Baseline Health & Demographic Survey

Gilgit, Ghizer, Hunza Nagar & Astore Districts of Gilgit-Baltistan

Aga Khan Health Service, Pakistan





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EXECUTIVE SUMMARY

The health indicators of Pakistan are lagging behind the targets set in Millennium Development Goals. Efforts are being made to improve the health indicators, but this improvement has been slower as compared to other countries in the region. With this in view, Aga Khan Health Service Pakistan (AKHSP) has been working in Gilgit-Baltistan to improve the health status of population through a community based program aimed at providing health service to the community especially women of child bearing age and children less than five years of age.

Contech International conducted a Baseline Health and Demographic survey on behalf of AKHSP. The aim of this survey was to assess availability and coverage of health care; and perceptions and behaviors of the population. The survey was carried out in four districts (Gilgit, Ghizer, Hunza and Astore) of Gilgit-Baltistan. In total 60 clusters were selected; and within each cluster, 21 households were surveyed. The respondents for this survey were mothers of children less than 5 years of age. Gilgit, Ghizer and Hunza comprised the intervention area of AKHSP; while Astore was taken as a comparison district. A comparison was done between intervention area and non-intervention area for some key indicators. For this comparison a test of significance (z-test) was used.

Government health facilities were preferred for treatment of females, males and children. In Gilgit, Ghizer and Hunza, where Aga Khan health facilities are working, a sizeable proportion preferred Aga Khan health facilities as compared to other facilities and healthcare providers. Overall, more than two-thirds of women interviewed for this survey received antenatal care. Aga Khan health facility was preferred by most of the respondents, followed by government health facility. When the proportion of women receiving antenatal care from and skilled health care provider were compared, the difference between intervention area and nonintervention area was not statistically significant.

Those women who had received atleast two doses of TT were classified as being fully immunized. In Gilgit, Ghizer and Hunza, out of 325 mothers having children 0-11 months of age, 82% were fully immunized. In Astore, out of 85 mothers, 71% had been fully immunized. The difference in TT vaccination status between intervention area and non-intervention area was statistically significant.

Majority of respondents in Gilgit had their last delivery in government health facility; in Ghizer and Hunza at Aga Khan health facility, and in Astore at home. In the intervention area, 89% received care from a skilled birth attendant during their last delivery; this percentage was 52% in non-intervention area. The difference between intervention area and non-intervention area was statistically significant.

Most of the respondents in all four districts knew about oral contraceptive pills, condoms and injectable contraceptive; and overall Aga Khan health facility was the most common source of information. In the intervention area 67% respondents knew about family planning, and in non-intervention area 44% knew about it; and this difference was statistically significant. The overall contraceptive prevalence rate was 17%.

For assessment of vaccination coverage, mothers of children 12-23 months of age were interviewed. In Gilgit, Ghizer and Hunza, 47% children were fully immunized; while in Astore, 40% children were fully immunized. The difference between the immunization status of children between intervention and non-intervention areas was statistically significant.

For nutritional status assessment children under 5 years of age in the surveyed households were assessed for parameters like height, weight, and Mid Upper Arm Circumference (MUAC). The data obtained from these children was compared with reference values recommended by WHO. Six% children had MUAC less than cut off value for acute severe malnutrition.

Among the common health problems in the area, fever was the most common illness; while Hypertension was the most common chronic illness. There were 4% households, where a household member was suffering from a disability. More than two-thirds of them were male; and more than 60% of them had a physical disability.

Overall, the survey findings for key indicators in the surveyed districts were quite close to the health indicators at national level.