CHAPTER 11

# Health and Nutrition

Investment in health has a long term beneficial effect. It improves health outcomes, reduces poverty and contributes in promoting economic growth. At the backdrop of this perspective, the federal as well as provincial governments are spending sufficient amount on health and education to bring the social sector into main stream of development.

The federal government recently initiated several programmes to meet the needs of health care and keep the people healthy, such as introduction of national health insurance scheme, notification of drug pricing policy 2015 and a continued strong focus on polio eradication across the country.

The passage of 18th Amendment has made the provinces financially more autonomous and more powerful to decide their own health system and health policies. Provincial governments of Punjab, Sindh and KPK have devised long term health sector strategies (2012-20) to improve health outcomes and enhance the coverage of essential health services. In Feb 2015, the KPK government established Health Care Commission (HCC) with the mandate to regulate the private health sector as well as to ensure the provision of quality health care services in the public sector through the process of performance audit and evaluation of hospital services. The Government of Sindh has enacted the Sindh Health Care Commission Act 2013. The act aims at provision of effective delivery of health services to whole province. The Punjab Health Care Commission Act 2010 is already in place aimed at improving performance, effectiveness and provision of quality health care services. With regard to nutrition activities, all the four provinces have promulgated laws on breast feeding and allied issues. During FY2016 it will be carrying out following up activities for the implementation of the laws on breast feeding in all the provinces and also at federal level. The objectives of all these activities are meant to ensure better health outcomes.

**Health and SDGs**

The post MDGs Development Agenda "Sustainable Development Goals" (SDGs) has came into effect on 1st January, 2016. The Government of Pakistan has adopted the SDGs and its goals have been incorporated into the Vision 2025.The SDGs attempt to address all dimensions of sustainable development-economic, social and environmental and focuses on health, education, energy, water, poverty, food and climate for promoting well being of all to be attained by 2030. Almost all the SDGs are directly or indirectly will contribute to health. Goal 3 of the SDGs i.e. to ensure healthy lives and promote well being for all at all levels is now being followed for achievement of the desired targets regarding communicable and non-communicable diseases.

**Health Expenditure:**

Public health spending provides an important insight on a country's health progress. Various foundations, societies, individual philanthropists, community affiliation, Islamic organizations and individual contribute to finance health in Pakistan. Using data from World Bank, Pakistan spends US$ 37 per capita on health which is lower than the WHO's prescribed level of per capita US$ 44, a minimum spending package required for essential health services. The total public health expenditure as percentage of GDP has increased to 0.45 percent in FY2016. The current level of expenditure amounting Rs.133.9 billion or 0.45 percent of GDP shows an increase of 17.2 percent over corresponding period of last year.

The federal and provincial share in total public spending on health shows that Balochistan and KPK are spending the least (see Fig-11.2). The

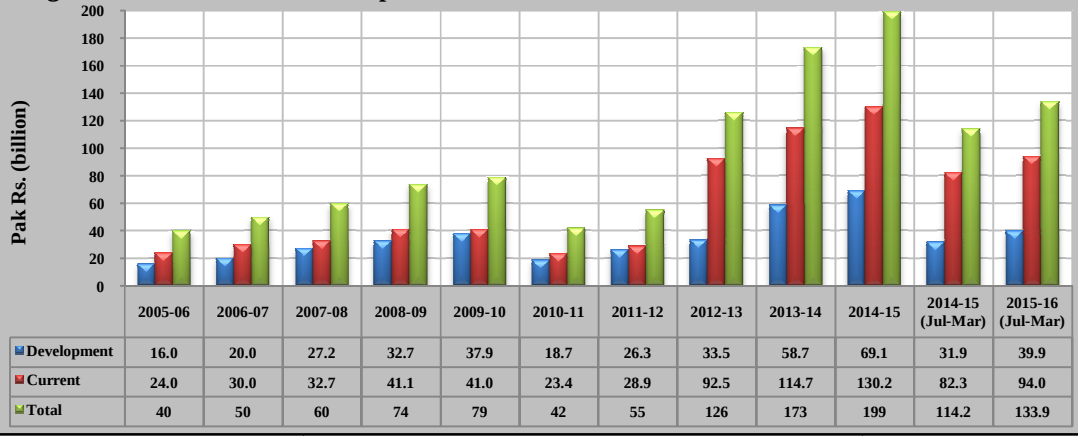
major share of spending on health has been observed in Punjab followed by Sindh.

**Table 11.1: Health & Nutrition Expenditures (2000-01 to 2015-16)** **(Rs. billion)**

| Fiscal Years | Public Sector Expenditure (Federal and Provincial) | | | Percentage Change | Health Expenditure as % of GDP |
|---|---|---|---|---|---|
| | Total Health Expenditures | Development Expenditure | Current Expenditure | | |
| 2000-01 | 24.28 | 5.94 | 18.34 | 9.98 | 0.58 |
| 2001-02 | 25.41 | 6.69 | 18.72 | 4.63 | 0.57 |
| 2002-03 | 28.81 | 6.61 | 22.21 | 13.42 | 0.59 |
| 2003-04 | 32.81 | 8.50 | 24.31 | 13.85 | 0.58 |
| 2004-05 | 38.00 | 11.00 | 27.00 | 15.84 | 0.58 |
| 2005-06 | 40.00 | 16.00 | 24.00 | 5.26 | 0.49 |
| 2006-07 | 50.00 | 20.00 | 30.00 | 25.00 | 0.54 |
| 2007-08 | 59.90 | 27.23 | 32.67 | 19.80 | 0.56 |
| 2008-09 | 73.80 | 32.70 | 41.10 | 23.21 | 0.56 |
| 2009-10 | 78.86 | 37.86 | 41.00 | 6.86 | 0.53 |
| 2010-11 | 42.09 | 18.71 | 23.38 | -46.63 | 0.23 |
| 2011-12 | 55.12 | 26.25 | 28.87 | 30.96 | 0.27 |
| 2012-13 | 125.96 | 33.47 | 92.49 | 128.51 | 0.56 |
| 2013-14 | 173.42 | 58.74 | 114.68 | 37.68 | 0.69 |
| 2014-15 | 199.32 | 69.13 | 130.19 | 14.94 | 0.73 |
| 2014-15* | 114.22 | 31.93 | 82.29 | 11.62 | 0.42 |
| 2015-16* | 133.93 | 39.94 | 94.00 | 17.26 | 0.45 |

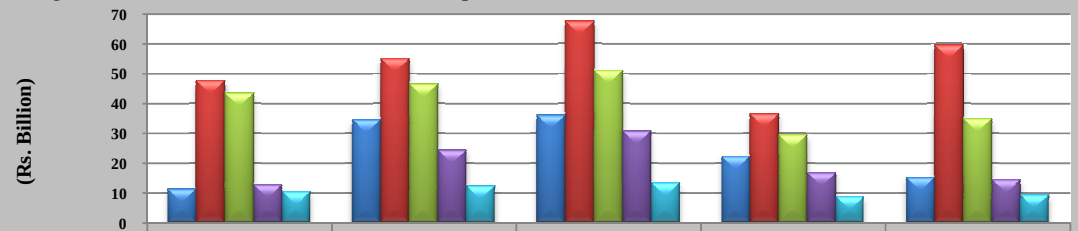
*Expenditure figure for the respective years are for the period (July-March)
Source: Finance Division (PF Wing)

**Fig-11.1: Total Public Sector Expenditure on Health**




| | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2014-15 (Jul-Mar) | 2015-16 (Jul-Mar) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Development | 16.0 | 20.0 | 27.2 | 32.7 | 37.9 | 18.7 | 26.3 | 33.5 | 58.7 | 69.1 | 31.9 | 39.9 |
| Current | 24.0 | 30.0 | 32.7 | 41.1 | 41.0 | 23.4 | 28.9 | 92.5 | 114.7 | 130.2 | 82.3 | 94.0 |
| Total | 40 | 50 | 60 | 74 | 79 | 42 | 55 | 126 | 173 | 199 | 114.2 | 133.9 |

**Fig-11.2: Share in Total Public Sector Health Expenditure**




| | 2012-13 | 2013-14 | 2014-15 | 2014-15 (Jul-Mar) | 2015-16 (Jul-Mar) |
|---|---|---|---|---|---|
| Federal | 11.4 | 34.7 | 36.2 | 22.4 | 15.3 |
| Punjab | 47.8 | 55.1 | 67.7 | 36.5 | 59.7 |
| Sindh | 43.5 | 46.6 | 51.2 | 29.6 | 35.0 |
| KPK | 12.8 | 24.5 | 30.8 | 16.9 | 14.5 |
| Balochistan | 10.4 | 12.5 | 13.5 | 8.9 | 9.4 |

### Health care System

Good services delivery is an important element of any health system. In Pakistan, public and private health care systems run in parallel. The public sector until recently led by the Ministry of Health has devolved to the provinces. The administrative and fiscal space of provinces have increased mani-fold with simultaneous increase in their responsibilities but is still deficient in health workforce and facilities relative to population. The private sector is playing a vital role in the health care services delivery in Pakistan. Majority of private hospitals, clinics and health related facilities are in the urban areas and are well equipped with latest diagnostic facilities. Private health care option is in more demand than the public health care.

### Health Facilities

Health care provision in Pakistan is the responsibility of the government. The health care system has expanded gradually with large network of health facilities, workforce and services across the country. Currently the public health care system comprises of 1167 hospitals, 5695 dispensaries, 5464 basic health units, 675 rural health centers, 733 mother and child health centers and allied medical professionals i.e. doctors, nurses, midwives and pharmacists. As of FY2016, there are 184711 doctors, 16652 dentists and availability of 118869 hospital beds in the country. The ratio of one doctor per 1038 person, one hospital beds for 1613 person and one dentist for 11513 persons shows a clear inadequacies particularly in case of dentists and hospital beds.

**Table 11.2: Healthcare Facilities**

| Health Manpower | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|---|---|---|---|---|---|
| Registered Doctors | 152,368 | 160,880 | 167,759 | 175,223 | 184,711 |
| Registered Dentists | 11,649 | 12,692 | 13,716 | 15,106 | 16,652 |
| Registered Nurses | 77,683 | 82,119 | 86,183 | 90,276 | 94,766 |
| Population per Doctor | 1,162 | 1,123 | 1,099 | 1,073 | 1,038 |
| Population per Dentist | 15,203 | 14,238 | 13,441 | 12,447 | 11,513 |
| Population per Bed | 1,647 | 1,616 | 1,557 | 1,591 | 1,613 |

Source: Pakistan Bureau of Statistics

### Health Programmes

To improve health status of the people and reduce burden of disease a series of programs and projects are on track. Although vertical programmes in health sector have been devolved to the provinces. In pursuance to decision of Counsel of Common Interest (CCI) and upon request of the provinces, funding for these vertical programmes during the currency of 7th National Finance Commission (NFC) award has been catered for the federal government.

The federal government has launched "Prime Minister's National Health Insurance Program" to improve the health status of the population in the country by ensuring access to quality health care especially enhancing coverage and access to secondary and priority treatments of the poor and vulnerable population with the objectives of reducing Out-of-pocket catastrophic health expenditures by insured families for effective care. The scheme would cover secondary healthcare including daycare & maternity services. Priority treatment list consists of cardio vascular diseases, diabetes, burns, road traffic accidents, renal diseases & dialysis, TB, hepatitis, treatment of HIV, chronic liver diseases, chemotherapy & surgical oncology.

### The program for Civil Registration and Vital Statistics (CRVS):

Ministry of Planning, Development and Reforms is leading and coordinating the process of acceleration and enhancement of CRVS in Pakistan. In this regard, the aim is to develop a strategic plan through stakeholder's consensus for enhancement / improvement in a sustained and acceptable manner. After conducting situation analysis in the form of Rapid and Comprehensive assessments of CRVS in Pakistan, and the fact the CRVS is a multi-stakeholders subject, an institutional set up in the form of a National Steering and Coordination Committee has been set up in Planning Commission / Ministry of Planning, Development and Reforms under the

Chair of Minister for Planning, Development and Reforms.

Provincial and Area Governments have set up their respective Implementation and Coordination Committees. The overall purpose is to provide a steering and coordination role at national level and to formulate a national strategic plan for acceleration and enhancement of CRVS in Pakistan. Two (02) meetings of the committee have been held so far and six (06) thematic areas identified which will become the objectives of the National CRVS Strategic Plan. For each thematic area, six (06) Technical Sub-Groups have been formulated with representation of all the stakeholders including the provincial and area governments and technical experts. It is expected that by the end of year 2016, the plan would be finalized. UNICEF and World Bank have shown their interest to sponsor, both technically and financially the development and implementation of National Strategic Plan and Provincial Action Plans.

Following programs and projects have been funded through the PSDP during FY2016 and implemented by the provincial and areas governments. An amount of Rs: 23.2 billion has been provided in federal PSDP 2016.

- **Programme for Family Planning and Primary Health Care (LHWs Program)**

LHWs services have visible impact on the health status of women and children in particular through improved hygiene, birth spacing, iron supplementation, greater immunization coverage and through Ante-natal and post-natal coverage of the pregnant women. The program has recruited more than 100,000 Lady Health Workers (LHWs). The total population covered under this program spread over 60 percent in Baluchistan and more than 80 percent in Punjab. A new PC-I of provincial and area governments are under the process of approval in which salary packages of the staff of the program is to be increased and their services are to be regularized in compliance with the orders of the Honorable Supreme Court of Pakistan. These proactive steps will definitely lead towards greater commitment and better health service delivery at the door steps of the vulnerable people. However, issues of governance and monitoring still needs attention at the district and sub districts levels.

- **Expanded Program of Immunization (EPI):**

EPI program provides immunization against the seven vaccine-preventable diseases i.e. childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles and hepatitis B to children under one year of age. New vaccines like Pentavalent vaccine have been introduced with the help of United Nations Children Fund's (UNICEF). During the year 2015-16, 7 million children of 0-11 months and 6.5 million pregnant women were immunized against 7 deadly diseases and tetanus toxoide vaccine, respectively. Though after devolution this has become largely the responsibility of the provincial/ area governments but Federal EPI Cell currently took the responsibility of the vaccines procurement, coordination and technical guidance, whereas, provincial EPI cells are largely responsible for implementation of the program. World Bank along with other development partners such as World Health Organization (WHO) and Japanese International Cooperation Agency (JICA) has largely contributed towards smooth implementation of the program. Still the issues of routine immunization in out reached areas of Federally Administered Tribal Areas (FATA) and Baluchistan needs attention.

- **Malaria Control Program:**

Malaria is the 2nd most prevalent communicable disease in the country. It has been the major cause of morbidity in Pakistan. More than 90 percent of disease burden in the country is shared by 56 highly endemic districts, mostly located in Baluchistan (17 out of 32 districts), FATA (7 agencies), Sindh (12 districts) and Khyber Pakhtunkhwa (12 districts). Most of the reported cases from these districts are due to falciparum malaria which is the most dangerous form of malaria. FATA is the second highest malaria affected belt of the country which accounts for 12-15 percent of the total case load of the country. National strategy for Malaria Control is based on the following six key Result Based Monitoring (RBM) elements.

- Early diagnosis and prompt treatment
- Multiple prevention
- Improved detection and response to epidemics
- Developing viable partnerships with national and international partners
- Focused operational research and
- National commitment

### Tuberculoses (TB) Control Program:

Pakistan is ranked 6th amongst 22 high disease burden countries of the world. 40 percent of the burden of disease in Pakistan is in the form of communicable diseases such as malaria and T.B. Incidence of TB stands at 231/100,000 population and prevalence of about 300 cases per 100,000 population. National TB Control Program (NTP) has achieved over 80 percent Directly Observed Treatment System (DOTS) coverage in public sector and in the last five years the programme has provided care to more than half a million TB patients in Pakistan. The programme is moving steadily to achieve the global targets of 70 percent case detection. There are areas where NTP has to improve suspect management, contact management; quality bacteriology services, engaging all care providers through public private partnership (PPP), inter sectoral collaboration, monitoring and supervision, research for Evidence Based Planning (EBP) and Advocacy, Communication and Social Mobilization (ACSM). Currently with a total number of 211500 notified TB patients in the country, Pakistan ranks among the 22 high TB burden countries and the treatment success rate remained 91 percent.

### HIV/ AIDS Control Program:

The number of injecting drug users has posed a threat to an increased numbers of total cases of the disease/ syndrome in Pakistan. Still the prevalence of HIV/ AIDS is considered to be as low as 1 percent, hence not considered a high risk country. The focus of the program is on behavior change communication (BCC), services to high-risk population groups, supply of safe blood for transfusions and capacity building of various stakeholders. Till date 4500 HIV positive cases have been reported to the AIDS Control Programs at federal and provincial levels. The program is technically supported by the UN agencies and Global Fund against AIDS, TB and Malaria.

### Maternal & Child Health Program:

Mother and Child health has been one of the priority areas of public health in Pakistan. This program has been launched by the government in order to improve Maternal and Neonatal health service for all, particularly the poor and the disadvantaged at all levels of health care delivery system. It aims to provide improved access to high quality Mother and Child health and Family Planning services, trained 10,000 community midwives, provision of comprehensive Emergency Obstetric and Neonatal Care (EmONC) services in 275 hospitals/ health facilities, provision of basic EmONC services in 550 health facilities and family planning services in all health outlets. Despite these modalities, Pakistan has shown a modest improvement. The Infant Mortality Rate (IMR) and Under Five Mortality Rate (U5MR) has reduced from 74 and 92 per thousand respectively, in 2010 has reduced to 66 and 81 per thousand in 2015, a reduction of 10 percent. However, Maternal Mortality Rate (MMR) 178/100000 in 2015 is still very high as compared to the other countries in the region. It is envisaged that successful implementation of this project will bring these indicators in a respective range with improved health status of mothers and children.

### Prime Minister's Program for Prevention and Control of Hepatitis in Pakistan

All forms of hepatitis is a concern within a public health framework. The program envisages meeting the challenges posed by the high prevalence of viral hepatitis in the country. The program aims at 50 percent reduction in new cases of hepatitis B and C through advocacy and behavior change communication, hepatitis B vaccination of high risk groups, establishment of screening, diagnosis and treatment facilities in 150 teaching and DHQ hospitals, Safe blood transfusion and prevention of hepatitis A and E. A long awaited Safe Blood Transfusion project with the technical cooperation of GIZ and KFW has been revived and is in the implementation phase in all four provinces that will bring down the incidence of hepatitis in the country.

### Cancer Treatment Program

Cancer has been considered as one of the deadliest forms of non-communicable disease and the number of cases is increasing alarmingly. Over the last 25 years there has been a significant increase in number of cases of various kinds of cancer. The increasing incidence of cancer is mainly due to lack of public awareness, change in life style and environmental factors. Pakistan Atomic Energy Commission's (PAEC) Cancer Hospitals in four provinces are already providing diagnosis and treatment facilities to cancer patients.

### Drug Abuse

Pakistan's counter narcotics efforts revolve around the three main strategy pillars highlighted in the Government of Pakistan's Anti Narcotics Policy 2010. These three pillars include Drug Supply Reduction, Drug Demand Reduction and International Cooperation. The alarming drug production in Afghanistan is the main factor influencing the drug situation not only in Pakistan but world over. Being a transit country, Pakistan is subjected to domestic spread of drug. The two strategic issues of drug production and loose border management between the countries are of prime importance for effective control of narcotics trafficking. The Anti-Narcotics Policy of Pakistan aims to re-energize existing National Drug Law Enforcement Institutions, build the Anti Narcotics Force capacity, develop an effective coordination and control mechanism, and mobilize the people of Pakistan especially youth and institutions (national/ international, private/ public) to ensure their active participation in eradicating drugs. This policy also seeks to promote international cooperation for mutual support and partnership against narcotic drugs.

### Drug Supply Reduction Activities

**Table 11.3: Narcotics Seized by ANF (Jul-Dec) FY2015 & 2015-16**

| Kinds & Quantity of Narcotics Seized (in Kg) | (July-Dec) 2014-15 | (July-Dec) 2015-16 |
|---|---|---|
| Opium | 6172.0 | 30738.61 |
| Heroin/ Morphine | 5791.28 | 5867.347 |
| Hashish | 32695.23 | 71377.67 |
| Cocaine | 0.11 | 26.280 |
| Cases Registered | 152 | 625 |
| Accused Arrested | 167 | 723 |

**Table 11.4: Detail of Punishment Award to Culprits**

| | |
|---|---|
| Total decided cases | 245 |
| Convicted cases | 153 |
| Acquitted cases | 32 |
| Dormant/ Final order cases | 60 |
| Convicted persons | 183 |
| Acquitted persons | 66 |
| Conviction rate | 83% |

### Polio Eradication

Polio eradication is the foremost priority of the Government of Pakistan. There has been tangible improvement in the polio control since the launch of polio eradication initiatives in 1994. The successful eradication of polio across the world has helped Pakistan in reducing the number of polio cases from 198 in 2011 to 54 in 2015. Pakistan has seen a dramatic decrease in polio 82 percent from 306 reported cases in 2014 to 54 in 2015. This year 2016 so far only nine cases have been reported countrywide, KPK(04) Sindh (04) and Balochistan (01). Province/Area wise break down of cases is as follow.

**Table 11.5: Province/ Area Wise Polio Cases**

| PROVINCE | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|
| Punjab | 17 | 7 | 9 | 2 | 7 | 5 | 2 | 0 |
| Sindh | 12 | 27 | 33 | 4 | 10 | 30 | 12 | 4 |
| KPK | 29 | 24 | 23 | 27 | 11 | 68 | 17 | 4 |
| FATA | 20 | 74 | 59 | 20 | 65 | 179 | 16 | 0 |
| Balochistan | 11 | 12 | 73 | 4 | 0 | 25 | 7 | 1 |
| Gilgit-Baltistan | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Azad Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **89** | **144** | **198** | **58** | **93** | **306** | **54** | **9** |

In Pakistan anti-polio campaigns run in greater dimension and as result of repeated campaigns, a healthy progress has been achieved towards polio eradication. Polio has

been eliminated from most countries. But Pakistan and Afghanistan are two countries in which polio has not been fully eradicated. This year Afghanistan has detected four polio case and Pakistan has detected eight, whereas, the rest of the world has eradicated polio.

**Physical Targets and achievements during FY2016**

The achievements for the health sector during 2016 included establishment of 7 Rural Health Centers (RHCs) 32 Basic Health Units (BHUs) and up gradation of 10 existing RHCs and 37 BHUs. The manpower included the addition of 4500 new doctors, 450 dentists, 3500 nurses, 4550 paramedics and 475 Traditional Birth Attendants. Under the preventive program, about 7 million children have been immunized and 21 million packets of ORS have been distributed during 2016. Till date 4500 HIV positive cases have been reported to the National and Provincial AIDS Control Programs. The total number of TB patient in the country is 211500 upto the third quarter of 2016 and the treatment success rate remained 91 percent. The achievements and targets for 2016 are given below:

**Table 11.6: Physical Targets/Achievements 2014-15 and 2015-16** **(Nos.)**

| Sub Sector | Targets | Achievements | |
|---|---|---|---|
| | (2015-16) | (2014-15) | (2015-16) |
| **A. Hospital Beds** | 5000 | 4200 | 4350 |
| **B. Health Human Resource** | | | |
| Doctors | 5000 | 4400 | 4500 |
| Dentists | 500 | 430 | 450 |
| Nurses | 4500 | 3300 | 3500 |
| Paramedics | 5500 | 4500 | 4550 |
| TBAs | 500 | 450 | 475 |
| Training of LHWs | 10000 | 8000 | 8300 |
| **C. Preventive Programme** | | | |
| Immunization (Million) | 8 | 6 | 7 |
| Oral Rehydration Salt (ORS) (Million Packet) | 23 | 20 | 21 |

Source: Ministry of Planning, Development & Reforms

**Food & Nutrition**

Adequate diet provides good nutrition for healthy and prosperous live. However, according to Pakistan Demographic Health Survey (PDHS) 2013 malnutrition is prevalent in the country. Pakistan is primarily agriculture based country and the overall food supply situation is stable. The integrated Food Security Phase Classification (IPC) analysis conducted in March-June 2015 has shown 29 districts out of 148 districts in Pakistan as highly food insecure and require immediate attention while four of those districts have been identified with severely food insecure and need immediate response. The Districts / agencies which are severely food insecure include Tharparker in Sindh, Chaghi and Dera Bugti in Baluchistan, Torghar in Khyper Paktunkhwa and FR D.I. Khan, FR Tank, South Waziristan, North Waziristan, Orkazai, FR Kohat.

To fulfill Pakistan Vision 2025 and achieve nutritional targets of World Health Assembly & SDGs is the provision of a nutritionally sound and economically vibrant life to the people of Pakistan. The adoption of an innovative, cost-effective and multi-sectoral strategy can help the provision of safe food and adequate nutrition at all levels.

**Nutrition and Food Consumption**
**i. Food Availability**

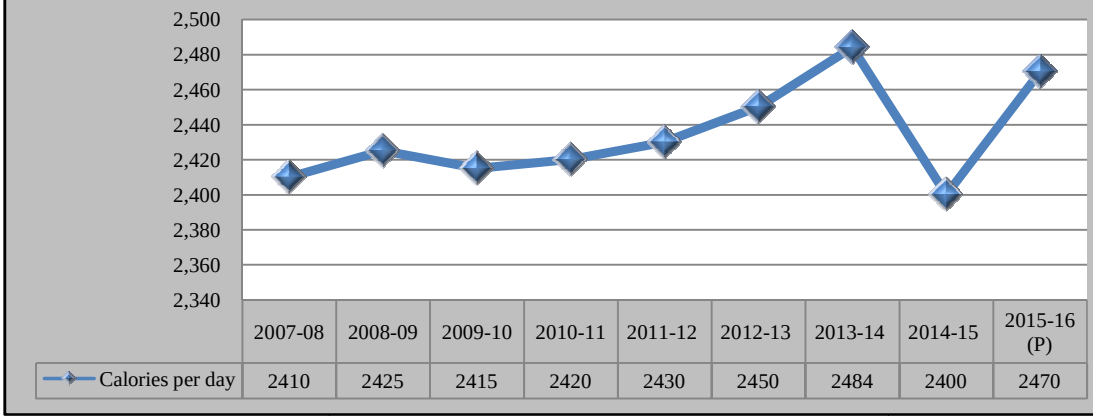
The availability of essential food items trend is assessed through food balance sheets every year. Availability of essential food items in the country has been sustained during the fiscal year to meet the food consumption requirements. The availability of essential food items for last five years is given in the following Table-11.7.

**Table 11.7: Food Availability Kg Per Capita per Annum**

| Items | Year/ Units | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 (P) |
|---|---|---|---|---|---|---|
| Cereals | Kg | 160.0 | 160.0 | 161.0 | 155.0 | 162.0 |
| Pulses | Kg | 7.0 | 7.0 | 6.5 | 6.0 | 7.0 |
| Sugar | Kg | 30.0 | 31.0 | 32.0 | 32.5 | 32.5 |
| Milk* | Ltr | 97.0 | 100.0 | 135.0 | 170.0 | 170.0 |
| Meat | Kg | 22.0 | 19.0 | 21.0 | 21.5 | 22.0 |
| Eggs | Dozen | 6.0 | 6.0 | 6.0 | 6.0 | 6.5 |
| Edible Oil/Ghee | Ltr | 13.0 | 13.5 | 12.6 | 13.0 | 13.5 |

Source: Ministry of Planning, Development & Reforms
P: provisional, *: Milk availability has been revised according to FAO criteria

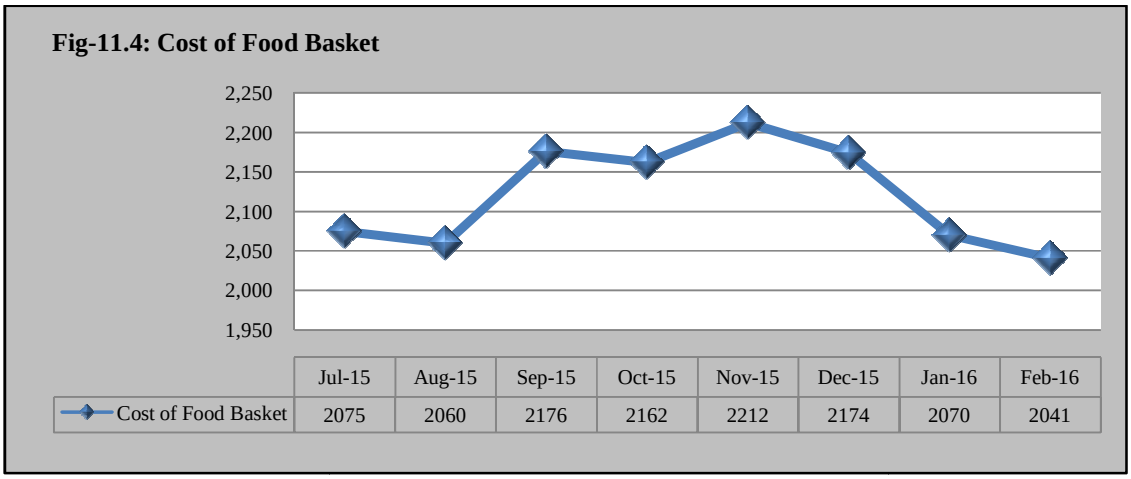
**Fig-11.3: Calories per day**




### ii. Cost of Food Basket

Food consumption is directly related to the price of food commodities. The cost of food basket is worked out on the monthly basis from Pakistan Bureau of Statistics (PBS) data based on the estimated national average food expenditure. The average cost of food basket based on minimum 2150 calories for July 2015–February 2016 remained flunctuating and gradually from Rs.2075 to Rs.2041 at national level detail is given below:

**Fig-11.4: Cost of Food Basket**




### Nutrition Activities/ Programs

The Nutrition related activities programs are summarized as under;

- Pakistan Multi-sectoral Nutrition Strategy is being formulated through a consultative process and have involved all the stakeholders and partners. Strategy will utilize provincial policy

guidance notes & inter-sectoral nutrition strategies in order to provide strategic direction to reduce malnutrition in the country.

- National Secretariat for Scaling UP Nutrition (SUN) Movement has been established and is working as a multi-stakeholder platform to have all the stakeholders on board for combating malnutrition in the country. In each province SUN Units are being established at P&DD with technical, human and secretariat support from partners. This will increase the coordination and bring all stakeholders across the country on same page for improving nutrition situation in the country.

- Different SUN Networks have been organized and operationalized like government, UN, donors, civil society alliance and business network while academic & research network is the final stages of formulation. Brain storming meeting arranged at federal and provincial level for SUN movement approach and actions. Hence, all the stakeholders from different fields are being mobilized to play their role in the development of the nation.

- Nutrition Support Program for Sindh (NSP) costing Rs.4,118 million for nine districts and Baluchistan Nutrition Program for Mothers and Children (BNPMC) costing Rs.1,493 million for seven districts, are in the initial stages of implementation. These projects will improve the nutritional status of male and female children under five years and that of pregnant and lactating women in targeted districts of both the provinces.

- Stunting Prevention program is being implemented in Thatta & Sajjawal districts of Sindh by World Food Program (WFP). Operational research is being conducted to generate evidence for the impact of the program. Stunting prevention is planned to be scaled up to other districts in other provinces by WFP and UNICEF.

- Revision of "Food Composition Table & Desirable Dietary Patterns for Pakistan" has been initiated in Pakistan with the support of FAO. Consequently, multiple consultative meeting were held in which eminent scholars & scientists from various institutes/ organizations attended the meeting and finalized the frameworks for proceeding with the activity.

- M/o NHSR&C revitalized the National Fortification Alliance (NFA) with the support of WFP to overcome hidden hunger in the country. Provincial Fortification Alliances (PFA) have been notified and are in the process of establishment. In AJK, all the eleven flour mills have started Wheat Flour Fortification with the support of (Micronutrient Initiative) MI & (World Food Program) WFP. Universal Salt Iodization (USI) Program is being implemented through public private partnership model. This model is supporting the government in 110 districts to benefit almost 174 million population of the country.

- Benazir Income Support Program (BISP) continues its services as effective social safety net measures by providing cash incentives to the poor segments of the population throughout the country. The programs aims to enhance financial capacity of poor people, reduce poverty and promote equitable distribution of wealth especially for the low income groups, particularly, women through the provision of cash transfers to eligible families. Its long term objectives include meeting the targets set by Sustainable Development Goals (SDGs) to eradicate extreme and chronic poverty and empowerment of women. The monthly installment was enhanced by the present government to Rs.1200/- per family in July, 2013 which has subsequently been increased to Rs. 1500/ per family in 2014. The present government has yet again increased the annual stipends from Rs. 18,000 per annum to Rs. 18,800 per annum per beneficiary w.e.f. 1st July, 2015. There is an increasing role of complementary interventions in determining sustainable impact of cash transfer on uptake of education and health services, nutrition outcomes, and improving the livelihoods. Global experience suggests that where programmes are combined with complementary, well-sequenced interventions, it has greater impact. The program has four closely associated and complementary components, including Waseela-e-Rozgar (Technical & Vocational Training), Waseela-e-Haq (Micro-finance), Waseela-e-Sehat (Life & Health Insurance) and Waseela-e-Taleem (Primary Education).

- Nutrition Development partners that include donor, UN agencies and civil society

organizations are supporting the government through different programs such as; Community Based Management of Acute Malnutrition (CMAM), Nutrition Surveillance system, trainings and development manuals; cost of diet analysis, behavior change communication; food and nutrition security; Fortification & Bio-fortification programs etc.

**Conclusion and Areas of Reforms**

Health outcomes has improved over the years but some critical weakness like shortage of equipments and staff continues to affect health system. Consequently, there is a dire need to expand services delivery and address the shortfall in health related human resources and making better use of technology. Public private partnership need to be encouraged and coverage of public health programs like TB, Malaria, Hepatitis and other communicable diseases needs to improved.

# HEALTH & NUTRITION

**TABLE 11.1**

**NATIONAL MEDICAL AND HEALTH ESTABLISHMENTS, Progressive**
**(Calendar Year Basis)**

(Number)

| Year | Hospitals | Dispen-saries | BHUs Sub Health Centres | Maternity & Child Health Centres | Rural Health Centres | TB Centres | Total Beds | Population per Bed |
|---|---|---|---|---|---|---|---|---|
| 2000 | 876 | 4,635 | 5,171 | 856 * | 531 | 274 | 93,907 | 1,456 |
| 2001 | 907 | 4,625 | 5,230 | 879 * | 541 | 272 | 97,945 | 1,427 |
| 2002 | 906 | 4,590 | 5,308 | 862 | 550 | 285 | 98,264 | 1,454 |
| 2003 | 906 | 4,554 | 5,290 | 907 | 552 | 289 | 98,684 | 1,479 |
| 2004 | 916 | 4,582 | 5,301 | 906 | 552 | 289 | 99,908 | 1,492 |
| 2005 | 919 | 4,632 | 5,334 | 907 | 556 | 289 | 101,490 | 1,483 |
| 2006 | 924 | 4,712 | 5,336 | 906 | 560 | 288 | 102,073 | 1,508 |
| 2007 | 945 | 4,755 | 5,349 | 903 | 562 | 290 | 103,285 | 1,544 |
| 2008 | 948 | 4,794 | 5,310 | 908 | 561 | 293 | 103,037 | 1,575 |
| 2009 | 968 | 4,813 | 5,345 | 906 | 572 | 293 | 103,708 | 1,592 |
| 2010 | 972 | 4,842 | 5,344 | 909 | 577 | 304 | 104,137 | 1,701 |
| 2011 | 980 | 5,039 | 5,449 | 851 | 579 | 345 | 107,537 | 1,647 |
| 2012 | 1,092 | 5,176 | 5,478 | 628 | 640 | 326 | 111,802 | 1,616 |
| 2013 | 1,113 | 5,413 | 5,571 | 687 | 667 | 329 | 118,378 | 1,557 |
| 2014 | 1,143 | 5,548 | 5,438 | 670 | 669 | 334 | 118,170 | 1,591 |
| 2015 (P) | 1,167 | 5,695 | 5,464 | 733 | 675 | 339 | 118,869 | 1,613 |

**P : Provisional data in respect of Punjab province**

**Source: Ministry of Health, Planning Commission of Pakistan**
**Pakistan Bureau of Statistics**

*** : The decrease in MCH since 1993 as against last year is due to exclusion/separation of family welfare centres from MCH structure in Khyber Pakhtunkhwa**

**TABLE 11.2**

**REGISTERED MEDICAL AND PARAMEDICAL PERSONNEL (Progressive) AND EXPENDITURE ON HEALTH, (Calendar Year Basis)**

**(Number)**

| Year | Registered Doctors * | Registered Dentists * | Registered Nurses * | Registered Mid-wives | Registered Lady Health Visitors | Population per | | Expenditure (Mln. Rs)** | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Doctor | Dentist | Development | Non-Development |
| 2000 | 92,838 | 4,165 | 37,528 | 22,525 | 5,443 | 1,529 | 33,629 | 5,944 | 18,337 |
| 2001 | 97,260 | 4,612 | 40,019 | 22,711 | 5,669 | 1,516 | 31,579 | 6,688 | 18,717 |
| 2002 | 102,644 | 5,058 | 44,520 | 23,084 | 6,397 | 1,466 | 29,405 | 6,609 | 22,205 |
| 2003 | 108,164 | 5,531 | 46,331 | 23,318 | 6,599 | 1,404 | 27,414 | 8,500 | 24,305 |
| 2004 | 113,309 | 6,128 | 48,446 | 23,559 | 6,741 | 1,359 | 25,107 | 11,000 | 27,000 |
| 2005 | 118,113 | 6,734 | 51,270 | 23,897 | 7,073 | 1,310 | 25,297 | 16,000 | 24,000 |
| 2006 | 123,146 | 7,438 | 57,646 | 24,692 | 8,405 | 1,254 | 20,839 | 20,000 | 30,000 |
| 2007 | 128,042 | 8,215 | 62,651 | 25,261 | 9,302 | 1,245 | 19,417 | 27,228 | 32,670 |
| 2008 | 133,925 | 9,012 | 65,387 | 25,534 | 10,002 | 1,212 | 18,010 | 32,700 | 41,100 |
| 2009 | 139,488 | 9,822 | 69,313 | 26,225 | 10,731 | 1,184 | 16,814 | 37,860 | 41,000 |
| 2010 | 144,901 | 10,508 | 73,244 | 27,153 | 11,510 | 1,222 | 16,854 | 18,706 | 23,382 |
| 2011 | 152,368 | 11,649 | 77,683 | 30,722 | 12,621 | 1,162 | 15,203 | 26,250 | 28,870 |
| 2012 | 160,880 | 12,692 | 82,119 | 31,503 | 13,678 | 1,123 | 14,238 | 33,471 | 92,486 |
| 2013 | 167,759 | 13,716 | 86,183 | 32,677 | 14,388 | 1,099 | 13,441 | 58,736 | 114,680 |
| 2014 | 175,223 | 15,106 | 90,276 | 33,687 | 15,325 | 1,073 | 12,447 | 69,134 | 130,188 |
| 2015*** | 184,711 | 16,652 | 94,766 | 34,668 | 16,448 | 1,038 | 11,513 | 39,935 | 93,999 |

**Source : Ministry of Health, Planning Commission of Pakistan**
**Pakistan Bureau of Statistics**

*** : Registered with Pakistan Medical and Dental Council and Pakistan Nursing Council.**

**** : Expenditure figures are for respective financial years 2013 = 2013-14**

***** : Expenditure figure for the year 2015 are for the period (Jul-Mar) 2015-16**

**Note:** **Data regarding registered number of Doctors/Dentists is vulnerable to few changes as it is affected by change of province or if there is any change in registration status from time to time**

**Date for medical personal for the year 2011 is estimated by adding the output actually achieved during the year to the medical manpower in 2010.**

**TABLE 11.3**

**DATA ON EXPANDED PROGRAMME OF IMMUNIZATION VACCINATION PERFORMANCE (0-4 YEARS), (Calendar Year Basis)**

**(Nos. in 1000)**

| Vaccine/doze. | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| B.C.G. | | 5,364.1 | 5,790.4 | 5,884.4 | 6,133.4 | 5,924.9 | 5,813.3 | 6,062.0 | 6,186.4 | 6,150.8 | 5,848.5 |
| POLIO | 0 | 2,846.2 | 3,098.1 | 3,428.7 | 3,650.0 | 3,773.1 | 3,844.4 | 4,200.3 | 4,464.2 | 4,746.2 | 4,796.7 |
| | I | 5,250.6 | 5,645.1 | 5,556.1 | 5,884.9 | 5,852.6 | 5,698.5 | 5,822.8 | 5,905.2 | 5,838.7 | 5,743.6 |
| | II | 4,869.9 | 5,178.7 | 5,034.4 | 5,402.7 | 5,526.7 | 5,356.0 | 5,445.9 | 5,538.9 | 5,494.8 | 5,387.8 |
| | III | 4,739.0 | 5,070.5 | 4,819.1 | 5,277.4 | 5,422.4 | 5,218.1 | 5,330.5 | 5,398.0 | 5,369.4 | 5,257.4 |
| | IV | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| | BR | 33.0 | 46.6 | 60.9 | 35.8 | 81.3 | 86.1 | .. | .. | .. | .. |
| COMBO | | | | | | | | | | | |
| | I | .. | 3,999.8 | 5,071.7 | .. | .. | .. | .. | .. | .. | .. |
| | II | .. | 3,720.1 | 4,612.5 | .. | .. | .. | .. | .. | .. | .. |
| | III | .. | 3,656.5 | 4,356.2 | .. | .. | .. | .. | .. | .. | .. |
| D.P.T | | | | | | | | | | | |
| | I | 5,275.1 | 1,710.7 | .. | .. | .. | .. | .. | .. | .. | .. |
| | II | 4,886.6 | 1,523.2 | .. | .. | .. | .. | .. | .. | .. | .. |
| | III | 4,756.4 | 1,479.4 | .. | .. | .. | .. | .. | .. | .. | .. |
| | BR | 0.3 | 0.06 | .. | .. | .. | .. | .. | .. | .. | .. |
| H.B.V | | | | | | | | | | | |
| | I | 5,053.3 | 1,617.8 | .. | .. | .. | .. | .. | .. | .. | .. |
| | II | 4,692.3 | 1,441.4 | .. | .. | .. | .. | .. | .. | .. | .. |
| | III | 4,571.0 | 1,401.2 | .. | .. | .. | .. | .. | .. | .. | .. |
| Pentavalent | | | | | | | | | | | |
| | I | .. | .. | .. | 5,925.0 | 5,862.9 | 5,606.3 | 5,773.2 | 5,921.6 | 5,843.5 | 5,713.7 |
| | II | .. | .. | .. | 5,461.3 | 5,555.1 | 5,266.8 | 5,400.2 | 5,552.8 | 5,491.0 | 5,353.2 |
| | III | .. | .. | .. | 5,338.5 | 5,407.3 | 5,129.2 | 5,275.6 | 5,411.6 | 5,370.8 | 5,225.9 |
| T.T | | | | | | | | | | | |
| | I | 4,069.4 | 3,877.9 | 4,307.1 | 4,919.8 | 5,050.2 | 5,089.9 | 5,361.9 | 5,157.2 | 4,536.5 | 5,048.2 |
| | II | 3,133.5 | 3,048.3 | 3,385.0 | 3,791.7 | 4,065.1 | 4,121.0 | 4,279.0 | 4,235.0 | 3,708.5 | 4,063.1 |
| | III | 894.6 | 810.0 | 865.7 | 937.8 | 897.0 | 812.9 | 815.1 | 783.2 | 577.7 | 586.7 |
| | IV | 286.4 | 239.1 | 279.0 | 284.9 | 268.2 | 234.4 | 229.8 | 312.3 | 185.4 | 157.9 |
| | V | 176.5 | 141.3 | 152.1 | 168.9 | 165.0 | 127.2 | 128.4 | 130.1 | 105.8 | 86.6 |
| MEASLES | | 5,050.3 | 5,386.1 | 5,277.8 | 5,297.4 | 5,299.6 | 8,211.3 | 9,085.8 | 4,490.3 | 5,370.8 | 5,192.1 |
| | II | .. | .. | .. | 1,806.3 | 2,799.7 | 2,799.7 | .. | 5,622.7 | 4,536.5 | 4,193.5 |
| Pneumococcal (PCV10) | | | | | | | | | | | |
| | I | .. | .. | .. | .. | .. | .. | .. | 3,588.7 | 5,526.3 | 5,641.8 |
| | II | .. | .. | .. | .. | .. | .. | .. | 3,195.3 | 5,197.4 | 5,388.6 |
| | III | .. | .. | .. | .. | .. | .. | .. | 3,008.4 | 5,072.4 | 5,175.9 |

**Source: Ministry of Health**
**Pakistan Bureau of Statistics**

**..: not available**

**B.C.G. Bacilus+Calamus+Guerin**

**D.P.T Diphteira+Perussia+Tetanus**

**T.T Tetanus Toxoid**

**Note: The DPT from the year 2007 onward has discontinued and is replaced by Combo - a combination of DPT and HBV**

**TABLE 11.4**

**DOCTOR CONSULTING FEE IN VARIOUS CITIES**

**(In rupees)**

| Period* | Faisal-abad | Gujran-wala | Hyder-abad | Islam-abad | Karachi | Lahore | Pesha-war | Quetta | Rawal-pindi | Sukkur | Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **AVERAGE DOCTOR CALL FEE IN VARIOUS CITIES** | | | | | | | | | | | |
| **2000** | **40.00** | **40.00** | **33.75** | **33.13** | **32.40** | **38.93** | **30.00** | **107.50** | **32.92** | **30.00** | **41.86** |
| **2001** | **40.00** | **40.00** | **33.75** | **33.13** | **33.00** | **41.96** | **43.33** | **107.50** | **33.75** | **30.00** | **43.64** |
| **2002** | **40.00** | **50.00** | **30.00** | **33.13** | **35.00** | **41.25** | **43.33** | **95.00** | **33.96** | **30.00** | **43.17** |
| **2003** | **40.00** | **50.00** | **31.25** | **45.00** | **36.35** | **41.96** | **50.00** | **100.00** | **38.75** | **30.00** | **46.33** |
| **2004** | **41.25** | **50.00** | **33.00** | **45.00** | **36.25** | **41.96** | **50.00** | **100.00** | **38.75** | **30.00** | **46.62** |
| **2005** | **41.25** | **50.00** | **33.75** | **46.25** | **38.08** | **44.29** | **50.00** | **100.00** | **42.08** | **30.00** | **47.57** |
| **2006** | **41.25** | **50.00** | **33.75** | **55.00** | **41.73** | **52.68** | **50.00** | **100.00** | **43.75** | **50.00** | **51.81** |
| **2007** | **43.75** | **50.00** | **50.00** | **55.00** | **55.00** | **52.68** | **50.00** | **120.00** | **43.75** | **75.00** | **59.52** |
| **2008** | **75.00** | **65.00** | **50.00** | **75.00** | **80.00** | **63.21** | **100.00** | **130.00** | **61.67** | **75.00** | **77.49** |
| **2009** | **75.00** | **65.00** | **50.00** | **75.00** | **93.85** | **68.93** | **100.00** | **120.00** | **61.67** | **75.00** | **78.45** |
| **2010** | **75.00** | **75.00** | **60.00** | **90.00** | **93.85** | **68.93** | **125.00** | **130.00** | **71.67** | **100.00** | **88.95** |
| **2011** | **80.00** | **75.00** | **68.75** | **100.00** | **93.85** | **70.00** | **166.67** | **180.00** | **85.00** | **100.00** | **101.93** |
| **2012** | **90.00** | **75.00** | **80.00** | **200.00** | **100.00** | **70.36** | **191.61** | **200.00** | **110.00** | **100.00** | **121.70** |
| **2013** | **90.00** | **75.00** | **100.00** | **146.25** | **100.00** | **100.00** | **225.00** | **200.00** | **135.00** | **100.00** | **127.13** |
| **2014** | **90.00** | **75.00** | **100.00** | **175.00** | **100.00** | **100.00** | **220.83** | **200.00** | **166.67** | **100.00** | **132.75** |
| **2015** | **125.00** | **75.00** | **100.00** | **175.00** | **100.00** | **100.00** | **266.67** | **200.00** | **166.67** | **100.00** | **140.83** |

*** : These estimates are of the month of November of the respective year** **Source: Pakistan Bureau of Statistics**