



District Health Profile

Lasbela

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 Lasbela 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 Lasbela**

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 amongst 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

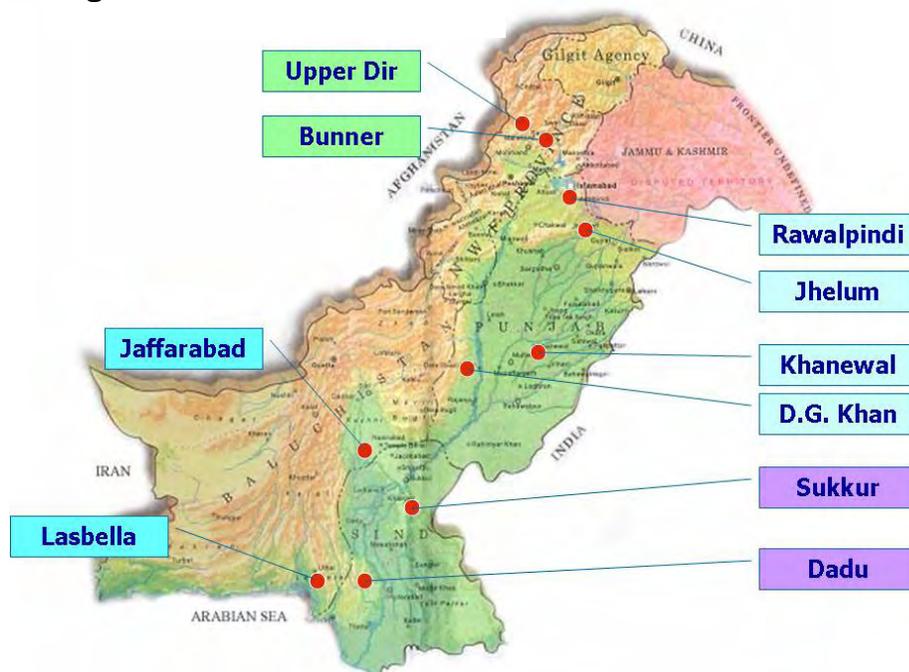
The project is based on the *“Pathway to Care and Survival”* framework. The five major strategic objectives are as follows:

- 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.

PAIMAN is being implemented in 10 districts of Pakistan. These

Figure 1: PAIMAN Districts



include Rawalpindi, Jhelum, D.G. Khan, Khanewal (Punjab); Sukkur, Dadu (Sindh); Jaffarabad, Lasbela (Balochistan); and Upper Dir, Buner (NWFP) refer in 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 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 Lasbela at a Glance
- District Health System

2. INTRODUCTION

2.1. District Lasbela at a Glance

District Lasbela takes its name from two words ‘LAS’ a plain and ‘BELA’ a jungle. Lasbela was notified as a district on 30th June 1954. District Lasbela is situated on the border of Sind- Balochistan provinces. It is bounded in the north by district Khuzdar, in the east by Malir and Karachi (West) districts of Sindh province, in the south by the Arabian Sea and in the west by Gawadar and Awaran districts.

The total area of the district is 15,153⁴ square kilometers. Lasbela district is divided into three parts, the northeastern mountains and hilly areas, the southwestern hilly area and the central plain. In between the ranges important valleys, the Winder valley, the Wirahab valley and the Hub valley are situated. The area is drained by the rivers and streams flowing from the hills of Moro and Pub ranges in the north and east of the plain and Haro and Hala ranges lying close to the western boundary of the district.

For the administration purpose, District Lasbela is divided into 7 Tehsils i.e. Hub, Dureji, Lakhara, Sonmiani, Uthal, Bela, and Kanrai. District consists of 21 union councils including 14 rural and 7 urban, whose elected representatives formulate Zilla and Tehsil councils. Political constituencies include 1 national seat and 2 provincial seats of legislative assemblies.

A network of metalled roads links the entire major towns and villages of the district. Lasbela’s major lifeline is the national highway from Quetta to Karachi. There is no railway connection present within the district. The air link to district Lasbela is via Karachi.

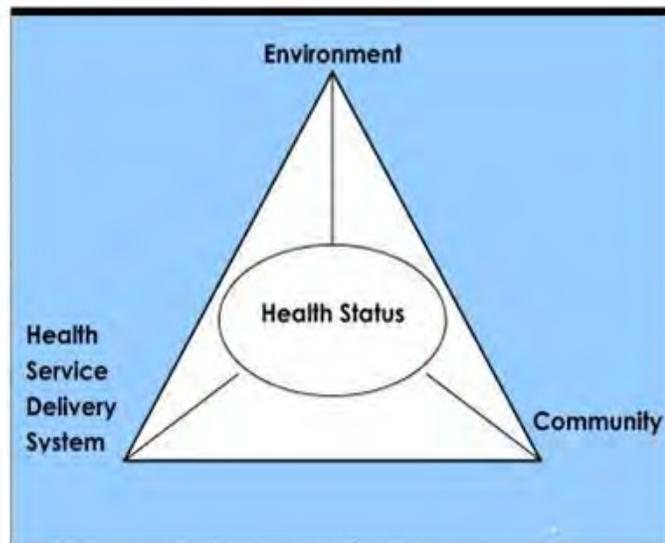
The temperature ranges from minimum to maximum as 3°C to 17°C in January and 24°C to 38°C in June.

Lasbela is one of the most fertile and productive districts of the Balochistan. Agriculture is the major sector of the economy and majority of the population is involved in this field. The main staple grain is wheat while other crops include castor seeds, sesame seeds, fodder and guar seed. Vegetables grown in Lasbela include onions, chilies, etc. and fruits include bananas, chicos, papayas, etc. Livestock is the second largest sector of the economy. Another major occupation is the services sector. Large number of laborers and others travel daily to Karachi.

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

Figure 2: Three main determinants of DHS



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

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

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

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

Environment

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

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

Health Service Delivery System

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

Community

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

It is worth mentioning that information included in district health profiles takes into account the broader perspective of district health system conceptualized in the preceding paragraphs.

Section 3 – Health System in District Lasbela

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

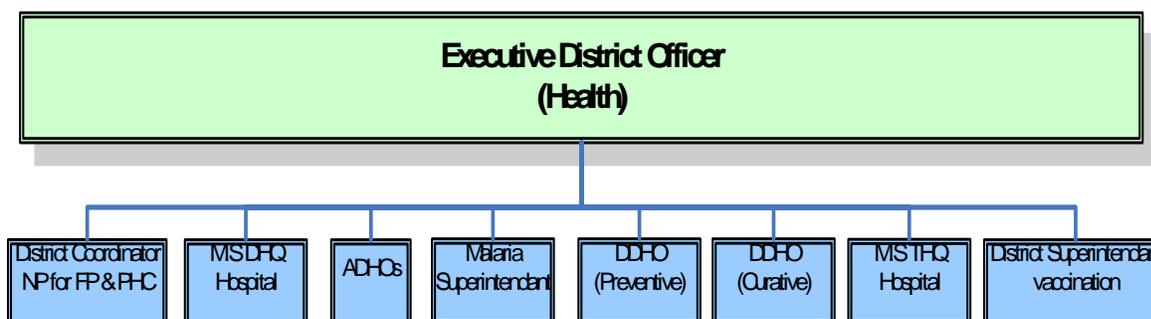
3. Health System in District Lasbela

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 Deputy District Health Officers (DDHO) Preventive and DDHO Curative, the Medical Superintendent (MS) of the District Headquarter (DHQ) Hospital and the Tehsil Headquarter Hospitals (THQ), DSV, ADHOs and the District Coordinator National Program. The organizational structure of district health department is given below in Figure 3:

3.2. District Health Management Team (DHMT)

Figure 3: Organizational structure district health department



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 re-habilitative health services in the district. However, at the time of preparation of District Health Profile of Lasbela no DHMT existed in the district.

3.3. Demographic Information

According to the projections of the 1998 Census, the current population of Lasbela is 312,700⁴ which comprises of 53.5% males and 46.5% females, as shown in Figure 4. The population is estimated to be growing annually at a rate of 3.03%⁴. Life expectancy at birth is 62.3 years and literacy rate is 28%⁵ for both sexes. Population density is 20.6⁴ persons per square kilometre. The percentage break-up of the rural and urban population is 63.09 and 36.91⁴ respectively as is shown in Figure 5. The population breakup can be seen in Table 1. The mean number of people living in one room in the district is 5.6 as compared to 3.7 in Baluchistan⁸. Table 2 gives information on demographic indicators.

Figure 4: Sex-wise Population Distribution

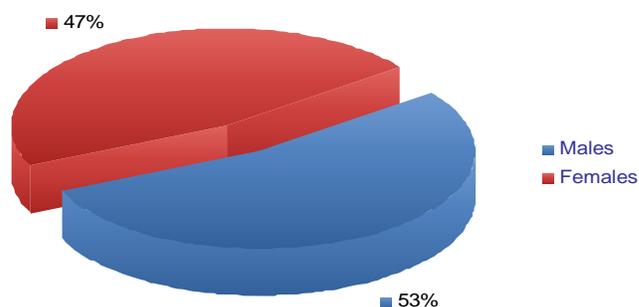
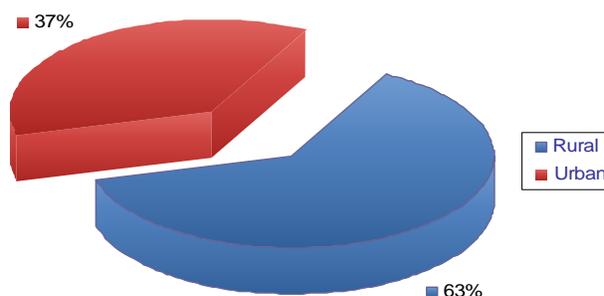


Figure 5: Rural Urban Population Distribution



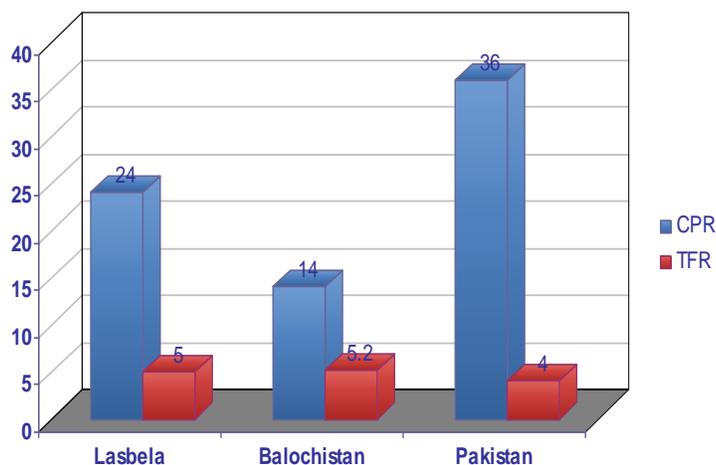
3.4. Fertility Behaviour

In Lasbela, 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%) although knowledge about contraceptives is high (62%)⁶. Family size remains high due to socio-cultural,

political, and economic and gender factors, relating mainly to lack of female control over decisions related to fertility. A considerable unmet need for family planning services exists, which has not been converted into effective contraceptive

usage, partly because of family dynamics of a male dominated society. Mean Children Ever Born (MCEB) to married women aged 15-49 are 4.5⁷ in District Lasbela as compared to 4.3 in Baluchistan. The Total Fertility Rate is 5 as compared to 5.2⁶ in the province and 4.0³ in the country as shown in Figure 6. There is a growing commitment by both the provincial and district governments to review and reform the equity of service delivery. Comparison of indicators on women and fertility behaviors is given in Table 3.

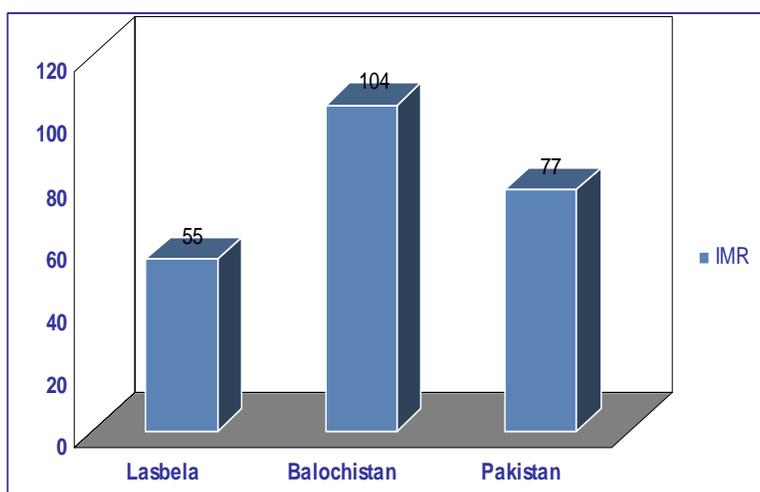
Figure 6: CPR and TFR Comparison



3.5. 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

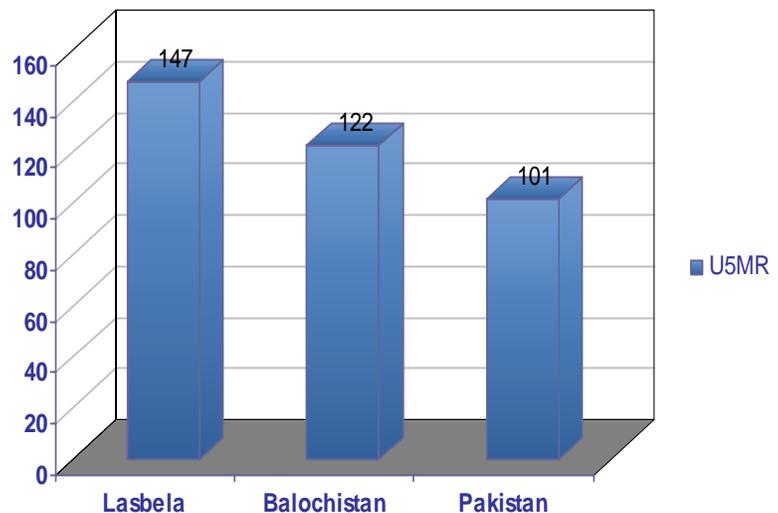
Figure 7: Infant Mortality Rate



situation. In district Lasbela 53% of the population has access to safe drinking water while the sanitation facilities are available to 43% of the population. The infant mortality rate has been estimated to be 55 per thousand live births. As shown in Figure 7, Infant mortality is lower in District Lasbela as compared to Baluchistan (104/1000)⁶ and Pakistan (77/1000)³. The crude death rate is 9 per 1000, which is higher than the national figures of 8 per 1000³. The

crude birth rate in Lasbela is 36⁷ per 1000 as compared to 31 per 1000³ at national level. Under 5 mortality, as shown in Figure 8, is 147 which is very high as compared to national and

Figure 8: Under five mortality rate



provincial figures. Other health indicators too don't give a better picture than in Baluchistan overall, which suggests health services in Lasbela need more attention. Comparison of health indicators of Lasbela Baluchistan and Pakistan may be seen in Tables 4 and 5.

3.6. Socio-economic Indicators

There are significant gender gaps in literacy and health status in Lasbela. The literacy rate is (28%)⁵, which is quite lower than in Baluchistan (39)⁵ and Pakistan (49%)³. Similarly primary school enrolment rate is 42% (50% for males and 34% for females)⁵. The net attendance rate is 99⁵.

Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736², poverty rates, which had fallen substantially in the 1980s and early 1990s, started to rise again towards the end of the decade. According to the latest figures as measured by Planning & Development Department government of Baluchistan for the year 2004-2005 33% of the population lives below the poverty line. In District Lasbela, poverty is significantly high and 36% population earns below Rs. 929 per month. The above picture depicts the need of renewed and additional efforts within the district in order to meet the vision embraced in the Millennium Development Goals by 2015. Comparison of socio-economic indicators may be seen in Table 6.

3.7. Health Facilities

The health care services provided by the public health sector in District Lasbela consists of one DHQ hospital, one THQ Hospitals, 4 Rural Health Centers, 37 Basic Health Units, 4 MCHCs and 26 civil dispensaries.

Basic Health Units (BHUs)

The BHUs have been established at the union council level that normally provides primary health care services, which include provision of static and out reach services, MCH, FP, EPI and advice on food and nutrition, logistics and management support to LHWs and TBAs and provision of first level referral services for patients referred by LHWs

Thirty seven BHUs are functional in District Lasbela. However, the overall human resource position in BHUs is not satisfactory. Out of 37 sanctioned positions of Medical Officers 10 are lying vacant. There are only 8 posts of LHV's and 8 posts of Dispensers are sanctioned against requirement of 37; and out of this one post of

LHV is lying vacant. The details of human resource positions at BHUs 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 LHVs, 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.

Four RHCs are functioning in district Lasbela. The staff position at RHCs is satisfactory except no sanctioned position of SMO exists at any RHC in the district and 5 posts of Medical Officers are lying vacant out of 12 sanctioned posts. The details of human resource positions at RHCs are given 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. Four (4) MCH Centers are established and providing services in the district. All the MCH Centers are fully staffed except one post of Dai. The details of human resource positions at MCHCs can be seen 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 50 beds and appropriate support services including x-ray, laboratory and surgical facilities. Its staff may include specialists such as a general surgeon, obstetrician & gynaecologist, ophthalmologist, and occasionally supported by an anaesthetist.

One THQ hospital is functioning in District Lasbela. In THQ Jam Ghulam Qadir Government Hospital, Hub, one position of the Gynecologist is vacant, which hinders the provision of a comprehensive emergency maternal and newborn health care. Moreover, the position of the radiographer is not sanctioned to operate the radiology section. The details of human resource positions at THQ are given 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 Lasbela, a 20-bed hospital which receives health care users directly and from lower level heal

3.8. Public Sector Health Manpower

Overall human resource position is satisfactory. Out of 754 sanctioned positions in District Lasbela, 92% are filled. Among the management cadre, one position of DDHO Preventive and all 3

positions of ADHOs are lying vacant. Amongst the clinical staff, situation is quite unsatisfactory as compared to other districts. One position each of Surgeon, Physician, Paediatrician and Pathologist, 21 positions of Medical Officers and 5 positions of WMOs are lying vacant. Among the positions for paramedical staff, all 14 positions of LHVs and 57 posts of Dispensers are filled. The details of public health sector manpower are available in Table 8.

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

There are a number of initiatives being implemented in Lasbela, 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. One project i.e. strengthening of RHC Dureji is functional with the financial support of LASMO, an NGO.

- 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. Lasbela has EPI coverage of 75% 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. There are 275 sanctioned positions of LHWs in the district which shows that 80% of the population is being covered by LHWs.

- iii. 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 255 LHWs.

- 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. **Strengthening of RHC Dureji:** LASMO is working in Lasbela District. It is providing assistance for Strengthening of RHC, Dureji since 2002.

3.10. Population Welfare Department

Major services offered by the District Population Welfare Office include Family Planning, Maternal Care, Child Care and General Health Care Services. There is no RHSC-A & B exist in the district. These services in District Lasbela are offered through only 2 mobile service unit and 5 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 are 3 private sector providers registered in district Lasbela, Details of which are shown 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 Baluchistan 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 25 registered NGO's in district Lasbela including 2 NGOs named as Welfare Association for New Generation (WANG) Bela and Social Welfare Association for Rural Development (SWARD) Bela, who are working for Maternal and Newborn Health. List of some significant NGOs working in district Lasbela may be seen in Table 10.

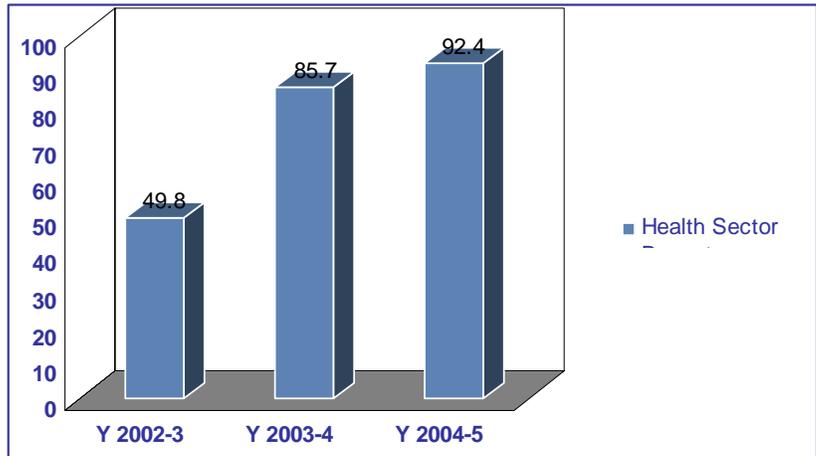
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Section 4 – Budget Allocation and Utilization

4. Budget Allocations and Utilization

District Lasbela witnessed a gradual rise in budgetary allocations in health sector each year since 2002-03. The budgetary allocation for the year 2004-5 is Rs 92.4 million as compared to Rs. 85.66 million of the preceding year, which represents an increase of 8% as shown in Figure 9.

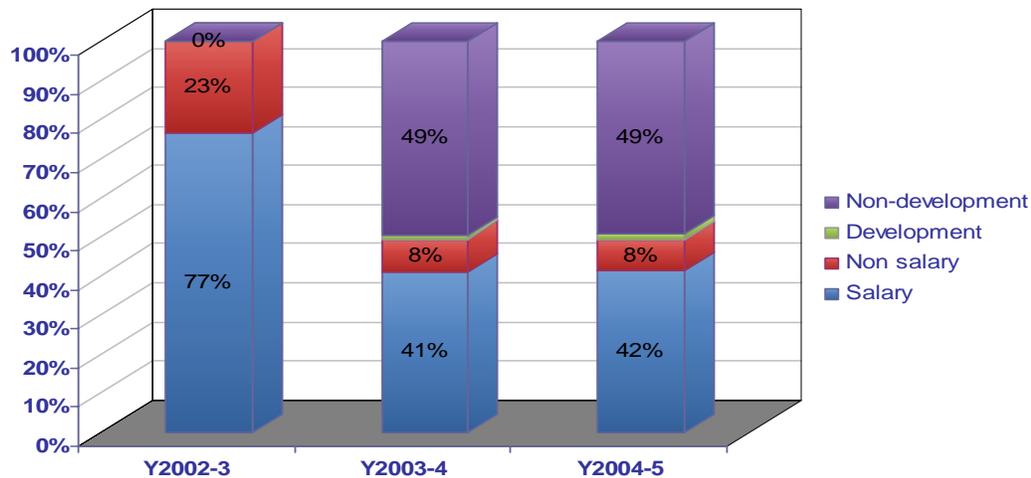
Figure 9: Comparison of Total with Health Sector Budget (Rs. In million)



The allocations for the DHQ Hospital in the current year 2004-5 grew considerably 60% in last 3 years. Comparatively, allocations for THQ hospitals were also increased only by 47% during this period.

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

Figure 10: Category wise Health Sector Budget Breakup



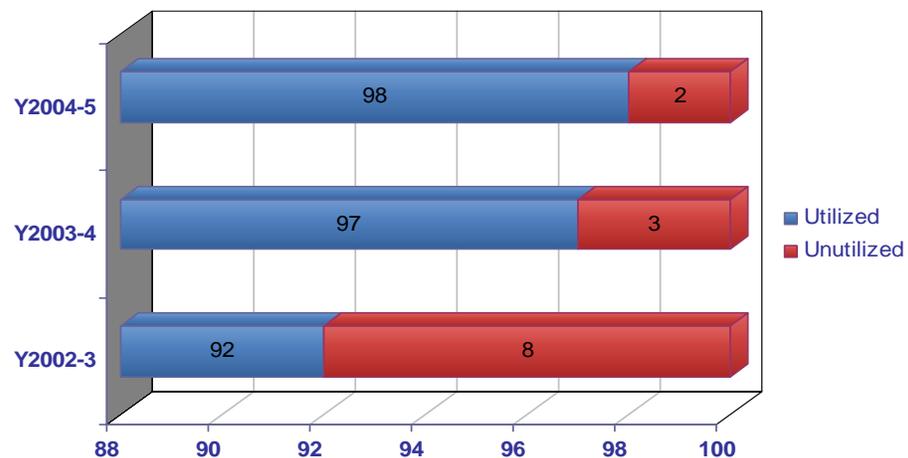
year, whereas the non-salary budgetary allocations have also been decreased in 2004-05 (Rs 14.3 millions) as compared with previous year (Rs 14.52 million). Allocations for development budget increased

considerably by 72% in the current year as compared to non-development budget which increased only by 8% during the same year 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 as pavement of roads, provision of street lighting, etc. as opposed to health services.

It has also been observed that all allocated funds could not be spent in any given year. The percentage of unutilized funds however has decreased over the past three years. District Lasbela was able to spend 92%, 97%, and 98% of the allocated budget in the fiscal year 2002-3, 2003-4 and 2004-5 respectively as shown in Figure 11.

Figure 11: Percentage Budget Utilization (Year wise)



This situation may be attributed to:

1. Capacity of the health managers to prepare annual operational district health plans and detailed activity outlining in order to utilize the budget in a more efficient manner; and
2. Presence of a system for smooth flow of funds from district to lower levels.

Data Set

- Table 1: Population structure of district Lasbela
- Table 2: Demographic information on Lasbela, Balochistan and Pakistan
- Table 3: Comparison of indicators on women and fertility behaviors
- Table 4: Comparison between basic indicators of Lasbela, Balochistan and Pakistan
- Table 5: Comparison between health and nutrition indicators of Lasbela, Balochistan and Pakistan
- Table 6: Comparison between social indicators of Lasbela, Balochistan and Pakistan
- Table 7a: Human resource position at BHUs
- Table 7b: Human resource position at RHCs
- Table 7c: Human resource position at MCHCs
- Table 7d: Human resource position at THQ
- Table 8: Public Sector Health Manpower
- Table 9: List of private sector health care providers
- Table 10: List of registered NGOs in District Lasbela

Table 1: Population Structure of District Lasbela

Population Groups	Standard Demographic Percentages	Estimated Population (2005)
Under 1	2.08	6,504
Under 5 years	15.08	47,155
Under 15	43.61	136,368
15-49 years	46.35	144,936
49-64 years	7.07	22,108
65 years and above	2.97	9,287

Sources:

1. District Population Profile, MSU Islamabad 2002

Table 2: Demographic Information on Lasbela, Baluchistan and Pakistan

Demographics	Lasbela	Baluchistan	Pakistan
Population (thousands) under age of 15 years	136	3064	70150
Population (thousands) under age of 5 years	47	1092	20922
Population annual growth rate (%)	3.03	2.47	1.9
Crude death rate,	9	12.5	8
Crude birth rate,	36	37	31
Life expectancy,	62.3	64	63
Total fertility rate,	5	5.2	4.0
% of urban population,	36.91	23.9	34

Sources:

1. District Population Profile MSU Islamabad 2002.
2. Provincial Census Report of Baluchistan November 2001.
3. UNICEF [Cited 2005 Sep 3] Available from: URL:
http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html

Table 3: Comparison on indicators on Women and Fertility Behaviors

Women & fertility behavior	Lasbela	Baluchistan	Pakistan
Total fertility rate,	5	5.2	4.0
Contraceptive Prevalence rate	24	14	36
Antenatal care coverage by any attendant (%)	51	53	43
Antenatal care coverage by skilled attendant (%)	21	26	35
Birth Care by skilled attendant	13	21	20
Birth Care by any attendant	99	92	99
Post-birth Care by skilled attendant	12	20	24
Post-birth Care by any attendant	94	80	67
Mean Children Ever Born to Married Women 15-49	4.5	4.3	2.7

Sources:

1. Multiple Indicators cluster Survey (MICS) 2004.
2. District Population Profile MSU Islamabad 2002.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html

Table 4: Comparison between basic indicators of Lasbela, Balochistan and Pakistan

Basic Indicators	Lasbela	Baluchistan	Pakistan
Total population (thousands)	312	6566	154000
Area in sq. km	15,153	347,190	796,096
Population urban/rural ratio	36.91/63.09	23.9/76.1	34/66
Sex ratio (number of males over 100 females) at birth	115	114	108
Population density (person per square km)	20.6	19	166
Population growth rate	3.03	2.47	1.9

Sources:

1. District Census Report of Lasbela, November 1999.
2. Provincial Census Report of Baluchistan November 2001.
3. Multiple Indicators cluster Survey (MICS) 2004.
4. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
5. Economic survey of Pakistan 2004-5.
6. Pakistan Institute of Population Studies, September 2005

Table 5: Comparison between Health and Nutrition indicators of Lasbela, Balochistan and Pakistan.

Health and Nutrition	Lasbela	Baluchistan	Pakistan
Under-5 mortality rate	147	122	101
Infant mortality rate (under 1)	55	104	77
% of total population using safe drinking water sources	53	51	90
% of total population using adequate sanitation facilities	43	40	54
% of one-year-olds fully immunized against measles	75	52.16	67
% of pregnant women immunized for tetanus	32	63	45
% of under-fives suffering from underweight (moderate & severe)	33	43	38
% of children who are exclusively breastfed with complementary food (<6-9 months)	97	29	31
Vitamin A supplementation coverage rate (6-59 months)	12.2	14.1	95
% of households consuming iodized salt	2	15	17
No. of hospitals	2	73	916
Dispensaries	26	685	4582
RHCs	4	61	552
BHUs	37	442	5301
MCHCs	4	76	906
No. of beds	152	4856	99908

Sources:

1. Multiple Indicators cluster Survey (MICS) Baluchistan, 2004.
2. Provincial Census Report of Baluchistan, November 2001.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
4. Economic survey of Pakistan 2004-5.

Table 6: Comparison between Social indicators of Lasbela, Balochistan and Pakistan

Social indicators	Lasbela	Baluchistan	Pakistan
Adult literacy rate	27.5	39	49
Adult literacy rate, male	42	51	62
Adult literacy rate, female	13	24	35
Gross enrolment ratios: primary school	42	46	71
% of net primary school attendance	99	99	56
Per capita income	Rs. 929 per month	Rs. 1385 per month	Rs. 3680 per month

Sources:

1. Multiple Indicators cluster Survey (MICS) 2004.
2. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html

Tables 7: Human Resource Position

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

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Officer	37	27	00	37	10
Lady Health Visitor	08	07	00	08	01
Midwife	00	00	00	00	00
Dai	37	35	00	37	02
Female Health Technician	29	27	00	29	02
Health Technician	29	29	00	29	00
Dispenser	08	08	00	08	00
Chowkidar	37	37	00	37	00
Sweeper	37	37	00	37	00
Nursing Orderly	37	37	00	37	00

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

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
SMO	00	00	00	00	00
MO	12	07	00	12	05
WMO	06	06	00	06	00
Dental Surgeon	05	01	00	05	04
LHV	04	04	00	04	00
FHT	02	02	00	02	00
HT	02	02	00	02	00
X-ray Assistant	04	04	00	04	00
Dispenser	10	10	00	10	00
O.T Assistant	02	02	00	02	00

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Midwife	00	00	00	00	00
Hakeem	00	00	00	00	00
Radiographer	00	00	00	00	00
Lab assistant	04	04	00	04	00
Homeo doctors	00	00	00	00	00
Homeo dispensers	00	00	00	00	00
Dawa saz	00	0	00	00	00
Sanitary Patrol	01	01	00	01	00
Sweeper	06	06	00	06	00
Driver	04	04	00	04	00
Dai	04	04	00	04	00
Water Man	02	02	00	02	00
Nursing Orderly	07	07	00	07	00
Peon	02	02	00	02	00
Chowkidar	04	04	00	04	00
Ward Boy	02	02	00	02	00
Ward Servant	02	02	00	02	00

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	04	03	04	00	01
Chowkidar	04	04	04	00	0
Others (specify	08	07	08	00	01

Table 7d: Human Resource Position at THQ Jam Ghulam Qadir Govt. Hospital, Hub as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Superintendent	01	01	00	01	00
Surgeon	01	01	00	01	00
Gynecologist	01	00	00	01	01
Pediatrician	01	01	00	01	00
Anesthesiologist	01	01	00	01	00
Pathologist	01	01	00	01	00
Medical Officer	11	11	00	11	00
Woman Medical Officer	06	06	00	06	00
Dental Surgeon	02	01	00	02	01
Head Nurse	00	00	00	00	00
Staff Nurse	16	14	00	16	02
Lady Health Visitor	00	00	00	00	00
Dispenser	02	01	00	02	01
Laboratory Assistant	01	01	00	01	00
Radiographer	00	00	00	00	00
Dai	01	01	00	01	00
Male Nurse	02	02	00	02	00
X-Ray Assistant	02	02	00	02	00
Nursing Orderly	09	09	00	09	00
Dental Tech:	01	01	00	01	00
Ward Boy	01	01	00	01	00
Water Man	01	01	00	01	00
Cook	01	01	00	01	00
Mali	01	01	00	01	00
Driver	01	01	00	01	00

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Peon	03	03	00	03	00
Chowkidar	01	01	00	01	00
Sweeper	02	02	00	02	00

Table 8: Public Sector Health Manpower

S. No.	Posts	Sanctioned	Filled	Vacant
1.	Executive District Officer (Health)	01	01	00
2.	Deputy DHO Preventive	01	00	01
3.	Deputy DHO Curative	01	01	00
4.	Medical Superintendent	02	02	00
5.	Assistant District Health Officer	03	00	03
6.	General Surgeon	02	01	01
7.	ENT Specialist.	02	02	00
8.	Physician	02	01	01
9.	Anesthetist	02	01	01
10.	Gynecologist	02	00	02
11.	Ophthalmologist	02	00	02
12.	Pathologist	02	01	01
13.	Paediatrician	02	01	01
14.	Pharmacist	02	02	00
15.	Drug Inspector	01	01	00
16.	Chief Medical Officer	03	01	02
17.	Chief Lady Medical Officer	02	01	01
18.	Medical Officer	82	61	21
19.	Lady Medical Officer	24	19	05
20.	Dental Surgeon	10	05	05
21.	Nursing Sister	01	00	01
22.	Male Nurse	02	02	00
23.	Staff Nurse	20	17	03
24.	X-Ray Assistant	09	09	00
25.	Dental Technician,	03	03	00
26.	Medical Technician	31	31	00
27.	Female Medical Technician	32	32	00
28.	Lady Health Visitor	14	14	00
29.	Laboratory Technician	00	00	00
30.	Laboratory Assistant	09	09	00
31.	Dispenser	57	57	00
32.	Operation Theater Assistant	05	05	00
33.	Nursing Orderly	86	84	02
34.	Driver	10	10	00
35.	Ward Servant	03	03	00
36.	Dai	75	73	02
37.	Mali	02	02	00
38.	Cook	02	02	00
39.	Chawkidar	52	52	00
40.	Sanitary Patrol	05	05	00
41.	Water Man	05	05	00

S. No.	Posts	Sanctioned	Filled	Vacant
42.	Ward Boy	03	03	00
43.	Peon	22	21	01
44.	Sweeper	78	77	01
45.	Bearer	01	01	00
46.	Office Superintendent	02	00	02
47.	Office Assistant	03	02	01
48.	Senior Clerk	04	03	01
49.	Junior Clerk	06	06	00
50.	District Superintendent of Vaccination	01	01	00
51.	District Sanitary Inspector	01	01	00
52.	Vaccinator	43	43	00
53.	Malaria Superintendent	01	01	00
54.	Assistant Malaria Superintendent	02	00	00
55.	Microscopist	01	01	00
56.	Malaria Supervisor	14	14	00
57.	Porter	01	01	00
	TOTAL	754	695	59

Table 9: List of Private Care providers

Sr. No.	Contact Persons	Names of Health Centers	Addresses	Contact #	Category of Health Centers
District Lasbala, Town: Bella/ Lasbala					
1.	Kehkashan Tabassum	National Power Community Health	Village Tehsil Hub Bela Dist. bela	111221122	Clinic
2.	Zubaida Qamaruddin	National Power Community Health	Allana Gadorvillage Muza Kund Tehsil Hub Lasbella Balochistan	111221122	Clinic
District Lasbala, Town: Hubchoki/ Lasbala					
3.	Dr Kulsoom	Halima Hospital	Hub Balochistan	0300-2864519	Clinic

Table 10: List of Registered NGOs in District Lasbela

S. No	Name of NGO	Name of President & Patron in Chief	Addresses	Function
1	Hub Social Welfare Society Hub	Mr. Abdul Aziz Rind President	Mahmood Abad Goth Lasi Road Baroot-I	Working for Education & Women Welfare
2	Ideal Education Welfare Society Hub	Mr. Ilyas Kambooh President	Allahabad Town Hub	Working in Education sector
3	Sakran Social Welfare Association Sakran Hub	Mr. Kamal Baloch President	Haji Bachoo Goth Sakran Hub	Working for Women Welfare Poverty Alleviation Sector
4	Sohab Educational Welfare Society Hub	Mr. Nasir Baloch President	Akram Colony Hub	Working in Education and Women Welfare sector
5	Standard Education Welfare Society Hub	Mrs. Rana Baloch Patron in Chief Mr. Fazal Baloch President	Near Makki Masjid pathra Hub	Working in Education Sector
6	Welfare Association for new generation (WANG) District Lasbela at Bela	Mr. Azim Roonjho President Dr. Noor Jehan Chairperson for ladies wing	Choongi Bazar Bela Bus Stop Bela	Working in Poverty Alleviation, Health, Education, Agriculture Goat & Poultry Farming sector
7	Social Welfare Association for Rural Development (SWARD) Bela	Dr. Mohammad Ismail President	Choongi Bazar Bela Bus Stop Bela	Working in Health and General Field
8	Bela Youth Social Friends Bela	Mr. Habibullah Gulfam President	Al-Khidmat Road Bela	Working in General Field
9	Lasbela Social Welfare Council district Lasbela	Mr. Jam Kamal Khan President	Lasi Road Hub	Working in General Field
10	Balochistan Academic Foundation Lasbela	Mr. Abdul Qadir Baloch Patron in Chief Mr. Ahmed Bakhsh Lchri President	Bahawani Hub	Working in Education sector
11	Rathore Welfare Organization Lasbela at Winder	Mr. Mohammad Aslam Rathore President	Winder Bazar Winder	Working in Health and General Sector

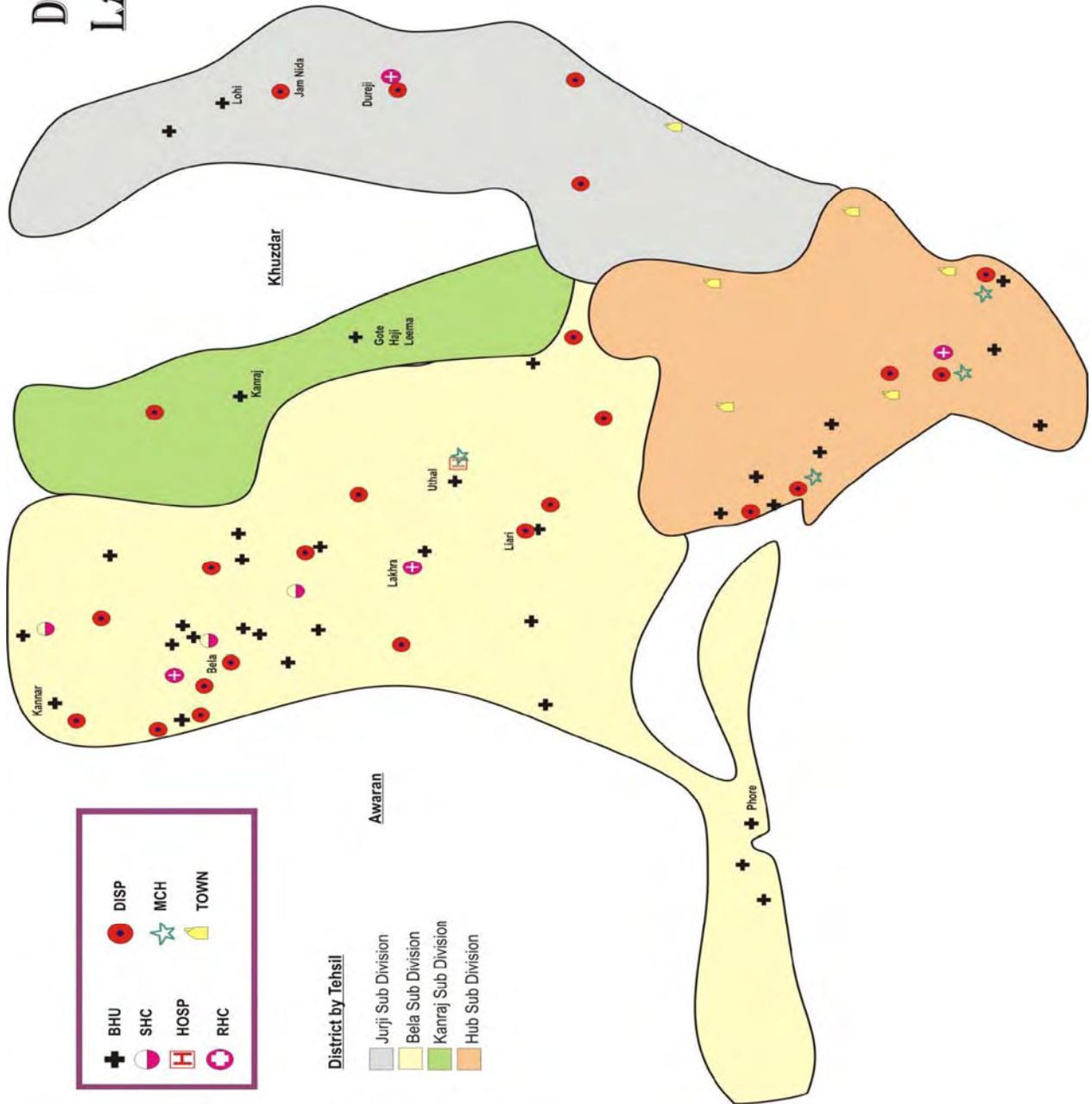
S. No	Name of NGO	Name of President & Patron in Chief	Addresses	Function
12	Anjuman-e-Ashat-ul-Uloom Hub	Hafiz Mohammad Ismail President	Mengalabad Hub	Working in Religious sector
13	Sonmiani Development Organization Sonmiani	Mr. Qadir Bakhah President	Sonmiani Bazar Sonmiani	Working in General Field
14	Pak Welfare Society Hub	Mr. P.K Marri Patron on Chief	Lasi Road Hub	Working in Education sector
15	Makhzan-e-Konain Educational Welfare Society Hub	Mr. Bashir Magsi President	Allah Abad Town Hub	Working in Education sector
16	Siyani Welfare Association Jam Yousaf Colony, Hub	Mr. Abdul Sattar President	Jam Yousaf Colony, Hub	Working in General Field
17	Special Education Welfare Society Hub	Mr. Abdul Wahab Baloch President	Zehri Street Pathra, Hub	Working in Education sector
18	Balochistan Children Welfare Society Hub	Mr. Mohammad Iqbal Jamot President	Gulshan-e-Amir Abad Sakran Road, Hub	Working in Education and Child Welfare
19	Lasbela Peoples Welfare Society Uthal		Uthal City Uthal	Working in General Field
20	Khaskhali Jamayat Uthal	Mr. Abdul Hakim Lasi President	Mochi Mohallah Uthal	Working in General Field
21	Young Moondrah Welfare Association, Hub	Mr. Abdul Ghani President	Winder Bazar Winder	Working in General Field
22	Sheikh Hamar (Memorial) Welfare Society, Hub	Mr. Mohammad Akbar Sheikh President	Lasi Road Hub	Working in General Field
23	Wahoorah Welfare Association Hub	Haji Barad President	Bhawani, Hub	Working in General Field

Annexure

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

Map of Health Facilities in District Lasbela – Annex A

DISTRICT
LASBELA



References:

1. National Institute of Population Studies, Islamabad, September 2005
2. Economic survey of Pakistan 2004-5 Part III:2-4.
3. UNICEF [Cited 2005 Sep 3] Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
4. District Census Report of Lasbela, November 1999:21-24.
5. Multiple Indicators cluster Survey (MICS) 2004: Annexes 38-39.
6. Multiple Indicators cluster Survey (MICS) 2004: Annexes 50-54.
7. District Population Profile MSU Islamabad 2002.
8. Multiple Indicators cluster Survey (MICS) 2004: Annexes 63.



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