DISTRICT HEALTH PROFILE

District Swat

2009





The document was made possible through support provided by the United States Agency for international Development (USAID), under the terms of cooperative agreement number 391-A-00-05-01037-00 and sub-agreement number 36098-02 for PAIMAN.

The Pakistan initiative for Mothers and Newborns (PAIMAN) is a 6-year USAID funded project designed to reduce country's maternal and neonatal mortality by making sure that women have access to skilled birth attendants during childhood and throughout postpartum period. PAIMAN works at national, provincial and district levels to strengthen the capacity of public and private health care provider and improve health care system. The PAIMAN program is jointly implemented by John Snow Inc (JSI), Contech International, John Hopkins Center for Communication Program (JHU/CCP), Agha Khan University and Population Council.

Copyright © 2009 by John Snow Inc (JSI). All Rights Reserved

Published by

PAIMAN (Pakistan Initiative for Mothers and Newborns)
House 6, Street 5, F-8/3, Islamabad, Pakistan
Chief of Party-PAIMAN
Dr. Nabeela Ali

For inquiries, please contact

Contech International *Health Consultants* 2-G Model Town, Lahore, Pakistan

Tel: 042-35888798-99 Fax: 042-35845774

Email: contech@brain.net.pk
Web: www.contech.org.pk

Disclaimer:

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government."

Table of Contents

INTRO	ODUCTION	1
1.	District at a Glance	2
2.	Accessibility	3
3.	Administrative Setup	3
4.	Culture	3
5.	Demographic Information	3
6.	District Health System	6
a.	Organogram	6
b.	Health Facilities	6
c.	Human Resource Position	7
d.	Health Indicators	7
e.	Budget Allocation	8
7.	Education Sector	8

INTRODUCTION

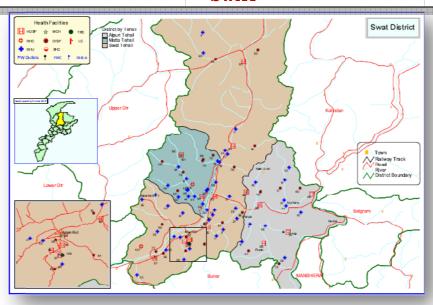
The purpose of this document is to simplify, package, and communicate complex information on vital statistics and the local burden of disease in a practical, accessible format for district health planning. It is intended for use by District Health Management Teams (DHMTs), federal/ provincial/regional governments and other development partners. Most of the information is provided in tabular format with short explanatory captions and minimum text to provide 'picture' of the current demography and disease burden. The data source is the district health and education departments; however, specific data in this report has been taken from District Census Report 1998.

The document has been divided into various sections mentioned below:

- 1. **District at a glance:** This section contains general information about the district; like history, location, area etc.
- 2. **Accessibility:** This section facilitates reader in approaching the district from other districts or provincial/federal capital by road, rail or air.
- 3. **Culture:** Knowledge of cultural and social customs facilitates in getting access to the general population. This section provides brief about cultural setup and livelihood in the district.
- 4. **District Administrative Setup:** A brief on district administrative setup along with reporting lines is given in this section.
- 5. **Demographic Information:** Demographic breakdown of the district population structure, by age and sex, is important from Mother & Newborn Child Health (MNCH) point of view. The information given in this section can used to predict the target population in upcoming years and plan interventions for improvement of health status in the district.
- District Health Department: This section provides basic information of district health department. It provides organogram of the department, types of health facilities, human resource and budget information, and selected health indicators.
- District Education Sector: The information regarding tehsil wise number
 of educational institutions in public sector is given in the section that can
 be useful in planning collaborative strategies for improvement of health
 status in the district.

We anticipate that this document would be helpful for planning district health interventions by PAIMAN and government health authorities.

DISTRICT HEALTH PROFILE SWAT



1. District at a Glance

Swat is a valley and an administrative district in the North-West Frontier Province (NWFP) of Pakistan located 160 km/100 miles from Islamabad, the capital of Pakistan. It is the upper valley of the Swat River, which rises in the Hindu Kush range. The capital of Swat is Saidu Sharif, but the main town in the Swat valley is Mingora. It was a princely state in the NWFP until it was dissolved in 1969. With high mountains, green meadows, and clear lakes, it is a place of great natural beauty that used to be popular with tourists as "the Switzerland of Pakistan".

In December 2008, most of the area was captured by the Taliban insurgency. The Islamist militant leaders banned education for girls and bombed or torched more than 170 schools along with other government-owned buildings. The Pakistani



Kalam, Swat



Wadudia Hall, Saidu Sharif



Swat Handicrafts

government in late May of 2009 began a military offensive to regain control of the region.

2. Accessibility

One can get there either from Peshawar (160 KMs) or Islamabad (250 KMs). Most of the tourists who visit Swat first arrive at the historical city of Peshawar, the capital of N.W.F.P Province. You can also drive to Swat by hiring a car from the Local Rent A Car Services. The cheapest way to reach Swat is using public transport which is easily available. All of them leave from the main bus stand at Peshawar.

3. Administrative Setup

Like any other district in the country, district Swat is headed by District Coordination Officer (DCO) assisting Zila Nazim and is accountable to him. DCO, appointed by provincial government from the federal or provincial civil service, coordinates with Executive District Officers (EDOs), who head each of the district offices including health.

District Swat has 6 Tehsils i.e. Khwazakhela, Kabal, Madyan, Barikot, Mingora, Kalam. Each tehsil comprises of certain numbers of union councils. There are 65 union councils in district Swat, 56 rural and 09 urban.

4. Culture

The main language of the area is Pashto. The people of Swat are mainly Pakhtuns, Yousafzai's, Kohistanis and Gujars. Some have very distinctive features. The Dardic people of the Kalam region in northern Swat are known as Kohistanis and speak the Torwali and Kalami languages. There are also some Khowar speakers in the Kalam region. This is because before Kalam came under the rule of Swat it was a region tributary to Chitral the Kalamis paid a tribute of mountain ponies to the Mehtar of Chitral every year.





5. Demographic Information

According to census report of year 1998, total population of Swat was 1,257,602. At a population growth rate of 3.32, the projected population of Swat in 2008 is 1,743,361.

Union council wise breakup of population (2009) is shown below:

C #	Name of Union	NA-1-	Famala	Total	
Sr. #	Councils	Male	Female	Population	
1.	Kalam	15656	14451	30107	
2.	Utroor	7584	7001	14585	
3.	Balakot	11729	10827	22556	
4.	Mankyal	9323	8606	17929	
5.	Bahrain	14017	12939	26956	
6.	Madyan	14786	13648	28434	
7.	Bashigram	8737	8064	16801	
8.	Tirat	11975	11054	23029	
9.	Fatehpur	17297	15967	33264	
10.	Miadam	12261	11317	23578	
11.	Shin	14143	13055	27198	
12.	Kotanay	12437	11481	23918	
13.	Khwaza Khela	13636	16950	35313	
14.	Salpin	11667	10770	22437	
15.	Jano Chamtalay	19581	18075	37656	
16.	Guli Bagh	14484	13369	27853	
17.	Char Bagh	17953	16572	34525	
18.	Thelegram	9513	8782	18295	
19.	Kishawara	13236	12218	25454	
20.	Sherpalam	15433	14246	29679	
21.	Ronyal	16283	15030	31313	
22.	Shawar	15101	13840	29041	
23.	Matta Kharare	13830	12766	26596	
24.	Chupryal	17590	16236	33826	
25.	Berthana	14808	13669	28477	
26.	Gwalary	15344	14164	29508	
27.	Biha	12171	11234	23405	
28.	Baidara	16473	15206	31679	
29.	Durishkhela	12873	11883	24756	
30.	Asharay	10720	9895	20615	
31.	Darmai	11077	10225	21302	
32.	Sakhra	16564	15290	31854	
33.	Bara Bandai	18006	16620	34626	
34.	Kuza Bandai	14081	12997	27078	
35.	Dherai	19693	18178	37871	
36.	Hazara	15441	14254	29695	
37.	Koz Abakhel	15336	14156	29492	
38.	Ber Abakhel	15715	14507	30222	
39.	Totano Bandai	10282	9492	19774	

Sr. #	Name of Union	Male	Female	Total
	Councils			Population
40.	Qalagay	10606	10606 9791	
41.	Kala Kalay	18888	17436	36324
42.	Deolai	13912	12842	26754
43.	Shah Dherai	11121	10265	21386
44.	Bara Samai	19764	18243	38007
45.	Islampur	17704	16343	34047
46.	Dangram	11259	10392	21651
47.	Kokarai	17831	16459	34290
48.	Manglawor	14947	13798	28745
49.	Aka Marof Bamikhel	12500	11538	24038
50.	Qambar	12927	11932	24859
51.	Odigram	14648	13521	28169
52.	Tendo Dag	9129	8426	17555
53.	Ghalegay	19342	17855	37197
54.	Barikot	18389	16975	35364
55.	Kota	17730	16367	34097
56.	Shamozai	19416	17923	37339
57.	Shahdara	14984	13831	28815
58.	Malook Abad	12808	11823	24631
59.	Rang Mohallah	16288	15036	31324
60.	Malakanan Landaykas	14666	13537	28203
61.	Gulkada	13395	12365	25760
62.	Saidu Sharif	15527	14332	29859
63.	Aman Kot Faiz Abad	13014	12013	25027
64.	Raheem Abad	14251	13154	27405
65.	Banr Ingaro Dherai	15036	13879	28915

Following table shows the demographic information of different population groups in the district:

Population Groups	Standard Demographic (%)	Estimated Population 2008		
New born	4	69734		
0-11 months	2.24	39051		
12-23 months	-	-		

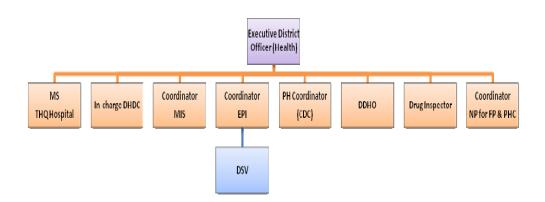
Population Groups	Standard Demographic (%)	Estimated Population 2008	
Under 5 years	15.87	276671	
0-14 years	44.04	767776	
Women in child bearing age (15-49 years)	21.8	380053	
Married Child bearing age	15.5	270221	
Pregnant Women	4.5	78451	

6. District Health System

The health care delivery network is headed by Executive District Officer (Health). Being the team leader, the EDO Health is assisted by the Deputy District Officer Health (DDOH), Medical Superintendent of Tehsil Headquarter Hospitals (THQ) and District Coordinators of NP, EPI, MIS, CDC and I/c DHDC.

a. Organogram

The organizational structure of district health department is given below:



b. Health Facilities

The number of health care facilities in district Swat is given below:

Туре	No.	No. of beds
THQH	1	110
Civil Hospitals	6	225
RHCs	3	44
BHUs	41	-
MCHCs	3	-

Туре	No.	No. of beds
Dispensaries	17	-
Leprosy Clinics	3	-
Reproductive Health Services-A (RHSA)	1	-
Family Welfare Centres	22	-

c. Human Resource Position

Total health care personnel of selected positions working in the district are detailed in the following table:

Posts	Number			
Posts	Sanctioned	Filled (Dec. 2008)		
Gynecologist	3	0		
Pediatrician	3	1		
Anesthetist	-	-		
Radiologist	-	-		
Women Medical Officers (WMOs)	12	10		
Medical Officers (MOs)	95	78		
Blood Transfusion Officers (BTOs)	-	-		
Lady Health Visitors (LHVs)	57	57		
Nurses	31	30		
Midwifes	-	-		
Lady Health Workers (LHWs)	263	263		
Laboratory Technician	2	2		
Health Technician	92	92		
Vaccinators	5	5		

d. Health Indicators

Indicator	Data for year 2008 (Source: National Program for FP & PHC)
Total deliveries conducted by skilled attendant	7635
Number of live births	9234
Number of still births	68
Total newborn deaths	194
Total obstetric (maternal) deaths	13

e. Budget Allocation

Total budget allocation of current year for District Health Department in district Swat is as under:

Item	Year 2009-10 (Amount in Rs)
Total District Health Sector Budget	195.90 million
Development	34.950 million
Non-Development	160.950 million

7. Education Sector

Number of Institutions								
Primary school Middle school High school College Univ							Univ.	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
841	491	83	54	68	22	13	4	-