



District Health Profile

Sukkur

2005



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Pakistan Initiative for
Mothers and Newborns

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 Sukkur 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 Sukkur**

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 year 2025. The Total Fertility Rate (TFR) is 4.0¹ 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

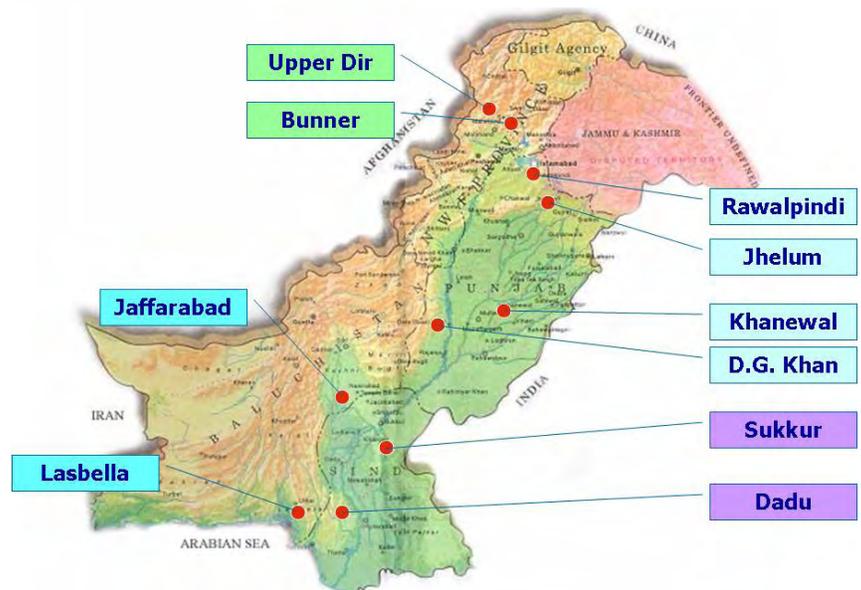
The project is based on the *“Pathway to Care and Survival”* framework. The five major strategic objectives are as follows:

- 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; and
- Improve management and integration of health services at all levels.

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,

Figure 1: PAIMAN Districts



Lasbella (Balochistan); and Upper Dir, Buner (NWFP) refer in Figure 1.

1.3. District Health Profiles

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 Sukkur at a Glance
- District Health System

2. INTRODUCTION

2.1. District Sukkur at a Glance

The district derives its name from its headquarters town Sukkur. It is bounded in the north by District Ghotki and Shikarpur districts, in the south by District Khairpur, in the east by Ghotki and Jaisalmir (India) and in the west by Shikarpur and Khairpur districts.

The total area of the district is 5165⁴ square kilometers. The western half of the district forms a vast alluvial plain broken only at Sukkur and Rohri by low limestone hills, preserving a permanent bank of the Indus. The soils of the district vary from silt to sandy and saline. The Indus is the only river which passes through the north western boundary of the district. The Sukkur district is entirely under irrigational settlements and completely dependent on the Indus. The climate of the district is hot and dry. The climate range from 2.3°C in month of January to above 44°C in June.

For the administration purposes, district Sukkur is divided into 3 talukas, which include Sukkur, Rohri and Panoaqil There are 46 union councils, including rural and urban ones; whose elected representatives formulate Zilla and tehsil assemblies. Political constituencies include 2 national seat and 4 provincial seats of legislative assemblies.

The main means of transport and communication are roads and railways. All taluka headquarters are connected with district headquarters by rail or metalled road. Sukkur is also connected by air with Karachi and other cities. There is also a small movement of goods by steamer and boat notably between Sukkur and Rohri.

The main occupation of the people in district Sukkur is agriculture. A considerable number of artisans and skilled workers are also found in the district.

2.2. District Health System (DHS)

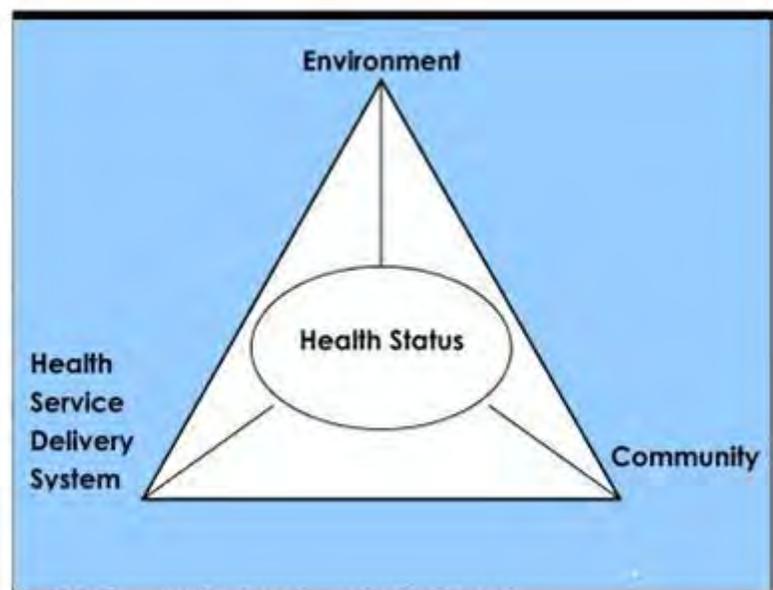
A DHS includes the interrelated elements in the district that contribute to health in homes, educational institutions, workplaces, public places and communities, as well as in the physical and psychosocial environment. A DHS based on Primary Health Care (PHC) is a self-contained segment of the national 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, 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;

Figure 2: Three main determinants of DHS



- 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 Sukkur

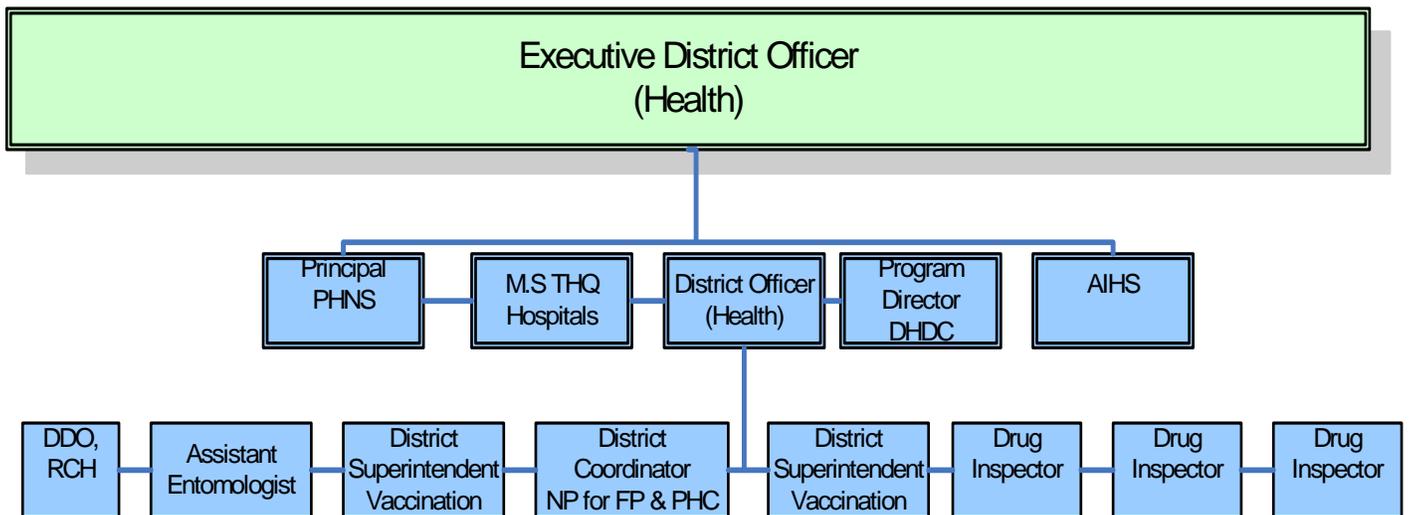
- District Health Department
- District Health Management Team (DHMT)
- Demographic Information
- Fertility Behaviour
- Health Indicators
- Socio-economic Indicators
- Health Facilities
- Public Sector Health Manpower
- District Health Development Center
- Other Health Initiatives including Public Private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

3. Health System in District Sukkur

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 District Officer Health (DOH), the Medical Superintendent (MS) of the District Headquarter (DHQ) Hospital and the Tehsil Headquarter Hospitals (THQ), and the Program Director of the District Health Development Center (DHDC). There is an operational District Health Management Team (DHMT) in the district. The organizational structure of district health department is given below:

Figure 3: Organizational structure district health department



3.2. District Health Management Team (DHMT)

DHMT is part of the overall health sector reforms and decentralization of health services at the district level. The concept of DHMT allows efficient management of health facilities and services in the district for the promotion and

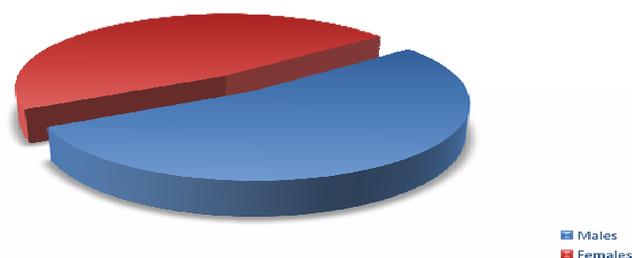
support for the preventative, educative, curative and rehabilitative health services in the district. The Executive District Officer Health Sukkur notified the DHMT on 15th of March, 2005 on the instructions of Project Director, Reproductive Health Project, Sindh. Reproductive Health Project (RHP) is an Asian Development Bank funded project and is similar to the Women Health Project. Format of this existing DHMT with its functions is as under:

| Composition of DHMT | | |
|---------------------|--|----------|
| 1 | Executive District Officer Health | Chairman |
| 2 | Representative of Zila Nazim | Member |
| 3 | Representative of DHQ Hospital | Member |
| 4 | Representative of NGO | Member |
| 5 | District Population Welfare Officer | Member |
| 6 | DDO RCH | Member |
| 7 | Health and Nutrition Education Officer | Member |
| 8 | DDO HRD Sukkur | Member |

3.3. Demographic Information

The current population of Sukkur is 1,108,000⁵ with 53% males and 47% females as shown in figure 4. The estimated annual population growth rate is 2.39%⁶. Life expectancy at birth is 61 years and literacy rate is 60%⁷ for males and 31%⁷ for females. Population density is 176⁴ persons per square kilometre. The average household size is 6.5⁶.

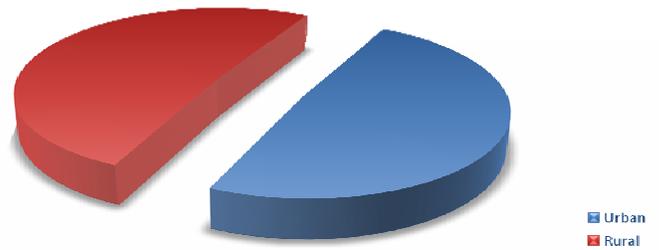
Figure 4: Sex-wise Population Distribution



The percentage break-up of the rural and urban population is 49.1 and 50.9⁴ respectively showing that almost half of the population of district Sukkur is living in rural area as shown in

figure 5. The break up of population may also be seen in table 1. The crude birth rate in Sukkur is 33⁶ per 1000 as compared to 31 per 1000³ at a national level. Table 2 gives more information on demographic indicators.

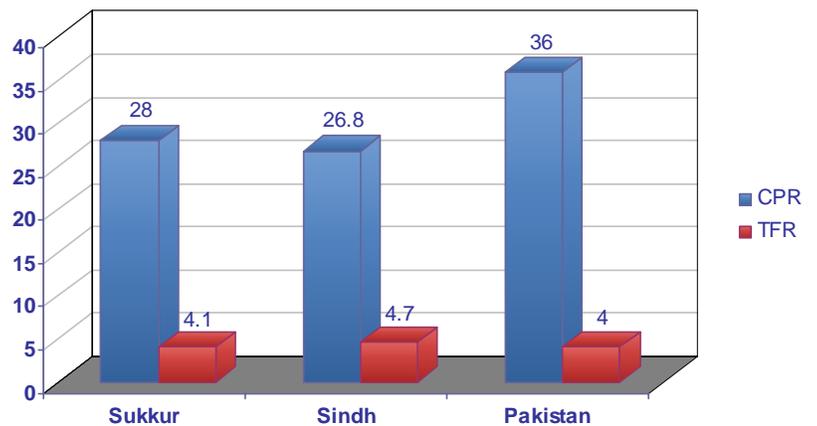
Figure 5: Rural Urban Population Distribution



3.4. Fertility Behaviour

In Sukkur, like the rest of the country, community social structures and belief systems are defined and dominated by men, which

Figure 6: CPR and TFR Comparison



perpetuate gender imbalances and contribute to poor outcomes in fertility behavior and reproductive health. Thus, the contraceptive use of Sukkur remains low (28%) as compared to the national level (36%) and family size remains high due to socio-cultural, political, and economic and gender factors, relating mainly to lack of female control over decisions related to fertility. A considerable unmet need for family planning services exists, 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 3.9⁶ in District Sukkur as compared to 4.1 in Sindh. The Total Fertility Rate is 4.7⁶ i.e. same as in the province and high in comparison to national

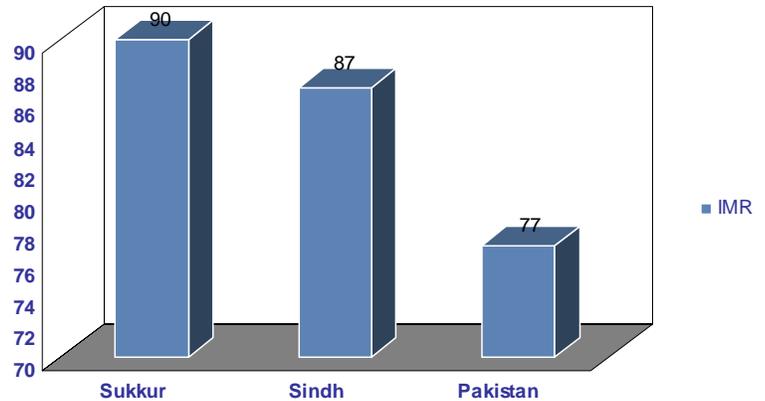
figure of 4.0.¹ Comparison of indicators on women and fertility behaviors of Sukkur, Sind and Pakistan is given in table 3.

3.5. Health Indicators

People, in general, are poor and experience high levels of mortality, morbidity and disability. 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 Sukkur, 37.67% population has access to safe drinking water while the sanitation facilities are available to 54.86% of the population. The infant mortality rate is 90 as compared to 87 in Sindh as evident in Figure 7.

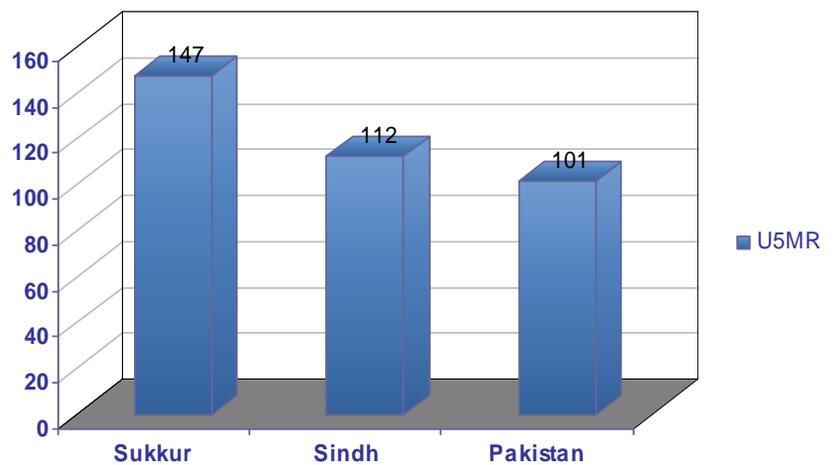
Figure 7: Infant Mortality Rate Comparison



In District Sukkur, under five mortality rate is 147 as shown in Figure 8. The prevalence of underweight in children (under five years of

age) is 46% as compared to 38%³ in both Sindh and Pakistan. Six percent of the population is currently using iodized salt as compared to 22% in Sindh. Other health indicators in

Figure 8: Under five mortality rate



comparison of district with Sindh and Pakistan may be seen in tables 4 and 5.

Health care services in district Sukkur need improvement and concerted efforts to meet National as well as Millennium Developmental Goals (MDGs).

3.6. Socio-economic Indicators

There are significant gender gaps in literacy and health status in Sukkur. The overall literacy rate is 46%⁶ which is close to the national figure of 49%³. The primary school enrolment ratio is 61%⁶ for district Sukkur.

Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736², poverty rates had fallen substantially in the 1980s and early 1990s, however they started to rise again towards the end of the decade. In 2004-05, 33% of the population was living below the poverty line. In District Sukkur, poverty is significantly high as 58% of the population earns below Rs. 1800 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. The details of social indicators may be seen in table 6.

3.7. Health Facilities

The medical coverage provided by the public health sector in District Sukkur consists of 1 DHQ Hospital, 2 THQ Hospitals, 3 Rural Health Centers, 26 Basic Health Units and 10 Dispensaries. There are 429 hospital beds out of which 341 are situated in the

secondary care health facilities with a total bed to patient ratio of 1: 2426.

Basic Health Units (BHUs)

The BHUs have been established at the union council level that normally provides 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 six BHUs are functional in District Sukkur. However, the overall human resources in BHUs are not properly planned. There are 19 sanctioned positions of Medical Officers against 26 Basic Health Units. Out of the 19 sanctioned posts, 4 are lying vacant. Further, there is no sanctioned post of dispenser at BHUs, which is necessary for their effective functioning. The human resource positions of BHUs in district Sukkur 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 also performed. They serve a catchment population of about 25,000 – 50,000 people, with about 30 staff including 3-4 doctors and a number of paramedics. They typically have 10-20 beds, x-ray, laboratory and minor surgery facilities.

Three RHCs are functioning in district Sukkur. Most of the positions in the three rural health centers are filled whereas three key positions of SMOs, who are the administrative heads of the RHCs are vacant. The position of the radiographer is not sanctioned despite the fact that the RHCs are equipped with X-Ray equipment. The human resource positions of RHCs in district Sukkur can be seen 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. Only 1 MCH center is working in the district but no position has been sanctioned so far for its functioning.

Taluka 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, gynaecologist, paediatrician and supported by an anaesthetist.

Two (2) THQ hospitals are functioning in District Sukkur. In THQ Rohri, the position of the Medical Superintendent is vacant. Furthermore, the positions of Gynaecologist and Anaesthesiologist are vacant and the position of Medical

Specialist is not sanctioned. In order to ensure delivery of comprehensive neonatal and obstetric care, it is imperative that all five clinical positions should be sanctioned and filled with qualified medical practitioners. In THQ Panoaqil, all the key clinical specialist positions are vacant and the position of the medical specialist is not sanctioned. Furthermore the position of one medical officer and two woman medical officers are vacant. Moreover, the position of the radiographer is not sanctioned to operate the radiology section. The human resource positions of each THQ are shown in table 7c & 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 Sukkur, a 305-bedded hospital which receives health care users directly and from lower level health facilities including THQ hospitals provides specialist care. Now DHQ has been attached to Ghulam Muhammad Mehar Medical College, Sukkur.

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 383 sanctioned positions in District Sukkur, 242 are filled. Among the management cadre, one post of DDOH, two posts of MS, two posts of AMS, four posts of DMS are lying vacant. Amongst the clinical staff, 60 positions of medical officers, 14 positions of

woman medical officers and one position of dental surgeon are vacant. Among the important positions for maternal and child health services, positions of LHV and midwife are not sanctioned. The paramedical sanctioned positions are catering to a ratio of 1:13176 as compared to a recommended ratio of 1:3000. The major issues are non-sanctioning of essential posts like dispensers at BHUs and CDC staff in the field in the district. The detail of public sector health manpower is available in table 8.

3.9. District Health Development Center (DHDC)

DHDC Sukkur was established in 1998 at the DHO Office under the World Bank-assisted Second Family Health Project to provide pre/in-service trainings and other research and development activities.

3.10. Other Health Initiatives including Public Private Partnership

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

- i. Expanded Program on Immunization EPI:** District Superintendent of Vaccination (DSV) under the supervision of the EDO (H) and DOH 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.
- ii. National Program for Family Planning & Primary Health Care:** National Program for Family Planning and Primary Health Care provides the missing linkage between health care outlets and health services users. The linkage is provided through a network of Lady Health Workers (LHWs), who are 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 program, LHWs are providing coverage to almost 85% of the total district population.

- iii. **T.B. DOTS Program:** T.B DOTS program was started in April, 2004. Training of doctors has been completed whereas only 50% of the paramedics and microscopists have been trained so far.

3.11. Population Welfare Department

Major services offered by the District Population Welfare Office include Family Planning, Maternal Care, Child Care and General Health Care Services. These services in District Sukkur are offered through one RHSC-A, three RHSC-B, two mobile service units and twenty 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.

3.12. Private Clinics and Hospitals

There are 44 private sector providers involved in delivering MNH services in District Sukkur. List of private sector health care providers may be seen in table 9.

3.13. Non Governmental Organizations (NGO)s

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 Sindh 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. List of some

significant NGOs working in district Sukkur may be seen in tables 10.

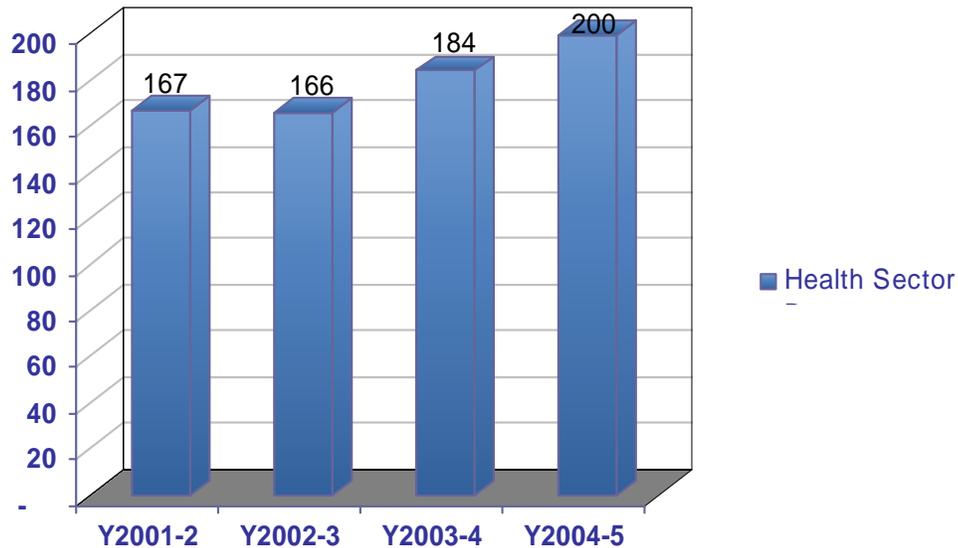
Section 4 – Budget Allocation and Utilization

4. Budget Allocations and Utilization

Sukkur district witnessed a slight change in allocations to health sector each year since 2001-02. The budgetary allocation for the year 2004-5 is Rs 199.8 million as compared to Rs. 184 million of the preceding year, which represents an increase of 8%.

The budgetary allocations have shown slight increase in the past two years as shown in figure 9:

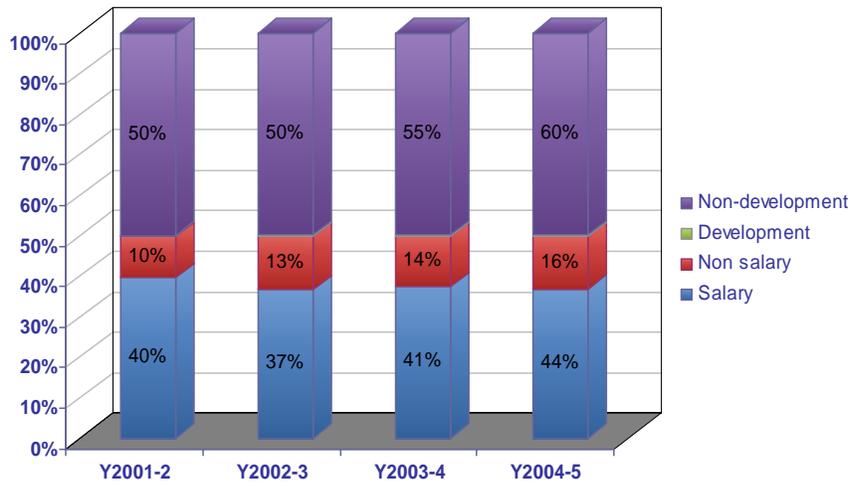
Figure 9: Comparison of Total with Health Sector Budget
(Rs. In million)



The allocations for the DHQ/THQ Hospitals in the current year 2004-5 grew considerably 12% for each. Budgetary allocations for RHCs and BHUs were decreased by 9% during same period. It has been observed that the gap between allocations to secondary and primary care has narrowed with a leaning towards enhanced allocations towards secondary care health facilities.

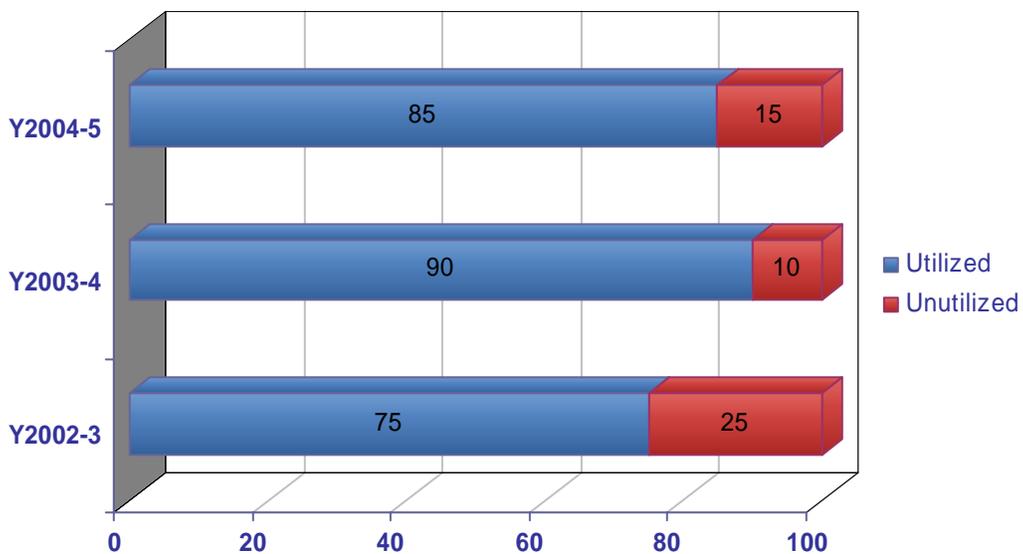
Comparing the development and non-development budget, it may be observed that only the non-development budgetary allocations have increased in the last four years.

Figure 10: Category wise Health Sector Budget Breakup



It has also been observed that all allocated funds may not be spent in any given year. The percentage of unutilized funds however has decreased over the past two years. District Sukkur was able to spend 75%, 90% and 85% of the allocated budget in the fiscal year 2002-3, 2003-4 and 2004-5 respectively as shown in Figure below:

Figure 11 : Percentage Budget Utilization (Year wise)



The information pertaining to the budget allocation for the District Health Department of District Sukkur for the years 2001-2005 can be seen in table 11.

Data Set

- Table 1: Population structure of district Sukkur
- Table 2: Demographic information on Sukkur, Sindh and Pakistan
- Table 3: Comparison of indicators on women and fertility behaviors
- Table 4: Comparison between basic indicators of Sukkur, Sindh and Pakistan
- Table 5: Comparison between health and nutrition indicators of Sukkur, Sindh and Pakistan
- Table 6: Comparison between social indicators of Sukkur, Sindh and Pakistan
- Table 7a: Human resource position at BHUs
- Table 7b: Human resource position at RHCs
- Table 7c: Human resource position at THQ Rohri
- Table 7d: Human resource position at THQ Panoaqil
- Table 8: Public health sector manpower
- Table 9: List of private sector health care providers
- Table 10: List of registered NGOs in District Sukkur
- Table 11: Budget allocation for the District Health Department of District Sukkur for the years 2001-2005

Table 1: Population Structure of District Sukkur

| Population Groups | Standard Demographic Percentages | Estimated Population (2005) |
|--------------------------|---|------------------------------------|
| Under 1 year | 2.24 | 20,339 |
| Under 5 years | 15.87 | 144,100 |
| Under 10 years | 31.82 | 288,926 |
| Under 15 years | 44.04 | 399,883 |
| 15-49 years | 46.63 | 423,400 |
| 15-64 years | 53.37 | 484,600 |
| 65 years and above | 2.6 | 23,608 |

Sources:

1. District Population Profile, MSU 2002

Table 2: Demographic Information on Sukkur, Sindh and Pakistan

| Demographics | Sukkur | Sindh | Pakistan |
|-------------------------------------|---------------|--------------|-----------------|
| Population (thousands) under age 15 | 400 | 13016 | 70150 |
| Population (thousands) under age 5 | 144 | 4564 | 20922 |
| Population annual growth rate (%) | 2.39 | 2.8 | 1.9 |
| Crude death rate, | 9 | 8.6 | 8 |
| Crude birth rate, | 33 | 33 | 31 |
| Life expectancy, | 61 | 64 | 63 |
| Total fertility rate, | 4.7 | 4.7 | 4.0 |
| % of population urban, | 51 | 49 | 34 |

Sources:

1. District Population Profile MSU 2002.
2. [Cited 2005 Sep 3] Available from: URL: <http://www.sindh.iucnp.org/siov.htm>
3. Provincial Census Report of Sindh May 2000.
4. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
5. Pakistan Economic Survey 2004-5.
6. National Institute of Population Studies, Islamabad, September 2005

Table 3: Comparison on indicators on Women and Fertility Behaviors

| Women & fertility behavior | Sukkur | Sindh | Pakistan |
|--|--------|-------|----------|
| Total fertility rate | 4.7 | 4.7 | 4.0 |
| Contraceptive Prevalence (any method) | 28 | 26.8 | 36 |
| Antenatal care coverage by any attendant (%) | 92 | 77 | 43 |
| Antenatal care coverage by skilled attendant (%) | 28.4 | 34.5 | 35 |
| Birth Care by skilled attendant | 29.1 | 28.4 | 20 |
| Birth Care by any attendant | 99 | 99 | 99 |
| Post-birth Care by skilled attendant | 59 | 30 | 24 |
| Post-birth Care by any attendant | 86 | 90 | 67 |
| Mean Children Ever Born Married Women 15-49 | 3.9 | 4.1 | 2.7 |

Sources:

1. District Census Report of Sukkur, September 1999.
2. Provincial Census Report of Sindh May 2000.
3. District Population Profile, MSU 2002.
4. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
5. National Institute of Population Studies, Islamabad, September 2005

Table 4: Comparison between basic indicators of Sukkur, Sindh and Pakistan

| Basic Indicators | Sukkur | Sindh | Pakistan |
|--|-----------|--------|----------|
| Total population (thousands) | 1108 | 36931 | 154000 |
| Area in sq. km | 5165 | 140914 | 796096 |
| Population urban/rural ratio | 50.9/49.1 | 49/51 | 34/66 |
| Sex ratio (number of males over 100 females) at birth | 114 | 112 | 108 |
| population density (person per square km) | 176 | 216 | 166 |
| Population growth rate | 2.39 | 2.8 | 1.9 |

Sources:

1. Development Statistics of Sindh, Sindh Bureau of Statistics 2004.
2. Provincial Census Report of Sindh May 2000.
3. District Census Report of Sukkur, September 1999.
4. District Population Profile Islamabad 2002.
5. Pakistan Economic Survey 2004-5.
6. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
7. [Cited 2005 Sep 3] Available from: URL: <http://www.sindh.iucnp.org/siov.htm>
8. National Institute of Population Studies, Islamabad, September 2005

Table 5: Comparison between Health and Nutrition indicators of Sukkur, Sindh and Pakistan.

| Health and Nutrition | Sukkur | Sindh | Pakistan |
|---|--------|--------|----------|
| Under-5 mortality rate | 147 | 112 | 101 |
| Infant mortality rate | 90 | 87 | 77 |
| % of total population using improved drinking water sources | 37.67 | 68.86 | 90 |
| % of total population using adequate sanitation facilities | 54.86 | 65.93 | 54 |
| % of one-year-olds fully immunized against measles | 66 | 63.45 | 67 |
| % of pregnant women immunized for tetanus | 34 | 63 | 45 |
| % of under-fives suffering from underweight (moderate & severe) | 46 | 38 | 38 |
| % of children who are breastfed with complementary food (<6-9 months) | 52 | 47 | 31 |
| Vitamin A supplementation coverage rate (6-59 months) | 84 | 87 | 95 |
| % of households consuming iodized salt | 12 | 22 | 17 |
| No. of hospitals | 5 | 322 | 916 |
| Dispensaries | 10 | 1808 | 4582 |
| RHCs | 3 | 98 | 552 |
| BHUs | 26 | 687 | 5301 |
| MCHCs | 1 | 150 | 906 |
| No. of beds | 429 | 26,379 | 99908 |

Sources:

1. District Census Report of Sukkur, September 1999.
2. Provincial Census Report of Sindh May 2000.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
4. Sindh Development Statistics, Bureau of Statistics Government of Sindh 2004.
5. Pakistan Economic Survey 2004-5.

Table 6: Comparison between Social indicators of Sukkur, Sindh and Pakistan

| Social indicators | Sukkur | Sindh | Pakistan |
|--|-----------------------|-----------------------|-----------------------|
| Adult literacy rate | 46 | 45 | 49 |
| Adult literacy rate, male | 60 | 55 | 62 |
| Adult literacy rate, female | 31 | 35 | 35 |
| Gross enrolment ratio: primary school | 61 | 65 | 71 |
| % of net primary school attendance | 73 | 51 | 56 |
| Per capita income | Rs. 1800 per month | Rs. 1036 per month | Rs. 3680 per month |

Sources:

1. District Census Report of Sukkur, September 1999.
2. Provincial Census Report of Sindh May 2000.
3. UNICEF [Cited 2005 Sep 3] Available from: URL:
http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html

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

| Post | Sanctioned | Filled | Contractual | Permanent | Vacant |
|--------------------------|------------|--------|-------------|-----------|--------|
| Medical Officer | 19 | 15 | 00 | 19 | 04 |
| Lady Health Visitor | 00 | 00 | 00 | 00 | 00 |
| Midwife | 30 | 26 | 00 | 30 | 04 |
| Dai | 00 | 00 | 00 | 00 | 00 |
| Female Health Technician | 23 | 22 | 00 | 23 | 01 |
| Health Technician | 23 | 23 | 00 | 23 | 0 |
| Dispenser | 00 | 00 | 00 | 00 | 00 |
| Chowkidar | 24 | 24 | 00 | 24 | 00 |
| Naib Qasid | 23 | 23 | 00 | 23 | 00 |
| Sweeper | 18 | 18 | 00 | 18 | 00 |

Table 7b: Human Resource Position at RHCs as on May 15, 2005

| Post | Sanctioned | Filled | Contractual | Permanent | Vacant |
|--------------------------|------------|--------|-------------|-----------|--------|
| SMO | 07 | 04 | 00 | 07 | 03 |
| MO | 08 | 07 | 00 | 08 | 01 |
| WMO | 03 | 02 | 00 | 03 | 01 |
| Dental Surgeon | 04 | 02 | 00 | 04 | 02 |
| LHV | 02 | 02 | 00 | 02 | 00 |
| Female Health Technician | 07 | 07 | 00 | 07 | 00 |
| Health Technician | 07 | 07 | 00 | 07 | 00 |
| Dispenser | 12 | 11 | 00 | 12 | 01 |
| Midwife | 03 | 01 | 00 | 03 | 02 |
| Radiographer | 00 | 00 | 00 | 00 | 00 |
| Lab assistant | 02 | 02 | 00 | 02 | 00 |
| Sweeper | 06 | 06 | 00 | 06 | 00 |
| Driver | 03 | 03 | 00 | 03 | 00 |

Table 7c: Human Resource Position at THQ Rohri as on May 15, 2005

| Post | Sanctioned | Filled | Contractual | Permanent | Vacant |
|------------------------|------------|--------|-------------|-----------|--------|
| Medical Superintendent | 01 | 00 | 00 | 01 | 01 |
| Surgeon | 01 | 01 | 00 | 01 | 00 |
| Medical Specialist | 00 | 00 | 00 | 00 | 00 |
| Gynaecologist | 01 | 00 | 00 | 01 | 01 |
| Paediatrician | 01 | 01 | 00 | 01 | 00 |
| Anaesthesiologist | 01 | 00 | 00 | 01 | 01 |
| Pathologist | 01 | 01 | 00 | 01 | 00 |
| Medical Officer | 06 | 01 | 00 | 06 | 05 |
| Woman Medical Officer | 05 | 04 | 00 | 05 | 01 |
| Dental Surgeon | 01 | 01 | 00 | 01 | 00 |
| Staff Nurse | 05 | 05 | 00 | 05 | 00 |
| Lady Health Visitor | 01 | 00 | 00 | 01 | 01 |
| Dispenser | 08 | 08 | 00 | 08 | 00 |
| Laboratory Assistant | 01 | 01 | 00 | 01 | 00 |
| Radiographer | 00 | 00 | 00 | 00 | 00 |
| Dai | 01 | 01 | 00 | 01 | 00 |

Table 7d: Human Resource Position at THQ Panoaqil as on May 15, 2005

| Post | Sanctioned | Filled | Contractual | Permanent | Vacant |
|------------------------|------------|--------|-------------|-----------|--------|
| Medical Superintendent | 01 | 01 | 00 | 01 | 00 |
| Surgeon | 01 | 00 | 00 | 01 | 01 |
| Medical Specialist | 00 | 00 | 00 | 00 | 00 |
| Gynecologist | 01 | 00 | 00 | 01 | 01 |
| Pediatrician | 01 | 00 | 00 | 01 | 01 |
| Anesthesiologist | 01 | 00 | 00 | 01 | 01 |
| Pathologist | 01 | 00 | 00 | 01 | 01 |
| Medical Officer | 03 | 02 | 00 | 03 | 01 |
| Woman Medical Officer | 05 | 03 | 00 | 05 | 02 |
| Dental Surgeon | 01 | 00 | 00 | 01 | 01 |
| Staff Nurse | 05 | 05 | 00 | 05 | 00 |
| Lady Health Visitor | 01 | 00 | 00 | 01 | 01 |
| Dispenser | 08 | 08 | 00 | 08 | 00 |
| Laboratory Assistant | 01 | 01 | 00 | 01 | 00 |
| Radiographer | 00 | 00 | 00 | 00 | 00 |
| Dai | 01 | 01 | 00 | 01 | 00 |

Table 8: Public Sector Health Manpower as on May 15, 2005

| Post | BPS | Sanctioned | Filled | Contractual | Permanent | Vacant |
|---|-----|------------|------------|-------------|------------|------------|
| EDO | 20 | 01 | 00 | 00 | 01 | 01 |
| DoH | 19 | 02 | 02 | 00 | 02 | 00 |
| I/C DHDC | 18 | 01 | 01 | 00 | 01 | 00 |
| DDO RCH | 18 | 01 | 01 | 00 | 01 | 00 |
| Deputy District Health Officers | 18 | 06 | 05 | 00 | 06 | 01 |
| Medical Superintendents | 19 | 07 | 05 | 00 | 07 | 02 |
| Deputy Medical Superintendents | 19 | 08 | 04 | 00 | 08 | 04 |
| Additional Medical Superintendents | 19 | 07 | 05 | 00 | 07 | 02 |
| SMO | 18 | 52 | 36 | 00 | 52 | 16 |
| MO | 17 | 121 | 61 | 00 | 121 | 60 |
| WMO | 17 | 41 | 27 | 00 | 41 | 14 |
| Dental Surgeon | 17 | 6 | 5 | 00 | 6 | 01 |
| Homeo-doctor | | 00 | 00 | 00 | 00 | 00 |
| Hakeem | 8 | 01 | 01 | 00 | 01 | 00 |
| District Superintendent of Vaccination | 8 | 02 | 01 | 00 | 02 | 01 |
| Assistant Superintendent of Vaccination | 6 | 02 | 01 | 00 | 02 | 01 |
| Inspector Vaccination | | 00 | 00 | 00 | 00 | 00 |
| EPI Clerk | | 00 | 00 | 00 | 00 | 00 |
| EPI store keeper | | 00 | 00 | 00 | 00 | 00 |
| Vaccinators | 5 | 121 | 84 | 30 | 91 | 07 |
| Drug Inspector | 17 | 01 | 01 | 00 | 01 | 00 |
| Clerk (Drug Inspector) | 5 | 01 | 01 | 00 | 01 | 00 |
| CDCO | | 00 | 00 | 00 | 00 | 00 |
| CDC supervisor | | 00 | 00 | 00 | 00 | 00 |
| CDC Inspector | | 00 | 00 | 00 | 00 | 00 |
| Assistant Entomologist | 16 | 01 | 00 | 00 | 01 | 01 |
| Insect Collector | 5 | 01 | 01 | 00 | 01 | 00 |
| Total | | 383 | 242 | 30 | 353 | 111 |

Table 9: List of Private Care providers

| Sr. No. | Contact Persons | Names of Health Centers | Addresses | Contact No. | Category of Health centers |
|--|---------------------|-------------------------------|--|------------------|----------------------------|
| District Sukkur, Town: BARRAGE RD and BHUTTA RD | | | | | |
| 1. | Mrs. Firdous Shahid | Marie Stopes Society, Sukkur | Near Bata Shop, Bhutta Road, Sukkur | 614430 | NGO |
| 2. | Shaista Shaikh | Shifa Clinic | Barrage Township, Sukkur | 613829 | Hospital |
| 3. | Dr. Zakia Memon | Marvi Clinic | Munir Hotel, Barrage Road, Sukkur | 614235 | Clinic |
| 4. | Nigar Fatima | Hira Medical Center | Barrage Township, Sukkur | 614111 614555 | Clinic |
| 5. | Mrs. Zareena Ghous | Bachal Shah Dispensary | Near Al Faisal Medical Centre, Sukkur | | Clinic |
| 6. | Dr. Rasheeda Mahar | Regional Training Institution | Military Road, Near Tcs Head Office, Sukkur | | Institution |
| 7. | Dr Farzana Siyal | Al-Raiz Clinic | Sharfabad Colony, Near Central Jail, Sukkur | 071-651101 | Clinic |
| 8. | Najma Mirani (Fto) | Hussain Shahzad Clinic | Sardar Ali Shah Street, Bhutta Road, Sukkur | 071-617727 | Clinic |
| District Sukkur, Town: GHARIBABAD | | | | | |
| 9. | Dr. Shehnaz Saleem | Ali Clinic | Maqam Rd, Gharibabad, Sukkur | 612445 | Hospital |
| 10. | Dr. Maya Devi | Anwar Paracha Hospital | Near Humayon Gymkhana Sukkur | | Hospital |
| 11. | Mrs. Saeeda Hayyat | Saeeda Hayyat Clinic | Ibrahimi Gali Hanfia Masjid, Garibabad, Sukkur | | Clinic |
| 12. | Dr Mahwish Mubbarak | Ramsha Clinic | Near Dr.Karam Illahi, Garibabad, Sukkur | 0300-314659 8 | Clinic |
| District Sukkur, Town: CLOCK TOWER STTN ROAD | | | | | |
| 13. | Mrs. Fakhira Raza | Aashir Clinic | New Pind, fwc New Pind, Sukkur | | Clinic |
| 14. | Mrs Rukhsana Sabir | Mrs Sabir Clinic | Near Railway Hospital Station Sukkur | | Clinic |
| District Sukkur, Town: NEW PIND –NAWA GOTH | | | | | |
| 15. | Miss Sumera Sheikh | Falahi Markaz Zacha Bac | Opp/Elementary College Site Area Sukkur | | Institution |
| 16. | Dr. Shereen Majeed | Chachar Clinic & Maternity | Bihar Colony, Doctors' Colony Sukkur | | Clinic |
| 17. | Dr. Rizwana Safder | Sadat Clinic | Airport Road Sukkur | 25716 | Clinic |
| 18. | Dr Farhana Sheikh | Arooba Clinic | New Goth, Near United Bakers, Sukkur | | Clinic |

| Sr. No. | Contact Persons | Names of Health Centers | Addresses | Contact No. | Category of Health centers |
|--|----------------------------|-----------------------------|---|-------------|----------------------------|
| District Sukkur , Town: NEEM KI CHARI | | | | | |
| 19. | Nafeesa Ansari | Bab-E-Shifa Clinic | Opp/Sodagran Hospital Neem Ki Chari Sukkur | | Clinic |
| District Sukkur , Town: OLD SUKKAR + CIVIL HOSPITAL | | | | | |
| 20. | Mrs. Rasheeda Fatima | Nayab Clinic | Qureshi Rd, Old Sukkur | | Maternity Home |
| 21. | Mrs. Rubina Arif | Fahad Clinic | Near Regent Cinema, Queens Road. Sukkur | | Clinic |
| 22. | Dr Saira Abbas | Noor-E-Mustafa Clinic | Dubba Road, Old Sukkur | 071-32052 | Clinic |
| 23. | Dr. Firdous Khokher | Ikhlaque Clinic | Qurashi Road, Old Sukkur | | Clinic |
| 24. | Dr. Surriya Khawar | Municipal Dispensary | Shahi Bazar, Near Jinnat Building, Old Sukkur | | Hospital |
| 25. | Mrs. Sharifan Naz (Staff N | Public Health School Sukkur | Civil Hospital, Sukkur | 071-9310131 | Institution |
| District Sukkur, Town: DHAK RD + MIANI ROAD | | | | | |
| 26. | Huma Jamshed Arif | Huma Health Care Center | Opp Allahwala Masjid, Bunder Road Sukkur | | Clinic |
| 27. | Dr. Kavita S. Agarwal | Sonia Clinic | H#B 1639 Bunder Road, Sukkur | 612086 | Clinic |
| 28. | Dr. Shazia Khan | Nimrah Clinic | Nusrat Colony, No 4 Miyani Road, Sukkur | 613070 R | Clinic |
| District Sukkur , Town: BEGARJI/LAKHI GHULAM | | | | | |
| 29. | Mrs Zarina Shafi | Shafi Clinic | Near Bhv Bagarji, Doctors' Colony Bagariji | | Maternity Home |
| 30. | Ms. Haseena Sheikh | Family Welfare Clinic | Lakhi Ghulam Shah | 2755 | Clinic |
| 31. | Dr. Jamila Siddiqui | Lakhi Hospital | Main Road, Lakhi | | Hospital |
| 32. | Dr Naila Bhutto | Hafsa Noor Clinic | Memon Mohalla, Lakhi Road, Lakhi | 071-573055 | Clinic |
| District Sukkur, Town: ROHRI | | | | | |
| 33. | Dr. Rehana Memon | Memon Clinic | Memon Mohallah, Rohri, Sukkur | 50377 | Hospital |
| 34. | Dr. Naheed Shaikh | Noor Clinic | Near Rohri Cement Works, Rohri | 650640 | Hospital |
| 35. | Mrs. Monika | Taluka Hospital (RHC) | Main Road, Rohri | | Hospital |
| 36. | Bushra K. Baloch | Baloch Clinic | Main Road, Rohri | | Clinic |
| 37. | Dr Saima Bhutto | Cement Factory Rohri | Rohri Cement Factory, Rohri | 071-615977 | Hospital |

| Sr. No. | Contact Persons | Names of Health Centers | Addresses | Contact No. | Category of Health centers |
|---|--|-------------------------|--|-----------------------|----------------------------|
| District Sukkur , Town: PANNO AQIL | | | | | |
| 38. | Dr. Samina Anwar Siyal | Saad Clinic & Maternity | Jamia Masjid Road, Panoaqil | | Clinic |
| 39. | Dr. Shahida Khan Dr. Rani haghia | Sakhi Baba Charitable H | Mander Gali Ausda Ram, Panoaqil | 690440 - 690450 | Hospital |
| 40. | Shabnum Shaikh, Dr. Rozeena Abro, Dr. Farzana Shaikh | Taluka Hospital | Station Road, Panoaqil | | Clinic |
| 41. | Dr. Farzana Shaikh | Aina Clinic | Near Jamma Masjid, Panoaqil | | Clinic |
| 42. | Dr. Rozeena Abro | Shah Zaib Clinic | Near Taluka Hospital, Panoaqil | | Clinic |
| 43. | Mrs. Zareena Balouch | Al-Shifa Clinic | Dadloi Basic Health Unit, Dadloi, Panoaqil | | Clinic |
| District Sukkur Town: KANDHARA | | | | | |
| 44. | Miss Farzeen Khalid | F W C Kandhra | Near Jamia Masjid, Kandhra | | Clinic |

Table 10: List of Registered NGOs in District Sukkur¹

| S. No. | Name of Organization | Type (Specify Whether NGO, CBO, CCB) | Address | Services Offered |
|--------|--------------------------------|--------------------------------------|---------|---|
| 1 | Marie Stopes Society, Sukkur | NGO | Sukkur | Family Planning, treatment Aid |
| 2 | Patient Welfare Society Sukkur | NGO | Sukkur | Assistance to needy patients |
| 3 | Pakistan Red Crescent society | NGO | Sukkur | Curative services |
| 4 | Sukkur Blood Donating society | NGO | Sukkur | Safe blood supply and curative services |

¹ As on 4th May, 2005

Table 11: Budget allocation for the District Health Department of District Sukkur for the years 2001-2005

| Item | 2001-02 (amount in Rs.) | 2002-03 (amount in Rs.) | 2003-04 (amount in Rs.) | 2004-05 (amount in Rs.) |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Total district budget | | Information Not Available | | |
| Budget for Health | 167033400 | 166160980 | 184263440 | 199821336 |
| Budget for DHQ | 51385300 | 61077300 | 56417330 | 65224725 |
| Budget for THQ | 20494900 | 18183300 | 24415270 | 24692650 |
| Budget for RHCs | 11343130 | 13374946 | 13130950 | 13372147 |
| Budget for BHUs | 22686260 | 26749893 | 26261900 | 26744334 |
| Budget for MCHC | | Information Not Available | | |
| Budget for dispensaries | 27003300 | 246538350 | 29877610 | 40116502 |
| Others means total budget minus budget of DHQ, THQ, RHC, BHU, MCHC, Dispensaries | 30350000 | 61912030 | 72894730 | 68974059 |
| Salary portion out of health budget | 132494600 | 122007980 | 138105640 | 147248116 |
| Non-salary portion out of health budget | 34088800 | 43703000 | 45499300 | 51759220 |
| Budget for medicine out of non-salary budget | 15976800 | 19850000 | 19670000 | 18803250 |
| Development | 450000 | 450000 | 658500 | 814000 |
| Non-development | 166583400 | 165710980 | 183604940 | 199007336 |

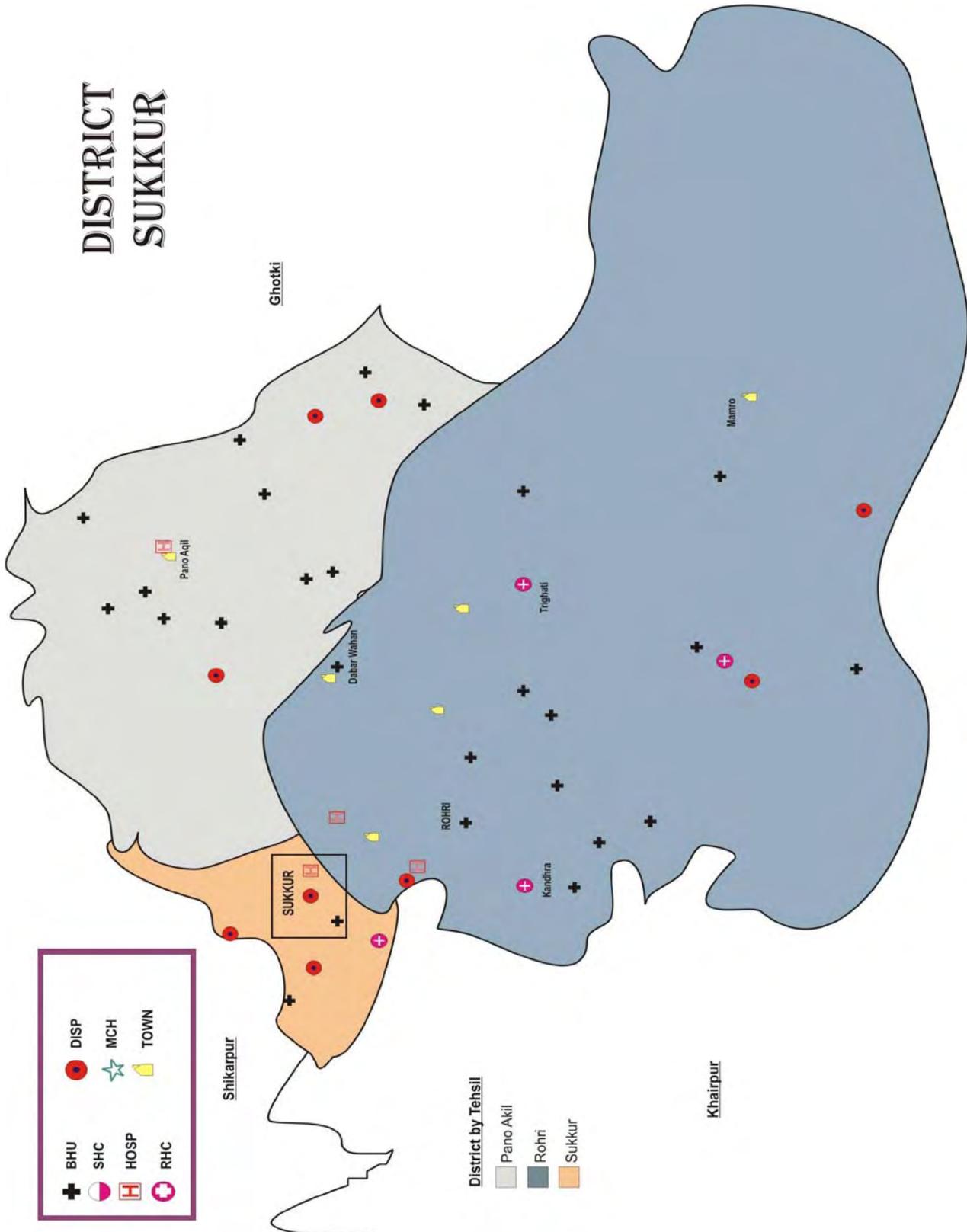
Annexure

- Annex – A: TORs of District Health Management Team (DHMT)
- Annex – B: Map of Health Facilities in District Sukkur

TORs of District Health Management Team (DHMT) – Annex A

- The team will work under the chairmanship of EDO (H) Sukkur.
- The DHMT will be trained and make annual development plan to be implemented in accordance of scope of the project.
- Each DHMT will have a small project cell.
- Assistant coordinator (Focal Person) & with accounts assistant will coordinate and monitor project implementation activities of District.

Map of Health Facilities in District Sukkur – Annex B



References:

1. National Institute of Population Studies, Islamabad, September, 2005
2. Economic survey of Pakistan 2004-5 Part III:2-4.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html_
4. District Census Report of Sukkur, September 1999:29-32.
5. Sindh Development Statistics, Bureau of Statistics Government of Sindh 2004:54.
6. District Population Profile MSU 2002.
7. District Census Report of Sukkur, September 1999:37-39.
8. District Census Report of Sukkur, September 1999:47-49.
9. Provincial Census Report of Sindh May 2000:76.



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