3. HEALTH

3.1 Introduction

The Government health strategy focuses on young children and their mothers, particularly in rural areas. One of the most pressing needs addressed by Government is to improve women's access to government health care. The Government's strategy for primary health includes:

- improving the efficiency and utilisation of basic health care services, both preventive and curative;
- improving programme design by paying more attention to quality;
- increasing access to health care by constructing more facilities;
- increasing women's access by recruiting more female staff;

In this chapter, information is presented on a number of key indicators which include percentage of population who get sick or injured, type of health consultation, immunization, diarrhea and pre-and post-natal care.

3.2 Sick or injured

. During the reference period of two weeks prior to the date of interview 6.27 percent of the population in 2006-07 compared to 7.10 percent in 2004-05 reported sick or injured. Sindh and NWFP with 6.67 percent and 6.76 percent respectively have comparatively higher prevalence of sick or injured population compared to Punjab and Balochistan. Prevalence of sickness / injuries is lower in most of the districts in the Punjab compared to other provinces, Lakki Marwat district with 12.45 percent prevalence is at the top (Table 3.2). About 94.44 percent of reported as sick or injured had some type of health consultation. Over 68.72 percent (67 percent in 2004-05)of sick or injured persons consulted private hospitals or doctors compared to 20.64 percent (22.8 percent in 2004-05) who visited public hospitals/ dispensaries/ RHCs /BHUs for their treatment (Table 3.3). The pattern of health consultation in districts for public and private hospitals / dispensaries is the same which has been observed at National/ Provincial level.

3.3 Immunization

One of the primary objective of the Government in health sector is to expand the coverage of immunization. Measuring immunization coverage in household surveys is not easy. 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.[1] The alternative is to ask parents about their child's vaccination history, and calculate coverage rates using this information ('recall'). This runs the risk that parents will not remember vaccinations will confuse different types of vaccines or will confuse other injections with vaccinations. Neither measure is ideal; both are presented in this report to help make an informed judgment on trends. In this report, both of these measures use all children of the appropriate age range in the denominator.

According to the WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination. Table 3.4 presents immunisation rates for children aged 12-23 months, who have been immunised during the period 12 to 24 months prior to the survey. Overall, when recall and record measures are included, full immunisation rates (all the 8 recommended vaccines) showed a Positive increase from 71 per cent in 2005-06 to 76 per cent in 2006-07.[2] For fully immunized based on recall and record Gujrat with 100 percent, Karachi 82 percent , Charsada 97 percent, and Mastung at almost 100 percent are top ranked districts in the Punjab, Sindh, N.W.F.P, and Balochistan provinces respectively.

Using the measure that includes recall & record, there is an increase in full immunization rates for both urban and rural areas, but in rural areas it is particularly impressive going from 66 per cent in 2005-06 to 73 per cent in PSLM 2006-07. When considering the record based measure immunization rates improved in urban areas as well as rural areas. Considerable improvement is shown in rural NWFP and Balochistan from 61 percent and 41 percent in 2005-06 to 74 percent and 49 percent in 2006-07 respectively.

Coverage by antigen is given in Tables 3.5 and 3.6. The former is based on record, the latter on record plus recall. Both measures have shown general improvement in the coverage of all antigens as compared with 2005-06.

3.4 Diarrhoea

Dehydration caused by diarrhoea is a major cause of mortality among children. 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. Preventing dehydration by increasing fluid intake is important strategy for managing diarrhoea.

[1] 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.

[2] Full immunization means that the child has received: BCG, DPT1, DPT2, DPT3, Polio1, Polio2, Polio3 and measles.

It was asked to report whether a child had diarrhoea in the 30 days prior to the survey. If so, a series of questions were asked whether they have consulted someone for it or not and about whether ORS has been given to child or not.

Overall the percentage of children who have suffered from diarrhoea in the 30 days decreased from 12 per cent in 2005-06 to 11 per cent in 2006-07. By province Sindh and Balochistan have shown increase in diarrhoea cases while Punjab and NWFP have shown decrease. T.T Singh 22 percent in the Punjab province, Mir Pur Khas 19 percent in Sindh, D.I Khan 20 percent in NWFP and Awaran 31 percent in Balochistan province are the most affected districts within each province. (Table 3.7).

In 94 per cent of diarrhoea cases a practitioner of some kind was consulted. This represents an improvement as compared with 86 per cent in 2005-06. The pattern of practitioner consultation in all districts of Punjab (except Bhakhar 77 percent and Rahim Yar Khan 74 percent) Sindh (except Tharparker 76 percent) and N.W.F.P (except Kohistan 15 percent) is the same. However, in Balochistan province pattern is mix with the exception of Kharan district having 22 percent consultation rate (Table 3.8). The use of ORS in diarrhoea cases has increased to 76 percent in 2006-07 ORS is most likely to be used in Sindh, NWFP and Balochistan, whereas its use is lowest in the Punjab. ORS is more or less equally used in NWFP urban and rural areas, except in rural Balochistan. The pattern within the districts is more or less the same, which has been observed at provincial levels.

In cases of diarrhoea, the most likely type of practitioner to be consulted continues to be a private practitioner 72 percent in 2006-07 (Table 3.9) as observed in 2005-06. Government facilities shows decline as compared to 2005-06 (19 to 13 per cent). Basic health units (BHU) and rural health centres (RHC) consulted only 6 per cent of cases in rural Pakistan, which gives some indication of the very limited use of the government primary health network for these kind of curative services. However, in Balochistan 56 percent diarrhea cases were consulted by government facilities and in most of the districts, government facilities such as hospitals, Dispenseries and BHUs were consulted.

3.5 Pre-and post-natal care

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anaemia, and sexually transmitted diseases. Pre-natal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunised against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anaemia.

Some 53 per cent of mothers compared to 52 percent in 2005-06 who had given birth in the last three years went for pre-natal consultations during their last pregnancy (Table 3.10). The attendance rate was much higher in urban (73 per cent) than rural areas (45 per cent). Attendance rates have increased in urban as well as rural areas. In rural

areas, Punjab has the highest attendance and Balochistan the lowest. Rawalpindi 79 percent, Karachi 90 percent, Nowshera 87 percent and Kharan and Quetta 61 percent are at the top ranks within the provinces**.** In rural Pakistan, the three most commonly consulted sources were private hospital/clinic (40 per cent), government hospital/clinic (25 per cent) and Home TBA (15 per cent).

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 56 per cent of mothers compared to 51 percent in 2004-05 had received a tetanus toxoid injection during their last pregnancy. Gujrat (86 percent) in the Punjab, Karachi (79 percent) in Sindh, Nowshera (85 percent) in N.W.F.P and Mastung (77 percent) in Balochistan are at top ranks within the provinces. (Table 3.11).

The vast majority of births, some 68 per cent, take place at home compared to 71 percent in 2004-05(Table 3.12). In rural areas, some 78 per cent were at home compared with 44 per cent in urban areas. The most commonly cited source of assistance in rural areas was a trained dai,& traditional birth attendant (60 per cent of cases), followed by family member/relative (18 per cent). Bhakhar (98 percent) in the Punjab, Tharparker (96 percent) in Sindh, D.I Khan (91 percent) in N.W.F.P and Kohlu (100 percent) in Balochistan are the highest ranked districts, where child was delivered at home.

Post-natal consultation rates even though improved in 2006-07 were much lower than the pre-natal rates cited above (Table 3.13). 24 per cent of mothers received a post-natal check up within six weeks of delivery during their last pregnancy in 2006-07 compared to 23 percent in 2004-05. Urban areas had higher rates than rural areas, though both were low. Islamabad (71 percent) is the top district for post natal consultations.

The three most commonly cited sources of post-natal care in rural areas were private hospital/clinic (41 per cent), government hospital/clinic (23 per cent), and traditional birth attendant at home (18 per cent).