



Baseline Survey Report under Project on

**STRENGTHENING THE HEALTH SYSTEM
OF THE AREAS DEPRIVED OF
IMMUNIZATION AND
MOTHER-CHILD HEALTH SERVICES,
COVERING JEHLUM, SWABI AND SKARDU DISTRICTS**

February 2010

**Civil Society Human & Institutional Development Program (CHIP)
Islamabad**

List of Acronyms and Abbreviations used

BHU	Basic Health Unit
CBO	Community Based Organization
CHIP	Civil Society Human & Institutional Development Program
DEWS	Disease early warning system
DOH	Department of Health
DHQ	District Headquarter Hospital
DOTS	Directly Observed Treatment Short course
EPI	Extended Program of Immunization
FAP	First Aid Point
FHT	Female Health Technician
FMT	Female Medical Technician
FP	Family Planning
GoP	Government of Pakistan
IMR	Infant Mortality Rate
LHV	Lady Health Visitor
MCHC	Mother & Child Health Care
MCHCC	Mother & Child Health Care Center
MMR	Maternal Mortality Rate
ORS	Oral Re-hydration Salt
PSA	Participatory Situational Analysis
PHC	Primary Health Center
RHC	Rural Health Center
Rs.	(Pakistan) Rupees
SBA	Skilled Birth Attendant
SPSS	Statistical Package for Social Scientists
TBA	Traditional Birth Attendant
TB-DOT	Tuberculosis Direct Observation of Therapy
UC	Union Council

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1. INTRODUCTION

1.1 Introduction

Civil Society Human & Institutional Development Program (CHIP) has launched a project titled “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services”.

The Project aims to improve maternal, neonatal and child health in three districts, namely Jhelum (Punjab Province), Swabi (NWFP) and Skardu (Northern Areas) of Pakistan. It is envisaged that the project will strengthen the health systems in the areas deprived of immunization and maternal, neonatal and child health services.

The project is intended to produce the following results:

- a. Building aware and organized communities capable of adopting and accessing maternal, neonatal and child health care facilities.
- b. Improving the quality and outreach of public sector facilities for maternal, neonatal and child health care.
- c. Developing local human resources for extending quality maternal, neonatal and child health care facilities to the more remote areas of these districts.

As the first step towards drawing a meaningful project plan, CHIP commissioned a number of surveys to collect baseline information at the start of the project. This report essentially analyses the data collected by the surveys.

1.2 *Objectives of the Baseline Surveys*

The principal objective of the survey was to document the present state of affairs in the designated districts in relation to maternal, neonatal and child health care facilities. On the one hand it will help draw the necessary plans for bringing about an improvement in the situation and on the other it will serve as the bench-mark from which improvements brought about by the implementation of the project will be measured.

The present report is primarily concerned with the third objective, naming analysis of the problems that currently besiege the deprived areas, pointing out the areas where assistance and/or intervention is required, and the factors that should be kept in mind when designing assistance and/or intervention program in the relevant districts.

1.3 *Collection of Data*

The baseline survey was conducted over an extended period of time covering 55 villages of Jhelum, Swabi and Skardu districts. It has yielded data which has been analyzed in this Report. The list of villages surveyed is given as Annex A of this report. We believe the data provides a variety of useful information which is vital for designing programs and activities of the proposed mother-child health care program. It corresponds well with the objectives of the study and will be helpful in designing meaningful programs and achieving significant results of future interventions. The data and analysis contained in this report can hopefully also be used as a reference for conducting other studies in this or similar areas which are focused on strengthening the health system of the areas deprived of immunization and mother-child health services in the named or other districts of Pakistan.

2. METHODOLOGY

2.1 The Steps Involved

The following methodology/ processes were used to complete this assignment:

- Step 1: Literature Review
- Step 2: Development of questionnaire
- Step 3: Identification of respondents
- Step 4: Hiring of Interview Teams
- Step 5: Training of Interview Team members
- Step 6: Mock Interviews and assessment there-of
- Step 7: Conduct of real interviews and completion of questionnaires
- Step 8: Data entry
- Step 9: Analysis of data
- Step 10: Preparation of report

2.2 Literature Review

Two senior researchers were assigned the task of conducting the PSA. They went through all the available literature on the subject and discussed it with relevant persons, authorities and other researchers. Unfortunately, not a great deal of literature was available. However, the following documents proved of relevance:

- a. National Maternal and Neonatal Health Policy and Strategic Framework (2001-2015), issued in April 2005 by the government of Pakistan.
- b. Strategy Document of Maternal and Newborn Health Program of Research and Advocacy Fund.

2.3 Development of Questionnaire

The research team first made an initial tour of the three districts to get a first hand knowledge of the ground realities and to meet our site office personnel as well as the representatives of various CBOs operating in the area. Many of these CBOs are associated with CHIP and had offered to assist our research team in all its endeavors. Based on the information so gathered by them, the research team members prepared a questionnaire. The first draft of the questionnaire was sent to our field offices who discussed it with partner CBOs to ensure a comprehensive coverage as well as practicality and validity of questions contained there-in.

- ➔ Based on the feedback received from the field, the research team had a review session with CHIP's senior officials at Islamabad. The outcome of these deliberations was the final draft of the questionnaire to be used for collection of data.
- ➔ The questionnaire was then translated into the national language Urdu to ensure that no difficulty is faced by research officers and interview teams when they communicate with the intended participants.

2.4 Identification of Respondents

The next step was to work with partner CBOs operating in the three districts to identify respondents who could provide reliable information. The objectives of the survey were communicated to these CBOs who were requested to develop linkages. The field workers of these CBOs cooperated with the research team in the ground work to the actual conduct of the survey.

- ➔ To ensure a comprehensive and relevant coverage of all aspects of the proposed survey, the questionnaire was segmented into the following areas:
 - a. Mother and Child Health Care (Respondents only mothers)
 - b. Mother and Child Health Centers
 - c. Lady Health Workers

- d. Basic Health Units
- e. FAP
- f. Dispensaries

Questions included in each segment and responses received there-to have been analyzed in this report.

2.5 *Hiring of Interview Teams*

Three (?) teams of field researchers were hired after conducting formal interviews and evaluation process. Each interview team comprised of (a) one male researcher, (b) one female researcher and (c) a leader. All team leaders were CHIP staff members who had been properly briefed about the baseline survey exercise. In addition, the partner CBOs provided to each interview team the services of an “assistant or coordinator” who was well versed with local situations. This ensured that the task of collecting data could be carried out without any undue hitch.

2.6 *Training of Interview Team members*

The teams of field researchers were given full formal training at CHIP headquarters as well as in the field on all aspects of project, techniques of conducting interviews and ensuring accuracy of the collected data. They were also sensitized about issues covered in the survey to ensure that respondents do not misinterpret the survey. All participants were also trained in the art of drawing social maps. These maps serve two main purposes: firstly they are a part of Village Profile and secondly they enable the team to reach the exact location of potential beneficiaries of the proposed program.

2.7 *Mock Interviews and assessment there-of*

In order to check the validity and practicality of the questionnaires, each field researcher was asked to conduct mock interviews and fill-in the questionnaires. The completed questionnaires were assessed by the senior researcher. Appropriate feedback and instructions were issued to field teams in light of senior researchers’ observations.

2.8 *Conduct of real interviews and completion of questionnaires*

The villages in the two tehsils covered by this survey were divided into four clusters – each cluster being assigned to one research team. Research teams, accompanied by assistants (or informants), and led by senior CHIP staff, met the various respondents. At each such meeting, a representative of local CBO or community was present. Questionnaires were distributed and completed through personal interviews in presence of afore-said persons to ensure accuracy of the data being collected. The senior researchers kept meeting the field teams on a regular basis, providing them on-the-job assistance and clarifications where needed. This process also served the cause of monitoring and quality control.

2.9 *Data entry*

A specialized data entry staff entered the data in SPSS software package. It was rechecked for accuracy. The package then produced a number of statistical reports and charts in accordance with the pre-defined objectives.

2.10 *Analysis of Data*

The various statistical reports generated by SPSS software were analyzed by a team of researchers including CHIP’s senior staff and a specialist report writer. The data was looked at from various angles and interpreted.

2.11 *Report*

The present report is the outcome of all the above deliberations.

3. FINDINGS AND DISCUSSIONS

3.1 SEGMENTATION OF THE SURVEY

For a more comprehensive coverage of all aspects of program, the baseline survey was divided into three principal segments, as follows:

- a. Survey of mothers
- b. Survey of various mother and child health care and similar units
- c. Survey of Lady Health Workers, the main providers of mother and child health care services in surveyed rural areas.

3.1.1 Segment I: Survey of Mothers

In the first segment, views were collected from mothers about the various issues relating to mother and child health care. The objective of this segment was to establish:

- a. the social, cultural and economic environment in which the respondents live,
- b. the level of awareness and freedom enjoyed by respondents on matters relating to their pregnancy, and
- c. the level of their satisfaction with the mother and child health care services available in their close vicinity.

A total of 330 mothers were selected for this segment of the survey. Their response was solicited on a wide range of issues as tabulated later in this chapter.

3.1.2 Segment 2: Survey of Health Care Facilities in the area

In this segment, the survey team visited all the health care facilities, viz Mother & Child Health Centers, Basic Health Units, Dispensaries and FAPs. The observation made in this survey were related to:

- a. the physical aspects of the units
- b. the extent of services provided
- c. the level of equipment and supplies held by them.

Separate questionnaires were filled for each type of unit.

3.1.3 Segment 3: Survey of Lady Health Workers

In this segment, 37 lady health workers from the surveyed districts were interviewed and their views obtained on various aspects of their professional work. It covered:

- a. The work performed by them
- b. Facilities available to them performance of their tasks.
- c. Impediments or difficulties faced by them in performance of their duties.
- d. Their own competence or ability level.

3.2 MOTHER AND CHILD HEALTH

All the respondents to this segment of the questionnaire were mothers-to-be and recent mothers. A total of 330 respondents were interviewed.

3.2.1 Antenatal check-ups

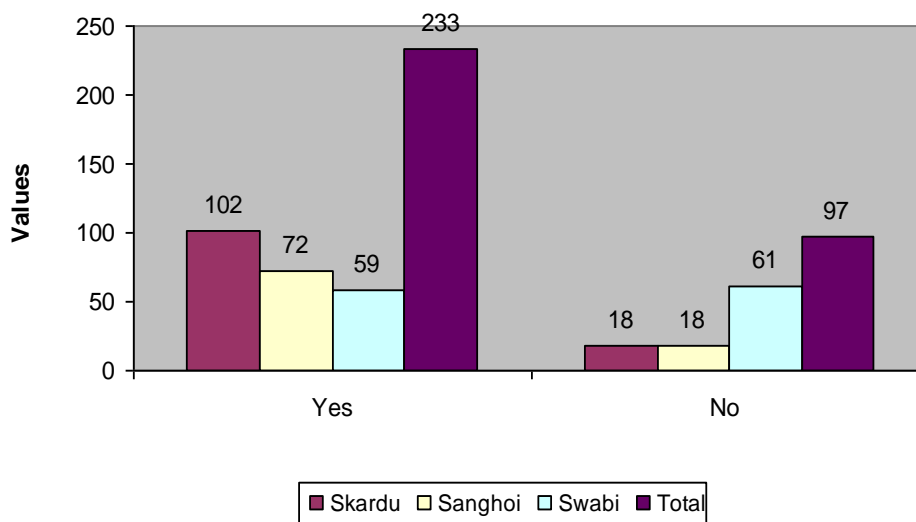
3.2.1.1 *Understanding the Importance of Antenatal Check ups*

The respondents were asked if they understood the importance of ante-natal check up. Their

responses were as follows:

Response	Skardu	Jhelum	Swabi	Total	Percentage
Yes	102	72	59	233	70.6%
No	18	18	61	97	29.4%
Total	120	90	120	330	100.0%

Understanding the importance of an antenatal checkup



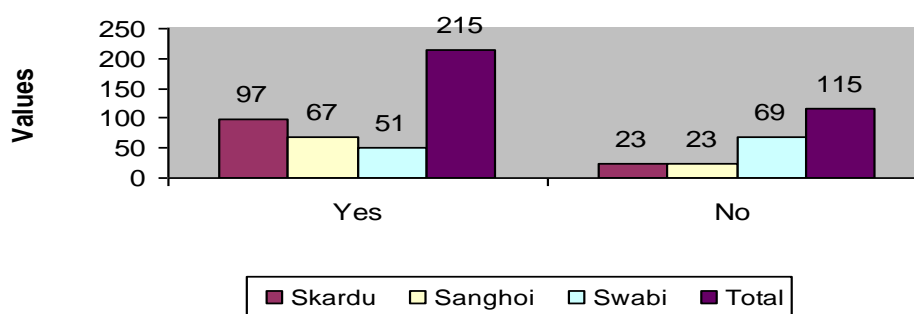
While it is encouraging to note that over 70% of the mothers understood the importance of antenatal check-up, the proportion of those who did not understand it (29.4%) is still disheartening. It clearly points to the need for educating women in this very important aspect of health.

3.2.1.2 Actual usage of Antenatal Check ups

The respondents were asked if they had actually undergone antenatal check ups. Their responses were as follows:

Response	Skardu	Jhelum	Swabi	Total	Percentage
Yes	97	67	51	215	65.2%
No	23	23	69	115	34.8%
Total	120	90	120	330	100.0%

No. of mothers who have undergone antenatal checkups

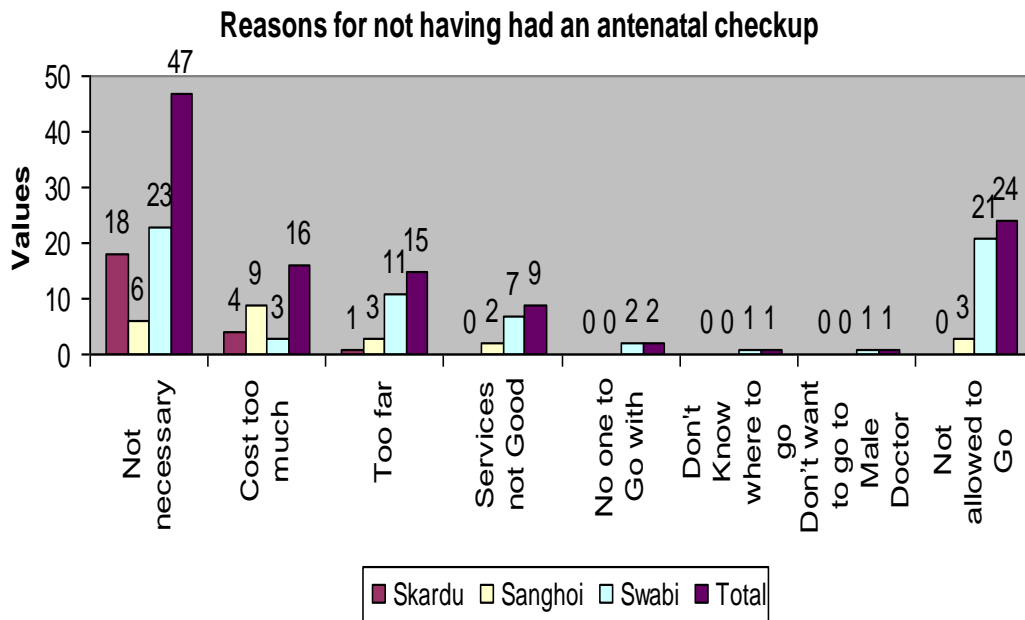


The discouraging aspect of the responses to this second question is that out of 70.6% women who do understand the importance of antenatal check ups, only 65.2% actually undergo such check ups.

3.2.1.3 Reasons for not undergoing antenatal check ups

Mothers who had not undergone any antenatal check up were asked to give reasons for not doing so. Their responses were as follows:

Reason for not undergoing....	Skardu	Jhelum	Swabi	Total	%
Not necessary	18	6	23	47	40.9 %
Cost too much	4	9	3	16	13.9 %
Too far	1	3	11	15	13.0 %
Services not good	0	2	7	9	7.8 %
No one to go with	0	0	2	2	1.7 %
Don't know where to go	0	0	1	1	0.9 %
Don't want to go to male doctors	0	0	1	1	0.9 %
Not allowed to go	0	3	21	24	20.9 %
Other reasons	0	0	0	0	0.0 %
Total	23	23	69	115	100.0%



This chart presents some interesting insight into why women do not go for antenatal check ups.

- a. Almost 41% do not consider it necessary, obviously due to lack of understanding the importance of such check-ups, indicating an urgent to educate them on the subject.
- b. Another 21% of women were not allowed to go for such tests. This is a disturbing aspect of male-dominated societies – also calling for urgent need to educate male and older members of the society on the importance of antenatal checks and the advantages to be gained there-from.
- c. Almost 14% of women found the cost of antenatal checkups prohibitive. This calls for efforts to provide these services on affordable prices, or preferably free of cost.
- d. Another 13% complained of distance at which the facility was availability. This is a pointer towards limited out-reach or access to these service currently available.
- e. Almost 8% of women considered the quality of service too poor to be availed. This is a serious aspect of the issue and needs attention from planners. Mere provision of services is not enough; these services must be of good enough quality to persuade women to use them.
- f. Other reasons like not wanting to go to a male doctor, or not knowing where to go, form a very small percentage of total responses. On the one hand, it indicates that such issues (aversion to male doctors) are slowly eroding and on the other hand show that awareness about availability of such services is now quite wide spread.

3.2.1.4 Health Facility used for Antenatal Check ups

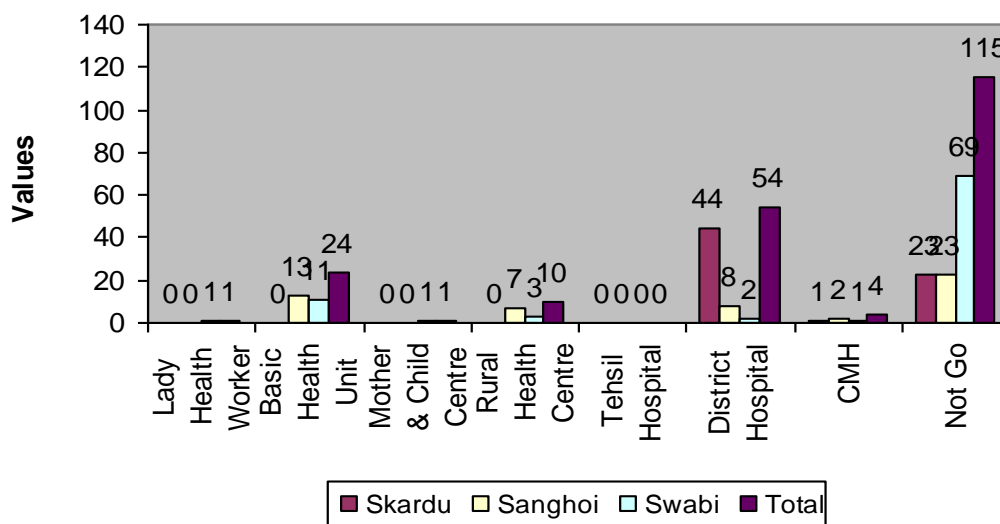
Respondents who had undergone ante-natal check ups were asked about the type of health facility they had used for the purpose. Their responses were as follows:

<i>Health Facility used for antenatal check up</i>		<i>Skardu</i>	<i>Jhelum</i>	<i>Swabi</i>	<i>Total</i>	<i>%</i>
Government Sector	LHW comes to home	0	0	1	1	0.5 %
	Basic Health Unit	0	13	11	24	11.2 %
	Mother & Child Centre	0	0	1	1	0.5 %
	Rural Health Centre	0	7	3	10	4.7 %
	Tehsil Hospital	0	0	0	0	0.0 %
	District Hospital	44	8	2	54	25.1 %
	Combined Military Hosp.	1	2	1	4	1.8 %
	Total Government Sector	45	30	19	94	43.7 %
Private Sector	Male Doctor	13	1	0	14	6.5 %
	Lady Doctor	31	31	30	92	42.8 %
	Homeopathic	0	0	0	0	0.0 %
	Dispenser	1	2	2	5	2.3 %
	Hakeem	0	0	0	0	0.0 %
	LHV	4	0	0	4	1.8 %
	Private Hospital	3	0	0	3	1.4 %
	Trained Birth Attendant	0	3	0	3	1.4 %
	Total Private Sector	52	37	32	121	56.3 %
Total	97	67	51	215	100.0%	

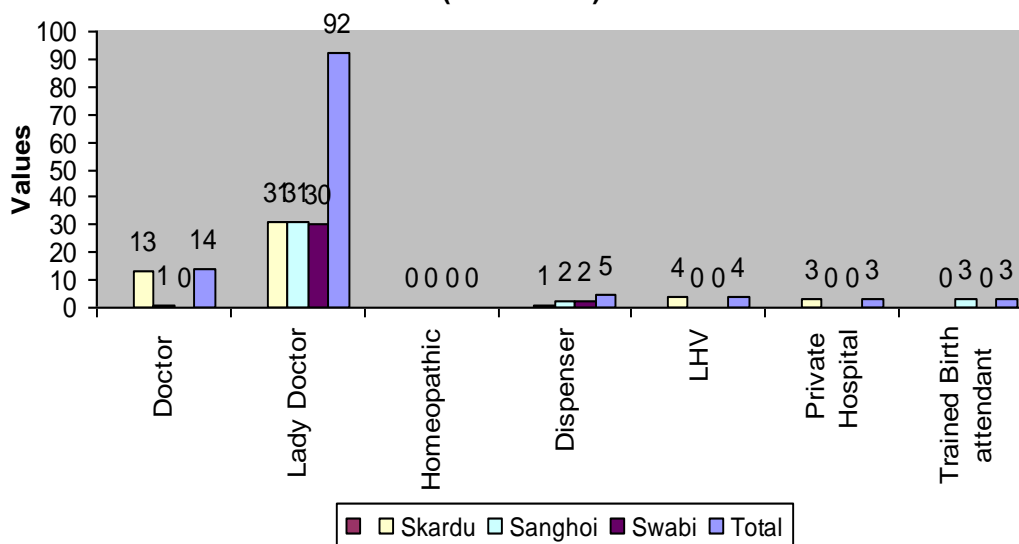
The observations emerge from the above chart:

- a. 56.3% of women use private sector facilities and 43.7% use facilities provided by the governmental sector. While it is generally considered a good sign that a larger percentage is able to use private sector facilities due to economic ability to do so, in certain aspects it could also be a reflection on non-availability of adequate facilities from the government.
- b. Out of those women who use governmental facilities, a large proportion use district hospitals which speaks well of these hospitals. The second biggest slice is use of Basic Health Units (11.2%) and the third is rural health centers (4.7%). The contribution of LHW, Mother and Child Centers is negligible which indicates a need for revitalizing these services.
- c. An overwhelming majority of women who use private sector facilities go to lady doctors and the second much smaller slice of women who see a male doctor. Other contributors are relatively negligible.

Type of health facility used for the antenatal checkup (Govt Sector)



Type of Health facility used for antenatal checkups (Pvt Sector)

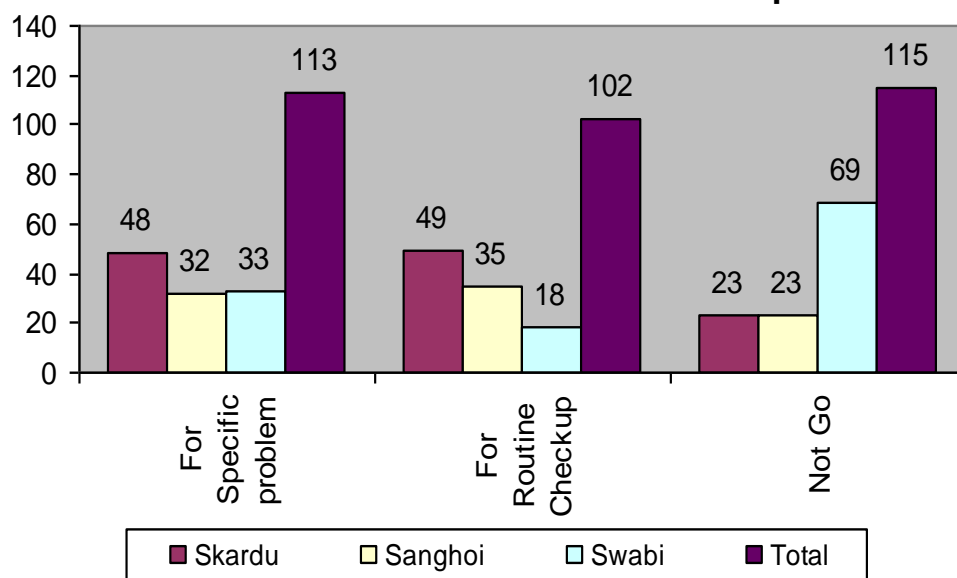


3.2.1.5 Reason for going for the first Antenatal check up

Women who had undergone antenatal check ups were asked about the reason for going to the first antenatal check up. Their responses were as follows:

Reason for undergoing for the first prenatal checkup	Skardu	Jhelum	Swabi	Total	%
To attend to a specific problem	48	32	33	113	52.6 %
For routine check up	49	35	18	102	47.4 %
Total	97	67	51	215	100.0%

Reasons for the first antenatal checkup



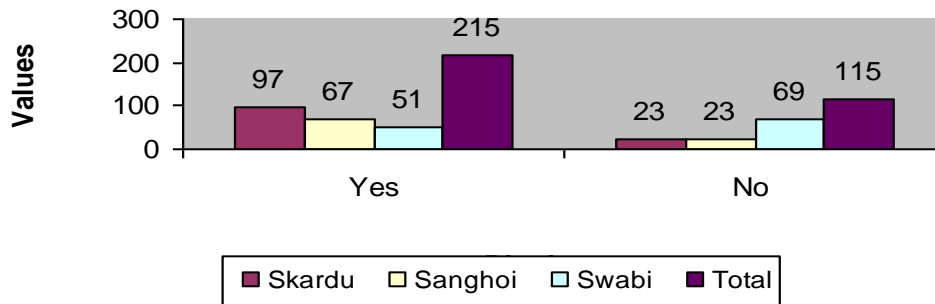
A high percentage of women going for their first antenatal check up as a matter of routine check is very encouraging. However, if we relate the data of this chart with the previous one, we observe that out of 62% women who do go for a pre-natal check-up, 53% do so to attend to a specific problem – i.e. the reason for their going to the medics is not really prenatal check up but to attend to a problem. This could be interpreted to mean that had these women not experienced a specific problem, they would not have gone for a prenatal check up. This indicates that the awareness for the need of prenatal check ups is not as widespread as it ought to be.

3.2.1.6 Number of Antenatal Visits

Women who had undergone antenatal check ups were asked about the number of visits they had made for antenatal check up during the entire pregnancy. Their responses were as follows:

Number of antenatal check ups	Skardu	Jhelum	Swabi	Total	%
Only once	27	25	15	67	31.2 %
On 2 occasions	43	21	24	88	40.9 %
On 3 occasions	17	10	7	34	15.8 %
On 4 occasions	10	6	5	21	9.8 %
On 8 occasions	0	5	0	5	2.3 %
Total	97	67	51	215	100.0%

No. of mothers who have undergone antenatal checkups



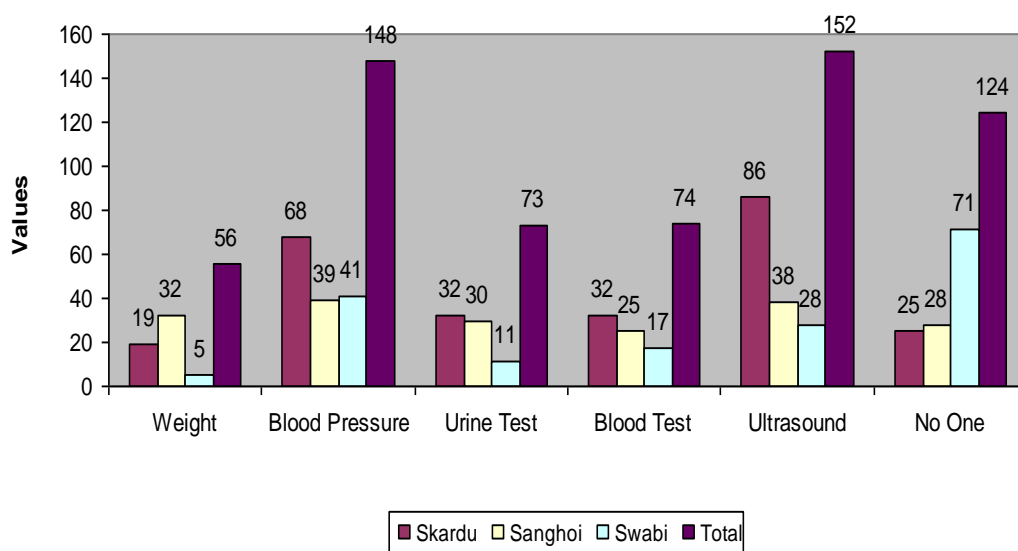
The frequency of antenatal visits while well below the average for urban areas is still encouraging. Almost 70% of the women who did go for an antenatal check up did it more frequently than once during the pregnancy which is healthy sign. The frequency of course needs to be improved. It should be appreciated that 31% of women went for antenatal check up only once – this clearly means that they did not complete the course or medication that could have been given to them over the full prescribed number of visits.

3.2.1.7 Measurements taken in antenatal check ups

Women who had undergone antenatal check ups were asked as to measurements (or checks) were actually carried out. Their responses were as follows:

Measurement or check	Skardu	Jhelum	Swabi	Total	%
Weight	19	32	5	56	8.9 %
Blood Pressure	68	39	41	148	2.4 %
Urine Test	32	30	11	73	11.6 %
Blood Test	32	25	17	74	11.8 %
Ultrasound	86	38	28	152	24.2 %
None	25	28	71	124	19.8 %
Total number of checks	262	192	173	627	100.0%

Mother measurement taken during antenatal checkup



Since the total number of respondents were 215 and total number of tests carried out are 503, it follows that on average each respondent underwent at least two measurement or checks during their antenatal checkups. This is encouraging. However, a disturbing aspect is almost 20% women were administered no formal measurement or tests. This deficiency may be due to several causes which need to be examined later during the survey. For example, lack of adequate equipment or competence at ante-natal places.

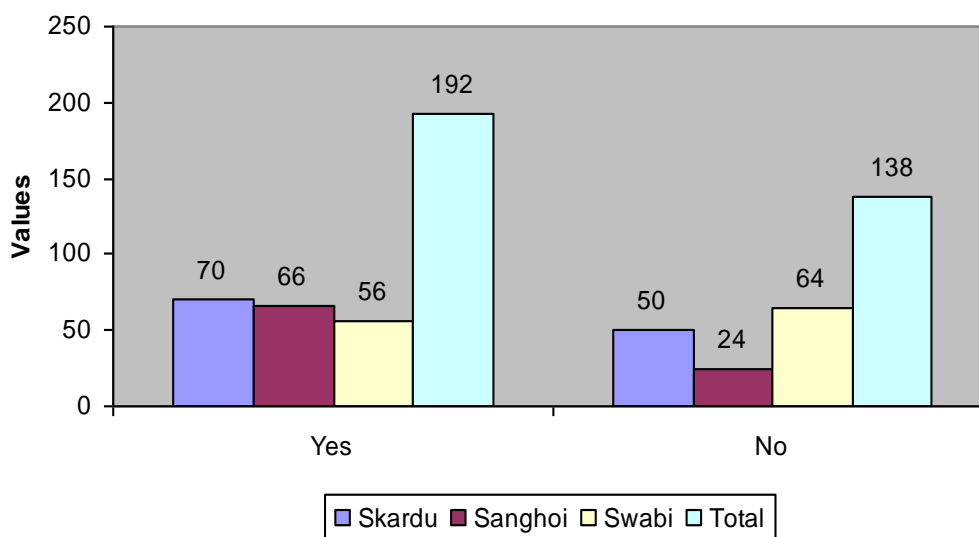
3.2.2 Vaccinations

3.2.2.1 Number of mothers that received Tetanus Vaccination

All the respondents were asked if they had received Tetanus vaccination. Their response was:

Response	Skardu	Jhelum	Swabi	Total	Percentage
Yes	70	66	56	192	58.2%
No	50	24	64	138	41.8%
Total	120	90	120	330	100.0%

No of mothers who received the tetanus vaccination



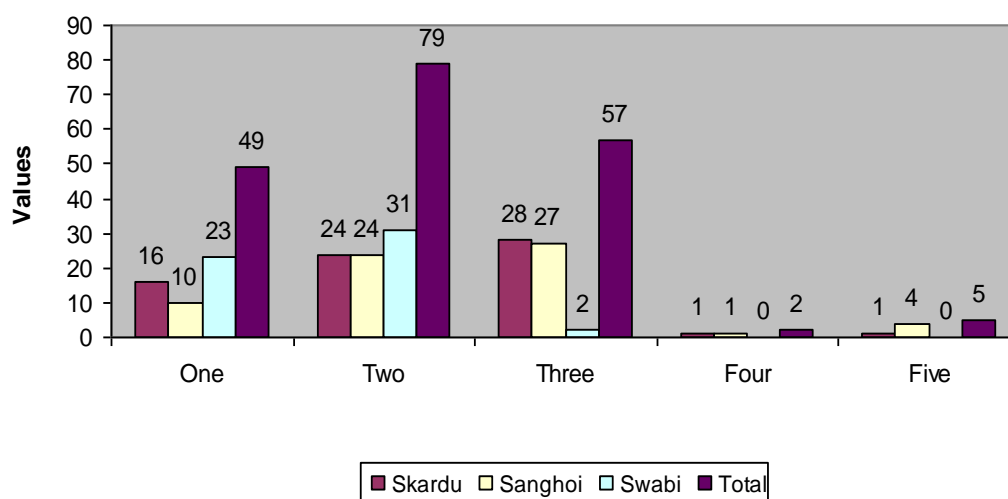
A disturbing observation that emerges from the above data is the fact that total number of mother who had gone for antenatal check ups is 215, yet the number of women who received Tetanus vaccination is only 192. This indicates that some of the medics performing the antenatal check up did not ensure this vaccination. It calls for some investigation as to what could be the causes of this lapse. The results of such an investigation can help provide for suitable measures in the proposed MCHC program to be launched by CHIP after this baseline survey.

3.2.2.2 Frequency of Tetanus vaccination

Those respondents who received the Tetanus vaccination were asked about the number of times they had received such a vaccination during the course of their pregnancy. Their response was as follows:

No. of times Tetanus vaccination received	Skardu	Jhelum	Swabi	Total	%
Only once	16	10	23	49	25.5 %
On 2 occasions	24	24	31	79	41.1 %
On 3 occasions	28	27	2	57	29.7 %
On 4 occasions	1	1	0	2	1.0 %
On 5 occasions	1	4	0	5	2.6 %
Total	70	66	56	192	100.0%

No. of times mothers have received the Tetanus vaccination



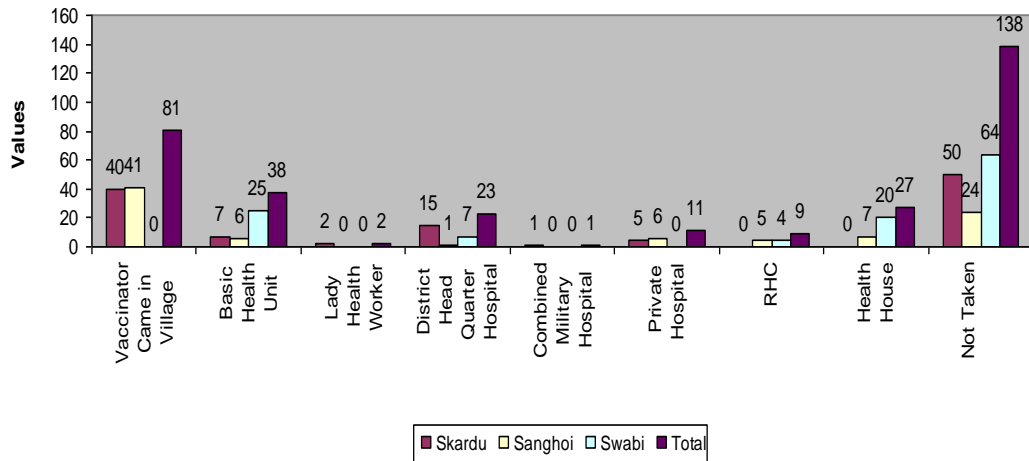
The above data relates to the last pregnancy of the respondents. Almost 75% of the women got this vaccination more than once. However, those 25% women who went for it only once clearly missed the target. This calls for spreading more awareness among pregnant women about the importance of receiving the full course of tetanus vaccinations.

3.2.2.3 Health Care Facility that provided the Tetanus Vaccination

Those respondents who received the Tetanus vaccination were asked about the Health Care facility that had administered such a vaccination to them. Their response was as follows:

Vaccination received from:	Skardu	Jhelum	Swabi	Total	%
Vaccinator came to village	40	41	0	81	42.2 %
Basic Health Unit	7	6	25	38	19.8 %
Lady Health Worker	2	0	0	2	1.0 %
District HQ Hospital	15	1	7	23	12.0%
Combined Military Hospital	1	0	0	1	0.5 %
Private Hospital	5	6	0	11	5.7 %
RHC	0	5	4	9	4.7 %
Health House	0	7	20	27	14.0%
Total	70	66	56	192	100.0%

Type of Health Care Facilities which provide the Tetanus vaccination



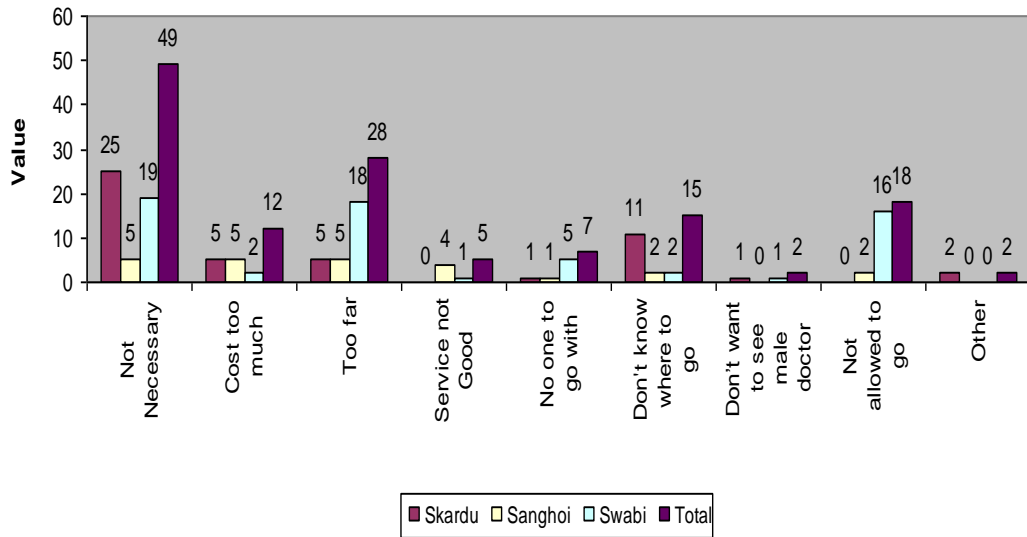
Almost half the women received the vaccination when vaccinators came to their village. This speaks well of the manner in which vaccination programs are administered by the relevant governmental agencies.

3.2.2.4 Reasons for not getting vaccinated against Tetanus.

Those respondents who had not received vaccination against Tetanus were asked about the reason for missing the vaccination. Their responses were as follows:

Reason	Skardu	Jhelum	Swabi	Total	%
Not considered necessary	25	5	19	49	35.5 %
Cost too much	5	5	2	12	8.7 %
Vaccinating place too far	5	5	18	28	20.3%
Service not good	0	4	1	5	3.6%
No one to go with	1	1	5	7	5.1 %
Don't know where to go	11	2	2	15	10.8 %
Don't want to see male doctor	1	0	1	2	1.4 %
Not allowed to go	0	2	16	18	13.0 %
Vaccine not available here	1	0	0	1	0.7 %
Don't know	1	0	0	1	0.7.0%
Total	50	24	64	138	100.0%

Reasons for not having been vaccinated against Tetanus



A little over a third of the respondents did not consider vaccination against Tetanus necessary. This calls for need to educate them about the importance of this and other vaccinations needed at antenatal and neonatal stages. Over 30% of the respondents found the vaccination places too far from their place, or didn't know where to go for getting vaccinated. This indicates problems of access and outreach which should be addressed by the planners. Social reasons like no one to go with, or not allowed to go, or unwillingness to see a male doctor together account for about a quarter of the respondents.

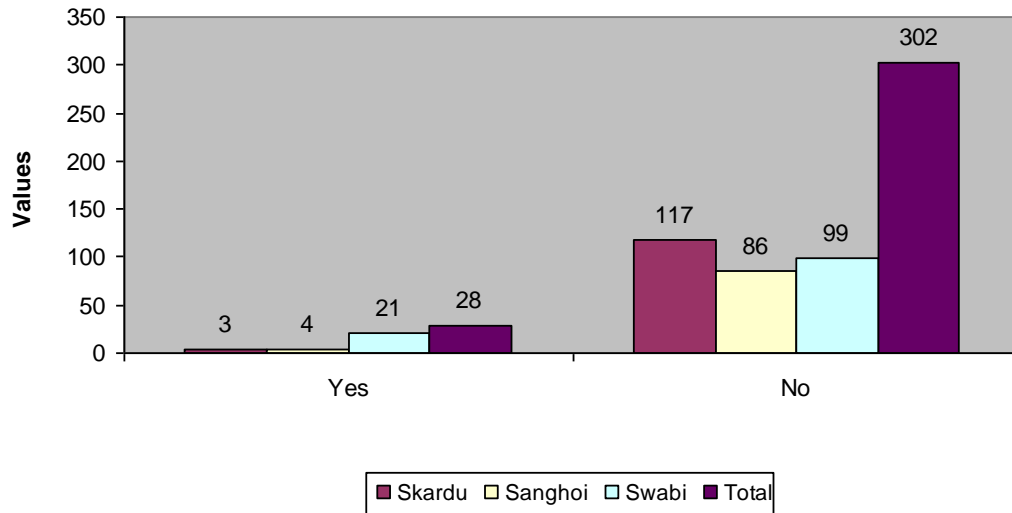
3.2.3 Complications or Problems with Pregnancy

3.2.3.1 Ability to identify the danger signs of pregnancy

All the respondents were asked if they were able to identify the danger signs of pregnancy. Their response was as follows:

Response	Skardu	Jhelum	Swabi	Total	Percentage
Yes	3	4	21	28	8.5 %
No	117	86	99	302	91.5 %
Total	120	90	120	330	100.0%

Ability to identify the danger signs of pregnancy



A startling 91.5% of the respondents were not aware of danger signs relating to pregnancy. This calls for an awareness campaign through the various mother and child health care facilities to ensure that women are educated in this very important aspect of pregnancy and are therefore able to save themselves and their children from avoidable complications.

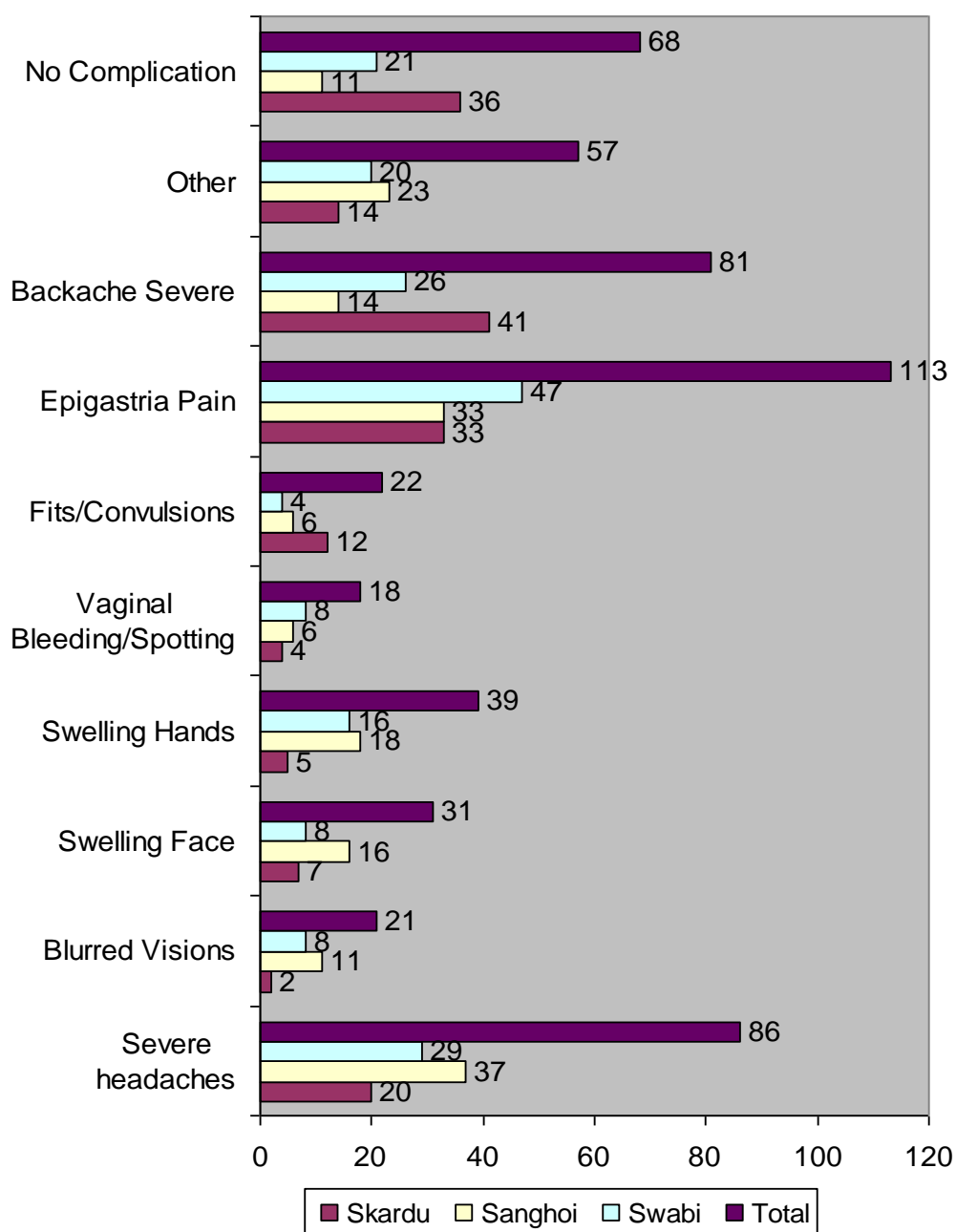
3.2.3.2 Classification of pregnancy related complications

Respondents were asked to list the various problems or complications that they had experienced during pregnancy. Their responses were as follows.

Complications	Skardu	Jhelum	Swabi	Total	%
Severe headaches	20	37	29	86	18.4
Blurred Visions	2	11	8	21	4.5
Swelling Face	7	16	8	31	6.6
Swelling Hands	5	18	16	39	8.3
Vaginal Bleeding/Spotting	4	6	8	18	3.8
Fits/Convulsions	12	6	4	22	4.7
Epigastria Pain	33	33	47	113	24.1
Backache Severe	41	14	26	81	17.3
Pain in Lungs	1	0	0	1	0.2
Swelling Legs	1	0	0	1	0.2
Cough	1	0	1	2	0.4
Pain in Uterus	2	0	0	2	0.4
Pimples	2	0	0	2	0.4
Weakness	2	1	1	4	0.9
Pain in Kidney	1	0	0	1	0.2
Breath Problem	1	1	0	2	0.4
Fever	1	0	5	6	1.3
Stomach Pain	1	0	0	1	0.2
Chest Pain	1	2	0	3	0.6
Blood Pressure	0	2	3	5	1.1

Vomiting	0	11	8	19	4.1
Infection	0	2	0	2	0.4
Cough	0	0	1	1	0.2
Lakoria	0	1	1	2	0.4
Urine Stopped	0	1	0	1	0.2
Pain in Feet	0	0	1	1	0.2
Swelling Feet	0	1	0	1	0.2
Total Complications	138	163	167	468	100.0
No Complication	36	11	21	68	
Total incl. no complication	174	174	188	536	

Classification of pregnancy related complication



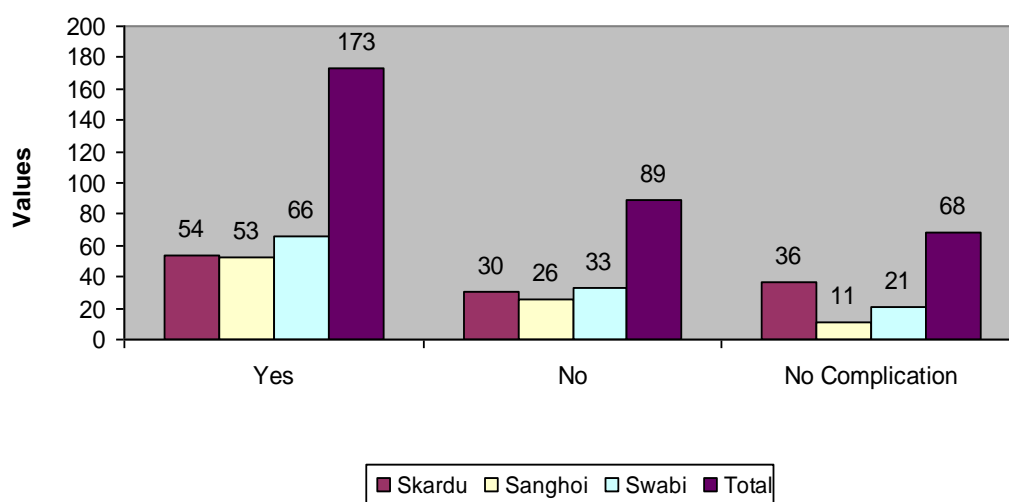
The data contained in this chart can be useful for planners of MCHC programs as it indicates which problems are more prevalent than the others, like Epigastria Pain, severe headaches and severe backache.

3.2.3.3 Number of mothers who received treatment for pregnancy related complications

We asked all the respondents if they had received any treatment for pregnancy related complication. Their responses were as follows:

Treatment received	Skardu	Jehlum	Swabi	Total	%
Yes	54	53	66	173	66.0%
No	30	26	33	89	34.0%
No Complication	36	11	21	68	

No. of mothers who received treatment during pregnancy related complications

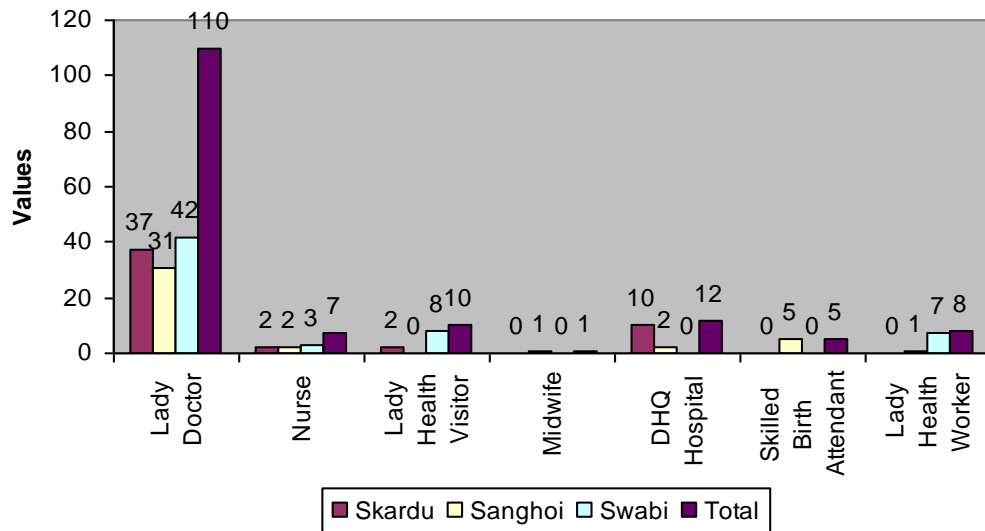


3.2.3.4 Health Care provider used for treatment of pregnancy related complications.

We asked the respondents who had received treatment for pregnancy related complication about the type of health care provider they had used for the purpose. Their responses were as follows:

Health Care Provider	Skardu	Jhelum	Swabi	Total	%
Lady Doctor	37	31	42	110	33.3%
Nurse	2	2	3	7	2.1%
Lady Health Visitor	2	0	8	10	3.0%
Midwife	0	1	0	1	0.3%
DHQ Hospital	10	2	0	12	3.6%
Skilled Birth Attendant	0	5	0	5	1.5%
Lady Health Worker	0	1	7	8	2.4%
Relatives	1	0	1	2	0.6%
Dispenser	1	2	2	5	1.5%
Pvt. Hospital	0	9	0	9	2.7%
Hakeem	0	0	3	3	0.9%
No Complication	36	11	21	68	20.6%
Not Taken	31	26	33	90	27.3%
Total	120	90	120	330	100.0%

Type of health care provider (Govt sector) for pregnancy related complications



Lady doctors (33%) are most commonly used for treatment of pregnancy related complications. Over 20% had not experienced any complications and 27% did not go for any treatment. This low usage for health care facility providers like LHV, LHW, SBA, shows the limitation of outreach of these service providers. Planners should take note of it.

3.2.3.5 Reasons for not receiving treatment for pregnancy related complications

Those respondents who had not received any treatment for pregnancy related complications were asked as why they had not received it. Their responses were as follows:

Reason	Skardu	Jhelum	Swabi	Total	%
Not Necessary	25	5	17	47	52.2%
Cost Too much	3	15	3	21	23.3%
Too far	2	1	1	4	4.4%
Service not good	0	1	0	1	1.1%
No one to go with	0	0	0	0	0.0%
Don't know where to go	1	0	1	2	2.2%
Don't want to see male doctor	0	0	1	1	1.1%
Not allowed to go	0	4	10	14	15.6%
Total	31	26	33	90	100.0%

The most significant aspect of the above chart is that more than half the women who did not received treatment for pregnancy related complications thought that it was not necessary. This is clearly due to lack of awareness and demands institution of awareness programs. The second biggest slice (23%) is of women who found the cost prohibitive, indicating a need for governmental health care planners to pay attention. About 16% of women were not allowed to go for treatment which once again points to a need for awareness and educating programs.

3.2.4 Delivery

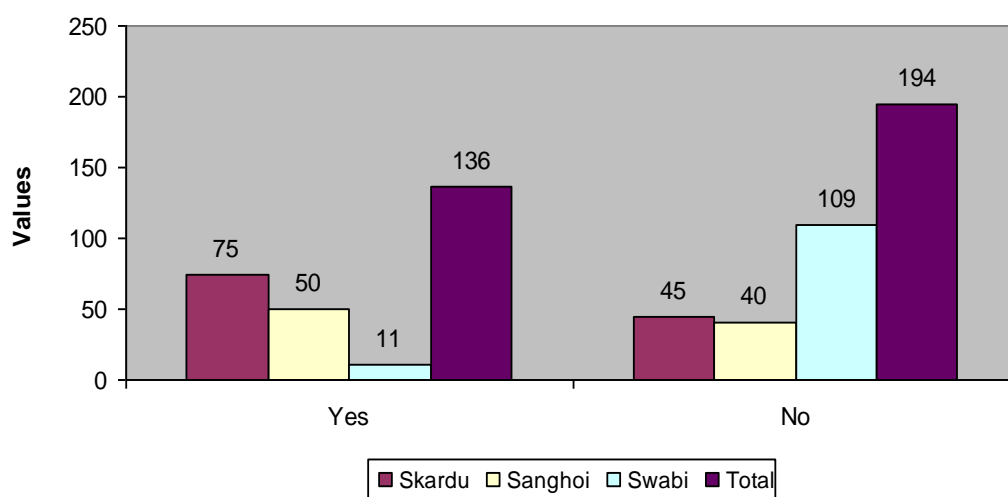
3.2.4.1 Discussion among couples about the place of delivery

We asked the respondents if they had discussed the place of delivery with their spouses. Their responses were:

Discussed as couple	Skardu	Jhelum	Swabi	Total	%
Yes	75	50	11	136	41.21%
No	45	40	109	194	58.79%
Total	120	90	120	330	100.0%

About 59% of respondents had not discussed the place of delivery with their spouses. The situation points to a lack of awareness and a need for planners to improve this awareness among the society.

No. of couples who discussed where the delivery should take place

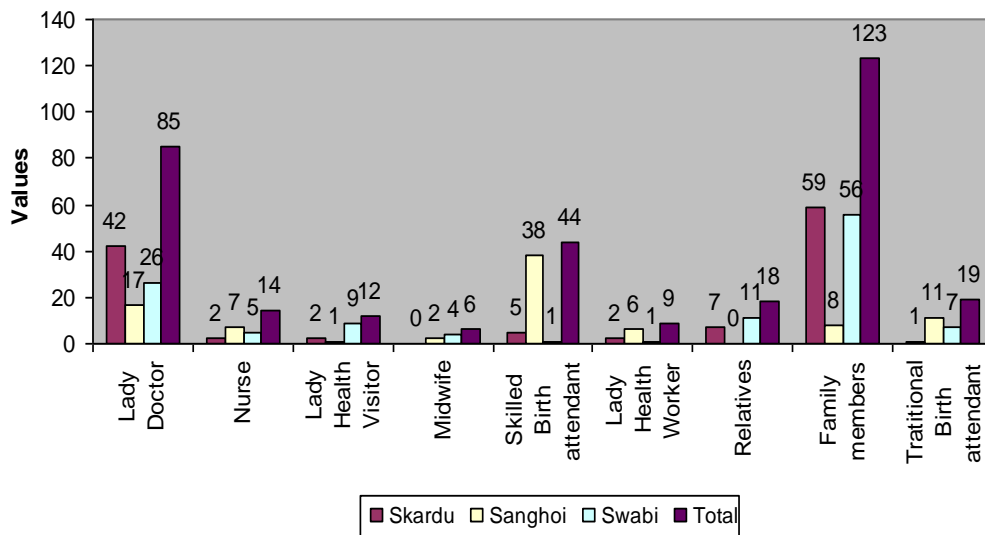


3.2.4.2 Health provider used for birth assistance

Respondents were asked which health care service provider had they used in the past for birth assistance. Their responses were as follows:

Birth assisted by	Skardu	Jhelum	Swabi	Total	%
Lady Doctor	42	17	26	85	25.76%
Nurse	2	7	5	14	4.24%
Lady Health Visitor	2	1	9	12	3.64%
Midwife	0	2	4	6	1.82%
Skilled Birth Attendant	5	38	1	44	13.33%
Lady Health Worker	2	6	1	9	2.73%
Relatives	7	0	11	18	5.45%
Family members	59	8	56	123	37.27%
Traditional Birth Attendant	1	11	7	19	5.76%
Total	120	90	120	330	100.00%

Previous birth assisted by



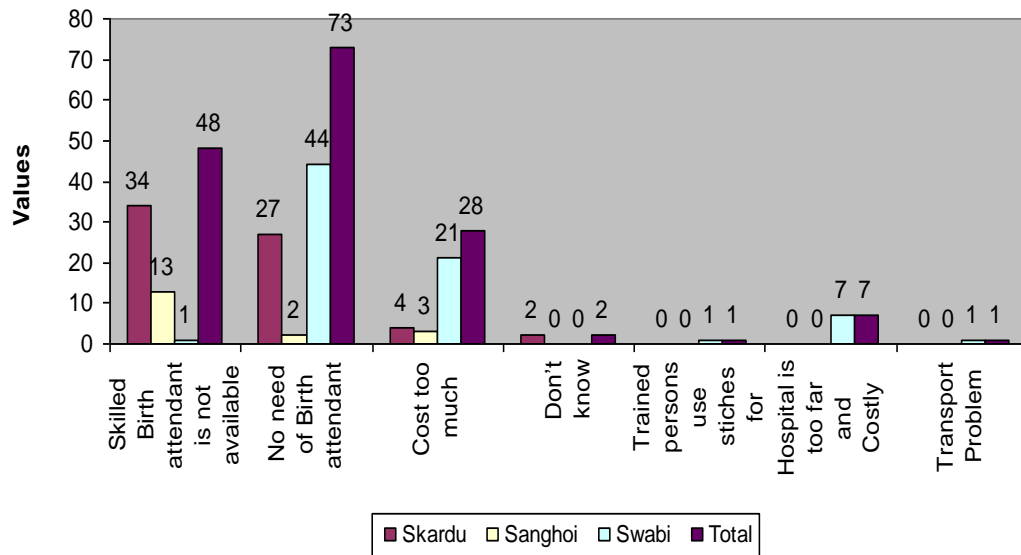
Over a quarter of women went to a lady doctor while about 25% were assisted by other trained medics like nurses, LDV, SBA, etc. These are good signs. Yet over 40% of the birth took place at home assisted by unqualified relatives and family members which points to a need for spreading awareness about importance of seeking professional help for births. Lack of proper medical assistance at birth is one of the major causes of a high incidence of infant mortality in Pakistan.

3.2.4.3 Reasons for not using trained birth attendants

Those women who had not used the services of any medic or trained birth attendant were asked about the reason for not doing so. Their responses were as follows:

Reason	Skardu	Jhelum	Swabi	Total	%
SBA's are not available	34	13	1	48	30.00%
No need of birth attendant	27	2	44	73	45.63%
Cost too much	4	3	21	28	17.50%
Don't know	2	0	0	2	1.25%
Trained persons use stitches for delivery which are more painful for future	0	0	1	1	0.63%
Hospital is too far and costly	0	0	7	7	4.38%
Transport Problem	0	0	1	1	0.63%
Total	67	18	75	160	100.00%

Reasons why the birth was not assisted by a trained birth attendant



A startling 45% of the women who did not seek assistance from a trained birth attendant felt that there was no need to do so. 35% of such women said SBAs were not available, or were too far. Another 17% complained of high cost of trained birth attendants. This is outreach and access problem to be addressed by health planners.

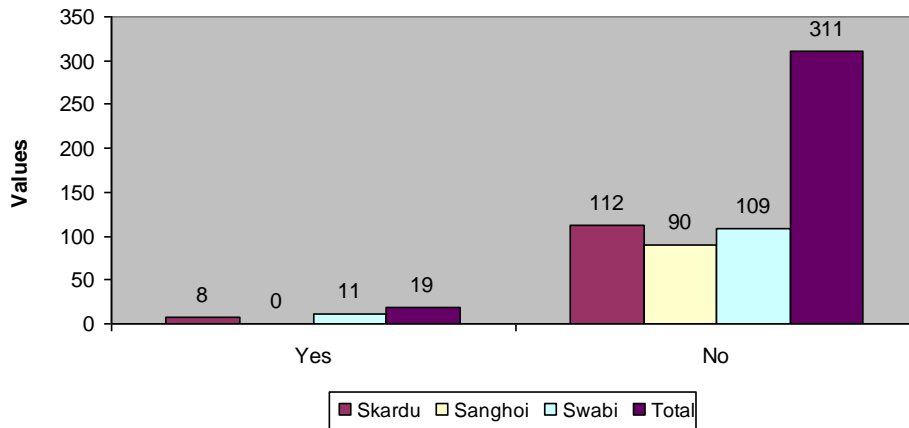
3.2.4.4 Sterilization of instruments during delivery

Respondents were asked if they were aware of the importance of using boiled and/or sterilized instruments during delivery. Their responses were as follows:

Knowledge of importance	Skardu	Jhelum	Swabi	Total	%
Yes	8	0	11	19	5.76%
No	112	90	109	311	94.24%
Total	120	90	120	330	100.00%

This data is truly startling. Almost 95% of the women had no idea of the importance of using sterilized equipment for pregnancy. They were also unaware of simple techniques of sterilizing like boiling the equipment before use.

Knowledge of the importance of using boiled / sterilized instruments during delivery

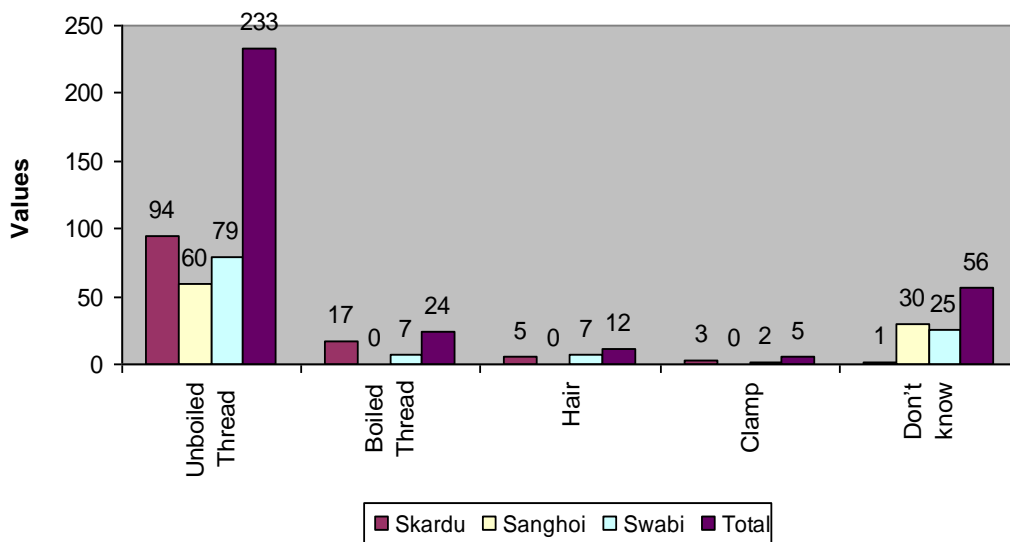


3.2.4.5 Tying the umbilical cord

Respondents were asked as to what means of tying the umbilical cord were used at the delivery. Their responses were as follows:

Material used	Skardu	Jhelum	Swabi	Total	%
Un-boiled Thread	94	60	79	233	70.61%
Boiled Thread	17	0	7	24	7.27%
Hair	5	0	7	12	3.64%
Clamp	3	0	2	5	1.52%
Don't know	1	30	25	56	16.97%
Total	120	90	120	330	100.00%

Material used for tying the umbilical cord



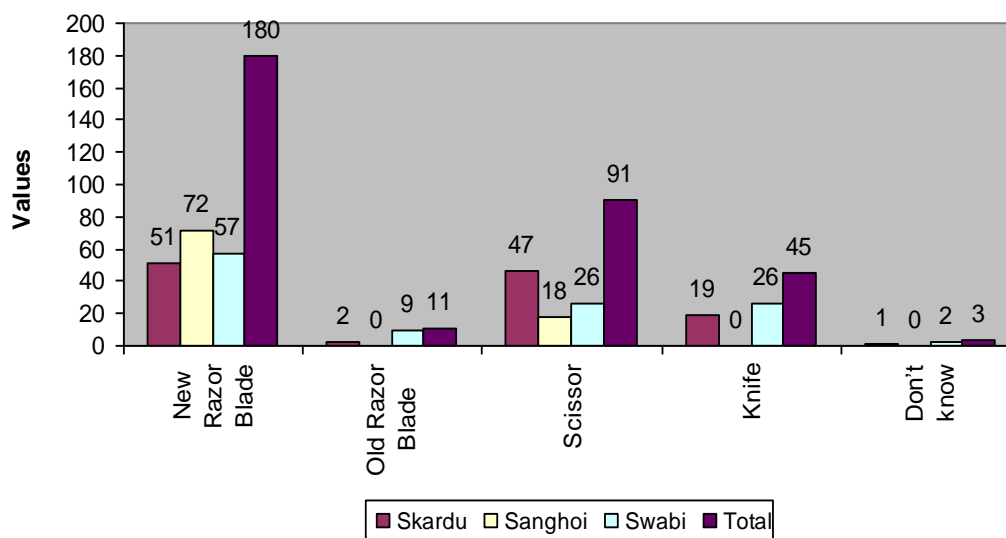
Another startling revelation, linked to the previous one. More than 70% of women said that unboiled or unsterilized thread was used for tying the umbilical cord at delivery of their children. It can be seen that 5% who used hair or 3% who used some clamp also used unsterilized items. Almost 17% of the mothers had no knowledge of the means that had been used for tying the umbilical cord. Hence, the magnitude of lack of awareness is great.

3.2.4.6. Cutting the umbilical cord

Respondents were asked as to what instrument was used to cut the umbilical cord at the delivery. Their responses were as follows:

Instrument used	Skardu	Jhelum	Swabi	Total	%
New Razor Blade	51	72	57	180	54.55%
Old Razor Blade	2	0	9	11	3.33%
Scissor	47	18	26	91	27.58%
Knife	19	0	26	45	13.64%
Don't know	1	0	2	3	0.91%
	120	90	120	330	100.00%

Types of instruments used to cut the Cord



About 55% of the women used new razor blades which can be assumed to be sterilized, the rest of the women used instruments that were not sterilized.

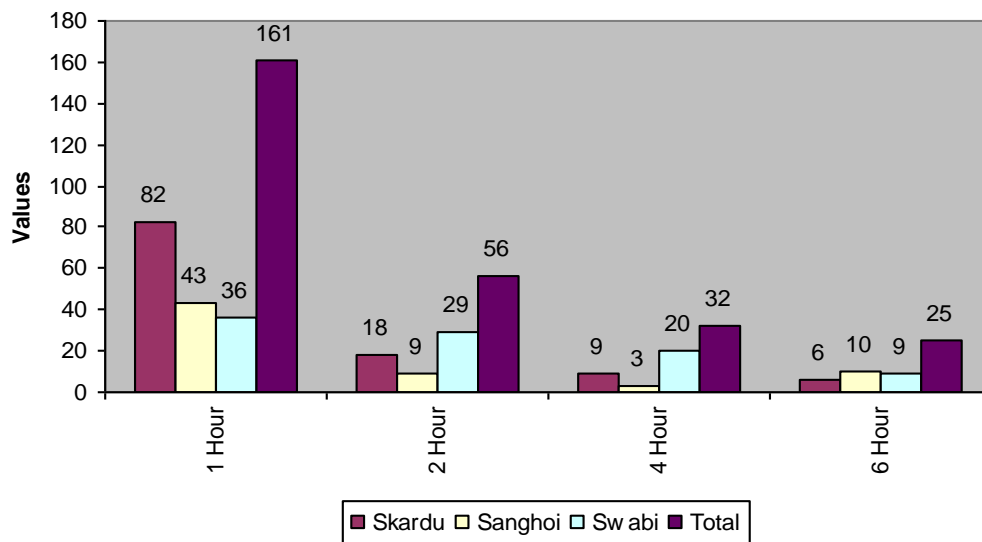
3.2.4.7 Baby's first bath

Respondents were asked about that time that elapsed between the baby's birth and its first bath. Their responses were as follows:

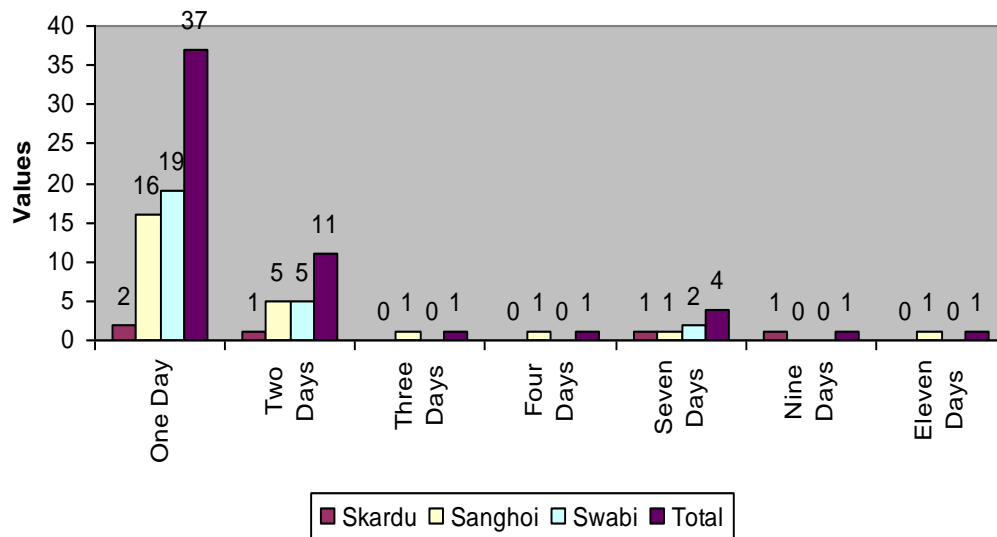
First bath within	Skardu	Jhelum	Swabi	Total	%
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1 Hour	82	43	36	161	48.79%
2 Hour	18	9	29	56	16.97%
4 Hour	9	3	20	32	9.70%
6 Hour	6	10	9	25	7.58%
One Day	2	16	19	37	11.21%
Two Days	1	5	5	11	3.33%
Three Days	0	1	0	1	0.30%
Four Days	0	1	0	1	0.30%
Seven Days	1	1	2	4	1.21%
Nine Days	1	0	0	1	0.30%
Eleven Days	0	1	0	1	0.30%
Total	120	90	120	330	100.00%

Baby's first bath (Hours)



Baby's first bath (Days)



Another awareness issue was noticed here. Medics believe that one of the prime causes of infant deaths is pneumonia whose chances are increased if a new born is given a bath too soon after birth.. Almost 82% of new born were given a bath less than 6 hours after birth which is not good. On the other hand, almost 17% of babies were given their first bath days after the birth, adding potential for infection. There is a need for increasing awareness on the issue.

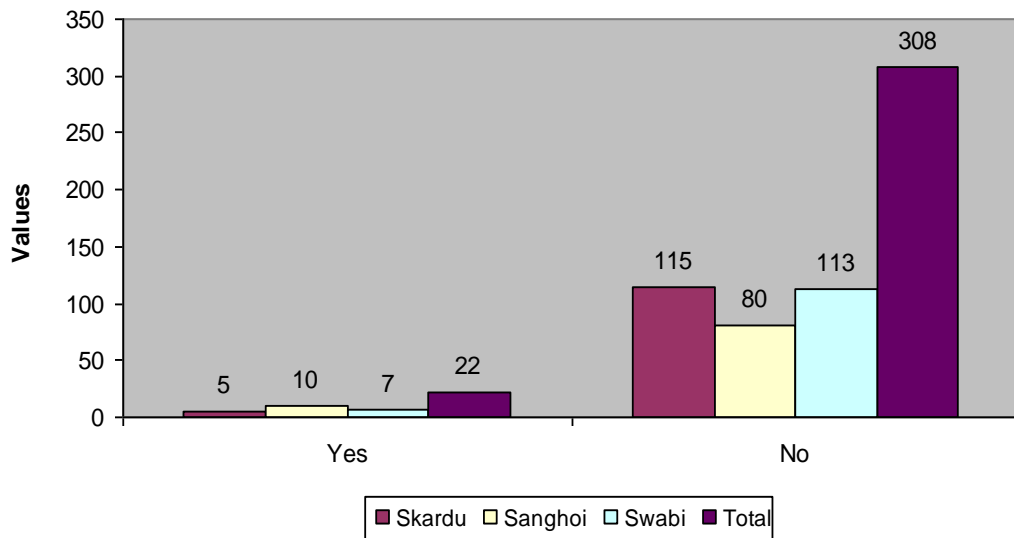
3.2.5 Postnatal Check ups

3.2.5.1 Number of women who had a post-natal check up

Respondents were asked if they had a post-natal check up. Their responses were as follows:

Did they have postnatal check up	Skardu	Jhelum	Swabi	Total	%
Yes	5	10	7	22	6.67%
No	115	80	113	308	93.33%
Total	120	90	120	330	100.00%

No. of mothers who underwent a postnatal checkup



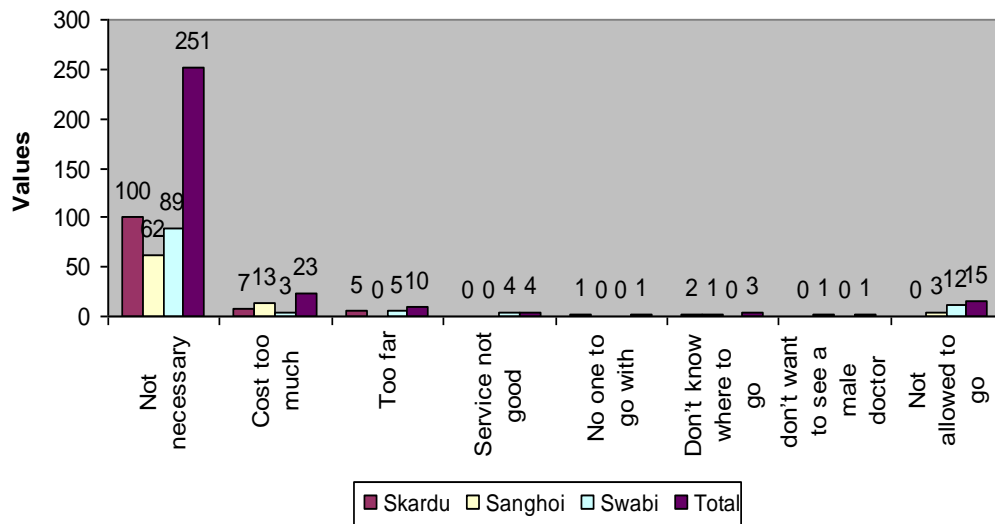
. Over 93% of the women did not have any post-natal check up, indicating a severe awareness issue that needs to be addressed by CHIP when it implements its future MCHC programs.

3.2.5.2 Reason for not having a post-natal check up

The respondents who had not had a post-natal check up were asked for the reason for not having it. Their responses were as follows:

	Skardu	Jhelum	Swabi	Total	%
Not necessary	100	62	89	251	81.49%
Cost too much	7	13	3	23	7.47%
Too far	5	0	5	10	3.25%
Service not good	0	0	4	4	1.30%
No one to go with	1	0	0	1	0.32%
Don't know where to go	2	1	0	3	0.97%
Don't want to see a male doctor		0	1	0	0.32%
Not allowed to go	0	3	12	15	4.87%
Total	115	80	113	308	100.00%

Reasons for No Post natal checkup



Worldwide, a large proportion of neonatal and maternal deaths occur during the 24 hours after delivery. Another evidence of lack of awareness about issues related to child birth. 81.5% women did not consider a post-natal check up as necessary. All other reasons like high cost, quality of service, unwillingness to see a male doctor or not being allowed to go for a check up are also social issues that can be addressed by mounting awareness programs.

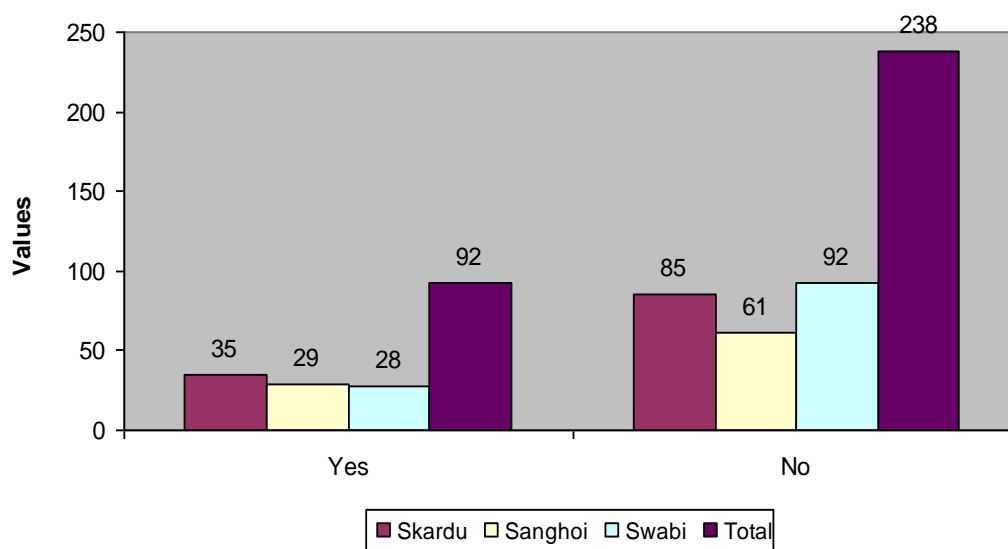
3.2.6. Abortions / Miscarriages

3.2.6.1 Number of women who had had an abortion

Respondents were asked if they ever had an abortion, or pre-mature termination of pregnancy. Their responses were as follows. (The underlying assumption is that abortions were not voluntary but due to circumstances beyond the pregnant woman’s control, i.e. they were miscarriages.).

Have you ever had an abortion?	Skardu	Jhelum	Swabi	Total	%
Yes	35	29	28	92	27.88%
No	85	61	92	238	72.12%
Total	120	90	120	330	100.00%

No. of mothers who have had an abortion



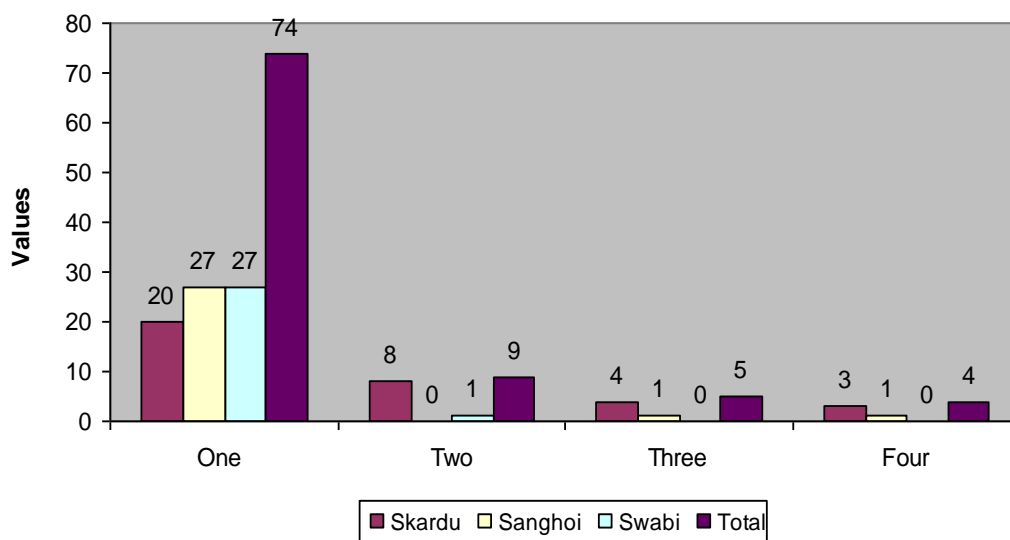
Almost 28% women experienced miscarriages/abortions which can principally be attributed to poor health care facilities and lack of awareness of simple health rules. This percentage is quite high compared to national average for Pakistan and calls for greater efforts by MCHC planners to improve both the availability of health care and promote awareness among women of deprived areas.

3.2.6.2 Frequency of abortions (miscarriages)

The respondents who had experienced a miscarriage/abortions were asked about the number of times they had such misfortune. Their responses were as follows:

Number of abortions	Skardu	Jhelum	Swabi	Total	%
One	20	27	27	74	80.43%
Two	8	0	1	9	9.78%
Three	4	1	0	5	5.43%
Four	3	1	0	4	4.35%
Total	35	29	28	92	100.00%

Frequency of abortions



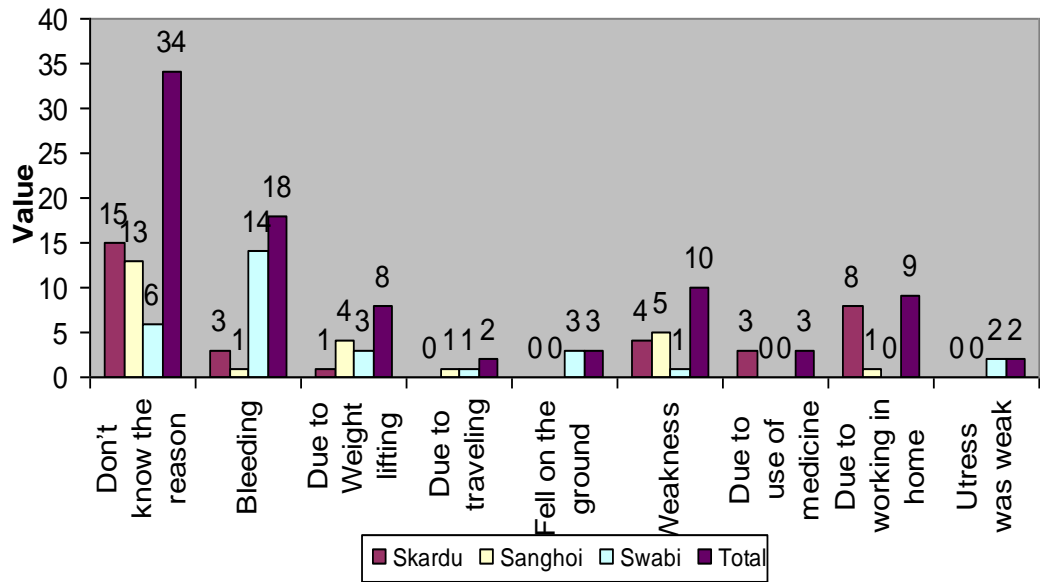
Almost a fifth of the women had experienced more than one miscarriage. This is yet another sign of lack of awareness and basic health care knowledge which CHIP planners ought to keep in mind when planning their forthcoming MCHC programs.

3.2.6.3 Causes or reasons for Abortion (Miscarriage)

The women who had experienced an abortion (miscarriage) were asked to identify reasons for the unfortunate occurrence. Their responses were as follows:

Causes	Skardu	Jhelum	Swabi	Total	%
Don't know the reason	15	13	6	34	36.96%
Bleeding	3	1	14	18	19.57%
Due to Weight lifting	1	4	3	8	8.70%
Due to traveling	0	1	1	2	2.17%
Fell on the ground	0	0	3	3	3.26%
Weakness	4	5	1	10	10.87%
Due to use of medicine	3	0	0	3	3.26%
Severe Epigastric pain	1	0	0	1	1.09%
Due to working in home	8	1	0	9	9.78%
Uterus was weak	0	0	2	2	2.17%
Baby was weak	0	0	1	1	1.09%
Due to Walking a lot	0	0	1	1	1.09%
	35	25	32	92	100.00%

Reasons for abortions



As these reasons came from the affected mothers and not from a trained medic, not much reliability can be placed on them. Yet the data clearly points out to a serious lack of awareness of issues related to pregnancy and miscarriages.

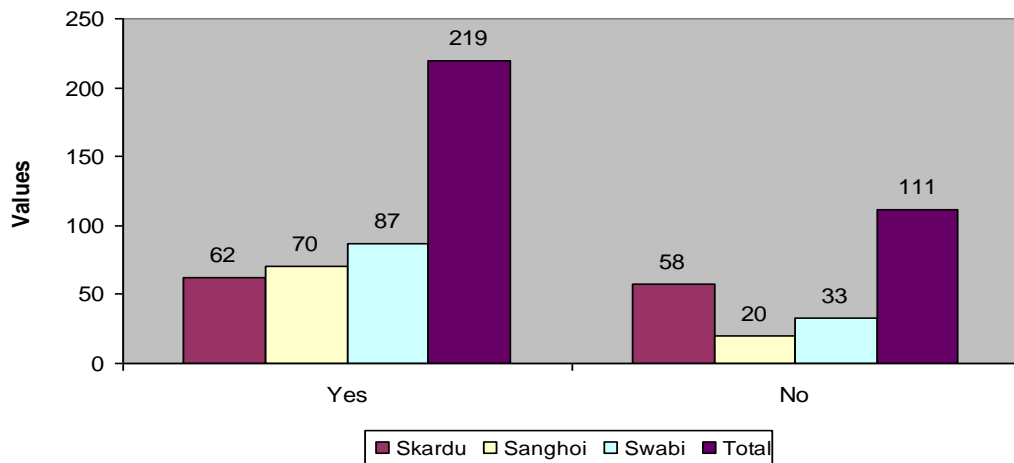
3.2.7 Child Vaccination

3.2.7.1 Number of Children who received Vaccination

All the respondents were asked if their children had received vaccination. Their responses were:

Did Child get vaccinated?	Skardu	Jhelum	Swabi	Total	%
Yes	62	70	87	219	66.36%
No	58	20	33	111	33.64%
Total	120	90	120	330	100.00%

No. of children who have had received vaccination

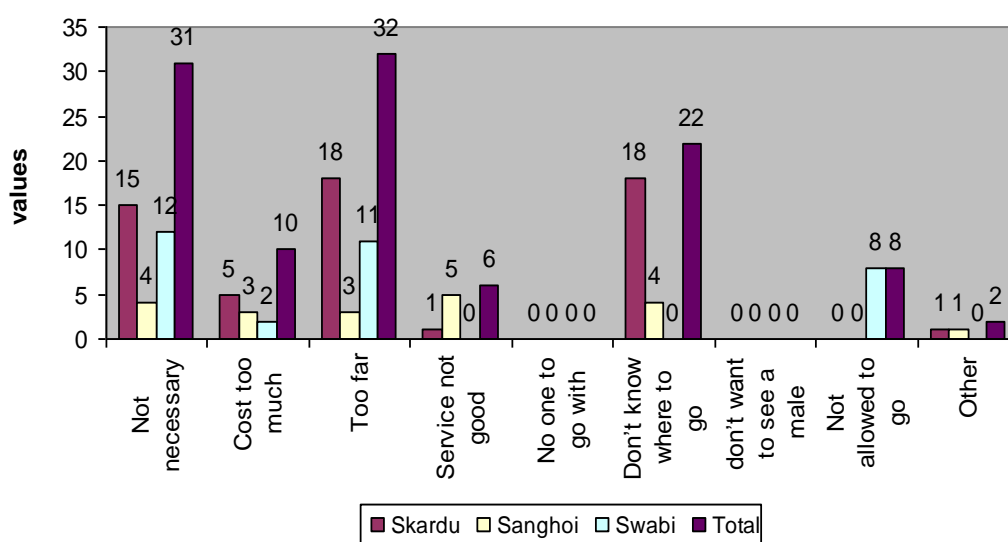


3.2.7.2 Reasons for not receiving vaccination

Respondents whose children had not received vaccination were asked for reasons for not getting their child vaccinated. Their responses were as follows:

Causes	Skardu	Jhelum	Swabi	Total	%
Not necessary	15	4	12	31	27.93%
Cost too much	5	3	2	10	9.01%
Vaccination facility too far	18	3	11	32	28.83%
Service not good	1	5	0	6	5.41%
No one to go with	0	0	0	0	0.00%
Don't know where to go	18	4	0	22	19.82%
Don't want to see male doctor		0	0	0	0.00%
Not allowed to go	0	0	8	8	7.21%
Baby was ill	1	1	0	2	1.80%
Total	58	20	33	111	100.00%

Reasons for children not having been vaccinated



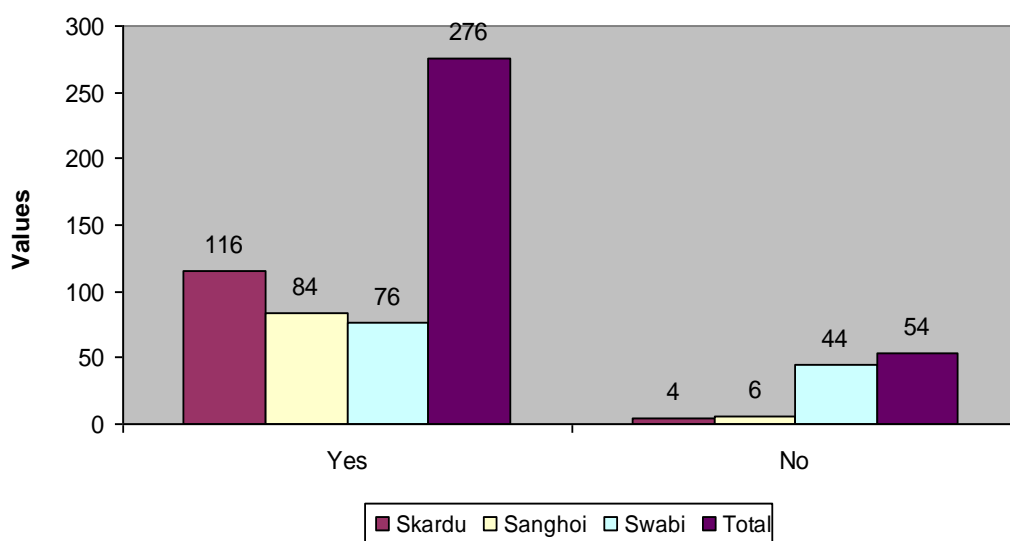
Almost 28% did not find it necessary - this is yet another indication of lack of awareness. Akin to this are causes like did not wish to see a male doctor, or not allowed to go for vaccination, baby was sick that day, etc. accounting for 9% of respondents. Other causes like facility too far, cost too much, and did not know where to go are suggestive of outreach and access issues deserving of attention of planners.

3.2.7.3 Number of children who had received Vitamin A drops

Respondents were asked if their children had received Vitamin A drops. Their response was:

Did Child get Vitamin A drops?	Skardu	Jhelum	Swabi	Total	%
Yes	116	84	76	276	66.36%
No	4	6	44	54	33.64%
Total	120	90	120	330	100.00%

No. of children who have had vitamin A drops



The situation seemed fairly satisfactory except in Swabi District. In Swabi almost 37% of children had not received vitamin A drops; elsewhere the percentage is close to 5%.

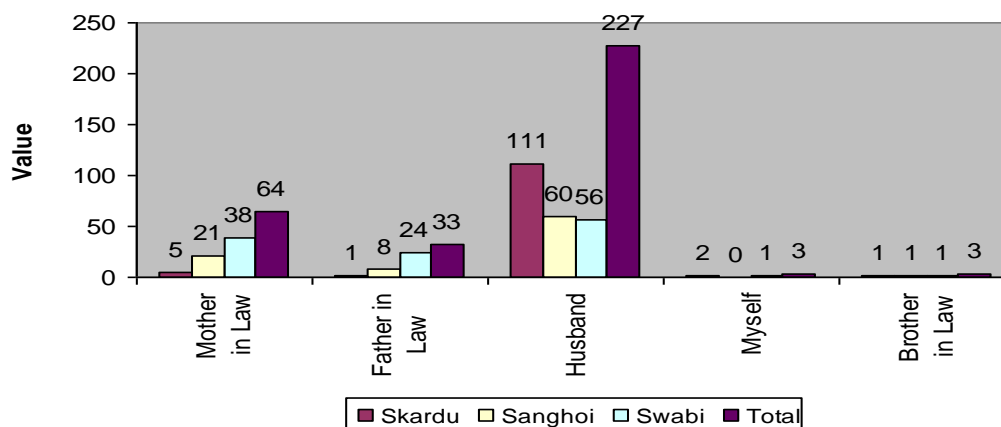
3.2.8 General Health Care Issues

3.2.8.1 Key decision maker in the family on mother and child health care

Respondents were asked as to who in their respective family was the key decision-maker on mother and child health care issues. Their responses were as follows:

	Skardu	Jhelum	Swabi	Total	%
Mother in Law	5	21	38	64	19.39%
Father in Law	1	8	24	33	10.00%
Husband	111	60	56	227	68.79%
Myself	2	0	1	3	0.91%
Brother in Law	1	1	1	3	0.91%
Total	120	90	120	330	100.00%

Identification of the key decision markers on behalf of mother and child



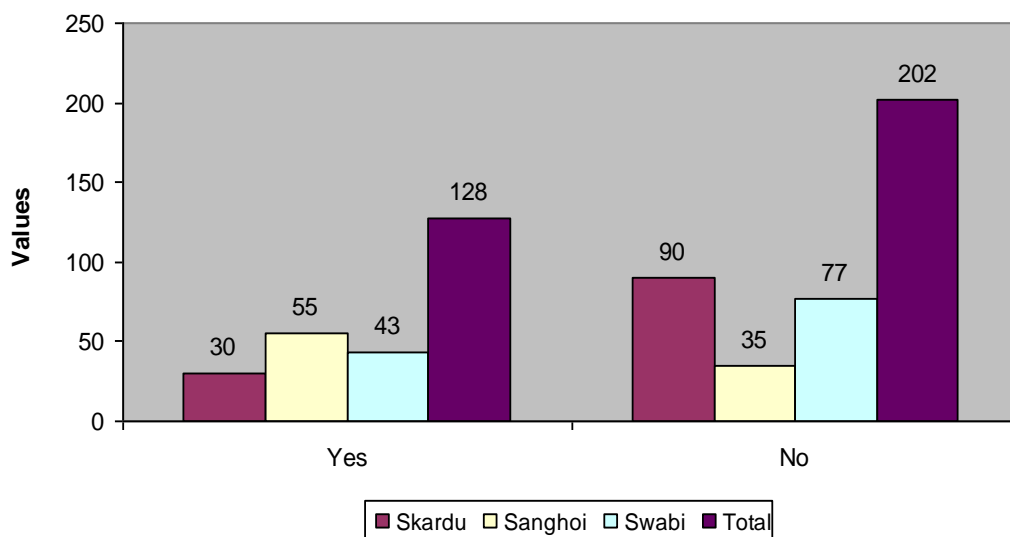
An amazing less than 1% of respondents were key decision makers on mother and child health care issues in the family. Since the couples do not discuss among themselves any issue related to pregnancy, the women do not become part of the decision making process on these issues. Husbands in 69% of homes and mothers-in-law in another 19% homes were the key decision makers. This calls for spreading the awareness and education among women to enable them become more self-reliant.

3.2.8.2 Number of families holding vaccination cards

Respondents were asked if they held family vaccination card. Their response was:

Hold family vaccination card?	Skardu	Jhelum	Swabi	Total	%
Yes	30	55	43	128	38.8%
No	90	35	77	202	61.2%
Total	120	90	120	330	100.0%

No. of families who have a vaccination card



Almost two thirds of the families did not have a vaccination card. This reflects both on limitation of outreach/accessibility as well as awareness among families.

3.2.9. Children's ailments

3.2.9.1 Awareness of children's ailments

Respondents were asked if they knew about the various ailments that commonly affect children. They were simply asked to name such ailments. Their response was as follows.

Ailment	Skardu	Jhelum	Swabi	Total	%
Diarrhea	91	76	95	262	30.32%
Pneumonia	21	52	50	123	14.24%
Malnutrition	2	1	4	7	0.81%
Malaria	0	0	29	29	3.36%
Cough	7	52	56	115	13.31%
Fever	10	60	86	156	18.06%
Chest Pain	1	0	0	1	0.12%
Epigastric Pain	3	0	27	30	3.47%
Pimples	2	0	0	2	0.23%
Infection	1	1	23	25	2.89%
Flu	0	54	16	70	8.10%
Vomiting	0	10	7	17	1.97%
Asthma	0	1	1	2	0.23%
Cholera	0	0	5	5	0.58%
Polio	0	0	1	1	0.12%
Tetanus	0	0	2	2	0.23%
Hepatitis	0	0	1	1	0.12%
Fits	0	0	3	3	0.35%
Pain in Ear	0	0	1	1	0.12%
Don't know	12	0	0	12	1.39%
Total	150	307	407	864	100.00%

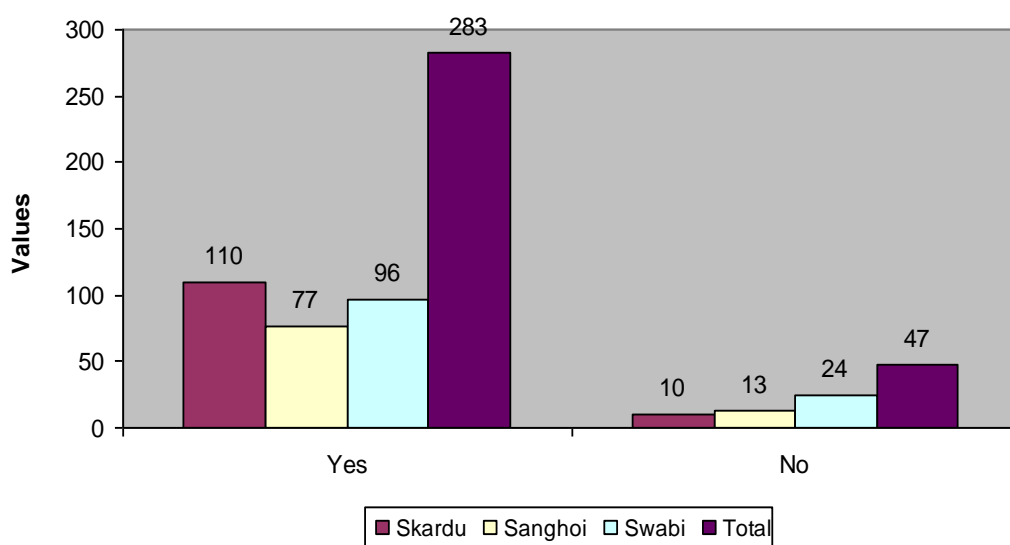
If we were to assume that the above chart also suggests the relative prevalence of the stated ailments among the children in the deprived areas covered by the baseline survey, useful pointers can be seen for planning of MCHC purposes. The commonest known, and prevalent, disease is diarrhea which is related to lack of hygiene. More data about this ailment follows.

3.2.9.2 Diarrhea

Respondents were asked if their child had been inflicted by Diarrhea. Their response was as follows:

Have your child had diarrhea?	Skardu	Jhelum	Swabi	Total	%
Yes	110	77	96	283	85.76%
No	10	13	24	47	14.24%
	120	90	120	330	100.00%

No. of children who have had diarrhea



This chart clearly demonstrates the extent to which diarrhea affects children in the surveyed areas. 86% of the mothers said that their child or children have experienced this ailment. CHIP planners should take note of this and draw their forthcoming MCHC programs accordingly.

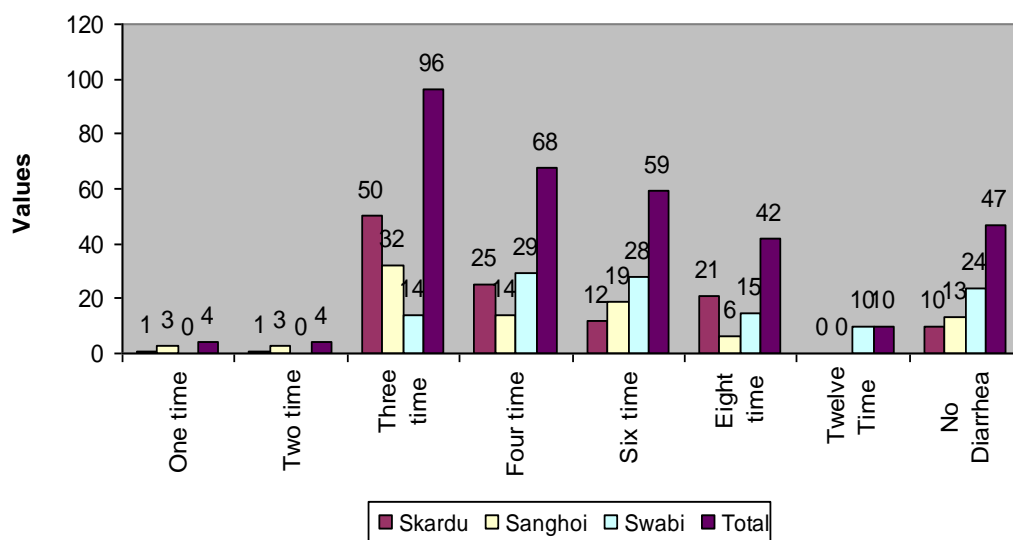
3.2.9.3 Frequency of Diarrhea

Respondents were asked about the number of times diarrhea had attacked their children. Their response was as follows:

Frequency	Skardu	Jhelum	Swabi	Total	%
Never	10	13	24	47	14.24%
One time	1	3	0	4	1.21%
Two time	1	3	0	4	1.21%
Three time	50	32	14	96	29.09%
Four time	25	14	29	68	20.61%
Six time	12	19	28	59	17.88%

Eight time	21	6	15	42	12.73%
Twelve Time	0	0	10	10	3.03%
	120	90	120	330	100.00%

Frequency of Diarrhea



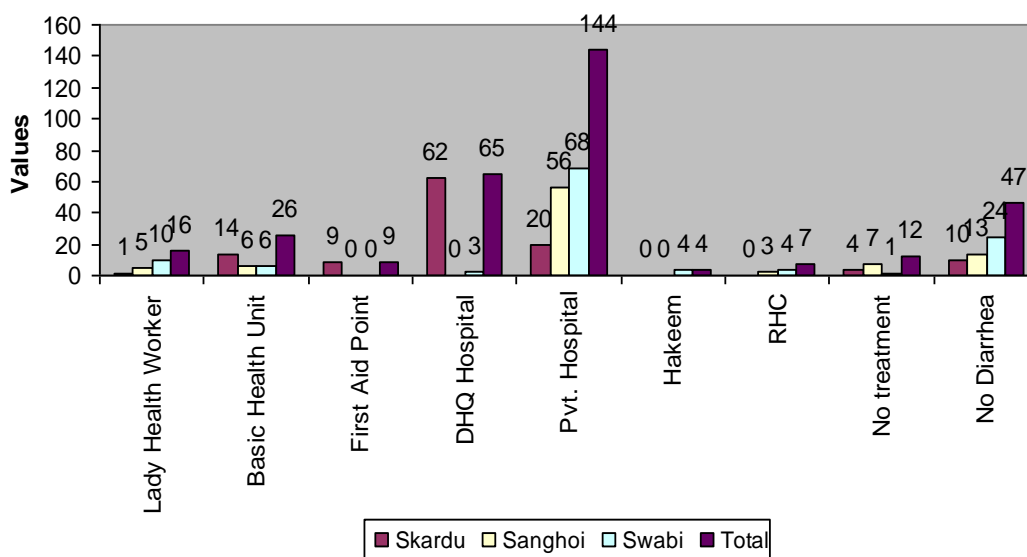
This chart clearly demonstrates that diarrhea affects children with great regularity. Almost 84% of the children had experienced it more than three times. Previous studies conducted by Ministry of Health have shown diarrhea is the principal contributor to a high child-mortality rate by causing them weakness through failure to retain nutrition. This further adds to need for CHIP planners to include awareness of causes of diarrhea in their forth coming MCHC program.

3.2.9.4 Health Care Facility visited for treatment of diarrhea

Respondents were asked to name the health care facility they had visited for treatment of diarrhea. Their responses were as follows:

Facility visited	Skardu	Jhelum	Swabi	Total	%
Lady Health Worker	1	5	10	16	4.85%
Basic Health Unit	14	6	6	26	7.88%
First Aid Point	9	0	0	9	2.73%
DHQ Hospital	62	0	3	65	19.70%
Pvt. Hospital	20	56	68	144	43.64%
Hakeem	0	0	4	4	1.21%
RHC	0	3	4	7	2.12%
No treatment	4	7	1	12	3.64%
No Diarrhea	10	13	24	47	14.24%
Total	120	90	120	330	100.00%

Health facility visited for the treatment of diarrhea



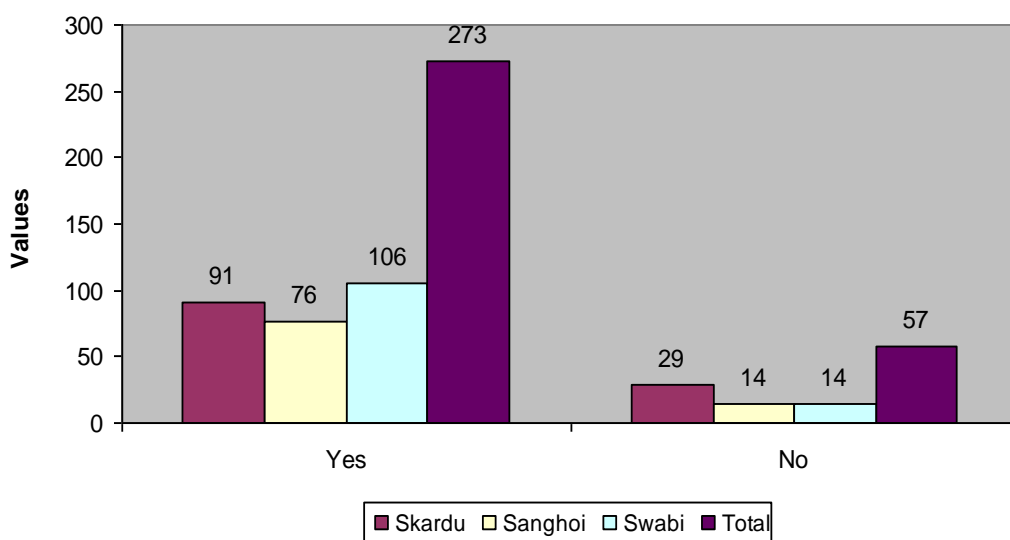
Almost half the affected cases were treated by private doctors or hospitals. The share of governmental health care facilities in the treatment of diarrhea is quite high. This data considered along with the data from the previous three charts shows that there is greater need for the public sector to spread awareness about the causes of diarrhea.

3.2.9.5 Knowledge of ORS and its benefits

Respondents were asked if they knew anything about ORS and its benefits. Their response was:

Knowledge of ORS	Skardu	Jhelum	Swabi	Total	%
Yes	91	76	106	273	82.73%
No	29	14	14	57	17.27%
Total	120	90	120	330	100.00%

Knowledge about ORS and its benefits



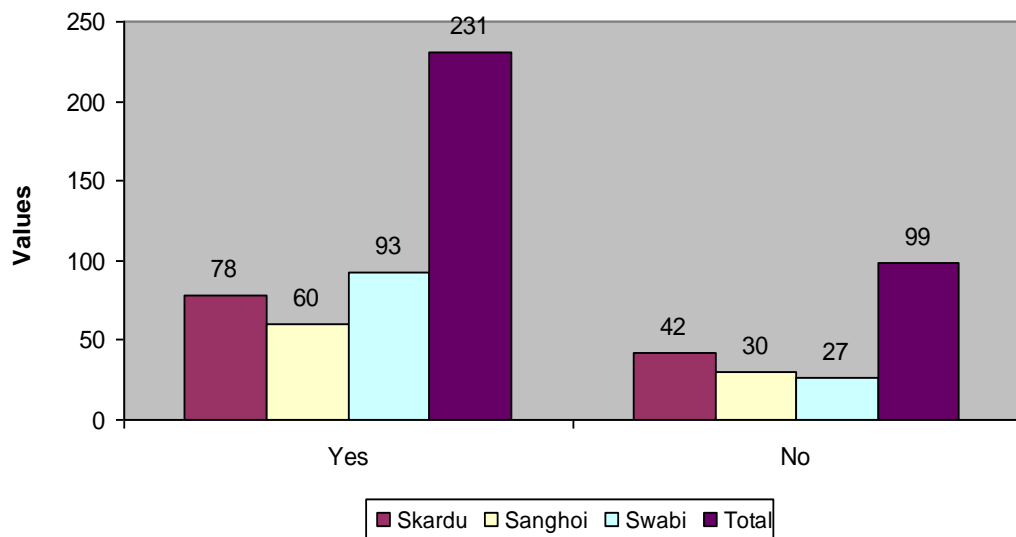
The awareness level regarding ORS is quite high considering the social environment of the surveyed areas. This speaks well of the awareness programs run by the government.

3.2.9.6 Use of ORS

Respondents were asked if they had actually used ORS for treatment of diarrhea in their children. Their response was:

Actual use of ORS	Skardu	Jhelum	Swabi	Total	%
Yes	78	60	93	231	70.00%
No	42	30	27	99	30.00%
Total	120	90	120	330	100.00%

Use of ORS for the treatment of Diarrhea



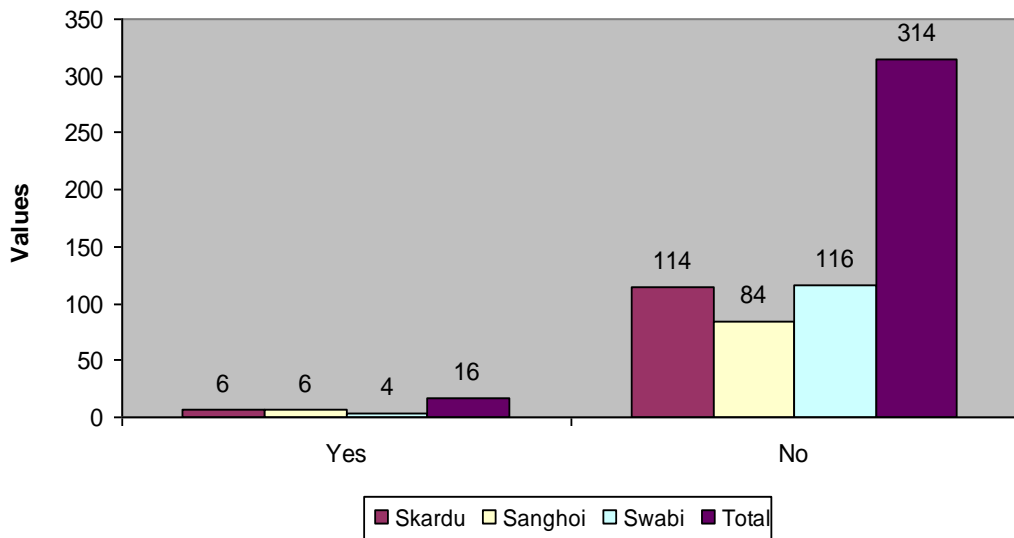
While 83% women knew about ORS only 70% had actually used it. However, not much can be read into this data as there is a possibility that in the rest of cases, the medical care facility may have taken this or more appropriate step.

3.2.9.7 Knowledge of how to prepare and administer ORS

Respondents were asked if they knew how to prepare and administer ORS. Their responses were:

How to prepare ORS	Skardu	Jhelum	Swabi	Total	%
Yes	6	6	4	16	4.85%
No	114	84	116	314	95.15%
Total	120	90	120	330	100.00%

Knowledge on how to prepare ORS



This is a truly startling chart. Over 95% of the respondents did not know how to prepare ORS. Medics say that if ORS is not properly prepared and administered, it is likely to harm more than help. Since the incidence of use of ORS is quite high, we can only assume that ORS actually administered to children was prepared by a health care facility or other family member. It also shows that while the governmental campaign about awareness of diarrhea and ORS is quite successful, it is not comprehensive as it has failed to impart the basic knowledge of preparation of ORS to intended users. Planners ought to take note of it.

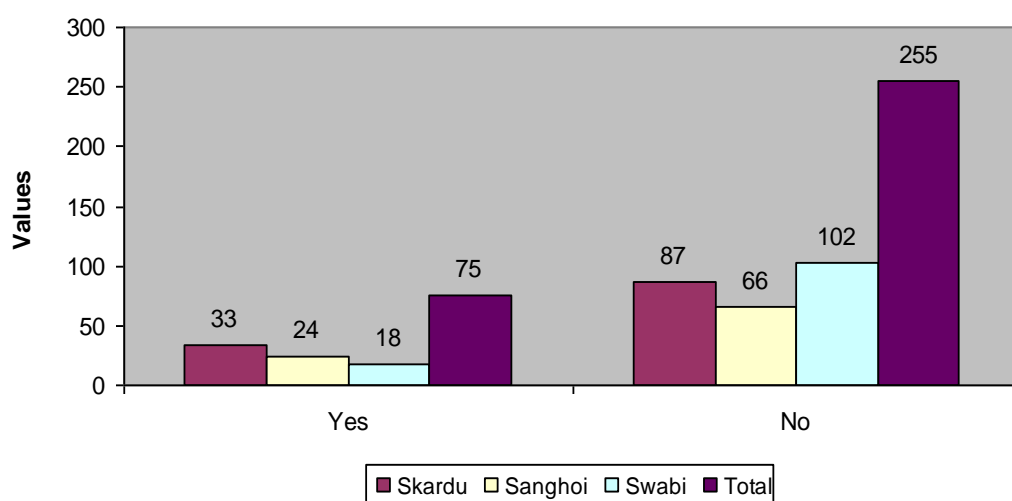
3.2.10 Child Mortality

3.2.10.1 Frequency of children mortality

We asked the respondent if during the past one year any of their children had died below the age of one year. Their response was as follows:

Child under 1 yr died last year	Skardu	Jhelum	Swabi	Total	%
Yes	33	24	18	75	22.73%
No	87	66	102	255	77.27%
Total	120	90	120	330	100.00%

No. of mothers whose child below the age of one year died in the last year



A child mortality rate of 22.73% in the surveyed areas is higher than the national average. Since the data for the previous few years is not available, we cannot comment if the situation is improving by passage of time. However, further surveys under the proposed program will be able to reflect on this important aspect as well.

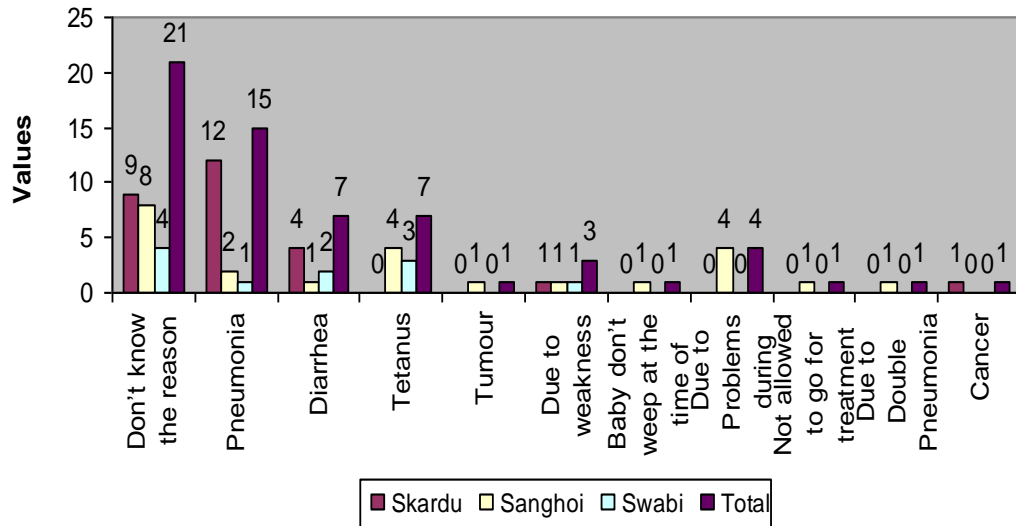
3.2.10.2 Reasons for death of children under one year age

Those mothers who had lost a child under one in the last year were asked about the causes of death of the child. Their responses were as follows:

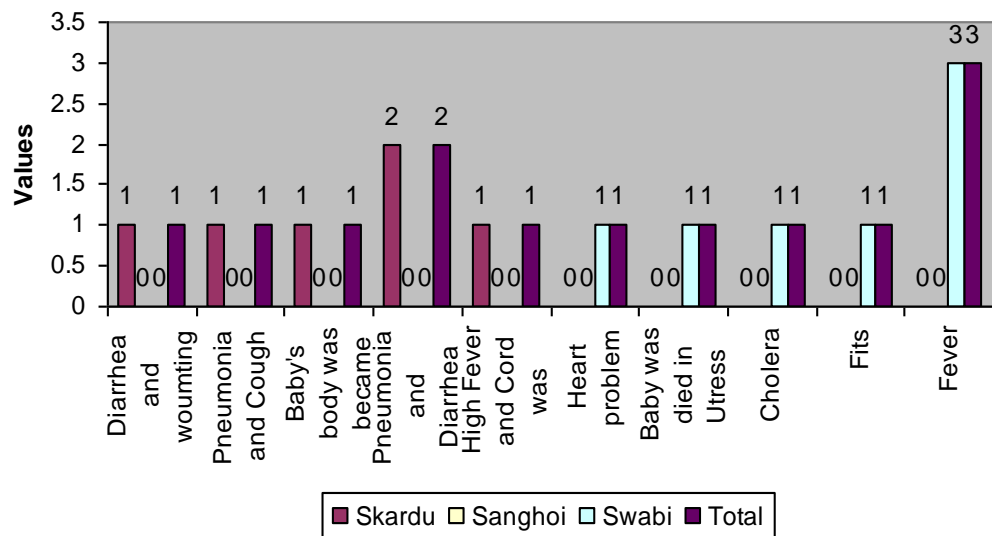
	Skardu	Jhelum	Swabi	Total	%
Don't know the reason	9	8	4	21	28.00%
Pneumonia	12	2	1	15	20.00%
Diarrhea	4	1	2	7	9.33%
Tetanus	0	4	3	7	9.33%
Tumor	0	1	0	1	1.33%
Due to weakness	1	1	1	3	4.00%
Baby don't weep at the time of Birth	0	1	0	1	1.33%
Due to Problems during Delivery	0	4	0	4	5.33%
Not allowed to go for treatment	0	1	0	1	1.33%
Due to Double Pneumonia	0	1	0	1	1.33%
Cancer	1	0	0	1	1.33%
Diarrhea and vomiting	1	0	0	1	1.33%
Pneumonia and Cough	1	0	0	1	1.33%
Baby's body was became blue	1	0	0	1	1.33%
Pneumonia and Diarrhea	2	0	0	2	2.67%
High Fever and Cord was infected	1	0	0	1	1.33%
Heart problem	0	0	1	1	1.33%
Baby was died in Uterus	0	0	1	1	1.33%

Cholera	0	0	1	1	1.33%
Fits	0	0	1	1	1.33%
Fever	0	0	3	3	4.00%
	33	24	18	75	100.00%

Reasons for Children Death



Reasons for children death



This chart is a sad commentary on the situation in the surveyed areas. 28% of the women did not know the cause of the death of their child. Well over 67% of the remaining deaths were caused by common every day ailments which could have been prevented with basic health care.

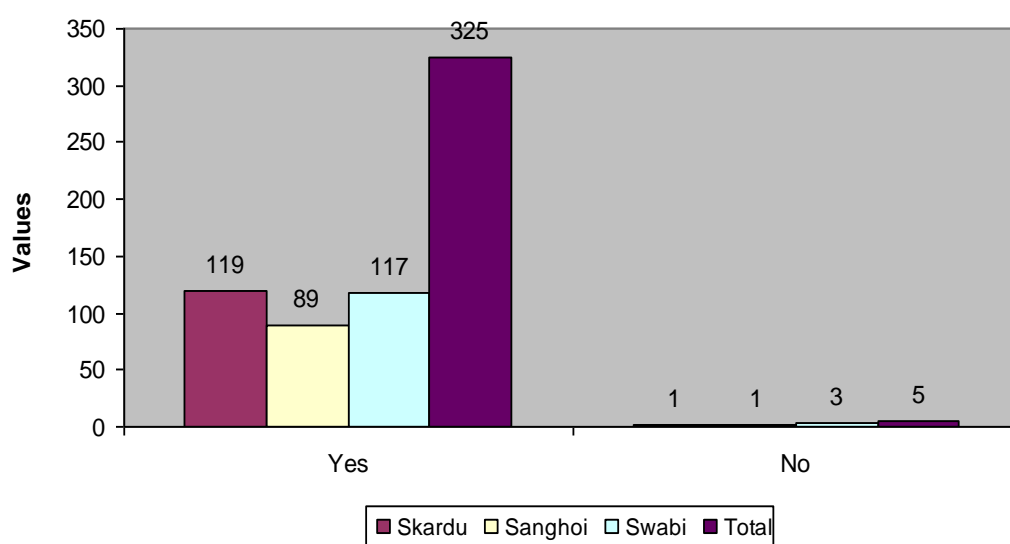
3.2.11 Baby Feeds

3.2.11.1 Number of mothers breast-feeding their baby

Respondents were asked if they were breast-feeding their babies. Their response was:

Do you breast feed your baby?	Skardu	Jhelum	Swabi	Total	%
Yes	119	89	117	325	98.48%
No	1	1	3	5	1.52%
Total	120	90	120	330	100.00%

No. of mother who breast feed their child



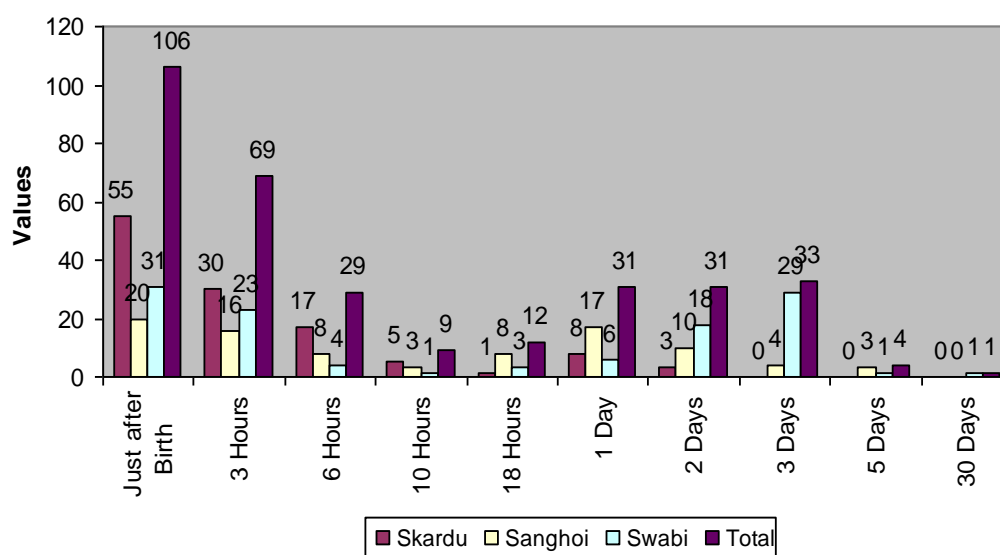
The high incidence of breast-feeding is both unsurprising and encouraging. This shows that governmental campaign advocating breast-feeding is successful in the surveyed areas.

3.2.11.2 When was breast-feeding started?

Respondents who had breast-fed their babies were asked about the time that elapsed after the birth and the initial breast-feed. Their response was as follows:

First breast feed given	Skardu	Jhelum	Swabi	Total	%
Just after Birth	55	20	31	106	32.62%
3 Hours	30	16	23	69	21.23%
6 Hours	17	8	4	29	8.92%
10 Hours	5	3	1	9	2.77%
18 Hours	1	8	3	12	3.69%
1 Day	8	17	6	31	9.54%
2 Days	3	10	18	31	9.54%
3 Days	0	4	29	33	10.15%
5 Days	0	3	1	4	1.23%
30 Days	0	0	1	1	0.31%
Total	119	89	117	325	100.00%

Time elapsed after birth and the initial breast feed



The incidence of starting breast-feeding soon after the birth is not as high as it ought to be. The reason cited by mothers for not starting breast-feeding soon after birth were as follows:

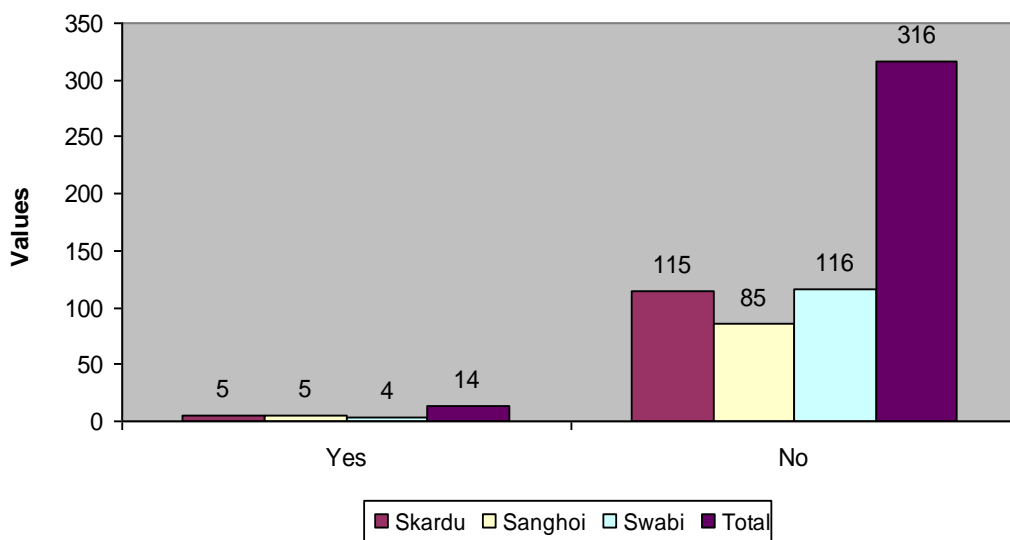
- Babies are given ghutti immediately after birth, so they do not need another feed for a while.
- There are cultural issues in some parts of Swabi where the first feed given to a baby is not its mother's milk, but the milk of some respected relative.
- Since most births take place at home, and mother is usually exhausted after the birth, she is allowed to go to sleep (or rest) and not asked to feed the baby immediately.

3.2.11.3 Knowledge of importance of colostrums

Respondents were asked if they were aware of the importance of colostrums (protein-rich secretion from mothers' breasts during the first few days of child birth). Their responses were:

Know importance of colostrums	Skardu	Jhelum	Swabi	Total	%
Yes	5	5	4	14	4.24%
No	115	85	116	316	95.76%
Total	120	90	120	330	100.00%

Knowledge about the importance of colostrums



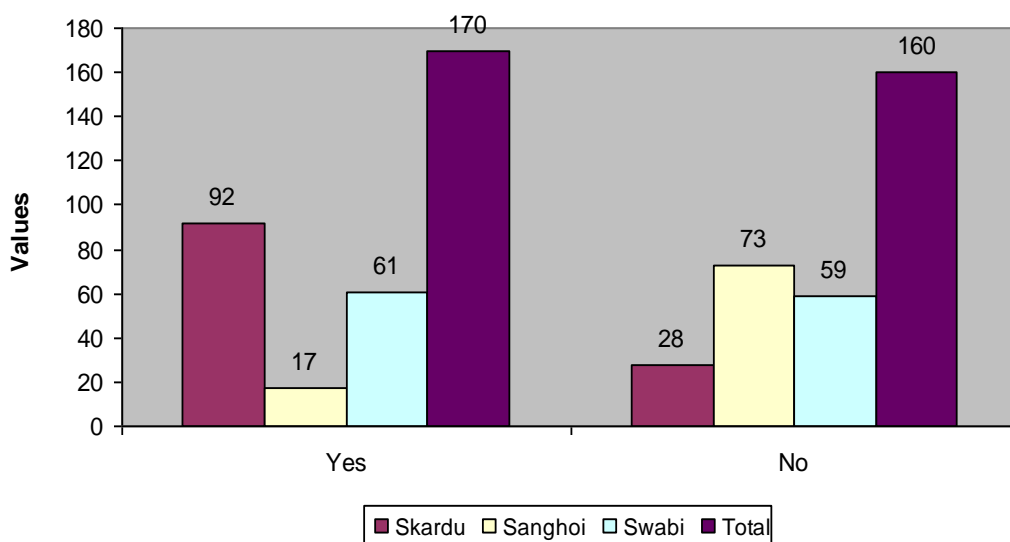
Given that more than two-thirds of the women had some sort of antenatal check ups, an amazing 95.8% of respondents were unaware of importance of colostrums. This situation points to a lack of adequate knowledge by providers of mother-child care facilities. Governmental planners are urged to pay attention to this very important gap.

3.2.11.4 Number of mothers who fed colostrums to their baby

Respondents were asked if they had fed colostrums to their babies. Their response was:

Fed colostrums	Skardu	Jhelum	Swabi	Total	%
Yes	92	17	61	170	51.52%
No	28	73	59	160	48.48%
Total	120	90	120	330	100.00%

No. of mother who fed colostrums to their new born



The following reasons were cited by mothers for not feeding colostrums to their babies:

- Since this milk is not withdrawn for a while (i.e. before child birth), it is often “bad”.
- It can make a baby sick.
- It could be infectious.
- It is not customary to feed this milk to babies.
- It is yellow in colour, so it is bad milk, because milk should be white.

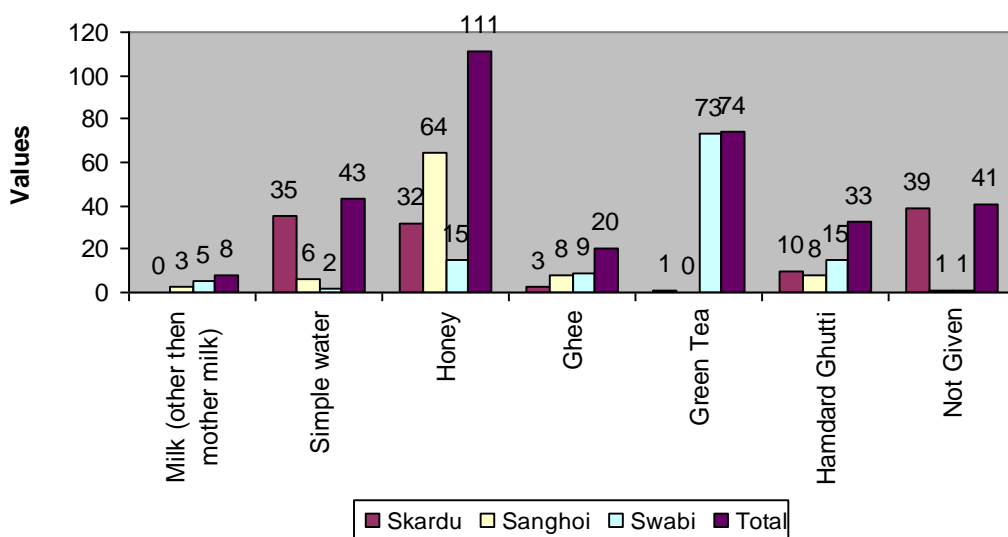
The relatively high incidence of not feeding colostrums to babies as depicted in the above chart may be explained by the fact that many mothers “drain away” the yellow milk and start feeding the baby only when white milk starts coming.

3.2.11.5 Ghutti

Respondents were asked what, if any thing, was fed to the baby other than mother’s milk during the first few days of child birth. Such feedings are often referred to us a Ghutti in rural areas. Their response was as follows:

Ghutti given	Skardu	Jhelum	Swabi	Total	%
Milk (other than mother milk)	0	3	5	8	2.42%
Simple water	35	6	2	43	13.03%
Honey	32	64	15	111	33.64%
Ghee	3	8	9	20	6.06%
Green Tea	1	0	73	74	22.42%
Hamdard Ghutti	10	8	15	33	10.00%
Not Given	39	1	1	41	12.42%
Total	120	90	120	330	100.00%

Prevalence of Ghutti



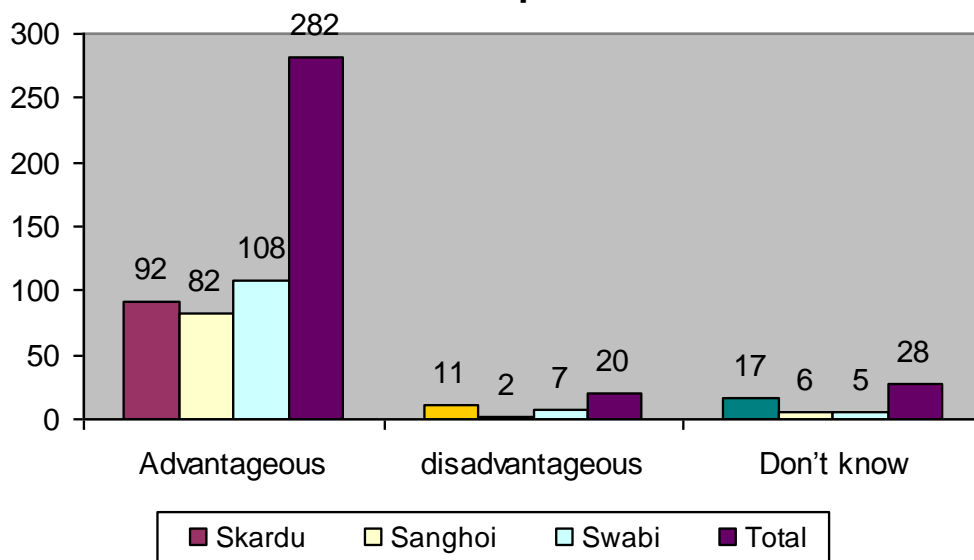
The percentage of babies who were fed ghutti is quite high at nearly 88%. The items given as ghutti are generally wholesome though their being free of germs cannot be ascertained.

3.2.11.6 Attitude to Ghutti

Respondents were asked if they considered ghutti as advantageous or disadvantages. Their response was as follows:

Ghutti is	Skardu	Jhelum	Swabi	Total	%
Advantageous	92	82	108	282	85.45%
Disadvantageous	11	2	7	20	6.06%
Don't know	17	6	5	28	8.48%
Total	120	90	120	330	100.00%

Traditional concept about Ghutti



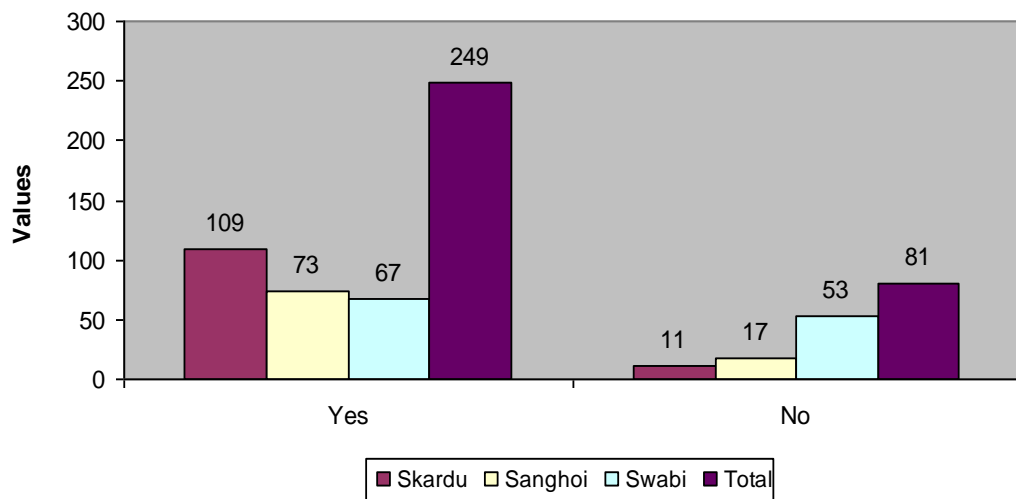
Medics do not advise “ghutti” as mother’s milk is best for the child and should be fed to the baby within an hour of child birth. But traditional customs explain the widespread prevalence of ghutti particularly among the rural areas.

3.2.11.7 Use of supplementary diet to over six-month olds

Respondents were asked if they had started giving any supplementary diet to their child after it was six-months old. Their response was:

Fed supplementary diet	Skardu	Jhelum	Swabi	Total	%
Yes	109	73	67	249	75.45%
No	11	17	53	81	24.55%
Total	120	90	120	330	100.00%

Use of supplementary diet if the child is more than six month old



The percentage of mothers who started giving supplementary diet on attainment of six-months age is fairly reasonable. Yet efforts are needed to spread awareness among remaining mothers of the importance of giving wholesome supplementary diet to their babies after they cross the six months age.

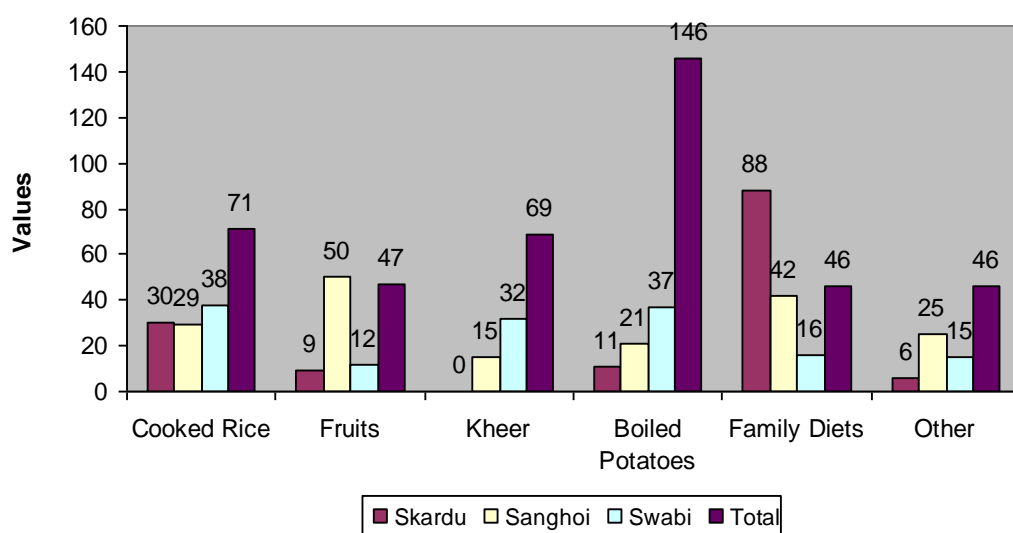
3.2.11.8 Commonly used supplementary diets.

Those mothers who were giving supplementary diet to their babies were asked about the type of supplementary diet that they were feeding their six-month olds. Their response indicates that they were using more than one supplementary food item, as show below:

	Skardu	Jhelum	Swabi	Total	%
Cooked Rice	30	29	38	97	20.38%
Fruits	9	50	12	71	14.92%
Kheer (milk pudding)	0	15	32	47	9.87%
Boiled Potatoes	11	21	37	69	14.50%

Family Diets	88	42	16	146	30.67%
Milk (Other than mother milk)	2	0	0	2	0.42%
Cerelac	2	6	8	16	3.36%
Biscuit	1	19	4	24	5.04%
Tea	1	0	0	1	0.21%
Soup	0	0	3	3	0.63%
Total	144	182	150	476	100.00%

Commonly used supplementary diets



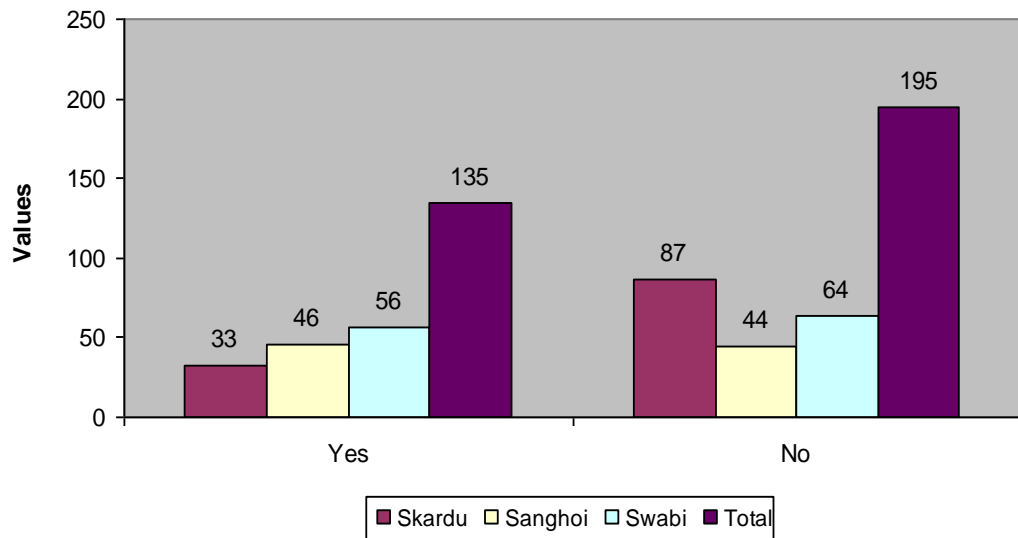
3.2.12 Family Planning

3.2.12.1 Knowledge of family planning

We asked the respondents if they aware of the concept of family planning. Their responses:

Knowledge of family planning	Skardu	Jhelum	Swabi	Total	%
Yes	33	46	56	135	40.91%
No	87	44	64	195	59.09%
Total	120	90	120	330	100.00%

Knowledge about family planning



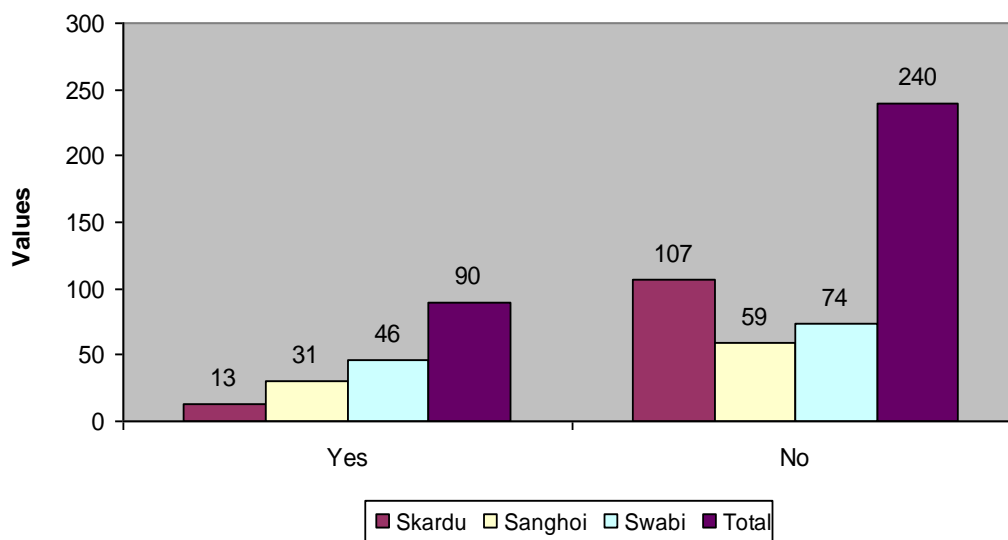
This chart really surprised the surveyors. Almost 60% of the women were not aware of the concept of family planning. It should be noted that the question was not about whether they agreed to the idea or if they were averse to the idea of family planning. The question was about knowing the term family planning and what it generally implied. The high percentage of women who did not know about the term clearly indicates that governmental efforts to create awareness about family planning are not reaching the rural areas, particularly the deprived districts covered by this survey.

3.2.12.2 Knowledge of natural means of family planning

Respondent were asked if they were aware of any natural ways of family planning. Their response, equally disappointing, was as follows:

Knowledge of natural means	Skardu	Jhelum	Swabi	Total	%
Yes	13	31	46	90	27.27%
No	107	59	74	240	72.73%
Total	120	90	120	330	100.00%

Knowledge about the natural means of family planning



This charter further strengthens the fear expressed above. Governmental efforts in spreading awareness of family planning need to be redoubled to ensure outreach in rural areas.

3.3. SURVEY OF HEALTH CARE FACILITIES

This survey covered the following health care facility units:

- a. Mother and Child Health Centers
- b. Dispensaries
- c. Basic Health Units
- d. FAPs.

The questionnaires were completed by the team members after actually visiting all the facilities. The areas covered were mostly common for all the health care facilities, but certain questions were relevant only to some of the facilities.

3.3.1 MOTHER AND CHILD HEALTH CARE CENTERS

This segment of the survey relates to the physical aspects of mother and child health care centers. A total of four such centers (2 in Swabi and 2 in Skardu) were found in targeted area, visited and observation made there-on. There are no MCHC centers in those villages of Jehlum district that were covered by this survey.

3.3.1.1 Out look and Display

3.3.1.1.1 Sign board and Direction Board

Both the MCHC centers in Swabi District had suitable sign/direction boards while neither of the two in Skardu had any sign/directions boards.

3.3.1.1.2 Boundary Walls

Both the MCHC centers in Swabi District had suitable boundary wall while neither of the

two in Skardu had any boundary wall.

3.3.1.1.3 *General Outlook / appearance*

The surveyors observed that none of the four MCHC centers had a good general outlook. Their appearance was not consistent with the role they were expected to play.

3.3.1.1.4 *Cleanliness and orderliness*

The surveyors observed that none of the four MCHC centers had an acceptable standard of cleanliness or orderliness. The maintenance was generally poor and not enough attention was being paid to this important aspect.

3.3.1.1.5 *Organogram*

The surveyors observed that none of the four MCHC centers had displayed any organogram in the in-charge's room.

3.3.1.1.6 *Map of the union council showing various localities*

The surveyors observed that none of the four MCHC centers had displayed any map anywhere in the center.

3.3.1.2 **Utilities**

3.3.1.2.1 *Electricity*

All the four MCHC centers visited had electricity supply.

3.3.1.2.2 *Telephone*

None of the four MCHC centers had any telephone facility.

3.3.1.2.3 *Water Supply System*

Both the MCHC centers in Swabi had a functioning water supply system. One of the two centers in Skardu had a water supply system but it was not functional while the other center did not have a water supply system at all.

3.3.1.2.4 *Sewerage System*

None of the four MCHC centers had a functioning sewerage system.

3.3.1.2.5 *Arrangements for disposal of hospital waste*

None of the four MCHC centers had a formal or acceptable arrangement for disposal of hospital waste.

3.3.1.3 **Availability of Emergency Equipment / Materials**

3.3.1.3.1 *Stitching Material*

The two MCHC centers in Swabi had a supply of stitching material (for wounds, etc.) while neither of the two MCHC centers in Skardu had any such supply.

3.3.1.3.2 *Dressing material*

The two MCHC centers in Swabi had a supply of dressing material (for wounds, etc.) while neither of the two MCHC centers in Skardu had any such supply.

- 3.3.1.3.3** *Pain killer injections*
The two MCHC centers in Swabi had a supply of pain-killing injections while neither of the two MCHC centers in Skardu had any such supply.
- 3.3.1.3.4** *Oxygen Cylinder*
None of the four MCHC centers had this equipment.
- 3.3.1.3.5** *Sucker*
None of the four MCHC centers had this equipment.
- 3.3.1.3.6** *Intravenous Fluids*
All the four MCHC centers had a supply of this material.
- 3.3.1.3.7** *Disposal Syringes*
All the four MCHC centers had a supply of these syringes.
- 3.3.1.4** **Availability of Medicines**
- 3.3.1.4.1** *Antibiotics*
Only one MCHC center in Swabi had any supplies of antibiotics. The other MCHC centers (one in Swabi and two in Skardu) did not have any supply of this material.
- 3.3.1.4.2** *Analgesics / Painkillers*
Only one MCHC center in Swabi had any supplies of analgesics. The other MCHC centers (one in Swabi and two in Skardu) did not have any supply of this material.
- 3.3.1.4.3** *TB-DOTS*
None of the four MCHC centers had this equipment.
- 3.3.1.4.4** *ORS*
One MCHC center in Swabi and both the MCHC centers in Skardu had a supply of ORS. One MCHC center in Swabi did not have any supply of this material.
- 3.3.1.5** **EPI related equipment and supplies**
- 3.3.1.5.1** *Functional Cold Chain Equipment*
The two MCHC centers in Swabi had a functional cold chain equipment while neither of the two MCHC centers in Skardu had any such equipment.
- 3.3.1.5.2** *Vaccines*
The two MCHC centers in Swabi had a supply of vaccines while neither of the two MCHC centers in Skardu had any such supply.
- 3.3.1.5.3** *EPI Syringes*
The two MCHC centers in Swabi had a supply of EPI syringes while neither of the two MCHC centers in Skardu had any such supply.

- 3.3.1.5.4** *EPI Cards*
The two MCHC centers in Swabi had a supply of EPI cards while neither of the two MCHC centers in Skardu had any such cards.
- 3.3.1.6** **Available Staff**
- 3.3.1.6.1** *LHV/FMT*
All the four MCHC centers had this type of staff.
- 3.3.1.6.2** *Mid-wife*
Only one MCHC center in Swabi had a mid-wife. The other MCHC centers (one in Swabi and two in Skardu) did not have such staff.
- 3.3.1.7** **Child Delivery Related Equipment and Facilities**
- 3.3.1.7.1** *Number of deliveries conduct last month*
28 deliveries had been conducted in MCHC centers in Swabi and none were done in any of the MCHC centers in Skardu. This is rather a surprising data and points to problems in the running of MCHC centers in Skardu.
- 3.3.1.7.2** *Number of antenatal check ups carried out*
90 antenatal check ups had been carried out in the two MCHC centers of Swabi and 43 in Skardu.
- 3.3.1.7.3** *Functional Labour Room*
All the four MCHC centers claimed to have a functional labour room.
- 3.3.1.7.4** *Equipment in Labour Room*
Only one MCHC center in Swabi had any equipment in its labour room. The other MCHC centers (one in Swabi and two in Skardu) did not have such equipment.
- 3.3.1.7.5** *Delivery Kit*
None of the four MCHC centers had any delivery kit.
- 3.3.1.7.6** *Delivery Sets*
Only one MCHC center in Swabi had any delivery sets. The other MCHC centers (one in Swabi and two in Skardu) did not have any supply of these delivery sets.
- 3.3.1.8.** **Functional Referral System**
- 3.3.1.8.1** *Availability of referral record.*
All the four MCHC centers claimed to have record of referrals made to RHC or other available hospitals.
- 3.3.1.9** **Educational / Awareness Activities**

- 3.3.1.9.1** *Educational / Awareness Material/ Literature*
None of the four MCHC centers had any educational or awareness material or literature.
- 3.3.1.9.2** *Display of Educational or Awareness Material at Centers*
None of the four MCHC centers had displayed any educational or awareness material or literature any where in the center.
- 3.3.1.9.3** *Health Education Sessions at Dispensaries*
None of the four MCHC centers were having any educational sessions on health education at any dispensaries around.
- 3.3.1.9.4** *Health Education Sessions in Schools around the center*
None of the four MCHC centers were having any sessions on health education at any school around the center.
- 3.3.1.9.5** *Health Education Sessions in Schools to the Community at large*
None of the four MCHC centers were having any sessions on health education at any location in the community around the center.

3.3.2 DISPENSARIES

In this segment, the survey team collected data about the seven governmental dispensaries that operate in the two districts, 6 in Skardu and 1 in Jehlum.

3.3.2.1 Outlook and Displays

- 3.3.2.1.1** *Sign Board and Directions Board*
Three dispensaries in Swabi had good enough sign/directions boards, while the other three dispensaries in Swabi and the one in Jehlum did not have adequate sign/directions boards.
- 3.3.2.1.2** *Boundary Wall*
Only one dispensary in Swabi had a boundary wall. The other five dispensaries in Swabi and one in Jehlum did not have any boundary wall.
- 3.3.2.1.3** *General Outlook / Appearance of the Dispensary*
Only one dispensary in Swabi had a good enough appearance or general outlook. The other five dispensaries in Swabi and one in Jehlum did not have a reasonable appearance matching their function.
- 3.3.2.1.4** *Cleanliness and orderliness*
Only two dispensaries in Swabi displayed adequate cleanliness and orderliness, consistent with their function. The other four dispensaries in Swabi and one in Jehlum were not found to be adequately clean or orderly.
- 3.3.2.1.5** *Organogram Display*
Only one dispensary in Swabi had a displayed its organogram in the room used by the dispensary in-charge. The other five dispensaries in Swabi and one in Jehlum did not have any such display.
- 3.3.2.1.6** *Map of the Council*

Three dispensaries in Swabi had displayed a map of their council showing all the localities, while the other three dispensaries in Swabi and the one in Jhelum did not have any council map.

3.3.2.2 Utilities

3.3.2.2.1 Electricity

All the seven dispensaries (6 in Swabi and one in Jhelum) had electricity.

3.3.2.2.2 Telephone (Land line)

None of the seven dispensaries had a land line phone connection.

3.3.2.2.3 Water Supply

Three dispensaries in Swabi had a water supply system which was functioning. The other three dispensaries in Swabi and the one in Jhelum did not have a water supply system.

3.3.2.2.4 Sewerage System

Three dispensaries in Swabi had a sewerage system which was functioning. The other three dispensaries in Swabi and the one in Jhelum did not have any sewerage system.

3.3.2.2.5 Disposal of Hospital Waste

None of the seven dispensaries had a formal or acceptable arrangement for disposal of hospital waste.

3.3.2.3 Availability of Emergency Equipment / Materials

3.3.2.3.1 Stitching Material

All the seven dispensaries (6 in Swabi and one in Jhelum) had supply of stitching material.

3.3.2.3.2 Dressing material

Five dispensaries in Swabi had a supply of dressing material (for wounds, etc.) while the sixth dispensary in Swabi and the one dispensary in Jhelum did not have any such supply.

3.3.2.3.3 Pain killer injections

All the seven dispensaries (6 in Swabi and one in Jhelum) had supply of pain-killing injections.

3.3.2.3.4 Oxygen Cylinder

None of the seven dispensaries had this equipment.

3.3.2.3.5 Sucker

None of the seven dispensaries had this equipment.

3.3.2.3.6 Intravenous Fluids

All the seven dispensaries had a supply of this material.

3.3.2.3.7 Disposable Syringes

All the seven dispensaries had a supply of disposable syringes.

3.3.2.4 **Availability of Medicines**

3.3.2.4.1 *Antibiotics*

All the seven dispensaries had a supply of antibiotics.

3.3.2.4.2 *Analgesics / Painkillers*

All the seven dispensaries had a supply of analgesics.

3.3.2.4.3 *TB-DOTS*

Four dispensaries in Swabi had a supply of TB-DOTS, while the other two dispensaries in Swabi and the one dispensary in Jehlum did not have this product.

3.3.2.4.4 *ORS*

All the seven dispensaries had a supply of ORS.

3.3.2.5 **EPI related equipment and supplies**

3.3.2.5.1 *Functional Cold Chain Equipment*

Three dispensaries in Swabi had a cold chain equipment which was in working order. The other three dispensaries in Swabi and the one in Jehlum did not have any such equipment.

3.3.2.5.2 *Vaccines*

Four of the dispensaries in Swabi had a supply of vaccines while the other dispensaries in Swabi and the one dispensary in Jehlum did not have any such supply.

3.3.2.5.3 *EPI Syringes*

Four of the dispensaries in Swabi had a supply of EPI syringes while the other dispensaries in Swabi and the one dispensary in Jehlum did not have any such supply.

3.3.2.5.4 *EPI Cards*

None of the seven dispensaries had these cards.

3.3.2.6 **Available Staff**

3.3.2.6.1 *LHV/FMT*

Only one dispensary in Swabi had this type of staff member; all the other dispensaries in Swabi and Jehlum were without any such staff.

3.3.2.6.2 *Mid-wife*

Five of the dispensaries in Swabi had a mid-wife. The other dispensary in Swabi and one in Jehlum did not have such staff.

3.3.2.7 **Child Delivery Related Equipment and Facilities**

3.3.2.7.1 *Number of deliveries conduct last month*

5 deliveries had been conducted in the dispensaries in Swabi and none were done in Jehlum dispensary.

- 3.3.2.7.2** *Number of antenatal check ups carried out*
70 antenatal check ups had been carried out in the dispensaries of Swabi and none in Jehlum.
- 3.3.2.7.3** *Functional Labour Room*
Two of the dispensaries in Swabi claimed to have a functional labour room. The other four dispensaries in Swabi and one in Jehlum did not have a labour room.
- 3.3.2.7.4** *Equipment in Labour Room*
Two of the dispensaries in Swabi had labour room equipment. The other four dispensaries in Swabi and one in Jehlum did not have a labour room or equipment.
- 3.3.2.7.5** *Delivery Kits*
Two of the dispensaries in Swabi had a supply of delivery kits. The other four dispensaries in Swabi and one in Jehlum did not have such kits.
- 3.3.2.7.6** *Delivery Sets*
Two of the dispensaries in Swabi had a supply of delivery sets. The other four dispensaries in Swabi and one in Jehlum did not have such sets.
- 3.3.2.8. Functional Referral System**
- 3.3.2.8.1** *Availability of referral record.*
Only one dispensary had a record of referrals made to RHC or other hospitals. Five other dispensaries in Swabi and the one in Jehlum did not have any such records.
- 3.3.2.9. Educational / Awareness Activities**
- 3.3.2.9.1** *Educational / Awareness Material/ Literature*
Three of the six dispensaries had some educational or awareness material or literature available. All the other dispensaries (3 in Swabi, one in Jehlum) did not such material.
- 3.3.2.9.2** *Display of Educational or Awareness Material at Centers*
Three of the six dispensaries had displayed some educational or awareness material or literature for the information of patients. None of the other four dispensaries (3 in Swabi, one in Jehlum) had or had displayed such material.
- 3.3.2.9.3** *Health Education Sessions at Dispensaries*
Three of the six dispensaries claimed to have conducted sessions on health education in their premises. None of the other four (3 in Swabi, one in Jehlum) dispensaries had done so.
- 3.3.2.9.4** *Health Education Sessions in Schools around the dispensaries*
One dispensary claimed to have conducted sessions on health education at the school around their premises. None of the other six (5 in Swabi, one in Jehlum) dispensaries had done so.
- 3.3.2.9.5** *Health Education Sessions in Schools to the Community at large*
Two of the six dispensaries claimed to have conducted sessions on health education in

community around their premises. None of the other five (4 in Swabi, one in Jehlum) dispensaries had done so.

3.3.3 BASIC HEALTH UNITS (BHUs)

In this segment, the survey team collected data about a total of seven BHUs (four BHUs in Swabi and 3 BHUs in Jehlum district). There were no BHUs in Skardu district.

3.3.3.1 Outlook and Displays

3.3.3.1.1 *Sign Board and Directions Board*

All the four BHUs in Swabi and two BHUs in Jehlum had good enough sign/directions boards, while the other BHU in Jehlum did not have adequate sign/directions boards.

3.3.3.1.2 *Boundary Wall*

All the seven BHUs had a boundary wall (4 in Swabi, 3 in Jehlum).

3.3.3.1.3 *General Outlook / Appearance of the Dispensary*

Only one BHU in Swabi had a good enough appearance or general outlook. The other three BHUs in Swabi and all three in Jehlum did not have a reasonable appearance matching their function.

3.3.3.1.4 *Cleanliness and orderliness*

Only one BHU in Swabi displayed adequate cleanliness and orderliness, consistent with their function. The other three BHU's in Swabi and all three in Jehlum were not found to be adequately clean or orderly.

3.3.3.1.5 *Maintenance of Lawn and plantation*

None of the seven BHU's were maintaining and lawn or plantation on their premises.

3.3.3.1.6 *Organogram Display*

All the four BHUs in Swabi and two BHUs in Jehlum had a displayed its organogram in the room used by the dispensary in-charge. The other BHU in Jehlum did not have any such display.

3.3.3.1.7 *Map of the Council*

All the seven BHUs (4 in Swabi, 3 in Jehlum) had displayed a map of their council showing all the localities.

3.3.3.1.8 *Available of statistics of the Union Council and BHU*

All the seven BHUs (4 in Swabi, 3 in Jehlum) claimed to have statistics on their relevant union council and functioning of the BHU itself available.

3.3.3.1.9 *Availability of Tour Chart of Outreach Team at BHU*

Three BHU's in Swabi and two BHU's in Jehlum had the tour chart/program of the Outreach Team available to them. One BHU each in Swabi and Jehlum did not have such program with it.

3.3.3.1.10 *Availability of DEWS chart at BHU*

All four BHU's in Swabi and two BHU's in Jehlum had DEWS chart available to them. One BHU Jehlum did not have such chart.

3.3.3.2. **Utilities**

3.3.3.2.1 *Electricity*

All the seven BHU's (4 in Swabi and 3 in Jehlum) had electricity.

3.3.3.2.2 *Telephone (Land line)*

None of the seven BHU's had a land line phone connection.

3.3.3.2.3 *Water Supply*

Three BHU's in Swabi had a water supply system which was functioning. The other one BHU in Swabi and all three BHU's in Jehlum did not have a water supply system.

3.3.3.2.4 *Sewerage System*

One BHU in Swabi and two BHU's in Jehlum had a sewerage system which was functioning. The other three dispensaries in Swabi and the one in Jehlum did not have any sewerage system.

3.3.3.2.5 *Disposal of Hospital Waste*

None of the seven BHU's had a formal or acceptable arrangement for disposal of hospital waste.

3.3.3.3 **Availability of Emergency Equipment / Materials**

3.3.3.3.1 *Stitching Material*

All the seven BHU's (4 in Swabi and 3 in Jehlum) had supply of stitching material.

3.3.3.3.2 *Dressing material*

All the seven BHU's (4 in Swabi and 3 in Jehlum) had a supply of dressing material (for wounds, etc.).

3.3.3.3.3 *Pain killer injections*

All the seven BHU's (4 in Swabi and 3 in Jehlum) had supply of pain-killing injections.

3.3.3.3.4 *Oxygen Cylinder*

None of the seven BHU's had this equipment.

3.3.3.3.5 *Sucker*

None of the seven BHU's had this equipment.

3.3.3.3.6 *Life Saving Drugs*

Only one BHU in Swabi and two BHU's in Jehlum had supply of life saving drugs. The other three BHU's in Swabi and one in Jehlum did not have such drugs readily available.

3.3.3.3.7 *Disposable Syringes*

All four BHU's in Swabi and two in Jehlum had a supply of disposable syringes, while

one BHU in Jehlum did not have such a supply.

3.3.3.4 **Availability of Medicines**

3.3.3.4.1

Antibiotics

All four BHU's in Swabi and two in Jehlum had a supply of antibiotics, while one BHU in Jehlum did not have such a supply.

3.3.3.4.2

Analgesics / Painkillers

All four BHU's in Swabi and two in Jehlum had a supply of analgesics, while one BHU in Jehlum did not have a supply of analgesics.

3.3.3.4.3

TB-DOTS

All four BHU's in Swabi and two in Jehlum had a supply of TB-DOTS, while one BHU in Jehlum did not have a supply of this product.

3.3.3.4.4

Anti-malarial drugs

All four BHU's in Swabi and two in Jehlum had a supply of anti-malarial drugs, while one BHU in Jehlum did not have a supply of such drugs.

3.3.3.4.5

ORS

All the seven BHU's had a supply of ORS.

3.3.3.5 **EPI related equipment and supplies**

3.3.3.5.1

Functional Cold Chain Equipment

All the seven BHU's had a cold chain equipment which was in working order.

3.3.3.5.2

BCG Vaccine

All the seven BHU's had a supply of this vaccine.

3.3.3.5.3

DPT Vaccine

All the seven BHU's had a supply of this vaccine.

3.3.3.5.4

OPV Vaccine

All the seven BHU's had a supply of this vaccine.

3.3.3.5.5

Measles Vaccine

All the seven BHU's had a supply of this vaccine.

3.3.3.5.6

HBV Vaccine

All the seven BHU's had a supply of this vaccine.

3.3.3.5.7

TT Vaccine

All the seven BHU's had a supply of this vaccine.

3.3.3.5.8

EPI Syringes

All the seven BHU's had a supply of these syringes.

- 3.3.3.5.9 *EPI Cards*
All the seven BHU's had a supply of these cards.
- 3.3.3.6 **Available Staff**
- 3.3.3.6.1 *LHV/FMT*
All four BHU's in Swabi and two of the BHU's in Jehlum had this type of staff member; while one BHU in Jehlum was without any such staff.
- 3.3.3.6.2 *Mid-wife*
All the seven BHU's had a mid-wives on their staff.
- 3.3.3.7 **Child Delivery Related Equipment and Facilities**
- 3.3.3.7.1 *Number of deliveries conduct last month*
7 deliveries had been conducted in the BHU's in Swabi and 20 in the BHU's of Jehlum.
- 3.3.3.7.2 *Number of antenatal check ups carried out*
46 antenatal check ups had been carried out in the BHU's of Swabi and 180 in the BHU's of Jehlum.
- 3.3.3.7.3 *Functional Labour Room*
Only one BHU in Swabi and two BHU's in Jehlum had labour room equipment. The other three BHU's in Swabi and one in Jehlum did not have a labour room or equipment. However, the labour rooms in Jehlum BHU's were said to be "not in proper condition".
- 3.3.3.7.4 *Equipment in Labour Room*
Two BHU's in Swabi and two in Jehlum had equipment in their labour rooms. Two BHU's in Swabi and one BHU in Jehlum did not have this equipment.
- 3.3.3.7.5 *Delivery Table*
Two BHU's in Swabi and two in Jehlum had delivery tables in their labour rooms. Two BHU's in Swabi and one BHU in Jehlum did not have this table.
- 3.3.3.7.6 *Delivery Sets*
Three of the BHU's in Swabi and two BHU's in Jehlum had a supply of delivery sets. The other one BHU in Swabi and one BHU in Jehlum did not have such sets.
- 3.3.3.8. **Functional Referral System**
- 3.3.3.8.1 *Availability of referral record.*
All the seven BHU's claimed to have record of referrals to RHC and other hospital available with them.
- 3.3.3.9 **Educational / Awareness Activities**
- 3.3.3.9.1 *Educational / Awareness Material/ Literature*

Two BHU's in Swabi and two BHU's in Jehlum had some educational or awareness material or literature available. All the other BHU's (2 in Swabi, one in Jehlum) did not have such material.

3.3.3.9.2

Display of Educational or Awareness Material at Centers

Two BHU's in Swabi and two BHU's in Jehlum had displayed some educational or awareness material or literature for the information of patients. None of the other three BHU's (2 in Swabi, one in Jehlum) had or had displayed such material.

3.3.3.9.3

Health Education Sessions at BHU

Only one BHU in Swabi claimed to have conducted sessions on health education in their premises. None of the other six (3 in Swabi, 3 in Jehlum) BHU's had done so.

3.3.3.9.4

Health Education Sessions in Schools around the dispensaries

Only one BHU in Swabi claimed to have conducted sessions on health education at the schools around their premises. None of the other six BHU's (3 in Swabi, 3 in Jehlum) had done so.

3.3.3.9.5

Health Education Sessions in Schools to the Community at large

None of the seven BHU's had conducted any health education sessions for the community.

3.3.4

FIRST AID POINTS (FAPs)

In this segment, the survey team collected data about the four FAP units in Skardu District. There were no first aid points in Swabi or Jehlum districts.

3.3.4.1

Outlook and Displays

3.3.4.1.1

Sign Board and Directions Board

None of the four FAP's had any sign board or directions board.

3.3.4.1.2

Boundary Wall

None of the four FAP's had a boundary wall.

3.3.4.1.3

General Outlook / Appearance of the Dispensary

None of the four FAP's in Skardu had a reasonable appearance matching their function.

3.3.4.1.4

Cleanliness and orderliness

None of four FAPs were found to have a satisfactory standard of cleanliness / orderliness.

3.3.4.1.5

Organogram Display

No organogram was displayed in any room or any of the four FAPs in Skardu.

3.3.4.1.6

Map of the Council

None of the four FAPs had displayed a map of their council showing all the localities.

3.3.4.2.

Utilities

- 3.3.4.2.1 *Electricity*
All the four FAP's had electricity.
- 3.3.4.2.2 *Telephone (Land line)*
None of the four FAP's had a land line phone connection.
- 3.3.4.2.3 *Water Supply*
None of the four FAP's had a water supply system.
- 3.3.4.2.4 *Sewerage System*
None of the four FAP's had a sewerage system which was functioning.
- 3.3.4.2.5 *Disposal of Hospital Waste*
None of the four FAP's had a formal or acceptable arrangement for disposal of hospital waste.
- 3.3.4.3 **Availability of Emergency Equipment / Materials**
- 3.3.4.3.1 *Stitching Material*
Three FAPs had a supply of stitching material while the fourth FAP did not. However, even those who did have this material complained of shortage.
- 3.3.4.3.2 *Dressing material*
None of four FAP's had a supply of dressing material (for wounds, etc.).
- 3.3.4.3.3 *Pain killer injections*
Three FAPs had a supply of pain-killer injections while the fourth FAP did not. However, even those who did have this material complained of shortage.
- 3.3.4.3.4 *Oxygen Cylinder*
None of the four FAP's had this equipment.
- 3.3.4.3.5 *Sucker*
None of the four FAP's had this equipment.
- 3.3.4.3.6 *Intravenous Fluids*
None of the four FAP's had a supply of these fluids.
- 3.3.4.3.7 *Disposable Syringes*
All the four FAP's had a supply of disposable syringes.
- 3.3.4.4 **Availability of Medicines**
- 3.3.4.4.1 *Antibiotics*
All four FAP's had a supply of antibiotics.
- 3.3.4.4.2 *Analgesics / Painkillers*
All four FAP's had a supply of pain-killers / analgesics.

3.3.4.4.3 *TB-DOTS*
None of the four FAP's had a supply of these items.

3.3.4.4.4 *ORS*
All the four FAP's had a supply of ORS.

3.3.4.5 **Functional Referral System**

3.3.4.5.1 *Availability of referral record.*
None of the four FAP's had any record of referrals to RHC and other hospital available with them.

3.3.4.6 **Educational / Awareness Activities**

3.3.4.6.1 *Educational / Awareness Material/ Literature*
None of the four FAP's had any such material.

3.3.4.6.2 *Display of Educational or Awareness Material at Centers*
None of four FAP's had or had displayed such material.

3.3.4.6.3 *Health Education Sessions at BHU*
None of the four FAP's had done provided any health education sessions in its premises or elsewhere.

3.3.4.6.4 *Health Education Sessions in Schools around the dispensaries*
None of the four FAP's had done provided any health education sessions in its premises or elsewhere.

3.3.4.6.5 *Health Education Sessions in Schools to the Community at large*
None of the four FAP's had done provided any health education sessions in its premises or elsewhere.

3.4 **SURVEY AMONG LADY HEALTH WORKERS**

This survey is based on interviews with 37 Lady Health Workers operating in the three districts covered by this study. 15 LHWs belonged to Swabi, 11 to Jehlum and 11 to Skardu district.

3.4.1 **Quality Standards / Services Rendered**

3.4.1.1 *Organizing Community, Forming Women Groups and or Health Committees*
The respondents were asked if they were active in organizing community by developing women groups and/or health committees in their respective areas. Their response was as follows:

<i>Do you organize community?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
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Yes	12	1	7	20	54.1%
No	3	10	4	17	45.9%
Total	15	11	11	37	100.0%

3.4.1.2

Those respondents who answered in negative to the above question were asked for the reason for not being active in organizing community or developing women groups or forming health committees. Their response was as follows:

<i>Why not organizing?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Less Mobility in field	2	4	2	8	47.1%
Community is divided in groups	0	5	0	5	29.4%
Not a local resident	0	1	0	1	5.9%
Not functional	0	0	2	2	11.8%
Don't visit	1	0	0	1	5.9%
Total	1	0	2	17	100.0%

The biggest cause for LHW's inactivity is lack of mobility, followed by lack of cooperation from community due to divisions in the community. Other reasons like LHW not a local resident or their unwillingness to make visits are also attributable to lack of transport facilities. The transport factor needs attention from the administration while an effort is also needed to educate the community to ensure their internal divisions do not adversely affect the health services in the area.

3.4.1.3

Liaison between formal health system and community

The respondents were asked if they acting as a liaison between the formal health system and the community. Their response was:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	8	1	11	20	54.1%
No	7	10	0	17	45.9%
Total	15	11	11	37	100.0%

3.4.1.4

Those respondents who answered in negative to the above question were asked for the reason for not acting as a liaison between the formal health system and the community. Their response was as follows:

<i>Why not acting as liaison?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
BHU is far	2		0	2	11.8%
Not a local resident	0	1	0	1	5.9%
Community is divided in groups	0	3	0	3	17.6%
Don't visit	2	6	0	8	47.1%
People don't go	1	0	0	1	5.9%

End of referral cards	2	0	0	2	11.8%
Total	7	10	0	17	100.0%

The biggest cause appears to be unwillingness of LHW's to make any visits. This is linked with two other causes viz BHU is far and I am not a local resident. Also, the end of referral card system is cited by 11% of the respondents. These are physical issues that need to be addressed at administrative level. However 17.6% of the LHWs felt that divisions among the community prevent them from acting as a liaison between the formal health system and the community. This can be handled only through mounting awareness programs for the community.

3.4.1.5

Registration of all eligible couples

The respondents were asked if they had registered all the eligible couples in their respective areas (i.e. married women aged 15 to 49 years). All of them responded positively.

	Swabi	Jhelum	Skardu	Total	%
Yes	15	11	11	37	100.0%
No	0	0	0	0	0.0%
Total	15	11	11	37	100.0%

This is a very encouraging sign.

3.4.1.6

Disseminating Health Education

The respondents were asked if they were disseminating health education message on hygiene and sanitation to the mothers and other patients. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	4	0	6	10	27.0%
No	11	11	5	27	73.0%
Total	15	11	11	37	100.0%

3.4.1.7

Those respondents who gave a negative reply to the above question were asked for reasons why they were not disseminating health education message on hygiene and sanitation to the mothers and other patients. Their response was as follows:

<i>Why not disseminating?</i>	Swabi	Jhelum	Skardu	Total	%
Not performing her duty properly	8	0	0	8	29.6%
less community mobilization	2	0	0	3	11.1%
Don't provide other services	1	0	0	1	3.7%
Don't have such	0	8	4	12	44.4%

material					
Have no any training about it	0	3	1	3	11.1%
Total	11	11	5	27	100.0%

While 30% were simply found to be negligent in their duties and had no valid reason for not performing this act, a staggering 44% said that they had no material on health education which they could use for dissemination purposes. Another 11% had no training on this aspect of their job. One LHW plainly admitted that she provides no other service (other than what?) About 11% offered lack of mobility in the community as a reason. Clearly, this indicates that health planners have a task to do here. They should provide both adequate material and appropriate training to LHWs to ensure that they are able to perform this important task effectively.

3.4.1.8

Providing family planning material to couples

The respondents were asked if they were providing condoms, and oral pills to eligible couples, and were they referring clients needing IUD (intrauterine device) insertions, contraceptive surgery and injectables to appropriate health units. Their responses were:

	Swabi	Jhelum	Skardu	Total	%
Yes	15	10	10	35	94.6%
No	0	1	1	2	5.4%
Total	15	11	11	37	100.0%

With almost 95% LHWs performing this task, the overall situation is encouraging. The two LHWs who were not performing this task said that they did not have the material to give out. This indicates poor administrative and supply situation.

3.4.1.9

Coordinating with TBAs and local health facilities

The respondents were asked if they were regularly coordinating with Traditional Birth Attendants (TBAs) and local health facilities like BHU and FAPs etc. Their response was:

	Swabi	Jhelum	Skardu	Total	%
Yes	8	1	2	11	29.7%
No	7	10	9	26	70.3%
Total	15	11	11	37	100.0%

A staggering 70% were not coordinating with TBAs or other health facilities in the area, without any apparent justifiable reasons. They simply said that they had no links with either TBAs or other health facilities. This situation points to a lack in their training. They should have been appropriately advised on this aspect of their job.

3.4.1.10

Nutritional interventions

The respondents were asked if they undertook nutritional interventions such as anemia, growth monitoring and emphasized on breast-feeding and weaning practices. Their response was:

	Swabi	Jhelum	Skardu	Total	%
Yes	1	2	5	8	21.6%
No	14	9	6	29	78.4%
Total	15	11	11	37	100.0%

- 3.4.1.11** Those respondents who replied in negative to the above question were asked as to why they did not undertake nutritional interventions such as anemia, growth monitoring and emphasize on breast-feeding and weaning practices. Their response was:

<i>Why not undertaking.....?</i>	Swabi	Jhelum	Skardu	Total	%
Don't know about that	2	6	6	14	48.3%
Shortage of medicine	0	3	0	3	10.3%
Not performing her duty properly	6	0	0	6	20.7%
Lack of Awareness	1	0	0	1	3.4%
Low community mobilization	2	0	0	2	6.9%
Don't have any link	1	0	0	1	3.4%
Don't provide other services	1	0	0	1	3.4%
People don't accept	1	0	0	1	3.4%
Total	14	9	6	29	100.0%

Apart from 10% who complained of shortage of medicine or relevant materials, all other were simply ignorant of this very important aspect of their duties. They had clearly not been trained properly and their supervision was equally lax. Health planners and administrators should take a note of it.

3.4.1.12 *Coordination with EPI*

The respondents were asked if they regularly coordinating with Extended Program of Immunization (EPI) for mobilization of mothers against tetanus and of children against six immunizable diseases. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	15	11	10	36	97.3%
No	0	0	1	1	2.7%
Total	15	11	11	37	100.0%

The one LHW who was not performing this function was unaware of this aspect of her job. Otherwise the situation on this count is quite encouraging.

3.4.1.13 *Prevention and Treatment of minor ailments*

The respondents were asked if they were treating their clients for minor ailments and also advising them on how to prevent minor diseases. Their response was:

	Swabi	Jhelum	Skardu	Total	%
Yes	14	9	9	32	86.5%
No	1	2	2	5	13.5%
Total	15	11	11	37	100.0%

While over 86% of LHWs were providing this important service, other 13.% complained of lack of medicines. This calls for better administration of the health program under which LHWs are operating.

3.4.1.14 *Referral to the first level care facility after treatment of minor ailments*

The respondents were asked if they were referring their clients, where necessary, to the first level health care facility after treatment of minor ailment. Their response was:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	9	9	8	26	70.3%
No	6	2	3	11	29.7%
Total	15	11	11	37	100.0%

3.4.1.15 Those respondents who replied in negative to the above question were asked as to why they were not referring their clients, where necessary, to the first level health care facility after treatment of minor ailment. Their response was:

<i>Why not referring?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Doing it but not properly	2	0	0	2	18.2%
Shortage of medicine	2	2	3	7	63.6%
End of referral cards system	1	0	0	1	9.1%
Not performing her duty properly	1	0	0	1	9.1%
Total	6	2	3	11	100.0%

Shortage of medicine appears to be the prime reason, but this clearly relates to one-half of the question, viz provision of treatment. Assertion by 18% of LHWs that they were doing it but not properly and admission of one LHW that she was not doing her job properly simply indicate to poor training. However, end of card referral system appears to be a genuine cause that needs to be addressed by health care administrators in the area.

3.4.1.16 *Registration of pregnant mothers for antenatal care.*

Respondents were asked if they were maintaining a register of pregnant mother in their area for antenatal care. Their response was:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	13	11	11	35	94.6%
No	2	0	0	2	5.4%
Total	15	11	11	37	100.0%

The situation appears encouraging as almost 95% of LHWs are maintaining a record of registration of pregnant mothers for antenatal care. The two LHWs in Swabi complained that they did not a separate register for the purpose. This is an administrative problem and can be tackled fairly easily.

3.4.1.17 *Counseling of pregnant and lactating mothers*

The respondents were asked if they were counseling the pregnant and lactating mothers on related issues. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	8	2	8	18	48.6%
No	7	9	3	19	51.4%

Total	15	11	11	37	100.0%
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- 3.4.1.18** Those respondents who had replied in negative to the above question were asked as why they were not counseling the pregnant and lactating mothers on related issues. Their response was as follows:

<i>Why not counseling?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Not performing their duty properly	3	6	0	9	47.4%
Low community mobilization	3	0	0	3	15.8%
No response	1	0	0	1	5.3%
Cant cover the whole community	0	3	3	6	31.6%
Total	7	9	3	19	100.0%

Virtually all the responses point to one basic flaw: the LHW have not been properly trained – or motivated to take their responsibilities seriously. Administrators of health programs in these districts should take note of this.

- 3.4.1.19** *Screening on neonate*
The respondents were asked if they carried out screening on neonate for referral requiring problems. Their response was:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	9	1	7	17	45.9%
No	6	10	4	20	54.1%
Total	15	11	11	37	100.0%

- 3.4.1.20** Those respondents who had replied in negative to the above question were asked as why they did not carry out screening on neonate for referral requiring problems. Their response was:

<i>Why not organizing?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
People don't go	4	0	0	4	20.0%
Not performing her duty properly	0	6	0	6	30.0%
No permission	1	0	0	1	5.0%
Don't do	1	0	0	1	5.0%
Never Visit Community as defined	0	2	2	4	20.0%
Don't know about it	0	2	2	4	20.0%
Total	6	10	4	20	1

Virtually all the responses given point to one basic flaw in training of LHWs. Administrators and planners of LHWs program should take a serious note of this.

- 3.4.1.21** *Weight monitoring*
Respondents were asked if they carried out weight monitoring of the children under three years of age. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	7	3	7	17	45.9%
No	8	8	4	20	54.1%

Total	15	11	11	37	100.0%
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- 3.4.1.22 Those respondents who had replied in negative to the above question were asked as why they had not carried out weight monitoring of the children under three years of age. Their response was as follows:

<i>Why not monitoring?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Done, but not properly	4	4	2	10	50.0%
Scale is out of order	2	3	0	5	25.0%
Don't know about it	1	1	2	4	20.0%
Don't have Scale	1	0	0	1	5.0%
Total	8	8	4	20	100.0%

50% of respondents claimed to do the exercise but not properly or regularly enough. 20% did not know about it, 5% did not have a weighing scale and 25% complained about weighing scale being out of order. All these are administrative problems which can be addressed by better supervision.

- 3.4.1.23 *Counseling on breast-feeding and weaning*
 Respondents were asked if they provided counseling on breast-feeding and weaning to mothers. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	11	2	9	22	59.5%
No	4	9	2	15	40.5%
Total	15	11	11	37	100.0%

- 3.4.1.24 Those respondents who had replied in negative to the above question were asked as why they did not provide counseling on breast-feeding and weaning to mothers. Their response was as follows:

<i>Why not counseling?</i>	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Due to extra work can't move in community	1	1	2	4	26.7%
Lack of Awareness	1	0	0	1	6.7%
People don't accept her advice	2	0	0	2	13.3%
But not properly		3	1	4	26.7%
Not a local resident	0	1	0	1	6.7%
Not performing her duty properly	0	3	0	3	20.0%
Total	4	8	3	15	100.0%

The issues relate either to poor training or lack of supervision of the LHWs. Administration can handle all these causes.

- 3.4.1.25 *Counseling on family planning*
 Respondents were asked if they provided counseling to eligible couples on matters relating to family planning. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
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Yes	13	7	11	31	83.8%
No	2	4	0	6	16.2%
Total	15	11	11	37	100.0%

Almost 84% of LHWs were providing counseling on family planning. However, 2 LHWs said that people did not listen to them so they did not offer this advice. 4 LHWs claimed that they offered this counseling but not properly. Both the excuses offered are in fact indicative of lacking of proper training given to LHWs. If they had been properly trained they would know not to give up providing the advice even if a few people do not listen to them.

3.4.1.26 *Provision of medicines and contraceptives to patients and clients*

Respondents were asked if they were providing medicine and contraceptives to their patients and clients. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	11	10	11	32	86.5%
No	4	1	0	5	13.5%
Total	15	11	11	37	100.0%

2 LHWs claimed a lack of mobility in community, 1 LHW was unaware of this function, 1 LHW claimed to be providing this service but not properly while the last LHW offered the excuse that she was not a local resident. All these are matters that can be resolved through closer supervision and better training of the LHWs.

3.4.2 **Materials, Equipment and Supplies available with LHWs**

3.4.2.1 *Map of the Community*

Respondents were asked if they had a map of the community served by them. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	12	11	10	33	89.2%
No	3	0	1	4	10.8%
Total	15	11	11	37	100.0%

It is encouraging to note that almost 90% of LHWs had a map of their respective communities. One of the four who didn't have a map said that her map was spoilt; the rest could not offer any plausible reason. We believe this is an administrative matter and can be resolved through closer supervision.

3.4.2.2 *Family (Khandan) Register*

The respondents were asked if they had a Family Register. All the respondents replied in affirmative.

3.4.2.3 *Community Chart*

The respondents were asked if they had a Community Chart showing demographic, social or other information. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	13	9	7	29	78.4%
No	2	2	4	8	21.6%
Total	15	11	11	37	100.0%

While 78% of the LHWs had a suitable Community Chart, the rest neither had a chart, nor a plausible reason for not having it. We believe this is an administrative matter and can be resolved through closer supervision.

3.4.2.4 Treatment and Family Planning Register

The respondents were asked if they had a Treatment and Family Planning Register. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	13	11	11	35	94.6%
No	2	0	0	2	5.4%
Total	15	11	11	37	100.0%

35 out of 37 LHWs (i.e. 95% of them) had such a register and the other said it had not been supplied to them. This is clearly an administrative lapse and can be resolved through closer supervision.

3.4.2.5 Diary

The respondents were asked if they had a Diary. All the respondents replied in affirmative.

3.4.2.6 Mother and Child Health Cards

The respondents were asked if they had a supply of Mother and Child Health cards. All the respondents replied in affirmative.

3.4.2.7 Referral Slips

Respondents were asked if they had a supply of referral slips. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	13	11	10	34	91.9%
No	2	0	1	3	8.1%
Total	15	11	11	37	100.0%

While almost 92% of LHWs claimed to have a supply of referral slips, the rest said that referral slips system had ended. This is an administrative issue which can be looked into relevant officials.

3.4.2.8 Monthly Report Forms

Respondents were asked if they had a supply of Monthly Report forms that they have to fill. All of the respondents replied in affirmative.

3.4.2.9 Paracetamol Tablets

Respondents were asked if they had a supply of paracetamol (pain-killer) tablets (500mg). All of the respondents replied in affirmative.

3.4.2.10 Chloroquine Tablets

Respondents were asked if they had a supply of chloroquine (anti-malaria) tablets (150mg). All

of the respondents replied in affirmative.

3.4.2.11 *Mabendazole Tablets*

Respondents were asked if they had a supply of Mabendazole (anti-malaria) tablets (100mg). Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	10	11	10	31	83.8%
No	5	0	1	6	16.2%
Total	15	11	11	37	100.0%

While almost 84% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.12 *ORS*

Respondents were asked if they had a supply of ORS. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	12	11	10	34	91.9%
No	3	0	0	3	8.1%
Total	15	11	11	37	100.0%

While almost 92% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.13 *Cotrimoxazole Syrup*

Respondents were asked if they had a supply of Cotrimoxazole Syrup. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	11	10	5	26	70.3%
No	4	1	6	11	29.7%
Total	15	11	11	37	100.0%

While almost 70.3% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.14 *Ferrous Fumerate 150mg tablets and Folic Acid 0.5mg tablets*

Respondents were asked if they had a supply of Ferrous Fumerate 150mg tablets and Folic Acid 0.5mg tablets. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	12	9	10	31	83.8%
No	3	2	1	6	16.2%
Total	15	11	11	37	100.0%

While almost 84% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.15 *Cotton Bandages 4" x 3m*

Respondents were asked if they had a supply of Cotton Bandages 4" x 3m. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	11	4	8	23	62.2%
No	4	7	3	14	37.8%
Total	15	11	11	37	100.0%

While over 62% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.16 *Benzyl Benzoate Lotion*

Respondents were asked if they had a supply of Benzyl Benzoate Lotion. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	11	11	8	30	81.1%
No	4	0	3	7	20.9%
Total	15	11	11	37	100.0%

While over 81% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.17 *Paracetamol Syrup*

Respondents were asked if they had a supply of Paracetamol Syrup (in 120mg packing). Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	13	10	11	34	91.9%
No	2	1	0	3	8.1%
Total	15	11	11	37	100.0%

While almost 92% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.18 *Chloroquine Syrup*

Respondents were asked if they had a supply of Chloroquine Syrup (in 50mg packing). Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	14	9	4	27	73.0%
No	1	2	7	10	27.0%
Total	15	11	11	37	100.0%

While 73% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.19 *Piperazine Syrup*

Respondents were asked if they had a supply of Piperazine Chloroquine Syrup (in 500ml packing). Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	10	10	4	24	64.9%
No	5	1	7	13	35.1%
Total	15	11	11	37	100.0%

While almost 65% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.20 *Polymyxin "B" Sulphate Eye Ointment*

Respondents were asked if they had a supply of Polymyxin "B" Sulphate Eye Ointment (in 4 gm packing). Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	11	11	11	33	89.2%
No	4	0	0	4	10.8%
Total	15	11	11	37	100.0%

While almost 90% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.21 *B Complex Syrup*

Respondents were asked if they had a supply of B Complex Syrup. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	14	11	10	35	94.6%
No	1	0	1	2	5.5%
Total	15	11	11	37	100.0%

While almost 95% of the respondents had a supply of this medicine, yet all of them complained about its short supply, or general shortage of medicines.

3.4.2.22 *Antiseptic Lotion*

Respondents were asked if they had a supply of antiseptic lotion. Their response was as follows:

	<i>Swabi</i>	<i>Jhelum</i>	<i>Skardu</i>	<i>Total</i>	<i>%</i>
Yes	13	1	7	21	56.8%
No	2	10	4	16	43.2%
Total	15	11	11	37	100.0%

This medicine was in short supply as only 57% of the respondents had a supply of this lotion. All of them complained about its short supply, or general shortage of medicines.

3.4.2.23 *Cotton Wool*

Respondents were asked if they had a supply of cotton wool. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	13	1	7	21	56.8%
No	2	10	4	16	43.2%
Total	15	11	11	37	100.0%

This material was in short supply as only 57% of the respondents had a supply of cotton wool. All of them complained about its short supply, or general shortage of materials.

3.4.2.24 *Sticking Plaster (1" x 5m)*

Respondents were asked if they had a supply of Sticking Plaster. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	13	1	7	21	56.8%
No	2	10	4	16	43.2%
Total	15	11	11	37	100.0%

This material was in short supply as only 57% of the respondents had a supply of this plaster. All of them complained about its short supply, or general shortage of materials.

3.4.2.25 *Pencil Torch with 2 cells*

Respondents were asked if they had a pencil torch with at least 2 cells. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	2	0	0	2	5.4%
No	13	11	11	35	94.6%
Total	15	11	11	37	100.0%

This material was in real short supply as only 5% of the respondents had a supply of pencil torches and cells. 11 LHWs (31%) claimed that they had never been supplied any torches or cells and 26 (70%) LHWs said that once supplied they were never replaced. This is an administrative lapse and needs attention from relevant officials.

3.4.2.26 *Clinical Thermometer*

Respondents were asked if they had a clinical thermometer. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
Yes	12	0	0	12	32.4%
No	3	11	11	25	67.6%
Total	15	11	11	37	100.0%

This material was in real short supply as only 32.4% of the respondents had a clinical thermometer. All the respondents claimed that once supplied they were never replaced. This is a serious administrative lapse and needs attention from relevant officials.

3.4.2.27 *Scissors*

Respondents were asked if they had a pair of scissors. Their response was as follows:

	Swabi	Jhelum	Skardu	Total	%
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Yes	12	2	0	14	37.8%
No	3	9	11	23	62.2%
Total	15	11	11	37	100.0%

This material was in real short supply as less than 38%% of the respondents had a pair of scissors. All the respondents claimed that once supplied they were never replaced. This is a serious administrative lapse and needs attention from relevant officials.

3.4.2.28 *LHW kitbags*

All the respondents said that they had a LHW kit bag. However they also claimed that it was issued to them once and had never been replaced.

4. ANALYSIS

4.1 SURVEY OF MOTHERS-TO-BE AND RECENT MOTHERS

The main points emerging out of the survey of 330 mothers-to-be and recent mothers on mother and child health care issues were as follows:

4.1.1 *Antenatal Check ups*

- A. Most mothers understand the importance of antenatal check ups and do go for them. However, a sizeable proportion of women (over 34%) do not go for these check-up for social, cultural or economic reasons like high cost, not permitted by family, unwillingness to see a male doctor, etc.
- B. About 43% of women use health care facilities provided by government (like LHW, BHU, FAPs, DHQ, etc.) for antenatal check-ups while 56% use private sector facilities.
- C. Almost 53% of women who do go for an antenatal check-up, do so because of a specific problems, the rest go for them as a routine check.
- D. About 31% women go for only one antenatal check-up during their entire pregnancy. However, almost 41% had made two visits while other went for more than two antenatal check ups during their pregnancy. However, not all those visits could be classified as routine checks. Many of these visits could have been prompted by specific problems like pain in stomach, or in ear, etc.
- E. A variety of measures like weight check, blood pressure, urine tests, blood test, ultrasound are taken during the antenatal check ups. However, almost 20% respondents said no measures were taken during their check ups.

4.1.2 *Vaccinations*

- A. 58% of respondents had received Tetanus vaccination. About 26% of these women had received it only once, 41% had received it twice and rest on three or more occasions.
- B. 42% of respondents who received the vaccination had received it from the vaccinator who came to their village. 20% went to BHU, 12% to DHQ hospital and rest from other governmental health facilities.
- C. The reasons for not getting vaccinated mostly relate to social, economic and cultural issues, like unawareness of importance of vaccination, cost, distance to the health facility, not being allowed to go, not wanting to see a male vaccinator, etc.

4.1.3 *Complications or Problems with Pregnancy*

- A. Over 91% of the respondents were not aware of danger signals relating to pregnancy.
- B. About 20% of respondents claimed that they experienced no complication or problem during

their pregnancy. Of the remaining who did experience problems, two-thirds went for treatment and the rest did not seek treatment. Reasons given for not going for treatment are quite similar to those enumerated under para 4.1.2.C above.

- C. More than a third of the respondent who did receive treatment had gone to private sector facilities like a lady doctor or nurse. Others used governmental health care facilities.

4.1.4 *Delivery*

- A. Only 41% of couples discuss the place of delivery, the remaining 59% don't.
- B. Over a quarter of women went to a lady doctor while about 25% were assisted by other trained medics like nurses, LDV, SBA, etc. Yet over 40% of the birth took place at home assisted by unqualified relatives and family members.
- C. Reasons given for not using a trained medical person for assisting in delivery were once again same as earlier, e.g. cost, distance to the facility, unwillingness to see a male doctor, not allowed to go out of the house, misconceptions about what trained medics do, etc.
- D. A startling 94% of respondents were not aware of the importance of using sterilized instruments during delivery.
- E. Almost 71% respondents reported that an unboiled (and hence un-sterilized) thread was used for tying the umbilical cord. Only 7% used boiled thread, 3.6% used hair, while 17% did not know what material had been used.
- F. Thankfully, almost 55% respondents said that a new razor was used for cutting the umbilical cord. 27% said a household scissor was used, 13.6% said a knife was used.
- G. In 49% of cases, the new-born was given a bath within one hour of birth. But in certain cases it took more than a day before a bath was given to the new born baby.

4.1.5 *Post-natal Check ups*

- A. A staggering 93% of respondent had not gone for a post-natal check up.
- B. The familiar set of reasons was given for not going for a post-natal check up like cost, distance to the facility, not allowed, no one to go with, etc.

4.1.6 *Abortion and Miscarriages*

- A. About 28% of respondents had experienced a miscarriage.
- B. About 80% of those who had had miscarriages, had only one miscarriage in life, while almost 10% had experienced two miscarriages, 5.4% had three and 4.3% had four miscarriages.
- C. 37% of respondent who had a miscarriage were not aware of the reason for miscarriage, about 20% attributed it to bleeding, 10% to heavy home-related work, 9% to lifting heavy weights, and 11% to weakness.

4.1.7 *Child Vaccination*

- A. Two-thirds of the respondents reported that their children were duly vaccinated and had also received Vitamin A drops. The rest offered familiar excuses like it is not necessary, no one to go with, facility too far or not known, etc.
- B. 61% of respondents did not hold vaccination cards,

4.1.8 *Principal Decision Maker on Health matters*

In almost 70% of households, husband is the principal decision maker even on child birth related matters. In another 19% houses, mother-in-law and 10% houses father-in-law makes these decisions. The women themselves make such decisions in less than 1% households.

4.1.9 *Children's Ailments*

- A. Most women had some knowledge of common ailments experienced by children.
- B. 85% of respondents said their children had suffered from Diarrhea. In 30% of cases children had experienced this ailment on three times, in 20% cases four times, and in 30% of cases for six times or more. Most (43.6%) patients were taken to private doctors/hospitals. About 30% went to governmental medical facilities.
- C. 82% of respondents knew about ORS and its benefits and 70% had actually got it administered to their children. However, surprising 95% of respondents did not know how to prepare and administer it.

4.1.10 *Child Mortality*

22.7% respondents reported that they had lost a child under one year of age. A large number of reasons were given for such deaths.

4.1.11 *Baby Feeds*

- A. Over 98% mothers were breast-feeding their babies. In most cases breast-feeding started immediately or within few hours of child birth.
- B. 96% of the mothers were not aware of the importance of colostrums. However, 52% mothers had fed colostrums to their babies.
- C. There is a tradition of giving a feed (other than mother's milk) to babies upon birth. This is called ghutti. In 33% of cases, honey is given, 22% cases green tea is given, in 13% cases plain water is given, in 10% cases a prepared ghutti sold by Hamdard is given to new born babies. In 12.4% cases, no ghutti was given. 85% of mother felt that giving ghutti was advantageous.
- D. 75% of mothers started given supplementary diet to over six-month old babies. Commonly used feed supplements were cooked rice, kheer, boiled potatoes, milk other than mother's milk, biscuits, etc.

4.1.12 *Family Planning*

73% of respondents were not aware of any natural way of family planning.

4.2. SURVEY OF HEALTH CARE FACILITIES

Four facilities were surveyed, viz. Mother & Child Health Care Centers, Dispensaries, Basic Health Units and First Aid Points.

4.2.1 Mother and Child Health Care Centers.

4.2.1.1 *Outlook and displays*

- A. Only half the centers had any sign-board or directions boards or boundary wall.
- B. The general outlook, appearance, cleanliness and orderliness were generally not up to the required standard for a health care facility.
- C. None of the centers had an organogram or map of the community served by them.

4.2.1.2 *Utilities*

All the four centers had electricity, but none had a land telephone line. Two centers had water supply system and the other two didn't. None had a working sewerage system or a formal acceptable arrangement for disposal of center waste.

4.2.1.3 *Availability of Emergency Equipment and Materials*

Generally the centers were short of necessary emergency equipment and materials. Stitching material, dressing material, pain-killer injections, oxygen cylinders, suckers, intravenous fluids, disposal syringes were either missing altogether or were in acute short supply.

4.2.1.4 *Availability of Medicines*

Generally the centers were short of even the common medicines. Antibiotics, analgesics, TB-DOTS and ORS were either missing altogether or were in acute short supply.

4.2.1.5 *EPI related equipment and supplies*

The two centers in Swabi had a functional cold chain equipment, supply of vaccines, EPI syringes and EPI cards. The two centers in Skardu did not.

4.2.1.6 *Available Staff*

While all the four centers had LHV and FMT kind of staff, only one center in Swabi had a mid-wife on staff. No other center had mid-wife on staff.

4.2.1.7 *Child Delivery Related Equipment and facilities*

- A. 28 deliveries of babies had been made at MCHCCs in Swabi and none in Skardu.
- B. 90 antenatal check up had been carried out in Swabi centers and 43 in Skardu centers.
- C. All the four centers claimed to have functional labour rooms, but only one center had any labour room equipment (delivery kit and set).
- D. All four centers claimed to have record of referrals made to RHC or other available hospitals.

4.2.1.8 *Educational / Awareness Activities*

By and large, none of the centers took any interest in educational or spreading awareness activities.

4.2.2. Dispensaries

4.2.2.1 *Outlook and displays*

- A. Only three dispensaries had any sign-board or directions boards and only one dispensary had a boundary wall.
- B. The general outlook, appearance, cleanliness and orderliness were generally not up to the required standard for a health care facility.
- C. Generally, the dispensaries had no organogram or map of the community served by them.

4.2.2.2 *Utilities*

All the seven dispensaries had electricity, but none had a land telephone line. Three dispensaries had water supply system and a working sewerage system. The rest didn't. None had a formal acceptable arrangement for disposal of center waste.

4.2.2.3 *Availability of Emergency Equipment and Materials*

Generally the centers were short of necessary emergency equipment and materials. Stitching material, dressing material, pain-killer injections, oxygen cylinders, suckers, intravenous fluids, disposal syringes were either missing altogether or were in acute short supply.

4.2.2.4 *Availability of Medicines*

Generally the centers were short of even the common medicines. Antibiotics, analgesics, TB-DOTS and ORS were either missing altogether or were in acute short supply.

4.2.2.5 *EPI related equipment and supplies*

The three dispensaries in Swabi had a functional cold chain equipment, supply of vaccines, EPI syringes and EPI cards. The other dispensaries did not.

4.2.2.6 *Available Staff*

Five of the dispensaries had a mid-wife on staff. One dispensary had a LHV on staff. The rest were being staffed by totally unqualified staff.

4.2.2.7 *Child Delivery Related Equipment and facilities*

- A. 5 deliveries of babies had been made at dispensaries in Skardu and none in Jehlum.
- B. 70 antenatal check-up had been carried out in Skardu dispensaries and none in Jehlum.
- C. Two dispensaries in Skardu claimed to have functional labour rooms, all the others did not have any labour room equipment (delivery kit and set).

4.2.2.8 *Educational / Awareness Activities*

By and large, none of the centers took any real interest in educational or spreading awareness activities.

4.2.3 Basic Health Units

A total of seven BHUs were surveyed: four in Swabi and 3 in Jehlum. There were no BHUs in Skardu.

4.2.3.1 *Outlook and displays*

- A. Most of the BHUs visited had good enough sign-boards and directions boards, while all of them had a boundary wall.
- B. The general outlook, appearance, cleanliness and orderliness were generally not up to the required standard for a health care facility. None were maintaining their lawns or had any plantation in the surrounding land.
- C. Five of the BHUs had an organogram displayed in the manager's office while all of them had a map of the community served by them.
- D. All of them also claimed to have statistics on their relevant union council and functioning of the BHU itself. Five of them had a Tour Chart of Outreach Teams and six of them had DEWS charts available to them.

4.2.3.2 *Utilities*

All the seven BHUs had electricity, but none had a land telephone line. Three BHUs in Swabi had water supply system and the other BHUs didn't. Three BHUs had a working sewerage system, others didn't. None had a formal acceptable arrangement for disposal of center waste.

4.2.3.3 *Availability of Emergency Equipment and Materials*

Generally the centers were short of necessary emergency equipment and materials. Stitching material, dressing material, pain-killer injections, oxygen cylinders, suckers, intravenous fluids, disposal syringes were either missing altogether or were in acute short supply.

4.2.3.4 *Availability of Medicines*

Generally the centers were short of even the common medicines. Antibiotics, analgesics, anti-malarial drugs, TB-DOTS and ORS were reported to be in acute short supply.

4.2.3.5 *EPI related equipment and supplies*

All the seven BHUs had functional cold chain equipment, supply of vaccines, EPI syringes, various vaccines and EPI cards.

4.2.3.6 *Available Staff*

Except for one BHU in Jehlum, all the surveyed BHUs had LHV, FMT and Mid-wives on staff.

4.2.3.7 *Child Delivery Related Equipment and facilities*

- A. 7 deliveries of babies had been made at BHUs in Swabi and 20 in Jehlum.
- B. 46 antenatal check up had been carried out in Swabi BHUs and 180 in Jehlum BHUs.
- C. Only three of the seven BHUs had a functional labour rooms, and labour room equipment (delivery table and set).
- D. All the seven BHUs claimed to have record of referrals made to RHC or other available hospitals.

4.2.3.8 *Educational / Awareness Activities*

By and large, none of the centers took any interest in educational or spreading awareness activities.

4.2.4 **First Aid Points (FAPs)**

First Aid points were found only in Skardu. There were four in total and all were visited.

4.2.4.1 *Outlook and displays*

A. None of the FAPs had any enough sign-boards and directions boards, while all of them had a boundary wall.

B. The general outlook, appearance, cleanliness and orderliness were generally not up to the required standard for a health care facility.

C. None of the FAPs had an organogram, or a map of the community served by them, displayed in the manager's office.

4.2.4.2 *Utilities*

All the four FAPs had electricity, but none had a land telephone line, water supply system, sewerage system, or a formal acceptable arrangement for disposal of center waste.

4.2.4.3 *Availability of Emergency Equipment and Materials*

Generally the points were short of necessary emergency equipment and materials. Stitching material, dressing material, pain-killer injections, oxygen cylinders, suckers, intravenous fluids, disposal syringes were either missing altogether or were in acute short supply.

4.2.4.4 *Availability of Medicines*

Generally the points were short of even the common medicines. Antibiotics, analgesics, anti-malarial drugs, TB-DOTS and ORS were reported to be in acute short supply.

4.2.4.5 *Educational / Awareness Activities*

By and large, none of the FAPs took any interest in educational or spreading awareness activities.

4.3 **SURVEY OF LADY HEALTH WORKERS**

This survey covered 37 Lady Health Workers (LHW) operating in the three districts: 15 in Swabi, 11 in Jehlum and 11 in Skardu.

4.3.1 *Quality Standards and Services Rendered*

A. 54% of LHW claimed to be involved in organizing community, or forming women's groups and/or health committees, or having a regular liaison with the formal health system. Several excuses were put forward by the remaining 46%, but the surveys felt that the principal cause is poor supervision and lack of comprehensive training. 70% of LHWs were not in touch with TBAs in the area or other local health facilities.

B. Almost all the LHWs claimed to maintain a register of all eligible couples in their respective areas.

- C. Only 27% claimed to be involved in disseminating any health education to the community; the rest offered reasons which can be corrected through closer supervision and better training.
- D. Almost 95% of LHW reported that they were providing family planning material to eligible couples. A similar percentage had a record of all pregnant women in their respective areas.
- E. Only 22% were offering any nutritional interventions like anemia, growth monitoring, advising on breast-feeding and weaning off practices. The reasons for not undertaking such interventions offered by the rest of LHWs all relate to poor supervision.
- F. 97% of LHWs were in touch with EPI.
- G. 86% were involved in prevention and treatment of minor ailments.
- H. 70% had records of referrals to formal health care facilities.
- I. Only 48% were offering counseling to pregnant women or lactating mothers. A slightly smaller percentage (46%) carried out screening on neonate for referral requiring problems. Only 46% were monitoring weight of their patients. 59% were offering advice on breast-feeding and weaning off issues. Reasons offered by the rest for doing these services all bordered on poor training and supervision.
- J. 86% of LHWs were providing materials on family planning including contraceptives to their clients/patients.

4.3.2 *Materials, Equipment and Supplies*

- A. 89% of LHWs had a map of their community.
- B. 100% reported having a family register covering their community.
- C. 95% said they had a treatment and family planning register.
- D. 100% claimed to have a diary.
- E. 100% claimed to have Mother and Child Care cards.
- F. 92% claimed to have supply of referral slips.
- G. 100% had a supply of monthly report forms.
- H. Only 5% had a torch (with 2 cells), 32% had clinical thermometers and only 38% had scissors. Most claimed they were issued these items once and they were never replaced.
- I. All of them had a LHW kit bag, but this too had been issued only once.

4.3.3 *Medicines and related supplies*

While most of the LHW had some stocks of the more common medicines, all of them complained about shortage of supply of these drugs.

5. RECOMMENDATIONS

5.1 GENERAL

Three principal recommendations emerge from this baseline survey: need for awareness campaign, more effective training of health care workers, and better management of health care facilities.

5.2 AWARENESS CAMPAIGNS

The three districts covered by the Baseline Survey were areas deprived of immunization and mother-child health services. These are relatively remote places where every day communication means have no access. The level of awareness of importance of various mother and child health care issues was alarmingly low. The program planners need to include a large number of awareness campaigns aimed at MCHC issues.

5.2.1 *Medium of Dissemination of Awareness Campaigns*

These campaigns should be launched using local means of dissemination of information. While TV does reach a large number of people even in the rural areas, it is still not a very effective means of communication in deprived areas. The following means are proposed:

- A. Colorful posters, printed in local languages, using bold and sharp visuals/pictures are needed to convey the message. All the health care facilities like MCHC centers, BHUs, dispensaries and FAPs must be plastered with campaign posters.
- B. Colorful leaflets in local languages with a lot of pictures/diagrams must be distributed in rural areas.
- C. All health care workers like LHW, FMT, SBA, etc must be given a large and constant supply of these leaflets so that they keep distributing them among mothers to be and other patients.
- D. Communities should be organized into groups and provided with awareness material for distribution among members. For this purpose, the government must involve NGOs and CBOs for a greater impact and outreach.
- E. These campaigns should not be considered as a one-off thing. These should be carried out on ongoing basis for considerable stretch of time.

5.2.1 *Contents of Awareness Campaign*

While the normal contents of awareness campaign are generally well known, this baseline study has indicated that the following aspects should be paid particular attention to when designing awareness campaigns under the Mother and Child Health Programs to be implemented by CHIP following this baseline survey:

- a. The importance of attending antenatal check ups and the minimum frequency of such visits.
- b. The importance of getting the full course of Tetanus and other related vaccinations during pregnancy. Going for only one antenatal visit, or getting only one shot of Tetanus may not be enough.

- c. Importance of having a complete set of measurements by medics at antenatal check ups. The survey indicates that almost 20% of women were not administered no formal measurement like weight, blood pressure, urine test, etc. at all when they went for ante-natal check ups.
- d. Importance of things and events that follow a child-birth, e.g. start of breast-feeding, irrelevance of ghutti, misconceptions about colostrums, etc.
- e. Common cures for common ailments like preparation of ORS for diarrhea.

5.3 TRAINING OF HEALTH CARE WORKERS

The baseline survey disclosed a poor level of knowledge among the various health care workers. Many were not aware of the full range of their functions. It appears that their training programs were not effective, or not well carried out. There certainly appears to be a lack of follow-up on training programs to see if the programs have had a desired impact.

The following suggestions are offered:

- A. Training programs that are currently being carried out should be revised. Their scope should be brought in line with the services health workers are expected to perform – not just their immediate functions.
- B. All the staff of health care facilities must also be provided training in handling patients.
- C. Health workers did not appear to have any manuals with them. It is proposed that various, simply written and brightly illustrated booklets be printed, containing information on various functions that health workers are expected to perform. The health workers must then be asked to carry these manuals with them at all times and to refer to them extensively for a proper conduct of their duties.
- D. Short revision courses must be held after the main training program to ensure that health workers remain current with their knowledge. Each health worker must be asked to attend one short course at least twice a year.

5.4 IMPROVEMENT IN MANAGEMENT OF HEALTH CARE FACILITES /PROGRAMS

This baseline survey noticed serious lapse of management in almost all areas of health care facilities and programs.

The following suggestions are offered:

- A. Proper procedure manuals be developed in various aspects of managing health care facilities and programs. These manuals should form the basis of training programs to be held for managers of health care facilities, covering inter alia the following areas:
 - a. Physical maintenance of health care facilities.
 - b. Basic communication skills
 - c. Maintaining proper records in the facilities
 - d. Ensuring that all workers have all the items that they need for performing their respective functions.

- B. Provision of necessary equipment and constant availability of medicines and supplies must be ensured.
- C. The motivation level of health workers was generally found to be low. Management needs to work on this aspect.
- D. A lot of health workers were simply not performing their tasks well enough or often enough. This is clearly a product of poor supervision. Managers of health care facilities and programs must be vigilant and take more interest in follow ups.
- E. NGOs and CBOs can be involved in certain aspects of managing health care facilities, training the officials as well as health workers, and providing feed back on supply and service levels prevailing in their respective areas.