



District Health Profile

Dadu

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 Dadu 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 Dadu**

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 accompanied with a 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.

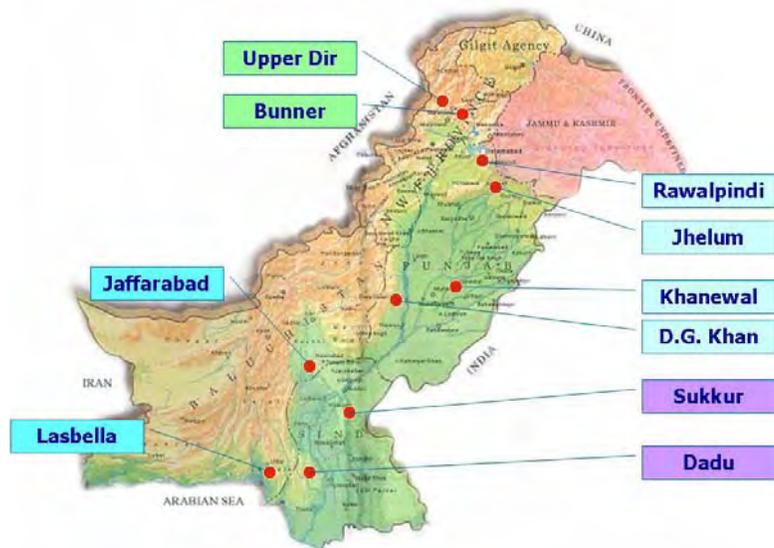
Strategic Objectives

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.

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.

Figure 1: PAIMAN Districts



PAIMAN is being implemented in 10 districts of Pakistan. These include Rawalpindi, Jhelum, D.G. Khan, Khanewal (Punjab); Sukkur, Dadu (Sindh); Jaffarabad, Lasbela (Balochistan); and Upper Dir, Buner (NWFP) refer to 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 the 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 Dadu at a Glance
- District Health System

2. INTRODUCTION

2.1. District Dadu at a Glance

The district derives its name from its headquarters town Dadu. The district achieved its administrative status as a district in 1931. In the northern part it starts from Dhamrah Wah having its boundary with District Larkana, in the southern part it ends at Pir Shakh sharing a boundary with District Jamshoro, in the eastern part it ends at Indus River (Bridge Dadu Moro) having a boundary with District Noushero Feroz, in the western part it ends at Kherthar mountains having boundary with District Kalat of the Balochistan Province.

The total area of the district is 19,070⁴ square kilometers. The Dadu district is composed of three parts which are entirely dissimilar in character, namely (i) Kohistan or hilly area; (ii) the barrage zone; and (iii) the low lands riverine area. The river Indus flows along the eastern boundary of the district. There are several watercourses that drain the hills and are known as Nais. The Mancher Lake in the district is the biggest natural lake in Asia. When it is in full capacity, it covers an area of 259 square kilometers. This serves not only as a store of fish but also as a source of water, irrigating acres of land. The other important lake is called Ganero. The climate of the district is intensively hot in summer and cold in winter. The annual maximum and minimum temperatures remain around 24°C and 5°C in January and above 44°C and 28°C in June. The district headquarter Dadu is connected with metalled roads to all tehsil headquarters. The district is also connected by the railway network.

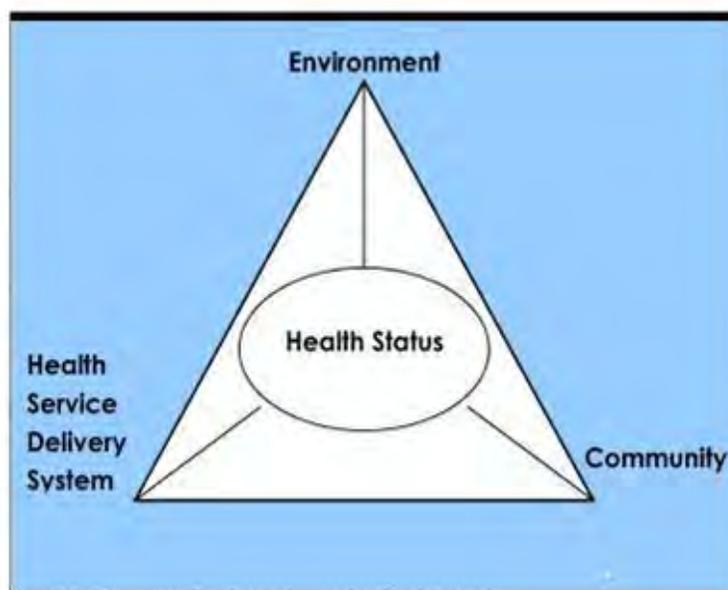
The majority of rural population depends on agriculture and the major crops are cotton, rice and wheat, while business is more prevalent in the towns. Approximately 20 percent of the district

population is serving in the federal and provincial governments. For the purpose of administration, district Dadu is divided into 4 talukas, which include Mehar, Khairpur Nathan Shah, Dadu and Johi. There are 52 union councils, out of which 15 are urban and 37 are rural ones whose elected representatives formulate district and tehsil assemblies. Political constituencies include 2 national seats and 4 provincial seats of legislative assemblies.

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

Figure 2: Three main determinants of DHS



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 the 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 services 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 Dadu

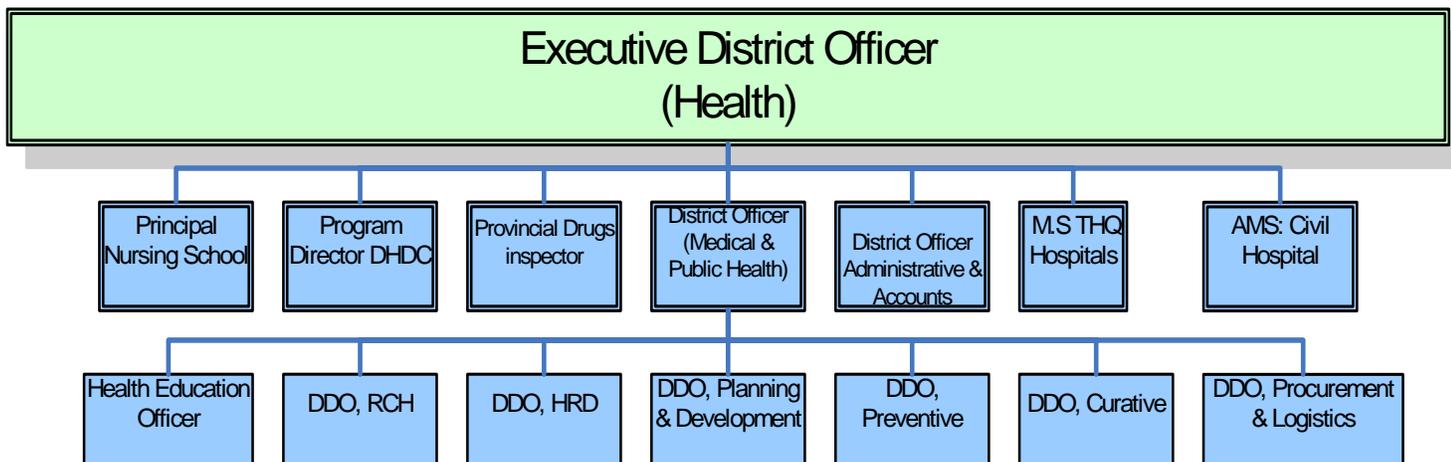
- District Health Department
- District Health Management Team (DHMT)
- Demographic Information
- Fertility Behaviour
- Health Indicators
- Socio-economic Indicators
- Health Facilities
- District Health Development Center
- Public Sector Health Manpower
- Other Health Initiatives including Public Private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

3. Health System in District Dadu

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 Medical & Public Health, District Officer Administrative & Accounts, Additional Medical Superintendent (MS) of the Civil Hospital and Medical Superintendents of the Tehsil Headquarter Hospitals (THQ). The organizational structure of district health department is given below in Figure 3.

Figure 3: Organizational structure district health department



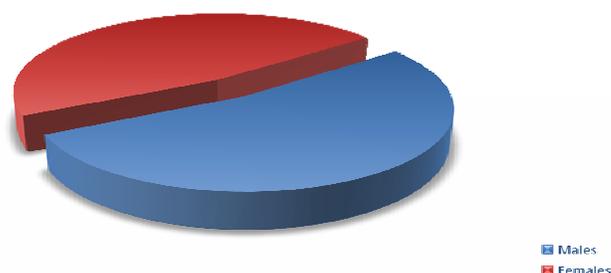
3.2. District Health Management Team (DHMT)

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. However, at the time of preparation of District Health Profile of District Dadu no DHMT existed in the district.

3.3. Demographic Information

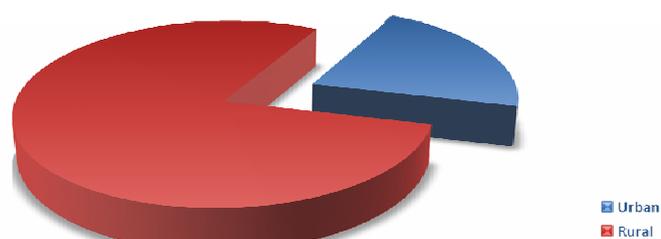
The population of Dadu is 2028000⁵ with 53% males and 47% females as shown in Figure 4. The annual growth rate is estimated at 2.65%⁶. Life expectancy at birth is 61 years and literacy rate is 48% for males and 22% for females⁷. Population density is 88.6⁴ persons per square kilometre.

Figure 4: Sex-wise Population Distribution



The percentage break-up of the rural and urban population is 78.6% and 21.4%⁴ respectively, which shows that majority of the population lives in rural areas as shown in Figure 5. The break-up of population may also be seen in Table 1. The crude birth rate in Dadu is 33.9⁶ per 1000 as compared to 31 per 1000³ at national level. The average household size is 5.5⁶ as compared to 6 in Sindh⁵. Table 2 gives detailed information on demographic indicators.

Figure 5: Rural Urban Population Distribution

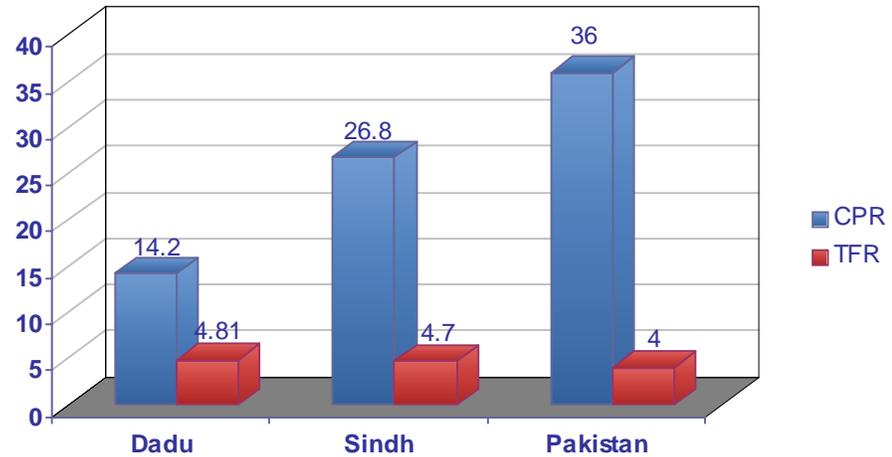


3.4. Fertility Behaviour

In Dadu, like the rest of the country, community social structures and belief systems are defined and dominated by men, which perpetuates gender imbalances and contributes to poor outcomes in fertility behavior and reproductive health.

Thus, the contraceptive use remains low (14.2%), which is one of the lowest figures in the country as shown in figure 6.

Figure 6: CPR and TFR Comparison



Family size remains large due to socio-cultural, political, and economic and gender factors, relating mainly

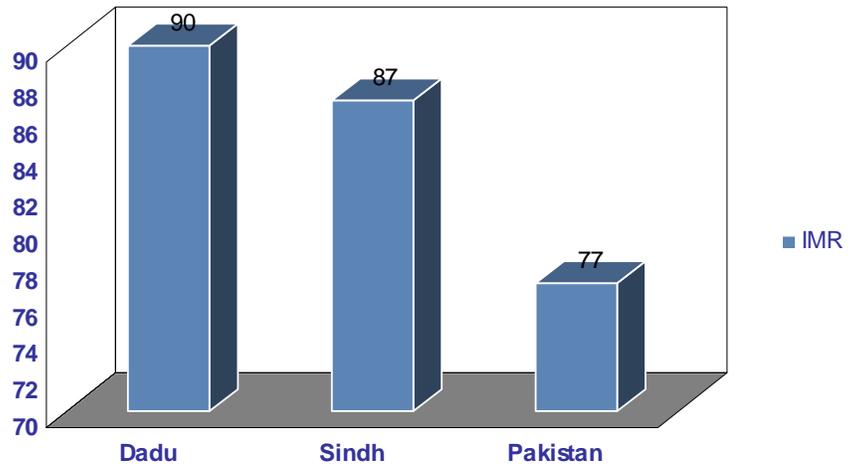
to lack of female control over decisions related to fertility. A considerable need for family planning services exists, which has not been converted into effective contraceptive usage, partly because of family dynamics of a male dominated society. Mean Children Ever Born (MCEB) to married women aged 15-49 are 4.16 in District Dadu which is same as that of Sindh. The Total Fertility Rate is 4.81⁶ as compared to 4.7 in the province and 4.0 at the national level. A comparison of indicators of Dadu, Sindh and Pakistan on women health and fertility behaviours 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 Dadu, 59.4% population has access to safe drinking water while sanitation facilities are available to 65.42% of the population.

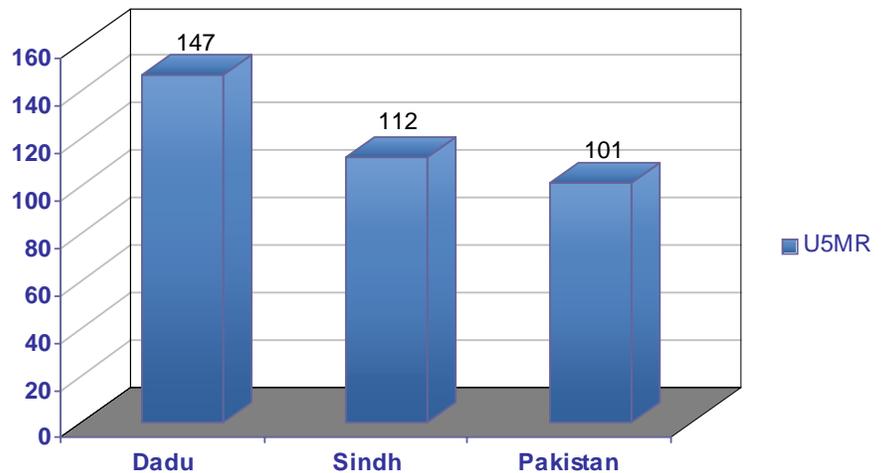
The infant mortality rate is estimated at 90 per thousand live births, which is higher than the national figure of 77 as shown in Figure 7.

Figure 7: Infant Mortality Rate Comparison



Under five mortality rate is estimated to be 147 which is higher than provincial and national level as shown in Figure 8. The prevalence of underweight in children (under five

Figure 8: Under five mortality rate



years of age) is 46% as compared to 38% in Sindh and 38%³ in Pakistan. 12% of the population is currently using iodized salt as compared to 22% in Sindh. Comparison of health indicators of Dadu, Sindh and Pakistan may be seen in Tables 4 and 5.

Health care services in District Dadu 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 Dadu. The overall literacy rate is 36%⁷, which is much lower than the national figure of 49%³. The primary school enrolment ratio is 49%, which is much lower than the national figure of 71%.

Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736², poverty rates that had fallen substantially in the 1980s and early 1990s, 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 Dadu, poverty is significantly high as more than 50% of population earns below Rs.1200 per month⁵. Twenty-nine percent of the population lives without electricity.

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 socioeconomic indicators may be seen in Table 6.

3.7. Health Facilities

The health care services provided by the public health sector in District Dadu consists of 1 DHQ Hospital, 3 THQ Hospitals, 3 Rural Health Centers, 44 Basic Health Units and 2 MCHCs. The analysis of the health situation reveals a major problem due to the imbalance between rural and urban area in term of facilities, which requires an urgent attention.

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, 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.

Forty-four BHUs are functional in District Dadu. However, the overall human resources in BHUs needs improvement. There are 2 vacant positions of the medical officers, 5 of female health technicians and 5 of health technicians in the BHUs of District Dadu. Furthermore, there is no sanctioned position of the sweeper in any BHU of District Dadu, which is necessary for maintaining cleanliness at the facility. The human resource positions of BHUs in District Dadu 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 employees, 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 around the clock.

Three RHCs are functioning in District Dadu. All the positions in the three rural health centers are filled except two positions of SMOs, one position of MO and one of WMO. The human resource positions of RHCs in district Dadu 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. Two MCH centers are established and no position is lying vacant out of the sanctioned posts. The human resource positions of RHCs in district Dadu can be seen in Table 7c.

Taluka/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, pediatrician, and occasionally an anaesthetist.

Three (3) THQ hospitals are functioning in District Dadu. The positions of two out of three Medical Superintendents and similarly 2 of 3 positions of Medical Specialists of the Taluka Headquarters Hospitals are vacant. All three THQs do not have any sanctioned position for Surgeon, Gynecologist, Pediatrician and Anesthesiologist. These positions are crucial ones to ensure delivery of complete medical coverage and emergency obstetric care. The human resource positions of all THQs are shown 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 Dadu, a 158-bedded hospital which receives health care users directly and from lower level health facilities including THQ hospitals provides specialist support.

3.8. Public Sector Health Manpower

One of the major constraints in health care delivery is the lack of essential medical and paramedical staff. There are 1167 sanctioned positions in District Dadu. Out of these, 962 positions are filled and 129 are vacant. Among the management cadre, the positions of Incharge DHDC and one DDHO are vacant. Furthermore, the positions of three Medical Superintendents are vacant. In the doctors' cadre only two positions of medical officers are vacant. There are no positions sanctioned for the Communicable Disease Control Officers. Among the positions for maternal health services, 1 position of LHV and five positions of female health technicians are lying vacant. The paramedical sanctioned positions are catering to a ratio of 1:20293 as compared to a recommended ratio of 1:3000. Furthermore, there is no sanctioned position of a dental surgeon. The detail of public sector health manpower is available in Table 8.

3.9. District Health Development Center (DHDC)

DHDC Dadu was established under the World Bank-assisted Family Health Project to provide pre/in-service trainings and other research and development activities in 1998 at the DHO Office. The mission of the DHDC is to support district health

services through training, as well as developmental and operational research activities.

3.10. Other Health Initiatives including Public Private Partnership

There are a number of initiatives being implemented in Dadu, both in the public sector as well as the private/NGO sector. Among the government initiatives there are EPI, the National Program for Family Planning and Primary Health Care, and the T.B. DOTS program. The World Health Organization has started the District Team Problem Solving (DTPS), Integration of Primary Health Care, Accreditation of Primary Health Facilities, Home Health Care and Quality Assurance programs. Dadu is also an intervention district for Saving Newborn Lives (SNL) and initiative by Save the Children, USA. Similarly Catalyst has recently completed training in Dadu for LHWs under the Optimum Birth Spacing Initiative (OBSI) project.

- 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. Dadu has 76% 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 1305 positions of LHWs in the district. It shows that approximately 70% of the total population is being covered by LHWs.
- iii. Providing vegetable oil incentive:** This project is funded by World Food Program and is providing vegetable oil through 9 centers in the district as an incentive to promote mother and child safe health.

- iv. **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.
- v. **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 508 of the LHWs.

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 Dadu are offered through one RHSC-B, one mobile service unit and eight 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 57 private sector providers involved in delivering MNH services in District Dadu. List of private clinics 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

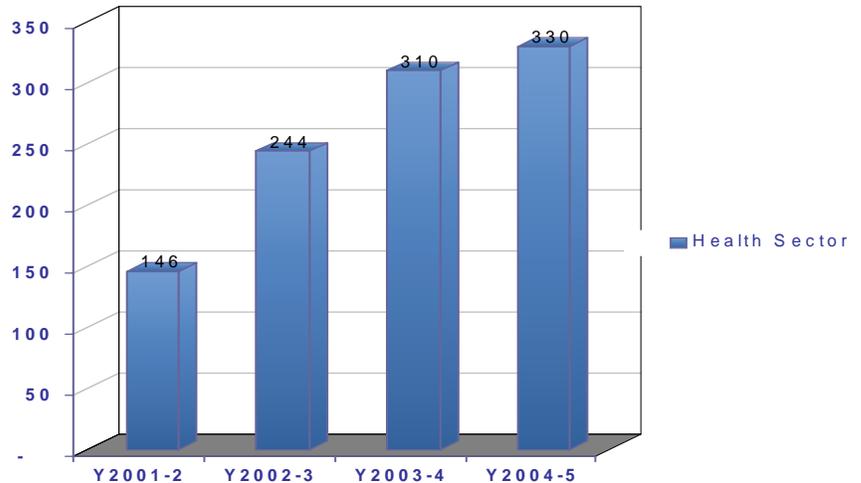
Ordinance 2001 and is a district government subject since then. There is a strategic, as well as an annual operational plan for the district social welfare office. It is mandatory for all NGOs to register with the Social Welfare Department. There are 6 registered NGO's in District Dadu. The list of NGOs may be seen in Table 10.

Section 4 – Budget
Allocation and
Utilization

4. Budget Allocations and Utilization

Dadu District has witnessed a gradual rise in budgetary allocations in health sector each year since 2001 as shown in Figure 9. The budgetary allocation for the year 2004-5 is Rs. 330 million

Figure 9: Comparison Health Sector Budget (Rs. in million)

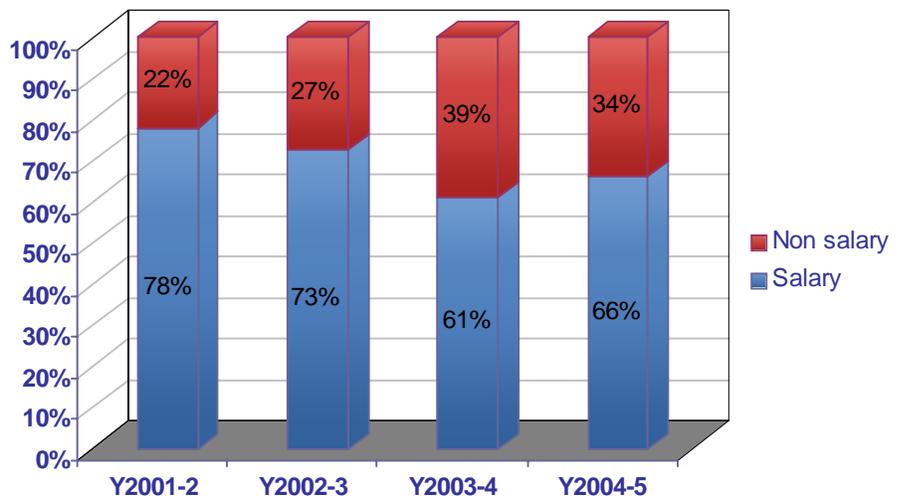


as compared to Rs. 310 million for the preceding year, which represents an increase of 7%.

The allocations for the DHQ Hospital in the current year 2004-5 grew considerably by 11%. Comparatively, allocations for THQ hospitals were also increased by 14% during this period. Budgetary allocations for RHCs and BHUs were increased only by 1% during same period.

Comparing the salary and non-salary budget, it may be observed that the salary budgetary allocations have

Figure 10: Category wise Health Sector Budget Breakup



decreased in the last four years, whereas the non-salary budgetary allocations were raised to 2.5 times during this period, as shown in Figure 10.

The main reasons may include the following:

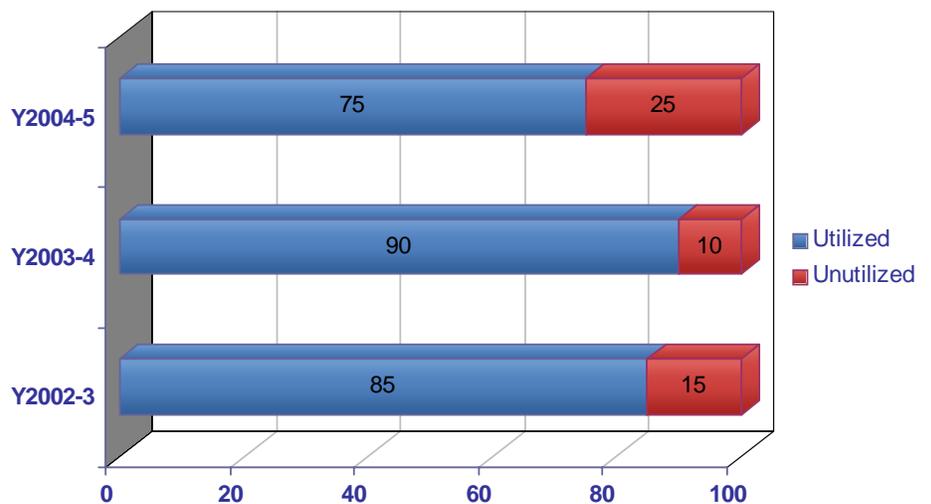
1. The health sector has to compete with other sectors for the budget under the newly established district government system, where a block allocation goes to the district;
2. Health teams in the district may have limited capacity to plan and advocate for enhanced allocations; and
3. The priority of the political leaders/District Nazim may be in other sectors, such pavement of roads, provision of street lighting, etc. as opposed to health services.

It has also been observed that all allocated funds may not be spent in any given year. The percentage of unutilized funds, however, has increased over the past two years. As shown as in Figure 11, District Dadu was able to

spend 85%, 90% and 75% of the allocated budget in the fiscal years 2002-3, 2003-4 and 2004-5 respectively. This situation may be attributed to:

1. The limited capacity of the health managers to prepare annual operational district health plans and detailed activity outlines in order to utilize the budget in a more efficient manner; and

Figure 11: Percentage Budget Utilization (Year



2. The lack of a system for smooth flow of funds from district to lower levels.

The details containing the budget allocation for the District Health Department of District Dadu for the years 2001 to 2005 may be seen in Table 11.

Data Set

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

Table 1: Population Structure of District Dadu

Population Groups	Standard Demographic Percentages	Estimated Population (2005)
Under 1 year	1.83	30,905
Under 5 years	15.75	265,986
Under 10 years	32.03	540,923
Under 15 years	43.72	738,343
15-49 years	46.53	785,799
15-64 years	53.36	901,144
65 years and above	2.91	49,144

Sources:

1. District Population Profile MSU Sindh (Dadu) Islamabad 2002.

Table 2: Demographic Information on Dadu, Sindh and Pakistan

Demographics	Dadu	Sindh	Pakistan
Population (thousands) under age 15	738	13016	70150
Population (thousands) under age 5	266	4564	20922
Population annual growth rate (%)	2.3	2.8	1.9
Crude death rate,	9	8.6	8
Crude birth rate,	33.9	33	31
Life expectancy,	61	64	63
Total fertility rate,	4.81	4.7	4.0
% of urban population,	22	49	34

Sources:

1. District Population Profile MSU Sindh (Dadu) Islamabad 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 of Indicators on Women and Fertility Behaviors

Women & fertility behavior	Dadu	Sindh	Pakistan
Total fertility rate	4.81	4.7	4.0
Contraceptive Prevalence (any method)	14.2	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	4.1	4.1	2.7

Sources:

1. District Census Report of Dadu, April 2000.
2. Provincial Census Report of Sindh May 2000.
3. District Population Profile MSU Sindh (Dadu) Islamabad 2002.
4. UNICEF [Cited 2005 Sep 3] Available from: URL:
http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html

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

Basic Indicators	Dadu	Sindh	Pakistan
Total population (thousands)	2028	36931	154000
Area in sq. km	19070	140914	796096
Population urban/rural ratio	21/79	49/51	34/66
Sex ratio (number of males over 100 females) at birth	111	112	108
Population density (person per square km)	88.6	216	166
Population growth rate	2.65	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 Dadu, April 2000.
4. District Population Profile MSU Sindh (Dadu) 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. National Institute of Population Studies, Islamabad September 2005
8. [Cited 2005 Sep 3] Available from: URL: <http://www.sindh.iucnp.org/siov.htm>

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

Health and Nutrition	Dadu	Sindh	Pakistan
Under-5 mortality rate	147	112	101
Infant mortality rate	90	87	77
% of total population using safe drinking water sources	59.40	68.86	90
% of total population using adequate sanitation facilities	65.42	65.93	54
% of one-year-olds fully immunized against measles	76	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	4	322	916
Dispensaries	18	1808	4582
RHCs	3	98	552
BHUs	44	687	5301
MCHCs	2	150	906
No. of beds	786	263,79	99908

Sources:

1. District Census Report of Dadu, April 2000.
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 Dadu, Sindh and Pakistan

Social indicators	Dadu	Sindh	Pakistan
Adult literacy rate	36	45	49
Adult literacy rate, male	48	55	62
Adult literacy rate, female	22	35	35
Gross enrolment ratio: primary school	49	65	71
% of net primary school attendance	73	51	56
Per capita income	Rs. 1200 per month	Rs. 1036 per month	Rs. 3680 per month

Sources:

1. District Census Report of Dadu, April 2000.
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 Positions at BHUs as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Officer	47	45	00	45	02
Midwife / Dai	30	30	00	30	00
Female Health Technician	30	25	00	25	05
Health Technician	30	25	00	25	05
Dispenser	00	00	00	00	00
Sanitary Inspector	00	00	00	00	00
Chowkidar	23	23	00	23	00

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

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
SMO	02	00	00	02	02
MO	06	06	00	06	01
WMO	04	03	00	04	01
Dental Surgeon	00	00	00	00	00
LHV	01	01	00	01	00
FHT	05	05	00	05	00
HT	05	05	00	05	00
Dispenser	07	07	00	07	00
Midwife	03	03	00	03	00
Hakeem	00	00	00	00	00
Radiographer	00	00	00	00	00
Lab assistant	01	01	00	01	00
Homeo doctors	00	00	00	00	00
Homeo dispensers	00	00	00	00	00
Dawa saz	00	00	00	00	00
Sanitary Patrol	00	00	00	00	00
Sweeper	06	06	00	06	00
Driver	01	01	00	01	00
Others	27	27	00	27	00

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

Post	Sanctioned	Filled	Permanent	Contractual	Vacant
LHV	02	02	00	02	00
Dai	00	00	00	00	00
Chowkidar	02	02	00	02	00
Others	06	06	00	06	00

Table 7d: Human Resource Position at THQ Mehar, K.N. Shah and Johi of District Dadu as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
MS	03	01	00	03	02
Surgeon	00	00	00	00	00
Medical Specialist	03	01	00	03	02
Gynaecologist	00	00	00	00	00
Paediatrician	00	00	00	00	00
Anaesthesiologist	00	00	00	00	00
Pathologist	00	00	00	00	00
Medical Officer	18	18	00	18	00
Woman MO	08	07	00	07	01
Dental Surgeon	03	03	00	03	00
Head Nurse	00	00	00	00	00
Staff Nurse	18	15	00	15	03
Lady Health Visitor	03	03	00	03	00
Dispenser	24	24	00	24	00
Lab. Assistant	03	03	00	03	00
Radiographer	00	00	00	00	00
Dai	03	03	00	03	00
Hakeem	00	00	00	00	00
Homeo doctor	00	00	00	00	00

Table 8: Public Sector Health Manpower

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
EDO	20	01	01	00	01	00
DoH	19	01	01	00	01	00
I/C DHDC	18	01	00	00	00	01
DDO RCH	18	01	01	00	00	00
Deputy District Health Officers	18	08	07	00	08	01
MS	19	07	04	00	04	03
DMS	19	07	02	00	02	05
AMS	19	01	01	00	01	00
SMO	18	37	23	00	37	15
MO	17	135	97	00	135	38
WMO	17	28	15	01	26	12
DSV	8	01	01	00	01	00
ASV	6	03	03	00	03	00
Inspector Vaccination		00	00	00	00	00
EPI Clerk	5	01	01	00	01	00
EPI store keeper		00	00	00	00	00
Vaccinators	5	222	147	75	147	00
Drug Inspector	17	01	01	00	01	00
Clerk (Drug Inspector)	5	01	01	00	01	00
Insect Collector	5	02	02	00	02	00
District Sanitary Inspector		00	00	00	00	00
Sanitary Inspector		00	00	00	00	00
Sanitary Supervisor		00	00	00	00	00
Sanitary patrol Assistant	1	07	07	00	07	00
Inspector of Health Services	9	01	01	00	01	00
Lady Health Visitor	9	06	05	00	05	01
Female Health Technician	9	30	25	00	25	05
Midwife	6	42	25	00	42	17
Health Technician	9	30	25	00	25	05
Medical Assistant		00	00	00	00	00
Dispenser	6	55	55	00	55	00
Homeo dispenser		00	00	00	00	00

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
Radiographer		00	00	00	00	00
Senior Microscopist	8	01	01	00	01	00
Microscopist	6	06	06	00	06	00
Lab. Assistant	7	07	07	00	07	00
Lab. Attendant	2	04	04	00	04	00
Admin Officer	17	01	00	00	00	01
Head Clerk	11	02	02	00	02	00
Accountant	11	01	01	00	01	00
Senior Clerk	7	07	07	00	07	00
Clerk		00	00	00	00	00
Junior Clerk	5	12	12	00	12	00
Store keeper	6	09	08	00	08	01
WFP Clerk		00	00	00	00	00
Motor Mechanic		00	00	00	00	00
Tracer		00	00	00	00	00
Drivers	4	08	08	00	08	00
Naib Qasid	1	55	55	00	55	00
Ward Servant (Male/female)	2	101	101	00	101	00
Mali	1	31	31	00	31	00
Chowkidar	1	44	44	00	44	00
Cook	1	17	15	00	15	00
Tubewell Operator		00	00	00	00	00
Dawasaaz		00	00	00	00	00
Sweeper (male/female)	1	79	75	00	75	04
Others		154	134	00	134	20
Total		1167	962	76	1042	129

Table 9: List of Private Care providers

Sr. No	Contact Persons	Name of Health Centers	Addresses	Contact No.	Category of Health Centers
District Dadu, Town: KOTRI					
1	Dr. Kauser Soomro	Mahmood Clinic	Malik Town Kotri	875462	Clinic
2	Dr. Farzana Amin	Fulza Clinic	People Clinic Near National Bank Kotri	875434	Clinic
3	Dr. Naheed Shah	Al- Syed Hospital	Garden Road, Kotri	51179	Clinic
4	Dr. Asifa Husain	Apna Clinic	Khursheed Colony Near Jute Mill, Hyderabad	-	Clinic
5	Dr. Sadhna Manohar	Dhirwani Clinic	Garden Road Kotri	-	Clinic
6	Dr. Radha Kumari	Awami Clinic	Municipolty Kotri	875 755	Clinic
7	Venus Stemely	Momal Clinic	Near Al Madina Hotel Catholic Churchi Kotri	875975	Clinic
8	Dr. Nasreen Abbasi	Abbasi Clinic	Old Garden Road Kotri Kotri Shiddi Para Kotri		Clinic
9	Dr. Bilquees Malkani	Qureshi Clinic	National Highway Kotri Neat Taluka		Clinic
10	Dr. Shahida Memon	Shams Clinic	Hospital Kotri		Clinic
11	Dr Manjula Bai	Aakash Clinic And Maternity Home	New Labour Colony House No 23 Site Area Kotri	0221870564	Maternity Home
12	Dr Shamin Bhatti	Al Aziz Clinic And Maternity Home	Bihar Colony Kotri	0221-871053	Clinic
13	Dr Rehana Qureshi	Shahzad Charitable And Maternity home	Mahmood Shah Colony Near Al Madina Masjid	0333-2615670	Clinic
14	Dr Ambar Arif	Irfan Medical Center	Bihar Colony Site Area Kotri	871363	Clinic
District Dadu, Town: DADU					
15	Dr. Farzana Naseem	Hayat Afroz Clinic	Main Roadcivil Hospital Road Kharipur Nathan Shah, Dadu	510231	Clinic
16	Dr. Zarina Soomro	Shahbaz Clinic	Jama Mosque Kharipur Nathan Shah, Dadu		Clinic
17	Dr. Tabassum Abbasi	Ahmed Maternity Home	Bhattil Mohalla Mehar, Dadu		Clinic
18	Dr. Najma Javed	Motia Maternity Home	Near Banazir Medical Store Bus Stop Dadu	610157	Clinic
19	Dr. Mehar Un Nisa Qamar	Aisha Clinic	Banglow # 2civil Hospital Dadu	611044	Clinic
20	Dr. Zareena Ansari	Shahbaz Clinic	House No. 213rai Bazar Dadu	611163	Clinic

Sr. No	Contact Persons	Name of Health Centers	Addresses	Contact No.	Category of Health Centers
21	Dr. Irum Memon	Women Care Clinic	Workshop Road Dadu	610844	Clinic
22	Dr. Zaib Panhwar	Al Mustafa Clinic	Pir Mohammad Murad Road soorajabad Dadu	4041	Clinic
23	Dr. Yasmeen Abbasi	Khan Clinic	Buth Mohalla Dadu		Clinic
24	Dr. Hamida Abbasi	Siraj Clinic	Civil Hospital doctor Colony Dadu	610303	Clinic
25	Dr. Shahida Parveen	Fahad Clinic	Memon Mohalla mistree Ibrahim Street Near Haji Gul Iron Store, Dadu	611271	Clinic
26	Dr. Shamshad Anwar	Bilal Clinic	Sind University Colony Masjid, Jamshoro		Clinic
27	Ms. Safia Mujtaba	Happy Clinic	Chano Road Near New Bus Stop, Dadu	611159	Maternity Home
28	Razia Tabassum	Shahbaz Clinic	Machi Market Behind Marin School'S Ground Dadu		Clinic
29	Mrs. Ireen Parveen	Ambreen Clinic	Taluka Hospital, Johi		Maternity Home
30	Ms. Elice David	Christ Clinic	A- 1010- Shahani Paro, Dadu	611791	Clinic
31	Dr. Rubina Memon	Bismillah Clinic	Memon Mohallah Bhan Saeedabad		Maternity Home
32	Ms. Hidayat Kahtoon	Mehran Clinic	Gharibabad, Radhan Station		Maternity Home
33	Ms. Farah Deeba	Peoples Maternity Home	Near Press Locality Mehar	690398	Maternity Home
34	Ms. Allah Bachai	Amna Clinic	Gharibabad Workshop Dadu		Maternity Home
35	Feroze Un Nisa Tunejo	Shahbaz Clinic	125 College Road Mazdoor Abad, Dadu	612107	Maternity Home
36	Ayesha Panawar	Mulk Clinic	406new Bus Stop Railway Line Dadu	610394	Maternity Home
37	Bilquees Abbasi	Sadaf Clinic	Sanwal Kartio Faridabad Mehar	7206	Maternity Home
38	Zubaida Panhwar	Al Shifa Asif Clinic	70t & T Colony Housing Society Dadu		Maternity Home
39	Mrs Zahida Shahid	Saim Clinic And Maternity Home	Govt. Hospital Manjhan District Dadu	0300-3042135	Clinic
District Dadu , Town: RADHAN					
40	Miss Sharifa Solangi	Ahmed Maternity Home	Ghribabad Mohalla Radhan		Clinic
41	Dr. Najmunisa Bukhari	Bukhari Clinic & Maternity Home	Eid Gah Road Radhan	0229-750286	Maternity Home

Sr. No	Contact Persons	Name of Health Centers	Addresses	Contact No.	Category of Health Centers
District: Dadu , Town: MEHAR					
42	Dr. Tabassum Abbasi	Ahmed Maternity Home	Bahtti Mohallah Mehar		Maternity Home
43	Dr. Talat Majeed	Bilawal Maternity Home	Bilawal Mohallah Mehar		Maternity Home
44	Dr.Sakina Jatoi	Roshan Clinic	Hatta Mohalla Mehar	730500	Clinic
45	Dr Kalsoom Ijaz Janwari	Raiz Clinic	Kalhora Mohalla Mehar	690305	Clinic
District Dadu, Town: KHAIR PUR NATHAN SHAH					
46	Dr. Sajida Sheikh	Al Shifa Clinic	Main Bazar Khairpur Nathan Shah		Clinic
47	Mrs Halima Solangi	Mohammadi Maternity Ho	Opp: Taluka Hospital Khair Pur Nathan Shah	720-912	Maternity Home
48	Miss Haseena	Haseena Clinic & Maternity home	Main Bazar Kahirpur Nathan Shah		Maternity Home
49	Dr Yasmeen Sheikh	Yousif Clinic	Opp: Taluka Hospital Kahirpur Nathan Shah	0254-510202	Clinic
50	Dr Farzana Perveen Sheikh	Moiz Clinic	Shahbaz Mohalla Shahbaz Colony Muneer Hosue K N Shah	4510075	Clinic
51	Dr Zahida Sheikh	Karim Medical Center	Hasan Chock Sheikh Mohalla K N Shah	025-4510111	Clinic
52	Dr. Sumera Tabani	Sumeera Clinic	Main Roads K N Shah	025-4004305	Clinic
District Dadu, Town: REHMANI NAGAR					
53	Dr Naseem Rashid Earai	Sindh Clinic	Near Post Office Rehmani Nagar Seeta Road	0229-4760321	Clinic
54	Mrs Rukhsana Soomro	Wajahat Clinic	Near Taluka Hospital Seeta Road	0254-760625	Clinic
55	Mrs. Augustina	Amir Clinic	Ward Three Near Station Road Seeta Road	0229-4760353	Clinic
56	Mrs Mehnaz	Khadim Clinic	Near Taluka Hospital Seeta Road	760625	Clinic
District Dadu, Town: THERERI. MOHABAT					
57	Miss Shabana Kausar	Raza Clinic & Maternity home	Ward # 4 Sommra Mohalla Tharri Mohabbat	750757	Clinic

Table 10: List of Registered NGOs in District Dadu¹

Sr. No.	Name of Organization	Type (Specify whether NGO, CBO, CCB)	Address	Services offered
1	District T.B Association, Dadu	NGO	Near Jessar Petroleum Services Dadu	T.B hospital, Dadu
2	Gorakh Development Social welfare Organization, Dadu	NGO	Near old telephone Exchange, Dadu	Computer Center
3	Goth Sudhar Sanghat	NGO	C/O MCH Faridabad Mehar	MCH Center
4	Village Shadabad Welfare Organization, Johi	NGO	Village Fattoo brohi, Johi	MCH center and Vocational Center
5	Thurdeep Village development & welfare association	NGO	Near Lashari Medical Center, Dadu	Vocational Centers
6	SGA (Sindh Graduate Association)	NGO	District Council Shopping Center Dadu	Juma Clinics, Roshan Tara Schools at different areas of Dadu District

¹ As on 4th May, 2005

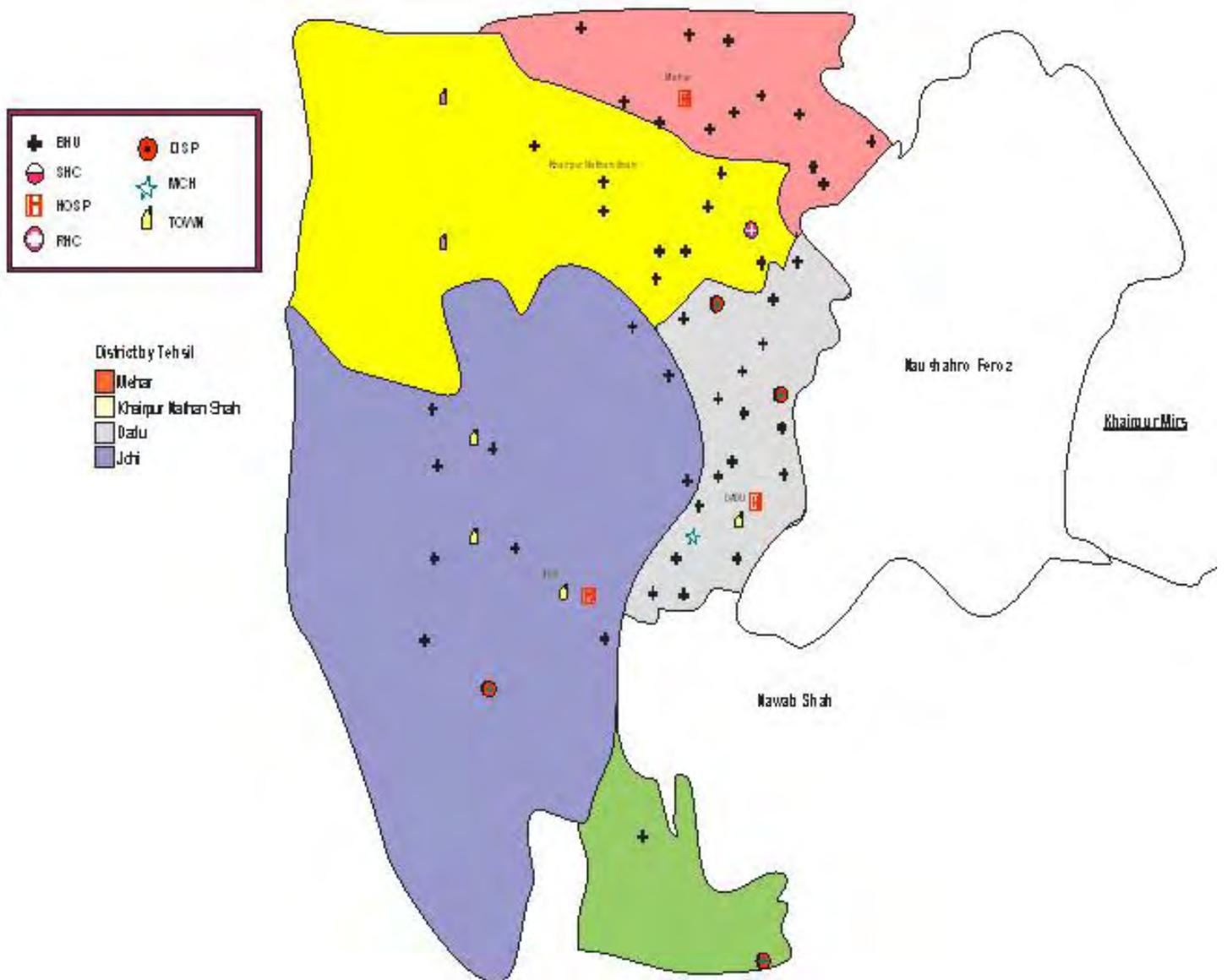
Table 11: Budget allocation for the District Health Department of District Dadu for the years 2001-2005

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	146181400	244534900	310185200	330302700
Budget for DHQs	19804700	37166100	34305060	38261100
Budget for THQs	29641359	52766800	61158680	69440900
Budget for RHCs	56925900	83761800	133438510	134631400
Budget for BHUs	0	0	0	0
Budget for MCHCs	0	0	0	0
Budget for dispensaries	13912200	29926300	40836680	41301600
Others means total budget minus budget of DHQ, THQ, RHC, BHU, MCHC, dispensaries	25897300	40913900	40446270	46667700
Salary Portion out of Health Budget	114147100	105021200	190248020	217978400
Non Salary Portion out of Health Budget	32034300	39513700	119937180	112324300
Budget for Medicines out of Non Salary budget	1564900	22041500	104427010	90920000
Development	Information Not Available			
Non-Development.	Information Not Available			

Annexure

- Annex – A: Map of Health Facilities in District Dadu

Map of Health Facilities in District Dadu - Annex A:



References:

1. National Institute of Population Studies, September 2005
2. Economic survey of Pakistan 2004-5 Part III:2-4.
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4. District Census Report of Dadu, September 1999:29-32.
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8. District Census Report of Dadu, September 1999:47-49.
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Health Consultants



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