

# Punjab

## Final Report

Monitoring the situation of children and women



## Punjab Health Survey, Round-1, 2016



**Bureau of Statistics  
Planning & Development Department  
Government of Punjab**

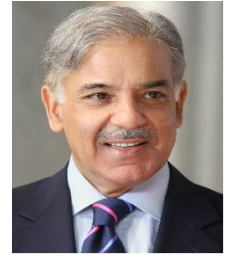


**Technical Resource Facility  
Funded by Department for  
International Development (DFID)**

**PHS**

## MESSAGE FROM CHIEF MINISTER

I am pleased to see that the Planning & Development Department has taken over the responsibility for providing authentic data for monitoring of key interventions of the Health Reforms Roadmap.



It is encouraging to note that the efforts made by the health sector have brought in significant improvement in immunization coverage and skilled birth attendance. The survey results also highlight the areas and the population groups that need attention of the stakeholders. There is also an urgent need to design and implement interventions to focus on the identified target groups and low performers.

Improving the health of the people is at the heart of our policies and it is good to see that the Health Reforms Roadmap has started producing the results. Although we have been able to uplift the average figures but still face challenges that will have to be addressed in the years ahead. We are determined to ensure that our population has access to quality health care service within the minimum possible time.

The Punjab Health Survey is a great initiative that not only helps us to gauge the progress and appropriateness of the intervention, but also provides us an opportunity to review our efforts and take corrective measures. I hope that Planning & Development Department will make this survey as assured bi-annual assessment, and also expand its horizons by including other aspects of the health sector. The other sector may also consider similar data collection initiatives.

By the grace of Allah almighty, these efforts will pay off and we will be able to achieve our goal of Universal Health Care. Hard work must continue.

**Shahbaz Sharif**  
**Chief Minister Punjab**

## Chapter 4- Immunization

---

### Introduction

The Expanded Programme on Immunization (EPI) in Punjab was started in 1978 following the successful eradication of small pox. It continued as a pilot project restricted to the urban areas till 1979 when for the first time a 5-year “EPI” plan was launched to cover all the districts including rural areas in a phased manner to achieve a universal coverage of target population (less than 5 years) through static centres. Keeping in view the success of program, the EPI was integrated in to the regular health services in July 1985. Punjab has now drawn a separate Comprehensive Multi-Year Plan (cMYP) for immunization for the next five years (2014 – 2018). It will be merged with cMYPs of other provinces as single National cMYP.

Under the plan as recommended by WHO, following vaccinations are being provided:

- ✓ birth doses of Bacille Calmette Guerin (BCG) and Polio vaccine
- ✓ three doses of the Pentavalent vaccine containing Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B, and Haemophilus influenza type b (Hib) antigens
- ✓ three doses of Polio vaccine
- ✓ three doses of Pneumococcal (conjugate) vaccine
- ✓ two doses of the Measles, Mumps and Rubella (MMR) vaccine containing measles, mumps, and rubella antigens

All vaccinations should be received during the first year of life except the doses of MMR that are administered at 9 and 15 months. Taking into consideration this vaccination schedule, the estimates for full immunization coverage from the PHS are based on children age 12-23 months.

Information on vaccination coverage was collected for all children under two years of age. All mothers were asked to provide vaccination cards. If the vaccination card for a child was available, interviewers entered vaccination information from the cards into tablet. If no vaccination card was available for the child, the interviewer proceeded to ask the mother to recall whether or not the child had received each of the vaccinations and for Polio, DPT and PENTA, how many doses were received. The final vaccination coverage estimates are based on information obtained from the vaccination card and the mother’s report of vaccinations received by the child.

Data was collected for:

- Percentage of children vaccinated during first year of life for different antigens
- Vaccination coverage by background characteristics
- Tetanus toxoid (TT) vaccination coverage of mother

## 4.1. Vaccination Coverage

Information for vaccination coverage in the first year of life was collected and is presented in Table 4.1. It shows the percentage of children age 12-23 months who have received each of the specific vaccinations. The information source for data collection has been vaccination card, mother's recall or either. In the first three columns in each panel of the table, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card, mother's recall or either. The key findings of vaccination coverage are summarized below.

- ❖ **Fully vaccinated:** over 81 percent of the children aged 12-23 months were fully vaccinated including 65 percent on card and 16 percent on mother's report basis. The fully vaccinated status of children at 12 months of age was 73 percent.
- ❖ **BCG:** Approximately 96 percent of children age 12-23 months received BCG vaccination by the age of 12 months.
- ❖ **Pentavalent:** first dose of PENTA vaccine was given to 93 percent of children. For subsequent doses the percentage has declined to 90 percent for the second dose and to 85 percent for the third dose at 12 months of age.
- ❖ **Polio:** 95 percent of children received Polio Zero dose and this remained almost same that is, 95 percent till the third dose at age 12 months.
- ❖ **Measles:** 89 percent of children 12-23 months received the measles 1 vaccine of which 85 percent have received it by their first birthday. The measles 2 coverage of the children age 12-23 years is 36 percent.
- ❖ **No vaccination:** There still remain 2 percent of the children aged 0-23 months who did not receive any vaccination by the time of the survey.

<b>Table 4.1: Vaccinations in the first years of life</b>				
Percentage of children age 12-23 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, PHS Round-1, 2016				
	Children age 12-23 months			Vaccinated by 12 months of age
	Vaccinated at any time before the survey according to:			
	Vaccination card	Mother's report	Either	
<b>Antigen</b>				
BCG	68.3	27.5	95.8	95.1
<b>Polio</b>				
Polio at birth	67.8	28.2	96.0	95.1
Polio 1	68.0	29.4	97.4	96.4
Polio 2	67.6	29.4	97.0	96.1
Polio 3	67.1	28.9	95.9	94.6
<b>PENTA</b>				

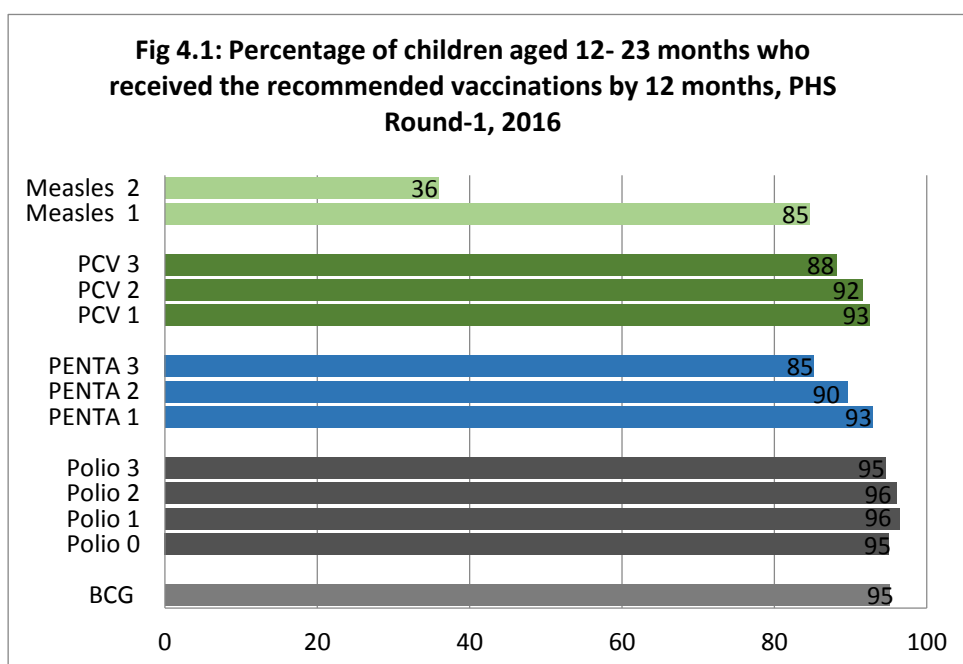
<b>Table 4.1: Vaccinations in the first years of life</b>				
Percentage of children age 12-23 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, PHS Round-1, 2016				
	Children age 12-23 months			Vaccinated by 12 months of age
	Vaccinated at any time before the survey according to:			
	Vaccination card	Mother's report	Either	
PENTA 1	69.2	24.7	93.9	92.9
PENTA 2	68.8	21.9	90.7	89.6
PENTA 3	68.2	18.2	86.4	85.2
<b>PCV / Pneumo</b>				
PCV / Pneumo 1	68.3	25.6	93.9	92.5
PCV / Pneumo 2	68.2	24.7	92.9	91.6
PCV / Pneumo 3	68.2	21.4	89.6	88.2
<b>Measles</b>				
Measles 1	65.2	24.1	89.4	84.6
Measles 2			35.9	NA
<b>Fully vaccinated</b>	65.4	15.9	81.3	72.9
<b>No vaccinations</b>	-	2.3	2.3	2.3
Number of children	8163	8163	8163	8163

#### 4.2. Vaccination Coverage by Background Characteristics

The figure below presents the children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers' report. The key findings are as under, (Table IM.2 & IM.3)

- ❖ 68 percent of the children aged 12-23 months are fully vaccinated based on card seen. The percentage is slightly high in rural areas (69.1 %) as compared to urban areas (66.4 %).

- ❖ 66 percent of



children aged 12-23 months and living in the households in the highest quintiles are fully vaccinated as compared to 62 percent living in the households in lowest quintiles.

- ❖ 73 percent of children aged 0-11 months are fully vaccinated based on card seen.
- ❖ The percentage is slightly high in rural areas (74.1 %) as compared to urban areas (72.2%).

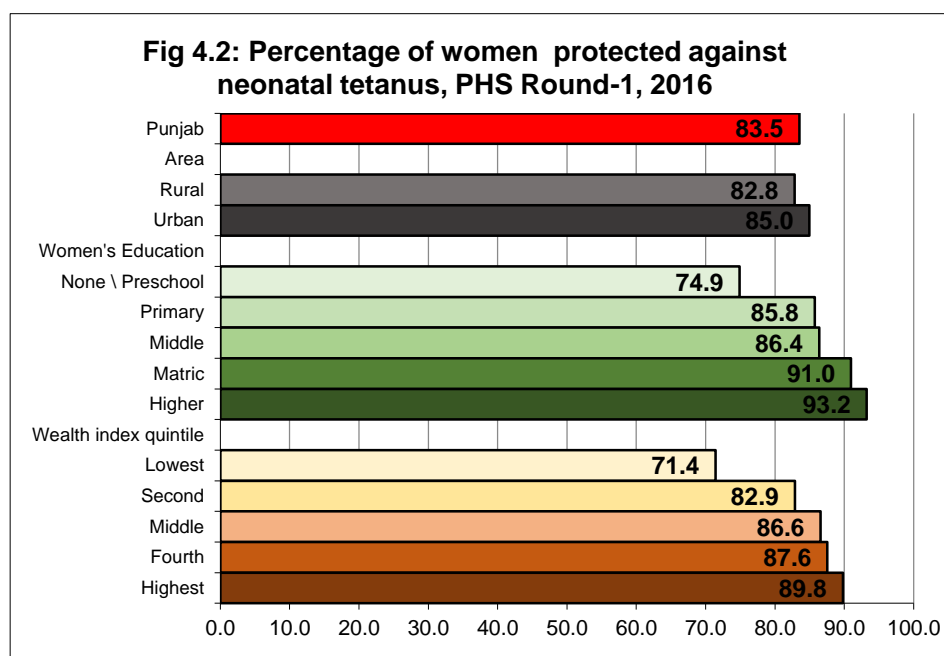
### 4.3. Neonatal Tetanus Protection

One of the MDGs was to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. Following on the 42<sup>nd</sup> and 44<sup>th</sup> World Health Assembly calls for elimination of neonatal tetanus, the global community continues to work to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1,000 live births by 2015.

The strategy for preventing maternal and neonatal tetanus is to ensure that all pregnant women receive at least two doses of TT vaccine. If a woman has not received at least two doses of TT during a particular pregnancy, she (and her new born) are also considered to be protected against tetanus if that woman has:

- Received at least two doses of TT vaccine, the last within the previous 3 years;
- Received at least 3 doses, the last within the previous 5 years;
- Received at least 4 doses, the last within the previous 10 years;
- Received 5 or more doses anytime during her life.

To assess the status of tetanus vaccination coverage, women who had a live birth during the two years before the survey were asked if they had received TT injections during the pregnancy for their most recent birth, and if so, how many. Women who did not receive two or more TT vaccinations during this recent pregnancy were then asked about TT vaccinations they may have previously received. Interviewers also asked



women to present their vaccination card on which dates of TT are recorded and referred to information from the cards when available.

- ❖ 83.5 percent of the women were found protected against tetanus,

- ❖ Proportion of protected women was higher in urban areas, 85 percent as compared to rural areas 83 percent.
- ❖ 93 percent of women with higher education were protected against tetanus as compared to 75 percent of the women with no education/preschool education. Similarly, protection against tetanus was positively correlated with wealth index quintiles.

Figure- 4.2 shows the protection status from tetanus of mothers of all children covered in the survey. For district wise details refer to Annex 1, Table IM.4.