

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM
PROCUREMENT AND SUPPLY MANAGEMENT

Situation analysis:

Contraceptive Manufacturing in Pakistan

September 2020

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Acronyms

COC	Combined Oral Contraceptive
DMPA	Depot Medroxyprogesterone Acetate
DOH	Department of Health
ECP	Emergency Contraceptive Pill
FP	Family Planning
GoP	Government of Pakistan
GHSC	Global Health Supply Chain
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Management
IDIQ	Indefinite Delivery Indefinite Quantity Contract
IMR	Infant Mortality Rate
IUD	Intrauterine Device
LMIS	Logistics Management Information Systems
MoNHSR&C	Ministry of National Health Services Regulations & Coordination
MMR	Maternal Mortality Rate
NGO	None Governmental Organization
POP	Progesterone Only Pill
PPW	Population Program Wing
PSM	Procurement and Supply Management
ROI	Return on Investment
TO	Task Order
U5MR	Under 5 Mortality Rate
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

CONTEXT

In 1950, Pakistan's population reached 37 million people, making it the world's 13th most populous country. By 1998, Pakistan was ranked as world's sixth most populous country. The Census 2017 records 207.7 million habitants within Pakistan, placing it now as the fifth most populous country in the world. As per UN estimates, Pakistan's population is geared to rise to 380 million by 2050 (Figure-1) and is likely to surpass Indonesia, Brazil, Russia, and the United States. This projected growth would further strain water, forests, and arable land resources as well as reverse the economic gains made in recent years.

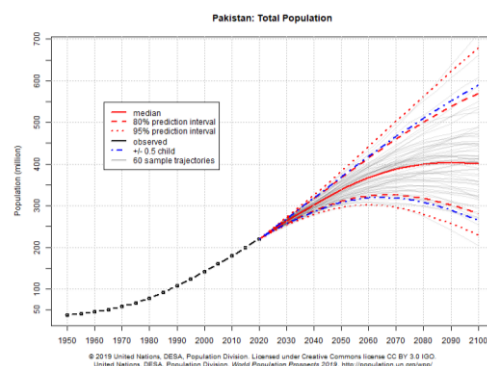


Figure 1: Pakistan Population Growth (Source: UN Department of Economic and Social Affairs Population Dynamics, World Population Prospects 2019
<https://population.un.org/wpp/Graphs/Probabilistic/POP/TOT/586/>)

The federal as well as provincial governments are cognizant of the fact that some pregnancy-related mortality and complications are preventable and that the solution lies in increased contraceptive use. Contraceptive use reduces overall maternal mortality and improves women's health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. This has a direct correlation with child and family well-being by reducing the economic and emotional burden of parenthood and affording increased opportunities for participation in educational, economic, and social activities.

As per the Economic Survey of Pakistan 2019-20 and FP2020 Commitment, Pakistan fares poorly on some of the key indicators are listed in the table below:

SDG (target by 2030)	Current standing ¹
MMR: < 70 per 100,000 live births	140/100,000(2017)
IMR: < 12 per 1,000 live births	57.2/1000 (2018)
U5MR: < 25 per 1,000 live births	69.3/1000 (2018)
FP2020 (target by 2020)	Current standing ²
Contraceptives Prevalence Rate (CPR) 50%	CPR 34.2%
Contraceptives Prevalence Rate (CPR) 55% for Punjab	CPR 38.3%
Contraceptives Prevalence Rate (CPR) 45% for Sindh	CPR 30.9 %
Contraceptives Prevalence Rate (CPR) 42% for Khyber Pakhtunkhwa	CPR 30.9 %
Contraceptives Prevalence Rate (CPR) 32% for Balochistan	CPR 19.8%

Pakistan is committed to achieve SDGs by reducing Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR) and ensuring universal access of reproductive health care services which include integration of reproductive health into national strategies and programs. The federal and provincial governments in Pakistan responded with political commitment by mobilizing sufficient allocation of \$130m until FY2019-20. Contraceptive services are now included in the essential package of health services, developed by provinces to improve service delivery and include facility-based and outreach services.

Although Pakistan was one of the first Asian countries to begin a family planning program with some help

¹ Economic Survey of Pakistan 2019-20

² Pakistan Demographic and Health Survey 2017-18

from international donors, fertility declined slower than in neighboring countries. Through the commodity assistance provided by the United Nation Population Fund (UNFPA) in the 1990s, Pakistan strived to reduce the population growth and brought it down from 4.5% per year to 2.9%. This support lasted until FY1999.

Subsequently, from FY2000 to FY2004, the Government of Pakistan (GoP) started sourcing contraceptives from UNFPA using the World Bank's withdrawal application procedure. With the enactment of public procurement rules in FY2004, the former health and population ministries embarked upon procurement of contraceptives through open competitive bidding for the locally manufactured contraceptive products; however, they continued using UNFPA platform for commodities not manufactured in Pakistan. The GoP's annual investment on family planning commodities during FY2000 - FY2009 remained steady at \$5-6 million, which was far below the actual requirements.

From FY2010 - 2015, USAID worked with the GoP and donated contraceptive commodities worth \$108m through supply chain programs to relevant public and private sector stakeholders across the country. Table 1 indicates USAID's yearly cost of commodity support to the GoP.

During FY2012 - FY2015, USAID also provided financial support worth \$1.5m to federal and provincial governments for transportation of contraceptive commodities from the Central Warehouse, Karachi to district stores across the country.

Cost in million

Fiscal Years	Support
2010-11	\$10
2011-12	\$20
2012-13	\$20
2013-14	\$20
2014-15	\$38
Total	\$108

Table 1: USAID's commodity support from 2010 till 2015

Owing to the total commodity support provided by USAID during the period indicated above (2010 to 2015) and recognizing the needs of forecasting and supply planning for concrete domestic financing, USAID initiated country-wide technical assistance on procurement and supply management. The GoP took this support positively and initiated domestic financing starting with Sindh and Punjab provinces in 2015. The commercial sector's share shrunk as they were not able to liquidate their business during 2010-2014. However, by 2015 local manufacturers and transporters were benefitting from the domestic financing of contraceptives by the provincial governments.

Another important stakeholder in the distribution of contraceptives has been the private sector i.e. NGOs who were historically supported by the Government of Pakistan. Their FP commodities future requirement until 2030 out of the total contraceptive ecology in Pakistan is presented in the private sector projection table appearing later in this document.

Year	GoP Financing
2014-15	\$16.09m
2015-16	\$18.25m
2016-17	\$21.81m
2017-18	\$25.89m
2018-19	\$25.19m
2019-20	\$22.37m
Total	\$129.60m

Table 2: GoP committed financing till FY 2020

Realizing the significance of investments in family planning (FP) commodities, all provincial governments have clearly demonstrated their commitments by making allocation for FP commodities procurement as an integral part of their financial planning. Table 2 contains funds planned by the respective provinces of the Government of Pakistan who have so far committed ~\$130m for procurement of FP commodities until 2020.

With a burgeoning population as well as the contextual situation narrated above, the Population Program Wing (PPW) of the Ministry of National Health Services Regulations and Coordination (MoNHSR&C) had sought technical assistance from the United States Agency for International Development (USAID) mission in Islamabad to support them in conducting a situation analysis on feasibility to explore the potential of local production of contraceptives in Pakistan. USAID/Pakistan

tasked the Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project with the provision of this technical assistance along the lines mutually agreed upon in a tripartite meeting between PPW, USAID/Pakistan, and the GHSC-PSM project held on March 16, 2017 in Islamabad.

As per 2017 census results, with 110 million inhabitants, Punjab has become the most populous province of Pakistan. Additionally, more than half of its population resides in urban centers. The current contraceptives prevalence rate stands at 38.3%³ as against of FP2020 commitment of 55% by the Government of Punjab⁴.

With 48 million inhabitants, Sindh has become the second most populous province after Punjab. Additionally, more than half of its population resides in urban centers. The current contraceptives prevalence rate stands at 30.9% as against of FP2020 commitment of 45% by Government of Sindh⁵. Sindh has traditionally been a trendsetter in pioneering new FP methods using creative approaches to increase uptake of long acting contraceptive methods. Population Welfare Department of Government of Sindh was the first one to make sure this innovation of long acting method succeeds. Sindh PWD devised and sponsored strategies by creating champions for innovation, provided training to the healthcare providers and managed conflicting priorities and molds of the groups through communication techniques and social marketing.

With approximately 30.5 million inhabitants, Khyber Pakhtunkhwa has become the third most populous province after Punjab and Sindh with a population growth rate of 2.89. The current contraceptives prevalence rate stands at 30.9% as against of FP2020 commitment of 42%⁶ by Government of Khyber Pakhtunkhwa⁷.

As per census results of 2017 census, with 12.3 million inhabitants, Balochistan is the least populous province of Pakistan with a population growth rate of 3.37. The current contraceptives prevalence rate stands at 19.8%⁸ as against of FP2020 commitment of 32% by Government of Balochistan⁹.

BACKGROUND

The PPW of MoNHSR&C had initiated a request to the USAID Pakistan Mission in Islamabad to provide technical assistance to commission a feasibility study on local manufacturing of contraceptives in Pakistan. A formal request and action plan was sent by PPW to USAID/Pakistan through letter No. 12-2/2017-P&S dated April 26, 2017 (Annexure A) citing a meeting held with the USAID Pakistan Mission on March 16, 2017 which was followed by meeting with GHSC-PSM project on March 22, 2017. USAID/Pakistan agreed and informed PPW through letter dated May 9, 2017 (Annexure B) about assigning the provision of the assistance through the GHSC-PSM project.

To follow up on the TA, the GHSC-PSM project team started working on extracting contraceptive logistics data from government owned web-based logistics management information system (LMIS) www.lmis.gov.pk from 2010 through 2017. As data for the study was required from 2007, the project team met with the PPW on June 15, 2017 to devise a plan of action for conducting the feasibility study

³ Pakistan Demographic and Health Survey 2017-18

⁴ <http://www.pwd.punjab.gov.pk/fp2020>

⁵ <http://pwd.sindh.gov.pk/Publications/e-books/CIP%20Sindh-03%2015%2016-final.pdf>

⁶ http://kp.gov.pk/uploads/2017/03/CIP_on_Family_Planning_for_Khyber_Pakhtunkhwa_2017-21_Final_Draft.pdf

⁷ Pakistan Demographic and Health Survey 2017-18

⁸ Pakistan Demographic and Health Survey 2017-18

⁹ http://www.pbs.gov.pk/sites/default/files/social_statistics/Contraceptive%20Performance%20Report%202017-18.pdf

which included a desk review of existing FP practices including method mix, quantities ordered, and consumption over the past 10 years. PPW was to develop a data acquisition template to obtain data from all provinces and was to share contraceptive procurement and consumption data from 2007 - 2010. Procurement and consumption data from 2010 onwards was extracted by GHSC-PSM project from USAID-funded annual contraceptive procurement tables and contraceptive LMIS, respectively.

In order to present an informed economic case to potential manufacturers, PPW, USAID/Pakistan, and GHSC-PSM devised a strategy to garner accurate procurement and consumption data for the past ten years, focusing on the projection of demand of the method mix through 2030 in light of Pakistan's international level commitments to targets identified in the National Health Vision-2025 as well as Sustainable Development Goals-3.

The GHSC-PSM project in collaboration with the PPW MoNHSR&C came up with the development of the situation analysis report in 2017, containing demand projections of the method mix from 2017-30. MoNHSR&C in collaboration with GHSC-PSM project convened a consultative meeting in Karachi under the Chairmanship of Director General PPW/MoNHSR&C on October 11, 2018 of key public and private sector stakeholders to discuss the landscape of opportunities in local production of contraceptives as well as vision of the Government of Pakistan towards indigenous contraceptives' production in addition to regulators' perspective towards creating conducive and enabling environment for investors in this area. The provincial Population Welfare Departments as well as Health Departments, who are the main stakeholders for dispensing contraceptives at the service delivery points were also invited to be part of the consultation.

The event was attended by a variety of national and international pharmaceutical companies' representatives, high level government functionaries from both Federal and Provincial governments, regulators like Securities and Exchange Commission of Pakistan (SECP) as well as Drug Regulatory Authority of Pakistan (DRAP).



Figure 2: Meeting with pharma industry – Oct 11, 2018

In pursuance to action point regarding contraceptive local production of the 3rd Federal Task Force meeting held on August 6, 2020, under the chairmanship of Excellency, the President of Pakistan, the GHSC-PSM project had a meeting with the Honorable Special Advisor to the Prime Minister (SAPM) on Health, Dr. Faisal Sultan; Secretary Health, MoNHSR&C and their teams on August 31, 2020, at the Ministry. Given the study was conducted in 2017, the Secretary Health suggested to update the FP business forecast having ten years of projections. As a follow-up of the meeting, the report at hand is the updated version containing demand projections of the method mix from 2020 to 2030. The statistics here present plausible justification to expect that the sheer population size and the demand for contraceptives in view of the foregoing commitments are sufficient to lure investors to venture into local production of contraceptives.

In addition to delineating a holistic landscape of contraceptives consumption for the entire country, the provincially desegregated quantities and financial outlays have also been made available for the respective provincial governments in order that they look at their indicative share in the overall market. The analysis at hand also contains the projections for the provinces of Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan for public, private and commercial sector till 2030 based on the method mix. A variety of data sources have been tapped into which have been adequately referenced in the footnotes.

Pharmaceutical Industry in Pakistan:

The pharmaceutical sector in the country is a sizeable industry with an annual turnover of more than PKR 336 billion (\$3.2 billion) and a double-digit annual growth rate of 15%¹⁰. Currently, the industry has approximately 759 pharmaceutical manufacturing units including those operated by 25 multinational organizations. According to Pakistan Pharmaceutical Manufacturers' Association, their industry meets around 70% of the country's demand¹¹ of medicines.

Presently, only a few pharmaceutical industries including ZAFA Pharmaceutical, Karachi and HENSEL Pharmaceutical, Lahore are producing 3-month injectable (Depot Medroxyprogesterone Acetate), combined oral pill (COC), and emergency contraceptive pill (ECP). Unfortunately, no industry is producing condoms, intra-uterine devices (IUDs), and implants (single rod and two rod), which are being imported to meet the contraceptive requirements.

Cost Benefits - Local vs. International procurement:

An analysis was conducted by the project, whereby those years procurement trends were studied, during which the country was having a mix of USAID donated and provincially procured contraceptives. The three-year time frame i.e 2014-15, 2015-16 and 2016-17 was selected.

During three years of local contraceptive procurement (2014-15, 2015-16 and 2016-17), the Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan provinces procured contraceptives including those of three products being manufactured in Pakistan. In order to have cost comparison between locally procured three commodities (3- months injection, oral contraceptive pills and emergency contraceptive pills) vis-à-vis international market prices, below tables depict year-wise as well as total cost savings which is PKR 556.68 m (\$5.30m):

Year 2014-15: Savings - PKR 176.7 m

Products	Punjab (2014-15)		
	International Market ¹²	Local Market ¹³	Savings
DMPA	378,730,296	315,608,580	63,121,716
COC	387,920,790	277,758,769	110,162,020
ECP	5,233,694	1,811,490	3,422,204
Total	771,884,779	595,178,839	176,705,940

Year 2015-16: Savings- PKR 150 m

Product	Punjab (2015-16)			KPK (2015-16)			Sindh (2015-16)		
	Intl. Market	Local Market	Savings	Intl. Market	Local Market	Savings	Intl. Market	Local Market	Savings
DMPA	76,889,820	65,447,882	11,441,938	91,206,444	77,634,057	13,572,388	169,342,068	144,142,356	25,199,713
COC	37,040,693	26,588,292	10,452,401	91,840,902	65,600,645	26,240,258	181,165,345	129,403,798	51,761,547
ECP	37,040,693	26,588,292	10,452,401	176,876	77,988	98,888	1,304,015	551,964	752,051
Total	150,971,205	118,624,466	32,346,739	183,224,222	143,312,689	39,911,533	351,811,428	274,098,117	77,713,311

Year 2016-17: Savings- PKR 230 m

Product	Punjab (2016-17)			KPK (2016-17)			Sindh (2016-17)			Balochistan (2016-17)		
	Intl. Market	Local Market	Savings	Intl. Market	Local Market	Savings	Intl. Market	Local Market	Savings	Intl. Market	Local Market	Savings
DMPA	119,943,180	102,094,493	17,848,688	91,206,444	77,634,057	13,572,388	214,210,080	182,333,580	31,876,500	29,464,615	25,080,000	4,384,615
COC	171,972,347.4	123,443,995	48,528,352	91,840,902	65,924,598	25,916,304	229,174,142	164,504,190	64,669,952	39,727,845	28,517,165	11,210,679
ECP	12,675,029.85	4,023,819	8,651,211	176,876	56,151	120,725	1,649,545	523,665	1,125,880	2,835,000	900,000	1,935,000
Total	304,590,557	229,562,307	75,028,250	183,224,222	143,614,806	39,609,416	445,033,767	347,361,435	97,672,332	72,027,460	54,497,165	17,530,295

¹⁰ http://www.ppma.org.pk/wp-content/uploads/2017/09/Final-Report-Pharma-Industry_August-10.pdf

¹¹ <http://www.ppma.org.pk>

¹² International rates have been taken from USAID Contraceptive and Condom Catalog 2013-14

¹³ Local rates are actual rates of locally manufactured products procured by provinces

Provincial Savings

Province ¹⁴	2014-15	2015-16	2016-17
Punjab	176,705,940	32,346,739	75,028,250
Sindh		77,713,311	97,672,332
KP		39,911,533	39,609,416
Balochistan			17,530,295
Total	176,705,940	149,971,583	229,840,293

The savings achieved through local procurement of DMPA, COC, and ECP can afford the provincial governments to re-allocate these resources to other components of the supply chain, including transportation from Central Warehouse to districts and SDP-level stores as well as robust monitoring.

In view of the cost savings achieved through local procurement of DMPA, COC, and ECP, enhancing the pharmaceutical industry's capacity to manufacture condoms, IUDs, and implants would further contribute towards cost savings.

The federal and provincial governments of Pakistan are cognizant of the whole gamut of challenges encountered by provinces in procuring internationally manufactured contraceptives during the last few years i.e. delays in international procurement owing to increased lead time, payment modalities to international manufacturers, transfer of huge foreign exchange, and finally non-existence of WHO prequalified firm and testing laboratories in Pakistan.

The potential benefits of local manufacturing of contraceptives include:

- Increased product availability, leading to improved CPR
- Efficient and timely procurement by decreased procurement timelines and procedures due to local procurement
- More efficiently/expediently meeting emergency requirements
- Increased efficiency and quality of locally manufactured products
- Improved pricing controls as Drug Regulatory Authority of Pakistan (DRAP) has full control over drugs pricing in the country
- Easier product recalls
- Increased export of pharmaceutical products and boost to the local economy

There are multiple factors influencing the investment in contraceptives production, as it is capital-intensive and enjoys significant and increasing returns to scale i.e. unit production costs decrease as the volume of production increases. Hence, the production volumes must be sufficient to keep the costs – and by extension price to consumers/buyers – low enough to be competitive in the market.

As per Pakistan Customs Tariff (PCT) Code number 9927 regarding Contraceptives and accessories thereof, all pharmaceutical raw materials if imported for manufacture of contraceptives in accordance with the input/output ratios determined by the Directorate of Input Output Co-efficient Organization will be zero-rated. However, there is an applicability of 17% sales tax.

- 3% duty on Chemical contraceptive preparations based on hormones, spermicides
- 3% duty on Coils of plastics (contraceptives and accessories therefor)
- 3% duty on Sheath contraceptives

¹⁴ Sindh and KP couldn't procure contraceptives in 2014-15 and Balochistan in 2014-15 and 2015-16

METHODOLOGY

It was agreed that GHSC-PSM project would undertake a desk review of the existing family planning procurement practices, including method mix, quantities ordered, and consumption over the past 10 years. PPW obtained data on the prescribed format from all provinces and shared contraceptives procurement and consumption data from 2007 till 2010 with the project (Annexure-III).

The GHSC-PSM project team extracted country wide procurement and consumption data from 2010 onwards from USAID supported annual contraceptive procurement tables (2010-2014) and contraceptive LMIS respectively. The project further worked on the data and generated projection of the demand including method mix till 2030 in view of Pakistan's FP2020 commitments, and National Health Vision-2025 and SDG-3 targets. The latest Pakistan Demographic and Health Survey was conducted in 2017-18. It is believed that the reliability of the demographic data alone to forecast business, without undertaking other important variables, would be unrealistic. Hence the project used forecast modelling based on all possible factors operating in the ecology of Pakistan. The methodology included the demographics, logistics and method mix.

While carrying out the analysis of the data, it was observed that over the years, data has shown fluctuating trends in terms of consumption of contraceptives. There may be different factors attributable to the fluctuation which include but are not limited to a shift from short-acting to long acting methods, promotions, and accessibility trends.

In view of the above, different forecast growth factors have been applied for different FP products. For accuracy purposes, more recent LMIS consumption data trends have been selected for extrapolation (July 2016-June 2019). It is pertinent to note that based on consumption trends, growth factors for method mix have been estimated leading to projections till 2030.

Once the factors were accounted for and a forecast for 2020-21 developed, then a flat 10% yearly increase was used for demand projections till 2030. This 10% annual increase will cater to the yearly population growth and the gradual improvements that would be registered in reporting rate of contraceptives use (currently the reporting rate of DOH and other stakeholder hovers around 60% and is likely to improve in the years to come.)

Similarly, analysis of the data for private sector was carried out and it has been observed that the trends for consumption have a tendency to fluctuate¹⁵. The data is not representative of the entirety of the private sector as it mainly focuses three organizations, Greenstar Social Marketing, Marie Stopes Society, and Family Planning Association of Pakistan, who are reporting into the LMIS. There may be different factors attributable to the fluctuation which include but are not limited to a shift from short-acting to long acting methods, promotions of any method by private sector stakeholders, and accessibility trends which cover different options of product availability for FP clients.

The costing for the projected demands has been carried out on the basis of the unit costs of Punjab's procurement of contraceptives for 2017/18, and a 5% yearly inflation in prices (calculated on recent years' inflation) has been factored in to arrive at the final cost. The highly diverse and disorganized structure of the private and commercial market operators poses a serious challenge to obtain accurate data for future projections. However, we have used PDHS to obtain our estimates which are given below. The table below contains the demand projections through 2030.

¹⁵ The analysis has been done based on active reporting years

PUBLIC SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

National Public Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																				
Rationale for Forecast / Projections (based on July 2016 - June 2019 Consumption trend)																				
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle	
1-yr AVG	20,254,187		11,932		1,065,080		166,098		98,081		12,077		23,341		398,255		2,013		4,805	
3-month AVG	11,722,544		5,424		834,016		6,912		68,862		290		934		296,993		1,392		3,597	
% growth 1 yr to 3-month	-42.1%		-54.5%		-21.7%		-95.8%		-29.8%		-97.6%		-96.0%		-25.4%		-30.9%		-25.1%	
forecast growth factor	1.03		1.03		1.06		1.03		1.05		1.03		1.03		1.05		1.05		1.10	
1-yr avg*growth factor	20,861,813		12,290		1,128,985		171,081		102,985		12,440		24,041		418,168		2,113		5,286	
Year	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)
2020 -21	274,786,190	626,655,746	161,876	6,183,908	16,208,279	381,829,275	2,253,430	23,477,641	1,437,049	61,385,511	163,851	18,967,760	316,668	54,987,421	5,835,123	482,974,190	29,491	34,276,606	84,800	107,983,128
2021 -22	283,029,776	677,728,190	166,732	6,687,897	17,180,776	424,975,983	2,321,033	25,391,069	1,508,902	67,677,525	168,766	20,513,632	326,168	59,468,896	6,126,879	532,479,045	30,966	37,789,958	93,280	124,720,512
2022 -23	291,520,669	732,963,037	171,734	7,232,960	18,211,623	472,998,269	2,390,664	27,460,441	1,584,347	74,614,472	173,829	22,185,493	335,953	64,315,611	6,433,223	587,058,147	32,514	41,663,429	102,608	144,052,192
2023 -24	300,266,289	792,699,525	176,886	7,822,447	19,304,320	526,447,073	2,462,384	29,698,467	1,663,564	82,262,455	179,044	23,993,611	346,032	69,557,333	6,754,884	647,231,607	34,140	45,933,930	112,869	166,380,282
2024 -25	309,274,278	857,304,536	182,192	8,459,976	20,462,579	585,935,592	2,536,255	32,118,892	1,746,742	90,694,357	184,415	25,949,090	356,413	75,226,256	7,092,628	713,572,846	35,847	50,642,158	124,156	192,169,225
2025 -26	318,552,506	927,174,856	187,658	9,149,464	21,690,334	652,146,314	2,612,343	34,736,582	1,834,079	99,990,528	189,948	28,063,941	367,105	81,357,196	7,447,259	786,714,063	37,639	55,832,979	136,571	221,955,455
2026 -27	328,109,082	1,002,739,606	193,288	9,895,145	22,991,754	725,838,848	2,690,713	37,567,613	1,925,783	110,239,557	195,646	30,351,152	378,118	87,987,807	7,819,622	867,352,255	39,521	61,555,859	150,228	256,358,551
2027 -28	337,952,354	1,084,462,884	199,086	10,701,600	24,371,259	807,858,638	2,771,435	40,629,374	2,022,072	121,539,112	201,516	32,824,771	389,462	95,158,814	8,210,603	956,255,861	41,497	67,865,335	165,251	296,094,126
2028 -29	348,090,925	1,172,846,609	205,059	11,573,780	25,833,535	899,146,664	2,854,578	43,940,668	2,123,176	133,996,871	207,561	35,499,990	401,146	102,914,257	8,621,134	1,054,272,086	43,572	74,821,532	181,776	341,988,715
2029 - 30	358,533,652	1,268,433,608	211,211	12,517,043	27,383,547	1,000,750,237	2,940,215	47,521,832	2,229,335	147,731,550	213,788	38,393,239	413,180	111,301,769	9,052,190	1,162,334,975	45,751	82,490,739	199,954	394,996,966
Total Cost (PKR)	3,150,115,723	9,143,008,598	1,855,722	90,224,220	213,638,006	6,477,926,893	25,833,048	342,542,578	18,075,049	990,131,939	1,878,364	276,742,679	3,630,244	802,275,360	73,393,545	7,790,245,075	370,940	552,872,523	1,351,492	2,246,699,152
Total Cost (PKR)																			28,712,669,016	
Total Cost (PKR) in Millions																			28,713	
Total Cost (USD) in Millions																			\$179	

PRIVATE SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

National Private Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																										
Rationale for Forecast / Projections (based on 2012 - 2016 Consumption trend)																										
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle		Femplant		1-Month Inj		Safe Load	
5-yr AVG	11,511,421		4,509		115,613		188,816		26,094		33,031		44,344		50,463		542		432		207		13,899		2,691	
1 Yr AVG	10,398,761		10,118		82,084		191,461		35,634		13,245		27,323		41,568		23		648		92		9,858		5,032	
% growth 5 to 1 Yr	-9.7%		124.4%		-29.0%		1.4%		36.6%		-59.9%		-38.4%		-17.6%		-95.8%		49.8%		-55.5%		-29.1%		86.9%	
forecast growth factor	1.10		1.05		1.10		1.10		1.10		1.01		1.02		1.10		1.05		1.10		1.01		1.01		1.01	
5 yr avg*growth factor	12,662,563		4,735		127,175		207,698		28,703		33,362		45,231		55,510		569		475		209		14,038		2,718	
Year	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)
2020 -21	203,156,560	463,302,852	66,070	2,523,999	2,040,375	48,066,469	3,332,273	34,717,699	460,513	19,671,459	414,328	47,963,625	578,583	100,467,381	890,591	73,714,407	7,936	9,223,212	7,628	9,713,987	2,597	3,018,516	174,346	14,430,641	33,760	39,237,796
2021 -22	223,472,216	535,114,794	69,374	2,782,709	2,244,412	55,516,772	3,665,500	40,098,943	506,565	22,720,535	418,471	50,865,424	590,155	107,600,565	979,650	85,140,140	8,332	10,168,591	8,391	11,219,655	2,623	3,201,137	176,089	15,303,695	34,098	41,611,683
2022 -23	245,819,437	618,057,587	72,843	3,067,936	2,468,853	64,121,872	4,032,050	46,314,279	557,221	26,242,218	422,656	53,942,782	601,958	115,240,205	1,077,615	98,336,861	8,749	11,210,872	9,230	12,958,701	2,649	3,394,805	177,850	16,229,569	34,439	44,129,190
2023 -24	270,401,381	713,856,513	76,485	3,382,400	2,715,739	74,060,762	4,435,255	53,492,992	612,943	30,309,762	426,882	57,206,321	613,997	123,422,259	1,185,377	113,579,075	9,186	12,359,986	10,153	14,967,300	2,676	3,600,191	179,629	17,211,458	34,783	46,799,006
2024 -25	297,441,519	824,504,272	80,309	3,729,096	2,987,312	85,540,180	4,878,780	61,784,406	674,238	35,007,775	431,151	60,667,303	626,277	132,185,240	1,303,915	131,183,832	9,646	13,626,885	11,169	17,287,232	2,703	3,818,003	181,425	18,252,751	35,131	49,630,346
2025 -26	327,185,671	952,302,434	84,325	4,111,328	3,286,044	98,798,908	5,366,658	71,360,988	741,661	40,433,980	435,463	64,337,675	638,803	141,570,392	1,434,306	151,517,326	10,128	15,023,641	12,286	19,966,752	2,730	4,048,992	183,239	19,357,042	35,482	52,632,982
2026 -27	359,904,238	1,099,909,312	88,541	4,532,739	3,614,648	114,112,739	5,903,324	82,421,942	815,828	46,701,247	439,817	68,230,104	651,579	151,621,890	1,577,737	175,002,511	10,634	16,563,564	13,514	23,061,599	2,757	4,293,956	185,072	20,528,143	35,837	55,817,277
2027 -28	395,894,662	1,270,395,255	92,968	4,997,345	3,976,113	131,800,213	6,493,657	95,197,343	897,410	53,939,940	444,216	72,358,026	664,619	162,387,044	1,735,510	202,127,900	11,166	18,261,329	14,866	26,636,147	2,784	4,553,740	186,920	21,770,096	36,195	59,194,222
2028 -29	435,484,128	1,467,306,520	97,616	5,509,573	4,373,724	152,229,247	7,143,022	109,952,931	987,151	62,300,631	448,658	76,735,686	677,903	173,916,524	1,909,061	233,457,725	11,725	20,133,115	16,352	30,764,750	2,812	4,829,241	188,792	23,087,187	36,557	62,775,473
2029 - 30	479,032,541	1,694,739,030	102,497	6,074,304	4,811,097	175,824,780	7,857,325	126,995,635	1,085,867	71,957,229	453,144	81,378,195	691,461	186,264,597	2,099,968	269,643,672	12,311	22,196,760	17,988	35,533,286	2,840	5,121,410	190,680	24,483,962	36,923	66,573,389
Total Cost (PKR)	3,237,792,355	9,639,488,569	831,027	40,711,431	32,518,317	1,000,071,943	53,107,844	722,337,156	7,339,398	409,284,776	4,334,786	633,685,143	6,335,326	1,394,676,096	14,193,731	1,533,703,448	99,813	148,767,956	121,578	202,109,409	27,172	39,879,991	1,824,044	190,654,543	353,205	518,401,363
Total Cost (PKR)																							16,473,771,824			
Total Cost (PKR) in Millions																							16,474			
Total Cost (USD) in Millions																							\$102.96			

PUNJAB - PUBLIC SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Punjab Public Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																				
Rationale for Forecast / Projections (based on July 2016 - June 2019 Consumption trend)																				
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle	
1-yr AVG	20,254,187		11,932		1,065,080		166,098		98,081		12,077		23,341		398,255		2,013		4,805	
3-month AVG	11,722,544		5,424		834,016		6,912		68,862		290		934		296,993		1,392		3,597	
% growth 1 yr to 3-month	-42.1%		-54.5%		-21.7%		-95.8%		-29.8%		-97.6%		-96.0%		-25.4%		-30.9%		-25.1%	
forecast growth factor	1.03		1.03		1.06		1.03		1.05		1.03		1.03		1.05		1.05		1.10	
1-yr avg*growt h factor	20,861,813		12,290		1,128,985		171,081		102,985		12,440		24,041		418,168		2,113		5,286	
Year	Quantity	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)	Quantit y	Cost(PK R)
2020 -21	141,537,456	322,779,177	83,379	3,185,221	8,348,595	196,673,436	1,160,701	12,092,913	740,198	31,618,566	84,397	9,769,954	163,110	28,323,038	3,005,567	248,771,375	15,191	17,655,267	43,679	55,620,179
2021 -22	145,783,580	349,085,680	85,881	3,444,816	8,849,511	218,897,535	1,195,523	13,078,486	777,208	34,859,469	86,928	10,566,205	168,003	30,631,366	3,155,846	274,270,441	15,950	19,464,932	48,047	64,241,307
2022 -23	150,157,087	377,536,163	88,457	3,725,569	9,380,481	243,632,956	1,231,388	14,144,382	816,068	38,432,565	89,536	11,427,351	173,043	33,127,822	3,313,638	302,383,161	16,748	21,460,088	52,851	74,198,710
2023 -24	154,661,800	408,305,360	91,111	4,029,202	9,943,310	271,163,480	1,268,330	15,297,150	856,872	42,371,903	92,222	12,358,680	178,235	35,827,739	3,479,320	333,377,435	17,585	23,659,746	58,137	85,699,510
2024 -25	159,301,654	441,582,247	93,844	4,357,582	10,539,909	301,804,953	1,306,380	16,543,867	899,715	46,715,023	94,989	13,365,913	183,582	38,747,700	3,653,286	367,548,622	18,464	26,084,871	63,950	98,982,934
2025 -26	164,080,704	477,571,200	96,659	4,712,725	11,172,303	335,908,913	1,345,571	17,892,193	944,701	51,503,312	97,839	14,455,235	189,089	41,905,638	3,835,950	405,222,356	19,387	28,758,570	70,345	114,325,289
2026 -27	169,003,125	516,493,253	99,559	5,096,813	11,842,642	373,866,620	1,385,938	19,350,406	991,936	56,782,402	100,774	15,633,336	194,762	45,320,947	4,027,748	446,757,647	20,357	31,706,323	77,380	132,045,708
2027 -28	174,073,219	558,587,453	102,546	5,512,203	12,553,200	416,113,548	1,427,516	20,927,464	1,041,533	62,602,598	103,797	16,907,453	200,605	49,014,604	4,229,135	492,550,306	21,375	34,956,221	85,118	152,512,793
2028 -29	179,295,415	604,112,330	105,622	5,961,447	13,306,392	463,134,379	1,470,342	22,633,053	1,093,610	69,019,364	106,911	18,285,410	206,623	53,009,295	4,440,592	543,036,712	22,443	38,539,234	93,630	176,152,276
2029 - 30	184,674,278	653,347,485	108,791	6,447,305	14,104,776	515,468,564	1,514,452	24,477,646	1,148,290	76,093,849	110,118	19,775,671	212,822	57,329,552	4,662,621	598,697,975	23,565	42,489,505	102,993	203,455,879
Total Cost (PKR)	1,622,568,318	4,709,400,347	955,849	46,472,884	110,041,119	3,336,664,385	13,306,142	176,437,561	9,310,131	509,999,051	967,512	142,545,209	1,869,874	413,237,702	37,803,703	4,012,616,029	191,065	284,774,757	696,129	1,157,234,586
Total Cost (PKR)																			14,789,382,509	
Total Cost (PKR) in Millions																			14,789	
Total Cost (USD) in Millions																			\$92	

PUNJAB - PRIVATE SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 to 2029-30)

Punjab Private Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																										
Rationale for Forecast / Projections (based on 2012 - 2016 Consumption trend)																										
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiloal		2-Month Inj		3-Month Inj		Implanon		Jadelle		Femplant		1-Month Inj		Safe Load	
5-yr AVG	11,511,421		4,509		115,613		188,816		26,094		33,031		44,344		50,463		542		432		207		13,899		2,691	
1 Yr AVG	10,398,761		10,118		82,084		191,461		35,634		13,245		27,323		41,568		23		648		92		9,858		5,032	
% growth 5 to 1 Yr	-9.7%		124.4%		-29.0%		1.4%		36.6%		-59.9%		-38.4%		-17.6%		-95.8%		49.8%		-55.5%		-29.1%		86.9%	
forecast growth factor	1.10		1.05		1.10		1.10		1.10		1.01		1.02		1.10		1.05		1.10		1.01		1.01		1.01	
5 yr avg*gro wth factor	12,662,563		4,735		127,175		207,698		28,703		33,362		45,231		55,510		569		475		209		14,038		2,718	
Year	Quantity	Cost(PKR)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)	Quantity	Cost(PK R)
2020 -21	104,642,314	238,639,020	34,032	1,300,066	1,050,961	24,758,179	1,716,394	17,882,466	237,202	10,132,417	213,413	24,705,206	298,018	51,748,952	458,728	37,968,974	4,087	4,750,710	3,929	5,003,501	1,338	1,554,784	89,802	7,432,965	17,389	20,210,688
2021 -22	115,106,545	275,628,068	35,733	1,433,323	1,156,057	28,595,697	1,888,034	20,654,249	260,922	11,702,942	215,547	26,199,871	303,978	55,423,128	504,600	43,854,165	4,292	5,237,657	4,322	5,779,044	1,351	1,648,848	90,700	7,882,660	17,563	21,433,434
2022 -23	126,617,200	318,350,419	37,520	1,580,239	1,271,662	33,028,030	2,076,837	23,855,657	287,015	13,516,898	217,702	27,784,963	310,058	59,358,170	555,060	50,651,560	4,506	5,774,517	4,754	6,674,795	1,365	1,748,604	91,607	8,359,561	17,739	22,730,157
2023 -24	139,278,919	367,694,733	39,396	1,742,213	1,398,828	38,147,375	2,284,521	27,553,284	315,716	15,612,017	219,879	29,465,954	316,259	63,572,600	610,567	58,502,552	4,732	6,366,405	5,230	7,709,389	1,378	1,854,394	92,524	8,865,314	17,916	24,105,332
2024 -25	153,206,811	424,687,417	41,366	1,920,790	1,538,711	44,060,218	2,512,973	31,824,043	347,288	18,031,879	222,078	31,248,644	322,584	68,086,255	671,623	67,570,447	4,968	7,018,962	5,753	8,904,344	1,392	1,966,585	93,449	9,401,666	18,095	25,563,704
2025 -26	168,527,493	490,513,967	43,434	2,117,671	1,692,582	50,889,552	2,764,270	36,756,770	382,017	20,826,821	224,299	33,139,187	329,036	72,920,379	738,785	78,043,867	5,217	7,738,406	6,328	10,284,517	1,406	2,085,563	94,383	9,970,467	18,276	27,110,308
2026 -27	185,380,242	566,543,632	45,606	2,334,732	1,861,841	58,777,433	3,040,697	42,454,069	420,218	24,054,978	226,542	35,144,108	335,617	78,097,726	812,664	90,140,666	5,478	8,531,592	6,961	11,878,618	1,420	2,211,740	95,327	10,573,680	18,459	28,750,482
2027 -28	203,918,266	654,357,895	47,886	2,574,042	2,048,025	67,887,935	3,344,767	49,034,450	462,240	27,783,499	228,807	37,270,326	342,329	83,642,664	893,930	104,112,469	5,752	9,406,080	7,657	13,719,803	1,434	2,345,550	96,280	11,213,387	18,644	30,489,886
2028 -29	224,310,093	755,783,368	50,280	2,837,881	2,252,827	78,410,565	3,679,243	56,634,790	508,464	32,089,942	231,096	39,525,181	349,176	89,581,294	983,326	120,249,902	6,039	10,370,204	8,423	15,846,373	1,449	2,487,456	97,243	11,891,797	18,830	32,334,524
2029 - 30	246,741,102	872,929,790	52,794	3,128,764	2,478,110	90,564,202	4,047,167	65,413,182	559,310	37,063,883	233,407	41,916,454	356,159	95,941,565	1,081,656	138,888,637	6,341	11,433,149	9,265	18,302,561	1,463	2,637,947	98,216	12,611,251	19,018	34,290,763
Total Cost (PKR)	1,667,728,984	4,965,128,308	428,047	20,969,721	16,749,604	515,119,187	27,354,902	372,062,961	3,780,393	210,815,275	2,232,771	326,399,893	3,263,213	718,372,735	7,310,937	789,983,240	51,412	76,627,683	62,623	104,102,945	13,996	20,541,471	939,532	98,202,748	181,929	267,019,278
Total Cost (PKR)																							8,485,345,445			
Total Cost (PKR) in Millions																							8,485			
Total Cost (USD) in Millions																							\$53.03			

SINDH - PUBLIC SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Sindh Public Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																				
Rationale for Forecast / Projections (based on July 2016 - June 2019 Consumption trend)																				
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle	
1-yr AVG	20,254,187		11,932		1,065,080		166,098		98,081		12,077		23,341		398,255		2,013		4,805	
3-month AVG	11,722,544		5,424		834,016		6,912		68,862		290		934		296,993		1,392		3,597	
% growth 1 yr to 3-month	-42.1%		-54.5%		-21.7%		-95.8%		-29.8%		-97.6%		-96.0%		-25.4%		-30.9%		-25.1%	
forecast growth factor	1.03		1.03		1.06		1.03		1.05		1.03		1.03		1.05		1.05		1.10	
1-yr avg*growth factor	20,861,813		12,290		1,128,985		171,081		102,985		12,440		24,041		418,168		2,113		5,286	
Year	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)
2020 -21	68,388,798	155,962,107	40,288	1,539,051	4,033,917	95,029,685	560,834	5,843,116	357,653	15,277,622	40,779	4,720,697	78,812	13,685,272	1,452,246	120,202,636	7,340	8,530,763	21,105	26,874,845
2021 -22	70,440,462	168,673,019	41,496	1,664,484	4,275,952	105,768,040	577,659	6,319,330	375,535	16,843,578	42,003	5,105,434	81,177	14,800,621	1,524,858	132,523,406	7,707	9,405,166	23,216	31,040,446
2022 -23	72,553,676	182,419,870	42,741	1,800,139	4,532,509	117,719,828	594,988	6,834,356	394,312	18,570,045	43,263	5,521,526	83,612	16,006,872	1,601,101	146,107,055	8,092	10,369,196	25,537	35,851,715
2023 -24	74,730,286	197,287,089	44,023	1,946,851	4,804,460	131,022,169	612,838	7,391,356	414,028	20,473,474	44,560	5,971,531	86,120	17,311,432	1,681,156	161,083,028	8,497	11,432,038	28,091	41,408,731
2024 -25	76,972,195	213,365,987	45,344	2,105,519	5,092,728	145,827,674	631,223	7,993,751	434,729	22,572,005	45,897	6,458,211	88,704	18,722,314	1,765,214	177,594,038	8,922	12,603,822	30,900	47,827,084
2025 -26	79,281,360	230,755,315	46,704	2,277,119	5,398,291	162,306,201	650,160	8,645,242	456,466	24,885,636	47,274	6,984,555	91,365	20,248,182	1,853,474	195,797,427	9,368	13,895,714	33,990	55,240,282
2026 -27	81,659,801	249,561,873	48,105	2,462,704	5,722,189	180,646,801	669,665	9,349,829	479,289	27,436,414	48,692	7,553,796	94,106	21,898,409	1,946,148	215,866,664	9,836	15,320,025	37,389	63,802,526
2027 -28	84,109,595	269,901,166	49,549	2,663,415	6,065,520	201,059,890	689,755	10,111,840	503,253	30,248,646	50,153	8,169,430	96,929	23,683,129	2,043,455	237,992,997	10,328	16,890,327	41,128	73,691,918
2028 -29	86,632,883	291,898,111	51,035	2,880,483	6,429,451	223,779,658	710,447	10,935,955	528,416	33,349,132	51,658	8,835,239	99,837	25,613,304	2,145,628	262,387,279	10,844	18,621,586	45,240	85,114,165
2029 - 30	89,231,870	315,687,807	52,566	3,115,242	6,815,218	249,066,759	731,761	11,827,235	554,837	36,767,418	53,208	9,555,311	102,832	27,700,789	2,252,909	289,281,975	11,386	20,530,298	49,764	98,306,861
Cost (PKR)	784,000,927	2,275,512,344	461,852	22,455,007	53,170,235	1,612,226,703	6,429,330	85,252,010	4,498,517	246,423,971	467,487	68,875,729	903,495	199,670,324	18,266,188	1,938,836,504	92,320	137,598,936	336,359	559,158,574
Total Cost (PKR)																			7,146,010,103	
Total Cost (PKR) in Millions																			7,146	
Total Cost (USD) in Millions																			\$45	

SINDH - PRIVATE SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Sindh Private Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																										
Rationale for Forecast / Projections (based on 2012 - 2016 Consumption trend)																										
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle		Femplant		I-Month Inj		Safe Load	
5-yr AVG	11,511,421		4,509		115,613		188,816		26,094		33,031		44,344		50,463		542		432		207		13,899		2,691	
1 Yr AVG	10,398,761		10,118		82,084		191,461		35,634		13,245		27,323		41,568		23		648		92		9,858		5,032	
% growth 5 to 1 Yr	-9.7%		124.4%		-29.0%		1.4%		36.6%		-59.9%		-38.4%		-17.6%		-95.8%		49.8%		-55.5%		-29.1%		86.9%	
forecast growth factor	1.10		1.05		1.10		1.10		1.10		1.01		1.02		1.10		1.05		1.10		1.01		1.01		1.01	
5 yr avg growth factor	12,662,563		4,735		127,175		207,698		28,703		33,362		45,231		55,510		569		475		209		14,038		2,718	
Year	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)
2020 -21	50,561,613	115,306,832	16,444	628,173	507,809	11,962,785	829,336	8,640,542	114,613	4,895,833	103,118	11,937,189	143,998	25,004,326	221,650	18,346,044	1,975	2,295,472	1,899	2,417,617	646	751,248	43,391	3,591,499	8,402	9,765,504
2021 -22	55,617,774	133,179,391	17,266	692,560	558,589	13,817,016	912,270	9,979,826	126,074	5,654,688	104,149	12,659,389	146,878	26,779,633	243,815	21,189,681	2,074	2,530,758	2,088	2,792,348	653	796,699	43,825	3,808,784	8,486	10,356,317
2022 -23	61,179,551	153,822,197	18,129	763,548	614,448	15,958,654	1,003,497	11,526,700	138,681	6,531,164	105,191	13,425,282	149,815	28,680,987	268,197	24,474,082	2,177	2,790,161	2,297	3,225,162	659	844,899	44,263	4,039,216	8,571	10,982,875
2023 -24	67,297,507	177,664,637	19,036	841,811	675,893	18,432,245	1,103,846	13,313,338	152,549	7,543,495	106,243	14,237,511	152,812	30,717,337	295,017	28,267,565	2,286	3,076,153	2,527	3,725,062	666	896,016	44,706	4,283,588	8,657	11,647,338
2024 -25	74,027,257	205,202,656	19,987	928,097	743,482	21,289,243	1,214,231	15,376,905	167,804	8,712,736	107,305	15,098,881	155,868	32,898,268	324,518	32,649,037	2,401	3,391,458	2,780	4,302,447	673	950,225	45,153	4,542,745	8,743	12,352,002
2025 -26	81,429,983	237,009,068	20,987	1,023,227	817,831	24,589,076	1,335,654	17,760,326	184,585	10,063,211	108,378	16,012,363	158,985	35,234,045	356,970	37,709,638	2,521	3,739,083	3,058	4,969,326	679	1,007,713	45,605	4,817,581	8,831	13,099,299
2026 -27	89,572,981	273,745,473	22,036	1,128,108	899,614	28,400,383	1,469,220	20,513,176	203,043	11,623,008	109,462	16,981,111	162,165	37,735,662	392,667	43,554,632	2,647	4,122,339	3,363	5,739,572	686	1,068,680	46,061	5,109,045	8,919	13,891,806
2027 -28	98,530,279	316,176,022	23,138	1,243,739	989,575	32,802,442	1,616,142	23,692,718	223,348	13,424,574	110,556	18,008,468	165,408	40,414,894	431,934	50,305,608	2,779	4,544,878	3,700	6,629,205	693	1,133,335	46,521	5,418,142	9,008	14,732,260
2028 -29	108,383,307	365,183,305	24,295	1,371,222	1,088,533	37,886,821	1,777,756	27,365,090	245,682	15,505,384	111,662	19,097,981	168,716	43,284,351	475,127	58,102,968	2,918	5,010,728	4,070	7,656,732	700	1,201,902	46,986	5,745,940	9,098	15,623,562
2029 - 30	119,221,638	421,786,717	25,509	1,511,772	1,197,386	43,759,278	1,955,531	31,606,679	270,251	17,908,718	112,779	20,253,408	172,091	46,357,540	522,640	67,108,928	3,064	5,524,328	4,477	8,843,526	707	1,274,617	47,456	6,093,569	9,189	16,568,788
Total Cost (PKR)	805,821,890	2,399,076,299	206,826	10,132,258	8,093,160	248,897,945	13,217,482	179,775,300	1,826,630	101,862,811	1,078,842	157,711,584	1,576,736	347,107,042	3,532,536	381,708,175	24,842	37,025,359	30,258	50,300,998	6,762	9,925,334	453,968	47,450,110	87,906	129,019,752
Total Cost (PKR)																								4,099,992,967		
Total Cost (PKR) in Millions																								4,100		
Total Cost (USD) in Millions																								\$25.62		

KHYBER PAKHTUNKHWA - PUBLIC SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Khyber Pakhtunkhwa Public Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																				
Rationale for Forecast / Projections (based on July 2016 - June 2016 Consumption trend)																				
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle	
1-yr AVG	20,254,187		11,932		1,065,080		166,098		98,081		12,077		23,341		398,255		2,013		4,805	
3-month AVG	11,722,544		5,424		834,016		6,912		68,862		290		934		296,993		1,392		3,597	
% growth 1 yr to 3-month	-42.1%		-54.5%		-21.7%		-95.8%		-29.8%		-97.6%		-96.0%		-25.4%		-30.9%		-25.1%	
forecast growth factor	1.03		1.03		1.06		1.03		1.05		1.03		1.03		1.05		1.05		1.10	
1-yr avg*growth factor	20,861,813		12,290		1,128,985		171,081		102,985		12,440		24,041		418,168		2,113		5,286	
Year	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)
2020 -21	39,993,769	91,206,640	23,560	900,037	2,359,035	55,573,360	327,976	3,417,054	209,155	8,934,353	23,848	2,760,663	46,089	8,003,147	849,273	70,294,501	4,292	4,988,790	12,342	15,716,409
2021 -22	41,193,582	98,639,981	24,267	973,390	2,500,577	61,853,150	337,815	3,695,544	219,613	9,850,124	24,563	2,985,658	47,472	8,655,403	891,737	77,499,688	4,507	5,500,141	13,576	18,152,453
2022 -23	42,429,390	106,679,140	24,995	1,052,722	2,650,611	68,842,555	347,949	3,996,731	230,594	10,859,762	25,300	3,228,989	48,896	9,360,819	936,324	85,443,406	4,732	6,063,906	14,934	20,966,083
2023 -24	43,702,271	115,373,490	25,745	1,138,518	2,809,648	76,621,764	358,388	4,322,465	242,123	11,972,888	26,059	3,492,151	50,363	10,123,725	983,140	94,201,355	4,969	6,685,456	16,427	24,215,826
2024 -25	45,013,339	124,776,429	26,517	1,231,308	2,978,227	85,280,024	369,139	4,674,746	254,230	13,200,109	26,841	3,776,762	51,874	10,948,809	1,032,297	103,856,994	5,217	7,370,715	18,070	27,969,279
2025 -26	46,363,740	134,945,708	27,313	1,331,659	3,156,921	94,916,666	380,214	5,055,737	266,941	14,553,120	27,646	4,084,568	53,430	11,841,137	1,083,912	114,502,336	5,478	8,126,214	19,877	32,304,517
2026 -27	47,754,652	145,943,783	28,132	1,440,189	3,346,336	105,642,249	391,620	5,467,780	280,288	16,044,815	28,475	4,417,460	55,033	12,806,190	1,138,107	126,238,825	5,752	8,959,150	21,865	37,311,717
2027 -28	49,187,291	157,838,202	28,976	1,557,565	3,547,116	117,579,824	403,369	5,913,404	294,302	17,689,408	29,330	4,777,483	56,684	13,849,894	1,195,013	139,178,304	6,040	9,877,463	24,051	43,095,034
2028 -29	50,662,910	170,702,015	29,845	1,684,506	3,759,943	130,866,344	415,470	6,395,347	309,018	19,502,573	30,209	5,166,848	58,385	14,978,660	1,254,763	153,444,081	6,342	10,889,903	26,457	49,774,764
2029 - 30	52,182,797	184,614,229	30,741	1,821,794	3,985,540	145,654,241	427,934	6,916,567	324,469	21,501,586	31,116	5,587,946	60,136	16,199,421	1,317,501	169,172,099	6,659	12,006,118	29,102	57,489,852
Total Cost (PKR)	458,483,742	1,330,719,619	270,091	13,131,688	31,093,954	942,830,176	3,759,872	49,855,376	2,630,733	144,108,738	273,387	40,278,526	528,364	116,767,205	10,682,067	1,133,831,588	53,989	80,467,858	196,703	326,995,934
Total Cost (PKR)																			4,178,986,708	
Total Cost (PKR) in Millions																			4,179	
Total Cost (USD) in Millions																			\$26	

KHYBER PAKHTUNKHWA - PRIVATE SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Khyber Pakhtunkhwa Private Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																										
Rationale for Forecast / Projections (based on 2012 - 2016 Consumption trend)																										
Product s	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle		Femplant		1-Month Inj		Safe Load	
5-yr AVG	11,511,421		4,509		115,613		188,816		26,094		33,031		44,344		50,463		542		432		207		13,899		2,691	
1 Yr AVG	10,398,761		10,118		82,084		191,461		35,634		13,245		27,323		41,568		23		648		92		9,858		5,032	
% growth 5 to 1 Yr	-9.7%		124.4%		-29.0%		1.4%		36.6%		-59.9%		-38.4%		-17.6%		-95.8%		49.8%		-55.5%		-29.1%		86.9%	
forecast growth factor	1.10		1.05		1.10		1.10		1.10		1.01		1.02		1.10		1.05		1.10		1.01		1.01		1.01	
5 yr avg*gro wth factor	12,662,563		4,735		127,175		207,698		28,703		33,362		45,231		55,510		569		475		209		14,038		2,718	
Year	Quantity	Cost(PKR)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)
2020 -21	29,568,431	67,431,435	9,616	367,355	296,966	6,995,837	484,996	5,052,989	67,025	2,863,083	60,303	6,980,868	84,210	14,622,530	129,621	10,728,767	1,155	1,342,392	1,110	1,413,823	378	439,330	25,375	2,100,308	4,914	5,710,867
2021 -22	32,525,274	77,883,308	10,097	405,009	326,663	8,080,191	533,495	5,836,202	73,728	3,306,861	60,906	7,403,211	85,894	15,660,729	142,583	12,391,726	1,213	1,479,987	1,221	1,632,965	382	465,910	25,629	2,227,377	4,963	6,056,374
2022 -23	35,777,802	89,955,221	10,602	446,523	359,329	9,332,621	586,845	6,740,814	81,101	3,819,425	61,515	7,851,105	87,612	16,772,641	156,842	14,312,443	1,273	1,631,686	1,343	1,886,075	386	494,097	25,885	2,362,133	5,012	6,422,785
2023 -24	39,355,582	103,898,280	11,132	492,291	395,262	10,779,177	645,529	7,785,640	89,211	4,411,436	62,131	8,326,097	89,364	17,963,499	172,526	16,530,872	1,337	1,798,934	1,478	2,178,416	389	523,990	26,144	2,505,042	5,062	6,811,364
2024 -25	43,291,140	120,002,513	11,689	542,751	434,789	12,449,950	710,082	8,992,414	98,132	5,095,208	62,752	8,829,826	91,152	19,238,907	189,778	19,093,157	1,404	1,983,325	1,626	2,516,071	393	555,691	26,406	2,656,597	5,113	7,223,451
2025 -26	47,620,254	138,602,903	12,273	598,383	478,267	14,379,692	781,091	10,386,238	107,945	5,884,966	63,379	9,364,030	92,975	20,604,869	208,756	22,052,596	1,474	2,186,616	1,788	2,906,062	397	589,311	26,670	2,817,322	5,164	7,660,470
2026 -27	52,382,279	160,086,353	12,887	659,717	526,094	16,608,544	859,200	11,996,105	118,740	6,797,135	64,013	9,930,554	94,834	22,067,815	229,632	25,470,749	1,548	2,410,744	1,967	3,356,502	401	624,964	26,936	2,987,770	5,216	8,123,928
2027 -28	57,620,507	184,899,737	13,531	727,339	578,704	19,182,868	945,120	13,855,502	130,614	7,850,691	64,653	10,531,352	96,731	23,634,630	252,595	29,418,715	1,625	2,657,845	2,164	3,876,759	405	662,774	27,206	3,168,530	5,268	8,615,426
2028 -29	63,382,558	213,559,197	14,208	801,891	636,574	22,156,213	1,039,632	16,003,104	143,675	9,067,548	65,300	11,168,499	98,665	25,312,689	277,854	33,978,616	1,706	2,930,274	2,380	4,477,657	409	702,872	27,478	3,360,226	5,321	9,136,659
2029 - 30	69,720,814	246,660,872	14,918	884,085	700,231	25,590,426	1,143,595	18,483,586	158,043	10,473,018	65,953	11,844,193	100,639	27,109,890	305,640	39,245,301	1,792	3,230,627	2,618	5,171,694	413	745,396	27,752	3,563,519	5,374	9,689,427
Total Cost (PKR)	471,244,641	1,402,979,820	120,952	5,925,345	4,732,880	145,555,518	7,729,584	105,132,596	1,068,213	59,569,372	630,907	92,229,734	922,075	202,988,198	2,065,827	223,222,941	14,527	21,652,430	17,695	29,416,023	3,955	5,804,335	265,481	27,748,825	51,407	75,450,751
Total Cost (PKR)																								2,397,675,887		
Total Cost (PKR) in Millions																								2,398		
Total Cost (USD) in Millions																								\$14.99		

BALUCHISTAN - PUBLIC SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Balochistan Public Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																				
Rationale for Forecast / Projections (based on July 2016 - June 2019 Consumption trend)																				
Products	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle	
1-yr AVG	20,254,187		11,932		1,065,080		166,098		98,081		12,077		23,341		398,255		2,013		4,805	
3-month AVG	11,722,544		5,424		834,016		6,912		68,862		290		934		296,993		1,392		3,597	
% growth 1 yr to 3- month	-42.1%		-54.5%		-21.7%		-95.8%		-29.8%		-97.6%		-96.0%		-25.4%		-30.9%		-25.1%	
forecast growth factor	1.03		1.03		1.06		1.03		1.05		1.03		1.03		1.05		1.05		1.10	
1-yr avg*growth factor	20,861,813		12,290		1,128,985		171,081		102,985		12,440		24,041		418,168		2,113		5,286	
Year	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)	Quantity	Cost(PKR)
2020 -21	24,866,167	56,707,822	14,649	559,599	1,466,732	34,552,794	203,919	2,124,557	130,043	5,554,943	14,827	1,716,445	28,656	4,975,965	528,036	43,705,678	2,669	3,101,785	7,674	9,771,694
2021 -22	25,612,152	61,329,510	15,088	605,206	1,554,736	38,457,259	210,037	2,297,708	136,545	6,124,325	15,272	1,856,336	29,516	5,381,506	554,438	48,185,510	2,802	3,419,718	8,441	11,286,306
2022 -23	26,380,517	66,327,865	15,541	654,531	1,648,020	42,802,929	216,338	2,484,972	143,372	6,752,068	15,730	2,007,627	30,401	5,820,099	582,160	53,124,525	2,942	3,770,240	9,285	13,035,684
2023 -24	27,171,932	71,733,586	16,007	707,875	1,746,902	47,639,660	222,828	2,687,497	150,540	7,444,155	16,202	2,171,249	31,313	6,294,437	611,268	58,569,789	3,089	4,156,689	10,214	15,056,215
2024 -25	27,987,090	77,579,873	16,487	765,567	1,851,716	53,022,942	229,513	2,906,528	158,067	8,207,181	16,688	2,348,205	32,253	6,807,433	641,832	64,573,192	3,244	4,582,750	11,235	17,389,928
2025 -26	28,826,703	83,902,633	16,982	827,960	1,962,819	59,014,535	236,398	3,143,410	165,971	9,048,417	17,189	2,539,584	33,220	7,362,239	673,923	71,191,945	3,406	5,052,482	12,359	20,085,367
2026 -27	29,691,504	90,740,697	17,491	895,439	2,080,588	65,683,177	243,490	3,399,598	174,269	9,975,880	17,705	2,746,560	34,217	7,962,262	707,619	78,489,119	3,576	5,570,361	13,595	23,198,599
2027 -28	30,582,249	98,136,064	18,016	968,418	2,205,423	73,105,376	250,795	3,676,665	182,983	10,998,408	18,236	2,970,405	35,243	8,611,186	743,000	86,534,254	3,755	6,141,323	14,954	26,794,381
2028 -29	31,499,716	106,134,153	18,556	1,047,344	2,337,748	81,366,283	258,319	3,976,313	192,132	12,125,745	18,783	3,212,493	36,301	9,312,997	780,150	95,404,015	3,943	6,770,809	16,449	30,947,510
2029 - 30	32,444,708	114,784,087	19,113	1,132,702	2,478,013	90,560,673	266,068	4,300,383	201,739	13,368,633	19,346	3,474,311	37,390	10,072,007	819,158	105,182,926	4,140	7,464,816	18,094	35,744,375
Total Cost (PKR)	285,062,737	827,376,288	167,929	8,164,641	19,332,698	586,205,629	2,337,704	30,997,631	1,635,661	89,599,756	169,978	25,043,215	328,511	72,600,130	6,641,586	704,960,953	33,567	50,030,973	122,300	203,310,058
Total Cost (PKR)																			2,598,289,273	
Total Cost (PKR) in Millions																			2,598	
Total Cost (USD) in Millions																			\$16	

BALUCHISTAN - PRIVATE SECTOR CONTRACEPTIVE PROJECTION WITH COSTING (2020-21 TO 2029-30)

Balochistan Private Sector* Contraceptives Forecast with Cost for the Period 2020-21 to 2029-30																										
Rationale for Forecast / Projections (based on 2012 - 2016 Consumption trend)																										
Product s	Condom		POP		COC		ECP		Copper-T-380A		Multiload		2-Month Inj		3-Month Inj		Implanon		Jadelle		Femplant		I-Month Inj		Safe Load	
5-yr AVG	11,511,421		4,509		115,613		188,816		26,094		33,031		44,344		50,463		542		432		207		13,899		2,691	
1 Yr AVG	10,398,761		10,118		82,084		191,461		35,634		13,245		27,323		41,568		23		648		92		9,858		5,032	
% growth 5 to 1 Yr	-9.7%		124.4%		-29.0%		1.4%		36.6%		-59.9%		-38.4%		-17.6%		-95.8%		49.8%		-55.5%		-29.1%		86.9%	
forecast growth factor	1.10		1.05		1.10		1.10		1.10		1.01		1.02		1.10		1.05		1.10		1.01		1.01		1.01	
5 yr avg*grow th factor	12,662,563		4,735		127,175		207,698		28,703		33,362		45,231		55,510		569		475		209		14,038		2,718	
Year	Quantity	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quantit y	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)	Quanti ty	Cost(PK R)
2020 -21	18,384,202	41,925,564	5,979	228,404	184,639	4,349,669	301,547	3,141,701	41,673	1,780,125	37,494	4,340,362	52,358	9,091,573	80,592	6,670,622	718	834,634	690	879,046	235	273,154	15,777	1,305,869	3,055	3,550,737
2021 -22	20,222,623	48,424,027	6,278	251,815	203,103	5,023,867	331,701	3,628,665	45,840	2,056,044	37,869	4,602,954	53,405	9,737,074	88,651	7,704,568	754	920,184	759	1,015,298	237	289,680	15,935	1,384,874	3,086	3,765,557
2022 -23	22,244,885	55,929,751	6,592	277,626	223,413	5,802,567	364,871	4,191,108	50,425	2,374,731	38,247	4,881,432	54,473	10,428,407	97,516	8,898,776	792	1,014,503	835	1,172,669	240	307,205	16,094	1,468,659	3,116	3,993,373
2023 -24	24,469,373	64,598,862	6,921	306,083	245,755	6,701,964	401,359	4,840,730	55,467	2,742,815	38,630	5,176,759	55,562	11,168,824	107,268	10,278,087	831	1,118,489	919	1,354,433	242	325,791	16,255	1,557,513	3,148	4,234,972
2024 -25	26,916,311	74,611,686	7,267	337,456	270,330	7,740,769	441,494	5,591,043	61,014	3,167,951	39,016	5,489,953	56,674	11,961,810	117,995	11,871,190	873	1,233,134	1,011	1,564,370	245	345,502	16,418	1,651,742	3,179	4,491,188
2025 -26	29,607,942	86,176,497	7,631	372,045	297,363	8,940,588	485,644	6,457,654	67,115	3,658,983	39,406	5,822,095	57,807	12,811,099	129,794	13,711,224	917	1,359,530	1,112	1,806,847	247	366,405	16,582	1,751,673	3,211	4,762,905
2026 -27	32,568,736	99,533,854	8,012	410,180	327,100	10,326,379	534,208	7,458,591	73,827	4,226,126	39,800	6,174,332	58,963	13,720,687	142,774	15,836,464	962	1,498,882	1,223	2,086,908	249	388,572	16,748	1,857,649	3,243	5,051,061
2027 -28	35,825,610	114,961,601	8,413	452,223	359,810	11,926,968	587,629	8,614,672	81,209	4,881,175	40,198	6,547,879	60,142	14,694,855	157,051	18,291,116	1,010	1,652,518	1,345	2,410,379	252	412,081	16,915	1,970,037	3,275	5,356,650
2028 -29	39,408,170	132,780,650	8,834	498,576	395,790	13,775,648	646,392	9,949,947	89,330	5,637,757	40,600	6,944,026	61,345	15,738,190	172,756	21,126,239	1,061	1,821,901	1,480	2,783,988	254	437,011	17,084	2,089,224	3,308	5,680,727
2029 - 30	43,348,988	153,361,650	9,275	549,680	435,370	15,910,874	711,031	11,492,188	98,263	6,511,610	41,006	7,364,139	62,572	16,855,602	190,032	24,400,806	1,114	2,008,646	1,628	3,215,506	257	463,451	17,255	2,215,622	3,341	6,024,411
Total Cost (PKR)	292,996,839	872,304,142	75,202	3,684,089	2,942,673	90,499,293	4,805,877	65,366,299	664,163	37,037,318	392,267	57,343,932	573,301	126,208,121	1,284,430	138,789,093	9,032	13,462,421	11,002	18,289,443	2,459	3,608,851	165,063	17,252,860	31,962	46,911,582
Total Cost (PKR)																								1,490,757,443		
Total Cost (PKR) in Millions																								1,491		
Total Cost (USD) in Millions																								\$9.32		

The highly diverse and disorganized structure of the private and commercial market operators poses a serious challenge in obtaining accurate data for future projections. The highlighted portion of the table below pertains to the commercial sector's contribution in percentage terms. However, in the wake of rapid urbanization in the last five years, these figures are likely to change and the commercial sector's share in contraceptives market may be increased. The table below has been copied from PDHS 2017-18 and the data pertaining to commercial enterprises is highlighted in yellow.

Table 7.8 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Pakistan DHS 2017-18

Source	Female sterilisation	IUD	Injectables	Implants	Pill	Male condom	Total
Public sector	56.8	64.3	61.7	85.8	37.5	19.5	43.5
Government hospital	54.2	40.7	29.0	56.5	3.7	1.6	28.0
Rural health centre	0.0	1.5	2.7	2.8	2.4	0.6	0.8
Family health clinic/RHSC	2.6	4.0	1.7	0.9	2.1	0.6	1.8
Family welfare centre or FWW	0.0	3.2	3.7	12.5	0.7	0.5	1.1
Mother-child health centre	0.0	4.4	0.5	0.0	0.7	0.0	0.5
Basic health unit	0.0	5.1	3.0	2.3	0.8	0.1	0.8
Lady health worker	0.0	2.0	18.0	3.3	25.5	15.3	9.3
Lady health visitor	0.0	1.4	2.3	0.0	1.7	0.3	0.6
Community midwife	0.0	1.3	0.8	0.0	0.0	0.0	0.2
Other public	0.0	0.8	0.0	7.4	0.0	0.5	0.4
Private medical sector	41.9	30.8	34.0	14.2	47.6	49.0	42.5
Private/NGO hospital/clinic	29.4	23.5	10.8	11.4	3.4	1.7	14.8
Pharmacy/medical store	0.0	0.2	5.9	0.0	35.8	47.0	20.1
Private doctor	12.4	7.0	11.3	2.8	5.1	0.2	6.7
Dispenser/compounder	0.0	0.0	6.0	0.0	2.4	0.1	0.8
Other private	0.0	0.0	0.0	0.0	0.8	0.0	0.1
Other source	0.0	4.9	3.4	0.0	13.5	30.5	12.8
Shop	0.0	0.0	0.6	0.0	9.7	27.8	10.9
Friend/relative	0.0	0.0	1.9	0.0	2.6	2.7	1.4
Hakim	0.0	0.0	0.0	0.0	0.7	0.0	0.0
Dai, traditional birth attendant	0.0	4.9	0.9	0.0	0.6	0.0	0.5
Other	0.0	0.0	0.0	0.0	0.1	0.7	0.3
Don't know	0.2	0.0	0.0	0.0	0.0	0.0	0.1
Missing	1.1	0.0	0.9	0.0	1.3	0.3	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	99.8
Number of women	1,087	254	296	53	197	1,092	2,989

Note: Table excludes Azad Jammu and Kashmir and Gilgit Baltistan. Total includes six women whose husbands are sterilised, four women using emergency contraception, and one woman using the standard days method (SDM); it excludes women using the lactational amenorrhoea method (LAM).

INVESTMENT GROWTH POTENTIAL

On the basis of the above tabular analysis for public, private, and commercial sectors, it is evident that there is huge potential for venture capitalists, pharmaceutical industry investors, and existing suppliers to benefit from the high return on investment (ROI) besides affording opportunity to attract foreign investment. The projections conducted above offer a promising ROI to the new entrants as well. The table below summarizes projected revenues till 2030.

Projected market till 2030 – Entire Country

Description	PKR in million	USD in Million
Public Sector	28,713	\$179
Private Sector/NGOs	16,764	\$103
Commercial Sector	7,544	\$47
Total	52,731	\$330

Projected market till 2030 – Punjab province

Description	PKR in million	USD in Million
Public Sector	14,789.4	\$92.4
Private Sector/NGOs	8,485.3	\$53
Commercial Sector	3,886	\$24.3
Total	27,161	\$170

Projected market till 2030 – Sindh province

Description	PKR in million	USD in Million
Public Sector	7,146	\$44.7
Private Sector/NGOs	4,100	\$25.6
Commercial Sector	1,878	\$11.7
Total	13,124	\$82

Projected market till 2030 – Khyber Pakhtunkhwa province

Description	PKR in million	USD in Million
Public Sector	4,179	\$26
Private Sector/NGOs	2,398	\$15
Commercial Sector	1,098	\$7
Total	7,675	\$48

Projected market till 2030 – Balochistan province

Description	PKR in million	USD in Million
Public Sector	2,598	\$16.2
Private Sector/NGOs	1,491	\$9.3
Commercial Sector	683	\$4.3
Total	4,772	\$30

It would be a prudent economic decision for the investors to tap into a largely expanding consumer market whose family planning needs must be domestically met through local production. It is a promising opportunity for the national pharmaceutical companies to step forward mobilize their resources.

The tables below are titled accordingly. The first set of tables contains national level tabular analysis of the internationally produced products and their projection as well as financial impact till 2030. The first table contains the commodities that are currently being procured from international market which includes condoms, intrauterine devices and implants. A quick scan of the tabular analysis reveals that condoms alone are the big-ticket items and a huge amount of financial allocation is required in the years to come to fulfil the requirements of the population using barrier method. Approximately PKR 24,774 million would be required to provide condoms to the users. Though the share of intrauterine devices and implants in the table below is not substantial, however, the current shift from short acting method to long acting methods may significantly impact the cost estimation which has been currently calculated at approximately PKR 6,101 million. For Punjab approximately PKR 12,761 million would be required to provide condoms to the users and PKR 3,143 million would be spent on providing intrauterine devices and implants. Similarly, approximately PKR 6,166 million would be required to provide condoms to the users in Sindh and PKR 1,518 million would be spent on providing intrauterine devices and implants. For Khyber Pakhtunkhwa approximately PKR 3,606 million would be required to provide condoms to the users besides spending PKR 888 million on intrauterine devices and implants. Balochistan's share of condoms would be around PKR 2,242 million and for intrauterine devices and implants PKR 552 million would be needed.

Given the foregoing scenario, it is evident that a sizeable amount of business opportunity exists for the potential investors, pharmaceutical industry and other entrepreneurs. It could also accrue financial benefits to the provincial and regional governments through local manufacturing of these commodities. The local manufacturing will help in forestalling the incidence of stock-out and would ensure availability of supplies at the last mile besides contributing the national exchequer.

Within the tables below, there are commodities that are locally produced in Pakistan and these tables represent the commodities requirement till 2030. The estimated cost of these products for the entire country is approximately PKR 19,337 million.

INTERNATIONALLY & LOCALLY MANUFACTURED CONTRACEPTIVE NATIONAL REQUIREMENT WITH COST -- 2020 TO 2030

Internationally Procured Contraceptives National Requirement with Cost -- 2020 to 2030 ^[1]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	Condom	3,150,115,723	9,143	57	3,237,792,355	9,639	60	2,037,742,677	5,992	37
2	POP	1,855,722	90	1	831,027	41	0.3			
3	2 Month Inj.	3,630,244	802	5	6,335,326	1,395	9			
4	1 Month Inj.	0	0	0	1,824,044	191	1			
5	Cu-T	18,075,049	990	6	7,339,398	409	3	1,499,452	83	1
6	Multiload	1,878,364	277	2	4,334,786	634	4			
7	Safeload	0	0	0	353,205	518	3			
8	Femplant	0	0	0	27,172	40	0.2			
9	Implanon	370,940	553	3	99,813	149	1			
10	Jadelle	1,351,492	2,247	14	121,578	202	1			
Total			14,102	88		13,218	83	2,039,242,129	6,074	38
Estimated production value Pakistan market alone		PKR 33,394million (\$209 million)								

[1] New method e.g., SayanaPress or change in method mix or production needs for other regional countries and markets will require adjustment

Locally Manufactured Contraceptives National Requirement with Cost -- 2020 to 2030 ^[2]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	COC	213,638,006	6,478	40	32,518,317	1,000	6	33,231,104	1010	6
2	ECP	25,833,048	343	2	53,107,844	722	5	10,657,021	144	1
3	DMPA	73,393,545	7,790	49	14,193,731	1,534	10	2,977,967	317	2
Total			14,611	91		3,256	20	46,866,091	1,470	9
Estimated total Pakistan market for existing local production		PKR 19,337 million (\$121million)								

[2] Change in method mix, local market trend, and needs of exports will require adjustments

INTERNATIONALLY & LOCALLY MANUFACTURED CONTRACEPTIVE PUNJAB REQUIREMENT WITH COST -- 2020 TO 2030

Internationally Procured Contraceptive Requirement with Cost -- 2020 to 2030 ^[1]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	Condom	1,622,568,318	4,709	29	1,667,728,984	4,965	31	1,049,604,839	3,086	19
2	POP	955,849	46	0	428,047	21	0			
3	2-Month Inj	1,869,874	413	3	3,263,213	718	4			
4	1-Month Inj			0	939,532	98	1			
5	Cu-T	9,310,131	510	3	3,780,393	211	1	772,341	43	0
6	Multiload	967,512	143	1	2,232,771	326	2			
7	Safeload			0	181,929	267	2			
8	Femplant			0	13,996	21	0			
9	Implanon	191,065	285	2	51,412	77	0			
10	Jadelle	696,129	1,157	7	62,623	104	1			
Total			7,264	45		6,808	43		3,129	20
Estimated production value Punjab market alone		PKR 17,201 million (\$107.5 million)								

[1] New method e.g., SayanaPress or change in method mix or production needs for other regional countries and markets will require adjustment

Locally Produced Contraceptive Requirement with Cost -- 2020 to 2030 ^[2]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	COC	110,041,119	3,337	21	16,749,604	515	3	17,116,748	520	3.2
2	ECP	13,306,142	176	1	27,354,902	372	2	5,489,241	74	0.5
3	DMPA	37,803,703	4,013	25	7,310,937	790	5	1,533,898	163	1.0
Total			7,526	47		1,677	10		757	4.7
Estimated Punjab total market for existing local production		PKR 9,960 million (\$62.3 million)								

[2] Change in method mix, local market trend, and needs of exports will require adjustments

INTERNATIONALLY & LOCALLY MANUFACTURED CONTRACEPTIVE SINDH REQUIREMENT WITH COST -- 2020 TO 2030

Internationally Procured Contraceptive Requirement with Cost -- 2020 to 2030*										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	Condom	784,000,927	2,276	14	805,821,890	2,399	15	507,153,479	1,491	9.3
2	POP	461,852	22	0	206,826	10				
3	2-Month Inj	903,495	200	1	1,576,736	347				
4	1-Month Inj			0	453,968	47				
5	Cu-T	4,498,517	246	2	1,826,630	102	1	373,184	21	0.1
6	Multiload	467,487	69	0	1,078,842	158	1			
7	Safeload				87,906	129				
8	Femplant				6,762	10				
9	Implanon	92,320	138	1	24,842	37	0			
10	Jadelle	336,359	559	3	30,258	50	0			
Total			3,510	22		3,290	21		1,512	9.4
Estimated production value Sindh market alone		PKR 8,311 million (\$51.9 million)								

[1] New method e.g., SayanaPress or change in method mix or production needs for other regional countries and markets will require adjustment

Locally Produced Contraceptive Requirement with Cost -- 2020 to 2030*										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	COC	53,170,235	1,612	10	8,093,160	249	2	8,270,558	251	1.6
2	ECP	6,429,330	85	1	13,217,482	180	1	2,652,320	36	0.2
3	DMPA	18,266,188	1,939	12	3,532,536	382	2	741,157	79	0.5
Total			3,636	23		810	5		366	2.3
Estimated Sindh total market for existing local production		PKR 4,813 million (\$30.1million)								

[2] Change in method mix, local market trend, and needs of exports will require adjustments

INTERNATIONALLY & LOCALLY MANUFACTURED CONTRACEPTIVE KHYBER PAKHTUNKHWA REQUIREMENT WITH COST -- 2020 TO 2030

Internationally Procured Contraceptive Requirement with Cost -- 2020 to 2030 ^[1]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	Condom	458,483,742	1,331	8	471,244,641	1,403	8.77	296,583,354	872	5.45
2	POP	270,091	13	0.08	120,952	6	0.04			
3	2-Month Inj	528,364	117	0.73	922,075	203	1.27			
4	1-Month Inj				265,481	28	0.17			
5	Cu-T	2,630,733	144	1	1,068,213	60	0.37	218,238	12	0.08
6	Multiload	273,387	40	0.3	630,907	92	0.58			
7	Safeload				51,407	75	0.47			
8	Femplant				3,955	6	0.04			
9	Implanon	53,989	80	1	14,527	22	0.14			
10	Jadelle	196,703	327	2	17,695	29	0.18			
Total			2,052	13		1,924	12		884	5.53
Estimated production value Khyber Pakhtunkhwa market		PKR 4,860 million (\$30.4 million)								

[1] New method e.g., SayanaPress or change in method mix or production needs for other regional countries and markets will require adjustment

Locally Manufactured Contraceptive Requirement with Cost -- 2020 to 2030 ^[2]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	COC	31,093,954	943	6	4,732,880	146	0.9	4,836,623	147	0.9
2	ECP	3,759,872	50	0	7,729,584	105	0.7	1,551,077	21	0.1
3	DMPA	10,682,067	1,134	7	2,065,827	223	1.4	433,428	46	0.3
Total			2,127	13		474	3.0		214	1.3
Estimated total KP market for existing local production		PKR 2,814 million (\$17.6 million)								

[2] Change in method mix, local market trend, and needs of exports will require adjustments

INTERNATIONALLY & LOCALLY MANUFACTURED CONTRACEPTIVE BALOCHISTAN REQUIREMENT WITH COST -- 2020 TO 2030

Internationally Procured Contraceptive Requirement with Cost -- 2020 to 2030 ^[1]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	Condom	285,062,737	827	5	292,996,839	872	5.45	184,401,005	542	3.39
2	POP	167,929	8	0	75,202	4	0.02			
3	2-Month Inj	328,511	73	0	573,301	126	0.79			
4	1-Month Inj			0	165,063	17	0.11			
5	Cu-T	1,635,661	90	1	664,163	37	0.23	135,690	7	0.05
6	Multiload	169,978	25	0.2	392,267	57	0.36			
7	Safeload			0.0	31,962	47	0.29			
8	Femplant			0.0	2,459	4	0.02			
9	Implanon	33,567	50	0	9,032	13	0.08			
10	Jadelle	122,300	203	1	11,002	18	0.11			
Total			1,276	8		1,196	7		550	3.44
Estimated production value Balochistan market alone		PKR 3,022 million (\$18.9million)								

[1] New method e.g., SayanaPress or change in method mix or production needs for other regional countries and markets will require adjustment

Locally Manufactured Contraceptive Requirement with Cost -- 2020 to 2030 ^[2]										
S.No	Product	Public Sector			Private Sector			Commercial Sector		
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions
1	COC	19,332,698	586	4	2,942,673	90	0.6	3,007,175	91	0.6
2	ECP	2,337,704	31	0.2	4,805,877	65	0.4	964,383	13	0.1
3	DMPA	6,641,586	705	4	1,284,430	139	0.9	269,485	29	0.2
Total			1,322	8		295	1.8		133	0.8
Estimated total market Balochistan for existing local		PKR 1,750 million (\$10.9 million)								

[2] Change in method mix, local market trend, and needs of exports will require adjustments

Whereas the tables below contain analysis of local production of COC, ECP, and DMPA by Zafa and Hensel. In 2014-15, the Government of the Punjab procured locally produced contraceptives (COC, ECP and DMPA) worth PKR 595 million. The following year, KP, Punjab and Sindh procured the products of worth PKR 536 million. During the fiscal year 2016-17, all four provinces sourced the locally produced contraceptives worth PKR 775 million. In addition to the national level analysis, the four tables below contain provincially desegregated costs on yearly basis as per their procurement on the locally produced commodities.

Year	PKR in million	USD in million
2014-15	595	5.67
2015-16	536	5.10
2016-17	775	7.38
Total	1,906	18.15

Punjab's Cost on locally produced products

Year	PKR in million	USD in million
2014-15	595	5.66
2015-16	119	1.12
2016-17	229	2.18

Total	943	8.96
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Sindh's Cost on locally produced products

Year	PKR in million	USD in million
2015-16	274	2.6
2016-17	347	3.3
Total	621	5.9

Khyber Pakhtunkhwa's Cost on locally produced products

Year	PKR in million	USD in million
2015-16	40	0.38
2016-17	39	0.37

Baluchistan's Cost on locally produced products

Year	PKR in million	USD in million
2016-17	54.49	0.51

The main barriers impeding local production have been a high-dependency on external aid for contraceptives and fragmentary cooperation between local manufacturers, technical and development partners, and national authorities. Therefore, a significant degree of coherence across health, trade, investment and intellectual property areas is essential for Pakistan to reap the maximum benefit of a viable pharmaceutical sector particularly in family planning commodities. This would result in significant saving in public funds and would ensure sustainable and uninterrupted supply of FP commodities.

Restraining the unprecedented population growth, and ultimately harmonizing it to a tolerable level requires multipronged strategies focused on ensuring commodity security of FP goods. Since Pakistan aims to achieve targets of universal access of FP commodities, the provincial governments have ramped up their financial allocations for the procurement of contraceptives. Other concomitant efforts of removing structural barriers to access and strengthening of overall health systems are also underway.

Producing a full range of the family planning commodities to be procured by the provincial governments in Pakistan in the years to come is economically viable and less risky from a market niche perspective. In the wake of the new census figures ringing alarm bells in terms of unprecedented growth, the investment climate for such investment seems highly conducive for local production of contraceptives that are currently being imported from the international market.

WAY FORWARD

1. The PPW should arrange meetings with potential local manufacturers and pharmaceutical industries to stir private sector interest, attract investments in local production of contraceptives and devise a roadmap. The roadmap will aim on how the MoNHSR&C / PPW can facilitate and assist the local interested manufacturers in registration, licensing of contraceptive products, rebates on import of machinery and equipment, and waivers on commercial taxes. The GHSC-PSM project will provide technical support to the PPW for arranging the meetings.
2. The PPW should coordinate with all provincial governments to partner with them and to solicit their commitments to purchase the contraceptives from the potential local investors. If there is no commitment on the part of the provincial governments to give confirmed

business to the potential investors, the likelihood of investment in local manufacturing of contraceptives would be minimal.

ANNEXURE-I: PPW REQUEST FOR COMMISSIONING STUDY

No.12-2/2017-P&S
GOVERNMENT OF PAKISTAN
M/O NATIONAL HEALTH SERVICES, REGULATIONS & COORDINATION
(Population Programme Wing)
10th Floor, Shaheed-e-Millat Secretariat

Islamabad, the 26th April 2017

Subject:- **REQUEST FOR COMMISSIONING OF FEASIBILITY STUDY ON
THE MANUFACTURING OF CONTRACEPTIVES IN PAKISTAN**

Dear Ms. Monica Villanueva,

Please recall our meeting of 16th March 2017. This meeting was followed up by another meeting with the Technical Team of USAID Global Health Supply Chain Programme on 22nd March 2017. As an outcome of the aforesaid meetings, the following are identified components / dimensions of the feasibility study:-

S.No.	Area of Technical Assistance	Responsibility
i.	Desk review outlining existing method mix, including quantities ordered and consumed over the past 10 years.	Global Health Supply Chain Programme (GHSCP).
ii.	The projection of the demand of the method mix till 2030 while keeping in view: a. Pakistan commitments in FP 2020; b. Vision 20205 and SDGs;	
iii.	Provincial preparedness for procurement in terms of their choice, method-mix requirements and funding allocation for contraceptive procurement as reflected in their CIPs.	
iv.	Writing a letter of intent to private sector / pharmaceutical companies.	Population Programme Wing (PPW)
v.	Holding a briefing session with short-listed / interested organizations and invite their technical proposals to determine potential investments to gain access to internal and external markets and commercial advantage.	Population Programme Wing supported by Global Health Supply Chain Programme.
vi.	Evaluation of Technical proposal and award of contract. Coordinate and sign MoUs with the Provincial Government(s) for obtaining of commitment to purchase contraceptives from potential investors.	Committee chaired by: * Additional Secretary Members: * DG (Population) * DG (Health) * Country Director (GHSCP).
vii.	Facilitate interested firms on the following: a. Facilitating registration and licensing. b. Rebate on import of machinery / equipment.	
viii.	Concession / waivers on commercial taxes.	

2. We will appreciate if USAID may engage an appropriate organization / consultant to carry out the feasibility study.

With best regards,

Yours faithfully,


(ABDUL GHAFAR KHAN)
Director General (P)
Ph.9216280

Ms. Monica Villanueva

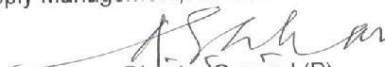
MCH Team Leader

USAID Office

Islamabad

Copy to:-

1. SPS to Secretary, M/o NHR&C, Islamabad
2. Dr. Muhammad Tariq, Country Director, Global Health Supply Chair
Programme – Procurement and Supply Management, Islamabad


Director General (P)

ANNEXURE- II: USAID PAKISTAN CONCURRENCE TO THE PPW REQUEST



USAID | PAKISTAN
FROM THE AMERICAN PEOPLE

May 09, 2016

Mr. Abdul Ghaflar Khan
Director General,
Population Program Wing
Ministry of National Health Services, Regulations and Coordination
LG&RD Complex, G-5/2,
Islamabad

Subject: Request for Commissioning of Feasibility Study on the Manufacturing of Contraceptives in Pakistan

Dear Mr. Khan,

Thank you for your letter dated April 26, 2017 requesting USAID to engage an appropriate consultant to carry out the feasibility study on the manufacturing of contraceptives in Pakistan. USAID is happy to provide technical assistance for this request through the Procurement & Supply Management (PSM) project. We have advised the PSM project to work closely with you and the Population Programme Wing (PPW) to carry out and complete the requested feasibility study as outlined in your letter.

We look forward to greater future collaboration.

Sincerely,

Monica Villanueva
MCH Team Lead/USAID Pakistan

Copy for information:

1. Dr. Assad Hafeez, Director General, MoNHSR&C, Islamabad
2. Sargita Patel, Director Health Office, USAID Pakistan, Islamabad
3. Dr. Muhammad Tariq, Country Director, USAID GHSC-PSM, Islamabad

ANNEXURE- III: PUBLIC SECTOR CONTRACEPTIVE DATA (2007 – 2010)

Total Consumption of Contraceptives of Provincial / Regional Population Welfare Departments for the Period July-2007 to June 2010										
Year	Condom	COC	POP	EC-Pills	Copper-T	Multi load	Norigest	DMPA	Norplant	Implanon
2007-08	55502062	2701914	150841	50706	57948	519733	1527729	511692	1400	
2008-09	66358006	3305675	144000	76703	728354	823811	1561595	758495	1545	886
2009-10	41364808	3343099	68817	48887	662887	96508	1336905	905182	0	2171
2010-11	71383308	3356055	120068	52678	782922	291453	946500	857025	1192	426
TOTAL	234608184	12706743	483726	228974	2232111	1731505	5372729	3032394	4137	3483

Total Consumption of Provincial Health Program (PHC Project) For The Period Of July-2007 To June 2010			
Year	Condom	COC	DMPA
2007-08	163368000	4993200	0
2008-09	168984000		
2009-10	10544976	3455500	75500
2010-11	100649884	6503040	1030400
Total	443546860	14951740	1105900

Private Sector 5 Years consumption data as extracted from cLMIS

Private Sector Yearly Report for Stakeholder(s) = 'All' And Indicator = 'Consumption' (2012-16)											
Year	Condom	POP	COC	ECP	Copper-T-380A	Safe Load	1-Month Inj	3-Month Inj	Implants	Multiload	2-Month Inj
2016	10,398,761	0	82,084	191,461	35,634	5,032	9,858	41,568	763	13,245	27,323
2015	11,177,743	0	93,321	181,418	37,300	1,743	10,261	42,966	1,269	20,413	31,943
2014	11,187,177	10,118	109,568	200,169	25,322	1,961	14,042	52,027	2,219	34,720	37,503
2013	16,096,454	3,094	183,355	238,990	14,932	3,070	19,904	67,443	699	66,891	65,918
2012	8,696,968	9,335	109,739	132,042	17,283	1,651	15,431	48,314	955	29,888	59,032

