

# Provincial Acceleration Operational Plan for MDGs 4 & 5 – Sindh 2013-15

By

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# Socio-demographic characteristics

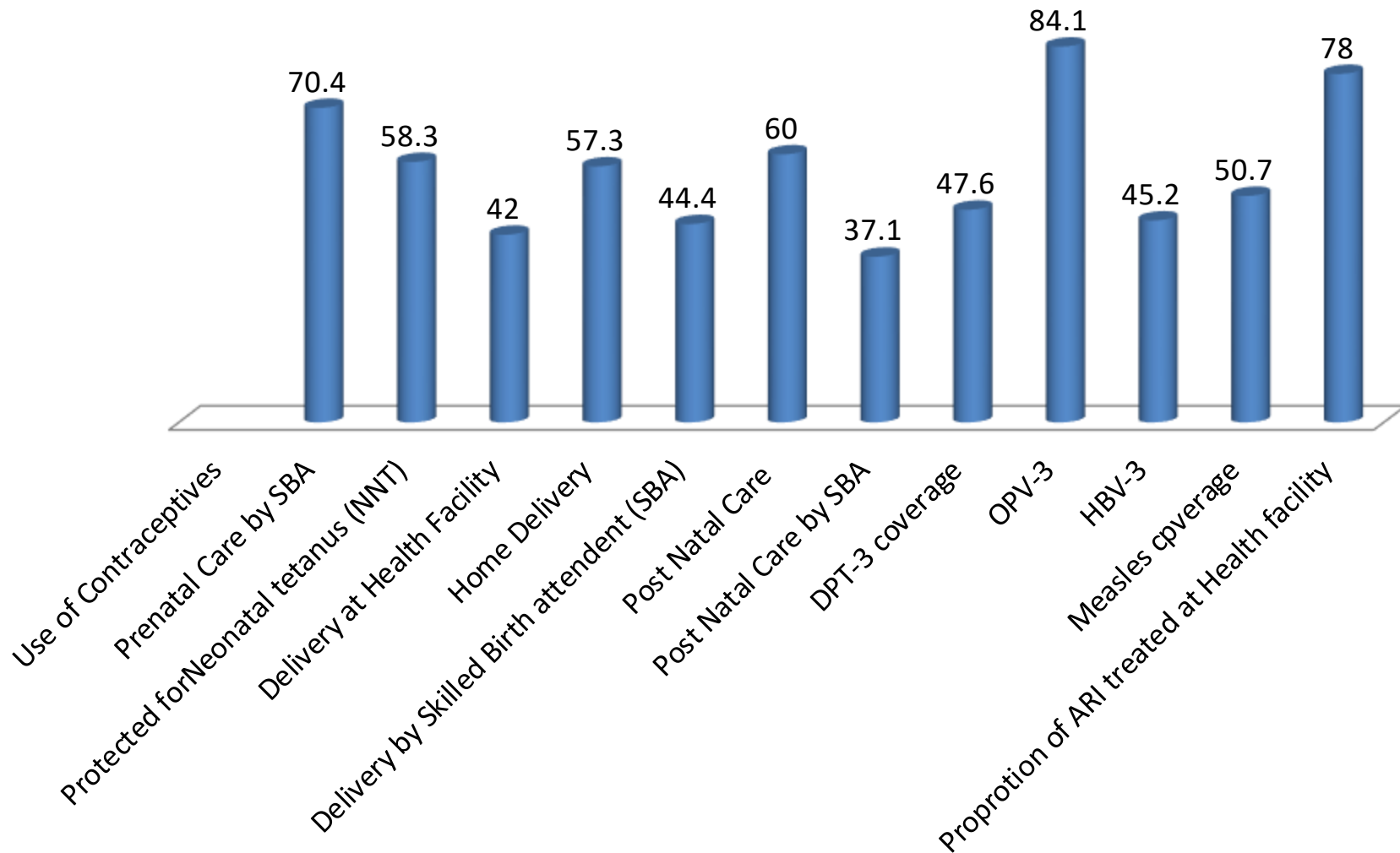
- Total population of the province in 2012 is 39.93 Millions,
- Women in child bearing age (15-49 years) CBAs is estimated 9.184 million (23% of population)
- Under 5 years children is estimated 6.762 Million (17% of population)

No	District	Total HF's	Total Population	Total < 5 Children in District	Women of Child Bearing age 15-49 years
1	Kashmor at Kandhkot	40	822,342	139,798	189,139
2	Ghotki	71	1,337,764	227,420	307,686
3	Larkana	80	1,409,739	239,656	324,240
4	Jamshoro	62	960,656	163,312	220,951
5	Shikarpur	77	1,107,315	188,244	254,682
6	Kambar /Shahdad Kot	78	1,079,350	183,490	248,251
7	Shaheed Benazirabad	110	1,261,695	214,488	290,190
8	Badin	117	1,680,000	268,800	386,400
9	Tharparkar	131	910,000	154,700	209,300
10	Umerkot	80	660,000	112,200	151,800
11	Karachi	193	14,174,552	2,409,674	3,260,147
12	Hyderabad	64	1,774,685	301,696	408,178
13	Tando Mohammad Khan	25	599,748	101,957	137,942
14	Tando Allahyar	42	572,027	97,245	131,566
15	Matiari	69	629,382	106,995	144,758
16	Sanghar	150	1,768,293	300,610	406,707
17	Dadu	128	1,437,387	244,356	330,599
18	Mir Pur Khas	96	1,499,871	254,978	344,970
19	Noshero Feroz	120	1,275,808	216,887	293,436
20	Sukkur	57	900,000	144,000	207,000
21	Thatta	166	1,110,000	188,700	255,300
22	Jacobabad	62	1,420,000	241,400	326,600
23	Khairpure	160	1,540,000	261,800	354,200
	Total	2,178	39,930,614	6,762,406	9,184,041

## Health Indicators of Sindh (PDHS 2012-13)

Indicator	National	Sindh
<b>Maternal Mortality Ratio PDHS 2006-2007</b>	276/100,000 live births	314/100,000 live births
<b>Neonatal Mortality rate</b>	54/1000 live births	54/1000 live births
<b>Infant Mortality Rate</b>	74/1000 live births	74/1000 live births
<b>Under 5 Mortality rate</b>	89/1000 live births	93/1000 live births
<b>Total Fertility Rate</b>	3.8 children per woman	3.9 children per woman

# Coverage indicators across the continuum of care



# Sites of implementation

- Services of MNCH- 9 districts of Thatta, Tando Allah Yar, Tando Mohammad Khan, Matiari, Sanghar, Dadu, Naushehro Feroz, Khairpure and Jacobabad-( inclusion criteria minus NPPI and divisional headquarter districts)
- DHIS- all 23 districts
- LHW/CMW intervention- all 23 districts

# Process of implementation

- Baseline
- Intervention and M&E plan based on baseline
- Midline
- Reorganization if required
- Endline

# Service Areas/ interventions

- **Integrated MNCH package**
  - Adhoc Human Resource support
  - Human resource development in areas of IMNCI, ENC and PCPNC
  - Equipment and supplies
- **DHIS**
  - Tools
  - Human resource development in areas of facility data recording, software and use of information
  - data management at district and provincial level / feedback
  - harmonization between facility, LHW and CMW data
- **Community interventions through LHW and CMWs**
  - Human resource development in areas of IMNCI, ENC and PCPNC
  - Support in developing community networks



<b>Service Indicators</b>	<b>Source</b>
Measles coverage rate	EPI program / DHIS
IMNCI coverage rate (% of districts where all health facilities are implementing IMNCI, % of health facilities that have trained IMNCI health care providers)	IMNCI Database
% PHC facilities that have the essential IMNCI medicines	IMNCI database, follow up reports
% sick children managed according to IMNCI guidelines	IMNCI database
% PHC facilities that have at least 3 month-stock of the essential RH commodities	DHIS
% of targeted communities where the MCH/ FP interventions implemented	DHIS
% of health facilities providing EmONC (basic and comprehensive) and FP	DHIS

## **Impact Indicators (MICS/PDHS)**

Under-five mortality rate

Neonatal mortality rate

Maternal mortality ratio

Proportion of under-five children who are under-weight

Proportion of under-five children who are stunted

Prevalence of anemia among pregnant women

Total fertility rate

Contraceptive Prevalence Rate (CPR)

## **Impact Indicators (MICS/PDHS)**

Early initiation and Exclusive breastfeeding rate

% of children 6 – 8 months to whom solid and semi-solid food has been introduced.

Antenatal coverage rate

Post natal care coverage rate

% reduction of unmet needs for family planning

% deliveries attended by skilled birth attendants

% deliveries at a health facility

% of pregnant women receiving iron supplementation

% of CBA women immunized against tetanus toxoid vaccine

# Budgetary requirements (USD)

	<b>Total required budget</b>	<b>Available funds</b>	<b>Funding gap</b>
<b>Child health</b>	8,165,800	2,158,500	6,007,300
<b>Maternal health</b>	3,039,000	1,100,000	1,939,000
<b>Grand total</b>	11,204,800	3,258,500	7,946,300

# Current status – June 2014

- Training coverage
  - IMNCI 41.25 %
  - DHIS 71.59 %
  - ENC 88.38%
  - PCPNC 59.71 %

# Current status – June 2014

## Interventions and partners

- NPPI 10 districts
- MCHIP-USAID 10 districts
- Nutrition-WHO 22 districts
- Nutrition – UNICEF 10 districts
- Nutrition- EU 3 districts
- DKT 10 districts
- RAF/TRF in different areas
- Pre-service intervention for medical and allied fields

# CONSTRAINTS / PROBLEMS

- Lack of political commitment & ownership.
- Inadequate resources.
- Poor community awareness regarding health issues.
- Frequent transfer and posting of managers.
- No mechanism for accountability & reward
- No feedback mechanism at all levels.
- Lack of Supervision & Monitoring.

# CONSTRAINTS / PROBLEMS

- Dearth of Specialists, Doctors & Paramedical staff for smooth running of Health Institutions.
- Lack of Mobility support for Monitoring & Supervision of Health Institutions & Districts Health Facilities of Sindh Province.
- Non-cooperation of Local Government Departments regarding sanitation, waste management, fumigation, Spray activities & killing of stray dogs.
- Non-availability of Funds for Procurement of ARV / ASV and for Health Education at Provincial Level.
- Forecasted shortage of DHIS instruments in the province because non-approval of revised of PC-I of DHIS, which has been expired in the year 2012-13.
- Lack of coordination and consultation by priority programs with DGHSS Office so there are lot of overlapping and duplication of activities.



# CONSTRAINTS / PROBLEMS

- Improper allocation of funds at Provincial level, need to be changed the cycle of distribution
- Logistic and Management Issues.
- Inappropriate distribution of service providers at all cadres and at all levels.
- Inadequate funds/ Delay in release of funds.
- Lack of Inter sectoral co-ordination with in and outside departments.
- Non utilization/ availability of local nutrition product for management of Severe Acute Malnutrition.

# Way Forward

- ✦ Budget to DHOs and other Institutions may be routed through Health Department / DGHSS.
- ✦ Program Managers may be advised for continuous coordination among them and mandatorily consultations for all activities including submission of monthly reports.
- ✦ Funds may be allocated for the Health Education Component.
- ✦ Redefine role of LHWs with greater emphasis on core services (MNCH, FP, Nutrition) with continuous supervision and monitoring to ensure provision of services.
- ✦ Provision of 24/7 MNCH services at all levels

# Way Forward

- ✦ All special cadre Paramedic/ nurses filled at district level
- ✦ Establishment of sick new born care centers at DHQ, THQ
- ✦ Strengthening of referral mechanism
- ✦ Strengthening of blood bank and Diagnostic services at Secondary level
- ✦ Strengthening and implementation of MSDP
- ✦ Strengthening of Voucher scheme link with smart card
- ✦ Increase number of CMWs & LHWs at community level
- ✦ Implement Kanagaroo care
- ✦ Implement use of misoprostol
- ✦ Upscale Chlohexidine use for neonatal survival

**THANKS**