GALLUP PAKISTAN
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Punjab's Family Planning Services

Gallup Pakistan Analysis of OPD Disease Burden in Punjab (FY 2023–24)

PRESS RELEASE

Gallup Pakistan Analysis of DHIS FY 2023–24

Punjab's Family Planning Services Expand: Millions Served, But Heavy Reliance on Short-Term Methods Persists

Islamabad, October 22nd, 2025

Gallup Pakistan, as part of its Big Data Analysis initiative, presents an analysis of DHIS for FY 2023–24. Based on DHIS2 health statistics, the findings show that while millions accessed FP counseling and services, short-term methods like condoms and injectables dominate, with limited uptake of long-term options. The report also reviews youth participation, postpartum FP, and district disparities, highlighting the need for a more balanced and equitable approach in Punjab.

What is the Big Data Analysis Series by Gallup?

Gallup Pakistan's Big Data series was started by Bilal I Gilani, Executive Director of Gallup Pakistan. Bilal explains the rationale of the series: "*The usual complaint from academics and policy makers is that Pakistan does not have data availability. Our experience negates that. Pakistan has lots of data, but it is not available in a usable form and not widely accessible. At Gallup we plan to bridge this gap in terms of accessibility and use of data. The Gallup Big Data series has earlier worked with data sets such as PSLM, Labour Force Survey, and Economic Survey reports as well as National Census Reports and Election Commission Data sets. The current series is using the Global Burden of Disease dataset, which provides a variety of health-related statistics. We hope that these series are useful, and we welcome both feedback as well as possible collaborations as we create a public good in the form of useful data sets in Pakistan.*"

What data points this current edition covers:

This edition of Gallup Pakistan's Big Data Analysis reviews Family Planning (FP) indicators for Punjab in FY 2023–24, based on DHIS2 health statistics. It covers service uptake, method mix, facility distribution, and trends across time and districts. The analysis highlights contraceptive counseling, postpartum and post-abortion FP, district-level service gaps, and the predominance of short-term methods like condoms and injectables compared to limited uptake of long-term options.

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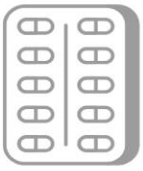
Punjab recorded over **2.4** million **Family Planning** (FP) visits, covering about **16%** of married women of childbearing age (MCBA).

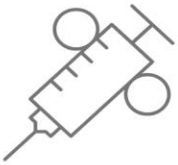
Dominance of Short-Term Methods:

The method mix is heavily skewed toward short-term options:

Condoms
43%



COC Pills
24%



Injectables
17%

IUCDs
7%

implants, and sterilization remain underutilized.

Limited Youth Engagement:

Women under **25** accounted for just **2%** of FP visits, pointing to major gaps in youth-focused FP services.

Postpartum and Post-Abortion FP:

Only **5%** of visits were postpartum FP and just **1%** post-abortion FP,

Reliance on Primary Facilities:

BHUs
75%

Basic Health Units (BHUs) delivered **75%** of FP services, showing their central role, while higher-level hospitals contributed only marginally.

Positive Utilization Trend:

FP visits rose from 10% of MCBA in 2020 to 12% in FY 2023–24, with peaks in early 2024 showing growing participation.

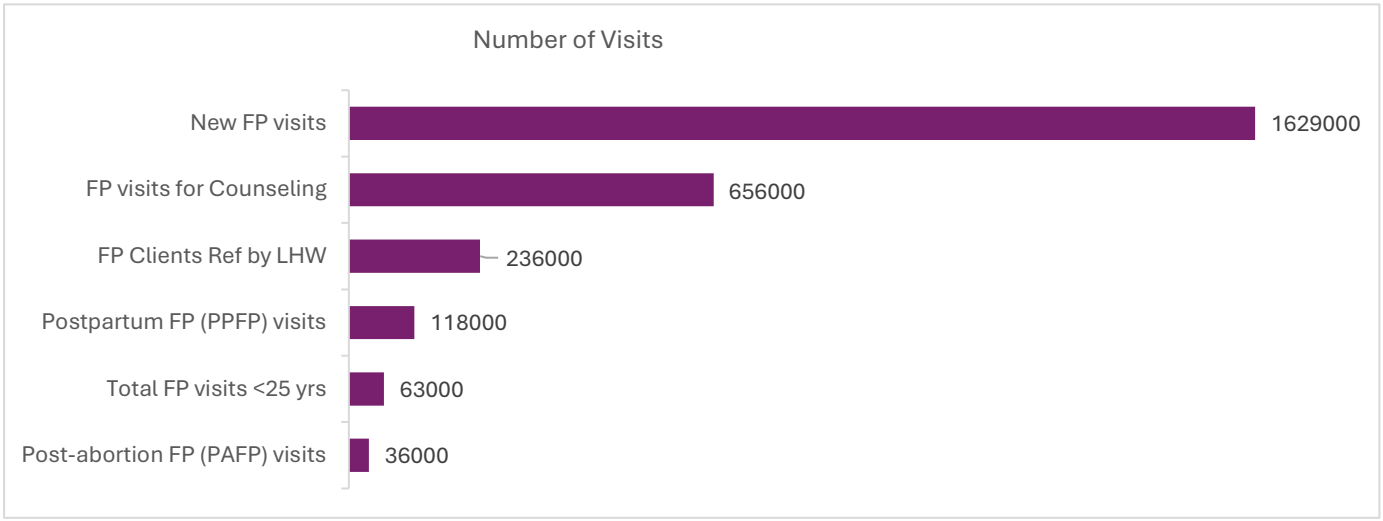
Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

Key Findings:

1. Millions Accessed Services: Punjab recorded over 2.4 million Family Planning (FP) visits, covering around 16% of married women of childbearing age (MCBA). While district-level coverage varied widely — Faisalabad led with nearly 198,000 visits — these differences may reflect variation in Lady Health Worker (LHW) outreach coverage, which is not evenly distributed across districts.
2. Dominance of Short-Term Methods: The method mix remains heavily tilted toward short-term options such as condoms (43%), COC pills (24%), and injectables (17%). Long-term methods like IUCDs and implants remain underused, highlighting a continued gap in access to sustainable choices.
3. Limited Youth Engagement: Women under 25 represented only 2% of FP visits, underscoring persistent gaps in youth-focused outreach and counseling.
4. Postpartum and Post-Abortion FP: Only 5% of visits were postpartum FP and 1% post-abortion FP, reflecting weak linkages between FP and maternal health programs.
5. Reliance on Primary-Level Facilities: BHUs delivered three-quarters of all FP services, reinforcing their role as the immediate target point for family planning programs. Expanding campaigns and program support at this level can yield substantial gains in coverage and accessibility.

1. Family Planning Visits

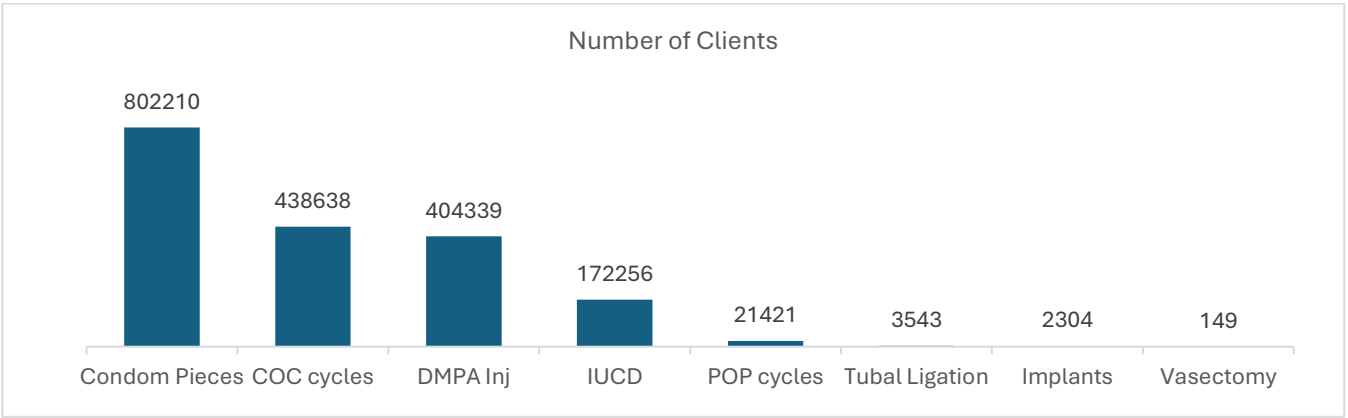
Punjab recorded over 2.4 million family planning visits in FY 2023–24, covering around 16% of married women of childbearing age (MCBA). Of these, 85% were first-time clients and 15% returning clients, showing both outreach and continuity of care. Counseling made up nearly a quarter of visits, while LHWs referred 10%, and postpartum and post-abortion FP combined accounted for 6%. Women under 25 represented just 2% of visits, indicating limited youth engagement. The data reflects public-sector services only, as DHIS2 does not capture private-sector FP utilization — meaning total coverage may be higher than reported.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

2. Contraceptive Method Mix

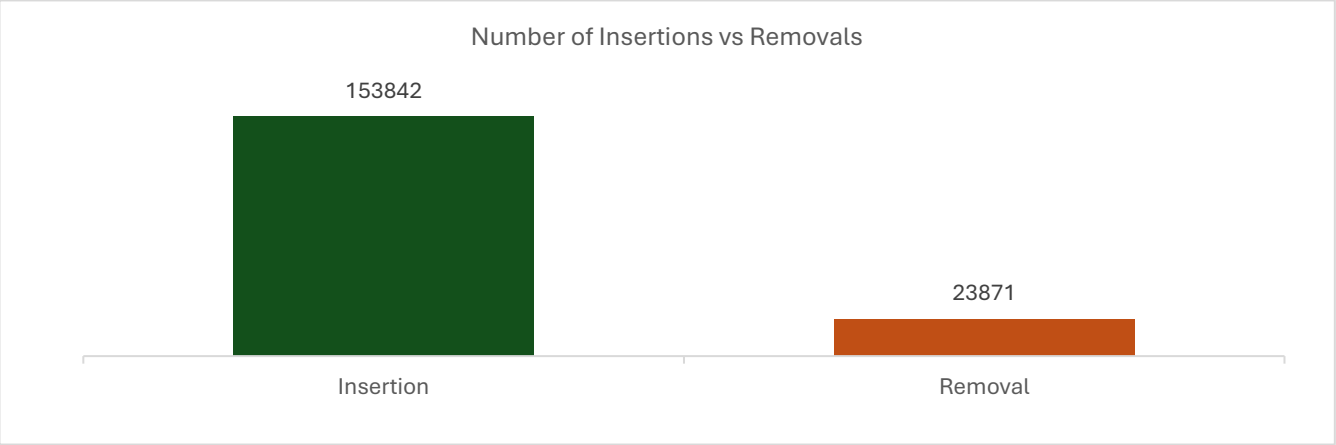
The contraceptive method mix is heavily weighted toward short-term options. Condoms (43%), combined oral contraceptive pills (24%), and injectables (17%) dominated distribution, while IUCDs (7%), implants, and permanent methods (tubal ligation and vasectomy) together accounted for less than 10%. This imbalance suggests that women are offered convenient but temporary methods more often than sustainable, long-acting choices. A method mix so skewed risks high discontinuation rates and unmet contraceptive needs, especially for women who would benefit from long-term protection.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

3. Insertions and Removals

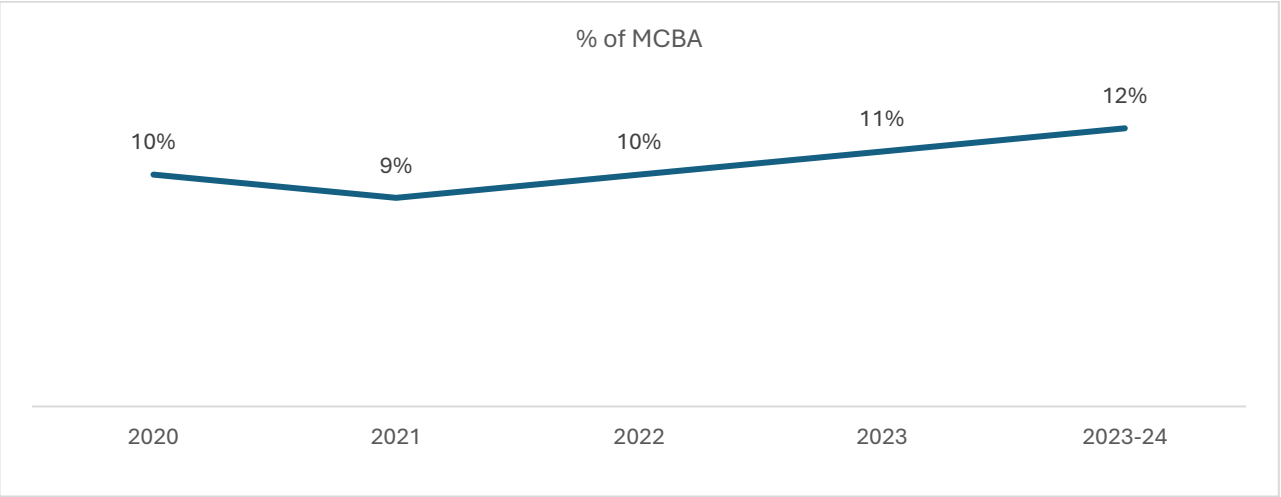
A total of 153,842 contraceptive insertions and 23,871 removals were reported in FY 2023–24. This shows a growing shift toward long-acting methods but also points to method discontinuation due to side effects, dissatisfaction, or lack of follow-up. Strengthening pre- and post-insertion counseling remains critical to ensure women are supported and confident in their contraceptive choice.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

4. Yearly Trend in FP Visits

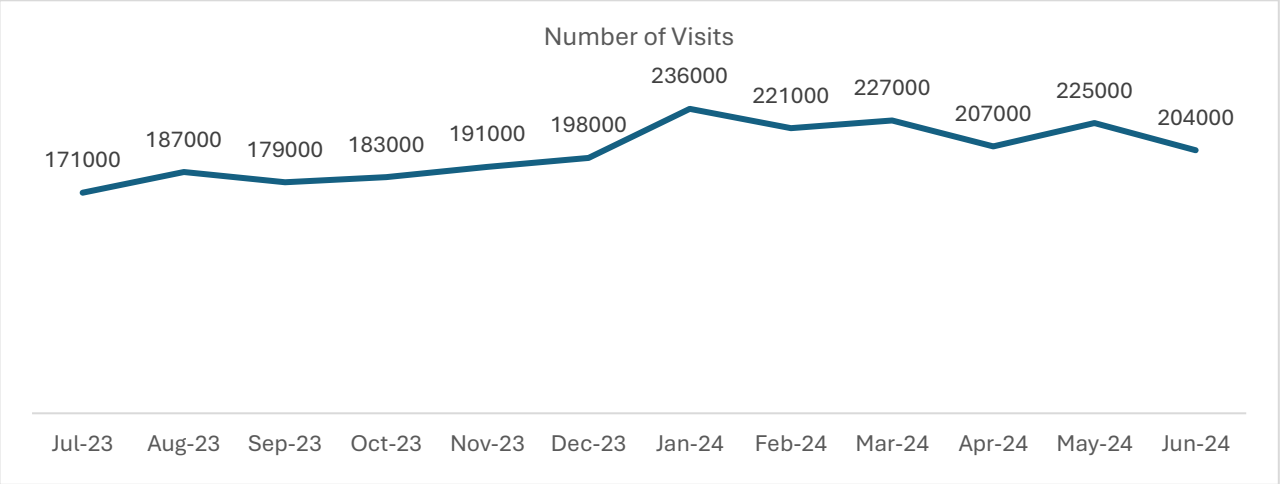
Family planning visits have shown a steady upward trend over the past five years, rising from 10% of MCBA in 2020 to 12% in FY 2023–24. While the increase appears modest, the consistency reflects gradual but real progress in service uptake. Sustaining this trend requires not just expansion of service availability but also efforts to diversify methods and address structural barriers like social norms and supply shortages.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

5. Monthly Trend in FP Visits

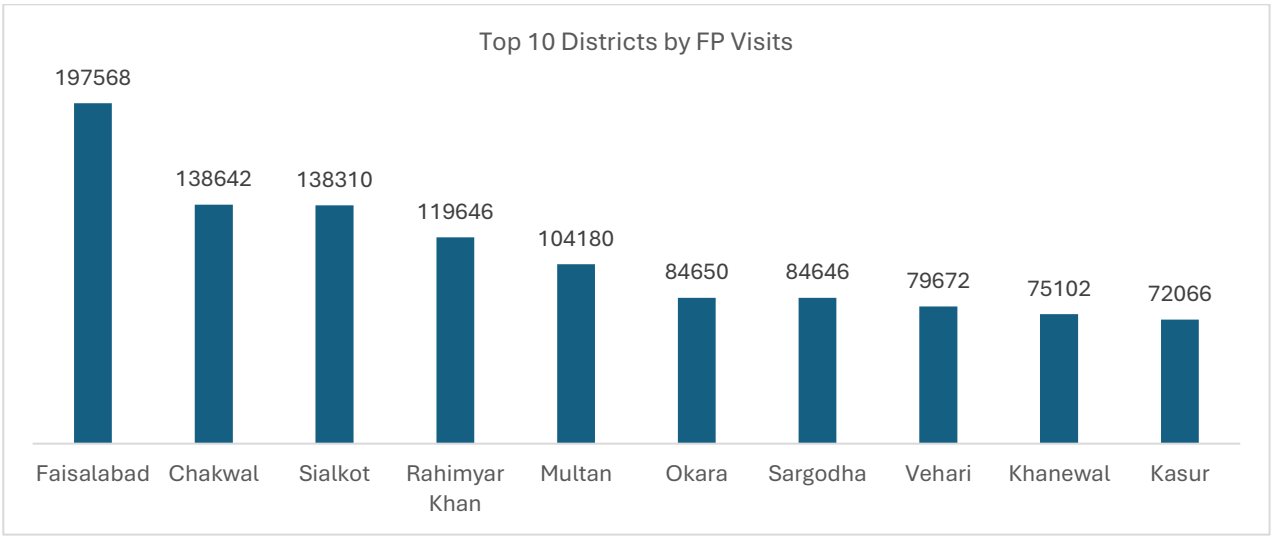
Monthly FP data shows consistent use with peaks in December 2023, January 2024, and March 2024. The January 2024 high point of 236,000 visits indicates periods of strong demand, potentially linked to campaign drives or seasonal patterns. July 2023 recorded the lowest numbers, suggesting possible service disruptions or demand dips. These fluctuations highlight the need for continuous supply chain readiness and demand generation strategies to maintain stable service coverage throughout the year.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

6. District-Wise Coverage

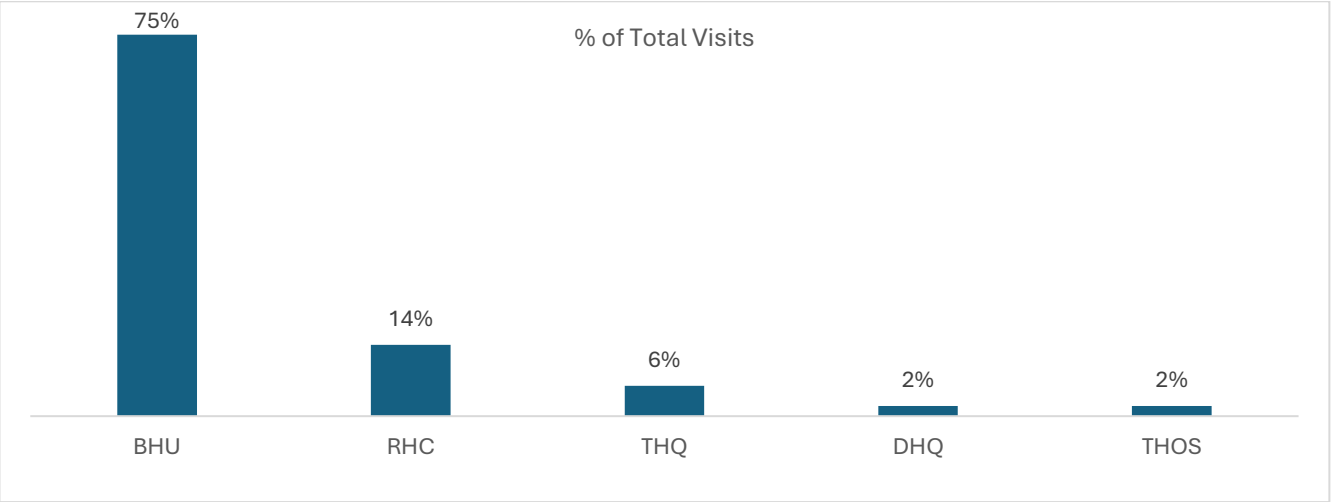
District disparities remain substantial. Faisalabad accounted for nearly 198,000 FP visits, followed by Chakwal and Sialkot, while several districts recorded less than half this volume. These variations reflect inequitable access and may also be influenced by differences in LHW network density and FP outreach coverage. Districts with weaker LHW presence typically report lower FP service utilization, suggesting the need for targeted investments in lagging areas.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

7. Facility-Wise Coverage

Basic Health Units (BHUs) accounted for 75% of all FP visits, followed by Rural Health Centers (14%) and Tehsil Headquarters Hospitals (6%). District and Teaching Hospitals combined provided just 4% of services. BHUs are therefore the core delivery points for family planning programs, and future expansion campaigns should prioritize strengthening services, counseling, and supply management at this level to maximize reach and impact.



Source: Punjab Health Department, DHIS2 Annual Report FY 2023–24 (Family Planning Section)

8. Policy Implications

While Punjab has expanded FP services to millions, the heavy reliance on short-term methods and low uptake of LARCs/PMs remain significant challenges. Scaling up youth-focused FP, strengthening postpartum and post-abortion FP integration, and ensuring equitable district-level access are crucial. Policy focus should emphasize supply chain stability, improved counseling, and greater investment in primary-level facilities like BHUs where most FP interactions occur.

About the DHIS FY Report

This press release is based on the Annual Health Report FY 2023–24, compiled by the Punjab Health Department using the District Health Information System (DHIS2) platform. The DHIS2 reporting system consolidates data from all public sector health facilities across the province, ranging from Basic Health Units (BHUs) and Rural Health Centers (RHCs) to Tehsil and District Headquarters Hospitals (THQs and DHQs) and tertiary care institutions.

The report serves as the official record of Punjab's health system performance, capturing patient volumes, disease patterns, maternal and child health indicators, emergency services, diagnostic use, medicine availability, human resources, and immunization coverage. For this edition, Gallup Pakistan extracted and analyzed the sections specific to Outpatient Department (OPD) disease patterns, including the top 10 reported conditions, communicable and non-communicable disease shares, and outbreak-prone illnesses.

All data points presented here are directly sourced from the provincial DHIS2 system and reflect cases reported during FY 2023–24. No estimations or extrapolations have been introduced. Where comparisons across years or districts are not available in the report, related sub-sections have been omitted to maintain accuracy. Gallup Pakistan's contribution is the restructuring, visualization, and interpretation of the data for wider public, policy, and media use.

Wish to Contribute to Gallup Big Data Analysis?

Gallup Pakistan is looking for collaboration with researchers to expand the Big Data Analysis project. If you have any ideas, please write to Bilal I Gilani, Project Director, Big Data Analysis at Gallup Pakistan.

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