



Research Briefs & News

A Quarterly Newsletter

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inbrief

Address by Chaudhry Shahbaz Hussain, Federal Minister for Population Welfare



Addressing the concluding session of the PDHS 2006-07 training programme (August 24, 2006) organized by the NIPS, the Federal Minister of Population Welfare, Chaudhry Shahbaz Hussain said, "The PDHS

2006-07 is taking place with the financial support of the USAID and the agreement and commitment of the government of Pakistan.

The primary objective of this survey is assessing the different indicators of population and health, so that the government has better understanding and appreciation to adopt effective policies in these two sectors. This is the first national survey of its kind, which would estimate the maternal mortality and neonatal health. He was vigorous and emphatic in conveying the need of collecting reliable and accurate data on the subject. He applauded the contributions of NIPS in demographic research, survey and training. He urged the NIPS researchers to ensure that PDHS produces quality and reliable data.

Reminding the trainees about the significance of the training and the important task the trainees are about to embark upon, he cautioned them about their responsibility to collect reliable and quality data. He asked them to be bold in seeking truth and report facts. He advised them to work with dedication and honesty and contribute towards this national goal of collecting reliable and accurate data."



Opening Remarks by Jonathan Addleton, Mission Director, USAID/Pakistan

"I appreciate the opportunity to participate in the launch of the 2006 Pakistan Demographic and Health Survey, commonly referred to as the DHS. Effective policy as well as



Mr. Jonathan Addleton

implementation hinges on effective data collection. In the health sector, the DHS becomes the foundational data set for understanding what is happening and for tracking changes over time. The survey will provide valuable data on vital benchmarks.

In many cases, credible details on illness and health are not available from any other source. Based on the DHS data, the Government of Pakistan, USAID and other donors will be able to design and implement programmes related to health issues affecting both mothers and children.

In that sense, everyone gathered here today plays a major role in supporting the foundations on which effective public health in Pakistan is built. Those of you

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Opening Remarks by Jonathan Addleton, Mission Director, USAID/Pakistan

who will process and use the data can positively influence health indicators throughout the country.

Both directly and indirectly, you can shape for the better future of millions of Pakistani women and children. A quick word to the survey managers and workers specifically: This launch reminds me of my own modest role as a census worker in the 1981 US census, when I was responsible for dozens of what we called the "long form". I know from experience that your task will be tough but rewarding and that it requires being sensitive in your dealings with many different types of people from all segments of society. And, by the end of your work, you will have important and unique insights into Pakistan society, one that few others have.

In addition, I note that this is the first DHS in Pakistan since the early 1990s. At that time, too, USAID played an important role in funding Pakistan's initial DHS. Now, once again, we are there at the beginning of a similar effort.

We welcome and appreciate this opportunity to forge a partnership with the Government of Pakistan, as well as the National Institute of Population Studies and the private sector of Pakistan.

Together, we can help build better understanding about the demographic and health sector in Pakistan, working in a practical way to bring about a strong, more productive and healthier Pakistan".

Welcome address by Dr. Saeed Shafqat, Executive Director

Welcoming the guests and trainees on behalf of the NIPS; Dr. Saeed Shafqat, said, "It is a very important day for NIPS as it promises new avenues of future research. As an institution we take pride and feel confident at the launching of Pakistan Demographic Health Survey 2006-07. My endeavor is to see NIPS develop into a 'center of excellence' in demographic research and population studies and PDHS launch is a timely step in that direction.

In the past over a year, we have been engaged in a consultative process with individuals, experts, institutions and policy makers to build a broad consensus on the design of the survey. We have organized, three Technical Committee meetings in which we invited over 40 experts from all over the country, we are deeply appreciative of all those who participated in these meetings and provided valuable insights and inputs, their contribution is gratefully acknowledged. The survey has two major objectives:

- Collect reliable and quality data
- Investigate factors that impact on maternal and neonatal morbidity

The sample for the survey covers the four provinces of Pakistan including Federally Administered Tribal Areas (FATA). The three week Training Program on PDHS 2006-07 envisages undertaking a massive exercise to impart training to around 250 supervisors, interviewers, office editors and data entry operators. For the survey, NIPS has recruited 29 teams of field personnel.

On USAID's special role he said; "In this age and day it is difficult to understand let alone appreciate US policies. However, I have no hesitation in appreciating the contributions that USAID has made and been making for Pakistan.

It is not simply the funding for PDHS but it is worth noting that the USAID continues to play a vital role in the institution building in Pakistan. I also feel that Pakistan is very fortunate to have a scholar like Jonathan Addleton as Chief of USAID ---a dispassionate, objective scholar and yet a sympathetic observer of Pakistan. I do not know him personally. I know only his work. Those of us who are interested in migration and its social and economic impact on Pakistan, I strongly recommend his book Undermining the Center: Gulf Migration and Pakistan.

At Macro International Dr. Anne Cross deserves a special mention for her perseverance and faith in the NIPS and its team. The process has been long tedious and at times painful, but I am very pleased to report that we are able to obtain total support from all the partners. The support of Steering Committee, Technical Committees; the Ministry of Population Welfare, Health is duly acknowledge. The central role of FBS is duly acknowledged. We are indebted to USAID, for their support & funding, we are also thankful to UNFPA, UNICEF for their support.

Most of all of I want to acknowledge & applaud the hard work put in by the NIPS team, without their devotion and commitment this project would not be able take off. I want to caution them that our job has just begun and until the successful completion of the PDHS we are under observation and on 'probation', so we cannot sit back and relent. With your devotion and professional commitment NIPS is destined to make its mark in demographic research & population studies both nationally and internationally."



Speech by Dr. Donya Aziz, Parliamentary Secretary



"I felt proud of the Institute when I was told that the current PDHS will also estimate maternal mortality for the first time at the national level; and that it is the first time that the NIPS is undertaking a study of this magnitude which has never been taken before in Pakistan. I know that the professionals in the Institute have taken it as a challenge. I am confident that they will produce quality data and provide information that is so valuable both for the Population and Health Programmes of this country.

Maternal health is important for all of us whether we are in the Ministry of Health or in the Ministry of Population Welfare. It is our national duty to reduce maternal mortality and provide better conditions of living to men, women and children.

Family planning is also one way of reducing maternal mortality and their children. I wish men in this country help their women live longer by caring for them and encourage enough spacing between two deliveries so that they remain healthy. The exact ratio of maternal mortality in Pakistan at the national level is not known. People guess it some where between 200 and 700. We know that it is high but we don't know how high it is. Because no body has done any survey on it. I am thankful to the USAID, which has come forward and sponsored this survey. And I am also thankful that they have chosen the National Institute of Population Studies as an implementing agency, which has the capacity and commitment to do such a big and important survey.

The information collected through this survey will be instrumental in identifying strategic directions for the national population and health programmes in Pakistan. Information from this survey will provide crucial indicators for evaluating policies and programmes and for designing future programme strategies. This survey will also contribute to an increased global commitment to improving the lives of

mothers and children worldwide". Addressing the trainees she said that, "collection of information is not an easy job. It is painstaking, difficult and sometimes very disappointing when the person giving you the information is not cooperating, non serious or difficult to speak out the facts that you are looking for. Weather may not be very friendly with you, journey may be very bumpy, your stomach may be empty or you may have to walk on foot and up on the hill where there is only one hamlet that you have to reach. The job is difficult and we all know this. But someone has to do it and you are the one chosen for it. You are chosen because you have the ability to do it.

The NIPS has confidence in you. So live up to that confidence and let the whole world know that you can collect good quality data that will speak for itself. Our future programme strategies will only be successful when the information you provide is reliable.

I am sure that NIPS will take care of you when you are here in Islamabad. So enjoy your stay and your training".

Remarks by Mr. Shahzado Shaikh, Secretary Ministry for Population Welfare

In his opening remarks, Mr. Shahzado Shaikh, said "As you are aware that the Population Welfare Programme is striving hard to achieve its objectives by pursuing the Population Policy Goals. The long term objectives of the policy are:

- Reduce population growth rate from 1.9 percent per annum in 2004 to 1.3 percent per annum by the year 2020.
- Reduce fertility through enhanced voluntary contraception adoption to

replacement level 2.1 births per The National survey on Maternal Mortality was long awaited as this information is essentially required to design broader strategies for evolving Health and Population programmes.

I understand Maternal Mortality ratio and Infant Mortality rate have very important relationship with reduction of ultimate Population Growth Rate and fertility. Therefore, I am confident that findings of this National survey will guide policymakers for taking decisions of strategic importance for improving the

health of mothers and children; will also help to improve overall health status of families and the people of Pakistan.

It gives me pleasure to state that the research work done by NIPS and the data produced enjoys international credibility, therefore, I feel NIPS is the best institution to handle this challenging and significant task of national importance.

I wish you success in your endeavors.



Pakistan Demographic and Health Survey (PDHS) 2006-07

Introduction:

The Pakistan Demographic and Health Survey (PDHS) 2006-07 is being undertaken to address the monitoring and evaluation needs of maternal health and family planning programmes. The survey is designed to provide information to policy makers in the Ministries of Population Welfare and Health to improve policy framework and programmatic interventions based on updated estimates. The survey has two major objectives:

- o Collect high-quality data on a number of health and population welfare indicators relevant to the Millennium Development Goals and the Poverty Reduction Strategy Paper;

- o Investigate factors that impact on maternal and neonatal morbidity and mortality (i.e., antenatal and delivery care, treatment of pregnancy complications, and postnatal care);

The National Institute of Population Studies (NIPS) is implementing the survey under the authority of the Government of Pakistan. A Technical Advisory Committee (for PDHS) comprising of experts and researchers from the government and civil society across Pakistan provided expert advice regarding its design, and formulation of instruments. The Federal Bureau of Statistics (FBS) is providing sample design and sample points along with household listing operation.

MEASURE DHS at ORC Macro, is providing technical assistance to NIPS on the design and implementation of the survey. Major funding is provided by USAID/Pakistan, while UNFPA and UNICEF are providing logistical support to monitor survey implementation.

The PDHS 2006-07 will be the first national survey to produce a reliable estimate for the maternal mortality ratio (MMR) at the national level

LIST OF KEY INDICATORS IN PDHS 2006-07

Fertility and Family Planning	Reproductive Health	Child Health	HIV/AIDS and Other
<ul style="list-style-type: none"> • age-specific and total fertility rates; • fertility preferences (percent of women who want no more, ideal number of children); • level of unwanted and mistimed births; • knowledge of contraceptive methods, contraceptive prevalence rate #*; • reasons for non-use; • unmet need for family planning services; • exposure to family planning messages in the media; • median age at first marriage and first birth; • percentage of births occurring too close to previous birth (birth intervals); 	<ul style="list-style-type: none"> • maternal mortality rate and ratio # (national level estimate); • causes of maternal deaths; • antenatal care coverage and timing of care by trimester *; • tetanus toxoid coverage among pregnant women *; • proportion of births delivered in a health facility; • proportion of births assisted by trained medical providers #*; • percentage of newborns of low birth weight *; • postnatal care coverage; • prevalence of fistula among ever-married women 	<ul style="list-style-type: none"> • neonatal, post-neonatal, infant, child, and under-five mortality rates #*; • causes of under-five deaths; • exclusive breastfeeding among infants under 6 months; • timely complementary feeding among infants 6-9 months; • childhood vaccination coverage rates #*; • prevalence of diarrhoea among children under five and use of oral rehydration therapy *; • prevalence and treatment of fever and cough among children under five; • vitamin A supplementation coverage among postpartum women and children under five *; 	<ul style="list-style-type: none"> • proportion of children under age 18 who are orphaned #; • awareness of HIV prevention means (abstinence, being faithful, using condoms) *; • HIV stigma (would care for relative with HIV, etc.); • mosquito net ownership and proportion of women and children under 5 who slept under a net; • information about rural communities, e.g., distance to services; • latitude and longitude coordinates of each community (GPS readings); • source of household drinking water and type of toilet facility #*; • net and gross school attendance rates, literacy #*; • number of injections in the previous 12 months (total and number from medical professional); • knowledge of tuberculosis and means of transmission; • household socio economic status (wealth index).

= Millennium Development Goal; * = Poverty Reduction Strategy Paper indicator

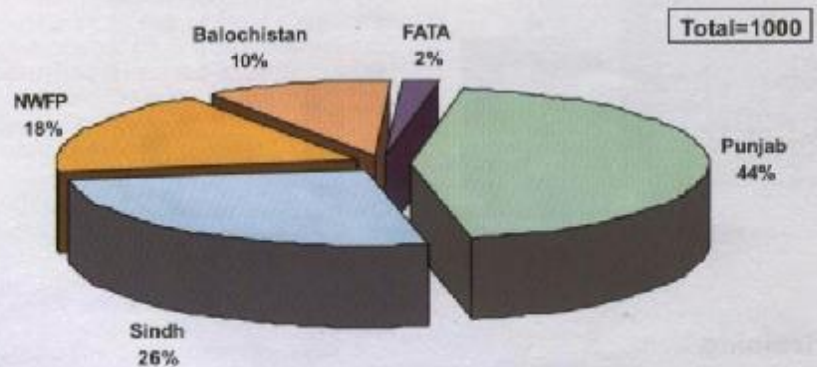
Note: Most of these indicators will be produced for Pakistan, urban-rural residence, province, 5-year age group, education attainment, and household wealth quintile.



Sample Design:

The sample for the survey covers the four provinces of Pakistan. Survey will include the Federally Administered Tribal Areas (FATA). The study involves a nested design covering a total of 100,000 households selected in approximately 1000 sample points across Pakistan.

Distribution of Primary Sampling Units (PSUs)



Study Design:

The study design has the following parameters:

Study Design	Punjab	Sindh	NWFP	Balochistan	FATA	Total
Total districts	35	17	24	26	-	102
Districts covered in survey	35	17	24	26	-	102
Interviewers from districts	16	10	9	5	-	40
Number of PSUs	440	260	180	100	20	1000
Sample size(HHs covered)	44,000	26,000	18,000	10,000	2,000	100,000
Number of Teams	12	8	6	3	-	29
Total Trainees invited	94	58	42	20	-	214
Supervisor	12	10	6	3	-	30
Interviewers	75	46	35	17	-	173
Quality controller	3	2	-	-	-	6
Office Editor	4	-	-	-	-	4
Field coordinator	3	2	1	-	-	6

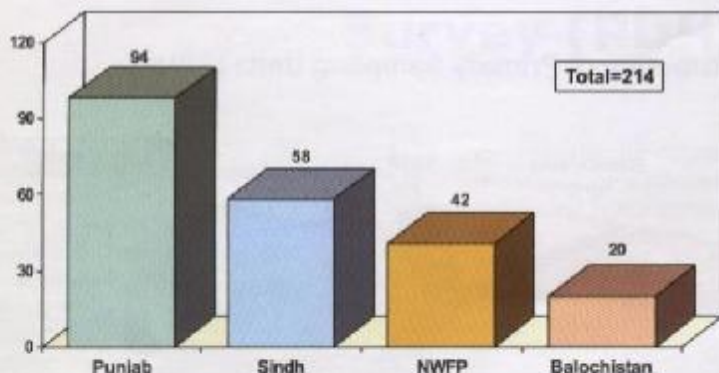
Recruitment

The position of supervisors, interviewers, quality control interviewers and office editors were advertised in all leading national and local newspapers. Applicants for various positions were short listed on the basis of their qualifications and previous experience in survey undertaking. The short-listed candidates were first given the test and were then interviewed. Applicants who qualified test and interview were arranged according to merit and offered the positions according to requirement for specific areas. The NIPS recruitment teams headed by the Director, Principal Investigator and Advisor visited provinces and districts for recruitments. In all 29 team have been selected to be deployed across Pakistan as per distribution given in the table. The NIPS regular research staff will perform as field coordinators.

Though the prescribed qualification for female interviewers was graduation, 44 percent of the selected interviewers hold Masters degrees. In ten percent cases where graduates were not available, under graduate females with experience of field surveys were also selected. Few supervisors/interviewers are being trained as a back-up for drop-outs.



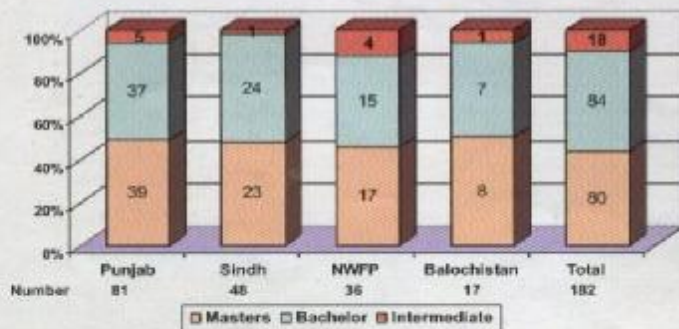
Distribution of Field Staff



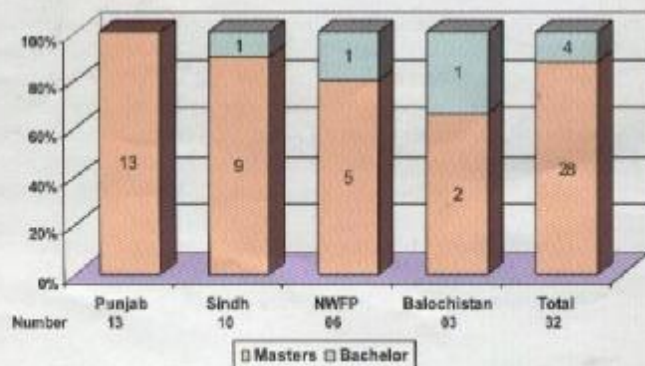
Training

The three-week Training Programme on PDHS 2006-07 envisages undertaking a massive exercise to impart training to supervisors, interviewers and data editors. The Programme focuses on building their skills in interviewing and collecting accurate data and supervising field operation. All 100,000 sampled households will be interviewed essentially to assess maternal mortality ratio while 10,000 households will be interviewed for more in-depth interviewing of all ever-married women under age 50 to collect information on fertility behaviour, contraception, unmet need for family planning, prenatal, delivery and postnatal care, infant and child health, immunization of children and mothers, infant and child mortality, health seeking behaviour, awareness about AIDS etc.

Female by Education and Province



Male by Education and Province





Data Collection

While conducting the PDHS we have adopted a rigorous and scientific method. In April 2006 we undertook a pretest to fully vet the instruments and survey design. The pretest was undertaken in three provinces and provided valuable information for improving the questionnaires and field procedures being adopted in the main survey. For the survey, NIPS has recruited 29 teams of field personnel (supervisors and interviewers). Each team is composed of a male supervisor, and 6 female interviewers. Supervisors, field coordinators, and quality control interviewers have been trained in how to observe interviewers in the field and how to ensure data accuracy, and edit completed interviews. The final selection of field staff was based on the ability demonstrated during the training and post training test.

Data Quality Control

Data quality control will be assured through on-the-job supervision and monitoring during fieldwork by quality control teams. Team supervisors will be responsible for the performance of their teams. A team of one field coordinator and one quality control interviewer will visit each of their assigned teams at least once a month (15-20 days per month total). During each visit to a team, they will be responsible for spot-checking the data collection activities of the team and validation of completed questionnaires. Data Entry will be done simultaneously at NIPS preceded by office editing by a team of Editors. Finally, a set of field check tables will be run from the computerised data at NIPS periodically during fieldwork. It is expected that data collection will require a minimum of 6 months.

Verbal Autopsy

The adult women verbal autopsy questionnaires will be reviewed independently by two physicians knowledgeable in maternal causes of death. They will each assign a cause of death. Discordant cases will be reviewed by a third physician to assist in reaching a conclusion. The same procedures will be followed for the infant verbal autopsies, but with physicians knowledgeable about causes of early child deaths.

Survey Reports

Three reports will be produced for the PDHS: a preliminary report, a final report, and a key findings report. The preliminary report is expected by June 2007 and the final report by December 2007. A committee of researchers and experts will be constituted to accomplish this task. Appropriate steps will be taken (including national and provincial seminars) to disseminate survey results in a befitting manner. Once the final report is published, data files from the survey will be available to outside institutions and individuals and will be placed in the MEASURE DHS archive distribution system.

The survey will use verbal autopsies to collect data on the direct and indirect causes of maternal and child death especially neonatal deaths.



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Timeline

Activities	Period
Field work	September 1, 2006 to February, 2007
Preliminary report	June, 2007
Final report and dissemination	December, 2007

DHS Around the World

The Demographic and Health Surveys (DHS) project was launched in September 1984 with funding from the U.S. Agency for International Development (USAID). Since then, DHS has provided technical assistance to implement 220 surveys in 80 countries around the world. Like the Pakistan DHS, the surveys are focused on measuring fertility, family planning, maternal and child health, nutrition, and HIV/AIDS related indicators. In addition to the primary objective of providing nationally representative, high-quality, timely data to governments, donors, and civil society organizations, the DHS programme is committed to creating an international database of comparable data across countries for policymakers and researchers to access and use. For these reasons, DHS data are the most widely used in the population and health field. The DHS programme is implemented by ORC Macro, a private research firm located in Maryland, USA.



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