Table 1. Family planning community-based distribution projects, Pakistan

<table>
<thead>
<tr>
<th>Area</th>
<th>Province</th>
<th>Start date</th>
<th>Implementing NGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>Lyari</td>
<td>July 1991</td>
<td>Lyari Community Development Council (NGOCC), with technical assistance from Asia Foundation.</td>
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<tr>
<td></td>
<td>Orangi</td>
<td>Oct. 1991</td>
<td>Orangi Pilot Project, Pakistan Voluntary Health Association</td>
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<tr>
<td></td>
<td>Korangi</td>
<td>Oct. 1991</td>
<td>Pakistan Women Welfare Society, a local organization in Faisalabad</td>
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<tr>
<td></td>
<td>Faisalabad</td>
<td>March 1992</td>
<td>NGOCC, a national organization</td>
</tr>
</tbody>
</table>

Based distribution often visit each household in the community and conduct an ongoing census of contraceptive use, and thus engage in an ongoing assessment of contraceptive prevalence. Major increases in contraceptive use often occur as services become better and more accessible. In fact, this phenomenon has been so commonplace that it has not been considered news, and therefore has gone largely unreported in the literature.

Background

The poor performance of Pakistan’s family planning efforts over the last 30 years has been discussed intensively. In the late 1960s, Pakistan was routinely cited as a leader in family planning efforts. In the years since the country was divided, however, contraceptive use has increased little in what was the economically more advanced former West Pakistan, despite numerous programmatic efforts. In sharp contrast, contraceptive use has increased dramatically and fertility has fallen in the less advanced former East Pakistan, now Bangladesh.

Ironically, the level of unmet need in Pakistan is among the highest in the world. Some informed observers maintain that the vast majority of people do not have access to services of even minimal quality. Others attribute poor performance to an intrinsic resistance to family planning related to cultural conservatism, religious influences and the low status of women. For these reasons, Pakistan presents a challenging opportunity to probe whether there is an unmet demand for family planning that can be met operationally through the provision of accessible, high-quality family planning services. To do that, we report on a set of community-based distribution programs carried out in the country in the early 1990s.

Program Description

The six community-based distribution programs in Pakistan described here were developed with support from the U.S. Agency for International Development (USAID) as a single project of the Nongovernmental Organizations Coordinating Council (NGOCC). The individual projects were initiated in 1991 or early 1992 and were carried out by a variety of local nongovernmental organizations (NGOs) in all four provinces of Pakistan and in both urban and rural areas (Table 1).

The projects’ service delivery was designed to follow a standard pattern. In each area, about 20–27 newly recruited female fieldworkers received 10 days of training in family planning. In general, they were residents of the project area and had roughly a 10th grade education. Each fieldworker was assigned a catchment population with a minimum of 650 married women of reproductive age; the number of married women of reproductive age in each of the six projects combined was about 15,000.

The fieldworker was expected to visit each woman every two months. There was little formal outreach directed to men. Besides offering information and counseling, fieldworkers provided oral contraceptives (including the initial supply), condoms and contraceptive foaming tablets (at nominal cost), and referred clients to clinical facilities for other methods (injectables, IUDs and sterilization). While fieldworkers mainly provided family planning services, they also referred women for some other health services. At every visit, the woman’s contraceptive status was recorded. Fieldworkers were supervised, and supervisors also made household spot checks to validate record-keeping.

Project Results

In each of the six projects, contraceptive prevalence increased dramatically and substantially over a short period of time (Figure 1), from an average of 12% at baseline to 33% after one year. Notably, prevalence increased from 7% to 31% in the conservative rural area of Swabi in the Northwest Frontier Province. Additionally, it increased from about 16% to more than 40% in Quetta, the capital of Balochistan (a province considered to be one of the most conservative culturally). By June 1993 (about 20 months after program initiation), the average prevalence for all six projects was 39% (not shown).

Not surprisingly for a community-based distribution program, supply methods were well represented. A large proportion of women chose supply methods: Forty-one percent used condoms and 10% chose oral contraceptives. Another 28% of clients were sterilized, 11% used IUDs and 9% chose the injectable. Sterilization clients were somewhat older (37) than were users of oral contraceptives (28) or users of the condom or IUD (30–32).

In an external evaluation of the projects conducted in June 1993, an independent professional team used rapid-assessment and survey techniques to interview project supervisors, fieldworkers and 289 clients. Project documents, computer records and reports also were reviewed. The evaluation team was very positive in its assessment of the reliability of the program’s monitoring and record system, and found the contraceptive prevalence measurements to be generally accurate. The few inaccuracies reported were judged to be minimal by the evaluation team.

On the other hand, the evaluation found that fieldworker performance could be substantially improved in some areas (such as in counseling about side effects), and that referral and transport to clinical services were weak. They also identified other substantial barriers to access, even in the context of this community-based approach. For example, 18% of fieldworkers thought that a couple should have at least two sons before practicing contraception. Further, 45% believed that no one younger than 21–25 should receive oral contraceptives.

The external evaluation found that client shyness, especially at baseline registration, might have resulted in an underestimate of contraceptive prevalence. Nevertheless, the project’s baseline contraceptive prevalence rate was roughly the same as the 1990–1991 Pakistan DHS rate (12%). Moreover, even if one uses the higher level at first follow-up as a baseline, the increase in contraceptive prevalence was still substantial for a short period of time.

The evaluators also assessed the cost-effectiveness of the six projects for the first year (excluding commodity and technical assistance) at US$3.80 per couple-year of protection. Bearing in mind the difficulties of generalizing such cost calculations, this level is relatively inexpensive, compared with other programs.

Discussion

Impact of a Supply-Side Approach

Results from these six projects show that unmet need actually does exist in a programmatic sense. Increased access to basic...