EVALUATION REPORT

OF

95 FAMILY WELFARE CENTRES OF POPULATION WELFARE PROGRAMME

BY

DR. ABDUL HAKIM
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PREFACE

Evaluation of various components of the Population Welfare Programme is one of the major activities of National Institute of Population Studies (NIPS). The present study on the evaluation of UNFPA's Project PAK/87/PO8 was undertaken by NIPS at the request of UNFPA in the light of their terms of reference.

UNFPA has been financially supporting 95 Family Welfare Centres of Population Welfare Programme in the districts of Peshawar, Gujranwala, Nawabshah and Loralai. The study is based on:

1. Analysis of reports relating to project,
2. Analysis of service statistics of Family Welfare Centres,
3. Situation Analysis of Family Welfare Centres, and
4. Consumers' Survey.

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

I acknowledge the contribution of Dr. Abdul Hakim and Mr. Mansoor ul Hassan Bhatti in conducting the study and writing the report.

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

Tewfiq Fehmi
Executive Director

ACKNOWLEDGEMENT

This study was undertaken by the National Institute of Population Studies (NIPS) on the request of UNFPA to evaluate the UNFPA's project PAK/87/PO8. The project aimed to strengthen Family Welfare Centres project of Pakistan Population Welfare Programme by providing financial assistance to 95 Family Welfare Centres in the districts of Peshawar, Gujranwala, Nawabshah and Loralai in Pakistan.

The NIPS completed the study in 1994 on the basis of:

1. Analysis of reports relating to project and service statistics of Family Welfare Centres.
2. Situation Analysis of Family Welfare Centres, and
3. Consumers' Survey.

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

We are grateful to Mr. Tewfiq Fehmi, Executive Director NIPS for his administrative support and also for providing a feed back in earlier discussions which was helpful in completing the study. We are thankful to field staff specially Mr. Amanullah Bhatti, Mrs. Humaira Gulzar, Mr. Mubashir Baqai and Mr. Zulfiqar Alim for supervising the field teams. We are also thankful to UNFPA for assigning the project to NIPS and providing funds for the study.

Dr. Abdul Hakim

Mansoor ul Hassan Bhatti

EVALUATION OF UNFPA PROJECT PAK/87/P08 REGARDING UNFPA'S ASSISTANCE TO 95 FAMILY WELFARE CENTRES OF POPULATION WELFARE ORGANISATION

1 INTRODUCTION

In 1982, UNFPA formulated and financed a project PAK/82/P04 to strengthen 85 Family Welfare Centres (FWCs) of Population Welfare Organisation. The project aimed to provide comprehensive Family Planning Services, Maternal and Child Health Services and elementary medical care through FWCs. Subsequently, in continuation of project PAK/82/P04, UNFPA financed project PAK/87/P08 wherein UNFPA support was extended to 95 Family Welfare Centres in four provinces of Pakistan for a period of five years 1987-91. These centres pertain to districts Gujranwala, Peshawar, Nawabshah and Loralai. The project was further extended for two years 1992-1993. UNFPA allocated US $ 1.710 million for the project whereas GOP contribution amounted to Rs. 780.366 million[1][2][6].

In December 1993, the project financed by UNFPA has completed seven years (1987-1993) and UNFPA requested the National Institute of Population Studies (NIPS) to evaluate the project. The NIPS, accordingly, conducted a study during Jan. - Feb., 1994 as per Terms of Reference at Annexure I

2 METHODOLOGY OF THE STUDY

The NIPS conducted the study " Study of 95 Family Welfare Centres (SFWC95) " during Jan. - Feb., 1994 on the basis of:

1. Analysis of reports relating to project;
2. Analysis of performance reports of Family Welfare Centres;
3. Situation Analysis of FWCs; and
4. Consumers' Survey.

2.1 SAMPLE

For situation analysis of 95 FWCs, a stratified random sample of 14 FWCs was selected in four districts under study viz Gujranwala, Peshawar, Nawabshah and Loralai. For comparison purposes, four districts Sialkot, Mardan, Khairpur and Pishin were also

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selected as control group and 7 FWCs were selected at random from these districts. Thus situation analysis is based on data from 21 Family Welfare Centres, that is, 14 pertaining to study group and 7 pertaining to control group.

For consumers' survey a sample of 140 acceptors of various contraceptive methods was selected from 14 sampled FWCs of study group.

Table 2.1 shows details of the sample drawn from study and control districts for situation analysis as well as of acceptors from the study group.

TABLE 2.1
SAMPLE AND COVERAGE OF SAMPLE

District	Situation Analysis		Consumers' Survey		
	Total FWCs	Sampled FWCs	Sampled Acceptors		
			Total	Covered	Not Covered
Gujranwala	43	5	50	49	1
Sialkot	35	2			
Peshawar	31	4	40	39	1
Mardan	24	2			
Nawabshah	15	3	30	30	0
Khairpur	26	2			
Loralai	6	2	20	20	0
Pishin	7	1			
Study Group	95	14	140	138	2
Control Group	92	7			

In Gujranwala one sampled acceptor could not be interviewed because its address could not be traced out whereas in Peshawar one acceptor refused to be interviewed. Thus results of the consumer survey are based on 138 respondents.

2.2 QUESTIONNAIRES

Two questionnaires were designed, one for situation analysis of FWCs and other for consumers' survey. Contents of the questionnaires were discussed in Technical Advisory Committee of NIPS and necessary improvements were carried out.

2.3 PRELIMINARY DATA COLLECTION

Preliminary data, project document, annual reports, final report and performance reports were collected for a preliminary review of the project from relevant officers / individuals at UNFPA and MPW.

2.4 FIELD WORK

Field work was carried out from 23 Jan., 1994 to 15 Feb., 1994. Four teams were constituted for field work, one each for each province. Each team consisted of one Research Associate and one female interviewer.

2.5 DATA PROCESSING

Data were edited, coded and processed at NIPS.

3 UNFPA PROJECT PAK/87/PO8

3.1 OBJECTIVES OF UNFPA SUPPORT TO 95 FWCs
(As given in project document)

3.1.1 Long Range Objectives

To create preconditions for general development of the country by creating an awareness among people regarding the critical population situation, its impact on the nation's development efforts and the need to decrease the rate of population growth;

i. To raise the level of current population practice from an estimated 9.5 percent to 18.6 percent by the end of the Seventh Five Year Plan period;

ii. To provide reproductive care services to mothers and health services to children under 5 years of age;

iii. To reduce the Crude Birth Rate (CBR) from 40.3 per 1000 population to 36.1 per 1000 population by the end of Seventh Plan period;

iv. To prevent 2 million births during the plan period so as to attain the above mentioned decline in fertility;

v. Consequently to reduce the rate of population growth from an estimated 2.8 percent to 2.6 percent;

vi. To reduce the total fertility rate from 5.9 to 5.4 per woman by the end of the plan period.

It was expected that the totality of Family Welfare Centres would contribute up to 35 percent of the planned targets of the overall national programme.

3.1.2 IMMEDIATE OBJECTIVES

i To increase contraceptive prevalence in the area of influence of the 95 Family Welfare Centres to 18.6 percent;

ii To provide MCH Services through 95 FWCs in the districts of Gujranwala, Nawabshah, Peshawar and Loralai;

iii To meet the national coverage goals for prenatal and child care i.e. 45 percent of married women, 50 percent of pregnant women, 65 percent of children under 5 years of age in the zones of influence of the 95 Family Welfare Centres.

3.2 FINANCIAL ALLOCATION AND INPUTS

UNFPA initially allocated an amount of US $ 1.336 million for five years 1987-91 for:

i. Salaries and travel of project personnel;
ii. Medicines;
iii Equipments;
iv. Seed Money;
v. Rent of premises and maintenance of premises;
vi. Reporting Costs.

Subsequently the allocation of funds were revised to 1.371 million for the same period. After rescheduling the funds in 1992, the project was extended for another two years for 1992 and 1993. The details of allocation of funds, initial, revised and extended are given in Table 3.2.

TABLE 3.2

UNFPA'S FINANCIAL ASSISTANCE TO 95 FAMILY WELFARE CENTRES
1987 -93

(In US $)

a. Initial Budget

COMPONENT	1987	1988	1989	1990	1991	TOTAL
Travel Project Personnel	500	600	600	700	700	3,100
Salary of Project Personnel	83,893	101,474	102,581	103,381	108,275	499,604
Seed Money	10,514	11,098	11,098	11,098	11,098	54,906
Evaluation	-	40000	-	40,000	-	80,000
Non-expendable equipment (new Centres only)	4,100	4,100				8,200
Medicines	6,3084	66,589	99,883	99,883	99,883	429,322
Premises Rental	42,581	33,710	23,597	6,194	6,503	112,585
Maintenance of Premises	9,725	9,725	11,653	11,653	11,653	54,409
Reporting Costs	14,238	13,863	17,658	17,389	17,741	80,889
Sundries	2,262	2,776	2,671	2,895	2,558	13,162
Total	230,897	283,935	269,741	293,193	258,411	1,336,177

b. Revised Budget

COMPONENT	1987	1988	1989	1990	1991	TOTAL
Total	230,897	283,935	235,046	362,768	258,776	1,371,422

c. Extended Budget

COMPONENT	1992	1993	TOTAL
Total	206,000	132,405	338,405

COMPONENT	1987 - 1993
Grand Total	1,709,827

Source: [1][2][6]

Funds for salaries and rents were provided on sliding scale as follows:

a. 25 percent salaries and rents for 85 old centres for the period of the project;

b. 100 percent salaries and rents for 10 new centres for first year, 75 percent for second year, 50 percent for the third year and 25 percent for subsequent years.

4. SITUATION ANALYSIS OF FWCS SUPPORTED BY UNFPA

Population Welfare Organisation has established a net work of 1290 Family Welfare Centres (FWCs) located in urban and rural areas of the country. These Centres are major component of service delivery of Population Welfare Programme. There are 690 urban and 600 rural Family Welfare Centres.[2]

UNFPA sponsored 95 FWCs in four districts, one district in each province, as follows:

S.No.	Province	District	No.of FWCs
1.	Punjab	Gujranwala	43
2.	Sindh	Nawabshah	15
3.	NWFP	Peshawar	31
4.	Balochistan	Loralai	6
	Total		95

All the 95 Family Welfare Centres supported by UNFPA were functional as on 31 Dec., 1993. These are providing Family Planning and Maternal and Child Health (MCH) services and treatment for minor ailment.

As already mentioned, a situation analysis of 95 Family Welfare Centres, supported by UNFPA, was carried as a part of this study. The results of analysis are presented in subsequent paragraphs. The analysis is based on a sample of 14 FWCs of study group and 7 Family Welfare Centres of control group.

4.1 FUNCTIONS OF FAMILY WELFARE CENTRES

The functions of Family Welfare Centres are as follows:

(i) Family Planning

To provide family planning advice and services to all the eligible couples;

(ii) Maternal and Child Health Services (M.C.H.)

To provide Maternal and Child Health services, to conduct prenatal and postnatal examinations, routine testing of urine and blood (for anaemia), to

provide guidance and encouragement for breastfeeding and for proper cleaning practices, to take measures for prevention and treatment of diarrhoea in children and to refer children for immunization against "Killer Diseases" of children;

(iii)Medical Care

To provide medical care (preventive and curative) for common ailments of women and children;

(iv) Midwifery Services

To provide midwifery services on specific request from clients;

(v) Social Education Meetings

To organize periodic Sukhi-Ghar Mehfils, Baby Shows and other activities for the projection of small family norm; and

(vi) Community Volunteers

To enroll the services of community volunteers, both male and female, to act as outreach workers to promote the small family norms and generate demand for services.

4.2 STAFF

4.2.1 Standard Staff Strength of a Family Welfare Centre

The staff strength in each FWC include:

S.No.	Title of Post	Govt.BPS	No. of Posts
1.	FWC Counsellor/Worker	11/8	One
2.	FW Assistant (Male)	5	One
3.	FW Assistant (Female)	5	One
4.	Aya	1	One
5.	Chowkidar	1	One

In certain FW Centres with larger clientele, a Family Welfare Counsellor is posted in place of or in addition to FWW.

4.2.2 Staff In Position

In 1987, when UNFPA's project was extended to 95 Family Welfare Centres, there were a few vacancies of paramedics and FWAs (male & female). These were filled during the period of implementation of the project According to reports received from the Ministry of Population Welfare, all the sanctioned staff was in position except 3 out of 375 as on 31 Dec., 1993. The three short staff includes one Aya (Helper) and two Family Welfare Assistants (F) in Nawabshah district.

Table 4.2 shows the staff in position in the FW Centers.

TABLE 4.2

STAFF POSITION IN UNFPA'S SPONSORED DISTRICTS DURING DECEMBER, 1993

S.No. Category	Gujranwala	Nawabshah	Peshawar	Loralai	Total
No. of FWCs	43	15	31	6	95
1. FW Counsellor/ Worker	43	15	31	6	95
2. FW Assistant(M)	43	15	31	6	95
3. FW Assistant(F)	43	13	31	6	93
4. Aya(Helper)	43	14	31	6	94
5. Chowkidar	43	15	31	6	95

Source: [2]

Recently FWAs (Male) have been withdrawn from the FWCs and attached with Tehsil Offices for male motivation, group meetings and collection of performance reports from non-programme outlets. Some of the FWAs have been posted at the Population Counters established at all major hospitals in districts.

4.3 BUILDINGS FOR FWCS

Overall buildings for FWCs of study group were found suitable. It was found that 79 percent buildings were 'Pacca' buildings. On the average, number of rooms per centre were 3. The study group FWCs were found having better buildings than the control group FWCs. (Table 4.3)

TABLE 4.3

PERCENT OF FWCS BY TYPE OF BUILDING

Buildings For FWCs	Percent FWCs	
	Study Group	Control Group
Type of Building		
Pacca	78.6	57.1
Pacca-Kacha	14.3	28.6
Kacha	7.1	14.3
Number of Rooms		
1	7.1	28.6
2	35.7	28.6
3	50.0	14.3
4	0.0	28.6
5	7.1	0.0
Total FWCs	14	7

It was observed that 93 percent of the centres were within main living areas of the locality / population while only 7 percent were located at some distance below one kilometer.

4.4 ELECTRICITY, WATER AND TOILET FACILITIES

All the FWCs, both of the study group as well as of the control group, had electricity. All of these had also water supply within buildings. Fifty percent buildings had flush system toilet facilities while rest had other type toilet facilities. (Table 4.4)

TABLE 4.4

PERCENT OF FWCS BY TYPE OF FACILITIES

Electricity, Water and Toilet Facilities	Percent FWCs	
	Study Group	Control Group
Electricity		
Yes	100.0	100.0
No	0.0	0.0
Water Supply Within Building		
Piped Water Supply	42.9	42.9
Hand Pump	42.9	28.6
Other Source	14.3	28.6
Toilet Facilities		
Flush System	50.0	28.6
Non- Flush	50.0	57.1
None	0.0	14.3
Total FWCs	14	7

4.5 ATTACHED ACCOMMODATION FOR FWCS

The Family Welfare Counselor (FWC) / Family Welfare Worker had attached accommodation in 36 percent FWCs,. It is debatable whether attached accommodation is better for working of centre but it is observed that attached accommodation, at least, ensures presence of FWC / FWW and which also saves their time in travelling. (Table 4.5)

TABLE 4.5

PERCENT OF FWCS BY ATTACHED ACCOMMODATION FOR FWC / FWW

Attached Accommodation	Percent FWCs	
	Study Group	Control Group
Yes	35.7	14.3
No	64.3	85.7
Total FWCs	14	7

4.6 WAITING AREAS OF FWCS

Waiting areas of all FWCs were reasonably suitable and were protected against sun and rain. However, as for as seating arrangements are concerned, 79 percent study group FWCs had proper seating arrangements while in case of control group FWCs only 57 percent had proper seating arrangements(Table 4.6).

TABLE 4.6

PERCENT OF FWCS BY QUALITY OF WAITING AREA

Waiting Area	Percent FWCs	
	Study Group	Control Group
Protected Against Sun and Rain		
Yes	100.0	100.0
No	0.0	0.0
Proper Seating Arrangement		
Yes	78.6	57.1
No	21.4	42.9
Total FWCs	14	7

4.7 MEDICAL EXAMINATION ROOM

It was observed that medical examination rooms of all FWCs of study group were reasonable and separate or visually private. However in case of control group centres, only 71 percent were separate or visually private. Nevertheless the rooms were not clean in almost one third centres in both cases and there was no adequate light in 43 percent centres in both cases (Table 4.7).

TABLE 4.7

PERCENT OF FWCS BY QUALITY OF MEDICAL EXAMINATION ROOMS

Medical Examination Rooms	Percent FWCs	
	Study Group	Control Group
Separate / Visually Private		
Yes	100.0	71.4
No	0.0	28.6
Clean		
Yes	64.3	71.4
No	35.7	28.6
Adequate Light		
Yes	57.1	57.1
No	42.9	42.9
Total FWCs	14	7

4.8 GENERAL MAINTENANCE OF FAMILY WELFARE CENTRES

In general maintenance of FWCs, all study group centres were found reasonably clean while in case of control group centres 86 percent were found clean. The storage of contraceptives and medicines were found to a great extent in good condition in all centres. However, it was noted that storage of contraceptives was better in study group centres whereas storage of medicines was not better in study group centres as compared to control group (Table 4.8).

TABLE 4.8

PERCENT OF FWCS BY GENERAL MAINTENANCE OF CENTRES

General Maintenance of Centre	Percent FWCs	
	Study Group	Control Group
Clean		
Yes	100.0	85.7
No	0.0	14.3
Good Storage of Contraceptives		
Yes	92.9	85.7
No	7.1	14.3
Good Storage of Medicines		
Yes	92.9	100.0
No	7.1	0.0
Total FWCs	14	7

4.9 FURNITURE

In the study group FWCs, 36 percent had adequate furniture , 43 percent had reasonable furniture and 21 had considerable deficiency of furniture. In case of the control group FWCs only 14 percent had adequate furniture, 43 percent had reasonable furniture and 43 had acute shortage of furniture. Although position of the study group FWCs was better than the control group FWCs, it requires attention because 64 percent of study group FWCs and 86 percent of control group FWCs had furniture of less than 70 percent of the requirements. Similarly out of the available furniture 71 percent was in good condition in study group FWCs and 29 percent needed replacement. In the case of control group FWCs 43 percent furniture needed replacement (Table 4.9).

TABLE 4.9

PERCENT OF FWCS BY AVAILABILITY OF FURNITURE

Availability of Furniture	Percent FWCs	
	Study Group	Control Group
Availability		
20 - 49 %	21.4	42.9
50 - 69 %	42.9	42.9
70 - 82 %	35.7	14.3
Condition		
Mostly in Good Condition	71.4	57.1
Mostly Need Replacement	28.6	42.9
Total FWCs	14	7

4.10 EQUIPMENTS

In the study group 64 percent FWCs had adequate equipments, 29 percent had reasonable equipments and 7 percent had considerable shortage of equipments. The situation was only slightly better than the control group FWCs. It is imperative that 36 percent of the study group FWCs and 43 percent control group FWCs which had less than 70 percent of required equipment, should be provided with desired equipments (Table 4.10).

TABLE 4.10

PERCENT OF FWCS BY AVAILABILITY OF EQUIPMENTS

Availability of Equipments	Percent FWCs	
	Study Group	Control Group
Availability		
20 - 49 %	7.1	28.6
50 - 69 %	28.6	14.3
70 - 82 %	64.3	57.1
Condition		
Mostly in Good Condition	71.4	71.4
Mostly Need Replacement	28.6	28.6
Total FWCs	14	7

4.11 SUPPLY OF CONTRACEPTIVES

Choice of contraceptive methods provided by FWCs include IUDs, injections, condoms and oral pills.

During the period of project implementation 1987-93, supply of contraceptives to FWCs had not been adequate and regular. This was confirmed by DPWOs concerned and by FWWs of sampled centres. Supply of injections remained short during Nov., 1992 - June 1993.

4.12 SUPPLY OF MEDICINES

A wide variety of medicines are supplied to FWCs for treatment of minor ailments. During the early period of project 1987-91 the medicine were supplied to the 95 FWCs through the following sources:

(i) Direct supply from UNFPA under UNIPAC and Non-UNIPAC items;

(ii) Supply of medicine by the Provincial Offices purchased in each year from ADP.

However, it was observed that during that period 1987-92, there had been acute shortage of medicines in the centres. It was partially due to procedural delay as well as due to inadequate allocation in yearly ADP. The problem was considerably overcome during later part of the project 1992-93 where the medicine were purchased by the provincial purchase committee and on receipt of vouchers, UNFPA made direct payment to suppliers. But even then shortage was reported by Centres. It may be noted that UNFPA's money remained under-utilized mainly because of procedural problems. It is interesting that District Population Welfare Officers of UNFPA supported FWCs were ignorant of amount of UNFPA's allocation of funds for districts and for various components and therefore they could not request for more medicines.

4.13 TRAINING

During the project period, all FWWs and FWAs (M&F) were given refresher course by Regional Training Institutes (RTIs) and concerned DDPWOs (C&T). The training was undertaken in batches. The FWWs were given 15 days training at RTIs while FWAs (M&F) were imparted training in motivation and counselling for one to two weeks by DDPWOs (C&T).[2]

FWCs also conduct training for community volunteers and for dais. Study group FWCs as well as control group FWCs reported that they conducted training for community volunteers and for dais but not regularly. However records for such trainings were not available.

4.14 RENTS OF BUILDINGS

Rents of buildings of study group FWCs ranged from Rs. 300 to Rs. 1500 per month. However there were exceptions also where rent was free due to courtesy of the owner or the rent was as high as Rs 1800 per month where the bigger building was occupied for housing Mobile Service Unit.

4.15 RECORD KEEPING

It was observed that record keeping regarding particulars of acceptors of contraceptives was poor and inaccurate. The common error and irregularities were:

a. Incomplete addresses of acceptors;

b. Repeating the entries of old acceptors and showing them as new cases to enhance performance;

c. Converting old cases as new acceptors when they change the method.

The Table 4.15 shows the percentage of such irregularities.

TABLE 4.15

Nature of Irregularity In Record Keeping	Study Group		Control Group	
	Number	Percent	Number	Percent
Total Acceptors July-Dec., 1993	4,290	100	2346	100
Acceptors With Incomplete Address	658	15	392	17
Old Cases Repeated As New Cases	229	5	244	10
Acceptors Changing Methods Shown as New Acceptors	300	7	104	4

Incomplete addresses and repeating the old cases could mean including fake cases to enhance the performance. Recently NIPS conducted a study wherein there were 20 percent cases with incomplete addresses and 48 percent cases were found fake[8]. Such elaborate study was not within the scope of present evaluation.

5 CONSUMERS' SURVEY

As already described earlier, a total number of 138 acceptors of various family planning methods were interviewed in consumers' survey. The responses are analysed in subsequent paragraphs.

5.1. PROFILE OF RESPONDENTS INTERVIEWED

Table 5.1 presents information on the socio-demographic characteristics of respondents in consumers' survey.

It is observed that 85 percent respondents were in age group 25-39. About 73 percent respondents had no informal or formal education, 2 percent had only informal education while 25 percent had formal education which included 5 percent matric and 1 percent post-matric. It is observed that only 25 percent respondents were literate.

At the time of survey, about 12 percent respondents had 1 -2 children ever born. About 24 percent had 3 - 4 children ever born and 34 percent had 5 - 6 children. It means that 70 percent women had 5 - 6 children and 30 percent had even above 6 children ever born.

TABLE 5.1

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Characteristics	Respondents Number	Percent
Age		
15-19	1	0.7
20-24	13	9.4
25-29	36	26.1
30-34	44	31.9
35-39	37	26.8
40-44	7	5.1
Children Ever Born		
1-2	16	11.6
3-4	33	23.9
5-6	47	34.1
7-8	30	21.7
Above 8	12	8.7
Education Level		
No Informal or Formal Schooling	100	72.5
Only Informal Education	3	2.2
Below Primary	4	2.9
Primary	15	10.9
Middle	7	5.1
Matric	7	5.1
Post-Matric	2	1.4
Literacy		
Literate	35	25.4
Illiterate	103	74.6
Total	138	100.0

5.2 EVER USE OF CONTRACEPTIVE METHODS

Table 5.2 provides information regarding ever use of contraceptive methods by respondents.

TABLE 5.2

Contraceptive Method	Respondents Number	Percent
Pill	39	28.3
Condom	44	31.9
Vaginal Methods	9	6.5
Injection	43	31.2
I.U.D	40	29.0
Female Sterilisation	18	13.0
Rhythm	8	5.8
Withdrawal	14	10.1
Other Methods	1	0.7
Total	138	100.0

In this sample ever users of pills, condoms, injections and IUDs ranged 28 percent to 32 percent while female sterilisation was 13 percent. It may, however, be kept in mind that these respondents belonged to a special sample of acceptors who got contraceptive methods from FWCs.

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

Current use of Injections was highest being 21 percent current use of I.U.Ds, condoms and oral pills was almost the same i.e. 19 percent, 18 percent and 17 percent respectively while current use of female sterilisation was 13 percent. Current use of vaginal methods was only 4 percent (Table 5.3).

TABLE 5.3

Contraceptive Method	Respondents Number	Percent
Pill	24	17.4
Condom	25	18.1
Vaginal Methods	6	4.3
Injection	29	21.0
I.U.D	26	18.8
Female Sterilisation	18	13.0
Drop-outs	10	7.2
Total	138	100.0

5.4 REASONS TO ACCEPT FAMILY PLANNING

It was observed that 46 percent accepted family planning for spacing and 48 percent accepted family planning for limiting, that is desiring no more children, while 6 percent accepted family planning for health and other reasons.

5.5 BEST WAY FOR FAMILY PLANNING

A question was asked to respondents that according to them what was the best way to plan a family. It is interesting to note that 70 percent favoured use of contraceptive methods for family planning while 25 percent said that late marriage is the best way for family planning. It shows that women in UNFPA's areas are well aware about the importance of use of contraceptive methods while it also shows that women no longer favour early marriage which are most common in NWFP and Sindh. (Table 5.5)

TABLE 5.5

BEST WAY FOR FAMILY PLANNING

Best Way For Family Planning	Respondents Number	Percent
Use of Contraceptive Methods	96	69.6
Late Marriage	35	25.4
Breastfeeding	5	3.6
Not Sure	2	1.4
Total	138	100.0

5.6 MOTIVATION

According to Table 5.6, 63 percent respondents were motivated by Family Welfare Workers, 15 percent were motivated by relatives, 9 percent were pursuaded by friends while 7 percent were advised by doctors or paramedics. It shows that FWWs are playing an important role in motivating women to accept family planning methods in the area of their catchment. Also it shows that relatives and friends have considerable influence in decision making. In this case these would be, most probably, satisfied acceptors of family planning methods. It also shows importance of interpersonal communication by FWWs.

TABLE 5.6

MOTIVATION

Motivators	Respondents	
	Number	Percent
Family Welfare Workers	87	63.0
Relatives	21	15.2
Friends	13	9.4
Doctors/Para-medicals	9	6.5
Others	8	5.8
Total	138	100.0

5.7 CHILDREN EVER BORN WHEN CONTRACEPTIVE METHOD WAS FIRST USED

Currently Population Welfare Programme in Pakistan emphasizes two child family. A question was asked to respondents regarding the ever born children when they first used a contraceptive method. It is encouraging that 19 percent respondent started practicing family planning when they had 1-2 children ever born. Another 25 percent started family planning when they had 3-4 children ever born, 34 had started family planning when they had 5-6 children ever born while 21 percent commenced family planning when they had more than 6 children ever born (Table 5.7). It appears that more efforts are needed to convince the couples to start the use of family planning when they have 1 - 2 children ever born.

TABLE 5.7

CHILDREN BORN WHEN CONTRACEPTIVE METHOD WAS FIRST USED

Children Ever Born	Number	Percent
1-2	26	18.8
3-4	35	25.4
5-6	47	34.1
7-8	22	15.9
Above 8	8	5.8
Total	138	100.0

5.8 BEST CONTRACEPTIVE METHOD

In this survey 22 percent respondents stated female sterilisation as best method for contraception, 21 percent stated condom, 19 percent stated I.U.D, 18 per cent favoured injection and 15 percent considered that oral pill was the best (Table 5.8).

TABLE 5.8

BEST METHOD FOR CONTRACEPTION

CONTRACEPTIVE METHODS	Respondents	
	Number	Percent
I.U.D	26	18.8
Injection	25	18.1
Condom	29	21.0
Pill	20	14.5
Female Sterilisaiton	30	21.7
Other Methods	8	5.8
Total	138	100.0

5.9 SPACING BETWEEN TWO BIRTHS

A question was asked from respondents as what should be spacing period between two birth. Accordingly 55 percent said that spacing should be 3 years, 28 percent favoured spacing even more than 4 years whereas 17 percent were of the view that spacing should be for 2 years.

5.10 DROP-OUTS

In this survey 93 percent respondents were found current users while 7 percent were found drop-outs.

Out of 10 drop-outs, 4 dropped-out due to discontinuation of supplies, 3 dropped out as they wanted more children while rest dropped out due to side-effects, method being in-effective and other reason.

Out of 10 drop-out women 5 said that they were currently pregnant at the time of survey. It is interesting to note that originally 3 left the use of contraceptive methods for more children but 5 became pregnant. This means two pregnancies were unwanted.

5.11 AVAILABILITY OF SERVICES

It was observed that 96 percent respondents usually got contraceptives from FWCs whereas only 4 percent got the supplies from drug stores or government hospitals. Table 5.11 explains whether contraceptive methods of choice were always available to respondents from concerned Family Welfare Centre and whether MCH services were available?

TABLE 5.11

AVAILABILITY OF SERVICES

Services	Respondents	
	Number	Percent
Availability of Contraceptive Methods		
Yes	125	90.6
No	13	9.4
Maternal and Child Health Services		
Yes	102	73.9
No	36	26.1
Total	138	100.0

Ninety one percent respondents said that family planning methods were always available and 74 percent respondents said that MCH services were available.

5.12 QUALITY OF CARE BY FAMILY WELFARE CENTRES

Some questions were asked regarding quality of care by FWCs. Table 5.12 shows the results of responses.

TABLE 5.12

QUALITY OF CARE

Services	Respondents Number	Percent
Whether Staff Friendly		
Yes	96	69.6
Partially Friendly	37	26.8
Not Friendly	5	3.6
Location of Centres		
Suitable	121	87.7
Not Suitable	17	12.3
Timings of FWCs Suitable		
Suitable	135	97.8
Not Suitable	3	2.2
Time To Get Contraceptives		
Less than 1/2 Hour	86	62.3
1/2 Hour To Less than 1 Hour	31	22.5
1 Hour TO Less 2 Hours	17	12.3
2 Hours Or More	4	2.9
Clients' Satisfaction		
Very Satisfied	27	19.6
Satisfied	97	70.3
Not Satisfied	13	9.7
Vague Answer	1	0.7
Total	138	100.0

It was observed that majority of the respondents were satisfied with the quality of care provided by the centres. Seventy percent respondents said that staff of centres was friendly, 88 percent said that locations of the centres were suitable and 90 percent were satisfied with services of the centres including 20 percent who were very satisfied. However, a few indicated their displeasure with the attitude of centre staff, their location and timings which need attention of the planners.

5.13 HOME VISITS

It was found encouraging that 72 percent respondents confirmed home visits by staff of FWCs. It shows the quality work in UNFPA's supported FWCs.

6. CONCLUSIONS

6.1 EXTENT OF ACHIEVEMENT OF IMMEDIATE OBJECTIVES

All the 95 Family Welfare Centres were operational as on 31 Dec., 1993 and providing family planning and MCH services as well as treatment for minor ailments as required in UNFPA's objectives.

a. Contraceptive Prevalence

Contraceptive ever use and current use in Pakistan had increased from 11.8 percent and 9.1 percent in 1984 - 85 to 20.3 percent and 11.8 percent respectively in 1990 - 91 to which there was proportionately more contribution of Family Welfare Centres financed by UNFPA.[3][4]

Table 6.1.1 shows the contraceptive performance of UNFPA's FWCs for the period 1987 - 93. This is based on the service statistics data supplied by the districts to M & S wing of the MPW.

TABLE 6.1.1

OUTPUT IN TERMS OF CONTRACEPTIVE PERFORMANCE OF FWCs
JULY, 1987 TO JUNE, 1993

Year	Condom (Units)	Oral Pill (Cycles)	IUD (Cases)	Injection (Vials)	Foam Bottles	Birth Aversions
GUJRANWALA						
1992-93	537534	2616	117559	4891	111	21203
1991-92	1662690	7800	18122	18787	2	5676
1990-91	1722600	20632	11717	14697	1291	4708
1989-90	3339631	23388	15664	15405	2225	7409
1988-89	5523251	36048	7800	17424	2324	8849
1987-88	5460266	49619	20162	14231	3496	11017
Total	18245972	140103	191024	85435	9449	58862

Year	Condom (Units)	Oral Pill (Cycles)	IUD (Cases)	Injection (Vials)	Foam Bottles	Birth Aversions
NAWABSHAH						
1992-93	68713	2612	1820	4094	0	524
1991-92	475046	14980	6322	9052	15	2040
1990-91	464858	24335	5177	6774	396	1882
1989-90	857039	25387	5422	7324	1536	2454
1988-98	8936602	23449	4033	3521	1076	11795
1987-88	784257	20188	2865	1547	890	1711
Total	11586515	110951	25639	32312	3913	20406
PESHAWAR						
1992-93	167035	5845	11631	4466	10	2388
1991-92	734998	13824	6861	8755	300	2436
1990-91	831539	35616	8444	6862	808	3020
1989-90	5050668	24064	7828	8013	418	7880
1988-98	606589	28282	8082	7142	1142	2628
1987-88	589352	26450	11076	5996	1828	3102
Total	7980181	134081	53922	41234	4506	21453
LORALAI						
1992-93	51450	1417	807	520	0	229
1991-92	87460	1690	630	699	34	250
1990-91	141235	2187	1129	550	139	406
1989-90	96749	2640	918	1192	144	336
1988-98	98594	3253	1373	1595	225	435
1987-88	154112	4914	1137	1233	309	472
Total	629600	16101	5994	5789	851	2127

Source: [5]

Analysis of performance shows that it has been fluctuating. This is likely due to irregular supply of contraceptives as has been confirmed in situation analysis. However contribution of UNFPA's supported FWCs was proportionately more than other FWCs of Population Welfare Programme of MPW as can be seen from Table 6.1.2.

TABLE 6.1.2

	Number of FWCs	Birth Aversions Number	Birth Aversions Average Per Centre
All Pakistan	1290	1063,144	824
UNFPA Supported	95	102,848	1082

According to situation analysis UNFPA's supported FWCs were comparatively better, in performance and quality, than other centres of the programme. Those had better buildings, better amenities, better waiting areas for clients, separate and visually private medical examination rooms. Furniture and equipments were reasonably available. The maintenance of the centres was better. Centres were clean specially their medical examination rooms. The centres were well staffed.

b. Maternal And Child Health Services

According to consumers' survey, 74 percent women confirmed availability of MCH services in the areas of FWCs supported by UNFPA.

c. Antenatal and Child Health Services

Antenatal and Child Health services are provided to women and children in areas of FWCs supported by UNFPA. Antenatal care was provided to 30 percent women during 1985 - 90. [4]

Efforts are regularly being made to meet the coverage goals for prenatal and child care i.e. 45 percent Married, 59 percent pregnant and 65 percent children under five years of age in 95 FWCs.

In view of above analysis, although exact extent of achievement of immediate objectives cannot be ascertained but it can safely be concluded on the basis of higher performance of UNFPA's supported FWCs, quantitatively as well as qualitatively that objectives of the project have been proportionately achieved as were feasible by the end of 1993. But continued efforts are needed in future to improve their performance further.

6.2 EXTENT OF ACHIEVEMENT OF LONG RANGE OBJECTIVES

a. Level of Current Population Practice

The level of current population practice in Pakistan had increased from 9.1 percent in 1984 - 85 to 11.8 percent in 1990 - 91 [3][4]. The contribution of UNFPA's supported FWCs is more than other FWCs as in terms of birth aversions output per centre of UNFPA's FWCs is higher than other centres of the country as can be seen from Table 6.2.1.

TABLE 6.2.1

BIRTH AVERSIONS PER CENTRE

	Birth Aversions Per FWC	
	UNFPA FWCs	All FWCs
Punjab	1,369	966
Sindh	1,360	739
NWFP	613	531
Balochistan	355	477
	1,083	824

Source: [5]

In Pakistan birth aversions per centre are 824 while in areas of UNFPA's supported FWCs birth aversions per centre are 1,083. Province-wise also UNFPA's supported FWCs performed better except in Balochistan where birth aversions per centre were lower than other centres in Balochistan. In Punjab, Sindh and NWFP, birth aversions per centre were 966, 739 and 531 respectively while in Gujranwala, Nawabshah and Peshawar districts birth aversions per centre were 1369, 1360 and 613 respectively. But in Loralai birth aversions per centre were 355 as compared to birth aversions in Balochistan which were 477

b. Reproductive Care Services To Mothers And Health Services to Children Under 5 Years

Reproductive care services are being provided to mothers and health services to children under 5 years. As already mentioned 74 percent women in the area of UNFPA's FWCs are getting MCH services.

c. Birth Aversions

During 7th Five Year Plan, all FWCs prevented an estimate of 1.06 million births during 1987-93 out of which UNFPA supported FWCs prevented an estimate of 0.10 million births and thus contributed and helped to achieve the targets of the plan (Table 6.2.2).

TABLE 6.2.2
BIRTH AVERSIONS BY FWCs IN PAKISTAN(1290)
JULY, 1987 TO JUNE, 1993

	Condom (Units)	Oral Pill (Cycles)	IUD (CASES)	Injection (Vials)	Foam (Bottles)	Birth Aversions
All 1290 FWCs IN Pakistan						
PUNJAB	269157541	34503054	1976039	1718117	191931	748942
SINDH	60703623	1695828	445315	481467	64188	181160
NWFP	21869198	1084931	347845	356211	46459	107763
BALOCHISTAN	8831325	216419	60047	70406	10925	25278
PAKISTAN	360561687	6447483	2829246	2626201	313503	1063144
95 FWCs IN Gujranwala, Nawabshah, Peshawar and Loralai						
GUJRANWALA	18245972	140103	191024	85435	9449	58862
NAWABSHAH	11586515	110951	25639	32312	3913	20406
PESHAWAR	7980181	134081	53922	41234	4506	21453
LORALAI	629600	16101	5994	5789	851	2127
UNFPA FWCS	38442268	401236	276579	164770	18719	102848

Source [5]

In view of the discussion above, it can be concluded that UNFPA's supported FWCs contributed, efficiently and with higher proportion in achieving the long range objectives of the project but overall achievement of the programme remained less than what was planned.

6.3 THE APPROPRIATENESS AND FEASIBILITY OF PROJECT STRATEGY AND WORK PLAN VIS A VIS THE OBJECTIVES

All the FWCs were operational and those received all desired inputs. However the special efforts of UNFPA were diluted due to procedural problems and tendency of GOP in keeping uniformity in all FWCs as for as working is concerned.

Overall it appears that clients are satisfied and happy with FWCs of UNFPA areas. But one thing specially needs attention that ,some-times, contraceptives are not available. The DPWOs, should ensure that supply line of contraceptives is never disturbed.

6.4 BOTTLENECKS AND PROBLEMS HINDERING PLANNED ACTIVITIES AND THEIR CAUSE

6.4.1 a. UNDER UTILIZATION OF FUNDS

Under revised allocation, UNFPA allocated US $ 1.371 million for the project for 5 years 1987-91 out of which only US $ 0.731 could be spent by provinces on 95 Family Welfare Centres as follows:

S.No.	Year	Allocation	Utilization	Percent Utilized
1.	1987	230,897	182,175	78.9
2.	1988	283,935	85,946	30.3
3.	1989	235,046	158,643	67.5
4.	1990	362,768	149,914	41.3
5.	1991	258,776	154,293	59.6
	Total:	1371,422	730,971	53.3

After rescheduling the funds in 1992, the project was extended for another two years. The allocation of funds and expenditure were as follows:

S.No.	Year	Allocation	Utilization	Percent Utilized
1.	1992	206,000	106,000	51.5
2.	1993	132,405	102,256*	77.2*
	Total:	338,405	208,256	61.5
Total for	1987-93	1709,827	939,227	54.9

*Preliminary estimates.

It means that the overall utilization of funds was disappointing but it was better during the years 1987, 1989 and 1993.

b. REASONS FOR UNDER UTILIZATION OF FUNDS

Basically funds remained under utilized due to cumbersome financial procedures and inadequate allocation of financial component in ADP. It is imperative that financial procedures must be simplified specially in case of population welfare programme because this programme has an urgent task to reduce high fertility on which depends the future development of the country.

Unfortunately district officers who are the key officers in execution of the programme were unaware of the total allocation of funds for their districts. The district officers only receive funds for salaries, TA/DA, POL and contingencies for which they ensure that funds are properly utilized. The funds regarding medicines, furniture, equipments and other expenditures are utilized by provincial headquarters and so they can best explain underutilization.

According to District Population Welfare Officer Gujranwala, release of funds had been irregular specially for salary component.

The Ministry of Population Welfare informed the following major reasons for under utilization of UNFPA funds [2]:

a. An amount of US $ 0.080 million, allocated for evaluation of the project PK/87/P08, was not utilized as no specific evaluation of this particular project was carried out by GOP or UNFPA. However, various evaluation of the FWCs

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component were undertaken by GOP, ODA and Population Council such as FWCs Vicinity Survey, Situation Analysis of FWCs, IUD Follows-up Study and Injectable Continuation Study where no UNFPA assistance was utilized.

b. The amount of US $ 0.055 million allocated for 'seed money' was not utilized as this budget line was not approved in the 7th Five Year Plan PC-1 (1988-93) but the allocation was reflected in the project document as it was signed in 1987.

c. The amount of US $ 0.426 million for supply of medicine to 95 FWCs was not fully utilized because of limited ADP for the component during 1987-91. The funds estimated in the document PK/87/p08 were not provided in the ADP at that level. However, during 1992 and 1993 when the UNFPA agreed to make payment directly to the supplier of medicines, the utilization was grossly improved.

d. The funds earmarked for maintenance of premises and records/reports were not utilized due to reduced allocation in ADP.

e. One of the most important reason for low level utilization was the exchange rate of US $. At the time of preparation of project document in 1987, the exchange rate was figured out as Rs. 17.12 for one US $ but in 1993 the exchange rate came to Rs. 30.20 for one US $.

6.4.2 Too Much Centralization

It is felt that supply line of contraceptives and medicines is frequently interrupted due to too much centralization. Provincial warehouses for contraceptives are needed so that provinces can cater to immediate needs of districts. Also it is imperative that DPWOs should be authorized to purchase the required medicines at district level and funds should be at their disposal.

6.4.3 'Target' System in Family Planning Programme

Previously targets were set in terms of sale of contraceptives for districts and for FWCs. This could not bring healthy results as centres, in order to keep up achievement, enhanced their performance by including some fake cases in the performance reports. Target system has now been abolished. But it is imperative to design certain methods to improve the performance of the centres.

6.4.4 Project Monitoring

Monitoring of the project remained weak resulting in interruption in contraceptive supplies, shortage of medicines, over-reporting of performance and poor record keeping.

6.5 ADEQUACY AND TIMELINESS OF UNFPA INPUTS AND THEIR CONTRIBUTION TO THE ACHIEVEMENT OF THE PROJECT'S IMMEDIATE OBJECTIVES

UNFPA's financial allocation for inputs was adequate but its utilization depended on amount of funds provided in ADP. The utilization of UNFPA's funds remained low ranging 30 percent to 79 percent due to less provision of component funds in ADP. However, comparatively, they contributed better in achievement of immediate objectives.

6.6 ADEQUACY AND TIMELINESS OF GOVERNMENT INPUTS AND THEIR CONTRIBUTION TO THE ACHIEVEMENT OF THE PROJECT'S IMMEDIATE OBJECTIVES

Government's provision in ADP was not adequate. Releases were not timely. First release of funds and subsequent releases were late due to procedural problems and inputs could not be inducted in time. However they contributed in achievement of project's immediate objectives as already discussed.

6.7 ADEQUACY AND TIMELINESS OF PROJECT MONITORING, BOTH BY UNFPA AND GOVERNMENT, AND THE ROLE THAT MONITORING PLAYED IN SOLVING BOTTLENECKS

UNFPA and Government of Pakistan monitored the project through:

a. Statistical reports and returns;

b. Inspection and monitoring tours by UNFPA officers, officers from Ministry of Population Welfare, Provincial Population Welfare Department, and District Population Welfare Office.

The progress of the project was regularly discussed in:

a. Quarterly review meetings held with provinces; and
b. Tripartite Review meetings with UNFPA.

The decisions of the meetings were implemented.

As already discussed, monitoring of the project remained weak resulting in interruption in contraceptive supplies, shortage of medicines, over-reporting of performance and poor record keeping. In November 1992, Ms Tahira Abdulla, Programme Officer, UNFPA along with Dr. Hassan Faisal, Assistant Director (FWCs), MPW visited Gujranwala to monitor project progress and to discuss issues relating to procurement of

contraceptives and equipments. It is relevant and useful to reproduce a summary of their report:

A meeting was held with DPWO Gujranwala, and his staff at the District Population Welfare Office wherein status of the UNFPA-supported 43 FWCs and issues of concern were discussed. Subsequently FWCs were visited.

It was observed that [7]:

a. Staff

Ten FWCs were adversely effected as their paramedical staff was taken away for VFPW training in connection with the Village Family Planning Workers (VFPW) pilot project in Gujranwala. Also due to the GOP ban on recruitment new staff could not be recruited to replace them. In addition, some FWCs staff was shifted to the RH/CS project's RH centres.

b. Supply of Medicines

The first consignment of UNFPA-supplied medicines was received in March 1992, while the second arrived eight months later, on 10 November 1992, when most of the items were out of stock.

c. Supply of Contraceptives

There appeared a serious problem regarding the supply of Contraceptives from the central warehouse in Karachi to the provincial/district office. According to demand and supply figures, contraceptives were never supplied as demanded e.g. of the 4,155 oral pill cycles requested, only 1,200 were supplied; of the 9,413 Copper-T IUDs requested, only 600 were supplied; of the 15,635 injectables requested, only 2,400 were supplied. The quantities requested were calculated on (i) the basis of new stock required for replenishment, and (ii) the targets set for the district. However, it was informed that the warehouse apparently only takes into account past utilization, which always remains low due to inadequacy of stocks. Also there was demand for foam which was not available. This was a situation which needed to be urgently addressed.

d. Price of Condom

Ever since the price of condom was increased, the sale of condoms has dropped. It was informed that the demand of SMC brand (Saathi) was much more as it was cheaper, well advertised and attractively packed. The NGOs operating in the district also sell at a cheap rate than the GOP/MOPW. The various figures quoted were:

GOP/MOPW:	Rs.50/100 units (to clients and retail outlets);
Saathi:	Rs.25/100 units (to retail outlets);

NGOs: Rs.10-15/100 units (to clients)

Hence, retail outlets prefer to sell Saathi as the margin of profit is larger.

Target System

The target-setting system was not favoured by all levels of district and provincial staff as it results in distorted reporting of contraceptives performance. Also male FWAs / Motivators who fail to sell even the minimum target level, have to deposit "sales proceeds" out of their salaries. This is a demoralizing factor.

f. General Conditions of FWCs

The appearance of the FWCs was dilapidated. There was general lack of repairs and maintenance. IEC material was not available. Stationery was not being supplied regularly and FWWs had to buy stationery items out of their own salaries. They also personally provide tea etc. during Sukhi Ghar Mehfils (Happy Home meetings) and amount is not reimbursed.

UNFPA and MPW team discussed the matter with provincial authorities of population welfare who initiated necessary action in the matter. However in connection with procurement issues, the Director and DD (Medical) of Punjab office felt that there was insufficient time to carry out the three separate procurements i.e. that of medicines, equipment and furniture according to the specified procedures through purchase Committees, etc. They requested that the procedures should be slightly amended and simplified.

The recommendations of the team have also been incorporated in this report.

6.8 EXTENT TO WHICH THE ROLE AND CONCERN OF WOMEN WERE TAKEN INTO ACCOUNT IN PROJECT FORMULATION, IMPLEMENTATION AND MONITORING; AND THE EXTENT AND LEVEL(S) AT WHICH WOMEN PARTICIPATED, BOTH AS PROJECT BENEFICIARIES AND AGENTS

The ability of women to control their own fertility forms an important basis for the improvement of their status in society. Opportunities, necessary services and facilities regarding family planning enable women to take greater responsibility for their reproductive lives. It is imperative to take actions to ensure that women can effectively exercise their rights which pertain to population concerns.

FWCs are basically specialized centres for providing:

a. Family Planning services to women;
b. MCH services to women and children; and
c. Treatment for minor ailments to women and children.

Also these centres are headed by women who are Family Welfare Counsellors or Family Welfare Workers. So by establishing these centres and by providing financial assistance to these centres, role and concerns of women were fully taken into account in the project formulation and implementation. Women as FWCs and FWWs are successfully running these centres and women of the areas are benefitting from the services provided by these centres. However it is pointed out a reasonable career planning is necessary for the FWCs and FWWs. Recently a cadre of Female Technical Officers has been created and some of the FWCs have been promoted but this scheme has not yet been properly implemented.

6.9 LESSONS LEARNED FROM ALL ASPECTS OF THE PROJECT WHICH MAY BE OF SUBSEQUENT USE TO OTHER SIMILAR PROJECTS

a. Family Welfare Centres' project is an important project as Family Welfare Centres are the key institutions to provide family planning services. Family Welfare Workers play a vital role in motivating the women for family planning through interpersonal communication which is the most effective method of motivation [8]. There is a need to further strengthen FWCs. Also there is a need to improve the work load of FWCs by efficient monitoring, improvement in interpersonal motivational visits and follow up visits.

b. Monitoring of project has remained weak to some extent. The supply of contraceptives has been irregular. There has been shortage of injections. Shortage of medicines is repeatedly reported. Even in some places salaries were not disbursed in time. It is imperative that in projects' monitoring aspect should be specially looked into. It would be most appropriate if funding agencies could directly arrange commodity components to target institutions with intimation to appropriate authorities.

c. According to situation analysis of FWCs, although FWCs supported by UNFPA were found better than other FWCs, almost in every respect, some lessons can be learnt from the following observations:

The Family Welfare Counselor (FWC) / Family Welfare Worker had attached accommodation in 36 percent FWCs. It is felt that attached accommodation, at least, ensures presence of FWC / FWW and which also saves their time in travelling. (Table 4.5)

Waiting areas of 21 percent of study group FWCs did not have proper seating arrangements (Table 4.6). Medical examination rooms were not clean in almost one third centres and there was not adequate light in 43 percent centres (Table 4.7

). Storage of medicines was not adequate in case of 7 percent FWCs. (Table 4.8). These matters need attention of programme managers.

It also requires attention that 64 percent FWCs had furniture less than 70 percent of the requirements and out of available furniture 29 percent needed replacement (Table 4.9).Similarly 36 percent FWCs had less than 70 percent required equipments (Table 4.10).

d. The following useful recommendations were made by UNFPA team in consultation with staff members of the Punjab PWD (Lahore) and Gujranwala district[7]:

FWW should preferably reside in the same locality where FWC exists; 5 percent house rent allowance should not be deducted in case FWWs have attached accommodation; and there should be a provision of hardship allowance for staff working in rural areas.

If at any time, a new project is introduced in the programme as is the case of VFPWs pilot project, the ongoing FWCs project should not be neglected.

Central warehouse should supply contraceptives according to demand and in case of any discrepancy it should be urgently resolved.

There is a consensus that either "Saathi" brand prices should go up, or the GOP/MOPW brand prices should go down. Also MOPW should improve the packaging of its brand and make it more attractive and its sale should be promoted like Saathi-type advertisement.

The concept of target setting for contraceptives needs review.

IEC materials, stationery, and other expendable should be provided to the FWCs on a regular basis.

The involvement and support of community influentials should be actively sought by PWD officials at levels higher than the FWCs staff. The Sukhi Ghar mehfils concept should be strengthened through the FWWs.

In any case it can safely be commented that FWCs play a vital role in family planning programme of Pakistan and FWCs supported by UNFPA have been better as compared to other FWCs.

Population Welfare Programme in Pakistan needs special attention as it is lagging behind similar programmes in other countries. The programme in Pakistan is particularly deficient in service delivery. UNFPA may specially focus on the development of three types of institutions:

a. FWCs as model institutions for service delivery;

b. Regional Training Institutes for improving quality of service personnels;

REFERENCES

1. UNFPA, Project document for PAK/87/P08;

2. Ministry of Population Welfare, Final Report on Project PAK/87/P08;

3. Ministry of Population Welfare, Pakistan Contraceptive Prevalence Survey;

4. National Institute of Population Studies, Pakistan Demographic and Health Survey;

5. Ministry of Population Welfare, Performance Reports of FWCs 1987 - 91;

6. Ministry of Population Welfare, Revised Final Report on Project PAK/87/PO8;

7. Monitoring Report on the project PAK/87/PO8 by Ms. Tahira Abdullah, Programme Officer UNFPA;

8. Bhatti Mansoor ul Hassan and Sultan S. Hashmi, "Choice of Method and Drop-outs in Family Planning".

Annexure I

TERMS OF REFERENCE FOR EVALUATION OF UNFPA SUPPORTED PROJECTS

The evaluating organization and or the Consultant will analysis, assess and evaluate UNFPA projects from the following perspectives:

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

The evaluation report should identify strengths and weakness in the project, and areas that might need further attention. The report should be objective, constructive and analytical rather than descriptive. Findings and conclusions are to be stated in a concise manner, and recommendations should be limited to those that are operationally feasible and can have maximum impact, or can lead to qualitative improvements during the next programme cycle.

In selecting an appropriate sample for the evaluation, a rural-urban, and provincial/district balance must be ensured. The evaluation questionnaire, if any, should be discussed with UNFPA and MPW prior to pre-testing it.

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