Understanding Dr. Imrana: The Sabzsitara Provider
NOTE TO THE READER:

Part 1 provides a brief summary of key findings emerging from the study, based on discussion of results with the Greenstar team.

Part 2 provides an audience profile which briefly describes the findings from across the data from the perspective of the two audience profiles Dr. Imrana and Imrana Baaji (LHV). The audience profile is structured around the key summary findings in Part 1 but with further explanation of each from the perspective of the target audience. This should act as an easily accessible standalone document summarising key findings from the research.

Part 3 provides a full description of the data including quotations. This section is organised by the key areas of enquiry and is structured around PSI’s behaviour change framework (Opportunity, Ability and Motivation).

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PART 1: UNDERSTANDING DR. IMRANA: THE SABSZITARA PROVIDER: SUMMARY OF KEY FINDINGS

Archetype:

1. A Sabzsitara provider can be either a physician or a Lady Health Visitor (LHVs). Approximately 40% of Health Service Providers in the Greenstar network are MBBS or physicians, while the remaining are LHVs or have other qualifications.

2. The profile of a doctor/physician is different from that of an LHV. Both groups have different needs, wants and motivations for service delivery. They should be viewed as two different target groups and separate strategies should be developed for each.

Clinic:

3. Service providers mention constraints of time, space and facilities to providing family planning services, particularly IUCD.

4. LHVs have more time for family planning counseling and procedures than physicians, and are more motivated to provide this service, as this is their main line of business. LHVs are more accessible to clients as their clinic is often connected to their house.

5. Doctors have more credibility in the community than LHVs, however family planning constitutes a small portion of their overall business.

6. LHVs have less technical training than doctors but greater reach in the communities that are most resistant to family planning.

7. Complex cases, emergencies and surgeries are referred to physicians by LHVs. Overall, service providers stated reluctance to refer clients to other providers as they worry that this could damage their reputation, reduce client business or suggest a lack of technical ability.

8. Service providers value loyal clients as a measure of success.

Family planning recommending behavior:

9. Misconceptions about family planning and social barriers exist in the community and raise significant challenges for service providers.
10. Both LHVs and Doctors reported barriers to recommending IUCD including the time and complexity of the procedure; suitability of the method for their clients' profile and needs; their own misconceptions about the product, and potential side effects for the client.

11. IUCDs were seen to reduce client flow, as a client may not need to visit the provider for up to 5 years after a successful IUCD insertion.

12. Both LHVs and Doctors reported injections as the most preferred method of birth spacing. This method ensures regular client visits to the provider; it also enables the client to maintain secrecy when adopting family planning, thus removing the risk of adverse family reactions for both the client and the provider.

**Sabzsitara network:**

13. Products and trainings provided by Greenstar are perceived by service providers to be of good quality and regular visits and replenishment of supplies are valued by network providers.

14. Service Providers value training (that focuses on overcoming the barriers to service delivery), after-training support and follow-up, in order to maintain quality of service.

15. Service providers, particularly LHVs, need credible messaging, community outreach activities, visible boards and prominent IEC materials to reinforce their community-based counseling.
PART 2: UNDERSTANDING DR. IMRANA: THE SABSZITARA PROVIDER: AUDIENCE PROFILE

“Understanding Dr. Imrana: The Sabzsitara\(^1\) Provider”

The varying level of performance among Greenstar Social Marketing (GSM) providers has focused research attention on understanding the service provider; the factors that influence her performance in relation to family planning, particularly IUCD insertion rates, and the means by which Greenstar can provide her enhanced support to improve performance.

This study provides information on provider and clinic characteristics, provider family planning recommending behavior, and factors influencing her opportunity, ability and motivation to provide FP services and IUCD insertions. The research also explores the service providers’ interactions with the Greenstar network and mechanisms through which the network can better reach and influence the service provider.

Input: Interview transcripts, observational data, photo-narratives

Archetype:

There are two “Dr. Imranas”: ‘Dr. Imrana’, the MBBS/post-graduate degree holder and ‘Imrana Baaji\(^2\)’, the government trained Lady Health Visitor (LHV).

Forty percent of the Health Service Providers at Greenstar Social Marketing have an MBBS or postgraduate degree, whereas the remaining 60% have LHV or similar qualifications.

The profile of Dr. Imrana is different from that of Imrana Baaji. Both groups have different needs, wants and motivations for service delivery. They should be viewed as two different target groups and separate strategies should be developed for each.

Imrana Baaji focuses more exclusively on maternal and child health, and family planning. For Dr. Imrana, family planning constitutes a small portion of her total practice. There are also significant differences in the socio-economic background, motivations, values and needs of each type of provider.

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\(^1\)The term “Sabzitara” means Greenstar in Urdu.

\(^2\)The term “Baaji” means sister in Urdu.
Dr. Imrana joined the profession to gain respect and fulfill her family’s wishes; she maintains a professional relationship with her clients and her world-view reflects her medical training, technical ability and expertise.

Imrana Baaji, the LHV, was most likely to join the profession for financial reasons. She spent approximately two years training in obstetrics at a government facility. Religion and community-based interactions have a strong influence on her worldview and practice.

Clinic:

Dr. Imrana and Imrana Baaji are first a wife, mother, daughter-in-law: second, a business woman and third, a medical professional. The pressures and expectations placed upon her in her home are not reduced due to her professional role.

*Imrana Baaji and Dr. Imrana mention constraints of time, space and facilities to providing family planning services, particularly IUCD.*

Dr. Imrana, in particular, has limited time to give to family planning clients, which constitutes a small portion of her clinic practice.

Imrana Baaji has more time for family planning counseling and procedures and is more motivated to provide this service, as this is her main business. As her clinic is often connected to her house, she is more accessible to her clients.

*Service providers face community and household-level barriers to family planning decision-making.*

Dr. Imrana and Imrana Baaji, particularly when based in rural areas, continue to struggle with significant barriers to family planning decision-making at a household and community level (such as mother-in-laws, husbands and influential religious leaders).

*Whilst Dr. Imrana has more credibility in the community, Imrana Baaji has greater reach in the communities that are most resistant to family planning.*

Doctor Imrana has more credibility in the community and reports spending less time convincing clients to an FP method than Imrana Baaji.

Imrana Baaji describes spending time with clients to persuade them to family planning practices and to reduce their fears and concerns. Sometimes hours of discussion is required to convince a client of the need to adopt family planning.
Service providers value loyal clients as a measure of success.

Dr. Imrana and Imrana Baaji value loyal clients as a measure of their success\(^3\). Any practice that may reduce loyal, repeat clients presents a risk to their clinic. Any FP method that does not deliver satisfaction to the client (and her gatekeepers such as husband and mother-in-law) risks losing a repeat client.

Family Planning recommending behavior and motivation:

Misconceptions about family planning and social barriers exist in the community and raise significant challenges for service providers.

Dr. Imrana and Imrana Baaji believe that levels of knowledge of family planning are low among low-income sectors of the population; however some providers believe that the awareness of family planning methods is increasing among more educated women, those from higher income households and those with exposure to the media.

Dr. Imrana and Imrana Baaji provide information on different methods to the clients, particularly after childbirth. They may recommend a particular method based on the client’s history or condition, or let the client decide the method that suits her best.

Regarding IUCDs, Dr. Imrana and Imrana Baaji report significant fears in the community and among clients about IUCDs (i.e. infertility, detection, sin). For Dr. Imrana and Imrana Baaji this presents a potential risk to their practice, especially in rural areas, where negative beliefs are likely to be more prevalent.

Time and complexity of the procedure; suitability of the method for their clients’ profile and needs; their own misconceptions about the product, and potential side effects for the client were reported as barriers to recommending IUCD.

Product and practice-related barriers to recommending IUCDs were mentioned by providers. It is a complex process - patients require thorough physical examination, equipment has to be sterilized and prepared beforehand.

There can be complications and side effects (excessive bleeding, IUCD may be expelled). Some service providers believe that the IUCD can travel to other parts of the body. Furthermore, service providers believe that this method is not suitable in some cases (i.e. breast feeding mothers, women with infections or multiple births and domestic/manual workers)\(^4\).

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\(^3\)Providers do not directly mention ‘profit’ when describing their business practice or discussing barriers to IUCDs. They do however emphasize loyal clients and a regular client base.

\(^4\)The IUCD is suitable for breast-feeding women, women of any age, including adolescents and women over 40 years old, women who do hard physical work and those who have vaginal infections. IUCDs do not move to the heart or brain. “Family Planning, A Global Handbook for Providers, Evidence-based Guidance Developed through Worldwide Collaboration 2007”. WHO, John Hopkins and USAID.
IUCDs were seen to reduce client flow, as a client may not need to visit the provider for up to 5 years after a successful IUCD insertion.

Even after overcoming all these barriers to recommending IUCD, “success” means that a client may not return to the practice for regular treatment, as would be the case for other forms of modern contraceptive such as injectables. As a result the opportunity to provide future health care for other members of the clients family may also be reduced. Hence, there is little business motivation to insert IUCDs as compared to repeat products such as injections.

Both LHV and Doctors reported promoting injections as a method of birth spacing.

Injections overcome the greatest fears and barriers of both client and provider: the product can be administered immediately, ensures regular client visits to the provider and allows clients to obtain family planning services discretely, thus removing the risk of adverse family reactions for both the client and the provider.

Network:

*Greenstar is perceived to be technically strong and is valued by providers.*

Products and trainings provided by Greenstar are perceived to be of good quality and regular visits and replenishment of supplies are valued by network providers. Imrana Baaji is especially appreciative of the GS network and the contribution it has made to establishing her clinic. She values the on-going support, free camps, and client satisfaction due to quality products and reputable service.

*Service providers value training and after-training support and follow-up in order to maintain quality of service.*

Imrana Baaji is appreciative of the training opportunities and on-going relationship with the network in terms of provision of supplies/detailing.

*Credible community external messaging, community outreach activities, visible boards and prominent IEC material to support their community-based counseling were seen to be important.*

Health Service Providers (especially Imrana Baaji) need credible external messaging to reinforce their in-clinic and community-based work. Providers felt that communication campaigns should focus on mother-in-laws and husbands, and use religious messages to overcome resistance from the community.
Referrals:

(Service providers stated reluctance to refer clients to other providers.)

Overall, service providers reported reluctance to refer clients to other providers as they worry that this could damage their reputation, reduce client business or suggest a lack of technical ability.

Dr. Imrana is reluctant to refer patients since this is an admission of clinic/professional limitations and she fears losing loyal clients.

Imrana Baaji refers complex cases, emergencies and surgery to physicians when she lacks the facilities, equipment or expertise in her clinic. She is receptive to referring to a specialized Greenstar IUCD center.

For the network to increase referrals to high performing IUCD specialist providers, “low risk” and high reward opportunities would need to be developed to overcome providers’ concerns.
Part 3: UNDERSTANDING DR. IMRANA: THE SABZSITARA PROVIDER: FOQUS DASHBOARD

PRIMARY TARGET: Health Service Providers, either Doctors or Lady Health Visitors [LHVs] in the Greenstar Network.

BEHAVIOR: Recommending IUCD for family planning

INPUT: Interview transcripts, observational data, photo-narratives

Background to study

Greenstar Social Marketing (GSM) provides family planning (FP) products and services through its network of 7,000 private sector health service providers, located in approximately 107 districts of Pakistan. These providers have received training in IUCD insertion, family planning (FP), counseling, antenatal, postnatal and delivery care.

The varying level of performance among providers has focused research attention on understanding the service provider, the factors that influence her performance in relation to family planning, particularly IUCD insertion rates, and the means by which Greenstar can provide enhanced support to improve performance.

This study provides information on provider and clinic characteristics, provider family planning recommending behavior, and factors influencing her opportunity, ability and motivation to provide FP services and IUCD insertions. The research also explored the service providers’ interactions with the Greenstar network and mechanisms through which the network can better reach and influence the service provider.

1. Archetype, Clinic Characteristics and Family Planning Practice: Dr. Imrana and Imrana Baaji

Dr. Imrana, the MBBS-qualified physician

Dr. Imrana lives with her family in a densely populated and mostly middle-class area. She is a wife, mother and daughter-in-law and is balancing her work with personal duties and responsibilities.

“I have three children, my husband and me. I do all the household chores like cooking, cleaning, taking care of the children etc.” DR-5-SH

Dr. Imrana was encouraged by her family to become a physician, particularly by her father, who made financial sacrifices in order to support her education.
“I liked this field since childhood. Also, my father motivated me as I was a good student all along. I made up my mind to enter the medical field on securing good marks. I found the medical professional very honorable as not only it pays well but it is a respectful profession as well”. DR-8-PL

There were a few gaps in her career when she got married and had children, but otherwise she has worked hard to set up her clinic and establish a client base. For Dr. Imrana, loyal clients are a measure of success.

Dr. Imrana spends three to four hours every evening at her clinic. She is a dedicated professional, however due to time and space constraints and multiple commitments, she is not able to devote as much time to her practice as she would like. In order to supplement her income from her private clinic and meet with new clients (who she can refer to her clinic), Dr. Imrana also works in a government hospital. Her clinic is a busy general practice. One tenth of her patients are family planning clients; the rest have many different conditions.

Dr. Imrana has the support of her husband, who is also a doctor and practices at a hospital nearby. She has an assistant and a dispenser at her clinic. She also provides delivery services at her clinic, for which she charges upto Rs. 1500.

Imrana Baaji, the Lady Health Visitor (LHV)

Imrana Baaji operates a clinic at the entrance of her house and has a small delivery room attached to the clinic. Her area of focus is maternal and child health, including family planning. Imrana Baaji is affiliated with the National Health Program. She works at a government hospital and makes clients visits several days a week. She is a religious person with a deep interest in community affairs. Members of the community refer to her for advice in health and family-related matters.

“My aim is to help the maximum people. You won’t believe how poor we were. My father used to have a fruit cart and I used to work in houses and study. I asked God to make me capable enough so I can help as many people as possible. That is how much I wanted to be a medical practitioner.” LHV-7-SH

Imrana Baaji operates a clinic at the entrance of her house and has a small delivery room attached to the clinic. Her area of focus is maternal and child health, including family planning. Imrana Baaji is affiliated with the National Health Program. She works at a government hospital and makes clients visits several days a week. She is a religious person with a deep interest in community affairs. Members of the community refer to her for advice in health and family-related matters.

“My children go to school, so in the morning I first send them to school. After that my husbands has to go to the office and in the spare time I have, I try to do all the house chores. Then at 10:00 A.M my clinic timings start. I come back at 12:30 PM and whatever house chores are left I finish them and then prepare lunch and rest for a little while. Then my children have to go to the madrassa. Then again I have to prepare for my husband’s duty as his duty timings are 8:00 A.M to 12:00 noon and then again from 7:00 PM to 10:00 PM. So me and my husband leave at 7:00 P.M. I give tuition to my elder son therefore he goes with me to the clinic where I give him time”LHV-6-SH

The term “Baaji” means sister in the Urdu language.
Clinic (see tables 2 & 4)

For Dr. Imrana and Imrana Baaji satisfied and loyal clients are her goal, and the measure of her success.

“R: I reckon repeat patients over a period of 5-6 years are a good measure of success for me. M: So you think that repeat patients is more of a success for you rather than a large patient count in a day or month. R: If a patient comes to us over and again then it means that he/she trusts us. A trustworthy patient would bring in more patients. However, if we would lose out on our trustworthy patients then eventually we would lose out on the overall practice as well” LHV-6-PL

Family Planning Practice

When patients seek advice on family planning, Dr. Imrana and Imrana Baaji brief them on all the merits and demerits of each method, and leave the decision to them as to which method they want to adopt. Dr. Imrana and Imrana Baaji also tell patients about FP after delivery, so that they can think over this issue and seek advice from their husbands. Doctor Imrana reports advising clients largely according to their medical history whereas Imrana Baaji was more likely to report consideration of socio-economic factors and family dynamics.

For details of the methods recommended, please see category map in Annex 1.

Both Dr. Imrana and Imrana Baaji are more likely to recommend injections although IUCD is considered to be a safe, long-term method. They feel that injection cases are easier to entertain ‘on the spot’ and don’t require the equipment to be prepared and sterilized in advance. Also, a further complicating factor cited is that IUCDs are believed to be unsuitable for patients with infections, who have had multiple births or are breast-feeding.

“Mostly excessive bleeding, spotting, or pains are the common side effects and those who already give multi births four or more, there is a chance of expulsion”. LHV-3-SH

“The drawback is sometime IUCD causes infection or perforation of the uterus, if the hand wasn’t washed and precautions were not applied before placing it. It can also be harmful if it is used after its maximum period” DR-3-SH

Clients are less afraid of the injection procedure as compared to IUCD, about which there are many rumors circulating in the community, for example, that IUCD will move to another part of their body or make women infertile.

\[6\] The IUCD is suitable for breast-feeding women, women of any age, including adolescents and women over 40 years old, women who do hard physical work and those who have vaginal infections. IUCDs do not move to the heart or brain. “Family Planning, A Global Handbook for Providers, Evidence-based Guidance Developed through Worldwide Collaboration 2007”. WHO, John Hopkins and USAID.
“As far as IUD insertion is concerned, they (clients) fear to have anything inserted inside their body because they believe that it can go inside till their heart and can go in their stomach; women come to me with these types of misconceptions regarding IUCD”. DR-4-SH

“At times the copper T fails due to doctor’s lack of expertise and the affected patient spreads this information to their relatives and close ones. Hence, the concern is spread everywhere through word of mouth. Finally, the people feel safe taking injection instead”. LHV-3-PL

Where the patient has made a decision but faces opposition from her husband or mother-in-law, the injection provides her a discrete or secret option.

“I tell the females that I would insert the Copper T if they don’t want to tell their husbands. However, if the thread pinches their husband during relations then he would beat the hell out of them! (laughs). I then give them the option of injection as that remains hidden from the husband”. LHV-5-PL

Injections also enable the provider to build a long-term relationship with the client, due to repeated monthly and three-monthly visits and require a smaller, albeit more frequent, payment.

Both Dr. Imrana and Imrana Baaji expressed reluctance to refer cases because they worry that it reflects badly on their practice or they fear that they will lose patients.

“For sure I would try to do the IUD myself because I have acquired the required skill. Also, patients may think that I am incompetent and that’s why am sending them to someone else. That would negatively affect my practice”. LHV-1-PL

Doctor Imrana sometimes refers IUCD insertions to Imrana Baaji, because she is too busy and wants to spend more time on more skilled procedures – or because IUCD insertions disturb her routine.

Imrana Baaji tends to refer more complicated cases, or those requiring surgery to a doctor or better-equipped hospital.

Dr. Imrana and Imrana Baaji adopt a flexible pricing policy for family planning products, which is based on the ability of clients to pay, in order to encourage usage of family planning.
2. Barriers to FP Recommending Behaviour and IUCD Insertion: Opportunity, Ability and Motivation

Opportunity

Social norms: resistance to family planning and FP methods

Dr. Imrana and Imrana Baaji have to overcome significant resistance from husbands, mother-in-laws, religious leaders and other members of the community who have negative beliefs about family planning. This resistance is most strongly felt by Imrana Baaji who works more closely at a community level.

“Women are agreeing to adopt methods of family planning but their mother-in-law becomes the big obstacle as they say that children are given by God, you have you come to stop childbirth”. LHV-7-SH

“The most important barrier in the way of family planning is the non-cooperative attitude from the side of family”. DR-4-SH

Availability: time, space and facilities

Dr. Imrana and Imrana Baaji mention the lack of time, space and facilities as a barrier to providing family planning services to clients, especially IUCD insertion.

“I am looking after gyne patients and I can also do small procedures but I also want to be able to perform scissor deliveries, and also different procedures of ultrasound, but in order to do so one should have some spare time, patients even come to my house on my time off”. DR-5-SH

“This is a small clinic and I am thinking of shifting to a bigger place in the same locality. I also perform family planning procedures therefore I would like a bigger and better place as I have many patients for IUCD insertions so I would like to perform those procedures separately while not disturbing my OPD patients. Nothing fancy but segregated”. DR-10-SK

“Nothing big with four to five rooms like a hospital but at least there should be two rooms one should be a proper labor room, neat and clean with proper instruments. I have to manage with the emergency light in case of electricity failure. I don’t have anybody’s support. I had bought one bed with my own money. The rest is just not that good”. LHV-10-SK
Product attributes: IUCD and other modern methods

Whilst Dr. Imrana and Imrana Baaji see both advantages and disadvantages in each modern method, injections provide the greatest business opportunity (i.e. repeat patient visits) and also benefits to clients such as discretion and small regular payments by the client.

For service providers there is less chance of a backlash from the client’s family as this method of family planning can be kept a secret between the provider and client.

“Mostly injections of 2 months suit our patients. The patients have infections so I cannot put Copper T. Also, pills are usually forgotten by the females and injections are the only available choice by default. The husbands don’t use condoms so if the females or their babies don’t have any major issues like TB, jaundice and blood pressure then I recommend injections to them. Later, I convince them with all the related details of injection method”. LHV-5-PL

“When a woman bears pain, she becomes more motivated and aware. For example when you fall and get hurt once, you will walk more cautiously the next time. Similarly when women go through the pain of delivery again and again and keep hearing about family planning from different sources, they become motivated to control childbirth. The women keep looking for someone to help them in their worse situation but they fear their illiterate husband and mother in law. So I explain to these women that they should not fear their husband because if they get severely ill, their husband will not look after them each day and if they die while giving birth to a child, their husband will happily get re-married as soon as possible in the name of the children, but actually it is him that needs the wife not the children that want a step-mother. So I ask the women to have an injection after every three months secretly and their husband will never know about it as he is not following their every step. So they should take care and think about themselves more than anything else. So many women do family planning secretly by hiding it from their very strict mother in law or from their husbands”. LHV-7-SH

Ability

Self-efficacy: convincing clients to adopt family planning

Clients who are uneducated, from lower socio-economic groups and more rural areas are the most difficult clients to convince. Dr. Imrana and Imrana Baaji use pictorial information and simple language to help clients understand FP.
Imrana Baaji draws upon the experiences and consequences of others in the community who do not use family planning to persuade clients to adopt family planning. She uses persuasive strategies based on her understanding of the challenges and lives of those in the communities in which she works.

Imrana Baaji also uses more community-based strategies to spread awareness and overcome resistance to family planning than doctors. Winning the trust of community elders, the support of religious leaders, having group counseling sessions with members of the community, distributing alms in Ramadan (the Muslim holy month) and using terminology similar to mid-wives to gain community acceptance are reported strategies.

“We explain to them that if you are not able to raise your children properly and not give them proper education, who will you be answerable to? They do not understand this; they just keep on saying one thing. Then I tell them about women who have had some kind of problem, for the sake of convincing them to adopt family planning. For example, the woman’s entire child conceiving system was taken out or they had some kind of fibroid, as a result of which Allah will not even accept their deaths. We have to be very open and direct just so to convince them. Sometimes it feels like if I am going mad trying to convince them. Even after so much counseling the result is very poor”. LHV-6-SH

“For them (mother-in-laws), their happiness lies in the happiness of their son so we need to motivate them through the happiness of their son. We tell them that through the use of family planning, their son will have to do less work, it will reduce his financial burden when he will have a small family to take care of. Otherwise he will become old and weak and sick just doing hard work to provide the bread and butter for his big family. So we need to focus on that point”. LHV-7-SH

If a client visits Dr. Imrana, it is more likely that she is already persuaded to use family planning, and doctors report spending and having less time to motivate patients.

**Motivation**

**Beliefs: clients prefer other methods**

Both Dr. Imrana and Imrana Baaji felt that IUCDs are not a popular choice of FP method amongst their clients (see brand attributes). Clients worry about the invasive nature of the procedure and potential side effects and some have heard stories of problems experienced by women in their communities.

“One of the major drawbacks that really bother all patients is bleeding or duration of menses increased from 15 to 20 days. Another problem is that after IUCD insertion some of the patients get pregnant. These are the few problems due to which patients get frightened and those who get IUCD insertion without husband’s permission and knowledge said that their husband might feel the thread”. LHV-9-SK
“Patients are afraid of getting stitches and placing a Copper T as it is a painful method, although it does not cause much pain, a patient can feel it for hardly 5 minutes. But they are afraid of pain and that is why they prefer injections. They say that we will get an injection of 3 months and that’s about it.” DR-2-PL

Beliefs: fears about method and malpractice

Dr. Imrana and Imrana Baaji also have some misconceptions about the product (e.g. it can get “displaced”, cause infertility or be felt during intercourse) and perceived the IUCD to be unsuitable for some types of clients (such as women with multiple births, infections etc).

Imrana Baaji was more likely to mention these concerns. Stories of malpractice and potential problems with the method were frequently mentioned. Whilst Imrana Baaji was more likely to report stories she had heard in the community about problems involving IUCDs, Dr. Imrana was more likely to report incidences of malpractice resulting from poor practice by LHVs.

“After having so many kids Copper T can’t work because the uterus becomes so loose that it cannot hold Copper T anymore, so the woman has to have another method”. LHV-7-SH

“The problem (infection) occurs not due to midwife but problem occurs when the equipment is not sterilized properly. The antibiotic course should definitely be administered later on. The usual IUD problem is when the IUD changes its place due to the patient’s unnecessary movements. Secondly, the thread is left out 1-2 inch and is hard initially. Hence, it can pinch a bit early on. The back pain or stomach pain can signify there could be infection related issue due to IUCD. However, some doctors instead give multivitamins and pain killers.” LHV-5-PL

“M: LHV’s are doing a lot of IUCD insertions in this area, R:That’s right. Most of them are not even trained and you can guess for yourself what they could be doing to the people” DR-1-PL

Beliefs: IUCDs can damage reputation

Dr. Imrana and Imrana Baaji value loyal clients as a measure of their success. Concerns about potential problems related to the use of IUCDs results in worries about the impact that this could have on their clinic. Any practice that may reduce loyal, repeat clients presents a risk to their practice. Any FP method that does not deliver satisfaction to the client (and her gatekeepers such as husband and mother-in-law) risks losing a repeat client.

7Providers do not directly mention ‘profit’ when describing their business practice or discussing barriers to IUCDs. They do however emphasize loyal clients and a regular client base.
“We receive the most complaints of IUCD’s. The patients usually come to me with spoilt case. Usually, they already have an infection and still have the IUCD inserted”. LHV-5-PL

“Child birth will be stopped completely, bleeding might start, it might go up, and their stomach might start to grow. This does not happen to all but in some cases it might happen. If one patient suffers any of the above, it spreads as if has happened to all patients” LHV-2-SH

**Outcome expectation: IUCDs are seen to be effective**

Despite the issues raised, IUCDs are seen to be an effective long-term method.

“That it is hassle free for 5 years is the biggest advantage, if it suits you then you don’t have take pills or painful injections. It has no side effects; it has no hormones in it. It works in such a manner that it does not let the sperm go up thus avoiding pregnancy. Injections have some side effects; hypertensive patients cannot be injected nor can be given pills then IUCD is recommended to them”. DR-10-SK

“The benefits of Copper T are many, such as time saving, cheap treatment, long term protection and ease of use”. LHV-4-PL

“Do you think IUCD is safer for patients? R: Yes off course there is no doubt and second thought about its safety” LHV-3-SH

**Attitudes: FP and IUCD insertion are not a priority**

For Dr. Imrana, in her busy clinic FP is a small component of her practice and she feels her time can be better spent on other areas of practice.

“I don’t get much time to motivate and convince people”. Dr-4-SH

“IUCD is not as interesting, my basic interest is in treatment rather than procedures.” DR-10-SK

**Financial: IUCD less business, other methods more business**

Both Dr. Imrana and Imrana Baaji expressed concern that a client receiving an IUCD may not return to the practice for regular treatment. She would also be less likely to bring other members of her family to the service provider for health care. This would reduce potential revenue that she could earn by recommending other forms of modern contraceptives like the monthly or three monthly injectables, for which the client has to pay regular visits to the provider.
“M: What is the main reason for discouraging the IUCD cases? R: The two main reasons are reputation and less profit margin. Although, time factor also matters but the above two reasons precede that. I think these are the two main points…It (IUCD insertion) is a one-time thing as the patient would not visit them again for at least 8 years, just for Rs.300. Now compare it with the Rs. 200 injection which is injected every 3 months. So the patient would become a frequent visitor in this case. So many doctors have a tilt towards injection as it is more profitable”. LHV-5-PL

3. Feedback on the Sabzsitara Network

Sabzsitara network is perceived to be technically sound and widely known. It is a good brand name for service providers to be associated with and has increased awareness of family planning in low-income areas.

Imrana Baaji is especially appreciative of the GS network and the contribution it has made to establishing her clinic. She values the on-going support, free camps, and client satisfaction due to quality products and reputable service. Support in terms of availability of products and regular contact by Greenstar support staff were key measures of network quality.

“Even non-regular clients of our area trust Greenstar and its products”. LHV-7-SH

“M: Do you give any credit to Greenstar for your clinic’s success? R: Well it is simple, because the clients feel satisfied with the Greenstar medicines and products. Hence, a non-complaining client means a satisfied client. M: Do you think your clients are familiar with Greenstar products? R: Well I mostly tell my patients that I use Greenstar products. However, some of my patients specifically ask for the products we use and then feel satisfied after hearing the Greenstar name. M: What is their perception of Greenstar? R: They have a positive image of Greenstar”. LHV-5-PL

Imrana Baaji is very positive about the service provided and the value this has added to her practice. Imrana Baaji is very appreciative of the training opportunities and on-going relationship with the network in terms of provision of supplies/detailing.

“They have given me mental support, as I feel that now that I have established my clinic, I know that there is someone who is there to support us. Secondly I did not know anything about family planning, they trained me on this… They do everything for free, provide medicine, copper-T, women get to know that everything is being offered in this clinic (through the free camps). I feel there is a lot contribution of Green Star in establishing and running this clinic” LHV-12-PF
Training:

Overall the trainings conducted by Sabzsitara were valued due to the high standard and certification provided. Dr. Imrana and Imrana Baaji are keen to attend trainings on new products and techniques.

“My professional skills have improved by joining Greenstar and it has helped me raise my skill level”. DR-1-PL

“At this stage time is a big factor and if the training is for something new then yes I will attend”. DR-6-PF

Dr. Imrana and Imrana Baaji emphasized the need for both practical/clinical and theoretical training and that the trainings should be conducted at accessible times and locations.

Imrana Baaji felt that the audio-visual material presented at the training sessions were a good learning tool and liked the interactive element of the training. She liked that the training provided an opportunity to “share” the experiences of doctors and other knowledgeable professionals. She felt that the trainings should continue to be free (or provide some financial assistance to those attending).

“For me the most important and valuable channel is training by Greenstar or any get-together with doctors… Like Greenstar trainings in which visuals are shown through projector. The information that can be read can be forgotten but the same information shown in visuals is unforgettable”. LHV-9-SK

“It really helped me a lot because I was not affiliated with many doctors. Now I can take help from qualified doctors like Dr. X from Greenstar who offered me to call her anytime for help”. LHV-9-SK

Dr. Imrana acknowledged that Imrana Baaji has an important role to play in terms of facilitating the adoption of family planning but felt that some LHVs require further technical training.

She felt that training sessions should consist of both senior and junior doctors so that they can share their experiences. Some doctors said that they should be provided religious material relevant to family planning during the training sessions, so that they could use this to communicate with and convince their patients.

However, both Dr. Imrana and Imrana Baaji raised concerns that there was no follow up and continuous support after the training.
“They did not follow-up after training. They never ask about the usage of products … Greenstar stopped the training in the middle like they didn’t arrange refresher training. If we don’t get refresher training, we might forget and feel lack of interest”. LHV-8-SH

“Training should be conducted at least 2 every year. As when we have any problems regarding any procedure so we will have some place to turn to for our queries and problems incurred”. LHV-10-PF

“Conduct proper training sessions, keep proper follow-up and check and balance. A trained representative of Greenstar should observe the entire procedure and insertion should be done in her presence. Check the sterilization standards and protocols, then why were these not achieved.” DR-7-SK

Free camps:

Some LHVs and doctors in lower-income areas had very positive feedback about the free camps, which help generate demand in their areas. Some LHVs felt the discounted products and free gifts were beneficial in building a client base for family planning.

“When I started this clinic after training, if they would not have conducted free camps and other things then people would not have known about this clinic. They have given me mental support…They give us free gifts, they gave me this delivery kit. There are many things like this. The good thing is that people who don’t come to the clinic in normal times, they come in these days as they get everything for free.” LHV-12-PF

“M: What difference has taken place at your clinic after joining Greenstar? R: The number of patients has increased at my clinic”. DR-4-SH

Demand generation:

Health Service Providers suggested door-to-door campaigning and outreach activities, particularly in rural areas and building of public-private sector partnerships to ensure a sufficient numbers of patients demanding IUCD insertion. A regular stream of clients is important in enabling Dr. Imrana and Imrana Baaji to maintain quality, skill and confidence after training.

Greenstar Boards:

Imrana Baaji reported that the boards provide visibility, brand identity and enabled her to attract clients for family planning services.
“The board outside has effect. The board confirms the timings and who we represent”. LHV-11-PF

“We desperately need boards as people come from far places. I want Greenstar to put up their board instead of me writing something. People are satisfied, when they see Greenstar: they know that people here are trained. Secondly, that Greenstar is supporting service provider and they know about family planning”. LHV-12-SF

“People often walking by come in for some information when they see the board.” LHV-11-SK

Dr. Imrana was less enthusiastic about displaying the board because it suggested to the client that her clinic provides only family planning services.

“M: Do you have a board of the Greenstar at your clinic? R: Yes, I was planning to take it down; they said that if we participate in their training they will put up a board at my clinic. As I was new, I was very excited, but now the people think that this is a complete Greenstar clinic which is not true. I work here as a family physician, this is an addition so that I can also perform these procedures, out of which I have completely stopped IUCD insertion due to lack to set-up and time. So it will not matter to me if this board is there or not.” DR-10-SK

“… they did supply me with one a few years ago. However, a few patients thought this is a specialized centre for family planning only. Whereas, I was dealing with general patients as well, so that was one issue I faced with the board. If there was a small board installed then it would look nice”. DR-4-PL

Both Dr. Imrana and Imrana Baaji reported that they had not received boards (although they had requested for them) and that there was no maintenance of the boards.

“R: My board has not arrived as yet. My younger sister is junior but her board has arrived. Whereas, I have not received one as yet. M: Did you remind them? R: Yes, many a times!”. LHV-4-PL.

“M: Did they install any board as well? R: Yes! The board is an old one and there is no focus towards renovation”. DR-8-PL
Mass Media:

Mass media was seen to be a powerful tool for overcoming negative beliefs about family planning and numerous misconceptions about IUCDs. Furthermore, mass media was seen to reinforce individual counseling, especially among people who are less educated and live in rural areas.

“They should advertise on TV to increase awareness among patients. They should inform them about their centers in those ads and that these centers have trained doctors so that patients can consult them.” DR-2-PL

“Increase the awareness of the people through TV and Radio, which can now be done easily. Try to inform as many people as possible, as the awareness through media reaches everywhere. If I invite six people here and guide them only six people will know about it and out of those six people only four will understand and the other two will misguide others”. DR-10-SK

“The first and most important element is media – it plays a key role in spreading awareness regardless of the segregation among educated and uneducated people. An uneducated person is also watching television like the educated class and obtaining knowledge and information through this rich medium. There are number of advertisements depicting the importance of family planning. “Small family” and “Birth spacing is essential for health” are renowned slogans of social service organizations to create awareness among people. In addition we have camps and LHVs visits at door steps to create basic sense about family planning”. LHV-9-SK

It was felt that messages should be directed towards husbands and mother-in-laws who are significant players in the decision regarding family planning.

“I have also seen that husbands and mother in laws should definitely be brought in the loop for a successful population control campaign”. Dr-4-PL
**IEC materials:**

Pictorial posters and visual material about products, including IUCD, were seen to be important tools to display inside clinics to educate clients.

Imrana Baaji suggested that pictorial posters and CDs explaining the process of IUCD insertion should be provided to act as a refresher on the procedure after completing the Greenstar training. They also suggested the use of gifts such as mugs with the Greenstar logo, which could be placed in the clinic, to reinforce the brand image of the Sabzsitara network in the clients’ mind.

“They gave a poster describing the multiload procedure that was also put up here. People saw it and asked about it. If the patient is not educated, explaining everything sometimes is very difficult. If someone inquires then it is quite easy as photographic support is available”.DR-10-SK
5. Key Insights and Recommendations

ASSUMPTIONS, LEARNINGS AND ACTIONS REQUIRED

<table>
<thead>
<tr>
<th>ASSUMPTIONS</th>
<th>LEARNING</th>
<th>ACTION (help Dr. Imrana)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is one archetype</td>
<td>There are two archetypes for Dr. Imrana (the Doctor) and Imrana Baaji (the LHV).</td>
<td>Develop a separate support and marketing strategy for the doctor and the LHV.</td>
</tr>
<tr>
<td>The most significant impact of Greenstar is through the services of the doctors.</td>
<td>LHVs have a significant contribution to family planning, particularly in the provision of low-cost services in rural areas.</td>
<td>Focus on LHVs for rural impact, through technical training and distribution of products.</td>
</tr>
<tr>
<td>Dr. Imrana/Imrana Baaji believes that IUCD is a safe, long-term method of family planning and recommends it to her clients.</td>
<td>Dr. Imrana/Imrana Baaji believes that IUCD is a safe, long-term method of family planning, but is likely to recommend other products such as injections and pills.</td>
<td>Help Dr. Imrana/Imrana Baaji to overcome the perceived barriers to IUCD through increased training and credible external messaging.</td>
</tr>
<tr>
<td>Dr. Imrana/Imrana Baaji refers her patients to other service providers.</td>
<td>Dr. Imrana is reluctant to refer patients since this is an admission of limitations and she fears losing loyal clients. Imrana Baaji also expressed reluctance but is more likely to refer in practice (particularly when she lacks the expertise or facilities to perform the required procedure).</td>
<td>Provide “low risk” and high reward opportunities for referral within the Greenstar network.</td>
</tr>
</tbody>
</table>

**Insight #1:** The majority of low-cost, rural impact of Greenstar is through LHVs, who can provide a significant contribution to promoting and providing family planning:

- Approximately 60% of GS providers have LHV or other qualifications. LHVs contribute 61% of the network’s CYP.
- LHVs tends to work from home, have longer opening hours and greater accessibility to the lower-income and rural population.
- As family planning constitutes a much larger proportion of her clients and revenue than in the case of a doctor, LHVs are more motivated and willing to work with the Greenstar network and have more time to focus on family planning.

**Insight #2:** The need for credible community-focused messaging:

- Greenstar network needs more advertising/awareness campaigns for the target audience in order to generate demand in the community and to reinforce provider communications with clients.
- The community needs increased technical awareness of contraceptive methods.
- Providers would benefit from training on religious arguments to counter resistance to FP.
Addressing the key issues identified

1. LHVs as a means to communicate with low-income rural clients
   a) For existing LHVs in the network:
      a. Trainings will expand to include refreshers, technical knowledge, infection prevention in practice.
      b. LHVs will be visited regularly by GS representatives, provided products and contacted for feedback and
         updates.
      c. LHVs will be provided recognition through clinic upgrading (MVA, SINII use) certificates/awards and local
         advertising through cable.
   b) For non GS network LHVs:
      a. Greenstar meetings/presentations/discussions will be held with non-GS providers by GS representatives
         (HS) with a 25% urban and 75% rural outreach.
      b. Non-GS network LHVs will be supplied hormonal products and barrier methods.
      c. Non-GS network LHVs will be given orientation about GS.
      d. GS representatives will include non-GS network LHVs in their visits for products, services, feedback and
         enrollment.

2. Credible community-focused messaging
   a) Overcoming social resistance:
      a. Focus group meetings for “gate-keepers” of women at town and village level (i.e. at workplace).
      b. Printing of religious fatwa’s in favor of family planning and circulation to health service providers at
         training sessions.
      c. Product specific mass media campaign on TV and radio to address myths and misconceptions about
         family planning. Formats of talk shows and docu-dramas can be used and the support of celebrities and
         opinion-leaders/influential members of society enlisted.
      d. A pilot study of advocacy with local Imams at mosques, will be conducted by marketing.
      e. Pre-marriage counseling for boys and girls at colleges and circulation of educational material.
   b) Spreading product knowledge
      a. A CD demonstrating the process of IUCD insertion can be developed for health service providers and
         circulated.
      b. Visual material such as posters can be developed, covering product attributes, for circulation to health
         service providers.
      c. Visual material containing relevant messages about family planning can be circulated at public places
         such as bus stands, railway stands and rickshaws.
ANNEX 1: CATEGORY MAP
<table>
<thead>
<tr>
<th>Method</th>
<th>Clients for whom method is best suited</th>
<th>Clients for whom method is not suitable as perceived by provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUCD</td>
<td>MWRA wanting birth spacing of 5 to 10 years</td>
<td>Clients with infection, uterine problems, fibroids or excessive bleeding. Clients who have had multiple births.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative attributes</th>
<th>Positive attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Response</td>
<td></td>
</tr>
<tr>
<td>Providers raised the following concerns:</td>
<td>Providers raised the following concerns:</td>
</tr>
<tr>
<td>Concerns about lack of client knowledge about this method.</td>
<td>Concerns about lack of client knowledge about this method.</td>
</tr>
<tr>
<td>Clients are fearful of the physical insertion and pain of the procedure.</td>
<td>Clients are fearful of the physical insertion and pain of the procedure.</td>
</tr>
<tr>
<td>Fears amongst client group due to rumors and misconceptions i.e., IUCD can go to brain or be felt by husband or expelled during intercourse; or it can cause infertility.</td>
<td>Fears amongst client group due to rumors and misconceptions i.e., IUCD can go to brain or be felt by husband or expelled during intercourse; or it can cause infertility.</td>
</tr>
<tr>
<td>Rumors due to use of IUCD for abortion.</td>
<td>Rumors due to use of IUCD for abortion.</td>
</tr>
<tr>
<td>Religious beliefs- i.e., women having an IUCD inserted cannot be buried.</td>
<td>Religious beliefs- i.e., women having an IUCD inserted cannot be buried.</td>
</tr>
<tr>
<td>Risk of complications, such as perforated uterus if IUCD is inserted by untrained provider/LHV/mid-wife.</td>
<td>Risk of complications, such as perforated uterus if IUCD is inserted by untrained provider/LHV/mid-wife.</td>
</tr>
<tr>
<td>Concerns about reputation.</td>
<td>Concerns about reputation.</td>
</tr>
</tbody>
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<th>Positive attributes</th>
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</thead>
<tbody>
<tr>
<td>Emotional Response</td>
<td></td>
</tr>
<tr>
<td>Can lead to excessive bleeding and cramps if it does not suit the patient.</td>
<td>Can lead to excessive bleeding and cramps if it does not suit the patient.</td>
</tr>
<tr>
<td>A larger one-time cost (Rs 500) of insertion for client.</td>
<td>A larger one-time cost (Rs 500) of insertion for client.</td>
</tr>
<tr>
<td>Time-consuming and complex procedure for service provider.</td>
<td>Time-consuming and complex procedure for service provider.</td>
</tr>
<tr>
<td>Sterilization of instruments, physical examination/preparation of patient etc.</td>
<td>Sterilization of instruments, physical examination/preparation of patient etc.</td>
</tr>
<tr>
<td>Conducting procedure may disturb the doctor's routine however she may not trust her assistant to do the procedure.</td>
<td>Conducting procedure may disturb the doctor's routine however she may not trust her assistant to do the procedure.</td>
</tr>
<tr>
<td>Less profitable for service provider, as client disappears for 3 to 5 years after insertion.</td>
<td>Less profitable for service provider, as client disappears for 3 to 5 years after insertion.</td>
</tr>
</tbody>
</table>

Positive attributes:
- Safe and hassle-free, long-term protection.
- No side effects if it suits patient.
- No hormonal changes.
- Easy removal.
- No need to visit service provider repeatedly.
- Pregnancy possible immediately after removal.

Negative attributes:
- Can lead to excessive bleeding and cramps if it does not suit the patient.
- A larger one-time cost (Rs 500) of insertion for client.
- Time-consuming and complex procedure for service provider.
- Sterilization of instruments, physical examination/preparation of patient etc.
- Conducting procedure may disturb the doctor's routine however she may not trust her assistant to do the procedure.
- Less profitable for service provider, as client disappears for 3 to 5 years after insertion.
<table>
<thead>
<tr>
<th>Method</th>
<th>Clients for whom method is best suited</th>
<th>Clients for whom method is not suitable as perceived by provider</th>
<th>Positive attributes</th>
<th>Negative attributes</th>
<th>Emotional Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections</td>
<td>MWRA wanting birth spacing for 6 to 18 months. Client with irregular periods or fibroids or blood pressure. Discrete method/can be adopted secretly.</td>
<td>Client with irregular periods or fibroids or blood pressure.</td>
<td>Discrete method/can be adopted secretly.</td>
<td>Side effects (Spotting/bleeding/weight gain). Pregnancy not possible for 3 to 6 months after injection is discontinued.</td>
<td>It is the safest and most convenient method for the client and the service provider.</td>
</tr>
<tr>
<td>Condoms</td>
<td>General</td>
<td>-</td>
<td>No side-effects or hormonal changes. Protects against STD</td>
<td>Requires cooperation of husband. Possible failure</td>
<td>-</td>
</tr>
<tr>
<td>Pills</td>
<td>General</td>
<td>Breast-feeding mothers</td>
<td>Inexpensive</td>
<td>Clients forget to take tablets. Side effect / hormonal changes</td>
<td>-</td>
</tr>
<tr>
<td>Tubulization</td>
<td>Family is complete, no longer in physical condition for childbirth</td>
<td>Younger women.</td>
<td>Expensive</td>
<td>Requires surgery and stutches</td>
<td>-</td>
</tr>
<tr>
<td>UFC</td>
<td>Region</td>
<td>TOTAL NO. OF PATIENTS</td>
<td>No. of FP clients FEMALE</td>
<td>ESTIMATED NO. OF FP CLIENTS PER MONTH</td>
<td>TOTAL FP INSERTED LAST MONTH ALL TYPES</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>--------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>PK-1</td>
<td>Lahore</td>
<td>15</td>
<td>1</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>PK-2</td>
<td>Lahore</td>
<td>25</td>
<td>10</td>
<td>300</td>
<td>6</td>
</tr>
<tr>
<td>PK-3</td>
<td>Lahore</td>
<td>25</td>
<td>4</td>
<td>60</td>
<td>6</td>
</tr>
<tr>
<td>PK-4</td>
<td>Lahore</td>
<td>25</td>
<td>1</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>PK-5</td>
<td>Karachi</td>
<td>20</td>
<td>9</td>
<td>180</td>
<td>6</td>
</tr>
<tr>
<td>PK-6</td>
<td>Punjab/FSD</td>
<td>20</td>
<td>6</td>
<td>180</td>
<td>6</td>
</tr>
<tr>
<td>PK-7</td>
<td>Lahore</td>
<td>60</td>
<td>1</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>PK-8</td>
<td>Hyderabad</td>
<td>40</td>
<td>3</td>
<td>60</td>
<td>5</td>
</tr>
<tr>
<td>PK-9</td>
<td>Lahore</td>
<td>30</td>
<td>3</td>
<td>60</td>
<td>6</td>
</tr>
<tr>
<td>PK-10</td>
<td>Hyderabad</td>
<td>20</td>
<td>5</td>
<td>100</td>
<td>6</td>
</tr>
<tr>
<td>PK-11</td>
<td>Sindh-Karachi</td>
<td>25</td>
<td>4</td>
<td>80</td>
<td>5</td>
</tr>
<tr>
<td>PK-12</td>
<td>Punjab/Lahore</td>
<td>60</td>
<td>6</td>
<td>120</td>
<td>8</td>
</tr>
<tr>
<td>BR-1-PL</td>
<td>General, ODP, FP and Gyne</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>BR-2-PL</td>
<td>Gyne, FP, deliveries, ultrasound</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>4</td>
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<tr>
<td>BR-3-PL</td>
<td>OBs, gynecology, obstetrics</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>BR-4-PL</td>
<td>Gyne, FP and Infertility</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>BR-5-PL</td>
<td>Obstetric (hospital)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>BR-6-PL</td>
<td>Gyne (hospital)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2</td>
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<tr>
<td>BR-7-PL</td>
<td>OBs, gynecology</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>BR-8-PL</td>
<td>Gyne (hospital)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>BR-9-PL</td>
<td>Gyne (obstetric)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>BR-10-PL</td>
<td>Gyne, FP and OBs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
</tbody>
</table>

**TABLE 2: CLINIC INFORMATION – DOCTORS**
| URC | Region       | Total No. of patients (including children) | Last day clinic was open? | No. of FP clients seen yesterday / last clinic was open? | Estimated number of FP clients per month | Total IUCD inserted last month (all types) | % of FP clients who receive an IUCD (High n more than the mean ratio) | High/low based on % of FP clients who receive an IUCD (High n more than the mean ratio) | Provider preferred FP method (in order of preference) | Client preferred method as perceived by provider (in order of preference) | Client least preferred method as perceived by provider | Estimated age of provider | Family size and structure | Aspirations for practice | How long have they been qualified as medical profession al? (Years) | Do you also work in Govt. Clinics / Hospital / Maternity Home? | Number of years at their clinic | Year became part of GS Network? |
|-----|--------------|------------------------------------------|---------------------------|-----------------------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|----------------------------|--------------------------|---------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| LH2-3-SH | Hyderabad | 33 | 80 | 4 | 5 | 0 | IUCD | Injection, Pilts, IUCD | UDD | Husband, 2 children | To earn more for better living and to open a hospital in city | 17 | Working in GOVT hospital | 16 | 2001 |
| LH2-1-P | Lahore | 15 | 120 | 4 | 3 | 0 | IUCD | Injection, IUDC | UDD | Husband, 2 children | Nothing specific | 10 | PGA No | 10 | 2007 |
| LH2-3-P | Lahore | 26 | 120 | 3 | 3 | 0 | IUCD | Injection, IUDC | UDD | Husband, 5 children | Wants to have an IUD in future and to study | 13 | Govt. hospital priva in city | 16 | 2000 |
| LH2-2-P | Lahore | 9 | 49 | 2 | 5 | 0 | Injection | Injection | IUDC | Husband, 5 children | Wants to have a child for more patients | 8 | Worked with NGO / private hospital | 6 | Not Mention |
| LH2-5-P | Lahore | 5 | 49 | 2 | 5 | 0 | Injection | Injection | IUDC, Contraception | Husband, 2 children, mother | More satisfied patients, to perform major surgery, more training | 8 | Worked as nurse in hospital | 8 | 2006 |
| LH2-7-P | Hyderabad | 15 | 29 | 0 | 0 | 0 | Injections | Injection | IUDC | Husband, 4 children (husband and sons) | Wants to have an IUD setup in the clinic and to establish a proper clinic | 15 | Clinic or not, LH in National Health Programme also worked for Key marketing | 16 | 1996 (say & member) |
| LH2-4-P | Lahore | 40 | 180 | 7 | 4 | 0 | Contraception | Injection, IUDC | Pilts, IUCD | Husband, 5 children, extended family | Complete with minimum charges, proper equipment for delivering, to counsel patients on their issues | 10 | Not mentioned | 10 | 2005 |
| LH2-10-PF | Punjab-Punjab | 1 | VALUE | 0 | 0 | 0 | Contraception | Injection, IUDC | Pilts, IUDC | Husband, 2 children, extended family | Wants to establish a clinic with team of Pilts | 15 | Not Mention | 15 | 2005 |
| LMF1-SK | SINDH-KARACHI | 23 | 69 | 2 | 3 | 0 | IUDC | Injection | UDD | Husband, 5 children | Wants to perform caesarean section | 42 | No | 32 | 1999 |
| LMF1-5-P | Hyderabad | 25 | 69 | 5 | 3 | 1 | IUDC | Pilts, IUDC | Pilts | Husband, 3 children, extended family | Complete with minimum charges, proper equipment for delivery, to counsel patients on their issues | 3 | Working in 2 clinics | 5 | Not Mention |
| LMF1-3-P | Lahore | 18 | 69 | 3 | 3 | 1 | Contraception | Pilts, IUDC | UDD | Husband, 2 children, extended family | Wants to have a clinic with complete facilities | 5 | Clinic | 9 | 2004 |
| LMF1-1-P | Karachi | 15 | 69 | 4 | 7 | 1 | Injection | Pilts | UDD | Husband, 2 children, extended family | Helps to build own hospital and to have patients own house and land | 3 | UDD, UDC, UBC | 16 | 2004 (say & member) |
| LMF1-10-PF | Faisalabad | 15 | 69 | 10 | 3 | 1 | Injection | Pilts | UDD | Husband, 2 children, extended family | Helps to establish her own clinic | 14 | No | 12 | 2005 |
| LMF1-12-PF | Faisalabad | 15 | 69 | 10 | 3 | 1 | Injection | Pilts | UDD | Husband, 2 children, extended family | Helps to establish her own clinic | 14 | No | 12 | 2005 |
| LMF1-10-SK | SINDH-KARACHI | 15 | 69 | 6 | 1 | 0 | Contraception | Injection | UDD | Husband, 5 children (all married) | Wishes to have a clinic more efficient with modern equipment | 28 | Yes | 17 | 2006 |
| LMF1-SH | SINDH-HYDERABAD | 10 | 69 | 3 | 8 | 1 | Contraception | Injection | UDD | Husband, 2 children | No | 18 | Yes | 1990 |
TABLE 4: CLINIC INFORMATION – LHVS

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<tr>
<th>UNI</th>
<th>Region</th>
<th>Total No. of Clinics</th>
<th>No. of Clinics Open</th>
<th>No. of Clinics Closed</th>
<th>No. of Clinics in LHVS</th>
<th>No. of Clinics in non-LHVS</th>
<th>LHVS = % of Clinics in LHVS</th>
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