



# District Health Profile

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## Upper Dir

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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 Upper Dir 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 Upper Dir**

## ACRONYMS

<b>ADB</b>	Asian Development Bank
<b>ARI</b>	Acute Respiratory Infections
<b>AJK</b>	Azad Jammu and Kashmir
<b>ASV</b>	Assistant Superintendent of Vaccination
<b>BCG</b>	Bacillus Calmette-Guérin
<b>BHUs</b>	Basic Health Units
<b>CIA</b>	Central Investigation Agency
<b>CDC</b>	Communicable Disease Control
<b>CDD</b>	Communicable Disease Department
<b>CDCO</b>	Communicable Disease Control Officer
<b>DCO</b>	District Coordination Officer
<b>DDO</b>	Deputy District Officer
<b>DDHO</b>	Deputy District Health Officer
<b>D.G. Khan</b>	Dera Ghazi Khan
<b>DHDC</b>	District Health Development Center
<b>DHEO</b>	District Health Education Officer
<b>DHMT</b>	District Health Management Teams
<b>DHQ</b>	District Headquarter Hospital
<b>DOH</b>	District Officer Health
<b>DMS</b>	Deputy Medical Superintendent
<b>DPT</b>	Diphtheria-Tetanus-Pertussis vaccine
<b>DTPS</b>	District Team Problem Solving
<b>DSV</b>	District Superintendent of Vaccination
<b>EDO</b>	Executive District Officer
<b>EmOC</b>	Emergency Obstetric Care
<b>EPI</b>	Expanded Program on Immunization
<b>FHT</b>	Female Health Technician
<b>FP</b>	Family Planning
<b>FANA</b>	Federally Administered Northern Areas
<b>FATA</b>	Federally Administered Tribal Areas
<b>GNI</b>	Gross National Income
<b>GPs</b>	General Practitioners
<b>HMIS</b>	Health Management Information System
<b>HIV/AIDS</b>	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 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>1</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 the 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 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:

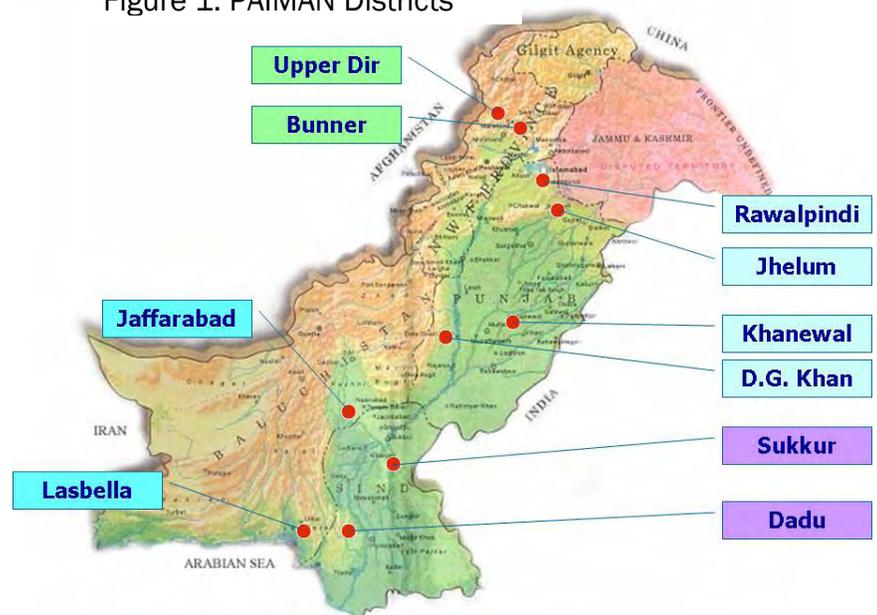
- Increase awareness and promote positive maternal and neonatal health behaviours;
- Increase access to and increase community involvement in maternal and child health services (including essential obstetric care) and ensure services are delivered through health and ancillary health services;
- Improve 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 include

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

## 2. INTRODUCTION

### 2.1. District Upper Dir at a Glance

Upper Dir is the upper part of old District Dir. At the time of independence, Dir was a state ruled by Nawab Shah Jehan Khan. It was merged with Pakistan in 1969 and later on declared as a district in 1970. In 1996, it was bifurcated into Upper and Lower Dir districts.

This district is situated in the northern part of Pakistan. It is bounded on the north and north-west by the Chitral district and Afghanistan, on the east by Swat district, and on the south by Lower Dir district.

Total area of the district is 3699<sup>4</sup> square kilometers. The topography of the district is dominated by high mountains. The most important mountain range is the Hindu Raj. It runs from north east to south west along the northern borders with Chitral district. In winter whole area remains snow-covered. The mountains in the western part of the district are covered with forests, while the eastern mountain range, Dir Kohistan is barren. Main River of the district is Panjkora River, which originates from Dir Kohistan. District head quarter Upper Dir is connected with metalled or shingled roads to all Tehsil Headquarters. The district is totally mountainous so there is no railway and airport.

The summer season is moderate and warm and June and July are hot months. Maximum and minimum temperature in June is about 33 and 16 degree centigrade respectively. Winter season is very cold and severe. Temperature rapidly falls from November onwards. During the months of December, January, and February, temperature normally falls below freezing point.

Maximum and minimum temperature in January is 11 and minus 2 degree centigrade respectively.

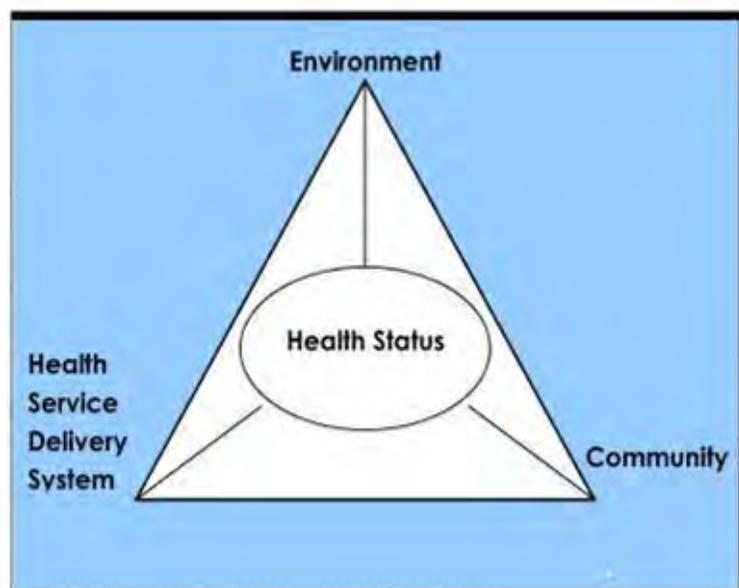
Farming, trade and working overseas are the main sources of income for the people. A very small proportion of the population is employed in government departments. The women outside proper Dir share the work with their men in the agriculture sector in addition to their household duties. The unemployment rate in the district was measured at 37.1% in 1998.

For the purposes of administration, the district is divided into Dir and Wari subdivisions and 5 tehsils, which include Dir, Barawal, Kalkot, Wari, and Khal. There are 28 union councils, all rural ones whose elected representatives formulate district and tehsil assemblies. Political constituencies include 1 national seat and 3 provincial seats of legislative assemblies.

## 2.2. District Health System (DHS)

A DHS includes the interrelated elements in the district that contribute to health in homes, educational institutions, workplaces, public places and communities, as well as in the physical and

Figure 2: Three main determinants of DHS



psychosocial environment. A DHS based on Primary Health Care (PHC) is a self-contained segment of the national health system.

It includes all the relevant health care activities in the area, whether governmental or otherwise. It includes self-care and all health care personnel and facilities, whether governmental or non-governmental, up to and including the hospital at the first referral level and the appropriate support services (laboratory, diagnostic and logistic support). As 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 Upper Dir

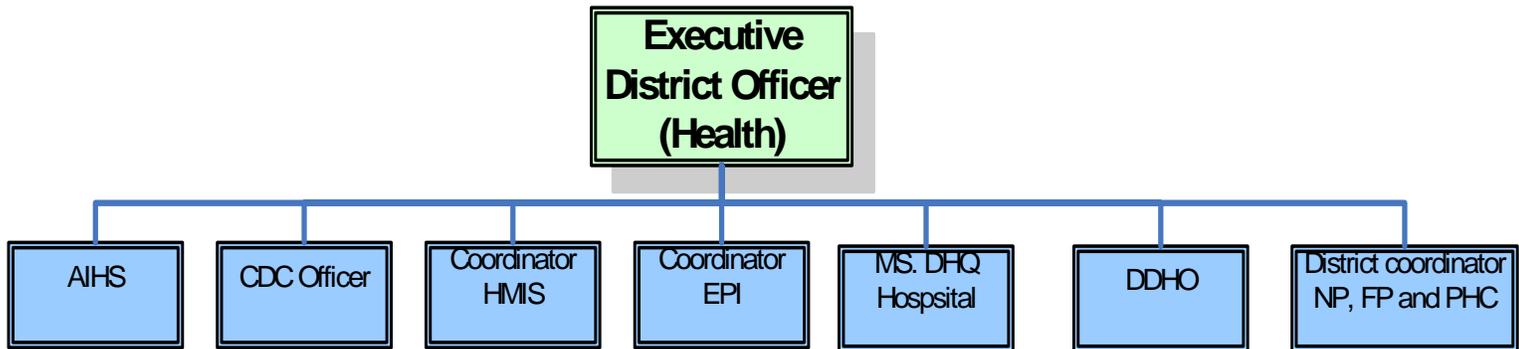
- District Health Department
- District Health Management Team (DHMT)
- Demographic Information
- Fertility Behaviour
- Health Indicators
- Socio-economic Indicators
- Health Facilities
- Public Sector Health Manpower
- Other Health Initiatives including Public Private Partnership (PPP)
- Population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

### 3. Health System in District Upper Dir

#### 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 Coordinator National Program for FP & PHC, Coordinator HMIS, Coordinator EPI, DDHO, CDCO and AIHS. The organizational structure of district health department is given below in Figure 3:

Figure 3: Organizational structure district health department



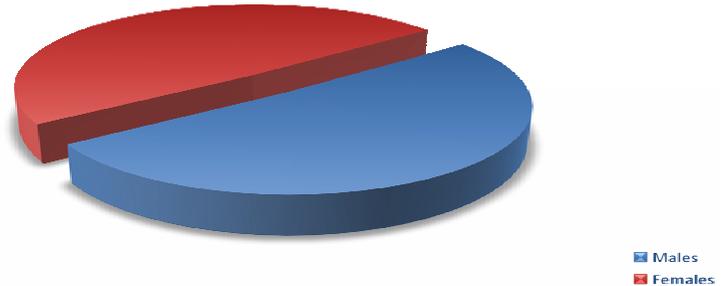
#### 3.2. District Health Management Team (DHMT)

DHMT is part of the overall health sector reforms and decentralization of health services at the district level. The concept of DHMT allows efficient management of health facilities and services in the district for the promotion and support for the preventative, educative, curative and rehabilitative health services in the district. However at the time of preparation of District Health Profile of District Upper Dir no DHMT existed in the district.

### 3.3. Demographic Information

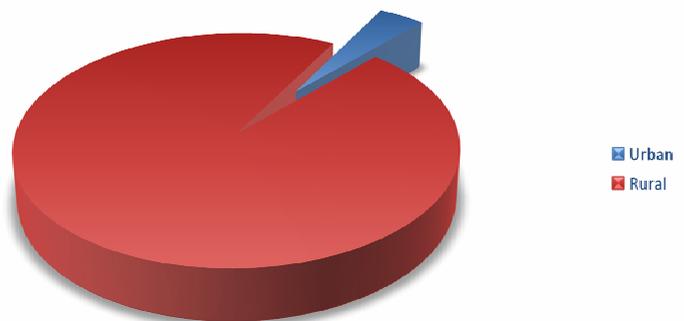
The current population of Upper Dir is 575,858<sup>4</sup> with 51% males and 49% females as shown in Figure 4. The annual population growth rate is 2.5%<sup>5</sup>. Because of the high growth rate in the district, a large proportion of the population consists of children. Life expectancy at birth is 61 years and literacy rate is 39%<sup>6</sup> for males and 4%<sup>6</sup> for females. Population density is 156<sup>4</sup> persons per square kilometre. Mean number of people living in one room is 4.96%.

Figure 4: Sex-wise Population Distribution



The percentage break up of the rural and urban population is 96 and 4 respectively as shown in figure 5. The details of population break up can be seen in table 1. The crude death rate is 9 per 1000, which is almost the same as the provincial and national figure of 8 per 1000<sup>3</sup>. The crude birth rate in Upper Dir is 39<sup>5</sup> per 1000 as compared to 31<sup>3</sup> per 1000 at national level. Table 2 gives more information on demographic indicators.

Figure 5: Rural Urban Population Distribution



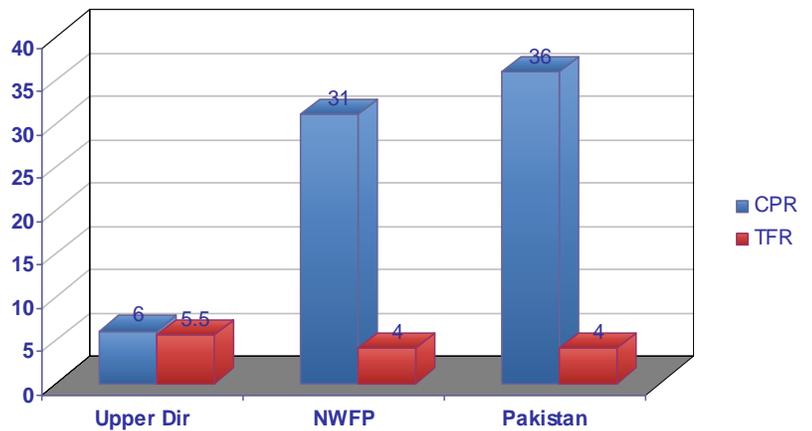
### 3.4. Fertility Behaviour

In Upper Dir, like the rest of the country, community social structures and belief systems are defined and dominated by men, which perpetuates gender imbalances and contribute to poor outcomes in fertility behaviour and reproductive health. Thus, the contraceptive use remains low (6%)<sup>7</sup> which is one of the lowest in the country. Family size remains high due to socio-cultural, political, economic and gender factors, relating mainly to lack of female control over decisions related to fertility.

A considerable need for family planning services exists, which has not been converted into effective contraceptive usage, partly because of family

dynamics of a male dominated society. Mean Children Ever Born (MCEB) to married women aged 15-49 are 5.1 in District Upper Dir as compared to 4.9 in NWFP<sup>5</sup>. The Total Fertility Rate is 5.5<sup>5</sup> as compared to 4.0<sup>5</sup> in the province and 4.0<sup>1</sup> in the country as a whole as evident in Figure 6. The comparison of indicators on women and fertility behaviour are given in Table 3.

Figure 6: CPR and TFR Comparison



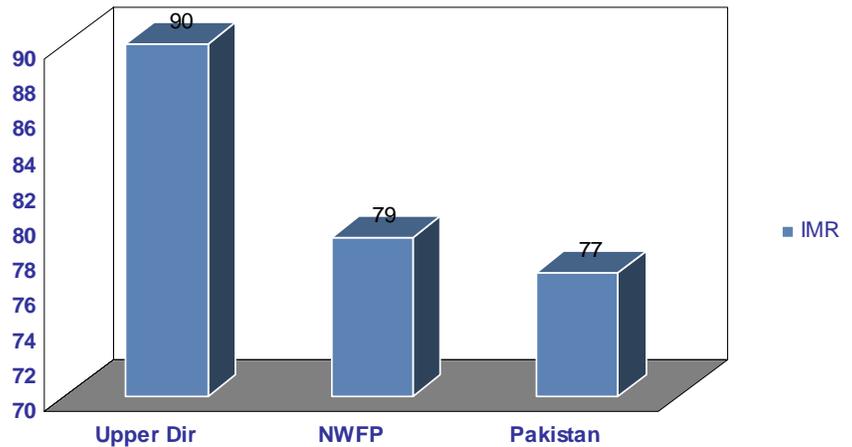
### 3.5. Health Indicators

People, in general, are poor and are experiencing high levels of mortality, morbidity and disability. An appropriately defined and maintained set of health indicators provides information for the elaboration of a relevant profile of a population's health situation. The infant mortality rate has been estimated to be 90 per thousand live births<sup>7</sup>. Infant mortality is higher in District

Upper Dir as compared to NWFP

(79/1000)<sup>7</sup> and Pakistan (77/1000)<sup>1</sup> as given in Figure 7. Very few people have access to modern health care services.

Figure 7: Infant Mortality Rate



Only 22.5%<sup>8</sup> of the population has access to safe drinking water; while sanitation facilities are available to 11%<sup>8</sup> of the population. The prevalence of underweight in children (under five years of age) is 46% as compared to 38% in NWFP<sup>7</sup> and 38%<sup>3</sup> in Pakistan. Twelve percent of the population is currently using iodized salt as compared to 22% in NWFP<sup>7</sup>. Comparison of Health indicators of Upper Dir, NWFP and Pakistan may be seen in table 4 and 5.

Health indicators of Upper Dir don't give a better picture than that of overall NWFP, which suggests that health services in Upper Dir need more attention.

### 3.6. Socio-economic Indicators

There are significant gender gaps in literacy and health status in Upper Dir. Adult literacy of district is 21.5% which is lower than the province. Gross Primary school enrollment ratio is 96.

Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736<sup>2</sup>, 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 poverty line. In District Upper Dir,

poverty is significantly high and 58% population earns below Rs. 1380 per month. 44% of the population lives without electricity as compared with 16% in NWFP. The average household size is 8 which is same as in NWFP<sup>5</sup>.

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 socioeconomic indicators may be seen in table 6.

### **3.7. Health Facilities**

The medical coverage provided by the public health sector in District Upper Dir consists of 1 THQ Hospital, 3 Rural Health Centers, 35 Basic Health Units, 3 MCH Centers, 3 Leprosy Centers, 1 TB clinic, 2 SHCs and 10 Dispensaries.

The following facilities are currently providing services in the district:

#### **Basic Health Units (BHUs)**

The BHUs have been established at union council level that normally provide 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-five BHUs are functional in District Upper Dir. However, the overall human resources in BHUs are not satisfactory. Ten positions of medical officers and seven positions of LHVs are lying vacant. There are no sanctioned positions of sweepers to keep the health facility clean. Moreover, there is no sanctioned post of dispenser at BHU, which is crucial one for effective

functioning of BHUs. 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 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 staff of about 30 people including 3-4 doctors and a number of paramedics. They typically have 10-20 beds, x-ray, laboratory and minor surgery facilities. It is mandatory for male and female medical officers, LHV and support staff to reside at the premises so as to ensure their presence around the clock.

Three RHCs are functioning in district Upper Dir presently. Staff position is quite unsatisfactory and 4 positions of SMOs and 2 posts of WMOs are lying vacant. The details of human resource positions at RHCs 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. 3 MCH Centers are established in Upper Dir and no position is lying vacant at these centers. The details of human resource positions are available 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 appropriate support services including x-ray, laboratory and surgical facilities. Its staff includes specialists such as a general surgeon, gynaecologist, paediatrician, and occasionally supported by an anaesthetist.

One THQ hospital is functioning in District Upper Dir. The staff position is satisfactory except the post of anaesthetist which is not sanctioned at THQ Hospital. This post is crucial especially in presence of Surgeon and Gynaecologist. The details of human resource positions at THQ Upper Dir can be seen in Table 7d.

### **3.8. Public Sector Health Manpower**

One of the major constraints in health care delivery is the lack of essential medical and paramedical staff. Out of 481 sanctioned positions in District Upper Dir, 75% are filled. Among the management cadre, 2 positions of Coordinators and 1 of DDHO is lying vacant. Moreover, there is no sanctioned post of MS at THQ hospital. Amongst the clinical staff, 4 positions of SMOs and 12 posts of medical officers are lying vacant. Among paramedical staff, out of 9 posts for LHVs, 7 are lying vacant. The details of positions are mentioned in table 8.

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

There are a number of initiatives being implemented in Upper Dir, both in the public sector as well as the private/NGO sector.

Government initiatives include EPI, National Program for Family Planning and Primary Health Care, T.B DOTS program and Optimal Birth Spacing Initiative (OBSI).

- 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. Upper Dir has one of the highest EPI coverage in NWFP with 54% 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 190 LHWs currently working in the district covering 33% of the population.
- iii. **Optimal Birth Spacing Initiative:** This project was launched in January, 2005. Under this initiative, training on Optimal Birth Spacing Initiative (OBSI) was given to 60 Master Trainers and 308 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.

### 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. These services in District Upper Dir are offered through five 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 is only one lady doctor who is providing private care in District Upper Dir.

### **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 NWFP 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. Following 2 NGOs are working in the field of Maternal & Child Health:

- 1. Sadiqa Welfare Organization:** located at Sadiqa Banda
- 2. Young Welfare Organization:** located at Jabbar

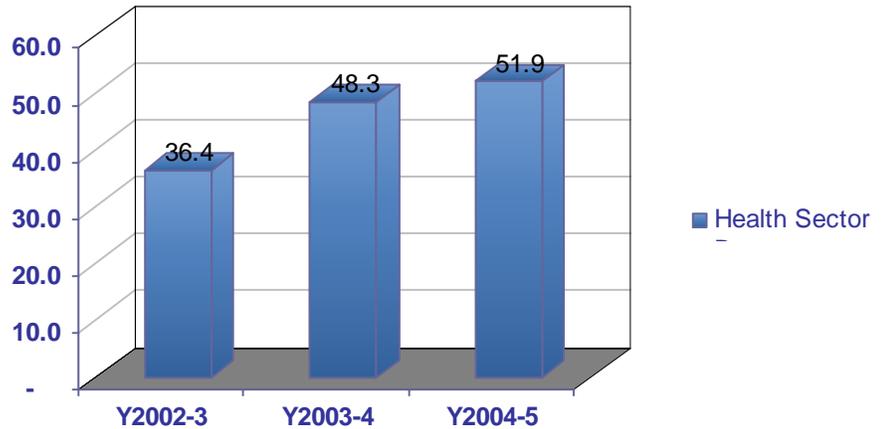
There are 16 other registered NGO's in district Upper Dir. Detail is given in Table 9.

Section 4 – Budget  
Allocation and  
Utilization

#### 4. Budget Allocations and Utilization

Upper Dir district witnessed a gradual rise in budgetary allocations in health sector each year since 2001-02 as shown in Figure 8. The budgetary allocation for the year 2004-5 is Rs 51.9 million as compared to Rs. 48.3 million of the preceding year.

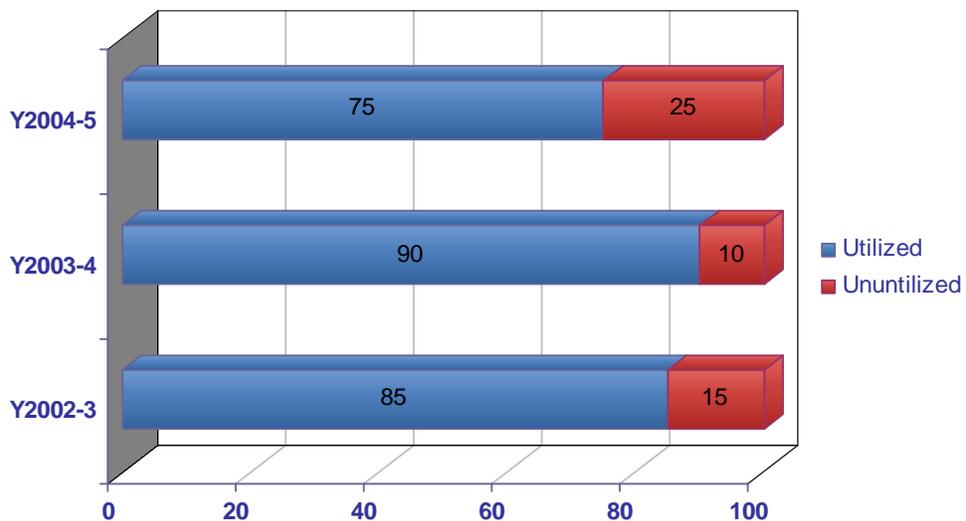
Figure 8: Comparison of Health Sector Budget (Rs. In million)



Comparing the salary and non-salary budget, it may be observed that only the salary budgetary allocations have increased by 32% in the last three years, whereas the non-salary budgetary allocations were increased by 88% during the same period, while medicine allocations were slightly decreased.

Figure 9: Percentage Budget Utilization (Year wise)

District Upper Dir was able to spend 85%, 90% and 75% of the allocated budget in the fiscal year 2002-3, 2003-4 and 2004-5 respectively as shown in Figure 9.



The details of budgetary allocation for the District Health Department of District Upper Dir for the years 2001-2005 is available in table 10.

# Data Set

- Table 1: Population Structure of District Upper Dir
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**Table 1: Population Structure of District Upper Dir**

<b>Population Groups</b>	<b>Standard Demographic Percentages</b>	<b>Estimated Population (2005)</b>
Under 1 year	2.5	14396
Under 5 years	18.5	106,534
Under 15 years	52	299,446
Women in child bearing age (15-49 years)	39	224,585
49-64 years	6.4	36,855
Above 65 years	2.6	14,972

**Sources:**

1. District Population Profile MSU N.W.F.P (Upper Dir) Islamabad 2002.

**Table 2: Demographic Information of Upper Dir, NWFP and Pakistan**

<b>Demographics</b>	<b>Upper Dir</b>	<b>NWFP</b>	<b>Pakistan</b>
Population (thousands) under age of 15 years	299.5	8371	70, 150
Population (thousands) under age of 5 years	106.2	2882	20, 922
Population annual growth rate (%)	2.5	2.67	1.9
Crude death rate	9	12.5	8
Crude birth rate	39	28.5	31
Life expectancy	61	64	63
Total fertility rate	5.5	4.0	4.0
% of urban population	4	17	34

**Sources:**

1. District Population Profile MSU N.W.F.P (Upper Dir) 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)

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

Women & fertility behavior	Upper Dir	NWFP	Pakistan
Total fertility rate	5.5	4	4.0
Contraceptive prevalence rate	6	31	36
Antenatal care coverage by any attendant (%)	32	47	43
Antenatal care coverage by skilled attendant (%)	25	34	35
Birth Care by skilled attendant	20	28	20
Birth Care by any attendant	86	99	99
Post-birth Care by skilled attendant	59	30	24
Post-birth Care by any attendant	86	90	67
Mean Children Ever Born to Married Women 15-49	5.1	4.9	2.7

**Sources:**

1. Multiple Indicators Cluster Survey of N.W.F.P, May 2002.
2. District Population Profile MSU N.W.F.P (Upper Dir) Islamabad 2002.
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)

**Table 4: Comparison between basic indicators of Upper Dir, NWFP and Pakistan.**

Basic Indicators	Upper Dir	NWFP	Pakistan
Total population (thousands)	575.9	17736	154000
Area in sq. km	3699	74521	796096
Population urban/rural ratio	4/96	17/83	34/66
Sex ratio ( number of males over 100 females) at birth	102	105	108
Population density (person per sq. km)	156	238	166
Population annual growth rate (%)	2.5	2.67	1.9

**Sources:**

1. District census Report of Upper Dir, June 2000.
2. District Population Profile MSU N.W.F.P (Upper Dir) Islamabad 2002.
3. Multiple Indicators Cluster Survey of N.W.F.P, May 2002.
4. Provincial Census Report of N.W.F.P October 2000.
5. 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)
6. Economic survey of Pakistan 2004-5.
7. National Institute of Population Studies, September 2005

**Table 5: Comparison between Health and Nutrition indicators of Upper Dir, NWFP and Pakistan.**

Health and Nutrition	Upper Dir	NWFP	Pakistan
Infant mortality rate	90	79	77
% of total population using safe drinking water sources	22.5	63	90
% of total population using adequate sanitation facilities	11	39	54
% of one-year-olds fully immunized against measles	54	66	67
% of pregnant women immunized for TT2	14	63	45
% of under-fives suffering from underweight (moderate & severe)	46	38	38
% of children who are breastfed with complementary food (<6-9 months)	90	96	31
Vitamin A supplementation coverage rate (6-59 months)	84	87	95
% of households consuming iodized salt	12	22	17
No. of hospitals	1	159	916
Dispensaries	10	312	4582
RHCs	3	79	552
BHUs	35	811	5301
MCHCs	3	552	906
Sub-health centers	2	26	NA
No. of beds	40	15426	99908

**Sources:**

1. Multiple Indicators Cluster Survey of N.W.F.P, May 2002.
2. Provincial Census Report of N.W.F.P October 2000.
3. District Census Report of Upper Dir May 2000.
4. 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)
5. Economic survey of Pakistan 2004-5.

**Table 6: Comparison between Social indicators of Upper Dir, NWFP and Pakistan**

Social indicators	Upper Dir	NWFP	Pakistan
Total adult literacy rate	21.5	40	49
Adult literacy rate, male	39	57.5	62
Adult literacy rate, female	4	21	35
Gross enrolment ratios: primary school	95	89	71
Net primary school attendance rate	26(m)/13(f)	39	56
Per capita income	Rs. 1380 per month	Rs. 1385 per month	Rs.3680 per month

**Sources:**

1. Multiple Indicators Cluster Survey of N.W.F.P, May 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)

**Table 7: Human Resource Positions****Table 7a: Human Resource Position at BHUs as on May 1, 2005**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Officer	35	25	Information not available		10
Lady Health Visitor	43	28	08	20	07
Dai	36	33	03	30	02
Health Technician	35	35	00	35	00
Chowkidar	46	33	11	24	02
Baheshtee	43	34	08	26	01
Ward Orderly	36	34	01	33	01

**Table 7b: Human Resource Position at RHCs of District Upper Dir as on May 1, 2005**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
SMO	05	01	00	01	04
MO	04	04	00	04	00
WMO	06	02	02	00	02
Dental Surgeon	05	01	01	03	03
LHV	04	04	00	04	00
HT	08	08	00	08	00
Dispenser	03	03	00	03	00
Dai	03	03	00	03	00
Radiographer	01	01	00	01	00
Lab assistant	02	02	00	02	00
Sweeper	03	03	00	03	00
Driver	02	02	00	02	00

**Table 7c: Human Resource Position at MCH Centers as on May 1, 2005**

Post	Sanctioned	Filled	Permanent	Contractual	Vacant
LHV	03	03	03	00	00
Dai	03	03	03	00	00
Chowkidar	03	03	03	00	00

**Table 7d: Human Resource Position at THQ Upper Dir as on May 1, 2005**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Surgeon	01	01	00	01	00
Medical Specialist	01	01	00	01	00
Gynecologist	01	01	00	01	00
Pediatrician	01	01	00	01	00
Medical Officer	14	11	03	08	00
Dental Surgeon	01	00	00	00	00
Head Nurse	00	00	00	00	00
Staff Nurse	06	03	03	00	00
Lady Health Visitor	01	01	00	01	00
Dispenser	13	11	00	11	02
Laboratory Assistant	03	01	00	01	02
Radiographer	02	01	00	01	01
Dai	04	04	00	04	00
Drivers	02	02	00	02	00
Motor Mechanics	01	01	00	01	00
Anaesthesia assist.	01	01	00	01	00
ECG Tech.	02	01	01	00	00
Sweeper	05	04	01	03	0
Chowkidar	03	03	00	03	00
W.orderly	07	07	00	07	00

**Table 8: Public Health Sector Manpower**

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
EDO	19	01	01	00	01	00
Deputy District Health Officers	18	01	00	00	01	01
Coordinator PHC	17	02	01	01	00	00
Coordinator HMIS	17	02	00	01	00	01
Coordinator EPI	17	02	00	01	00	01
SMO	18	07	03	00	03	04
MO	17	73	38	23	15	12
WMO	17	06	04	02	02	00
Dental Surgeon	17	06	01	01	00	04
Vaccinators	06	03	03	01	02	00
EPI Technicians	06	18	18	00	18	00
CDCO	17	02	00	01	00	01
CDC supervisor	11	02	00	01	00	01
Sanitary patrol	01	03	03	00	03	00
Assistant Inspectress of Health Services	12	01	00	00	01	01
Lady Health Visitor	09	50	35	08	27	07
Dai	02	54	52	00	52	02
Health Technician	09	68	68	00	68	00
Dispenser	06	30	22	08	14	00
Radiographer	06	04	02	00	04	02
Microscopist	06	01	01	00	01	00
Laboratory Assistant	05	05	03	00	05	02
Laboratory Attendant	03	04	03	00	03	01
Head Clerk	11	02	02	00	02	00
Senior Clerk	07	03	03	00	03	00
Junior Clerk	05	13	07	05	02	01
Motor Mechanic	05	02	02	00	02	00
Drivers	04	09	07	02	05	00
Naib Qasid	01	10	07	03	04	00
Mali	01	01	01	00	01	00
Chawkidar	01	81	63	16	47	02
Sweeper (male)	01	15	11	04	07	00
<b>Total</b>		<b>481</b>	<b>361</b>	<b>78</b>	<b>293</b>	<b>42</b>

**Table 9: List of NGOs working in District Upper Dir**

<b>Sr. #</b>	<b>Name of Organizations</b>
1.	Anjuman Samaj-Karan Barawal Bandey District Dir Upper
2.	Mashi-o-Mashrati-Taraqiati Social Worker's Council darora District Dir Upper.
3.	Young welfare organization Jabbar Usherai Dara District Dir Upper.
4.	Socio-economic welfare Association Khall District Dir Upper.
5.	Idara Behboodi Muashera Alaka Doog-Dara District Dir Upper
6.	Moadhi-Mashrati Social welfare Tanzeen Nehag Dear Sundal District Upper Dir
7.	Anjuman Islahi Bahbood Muashra Sub Division Wari, District Upper Dir
8.	Semaji Mahuliati Tanzeem Usherai Bela Samkoot District Upper Dir
9.	Anti Narcotics Organization Khal District Upper Dir
10.	Social Youth Welfare Organization Surbat District Upper Dir
11.	Alkhidmat Welfare Organization Near Headquarter Hospital District Upper Dir
12.	Dir Rural Support Program, Shahikot Tehsil Barawal Bandey District Upper Dir
13.	Socio Economic Development Organization Upper Dir
14.	Samag Tarraqiati Tanzeem Sheringal District Upper Dir
15.	Sadiqa Welfare Organization Saddiqa Banda Usheria Dera District Upper Dir
16.	Village Development Organization Goreri Tehsil Wari District Upper Dir

**Table 10: Budget allocation for the District Health Department of District Upper Dir 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				
Budget for Health	Budget figures not available	36455097	48366047	51935857
Budget for DHQ		There is no DHQ in Upper Dir		
Budget for THQ		9350700	9478947	10909720
Budget for RHCs		6040600	6323340	6965145
Budget for BHUs		16690100	17303560	17798690
Budget for MCHC		1070660	1064460	4280540
Budget for dispensaries		3898990	3905554	3899990
Others means total budget	Budget	11670620	11967610	11722692
minus budget of DHQ, THQ, RHC, BHU, MCHC, Dispensaries	Figures Not Available			
Salary portion out of health budget	Available	29576550	35971100	39119680
Non-salary portion out of health budget		6878547	12394947	12816177
Budget for medicine out of non-salary budget		3850790	5750859	3598700
Development		Budget figures not available		
Non-development		Budget figures not available		

# Annexure

- Annex – A: Map of Health Facilities in District Upper Dir



## 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](http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html)
4. District census Report of Upper Dir, June 2000:17.
5. District Population Profile MSU N.W.F.P (Upper Dir) Islamabad 2002.
6. Multiple Indicators Cluster Survey of N.W.F.P, May 2002:84.
7. Multiple Indicators Cluster Survey of N.W.F.P, May 2002:XXII.
8. Multiple Indicators Cluster Survey of N.W.F.P, May 2002:32-36.
9. District census Report of Upper Dir, June 2000:41.
10. Multiple Indicators Cluster Survey of N.W.F.P, May 2002:40



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