



District Health Profile

Jaffarabad

2005



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Preface

There has never been a more opportune time to work on improving maternal and newborn health in Pakistan.

The country has an extensive health service network in place yet mortality and morbidity rates for mothers and newborn babies remain disturbingly high. Each year some 4.5 million women give birth and as many as 30,000 die of pregnancy-related causes.

In response to this, USAID has launched the Pakistan Initiative for Mothers and Newborns, a five-year project to implement a full range of health interventions. The task has been entrusted to John Snow Inc. and partners.

Adding further impetus, the Government of Pakistan has made public its support in providing quality health services to mothers and their newborns and its commitment to achieving the Millennium Development Goals which call for a reduction in the maternal mortality ratio by three quarters by 2015.

Devolution of the health sector means that the District health system now has a vital part to play and responsibility to assume. As part of the preparation for district level planning, JSI has worked with District Health officials in compiling a series of district profiles. For successful future planning, it is vital that information is gathered at the district level.

I would like to acknowledge CONTECH International Health Consultants, one of our partners, for taking the lead in preparing the district profiles. These profiles take a vital step closer to achieving all our aims.

Dr. Nabeela Ali
Chief of Party
Pakistan Initiative for Mothers and Newborns (PAIMAN)

Foreword

The District Health Department of District Jaffarabad welcomes this initiative by PAIMAN.

Devolution has brought with it many challenges to improve maternal and newborn health in Pakistan. Chief among them is the realization that health professionals working in the districts must take responsibility for their own planning and improvement of services.

Vital in upgrading and coordinating services is data gathered using special indicators specific to districts. As such the production of health profiles at district level provides an invaluable tool for future planning.

The District welcomes PAIMAN's invitation to work with it in improving maternal health for all women and newborns. It is only through partnership at every level of the public and private sector that successes will be achieved.

**Executive District Officer – Health
District Jaffarabad**

ACRONYMS

ADB	Asian Development Bank
ARI	Acute Respiratory Infections
AJK	Azad Jammu and Kashmir
ASV	Assistant Superintendent of Vaccination
BCG	Bacillus Calmette-Guérin
BHUs	Basic Health Units
CIA	Central Investigation Agency
CDC	Communicable Disease Control
CDD	Communicable Disease Department
CDCO	Communicable Disease Control Officer
DCO	District Coordination Officer
DDO	Deputy District Officer
DDHO	Deputy District Health Officer
D.G. Khan	Dera Ghazi Khan
DHDC	District Health Development Center
DHEO	District Health Education Officer
DHMT	District Health Management Teams
DHQ	District Headquarter Hospital
DOH	District Officer Health
DMS	Deputy Medical Superintendent
DPT	Diphtheria-Tetanus-Pertussis vaccine
DTPS	District Team Problem Solving
DSV	District Superintendent of Vaccination
EDO	Executive District Officer
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
FHT	Female Health Technician
FP	Family Planning
FANA	Federally Administered Northern Areas
FATA	Federally Administered Tribal Areas
GNI	Gross National Income
GPs	General Practitioners
HMIS	Health Management Information System
HIV/AIDS	Human Immune Deficiency Virus/Acquired

	Immunodeficiency Syndrome
I/C	In-charge
IPC	Inter-Personal Communication
JSI	John Snow Inc.
LHV	Lady Health Visitor
LHWs	Lady Health Workers
MCEB	Mean Children Ever Born
MCH	Maternal and Child Health
MCHCs	Maternal and Child Health Centers
MNCH	Maternal, Neonatal and Child Health
MO	Medical Officer
MREO	Monitoring, Research and Evaluation Officer
MS	Medical Superintendent
NGO	Non Governmental Organization
NWFP	North West Frontier Province
PAIMAN	Pakistan Initiative for Mothers and Newborns
PHC	Primary Health Care
PMDC	Pakistan Medical and Dental Council
OBSI	Optimum Birth Spacing Initiative
OPV	Oral Polio Vaccine
OTA	Operation Theater Assistant
RHC	Rural Health Centers
RHSC-A	Reproductive Health Services Center -A
SMO	Senior Medical Officer
SNL	Saving Newborn Lives
TB	Tuberculosis
TB DOTS	Tuberculosis Directly Observed Treatment Short Strategy
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
THQ	Tehsil Headquarter Hospital
TT	Tetanus Toxoid
UNICEF	United Nation’s International Children Fund
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WMO	Woman Medical Officer

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Section 1 – Context

- Pakistan Initiative for Mothers and Newborns (PAIMAN)
- District Health Profiles

1. CONTEXT

1.1. Introduction and Background

Pakistan is the 6th most populous country in the world with a population of over 154¹ million people. There is an alarmingly high Maternal Mortality Ratio of 350-400². In addition, there is high infant mortality rate of 77/1000¹ and an under-five mortality rate of 101/1000 live births³. The estimated population growth rate is 1.9 % per annum², which projects that Pakistan's population would increase to 226 million by the year 2025. The Total Fertility Rate (TFR) is 4.0³ which ranks among the highest in the world and the second highest in the region.

1.2. Pakistan Initiative for Mothers and Newborns (PAIMAN)

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five year project funded by the United States Agency for International Development (USAID). The goal of the PAIMAN project is to reduce maternal, newborn, and child mortality in Pakistan, through viable and demonstrable initiatives in 10 districts of Pakistan. The project is working on capacity building of public and private health care providers and structures within health systems and communities. This strategy will ensure improvements and supportive linkages in the continuum of health care for women from the home to the hospital. The key partners in the implementation of PAIMAN are the Ministry of Health, the Ministry of Population Welfare, the Provincial Health Departments, the private sector and consortium partners.

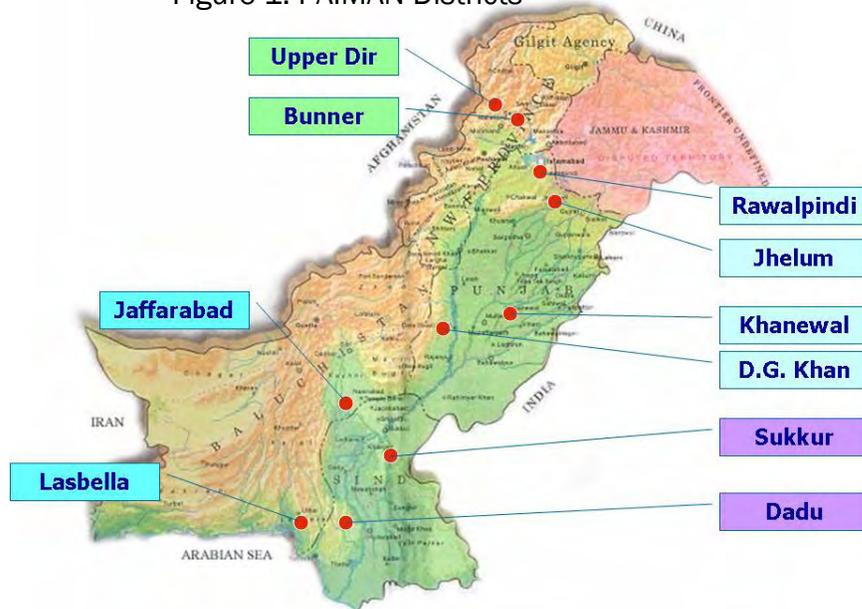
Strategic Objectives

The project is based on the “*Pathway to Care and Survival*” framework. The five major strategic objectives are as follows:

- Increase awareness and promote positive maternal and neonatal health behaviours.
- Increase access to and increase community involvement in maternal and child health services (including essential obstetric care) and ensure services are delivered through health and ancillary health services.
- Improve service quality in both the public and private sectors, particularly related to management of obstetrical complications.
- Increase capacity of MNH managers and care providers
- Improve management and integration of health services at all levels.

The PAIMAN consortium is lead by John Snow Inc. (JSI), a US-based public health organization. JSI is joined by a number of international and local organizations to form a strong, professional team for implementing this project.

PAIMAN is being implemented in 10 districts of Pakistan. These include Rawalpindi, Jhelum, D.G. Khan, Khanewal (Punjab); Sukkur, Dadu (Sindh); Jaffarabad, Lasbella (Balochistan); and



Upper Dir, Buner (NWFP) refer in Figure 1.

1.3. District Health Profiles

The PAIMAN project has prepared district health profiles which contain relevant basic information for each of the program district. The purpose of preparing district profiles is to have a comprehensive document which can be used by District Health Management Teams (DHMT), international and national stakeholders and PAIMAN team as a ready reference.

Data collection instruments were developed by a team of eminent public health experts. Teams for data collection were trained for two days at the Contech International Head Office in Lahore. Data was collected, tabulated and analyzed by the Contech team.

Section 2 - Introduction

- District Jaffarabad at a Glance
- District Health System

2. INTRODUCTION

2.1. District Jaffarabad at a Glance

District Jaffarabad takes its name from its headquarter town “Jaffarabad” which is named after a prominent personality and a great leader of Pakistan movement, Mir Jaffar Khan Jamali. The district was merged in 2000 with district Nasirabad and was later restored as a separate district in 2002.

District Jaffarabad is situated on the boarder of Sind- Balochistan provinces. It is bounded in the north by Nasirabad district, in the east by Dera Bugti district, in the south by the Larkana and Jacobabad districts of the Sindh province and in the west by Jhal Magsi district.

The total area of the district is 2445⁴ square kilometers. Jaffarabad district is a plain area. It is a part of Kachhi basin. The land of the district is 50 to 100 meters higher than the sea level and is formed of Alluvial Soil. The majority of the land is sandy and clay loam. According to Fazal Karim Khan’s classification of the Soils in Balochistan, the district comes under the category of the “soils of pediments planes”.

Network of metalled roads links the entire major towns and villages of the district. There is a railway station at Dera Allah Yar. The PIA service from the Jacobabad to Karachi and other cities caters to the needs of the district. The temperature ranges from maximum to minimum as 23°C and 8°C in January and 44°C and 29°C in June.

Jaffarabad district is the most fertile and productive district of the Balochistan. More than 90% of the population is directly and

indirectly involved in the agriculture sector. The live stock unit density per square kilometer is among the highest in Balochistan.

For the administration purpose, district Jaffarabad is divided into 4 tehsils i.e. Jhatput, Sohbat pur, Usta Muhammad and Gandakha. District consists of 36 union councils including 30 rural and 6 urban ones whose elected representatives formulate district and tehsil assemblies. Political constituencies include 1 national seats and 3 provincial seats of legislative assemblies.

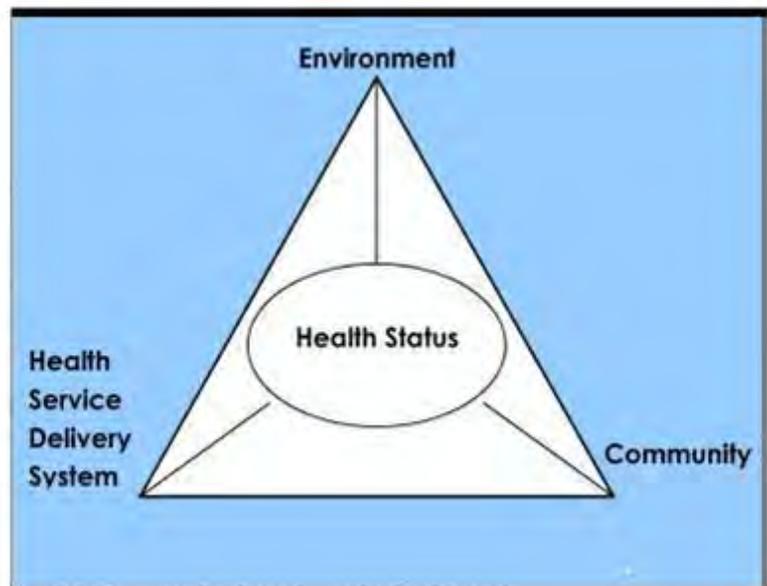
2.2. District Health System

A DHS includes the interrelated elements in the district that contribute to health in homes, educational institutions, workplaces, public places and communities, as well as in the physical and psychosocial environment.

A DHS based on Primary Health Care (PHC) is a self-contained segment of the national health system. It includes all the relevant health care activities in the area, whether

governmental or otherwise. It includes self-care and all health care personnel and facilities, whether governmental or non-governmental, up to and including the hospital at the first referral level and the appropriate support services (laboratory,

Figure 2: Three main determinants of DHS



diagnostic and logistic support). As decentralized part of the national health system, the DHS represents a manageable unit, which can integrate health programs by allowing top down and bottom-up planning and is capable of coordinating government and private sector efforts. Following are the three main criteria for defining a DHS unit:

- A clearly defined area with local administration and representation of different sectors and departments;
- An area which can serve as a unit for decentralized inter-sectoral planning of health care; and
- A network of health facilities with referral support.

The district is the basic administrative unit in Pakistan. The presence of district managers and supervisors led by the Executive District Officer (EDO) Health offers the opportunity to function as an effective team with support from the representatives of other departments, Non-Government Organization (NGOs), private sector as well as the community.

In any health system, there are three important elements that are highly interdependent, namely: the community, the health service delivery system and the environment where the first two elements operate. Figure 2 illustrates the interdependence of these elements.

Environment

This, for example, could be the context in which the health service delivery system operates. The contextual environment could be the political system, health-care policies and development policies. It could also include the socio economic status or the physical environment, e.g. climatic conditions. All these elements have a bearing on the health status of the

individual and the community, as well as the functioning of the health service delivery system.

Health Service Delivery System

This depicts how health facilities are distributed in the community, which could also have a bearing on coverage. Similarly, health services could be viewed in terms of their affordability and responsiveness to equity which contribute to the health status of the community.

Community

The characteristics of the society, such as culture, gender, beliefs and health-seeking behavior, together with the environment and health service delivery system, determine the health status.

It is worth mentioning that information included in district health profiles takes into account the broader perspective of district health system conceptualized in the preceding paragraphs.

Section 3 – Health System in District Jaffarabad

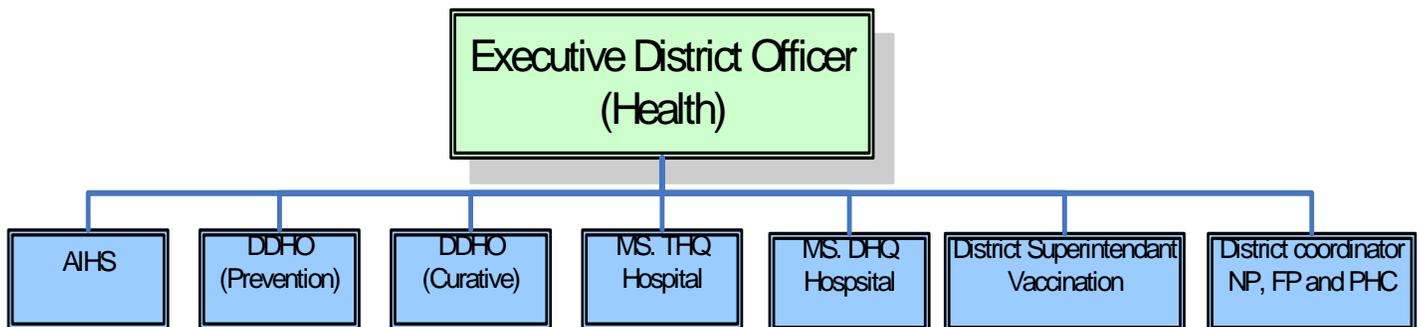
- District Health Department
- District Health Management Team (DHMT)
- Demographic Information
- Fertility Behaviour
- Health Indicators
- Socio-economic Indicators
- Health Facilities
- Public Health Sector Manpower
- Other Health Initiatives including Public Private Partnership (PPP)
- Population Welfare Department
- Private Clinics and Hospitals
- Non Governmental Organizations (NGOs)

3. Health System in District Jaffarabad

3.1. District Health Department

The health care delivery network is managed by the District Health Office headed by Executive District Officer Health. Being the team leader, the EDO Health is assisted by the Deputy District Health Officers (DDHO) Preventive and DDHO Curative, the Medical Superintendent (MS) of the District Headquarter (DHQ) Hospital and the Tehsil Headquarter Hospitals (THQ), DSV, and the District Coordinator National Program. The organizational structure of district health department is given below in Figure 3.

Figure 3: Organizational structure district health department



3.2. District Health Management Team

DHMT is a part of overall health sector reforms and decentralization of health services at district and down the line levels. The DHMT efficiently manages health facilities and services in the district for promotion and support of preventative, educative, curative and re-habilitative health activities in the district. DHMT has been established in Jaffarabad under Woman Health Project.

Composition of DHMT		
1	Executive District Officer - Health	Chairman
2	District Officer (Health)	Member
3	Deputy District Health Officer (Headquarter)	Secretary
4	Executive District Officer (Community Development)	Member
5	Executive Distinct Officer (Education)	Member
6	District Officer Coordination as representative of District Coordination Officer	Member
7	Two nominees of District Nazim (One Nazim Union Council and one lady member of Zila Assembly)	Member
8	One representative of reputable NGO working in respective district	Member
9	Two co-opted members if required	Member

3.3. Demographic Information

The current population of Jaffarabad is 432,817⁴ with 52% males and 48% females as shown in Figure 4. The estimated annual population growth rate is 2.92%⁴. Life expectancy at birth is 61 years and literacy rate is 30%⁵ for both sexes. Population density is 177⁴ persons per square kilometre.

The percentage break-up of the rural and urban population is 80.2 and 19.8⁴ respectively showing that most of the population of the district lives in rural areas as shown in Figure 5. Population break-up of

Figure 4: Sex-wise Population Distribution

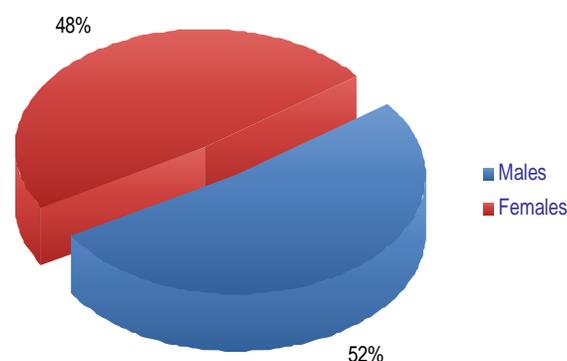
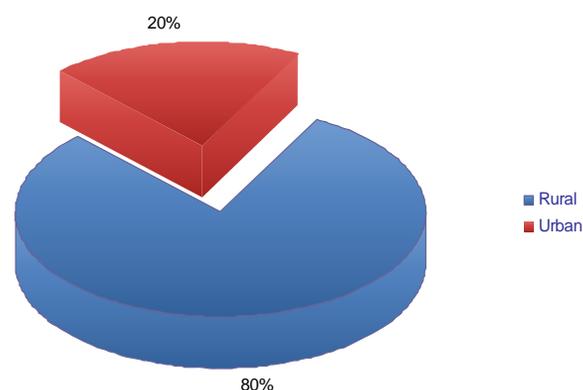


Figure 5: Rural Urban Population Distribution

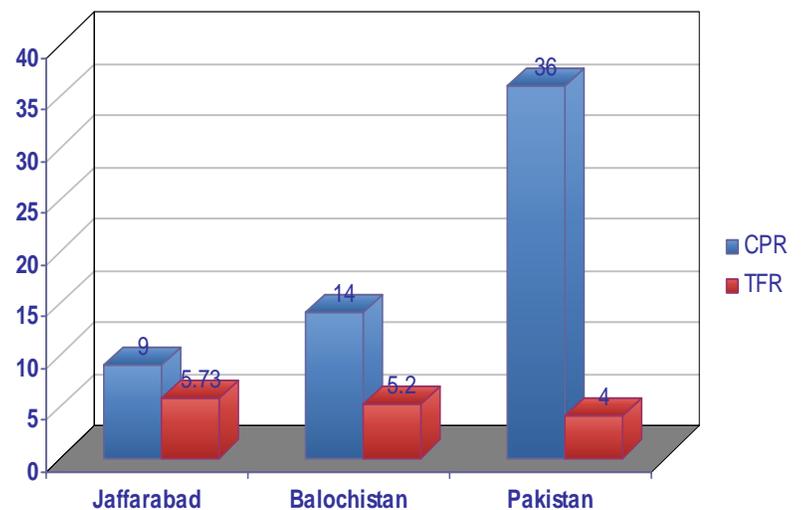


District Jaffarabad is also given in Table 1. The mean number of people living in one room in the district is 4.0 as compared to 3.7 in Baluchistan⁸. The crude death rate is 9 per 1000, which is less than the provincial average of 12.5 but close to the national figure of 8 per 1000³. The crude birth rate in Jaffarabad is 32⁷ per 1000 as compared to 31 per 1000³ at national level. Table 2 gives more information on demographic indicators.

3.4. Fertility Behavior

In Jaffarabad, like the rest of the country, community social structures and belief systems are defined and dominated by men, which perpetuates gender imbalances and contribute to poor outcomes in fertility behavior and reproductive health. Thus, the contraceptive use remains low (9%)⁶ although knowledge about contraceptives is high (69%)⁶. A considerable need for family planning services remains unmet, which has not been converted into effective contraceptive usage, partly because of family dynamics of a male dominated society. Mean Children Ever Born (MCEB) to married women aged 15-49 are 3.7⁷ in District Jaffarabad as compared to 4.3 in Baluchistan. The Total Fertility Rate is 5.73⁶ as compared to 5.2⁶ in the province and 4.0¹ in the country as given in Figure 6. There is a growing commitment by both the provincial and district governments to review and reform the

Figure 6: CPR and TFR Comparison



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equity of service delivery. Comparison of indicators on women and fertility behaviors is given in Table 3.

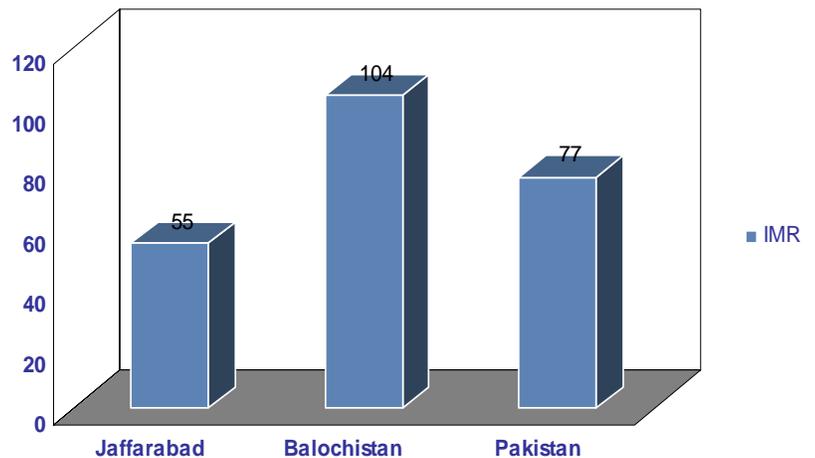
3.5. Health Indicators

People in general are poor and experience high levels of mortality and morbidity. An appropriately defined and maintained set of health indicators provides information for the elaboration of a relevant

profile of a population's health situation. In district Jaffarabad 42% of the population has access to improved drinking water while the sanitation facilities are available to 52% of

the population. The infant mortality rate has been estimated to be 55 per thousand live births. Infant mortality is lower in District Jaffarabad as compared to Baluchistan (104/1000)⁶ and Pakistan (77/1000)¹ as shown in figure 7.

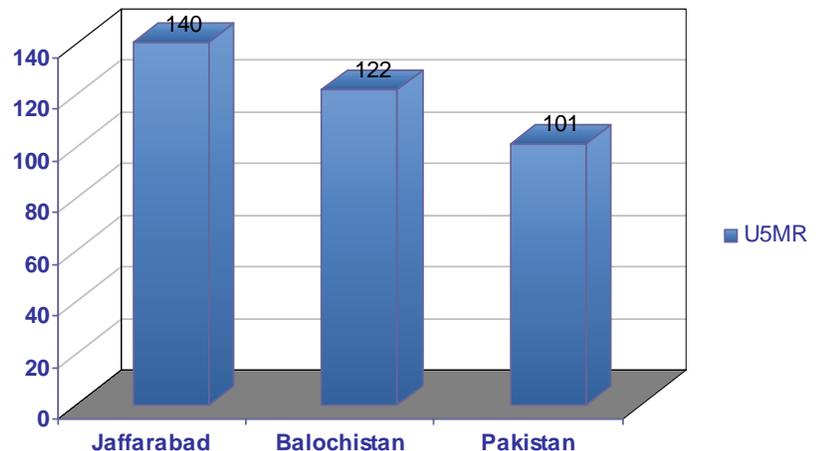
Figure 7: Infant Mortality Rate



Under 5 mortality rate is

140/1000 which is also lower than Balochistan (122) and the national figure (101) as shown in figure 8. Percentage of under 5 suffering from underweight is 27, again lower than

Figure 8: Under 5 Mortality Rate



provincial and national figure. The health services need improvement and concerted efforts in Jaffarabad to meet National as well as millennium goals.

Comparison of important health indicators of Jaffarabad with Baluchistan and Pakistan may be seen in Tables 4 and 5.

3.6. Socio-economic Indicators

There are significant gender gaps in literacy and health status in district Jaffarabad. The overall literacy rate is 30%⁵ which is lower than the figure of Balochistan (39%)⁵ and Pakistan (49%)³. Primary school enrollment rate is 30%, (38% for males and 20% for females)⁵. The net attendance rate is 94%⁵.

Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736², poverty rates, which had fallen substantially in the 1980s and early 1990s, started to rise again towards the end of the decade. According to the latest figures as measured by Planning & Development Department government of Baluchistan, more than 50% of the population is living below poverty line. In District Jaffarabad, poverty is significantly high and 26% population earns below Rs. 750 per month.

The above picture depicts the need of renewed and additional efforts within the district in order to meet the vision embraced in the Millennium Development Goals by 2015. Comparison of health indicators may be seen in Table 6.

3.7. Health Facilities

The health care services provided by the public health sector in District Jaffarabad consists of 1 DHQ hospital, 1 THQ Hospitals, 1 Rural Health Center, 25 Basic Health Units and 7 MCH centres.

Basic Health Units (BHUs)

The BHUs have been established at the union council level that normally provide primary health care services, which include provision of static and out reach services, MCH, FP, EPI and advice on food and nutrition, logistics and management support to LHWs and TBAs and provision of first level referral services for patients referred by LHWs

Twenty five BHUs are functional in District Jaffarabad. However, the overall human resource position in BHUs needs more improvement. There are 24 posts of Medical Officers, 3 posts of dispensers and 3 posts of LHVs, 18 posts of Chowkidars are sanctioned and no post of Naib Qasid and sweepers are sanctioned against requirement of 25 for each category. Human resource position of BHUs in district Jaffarabad can be seen in Table 7a.

Rural Health Centers (RHC)

RHCs are small rural hospitals located at the town committee/markaz level. The role of the RHC includes the provision of primary level curative care; static and out-reach services like MCH, FP, EPI and advice on food and nutrition; sanitation, health education; CDC, ARI and acting as a referral link for patients referred by LHWs, TBAs and BHUs. RHCs are first-level care facilities where medico-legal duties are performed. They serve a catchment population of about 25,000 – 50,000 people, with a staff of about 30 including 3-4 doctors and a number of paramedics. They typically have 10-20 beds, x-ray, laboratory and minor surgery facilities. It is mandatory for male and female medical officers, LHV and support staff to reside at the premises so as to ensure their presence round the clock.

One RHC is functioning in district Jaffarabad. At the RHC Rojhan Jamali, there is no sanctioned position of SMO. The position of the WMO is lying vacant, which are crucial for providing health care at primary level. Human resource position at RHCs in district Jaffarabad are given in Table 7b.

Maternal & Child Health Centers (MCHC)

MCH centers have been established in rural and peri-urban areas. Activities at MCHCs include antenatal, natal and postnatal care. Growth monitoring, health education and family planning advice/services are also provided. Seven (7) MCH Centers are established and providing services in the district. All of the MCH Centers are fully staffed. Human resource position at MCHCs can be seen in Table 7c.

Tehsil Headquarter (THQ) Hospitals

THQ hospitals are serving as first level referral hospitals which receive health care users from the catchment area and referrals from RHCs and BHUs within the Tehsil. The THQ provides specialist support and expertise of clinicians. They offer basic inpatient services as well as outpatient services. They serve a catchment population of about 100,000 to 300,000 people; and typically have 40-90 beds and appropriate support services including x-ray, laboratory and surgical facilities. Its staff may include specialists such as a general surgeon, obstetrician & gynaecologist, paediatrician, and occasionally supported by an anaesthetist.

Only one THQ hospital is functioning in District Jaffarabad. No position of the Medical Superintendent or any Specialist is sanctioned at THQ hospital in the district. Moreover the one post of WMO is lying vacant, which hinders the provision of a comprehensive emergency maternal and newborn health care.

The details of human resource position at THQ can be seen in Table 7d.

District Head Quarter (DHQ) Hospital

DHQ hospitals also provide secondary care with additional specialties as compared to THQ hospitals. DHQ hospitals receive health care users from lower level health facilities including THQ hospitals, RHCs and BHUs and provide services in all major specialties including general surgery & medicine, ENT, pediatrics, ophthalmology, pathology, chest diseases, cardiology, and gynecology. Preventive care is also provided such as health education, immunization and antenatal care.

In Jaffarabad, a 266-bed hospital which receives health care users directly and from lower level health facilities including THQ hospital provides specialist care.

3.8. Public Sector Health Manpower

One of the major constraints in health care delivery is the lack of essential medical and paramedical staff. Out of 441 sanctioned positions in District Jaffarabad, 96% are filled. Among the management cadre, two positions of DDHOs are lying vacant. Amongst the clinical staff, situation is quite unsatisfactory as compared to other districts as Six (6) posts of WMOs are vacant. Among the positions for paramedical staff, 2 positions of LHVs and 5 positions for Female Health Technicians are lying vacant. The detail of human resource positions is available in table-8.

3.9. Other Public Private Partnership (PPP) Initiatives

There are a number of initiatives being implemented in Jaffarabad, both in the public sector as well as the private/NGO sector. Among the government initiatives there is EPI, National Program for Family Planning and Primary Health Care, and T.B DOTS program.

- i. Expanded Program on Immunization EPI:** The District Superintendent of Vaccination (DSV) under the supervision of the DOH and the EDO (H) manages the EPI in the district. DSV is supposed to coordinate and supervise the activities of the EPI at all fixed centers and outreach teams. District Jaffarabad has 64% EPI coverage.
- ii. The National Program for Family Planning & Primary Health Care:** The National Program for Family Planning and Primary Health Care provides the missing linkage between health care outlets and users of health services. The linkage is provided through a network of Lady Health Workers (LHWs), especially trained in PHC, family planning and community organization. There are 2150 sanctioned positions of LHWs, out of which 190 are lying vacant in the district. Through this project LHWs are providing coverage to almost 85% of the population.
- iii. The Women’s Health Project:** The Women’s Health Project was launched in the year 2000 in 20 districts of the country, including District Jaffarabad with the objective of improving the health status of women in the country. The scope of the project mainly included the up-gradating of health facilities and training of health personnel. In District Jaffarabd, fifty percent of civil works regarding up-gradation of health facilities have been completed and 90% of the training component has been accomplished, so far under the Women Health Project
- iv. Optimal Birth Spacing Initiative:** This project was launched in January, 2005. Under this initiative, training on Optimal Birth Spacing Initiative (OBSI) was given to 60 Master Trainers and 280 LHWs.
- v. T.B. DOTS Program:** The T.B DOTS program was started in April, 2004. The training of doctors has been completed whereas only 50% of the paramedics and microscopists have been trained.

3.10. Population Welfare Department Facilities

Major services offered by the District Population Welfare Office include Family Planning, Maternal Care, Child Care and General Health Care Services. There is no RHSC-A & B in the district. These services in District Jaffarabad are offered through only one mobile service unit and 5 family welfare centers. However, as decided in the meeting of the Central Working Development Party in January 2005, all the Family Welfare Center Staff were to be stationed in the nearest Basic Health Unit from July 1, 2005.

3.11. Non-Government Organizations

The Social Welfare Department of the district is headed by the Executive District Officer for Community Development and supported by the Deputy District Officer. The department was devolved after the promulgation of the Baluchistan Local Government Ordinance 2001 and is a district government subject since then. There is a strategic, as well as an annual operational plan for the district social welfare office. It is mandatory for all NGOs to register with the Social Welfare Department. There are 26 registered NGO's in district Jaffarabad. List of some significant NGOs working in district Jaffarabad may be seen in table 9.

Data Set

- Table 1: Population structure of district Jaffarabad
- Table 2: Demographic information on Jaffarabad, Balochistan and Pakistan
- Table 3: Comparison of indicators on women and fertility behaviors
- Table 4: Comparison between basic indicators of Jaffarabad, Balochistan and Pakistan
- Table 5: Comparison between health and nutrition indicators of Jaffarabad, Balochistan and Pakistan
- Table 6: Comparison between social indicators of Jaffarabad, Balochistan and Pakistan
- Table 7a: Human Resource Positions at BHUs
- Table 7b: Human Resource Positions at RHC
- Table 7c: Human Resource Positions at MCHCs
- Table 7d: Human Resource Positions at Civil hospital
- Table 8: List of Public Health Sector Manpower
- Table 9: List of registered NGOs in District Jaffarabad

Table 1: Population Structure of District Jaffarabad

Population Groups	Standard Demographic Percentages	Estimated Population (2005)
Under 1 year	1.98	8570
Under 5 years	16.82	72,800
Under 15 years	44.73	193,599
15-49 years	45.81	198,273
49-64 years	6.69	28,955
65 years & Above	2.72	11,773

Sources:

1. District Population Profile, MSU Islamabad 2002

Table 2: Demographic Information on Jaffarabad, Baluchistan and Pakistan

Demographics	Jaffarabad	Baluchistan	Pakistan
Population (thousands) under age 15 years	194	3064	70150
Population (thousands) under age 5 years	73	1092	20922
Population annual growth rate (%)	2.92	2.47	1.9
Crude death rate	9	12.5	8
Crude birth rate	32	37	31
Life expectancy	61	64	63
Total fertility rate	5.7	5.2	4.0
% of urban population	19.8	23.9	34

Sources:

1. District Population Profile MSU Islamabad 2002.
2. Provincial Census Report of Baluchistan November 2001.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
4. National Institute of Population Studies, Islamabad Sep. 2005.

Table 3: Comparison on indicators on Women and Fertility Behaviors

Women & fertility behavior	Jaffarabad	Baluchistan	Pakistan
Total fertility rate	5.73	5.2	4.0
Contraceptive Prevalence Rate	9	14	36
Antenatal care coverage by any attendant (%)	49	53	43
Antenatal care coverage by skilled attendant (%)	12	26	35
Birth Care by skilled attendant	8	21	20
Birth Care by any attendant	100	92	99
Post-birth Care by skilled attendant	8	20	24
Post-birth Care by any attendant	100	80	67
Mean Children Ever Born married women 15-49	3.7	4.3	2.7

Sources:

1. Multiple Indicators cluster Survey (MICS) 2004.
2. District Population Profile MSU Islamabad 2002.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
4. National Institute of Population Studies, Islamabad Sep. 2005

Table 4: Comparison between basic indicators of Jaffarabad, Baluchistan and Pakistan

Basic Indicators	Jaffarabad	Baluchistan	Pakistan
Total population (thousands)	433	6566	154000
Area in sq. km	2445	347,190	796,096
Population urban/rural ratio	19.8/80.2	23.9/76.1	34/66
Sex ratio (number of males for 100 females) at birth	108	114	108
Population density (person per square km)	177	19	166
Population growth rate	2.92	2.47	1.9

Sources:

1. District Census Report of Jaffarabad, November 1999.
2. Provincial Census Report of Baluchistan November 2001.
3. Multiple Indicators cluster Survey (MICS) 2004.
4. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
5. Economic survey of Pakistan 2004-5.
6. National Institute of Population Studies, Islamabad Sep. 2005.

Table 5: Comparison between Health and Nutrition indicators of Jaffarabad, Baluchistan and Pakistan.

Health and Nutrition	Jaffarabad	Baluchistan	Pakistan
Under-5 mortality rate	140	122	101
Infant mortality rate	55	104	77
% of total population using safe drinking water sources	42	51	90
% of total population using adequate sanitation facilities	52	40	54
% of one-year-olds fully immunized against measles	64	52.16	67
% of pregnant women immunized for tetanus	34	63	45
% of under-fives suffering from underweight (moderate & severe)	27	43	38
% of children who are breastfed with complementary food (<6-9 months)	99	29	31
Vitamin A supplementation coverage rate (6-59 months)	9	14.1	95
% of households consuming iodized salt	18	15	17
No. of hospitals	2	73	916
Dispensaries	36	685	4582
RHCs	1	61	552
BHUs	25	442	5301
MCHCs	7	76	906
Sub-health centers	0	5742	NA
No. of beds	-	4856	99908

Sources:

1. Multiple Indicators cluster Survey (MICS) Baluchistan, 2004.
2. Provincial Census Report of Baluchistan, November 2001.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
4. Economic survey of Pakistan 2004-5.

Table 6: Comparison between Social indicators of Jaffarabad, Baluchistan and Pakistan

Social indicators	Jaffarabad	Baluchistan	Pakistan
Literacy rate	30	39	49
Adult literacy rate, male	43	51	62
Adult literacy rate, female	14	24	35
Primary school enrollment rate,	30	46	71
Net primary school attendance	94	99	56
Per capita income	Rs. 750 per month	Rs. 1385 per month	Rs.3680 per month

Sources:

1. Multiple Indicators cluster Survey (MICS) 2004.
2. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html

Table 7: Human Resource Positions**Table 7a: Human Resource Position at BHUs as on May 15, 2005**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Officer	24	24	00	24	00
Medical Assistant	00	00	00	00	00
Lady Health Visitor	03	03	00	03	00
Dai	59	59	00	59	00
Health Technician	23	23	00	23	00
Dispenser	03	03	00	03	00
Chowkidar	18	18	00	18	00
Naib Qasid	00	00	00	00	00
Sweeper	00	00	00	00	00

Table 7b: Human Resource Position at RHC Rojhan Jamali of District Jaffarabad as on May 15, 2005.

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
SMO	00	00	00	00	00
MO	04	04	00	04	00
WMO	02	00	00	02	02
Dental Surgeon	01	01	00	01	00
LHV	01	01	00	01	00
Health Technician	01	01	00	01	00
Dispenser	02	01	00	02	01
Hakeem	00	00	00	00	00
Radiographer	01	01	00	01	00
Lab assistant	01	01	00	01	00
OT Assisant	01	00	00	00	01
Nursing Orlderly	02	02	00	02	00
Ward Boy	02	02	00	02	00
Cook	01	01	00	01	00
Sweeper	01	01	00	01	00
Driver	02	02	00	02	00
Chowkidar	01	01	00	01	00
Junior Clerk	01	01	00	01	00

Table 7c: Human Resource Position at MCH Centers as on May 15, 2005

Post	Sanctioned	Filled	Permanent	Contractual	Vacant
LHV	07	07	07	00	00

Post	Sanctioned	Filled	Permanent	Contractual	Vacant
Dai	07	07	07	00	00
Chowkidar	07	07	07	00	00

Table 7d. Human Resource Position at Civil Hospital Usta Muhammad

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
MS	00	00	00	00	00
Surgeon	00	00	00	00	00
Medical Specialist	00	00	00	00	00
Gynecologist	00	00	00	00	00
Pediatrician	00	00	00	00	00
Anesthesiologist	00	00	00	00	00
Pathologist	00	00	00	00	00
Medical Officer	05	05	00	05	00
Woman MO	03	02	00	03	01
Dental Surgeon	01	01	00	01	00
Staff Nurse	00	00	00	00	00
Lady Health Visitor	00	00	00	00	00
Dispenser	05	05	00	05	00
Lab. Assistant	01	01	00	01	00
Radiographer	02	02	00	02	00
Dai	02	02	00	02	00
Driver	03	03	00	03	00
Peon	02	02	00	02	00
Nursing Orderly	07	07	00	07	00
Generator Driver	01	01	00	01	00
Sweeper	03	03	00	03	00
Chowkidar	03	03	00	03	00
Mali	01	01	00	01	00
Bahisti	01	01	00	01	00

Table 8: List of Public Health Sector Manpower

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
EDO	19	01	01	00	01	00
DoH		00	00	00	00	00
I/C DHDC		00	00	00	00	00
DDO RCH		00	00	00	00	00
Deputy District Health Officers	18	02	00	00	02	02
MS	18	01	01	00	01	00
DMS		00	00	00	00	00
AMS		00	00	00	00	00
SMO		00	00	00	00	00
MO	17	51	51	00	51	00
WMO	17	15	09	00	15	06
Dental Surgeon	17	04	02	00	04	02
Homeo-doctor		00	00	00	00	00
Hakeem		00	00	00	00	00
DSV	14	01	01	00	01	00
ASV		00	00	00	00	00
Inspector Vaccination		00	00	00	00	00
EPI Clerk		00	00	00	00	00
EPI store keeper		00	00	00	00	00
Vaccinators	5	61	61	00	61	00
Drug Inspector	17	01	00	00	01	01
Clerk (Drug Inspector)		00	00	00	00	00
CDCO		00	00	00	00	00
CDC supervisor		00	00	00	00	00
CDC Inspector		00	00	00	00	00
Assistant Entomologist		00	00	00	00	00
Insect Collector		00	00	00	00	00
District Sanitary Inspector		00	00	00	00	00
Sanitary Inspector	6	02	02	00	02	00
Sanitary Supervisor		00	00	00	00	00
Sanitary patrol Assistant	1	06	06	00	06	00
Inspectress of Health Services	12	01	00	00	01	01
Lady Health Visitor	9	14	12	00	14	02
Female Health Technician	9	22	17	00	22	05

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
Midwife		00	00	00	00	00
Dai	2	59	59	00	59	00
Health Technician	9	25	25	00	25	00
Medical Assistant		00	00	00	00	00
Dispenser	6	47	47	00	47	00
Homeo dispenser		00	00	00	00	00
Radiographer	9	06	06	00	06	00
Senior Microscopist		00	00	00	00	00
Microscopist	6	01	01	00	01	00
Lab. Assistant	5	04	03	00	04	01
Lab. Attendant		00	00	00	00	00
Admin Officer	16	01	01	00	01	00
Head Clerk	11	01	01	00	01	00
Accountant		00	00	00	00	00
Senior Clerk	7	01	01	00	01	00
Clerk		00	00	00	00	00
Junior Clerk	5	01	01	00	01	00
Store keeper		00	00	00	00	00
WFP Clerk		00	00	00	00	00
Motor Mechanic		00	00	00	00	00
Tracer		00	00	00	00	00
Drivers	4	16	16	00	16	00
Naib Qasid	1	11	11	00	11	00
Ward Servant (Male)		00	00	00	00	00
Ward Servant (female)	1	01	01	00	01	00
Mali	1	02	02	00	02	00
Chowkidar	1	39	39	00	39	00
Cook	1	01	01	00	01	00
Tubewell Operator		00	00	00	00	00
Dawasaaz		00	00	00	00	00
Sweeper (male)	1	43	43	00	43	00
Sweeper (female)		00	00	00	00	00
TOTAL		441	421	00	441	20

Table 9: List of Registered NGOs in District Jaffarabad¹

Sr. No.	Name of NGO's/CBO's	Address	Area of work
1	Nasirabad Falahi itehad	Dera Allah Yar	Health and education
2	Tanzeem Nawjawan Shaheed	Dera Allah Yar	Education
3	Pakistan Social association	Dera Allah Yar	All kinds
4	Allama Iqbal welfare society	Dera Allah Yar	Health
5	Society for community organization and promotion of education	Dera Allah Yar	Health
6	Awareness for women and man foundation	Dera Allah Yar	Education and health
7	Balochistan Development society	Dera Allah Yar	Education and health
8	Anjuman falah-e-behbood	Deh gora nari	
9	Zulam tore Falahi Tanzeem	Deh bajkani	People welfare
10	Anjuman falah-e-behbood	Sohbatpur	
11	Anjuman falah-e-behbood	Panhwar sanari	
12	Anjuman falah-e-behbood	Goth Ghulam muhammad	
13	Anjuman falah-e-behbood Naujawan	Manjhipur	Education
14	New star welfare society	Goth mehr ali khosa	Education
15	Green Balochistan welfare society	Rohjan jamali	Social work and education
16	Root work	Usta Muhammad	Health
17	Women development society	Goth ahamad khan	Women welfare
18	Dr Jaitoo ram memorial center	Usta Muhammad	Health
19	Women development society	Usta Muhammad	Women welfare
20	Pak welfare society	Gandakha	Civil education & welfare
21	Tarqee foundation	Jaffarabad	Development
22	Bukhari trust	Usta Muhammad	Health
23	District press club	Jaffarabad	Social welfare

¹ As on 4th May, 2005

Sr. No.	Name of NGO's/CBO's	Address	Area of work
24	Kiran welfare society	Noor M. Nawara	Education
25	Sahara education and welfare society	Usta Muhammad	Education
26	Usta Muhammad press club	Usta Muhammad	Social welfare

Annexure

- Annex – A: Terms of Reference District Health Management Team Jaffarabad

Terms of Reference District Health Management Team – Annex A

- Preparation of Annual District Health Plan ,including the following :
 - Activity work plan showing a timeframe for implementation.
 - Human resource development plan.
 - District logistic and services plan.
 - Preparation of budget estimates for all activities.
 - Plan for multi-sectoral collaboration and advocacy.
- Ensure effective implementation and management of all activities outline in the plans.
- Monitor the implementation of health services in the district.
- Establish, manage and monitor referral mechanism at all levels o the district health system including ensuring effective feedback.
- Annual evaluation of district health services on the health status of the district, with special attention to the most vulnerable groups such as women ,mothers, neonates, infants and ensure improve services to these groups .
- The DHMT will meet on monthly basis.
- Special meetings may be called by the chairperson as needed.
- Minutes of the meeting will be approve by the chair and circulated among the members.
- It will be mandatory on the DHMT to prepare and present its annual performance report in the District Assembly.
- The district assembly will approve the annual budget for the activities of DHMTs.
- The district assembly will assess whether the targets assigned to the team are fulfilled or otherwise.
- A token amount of Rs. 20,000 may be allocated annually for the DHMTs out of the district budget.

References:

1. National Institute of Population Studies, Islamabad Sep. 2005
2. Economic Survey Of Pakistan 2005 - 2006
3. Economic survey of Pakistan 2004-5 Part 3:2-4.
4. UNICEF [Cited 2005 Sep 3] Available from: URL:
http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html_
5. District Census Report of Jaffarabad March 2000:15-18.
6. Multiple Indicators cluster Survey (MICS) 2004: Annexes 38-39.
7. Multiple Indicators cluster Survey (MICS) 2004: Annexes 50-54.
8. District Population Profile MSU Islamabad 2002.
9. Multiple Indicators cluster Survey (MICS) 2004: Annexes 63.



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