

Nutrition Profile

District Sajawal

Geography¹

Tehsils/ Talukas: 5
Union Councils: 26

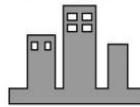
Demography¹

Population 1998: 514,542
Population 2016(est): 769,352
Average Household Size: 4.8
Population Growth Rate: 2.26%

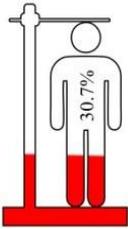
Urban/ Rural Population¹



91 out of 100 persons settled in villages.



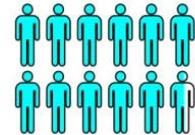
Stunting Prevalence²



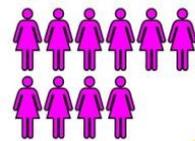
30.7% population lied under severe stunting prevalence.

Sex Ratio¹

Male
113

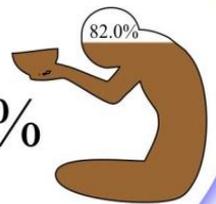


Female
100

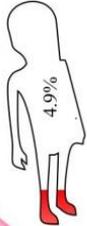


Poverty Rate³

82.0%



Wasting Prevalence²



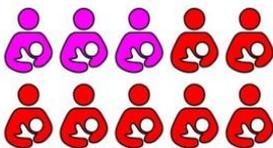
4.9% population lied under severe wasting prevalence.

District Sajawal Geographical Map



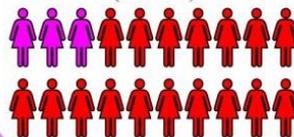
Breast Feeding²

3 out of 10 children are exclusively breastfed.



MDD-W⁴

Only 3 out of 20 women of reproductive age take adequate amount of diversified food groups. (FG ≥ 5)



WASH²

89.4% population uses improved sources of drinking water.



References

1. Pakistan Emergency Situation Analysis (PESA) 2014.
2. Sindh Multiple Indicator Cluster Survey (MICS) 2014.
3. Multidimensional Poverty in Pakistan.
4. Programme for Improved Nutrition in Sindh (PINS) Survey.

1. Sajjawal District

Sajjawal district, created in October 2013, comprises five talukas (namely Jati, Kharo Chan, Mirpur Bathoro, Shah Bunder and Sajjawal). The district has a total geographical area of 8,007 square kilometres and shares its borders with the districts of Tando Muhammad Khan, Badin and Thatta. The geographical position of the district is depicted below in Figure 1:

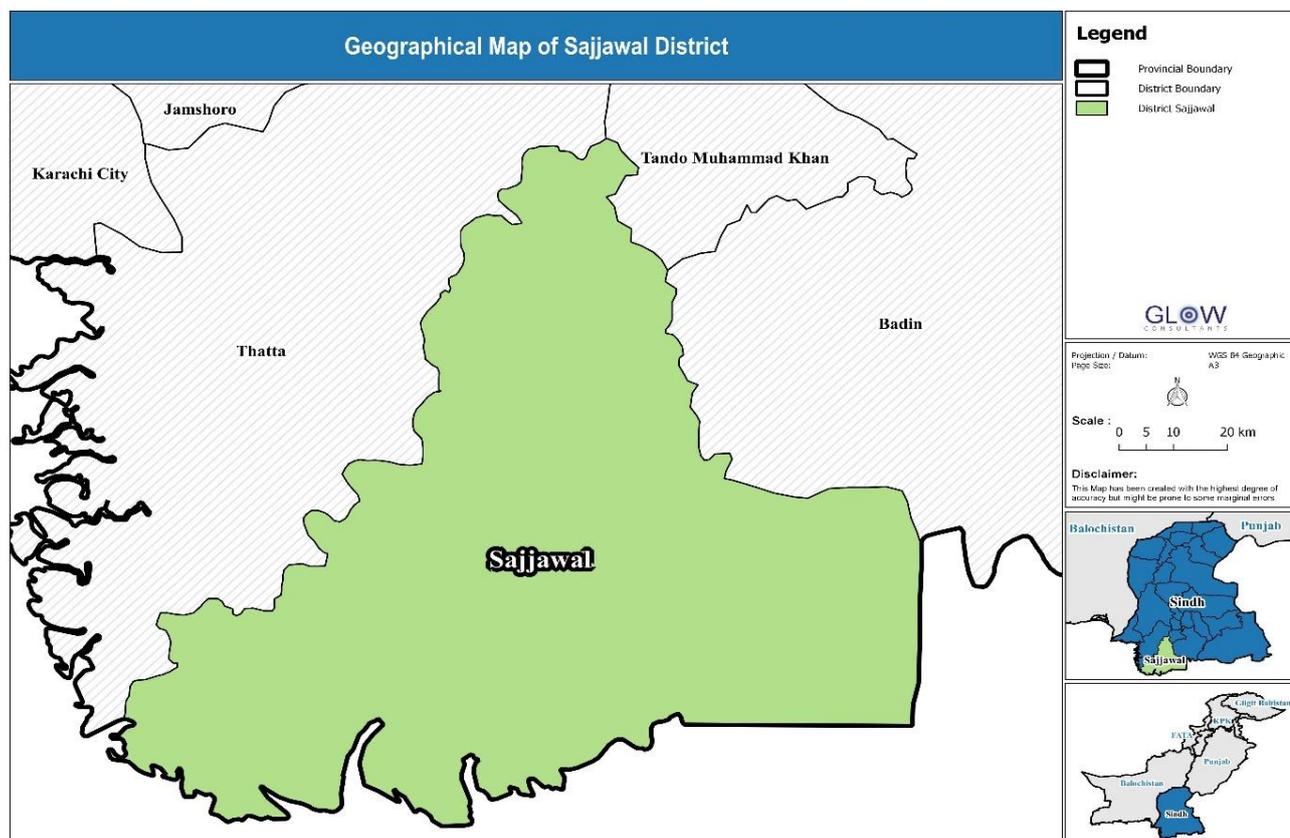


Figure 1: Geographical Map of Sajjawal District

2. Overall Development Situation in Sajjawal District

According to the Human Development Index (HDI) of 2013, Sajjawal is an underdeveloped district with a value of 0.41, which is lower than the gross HDI value of Sindh province (0.59). The index reflects a composite statistic used to rank life expectancy, education and *per-capita* Gross National Income in the area to judge the level of "human development" where Medium Human Development ranges from 0.555 to 0.699 and any score below 0.555 signifies Low Human Development.

When compared with the neighbouring districts, Sajjawal appears to be in joint second place after Tando Muhammad Khan as reflected in Figure 2 below¹. Sajjawal and all of its neighbouring districts are in the underdeveloped district category.

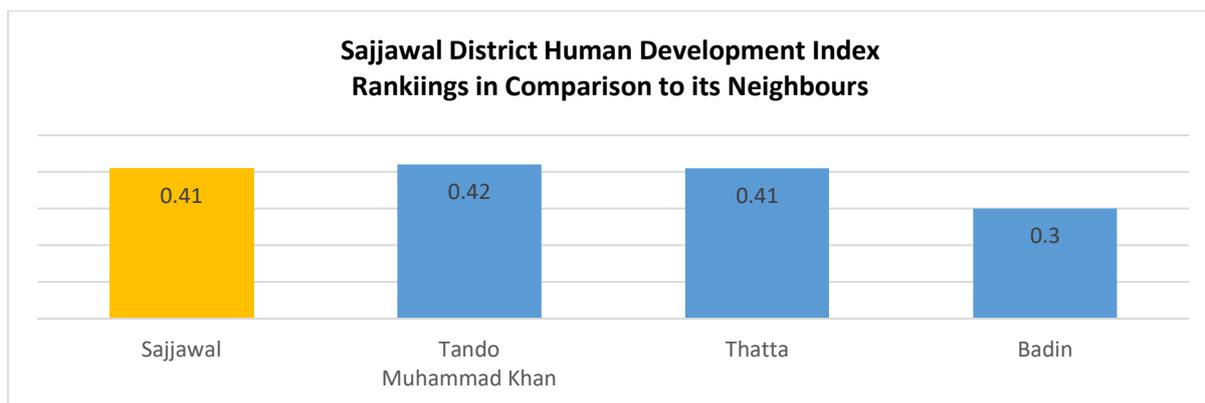


Figure 2: HDI Ranking of Sajjawal District and its Neighbours

3. Demographics

According to a 2016 estimate, Sajjawal has an estimated population of 769,352 individuals (with an annual population growth rate of 2.26%). In 1998, the current area constituting Sajjawal had a population of 514,542. The 1998 census reports the Male-to-Female ratio to be 52.9:47.1 while the EU Programme for Improved Nutrition in Sindh (PINS) survey in the district gave a ratio of 50.7:49.3.

Based on the EU profiling exercise for Sajjawal, the distribution of age groups by percentage of the district population is shown in Table 1.

Table 1: Age of the Population in Sajjawal District

Age Group	Male (%)	Female (%)	Total
0-5	8.43%	8.47%	16.90%
6-14	12.98%	11.59%	24.57%
15-18	8.43%	7.16%	15.59%
19-49	16.77%	17.28%	34.05%
50-59	3.37%	3.71%	7.08%
60+	0.76%	1.05%	1.81%
Total	50.74%	49.26%	100.00%

Sajjawal, like most districts in Sindh, can be characterised as rural since 91.07% of the population resides in rural areas as compared to the 8.93% that resides in urban areasⁱⁱ. According to census data, the average household size is 4.8 members but based on the profiling survey, the average household size is 5.9 members. The Sindhi language is spoken by 98.6% of the total population with the remaining 1.4% speaking a mix of other languages. Key population and demographic figures for the district are shown in Table 2.

Table 2: Key Figures for Sajjawal District

Population 1998	514,542
Estimated Population 2016	769,352
Males	407,304 (52.9%)
Females	362,048 (47.1%)
Urban	68,703 (8.93%)
Rural	700,649 (91.07%)
Languages Spoken	Sindhi (98.6%)
	Others (1.4%)
Population Annual Growth Rate (1981-1998)	2.26%
Total Households (est. 2016)	160,282
Average Household Size	4.8 persons per household
Population Density	96.1 persons per km ²
Total Area	8,007 km ²

4. Poverty Status

The Multidimensional Poverty Report (MPR) of 2014/15¹ reports that Sajjawal has a poverty rate of 82%ⁱⁱⁱ and the district also has the highest poverty rate (72.%) of all seven districts covered by the poverty scorecard survey conducted by the Rural Support Programme Network (RSPN) under the Sindh Union Council and Community Economic Strengthening Support (SUCCESS) project. This survey collected and analysed data against various indicators^{iv}.

89.2% of the households in Sajjawal do not own any durable goods, 49.6% own no productive assets and 82.1% do not own any cultivable land. Across all districts profiled by SUCCESS, 56.2% of the households do not own any durable goods, 35.8% do not own any productive assets and 83.9% do not own any cultivable land².

Around 4.3% of the district population consists of widows/widowers, 0.1% is divorced and 0.2% is separated³.

5. Economy and Agriculture

According to the EU PINS Survey, in Sajjawal district 68.3% of the households had an income of PKR 10,000 or below, 13.5% had an income of PKR 10,001-15,000 and 18.2% had an income of PKR 15,001 or above as can be seen from the pie chart in Figure 3 below. The average monthly income across the surveyed households is PKR 11,821.

¹ The MPR includes the Multidimensional Poverty Index (MPI) which is based on the Alkire-Foster methodology and has 3 dimensions: education, health and living standards. To tailor the measure to Pakistan's context and public policy priorities, 15 indicators were used for this national measure instead of the 10 employed for the global measure. Of these 15 indicators, 3 are included under the dimension of education (years of schooling, child school attendance and educational quality), 4 under health (access to health facilities/clinics/Basic Health Units, immunisation, ante-natal care and assisted delivery) and 8 under living standards (water, sanitation, walls, overcrowding, electricity, cooking fuel, assets and a land/livestock indicator specifically for rural areas). All these elements are directly related to nutrition as better education, health and income leads to improved nutrition status within the district.

² RSPN-Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme Page 11

³ RSPN-Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme Page 7

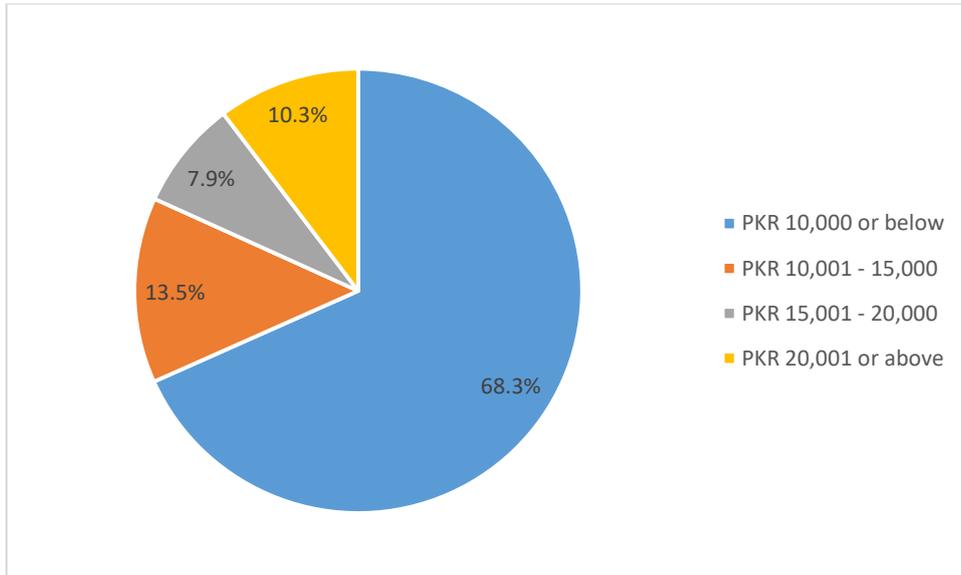


Figure 3: Household Income

In Sajjawal district 55.6% of the households had a monthly expenditure of PKR 10,000 or below, 22.3% had a monthly expenditure of PKR 10,001-15,000 and the remainder had an expenditure of PKR 15,001 or above as can be seen from the pie chart in Figure 4 below. On average, household expenditure is PKR 11,480 per household per month in Sajjawal. Food constitutes by far the most important item of household expenditure followed by health. Almost 5% of the households are making regular payments with regard to debt (the amount of debt being below PKR 10,000 in 67% of cases).

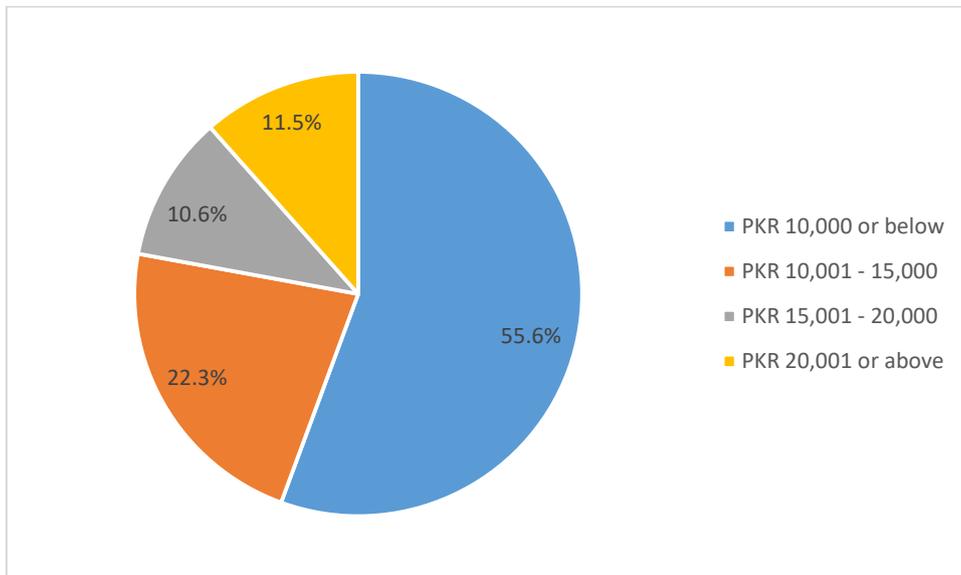


Figure 4: Household Expenditure

In 88.3% of households in Sajjawal, there is only one earner while 9.2% of households have two earners. Of all the households in Sajjawal, 62.3% are earning below PKR 10,000 per month and 26.7% are earning between PKR 10,000 and 20,000 per month. Table 3 shows the percentage of all households in each income bracket by number of earners.

Table 3: % of Households in Each Income Bracket by Number of Earners, Sajjawal District

Income (PKR)	Number of Earners					Total
	1	2	3	4	5 or more	
< 10,000	58.6	3.4	0.3	-	-	62.3
10,000 – 20,000	22.3	3.1	0.5	0.8	-	26.7
20,001 – 30,000	3.9	0.8	-	-	-	4.7
30,001 – 40,000	2.1	-	0.3	-	-	2.4
40,001 – 50,000	1.1	0.8	-	-	-	1.9
> 50,000	0.3	1.1	0.3	-	0.3	2.0
% of all households	88.3	9.2	1.4	0.8	0.3	100.0

Data Source: CARDNO PINS Survey 2017

Paid unskilled non-agricultural labour (42.5%), paid skilled non-agricultural labour (12%), paid unskilled agricultural labour (11.8%) and Government employment (11.3%) are the main sources of income as can be seen in the pie chart in Figure 5 below.

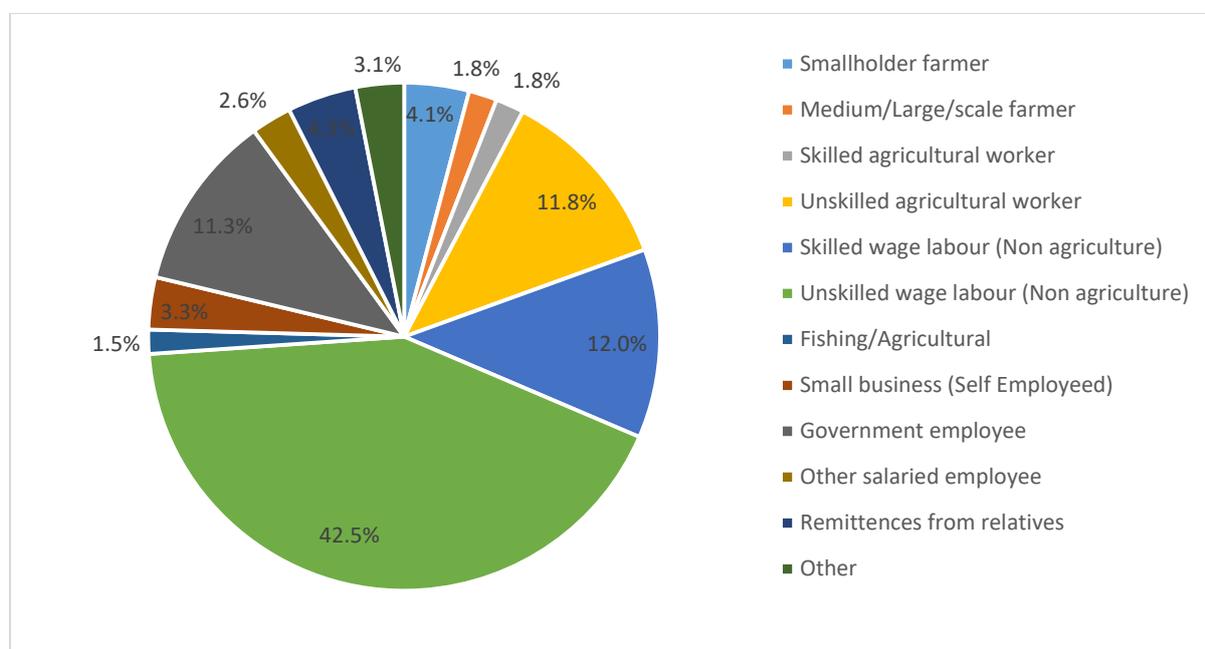


Figure 5: Sources of Household Income

The rainy season in Sajjawal district lasts from June/July to September and the cropping calendar is divided into two seasons: the Rabi and the Kharif. Men and women have distinct productive activities and responsibilities in agriculture, with both men and women actively involved on the family farm although women are considered to play a more supportive role in agricultural work. Both men and women carry out paid local agricultural labour and in situations where a family migrates in search of work, both men and women will take on paid farm labour. Both men and women are also engaged as casual labourers on farms.

One difference is that the decision-making responsibility rests entirely with men. In sharecropping arrangements for example, landlords only deal with the male sharecropper. Livestock production is also gender-divisive; women rear small stock and men rear large stock, but decisions about all types of livestock sales rest with men. Another difference is that only women fetch water for domestic or livestock use and only men are involved in market-based activities, including buying supplies and selling produce at the market^v.

Table 4: Seasonal Calendar

Agricultural Season (including gender roles)	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	Rabi	Kharif						Rabi				
Rainy season												
Crops (women having key role both in harvesting and planting season)												
Wheat, winter (irrigated)	Harvest							Planting				
Mango				Harvesting								
Chilli peppers		P					Harvest					
Onions						Planting			Harvest			
Bean				Planting					Harvest			
Livestock (women being the primary care taker of livestock)												
Cattle milking peak												
Buffalo milking peak												
Goat milking peak												
Livestock sales peak												
Other Income												
Agricultural labour peak												
Construction labour peak (mostly men)												
Labour migration peak (most men leaving home and women taking over their roles at home)												
Firewood sales												
Stress/High Expenditure Periods												
Livestock diseases												
High staple prices												
Human diseases												
Festivals												
Hunger season / Lean period (irrigated zones)												
Hunger season / Lean period (rain-fed zones)												
Migration to Urban Centres												

The EU PINS profiling survey reported that almost 99% of the women in Sajjawal had consumed fish at least once in the 12 months prior to the survey, while those who did not consume it mentioned religion, health and affordability as the main reasons why. Some minority communities simply do not eat fish while others associate it with the development of white patches on the skin (a condition known as vitiligo or leucoderma) or miscarriage during the first trimester in expecting mothers. Over 97% of the women participating in the survey consumed fish at least once in the last one month. Average fish consumption across 82% of the respondents was 100-200g per person per meal. Fish is eaten twice as often in winter (despite prices being higher) with portion sizes staying the same. Thus, there is no direct correlation between the price of fish and its consumption with the season apparently having the biggest influence.

Children and pregnant women in Sajjawal are given fish, although it is only given to children under the supervision of an adult and is not generally given to breastfeeding women. People in general avoid consuming milk and fish without any significant variation among gender or age group. Better information on the utility of fish and the facilitation of fish farming are among the key factors that may promote fish consumption in Sajjawal.

Mango, lychee, citrus, jammon, banana and papaya are the main fruits produced in the district and chilli, onion, tomato, okra, cauliflower, bitter gourd, coriander and cucumber are the main vegetables and herbs. Rural households grow their own vegetables (most commonly onion and chilli) for home consumption and sale on the market. Access to fruit is not universal even among farming families and fruit is too expensive to buy from the market, even during the peak season. Where households do produce fruit, they do so for their own consumption. Mangoes and bananas are two fruits of high nutritive value that are produced in the district. Mangoes contain over 20 different vitamins and minerals and bananas are a good source of dietary fibre, vitamin C, potassium and manganese.

6. Water and Sanitation

According to the Sindh Multiple-Indicator Cluster Survey (MICS) of 2014, 89.4% of the population in Sajjawal has access to improved sources of drinking water. 7.5% of people are using piped water, 76.6% are using drinking water from protected wells, 4% are sourcing their drinking water from hand pumps, 1.2% are sourcing their drinking water from tube wells and/or boreholes and 0.1% are collecting rainwater for drinking purposes (see Figure 6 below).

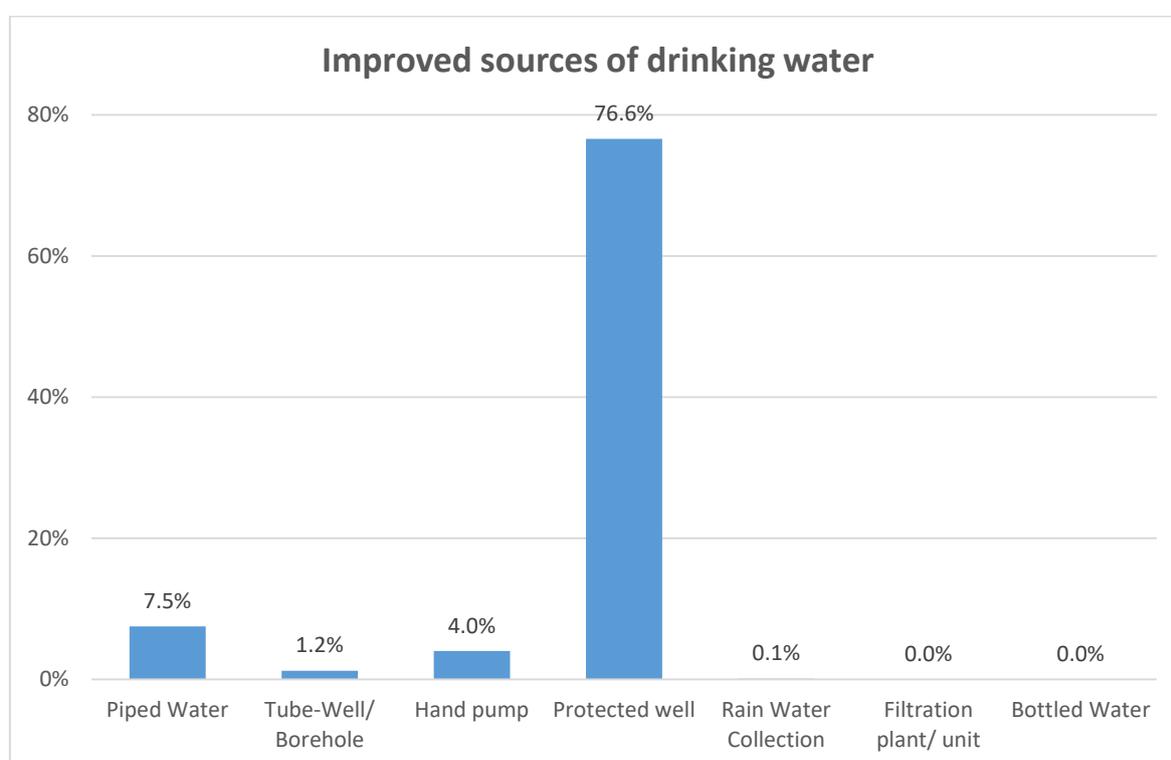


Figure 6: Improved Sources of Drinking Water

In the case of Sajjawal, 0.7% of households have water piped directly to their dwelling while 0.5% have piped water in their yard/plot. A further 76.6% have access to a protected well and 4% have access to a hand pump. Access to clean drinking water has a direct link with nutritional status. Detailed data are given in Table 5 below.

Table 5: Main Sources of Drinking Water at Household Level

Main Sources of Drinking Water		Percentage of the population	
Improved Sources	Piped Water	Into dwelling	0.7%
		Into yard/plot	0.5%
		To neighbour	0.2%
		Public tap/stand-pipe	6.1%
	Tube-well/Borehole	1.2%	
	Hand pump	4.0%	
	Protected well	76.6%	
	Rainwater collection	0.1%	
	Filtration plant/unit	0.0%	
	Bottled water	0.0%	
Percentage Using Improved Sources of Drinking Water (A)			89.4%
Unimproved Sources	Tanker truck	0.0%	
	Unprotected well	2.2%	
	Cart with small tank/drum	0.3%	
	Surface water	6.4%	
	Bottled water	1.4%	
	Other	0.3%	
Percentage Using Unimproved Sources of Drinking Water (B)			10.6%
Total A + B			100.0%

93.1% of households in Sajawal are not using any form of water treatment while the remainder are mainly boiling water, straining it through a cloth or using other means as reflected in Table 6 below. A reduction in the consumption of untreated water leads to reduced incidences of diarrhoea and an improvement in nutritional status.

Table 6 shows the percentage of total households which use various methods of water treatment (with some households using more than one method).

Table 6: Water Treatment Methods Used in Households

Percentage of households using different water treatment methods								
None	Boiling	Addition of bleach/ chlorine	Straining through a cloth	Water filter	Solar disinfection	Letting it stand and settle	Alum (phitkari)	Other
93.1%	1.6%	0.0%	4.0%	1.0%	0.6%	0.3%	1.1%	0.0%

Data Source: Govt of Sindh / UNICEF Sindh MICS Survey 2014/15

41% of people in Sajawal district are using improved sanitation facilities, 10% are using unimproved sanitation facilities and 49% are still practising open defecation as shown in Figure 7 below^{vi}.

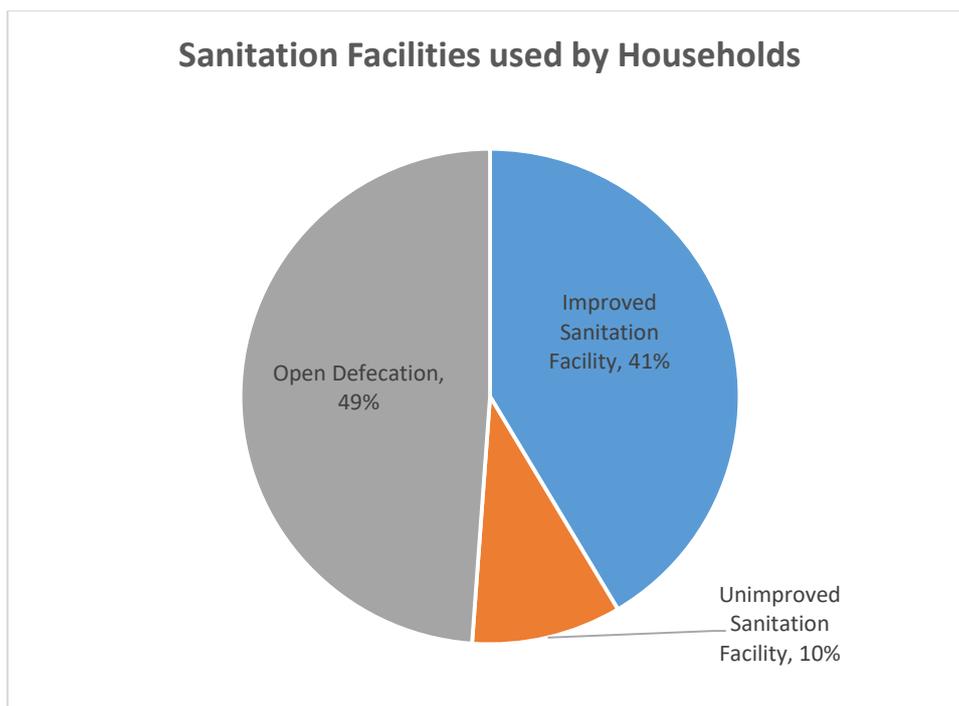


Figure 7: Household Use of Sanitation Facilities

Figure 8 shows that 37.4% of people in Sajawal are using pour flush latrines, 2.2% use ventilated improved pit latrines and 1.8% use pit latrines with slabs. This totals 41.4% of people using improved sanitation facilities (rounded down to 41%).

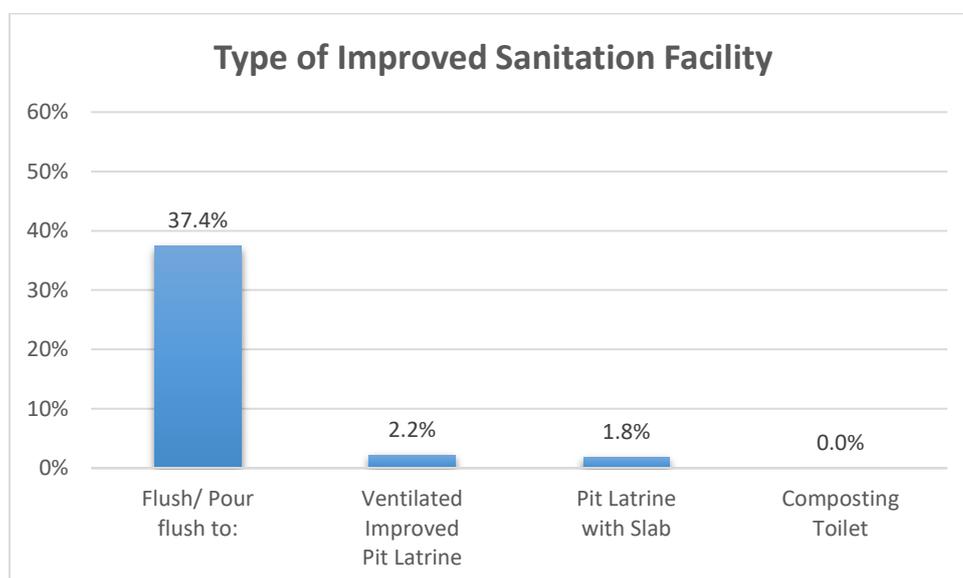


Figure 8: Improved Sanitation Facilities

6.1. Diarrhoea Treatment

Of the total number of children suffering from diarrhoea, 24% consulted public doctors or other health service providers and 60.8% consulted private health facilities or providers (although these figures are distorted by the fact that some children sought treatment from both public and private health facilities or providers). No treatment or advice was sought for 16% of the children and this reflects the need for increased access to and awareness of health services among the communities in Sajawal.

Table 7 shows the percentage of children with diarrhoea for whom advice or treatment was sought from health facilities or providers.

Table 7: Percentage of children with diarrhoea who receive treatment

Percentage of children with diarrhoea for whom:					
Advice or treatment was sought from:					
Health facilities or providers			Other source	A health facility or provider	No advice or treatment sought
Public	Private	Lady health worker			
24.0%	60.8%	0.0%	1.1%	82.9%	16.0%

Data Source: Govt of Sindh / UNICEF Sindh MICS Survey 2014/15

7. Literacy and Education

In Sajjawal district there are a total of 1,643 government schools, of which 96.7% are primary schools. Of these, 11.7% are exclusively for girls, 16.1% are for boys and 72.2% are mixed schools. 13.5% of teachers in Sajjawal district are female while the remaining 86.5% are male. This highlights the need for more female teachers in order not only to effectively reach out to girls' schools but also to enable the more effective communication of nutrition-related messages to female students⁴.

Table 8: Number and Type of Government Schools

Level of Schooling	N° of Schools	%
Primary	1,588	96.7%
Middle	28	1.7%
Elementary	0	0.0%
Secondary	20	1.2%
Higher Secondary	7	0.4%
Total	1,643	100%

Data Source: CARDNO PINS Survey 2017

In Sajjawal district 33.8% of boys and 21.3% of girls attend primary school. At secondary level the attendance ratio is 15.9% for boys and 10.1% for girls^{vii}. Moreover, 14.7% of young women aged 15-24 are literate. The low rate of literacy among both boys and girls is a challenge to increasing awareness of nutrition. The attendance ratio disaggregated by gender and level of schooling is shown in Table 9 below.

Table 9: School Attendance Ratio

Gender	Primary School net attendance ratio (adjusted)	Secondary School net attendance ratio (adjusted)
Male	33.8%	15.9%
Female	21.3%	10.1%

8. Access to Mass Media

As shown in Table 10 below, 1% of women aged 15-49 in Sajjawal have access to all three types of mass media (newspapers, radio and television) at least once a week. These are important means of

⁴ Sindh Educational Profile 2014/15

communicating nutrition messages to the masses (including women), especially in the context of areas like Sajjawal.

Table 10: Exposure to Mass Media

Exposure to Mass Media among Women aged 15-49 at least once a week	
Newspapers	4.1%
Radio	11.3%
Television	33.4%
All Three Media	1.0%
Any of the Three Media	40.6%

Data Source: Govt of Sindh / UNICEF Sindh MICS Survey 2014/15

9. Infant and Young Child Nutrition and Health

9.1 Infant and young child mortality

The infant mortality rate in Hyderabad division which includes Sajjawal is 85 deaths per 1,000 live births and the under-five mortality rate is 109 deaths per 1,000 live births. Sindh province overall has an infant mortality rate of 82 deaths per 1,000 live births and an under-five mortality rate of 104 deaths per 1,000 live births^{viii}. These figures reflect a generally worrisome situation around children's health in the district.

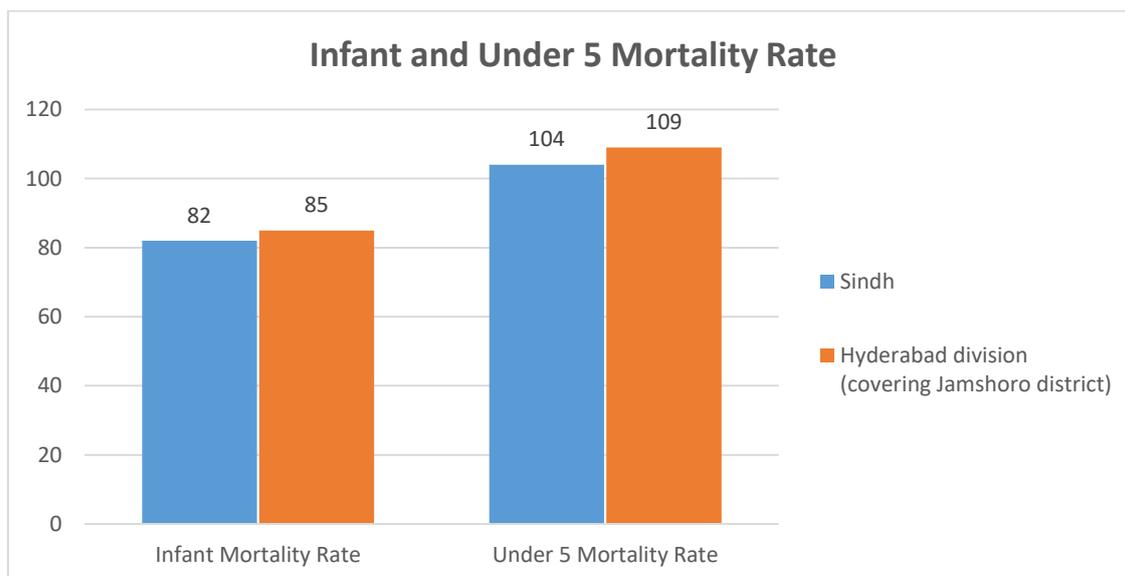


Figure 9: Infant and Under-5 Mortality Rates (per 1,000 live births)

9.2 Nutritional status

28% of children aged 0-5 in Sajjawal are moderately underweight while 23.5% are severely so (with 51.5% of all children aged 0-5 being of a less-than-healthy weight overall). 24.9% of under-fives are moderately stunted and 30.7% severely so (with 55.6% of all children aged 0-5 being stunted to some degree overall). 20.1% of under-fives are wasted overall (with 15.2% of all children of this age group showing moderate wasting and 4.9%, severe wasting).

In Sindh, more than four in ten (42%) of children under the age of five are underweight and 17% are classified as severely underweight. Almost half of children aged under five (48%) are stunted or short for their age and almost a quarter (24.4%) are severely stunted. 15.4% of these children are wasted

or thin for their height and just 1% are overweight or too heavy for their height. This amounts overall to a crisis situation as regards the health of children under five in Sajjawal district. These statistics are sourced from the MICS of 2014/15^{ix} and are shown in Figure 10.

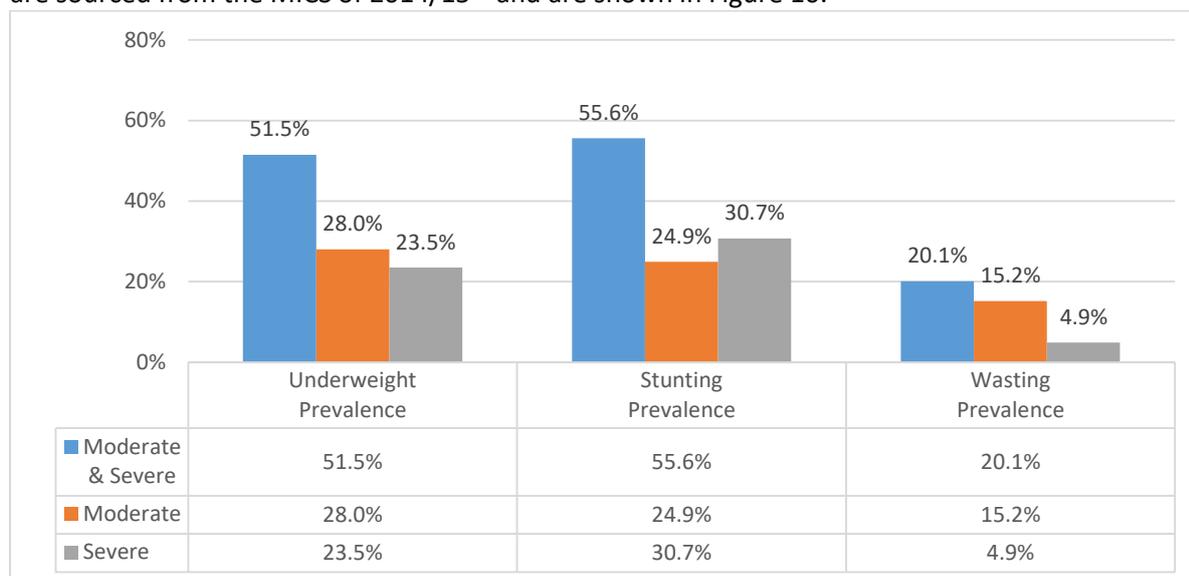


Figure 10: Prevalence of underweight, stunting and wasting

9.3 Breastfeeding and complementary feeding

28.9% of women in Sindh province and 32.1% in Sajjawal district practise exclusive breastfeeding during the first six months of life. In Sindh province, 56% and in Sajjawal, 70.9% of women report predominantly breastfeeding their infants until six months of age^x. Feeding practices play a critical role in child development; poor feeding practices can adversely impact the health and nutritional status of children, which in turn has direct consequences for their mental and physical development. Duration and intensity of breastfeeding also affect a mother's period of postpartum infertility and thus, the amount of time between births^{xi}. In Sindh province overall, only 20.7% of women initiate breastfeeding within one hour of birth. This is more widely practised in Sajjawal district where 32.3% of women initiate breastfeeding within one hour of birth according to MICS 2014/15 data (see Figure 11).

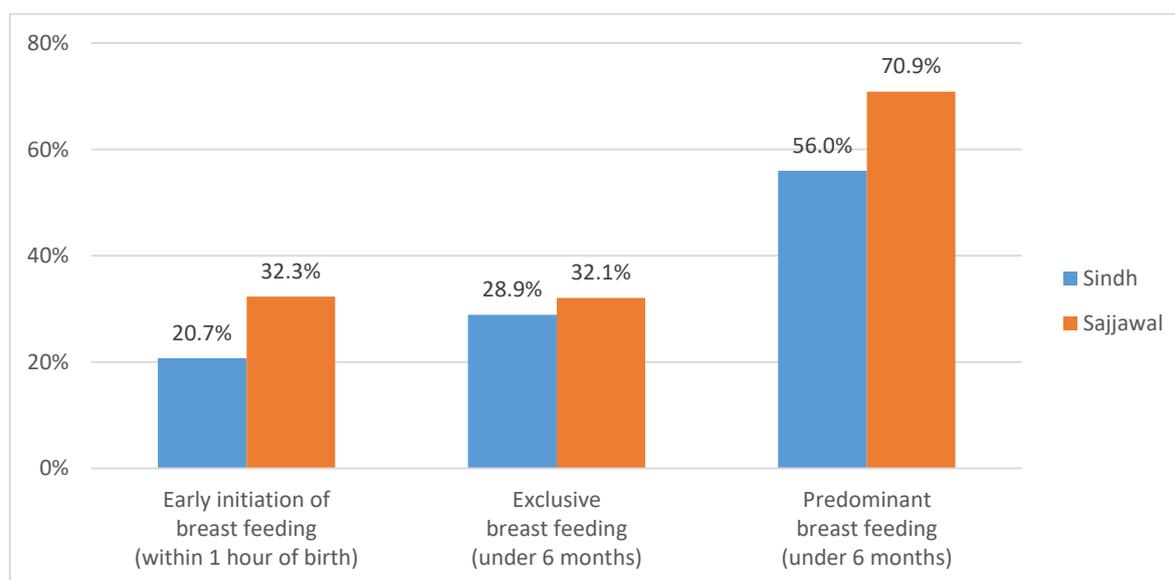


Figure 11: Early-initiation, exclusive and predominant breastfeeding

9.4 Dietary diversity and frequency of meals among children aged 6-23 months

According to MICS 2014/15 estimates, 6.9% of children aged 6-23 months are achieving Minimum Dietary Diversity (MDD) in Sajjawal district, 36.4% are achieving Minimum Meal Frequency (MMF) and 3.6% are achieving Minimum Acceptable Diet (MAD). These percentages are not encouraging as insufficient quantities and quality of complementary foods, poor child feeding practices and high rates of infection all have a detrimental effect on health and growth in children under 2 years of age. An estimated 6% of under-five deaths can be prevented by ensuring optimal complementary feeding among which MDD and MMF are the most important indicators^{xii}.

MICS 2014/15 estimates of achievement of MDD, MMF and MAD in Sajjawal district are presented in Figure 12^{xiii}.

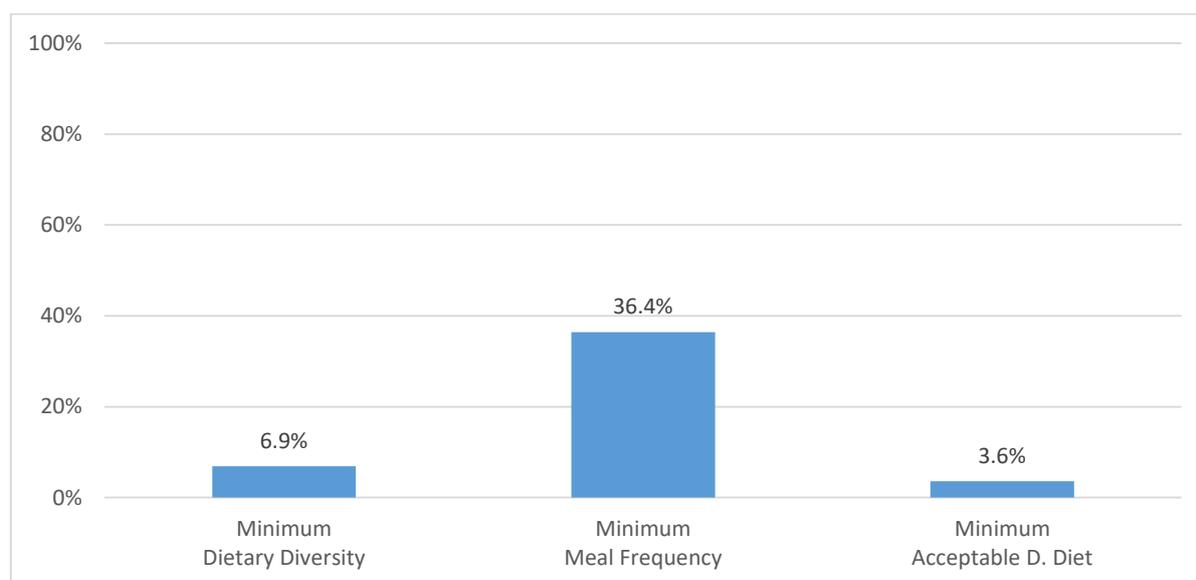


Figure 12: Achievement of Minimum Acceptable Diet, Minimum Meal Frequency and Minimum Dietary Diversity in Sajjawal district

9.5 Minimum Dietary Diversity of Women (MDD-W)

Only 15.8% of women of childbearing age (15-49 years) in Sajjawal district achieve their minimum dietary diversity (where this is interpreted to mean the consumption of at least 5 food groups and an adequate amount of micronutrients). In other words, over 8 out of 10 women are not meeting minimum required dietary diversity criteria. MDD-W is an indicator of whether a woman receives enough nutrients through her diet. The percentage of women achieving their MDD-W by household type and income is presented in Table 11.

Table 11: Rate of achievement of Minimum Dietary Diversity of Women (MDD-W) in Sajjawal

Food groups consumed	Overall	Agricultural households
Less than 5	84.2%	73.2%
5 or more	15.8%	26.8%

The table shows that significantly more women aged 15-49 in agricultural households achieve their MDD-W than in the overall population. Almost 30% of people in Sajjawal district are involved in agricultural and/or food production and it would seem that women in these households are in a better position to maintain a diversified diet than those not involved in agriculture. Agricultural households eat a greater variety of foodstuffs because they grow their own food and are not reliant

on markets. Table 12 provides a more detailed breakdown of the achievement rate of MDD-W by household type.

Table 12: Breakdown of Achievement of MDD-W in Sajjawal

Number of food groups consumed	Overall	Agricultural households
At least 1	100%	100%
At least 2	94.5%	93.9%
At least 3	74.3%	82.9%
At least 4	44.0%	56.1%
At least 5	15.8%	26.8%
At least 6	6.3%	9.8%
At least 7	3.5%	9.8%
At least 8	2.5%	4.9%
At least 9	1.0%	1.2%
All 10	0.0%	0.0%

Data Source: CARDNO PINS Survey 2017

In Sajjawal district, grains and related foodstuffs have a significant presence in the diet of both agricultural households and the overall population. More eggs are consumed in agricultural households than in non-agricultural households. The same applies to other fruits and vegetables as reflected in Table 13.

Table 13: Consumption of Food Groups in Sajjawal by household type and income

N°	Food Group	Overall	Agricultural Households
1	Grains, white roots and tubers, plantains	87%	93%
2	Pulses (beans, peas and lentils)	23%	24%
3	Nuts and seeds	3%	5%
4	Dairy	66%	68%
5	Meat, poultry and fish	43%	40%
6	Eggs	55%	71%
7	Dark-green leafy vegetables	5%	6%
8	Other Vitamin A-rich fruit and vegetables	35%	35%
9	Other vegetables	10%	16%
10	Other fruits	16%	22%

Data Source: CARDNO PINS Survey 2017

The diets of women who eat from fewer than five food groups show a significant absence of nuts in their diet. Tables 13 and 14 provide a breakdown of the consumption of different food groups by those with adequate and inadequate food diversity in Sajjawal.

Table 14: Key Food Groups consumed by those with inadequate food diversity in Sajjawal (i.e. those with fewer than 5 food groups in their diet)

N°	Food Group	Overall	Agricultural Households
1	Grains, white roots and tubers, plantains	84%	90%
2	Pulses (beans, peas, and lentils)	20%	20%
3	Nuts and seeds	1%	0%

N°	Food Group	Overall	Agricultural Households
4	Dairy	60%	57%
5	Meat, poultry and fish	37%	27%
6	Eggs	49%	62%
7	Dark-green leafy vegetables	2%	3%
8	Other Vitamin A-rich fruit and vegetables	29%	27%
9	Other vegetables	6%	12%
10	Other fruits	8%	12%

Data Source: CARDNO PINS Survey 2017

Those with adequate food diversity in Sajjawal eat significantly more fruit, vegetables and eggs than those without. As shown by a comparison of Tables 13 and 14, there are major differences between the dietary intakes of women with adequate food diversity and those with inadequate food diversity.

Table 15: Key Food Groups consumed among those with adequate food diversity in Sajjawal (i.e. those with 5 food groups or more in their diet)

N°	Food Group	Overall	Agricultural Households
1	Grains, white roots and tubers, plantains	100%	100%
2	Pulses (beans, peas, and lentils)	38%	36%
3	Nuts and seeds	13%	18%
4	Dairy	98%	100%
5	Meat, poultry and fish	78%	77%
6	Eggs	87%	95%
7	Dark green leafy vegetables	22%	14%
8	Other Vitamin A-rich fruit and vegetables	65%	59%
9	Other vegetables	27%	27%
10	Other fruits	56%	50%

Data Source: CARDNO PINS Survey 2017

9.6 Low birth weight

Amongst the children who were weighed in the district at birth, low birth weight is witnessed for every fourth child born in Sajjawal, indicating poor maternal and newborn health and nutrition. 30% of babies born in Sindh and 27.6% of those born in Sajjawal have a low weight at birth. This reflects undernourishment *in utero* and increases the risk of a child's death in the early months and years of life. It also increases the risk that even those who survive will remain undernourished, with reduced muscle strength and cognitive capacity.

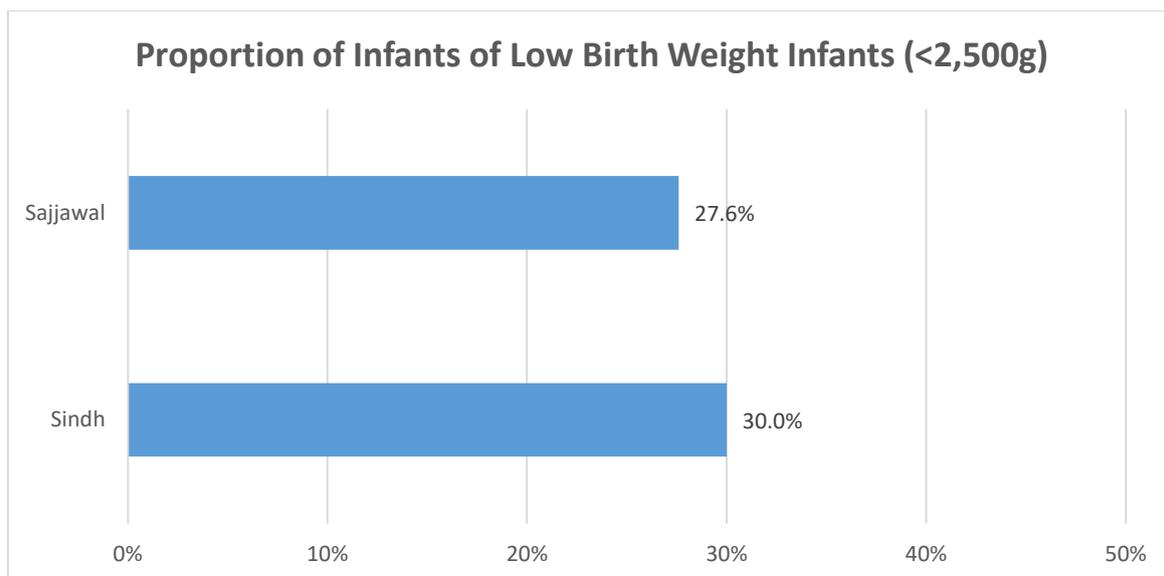


Figure 13: Proportion of Infants of Low Birth Weight (<2,500g)

9.7 Child immunisation

In Sajawal district 40.2% of children aged 12-23 months had received all recommended vaccinations by 12 months of age. 67.8% of children had been vaccinated against measles and 88.2% against TB. Immunisation is crucial to reducing child death from preventable diseases and is closely linked with nutrition-specific interventions. The chart in Figure 14 covers all required vaccination indicators.

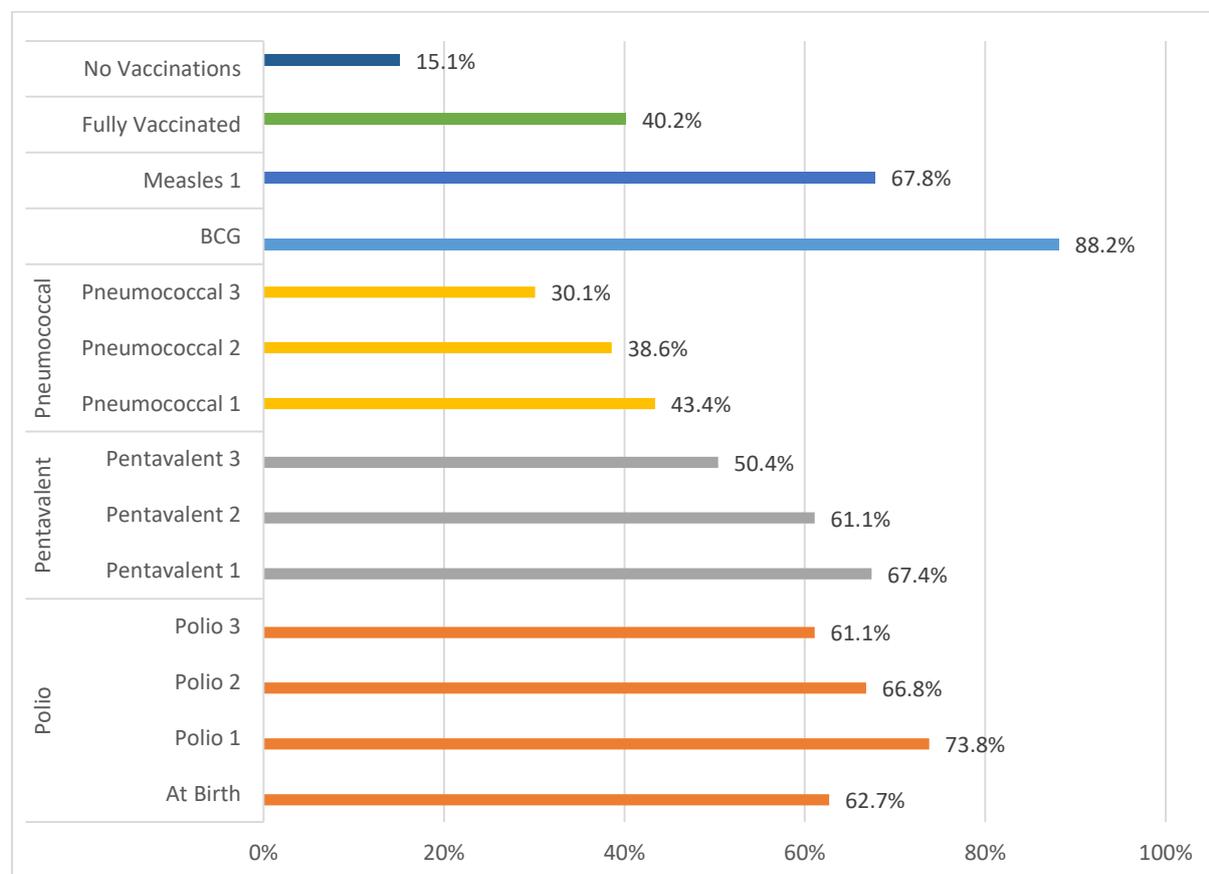


Figure 14: Vaccination of children aged 12-23 months

Figure 15 provides details on the vaccination of children aged 24-35 months.

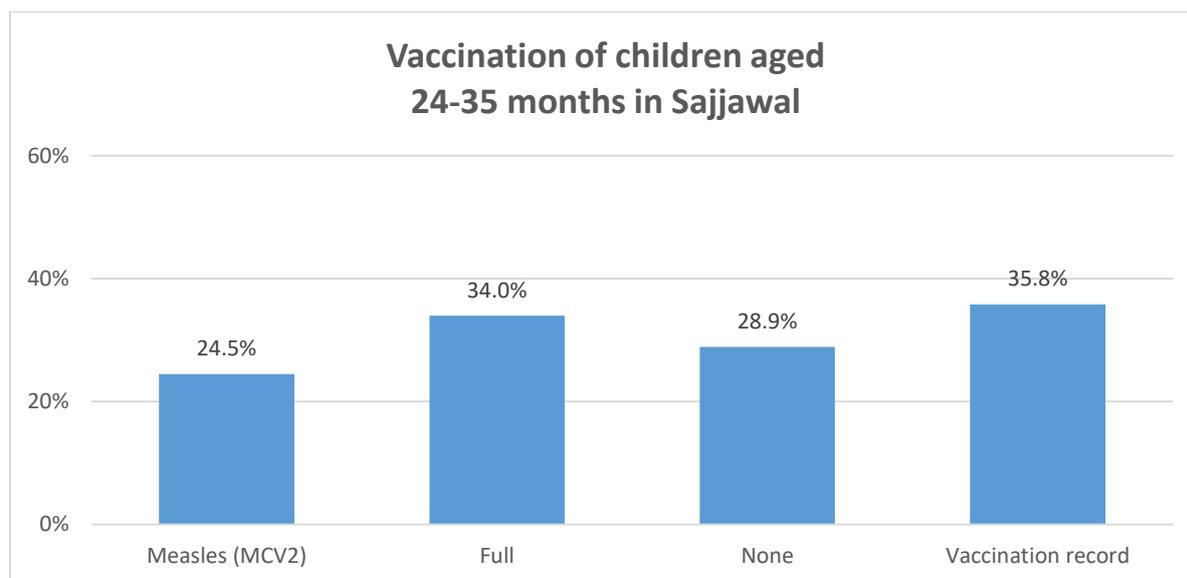


Figure 15: Vaccination of children aged 24-35 months in Sajjawal

10. Maternal Health and Nutrition

10.1 Reproductive health

The fertility rate in Sajjawal is 4.8 children per woman. 15.9% of women in the district use some form of contraception with 15.3% using modern contraceptive methods^{xiv}. The most common contraceptive method is female sterilisation which is currently used by 4.5% of ever-married women.

10.2 Maternal and neonatal health

79.3% of ever-married women in Sajjawal have received antenatal care. According to the MICS of 2014/15^{xv}, 51.7% of all deliveries in Sajjawal took place at a health facility with 11.4% occurring in state centres and 40.3% in private centres. The remaining 48.3% of deliveries took place at home. Seeking antenatal care (ANC) during pregnancy is of significant importance as it identifies risk factors which minimise the chances of later maternal complications and can reduce the number of miscarriages and stillbirths.

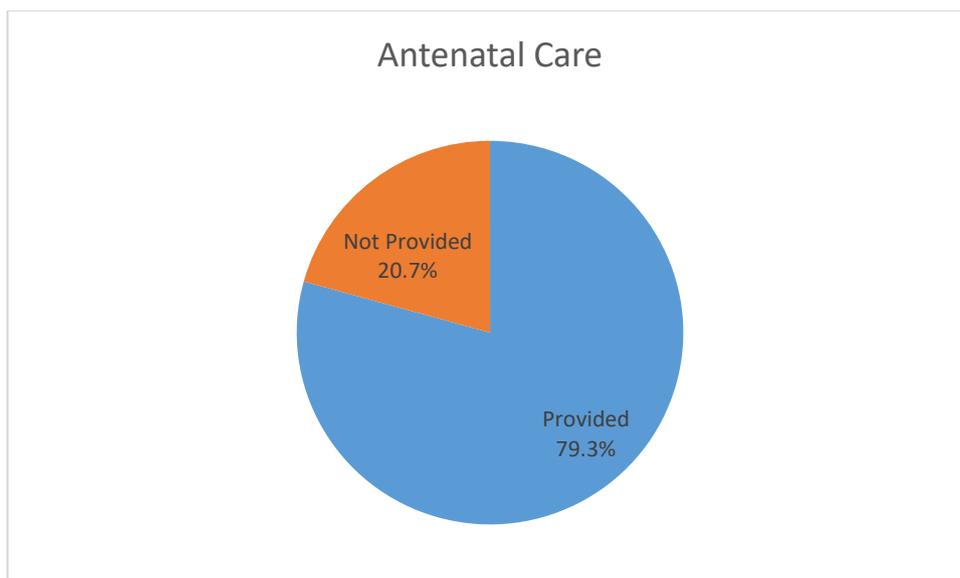


Figure 16: Provision of ANC in Sajjawal

In Sindh province overall, almost 79.6% of ever-married women have received antenatal care from a skilled provider (an improvement of almost 100% over the last decade as compared to the findings of the MICS 2003/04 when only 42% received ANC) while in Sajjawal 79.3% of ever married women have received antenatal care from a skilled provider. The percentage of deliveries taking place at a health facility also considerably increased from 42% (Demographic and Health Survey 2006/07) to 64% as reported in the Sindh MICS 2014. Figure 18 below presents these figures on ANC and place of delivery in both Sindh province and Sajjawal district.

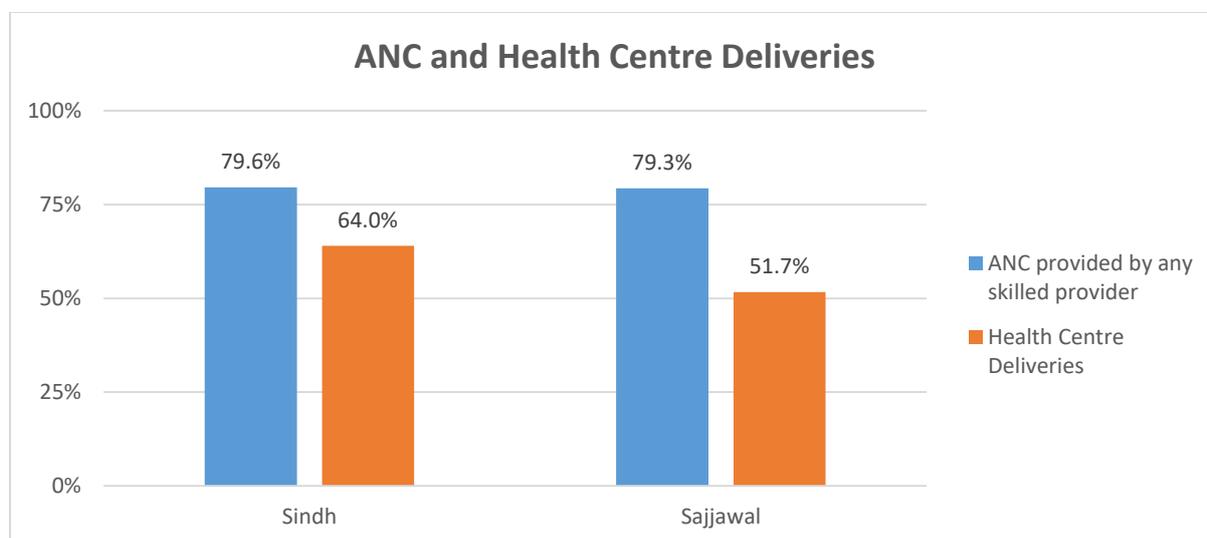


Figure 17: ANC and Health Centre Deliveries

As shown in Table 16, 63.3% of women receive ANC from doctors and 16% receive it from nurses and/or midwives (total 79.3%). The remaining 20.7% receive no antenatal care.

Table 16: Provision of Antenatal Care

Provision of Antenatal Care							
Medical Doctor	Nurse/ Midwife	Community Midwife	Lad Health Visitor	Traditional/ Skilled Birth Attendant	Lady Health Worker	Relative/ Friends	Other
63.3%	16.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Data Source: Govt of Sindh / UNICEF Sindh MICS Survey 2014/15

17.4% of women in Sajjawal receive or attend one ANC visit, 23.1% have two visits, 19% have three visits and 19.3% have four or more visits as shown in Figure 19. Data on the remaining 1.5% of women who receive ANC are missing.

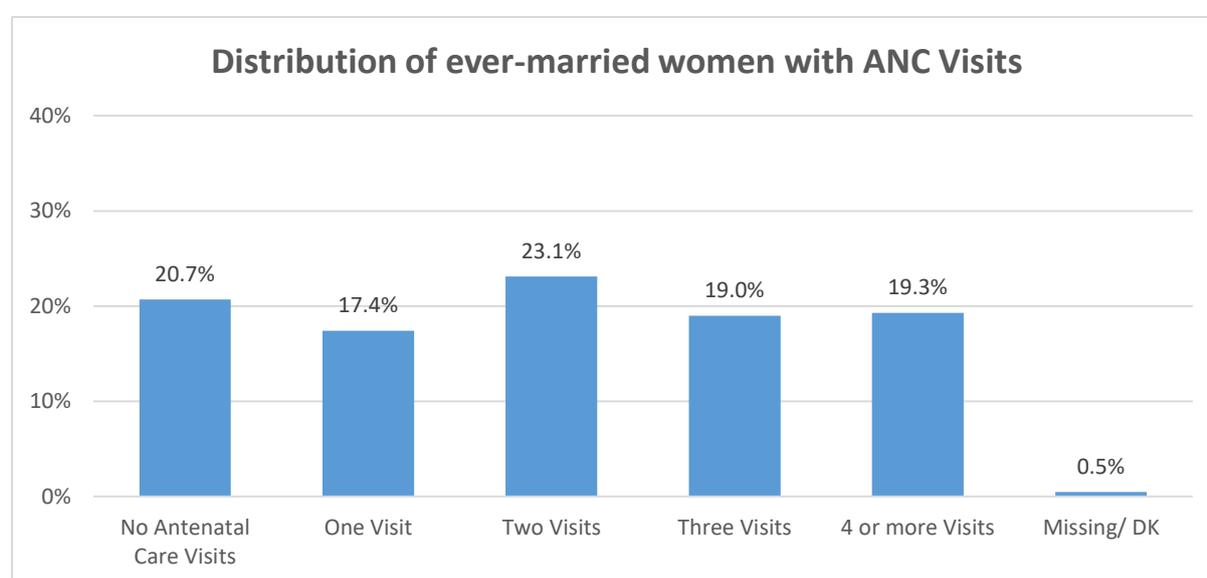


Figure 18: Distribution of ever-married women having ANC visits

In Sajjawal, 20.1% of pregnant women have their first ANC during the first trimester. 24.6% first attend at 4-5 months, 21.9% first attend at 6-7 months and 11.3% first attend at 8 months or later (see Table 17).

Table 17: Number of months of pregnancy at time of first ANC visit

Percentage distribution of ever-married women by number of months pregnant at the time of first antenatal care (ANC) visit					Median months pregnant at first ANC visit
First trimester	4-5 months	6-7 months	8+ months	Missing/DK	
20.1%	24.6%	21.9%	11.3%	1.4%	5

Data Source: Govt of Sindh / UNICEF Sindh MICS Survey 2014/15

10.3 Post-natal care of mothers and children

In Sajjawal, 40.8% of newborns and 27.5% of mothers receive a health check following birth in either a facility or at home^{xvi}. In Sindh overall, this figure is considerably higher at 77% of newborns. Such checks are important as they may take advantage of a critical window of opportunity to deliver life-saving interventions to both the mother and newborn if needed^{xvii}.

10.4 Visits to women aged 15-49 by Lady Health Workers (LHWs)

In Sindh, 52.3% of women of childbearing age were visited by a Lady Health Worker during the three months prior to the MICS 2014 survey while this percentage was 59.3% in Sajjawal. In Sindh, 64% of ever-married women live in close proximity to an LHW while this figure is 69.5% in Sajjawal^{xviii}. With insufficient numbers of health managers, nurses, paramedics and skilled birth attendants, the national government created the Lady Health Worker Programme for family planning and primary healthcare in order to provide essential primary health services to the community and fulfil unmet health-related needs in rural and urban slum areas^{xix}.

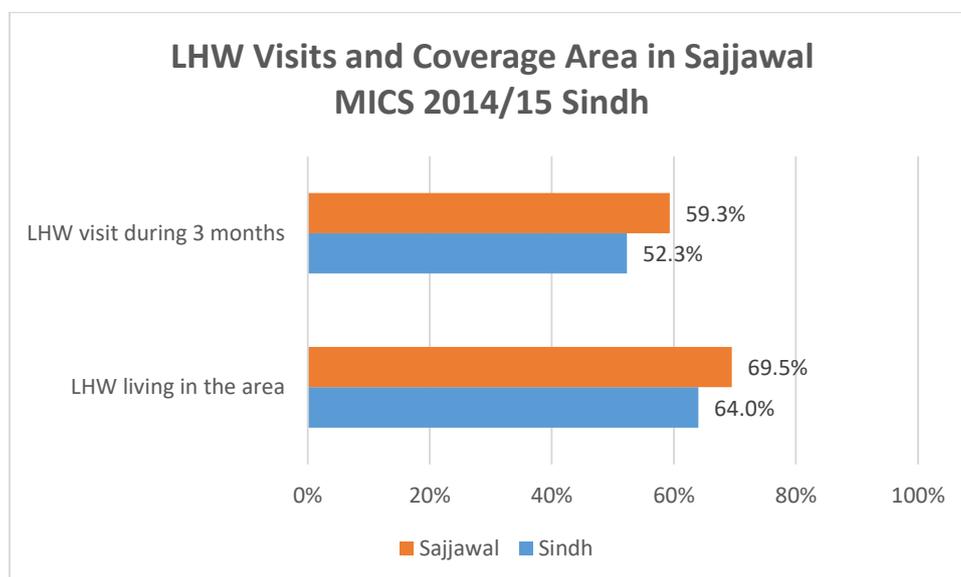


Figure 19: LHW Coverage in Sajjawal

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