

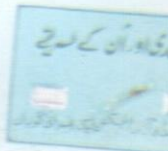
FAMILY
WELFARE
CENTRE



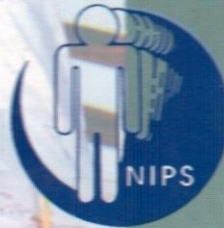
فامیلی
مرکز

EVALUATION OF FAMILY WELFARE CENTRES

AN ASSESSMENT OF THE QUALITY OF SERVICES AND SITUATION ANALYSIS



304.63
HAK-EVA



NATIONAL INSTITUTE OF POPULATION STUDIES
ISLAMABAD

**EVALUATION OF FAMILY WELFARE CENTRES:
AN ASSESSMENT OF THE QUALITY OF SERVICES
AND SITUATION ANALYSIS**

By

**ABDUL HAKIM
AYAZUDDIN**

**NATIONAL INSTITUTE OF POPULATION STUDIES
HOUSE NO 8, STEET NO 70, F-8/3,
ISLAMABAD
2000**

HW
C-1096
R-1h-B-S-2

CONTENT

PREFACE	ix
ACKNOWLEDGEMENT	x
EXECUTIVE SUMMARY	xi
1. INTRODUCTION	
1.1 Background	1
1.2 Justification	2
1.3 Family Welfare Centre Programme	3
1.4 Objectives	4
2. METHODOLOGY	
2.1 Sample Design	5
2.2 Coverage of the Sample	5
2.3 Questionnaires	6
2.4 Field staff Training	7
2.5 Field operation	8
2.6 Field Problems	8
2.7 Location of the Clients	9
2.8 Data Entry and Processing	10
3. SITUATION ANALYSIS OF FWCS	
3.1 Location of the FWC	11
3.2 Accessibility by Vehicle and type of path	12
3.3 Staff Position	13
3.4 IEC material available and its Distribution	14
3.5 Record Keeping and Maintenance of Registers	16
3.6 Type of Building	19
3.7 Type of Facilities Available at FWC	21
3.8 Availability of Transport for Referring Surgery Cases	25
3.9 Availability of Medicine, Equipment and Furniture and their Condition	25
3.10 Activities Carried out at FWC	27
3.11 Stock Position of Contraceptives on 31 st April 1988 and Shortage Experienced	31

4. BACKGROUND CHARACTERISTICS AND FERTILITY

4.1	Age Distribution	33
4.2	Respondent and Husband's Education	35
4.3	Children Ever Born	36
4.4	Children Surviving	36
4.5	Mean Age at Marriage for Females	37

5. CONTRACEPTION

5.1	Knowledge of Contraceptive Methods and Source of Knowledge	39
5.2	Ever Use of Contraception	41
5.3	Age When Method was First Used	42
5.4	Number of Children Surviving When First Used Method	43
5.5	Current Use of Contraception	44
5.6	Background Characteristics of Current Users	45
5.7	Reasons for not Currently Using F.P Method	46

6. CHOICE OF METHOD AND DROPOUTS

6.1	Choice of First Method and Subsequent Changes in Choice	49
6.2	Reasons for Choice of a Method by Respondents	50
6.3	Reasons for Dropout or Change for F.P Methods	52

7. QUALITY OF CARE BY FWC

7.1	Source of Knowledge about the FWC in the Area	53
7.2	Visit made by FWC Staff at Home, Frequency of Visits and Matter Discussed with the Respondents	54
7.3	Source of Advice to First Attend FWC and Reasons for Attending	56
7.4	Motivation at FWC When First Attended FWC for Reason other than Family Planning	57
7.5	FWW Explained Merits and Side Effects of all Contraceptive Methods	58
7.6	Clients had Side Effects and Received Treatment	59
7.7	Clients Advised for Follow up Care by FWW	60
7.8	FWW Visited Home for Motivation to Restart Contraception in Future	61
7.9	Intentions to Use F.P Method in Future	61

7.10	Clients Satisfaction Regarding Services of FWC	62
7.11	Source of First Method Obtained and Source from where Usually gets Supplies	63
7.12	Staff Attitude and Location of FWC	64
7.13	Clients Received Antenatal, Postnatal and Delivery Services and Satisfaction over the Services	65
7.14	Social Activities carried out at FWC	67
	CONCLUSION	69
	RECOMMENDATIONS	72
	BIBLIOGRAPHY	73
	ANNEXURES	
	ANNEXURE A: SQCFWC STAFF	75
	ANNEXURE B: QUESTIONNAIRE MODULE I	79
	ANNEXURE C: QUESTIONNAIRE MODULE II	103

LIST OF TABLES

2.1	Sampled family welfare centres and sampled acceptors for follow-up by province, SQCFWC 1996-97	6
2.2	Percent distribution of sampled respondents by outcome of survey, SQCFWC 1996-97	10
3.1	Percent distribution of FWCs by province of residence and total, SQCFWC 1996-97	11
3.2	Percent distribution of FWCs by location and sign board installed, Pakistan and province of residence, SQCFWC 1996-97	12
3.3	Percent distribution of FWCs accessibility by vehicle and type of path to approach FWC and province, SQCFWC 1996-97	13
3.4	Percent distribution of FWC by staff position at FWC and Province, SQCFWC 1996-97	14
3.5	Percent distribution by availability of IEC material at FWCs and their distribution among clients , Pakistan and provinces, SQCFWC 1996-97	15
3.6	Availability of record and maintenance of registers at FWCs by province, SQCFWC 1996-97	17
3.7	Percent distribution of FWC by type of building and province, SQCFWC 1996-97	20
3.8	Percent distribution of FWC by type of Facilities and province, SQCFWC 1996-97	22
3.9	Percent distribution of FWC by availability of transport for referring surgery cases by province, SQCFWC 1996-97	25
3.10	Percent distribution of FWC by availability of medicine, furniture and equipment and their condition, Pakistan and province, SQCFWC 1996-97	26
3.11	Percent distribution of FWC by activities performed at FWC, Pakistan and province, SQCFWC 1996-97	28

3.12	Percent distribution of FWC by contraceptive stock position on April 31, 1998 and shortage of contraceptive stock during 1997, Pakistan and province, SQCFWC 1996-97	31
4.1	Percent distribution of currently married women by age, SQCFWC 1996-97	34
4.2	Percent distribution of currently married women by Age, SQCFWC 1996-97, IEC -1994, PDHS 1990-91 and PCPS 1984-85	34
4.3	Percent distribution of currently married women by level of education, SQCFWC 1996-97	35
4.4	Percent distribution of currently married women by number of children ever born and age, SQCFWC 1996-97	36
4.5	Percent distribution of currently married women by number and mean of living children and age, SQCFWC 1996-97	37
4.6	Mean age at marriage of currently married women aged 15-49 years by urban-rural and province of residence, SQCFWC 1996-97	37
5.1	Percent distribution of currently married women aged 15-49 years who have knowledge of family planning method by Pakistan and urban-rural, SQCFWC 1996-97	40
5.2	Percent distribution of currently married women aged 15-49 years by source of knowledge, Pakistan and urban-rural, SQCFWC 1996-97	41
5.3	Percent distribution of currently married women aged 15-49 years who have ever used any family planning method, Pakistan and urban-rural, SQCFWC 1996-97	42
5.4	Percent distribution of currently married aged 15-49 years by age when first time family planning method was used, Pakistan and urban-rural, SQCFWC 1996-97	43
5.5	Percent distribution of currently married women aged 15-49 years by number of children surviving when first time family planning method was used, Pakistan and urban-rural, SQCFWC 1996-97	44

5.6	Percent distribution of currently married women aged 15-49 years who currently used any method, Pakistan and urban-rural, SQCFWC 1996-97	45
5.7	Percent distribution of currently married women aged 15-49 years by background characteristics of current users, Pakistan and urban-rural, SQCFWC 1996-97	46
5.8	Percent distribution of currently married women aged 15-49 years who were not currently using any family planning method by reason, Pakistan and urban-rural, SQCFWC 1996-97	47
6.1	Percent distribution of currently married women aged 15-49 years who were current users of family planning methods by first, second, third, fourth or fifth choice of specific method, SQCFWC 1996-97	50
6.2	Percent distribution of currently married women aged 15-49 years who were current users by reasons for choice of specific family planning Method, SQCFWC 1996-97	51
6.3	Percent distribution of currently married women aged 15-49 years who were current users by reasons for drop-outs of specific family planning Methods, SQCFWC 1996-97	52
7.1	Percent distribution of currently married women aged 15-49 years by source of knowledge about existence of FWC, Pakistan and urban-rural, SQCFWC 1996-97	53
7.2	Percent distribution of currently married women aged 15-49 years by FWW/FWA visited at their home, Pakistan and urban-rural, SQCFWC 1996-97	54
7.3	Percent distribution of currently married women aged 15-49 years by number of times FWW/FWA visited at respondents home, Pakistan and urban-rural, SQCFWC 1996-97	55
7.4	percent distribution of currently married women aged 15-49 years by matter discussed by FWW/ FWA when visited at respondents home, Pakistan and urban-rural, SQCFWC 1996-97	55
7.5	Percent distribution of currently married women aged 15-49 years by source of advice to attend the FWC Pakistan and urban-rural, SQCFWC 1996-97	56

7.6	Percent distribution of currently married women aged 15-49 years by reasons when first attend the FWC, Pakistan and urban-rural, SQCFWC 1996-97	57
7.7	Percent distribution of currently married women aged 15-49 years by motivation at FWC when first attended FWC for reason other than family planning, Pakistan and urban-rural, SQCFWC 1996-97	57
7.8	Percent distribution of currently married women aged 15-49 years by explanation of all methods when first visited FWC, Pakistan and urban-rural, SQCFWC 1996-97	58
7.9	Percent distribution of currently married women aged 15-49 years by explanation of all methods, merits and side effects when first visited FWC, Pakistan and urban-rural, SQCFWC 1996-97	58
7.10	Percent distribution of currently married women aged 15-49 years by side effects of family planning methods and had their treatment, Pakistan and urban-rural, SQCFWC 1996-97	60
7.11	Percent distribution of currently married women aged 15-49 years by advice to attend FWC for follow-up care, Pakistan and urban-rural, SQCFWC 1996-97	60
7.12	Percent distribution of currently married women aged 15-49 years who are not currently using family planning method by visits of FWW at home to motivate them to restart family planning, Pakistan and urban-rural, SQCFWC 1996-97	61
7.13	Percent distribution of currently married women aged 15-49 years not current users by future intentions to restart contraception, Pakistan and urban-rural, SQCFWC 1996-97	62
7.14	Percent distribution of currently married women aged 15-49 years by their level of satisfaction with the services of FWC, Pakistan and urban-rural, SQCFWC 1996-97	62
7.15	Percent distribution of currently married women aged 15-49 years by source of first method received, Pakistan and urban-rural, SQCFWC 1996-97	63
7.16	Percent distribution of currently married women aged 15-49 years by source usually received and their availability when needed, Pakistan and urban-rural, SQCFWC 1996-97	64

7.17	Percent distribution of currently married women aged 15-49 years by opinion regarding staff and location of the FWC, Pakistan and urban-rural, SQCFWC 1996-97	65
7.18	Percent distribution of currently married women aged 15-49 years who received antenatal services at FWC and their level of satisfaction, Pakistan and urban-rural, SQCFWC 1996-97	65
7.19	Percent distribution of currently married women aged 15-49 years who received postnatal services at FWC and their level of satisfaction, Pakistan and urban-rural, SQCFWC 1996-97	66
7.20	Percent distribution of currently married women aged 15-49 years who received delivery services at FWC or at home and their level of satisfaction, Pakistan and urban-rural, SQCFWC 1996-97	66
7.21	Percent distribution of currently married women aged 15-49 years by social activities carried at FWC, Pakistan and urban-rural, SQCFWC 1996-97	67

PREFACE

One of the major functions of National Institute of Population Studies (NIPS) to evaluate various components of the Population Welfare Programme of Pakistan and on the basis of its research findings point out the strengths and weaknesses and also suggest remedies for improvement. The current study is an attempt in this direction.

Family Welfare Centre (FWC) is core programme of the Ministry of Population Welfare (MOPW). The FWC programme was designed to follow up a multi-faceted approach to the reduction of fertility with an emphasis on community involvement. Each FWC covers between 5000 to 7000 population. At the moment 1688 FWCs are in operation through out the country.

The findings of this survey reveal that clients of FWC generally used family Planning Method on the recommendation of Family Welfare Worker (FWW), In-charge of FWC. Major reasons for not currently using F.P method besides, desire for more children were side effects and women felt that breast-feeding protected them. Programme should pay much attention to these two issues, which results sometimes in dropouts and unwanted pregnancies. Evaluation also reveals that staff of FWC did not visit women who were not current users for follow up and motivate them to restart contraception. Moreover, thirteen percent of the respondents reported that they were not explained all types of methods and seventeen percent said that they were not explained merits and side effects of contraceptives.

I would like to acknowledge with gratitude the assistance provided by the Ministry of Population Welfare and cooperation by the provincial, district offices and staff of FWCs to make this study possible.

I greatly appreciate the efforts of Dr. Abdul Hakim, Director and Mr. Ayazuddin, Principal Investigator for producing this valuable piece of work based on empirical evidence.

Ahmad Shamsul Huda
Executive Director



ACKNOWLEDGMENT

The FWC programme was developed in 1980, and was integrated into the National Population Programme under the Sixth Five-year Plan (1983-88). Despite its key role in the national family planning services delivery system, few systematic efforts have been made to evaluate the effectiveness of FWC programme.

Each FWC is expected to cover between 5,000 to 7,000 Population. The main services offered at the FWCs are family planning counseling and services, maternal and child health (MCH) care and health education. In this study an attempt was made to observe the following components

1. Situation analysis of FWCs;
2. Quality of Care provided by the FWCs;
3. Choices and preferences of clients for contraceptive method and reasons for change in choices and dropout

Efforts of several individuals who provided assistance for data collection, data processing and report writing are acknowledged. We are thankful to NIPS field supervisors, Zahir Hussain, Mr. Javed Sikandar, Mr. Ali Anwer Buriro and Mr. Mubasir Baqai. Thanks are also due to Ms. Rabia Zafar for her assistance in the training and also in editing of questionnaires. Authors, in particular, thankful to Mr. Javed Sikandar, Research Associate for his assistance in the training, data editing, data cleaning, analysis and report writing. Authors are extremely grateful to Mr. Mansoor ul Hassan Bhatti Ex-Senior Fellow for his guidance and finalization of research design including the questionnaires.

Thanks are also due to Technical Advisory Committee (TAC) for their valuable suggestions.

Authors are grateful to Mr. Ahmad Shamsul Huda Executive Director NIPS for his valuable suggestions in finalization of the report.

This account will be incomplete without acknowledging Mr. Faateh uddin Ahmed Assistant Programmer for supervising data entry, data processing and preparation of tables and his team members Mr. Akbar and Mr. Iftikhar for data entry and typing of the manuscript.

Dr. Abdul Hakim
Ayazuddin



EXECUTIVE SUMMARY

In International Conference on Population and Development (ICPD), Cairo, Egypt, 1994, special emphasis was placed on the quality of services of Family Planning. It was observed during the conference that, 'the quality of family planning programmes is directly related to the level and continuity of contraceptive use and to the growth in demand for services. While laying down the objectives, countries were made responsible to make quality F.P services affordable, acceptable and easily accessible to all and to improve the quality of FP advice, IEC and Counseling. To meet the aims of FP programmes the access of full range of safe and reliable FP methods should be made available, so that couples or individuals can decide freely and responsibly the number of children and also decide about spacing between children or to limit their family size'.

The survey on "Quality of Care by Family Welfare Centres" was conducted by NIPS during 1998-99 at the request of Ministry of Population Welfare (MOPW). The objective of the study was to undertake situation analysis of the Family Welfare Centres of the population welfare programme, assess the quality of services available at centres, and choice and preferences of clients for contraceptive method, change in choices and reasons for dropouts.

Before the commencement of the survey, a Performa was designed to collect a revised list of FWCs from all programme districts showing latest situation of their urban/rural location. Stratification of centres was drawn on the basis of urban / rural location of centres. At the time of survey there were 1375 FWCs in rural and urban areas.

The sample design was two-staged. At the first stage a systematic random sample of 73 Family Welfare Centres, around 5 percent was drawn from amongst 1375 FWCs working throughout the country, NWFP 12, Punjab 41, Sindh 15 and Balochistan 5. The data was successfully collected from all the 73 FWCs. At the second stage, 80 clients from each sampled FWC, were selected and contacted at their home addresses given in

the clients "daily attendance registers" or in Client Record Cards". These women were among those who had visited the respective FWC during January 1, 1996 to December 31, 1997.

Two module of questionnaires, Module-I situation analysis and Module-II follow-up of clients were used for the Survey of Quality of Care by Family Welfare Centres. Module-I is used for situation analysis of the FWCs, and Module-II for the clients of FWCs. Clients questionnaire had two components, Household questionnaire, and the individual respondent questionnaire.

While drawing the samples of ever users from FWC record, it was noticed that in most cases, the In-charge of FWC did not write down the complete addresses of the clients. For instance, they often wrote only the name of the client or her husbands, or name of town, block or village.

There is a specific column in the client register for noting down the "Complete Address" of the client, which is not properly filled. The officer making supervisory visits at FWCs may ensure that the complete addresses are written.

In many cases, it was found that FWWs, in order to show their progress or complete the 'target', made hypothetical entries of acceptors. Thus cases of non-existent or "not found" acceptors constituted major category of percent of total sampled clients. Out of 5840 sampled acceptors of family planning methods, only 1672 could be traced, which comes around 28.6 percent. In some cases, it was observed that the same acceptors were repeated in the register at the FWCs in order to exaggerate the number. Such cases were encountered at the time of drawing the sample. Apart from clients who had accepted a method for the first time, FWWs had the tendency of converting old cases to new cases, in particular, when an acceptor changed the method. This also increased the frequency of new acceptors artificially.

Some of the important preliminary findings are presented in summary table A &

B here:

SUMMARY TABLE A: SITUATION ANALYSIS OF FWCs

DESCRIPTION	CONDITION	PERCENTAGES
LOCATION OF THE CENTRE	Good/Very NEAT AND CLEAN	12.3
	SATISFACTORY/REASONABLE NEAT AND CLEAN	63.0
	UNSATISFACTORY/DIRTY	24.7
DIRECTION SIGN INSTALLED		57.5
FWC MAIN BOARD INSTALLED		93.2
ACCESSABLE BY A VEHICLE		84.9
AVAILABILITY OF IEC MATERIAL AND IEC ACTIVITIES AT FWC		
POSTERS AVAILABLE		68.5
PAMPHLETS AVAILABLE		69.9
BOOKS AVAILABLE		56.2
OTHER		4.1
DISTRIBUTION OF IEC MATERIAL BY FWCS		68.5
SUKHI GHAR MEHFIL RECORD AVAILABLE		12.3
GROUP DISCUSSIONS DURING JUL-DEC 1997 RECORD AVAILABLE		12.3
SCHEDULE OF VISITS OF FWA AVAILABLE AT FWC		38.4
FWA COMPLETED REGISTRATION		63.0
GROUP DISCUSSIONS DURING JUL-DEC 1997 RECORD AVAILABLE		12.3
RECORD KEEPING AND PRINTED CARDS & REGISTERS AVAILABLE		
PRINTED REGISTERS FOR RECORD KEEPING		90.4
CLIENT RECORD CARD (CRC) AVAILABLE		71.2
MAINTENANCE OF CONTRACEPTIVE STOCK REGISTER		93.2
MAINTENANCE OF MEDICINE STOCK REGISTER		90.4
BUILDING OF FWC		
TYPE OF BUILDING	KACHA	6.8
	PACCA	86.3
	KACHA-PACCA	6.8
GENERAL OUT-LOOK (BUILDING)	EXCELLENT	1.4
	GOOD	28.8
	SATISFACTORY	58.9
	UNSATISFACTORY	11.0
ATTACHED RESIDENTIAL ACCOMMODATION FOR FWW	YES	13.7
	NO	86.3

DESCRIPTION	CONDITION	PERCENTAGES
NUMBER OF ROOMS IN THE BUILDING (TOTAL)	1	9.6
	2	24.7
	3	42.5
	4	15.1
	5	5.5
	6	2.7
TOTAL ROOMS FOR FWC	1	12.3
	2	26.0
	3	46.6
	4	12.3
	5	2.7
TOTAL ROOMS FOR RESIDENCE	0	90.4
	1	1.4
	2	2.7
	3	5.5
TENURE OF BUILDING	RENTED	98.6
	DONATED BY COMMUNITY	1.4
TENURE OF BUILDING IN (RS.)	<1000 (RUPEES)	49.3
	1001-1500	27.4
	1501-2000	16.4
	2001-2500	4.1
	2501-3000	2.7
FACILITIES AT FWC		
ELECTRICITY		98.6
FUEL/HEATING FACILITIES	GAS	16.4
	ELECTRICITY	58.9
	KEROSENE	15.1
	OTHER	9.6
TYPE OF TOILET	NONE	6.8
	FLUSH	58.9
	NON-FLUSH	30.1
	OTHER	4.1
WATER SUPPLY WITHIN FWC BUILDING	NONE	6.8
	HAND PUMP	31.5
	PIPED WATER	56.2
	OTHER	5.5
WAITING AREA PROTECTED AGAINST RAIN AND SUN		97.3
WAITING AREA PROPER SEATING ARRANGEMENT		95.1
MEDICAL EXAMINATION ROOM (PRIVACY)	SEPARATE/ A.V PRIVACY	67.1
	SEPARATE / VISUAL PRIVACY	21.9
	NO PRIVACY	11.0
MEDICAL EXAMINATION ROOM (CLEAN)		87.4
MEDICAL EXAMINATION ROOM (ADEQUATE LIGHT)		85.0
GENERAL MAINTENANCE OF CENTRE (CLEAN)		83.6
GENERAL MAINTENANCE (BUILDING WHITE-WASHED)		54.8
GENERAL MAINTENANCE GOOD CONTRACEPTIVE STORAGE		86.3
GENERAL MAINTENANCE (GOOD MEDICINE STORAGE)		60.3

DESCRIPTION	CONDITION	PERCENTAGES
TRANSPORT FOR REFERRING SURGERY CASES	RESIDENCE TO HOSPITAL & BACK	18.1
	TRANSPORT FROM HOSPITAL TO RESIDENCE	45.8
	PUBLIC TRANSPORT USED FAIR PAID BY PROGRAMME	23.6
	PUBLIC TRANSPORT USED NO FAIR PAID	12.5
AVAILABILITY OF MEDICINE	MOSTLY AVAILABLE	19.2
	MOSTLY NOT AVAILABLE	71.2
	NOT AVAILABLE	9.6
AVAILABILITY OF FURNITURE	ADEQUATELY AVAILABLE	31.5
	MOSTLY AVAILABLE	63.0
	MOSTLY NOT AVAILABLE	5.5
CONDITION OF FURNITURE	ALL IN GOOD CONDITION	27.4
	MOSTLY IN GOOD CONDITION	67.1
	MOST OF THE FURNITURE IS OLD	5.5
AVAILABILITY OF EQUIPMENT	AVAILABLE	4.1
	MOSTLY AVAILABLE	83.6
	MOSTLY NOT AVAILABLE	12.3
CONDITION OF EQUIPMENT	ALL IN GOOD CONDITION	9.6
	MOSTLY IN GOOD CONDITION & SOME NEED REPLACEMENT	86.3
	MOSTLY NEED REPLACEMENT	4.1
SHORTAGE OF CONTRACEPTIVE DURING 1997		30.1
ANOTHER CENTRE PROVIDING FP SERVICE LOCATED IN THE SAME VILLAGE		58.9
ACTIVITIES BY THE FWC STAFF		MEAN
HOME FOLLOW UP VISITS FWW JUL-DEC 97		9.3
HOME FOLLOW UP VISITS BY FWA JUL-DEC 97		29.7
TBA/ DAI REGISTERED AS ON 31ST DEC 1997		2.9
GROUP DISCUSSIONS (HEALTH EDUCATION) JUL-DEC 1997		4.4
SERVICES RECEIVED, CHILDREN 5+ AND MOTHERS JUL-DEC 1997		476.8
CHILDREN < 5 RECEIVED SERVICES JUL-DEC 1997		181.9
COMMUNITY VOLUNTEERS TRAINED JUL-DEC 1997		16.9
DAIS TRAINED DURING JUL-DEC 1997		16.1
PERSONS OTHER THAN COMMUNITY VOLUNTEERS AND DAIS TRAINED JUL-DEC 1997		14.7
TOTAL NEW ACCEPTORS JUL-DEC 1997		343.2
ACCEPTORS WITH INCOMPLETE ADDRESS JUL-DEC 1997		107.2
MOTHER CARE SERVICES DURING JUL-DEC 1997		101.5
POSTNATAL SERVICES DURING JUL-DEC 1997		24.4
ANTENATAL SERVICES DURING JUL-DEC 1997		57.8
DELIVERIES DURING JUL-DEC 1997		0.3

SUMMARY TABLE B: FOLLOW UP OF CLIENTS

(Percentages)

INDICATORS	URBAN	RURAL	TOTAL
BACKGROUND			
Mean Age	32.5	32.1	32.3
No Education	54.9	66.7	61.0
Upto Primary	14.0	15.4	14.7
Above Primary	31.1	17.9	24.3
FERTILITY			
Mean of Children ever born	4.6	4.8	4.7
Mean of Surviving children	4.2	4.3	4.2
MOTHER AND CHILD HEALTH			
Received Antenatal Care	28.9	21.0	24.9
Received Delivery service	9.0	6.6	7.7
Received Postnatal Care	26.3	19.6	22.9
Received Child Care/Minor ailment Service	49.4	46.8	48.1
EVER USE OF CONTRACEPTION			
Any Method	100.0	100.0	100.0
Any Modern Method	100.0	99.4	99.7
Any Traditional Method	49.4	46.8	48.1
CURRENTLY USING CONTRACEPTION			
Any Method	82.6	83.3	83.0
Any Modern Method	80.6	82.8	81.7
Any Traditional Method	2.0	0.5	1.2
QUALITY AND COVERAGE OF SERVICES			
Location of FWC suitable	88.3	90.1	89.2
Friendly staff of FWC	95.1	96.4	95.7
Major Source of knowledge about FWC existence:			
FWC staff	28.8	25.4	27.1
Another Acceptor	25.0	19.8	22.4
Husband	3.5	3.6	3.6
Friendly Relative	24.2	16.9	20.5
Major source of advice to attend FWC:			

INDICATORS	URBAN	RURAL	TOTAL
FWC staff	25.0	22.7	23.8
Another Acceptor	21.8	17.4	19.6
Husband	15.7	13.5	14.6
Friendly Relative	22.3	17.4	19.8
Percent who attended			
Sukhi Ghar Mehfil	4.7	3.9	4.3
Baby Show	18.8	12.7	15.7
Craft/Cultural Class	1.4	1.8	1.6
Ever visited at Home by			
Family Welfare Worker	25.8	17.0	21.3
Family Welfare Assistant	25.9	21.4	23.6
MAIN REASONS FOR FIRST CHOICE			
Method has less/No side effects	5.3	2.9	4.1
Method is Effective	9.2	8.5	8.9
Recommended by FWW	30.9	31.3	31.1
Recommended by Another Acceptor	12.1	11.0	11.5
Recommended by Husband	21.5	17.8	19.6
Recommended by Friendly Relative	10.0	5.8	7.9
FIRST CHOICE OF SPECIFIC METHOD			
Pill	13.8	16.3	15.1
Condom	16.7	12.1	14.3
Injection	27.5	30.0	28.8
IUD	33.6	35.3	34.5
Female Sterilization	4.0	3.2	3.6
Withdrawal	3.5	2.7	3.1
MAIN REASONS FOR DROP-OUTS			
Wanted more children	27.2	28.2	27.7
Side effects	35.3	41.8	38.4
Method is not effective	5.1	4.6	4.9
Husband did not like the method	10.7	5.9	8.5

Chapter 1

INTRODUCTION

1.1 Background

In International Conference on Population and Development (ICPD), Cairo, Egypt, 1994, special emphasis was placed on the quality of services of Family Planning. It was observed during the conference that the quality of Family Planning Programme is directly related to the level and continuity of contraceptive use and to the growth in demand for services. While lying down the objectives, countries were made responsible to make quality family planning services affordable, acceptable and easily accessible to all and to improve the quality of family planning advice, Information, Education and Communication (IEC) and Counseling. To meet the aims of Family Planning Programme the access of full range of safe and reliable FP methods should be made available. So that couples or individuals can decide freely and responsibly the number of children and also decide about spacing between children or to limit their family size [1].

Every year in Pakistan 340 women out of 100,000 women die during childbirth and many more suffer different type of infections after delivery and remain unattended. To achieve the ICPD objectives, Ministry of Health and Population has prepared a Reproductive Health Services Package for the country. The purpose of this Package is to provide basic health facilities i.e. Family Planning services, maternal mortality and morbidity at the doorstep of the people [2].

Current population growth at the rate of 2.2 percent per annum is very high, which continues to increase the absolute number of illiterates, unemployed and poor people. These are major outcomes of population pressure, which ultimately leads to socio-economic and psychological frustrations. [3]

Considering high population growth, the government of Pakistan launched population welfare Programme (PWP) in the public sector in 1960. The purpose was to check the rapid population growth. Since then Population Programme has gone through many phases and several innovative approaches were adopted time-to-time, but in terms of growth rate, the reduction has not yet been very visible [4].

The Programme has made some impact in the recent years through electronic and print media. Knowledge about family planning has risen. The over all knowledge of contraception rose to 94.3 percent according the "Pakistan Fertility and Family Planning Survey" 1996-97 (PFFPS) [13] however, the current use remained at 23.9 percent, which according to recent estimates is around 30 percent [3]. Hence, still is considerable gap between knowledge and current use. There is another important aspect about high drop out among clients of FWCs, which is about 27 percent as it was observed in previous "Choice of Method and Drop-outs" study [6]. Also non-availability of method of choice and side effects were issues brought up in the above study. This phenomenon required an in-depth study in the matter.

Previously, National Institute of Population Studies (NIPS) conducted two studies regarding Family Welfare Centres (FWCs).

1. Choice of contraceptive methods and drop outs in Family Planning (CMDO).
2. Evaluation of 95 Family Welfare Centres Supported by UNFPA.

However both the studies were limited in scope. Former was limited to only two provinces namely Punjab and NWFP, while latter was limited to FWCs supported by UNFPA [7]. The present study undertaken by the NIPS is a Nationally represented one. In this study, especially following components of FWCs have been addressed:.

1. Situation analysis of FWCs;
2. Quality of Care by FWCs;
3. Choice and preferences of clients for contraceptive method, change in choices and drop-outs.

1.2 JUSTIFICATION

Previous study on "Choices of Method and Drop-Outs in Family Planning, was limited to Punjab and NWFP. Sample remained inadequate as out of 1929 sampled acceptors only 375 could be found. Although, the study proved useful as pilot attempt, yet need was felt to investigate this important issue at national level with a larger sample. So the present study was planned on national level having an adequate sample. It also focussed on the issues of FWCs in-depth and on quality of services provided by FWCs.

1.3 FAMILY WELFARE CENTRES PROGRAMME

The FWC Programme was developed in 1980, and was integrated into the National population Programme under the Sixth Five year plan (1983-88) [8]. The Bench mark of the FWC in 1982-83 was 1081 but the target was 1500. In this plan 682 million was allocated for family Welfare Centres. The 1985 evaluation of FWCs by the Population Welfare Division found that the FWCs geographic coverage was limited with 69.7 percent of the clients coming from within a five mile radius [9]. However under the 8th Five-Year Plan (1993-98), FWCs were expected to achieve 65 percent of government's overall demographic objectives. Despite its key role in the national family planning services delivery system, few systematic efforts have been made to evaluate the effectiveness of FWC project.

The FWC project was designed to follow a multi faceted approach to the reduction of fertility rates with a emphasis on community involvement. The Programme has evolved from family planning clinic model, which focussed solely on the delivery of contraceptive services at a stationary site. There are two key differences in the previous and new concepts. First, it aim is to broaden the scope and nature of services provided by the centres. Secondly, the Programme was designed to pursue active community involvement in addressing a range of issues affecting fertility. [10]

At the time of survey, a network of about 1375 FWCs have been established in rural and urban areas through out the country. Each FWC is expected to cover between 6,000 to 8,000 households. The main services offered at the FWCs are family planning counseling and services, maternal and child health (MCH) care, health education. The contraceptives offered at the FWCs are IUD, Injectable, Oral pill and condom. IUD and Injectable are provided free, while a nominal amount is charged for oral pill and condom. Sterilization and Norplant cases are referred to the nearest Reproductive Health Centres or hospital where services are provided free of charge.

Community involvement is supposed to be achieved by providing family planning and MCH information and services outside of FWC, and by encouraging community member to work as volunteers with the FWC staff. Out reach activities include the registration of eligible couple, visits to other health-out lets to provide information of IEC materials, health talks,

conduct camps with mobile service unit Programmes in rural area and routine follow-up home visits to clients.

The approved full-time staff at the centre consist of a Family Welfare Counselor (FWC) or Family Welfare Worker (FWW) one Male, one Female Family Welfare Assistant (FWA), an Ayah and Chowkidar. The FWC and FWW being paramedical workers, had the primary responsibility for the delivery of Family planning and MCH services. FWW are high school graduates with 18 months of basic training on MCH and Family planning at a Regional Training Institution (RTI). FWCs are senior FWWs who have served for more than five years and have received an additional three months training.

The FWA (female) receive a two-week basic training. She is supposed to make home visits for follow-up, monitoring, and counseling including the registration of eligible couples. Male FWA is responsible for distribution of contraceptive supplies to registered outlets, Keeping various records and maintaining links with community and also responsible of vasectomy cases. The Ayah assists the examination of clients and maintains the cleanliness of the centres.

1.4 OBJECTIVES

The objective of the survey were:

- 1 to carry out situation analysis of FWCs;
- 2 to find out the quality of services provided by FWCs and ways and means to improve the quality
- 3 To find out the choices and preference of the clients of FWCs for contraceptive methods;
4. to find out changes in choices and reasons for such changes; ices statistics relating to FWCs;
5. to review the service statistics relating to FWCs;
6. to review the monitoring aspects of FWCs;
7. to contribute to the improvement of services delivery and IEC component of the Programme

Chapter 2

METHODOLOGY

This chapter outlines various aspects of survey design and implementation of the survey of "Quality of Care by Family Welfare Centres.

2.1 SAMPLE DESIGN

The sample design for the survey was two staged. In the first stage, a systematic random sample of 73 FWCs were selected from Punjab, Sindh NWFP and Balochistan, which was slightly more than five percent due to over sampling in Balochistan. This sample was drawn from 1375 FWCs on ground and working through the country at the time of survey. In the second stage, 80 clients per FWC were selected by systematic random sample. These clients were selected on the basis of records in FWC such as clinical record card or client registers pertaining to the period January 1, 1996 to December 31, 1997. The clients of all methods were included in the sample. The total size of the sample was 5840 women clients who attended the FWC.

2.2 COVERAGE OF THE SAMPLE

Out of 5840 sampled acceptors of family planning methods, Only 1614 could be traced. The lowest response rate of 9 percent was found in Sindh Province, followed by 19 percent in Balochistan, 24 percent NWFP and 36 percent in Punjab. This is matter of concern to the Programme managers at all levels in provinces where very few clients were traceable. The major reason found was incomplete address of the client. The position of the coverage is presented in the table 2.1

Table 2.1

**SAMPLED FAMILY WELFARE CENTRES AND SAMPLED ACCEPTORS FOR FOLLOW-UP
BY PROVINCE, SQCFWC 1996-97**

Province	Total Number of FWCs	Total Sampled FWCs	Total Sampled Clients	Total Sampled Clients Interviewed	Percent of Clients Interviewed
Punjab	805	41	3280	1188	36.2
NWFP	217	12	960	234	24.4
Sindh	281	15	1200	117	9.8
Balochistan	72	5	400	75	18.8
Total	1375	73	5840	1614	27.6

2.3 QUESTIONNAIRES

NIPS used two different types of questionnaires, Module-I for situation analysis of the FWCs and Module-II for the clients of FWCs for the "Survey of Quality of Care by Family Welfare Centres"

The situation analysis questionnaire includes information regarding supplies of contraceptives and medicines and their distribution among clients, record keeping and maintenance of registers etc.

Client's questionnaire had two components, Household questionnaire, and the individual respondent questionnaire. The household questionnaire listed all usual members of the selected client's household and of visitors who had slept in the household the night before the interview and also present at the time of interview. Some basic information collected through this part included characteristics of each listed person as age sex, marital status, education and literacy. All this information has been analyzed separately.

The individual questionnaire was used to collect information from respondents on socioeconomic characteristics such as age, education literacy of both respondent and her husband, nuptiality, fertility and pregnancy, knowledge and use of family planning methods, reason for choice of family planning method and reasons for dropouts of the FWC clients.

The questionnaire was discussed at length, pre-tested and approved by the Technical Advisory Committee. The committee, besides senior research staff of NIPS was composed of representatives from the Ministry of Population Welfare (MPW) and Pakistan Institute of Development Economics (PIDE). The questionnaire was worded in English with Urdu translation.

2.4 FIELD STAFF: RECRUITMENT, TRAINING AND PRETESTING OF THE QUESTIONNAIRE.

Four teams were constituted for the fieldwork. Each team had one Male Supervisor and three Female Interviewers. Two teams conducted the survey in Punjab and one team in Sindh and Balochistan and one in NWFP. All the supervisors were from NIPS and the interviewers were recruited. From respective provinces who were experienced and had already worked for NIPS surveys.

A six-day training Programme was conducted at Rawalpindi for the Punjab teams and supervisors of all teams. The training was given to Sindh team at Hyderabad and NWFP team at Peshawar. The major topics covered in the training Programme were as follow;

- Introduction to family welfare Programme in Pakistan;
- Objective of the survey;
- Procedures of the fieldwork, role of interviewers and supervisors;
- How to fill the questionnaire;
- Interviewing techniques; and
- Importance of correct data collection.

The training was held during the third and fourth week of May, 1998. At the end of the training, the field staff pre-tested the questionnaire in selected areas.

2.5 FIELD OPERATION

The survey was conducted from last week of May 1998 to April, 1999. Before starting the interview one of the major tasks of an interviewer was to develop rapport with the respondent. The interviewer explained to the respondent that the information would remain confidential, no individual name would be used under any situation and that all information would be pooled to write a research report. Efforts were made to obtain the information in the absence of other family members, but it was not entirely successful in few cases. However, it was ensured that all the questions were answered by respondent herself.

Supervisor of each team, besides supervision of the team and arrangement for accommodation, examined each and every completed questionnaire and ensured that all necessary corrections were made before leaving the field.

2.6 FIELD PROBLEMS

The following problems noted during the fieldwork are highlighted below.

(i) TRANSPORT:

In most cases, on the request of NIPS and under the direction of provincial Population Welfare Departments, District Population Welfare Officers of districts concerned provided vehicles to the survey teams. In other cases private vehicles were hired. But sometimes problems were faced to get suitable transport for the fieldwork in time.

(ii) ACCOMMODATION:

Arrangement of economical accommodation for the field staff was a problem.

(iii) HOT WEATHER:

During June July, 1998 when most of the fieldwork was conducted in Punjab and Sindh, it was very hot and temperature ranged 40-48 degree centigrade in most area. So it was very

demanding to carry the fieldwork in those areas. However, this did not disturb the coverage of the sample and quality of the data.

2.7 LOCATION OF CLIENTS

While drawing the samples of ever users from FWC record it was noticed that in most cases the In-charge of FWC did not write down the complete addresses of the clients. For example, they often wrote only the name of the client, her husband name and name of town, block or village. Thus the houses of sampled acceptors could not be traced in almost sixty three percent of the cases.

There is a specific column in the client register for noting down the "Complete Address" of the client, which is not properly filled. Officer from the ministry, province, division, district and tehsil levels may ensure while visiting FWCs that complete addresses are written.

In many cases, it was found that FWWs, in order to show their progress or complete the 'target', made hypothetical entries of acceptors. Thus cases of "Incomplete" or "Wrong Address" acceptors constituted major category of 53.0 percent of total sampled clients as shown in table 2.2. The non-existence of such cases were informally admitted by FWWs or it was discovered in the field. In some cases, it was observed that the same acceptors were repeated in the register at the FWCs in order to exaggerate the numbers such cases were encountered at the time of drawing a sample from the "Daily Attendance Registers" or "Client Record Cards". Apart from clients who had accepted a method for the first time, FWWs had the tendency of converting old cases to new cases, in particular, when an acceptor changed the method. This also increased the frequency of new acceptors artificially.

The presentation in table 2.2 is thus based on the result of interview of total sampled acceptors of 5840. Data shows that only 27.6 percent of the clients were traceable.

Table 2.2

**PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS BY OUTCOME OF SURVEY,
SQCFWC, 1996-97**

Result of Interview	Number	Percent
Completed	1614	27.6
Incomplete Address	1498	25.7
Wrong Address/Sampled Acceptor is Fake	1595	27.3
No Adult at Home/Eligible Women Absent	230	3.9
Sampled Acceptor has Shifted Away/Died	232	4.0
Sampled Acceptor Denied visit to Centre	58	1.0
Refused	19	0.3
Other	594	10.2
Total	5840	100

2.8 DATA ENTRY AND DATA PROCESSING

The entire completed questionnaires were sent to NIPS for data entry and processing. NIPS are adequately equipped with computers and necessary software for handling data entry and data processing. The questionnaire was edited before data entry. FoxPro computer package was used for data entry and also for data cleaning.

Chapter 3

SITUATION ANALYSIS OF FWCS

The attempt has been made to carry out the situation analysis of the Family Welfare Centres in this survey. Previously, Population Council has done situation analysis of FWCS in 1993 and subsequently National Institute of Population (NIPS) also conducted Situation analysis of the FWCS financed by the UNFPA. This study will help to understand the improvements and weaknesses of the Centres since the first situation analysis was done.

Table 3.1

PERCENT DISTRIBUTION OF FWCS BY PROVINCE OF RESIDENCE AND TOTAL, SQCFWC 1996-97

Province	Percent	Number
Punjab	100	41
Sindh	100	15
NWFP	100	12
Balochistan	100	5
Total Pakistan	100	73

In this survey 73 FWCS were interviewed, NWFP 12, Punjab 41, Sindh 15 and Balochistan 5. The data was successfully collected from all the 73 FWCS

3.1 LOCATION OF THE FWCS

Location of the FWCS were generally satisfactory/reasonably neat and clean, with NWFP 58.3 percent, Punjab 68.3 percent, Sindh 53.3 percent and in Balochistan 60 percent. In Sindh 40 percent and in NWFP 25 percent of the FWCS were found good/ very neat and clean. Location of the FWCS was found unsatisfactory mainly in Punjab 31.7 percent and in Balochistan 40 percent.

Ministry of Population Welfare has installed signboards to provide direction to the clients about the location of the FWCS. In total, 75.5 percent of the FWCS had installed direction signboards. The percentage for direction signboard is very low for Sindh, which is only 13.3

percent. This needs attention of the Population department in Sindh. In other three provinces, Punjab has 73.2 percent, NWFP 58.3 percent and Balochistan 60 percent signboards installed.

Table 3.2

PERCENT DISTRIBUTION OF FWCs BY LOCATION AND SIGN BOARD INSTALLED, PAKISTAN AND PROVINCE OF RESIDENCE, SQCFWC 1996-97

Location/Signboard		Province				Total
		NWFP	Punjab	Sindh	Balochistan	%
Location of the Centre	Good/Very Neat and Clean	25.0		40.0		12.3
	Satisfactory/Reasonable Neat and Clean	58.3	68.3	53.3	60.0	63.0
	Unsatisfactory/Dirty	16.7	31.7	6.7	40.0	24.7
Direction Sign Installed		58.3	73.2	13.3	60.0	57.5
FWC Main Board Installed		100.0	90.2	93.3	100.0	93.2

The Provincial Population Welfare Departments need to ensure to install main signboard at FWCs for clients to locate the building of FWC. Overall 93.2 percent of the FWCs had installed Main Signboard.

3.2 ACCESSIBILITY BY VEHICLE AND TYPE OF PATH

It is evident from Table 3.3 that almost 85 percent of the FWCs were accessible by a vehicle. In NWFP 91.7 percent, Punjab 82.9 percent, Sindh 93.3 percent and quite low in Balochistan, only 60 percent.

Table 3.3

**PERCENT DISTRIBUTION OF FWCS ACCESSIBLE BY VEHICLE AND TYPE OF PATH TO
APPROACH FWC AND PROVINCE, SQCFWC 1996-97**

Accessibility	Province				Total
	NWFP	Punjab	Sindh	Balochistan	
Accessible by a Vehicle	91.7	82.9	93.3	60.0	84.9
Type of Path					
Paved Asphalted Road	50.0	17.1	60.0	60	34.2
Gravel Road	8.3	4.9	20.0		8.2
Katcha Road	33.3	2.4			6.8
Street (Gali)		58.5	13.3	40	38.4
Katcha Path	8.3	17.1	6.7		12.3
	100.0	100.0	100.0	100	100.0

3.3 STAFF POSITION

Mainly the In-charge of FWC is Family Welfare Councillor or Family Welfare Worker (FWW). Table 3.4 shows that around 90 percent of the FWC were headed by the proper In-charge. However, in two districts, NWFP and Sindh around 20 percent of the posts of In-charge were found vacant and temporary charge was given to FWA (Female) or to the In-charge of some other FWC. In Sindh all the 5 sampled FWCs had FWA (M), whereas the percentage is quite low for other three provinces. FWA (M) is important member of FWC as he has to contact doctors, Hakeems etc. and to motivate males in the community. Female Welfare Assistant, FWA (female) is responsible to register the eligible couples in the given community. In Punjab and in Sindh around seventy percent of the FWCs had FWA (Female); whereas in NWFP and in Balochistan around eighty percent of the FWCs had FWA (F). Thirty percent of the posts for Aya were vacant in Punjab. Aya help FWW in routine matters and also help in conducting Group Discussions, Suhki Ghar Mehfiles etc. It is rather astonishing that only 66 percent of the posts were filled in Punjab whereas, 27 percent of the posts of Chowkidar were found vacant in Sindh.

Table 3.4

**PERCENT DISTRIBUTION OF FWC BY STAFF POSITION AT FWC, AND PROVINCE
SQCFWC 1996-97**

	NWFP		Punjab		Sindh		Balochistan		Total	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
FWC	16.7	2	12.2	5	33.3	5	40.0	2	19.2	14
FWW	66.7	8	82.9	34	46.7	7	60.0	3	71.2	52
FWA (M)	58.3	7	46.3	19	40.0	6	100.0	5	50.7	37
FWA (F)	83.3	10	68.3	28	73.3	11	80.0	4	72.6	53
Aya	83.3	10	70.7	29	86.7	13	80.0	4	76.7	56
Chowkidar	100.0	12	65.9	27	73.3	11	100.0	5	75.3	55

3.4 IEC MATERIAL AVAILABLE AND ITS DISTRIBUTION

The Table 3.5 shows the availability of IEC material, i.e. Posters, Pamphlets, books and other printed materials and their distribution among the clients of FWC receiving family planning and health services. IEC materials facilitate to provide information about the Family Planning and other services available at FWCs.

Table 3.5

PERCENT DISTRIBUTION BY AVAILABILITY OF IEC MATERIAL AT FWCS AND THEIR DISTRIBUTION AMONG CLIENTS, PAKISTAN AND PROVINCES, SQCFWC, 1996-97

		Province				Total
		NWFP	Punjab	Sindh	Balochistan	
Posters Available	Yes	33.3	80.5	73.3	40.0	68.5
	No	66.7	19.5	26.7	60.0	31.5
Pamphlets Available	Yes	41.7	78.0	66.7	80.0	69.9
	No	58.3	22.0	33.3	20.0	30.1
Books Available	Yes	41.7	61.0	40.0	100.0	56.2
	No	58.3	39.0	60.0		43.8
Other	Yes		2.4	6.7	20.0	4.1
	No	100.0	97.6	93.3	80.0	95.9
Distribution Of IEC Material	Yes	41.7	73.2	73.3	80.0	68.5
	No	58.3	26.8	26.7	20.0	31.5

The overall availability of Posters is 69 percent. In Punjab the availability of Posters is quite satisfactory, 80 percent of the FWCs have Posters, followed by Sindh 73 percent. The availability of posters at FWCs in NWFP and in Balochistan is quite low 33.3 and 40.0 percent respectively.

The overall availability of Pamphlets is almost 70 percent at FWCs. The Pamphlets are mostly available at the centres in Balochistan, Punjab and Sindh, that is, 80 percent, 78 percent and 73 percent respectively. The availability of Pamphlets is observed quite low in NWFP, which are around 42 percent.

The IEC material in Book form is also distributed to the FWCs throughout the country, which contains information regarding family planning methods and health of the mother and

child. The availability of this material is quite low in compared to other IEC materials. The overall distribution is 56.2 percent. However, all the sampled FWCs in Balochistan have IEC materials in book form, whereas the distribution in Punjab, Sindh and NWFP is 61 percent, 41.7 percent and 40 percent respectively.

The analysis of availability of IEC materials in Table 3.5 shows that the overall distribution of IEC materials is satisfactory in Punjab, Sindh and in Balochistan, whereas it is comparatively low in NWFP. The similar pattern is observed in the distribution of the IEC material to the clients of FWC.

3.5 RECORD KEEPING AND MAINTENANCE OF REGISTERS

The IEC activities carried out at FWCs also includes Sukhi Ghar Mehfiles and group discussions among the staff of FWC and clients; satisfied clients also take part voluntarily in such activities. The purpose of this activity is to motivate women adept family planning and also to highlight the importance of family planning. During these activities Aya and FWA (female) assist the FWW. In table 3.6 the information is presented about the record keeping. The data indicates about the frequency of activity carried-out and how well the FWC staff maintains their record. The FWW is responsible to ensure the proper record keeping and also make sure that monthly performance reports are prepared and sent to the district office. The maintenance of registers also shows that how efficiently FWW maintain record of contraceptives, equipment and furniture etc. It is essential that records are reliable and accurate in client register, addresses of clients are properly recorded and sufficient details are be given, so that, the clients can be contacted easily.

Table 3.6

**AVAILABILITY OF RECORD AND MAINTENANCE OF REGISTERS AT FWCs BY PROVINCE
SQCFWC 1996-97**

Availability/Maintenance		Province				Total
		NWFP	Punjab	Sindh	Balochistan	
Sukhi Ghar Mehfil Record Available	Yes	33.3	9.8	6.7		12.3
	No	66.7	90.2	93.3	100.0	87.7
Group Discussions During Jul-Dec 1997 Record Available	Yes	16.7	17.1			12.3
	No	83.3	82.9	100.0	100.0	87.7
Schedule of Visits of FWA Attached	Yes	25.0	46.3	26.7	40.0	38.4
	Not Maintained	75.0	53.7	73.3	60.0	61.6
FWA Completed Registration	Yes	66.7	68.3	53.3	40.0	63.0
	No	33.3	31.7	46.7	60.0	37.0
Group Discussions During Jul-Dec 1997 Record Available	Yes	16.7	17.1			12.3
	No	83.3	82.9	100.0	100.0	87.7
Printed Registers for Record Keeping	Yes	100.0	85.4	93.3	100.0	90.4
	No		14.6	6.7		9.6
Client Record Card Available	Yes	75.0	90.2	26.7	40.0	71.2
	No	25.0	9.8	73.3	60.0	28.8
Record of MCH And Minor Ailment Cases	Yes	91.7	90.2	66.7	100.0	86.3
	No	8.3	9.8	33.3		13.7
Maintenance of Contraceptive Stock Register	Yes	91.7	95.1	86.7	100.0	93.2
	No	8.3	4.9	13.3		6.8
Maintenance of Medicine Stock Register	Yes	83.3	92.7	86.7	100.0	90.4
	No	16.7	7.3	13.3		9.6

Efforts were made to collect information regarding these two very important activities; hence, we have inquired about the availability of record of such activities at FWC. The record was comparatively better maintained in NWFP 33.3 percent, whereas, it is quite low in Punjab (9.8 percent) and Sindh (6.7 percent). In Balochistan none of the centre reported about the maintenance of their record.

Record for Group Discussions were also not maintained properly. In Balochistan and in Sindh no record was found, whereas, the availability of record in other two provinces is also not significant, Punjab 17.1 percent and NWFP 17.1 percent.

Overall the availability of record for MCH & treatment for minor ailment is reasonably well, 86.3 percent. In comparison with other three provinces it is slightly low in Sindh 66.7 percent.

The FWA (Female) of FWC is responsible to register eligible couples in the community within the vicinity of the FWC and ensure a revisit after every two months. In urban areas a defined ward and in rural areas a specific village may be assigned for this task. This registration needs to be done on the prescribed register. It was inquired in the survey that how many of them had completed their registration. Overall 63 percent of FWA had completed their registration. In Punjab and NWFP almost 68 percent of FWA had completed their registration, whereas in Sindh and Balochistan it is comparatively low 53.3 percent and 40 percent respectively. But FWA generally does not attach their visit schedules as reported by 38.4 percent. In Punjab, 46.3 percent and in Balochistan, 40 percent had attached their visit schedule. However, availability of the schedule of visits of FWA at FWC is very poor in NWFP and Sindh, 25 percent and 26.7 percent respectively. This shows the weak monitoring and supervision in the field by the field management.

Printed Registers for record keeping and Client Record Cards (CRC) were provided by the Ministry of Population Welfare (MOPW) so that the proper and uniform training regarding record keeping of clients at FWCs can be given. This will also help to obtain data which will be compatible and comparable for analysis and compilation of reports. This ultimately helps in monitoring and supervision at all levels. The 71.2 percent of the Centres had CRC available to them. The availability is quite satisfactory in Punjab, 90.2 percent and in NWFP, 75 percent. But the availability is very poor in Sindh 26.7, percent and considerably low in Balochistan, 40 percent. There is need to look into this and improve the situation in these two provinces. Moreover, availability of printed registers were appreciably well available, 90.4 percent.

Separate registers are maintained for contraceptives and for medicines provided to FWCs. The registers for contraceptives were well maintained by 93.2 percent; similarly medicine stock registers were also well maintained by 90.4 percent.

3.6 TYPE OF BUILDINGS

In Punjab, Sindh and in Balochistan most of the FWCs are situated in cemented (Pacca) buildings, 95.1 percent, 93.3 percent and 80 percent respectively. But in NWFP only 50 percent of the buildings of FWCs are Pacca and 33.3 percent are in Katcha-Pacca buildings.

The general out-look of the building should be attractive and properly whitewashed. The general out-look of the buildings of FWCs in all the four provinces is generally good / satisfactory. In NWFP, Balochistan and in Sindh the percentages for unsatisfactory are also significant, 25 percent, 20 percent and 13.3 percent respectively. Surprisingly very few FWCs in Sindh has excellent out-look otherwise none other province has reported the excellent out-look of the FWC.

Table 3.7

PERCENT DISTRIBUTION OF FWC BY TYPE OF BUILDING AND PROVINCE, SQCFWC 1996-97

Building	Condition	Province				Total
		NWFP	Punjab	Sindh	Balochistan	
Type of Building	Katcha	16.7	2.4	6.7	20.0	6.8
	Pacca	50.0	95.1	93.3	80.0	86.3
	Katcha-Pacca	33.3	2.4			6.8
General out-Look of the Building	Excellent			6.7		1.4
	Good	25.0	29.3	40.0		28.8
	Satisfactory	50.0	65.9	40.0	80.0	58.9
	Unsatisfactory	25.0	4.9	13.3	20.0	11.0
Attached Residential Accommodation for FWW	Yes	8.3	14.6		60.0	13.7
	No	91.7	85.4	100.0	40.0	86.3
Number of Rooms (Total)	1	8.3	2.4	33.3		9.6
	2	8.3	17.1	46.7	60.0	24.7
	3	50.0	53.7	13.3	20.0	42.5
	4	8.3	19.5	6.7	20.0	15.1
	5	25.0	2.4			5.5
	6		4.9			2.7
Total Rooms for FWC	1	8.3	2.4	33.3	40.0	12.3
	2	16.7	19.5	46.7	40.0	26.0
	3	50.0	61.0	13.3	20.0	46.6
	4	8.3	17.1	6.7		12.3
	5	16.7				2.7
Total Rooms for Residence	0	75.0	90.2	100.0	60.0	90.4
	1	6.7			20.0	1.4
	2		4.9			2.7
	3	8.3	4.9		20.0	5.5
Building	Rented	91.7	100.0	100.0	100.0	98.6
	Donated by Community	8.3	0.0	0.0	0.0	1.4
Rent of Building	<1000 (Rupees)	58.3	48.8	53.3	20.0	49.3
	1001-1500	8.3	24.4	40.0	60.0	27.4
	1501-2000	16.7	22.0	6.7		16.4
	2001-2500	16.7	2.5			4.1
	2501-3000	0	2.4		20.0	2.7

If an additional room is available in the FWC building that can be used as living accommodation for FWW. The FWW should live in the Centre or in neighborhood of the centre, within one mile if possible. This will help to achieve community involvement at a satisfactory level. The attached residential accommodation for the FWW is not available with the FWCs in

three provinces, Punjab, Sindh and in NWFP but the attached accommodation is available in 40 percent of the cases in Balochistan. Generally it is observed that if FWW live closer to FWC, this ensure her presence at FWC to a greater extent.

The FWC building should have three rooms or 2 rooms with large verandah, one room for clinic, second room as waiting area and the third for community welfare activities. The building in which FWCs are situated mostly consist of two to three rooms except in case of Sindh where there are 33.3 percent of the FWCs situated in buildings consisting of only one room. The rooms allocated for the FWC in the building reveals that two to three rooms are allocated for the FWCs in most of the cases. [Punjab 80.5 percent, NWFP 66.7 percent Balochistan 80 percent and in Sindh 60 percent]. In Sindh 33.3 percent of the FWCs have only one room available to them. It is also evident that attached accommodation for the FWW is not available.

Only 8.3 percent buildings for FWC in NWFP have been donated by the Community, which shows low community participation in this regard. The population department rents out buildings for FWCs. Almost 50 percent of the rent paid for FWC building is less than one thousand rupees. Seventy five percent of the FWCs are paying rent fifteen hundred or less than that.

3.7 TYPE OF FACILITIES AVAILABLE AT FWC

All the FWCs preferably should have electricity. In NWFP only 8.3 percent of the FWCs had no electricity, otherwise FWCs in all the four provinces had electricity at the facility.

In Punjab, NWFP and in Balochistan the major source of heating facility is electricity, 68.3 percent, 66.7 percent and 60 percent respectively, however, in Sindh the major source of heating is gas with 33.3 percent. In Balochistan the second major source for heating is also gas, 40 percent. Kerosene oil also appears as one of the major source for heating in Punjab 17.1 percent and Sindh 20.0 percent. It is also noted that the percentage for "Other" category in the questionnaire is quite significant in NWFP 25 percent and Sindh 20 percent. The "Other" category for heating includes the use of wood and dung of the cow.

Table 3.8

PERCENT DISTRIBUTION OF FWC BY TYPE OF FACILITIES AND PROVINCE, SQCFWC 1996-97

Facilities		Province				Total
		NWFP	Punjab	Sindh	Balochistan	
Electricity For Light	Yes	91.7	100.0	100.0	100.0	98.6
	No	8.3				1.4
Fuel/Heating Facilities	Gas		12.2	33.3	40.0	16.4
	Electricity	66.7	68.3	26.7	60.0	58.9
	Kerosene	8.3	17.1	20.0		15.1
	Other	25.0	2.4	20.0		9.6
Type Of Toilet In The Fwc	None	16.7	4.9		20.0	6.8
	Flush	66.7	61.0	46.7	60.0	58.9
	Non-Flush	16.7	31.7	40.0	20.0	30.1
	Other		2.4	13.3		4.1
Water Supply Within Fwc Building	None	25.0	4.9			6.8
	Hand Pump	41.7	36.6	13.3	20.0	31.5
	Piped Water	33.3	58.5	66.7	60.0	56.2
	Other			20.0	20.0	5.5
Waiting Area Protected Against Rain And Sun	Yes	91.7	97.6	100.0	100.0	97.3
	No	8.3	2.4			2.7
Waiting Area Proper Seating Arrangement	Yes	91.7	85.4	100.0	80.0	95.06
	NO	8.3	14.6		20.0	4.94
Medical Examination Room (Privacy)	Separate/ A.V Privacy	66.7	82.9	40.0	20.0	67.1
	Separate / Visual Privacy	8.3	14.6	40.0	60.0	21.9
	No Privacy	25.0	2.4	20.0	20.0	11.0
Medical Examination Room (Clean)	Yes	75.0	90.2	93.3	80.0	87.4
	No	25.0	9.8	6.7	20.0	12.6
Medical Examination Room (Adequate Light)	Yes	58.3	87.8	93.3	100.0	85.0
	No	41.7	12.2	6.7		15.0
General Maintenance of Centre (Clean)	Yes	75.0	82.9	93.3	80.0	83.6
	No	25.0	17.1	6.7	20.0	16.4
General Maintenance (Building White-Washed)	Yes	83.3	56.1	40.0	20.0	54.8
	No	16.7	43.9	60.0	80.0	45.2
General Maintenance Good Contraceptive Storage	Yes	83.3	90.2	73.3	100.0	86.3
	No	16.7	9.8	26.7		13.7
General Maintenance (Good Medicine Storage)	Yes	83.3	39.0	86.7	100.0	60.3
	No	16.7	61.0	13.3		39.7

It is essential that high standards of hygiene are maintained, especially waste products should be disposed off in a hygienic manner. Majority of the FWCs had toilet facility at their building, 90 percent. However, flush facility available at FWCs in NWFP is 66.7 percent, Punjab 61.0 percent, Balochistan 60.0 percent and in Sindh 47.6 percent. The number of non-flush toilet

at FWC is quite significant Sindh 40 percent and for Punjab 31.7 percent. In Balochistan 20 percent and in NWFP 16.7 percent have not any type of toilet facility at the building. The category for "other" is also significant for Sindh 13.3 percent.

Each FWC should have sanitary facilities, even if water has to be fetched and brought to the centre. All the FWCs should have preferably running water. The major source of water supply within the FWC building is piped water, which in Punjab is 58.5 percent, Sindh 66.7 percent and in Balochistan 60 percent. But in NWFP the percentage is comparatively low, 33.3 percent. The major source in NWFP is hand pump, 41.7 percent. In Punjab 36.6 percent of the FWCs also obtain water from hand pump.

Most of FWCs (93.7 percent) have proper place for the clients, which is protected from rain and sun. There are few FWCS in NWFP (8.3 percent) and in Punjab (2.4 percent) who reported place, which is not protected from rain and sun. Similar pattern is also observed regarding proper seating arrangements at FWCs. Overall 95 percent of the FWCs have proper seating arrangements. In Punjab 14.6 percent and in Balochistan 20 percent reported having no proper seating arrangements for the clients, which need attention.

The major responsibility of the FWC is to ensure the privacy of the client. Sixty seven percent of the FWCs are providing complete Audio/Visual privacy whereas 89 percent of the FWCs provide Visual privacy. The provincial data, shows Audio/ Visual privacy for Punjab 82.9 percent, NWFP 66.7 percent, Sindh 40 percent and in Balochistan it is only 20 percent. Keeping in view the traditional society in Balochistan this percentage is quite low. However, visual privacy in Balochistan is 80 percent. The percentage for such FWCs is also high where no privacy is maintained, such as, NWFP 25 percent, Sindh 20 percent and in Balochistan 20 percent, whereas for Punjab it is only 2.4 percent.

Medical examination rooms of FWCs were generally found clean 87.4 percent. Medical examination rooms were sufficiently clean in Punjab 90.2 percent, Sindh 93.3 percent, Balochistan 80 percent and in NWFP 75 percent. However, percentage for FWCs whose medical examination rooms were not found clean are also significant, NWFP 25 percent, Punjab 17.1

percent and in Balochistan 20 percent. This needs attention and all FWCs must ensure cleanliness in the examination room otherwise clients coming for F.P services can catch infections.

Data reveals that sufficient light is available in the medical examination rooms, 85 percent. In Punjab 87.8 percent, Sindh 93.3 percent and in Balochistan 100 percent of the FWCs have adequate light available in their medical examination room. Surprisingly percentage for NWFP is quite low only 58.3 percent.

General maintenance of the FWC matters a lot. It should be clean and provide healthy atmosphere to the visitors. During the situation analysis, information regarding the cleanliness of the centre was also obtained. Generally FWCs were found clean 83.6 percent. However, one fourth of the FWCs in Punjab 25 percent were not found clean. This needs improvement and attention of the Punjab Population Welfare Department.

Another related issue to the general maintenance of building was regarding their white wash. The results were not encouraging, as only 54.8 percent buildings were found white washed. Except in NWFP where 83.3 percent of the buildings were found white washed, the remaining three provinces shows low percentages for building found white washed at the time of survey, Punjab 56.1 percent, Sindh 40 percent and Balochistan 20 percent. This needs attention of district management when especially they hire new buildings.

Staff of FWC is responsible to store contraceptives at a place, which is reasonably well protected from sunlight, rain etc. For this purpose MOPW has provided cabinets. The storage of contraceptives is quite satisfactory in case of 86.3 percent. However, contraceptive storage should be improved in Sindh where 26.7 percent of the FWC do not have proper contraceptive storage.

Medicines are also supposed to be placed or stored at a proper place. Surprisingly the storage of medicines at FWCs was unsatisfactory, only 60 percent of the FWCs had stored the medicines at a proper place. This percentage is badly affected by Punjab where 61 percent of

FWCs had reported no proper storage of medicines. Therefore, storage of medicines should improve in Punjab and district management responsible for monitoring and supervision should take serious notice and ensure proper storage of medicines.

3.8 AVAILABILITY OF TRANSPORT FOR REFERRING SURGERY CASES

Transport was provided after the surgery was performed, in case of 46 percent. Almost one fourth were paid fair for public transport. Eighteen percent of the women were provided transport from their residence to hospital and after surgery they were dropped back to their residences. However, this facility is available to 46 percent in NWFP and 47 percent in Sindh. In Punjab 56 percent of the women were provided transport after surgery from hospital to residence, whereas in Balochistan 60 percent of the women were neither provided any transport nor paid any fair for transport.

Table 3.9

PERCENT DISTRIBUTION OF FWC BY AVAILABILITY OF TRANSPORT FOR REFERRING SURGERY CASES BY PROVINCE, SQCFWC 1996-97

Availability of Transport	Province				Total
	NWFP	Punjab	Sindh	Balochistan	
Transport for Referring Surgery Cases					
Residence to Hospital & Back	45.5		46.7	20.0	18.1
Transport from Hospital to Residence	35.6	56.1	33.3	20.0	45.7
Public Transport Used Fair Paid by Programme	9.4	34.1	13.3		23.6
Public Transport Used no Fair Paid	9.4	9.8	6.7	60.0	12.5

3.9 AVAILABILITY OF MEDICINE, EQUIPMENT & FURNITURE AND THEIR CONDITION

Findings presented in table 3.10, indicates the availability of medicines, availability and condition of furniture and availability and condition of equipment. FWW is mainly responsible to check the stock and maintain adequate supplies of medicines, contraceptives and to ensure that all the equipment are available at the centre. Supplies of contraceptives and medicines should last for three months, if any item falls below she should immediately report to district office.

Table 3.10

PERCENT DISTRIBUTION OF FWC BY AVAILABILITY OF MEDICINE FURNITURE AND EQUIPMENT AND THEIR CONDITION, PAKISTAN AND PROVINCE SQCFWC 1996-97

Availability and Condition	Province				Total
	NWFP	Punjab	Sindh	Balochistan	
Availability Of Medicine					
Mostly Available	25.0	9.8	26.7	60.0	19.2
Mostly Not Available	75.0	80.4	53.3	40.0	71.2
Not Available		9.8	20.0		9.6
Availability Of Furniture					
Adequately Available	33.3	22.0	53.3	40.0	31.5
Mostly Available	50.0	78.0	40.0	40.0	63.0
Mostly Not Available	16.7		6.7	20.0	5.5
Condition Of Furniture					
All In Good Condition	41.7	22.0	26.7	40.0	27.4
Mostly Good In Condition Some Need Replacement	41.7	73.1	73.3	60.0	67.1
Most Of The Furniture Is Old And Need Replacement	16.6	4.9			5.5
Availability Of Equipment					
Available			13.3	20.0	4.1
Mostly Available	91.7	95.1	66.7	20.0	83.6
Mostly Not Available	8.3	4.9	20.0	60.0	12.3
Condition Of Equipment					
All In Good Condition	8.3	7.3	13.3	20.0	9.6
Mostly In Good Condition & Some Need Replacement	75.0	90.2	86.7	80.0	86.3
Mostly Need Replacement	16.7	2.4			4.1

It is evident that 71.2 percent FWCs reported "Medicines Mostly not Available". This problem is more severe in Punjab, and in NWFP where 80.5 percent and 75 percent respectively had no medicines available. In Punjab only 9.8 percent had reported availability of medicines.

Generally it is observed that furniture is mostly available at FWCs, (63 percent). However, availability of adequate furniture is only 31.5 percent. With 16.7 percent in NWFP and 20 percent in Balochistan reported "Mostly Furniture not Available". Regarding condition of the furniture 27.4 percent reported all furniture in good condition. Generally the condition of

furniture at FWC is "mostly Furniture in Good Condition and some need replacement", 67.1 percent. In NWFP 16.7 percent reported most of the furniture is old and need replacement.

Equipment is very essential for FWC to perform their duties. When inquired about the availability of equipment, only 4 percent reported having all equipment available with them. But 83.6 percent of the FWCs reported that most of the equipment is available with them. However, 20 percent in Sindh and 60 percent in Balochistan reported that most of the equipment is not available with them.

The condition of the equipment is quite satisfactory, 86.3 percent reported that most of the equipment is in good condition, whereas 9.6 percent reported that all the equipment available to them is in good condition. In NWFP there is some sort of problem where 16.7 percent reported that most of the equipment need replacement.

3.10 ACTIVITIES CARRIED OUT AT FWC

The table 3.11 shows that on the average FWA has made 30 visits and FWW has made 9 visits. The average for FWW was very low. Probably the reason is that FWA were made responsible to register eligible couples in the community and visit them, whereas FWW, In-charge of FWC were mainly responsible to stay at FWC, so that the FWCs remain open and women clients visit for services should be attended.

Table 3.11

PERCENT DISTRIBUTION OF FWC BY ACTIVITIES PERFORMED AT FWC, PAKISTAN AND PROVINCE, SQCFWC 1996-97

Activities Performed	N	MEAN
Home Follow Up Visits FWW Jul-Dec 97	677	9.3
Home Follow Up Visits y FWA Jul-Dec 97	2167	29.7
TBA/ Dai Registered as on 31 st Dec 1997	210	2.9
Dais Trained During Jul-Dec 1997	1110	16.1
Community Volunteers Trained Jul-Dec 1997	1166	16.9
Persons other than Community Volunteers and Dais Trained Jul-Dec 1997	1002	14.7
Group Discussions (Health Education) Jul-Dec 1997	323	4.4
Services Received, Children 5+ and Mothers Jul-Dec 1997	34805	476.8
Children < 5 Received Services Jul-Dec 1997	13276	181.9
Total new Acceptors Jul-Dec 1997	25051	343.2
Acceptors with Incomplete Address Jul-Dec 1997	7715	107.2
Postnatal Services During Jul-Dec 1997	1784	24.4
Antenatal Services During Jul-Dec 1997	4218	57.8
Deliveries During Jul-Dec 1997	24	0.3
Mean Number of Supervisory Visits Made During Jul-Dec 1997	170	2.3

TBA/DAIs were provided on the job training, whereas, some of them had taken part in an organized training Programme. Training includes, referral of women at high risk, preparations for delivery, aseptic procedures, cutting and tying the cord and advising mothers for Family Planning. TBAs were attached with FWCs to serve as contact point in the community for motivation for FP, distribution of conventional methods and referral for clinical methods. But this activity was remained unattended and not much attention paid. Moreover, Population Department has removed the TBAs from the FWCs. However, in many cases the people at district offices and FWC staff mentioned that the TBAs were very useful, as they are familiar with the females of their area and with the community, which improve the efficiency of FWC. The data shows that on the average 3 TBA/DAIs were registered with each FWC on 31st December, 1997, whereas record of FWCs shows that on average 16 TBA were provided training during the period of six month, from July to December, 1997.

The community volunteers (CVs) were also selected from the community. The essence of the CVs is to provide information on a regular basis to the community they serve. The community volunteers include satisfied clients, teachers, religious leaders, barbers and veterinarians.. The major purpose of this activity is to involve the whole community. The training was also imparted to the community volunteers. This training was related to IEC activity i.e. Inter-personal communication. These Volunteers after training motivate people to adopt family planning services according to their need. For the period of six month, FWC's trained 17 volunteers.

Other Persons include influentials, Imams, shopkeepers and members of the Union councils and Municipal/ Town committees may also be invited to assist in specific ways. The mean number of persons trained (14.7%) is nearly same as Community Volunteers (16.9%). It means that both activities are carried out at the same level.

Health education is carried out through group instructions, individual instructions and community activities. Group discussions were generally made when women are waiting for examination. This discussion is mainly conducted by Aya and FWA (F). The purpose of group discussion is to explain the advantages of FP, to improve nutritional practices in feeding young children, to improve hygienic living standards and explain about the prevention of diarrhea and encourage ORS treatment for diarrhea. Among other activity, FWW should also held discussion regarding the health of the mother and child and also explain about the hygiene of the family. Group discussions on Antenatal care and Postnatal care is also imparted. During these group sessions issues related to reproductive health and breast-feeding are highlighted. In the data it has emerged as a weak activity, on the average 4.4 health education discussions were held during the period of six months.

Mother care includes post-natal care, which includes proper care of umbilical cord, lactation, care of the breasts and general advice regarding newborn whereas, children under 5 are also provided treatment for minor ailments by the FWC. The purpose of this facility is to provide treatment of such disease i.e Diarrhea, which are fatal for children. Data shows very high frequency for mother treatment 487 for each centre and 182 for children under 5.

Women coming for the first time for the family planning services at their first visit are considered as new acceptors and marked with "N" (new acceptors). FWW are instructed to provide detailed information regarding choice of method, their merits & demerits, method suitable in certain conditions and provide all relevant information to the clients. During the period of six months each centre on the average received 343 new clients, it means that 11.4 clients visited each centre on each day. However, during the follow-up of clients around 30 percent of the clients were traceable.

FWW are responsible to properly enter the names and addresses of all clients. A large number of clients were found with incomplete addresses, 107 clients for each centre during the survey.

The Antenatal and Post-natal services are provided at the FWC. These services includes, pregnancy related issues i.e., food requirement, rest needed, routine medical check up during the three trimester etc., care of breast, hygienic delivery, importance of breast-feeding. However, delivery services can not be provided at FWC, but FWW who is trained in midwifery can provide domiciliary delivery service for normal deliveries when requested by the clients or Dai. It is evident from the data that more than half of the women who received Antenatal care never visited FWC for Post-natal check up. FWW should convince the women who came for Antenatal care that they should also have Post-natal check up to avoid complications related to delivery. However, very few FWW have reported that they perform delivery at home.

District Population office is responsible to pay supervisory visits at FWCs. This activity appeared to be very weak or not properly done. The purpose of visits is to help the FWW and her staff to solve the problems faced by them, teach better ways of working and provide on the job training in their particular situation and such visits would also help to ensure that FWC is working properly. Three main supervision "tools" should be followed by the supervisors. i) check work schedules ii) follow supervision visit protocol, a set of steps to be followed and iii) supervision record form, on this form supervisors who visit FWC record their observations and on next visit check the improvements made in the light of his observations. It is evident from the data that supervisors who generally made visits do not record their supervisory visits. During the

period of six months on the average only 2.3 visits were made, which need special attention at all levels.

3.11 STOCK POSITION OF VARIOUS CONTRACEPTIVES AND SHORTAGE EXPERIENCED

Table 3.12 shows the availability of various FP methods and their shortage experienced. As mentioned earlier that FWW is mainly responsible to ensure that supplies of medicine and contraceptives are sufficient for atleast three months. In case of any shortage it should be brought immediately to the notice of district office. It is evident from the data that around 30 percent of the FWCs had condom, injections and IUD available and 45 percent pills were adequately available for 3 months. For injection and IUD, FWCs reported that adequate stock is not available even for one month, whereas around 20 percent said that pill and condom are not adequate for even one month at their stock. As it is apparent from the table, overall stock position is satisfactory, but still it need some attention and supply of method should be streamline, so that all the methods are available at centre and method of choice should be available to the clients.

Table 3.12

PERCENT DISTRIBUTION OF FWC BY CONTRACEPTIVE STOCK POSITION ON APRIL 31, 1998 AND SHORTAGE OF CONTRACEPTIVE STOCK DURING 1997, PAKISTAN AND PROVINCE SQCFWC 1996-97

Stock Position	Pills	Condom	Injection	IUD
Adequate for Further				
3 Months	45.2	28.8	32.9	31.5
2 Months	19.2	34.2	20.5	24.7
1 Months	13.7	17.8	19.2	16.4
Not Adequate for 1 Month	21.9	19.2	27.4	27.4
Shortage in 1997				
Quarter 1	8.5	11.3	5.6	7.0
Quarter 2	7.0	7.0	4.2	5.6
Quarter 3	5.6	4.2	1.4	1.4
Quarter 4	2.8	4.2	5.6	5.6

During the four quarters of 1997, no major shortage of any contraceptive method was observed. However, shortage was observed slightly more for all methods in the first quarter of the year. Among the four methods provided by the Population Welfare Department during 1997, condom has shown the highest shortage.

Chapter 4

BACKGROUND CHARACTERISTICS OF CLIENTS

One of the main objective of the survey was to collect information regarding the functioning of FWC and services provided at the FWCs, which includes information given to clients, motivation for family planning and provision of various family planning methods etc.

In this chapter information regarding the background characteristics of FWC clients who were interviewed is presented which cover their current age, educational status of clients and their husbands, children ever born, children surviving and mean age at marriage.

4.1 AGE DISTRIBUTION

In Pakistan like other developing countries it is difficult to get accurate data on age. Among other major reasons, wide spread illiteracy and low level of education among females are the reasons. However, efforts were made to get accurate information on age of the respondents. During training, special emphasis was laid on the probing techniques regarding ascertaining correct age and to reduce the age reporting errors to its minimum.

It is evident from Table-4.1 that women in Pakistan generally do not come to Family Planning Clinics in the early ages (15-19) and (20-24). This is perhaps due to social and cultural pressures and until women at least achieve their minimum desired number of children they do not use F.P method. The large proportions of women who are coming for F.P services to FWCs are concentrated in the age groups 25-29 (25.9 %), 30-34 (30.3 %) and 35-39 (22 %). Few women attend FWC after the age of forty as they are unable to get pregnant due to menopause or unable to get pregnant.

Table 4.1

**PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN
BY AGE SQCFWC, 1996-97**

Respondent's Age	Urban		Rural		Total	
	Percent	Number	Percent	Number	Percent	Number
15 - 19	0.4	3	1.0	8	0.7	11
20 - 24	8.2	65	9.6	79	8.9	144
25 - 29	25.9	205	24.1	198	25.0	403
30 - 34	30.3	240	31.1	256	30.7	496
35 - 39	22.0	174	23.2	191	22.6	365
40 - 44	10.1	80	8.2	67	9.1	147
45-49	3.1	25	2.8	23	3.0	48
Total	100.0	792	100.0	822	100.0	1614

The clients visiting FWCs have younger ages in rural areas in comparison to clients in the urban areas (table 4.1).

Table 4.2 gives comparison of SQCFWC with previous surveys regarding current age of the respondents. There is slight shift in the ages from younger to older ages but still the majority of women are in the younger ages.

Table 4.2

**PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY AGE,
SQCFWC 1996-97, IEC-1994, PDHS 1990-91 AND PCPS 1984-85**

Age of Respondents	SQCFWC 1996-97	IEC 1994	PDHS 1990-91	PCPS 1984-85
15-19	.7	4.3	6.5	7.7
20-24	8.9	14.7	16.0	19.2
25-29	25.0	21.8	22.6	22.6
30-34	30.9	17.8	18.0	15.6
35-39	22.6	18.8	14.8	15.6
40-44	9.1	11.9	12.8	11.7
45-49	3.0	10.9	9.3	7.7
Total	100.0	100.0	100.0	100.0
Number of Women	1614	3308	6611	7405

IEC INFORMATION, EDUCATION AND COMMUNICATION COMPONENT, 1996 [11]
 PDHS PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY, 1992 [5]
 PCPS PAKISTAN CONTRACEPTIVE PREVALANCE SURVEY, 1986 [12]

4.2 RESPONDENT AND HUSBANDS EDUCATION

Forty percent of the respondents had no formal or in-formal education (table-4.3). Twenty one percent had only informal education. Reasons for higher informal education includes education obtained in informal schools called "Madrasas" where girls are sent to learn about "Quran". Due to PARDAH (seclusion), some people prefer education of their girls at homes or at religious Madrisas.

Husbands of the clients had more formal education in comparison to respondents. Husbands had more education at all levels specially education at higher level as higher education is very low amongst the respondents in comparison to their husbands.

Comparison of survey on "Quality of Care by FWC" with previous survey "Choice of Method and Drop-outs in Family Planning" shows slight improvement in formal education both for respondents and their husbands.[6]

Table 4.3

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY LEVEL OF EDUCATION
SQCFWC, 1996-97

Level of Education	Women's Education	Husband's Education
No Formal Informal Education	0.4	1.0
Only Informal Education	8.2	9.6
Upto Primary	25.9	24.1
Upto Middle	30.3	31.1
Upto Secondary	22.0	23.2
Secondary +	10.0	8.2
45-49	3.2	2.8
Total	100.0	100.0

4.3 CHILDREN EVER BORN

Data in table 4.4 shows percent distribution of women by age and number of Children Ever Born (CEB) to them. Thirty four percent of the women had 0-3 children ever born to them. Majority of the women (45 %) had 4-6 children ever born to them, whereas, 20 % of the respondents had 7 or more children ever born to them. It indicates (66%) of the respondents had 4 or more children ever born to them. The mean number of children ever born varies from 1.5 children in age group 15-19 years to 8.0 children born to age group 45-49 years. Mean children ever born is higher in comparison to previous national level surveys as the sample for SQCFWC was drawn from currently married women in reproductive age of 15-49 years and who have obtained any family planning method from FWC. Usually high parity women visit FWCs for family planning services.

Table 4.4

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY NUMBER OF CHILDREN EVER BORN AND AGE, SQCFWC 1996-97

Respondent's Age	Children Ever Born							Total		Mean
	1	2	3	4	5	6	7 +	%	(N)	
15 - 19	63.6	27.3	9.1	--	--	--	--	100.0	11	1.5
20 - 24	22.9	38.2	20.1	11.1	5.6	2.1	--	100.0	144	2.4
25 - 29	4.7	22.6	27.5	20.8	14.9	7.2	2.2	100.0	403	3.5
30 - 34	0.8	7.1	19.4	23.6	21.2	13.1	14.9	100.0	496	4.7
35 - 39	0.3	3.6	11.0	12.3	20.8	14.8	37.3	100.0	365	5.9
40 - 44	--	--	8.2	11.6	14.3	15.0	51.0	100.0	147	6.7
45 - 49	--	--	4.2	2.1	10.4	12.5	70.8	100.0	48	8.0
Total	4.0	12.2	18.0	17.3	17.0	11.1	20.3	100.0	1614	4.7

4.4 SURVIVING CHILDREN

It is evident from the table 4.5 that 39% of the respondents had three or less children alive, whereas 48.5% had reported that they had 4-6 children living and 12.5% reported that they had 7 or more living children. It means that 61% of the respondents had at least 4 or more living children. Significant difference between CEB and children surviving was observed. Data on CEB and children surviving also suggest that with the increase in CEB chances of deaths among

children also increase. However, mean number of surviving children increases from age group 15-19 years (1.5) to (7.0) in age group 45-49 years.

Table 4.5

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY NUMBER AND MEAN OF LIVING CHILDREN AND AGE, SQCFWC 1996-97

Respondent's Age	1	2	3	4	5	6	7 +	Total		Mean
								%	(N)	
15 - 19	63.6	27.3	9.1	--	--	--	--	100.0	11	1.5
20 - 24	25.0	41.7	22.2	9.7	0.7	0.7	--	100.0	144	2.2
25 - 29	6.2	24.8	28.0	22.6	14.6	3.2	0.5	100.0	403	3.3
30 - 34	1.0	9.5	22.4	27.8	20.0	11.7	7.7	100.0	496	4.2
35 - 39	0.5	5.2	13.2	17.3	23.8	17.3	22.7	100.0	365	
40 - 44	--	1.4	11.6	15.6	13.6	23.8	34.0	100.0	147	5.9
45 - 49	--	--	4.2	10.4	12.5	12.5	60.4	100.0	48	7.0
Total	4.6	14.3	20.1	20.7	16.9	10.9	12.5	100.0	1614	4.2

4.5 MEAN AGE AT MARRIAGE FOR FEMALES

In this survey the mean age at marriage for Females was 19 years. In urban area it was 19.2 years, slightly higher than in rural areas 18.7 years. In all the four provinces mean age at marriage was higher in urban area except in NWFP where mean age at marriage for females is higher in rural area.

Among four provinces Punjab had the highest mean age at marriage 19.3 years, followed by NWFP 18.1 years, and Sindh & Balochistan incidentally having same mean age at marriage (17.7) years.

Table 4.6

MEAN AGE AT MARRIAGE OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY URBAN-RURAL AND PROVINCE OF RESIDENCE, SQCFWC 1996-97

Provinces	Total	Urban	Rural
Punjab	19.3	19.7	19.0
Sindh	17.7	18.0	16.6
NWFP	18.1	17.7	18.3
Balochistan	17.7	17.8	17.6
Pakistan	19.0	19.2	18.7

ND

1954

1955

1956

1957

1958

1959

1960

1961

Chapter 5

CONTRACEPTION

The major activity of the Family Welfare Centre is to motivate clients for the use of family planning methods through imparting information about these methods and to provide good quality services.

5.1 KNOWLEDGE OF VARIOUS CONTRACEPTIVE METHODS AND SOURCE OF KNOWLEDGE:

As expected, the knowledge of any method and modern method was 100 % (table-5.1). However, knowledge of traditional method was (83 %).

Among modern methods knowledge of IUD, Pills, Condoms, Injections and female sterilization was almost (100 %). These methods were provided at FWCs; except female sterilization which was not offered at FWC but as a permanent method FWC staff motivate clients who want to limit their family size and refer them to Reproductive Health Services Centres (RHSCs). Generally, clients at FWCs are females, therefore, the knowledge of male sterilization is slightly low (80 %).

Knowledge of traditional method was also significant. Knowledge of withdrawal was (77 %), whereas rhythm method was quite low, only (48 %). The reason for low knowledge of traditional method was that FWC staff does not provide much information as they generally emphasis on modern methods.

Norplant was not familiar method for FWC clients. Perhaps the major reason was that this method was comparatively new at the time of survey and was not offered at FWC.

Table 5.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO HAVE KNOWLEDGE OF FAMILY PLANNING METHOD BY PAKISTAN AND URBAN-RURAL SQCFWC 1996-97

Contraceptive Methods	Urban	Rural	Total	
			Percent	Number
Any Method	100.0	100.0	100.0	1614
Any Modern Method	100.0	100.0	100.0	1614
Pills	99.9	100.0	99.9	1613
Condom	98.4	98.1	98.2	1585
Vaginal Methods	1.8	1.2	1.5	24
Injection	99.0	99.0	99.0	1598
IUD	100.0	99.8	99.9	1612
Female Sterilisation	99.1	99.3	99.2	1601
Male Sterilisation	80.2	79.2	79.7	1286
Norplant	47.3	34.9	41.0	662
Any Traditional Method	84.1	81.1	82.6	1333
Rhythm	48.7	46.2	47.5	766
Withdrawal	77.9	75.5	76.7	1238
Other	4.5	5.2	4.9	79
Total	100.0	100.0	100.0	1614

It is evident from table 5.2 that most of the clients of FWC had received knowledge from FWW (55.4%), followed by Family Welfare Assistant (FWA) of FWC (11 %), friends/ relatives (9.3 %) and Village Based Family Planning Worker (VBFPW) 6.9 %). However, VBFPW who were mainly appointed in rural areas appeared as significant source in the rural areas (9.4 %).

Table 5.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SOURCE OF KNOWLEDGE, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Place of Residence	Urban	Rural	Total	
			Percent	Number
Family Welfare Worker	59.6	51.3	55.4	894
Family Welfare Assistant	10.2	11.8	11.0	178
Village Base Family Planning Worker	4.3	9.4	6.9	111
Another acceptor	5.2	5.2	5.2	84
Husband	2.1	1.0	1.5	25
Friend/ Relative	10.7	7.9	9.3	150
Doctor	1.4	1.1	1.2	20
Paramedic	0.4	1.8	1.1	18
Advertisement in newspaper	0.3	0.2	0.2	4
Radio Programme	0.3	0.1	0.2	3
TV Programme regarding F.P	3.8	1.7	2.7	44
Any other	1.8	8.4	5.1	83
Total	100.0	100.0	100.0	1614

5.2 EVER USE OF CONTRACEPTION

Ever user included respondents who ever used any family planning method in the past or currently using family planning method. As it was expected the ever use of contraception was 100 % as the sample was drawn from the FWC clients using any family planning method.

Specifically ever use of IUD was found highest among all other methods (55.7 %). The major reason for the popularity of this method was that it is effective for 3 to 5 years and except routine check up does not require replacement. It is also considered very safe method among the temporary methods. After IUD, the second commonly used method was Injection (45.9 %), which is slightly lower than IUD.

Population Welfare Department should streamline and ensure the supply and availability of these two methods at FWCs.

Pill was the third highest method ever used (26 %), followed by Condom (23.4 %). Ever use of Female Sterilization was quite low, as this method was not offered at FWC. The ever use of withdrawal ever use was 5.9 % and for rhythm method was only 2.3 %. This shows that

clients of FWC usually use modern contraceptive methods. The pattern for various methods was similar in urban and rural areas as observed at national level

Table 5.3

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO HAVE EVER USED ANY FAMILY PLANNING METHOD, PAKISTAN AND URBAN-RURAL, SQCFWC, 1996-97

Contraceptive Methods	Urban	Rural	Total	
			Percent	Number
Any Method	100.0	100.0	100.0	1614
Any Modern Method	100.0	99.8	99.9	1612
Pills	27.3	24.8	26.0	420
Condom	26.9	20.0	23.4	377
Vaginal Methods		0.2	0.1	2
Injection	44.9	46.8	45.9	741
IUD	55.7	55.7	55.7	899
Female Sterilisation	8.6	8.4	8.5	137
Male Sterilisation	0.4	0.2	0.3	5
Norplant	0.6	0.2	0.4	7
Any Traditional Method	11.0	7.5	9.2	149
Rhythm	3.5	1.1	2.3	37
Withdrawal	7.4	4.4	5.9	95
Other	1.3	3.4	2.4	38
Total	100.0	100.0	100.0	1614

5.3 AGE WHEN CONTRACEPTIVE METHOD WAS FIRST USED

Nearly one third of the respondents started practicing contraceptive methods between the ages of 15-24 years. More than half of the respondents used family planning method between the ages of 25-34 years. Data in table 5.4 shows that respondents in prime reproductive age group 25-29 years had the highest percentage (33.5 %) of ever used of a method for the first time, followed by age group 20-24 years (25 %) and age group 30-34 years (23.3 %). If quality services are provided to women of these age groups a significant reduction and increase in contraceptive use can be achieved in a short time.

Respondents both in urban and rural areas shows similar trend as observed at the national level for various age groups.

Table 5.4

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY AGE WHEN FIRST TIME FAMILY PLANNING METHOD WAS USED, PAKISTAN AND URBAN-RURAL SQCFWC, 1996-97

Age at the Time of First Use	Urban		Rural		Total	
	%	(N)	%	(N)	%	(N)
15 – 19	5.7	45.0	5.1	42.0	5.4	87
20 – 24	25.3	200.0	24.8	204.0	25.0	404
25 – 29	35.0	277.0	32.1	264.0	33.5	541
30 – 34	22.1	175.0	24.5	201.0	23.3	376
35 – 39	8.2	65.0	10.7	88.0	9.5	153
40 – 44	3.3	26.0	2.3	19.0	2.8	45
45 – 49	0.5	4.0	0.5	4.0	0.5	8
Total	100.0	792.0	100.0	822.0	100.0	1614

5.4 NUMBER OF CHILDREN SURVIVING WHEN FIRST USED METHOD

Data in Table 5.5 shows that most of the respondents started practicing family planning methods when they had two to three children surviving, however, 65 % of the respondents had three or more children when they first used a method. Eight percent of the respondents first time used a method when they had 7 or more children. Good quality services, motivation and follow-up care can prevent such respondents having large number of children, who have used family planning method for the first time when they had two to three children surviving, which will ultimately reduce fertility. Similar pattern was observed both in urban and rural areas.

Table 5.5

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY NUMBER OF CHILDREN SURVIVING WHEN FIRST TIME FAMILY PLANNING METHOD WAS USED, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Number of Children at the Time of First Use	Urban		Rural		Total	
	%	(N)	%	(N)	%	(N)
1	15.9	126.0	14.7	121.0	15.3	247
2	21.3	169.0	17.4	143.0	19.3	312
3	20.3	161.0	19.5	160.0	19.9	321
4	15.7	124.0	16.3	134.0	16.0	258
5	11.6	92.0	14.1	116.0	12.9	208
6	8.5	67.0	8.9	73.0	8.7	140
7 +	6.7	53.0	9.1	75.0	7.9	128
Total	100.0	792.0	100.0	822.0	100.0	1614

5.5 CURRENT USE OF CONTRACEPTION

Table 5.7 shows situation regarding current use of family planning method. Eighty three percent of the respondents were currently using a contraceptive method and (17%) had dropped-out. This situation is better in comparison to results observed in previous survey (CMDOS) 1993. Where the current use was 73.3% and drop-out was 26.7%.

As it was observed in ever use, IUD was reported as highest currently used method (38%), followed by Injections (20.9%). Current use of Female Sterilization was 8.5% followed by Condom (7.3%) and pills (6.8%). Current use of Male Sterilization and Norplant was almost negligible and Vaginal Method was reported as zero. Among traditional methods except Withdrawal no other method was significant. Moreover, Withdrawal method was currently used more in urban area (1.39%) than in rural area (0.49%).

Table 5.6

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO CURRENTLY USED ANY METHOD, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Contraceptive Method	Urban	Rural	Total
Any Method	82.6	83.3	83.0
Any Modern Method	80.6	82.8	81.7
Pills	8.0	5.7	6.8
Condom	8.1	6.4	7.2
Vaginal Methods	0.0	0.0	0.0
Injection	19.3	22.5	20.9
IUD	36.5	39.5	38.0
Female Sterilisation	8.6	8.4	8.5
Male Sterilisation	0.4	0.2	0.3
Nor Plant	0.0	0.1	0.1
Any Traditional Method	2.0	0.5	1.2
Rhythm	0.5	0.0	0.2
Withdrawal	1.4	0.5	0.9
Others	0.1	0.0	0.1

5.6 BACKGROUND CHARACTERISTICS OF CURRENT USER

Table 5.6 shows that among ever users, 83 % were currently using a family planning method. Current use is slightly high in rural area (83.3 %) than in urban area (82.6%). The respondents in age group 30-34 years (86.1%) and 35-39 years (87.7%) were the highest current users, followed by age group 25-29 years (77.4%). However, in age group 25-29 years a significant difference was observed between urban and rural areas. It was 79.5% in urban area, whereas, it was 75.3% in rural area.

Majority of the respondents who were currently using a method had two or more children ever born to them. Significant difference was observed between urban and rural areas. Eighty six percent who were current user had 3 children in urban area whereas, in rural area only 76.3% had 3 children when they were currently using a family planning method.

Majority of the current user had no formal or informal education. However, as expected formal schooling was much better in urban area.

Table 5.7

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY BACKGROUND CHARACTERISTICS OF CURRENT USERS, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Background Characteristics	Urban	Rural	Total
Respondent's Age			
15 – 19	66.7	62.5	63.6
20 – 24	72.3	75.9	74.3
25 – 29	79.5	75.3	77.4
30 – 34	85.4	86.7	86.1
35 – 39	86.8	88.5	87.7
40 – 44	82.5	88.1	85.0
45 – 49	80.0	91.3	85.4
Children Ever Born			
1	50.0	73.5	62.5
2	81.9	82.6	82.2
3	86.5	76.3	81.8
4	84.1	84.5	84.3
5	86.5	85.2	85.8
6	82.9	88.7	86.0
7 +	80.6	85.5	83.2
Respondent's Education Level			
No formal Informal Schooling	78.2	81.3	80.0
Only informal Education	82.4	83.2	82.8
Upto Primary	83.5	85.3	84.5
Upto Middle	88.8	89.2	89.0
Upto Secondary	82.5	84.7	83.3
Secondary +	95.7	84.6	93.3
Total	82.6	83.3	83.0

5.7 REASONS FOR NOT CURRENTLY USING ANY FAMILY PLANNING METHOD

Among the ever users 17 percent of the women in this survey reported that they are not currently using any family planning method. An attempt was made to find out the reasons for not currently using any method. Twenty five percent of them reported that they were pregnant, followed by protected by breast-feeding (21.5%), side-effects (17%), husband absent (10.4%) and "others" (10.7%). Women who want sons, daughters or children, does not matter son or daughter, comprised of 9.6% and women now able to space naturally 4.1%.

In rural area 25.2% of the women reported that they are protected by breast-feeding whereas in urban area only 17.8% reported breast-feeding as a protection. Perhaps, due to more education in urban area women prefer to use F.P methods rather than relying on breast-feeding. Staff of FWC should also remain in touch with the clients who were pregnant and then had a baby, and to motivate them to restart family planning method to avoid getting unwanted pregnancy. Moreover, side effects were also appeared as major reason for not currently using any F.P method. Staff should explain all methods with merits and its side effects and also advise them to come to FWC in case of any problem and also make follow up visits if client did not turn up on the due date to find out the reason. In case of side effects other method may be suggested. This will help to reduce dropouts.

Table 5.8

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO WERE NOT CURRENTLY USING ANY METHOD BY REASON, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Reasons	Urban	Rural	Total	
			Percent	Number
Want more sons	3.7	3.7	3.7	10
Want more daughters	0.7	0.7	0.7	2
Want more children	6.7	3.7	5.2	14
Currently pregnant	27.4	22.2	24.8	67
Protected by breastfeeding	17.8	25.2	21.5	58
Side effects of Contraceptives	17.0	17.0	17.0	46
Able to naturally space children	3.0	5.2	4.1	11
No longer fertile	2.2	0.7	1.5	4
Husband absent	12.6	8.1	10.4	28
No method is suitable	0.7		0.4	1
Other	8.1	13.3	10.7	29
Total	100.0	100.0	100.0	270

Chapter 6

CHOICE OF METHOD AND DROP-OUTS

Efforts were made in this survey to collect information regarding the choice and preferences of various methods by family planning clients, reasons for choice of specific method and also about the reasons for dropouts.

6.1 CHOICE OF FIRST METHOD AND SUBSEQUENT CHANGES IN CHOICE

User of family planning method continue to use a specific method, if they are satisfied with their present method, if not, they may stop using that method or shift to another method. To cover the maximum possible changes in methods, five choices were recorded. There was no instance recorded where a woman had reported change in methods more than 5 times.

Analysis in Table 6.1 revealed that as a first choice highest percentage of respondents used IUD (34.3%), followed by injections (28.7%), pills (15.1%) and condom (14.4%). A small percentage of respondents choose female sterilization (3.6%) and withdrawal (3.1).

Almost half of the respondents, who practiced first method for sometime, shifted to another method. As a second, choice IUD remain on top with the highest percentage (33.5%) and again followed by Injections (26.3%), pill (17.8%) and condom (13.8 %). However, there was slight increase in Female Sterilization (4.9%) and decrease in withdrawal (2.3%)

About one third who made choice of second method, changed to third method. This time percentage for Injections was slightly higher (34.2%) than IUD (33.2%), followed by condom (12.2%), pill (8.5%), female sterilization (6.0%), withdrawal and rhythm (2.8%).

Again one third of the respondents, who use third method, changed to fourth method. IUD was again the highest method (31.9%), followed by injections (19.8%), pill (16.4%), condom (12.1%), female sterilization (9.5%) and withdrawal (5.2%).

One third of respondents again changed to fifth method. Similar pattern was observed in the fifth method, as for fourth or third method, however, numbers were too small to draw any inferences.

The analysis clearly indicates that IUD was the choice of the largest percentage of clients of FWC, followed by injections, pills, condoms and female sterilization. However, female sterilization was not offered at FWC but staff of FWC only motivates their clients and refers to Reproductive Health Centres.

Table 6.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGE 15-49 YEARS WHO WERE CURRENT USERS OF FAMILY PLANNING METHODS BY FIRST, SECOND, THIRD, FOURTH OR FIFTH CHOICE OF SPECIFIC METHOD, SQCFWC 1996-97

Contraceptive Methods	Choice As 1 St Method	Choice As 2 Nd Method	Choice As 3 Rd Method	Choice As 4 Th Method	Choice As 5 Th Method
IUD	34.4	33.5	33.2	31.9	35.1
Injection	28.7	26.3	34.2	19.8	29.7
Pill	15.1	17.8	8.5	16.4	13.5
Condom	14.4	13.8	12.2	12.1	8.1*
Female Sterilization	3.6	4.9	6.0	9.5	0.0*
Male Sterilization	0.0	0.1*	1.7*	0.0*	0.0*
Vaginal Methods	0.1*	0.1*	0.3*	0.0*	0.0*
Rhythm	0.6	1.2	2.8	3.4*	0.0*
Withdrawal	3.1	2.3	2.8	5.2	13.5
Norplant	0.1*	0.1*	0.0*	0.0*	0.0*
Total	100.0	100.0	100.0	100.0	100.0
Total Number Of Women	1614	860	319	116	37

* Frequency less than 5.

6.2 REASONS FOR CHOICE OF A METHOD BY RESPONDENTS

The analysis in Table 6.2 clearly suggest, that FWW was the major factor (38.7%) in the choice of a specific method rather than respondents themselves. It appears that clients of FWC mostly rely on the recommendation of FWW for a choice of a method.

IUD was the most accepted method by the respondents. Actually this is the main contraceptive method offered at FWC and it is also very effective. The major reason for the use of this method comes out to be that it is recommended by FWW (39.7%). The second mostly used method was injections; major reason for choice of this method was also reported that it was

recommended by FWW (45%). Pill was another method, which was offered at FWC and mainly used at the recommendation of FWW (47%). Condom is the only male method, which is offered at FWC and female clients can obtain this method from FWC. This method is mainly used at the recommendation of husband (45.7%), followed by FWW (25.8%). The choice for sterilization by respondents was made equally on the recommendations of their husbands and FWWs 27.7% each.

Major reason for choice of a specific method by FWC appeared as the recommendation of FWW. The other main reasons for choice were, method recommended by husband (17.3%), no knowledge about other methods (12.5%), method is effective (10.4%), recommended by another acceptor (8.1%), method is recommended by friend/ relative (6.5%) and method has less side effects (4.3%). The percentages for other reasons are almost negligible. However, clients who reported that they used specifically this method due to no knowledge of any other method needed special attention, as it is the prime responsibility of the FWC to explain all type of method to their clients.

Table 6.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO WERE CURRENT USERS BY REASONS FOR CHOICE OF SPECIFIC FAMILY PLANNING METHOD, SQCFWC 1996-97

Reasons for Choice	Pills	Condom	Vaginal Methods	Injection	IUD	Female Sterilisation	Other Methods	Total	
								%	N
Method has less / no side effects	4.7	7.1		3.1	3	9.2	6.3	4.3	126
Method is effective	4.9	3.4		10.9	15.3	16.2	4.7	10.4	307
No other method was available	0.9	0.2		0.1	0.3			0.3	9
Recommended by:									
FWW	47	25.8		45	39.7	27.7	12.6	38.7	1139
Another acceptor	10.7	3.7	50	10.9	8.2	0.8	1.6	8.1	240
Husband	6.7	45.7	50	8.4	10.3	27.7	65.4	17.3	509
Friend or relative	7.6	2.9		7.8	6.7	4.6	5.5	6.5	191
Choose due to information from media	2.5	1.5		1.4	1.9	1.5		1.7	50
No knowledge about other methods	0.2	0.5		0.1	0.3			0.2	7
Other reason	14.8	9.1		12.1	14.3	12.3	3.9	12.5	368
Total	447	407	2	833	1000	130	127	100	2946

6.3 REASONS FOR DROP-OUTS FOR FAMILY PLANNING METHODS

Seventeen percent of the respondents of FWC reported that they had used family planning method in the past but they are not currently using any family planning method. In Table 6.3 reasons have been presented for not currently using any method. The major reason for not using any method was reported side effects (38.3%), followed by respondents wanted more children (27.6%), health problem (10.9%), husband did not like method (8.5%) and method was not effective (4.9%). The staff of FWC should pay more attention to the side effects of F.P methods, and follow up visits should be made to clients and also advise them to visit FWC if they have any problem. The side effects should be explained to them in advance and guide them what to do if they have side effect. It is important to remove the fear of side effect, which they had, because such women not only stop using F.P methods but also create fears in the mind of other potential users. Such clients should be motivated to restart contraception and offer another method suitable to them.

Table 6.3

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGE 15-49 YEARS WHO WERE CURRENT USERS BY REASONS FOR DROPOUTS OF SPECIFIC FAMILY PLANNING METHODS, SQCFWC 1996-97

Reasons	Pills	Condom	Vaginal Methods	Injection	IUD	Female Sterilisation	Other Methods	Total	
								Percent	Number
Wanted more children	22.5	30.6		28.2	26.1		40.6	27.6	450
Side effects	54.7	10.8		45.6	45.9		1.9	38.3	624
Health Problems	11.4	6.6	50	11.9	14.8	25		10.9	177
Method of choice / supply was not available	1.5	2.8		1.8	0.3			1.4	23
Method is not effective	2.1	13.5	50	1.4	1.8		17.9	4.9	80
Husband did not like the method	1.8	28.8		2.2	1.8		29.2	8.5	138
FWW recommended				1.4	3.5	25	1.9	1.5	24
Some-one else recommended				0.6			3.8	0.4	7
Other	6	6.9		6.9	6	50	4.7	6.4	105
Total	333	288	2	496	399	4	106	100	1628

Chapter 7

QUALITY OF CARE BY FWC

Major objective of this survey was to find out the quality of services provided at FWCs. Quality of services includes interpersonal communication of the staff, information given by the staff, technical competencies, choice of method, constellations of services and follow up of clients/mechanism of continuity.

To judge the quality of services of the FWC staff, few questions were asked from the FWC clients. Detail discussion is already made on the choice of method in the pervious chapter.

7.1 SOURCE OF KNOWLEDGE ABOUT THE FWC IN THE AREA.

The table 7.1 shows that the FWC staff informed 27.1 percent of the respondents about the existence of the Family Welfare Centre in their area. About 22 percent were informed by other acceptors, 20.5 percent were informed by the relative/friends, 14.6 percent through sign boards and 9.5 were informed by the Village Based Family Planning Workers (VBFPW). VBFPW are doing their job in the rural area, therefore they are useful source of knowledge and their role appears quite significant in the rural area.

Table 7.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SOURCE OF KNOWLEDGE ABOUT THE EXISTENCE OF FWC, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Source of Knowledge	Urban	Rural	Total	
			percent	Number
Family Welfare Worker	13.9	10.3	12.1	195
Family Welfare Assistant	14.9	15.1	15.0	242
Village Base Family Planning Worker	5.2	13.8	9.5	154
Another acceptor	25.0	19.8	22.4	361
Husband	3.5	3.7	3.6	58
Friend/ Relative	24.2	16.9	20.5	331
Doctor	1.3	0.1	0.7	11
Paramedic	1.3	1.9	1.6	26
Through advertisement in newspaper	0.1		0.1	1
Other	10.6	18.4	14.5	235
Total	100.0	100.0	100.0	1614

7.2 VISIT MADE BY FWC STAFF AT HOME, FREQUENCY OF VISITS AND MATTER DISCUSSED WITH THE RESPONDENTS

About 55 percent of the respondents have reported that no one from the respective centre had visited them at their homes. This situation is better in the rural area (61.6%) than in the urban area (48.4%). In rural area 61.6% and in urban area 48.4% reported that no visit of FWW/FWA was made during the last six months. Almost same number of visits was made by FWW/FWA in urban area but in rural area more visits were made by FWA. It is now prime responsibility of the FWA (Female) to register the eligible couples in the vicinity of the FWC, motivate the couples for family planning and made home visits for follow up.

Table 7.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY FWW/FWA VISITED AT THEIR HOME, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Place of Residence	Urban	Rural	Total	
			Percent	Number
FWW visited	25.7	17.0	21.3	344
FWA visited	25.9	21.4	23.6	381
No body visited	48.4	61.6	55.1	889
Total	100.0	100.0	100.0	1614

Data in table 7.3 shows the frequency of visits made by the FWW/FWA of the FWC. About 35.6 percent respondents reported that the FWW/FWA made home visit at least once a month. 32.6% had reported that FWW/FWA had made visit once in two months followed by once in three months 17.4% and 14.5% reported visit of FWW/FWA once in six months or before six months. It is also observed that the frequency of the visits is slightly low in rural areas.

Table 7.3

**PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS
BY NUMBER OF TIMES FWW/FWA VISITED AT RESPONDENTS HOME, PAKISTAN
AND URBAN-RURAL, SQCFWC 1996-97**

Number of times	Urban	Rural	Total	
			Percent	Number
At least once in a month	33.3	38.6	35.6	258
Once in two month	30.8	34.8	32.5	236
Once in three month	20.3	13.6	17.4	126
Only once so far during last 6 months	7.5	5.1	6.5	47
Before last 6 months	8.1	7.9	8.0	58
Total	100.0	100.0	100.0	725

Mostly discussion was made about the contraception (96.7%) when FWW/FWA visited home of the respondents (table 7.4). In discussion priorities was given to "Birth spacing" (83.9%), followed by discussion regarding "Small family norm" (77.2%) and about "Mother and child health"(65.4). Other matter was reported only 1.4%. It means that FWW/FWA mainly focused on four key issues mentioned above during their discussion. However the staff in rural area held more discussions

Table 7.4

**PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY MATTER
DISCUSSED BY FWW/FWA WHEN VISITED AT RESPONDENTS HOME, PAKISTAN AND
URBAN-RURAL, SQCFWC 1996-97**

Matter Discussed by FWW/FWA	Urban	Rural	Total	
			Percent	Number
FWW/FWA Visited Home Discussed Contraception	95.6	98.1	96.7	701
FWW/FWA Visited Home Discussed Birth Spacing	81.9	86.4	83.9	608
FWW/FWA Visited Home Discussed Small Family	75.1	80.1	77.2	560
FWW/FWA Visited Home Discussed MCH	62.1	69.6	65.4	474
FWW/FWA Visited Home For Other Reason	2.2	0.3	1.4	10

7.3 SOURCE OF ADVICE TO FIRST ATTEND FWC AND REASONS FOR ATTENDING

Major source of advice was the staff of FWC, "FWW/FWA" (23.8%), followed by friends/relatives (19.8%), another acceptor (19.6%), husband (14.6%), VBFPW (8.0%) and TBA/Dai (6.1%). VBFPWs are also significant in the rural area (11.3%). Friends/relatives were more significant in urban area (23.3%) than in rural area (17.4%) (table 7.5). However, role of the FWC staff should be improved to convince eligible women to attend the FWC.

Table 7.5

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SOURCE OF ADVICE TO ATTEND THE FWC, PAKISTAN AND URBAN-RURAL SQCFWC 1996-97

Source of Advised	Urban	Rural	Total	
			Percent	Number
Family Welfare Worker	11.2	9.4	10.3	166
Family Welfare Assistant	13.8	13.3	13.5	218
Village Base Family Planning Worker	4.5	11.3	8.0	129
Another acceptor	21.8	17.4	19.6	316
Husband	15.7	13.5	14.6	235
Friend/ Relative	22.3	17.4	19.8	320
Doctor	1.0	0.4	0.7	11
Paramedic	1.1	1.3	1.2	20
Motivated by advertisement in newspaper		0.1	0.1	1
Impressed by Radio Programme	0.1	0.1	0.1	2
Impressed by TV Programme Regarding F.P	1.4	0.6	1.0	16
TBA/ Dai	4.7	7.4	6.1	98
Other	2.3	7.8	5.1	82
Total	100.0	100.0	100.0	1614

Major reason to attend the FWC first time was to obtain family planning service (88.9%), where as few respondents reported treatment of common ailment (4.9%) and mother care (3.7%) (table 7.6). This shows that the role of FWC was quite clear to the respondents when they first attended the FWC.

Table 7.6

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY REASON WHEN FIRST ATTEND THE FWC, PAKISTAN AND URBAN-RURAL SQCFWC 1996-97

Reasons	Urban	Rural	Total	
			Percent	Number
Family Planning Services	86.0	91.7	88.9	1435
Mother Care	5.1	2.4	3.7	60
Child Care	1.1	1.6	1.4	22
Treatment of Common ailment	6.1	3.8	4.9	79
Health Education	0.4	0.1	0.2	4
Other	1.4	0.4	0.9	14
Total	100.0	100.0	100.0	1614

7.4 MOTIVATION AT FWC WHEN FIRST ATTENDED FWC FOR REASON OTHER THAN FAMILY PLANNING

It was observed that the respondents who attended FWC for reason other than family planning and were motivated by FWW/FWA to adopt family planning 82%, where as 18% respondents reported that no motivation was made by FWW/FWA. Urban and rural FWC also show similar pattern(Table 7.7).

Table 7.7

PERCENT DISTRIBUTION OF CURRENTLY MARRIED FOR WOMEN AGED 15-49 YEARS BY MOTIVATION AT FWC WHEN FIRST ATTENDED FWC REASON OTHER THAN FAMILY PLANNING, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Motivation by FWC Staff	Urban	Rural	Total	
	Percent	Percent	Percent	Number
Yes	83.7	79.4	82.1	147
No	16.2	20.5	17.8	32
Total	100	100	100	179

7.5 FWW EXPLAINED MERITS AND SIDE EFFECTS OF ALL CONTRACPTIVE METHODS

Table 7.8 shows that most of the In-charge of FWCs explained all types of contraceptive methods (87.3%) when the respondent first time visited the FWC for family planning. However 12.7% reported that they were not explained all methods. In urban areas slightly more women (14%) reported that they were not explained all methods.

Table 7.8

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY EXPLANATION OF ALL METHODS WHEN FIRST VISITED FWC PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

	Urban		Rural		Total	
	%	(N)	%	(N)	%	(N)
Yes	86.0	555.0	88.4	631.0	87.3	1186
No	14.0	90.0	11.6	83.0	12.7	173
Total	100.0	645.0	100.0	714.0	100.0	1359

Eighty three percent of the respondents said that they were explained about the merits and side effects of all the methods. Significant number of respondents that is, 19.5%, in urban area reported that they were not explained the merits and demerits of all methods (Table 7.9).

Table 7.9

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY EXPLANATION OF ALL METHOD'S MERITS AND SIDE EFFECTS WHEN VISITED FWC PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

	Urban		Rural		Total	
	%	(N)	%	(N)	%	(N)
Yes	80.5	519.0	84.9	606.0	82.8	1125
No	19.5	126.0	15.1	108.0	17.2	234
Total	100.0	645.0	100.0	714.0	100.0	1359

7.6 CLIENTS HAD SIDE EFFECTS AND RECEIVED THEIR TREATMENT

Side effects were the major reason as reported earlier, for the discontinuation of method or dropout. Almost ten percent of the respondents mentioned side effects of the contraceptive methods. When these respondents were inquired (Table 7.10) about the side effects they had, 50.3% of the respondents reported "Bleeding/irregular menses, followed by 16% Headaches/dizziness, 14% other health problem and 13.7% obesity. Percentages of other side effects were negligible. However in urban area after "bleeding/irregular menses, headaches/dizziness is quit significant (25.3%), where as in rural area it is only 6.8%. In rural area other health problems were quite significant (21.6%), compared to urban area (6.9%)

It was further probed from the clients that how many of them had treatment for these side effects and source from where they have obtained treatment. Forty Five percent of the respondents had received no treatment for side effects. Majority of the respondents who had treatment of side effects, received this treatment from the FWC (47%), some respondents (7.8%) received treatment for side effects from some other hospital/centre. However in urban area more respondents (10.6%), in comparison to rural area (4.9%) received treatment from other hospital/centre.

Table 7.10

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN PERCEIVED AGED 15-49 YEARS BY SIDE EFFECTS OF FAMILY PLANNING METHODS AND HAD THEIR TREATMENT, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Side Effects/ treatment	Urban	Rural	Total
Major Side Effects			
Obesity	11.5	15.9	13.7
Headaches/ Dizziness	25.3	6.8	16.0
Other health problems	6.9	21.6	14.3
Interference with sex		2.3	1.1
Psychological	2.3		1.1
Bleeding / irregular menses	48.3	52.3	50.3
Other	5.7	1.1	3.4
Treatment of Side Effects			
Yes – getting treatment	44.7	49.4	47.0
Yes – getting treatment from other hospital/ Center	10.6	4.9	7.8
No	44.7	45.7	45.2
Total	100.0	100.0	100.0
Number	85	81	166

7.7 CLIENTS ADVISED FOR FOLLOW UP CARE BY FWW

Ninety six percent of the respondents reported that they were advised by the FWW/FWA to attend the FWC again for follow-up care. Very few respondents (3.7%) said that they were not asked to visit FWC for follow-up care by the staff of the respective FWC (Table 7.11).

Table 7.11

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY ADVICE TO ATTEND FWC FOR FOLLOW UP CARE, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Attended FWC for follow up Care	Urban		Rural		Total	
	%	(N)	%	(N)	%	(N)
Yes	95.8	618.0	96.8	691.0	96.3	1309
No	4.2	27.0	3.2	23.0	3.7	50
Total	100.0	645.0	100.0	714.0	100.0	1359

7.8 FWW VISITED HOME FOR MOTIVATION TO RESTART CONTRACEPTION IN FUTURE

Respondents who are not currently using any method of FP were asked "has FWW from FWC paid home visit to keep in touch with you for motivation or advising you to restart contraception in future when family planning services needed". Slightly more than half of the respondents reported that FWW has visited them at their home and slightly less than half declined any visit by FWW at their homes (Table 7.12).

Table 7.12

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO ARE NOT CURRENTLY USING FAMILY PLANNING METHOD, BY VISITS OF FWW AT HOME TO MOTIVATE THEM TO RESTART FAMILY PLANNING PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

FWW visit home to Motivation	Urban	Rural	Total
	Percent	Percent	Percent
Yes	57.2	43.8	50.5
No	42.8	56.2	49.5
Total	100	100	100

7.9 INTENSION TO USE FAMILY PLANNING METHOD IN FUTURE

Encouraging response was received from respondents who were not currently using any contraceptive method (Table 7.13). Almost 83% of the respondents show their willingness to practice FP method in future. Eighteen percent drop outs in rural area and 16.4% in urban areas were not intending to use any contraceptive method in future.

Table 7.13

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS NOT CURRENT USERS BY FUTURE INTENSIONS TO RESTART CONTRACEPTION, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Respondents Future Intention	Urban	Rural	Total	Number
	Percent	Percent	Percent	
Yes	83.6	82.1	82.8	222
No	16.4	17.9	17.2	46
Total	100	100	100	268

7.10 CLIENTS SATISFACTION REGARDING SERVICES OF FWC

Majority of the respondents (95.4%) expressed satisfaction regarding provision of contraceptives at FWC (Table 7.14).

Eighty eight percent of the respondents were satisfied with the follow-up care provided at FWC. Respondents were not found very much satisfied with the home visits of the staff of FWC (51.6%). In rural area slightly more than half of the respondents were not satisfied with the home visits of the FWC staff.

Table 7.14

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY THEIR LEVEL OF SATISFACTION WITH THE SERVICES OF FWC, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

		Urban	Rural	Total
Provision of Contraception	Yes	94.7	96.1	95.4
	No	5.3	3.9	4.6
Follow-up Care at FWC	Yes	86.7	89.8	88.3
	No	6.9	6.1	6.5
	N.A	6.3	4.1	5.2
Home Visits	Yes	53.9	49.4	51.6
	No	46.1	50.6	48.4
Total	%	100.0	100.0	100.0
	(N)	792.0	822.0	1614.0

7.11 SOURCE OF FIRST METHOD OBTAINED AND SOURCE FROM WHERE USUALLY GET SUPPLES

It is observed that most of the respondents (84.2%) received their first method from the FWC. Few Respondents had received their first method from sources other than FWC, such as, Drug store (5.8%), and hospital (4.5%), NGO centres (1.3%). Almost similar pattern prevails in urban and rural areas (Table 7.15).

Table 7.15

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SOURCE OF FIRST METHOD RECEIVED, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

	Urban		Rural		Total	
	%	N	%	N	%	N
Family Welfare Centre	81.4	645	86.9	714	84.2	1359
NGO Centre	1.8	14	0.9	7	1.3	21
Drug Store	6.7	53	4.9	40	5.8	93
Hospital	4.8	38	4.3	35	4.5	73
Other	5.3	42	3.2	26	4.2	68
Total	100.0	792	100.0	822	100.0	1614

Ninety three percent of the respondents usually received their contraceptive methods from FWC. No other source has significant number. Respondents who usually received their supply from FWC were inquired about the supply of contraceptives at FWC. Ninety nine percent respondents reported that they got the supplies when they needed (Table 7.16).

Table 7.16

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS
BY SOURCE USUALLY RECEIVED METHODS AND THEIR AVAILABILITY WHEN
NEEDED, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Contraceptive Supplies	Urban	Rural	Total	
			Percent	Number
Received Supplies of Contraceptives				
FWC	91.0	95.4	93.2	1159
NGO	2.6	1.7	2.2	27
Drug Store	1.5	0.6	1.0	13
Hospital	2.1	1.1	1.6	20
Other	2.8	1.1	1.9	24
Total	100.0	100.0	100.0	1243
Received Supplies, when needed				
Yes	98.2	98.8	98.5	1142
No	1.8	1.2	1.5	17
Total	100.0	100.0	100.0	1159

7.12 STAFF AND LOCATION OF FWC

Location of the FWC has great importance. It should be located at a place where it is easily accessible by women and they do not feel any hesitation in going to that location. Respondents of this survey had generally shown satisfaction about the location of the FWC (89.2%). Around eleven percent of the clients had complaints about the location of the centre. District management should take care of this issue and if women were dissatisfied with the location it should be shifted to another place (Table 7.17).

In urban area 11.7% and in rural area 9.9% of the respondents were not satisfied with the location of the FWC.

Staff of the FWC during their training taught about the motivational and technical skills, so that, the clients must be satisfied with the behavior and technical competence of the staff.

Most of the respondents (96%) were satisfied with the staff of the FWC and think that staff of the FWC was friendly.

Table 7.17

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY OPINION REGARDING STAFF AND LOCATION OF THE FWC, PAKISTAN AND URBAN-RURAL SQCFWC 1996-97

Respondent's Perspective		Urban	Rural	Total	
				Percent	Number
Location of FWC Suitable	Yes	88.3	90.1	89.2	1440
	No	11.7	9.9	10.8	174
Staff of FWC Friendly	Yes	95.1	96.4	95.7	1545
	No	4.9	3.6	4.3	69
Total		100.0	100.0	100.0	1614

7.13 CLIENTS RECEIVED ANTENATAL, POSTNATAL & DELIVERY SERVICES AND THEIR SATISFACTION OVER THE SERVICES

Sixty seven percent of the respondents had received antenatal services from FWC. These respondents were inquired about the antenatal service provided at FWC. Ninety six percent of them expressed their satisfaction with the services provided at FWC. Urban and rural areas also follow national pattern (Table 7.18).

Table 7.18

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO RECEIVED ANTENATAL SERVICES AT FWC AND THEIR LEVEL OF SATISFACTION PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Antenatal Services		Urban	Rural	Total	
				Percent	Number
Received Antenatal services	Yes	69.2	64.3	67.0	402
	No	30.8	35.7	33.0	198
Total		100.0	100.0	100.0	600
Satisfied with Antenatal services	Yes	98.3	93.6	96.3	387
	No	1.7	6.4	3.7	15
Total		100.0	100.0	100.0	402

Women are also provided postnatal care at FWC. Sixty two percent of the respondents had this service from FWC and almost (96%) of them found satisfied with the service available (Table 7.19).

Table 7.19

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO RECEIVED POSTNATAL SERVICES AT FWC AND THEIR LEVEL OF SATISFACTION, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Postnatal Services		Urban	Rural	Total	
				Percent	Number
Received Postnatal services	Yes	63.6	60.3	62.1	369
	No	36.4	39.7	37.9	225
Total		100.0	100.0	100.0	594
Satisfied with Postnatal services	Yes	95.2	96.9	95.9	354
	No	4.8	3.1	4.1	15
Total		100.0	100.0	100.0	369

It was inquired from women who received delivery service that how many of them received this service at FWC and how many at their residences. Eighty nine percent of the respondents receiving service reported that they had this service at home. Ninety six percent of the respondents had service at home or at FWC were satisfied with the service (Table 7.20).

Table 7.20

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO RECEIVED DELIVERY SERVICES AT FWC OR HOME AND THEIR LEVEL OF SATISFACTION, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Place Service Received		Urban	Rural	Total
Get Delivery Service at Home or FWC	Home	90.1	87.0	88.8
	FWC	9.9	13.0	11.2
Satisfied with FWC Delivery Service	Yes	95.8	96.3	96.0
	No	4.2	3.7	4.0
Total	%	100.0	100.0	100.0
	(N)	71.0	54.0	125.0

In the light of ICPD Cairo, Conference, 1994, issue of reproductive health has gained enormous importance. Despite many other indicators of reproductive health, emphasis was laid on provision of antenatal and postnatal service to all the women. Staff of FWC, should ensure through follow up that clients who are pregnant or had given birth to a baby should obtain antenatal and postnatal service from FWC. However, due to certain reasons, FWW are not allowed to perform delivery at FWC but on the request of client she can attend her delivery at her home.

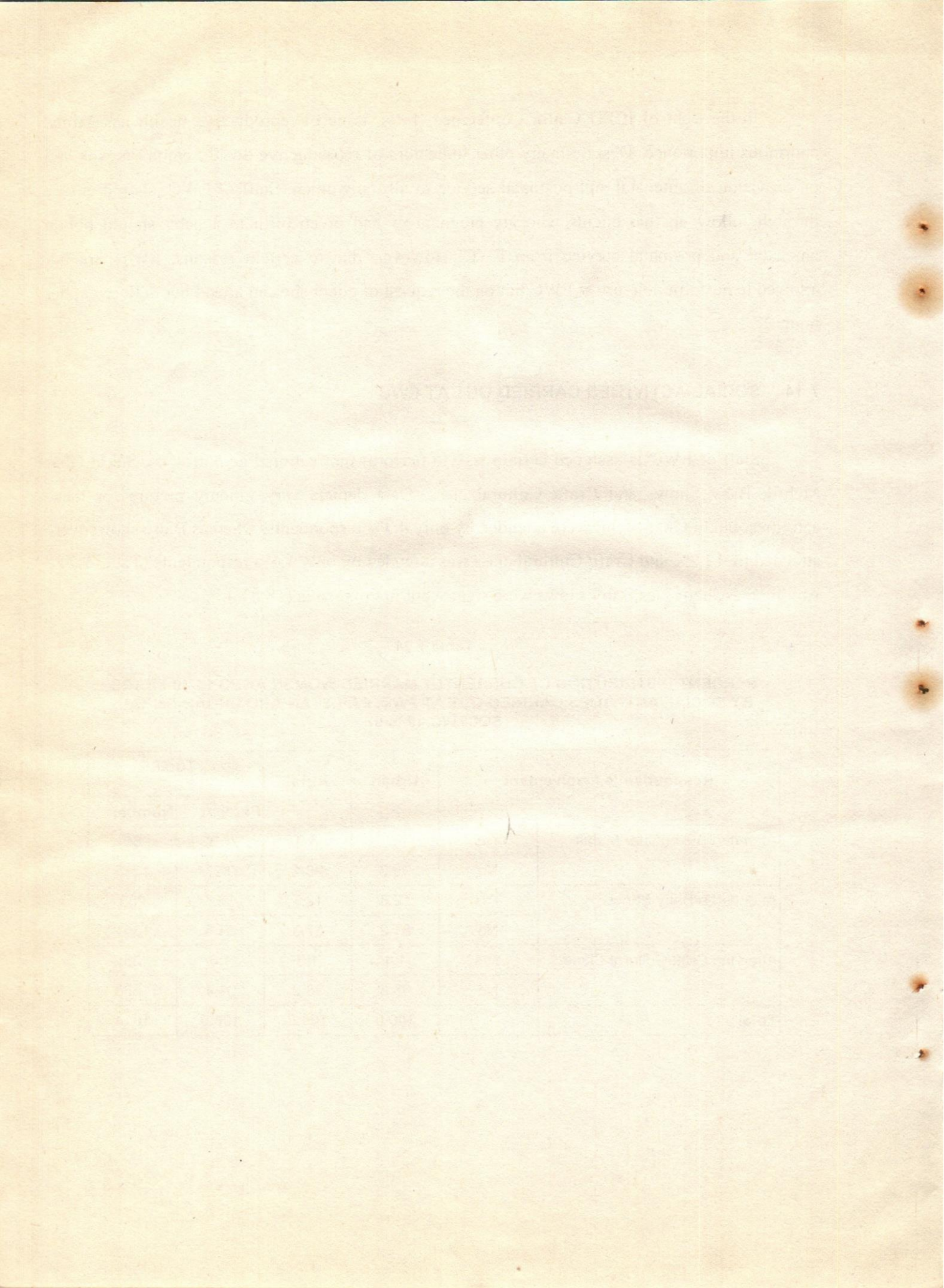
7.14 SOCIAL ACTIVITIES CARRIED OUT AT FWC

Staff of FWC is assigned certain task to perform motivational activities i.e, Sukhi Ghar Mehfil, Baby Shows and Craft/ Cultural class. Data depicts very gloomy picture for these activities. Sukhi Ghar Mehfil were attended by only 4.3% respondents, whereas Baby shows were attended by 15.7% and Craft/ Cultural class was attended by only 1.6% respondents (Table 7.21). Among these activities Baby shows were significant in urban area (18.8%).

Table 7.21

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SOCIAL ACTIVITIES CARRIED OUT AT FWC, PAKISTAN AND URBAN-RURAL, SQCFWC 1996-97

Respondent's Involvement		Urban	Rural	Total	
				Percent	Number
Attended Sukhi Ghar Mehfil	Yes	4.7	3.9	4.3	69
	No	95.3	96.1	95.7	1545
Attended a Baby Show	Yes	18.8	12.7	15.7	253
	No	81.2	87.3	84.3	1361
Attended Craft/Cultural Class	Yes	1.4	1.8	1.6	26
	No	98.6	98.2	98.4	1588
Total		100.0	100.0	100.0	1614



CONCLUSION

The purpose of this research study was to point out the strengths and weaknesses of the FWC component and also to suggest remedies for its improvement.

The Family Welfare Centre (FWC) is considered as core Programme of the Ministry of population Welfare, (MOPW). Besides its strengths some weaknesses were also found, which needs improvement. The results are presented here briefly.

1. While drawing the samples of ever users from FWC record it was noticed that in most cases the In-charge of FWC did not write down the complete addresses of the clients. For example, they often wrote only the name of the client, her husband name and name of town, block or village (not providing any indications or nearest prominent points), which consist of the huge population and thus clients were not traceable.
2. In many cases, it was found that FWWs, in order to show their progress or complete the 'target', made hypothetical entries of acceptors. In some cases, it was observed that the same acceptors were repeated in the register at the FWCs in order to exaggerate the numbers. Cases were encountered at the time of drawing a sample from the Daily Attendance Register or Client Record Card. Apart from clients who had accepted a method for the first time, FWWs had the tendency of converting old cases to new cases, in particular, when an acceptor changed the method. This also increased the frequency of new acceptors artificially.
3. Out of 5840 sampled acceptors of family planning methods, Only 1614 could be traced, which are only 28 percent. Among the three major result categories of survey, 28 percent of the clients were found with complete addresses, 26 percent with incomplete addresses and 27 percent of the addresses were wrong (woman and her husband or name of both found incorrect).

4. The major source about the existence of the FWC in the locality were "another acceptor" 22 percent, "Friends/ Relatives" 21 percent, followed by FWC staff "FWA" 15 percent and In-charge of FWC "FWW" 12 percent.
5. It is also evident from the results that the IEC activities were very weak at FWCs. Sukhi Ghar Mehfilis, Baby Shows and craft/ cultural class should be organized by the FWCs to involve the eligible women in the community. This activity is almost negligible. Moreover, around 30 percent of the FWCs don't have IEC materials i.e. Pamphlets and posters for distribution to the clients. Among 70 percent who have IEC materials available for distribution, 30 percent reported that they had not distributed the IEC materials to the clients.
6. Seventeen percent of the clients reported that they have stopped using contraception due to the side effects. This needs serious consideration because such women not only stop using F.P methods but also creates fears in the mind of other potential users. Besides other reasons for dropouts, clients reported that breast-feeding protected them. Staff of FWC should follow such cases and motivate them to restart contraception as soon as possible to reduce unwanted pregnancies.
7. Seventy one percent of the FWCs reported that most of the medicines were not available to them. These are used for treatment of side effects, MCH and minor ailments.
8. Forty eight percent of the clients who were not current users reported that no one had visited from FWC to motivate them to restart contraception.
9. Thirteen percent of the clients reported that they were not explained all types of the contraceptives whereas 17 percent reported that they were not explained about the merits and side effects of the contraceptives.

10. Shortage of staff is one of the serious issue, 10 percent of the FWCs were found without any In-charge (FWW/FWC), 49 percent were working without FWA (Male), 27 percent without FWA (Female), 23 percent without Aya and 24 percent without Chowkidar.
11. About the inadequacy of various contraceptives stock for one month at FWC, 22 percent reported Pills, 19 percent Condoms, 27 percent Injections and 27 percent IUD.
12. During the period of six months from July 1, 1997 to December 31, 1997, 49 percent of the FWCs reported that no supervisory visit was recorded by any one who came for supervision or monitoring.

RECOMMENDATIONS

1. Further training should be imparted to the FWC In-charge about the filling up the registers, especially addresses of the clients
2. Improve follow-up mechanism to ensure the continuity of F.P methods by the clients and also improve IEC activities for motivation.
3. All the FWC should have full staff, which will also increase their efficiency.
4. All the personnel making supervisory visits should record their observations about the working and performance of the FWC. This information would be extremely useful to find out improvements made in the light of recorded observations.
5. Supplies of contraceptives and medicines should be streamlined. Stocks for all methods provided to FWC should be sufficient for at-least one month.
6. FWC play an important role, as it has to maintain contact with all the other service outlets of the MOPW in the area i.e. VBFPW, MSU and RHSCs. The activity may be strengthened and contact may be maintained between all service outlets through FWC to provide better services to the clients.
7. Training may also be imparted to the staff responsible for the supervision and monitoring of the FWCs. This will help to improve the efficiency of this component.
8. Team of senior officers at provincial level, which include male and female members may be constituted to make surprise visits to the FWCs in various districts and at random verify the clients. This will help to find out the actual performance and client load per FWC.

BIBLIOGRAPHY

1. United Nations, International Conference on Population and Development, Cairo, Egypt, 1994.
2. Ministry of Health and Population Welfare, Reproductive Health Service Package, Government of Pakistan, 1999.
3. National Institute of Population Studies, Population Growth and its Implications, 2000.
4. Planning Commission, Second Five Year Plan (1960-65), Planning Division, Government of Pakistan.
5. National Institute of Population Studies, Pakistan Demographic and Health Survey (1990-91), IRD / Macro International, 1992.
6. Bhatti Mansoor (et al), Choice of Method and Drop-outs in Family Planning, National Institute of Population Studies, Government of Pakistan, 1993.
7. Hakim Abdul (et al), Evaluation Report of 95 Family Welfare Centres of Population Welfare Programme, National Institute of Population Studies, Government of Pakistan, Islamabad, 1994.
8. Planning Commission, Sixth Five Year Plan (1983-88), Planning Division, Government of Pakistan, Islamabad.
9. Population Welfare Division, Family Welfare Centres Evaluation Survey Report (1985), Government of Pakistan, Islamabad, 1986.
10. Ministry of Population Welfare, Functions, Resources and Management of Family Welfare Centres (Manual), Government of Pakistan, Islamabad, 1991.
11. Hakim Abdul, Evaluation of Information Education and Communication (IEC) component of Population Welfare Programme of Pakistan (1988-93), National Institute of Population Studies, Islamabad, 1996.
12. Population Welfare Division, Pakistan Contraceptive Prevalence Survey (PCPS 1984-85), Ministry of Planning and Development, Government of Pakistan, 1986
13. Hakim Abdul (et al), Pakistan Fertility and Family Planning Survey 1996-97, National Institute of Population Studies (NIPS) & London School of Hygiene & Tropical Medicine U.K, 1998.

EPIZOOTIOGRAPHY

1. General Principles of the Epidemiology of Infectious Diseases

2. History of Infectious Diseases

3. General Principles of the Epidemiology of Infectious Diseases

4. General Principles of the Epidemiology of Infectious Diseases

5. General Principles of the Epidemiology of Infectious Diseases

6. General Principles of the Epidemiology of Infectious Diseases

7. General Principles of the Epidemiology of Infectious Diseases

8. General Principles of the Epidemiology of Infectious Diseases

9. General Principles of the Epidemiology of Infectious Diseases

10. General Principles of the Epidemiology of Infectious Diseases

11. General Principles of the Epidemiology of Infectious Diseases

12. General Principles of the Epidemiology of Infectious Diseases

13. General Principles of the Epidemiology of Infectious Diseases

14. General Principles of the Epidemiology of Infectious Diseases

15. General Principles of the Epidemiology of Infectious Diseases

Annexure A

Project Staff

PROJECT STAFF

Dr. Abdul Hakim	Project Director
Ayazuddin	Principal Investigator
Javed Sikander	Technical Editor
Rabia Ahmed Syed	Technical Editor

COMPUTER STAFF

Fateeh Uddin Ahmed	Programmer
Iftikhar Ahmed	Data Entry Operator
Muhammad Iqbal	Data Entry Operator
Muhammad Akbar	Data Entry Operator

FIELD STAFF

Punjab Team-1

Javed Sikander	Supervisor
Sarosh Chanda	Interviewer
Ghazala Perveen	Interviewer
Asia Farooq	Interviewer

Punjab Team-2

Mubashir Baqai	Supervisor
Mariyum Tufail	Interviewer
Mubashhra Parveen	Interviewer
Nighat Haved	Interviewer

Sindh & Balochistan Team

Ali Anwer Buriro	Supervisor
Muzamal Baloach	Interviewer
Sanam Baber	Interviewer
Oushaque Roshni	Interviewer

NWFP Team

Zahir Hussain	Supervisor
Farida Naeem	Interviewer
Salma Mumtaz	Interviewer

PROJECT STAFF

Project Director
Principal Investigator
Technical Editor
Technical Writer

Project Director
Principal Investigator
Technical Editor
Technical Writer

CONTRIBUTORS

Technical Editor
Principal Investigator
Data Entry Operator
Data Entry Operator

Technical Editor
Principal Investigator
Data Entry Operator
Data Entry Operator

FIELD STAFF

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Supervisor
Interviewer
Interviewer
Interviewer

Annexure B

Module I

Situation Analysis of FWC

1892

1893

1894

Processing code

--	--	--	--	--	--

**SURVEY OF QUALITY OF CARE BY
FAMILY WELFARE CENTRES
1998**

QUESTIONNAIRE

MODULE I

**SITUATION ANALYSIS OF
FAMILY WELFARE CENTRES**

NATIONAL INSTITUTE OF POUPLATION STUDIES
HOUSE NO 8, STREET NO 70, F-8/3
ISLAMABAD

1997
FAMILY WELL-BEING
SURVEY

QUESTIONNAIRE

1997

SITUATION ANALYSIS
FAMILY WELL-BEING

NATIONAL CENTER FOR
FAMILY WELL-BEING
1997

S Q C F W C

Date of Visit:

9 8

Time:

SECTION 1

IDENTIFICATION

1. Province

1. NWFP 2. Punjab
3. Sindh 4. Balochistan

2. District _____

3. Sampled Family Welfare Centre (FWC)

4. Area 1. Urban 2. Rural

5. Tehsil / Taluka _____

6. Name of Incharge of FWC

FWC/FWW _____

7. Result

1. Completed
2. FWC found closed
3. FWW found absent
4. Other

SECTION 2

SITUATION AND INVENTORY OF FACILITIES

01 Access to FWC

Road Side:

- 1. Paved Asphalted Road
- 2. Gravel Road
- 3. Kacha Road

Off the Road:

- 4. Street (Gali)
- 5. Kacha Path

Distance from the Road

Distance

02. Accessable by a Vehicle

- 1. Yes
- 2. No

03. Location

- 1. Good/ Very Neat and Clean
- 2. Satisfactory/Reasonably Neat and Clear.
- 3. Unsatisfactory/ Dirty

04 Distance From Main Residential Area

Kilometers

05. Direction Signs Installed

- 1. Yes
- 2. No

06. FWC Main Sign Board Installed

- 1. Yes
- 2. No

07. Nearest Centre and/or Hospital Providing Family Planning Services

07.a Name of Centre/Hospital

Organisation

07.b Distance From Sampled FWC

--	--

Kilometers

--	--

07.c Located in the Same Village/Urban Area (Within 1 km)

1. Yes 2. No

--

08. Staff In-Position

1. FW Councillor 4. FWA (Female)
2. FWW 5. Aya
3. FWA (Male) 6. Chowkidar

09. Type Of Building

1. Kacha 3. Kacha-Pacca
2. Pacca

--

10. General Out-Look of the Building

1. Excellent 2. Good
3. Satisfactory 4. Unsatisfactory

--

11. Attached Residential Accommodation for FWC/FWW

1. Yes 2. No

--

12 Number of Rooms

Total

--

 For FWC

--

--	--

For Residence

--

--

13. Tenure of Building

1. Rented

Rs.

--	--	--	--

2. Donated by community

14. Electricity for Light

1. Yes 2. No

--

15. Fuel/Heating Facilities		
1. Gas	3. Kerosene	<input type="checkbox"/>
2. Electricity	4. Charcoal	
	5. Other	
16. Toilet		
1. None	3. Non-flush	<input type="checkbox"/>
2. Flush	4. Other _____ (Specify)	
17. Water Supply (Within Building)		
1. None	4. Other _____	<input type="checkbox"/>
2. Hand Pump		
3. Piped Water	Specify	
18. Waiting Area		
1. Protected Against Rain and Sun		<input type="checkbox"/>
2. Proper Seating Arrangement		<input type="checkbox"/>
19. Medical Examination Room		
a. <u>Privacy</u>		<input type="checkbox"/>
1. Separate/Audio-Visual Privacy		
2. Separate/Visual Privacy		
3. No Privacy		<input type="checkbox"/>
b. <u>Clean</u>		<input type="checkbox"/>
1. Yes	2. No	
c. <u>Adequate Source of Light</u>		<input type="checkbox"/>
1. Yes	2. No	
20. General Maintenance of Centre		
1. Clean		<input type="checkbox"/>
2. Good Contraceptive Storage		
3. Good Medicine Storage		
4. Building of Centre White-washed		

21. Timings

Current:

AM to PM

AM

PM

Suitable:

AM to PM

AM

PM

22. Availability of Furniture
(As per List Attached)

1. Adequately Available
2. Mostly Available
3. Mostly not Available

23. Condition of Furniture

1. All in Good Condition
2. Mostly in Good Condition and some Need Replacement
3. Most of the Furniture is Old and Need Replacement

24. Additional Furniture Needed

25. Availability Of Equipment
(As per List Attached)

- 1. Available
- 2. Mostly Available
- 3. Mostly not Available

26. Condition Of Equipment

- 1. All in Good Condition
- 2. Mostly in Good Condition
and some Need Replacement
- 3. Mostly Need Replacement

27. Additional Equipment Needed

SECTION 3
ACTIVITIES

01. Motivational Visits by FWW or FWA in the Vicinity During July - Dec., 1997

1. By FWW
Number

Remarks: _____

2. By FWA
Number

Schedule of Visits Attached

- 1. Yes
- 2. Not Maintained

02. Group Discussions During July - Dec., 1997

1. Yes
Number

[00 means no Record]

2. No

03. IEC Material Available

- | | | |
|--------------|--------|------|
| 1. Posters | 1. Yes | 2.No |
| 2. Pamphlets | 1. Yes | 2.No |
| 3. Books | 1. Yes | 2.No |
| 4. Other | 1. Yes | 2.No |
- Specify _____

04. Distribution of IEC Material

- 1. Yes
- 2. No

Remarks: _____

05. Sukhi Ghar Mehfilms During July - Dec., 1995

Record Available

1. Yes

2. No

--	--

Number

--	--	--

06. Has FWA of the Centre Completed Registration of Couples?

1. Yes

2. No

--

07. How many Couples have been Registered?

--	--	--

Number

--	--	--

08. Family Planning Services

New Acceptors of Contraceptive Methods
During July - Dec., 1995
(To be obtained from Registers)

Contraceptive Method	New Acceptors 1995					
	July	Aug.	Sep.	Oct.	Nov	Dec
1. Oral Pill						
2. Condom						
3. Injection						
4. IUD						
5. Female Sterilisation Referred						
6. Vaginal Methods						
All Contraceptive						

Average Per Month

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

Performance Reports July -Dec., 1997 Attached

1. Yes

2. No

Remarks

09. Transport for Referring Surgery Cases

Programme Transport Available:

1. Residence to Hospital & Back
2. Programme Transport is available only from Hospital to Residence
3. Only Public Transport is Used and Transport Fair is Paid by Programme
4. Only Public Transport is Used but no Fair is Paid by Programme

Amount

10. Nearest Available Facility for Surgery Cases

Name

Address

Distance

Comments if any

11. Contraceptive Stock Position

Contraceptive	Balance as on (Verify) <i>April 30 1998</i>	Adequate For Further 1. 3 Months 2. 2 Months 3. 1 Month 4. Not Adequate for 1 Month						
1. Oral Pills (Cycles/ Packet)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							1. 3. 2. 4.
2. Condoms (Number)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							1. 3. 2. 4.
3. Injections (Number)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							1. 3. 2. 4.
4. IUD loops lippi's Cu T	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							1. 3. 2. 4.

Remarks _____

12. Shortage of contraceptive Supplies, If any during 1997

- 1. Yes
- 2. No

12b.

If Yes, Details:

Year 1997	Contraceptive	1. Shortage 2. No Shortage	Whether Brought to the Notice of Higher Authorities? 1. Yes 2. No
Quarter 1	1. Oral Pill	1. 2.	1. 2.
January	2. Condom	1. 2.	1. 2.
February	3. Injection	1. 2.	1. 2.
March	4. IUD	1. 2.	1. 2.
Quarter 2	1. Oral Pill	1. 2.	1. 2.
April	2. Condom	1. 2.	1. 2.
May	3. Injection	1. 2.	1. 2.
June	4. IUD	1. 2.	1. 2.
Quarter 3	1. Oral Pill	1. 2.	1. 2.
July	2. Condom	1. 2.	1. 2.
August	3. Injection	1. 2.	1. 2.
September	4. IUD	1. 2.	1. 2.
Quarter 4	1. Oral Pill	1. 2.	1. 2.
October	2. Condom	1. 2.	1. 2.
November	3. Injection	1. 2.	1. 2.
December	4. IUD	1. 2.	1. 2.

S11

S12

S13

S14

S21

S22

S23

S24

S31

S32

S33

S34

S41

S42

S43

S44

13. Mobile Service Unit Attached

- 1. Yes
- 2. No

--

14. Home Visits for Follow-up by FWW or by FWA

Households Visited During July - Dec., 1997
(Check from Records)

1. By FWW

2. By FWA

--	--

--	--

Number

Number

--	--	--	--

15. TBA's/ Dais Registered as on Dec 31, 1997

--	--	--	--

--	--	--	--

Record Available

- 1. Yes
- 2. No

--

16. Group Discussions Regarding Health Education Held during July - Dec., 1997

--	--

--	--

Record Available

- 1. Yes
- 2. No

--

17. Mother Care Services Provided to Women During July - Dec., 1997

1. Number of Women Who Had Mother Care Services

--	--	--

--	--	--

2. Antenatals

--	--	--

--	--	--

3. Deliveries

--	--	--

--	--	--

4. Postnatal

--	--	--

--	--	--

Remarks

18. Cases of Child Health and General Ailment Attended During July - Dec., 1997

Children 5 & over & mothers

--	--	--

--	--	--

Children Less than 5 Years

--	--	--

--	--	--

19. Availability of Medicine
(As per list attached)

- 1. All Available
- 2. Mostly Available
- 3. Mostly not Available
- 4. Not Available

20. Number of Persons Trained
During July - Dec., 1997

- 1. Community Volunteers
- 2. Dais
- 3. Other _____
(Specify)

Maintenance of Proper Records

21. Printed Registers For Record Keeping Available

- 1. Yes
- 2. No

22. Client Record Cards (CRCs) Available

- 1. Yes
- 2. No

23. Total New Acceptors During, July 1997-Dec 1997

--	--	--

--	--	--

24. Number of Acceptors With Incomplete Address
During, July 1997 - Dec 1997

--	--	--

--	--	--

25. Proper Maintenance of Contraceptive
Stock Register

- 1. Yes
- 2. No

26. Proper Maintenance of Medicine Stock Register

- 1. Yes
- 2. No

27. Record of MCH and Minor Ailment Cases

- 1. Yes
- 2. No

Comments

28. Inspections During July-Dec., 1999

S.No	Date of Visit	Designation of Officer
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

29. Main Observations Recorded by Inspection Officers

30. Photocopy of Observations Attached

- 1. Yes
- 2. No

SECTION 4

PROBLEMS AND RECOMMENDATIONS

Issues

- | | |
|-------------------|----------------------|
| 1. Facilities | 8. Incentives |
| 2. Location | 9. Career |
| 3. Manpower | 10. Powers |
| 4. Supply System | 11. Responsibilities |
| 5. Contraceptives | 12. Funds |
| 6. Prices | 13. Disbursements of |
| 7. Targets | Salaries |

01. PROBLEMS AND SUGGESTIONS STATED BY FWW

02. OBSERVATION OF INTERVIEWING OFFICER

NAME OF INTERVIEWING OFFICER _____

DESIGNATION _____

Time

--	--	--	--	--

20.

LIST OF FURNITURE FOR FAMILY WELFARE CENTRE

S.NO	STANDARD	AVAILABLE	CONDITION
1.	IUD Insertion table	1	
2.	Examination table	1	
3.	Steps for table	1	
4.	Bed/Cot with mattress, pillow	1	
5.	Office table	1	
6.	Chairs	3	
7.	Benches	2	
8.	Screen	1	
9.	Revolving stool	1	
10..	Cupboards	2	
11..	Wooden stools	2	
12..	Racks for papers etc.	2	

23.

LIST OF EQUIPMENT FOR FAMILY WELFARE CENTRE

S.NO	STANDARD	AVAI- LABLE	CONDI- TION
1	Dressing trolley (1)		
2	Kidney trays (set of 3) S.S.		
3	Bowls (6" diameter) S.S. (2)		
4	Tray with lid (2x10x6) S.S.(1)		
5	Deep tray with lid (large size) S.S.(1)		
6	Plastic bucket (medium) (1) with mug (1)		
7	Plastic lota (1)		
8	Glass Jar (medium) (1)		
9	Syringe 5cc (1)		
10	Syringe 2cc (1)		
11	Nail brush (2)		
12	Spirit lamp		
13	Vaginal Speculum, bi-valve, (medium) (3)		
14	Vaginal Speculum, bi-valve, (large) (1)		
15	Sponge forceps (3)		
16	Vulsellum, double-toothed (3)		
17	Dressing forceps, medium (1)		
18	Scissors, blunt ended, medium (1) small (1)		
19	Artery forceps medium (1)		
20	Cheatele's forceps (1)		
21	Tongue depressor (1)		
22	B.P. Apparatus (1)		
23	Foetoscope (1)		
24	Stethoscope (1)		
25	Urine test set with 12 tubes (1)		
26	Talquist hemoglobin scale (1)		
27	Weighing machine (adult) (1)		
28	Weighing machine (baby) (1)		
29	thermometer (2)		
30	Degcha with lid, 12" to 14" diameter, S.S.(10)		
31	Kerosene stove (where needed) (1)		
32	Torch, Large size (1) (3-Cells)		
33	Blanket (1)		
34	Towels (24"x12") (3)		
35	Draw sheets, latha, 2 meters each (6)		
36	Wall clock (1)		
37	Water set S.S (6 glasses, 1 Jug)		
38	Plastic water cooler, medium (1)		
39	Flit pump (1)		
40	Dai kit (1)		
41	Mid wifery kit (1)		

32. RECOMENDED LIST OF MEDICINES FOR FAMILY WELFARE CENTRES

S.NO.	NAME OF MEDICINE	QUANTITY AVAILABLE
	<u>ANALGESIC / ANTI-PYRETIC</u>	
1.	Tablets Paracetamol	
2.	Tablets Disprin	
3.	Tablets Ponstan	
4.	Tablets Novalgin	
5.	Syrup Paracetamol	
	<u>ANTI-RHEUMATICS</u>	
6.	Tablets Brufen	
7.	Tablets Phenylbutazone	
	<u>ANTI-SPOSMODICS</u>	
8.	Tablets Sistolgin	
9.	Tablets Buscopan Compound	
10.	Drops Sistolgin	
	<u>ANTI-DIARROHEALS</u>	
11.	Tablets Intestopan	
12.	ORS	
	<u>ANTI-MALARIALS</u>	
13.	Tablets Chloroquine	
14.	Tablets Daraprim	
15.	Syrup Choloquine	
	<u>ANTI-ALLERGIC</u>	
16.	Tablets Incidal	
17.	Tablets Avil	
	<u>ANTI-EMETICS</u>	
18.	Tablets Avomine	
19.	Tablets Maxalon	
	<u>ANTI-BIOTICS</u>	
20.	Syrup Septran	
21.	Tablets Sulpha-diazine	
22.	Tablets Septran (Cotimoxazole)	
23.	Powder Cicatrin	
24.	Capsule Tetracycline	
25.	Capsule Ampiciline	
	<u>ANTI-ANTACIDS</u>	
26.	Tablets Polycrol	
27.	Syrup Polycrol	
	<u>SUPPLEMENTARY DRUGS</u>	
28.	Tablets Multi-Vitamin	
29.	Syrup Multi-Vitamin	
30.	Ferrous Succinate	
31.	Tablets Vitamin B Complex	
32.	Capsules Vitamin A & D	
33.	Tablets Calcium Gluconate	
34.	Syrup Vitamin B Complex	
35.	Tablets Calcium Lactate	
36.	Tablets Vitamin C	

S.NO.	NAME OF MEDICINE	QUANTITY AVAILABLE
	<u>RESPIRATORY TRACT</u>	
37.	Triaminic Cough Syrup	
38.	Actifed Syrup	
39.	Tablets Ventolin	
	<u>ANTI-HELMENTHICS</u>	
40.	Tablets Alcopar	
41.	Syrup Ketrax	
	<u>DROPS</u>	
42.	Ear Drops (Lidosporin)	
43.	Eye Drops (Chloromphenicol)	
44.	Polyfax Eye Ointment	
	<u>DERMATOLOGICAL, PREPARATIONS</u>	
45.	Lotion Benzyl-benzoate	
46.	Ointment Polyfax (Skin)	
47.	Ointment Furacin	
48.	Calamine Lotion	
49.	Ointment Wintogen	
50.	Burnol	
	<u>GENERAL ITEMS</u>	
51.	Tablets Anaroxyl	
52.	Tablets Vaginal	
53.	Vaginal Cream	
54.	Nilstat Oral Drops	
55.	Acriflavin Ointment	
56.	Gentian Violet	
57.	Tincture Iodine	
58.	Acetic Acid	
59.	Benedicts Solution	
60.	Methylated Spirit	
61.	Bandages	
62.	Sticking Plaster	
63.	Gloves	
64.	Cotton	
65.	Tablets Dulcolax	
66.	Tablets Valium	
67.	Tablets Methergin	

Annexure C

Module II

Follow-up of Clients

Processing code

--	--	--	--	--	--

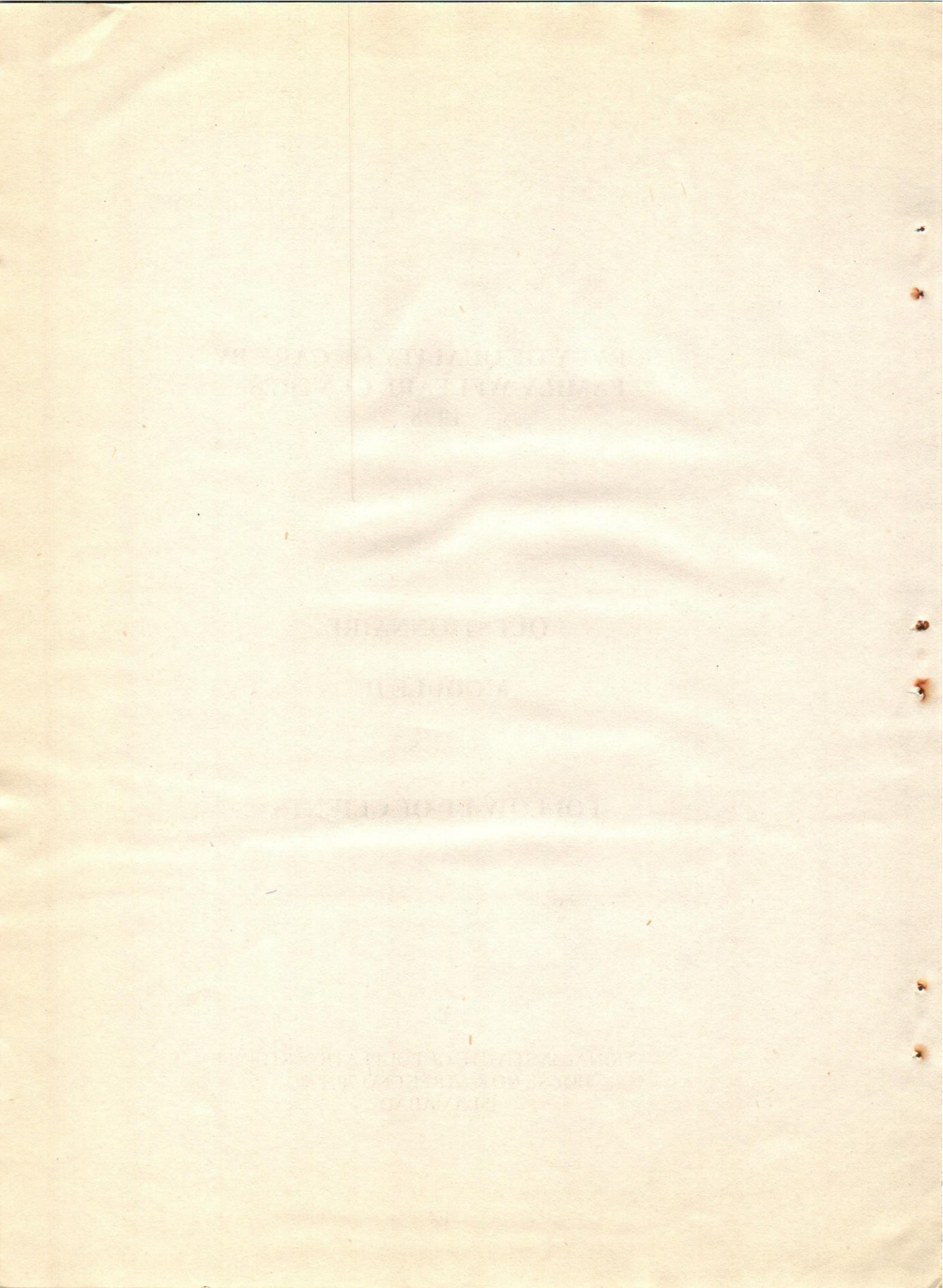
**SURVEY OF QUALITY OF CARE BY
FAMILY WELFARE CENTRES
1998**

QUESTIONNAIRE

MODULE II

FOLLOW-UP OF CLIENTS

**NATIONAL INSTITUTE OF POUPLATION STUDIES
HOUSE NO 8, STREET NO 70, F-8/3
ISLAMABAD**



S	Q	C	F	W	C
---	---	---	---	---	---

Date of Visit:

--	--	--	--

--	--	--	--

Time :

		9	8
--	--	---	---

		9	8
--	--	---	---

SECTION I

IDENTIFICATION

1. PROVINCE

- | | |
|----------|----------------|
| 1. NWFP | 2. Punjab |
| 3. Sindh | 4. Balochistan |

--

2. DISTRICT

--	--

3. TEHSIL / TALUKA

--

4. Sampled Family Welfare Centre (FWC)

--	--

(City Block / Mohallah or Village)

5. AREA

- | | |
|----------|----------|
| 1. Urban | 2. Rural |
|----------|----------|

--

6. Name of Sampled Acceptor

--	--

7. Name of Husband

8. Address

--	--

(City Block / Mohallah or Village)

9. RESULT OF INTERVIEW

1. Completed
2. Incomplete address
3. Wrong address / Sampled acceptor is fake
4. No adult at home / Eligible woman absent
5. Sampled acceptor has shifted away / died
6. Sampled acceptor denied visit to centre
7. Refused
8. Other

--

HOUSEHOLD COMPOSITION

First I would like to have some information about usual members of your household and currently staying visitors.

[LIST USUAL MEMBERS OF HOUSEHOLD AND VISITORS AND CIRCLE LINE NUMBER OF SAMPLED ACCEPTOR.]

ب سے پہلے میں آپ سے آپ کے گھرانے کے افراد کے بارے میں کچھ معلومات حاصل کرنا چاہتی ہوں جو آپ کے گھر میں رہتے ہیں یا اب مہمان ہیں۔

No	Name of Usual Household Members And Visitors	Relationship to Head of Household*	Usual Member			Age	Sex 1. Male 2. Female	Marital Status 1. Never Married 2. Married 3. Widowed 4. Divorced 5. Separated	Education
			1. Present	2. Temporarily Absent	3. Visitor				
1	2	3	4	5	6	7	8		
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

***CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 HEAD	06 PARENT	11 GRAND PARENT
02 WIFE/HUSBAND	07 PARENT IN LAW	12 UNCLE/AUNT
03 SON/DAUGHTER	08 BROTHER/SISTER	13 OTHER RELATIVE
04 SON/DAUGHTER IN LAW	09 BROTHER/SISTER IN LAW	14 NOT RELATED
05 GRAND SON/DAUGHTER	10 NEPHEW/NIECE	

Total household members and visitors

Total Male Female

SECTION II

BACKGROUND CHARACTERISTICS

Identification Number

--	--	--	--	--

Q. 201

It is important in this study to know your exact age. How old are you in completed years?

اس سرفسے میں آپ کی صحیح عمر کا جاننا ضروری ہے۔ آپ کیتے سال کی ہو گئی ہیں؟

AGE

--	--

Years

Date of Birth

D

M

Y

--	--

--	--

--	--

PROBE IF NECESSARY. FOLLOW INSTRUCTIONS.

Q. 202

What is your education?

آپ کی تعلیم کیا ہے؟

CIRCLE 1 OR 2 OR CLASSES PASSED AS THE CASE MAY BE.

1. No formal or informal education [SKIP TO 204]
2. Only informal education
3. Formal education
Number of classes passed
0 1 2 3 4 5
6 7 8 9 10 11 12 13 14 15 16+ [SKIP TO 204]

Q. 203

Can you read and write a simple letter with full understanding?

کیا آپ ایک سادہ خط پوری سمجھ بوجھ کے ساتھ پڑھ اور لکھ سکتی ہیں؟

1. Yes
2. No

Q. 204

What is the education of your husband?

آپ کے شوہر کی تعلیم کیا ہے؟

CIRCLE 1 OR 2 OR CLASSES PASSED
AS THE CASE MAY BE.

1. No formal or informal education [SKIP TO 206]
 2. Only informal education
 3. Formal education
- Number of classes passed
0 1 2 3 4 5
6 7 8 9 10 11 12 13 14 15 16+ [SKIP TO 206]

--	--	--

Q. 205

Can your husband read and write a simple letter with full understanding?

کیا آپ کے شوہر ایک سادہ خط پوری سمجھ بوجھ کے ساتھ پڑھ اور لکھ سکتے ہیں؟

1. Yes
2. No

--

Q. 206

What kind of work do you mainly do?

آپ زیادہ تر کیا کام کرتی ہیں؟

--	--

Q. 207

What was your age when you (first) got married?

جب آپ کی (پہلی) شادی ہوئی تو آپ کی عمر کیا تھی؟

Age

--	--

Years

--	--

PROBE IF NECESSARY.

Q. 208

What was the age of your husband when you (first) got married?

جب آپ کی (پہلی) شادی ہوئی تو آپ کے شوہر کی عمر کیا تھی؟

Age

--	--

Years

--	--

Q. 209

How many live births have you had?
Please be sure to include all the children
you have given birth to, even if some survived
only for a short time.

آپ کے کل کتنے زندہ بچے ہوئے؟ برائے مہربانی تمام زندہ پیدا ہونے والے بچوں کا بتائیے۔ خواہ
ان میں سے کچھ تھوڑی دیر ہی زندہ رہے ہوں۔

Total

Boys

Girls

IF NO LIVE BIRTH, SKIP TO 212

Q. 210

How long ago was your last live birth?

آپ کے آخری زندہ بچے کی پیدائش کو کتنا عرصہ ہوا؟

Years

Months

Q. 211

How many of your children are living now?

(ماشاء اللہ) اب آپ کے کتنے بچے حیات میں ہیں؟

Total

Boys

Girls

Q. 212

Are you pregnant now?

کیا اب آپ حاملہ ہیں؟

1. Yes
2. No
3. Not sure

Q. 213

Do you want to have more children in future?
(in addition to the one you are expecting now)

کیا آپ کو (ہونے والے بچے کے علاوہ) مزید بچوں کی خواہش ہے؟

1. Yes
2. No

SECTION III

QUALITY OF CARE BY FAMILY WELFARE CENTRES

Q. 301

Do you know that there is a Family Welfare Centre (FWC) located at

کیا آپ کو معلوم ہے کہ آپ کے علاقہ _____ محلہ/سیکٹر/گاؤں میں ایک نفاہی مرکز ہے؟

_____ Mohalla / Sector / Village?

1. Yes

2. No [END INTERVIEW-FAKE CASE]

Q. 302

Did you ever visit the Family Welfare Centre?

کیا آپ کبھی اس نفاہی مرکز گئیں ہیں؟

1. Yes

_____ [SKIP TO 304]

2. No

Q. 303

Why did you not attend the FWC so far?

آپ ابھی تک نفاہی مرکز کیوں نہیں گئیں؟

1. No knowledge of services available at FWC

2. Any of the FWC services were never needed

3. Want more children

4. Contraception is against religion

5. Contraception is immoral

6. Contraception is unnatural

7. Fear of side effects

8. FWC is not suitably located

9. Attend another centre

10. Nobody from the FWC ever visited me

11. Services were provided at home

12. Other

END INTERVIEW

Q. 304

Did you ever get family planning services from the FWC?

کیا آپ نے کبھی اس نفاہی مرکز سے خاندانی منصوبہ بندی کی خدمات حاصل کی ہیں؟

1. Yes

2. No

[END INTERVIEW]

Q. 305 How did you come to know about the existence of the FWC in the area?

آپ کو علاقہ میں فلاحی مرکز کی موجودگی کا کس طرح پتہ چلا؟

1. Family Welfare Worker
2. Family Welfare Assistant
3. Village Base Family Welfare Worker
4. Another acceptor
5. Husband
6. Friend / Relative
7. Doctor
8. Paramedic
9. Through advertisement in newspaper
10. Other

Specify

Q. 306 Did Family Welfare Worker (FWW) or Family Welfare Assistant (FWA) of FWC ever visit you at your home?

کیا فلاحی مرکز کی FWW یا FWA نے کبھی آپ کے گھر پر آپ سے ملاقات کی؟

1. FWW visited
2. FWA visited
3. No body visited [SKIP TO 309]

Q. 307 What did she discuss relating to family planning?

[MULTIPLE ANSWERS] اس نے خاندانی منصوبہ بندی سے متعلق کیا کیا بتایا؟

1. Contraception
2. Spacing of births
3. Small family norm
4. MCH
5. Other

Specify

Q. 308 How often FWW / FWA visited you at your home for motivation of family planning or for follow-up during last 6 months?

پچھلے چھ ماہ کے دوران (فلاحی مرکز) کی FWA/FWW آپ کے گھر پر خاندانی منصوبہ بندی کی ترغیب کے لیے کتنی دفعہ آئیں ہیں؟

1. At least once in a month
2. Once in two months
3. Once in three months
4. Only once so far during last 6 months
5. Before last 6 months

Q. 309 Who advised you first to attend the FWC?

آپ کو فلاحی مرکز جانے کا مشورہ سب سے پہلے کس نے دیا؟

1. Family Welfare Worker
2. Family Welfare Assistant
3. Village Base Family Welfare Worker
4. Another acceptor
5. Husband
6. Friend / Relative
7. Doctor
8. Paramedic
9. Motivated by advertisement in newspaper
10. Impressed by radio programme
11. Impressed by TV programme regarding family planning
12. TBA / Dai
13. Other

(Specify)

Q. 310 For what purpose did you first attend the FWC?

آپ فلاحی مرکز پہلی دفعہ کس مقصد کے لیے گئیں؟

1. Family Planning Services
2. Mother Care
3. Child Care
4. Treatment of common ailment
5. Health Education
6. Other

(Specify)

CHECK 310. IF THE RESPONDENT HAD FIRST ATTENDED FWC FOR FAMILY PANNING SERVICES, SKIP TO 312

Q. 311 Did FWW / FWA motivate you for family planning and discuss the matters relating to family planning and use of contraceptive methods?

کیا (فلاحی مرکز کی) FWA یا FWW نے آپ کو خاندانی منصوبہ بندی اپنانے کے لیے کہا؟ اور کیا اس نے خاندانی منصوبہ بندی اور مانع حمل طریقوں کے استعمال کے متعلق بتایا؟

1. Yes
2. No

Q. 312 Did you ever get Mother Care services from FWC?

کیا آپ نے کبھی ماں کی دیکھ بھال سے متعلق خدمات اس فلاحی مرکز سے حاصل کی ہیں؟

1. Yes
2. No

[SKIP TO 321]

Q. 313 Did you get antenatal care from FWC?
کیا آپ نے حمل کے دوران اپنی دیکھ بھال کیلئے کوئی خدمات حاصل کی ہیں؟

1. Yes
2. No

[SKIP TO 316]

Q. 314 How many antenatal visits did you make?
[PROMPT]

حمل کے دوران آپ اپنی دیکھ بھال (معائنہ) کیلئے کتنی دفعہ فلاحی مرکز گئیں؟

- A. During first 3 months _____
- B. During next 3 months _____
- C. During last 3 months _____

Q. 315 Are you satisfied with antenatal services?

کیا آپ حمل کے دوران ماں کی دیکھ بھال (معائنہ) کے متعلق خدمات سے مطمئن ہیں؟

1. Yes
2. No

Q. 316 Did you get delivery services from FWC?

کیا آپ نے کبھی زچگی سے متعلق اس فلاحی مرکز سے خدمات حاصل کی ہیں؟

1. Yes
2. No

[SKIP TO 319]

Q. 317 Did you get delivery service at home or at the FWC?

کیا آپ کی زچگی گھر پر ہوئی یا کہ فلاحی مرکز پر؟

1. Home
2. FWC

Q. 318. Are you satisfied with FWC's delivery services?

کیا آپ فلاحی مرکز کی زچگی سے متعلق خدمات سے مطمئن ہیں؟

1. Yes
2. No

Q. 319 Did you get postnatal services from FWC?
کیا آپ نے بچے کی پیدائش کے بعد فلاحی مرکز سے اپنی دیکھ بھال کے بارے میں کوئی خدمات حاصل کیں؟

1. Yes
2. No

[SKIP TO 321]

Q. 320 Are you satisfied with the postnatal services?
کیا آپ بچے کی پیدائش کے بعد ماں کی دیکھ بھال کے سلسلے میں مرکز کی خدمات سے مطمئن ہیں؟

1. Yes
2. No

Q. 321 Did you ever get Child Care services or/ and treatment for minor ailment from FWC?
کیا آپ نے بچے کی دیکھ بھال یا کسی معمولی بیماری کے علاج کے لیے فلاحی مرکز سے کوئی خدمات حاصل کیں؟

1. Yes
2. No

[SKIP TO 323]

Q. 322 Are you satisfied with the child care services or/and treatment for minor ailments at FWC?
[PROMPT]

کیا آپ بچے کی دیکھ بھال یا معمولی بیماری کے علاج کے متعلق فلاحی مرکز کی خدمات سے مطمئن ہیں؟

1. Child Care
1. Yes
 2. No
 3. NA

2. Treatment for minor ailment
1. Yes
 2. No
 3. NA

Q. 323 Did you ever attend a Sukhi Ghar Mahfil at FWC?
کیا آپ نے کبھی سُکھی گھر محفل میں شرکت کی ہے؟

1. Yes
2. No

Q. 324 Did you ever attend a baby show at FWC?
کیا آپ نے کبھی فلاحی مرکز میں بے بی شو میں شرکت کی؟

1. Yes
2. No

Q. 325 Did you ever attend any craft/cultural class at FWC?

کیا آپ نے کبھی فلاحی مرکز میں سلائی کڑھائی یا ثقافتی کلاس میں شرکت کی؟

1. Yes
2. No

Q. 326 In your opinion, is the location of FWC is suitable?

آپ کے خیال میں فلاحی مرکز کا (موجودہ) محل وقوع مناسب ہے؟

1. Yes
2. No

Q. 327 Do you feel that staff of FWC is friendly?

کیا آپ محسوس کرتی ہیں کہ فلاحی مرکز کے عملہ کا رویہ دوستانہ ہے؟

1. Yes
2. No

**SECTION IV
CONTRACEPTION**

Q. 401 Now I would like to talk about various family planning methods that a couple can use to delay or avoid a pregnancy.

اب میں آپ سے خاندانی منصوبہ بندی کے مختلف طریقوں کے بارے میں بات کرنا چاہوں گی۔ جن سے میاں بیوی حمل میں تاخیر کر سکتے ہیں یا حمل سے بچ سکتے ہیں۔

What family planning methods do you know?

آپ کو خاندانی منصوبہ بندی کے کن طریقوں کے بارے میں علم ہے؟

CIRCLE "YES" OR "NO" CODE IN COLUMN "A" OF THE TABLE FOR EACH METHOD. PROMPT AND DESCRIBE EACH METHOD.

TABLE

Methods	(A) KNOWLEDGE (Q. 401)	(B) EVER USE (Q. 404)	(C) SEQUENCE OF METHODS (Q. 405)
01 Pill	1 YES 2 NO	1 YES 2 NO	
02 Condom	1 YES 2 NO	1 YES 2 NO	
03 Vaginal Methods	1 YES 2 NO	1 YES 2 NO	
04 Injection	1 YES 2 NO	1 YES 2 NO	
05 I.U.D	1 YES 2 NO	1 YES 2 NO	
06 Female Sterilisation	1 YES 2 NO	1 YES 2 NO	
07 Male Sterilisation	1 YES 2 NO	1 YES 2 NO	
08 Rhythm	1 YES 2 NO	1 YES 2 NO	
09 Withdrawal	1 YES 2 NO	1 YES 2 NO	
10 Other _____ (Specify)	1 YES 2 NO	1 YES 2 NO	
TT Any Method	1 Yes 2 No	1 Yes 2 NO	

Q. 402 Who told you about these methods?

آپ کو ان طریقوں کے بارے میں کس نے بتایا؟

1. Family Welfare Worker
2. Family Welfare Assistant
3. Village Base Family Welfare Worker
4. Another acceptor
5. Husband
6. Friend / Relative
7. Doctor
8. Paramedic
9. Advertisement in newspaper
10. Radio programme
11. TV programme regarding family planning
12. Any other

(Specify)

Q. 403 Are you satisfied with Family Planning information and education?

کیا آپ خاندانی منصوبہ بندی سے متعلق پہنچائی جانے والی معلومات اور تعلیم سے مطمئن ہیں؟

1. Yes
2. No

Q. 404 What methods have you ever used?

آپ نے (خاندانی منصوبہ بندی کے) کون کون سے طریقے استعمال کئے ہیں؟

CIRCLE RESPONSES IN COLUMN "B" OF THE TABLE.

Q. 405 What method did you use first and what method/s did you use subsequently?
Please name the methods in sequence.

آپ نے کون سا طریقہ سب سے پہلے استعمال کیا اور کون سے طریقے بعد میں استعمال کئے۔
برائے مہربانی طریقوں کے نام ترتیب سے بتائیں؟

ENTER RESPONSE IN COLUMN C OF THE TABLE

Q. 406 Now I would like to ask you about the method which you used first. Who motivated you to practice contraception?

اب میں آپ سے خاندانی منصوبہ بندی کے اُس طریقہ کے بارے میں پوچھنا چاہتی ہوں جو آپ نے پہلی مرتبہ استعمال کیا۔ آپ کو یہ طریقہ استعمال کرنے کے لیے کس نے ترغیب دی؟

1. Family Welfare Worker
2. Family Welfare Assistant
3. Village Base Family Welfare Worker
4. Another acceptor
5. Husband
6. Friend / Relative
7. Doctor
8. Paramedic
9. Motivated by advertisement in newspaper
10. Impressed by radio programme
11. Impressed by TV programme regarding family planning
12. Any other (Specify) _____

Q. 407 What was your age when you first used a method?

اُس وقت آپ کی عمر کتنی تھی جب آپ نے پہلی دفعہ کوئی طریقہ استعمال کیا؟

Age

(Years)

CHECK 209. IF RESPONDENT HAS NO CHILDREN EVER BORN, SKIP TO 410.

Q. 408 How many children were ever born to you at that time (when you first used the method)?

اُس وقت تک آپ کے کتنے بچے پیدا ہوئے تھے؟ (جب آپ نے پہلی مرتبہ کوئی طریقہ استعمال کیا)

Children

IF 00 IN 408, SKIP TO 410

Q. 409 How many living children did you have at that time?

اُس وقت آپ کے کتنے بچے زندہ تھے؟

Total

Boys

Girls

Q. 410 What was the main reason that you started practicing family planning?

وہ کون سی خاص وجہ تھی جس کی وجہ سے آپ نے خاندانی منصوبہ بندی پر عمل شروع کیا؟

1. Wanted no more children
2. Wanted spacing between births
3. Health problems
4. Other reason

(Specify)

Q. 411 From where did you get the first method?

آپ نے پہلا طریقہ کہاں سے حاصل کیا؟

1. Family Welfare Centre
2. NGO Centre

3. Drug store
4. Hospital
5. Other

(Specify)

(Specify)

[SKIP
TO
415]

Q. 412 Did FWW explain all types of contraceptive methods when you first visited the FWC?

جب آپ فلاحی مرکز پہلی دفعہ گئیں تو کیا FWW نے تمام طریقوں کے بارے میں وضاحت کی تھی؟

1. Yes
2. No

Q. 413 Did FWW explain the merits and side effects of all the contraceptive Methods?

کیا FWW نے تمام طریقوں کی خوبیوں اور مضر اثرات کے متعلق وضاحت کی؟

1. Yes
2. No

Q. 414 Did FWW / FWA advise you about follow-up care?

کیا FWW یا FWA نے آپ کو دوبارہ (فلاحی مرکز) آنے کا کہا تھا؟

1. Yes
2. No

Q. 415

As you told that you used contraceptive method/s, please tell me for each method, the main reason to choose and prefer it, how long did you use it and if changed or dropped, the main reason to change or drop? Please start from the first method.

[PROMPT]

جیسا کہ آپ نے بتایا کہ آپ نے _____ طریقہ / طریقے استعمال کیا / کئے۔ برائے مہربانی مجھے ہر طریقہ کے بارے میں بتائیں کہ آپ نے وہ طریقہ خاص طور پر کیوں منتخب کیا۔ آپ نے اسے کتنا عرصہ استعمال کیا اور اگر چھوڑا تو چھوڑنے کی کیا وجوہات تھیں؟ (برائے مہربانی پہلے طریقہ سے تانا شروع کریں)

Serial Number	Method (Name)	Main Reason For Choice/ Preference (CodeA)	Period of Use (Years)	1. Current User 2. Method Dropped 3. Method Changed	Main Reason to Drop or Change (CodeB)
		A			B
1					
2					
3					
4					
5					

A Codes for column A

1. Method has less / no side effects
2. Method is effective
3. No other methods was available

Method was recommended by:

4. FWW
5. Another acceptor
6. Husband
7. Friend or relative
8. Chose the method on the basis of information from media
9. No knowledge about other methods
10. Other reason

Specify

B Codes for column B

1. Wanted more children
2. Side effects
3. Health Problems
4. Method of choice / supply was not available
5. Method is not effective
6. Husband did not like the method
7. FWW recommended
8. Some-one else recommended
9. Other

Specify

IF STERILISATION IN EVER USE, SKIP TO 418. OTHERWISE ASK NEXT QUESTION.

Q. 416 Are you currently using any family planning method?

کیا آپ آج کل خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کر رہی ہیں؟

1. Yes
2. No [SKIP TO 425]

Q. 417 What is that method?

وہ طریقہ کیا ہے؟

METHOD _____

Q. 418

Why did you make a choice of that method for current use?

آپ نے موجودہ طریقہ کو کس بنا پر منتخب کیا؟

1. Method has less / no side effects
2. Method is effective
3. Method of choice is not available

Method was recommended by:

4. FWW
5. Other acceptor
6. Husband
7. Friend or relative
8. Chose the method myself on the basis of information from media
9. Other

Specify

Q. 419

How long have you been using the present method without interruption?

آپ موجودہ طریقہ کتنے عرصے سے لگاتار استعمال کر رہی ہیں؟

Years

Months

IF STERILISATION IN EVER USE, SKIP TO 422

Q. 420

From where do you usually get supplies of contraceptives?

آپ عموماً مانع حمل طریقے کہاں سے حاصل کرتی ہیں؟

1. Family Welfare Centre
2. NGO Centre
3. Drug store [Specify]
4. Hospital
5. Other

[Specify]

[SKIP
TO
422]

Q. 421

Do you always get the supplies when needed?

کیا آپ کو ضرورت کے وقت مانع حمل طریقہ ہمیشہ مل جاتا ہے؟

1. Yes
2. No

Q. 422

Have you experienced any side effects, problems or difficulties with your present method?

کیا آپ کو موجودہ طریقہ کے استعمال سے کوئی مضر اثرات، مسائل یا پریشانی ہوئی؟

1. Yes
2. No _____ [SKIP TO 428]

Q. 423

What major side effect or problem did you have?

آپ کو کون سا مضر اثر یا کون سی پریشانی ہوئی؟

Side effects:

1. Obesity
2. Headaches/Dizziness
3. Other health problems
4. Interference with sex
5. Psychological
6. Bleeding /
7. Irregular menses
7. Other

(Specify)

Q. 424

Are you seeking medical advice or getting some treatment from FWC in this regard?

کیا فلاحی مرکز سے آپ اس سلسلے میں کوئی طبی مشورہ حاصل کر رہی ہیں یا کیا آپ اس کا کوئی علاج کر رہی ہیں؟

1. Yes - getting treatment from FWC
2. Yes - getting treatment from other hospital/ centre

Specify

3. No

[SKIP TO 428]

Q. 425

What is the main reason that you are not currently using any family planning method to avoid or postpone pregnancy?

وہ کون سی اہم وجہ ہے کہ آج کل آپ خاندانی منصوبہ بندی کا کوئی طریقہ استعمال نہیں کر رہی ہیں؟

01. Want more sons
02. Want more daughters
03. Want more children
04. Currently pregnant
05. Protected by breastfeeding
06. Side effects of contraceptives
07. Contraceptive method of choice is not available
08. Able to naturally space children
09. No longer fertile
10. Husband absent
11. No method is suitable
12. Other _____

(specify)

Q. 426

Would you use a contraceptive method in future?

کیا آپ آئندہ خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کریں گی؟

1. Yes
2. No

Q. 427

Does FWW pay home visits to keep in touch with you for motivation or advising you to restart contraception in future when needed?

کیا (فلاحی مرکز کی) FWW آپ سے رابطہ رکھتی ہے تاکہ آپ کو خاندانی منصوبہ بندی کی ترغیب دے۔ یا پھر آئندہ جب آپ کو مائع حمل طریقے کی ضرورت ہو تو دوبارہ خاندانی منصوبہ بندی کرنے کا کہیں؟

1. Yes
2. No

Q. 428

Are you satisfied with the following services for family planning at FWC?

کیا آپ فلاحی مرکز کی مندرجہ ذیل خدمات سے مطمئن ہیں؟

1. Provision of contraceptive services

خاندانی منصوبہ بندی کے طریقے مہیا کرنا۔

1. Yes
2. No
3. N.A.

3. Follow up care at the centre

فلاحی مرکز آنے (دوبارہ) پر دیکھ بھال

1. Yes
2. No
3. N.A.

4. Home visit 1. Yes 2. NO

(علیے کا) گھر پر ملاقات کرنا۔

GENERAL

Q. 501 In your opinion what are the shortcomings in the FWC?

آپ کے خیال میں فلاحی مرکز میں کیا خامیاں ہیں؟

Shortcomings

1. Yes

2. No

Q. 502 What would you suggest to improve the working of the centre?

آپ فلاحی مرکز کی کارکردگی بہتر بنانے کیلئے کیا مشورہ دیں گی؟

Suggestions

1. Yes

2. No

Time:

--	--	--	--

--	--	--	--

INTERVIEWER'S OBSERVATIONS

1. Yes

2. No

Interviewer: _____
(Signature)

Supervisor: _____
(Signature)

