

3. HEALTH

3.1 Introduction

The Government health strategy focuses on young, children and their mothers, particularly in rural areas. Government in conformity with its commitment seeks to improve the health needs of the country by delivering a set of basic health services to all. 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 utilization of basic health care services, both preventive and curative.
- Improving programme designed by paying more attention to quality.
- Enhancing coverage and access of essential health services.
- Reduction in burden of disease and protecting the poor and under privileged population subgroup against risk factors.
- Increasing women's access by recruiting more female staff.

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 worth mentioning here that all the departments of health ministry are to be absorbed gradually in the provincial governments. 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.

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. Federal Bureau of Statistics through PSLM survey will continue to produce key indicators on Health. PSLM district/provincial level indicators on Health are a good source for all provinces to overview weak areas of province where serious and comprehensive efforts are required.

PSLM survey covers key indicators on health sector even at the district level which are presented in this report, however, the recent crises of Dengue (Malaria) is not covered. Therefore for the recent survey questions have been included to find out its prevalence. The results will be made available as soon as the data will be finalized.

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 2010-11 reported sick or injured as compared to 6 percent in 2008-09. Sindh and Khyber Pakhtunkhwa with 8 percent have comparatively higher prevalence of sick or injured population as compared to Punjab and Balochistan. Prevalence of sickness / injuries is lower in most of the districts in the Balochistan as compared to other provinces. Mianwali with 12 percent in Punjab, Tando Muhammad Khan district with 14 percent in Sindh, Karak with 14 percent in Khyber Pakhtunkhwa and Harnai with 28 percent in Balochistan at the top in respect of sick/injured population (Table 3.1). About 96 percent of population had some type of health consultation. Who have over 71 percent (71 percent in 2008-09) of sick or injured persons consulted private hospitals or doctors compared to 22 percent (20 percent in 2008-09) who visited public hospitals/dispensaries/ RHCs /BHUs for their treatment (Table 3.3). Apart from a few districts of Khyber Pakhtunkhwa and Balochistan which prefer public dispensary/hospital over private dispensary/hospital, the general trend is that private facilities are considered more reliable by people than public dispensary/hospital.

3.3 Immunization

One of the primary objectives 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 and 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

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.

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 78 percent in 2008-09 to 81 percent in 2010-11. For fully immunized based on recall and record, Chakwal with 99 percent, Jamshoro and Karachi with 91 percent, Haripur with 93 percent, and Barkhan with 93 percent are top ranked districts while Bahawalpur with 68 percent Tando Muhammad Khan with 43 percent, Kohistan with 10 percent, Dera Bugti with 3 percent are the bottom ranked districts in Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan provinces, respectively.

Using the measure that includes recall & record, there is an increase in full immunization rates for urban areas, but in rural areas there is significant increase from 74 percent in 2008-09 to 79 percent in 2010-11. When considering the record based measure immunization rates, there is increase in urban areas from 60 percent in 2008-09 to 62 percent in 2010-11, and rural areas 46 percent in 2008-09 to 49 percent in 2010-11 respectively.

Coverage by antigen is given in Tables 3.5 and 3.6. The former is based on record, the later on record plus recall. Both measures have shown general improvement in the coverage of all antigens as compared with 2008-09.

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 rehydration 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.

The households were 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 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 marginally increased from 10 percent in 2008-09 to 11 percent in 2010-11. Balochistan and Punjab have shown increase in diarrhoea cases while Sindh and Khyber Pakhtunkhwa have same trend. Mianwali with 26 percent, Sanghar with 33 percent, Bannu with 33 percent and Harnai with 65 percent are the most affected districts in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan respectively (Table 3.7).

In 91 per cent of diarrhoea cases a practitioner of some kind was consulted. The pattern of practitioner consultation in all districts of Punjab (except Gujrat with 68 percent and Rawalpindi with 76 percent), Sindh (except Tando Allah Yar with 67 percent) and Khyber Pakhtunkhwa (except Abbottabad with 51 percent) is the same.

However, Balochistan province shows a mixed pattern with the exception of Musa Khel district where no child has suffered from diarrhoea (Table 3.8). The use of ORS in diarrhoea cases has increased to 79 percent in 2008-09 from 76 percent in 2006-07. ORS is most likely to be used in Sindh, Khyber Pakhtunkhwa and Balochistan, whereas its use is lowest in Punjab. Use of ORS in case of diarrhoea is usually more prevalent in urban areas than rural areas. 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 (69 percent in 2010-11 as compared to 73 percent in 2008-09) (Table 3.9). Basic health units (BHU) and rural health centers (RHC) were consulted by only 5 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 38 percent diarrhoea cases were consulted by government facilities and in most of the districts, government facilities such as hospitals, dispensaries 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 64 percent of mothers who had given birth in the last three years went for pre-natal consultations during their last pregnancy as compared to 58 percent in 2008-09 (Table 3.10). Attendance rates have increased in urban as well as rural areas. The attendance rate was much higher in urban (78 percent) than rural areas (55 percent). In rural areas, Punjab has the highest attendance and Balochistan has the lowest. Islamabad with 93 percent, Karachi with 93 percent, Haripur with 76 percent and Harnai with 76 percent is the top ranked districts, while Narowal with 35 percent, Tando Muhammad Khan with 29 percent, Kohistan with 19, Qilla Saifullah with 10 percent are at the bottom ranks districts in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan, respectively. It appears that in many districts of Punjab and Sindh preference is given to private hospital while the trend is reverse in Khyber Pakhtunkhwa and Balochistan where majority of districts give preferences to public hospitals as compared to private hospitals. Overall in Pakistan, the three most commonly consulted sources were private hospital/clinic (51 percent), government hospital/clinic (30 percent) and Home TBA (6 percent).

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 69 percent of mothers as compared to 68 percent in 2008-09 had received a tetanus Toxoid injection during their last pregnancy. Mandi Bahuddin with 96 percent in Punjab, Karachi with 94 percent in Sindh, Haripur with 90 percent in Khyber Pakhtunkhwa and Sherani with 75 percent in Balochistan are the top ranked districts within the provinces (Table 3.11).

The vast majority of births in 2010-11 took place at home 58 percent as compared to 65 percent in 2008-09. In rural areas, some 68 percent deliveries took place at home as compared to 34 percent in urban areas. The trend of delivery at home is highest in Rajanpur with 94 percent, Tharparker with 87 percent, Kohistan with 97 percent and Dera Bugti with 97 percent in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan, are top ranked districts where vast majority of deliveries are taken place at home respectively. The most commonly cited source of assistance in rural areas was trained Dai, & traditional birth attendant 33 percent, followed by family member/relative (16 percent).

Post-natal consultation rates even though improved in 2010-11, are still much lower than the pre-natal rates cited above (Table 3.13). 28 percent of mothers received a post-natal check-up within six weeks of delivery during their last pregnancy in 2010-11 as compared to 25 percent in 2008-09. Urban areas have higher rates than rural areas, though both were low. Islamabad with 72 percent, Larkana with 61 percent, Lower Dir with 47 percent, Harnai with 50 percent are the top ranked districts for postnatal consultations in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan, respectively.

The three most commonly cited sources of post-natal care in rural areas were private hospital/clinic (49 percent), government hospital/clinic (20 percent), and traditional birth attendant at home (17 percent).