

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 utilization of basic health care services, both preventive and curative.
- Improving programme designed 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 that include percentage of population who got 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 6.32 percent of the population in 2008-09 reported sick or injured as compared to 6.27 percent in 2006-07. Punjab and Sindh with 6.25 percent and 7.17 percent respectively have comparatively higher prevalence of sick or injured population as compared to Khyber Pakhtunkhwa and Balochistan. Prevalence of sickness / injuries is lower in most of the districts in the Balochistan as compared to other provinces. T.T Singh district in Punjab with 9.36 percent , Thatta district in Sindh with 12.58 percent , D.I Khan district in Khyber Pakhtunkhwa with 10.04 percent, Lasbilla district in Balochistan with 11.84 percent prevalence of sick/injured population are at the top (Table 3.1). About 95.79 percent of reported as sick or injured had some type of health consultation. Over 71.23 percent (64 percent in 2006-07) of sick or injured persons consulted private hospitals or doctors compared to 20.36 percent (20.64 percent in 2006-07) 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 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 76 percent in 2006-07 to 78 percent in 2008-09. For fully immunized based on recall and record, Nankana Sahib with 100 percent, Kashmore 93 percent, Malakand 93 percent, and Ziarat 76 percent are top ranked districts while D.G.khan with 55 percent Tharparkar with 33 percent, Lakki Marwat with 33 percent, Awaran with 0 percent are at the bottom 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 minor increase from 73 percent in 2006-07 to 74 percent in 2008-09. When considering the record based measure immunization rates, there is decline in urban areas from 63 percent in 2006-07 to 60 percent in 2008-09, whereas there is slight increase of one percent in rural areas i.e. from 45 percent in 2006-07 to 46 percent in 2008-09.

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 2006-07.

3.4 Diarrhea

Dehydration caused by diarrhea is a major cause of mortality among children. Childhood diarrhea 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 diarrhea 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 diarrhea.

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 households were asked to report whether a child had diarrhea 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 diarrhea in the 30 days prior to survey decreased from 11 per cent in 2006-07 to 10 percent in 2008-09. Khyber Pakhtunkhwa has shown increase in diarrhea cases while Punjab and Balochistan have shown decrease. Vehari with 16 percent, Sanghar with 23 percent, Batagram with 27 percent and Chaghi with 22 percent are the most affected districts in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan respectively (Table 3.7).

In 94 per cent of diarrhea cases a practitioner of some kind was consulted. The pattern of practitioner consultation in all districts of Punjab (except Vehari with 76 percent and Gujarat with 70 percent), Sindh (except Tando Allah Yar with 76 percent) and Khyber Pakhtunkhwa (except Abbottbad with 60 percent) is the same. However, Balochistan province shows a mixed pattern with the exception of Awaran district where no child has suffered from diarrhea, therefore, the consultation rate for diarrhea is 0 percent (Table 3.8). The use of ORS in diarrhea 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 diarrhea 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 diarrhea, the most likely type of practitioner to be consulted continues to be a private practitioner (73 percent in 2008-09 as compared to 72 percent in 2006-07) (Table 3.9). Basic health units (BHU) and rural health centers (RHC) were consulted by only 4 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 44 percent diarrhea 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 58 percent of mothers who had given birth in the last three years went for pre-natal consultations during their last pregnancy as compared to 53 percent in 2006-07 (Table 3.10). Attendance rates have increased in urban as well as rural areas. The attendance rate was much higher in urban (77 percent) than rural areas (50 percent). In rural areas, Punjab has the highest attendance and Balochistan the lowest. Islamabad with

97 percent, Karachi with 96 percent, Haripur with 90 percent and Lasbilla with 67 percent is at the top ranks within the districts, while Rajanpur with 33 percent, Tharparkar with 21 percent, Karak with 18, Kohlu 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 inverse in Khyber Pakhtunkhwa and Balochistan where majority of districts consulted public as first priority and to private as second priority. In Overall Pakistan, the three most commonly consulted sources were private hospital/clinic (47 percent), government hospital/clinic (26 percent) and Home TBA (10 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 68 percent of mothers as compared to 56 percent in 2006-07 had received a tetanus Toxoid injection during their last pregnancy. Islamabad with 97 percent, Karachi with 91 percent, Swabi with 93 percent and Ketch with 57 percent in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan respectively are at top ranks within the provinces (Table 3.11).

The vast majority of births in 2008-09 took place at home (65 percent) as compared to 68 percent in 2006-07. In rural areas, some 75 percent deliveries took place at home as compared to 41 percent in urban areas. The trend of delivery at home is highest in Rajanpur with 96 percent, Tharparker with 93 percent, Shangla and Kohistan with 92 percent and Kohlu with 99 percent in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan, respectively. The most commonly cited source of assistance in rural areas was trained Dai, & traditional birth attendant (54 per cent of cases), followed by family member/relative (16 percent).

Post-natal consultation rates even though improved in 2008-09, are still much lower than the pre-natal rates cited above (Table 3.13). 25 percent of mothers received a post-natal check up within six weeks of delivery during their last pregnancy in 2008-09 as compared to 24 percent in 2006-07. Urban areas have higher rates than rural areas, though both were low. Islamabad with 77 percent, Hyderabad with 52 percent, Swat with 48 percent, Kharan and Gwadar with 30 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 (43 percent), government hospital/clinic (19 percent), and traditional birth attendant at home (18 percent).