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MCH PROGRAM DESCRIPTION

Pakistan



Overall MCH and health sector situation

Pakistan is the sixth most populous nation in the world with a population of 165 million, 32 percent of whom live below the poverty line. Life expectancy is 64 years. Pakistan ranks 136 out of 177 countries on the 2007–2008 United Nations Human Development Index.

Pakistan's health indicators for women and children are among the worst in the world. An estimated 276 Pakistani women die for every 100,000 live births. More than 65 percent of women in Pakistan deliver their babies at home; less than 2 in 5 women deliver with an SBA. Only 22 percent of married women received professional postnatal care for the last birth within 24 hours. The U5MR is 94 deaths per 1,000 live births. The 2007 Pakistan Demographic and Health Survey shows little change in mortality over time. At 4 to 5 months of age, only 23 percent of infants are exclusively breastfed. In the Federally Administered Tribal Areas (FATA), an estimated 135 out of every 1,000 children under the age of 5 die, often from treatable ailments. Pakistan's TFR of 4.1

children born per woman (4.5 TFR in rural areas) is one of the highest in South Asia. The modern method contraceptive prevalence rate (CPR) has stagnated at around 22 percent for the past several years. Among women ages 20 to 24, 84 percent of births are spaced less than 3 years apart, contributing to the high number of maternal and infant deaths. Yet 50 percent of women with one child want to space the next birth 2 years or more. Poor water and sanitation pose serious public health threats to the Pakistani population, contributing to the spread of disease and child malnutrition. Water- and sanitation- related diseases are responsible for 60 percent of child deaths in Pakistan. Pakistan (along with Afghanistan, India, and Nigeria) remains one of the only countries in the world with endemic polio. With significant USAID support, Pakistan has seen tremendous progress in reducing the number of polio cases, from 2,635 cases in 1994 to only 32 cases in 2007. The disease has now been geographically restricted, with nearly 80 percent of the country's districts considered polio-free for nearly 2 years.

MCH interventions at the Mission level

The 5-year Pakistan Initiative for Mothers and Newborns (PAIMAN) program provides a package of maternity care that includes preparation for birth, skilled attendance at birth, and provision of emergency obstetric care for child-bearing women who develop obstetric complications. This program is focused in 11 districts, two FATA Agencies, and two Frontier Regions and benefits more than 2.8 million married couples and 420,000 newborns. The Improved Child Health in FATA program, aimed at children under age 5, includes immunization, prevention and treatment of respiratory infections and diarrhea, newborn care, and nutrition services. Over the next 3 years, the program will reach more than 1.61 million adults and more than 246,000 young children. The Pakistan Safe Drinking Water and Hygiene Promotion Project is communicating hygienic practices to families to reduce the incidence of diarrhea in children under 5 years of age, and will reach 32 million people over 3 years. The 5-year Family Advancement for Life and Health (FALAH) project focuses on pregnancy spacing as a key health intervention to improve the survival and

health of the mother, the newborn and the child. The project will also train providers and increase access to quality services in the public and private sectors.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

PAIMAN informs communities about pregnancy-related dangers and mobilizes villages to plan emergency transport to take pregnant women to hospitals when bleeding or obstructed labor occurs; renovates and equips hospitals and rural health centers and promotes around-the-clock care; trains doctors and lady health visitors (LHVs) to effectively manage pregnancy and newborn emergencies and TBAs to conduct clean deliveries and recognize emergencies that require hospital referral. PAIMAN is building a new cadre of health workers – community midwives – to return to their villages to provide pregnancy care and conduct safe deliveries for years to come.

USAID support to the nationwide polio program maintains an extensive polio surveillance system, holds national immunization days, and conducts follow-on campaigns to reach all children who still are unvaccinated. The Improved Child Health in FATA program moves prevention and care services for children out to the community through “child health days,” events designed to build long-term links between community members and their local health facilities; strengthens hospitals, local health facilities, and agency health management teams; trains LHVs and community members to identify child illnesses at the community level and provide essential newborn care; and improves medical stores and child and infant health wards in hospitals.

The Safe Drinking Water and Hygiene Promotion Project conducts campaigns that improve hygiene and sanitation practices, teaches effective household methods of cleaning water and establishes health education efforts in schools. The FALAH project includes a nationwide social marketing program that brings information and quality services to communities and families. The project is also planning a national communications campaign and social mobilization at the community level focused on pregnancy spacing for the health of the mother, newborn, and child. The Strengthening Health Systems in Pakistan Project strengthens the logistics management information systems of essential medicines and contraceptives to ensure their availability at the national, provincial, and district levels throughout the country, and collaborates closely with FALAH.

Specific actions supported as part of the MCH approach

The 2-year Strengthening Health Systems in Pakistan project builds capacity by providing technical assistance to two postgraduate nursing and midwifery institutions, the Pakistan Nursing Council (PNC) and the Midwifery Association of Pakistan (MAP). Primary activities focus on developing a midwifery tutor specialization; strengthening administrative and governing capacity of the PNC and MAP; training midwives, LHVs and nurses to improve nursing and midwifery skills; and developing government capacity in health systems development and administration. Through its targeted health information component, the program raises public awareness and encourages citizens to hold the public and private sectors accountable for providing quality health services. Activities also include training government officials and journalists in using data for decisionmaking, including findings from the 2007 Pakistan Demographic and Health Survey. The program’s grant component addresses health systems challenges in the public, private, and commercial sectors. The focus is on public-private partnerships and innovation in addressing public health problems and health systems issues. The Strengthening Health Systems in Pakistan project strengthens the logistics management information systems of essential medicines and contraceptives in the public sector at the national, provincial, and district levels to ensure their availability throughout the country and works closely with FALAH. The PAIMAN Project trains government officials at the district level to prepare and implement annual health plans and budgets, improve supervision approaches, and utilize health information system data to improve management. The project also trains district health officials in Lot Quality Assessment Survey techniques to quickly gather data for monitoring program progress.

The USAID program’s geographic focus

PAIMAN is focused in 11 districts, two FATA Agencies, and two Frontier Regions. Its districts include: Balochistan: Jaffarabad, Lasbella; NWFP: Buner, Swat, Upper Dir; Punjab: DG Khan, Jhelum, Khanewal, Rawalpindi; Sindh: Dadu, Sukkur; FATA Agencies: Khyber, Kurram; FATA Frontier Regions: Kohat, Peshawar. The Improved Child Health in FATA program will reach all seven Agencies of FATA and six Frontier Regions. USAID’s Pakistan Safe Drinking Water and Hygiene Promotion Project is reaching out to 31.7 million people in 40 districts of Pakistan, including six agencies in FATA and eight earthquake-affected districts. FALAH works in all four provinces of Pakistan, particularly in the rural areas of 20 districts. These are: Balochistan: Gwadar, Jaffarabad, Khuzdar, Lasbella, Turbat and Zhob; NWFP: Buner, Battagram, Charsaddah, Lakki Marwat, Swabi, and Upper Dir; Sindh: Dadu,

Ghotki, Larkana, Sanghar, Sukkur, and Thatta; Punjab: Dera Ghazi Khan and Jehlum. After less than 1 year of implementation, 674,600 couples have been protected by contraceptives for 1 year. The Health Systems Strengthening project is working in the same 20 districts as FALAH. The total population of the 20 FALAH districts is 19,056,000; FALAH will reach 3,048,960 married women of reproductive age. PAIMAN and FALAH are working in eight of the same districts.

The Mission program's relationship to the country's health sector and development plans and strategies

The USAID health program complements and augments the Government of Pakistan's public health strategy with emphasis on coordinating with the government's large effort to train 10,000 midwives within 5 years and supporting child health and vaccination, polio surveillance, safe water, and sanitation.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

CDC supports avian influenza surveillance and testing. The State Department, through the Biosecurity Engagement program, enhances laboratory biosafety and supports field epidemiology and laboratory training. USAID/Pakistan also supports CDC to implement the 3-year Field Epidemiology and Laboratory Training Program. The program builds Pakistan's capacity to provide quality disease surveillance – to identify, track and treat disease. USAID/Pakistan leverages USAID's Bureau for Global Health core funds to support technical assistance to the Global Fund TB, HIV/AIDS and malaria activities.

Investments and initiatives of other donors and international organizations

Health donors meet monthly and have an MCH special interest group. The USG supports the polio program in Pakistan through the World Health Organization (WHO). For activities related to district-level services, provision of contraceptives, safe drinking water, and HIV control, it coordinates with DfID, the Government of Norway, CIDA, UNICEF, UNFPA, AUSAID, JICA, GTZ and the World Bank. In addition, Pakistan has grants for TB, malaria and HIV/AIDS activities from the Global Fund.

Planned results for the Mission MCH investments over the next 5 years

The USAID/Pakistan maternal-child health program priority is to reduce mother, newborn, and child deaths. Within 5 years the program will significantly increase the number of women delivering with a SBA, and reduce the number of children susceptible to disease. The program will contribute to increased use of family planning. A greater proportion of births will be spaced at least 3 years apart. A smaller proportion of births will occur among women under age 18, and who have five children or more. The program will expand the use of hygiene and sanitation practices. Polio will be eradicated.

MCH COUNTRY SUMMARY: PAKISTAN	VALUE
MCH FY08 BUDGET	13,864,000 USD
Country Impact Measures	
Number of births annually*	4,543,000
Number of under-5 deaths annually	427,000
Neonatal mortality rate (per 1,000 live births)	54
Infant mortality rate (per 1,000 live births)	78
Under-5 mortality rate (per 1,000 live births)	94
Maternal mortality ratio (per 100,000 live births)	276
Percent of children underweight (moderate/severe)****	38%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	61%
Percent of women with at least four antenatal care (ANC) visits	28%
Percent of women with a skilled attendant at birth	39%
Percent of women receiving postpartum visit within 3 days of birth	39%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	29%
Immunization	
Percent of children fully immunized	39%
Percent of DPT3 coverage	59%
Percent of measles coverage	60%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	43%
Percent of children receiving adequate age-appropriate feeding	36%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	95%
Percent of children under 6 months exclusively breastfed	37%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	47%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	69%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	90%
Percent of population with access to improved sanitation**	58%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** WHO Maternal Mortality Report 2007 **** State of the World's Children Report 2008 (Unless otherwise noted, the data source is the 2006-07 Demographic and Health Survey.)</small>	