



# District Health Profile

## Khanewal

2005



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# Section 1 – Context

- Pakistan Initiative for Mothers and Newborns
- 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 154<sup>1</sup> million people. There is an alarmingly high Maternal Mortality Ratio of 350-400<sup>2</sup>. In addition, there is high infant mortality rate of 77/1000<sup>3</sup> and an under-five mortality rate of 101/1000 live births<sup>3</sup>. The estimated population growth rate is 1.9 % per annum<sup>2</sup>, which projects that Pakistan's population would increase to 226 million by year 2025. The Total Fertility Rate (TFR) is 4.0<sup>1</sup> 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 years 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

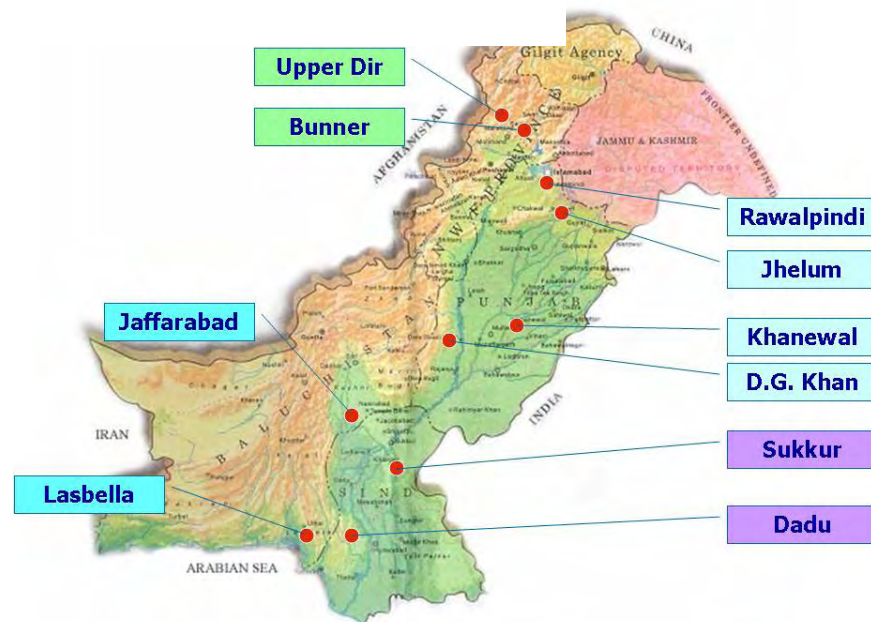
The project is based on the *“Pathway to Care and Survival”* framework. The five major strategic objectives are as follows:

- 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.

PAIMAN is being implemented in 10 districts of Pakistan. These include Rawalpindi, Jhelum, D.G. Khan, Khanewal (Punjab); Sukkur, Dadu (Sindh); Jaffarabad, Lasbella (Balochistan); and Upper Dir, Buner (NWFP), refer to Figure 1.

Figure 1: PAIMAN Districts



### **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 Khanewal at a Glance
- District Health System

## **2. INTRODUCTION**

### **2.1. District Khanewal at a Glance**

The origin of the name Khanewal is obscure. Khanewal Kohna (old Khanewal), a small village which is now part of Khanewal city, is named after the Khans of the Daha family which settled there in the 1890s. Khanewal city was little more than a village up to 1919 in which year it was given the status of an area committee, later upgraded to Municipal Committee in 1933 and then to a district in 1985.

This district is situated in the center of the country at an almost equal distance from Karachi and Peshawar and on the main routes of the railway and the Grand Trunk Road. The district is bounded on the north by District Jhang and District Toba Tek Singh; on the south by District Vehari; on the east by District Sahiwal and on the west by Multan.

The total area of the district is 43494<sup>4</sup> square kilometers. Geographically, District Khanewal lies in the Upper Indus plain and its physical features are mainly the result of river action. The district is irrigated by a network of canals from various sources on the Ravi and Chenab rivers. Most of the soil is of alluvial character and sand is found everywhere within a few feet of the surface; scattered sand on the surface deposited mainly by wind and water. There are great variations in the soil texture, structure, constituents throughout the district. The annual maximum and minimum temperatures remain around 21°C and 5°C in January and above 42°C and 29°C in June respectively. A railway line connects Khanewal with Faisalabad and Multan. The district is also connected to all its tehsils by roads and the national highway which passes through it.

Khanewal District is basically an agricultural area with no significant industry and most of the people earn their living through agriculture.

For the purpose of administration, District Khanewal is divided into 4 tehsils i.e. Khanewal, Mian Channu, Kabir Wala and Jahanian and 168 union councils including 114 rural and 54 urban whose elected representatives formulate Zilla and Tehsil councils. Political constituencies include 4 national seats and 7 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 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

Figure 2: Three main determinants of DHS





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

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

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

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

#### Environment

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

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

#### Health Service Delivery System

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

#### Community

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

## Section 3 – Health System in District Khanewal

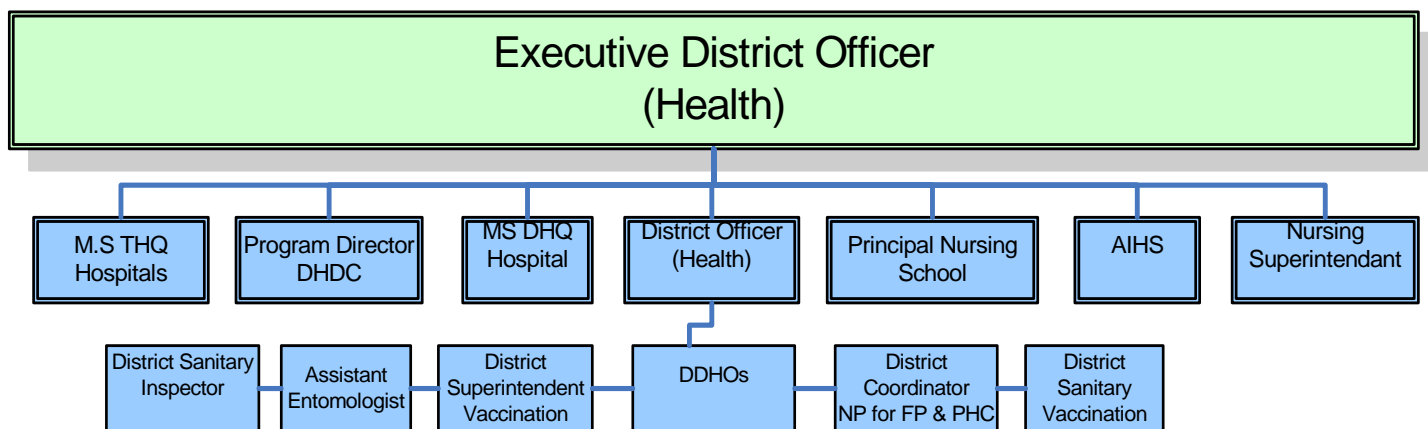
- District Health Department
- District Health Management Team (DHMT)
- Demographic Information
- Fertility Behaviour
- Health Indicators
- Socio-economic Indicators
- Health Facilities
- Public Sector Health Manpower
- District Health Development Center
- Other Health Initiative including Public Private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

### 3. Health System in District Khanewal

#### 3.1. District Health Department

Health care delivery network is managed by the Executive District Officer Health. He, being the team leader, is assisted by District Officer Health (DOH), Medical Superintendent (MS) of District Headquarter (DHQ) Hospital and Tehsil Headquarter Hospitals (THQ) and Program Director, District Health Development Center (DHDC) to run the district health system. There is an operational District Health Management Team (DHMT) in the district. 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.

On the recommendation of Project Director, Women Health Project Punjab and Secretary, Government of the Punjab Health

Department, the Punjab Local Government and Rural Development issued a notification in June 2005 for establishment of DHMTs in all districts of Punjab. The composition of DHMT as was notified is given under<sup>1</sup>.

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

### 3.3. Demographic Information

The current population of Khanewal is 2,376,000<sup>5</sup> with 52% males and 48% females, as shown in Figure 4. The estimated annual population growth rate is 2.4%. Life expectancy at birth is 61

Figure 4: Sex-wise Population

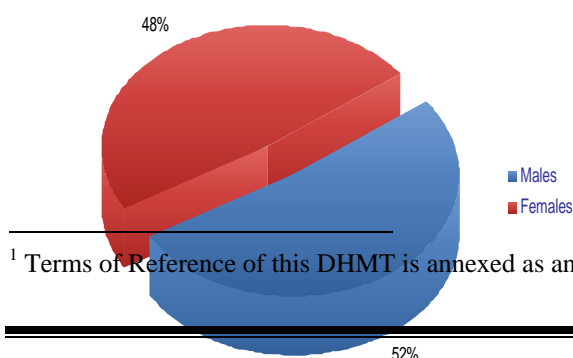
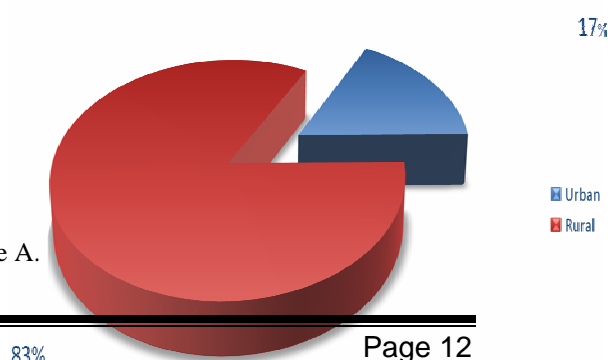


Figure 5: Rural Urban Population Distribution



<sup>1</sup> Terms of Reference of this DHMT is annexed as annexure A.

years and adult literacy rate is 45%<sup>6</sup>. Population density is 476<sup>7</sup> persons per square kilometer. The percentage break-up of the rural and urban population is 82.5 and 17.5<sup>5</sup> respectively which shows that majority of the population lives in rural areas as shown in figure 5 and the break-up of the population can be seen in Table 1. The crude birth rate in Khanewal is 21.5 and crude death rate is 9 per one thousand respectively<sup>9</sup>. The average household size is 6.9 as compared to 6.6 in Punjab<sup>10</sup>. Table 2 gives more information on demographic indicators.

### 3.4 Fertility Behaviour

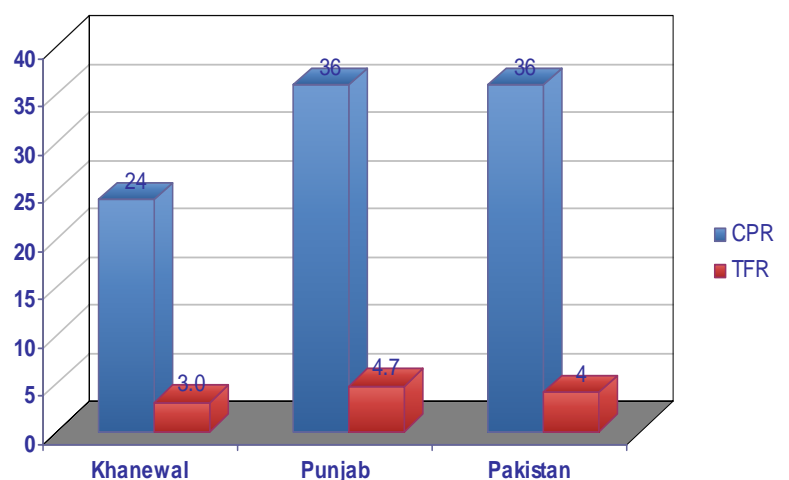
In Khanewal, like rest of the country, community social structures and belief systems are defined and dominated by men, which perpetuate gender imbalances and contribute to poor outcomes in fertility behavior and reproductive health. Thus, the contraceptive use remains low (24%) as compared to national figure (36%)

although knowledge about

contraceptives is high (80%)<sup>8</sup>. 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 all women aged 15-

Figure 6: CPR and TFR Comparison

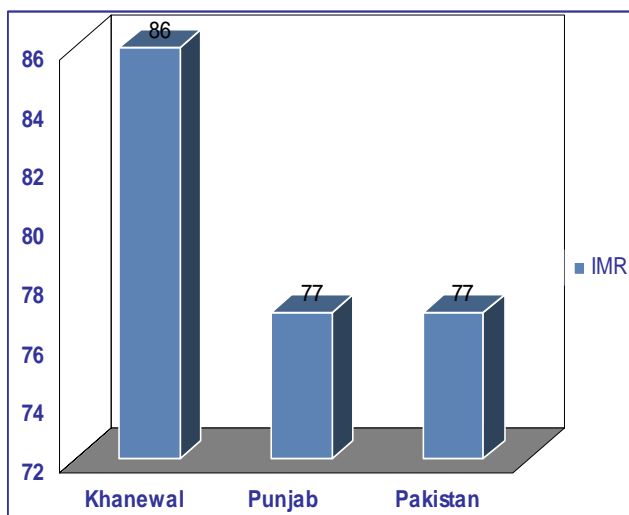


49 are 2.33 in District Khanewal as compared to 2.32 in Punjab<sup>8</sup>. The Total Fertility Rate is 3<sup>9</sup> as compared to 4.7<sup>8</sup> in the province and 4.0 in the country. The comparison of TFR and contraceptive prevalence rate is given in Figure 6. There is an increasing commitment by both the provincial and district governments to review and reform the equity of service delivery. A comparison of indicators on women and fertility behaviors is given in Table 3.

### 3.4. Health Indicators

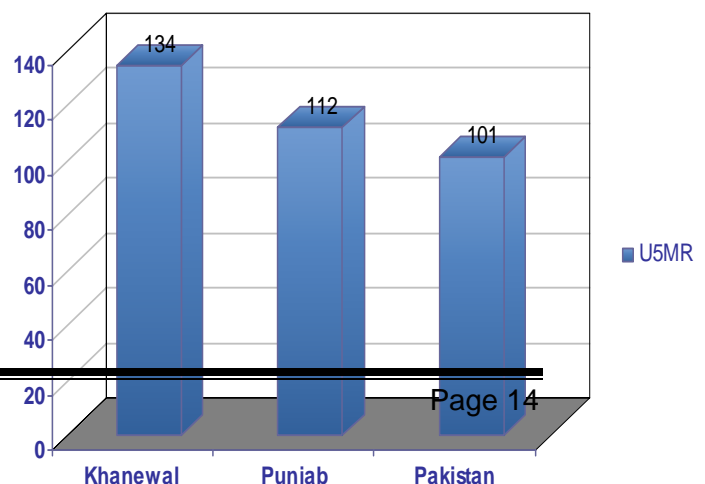
People in general are poor and experience high level of mortality and morbidity. An appropriately defined and maintained set of health indicators provides information for the elaboration of a relevant profile of a population's health situation. In District Khanewal 99% of the population has access to safe drinking water while the sanitation facilities are available to 58% of the population. As shown in Figure 7, the infant mortality rate is estimated

Figure 7: Infant Mortality Rate



to be 86/1000<sup>8</sup> which is higher than the provincial as well as national figure of 77/1000. The under 5 mortality rate is 134/1000 which is also

Figure 8: Under five mortality rate



higher than the national figure as can be observed from Figure 8.

The percentage of children under 5 suffering from malnutrition is 41%, again higher than both the provincial and national figures. Only 2% of the population is using iodized salt as compared with the provincial average of 8%. A comparison of other important health indicators may be seen in Tables 4 and 5.

Health indicators of Khanewal do not portray a satisfactory picture of health care services emphasizing the need of improvement and concerted efforts to meet national as well as Millennium Development Goals (MDGs).

### **3.5. Socio-economic Indicators**

There are significant gender gaps in the literacy and health status in Khanewal. The overall literacy rate is 45%<sup>9</sup> which is close to the national figure of 49%. The primary school enrolment ratio is 51% for Khanewal while the net attendance rate is 51%<sup>8</sup>. Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736, poverty rates, which 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 Khanewal poverty is significantly high as 32% of the population earns less than Rs. 1475 per month.

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



### 3.6. Health Facilities

The health care services provided by the public health sector in District Khanewal consist of 1 DHQ and 4 THQ hospitals, 4 Rural Health Centers, 82 Basic Health Units and 10 MCH centers. The details of health facilities follow:

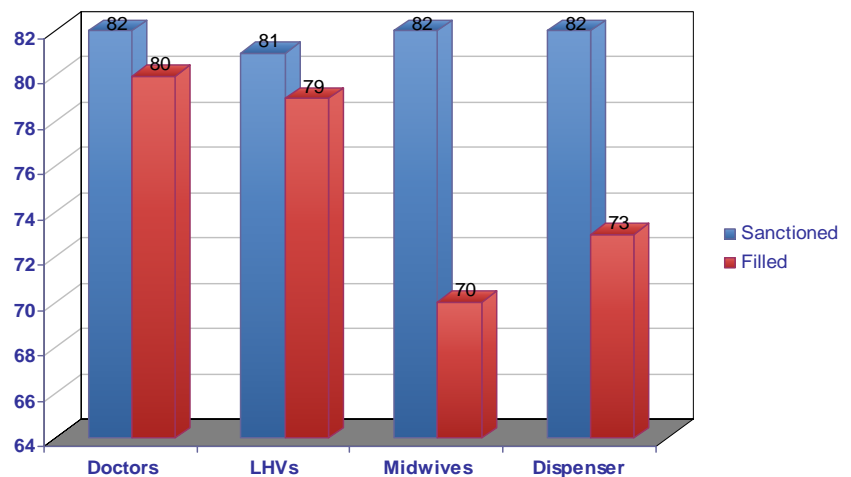
#### Basic Health Units (BHUs)

The BHUs have been established at union council level and they normally provides primary health care services, which include<sup>11</sup> 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.

Eighty two BHUs are functional in District Khanewal. Only two positions of

medical officers and LHV are lying vacant. Details of the staff position of BHUs are given in Figure 9 and Table 7a.

Figure 9: Staff Position at BHUs



#### Rural Health Centers (RHC)

RHCs are small rural hospitals working at the town committee/markaz level. The role of the RHC<sup>11</sup> 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 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. It is mandatory for male and female medical officers, LHV and support staff to reside at the premises so as to ensure their presence round the clock.

Four RHCs are functioning in District Khanewal. Only one post of a Medical Officer, one of a Dental Surgeon and one of a Radiographer are lying vacant. All posts for women medical officers are filled, which is an unusual situation, at variance from the status of vacancies in other districts of the country where approximately a minimum of 30% of the positions for women officers are lying vacant. The human resource position of RHCs in District Khanewal 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. Ten (10) MCH Centers are established and providing services in the district. All the MCH Centers are fully staffed, which depicts a better picture than from other districts. The details of human resource positions are given in Table 7c.

### **Tehsil Headquarter (THQ) Hospitals**

THQ hospitals are serving as first level referral hospitals which receive health care users from the catchment area and referrals from RHCs and BHUs within the tehsil. The THQ provides specialist support and expertise of clinicians. They offer basic inpatient services as well as outpatient services. They serve a catchment population of about 100,000 to 300,000 people; and

typically have 40-90 beds and support services including x-ray, laboratory and surgical facilities. Its staff may include specialists such as a general surgeon, a gynaecologist, a paediatrician and an anaesthetist.

Four (4) THQ hospitals are functioning in District Khanewal. All important positions are filled at the THQ Hospitals except one post for Dental Surgeon at Kabirwala and one post each for Medical Superintendent, Dental Surgeon and Radiographer are lying vacant at Jhania. Moreover, the positions of the Medical Specialists and pathologists are not sanctioned at any THQ hospital. The post of Anesthesiologist is not sanctioned at THQ Hospital Kabirwala. The human resource position of each THQ in District Khanewal can be seen in Table 7d, 7e and 7f.

#### **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 and medicine, ENT, pediatrics, ophthalmology, pathology, chest diseases, cardiology, and gynecology. Preventive care is also provided such as health education, immunization and antenatal care.

DHQ hospital in Khanewal is a 125-bedded hospital which receives health care users directly and from lower level health facilities including THQ hospitals. The hospital provides specialist care.

### **3.7. Public Sector Health Manpower**

Overall human resource position is satisfactory in district Khanewal. Out of 1355 sanctioned positions in District

Khanewal, 81% are filled. Among the management cadre, only one position of DOH and two posts of MS THQ hospitals are lying vacant. Amongst the clinical staff, positions of 2 MOs, 7 WMOs and 3 Dental Surgeons are vacant. Among paramedical staff 3 positions of LHVs, 5 positions of ward servants and 16 positions of dispensers are lying vacant. The details of positions are available in Table 8

### **3.8. District Health Development Center (DHDC)**

DHDC Khanewal was established under the World Bank-assisted Second 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 DHDCs is to support district health services through training, as well as developmental and operational research activities.

### **3.9. Other Health Initiatives including Public Private Partnership (PPP)**

There are a number of initiatives being implemented in Khanewal, both in the public sector as well as the private/NGO sector. Among the government initiatives there is EPI, National Program for Family Planning and Primary Health Care, and T.B. DOTS program. Similarly Catalyst has recently completed training in Khanewal 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. According to the results of a third

party evaluation, Khanewal has the highest EPI coverage in Punjab with 72% children reached.

- 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. At present, the number of LHWs is 1306 in the district, with 54% population coverage.
- iii. **Up gradation of Heart Care Unit:** Up gradation of Heart Care Unit at DHQ hospital has been initiated with support of Masood Fabrics Kabirwala
- iv. **Optimal Birth Spacing Initiative:** This project launched in January, 2005. Under this initiative, training on Optimal Birth Spacing Initiative (OBSI) was given to 60 Master Trainers and 415 LHWs.
- v. **T.B. DOTS Program:** The T.B. DOTS program was started in April, 2004. The training of doctors has been completed whereas only 50% of the paramedics and microscopists have been trained.

### **3.10. Population Welfare Department Facilities**

Major services offered by the District Population Welfare Office include Family Planning, Maternal Care, Child Care and General Health Care Services.

These services in District Khanewal are offered through two RHSC-A, 3 mobile service units and 35 family welfare centers. However, as decided in the meeting of the Central Working Development Party in January 2005, all the Family Welfare Center Staff were to be stationed in the nearest Basic Health Unit from July 1, 2005.

### **3.11. Private Clinics and Hospitals**

There has been rapid growth in the number of private clinics and hospitals in the recent past. Health care being provided by the private sector is preferred by the community if they can afford it. People are also attracted by the innumerable, “less expensive” quacks. All efforts to enlist them have failed in the past.

There are 45 health care providers are working in the private sector located in major towns of the district. Different strategies need to be adopted in order to mainstream the private sector including public private partnerships, standardization of private practice, provision of training opportunities and inclusion in the social marketing of health. List of Private clinics and hospitals working in Khanewal may be seen in Table 9.

### **3.12. 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 Punjab 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 88

registered NGO's in District Khanewal. Main focus of these organizations is on health & education of the women & children in particular. List of some significant NGOs working in district Khanewal may be seen in Table 10.

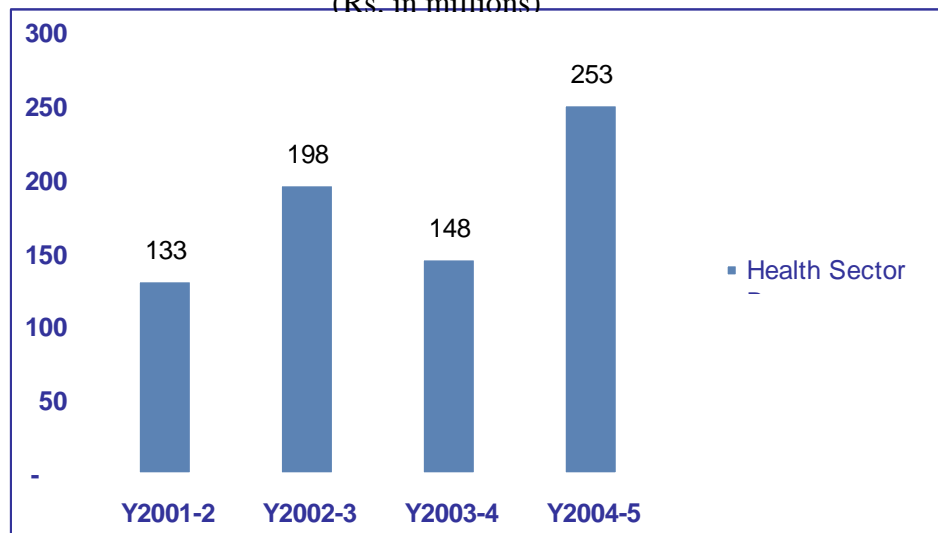
# Section 4 – Budget Allocation and Utilization



#### 4. Budget Allocations and Utilization

District Khanewal witnessed rise in budgetary allocations for health in current year as compared to previous year. While there was a fall off of 26% in year 2003-4 as compared to year 2002-3. The budgetary

Figure 10: Health Sector Budget  
(Rs. in millions)



allocations for the year 2002-3 showed an upward trend as compared to figures of the preceding year as shown in Figure 10.

The allocations for the DHQ Hospital in the current year 2004-5 grew considerably 120%. Comparatively, allocations for THQ hospitals were also increased considerably by 154% during this period. Budgetary allocations for RHCs and BHUs were increased more by 176% during same period. It is worth noting that allocations for all facilities were decreased during 2003-4 comparing with allocations of previous year.

Comparing the development and non-development budget, it may be observed that only the non-development budgetary allocations have increased by about 90% in the last four years, whereas the no development budgetary allocations were made in this period.

It has also been observed that the total allocated funds were not necessarily spent in any given year. The percentage of unutilized funds however has decreased over the past two years. District Khanewal 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 12.

The information pertaining to the budget

allocation for the District Health Department of District Khanewal for the years 2001-2005 can be seen in Table 11.

Figure 11: Category wise Health Sector Budget Breakup

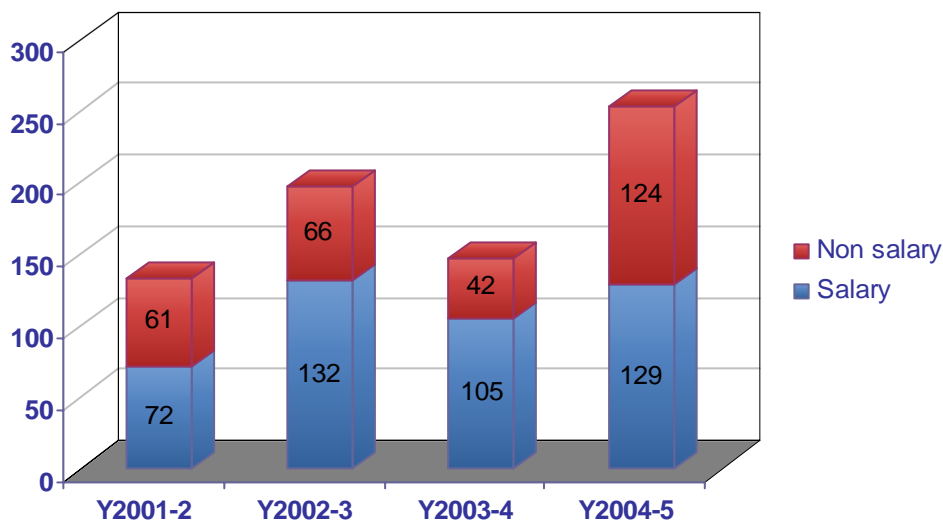
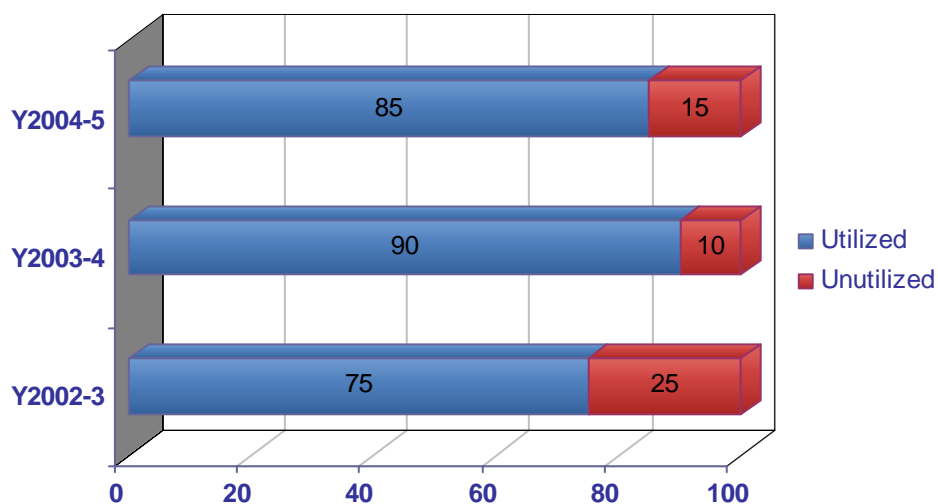


Figure 12: Percentage Budget Utilization (Year wise)



# Data Set

- Table 1: Population structure of district Khanewal
- Table 2: Demographic information on Khanewal, Punjab and Pakistan
- Table 3: Comparison of indicators on women and fertility behaviors
- Table 4: Comparison between basic indicators of Khanewal, Punjab and Pakistan
- Table 5: Comparison between health and nutrition indicators of Khanewal, Punjab and Pakistan
- Table 6: Comparison between social indicators of Khanewal, Punjab and Pakistan
- Table 7a: Human Resource Positions at BHUs
- Table 7b: Human Resource Positions at RHCs
- Table 7c: Human Resource Positions at MCHCs
- Table 7d: Human Resource Positions at THQ Kabirwala
- Table 7e: Human Resource Positions at THQ Mian Channu
- Table 7f: Human Resource Positions at THQ Jahania
- Table 8: Public health sector manpower
- Table 9: List of private sector health care providers
- Table 10: List of Non-Governmental Organizations
- Table 11: Budget Allocation for the District Health Department of District Khanewal for the year 2001-2005

**Table 1: Population Structure of District Khanewal**

<b>Population Groups</b>	<b>Standard Demographic Percentages</b>	<b>Estimated Population (2005)</b>
Under 1 year	2.4	39432
Under 5 years	14.3	234949
Under 10 years	30.1	494543
Under 15 years	43	706490
15-49 years	45.3	744279
15-64 years	52.9	869147
18 years & above	52.1	856003
21 years & above	44	722920
65 years & above	4	65720

**Source;**

1. District Population Profile Punjab, MSU, 2002

**Table 2: Demographic Information on Khanewal, Punjab and Pakistan**

<b>Demographics</b>	<b>Khanewal</b>	<b>Punjab</b>	<b>Pakistan</b>
Population (thousands) under age of 15 years,	890	31304	70150
Population (thousands) under age of 5 years,	296	10481	20922
Population annual growth rate (%),	2.4	1.9	1.9
Crude death rate,	9	12.5	8
Crude birth rate,	21.5	33.8	31
Life expectancy,	61	64	63
Total fertility rate,	3	4.7	4.0
% of urban population,	17.5	32	34

**Sources:**

1. District Population Profile, MSU, Islamabad 2002.
2. UNICEF [Cited 2005 Sep 3] Available from: URL:  
[http://www.unicef.org/infobycountry/pakistan\\_pakistan\\_statistics.html](http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html)
3. Punjab Development Statistics 2004.
4. Multiple Indicator Cluster Survey (MICS) Punjab 2003-4

**Table 3: Comparison on indicators on Women and Fertility Behaviors**

<b>Women &amp; fertility behavior</b>	<b>Khanewal</b>	<b>Punjab</b>	<b>Pakistan</b>
Total fertility rate	3	4.7	4.0
Contraceptive Prevalence Rate	24	36	36
Antenatal care coverage by any attendant (%)	76	77	43
Antenatal care coverage by skilled attendant (%)	34	44	35
Birth Care by skilled attendant	22	33	20
Birth Care by any attendant	100	99	99
Post-birth Care by skilled attendant	20	30	24
Post-birth Care by any attendant	98	90	67
Mean Children Ever Born to Married Women 15-49	2.33	2.32	2.7

**Sources:**

1. Multiple Indicator Cluster Survey (MICS) Punjab 2003-4.
2. UNICEF [Cited 2005 Sep 3] Available from: URL: [http://www.unicef.org/infobycountry/pakistan\\_pakistan\\_statistics.html](http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html)
3. District Population Profile, MSU, Islamabad 2002.

**Table 4: Comparison between basic indicators of Khanewal, Punjab and Pakistan**

Basic Indicators	Khanewal	Punjab	Pakistan
Total population (thousands)	2376	84562	154000
Area in sq. km	4349	205345	796096
Population urban/rural ratio	17.5/82.5	31/69	34/66
Sex ratio (number of males over 100 females) at birth	108	107	108
Population density (person per square km)	476	359	166
Population growth rate	2.4	1.9	1.9

**Sources:**

1. Punjab Development Statistics, Bureau of Statistics Government of the Punjab 2004.
2. Multiple Indicators Cluster Survey (MICS) Punjab 2003-4.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: [http://www.unicef.org/infobycountry/pakistan\\_pakistan\\_statistics.html](http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html)
4. District Population Profile, MSU, Islamabad 2002.
5. Economic survey of Pakistan 2004-5 Part 3.
6. Pakistan Health, Population Welfare Facilities ATLAS 2002-3.

**Table 5: Comparison between Health and Nutrition indicators of Khanewal, Punjab and Pakistan.**

Health and Nutrition	Khanewal	Punjab	Pakistan
Under-5 mortality rate	134	112	101
Infant mortality rate	86	77	77
% of total population using safe drinking water sources	99	97	90
% of total population using adequate sanitation facilities	58	58	54
% of one-year-olds fully immunized against measles	72	66	67
% of pregnant women immunized for tetanus	27.5	63	45
% of under-fives suffering from underweight (moderate & severe)	41	34	38
% of children who are breastfed with complementary food (<6-9 months)	37	44	31
Vitamin A supplementation coverage rate (6-59 months)	96	87	95
% of households consuming iodized salt	2	8	17
No. of hospitals	7	306	916
Dispensaries	24	1227	4582
RHCs	4	298	552
BHUs	82	2405	5301
MCHCs	10	492	906
No. of beds	573	35272	99908

**Sources:**

1. Multiple Indicator Cluster Survey (MICS) Punjab 2003-4.
2. UNICEF [Cited 2005 Sep 3] Available from: URL: [http://www.unicef.org/infobycountry/pakistan\\_pakistan\\_statistics.html](http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html)
3. Punjab Development Statistics 2004.
4. Economic survey of Pakistan 2004-5.
5. District Population Profile, MSU, Islamabad 2002.



**Table 6: Comparison between Social indicators of Khanewal, Punjab and Pakistan**

Social indicators	Khanewal	Punjab	Pakistan
Total Literacy rate,	45	52	49
Adult literacy rate, male	75	75	62
Adult literacy rate, female	52	62	35
Primary school enrolment ratio,	51	89	71
Net primary school attendance	51	51	56
Per capita income	Rs. 1475 per month	Rs. 1385 per month	Rs. 3680 per month

**Sources:**

1. Multiple Indicator Cluster Survey (MICS) Punjab 2003-4.
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3. Pakistan Integrated Household Survey, Round 4: 2001-2, Federal Bureau of Statistics (FBS).

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

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Officer	82	80	58	22	02
Medical Assistant	05	01	00	01	04
Lady Health Visitor	81	79	09	70	02
Midwife / Dai	82	70	02	68	12
Dispenser	82	79	03	76	03
Sanitary Inspector	77	68	00	68	09
Chowkidar	82	76	00	76	06

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

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
SMO	04	04	00	04	00
MO	05	04	02	02	01
WMO	04	04	03	01	00
Dental Surgeon	04	03	02	01	01
LHV	04	04	00	04	00
Dispenser	14	14	00	14	00
Hakeem	01	01	00	01	00
Radiographer	06	05	00	05	01
Lab assistant	04	04	00	04	00
Homeo doctors	04	02	00	02	02
Homeo dispensers	04	03	00	03	01
Dawa saz	01	01	00	01	00
Sanitary Patrol	09	08	00	08	01
Driver	06	05	00	05	01

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

Post	Sanctioned	Filled	Permanent	Contractual	Vacant
LHV	04	04	04	00	00
Dai	02	02	02	00	00
Chowkidar	01	01	01	00	00

**Table 7d: Human Resource Position at THQ Kabirwala**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
MS	01	01	00	01	00
Surgeon	01	01	00	01	00
Medical Specialist	00	00	00	00	00
Gynecologist	01	01	00	01	00
Pediatrician	01	01	01	00	00
Anesthesiologist	00	00	00	00	00
Pathologist	00	00	00	00	00
Medical Officer	03	03	02	01	00
Woman MO	02	02	01	01	00
Dental Surgeon	01	00	00	00	01
Head Nurse	01	01	00	01	00
Staff Nurse	07	07	00	07	00
Lady Health Visitor	01	01	00	01	00
Dispenser	07	07	00	07	00
Lab. Assistant	02	02	00	02	00
Radiographer	02	02	00	02	00
Dai	01	01	00	01	00
Hakeem	01	01	00	01	00
Homeo doctor	01	01	00	01	00

**Table 7e: Human Resource Position at THQ Mian Channu**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
MS	01	01	00	01	00
Surgeon	01	01	00	01	00
Medical Specialist	00	00	00	00	00
Gynecologist	01	01	01	00	00
Pediatrician	01	01	00	01	00
Anesthesiologist	01	01	01	00	00
Pathologist	00	00	00	00	00
Medical Officer	03	03	00	03	00
Woman MO	02	02	02	00	00
Dental Surgeon	01	00	00	01	01
Head Nurse	01	01	00	01	00
Staff Nurse	05	05	00	05	00
Lady Health Visitor	01	01	00	01	00
Dispenser	06	06	00	06	00
Lab. Assistant	01	01	00	01	00

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Radiographer	02	02	00	02	00
Dai	01	01	00	01	00
Hakeem	00	00	00	00	00
Homeo doctor	01	01	00	01	00

**Table 7f: Human Resource Position at THQ Jahania**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
MS	01	00	00	00	01
Surgeon	01	01	01	00	00
Medical Specialist	00	00	00	00	00
Gynecologist	01	01	01	00	00
Pediatrician	01	01	01	00	00
Anesthesiologist	01	01	01	00	00
Pathologist	00	00	00	00	00
Medical Officer	02	02	00	02	00
Woman MO	02	02	00	01	00
Dental Surgeon	01	00	01	00	01
Head Nurse	00	00	00	00	00
Staff Nurse	07	07	00	07	00
Lady Health Visitor	01	01	00	01	00
Dispenser	03	03	00	03	00
Lab. Assistant	02	01	00	01	01
Radiographer	02	01	00	01	01
Dai	02	01	00	01	01
Hakeem	01	00	00	00	01
Homeo doctor	01	01	00	01	00

**Table 8: Public Health Sector Manpower**

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
EDO	19	01	01	00	01	00
DoH	19	01	00	00	01	01
I/C DHDC	19	01	01	00	01	00
DDO RCH	18	04	04	00	04	00
Deputy District Health Officers	19	03	03	00	03	00
MS	19	03	01	00	01	02
DMS	18	00	00	00	00	00
AMS	19	00	00	00	00	00
SMO	18	01	01	00	01	00
MO	17	186	119	65	52	02
WMO	17	22	09	06	03	07
Dental Surgeon	18/17	11	06	02	04	03
Homeo-doctor	15	06	04	00	04	02
Hakeem	15	04	03	00	03	01
DSV	16	01	01	00	01	00
ASV	12	03	03	00	03	00
Inspector Vaccination	08	03	03	00	03	00
EPI Clerk	5	01	01	00	01	00
Vaccinators	6	100	93	06	97	01
Drug Inspector	17	04	02	01	01	01
Clerk (Drug Inspector)	1	01	01	00	01	00
CDCO	16	01	01	00	01	00
CDC supervisor	5	70	68	00	68	02
CDC Inspector	5	02	01	00	01	01
Insect Collector	5	02	02	00	02	00
District Sanitary Inspector	16	01	00	00	00	01
Sanitary Inspector	8	17	08	00	08	09
Sanitary patrol	1	06	05	00	05	01
Lady Health Visitor	9	94	86	05	81	03
Dai	2	109	88	02	86	19
Dispenser	6	145	126	03	123	16
Homeo dispenser	6	08	07	00	07	01
Radiographer	6	14	12	00	12	02
Senior	9	01	01	00	01	00

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
Microscopist						
Microscopist	9	05	05	00	05	00
Lab. Assistant	5	12	11	00	11	01
Lab. Attendant	2	08	06	00	06	02
Admin Officer		00	00	00	00	00
Head Clerk	11	05	04	00	04	01
Accountant	10/					
	8	03	02	01	01	00
Senior Clerk	7	08	01	00	07	07
Clerk		00	00	00	00	00
Junior Clerk	5	15	11	00	11	04
Store keeper		00	00	00	00	00
WFP Clerk	5	01	01	00	01	00
Motor Mechanic		00	00	00	00	00
Tracer		00	00	00	00	00
Drivers	6/4	28	24	00	24	04
Naib Qasid	1	119	114	00	114	05
Ward Servant						
(Male/female)	1	71	53	13	40	05
Mali	1	15	10	03	07	02
Chowkidar	1	107	97	03	94	07
Cook	1	11	09	01	08	01
Tubewell				00		
Operator	3	07	06		06	01
Dawasaaz	6	04	03	00	03	01
Sweeper (male)	1	110	88	09	29	13
<b>TOTAL</b>		<b>1355</b>	<b>1106</b>	<b>120</b>	<b>1010</b>	<b>129</b>

**Table 9: List of Private Sector Health Care Providers**

Sr.#	Contact Persons	Names of Health Centers	Addresses	Contact #	Category of Health Centers
1	Dr Zahida Perveen	RHC Tulama	Tulamba district Khanewal	-	Hospital
2	Dr Nasreen Ejaz	RHC Abdul Hakeem	RHC Abdul Hakeem	-	Institution
3	MS. Naseem Akhtar	Khanewal Poly Clinic	Colony#3 adj. Bilali masjid chowk farooq azam Khanewal	-	Maternity Home
4	MS. Shagufa Mustafa Shah	Khawaja Maternity Centre	St.#1 block#12 Khanewal	-	Maternity Home
5	Ms. Zahida Atta	Ladies health Clinic	H#24st.#2 block#2 Khanewal	-	Maternity Home
6	Ms. Wazir Begum	Zaib health Clinic (MCH)	H#49 adjacent to Irum Hotel Basti chan Shah Khanewal	53357	Maternity Home
7	Ms.Naseem Niazi	Shahzad Health Centre	H#19st.#1 block#12 Khanewal	53619	Maternity Home
8	Dr. Shakila Akhtar	Zainab Hospital	Pull 114/10r TSA Road Jahanian Dissert Khanewal	0699-211203	Hospital
9	Dr. Kausar Khawar	Asad Surgical Hospital	32- D Civil Lines Khanewal	51952	Hospital
10	Dr. Samina Masood	Seyal Clinic & Maternity Home	Block 3 Jannat Road Khanewal	54912	Hospital
11	Dr. Remaisa Ishtiaq	Faran Medicare Centre	Jaswant Road Khanewal	54364	Maternity Home
12	Dr. Shahida Altaf	Shifa Hospital	Block 16 opp. Girls College Khanewal	52288	Hospital
13	Dr. Abida Zafar	Zafar Hospital	Main Bazar Khanewal	53163	Clinic
14	Dr. Atika Arif	Ameen Clinic	Block 6 Sabzi Mandi Raod Khanewal	-	Hospital
15	Dr. Naushaba Shafqat	Bhutta Clinic	Chowk Town Hall Kahnewal	-	Clinic
16	Dr. Sahar Bilal	Al-Rehman Surgical Hospital	Block 13 Khanewal	-	Clinic
17	Dr. Amna Hassan	Amna Clinic	Main Bazar near Post Office Khanewal	3143	Clinic
18	Dr. Abdul Malik	Khanewal Poly Clinic	Block#12 Girls College Road Khanewal	-	Clinic
19	Dr. Malik M.	Malik Surgical	Cinema Road Khanewal	-	Clinic

Sr.#	Contact Persons	Names of Health Centers	Addresses	Contact #	Category of Health Centers
	Arshad	Hospital & Maternity Home			
20	Dr. Ghulam Murtaza	Umair Murtaza hospital	Colony #1 stadium road Khanewal	-	Hospital
21	Abdul Shakoor	Shakoor Surgical Hospital	Jahanian road Khanewal	-	Hospital
22	Dr. Saddat Hassan	Majeed Hospital	Girls College road Khanewal	-	Hospital
23	Dr. M. Waqar Ahmad	Ameen Clinic	Jamia Inatiya road Khanewal	-	Clinic
24	Dr. Saeed Ahmad	Ismaeel Medical Centre	Girls College road Khanewal	-	Hospital
25	Dr. Haroon-ur-Rehman	Gillani Ortho Pedic General Hospital	Stadium road Khanewal	-	Hospital
26	Dr. Shahid Ayyaz	Zam Zam Clinic	Jamia Saeedia road Khanewal		Clinic
27	Dr. Asif Javaid	Tabarak Surgical Hospital	Bhutta Chowk Khanewal	-	Hospital
28	Dr. M. Irfan	Irfan Children Clinic	Girls College Road Khanewal	-	Clinic
29	Kanwar Ashfaq Ahmad	Mumtaz Surgical Hospital	Shahana road Khanewal	-	Hospital
30	Dr. Shabir Haider	Mughal Hospital	Chowk Farooq Azam Colony Khanewal	-	Hospital
31	Dr. Maqsood Iqbal	Seyal Clinic	Jaswant nagar chowk Khanewal	-	Clinic
32	Dr.Arshad Seyal	Awami Surgical Hospital	4Y block People Colony	-	Hospital
33	Fazl-ur-Rehman Bilal	Al rehman Surgical Hospital	Block #13 chungi #4 Khanewal	-	Hospital
34	Dr. Asif Javed	Tabarak Surgical Hospital	Bhutta Chowk Khanewal	-	Hospital
35	Ms. Najam un Nisa	Najam un Nisa Clinic	H#293 Green Town Khanewal	54649	Maternity Home
36	Ms. Riffat Sultana	BHU Clinic 36/I R	H#24 b fazal colony Khanewal	-	Maternity Home
37	Ms. Zahida	Waqas Clinic	Jaswant Nagar/ new	53342	Maternity



Sr.#	Contact Persons	Names of Health Centers	Addresses	Contact #	Category of Health Centers
	Perveen		Abadi Khanewal		Home
38	Ms. Narjis Shah	Narjis Shah's Clinic	H#15astana joy shah block#08 Khanewal	55083 pp 53619	Maternity Home
39	Ms. Shagufta Shameen	Shagufta Clinic	H#87adjacent Minar Masjid Ghareebabad Khanewal	51557	Maternity Home
40	Ms. Mumtaz Kausar	Mumtaz Clinic	Adj to Girls Middle School barbar phulli wali Sarkar chak 83/85 Khanewal	2095 pp	Maternity Home
41	Ms. Musarat Iqbal	Musarrat Iqbal's Clinic	H#252st.#1 Basti Ghazi Abbas Nagar Khanewal	54081	Maternity Home
42	Ms. Rukhsana Shahbaz	Markaz e Sehat	H#1114st.#2 Colony#1 Chowk Farooq Azam Khanewal	51584	Maternity Home
43	Ms. Fehmida Javed	Markaz e Sehat	Opp. Mullani barbar Khanewal	53939	Maternity Home
44	Ms. Robina Hameed	Bakhtawar Clinic	H#32st.#6 block#2 Peoples Colony Khanewal	51980	Maternity Home
45	Ms. Naheed Gulzar	Naheed Gulzar's Clinic	H#62colony#1 near Aik Minar Masjid Khanewal	51585 pp	Maternity Home

**Table 10: List of Non-Government Organizations (NGOs)**

Sr. #	Name of organization	Addresses	Services rendered
1	Anjuman Islah-e-Moashra	Chak # 135/10-R, Jahania	Women & Youth Welfare, FP
2	Anjuman Falah-e-Moashra	Thatta Sadaqabad, Jahania	Women & child Welfare
3	Anjuman Samaji Behbood	Sir Syed Road, Khanewal	Ind. Home, child welfare
4	Anjuman Taraqia-e-Taleem wa Behbood-e-Itfal	Colony #1, Khanewal	Health
5	Al-Falah Progressive Society	Tariqabad, Khanewal	Women & child welfare, free dispensary
6	Anjuman Falah-e-Aama	Chak # 102/15-L, Tehsil MianChannu	Women, child & patient Welfare
7	Anjuman Falah-e-Behbood	Ward # 7, Tulamba, Tehsil Mianchannu	Women & patient welfare
8	Al-Mustafa Welfare Society	Chak # 20/8-BR, mianchannu	Women, child & patient Welfare
9	Anjuman Khidmat-e-Insaniyat	Chak # 125/15-L, mianchannu	Women & child welfare
10	Alsaif Tanzeem Islah-e-Moashra	Near Poly clinic, Kabirwala	Free dispensary
11	Islami Welfare Council	Chak # 62/10-R, Khanewal	Free dispensary
12	Adara Khidmat-eKhalq	6/D, Dharkhna, kabirwala	Ind. Home, Free dispensary
13	Jahania Welfare society	Near Hospital, Jahania	Ind. Home, FP
14	Ladies Social Welfare Society	Town committee, Jahania	Ind. Home, FP
15	Pakistan Lines Youth Council	Civil lines, Khanewal	Ind. Home, free legal aid, FP
16	Ali Human rights Welfare Society	Colony # 1, Khanewal	Health, FP
17	Anjuman Behbood-e-mareezan	Makhdum Pur Pohran, Khanewal	Patient welfare, free dispensary
18	Baba jee welfare Society	People Colony, Khanewal	Free Dispensary
19	Khursheed Maternity & child Medi-care center/society	Chak # 76/15-L, Mian channu	Maternity home, Child care
20	Umar Medicare & Welfare Services	8-Kassi, Tehsil Kabirwala	Patient welfare, free medical center
21	Social development Organization	Chak # 140/10-R, Jahania	Free dispensary
22	Socio Economic development association	Tehsil Khanewal	Health & Education
23	Sahil Welfare foundation	Colony # 3, Khanewal	Health

**Table 11: Budget allocation for the District Health Department of District Khanewal 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	133260000	198162000	147805306	252782192
Budget for DHQs	1012600	23132000	21252270	46678900
Budget for THQs	20022000	27030000	24836466	61887068
Budget for RHCs	11252000	-	11518900	97527606
Budget for BHUs	52100000	95456000	52533700	78589268
Budget for MCHCs	755000	1021500	752100	854832
Budget for dispensaries	4082000	2314000	803000	179068
Others means total budget minus budget of DHQ, THQ, RHC, BHU, MCHC, dispensaries	34923000	49208500	36308870	34574550
Salary Portion out of Health Budget	72192000	132222000	105460936	128584592
Non Salary Portion out of Health Budget	61068000	65940000	42344370	124197600
Budget for Medicines out of Non Salary budget	20154000	23490000	14911000	38860000
Development	Information Not Available			
Non-Development.	133260000	198162000	147805306	252782192

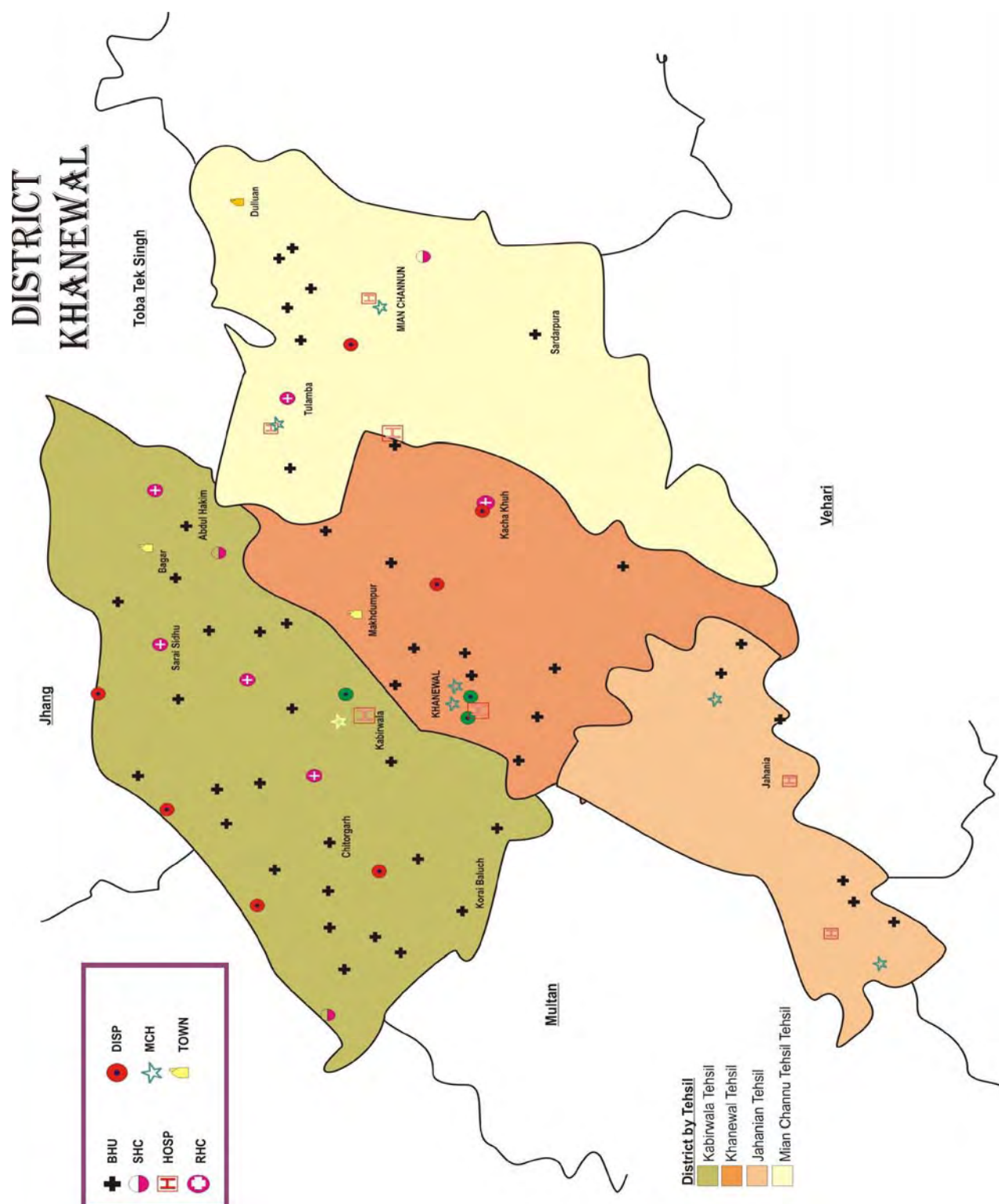
# Annexure

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

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

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

## Map of Health Facilities in District Khanewal – Annex B



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**Contech International**  
*Health Consultants*



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