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PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY

TRACKING THE MILLENNIUM DEVELOPMENT GOALS

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USAID Task Order # GHS-I-01-07-0003

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Pakistan Demographic Health Survey: Tracking the Millennium Development Goals

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Summary

This brief highlights the Pakistan Demographic Health Survey (PDHS), Millennium Development Goals (MDGs) and suggests ways for tracking MDGs through the TACMIL Health Project and other USAID-funded Health Projects, and also introduces a way forward.

The PDHS was conducted in 2006-2007. The survey describes the current situation of Health and Population of Pakistan. The data also helps to monitor progress towards the MDGs and provides up-to-date information on morbidity and mortality of mothers, under-five children and the status of reproductive health. The survey provides a guide towards constructing evidence-based policies and managing and improving the population and health programs.

The Technical Assistance for Capacity building in Midwifery, Information and Logistics (TACMIL) Health Project, as part of the support to the National Institute of Population Studies (NIPS) and information dissemination of PDHS, is promoting use of evidence-based information to monitor and improve implementation of the MDGs, especially MDG 4 & 5.

Finally, the paper recommends “a way forward” for all citizens of Pakistan to contribute towards achieving the MDGs.

The Pakistan Demographic and Health Survey

The Pakistan Demographic and Health Survey was conducted in 2006-07, executed by Ministry of Population Welfare and implemented by National Institute of Population (NIPS). MACRO International provided technical assistance in the design, implementation and analysis of the survey, funded by USAID/Pakistan. The survey was designed to provide data for monitoring the population and health situation in Pakistan. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, infant and child feeding practices, maternal and child health, maternal mortality, and HIV/AIDS related knowledge and behavior.

The PDHS provides an opportunity for policy makers to develop evidence-based policies and monitor the progress of the Population and Health sectors. In addition, it provides information to managers and service providers for improving services; recent health data for the media to use in mass education and to motivate communities to participate in improving health and welfare of community members.

Millennium Development Goals

In September 2000, world leaders endorsed in the new Millennium Declaration by agreeing on and signing the Millennium Development Goals. The Declaration, endorsed by 189 countries, was then translated into a roadmap for setting out individual country goals to be reached by 2015. The eight Millennium Development Goals (Box 1) made at the United Nations conference in the 1990s represent the commitment by all countries to reduce poverty and hunger, to tackle ill-health, gender equity, lack of education, lack of access to clean water, and environmental degradation. Pakistan is a signatory country to achieve the MDGs.

The PDHS provides evidence-based data and offers an opportunity to all segments of society to play a role, particularly policy makers, managers, program implementers and service providers to focus on:

1. Where do we stand now?
2. What has worked in the world?
and,
3. What needs to be done?

1. Where do we stand now?

The two MDGs, MDG 4 – to reduce child mortality, and MDG 5 – to improve maternal health, will be the focus of this brief, though all the MDGs are equally important.

MDG 4. Reduce Child Mortality

This goal calls for the reduction by two-thirds of the under-five mortality rate, between 1990 and 2015.

Table 1. Child mortality (deaths per 1000 live births) in Pakistan

Reduce child mortality Indicators	1990	2006-07 (PDHS)	MDG Target (2015)
Proportion of fully vaccinated children 12-23 months	50%	47%	>90 %
Infant mortality	100	78	40
Under five mortality	130	94	45

Source PDHS 2006-07; Ministry of Health 2006

Millennium Development Goals

- Goal 1: Eradicate Extreme Hunger and Poverty
- Goal 2: Achieve Universal Primary Education
- Goal 3: Promote Gender Equality and Empower Women
- Goal 4: Reduce Child Mortality
- Goal 5: Improve Maternal Health
- Goal 6: Combat HIV/AIDS, Malaria and other diseases
- Goal 7: Ensure Environmental Sustainability
- Goal 8: Develop a Global Partnership for Development

Table 2. Comparison with the World and other South Asian countries

Reduce child mortality— indicators	2007 World	2007 South Asia	2007 Afghanistan	2007 Bangladesh	2007 India	2007 Nepal	2007 PDHS Pakistan	MDG Target
Proportion of fully vaccinated children 12-23 months	80%	65%	68%	81%	59%	85%	47%	>90 %
Infant mortality	49	62	—	52	57	46	78	40/1000
Under five mortality	72	83	—	69	76	59	94	45/1000

Source <http://ddp-ext.worldbank.org/ext/ddpreports> World Bank Group, September 10, 2008

MDG5. Improve Maternal Health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

5.1 Maternal mortality ratio (maternal deaths/100,000 live births) lowered

5.2 Proportion of births attended by skilled health personnel increased

Target 5.B: Achieve by 2015 universal access to reproductive health

5.3 Contraceptive prevalence rate increased

5.4 Adolescent birth rate lowered

5.5 Antenatal care coverage (at least one visit and at least four visits) increased

5.6 Unmet need for family planning lowered

Table 3. Improve maternal health indicators and targets

Improve Maternal Health--indicators	1990	2000-07 PDHS	MDG Targets
Maternal mortality ratio (maternal deaths per 100,000 live births)	---	276	140/100,000
Proportion of births attended by skilled health personnel	19%	39%	>90 %
Unmet need for family planning (% of married women ages 15-49)	32%	25%	----
Adolescent fertility rate (births per 1,000 women ages 15-19)	69 (1995)	51	---
Pregnant women receiving prenatal care	27 %	61 %	---
Contraceptive prevalence rate (% of women ages 15-49)	15%	30 (married women)	55

Source PDHS 2006-07; <http://ddp-ext.worldbank.org/ext/ddpreports> World Bank Group, September 10, 2008

2. What has worked in the world?

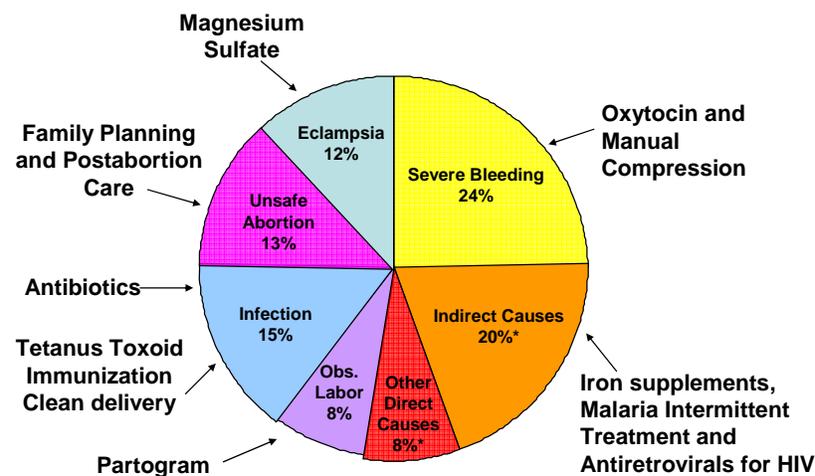
In countries like Malaysia, Sri Lanka, Thailand, Jamaica and Tunisia there has been a significant decline in maternal mortality due to three factors:

- Access to skilled birth attendance (community midwives/midwives, nurses and doctors)
- Access to emergency obstetric care (basic and comprehensive)
- Access to family planning services

By providing access in the above mentioned three areas many of these countries have cut the number of maternal deaths in half in a decade.

Should we be more specific about the interventions needed? For maternal mortality reduction, “what works” is pretty well documented:

Evidence-based Interventions for Major Causes of Maternal Mortality



*Other direct causes include: ectopic pregnancy, embolism, anesthesia-related
 *Indirect causes include: anemia, malaria, heart disease
 Source: Adapted from "Maternal Health Around the World" World Health Organization, Geneva, 1997

3. What needs to be done now?

Adapting the strategies and evidence-based, high impact activities and programs, which are scalable. We are proposing two strategies which include:

- Strengthening health systems
- Providing continuum of care across the life cycle—care of pregnant women, connecting households, and communities to place— chain of facility-based services (health posts, health centers and district hospitals)

A. Strengthening Health Systems

Functioning health systems (Annexure A) are essential to meet the MDGs. The health of the population can be improved by a multiple pronged approach to address the needs at all levels including:

- Primary Health Care at the community/BHU and RHC
- Secondary Health Care at district hospitals
- Tertiary Health Care at medical college hospitals and other referral centers
- Provincial Health Departments—planning and implementing policies and programs
- District Health Departments—district implementation plans, supervision and monitoring
- Federal Ministry of Health— planning , financing, developing guidelines, Management Information Systems, Behavior Change Communication interventions, Human Resources, related strategies and policies
- Senate, National and Provincial Assemblies Standing Committees oversight and related policies

It is critical that policies are formulated to support the efficient functioning of the health systems:

- Financing—sufficient funds are allocated to provide services especially in underserved areas,
- Health Workforce—develop Human Resources Policy and make skilled health workers available at all levels of the health system,
- Information—collection, analysis, dissemination and use of information to improve health and management of health systems,
- Medical products and technologies—essential drugs, vaccines, equipment (logistic and supplies— contraceptives and drug management)
- Service delivery— accreditation of facilities and providing good (effective, safe, quality) health services to those who need them, when and where needed, with minimum waste of resources with focus on quality of care,
- Leadership/Governance—strategic policy frameworks, combined with effective oversight, provision of appropriate regulations, incentives and accountability.

B. Continuum of care across life cycle and place

Establish dedicated national programs to reduce maternal, neonatal and child mortality. Promote and strengthen community health care to prepare mothers for births by promoting a continuum of quality care from pre-pregnancy, pregnancy, birth, postpartum care and also connecting households and communities to a referral chain of facility-based services.

Advance program activities which are evidence based and high impact such as:

- Child Survival programs
 - immunization
 - nutrition
 - childhood illnesses—treatment of diarrhea, pneumonia, malaria, measles and basic newborn care

- Safe Motherhood
 - birth preparedness—promotion of quality ante-natal services
 - safe delivery (including prevention of post-partum hemorrhage) —by skilled birth attendants
 - emergency obstetric care—for management of obstetric complications
 - postpartum and newborn care
 - post abortion care
- Reproductive Health
 - access to family planning, birth-spacing services
 - expanding accessibility of family planning services in both public and private networks
 - availability of contraceptives
 - promoting family planning/birth spacing as a family health intervention and a well-being issue, not simply limiting childbearing

TACMIL Health Project

In December 2007, USAID/Pakistan awarded the Strengthening Health Systems project, now known as the TACMIL Health Project to Abt Associates Inc. The main purpose of this two year activity is to improve technical assistance to the public and private health sector and strengthen health systems for improving service delivery with a focus on MDGs 4 and 5, maternal and child health.

The project has the following four technical components:

Capacity Building of Midwifery and Nursing Profession

The purpose of the capacity building component is to build institutional capacity, increase sustainability and improve the performance of services provided by selected organizations whose role in the health sector is critical to improve health outcomes for low income and vulnerable populations.

Nursing/midwifery institutions, the Nursing Council of Pakistan and Midwifery Association of Pakistan (MAP) are main institutions receiving assistance in the area of capacity building. A key deliverable for this component is establishing a midwifery tutor specialization to help strengthen the clinical training of midwives and to legitimize midwifery as a profession in Pakistan.

Targeted Health Information

The purpose of this component is to provide technical support to government officials, parliamentarians and train journalists in using data for decision making, policy making, and general community awareness, based on the results from the PDHS. In addition, develop fact sheets and other tools to inform and educate key members of the society. Facilitate legislators buy-in through awareness training and seminars targeting specific public health issues. Encourage provincial, district, tehsil and union council legislators to initiate constituent events (festival, contests, competitions etc.) and train journalists.

Strengthening of Essential Drugs and Contraceptive Logistic System

The purpose of this component is to strengthen the logistical system of essential medicines and contraceptives in the public sector at the national, provincial and district level to ensure their availability

throughout the country. Technical assistance is being provided in four areas: 1. Computerized system to manage all aspects of Ministry of Health and Ministry of Population Welfare drug and contraceptive supplies from the national to district level; 2. Upgrading the current system for managing inventory; 3. Strengthening the storage of supplies throughout all levels of the health system; and 4. Establishing a system of forecasting and providing training on forecasting supply needs.

As part of the Small Grants component of the TACMIL Health Project, we are disseminating the information of PDHS for the promotion of making evidence-based decisions and policies and monitoring the programs to achieve MDGs by 2015.

A Way Forward

Each member of society has a potential role to play in achieving MDG 4 and 5.

For Donors and Projects:

There are other projects both funded by USAID, UN, MoH and other donors and their efforts are directed towards improving the services to reduce infant and maternal mortality and increasing contraceptive rates. In order to streamline and create synergy among the projects, and in line with the Paris Declaration on aid harmonization, it is essential that each project work in the context of a bigger picture of the health system and the GOP looks at streamlining the efforts to link project outcomes.

For GOP Health/Population Welfare Officials:

- Develop a forum or unit within the GOP that will look after health systems and services delivery problems for resolution on a continuous basis
- Focus on accountability and good governance
- Strengthen supervision and monitoring of the district level
- Provide access to services and quality of care
- Update curricula with evidence-based material and use of competency-based training methodology
- Provincial and district managers should use PDHS to guide development of implementation plans

- Take steps to accelerate the process of addressing the issues necessary to achieve the MDGs

For policy-makers:

- Use PDHS results for making evidence-based decisions and policies
- Take steps to accelerate the process of addressing the issues necessary to achieve the MDGs

For Media:

- Advocate to, and educate, the public on key health issues
- Create demand for quality services, indicating where access to services is not available

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Annexure A

