Divisional Directorate						
3. Provincial Directorate (Tech)						
4. Other Departments						
TOTAL						

Suggestions of the In-charge of Center:

ANNEXURE-IX

MONITORING AND EVALUATION PROJECT
(FOR DESK MONITORING AT NIPS)
MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

WORKING STATUS OF SERVICE OUTLETS:

MR-NIPS-F-1

Working status	POPULATION WELFARE (No. of Outlets)					HEALTH (No. of Outlets)						Grand Total
	Family Welfare Centre (FWC)	RHS 'A' Centre	RHS 'B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
1	2	3	4	5	6	7	8	9	10	11	12	13
A. Working of Service Outlets												
1. Established												
2. Functional												
3. Non-Functional												

MONITORING AND EVALUATION PROJECT
(FOR DESK MONITORING AT NIPS)

MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

STAFF PRESENCE AT SERVICE OUTLETS:

POPULATION WELFARE PROGRAMME

MR-NIPS-F-2

Staff of service outlets	Sanctioned	In Position	Vacant post
A. Reproductive Health Service RHS`A' Centre			
1. Medical Officer (Incharge)			
2. Family Welfare Worker (FWW)			
3. Theater Nurse			
4. Theater Technician			
5. L D C (Clark)			
6. Aya/ Helper			
7. Driver			
B. Family Welfare Centre (FWC)			
1. Family Welfare Worker (FWW)			
2. Family Welfare Assistant (FWA Female)			
3. Family Welfare Assistant (FWA Male)			
4. Aya/ Helper			
5. Chokidar			
Total Staff			

MONITORING AND EVALUATION PROJECT
(FOR DESK MONITORING AT NIPS)

MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

STAFF PRESENCE AT SERVICE OUTLETS:

HEALTH DEPARTMENT

MR-NIPS-F-3

Staff of service outlets	Sanctioned	In-Position	Vacant post
A. Basic Health Unit (BHU)			
1. Medical Officer (Incharge)			
2. Medical Assistant			
3. Lady Health Visitor (LHV)			
4. Mid-Wife			
5. Health Technician			
6. Dispenser			
7. Lady Health Worker (LHW)			
B. Mother and Child Health (MCH) Centre			
1. Medical Officer (Male/ Female)			
2. Medical Assistant			
3. Lady Health Visitor (LHV)			
4. Mid-Wife			
5. Health Technician			
6. Dispenser			
C. Rural Health Centre (RHC)			
1. Medical Officer (Male)			
2. Medical Officer (Female)			
3. Medical Health Technician			
4. Laboratory Technician			
5. Dispenser			
6. TBA/ Dai			
7. Lady Health Worker (LHW)			
D. Tehsil HQ Hospital			
1. Medical Officer (Male)			
2. Medical Officer (Female)			
3. Medical Health Technician			

Staff of service outlets	Sanctioned	In-Position	Vacant post
4. Laboratory Technician			
5. Dispenser			
6. TBA/ Dai			
E. District HQ Hospital			
1. Medical Superintendent (MS)			
2. Dy. Medical Superintendent (DMS)			
3. Medical Officer (Male)			
4. Medical Officer (Female)			
5. Lady Health Visitor (LHV)			
6. Medical Health Technician			
7. Laboratory Technician			
8. Dispenser			
9. TBA/ Dai			
Total Staff			

MONITORING AND EVALUATION PROJECT

(FOR DESK MONITORING AT NIPS)

MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

STATUS OF CONTRACEPTIVES AT SERVICE OUTLETS:

MR-NIPS-F-4

Availability of Contraceptives	POPULATION WELFARE (No. of Outlets)					HEALTH (No. of Outlets)						Grand Total
	Family Welfare Centre (FWC)	RHS 'A' Centre	RHS 'B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
1	2	3	4	5	6	7	8	9	10	11	12	13
A. Condom												
1. Required stock for 3 months												
2. Stock for less than 3 months												
3. Stock out												
B. Oral Pill												
1. Required stock for 3 months												
2. Stock for less than 3 months												
3. Stock out												
C. Injectable												
1. Required stock for 3 months												
2. Stock for less than 3 months												
3. Stock out												
D. I U D (Copper-T)												

Availability of Contraceptives	POPULATION WELFARE (No. of Outlets)					HEALTH (No. of Outlets)						Grand Total
	Family Welfare Centre (FWC)	RHS 'A' Centre	RHS 'B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
1. Required stock for 3 months												
2. Stock for less than 3 months												
3. Stock out												
E. Mini-lap Kits (for CS cases)												
1. Required stock for 3 months												
2. Stock for less than 3 months												
3. Stock out												

MONITORING AND EVALUATION PROJECT
(FOR DESK MONITORING AT NIPS)

MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

TOTAL CLIENTS VISITING SERVICE OUTLETS:

MR-NIPS-F-5

Type of clients	POPULATION WELFARE (No. of Clients)					HEALTH (No. of Clients)						Grand Total
	Family Welfare Centre (FWC)	RHS `A' Centre	RHS`B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
1	2	3	4	5	6	7	8	9	10	11	12	13
A. Family Planning Acceptors												
1. Condom (i) New												
(ii) Old												
2. Oral Pill (i) New												
(ii) Old												
3. Injectable (i) New												
(ii) Old												
4. I U D (i) New												
(ii) Follow-up												
5. CS cases (i) New												

Type of clients	POPULATION WELFARE (No. of Clients)					HEALTH (No. of Clients)						Grand Total
	Family Welfare Centre (FWC)	RHS `A' Centre	RHS`B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
(ii) Follow-up												
Sub-total (New)												
Sub-total (Old)												
6. Clients who accepted FP. Six weeks after delivery												
B. Clients of General Ailment												
C. Women for An-natal Care												
D. Women for Post-Natal Care												
E. Children												
GRAND TOTAL												

MONITORING AND EVALUATION PROJECT
(FOR DESK MÔNITORING AT NIPS)
MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

VISITING CLIENTS BY AGE AND PARITY:

MR-NIPS-F-6

Visiting clients	POPULATION WELFARE (No. of Clients)					HEALTH (No. of Clients)						Grand Total
	Family Welfare Centre (FWC)	RHS `A' Centre	RHS`B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
1	2	3	4	5	6	7	8	9	10	11	12	13
AGE GROUPS												
1. 15-19												
2. 20-34												
3. 35-49												
4. 50 and above												
PARITY (No. of children)												
1. No child												

Visiting clients	POPULATION WELFARE (No. of Clients)					HEALTH (No. of Clients)						Grand Total
	Family Welfare Centre (FWC)	RHS `A' Centre	RHS`B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
2. One												
3. Two												
4. Three												
5. Four												
6. Five and above												
TOTAL CLIENTS												

MONITORING AND EVALUATION PROJECT

(FOR DESK MONITORING AT NIPS)

MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

VISITING CLIENTS BY CONTRACEPTIVE METHODS:

MR-NIPS-F-7

Contraceptive Methods	POPULATION WELFARE (No. of Clients)						HEALTH (No. of Clients)						Grand Total
	AGE GROUPS				Side-effect cases	Total clients	AGE GROUPS				Side-effect cases	Total clients	
	15-19	20-34	35-49	50 and above			15-19	20-34	35-49	50 and above			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Condom													
2. Oral Pill													
3. Injectable													
4. IUD													
5. CS Cases													
TOTAL													

MONITORING AND EVALUATION PROJECT
(FOR DESK MONITORING AT NIPS)
MONTHLY REPORT OF REPRODUCTIVE HEALTH SERVICES

TYPE CLIENTS VISITING SERVICE OUTLETS:

MR-NIPS-F-8

Type of clients	POPULATION WELFARE (No. of Clients)					HEALTH (No. of Clients)						Grand Total
	Family Welfare Centre (FWC)	RHS 'A' Centre	RHS 'B' Centre	VBFPWs	Provincial Line Health Departments (PLHDs)	Basic Health Units (BHU)	Rural Health Centers (RHC)	Mother and Child Centers (MCH)	Lady Health Workers (LHW)	Tehsil HQ Hospital (THQ)	District HQ Hospital (DHQ)	
1	2	3	4	5	6	7	8	9	10	11	12	13
1. Breast Examination Normal												
2. Cases of Jaundice History												
3. Suspected cases of RTIs												
4. Suspected cases of STDs												
5. Cases of In-fertility												
6. Client who want more children												
7. Clients who want more sons												
8. Clients who were shifted to other methods												
9. Client who had Induce abortion												
10. Cases of last delivery of live birth												
11. Last delivery at home												
12. Last delivery at Health Dept. Centre												
13. Last delivery at other hospital/ clinic												
14. Last delivery attended by trained personnel												
TOTAL CLIENT VISITED THE OUTLET												

ANNEXURE X

THE PROJECT

"STRENGTHENING PERFORMANCE, MONITORING AND EVALUATION FOR MEASURING THE PROGRESS OF REPRODUCTIVE HEALTH AND FAMILY PLANNING PROGRAMMES IN PAKISTAN"

RESEARCH PROPOSAL

FOR

QUICK COUNT SURVEY

OF

CURRENTLY MARRIED WOMEN OF AGE 15-49
JHELUM AND SOHAWA TEHSILS

NATIONAL INSTITUTE OF POPULATION STUDIES (NIPS)
ISLAMABAD

TABLE OF CONTENTS

S.No. **Content**

S.No.		Content
1.	Objectives of the Quick Count Survey	
2.	Study Design of the Project	
	(I)	Survey Methodology
	(II)	Sampling Procedure
	(III)	Instrument for Data Collection Questionnaire for the Survey
	(IV)	Operational Methodology of the Survey
	(V)	Financial Outlay
ANNEXURE-A	Questionnaire for the Survey	

OBJECTIVES OF THE QUICK COUNT SURVEY

(1) To determine the rate and ratios of selected Indicators of Reproductive Health and Family Planning.

(2) To determine the level of fertility and its determinants.

STUDY DESIGN OF THE PROJECT

To achieve the objectives, a study design has been explained as below:

(I) SURVEY METHODOLOGY

For the survey, in Jhelum district, two tehsils (Jhelum and Sohawa) would be the sample area. All currently married women of age 15-49, residing in urban and rural areas, would constitute the universe for the sample.

(II) SAMPLING PROCEDURE

For selecting the respondent, the Stratified Systematic Sampling technique would be applied. This could be explained as under:

Stage-I At first stage, the sample area would be divided into two stratum viz. urban and rural domains.

Stage-II For the next stage, the Federal Bureau of Statistics (FBS) would select a random sample of 25 Primary Sampling Units (PSUs) consist of the Enumeration Blocks (EB) for urban domain and Villages for rural domain, situated in the selected tehsils of Jhelum and Sohawa. The FBS staff will prepare the household listing of each selected PSUs. The list of selected PSUs would be provided to NIPS office.

Stage-III NIPS survey team will visit the selected PSUs for undertaking the data collection and the FBS staff member will accompany the team for identification of PSU and households. From each selected PSUs, Thirty (30) households would be selected by using the Systematic Sampling technique with random start. These household would be the Secondary Sampling Units (SSUs)

Stage-IV From each household, all currently married women of age 15-49 would be selected for interview. This interview would be conducted by a female interviewer and recorded on a pre-design Questionnaire.

(III) INSTRUMENT FOR DATA COLLECTION

To collect the data relating to the Indicators of Reproductive Health and Family Planning, the currently married woman of reproductive age would be interviewed and information would be recorded on a pre-design Questionnaire as briefly explain below.

QUESTIONNAIRE FOR THE SURVEY

All information would be recorded on a pre-design Questionnaire (Annexure-II), which include questions relating to following areas:

(1) Size of the household members with their sex and age;
(2) Background variables of the respondent and her husband, such as age, education, occupation;
(3) Fertility level, Infertility and related;
(4) Infant and Child mortality;
(5) Pregnancy and related matters;
(6) Child and Mother Health Care (MCH);
(7) Prevalence of Breast Cancer and related;
(8) Knowledge about RTIs, STDs, and Hepatitis, and place for treatment;
(9) Knowledge, practice, side-effects of contraceptive methods and reasons of non use;
(10) Access to health and family planning facilities;
(11) Views about the facility and its staff.

(IV) OPERATIONAL METHODOLOGY OF THE SURVEY

(i) TEAM COMPOSITION

As already explained, there would be twenty five sampling areas for the survey. To cover these areas, THREE survey teams would be constituted headed by a male supervisor. Each team will include following members:

(1) Team Supervisor Male (One person);
(2) Female Interviewers (Two persons);
(3) FBS Staff Member (One person);
(4) Driver for vehicle (One person).

(ii) VEHICLE FOR THE SURVEY

For each team, a vehicle will be required for traveling from one sampling area to another and for locating the desired household in the area. This will reduce the wastage of precious time available for conducting the interviews. And also for the safety of team members and the protection of survey material.

(iii) IDENTIFICATION OF THE SAMPLE AREA

As explained earlier, the Sample Area will be selected from the list provided by FBS Office. To identify each sampling area, the FBS office will depute its staff member to accompany the team, he should be familiar with the area and previously visited the community. The team supervisor will prepare the list of selected households by using the systematic sampling technique.

(iv) IDENTIFICATION OF HOUSEHOLD

For locating the selected household, some Elder person or the chowkidar of the community will be quit helpful for the team supervisor. The FBS person will also help to locate the household with his familiarity of the community.

(v) CONDUCTING THE INTERVIEW

After this process, supervisor will introduce himself with the adult member of the family residing in the household. He will briefly explain the purpose of the survey and record basic information. After confirming the Eligible Woman's availability, the female interviewer will conduct the interview. She will record all relevant information on the Questionnaire.

ANNEXURE-A

Processing Code

PROJECT OF

"STRENGTHENING PERFORMANCE MONITORING AND EVALUATION SYSTEMS FOR MEASURING THE PROGRESS OF REPRODUCTIVE HEALTH AND FAMILY PLANNING PROGRAMMES IN PAKISTAN"

QUICK COUNT SURVEY, 1999

WOMAN'S QUESTIONNAIRE

CURRENTLY MARRIED AGE 15-49
JHELUM AND SOHAWA TEHSILS

NATIONAL INSTITUTE OF POPULATION STUDIES
House No. 8, Street 70, F-8/3,
ISLAMABAD
Phone: 850205, 850163
Telex: 54139, Fax: 851977

POPULATION DIVISION, ESCAP, THE UNITED NATIONS,
BANGKOK, THAILAND

HOUSEHOLD SCHEDULE

Date of Final Visit

Day
Month
Year

IDENTIFICATION

Sr.No	Identification	Coding
1.	TEHSIL 1. Jhelum 2. Sohawa	
2.	AREA 1. Urban 2. Rural	
3.	SAMPLED ENUMERATION BLOCK/ VILLAGE ________ (Name of the Place) ENUMERATION BLOCK/ VILLAGE NUMBER	
4.	NAME OF HEAD OF HOUSEHOLD ________ HOUSEHOLD NUMBER	
5.	**NAME OF ELIGIBLE WOMAN** ________ (Eligible woman: CURRENTLY MARRIED AGE 15-49) NAME OF HUSBAND ________ ELIGIBLE WOMAN's NUMBER	
5.	VISITS: First ________ [DATE] Second ________ [DATE] TOTAL NUMBER OF VISITS	
6.	RESULT OF INTERVIEW 1. COMPLETED 2. NO ADULT AT HOME/NO HOUSEHOLD MEMBER AT HOME 3. NO ELIGIBLE WOMEN IN THE HOUSEHOLD 4. REFUSED 5. DWELLING NOT FOUND/VACANT/DESTROYED 6. OTHER ________ (SPECIFY)	
7.	RECORD TIME BEFORE STARTING THE WOMAN'S INTERVIEW: HOUR . . . . MINUTES	

HOUSEHOLD INFORMATION

S.No.	Name of Usual Member and Visitors	USUAL MEMBER: 1= Present 2= Temporary absent 3= Visitor etc.	Relationship with Head of Household (WRITE CODE)	Age In Complete Years	Sex 1= Male 2= Female	Marital Status 1= Never married 2= Currently married 3= Widowed 4= Divorced 5= Separated
1	2	3	4	5	6	7
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

NOTE: USE ADDITIONAL SHEET FOR MORE HOUSEHOLD MEMBERS

TOTAL MEMBERS=	TOTAL MALES=	TOTAL FEMALES=

CODE FOR RELATIONSHIP WITH HEAD OF HOUSEHOLD:		
01. HEAD	06. FATHER/MOTHER	11. GRAND FATHER/MOTHER
02. WIFE OR HUSBAN	07. FATHER/MOTHER IN LAW	12. UNCLE/AUNT
03. SON OR DAUGHTER	08. BROTHER/SISTER	13. OTHER RELATIVE
04. SON OR DAUGHTER IN LAW	09. BROTHER/SISTER IN LAW	14. NOT RELATED
05. GRAND SON OR DAUGHTER	10. NEPHEW/NIECE	15. SURVENT

INDIVIDUAL's QUESTIONNAIRE

1. BACKGROUND:

1.1 How old are you in completed years?

PROBE AGE IN COMPLETED YEARS

1.2 When you got married?

MONTH

YEAR

DON'T KNOW 98

1.3 What is your education?

FORMAL EDUCATION
NUMBER OF CLASSES PASSED:
0 1 2 3 4 5
6 7 8 9 10 11 12 13 14 15 16+ — 1

ONLY INFORMAL EDUCATION OR QURANIC EDUCATION — 2

NO FORMAL OR INFORMAL EDUCATION — 3

1.4 What is your occupation, that is what kind of work do you do for which you are paid in cash or kind ?
(WORK FOR ATLEAST 4-5 HOURS DURING LAST WEEK)

1.5 What is your husband's education?

FORMAL EDUCATION
NUMBER OF CLASSES PASSED:
0 1 2 3 4 5
6 7 8 9 10 11 12 13 14 15 16+ — 1

ONLY INFORMAL EDUCATION OR QURANIC EDUCATION — 2

NO FORMAL OR INFORMAL EDUCATION — 3

1.6 What is your Husband's occupation?

----

2. FERTILITY AND MORTALITY:

2.1 Now I would like to ask about all births you have had during your life.
Have you ever given birth?

YES 1

NO . . . . 2 → 2.6

2.2 How many son or daughters, to whom you have given birth are alive?

TOTAL SONS

TOTAL DAUGHTERS

2.3 What is the age of yours youngest child?
(RECORD AGE IN MONTHS IF LESS THAN ONE YEAR OTHERWISE IN YEARS)

MONTHS 1

YEARS 2

DO NOT REMEMBER 98

2.4 How many son and daughters, to whom you have given birth have died?

(IF NONE RECORD "00")

TOTAL SONS

TOTAL DAUGHTERS

2.5 Is any of your child of AGE less than ONE year has died during last year?

	Yes	No
(a) DIED BEFORE AGE 28 DAYS	1	2
(b) DIED AGE LESS THAN ONE YEAR		
(c) NO DEATH OCCURRED		

INFERTILITY:

2.6. Do you know that some women or men can be infertile?

ONLY WOMEN CAN BE INFERTILE 1

ONLY MEN CAN BE INFERTILE . 2

BOTH CAN BE INFERTILE . . 3

NOT SURE 4

2.7. Do you know that infertility can be treatable?

YES 1

NO 2

NOT SURE 3

2.8 Do you know the place for treatment?

YES (--------------------); 1
(WRITE THE NAME)

NO 2

NOT SURE 3

3. PREGNANCY AND RELATED:

3.1 Are you pregnant now?

- YES 1
- NO 2
- NOT SURE 3

3.2 Have you been attended by trained Health personnel during your last/current pregnancy?

ATTENDED BY HEALTH PERSONNEL
- (1) Doctor (2) LHV
- (3) Midwife (4) L.H. Worker
- (5) Trained TBA (6) Family Member
- (7) OTHERS
- **(8) Never been pregnant** . . . → 3.7

3.3 What was the Out-come of Last Pregnancy?

- LIVE BIRTH 1
- OTHERS 2

3.4 Do you have any Miscarriage during your life?

- YES 1
- NO 2

3.5 Where the last delivery took place?

- AT HOME 1
- AT HEALTH DEPT. CENTRE . . 2 → 3.7
- OTHER HOSPITAL/CLINIC . . 3 → 3.7

3.6 IF at home, what are the reasons?

- NO FACILITY IN THE AREA . 1
- MOTHER's CONDITION 2
- IT HAPPENED IN NIGHT . . . 3
- OTHER REASON 4

3.7 Who has attended the last delivery?

- (1) Doctor (2) LHV
- (3) Midwife (4) Trained TBA
- (5) Un-trained Dai
- (6) Family Member
- (7) OTHERS --------- (Specify)

3.8 Was there any Obstetric complications developed during your last delivery?

- YES 1
- NO 2

ABORTION AND RELATED

3.9 Do you know that if mother's health is in danger, then pregnancy could aborted?

- YES 1
- NO 2

3.10 Do you know the Side-effects of such Abortion? (Yes 1 No 2)

- DO NOT KNOW 1
- Woman's Life at Risk 2
- Bleeding 3
- Weight Loss 4
- OTHERS ------------ (Specify) 5

4. MOTHER AND CHILD HEALTH CARE:

CHECK Q 2.1, IF WOMAN HAD BIRTH ASK Q 4.1 OTHERWISE SKIP TO Q 4.10

4.1 Do you know the normal weight of the new born child?

- YES (More than 7 Lbs.) 1
- NO (Less than 7 LbS.) 2
- NOT KNOW 3

4.2 Was your last child's weight NORMAL when he/she was born?

- NORMAL WEIGHT 1
- UNDER WEIGHT 2

4.3 Did you breast-feed your last child immediately after birth?

- IMMEDIATELY 1
- AFTER FEW HOURS 2
- AFTER ONE DAY 3
- AFTER FEW DAYS 4
- EARLY BREASTFEEDING IS HARMFUL 5
- NEVER BREAST-FEED 6

4.4 Do you know about child health measures to be taken by the mother? (Yes 1 No 2)

- (a) Cleanliness of Eyes . .
- (b) Cleanliness of the Chord
- (c) Keeping the Cloths Clean
- (d) Keeping the Child Neat .
- (e) OTHERS ----------------

4.5 Do you know about the Immuı ation against six diseases?

- YES 1
- NO . . . . 2 → 4

SIX DISEASES:
(1) TUBERCULOSIS(BCG);
(2)DIPHTHERIA,(3) PERTUSSIS,
(4)TETANUS (DPT); (5) POLIO;
(6)MEASLES.

4.6 Did you Immunize your last child against (Six) diseases? (Yes 1 No 2)

- 1 BCG . . . .
- 2 POLIO 0 (AT BIRTH) . . . .
- 3 POLIO 1 . . . .
- 4 POLIO 2 . . . .
- 5 POLIO 3 . . . .
- 6 DPT 1 . . . .
- 7 DPT 2 . . . .
- 8 DPT 3 . . . .
- 9 MEASLES . . . .

4.7 Did you vaccinate for Tetanus toxoid during your last pregnancy? (Yes 1 No 2)

- (a) FIRST DOSE . . . .
- (b) SECOND DOSE . . . .
- (c) THIRD DOSE . . . .
- (d) NOT VACCINATED . . . .

4.8 Did you receive pre-natal and post-natal health care during your last pregnancy?

	Yes 1	No 2
PRE-NATAL HEALTH CARE		
POST-NATAL HEALTH CARE		
NONE OF THEM → 4.12		

4.9 Where have you visited for pre-natal or post-natal health care?

- Govt. Hospital 1
- Govt.HealthCenter/Dispensary 2
- Private Doctor/clinic . . 3
- Private Paramedics/clinic 4
- Hakeem 5
- Homeopath 6
- TBAs 7
- OTHERS -----------(Specify) 8

4.10 How many times did you visit the facility during last pregnancy?

(NUMBER OF VISITS) -------

4.11 Did you discuss with your husband about the sickness of your children?

- YES 1
- NO 2

BREAST CANCER AND RELATED

4.12 Did you examine your breast?

- YES 1
- NO . . . . 2 → 4.15

4.13 Did you find any growth in your breast?

- YES 1
- NO . . . . 2 → 4.15

4.14 Did you visit any place for treatment?

- YES 1
- NO 2

4.15 Do you know that some woman can have breast cancer?

- YES 1
- DON'T KNOW . . . . . . 2 → 5.1

4.16 Are you suffering from breast cancer?

- YES 1
- NO . . . . 2 → 5.1

4.17 Did you get treatment for breast cancer?

- YES 1
- NO 2

5. REPRODUCTIVE TRACT INFECTIONS (RTIs):

5.1 Do you know that some women have diseases called Reproductive Tract Infections?

- YES 1
- NO . . . . 2 → 6.1
- NOT SURE 3

5.2 Do you know the symptoms of Reproductive Tract Infections?

(MENTIONED THE SYMPTOMS)

	Yes 1	No 2
1. Any Vaginal Discharge/bleeding		
2. Coloured Discharge		
3. Smelling Discharge		
4. Back Pain		

5.3 Have you ever had any of the following symptoms of RTIs?

(MENTIONED THE SYMPTOMS)

	Yes 1	No 2
1. Any Vaginal Discharge/bleeding		
2. Coloured Discharge		
3. Smelling Discharge		
4. Back Pain		
IF NONE . . . . → 6.1		

5.4 Do you know the place for the treatment of RTIs?

(MENTIONED THE PLACES)

	Yes 1	No 2
1. Govt. Hospital		
2. Govt. Health Clinic/ Dispensary		
3. Private Doctor/clinic		
4. Private Paramedics/clinic		
5. Hakeem		
6. Homeopath		
7. TBAs		
8. OTHERS ------------- (Specify)		

5.5 Have you ever discussed with your husband about your RTIs problems?

- YES 1
- NO 2
- NOT REMEMBER 3

6. SEXUALLY TRANSMITTED DISEASES (STDs):

No.	Question	Code	No.	Question	Code	No.	Question	Code
6.1	Do you know that some wives or husbands have diseases called Sexually Transmitted Diseases? ONLY WIFE CAN HAVE . . . . . . 1 ONLY HUSBAND CAN HAVE . . . . 2 BOTH CAN HAVE . . . . 3 NO KNOWLEDGE 4	☐ → 7.1	6.2	Do you know the symptoms of Sexually Transmitted Diseases (STDs)? (MENTION THE SYMPTOMS) 1 Weight loss 2 Discharge per Urethra 3 Burning Micturition 4 Frequent Micturition 5 Repeated Infection 6 Chronic Cough 7 Repeated Fever 8 Skin Rash	Yes No 1 2	6.3	Have you or your husband ever had any of the following symptoms of STDs? (MENTION THE SYMPTOMS) 1 Weight loss 2 Discharge per Urethra 3 Burning Micturition 4 Frequent Micturition 5 Repeated Infection 6 Chronic Cough 7 Repeated Fever 8 Skin Rash NONE OF THEM HAD	Yes No 1 2 → 7.1
6.4	Do you know the place for the treatment of STDs? (MENTION THE PLACES) 1. Govt. Hospital 2. Govt. Health Clinic/Dispensary 3. Private Doctor/clinic 4. Private Paramedics/clinic 5. Hakeem 6. Homeopath 7. TBAs 8. OTHERS ------------- (Specify)	Yes No 1 2	6.5	Have you ever discussed with your husband about the STDs problems? YES . . . . 1 NO . . . . 2 DO NOT REMEMBER 3	☐	6.6	Do you know about various types of Hepatitis-B? HEPATITIS TYPE A (Yellow) 1 HEPATITIS TYPE B&C (Black) 2 DO NOT KNOW 3	Yes No 1 2

SECTION 7. FAMILY PLANNING

No.	Question	Skip
7.1	Now I would like to talk about family planning methods that a couple can use to delay or avoid a pregnancy. Do you know about the Family Planning method for avoiding a pregnancy? YES . . . . . 1 NO . . . . . 2 NOT SURE 3	☐ → 8.1 → 8.1
7.2	CIRCLE CODE 1 IN 7.2 FOR EACH METHOD EVER USED BY THE RESPONDENT OR THE HUSBAND. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 7.2, ASK 7.3, 7.4 AND 7.5 BEFORE PROCEEDING TO THE NEXT METHOD.	

		7.2 Have you ever used any Family Planning method?	7.3 Can you explain the Family Planning method you know? (VERIFY THE DESCRIPTION)	7.4 Do you know where a person could go to get (METHOD)?	7.5 Do you think there are Side-effect of the (METHOD)?
01	PILL	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
02	IUD	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
03	INJECTIONS	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
04	IMPLANTS	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
05	CONDOM	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
06	FEMALE STERILIZATION	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
07	MALE STERILIZATION	YES . . . 1 NO . . . 2 ↴	VERIFIED . . . 1 NOT VERIFIED . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2

08	RHYTHM, PERIODIC ABSTINENCE	YES . . . . . 1 NO 2	VERIFIED . . . . . 1 NOT VERIFIED 2	The place for obtaining advice about the method? YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	WITHDRAWAL	YES . . . . . 1 NO 2	VERIFIED . . . . . 1 NOT VERIFIED 2	The place for obtaining advice about the method? YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	Have you heard of any other methods ? (NAME)__________	YES . . . . . 1 NO 2	VERIFIED . . . . . 1 NOT VERIFIED 2	YES . . . . . 1 NO 2	

7.6	CHECK 7.2: AT LEAST ONE "YES" (EVER USED) [1] ↓	NOT A SINGLE "YES" (NEVER USED) [2] → 7.14

No.	Question	Code	No.	Question	Skip/Code	No.	Question	Code
7.7	Now I would like to ask you about the first time when you did something or used a method to avoid getting pregnant. What contraceptive method did you use first? YES (RECORD CODE OF THE METHOD) 1 NO 2	[ ][ ]	7.8 7.9	CHECK 7.2 WOMAN NOT STERILIZED . . . . . WOMAN OR HUSBAND STERILIZED . . CHECK 3.1 NOT PREGNANT OR NOT SURE . . . PREGNANT	1 2 Circle 1 in 7.10 and ask 7.11 1 2 → 7.11	7.10	Are you currently doing something or using any method to delay or avoid getting pregnant? YES (RECORD CODE OF THE METHOD)1 NO 2	[ ][ ]
7.11	Where did you obtain (METHOD) the last time? (IF STERILIZED ASK: Where were you or Husband sterilized?) IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND WRITE THE APPROPRIATE CODE. __________ (Name of Place)	[ ][ ]	7.12	How long does it take you to travel from your home to the facility? (RECORD TRAVELLING TIME) ------------ (IF LESS THAN ONE HOUR, RECORD MINUTES, OTHERWISE RECORD TIME IN HOURS)	[ ][ ]	7.13	Did you used the method of your own choice? OWN CHOICE . . . . . 1 STAFF'S CHOICE . . . . . 2 AVAILABLE METHOD WAS SELECTED 3 OTHERS ------------ (Specify) 4	[ ]

7.14 CHECK 7.2:

NOT A SINGLE "YES" NEVER USER . . 1

AT LEAST ONE "YES" EVER USER . . . 2 → 8.1

7.15 What is the main reason you did not use a method?

(CIRCLE THE APPROPRIATE CODE)

WANTS (MORE) CHILDREN . .	01
LACK OF KNOWLEDGE	02
HUSBAND OPPOSED	03
COST OF METHOD TOO MUCH .	04
DIFFICULT TO GET METHOD .	05
METHODS ARE INCONVENIENT .	06
WORRY ABOUT SIDE EFFECTS .	07
HEALTH CONCERNS	08
RELIGION OPPOSES FP . . .	09
DO NOT FAVOUR FAMILY PLANNING	10
FATALISTIC ATTITUDE . . .	11
OTHER FAMILY MEMBER OPPOSED	12
INFREQUENT SEX	13
DIFFICULT TO GET PREGNANT	14
MENOPAUSAL/ HAD HYSTERECTOMY	15
SHE IS HESITANT TO USE FP	16
OTHERS -------------- (SPECIFY) . .	17
DO NOT KNOW	18

SECTION 8. SERVICE OUTLETS:

8.1 Were you visited at home by a health or family planning programme worker during last 12 months?

YES 1

NO . . . . 2 → 8.4

8.2 How many visits did she pay during last 12 months?

RECORD THE NUMBER OF VISITS .

8.3 On the last visit, did she discuss Family Planning?

YES 1

NO 2

8.4 NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE HEALTH OR FAMILY PLANNING FACILITY YOU HAVE VISITED.

Have you visited a family planning/health facility or clinic for any reason during last 12 months?

YES 1

NO . . . . 2 → 8.11

8.5 What type of family planning/health facility it was?

GOVERNMENT SECTOR	
GOVERNMENT HOSPITAL . . .	01
GOVERNMENT BHU/RHC/DISPENSARY	02
RHS 'A' CENTRE	03
FAMILY WELFARE CENTRE . .	04
MOBILE SERVICE UNIT . . .	05
OTHER ________ (SPECIFY)	06
PRIVATE SECTOR	
NGO CENTRE	07
PRIVATE HOSPITAL/CLINIC .	08
PHARMACY/DRUG STORE . . .	09
PRIVATE DOCTOR	10
HAKEEM	11
HOMEOPATH	12
MOBILE CLINIC	13
OTHER PRIVATE MEDICAL CENTRE ________ (SPECIFY) . . .	14

8.6 On the last occasion, what was the <u>main</u> reason that you <u>attended</u> that facility or clinic?

CHILD SICK	1
RESPONDENT SICK	2
OTHER FAMILY MEMBER SICK . .	3
ANTE-NATAL CHECK UP	4
POST-NATAL CHECK UP	5
IMMUNIZATION	6
FAMILY PLANNING	7
OTHER ________ (SPECIFY)	8

8.7 Did any staff member at this facility or clinic speak to you about family planing?

YES 1

NO . . . . 2 → 8.9

8.8 Did she explain various family planning methods?

EXPLAINED ALL METHODS 1

EXPLAINED A PARTICULAR METHOD 2

DID NOT EXPLAIN ANY METHOD . 3

8.9 Were the medicines for general ailments available?

YES 1

NO 2

8.10	Are you satisfied with the services provided by the staff? SATISFIED . . . . 1 PARTIALLY SATISFIED . . . . 2 NOT SATISFIED 3	☐	8.11	**RECORD THE TIME BEFORE COMPLETING THE INTERVIEW** **HOUR** **MINUTES**	☐☐ ☐☐	

INTERVIEWER'S OBSERVATIONS

(To be filled in after completing interview)

Comments About Respondent:

____

____

Any Other Comments:

____

____

Name of Interviewer: ______________________ ☐☐

SUPERVISOR'S OBSERVATIONS:

____

____

Name of Supervisor: ______________________ Date: ----------------

Name of Editor: ______________________ Date: ----------------

ANNEXURE- X. (4)

MAIN TABLES OF SURVEY FINDINGS

Table 1

Percent Distribution of Currently Married Women Aged 15-49,
Who Were Interviewed by Place of Residence,
District Jhelum, 1999

Name of Tehsil	Urban	Rural	Total
Jhelum	67.4	77.6	74.1
Sohawa	32.6	22.4	25.9
TOTAL	100.0	100.0	100.0
Number of Women	218	415	633

Source: QCS, 1999

Table 2

Percent Distribution of Currently Married Women Aged 15-49
by Selected Background Characteristics and
Place of Residence, District Jhelum, 1999

Background Characteristics	Urban	Rural	Total
Age of the Woman			
15-19	3.2	2.4	2.7
20-24	12.8	16.4	15.2
25-29	19.7	21.0	20.5
30-34	23.9	19.0	20.7
35-39	19.3	19.3	19.3
40-44	12.8	13.0	13.0
45-49	8.3	8.9	8.9
Mean Age (Year)	**32.6**	**32.5**	**32.5**
Number of Living Children			
None	11.5	14.5	13.4
1	13.3	13.5	13.4
2	14.7	15.9	15.5
3	17.4	14.9	15.8
4	15.1	14.7	14.8
5	7.3	10.1	9.2
6	9.2	7.7	8.2
7	6.4	5.1	5.5
8+	5.0	3.6	4.1
Mean of Living Children	**3.4**	**3.1**	**3.2**
Woman's Education			
Not Educated	20.2	22.2	21.5
Only Informal/Quranic	12.4	18.3	16.3
Upto Primary	21.6	26.3	24.6
Upto Middle	14.7	11.1	12.3
Upto Secondary	20.2	16.9	18.0
Secondary and above	11.0	5.3	7.3
Husband's Education			
Not Educated	12.4	9.9	10.7
Only Informal/Quranic	1.4	2.9	2.4
Upto Primary	12.4	11.6	11.8
Upto Middle	20.6	22.7	22.0
Upto Secondary	34.9	38.3	37.1
Secondary and above	18.3	14.7	16.0
TOTAL	**100.0**	**100.0**	**100.0**
Number of Women	**218**	**415**	**633**

Source: QCS, 1999

Table 3

Age Specific Fertility Rates and Total Fertility Rate
by Place of Residence, District Jhelum, 1999

Age	Urban	Rural	Total
15-19	33.61	24.39	27.78
20-24	83.33	200.00	158.12
25-29	272.73	338.58	316.06
30-34	338.98	293.58	309.52
35-39	137.93	177.08	162.34
40-44	128.21	102.94	112.15
45-49	0.00	0.00	0.00
TFR 15-49	**4.97**	**5.68**	**5.43**

Source: QCS, 1999

Table 4

Percent Distribution of Women Who Knew about Infertility and Its Treatment
by Place of Residence, District Jhelum, 1999

Infertility	Urban	Rural	Total
A. Who can be Infertile			
1. Only Woman Can	4.6	4.3	4.4
2. Only Man Can	0.9	2.9	2.2
3. Both Can	69.7	62.7	65.1
4. Not Sure	24.8	30.1	28.3
B. Infertility is Treatable			
1. Yes	62.4	56.9	58.8
2. No	17.4	19.8	19.0
3. Not Sure	20.2	23.4	22.3
C. Knew the Place of Treatment			
1. Yes	55.4	50.2	52.0
2. No	22.5	14.3	17.1
3. Not Sure	22.1	35.4	30.9
TOTAL	100.0	100.0	100.0
Number of Women	218	415	633

Source: QCS, 1999

Table 5

Percent Distribution of Women Who Mentioned Their Last Pregnancy Being Attended by Various Persons by Place of Residence, District Jhelum, 1999

Person Attended Last Pregnancy	Urban	Rural	Total
1. Doctor	59.2	46.9	51.3
2. LHV/Nurse	14.1	12.0	12.8
3. Midwife	8.6	1.1	3.8
4. Lady Health Worker	2.5	2.0	2.2
5. Family Welfare Worker	1.5	0.9	1.1
6. Trained TBA	3.5	1.4	2.2
7. Family Member	0.5	-	0.2
8. Other persons	10.1	35.7	26.4
TOTAL	100.0	100.0	100.0
Number of Women	216	401	617

Note: `Other Persons' includes un-trained TBAs

Source: QCS, 1999

Table 6

Percent Distribution of Women Who Mentioned Their Last Delivery Attended by Various Persons, the Place of Delivery, and Any Complications by Place of Residence, District Jhelum, 1999

Last Delivery	Urban	Rural	Total
A. Who Has Attended			
1. Doctor	40.0	30.3	33.8
2. LHV/Nurse	18.5	15.7	16.7
3. Midwife	12.3	6.5	8.5
4. Trained TBA	18.5	12.4	14.5
5. Un-Trained TBA	7.7	31.5	23.0
6. Family Member	3.1	3.7	3.4
B. Place of Last Delivery			
1. At Home	54.9	62.6	59.9
2. At Health Dept. Center	21.5	17.4	18.9
3. Other Hospital/ Clinics	23.6	19.9	21.2
C. Any Complication During Last Delivery			
1. Yes	24.1	12.6	16.7
2. No	75.9	87.4	83.3
TOTAL	100.0	100.0	100.0
Number of Women	195	356	551

Source: QCS, 1999

Table 7

Percent Distribution of Women Who Have Knowledge about Abortion and Its Side-effects by Place of Residence, District Jhelum, 1999

Abortion	Urban	Rural	Total
A. Pregnancy could be aborted, if mother's health is in danger.			
1. Yes	72.9	61.0	65.1
2. No	27.1	39.0	34.9
B. Knowledge About Side-effects of Abortion			
Yes	31.7	33.7	33.0
No	68.3	66.3	67.0
C. Knowledge About Specific Side-effects of Abortion			
1. Woman's life at risk			
Yes	28.4	26.3	27.0
No	71.6	73.7	73.0
2. Bleeding			
Yes	31.2	30.8	31.0
No	68.8	69.2	69.0
3. Weight loss			
Yes	31.7	28.4	29.5
No	68.3	71.6	70.5
4. Other side-effects			
Yes	33.0	32.3	32.5
No	67.0	67.7	67.5
TOTAL	100.0	100.0	100.0
Number of Women	218	415	633

Source: QCS, 1999

Table 8

Percent Distribution of Women Who Reported the Pattern of Breast Feeding of Their Last Child by Place of Residence, District Jhelum, 1999

Breast-feeding Pattern	Urban	Rural	Total
When started Breast-feeding			
1. Immediate after the birth	22.1	24.6	23.7
2. After few hours	39.0	31.9	34.4
3. After one day	15.9	20.7	19.0
4. After few days	17.9	17.9	17.9
5. Never Breast-fed	5.1	4.8	4.9
TOTAL	100.0	100.0	100.0
Number of Women	195	357	552

Source: QCS, 1999

Table 9

Percentage of Women Who Reported the Immunization Against Six Diseases to Their Last Child by Place of Residence, District Jhelum, 1999

Immunization	Urban	Rural	Total
1. B.C.G.	93.3	91.6	92.2
2. Polio			
Polio 0 (At birth)	93.3	88.5	90.2
Polio 1	91.8	87.4	88.9
Polio 2	88.7	86.0	87.0
Polio 3	85.1	83.8	84.2
3. D.P.T.			
D.P.T. 1	85.6	84.0	84.6
D.P.T. 2	84.6	82.6	83.3
D.P.T. 3	82.6	80.7	81.3
4. Measles	76.9	76.8	76.8
Number of Women	195	357	552

Source: QCS, 1999

Table 10

Percentage of Women Who Were Vaccinated Against Tetanus Toxoid (Three Doses) by Place of Residence, District Jhelum, 1999

Doses of Tetanus Toxoid	Urban	Rural	Total
1. First Dose	65.1	52.7	57.1
2. Second Dose	62.6	54.9	57.6
3. Third Dose	29.2	27.7	28.3
4. Not Vaccinated	19.5	30.3	26.4
Number of Women	**195**	**357**	**552**

Source: QCS, 1999

Table 11

Percentage of Women Who Have Received the Pre-natal and Post-natal Health Care by Place of Residence, District Jhelum, 1999

Health Care	Urban	Rural	Total
1. Pre-natal Care	61.0	47.1	52.0
2. Post-natal Care	39.5	22.7	28.6
Number of Women	195	357	552

Source: QCS, 1999

Table 12

Percent Distribution of Women Who Visited the Facility for Pre-natal or Post-natal Health Care During Last Pregnancy by the Facility Visited, Number of Visits and Place of Residence, District Jhelum, 1999

Visited for Pre-natal or Post-natal Health Care	Urban	Rural	Total
A. Facility Visited			
1. Govt. Hospital	55.9	60.7	58.7
2. Govt. Dispensary	4.7	4.5	4.6
3. Private Doctor/clinic	30.7	24.7	27.2
4. Private Paramedics/clinic	3.2	6.7	5.2
5. TBAs	2.4	1.7	2.0
6. OTHERS	3.2	1.7	2.3
B. Number of Visits			
1	18.1	15.2	16.4
2	15.0	19.7	17.7
3	15.0	25.8	21.3
4	18.9	14.0	16.1
5	5.5	6.7	6.2
6	7.9	7.3	7.5
7	3.1	2.8	3.0
8	16.5	8.4	11.8
Total	100.0	100.0	100.0
Number of Women	127	178	305

Source: QCS, 1999

Table 13

Percent Distribution of Women Who Discussed the Sickness of Children With Their Husband by Place of Residence, District Jhelum, 1999

Discussed with Husband about Sickness of Children	Urban	Rural	Total
Yes	89.2	89.6	89.5
No	10.8	10.4	10.5
Total	100.0	100.0	100.0
Number of Women	195	357	552

Source: QCS, 1999

Table 14

Percent Distribution of Women Who Reported Any Growth in Their Breast, Knew about Breast Cancer, and are Suffering from Breast Cancer by Place of Residence, District Jhelum, 1999

Breast Examination	Urban	Rural	Total
1. Find any growth in their breast			
Yes	13.8	10.4	11.5
No	86.2	89.6	88.5
Total	100.0	100.0	100.0
Number of women	116	250	366
2. Knew about breast cancer			
Yes	85.6	79.3	81.5
No	14.2	20.7	18.5
Total	100.0	100.0	100.0
Number of Women	218	415	633
3. Suffering from breast cancer			
Yes	1.1	0.6	0.8
No	98.9	99.4	99.2
Total	100.0	100.0	100.0
Number of Women	187	329	516

Source: QCS, 1999

Table 15

Percent Distribution of Women Who Have Knowledge About the Symptoms of Reproductive Track Infections (RTIs) by Place of Residence, District Jhelum,1999

Reproductive Track Infections (RTIs	Urban	Rural	Total
Knowledge about Any Symptom	83.5	87.9	86.4
No Knowledge	11.9	8.0	9.3
Not Sure	4.6	4.1	4.3
Total	100.0	100.0	100.0
Number of women	218	415	633

Source: QCS, 1999

Table 16

Percentage of Women Who have Knowledge About Symptoms of Reproductive Track Infections (RTIs) by Symptoms and Place of Residence, District Jhelum,1999

Symptoms of RTIs	Urban	Rural	Total
Any Vaginal Discharge/Bleeding	68.7	79.2	75.7
Colored Discharge	59.9	79.2	72.8
Smelling Discharge	67.6	87.1	80.6
Ulcer or Cuts on Genitals	61.0	76.2	71.1
Back Pain	87.4	90.4	89.4
Hip Pain	72.0	83.3	79.5
Number of Women	182	365	547

Source: QCS, 1999

Table 17

Percentage of Women Who Have Experienced Any Symptom of RTIs
by Symptoms and Place of Residence, District Jhelum, 1999

Symptoms	Urban	Rural	Total
Any Vaginal Discharge/Bleeding	23.6	26.6	25.6
Colored Discharge	7.7	14.0	11.9
Smelling Discharge	-	-	-
Ulcer or Cuts on Genitals	4.4	8.5	7.1
Back Pain	54.4	46.8	49.4
Hip Pain	30.8	35.6	34.0
EXPERIENCE ANY SYMPTOM OF RTIs			
1. Never Experienced	36.3	44.9	42.0
2. Any One	23.1	10.7	14.8
3. Any Two and More (Suspected case)	40.7	44.4	43.1
Number of Women	182	365	547

Source: QCS, 1999

Table 18

Percentage of Women Who Knew the Place for Treatment of RTIs
by Place of Residence, District Jhelum, 1999

Place for Treatment of RTIs	Urban	Rural	Total
1. Government Hospital	92.2	96.0	94.6
2. Government Clinic/ Dispensary	80.2	88.1	85.2
3. Private Doctor/ Clinic	81.9	90.0	87.1
4. Private Paramedics	78.4	82.6	81.1
5. Hakeem	57.8	65.7	62.8
6. Homeopath	66.4	64.2	65.0
7. Traditional Birth Attendant (TBA)	52.6	45.3	47.9
8. Other Places	8.6	9.0	8.8
Number of Women	116	201	317

Source: QCS, 1999

Table 19

Percent Distribution of Women Who Discussed their RTIs Problems
With Their Husband by Place of Residence,
District Jhelum, 1999

Discussed with Husband about RTIs Problems	Urban	Rural	Total
Yes	79.3	76.9	77.8
No	18.1	22.6	21.0
Do Not Remember	2.6	0.5	1.3
Total	100.0	100.0	100.0
Number of Women	116	201	317

Source: QCS, 1999

Table 20

Percent Distribution of Women Who Knew that Some Wives or Husbands Could Have Sexually Transmitted Diseases (STDs) by Place of Residence,
District Jhelum, 1999

Knowledge about STDs	Urban	Rural	Total
1. Only wife can have	3.2	1.0	1.7
2. Only husband can have	1.8	1.4	1.6
3. Both can have	48.2	52.8	51.2
4. No Knowledge about STDs	46.8	44.8	45.5
Total	100.0	100.0	100.0
Number of women	218	415	633

Source: QCS, 1999

Table 21

Percentage of Women Who have Knowledge of Any Symptoms of Sexually Transmitted Diseases (STDs) by Symptoms and Place of Residence,
District Jhelum, 1999

Symptoms	Urban	Rural	Total
Discharge through Vagina	30.2	30.6	30.4
Burning Micturation	41.4	42.4	42.0
Ulcer or Cuts on Genital	36.2	35.4	35.7
Stinking/Colored Discharge	31.0	36.7	34.8
Bleeding after Sex	39.7	34.5	36.2
Hip Pain	43.1	40.2	41.2
Repeated Infection	41.4	38.0	39.1
Chronic Cough	36.2	30.1	32.2
Repeated Fever	39.7	36.2	37.4
Weight Loss	43.1	36.7	38.8
Number of Women	116	229	345

Source: QCS, 1999

Table 22

Percentage of Women Who have Experienced Any Symptoms of STDs by Symptoms and Place of Residence, District Jhelum, 1999

Symptoms	Urban	Rural	Total
Discharge through Vagina	6.9	6.1	6.4
Burning Micturation	6.9	9.6	8.7
Ulcer or Cuts on Genital	-	-	-
Stinking/Colored Discharge	2.6	7.9	6.1
Bleeding after Sex	4.3	5.2	4.9
Hip Pain	14.7	12.7	13.3
Repeated Infection	6.0	4.8	5.2
Chronic Cough	4.3	2.6	3.2
Repeated Fever	5.2	2.6	3.5
Weight Loss	4.3	7.9	6.7
EXPERIENCE ANY SYMPTOM OF STDs			
1. Never Experienced	79.3	79.0	79.1
2. Any One	6.0	5.7	5.8
3. Any Two	6.9	7.0	7.0
4. Any Three	3.4	1.7	2.3
5. Any Four	1.7	2.2	2.0
6. Any Five and More (Suspected Case)	2.6	4.4	3.8
Number of Women	116	229	345

Source: QCS, 1999

Table 23

Percent Distribution of Women Who Discussed their STDs Problems With Their Husband by Place of Residence, District Jhelum, 1999

Discussed with Husband about STDs Problems	Urban	Rural	Total
Yes	80.8	90.0	86.8
No	19.2	10.0	13.2
Total	100.0	100.0	100.0
Number of Women	26	50	76

Source: QCS, 1999

Table 24

Percent Distribution of Women Who Reported Knowledge About Various Types of Hepatitis by Place of Residence, District Jhelum, 1999

Types of Hepatitis	Urban	Rural	Total
1. Hepatitis A			
Yes	81.2	86.5	84.7
No	18.8	13.5	15.3
2. Hepatitis B & C			
Yes	54.6	58.6	57.2
No	45.4	41.4	42.8
3. Knowledge of Any Hepatitis			
Yes	83.0	87.2	85.8
No	17.0	12.8	14.2
Total	100.0	100.0	100.0
Number of Women	218	415	633

Source: QCS, 1999

Table 25

Percentage of Women Who Mentioned the Knowledge about Any Family Planning Method by Place of Residence, District Jhelum, 1999

Knowledge of Family Planning	Urban	Rural	Total
Yes	95.4	93.3	94.0
No	4.6	6.7	6.0
Total	100.0	100.0	100.0
Number of women	218	415	633

Source: QCS, 1999

Table 26

Percentage of Women Who Ever Used a Family Planning Method by Type of Method and Place of Residence, District Jhelum, 1999

FP Methods	Urban	Rural	Total
Pill	12.4	7.5	9.2
IUD/Cu-T	16.1	8.0	10.7
Injection	12.4	8.7	10.0
Implants	0.5	0.2	0.3
Condom	24.8	14.7	18.2
Female Sterilization	7.8	4.8	5.8
Male Sterilization	0.0	0.0	0.0
Rhythm	2.3	3.9	3.3
Withdrawal	3.2	3.1	3.2
Others	1.8	0.7	1.1
Any Method	55.0	35.2	42.0
Any Modern Method	50.5	31.1	37.8
Any Traditional Method	6.4	6.7	6.6
Number of women			

Source: QCS, 1999

Table 27

Percentage of Ever User Who Confirmed the Description of Family Planning Methods by Type of Method and Place of Residence, District Jhelum, 1999

FP Methods	Urban	Rural	Total
Pill	11.5	7.5	8.8
IUD/Cu-T	16.1	8.0	10.7
Injection	12.4	8.7	10.0
Implants	0.5	0.2	0.3
Condom	24.8	14.7	18.2
Female Sterilization	7.8	4.8	5.8
Male Sterilization	0.0	0.0	0.0
Rhythm	2.3	3.1	2.8
Withdrawal	3.2	2.7	2.8
Others	0.0	0.0	0.0
Verified Knowledge About Any FP Method	54.1	34.0	40.9
Number of Women			

Source: QCS; 1999

Table 28

Percentage of Women Who are Currently Using the Family Planning Method by Type of Method and Place of Residence, District Jhelum, 1999

FP Methods	Urban	Rural	Total
Pill	4.1	1.9	2.7
IUD/Cu-T	5.5	3.1	3.9
Injection	3.7	1.2	2.1
Implants	0.0	0.0	0.0
Condom	11.5	4.8	7.1
Female Sterilization	7.8	4.8	5.8
Male Sterilization	0.0	0.0	0.0
Rhythm	0.0	1.9	1.3
Withdrawal	1.4	1.0	1.1
Others	0.9	0.7	0.8
Any Method	34.9	19.5	24.8
Any Modern Method	32.6	15.9	21.6
Any Traditional Method	2.3	3.6	3.2
Number of Women	218	415	633

Source: QCS, 1999

Table 29

Percent Distribution of Women Who Have Never Used a Family Planning Method by Main Reason for Not Using and Place of Residence, District Jhelum, 1999

Reasons of Not Using	Urban	Rural	Total
1. Wants (More) Children	27.6	34.2	32.4
2. Lack of Knowledge	3.1	5.2	4.6
3. Husband Opposed	7.1	8.6	8.2
4. Worry about side effects	4.1	3.0	3.3
5. Health concerns	3.1	1.5	1.9
6. Religion opposes FP	4.1	4.1	4.1
7. Do not Favor FP	1.0	1.1	1.1
8. Fatalistic attitude	-	1.9	1.4
9. Infrequent sex	5.1	3.7	4.1
10. Difficult to get Pregnant	6.1	7.8	7.4
11. Menopausal/Had Hysterectomy	3.1	3.7	3.5
12. She is hesitant to use FP	-	0.7	0.5
13. Other reasons	23.5	11.9	15.0
14. Do not know	2.0	2.2	2.2
15. No FP Knowledge	10.2	10.4	10.4
Total	100.0	100.0	100.0
Number of Women	98	269	367

Source: QCS, 1999

Table 30

Percent Distribution of Women Who were Visited at Home by Worker from Health or Population Welfare Program, and She Discussed Family Planning , During Last 12 Months by Place of Residence, District Jhelum, 1999

Visit of Program Worker	Urban	Rural	Total
1. Worker visited at home			
Yes	38.1	41.2	40.1
No	61.9	58.8	59.5
Total	100.0	100.0	100.0
Number of women	218	415	633
2. Discussed Family Planning			
Yes	60.2	60.2	60.2
No	39.8	39.8	39.8
Total	100.0	100.0	100.0
Number of Women	83	171	254

Source: QCS, 1999

Table 31

Percent Distribution of Women Who were Visited at Home by Worker from Health or Population Welfare Program by Number of Visits During Last 12 Months and Place of Residence, District Jhelum, 1999

Number of Home Visit by the Program Worker	Urban	Rural	Total
1	7.3	14.0	11.9
2	28.0	17.0	20.6
3	12.2	9.4	10.3
4	9.8	9.9	9.9
5	4.9	7.6	6.7
6	2.4	2.9	2.8
7	2.4	0.6	1.2
8	2.4	1.8	2.0
9	1.2	1.8	1.6
10+	29.3	35.1	33.2
Total	100.0	100.0	100.0
Number of Women	82	171	253

Source: QCS, 1999

Table 32

Percent Distribution of Women Who Visited Any Facility of Health or Population Welfare Program during Last 12 Months by Type of the Facility and Place of Residence, District Jhelum, 1999

	Urban	Rural	Total
1. Woman visited the facility			
Yes	22.0	34.9	30.5
No	78.0	65.1	69.5
Total	100.0	100.0	100.0
Number of Women	218	415	633
2. Type of the facility			
Govt. Hospital	27.1	35.2	33.2
BHU/RHC/ Dispensary	-	6.2	4.7
RHS`A' centre	8.3	2.8	4.1
FWC	41.7	25.5	29.5
MSU	-	0.7	0.5
Other Govt. centers	-	2.1	1.6
NGO centre	-	1.4	1.0
Private Doctor	2.1	2.8	2.6
Private Hospital/clinic	18.8	17.9	18.1
Drug store	-	0.7	0.5
Hakeem	-	1.4	1.0
Homeopath	-	0.7	0.5
Other private centre	2.1	2.8	2.6
Total	100.0	100.0	100.0
Number of Women	48	145	193

Source: QCS, 1999

Table 33

Percent Distribution of Women Who Visited Any Health Care Facility by Reasons for Their Last Visit and Place of Residence, District Jhelum, 1999

Reasons of Last Visit	Urban	Rural	Total
1. Child was sick	16.7	40.0	34.2
2. Respondent was sick	22.9	28.3	26.9
3. Other family member was sick	-	1.4	1.0
4. Ant-natal checkup	10.4	7.6	8.3
5. Post-natal checkup	-	1.4	1.0
6. Immunization	10.4	3.4	5.2
7. Family Planning	25.0	15.2	17.6
8. Other reasons	14.6	2.8	5.7
Total	100.0	100.0	100.0
Number of Women	48	145	193

Source: QCS, 1999

Table 34

Percent Distribution of Women Who Visited Any Health Care Facility, Discussion by the Staff Member about Family Planning and Explaining Various FP Methods by Place of Residence, District Jhelum, 1999

	Urban	Rural	Total
1. Staff member has discussed Family Planning			
Yes	43.8	31.7	34.7
No	56.3	68.3	65.3
Total	100.0	100.0	100.0
Number of Women	48	145	193
2. Did she explained various FP methods			
Explained all methods	77.5	84.5	82.7
Explained a particular method	12.5	6.9	8.3
Did not explain any method	10.0	8.6	9.0
Total	100.0	100.0	100.0
Number of Women	40	116	156

Source: QCS, 1999

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