Slow to Progress:

Results of Pakistan's most recent Demographic and Health Survey[1]

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Whether or not one's primary interests extend to Pakistan's public health sector, a scan through the graphs and charts that outline the results of the *Pakistan Demographic and Health Survey* (PDHS 2012-13)[2] is likely to yield more than a few insights into the country's governance challenges. Consistent with all DHS household surveys, PDHS 2012-13 reports primarily, but not exclusively, on reproductive, maternal, and child health.[3] This most recent PDHS survey is Pakistan's third, following PDHS 2006-07 and PDHS 1990-91, and it covers five of Pakistan's provinces[4] (FATA and Azad Kashmir were not surveyed), plus the Islamabad Capital Territory (ICT).

In the following brief essay, I discuss just three country-level and provincial measures that are reported by PDHS 2012-13: the rate of childhood mortality (deaths under five years of age per thousand live births), full vaccination coverage rates (proportion of children fully vaccinated between ages 12 and 23 months), and total fertility rates[5] (an estimate of the lifetime average number of live births per woman). Notably, DHS survey instruments are lengthy, and the downloadable products of PDHS 2012-13 (key findings, full report, fact sheet, and a wall chart) contain much more

[1] I thank Dr. Rushna Ravji at USAID for taking time to provide me with her insights into Pakistan's health service delivery system. Nonetheless, any errors and opinions expressed in this essay are the author's.

[2] The PDHS 2012-13 was conducted under the authority of the Ministry of National Health Services, Regulations and Coordination and implemented by the National Institute of Population Studies. ICF International provided financial and technical assistance for the survey through USAID/Pakistan.

[3] PDHS 2012-13 is one of the most recent survey reports to be published among the more than 300 country-level *Demographic and Health Surveys* (DHS) that have been undertaken, since 1985, in over 90 countries.

[4] PDHS 2012-13 was conducted in ICT Islamabad, Khyber Pakhtunkhwa, Gilgit Baltistan, Punjab, Sindh and Balochistan.

[5] Total fertility rates are a "snapshot" of fertility based on current age-specific rates of childbearing.

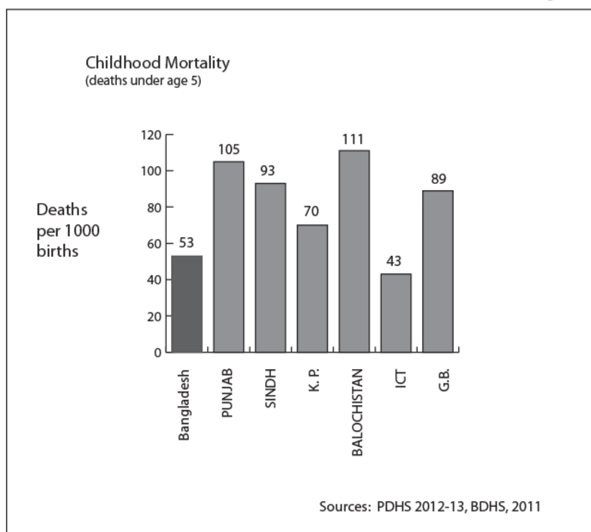
content and detail—from assessments of contraceptive use and knowledge, to child feeding practices and nutritional status, to patterns of domestic violence.

How well did Pakistan measure up in this recent health-sector assessment? Over all, not very well. Countrywide levels of the health indicators measured by PDHS 2012-13 have improved only marginally since the 2006-07 survey. Notably, Pakistan's health sector has failed to keep pace with progress in either Bangladesh or Nepal, both of which lagged behind Pakistan in most public health indicators in the early 1990s. Similarly, as the decline in fertility has slowed in Pakistan (now at 3.8 children per woman), fertility rates in Bangladesh (2.3) and Nepal (2.6) have continued their declines.

A Few Highlights

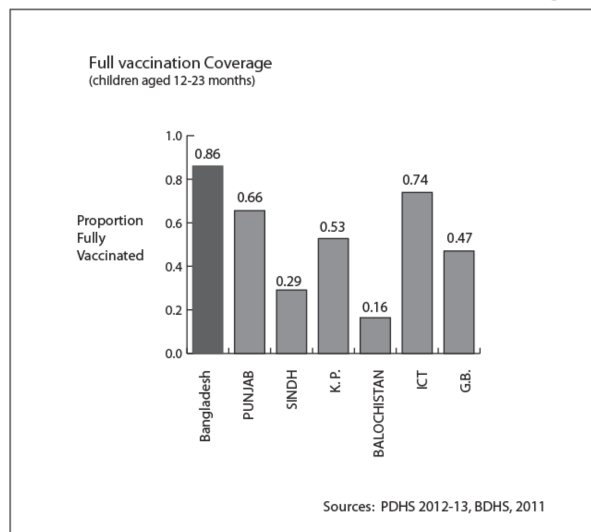
Since the 2006-07 survey, Pakistan's maternal and child health indicators show slow progress. The PDHS 2012-13 results indicate declines in under-five mortality (the proportion of deaths of children aged less than 5 years) to 89 deaths per thousand births, down from 94 in the 2006-07 survey (compared to Bangladesh's 53 per thousand and Nepal's 54 per thousand, reported in comparable 2011 surveys). Childhood

Figure 1



Sources: PDHS 2012-13, BDHS, 2011

Figure 2



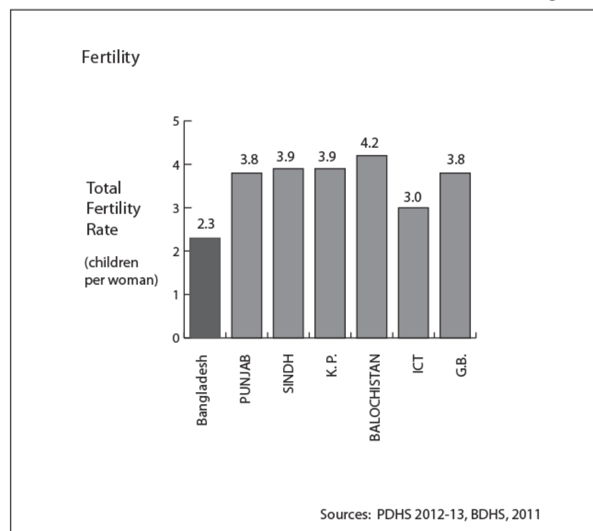
Sources: PDHS 2012-13, BDHS, 2011

vaccination rates (ages 12 to 23 months) in the surveyed regions rose to 54 percent, up from 47 percent in the 2006-07 PDHS.

Unsurprisingly, Pakistan's public health infrastructure appears to operate most effectively in and around Islamabad (ICT) and least successfully in the rugged, sparsely populated province of Balochistan, in the country's southwest. Otherwise, the rank order of maternal and child health status varies from indicator to indicator in the other provinces (Punjab, Sindh, Khyber Pakhtunkhwa (KP), and Gilgit Baltistan (GB). For example, Punjab boasts the second highest proportion of fully vaccinated children at 66 percent, just behind ICT's 74 percent (Fig. 1). However, in terms of under-five mortality, KP, at 70 deaths per thousand births, is second to ICT's lower rate of 43 per thousand (Fig. 2).

For some analysts, PDHS's estimates of Pakistan's rate of childbearing (fertility) presented the most disappointing reflection of household conditions. PDHS 2012-13 results suggest only a slight decline in the country's total fertility rate, from 4.1 children per woman in the prior survey (2005-06) to 3.8 today. Whereas ICT's total fertility rate has declined to 3.0, the six surveyed states appear to range closer to the 4-children-per-woman mark (Fig. 3). For comparison, 2011 surveys estimate Bangladesh's TFR at 2.3 and Nepal's at 2.6 children per woman.

Figure 3



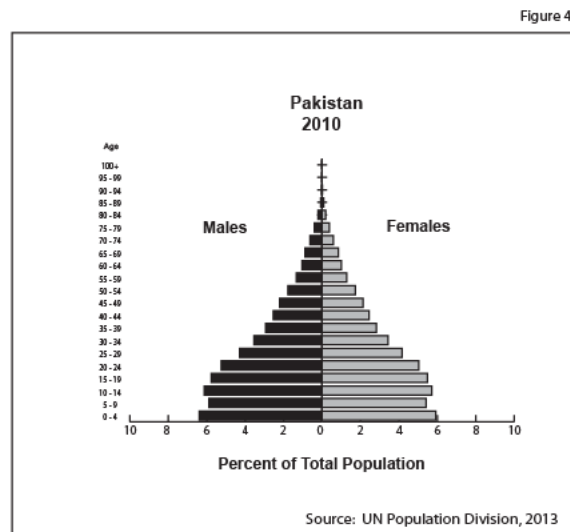
Reflections

Whereas at independence in 1947, Pakistan's western region (West Pakistan) experienced a population of nearly 36 million, today's Pakistan, in 2014, is populated by more than 185 million people, and will likely approach

the 250 million mark by 2035.[6] Pakistan's trajectory of population growth will likely ensure that already-difficult urban governance and agricultural water management issues will present even bigger challenges in the state's future. That said, political demographers view the dogged persistence of Pakistan's youthful population age structure (median age about 23 years, see Fig. 4), and the hard-to-satisfy demands for education and jobs which are embodied in such distributions, to be the country's most immediate demographic concern.

Since the Family Planning Association of Pakistan (*Rahnuma*) was first founded in 1953 in Lahore, the Government of Pakistan's political and financial support for family planning services have waxed and waned as the government flipped back and forth between military and civilian rule, and as power shifted between religious and secular constituencies. After having been virtually de-funded during the Zia Regime, family planning and related reproductive health programs were reorganized during the mid-1990s and re-assigned to the new Ministry of Population Welfare (MPW). Although health-sector investment by the Government of Pakistan has remained relatively low, over the past decade the MPW—assisted by bilateral (including USAID) and international development agencies—has struggled to assemble a professional cadre of administrators and field workers, and an extensive network of community-based "Lady Health Workers."[7]

Figure 4



Source: UN Population Division, 2013

[6] These estimates and projections are drawn from the UN Population Division. (2013) *Population Prospects, the 2012 Revision*. (New York: United Nations, Dept. of Economic and Social Affairs). The current medium fertility variant for Pakistan puts population at 244 million by 2035, but PDHS 2012-13 results suggest that this projection is low.

[7] Hardee, K. and E. Leahy (2008). Population, Fertility and Family Planning in Pakistan: A Program in Stagnation. Washington, DC, Population Action International: 11 pp.

Nonetheless, Pakistan's public health service delivery system is in flux. The MPW has been dissolved, and the 18th Amendment to Pakistan's constitution, passed in 2010, mandates the devolution of health services to the individual provinces. Critics of health-service devolution argue that provincial governments have neither the expertise to administer ongoing programs nor the funds to support additional services—like those offered by the Lady Health Worker Program. Notably, PDHS 2012-13 is already considered to be the "benchmark survey" for a future evaluation of Pakistan's ongoing experiment in health-service devolution.

The survey provides "a window" into one element of Islamabad's struggle to develop Pakistan, both socially and economically, and to gain greater legitimacy among the country's diverse citizenry. I personally recommend that every "Pakistan analyst" download and read through the brief *Key Findings* of PDHS 2012-13. Detailed analyses by province and comparisons with past surveys are available in the full PDHS 2012-13 report (also downloadable from the web).