3. HEALTH

3.1 Introduction

The Government health strategy gives great importance to young, children and their mothers, particularly in rural areas. Government is committed to improve the health needs of the country by delivering a set of basic health services to all. Government is keen to improve women's access to government health care. As per Government Health Policy[1], its strategy also includes:

- Provide and Deliver a basic package of quality Essential Health Care Services
- Develop and Manage competent and committed health care providers
- Generate reliable health information to manage and evaluate health services
- Adopt appropriate health technology to deliver quality services
- Reform the Health Administration to make it accountable to the public

The Federal Ministry for Health has been devolved under 18th amendment as of June 2011. Since then health is a provincial subject and the funds along with other resources are being transferred to the provinces as per the constitutional requirements. It is likely to improve the prevailing health care system and effectively increase its outreach of service delivery to the masses at the grass root level. The present setup at the provincial level will be further strengthened and linked up from province to districts, from district to tehsil level and from there to urban and rural localities[2].

PSLM survey data on Health is a good source to monitor the progress in Health sector with detailed comparison between the data results before and after the implementation of devolution. Pakistan Bureau of Statistics through PSLM survey will continue to produce key indicators on Health both at National/Provincial and District level. PSLM indicators on Health are a good source for the Federal Government & for provinces to overview the progress and to assess the areas where serious and comprehensive efforts are required.

In this chapter, information is presented on a number of key indicators that include percentage of population who got Sick or Injured, Type of health consultation, Immunization, Diarrhoea and Pre and Post-natal care.

3.2 Sick or Injured

During the reference period of two weeks prior to the date of interview 7 percent of the population in 2012-13 reported sick or injured. There is no significance difference between provinces, however, Khyber Paktunkhwa (KPK) with 8 percent has comparatively higher prevalence of sick or injured population as compared to Punjab

[1] National Health Policy 2009, Ministry of Health ,GOP
[2] Ministry of Health (Pakistan) /WHO apprehensive about Health Ministry's devolution.

with 7 percent, Sindh with 7 percent and Balochistan with 6 percent. In Islamabad (Federal Capital), reported number of cases fallen sick or injured is 5 percent. While observing the district level position, Layyah & Rajanpur with 12 percent, Matiari & Jamshoro with 12 percent, Haripur with 13 percent and Khuzdar with 14 percent have the highest prevalence of sick and injured population among their respective provinces. In such cases, about 96 percent of population had some type of health consultation (Table 3.1). Over 71 percent of sick or injured persons consulted private dispensary/hospitals and 22 percent visited public dispensary/hospitals and RHC/BHU for their treatment (Table 3.3).

3.3 Immunization

One of the primary objectives of the government in health sector is to expand the coverage of immunization. Measuring immunization coverage is not an easy task. Parents often do not have the children's immunization / health cards with full information on vaccinations received. Immunization rates based only on the information given on immunization cards ('record') may therefore, underestimate coverage, however, it has the benefit of using written information recorded by health workers.[3] The alternative is to ask parents about their child's vaccination history, and calculate coverage rates using this information termed as ('recall'). This runs the risk that parents will not remember vaccinations and will confuse different types of vaccines or other injections with vaccinations. However questions are asked in questionnaire in a way to filter out such cases and during training the enumerators are also briefed about probing techniques to get better and reliable information.

According to the WHO guidelines, a child should receive a BCG (anti-TB); DPT (anti-diphtheria/whooping cough/tetanus), Measles, anti-polio (drops), given by mouth not by injection. Few years back, government has also introduced COMBO (1, 2, and 3), combination of DPT and Hepatitus. Government through "Expanded Program on Immunization" (EPI) focused on strengthening maternal and child health services within the existing health system[4]. The immunization schedule since 2010 is as follows; BCG (anti-TB); PENTA (Diphtheria, Pertussis, Tetanus, Hemophilus Influenza B and Hepatitus B); anti-polio (drops); Measles and Measles 2[5]. Measles 2 is added vaccination given at the age of 15 months. The coverage of COMBO and PENTA has been included in PSLM Round 9 in 2013-14 and results will be provided in report. Table 3.4 presents immunization rates for children aged 12-23 months, who have been immunized during the period 12 to 24 months prior to the survey. When considering the record based immunization rates, it increases to 57 percent in 2012-13 as compared to 53 percent in 2010-11, there is an increase in urban areas 66 percent in 2012-13 from 62 percent in 2010-11, similarly increase is also shown in rural areas, 54 percent in 2012-13 from 49 percent in 2010-11.

---

[3] Note that even the record-based measure cannot be based exclusively on vaccinations recorded on the health card, since it is not possible to identify the source of the information on each antigen. Instead, it is calculated for all children who had a health card, using all immunizations reported, whether or not these were recorded on the card. It is likely that most will have been recorded on the card.

[4] Ministry of Planning Development and Reform,GOP

[5] Research and Development Solutions, Policy Briefs Series No.3,USAID

Full immunization rates (all the 8 recommended vaccines) based on recall and record showed a marginal increase to 82 percent in 2012-13 from 81 percent in 2010-11. There is increase in full immunization rates for urban areas: 87 percent in 2012-13 as compared to 85 percent in 2010-11, similar pattern is observed in rural areas 80 percent in 2012-13 as compared to 79 percent in 2010-11. Islamabad (Federal Capital) has increased to 90 percent in 2012-13 from 83 percent in 2010-11.While observing the district level pattern, Attock with 97 percent, Karachi & Dadu with 89 percent, Malakand with 96 percent and Barkhan & Awaran with 91 percent are top ranked districts within their respective provinces. While Rahim Yar Khan with 77 percent, Tharparkar with 43 percent, Tor Garh with 3 percent and Dera Bugti with 6 percent are the bottom ranked districts within their respective provinces (Table 3.4 c).

Table 3.5 (record Based) and Table 3.6 (based on record and recall) provides coverage by Antigen. Having a look at record based measure, the visible increase is seen at provincial level as compared to 2010-11, however coverage of measles vaccination is 57 percent in 2012-13 as compared to 53 percent in 2010-11 that is still very low as compared to other vaccinations. Punjab with 65 percent, Sindh with 43 percent, KPK with 53 percent and Balochistan with 29 percent have the lowest coverage of measles as compared to other vaccinations.

3.4 Diarrhoea

Diarrhoeal disease is the second leading cause of death in children under five years old, and is responsible for killing around 760000 children every year in the world. Diarrhoea can last several days, and can leave the body without the water and salts that are necessary for survival. Most people who die from diarrhoea actually die from severe dehydration and fluid loss[6]. Childhood diarrhoea has been a serious health problem in Pakistan. Both its prevention, through improved water and sanitation, and the treatment of dehydration through oral re-hydration salts (ORS) are goals of government. Home management of diarrhoea through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths.

The households were asked to report whether a child had diarrhoea in the 30 days prior to the survey. If child suffered from diarrhoea in last 30 days, series of questions were asked whether they have consulted someone for it or not and whether ORS has been given to child or not.

Overall percentage of children who have suffered from diarrhoea in the 30 days prior to survey is 10 percent in 2012-13 as compared to 11 percent in 2010-11. All Provinces, Punjab, Sindh, KPK and Balochistan have shown more or less same trends. In Islamabad (Federal Capital) percentage of cases affected by diarrhoea is 5 percent. While observing the district level position, Layyah with 30 percent, Jaccobabad with 23 percent & Larkana with 21 percent, Nowshera & Mardan with 17 percent, Mastung with 42

[6] WHO Media center, Diarrhoeal disease, Fact sheet No. 330

percent are the districts reported the highest number of cases within their respective provinces (Table 3.7).

Among 94 percent of diarrhoea cases a practitioner of some kind was consulted. The use of ORS in diarrhoea cases has slightly increased to 75 percent in 2012-13 from 74 percent in 2010-11. Use of ORS in case of diarrhoea is more prevalent in urban areas with 78 percent than in rural areas with 74 percent. ORS is mostly used in Balochistan with 94 percent followed by Sindh with 91 percent and KPK with 84 percent, whereas in Punjab its only 64 percent, this pattern within the districts is more or less the same, which has been observed at provincial levels (Table 3.8).

In cases of diarrhoea, the most consulted practitioner constitutes to be a private practitioner and it has increased to 70 percent in 2012-13 as compared to 66 percent in 2010-11. Basic health units (BHU) and rural health centers (RHC) were consulted by only 6 percent of cases in Pakistan, which gives some indication of the very limited use of the government primary health network for these kinds of curative services. However, in Balochistan 25 percent diarrhoea cases received consultation from government facilities such as hospitals, dispensaries and this trend is prevalent in many districts (Table 3.9).

3.5 Pre and post-natal care

Maternal health is the serious issue in developing countries including Pakistan. Government of Pakistan is fully committed to cope with this issue. In addition to reduce the maternal mortality, the provision of quality pre-natal care can also reduce the risk factors including pre-eclampsia, anemia, and sexually transmitted diseases. Pre-natal care also encourages women to learn the symptoms of pregnancy and delivery, to be immunized against tetanus, to know about infant care.

A large number of Lady Health Workers are also employed in this regard. These workers visit from home to home in order to create awareness about Pre and Post-Natal Care. Further a large network of Health Houses is established both in urban and rural areas where a well-trained lady health workers is available to facilitate the women about the mother and child health care both before and after delivery of child[7].

Some 69 percent of mothers who had given birth in the last three years went for pre-natal consultations during their last pregnancy in 2012-13 as compared to 64 percent in 2010-11. Attendance rates have increased in urban as well as in rural areas. It was much higher in urban areas, 83 percent as compared to 63 percent in rural areas. Punjab has the highest attendance with 73 percent and Balochistan has the lowest attendance with 50 percent. In Islamabad (Federal Capital), 96 percent women went for pre-natal consultation. While observing the district level position, Lahore with 91 percent, Karachi with 94 percent, Haripur with 82 percent, Harnai with 80 percent are the top ranked

[7] Journal of Pakistan Medical Association, Lady Health Worker Program in Pakistan: challenges, achievements and way forward.

districts within their respective provinces. While Jhang with 58 percent, Mir Pur Khas with 45 percent, Tor Garh with 12 percent and Kohlu with 23 percent are the lowest within their respective provinces. With reference to pre-natal consultations it appears that in many districts of Punjab and Sindh consultation is taken from private hospital while the trend is reverse in KPK and Balochistan where women in majority of districts went to public hospitals for consultation. In Overall Pakistan, the three most commonly consulted sources were private hospital/clinic with 50 percent, government hospital/clinic with 29 percent followed by home TBA with 7 percent (Table 3.10).

Tetanus Toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due to primarily unsanitary conditions during childbirth. In addition these injections protect women from developing tetanus themselves or suffering from sepsis. Two doses of tetanus Toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection. Some 72 percent of mothers in 2012-13 as compared to 69 percent in 2010-11 had received a tetanus toxoid injection during their last pregnancy. In Islamabad (Federal Capital), 99 percent women received tetanus toxoid injections. While observing the district level position, Gujrat & Sialkot with 96 percent, Karachi with 91 percent, Malakand with 86 percent followed by Chitral & Charsada with 84 percent and Kalat with 77 percent are the top ranked districts within their respective provinces (Table 3.11).

As far as the place of delivery is concerned it is observed that there is decline in number of deliveries that took place at home i.e. 50 percent as compared to 58 percent in 2010-11. In rural areas, some 59 percent deliveries took place at home as compared to 29 percent in urban areas. While observing the district level pattern for delivery location it is revealed that, Rajanpur with 83 percent, Kashmore with 84 percent, Kohistan with 91 percent and Kohlu with 95 percent are the districts within their respective provinces, where most of deliveries took place at home. In Islamabad (Federal Capital) mostly deliveries took place at government hospitals/RHC/BHU. In urban areas most deliveries 62 percent are assisted by doctors followed by trained dai with 16 percent and the most commonly cited source of assistance in rural areas is doctor with 31 percent followed by trained dai with 30 percent (Table 3.12).

Post-natal consultation rates even though improved in 2012-13, are still much lower than the pre-natal rates as cited above. Some 29 percent of mothers received post-natal check-up within six weeks of delivery during their last pregnancy as compared to 28 percent in 2010-11. Post-natal consultation is higher in urban areas with 37 percent as compared to rural areas with 25 percent. In Islamabad (Federal Capital), 76 percent women went for post-natal consultations. While observing the district level position, Rahim Yar Khan with 46 percent, Hyderabad with 68 percent, Lower Dir with 42 percent and Sibbi with 41 percent are the top ranked districts for post-natal consultations within their respective provinces.

The most commonly cited sources of post-natal care in urban areas as well as rural areas were private hospital/clinic with 58 percent and 49 percent respectively followed by government hospital/clinic with 25 percent in both urban areas and rural areas (Table 3.13).