

DISPARITIES IN ACCESS TO HEALTH AND OTHER CIVIC FACILITIES IN PAKISTAN-AN INTER AND INTRA-PROVINCIAL ANALYSIS

Abdul Hamid¹, ¹Naeem Akram and ²Muhammad Irfan Akram

Office of the Auditor General of Pakistan, Islamabad, Pakistan

Email: ahamid_dcma@hotmail.com

¹Economic Affairs Division , Islamabad, Pakistan

Email naeem378@yahoo.com

²PMAS, Arid Agriculture University, Rawalpindi

Email irfan286@yahoo.com

ABSTRACT:: *Human resources are the key factors of growth and development. Without proper education and health, human capital cannot prove an engine of growth. A sound mind requires a sound body. However, inequality along with poverty has been a serious challenge for most of the developing countries. Income poverty and inequality leads to many other dimensions of inequality like: gender, b) region, c) economic class, d) social identity, e) health and f) education, etc. which further aggravate vicious circles of poverty and inequality in the country. The present study provides a detailed analysis of the disparities in access to health and other basic civic facilities like potable water and sanitation at National, Provincial and District level in Pakistan. The analysis shows that the gaps between the haves and have-nots have been continuously widening. Inequality of economic opportunities and especially disparities in very basic needs like education, health, potable water, sanction, etc. leads to inequality of economic outcomes.*

I. INTRODUCTION

Human capital is a key to socio-economic development and education and health are key indicators to develop human capital. Health is an integral part to the efforts of reducing poverty and inequality. Health indicators are on priority for the achievement of Millennium Development Goals (MDGs). However, health facilities are not equally available to the people of different regions in Pakistan. Inequality along with poverty has been a serious challenge and leads to many other dimensions of inequality like: gender, b) region, c) economic class, d) social identity, e) health and f) education, etc. which further aggravate vicious circles of poverty and inequality in the country. Unfortunately, the concept of segmented high growth and its trickle-down effect to the grass root level could not be materialized in most of the developing countries like Pakistan. Resultantly, the inter and intra regional inequalities on many fronts have been increasing overtime.

In Pakistan public spending on health is very low and has stagnated around 0.7 % of GDP. It is the lowest among SAARC countries. Besides, private sector is catering to 80% of health care delivery. Infant mortality rate of 65.1 per 1000 live births, and mortality rate of 95.2 per 1000, Pakistan not only lags behind the MDG targets, but is worst performer amongst regional and emerging economiesⁱⁱ. One of the primary causes of high maternal mortality ratio in Pakistan at 276 per 100,000 live births is the low %age of births attended by skilled health personnel (around 40%)ⁱⁱⁱ. Given the high maternal mortality rate and an abysmally low rate of births attended by skilled health personnel is going to pose serious health challenge to the country that must be addressed urgently.

According to World Development Report 2000-01 "Attacking Poverty" out of the world's 6 billion people, 2.8 billion—almost half—live on less than \$2 a day, and 1.2 billion—a fifth—live on less than \$1 a day. In rich countries less than 1 % of children do not reach its fifth birthday,

while in the poorest countries this ratio is 20 % . . Similarly, in rich countries fewer than 5 % of all children under five are malnourished; on the other hand in poor countries the ratio is above 50 %. The average income in the richest 20 countries is 37 times the average in the poorest 20—a gap that has doubled in the past 40 years.

Table 1: Health & Nutrition Expenditure

Fiscal Years	Health Expenditure as % of GDP
2000-01	0.72
2001-02	0.59
2002-03	0.58
2003-04	0.57
2004-05	0.57
2005-06	0.51
2006-07	0.57
2007-08	0.57
2008-09	0.56
2009-10	0.54

Source: Economic Survey of Pakistan

This study aims at to make a critical analysis of the disparities occurred in access to health facilities, availability of potable water and access to sanitation in Pakistan. The layout of the paper is as follow: the review of relevant literature is presented in section II. Section III discusses the methodology and data sources. Discussion of the disparities in access to health, potable water and sanitation are depicted in section IV. Summary is given in the final section followed by references.

II. Review of Literature

By using the three years panel survey of 727 households during the period 1986-87 to 1988-89, the income Gini-coefficient has been calculated as 0.381 and Gini-coefficient of land ownership as high as 0.769, as 37 % of the surveyed households did not own any land. The household in the

lowest income quintile receive 50 % of the per capita income from non-farm income sources while the households in the top quintile receive more than 36 % of their per capita income from agriculture. According to the study non-farm income sources and livestock tends to decrease inequality. Agriculture income accounts for 35 to 45% of overall income inequality in rural areas [1].

It has been argued that economic led growth policies must be accompanied by distributional policies, which actually lead to trickles down effect, otherwise, only rich segment of the society benefits from such growth. According to the analysis inequality has increased during the last two decades in Pakistan in all dimensions [7].

The study analysed personal earnings inequality in Pakistan by using HIES 1993-94 data. According to them factors like education, health, occupation, gender, regional location, sector of employment and other non-market forces such as discrimination play a significant role in the distribution of earnings. The study reveals that any increase in income inequality accompanied by increase in workers' income throughout the population leading to improvement in the position of the poor is not a matter of great concern. However, if the gap between rich and poor increases at the cost of the poor, it is a serious problem. Proper distribution of personal earnings should be, therefore, focused to reduce the household income inequality [12].

Trends in inequality in Pakistan between 1998-99 and 2001-02 has been analysed by [2] . According to the study, poverty and inequality are closely related and for a given mean income, more income inequality leads to high poverty ratio.

The study was conducted to measure the poverty and inequality dynamics in Pakistan during the period 1988-1999. The impact of formal Structural Adjustment Lending (SAL) on welfare and poverty has also been analysed. Low economic growth during the reference period attributed to high poverty level especially in the rural areas [9].

Latter on multi-dimensional inter-temporal spatial inequality and level of development during the early 1980s and late 1990s in Pakistan has also been analysed. According to the study regional inequality is a dimension of overall inequality [10].

The study was conducted to measure multidimensional concepts of human well-being by using data from the PSLM 2006-07. In order to measure regional disparities in the quality of life, they developed objective well-being and subjective well-being indices. Their findings reveal that the Punjab districts are ranked top and Balochistan districts ranked lowest in terms of objective well-being. Sindh and NWFP (now KPK) districts are dominated in the category of lower medium well-being category. It was also found that districts which have higher achievements in hard facts of well-being, observe less subjective well-being in term of satisfaction. They suggested that under the MDGs concept of human development, more priorities and attention should be given to least developed districts for achieving the MDGs by 2015 [8].

It has been found that there are four key dimensions of structural inequality in Pakistan: a) gender, b) region, c)

economic class, and d) social identity. These forms of inequality represent vicious circles of poverty and inequality. There are two types of economic inequality; inequality of economic outcomes and inequality of economic opportunities. According to him, distributional inequality is not a policy concern in its own right in Pakistan and the distributional policy measures like direct taxes have been weak. According to him structural inequalities stems from historical and geographical patterns of deprivation, market distortions, less public attention to particular regions due to political, social or population factors. Gender deprivation and discrimination in labour markets is a great obstacle for female working force. This discrimination stems from social traditions, religion, political and economic norms. Women empowerment is one of the important policy measures. Social identity, race, ethnicity, region, religion, etc. remains one of the significant inequality dimensions. The inequality of opportunity in the form of education, health, economic activities, employment, region, assets, etc. must be addressed through favourable actions like government employment, infra-structure development, educational and health opportunities and assets provisions for such groups who suffer from these inequalities. According to study, the main inequalities of economic opportunity are regional underdevelopment, market distortions and unequal access to public services [4].

A comprehensive analysis regarding multi-dimensional gender inequalities in Pakistan has been conducted. It was found gender disparities in educational, health, employment, financial availability and other socio-economic areas in both provincial and national level in Pakistan [6].

It was found that the share of South Asia in the total number of poor has increased significantly from 40% in 1993 to 47% in 2004. Over the past decade, the number of malnourished people in the region has gone up from 290 million to 299 million. Out of 27 million children not immunized in the world, 11 million are in South Asia. Today, South Asia contains 15% of the total global population affected by HIV/AIDS. The proportion of the undernourished has ballooned from 19 to 24% of the total population of Pakistan. Gender gap in literacy rate in Pakistan has widened to almost 28% and it is highly unlikely that Pakistan will be able to achieve universal primary completion (UPC) and the education related MDGs by 2015 [11].

It was found that where the world has made significant aggregate progress in health, education and income, at the same time has been faced by high and persistent inequality, unsustainable production patterns and disempowerment of large groups of people around the world. The HDR 2010 also introduced two multi-dimensional measures of inequality. The inequality adjusted HDI (IHDI); this captures the losses in human development due to inequality in health, education and income. Pakistan 2010 IHDI stands at 0.49 and Pakistan is ranked at 125th out of 169 countries. This is below the average of 0.516 for the South Asian countries. It is also below the average of 0.592 for Medium Human Development Countries. According to HDR 2010, the Pakistan's loss due to inequality measured through IHDI was 46.4% due to educational inequality, 10.6% due to

income inequality and 32.9% due to inequality-adjusted life expectancy at birth. The overall inequality loss was reported to be 31.5% while income Gini- coefficient was calculated to be 31.2 during the period 2000-2010. The Gender Inequality Index (GII); it measures the gender disparities in educational attainment, reproductive health, empowerment and labour market participation. The GII value for Pakistan is 0.721 ranking it 112 out of 138 countries based on 2008 data [17].

III. Methodology and Data Description

An analysis regarding inter and intra-provincial disparities in access to health, potable water and sanitation at district, provincial and national levels in Pakistan is made based on the following data sources: the Pakistan Economic Survey (1990-91 & 2009-10 and other issues); Federal Bureau of Statistics (1999) 50 Years of Pakistan in Statistics: Volume I-IV Government of Pakistan, Islamabad. Data on education, health, consumption, water, sanitation and other social indicators is used from Pakistan Social and Living standard Measurement (PSLM), Federal Bureau of Statistics (various

issues). Human development indicators and data on other international comparison are used from Human Development Report, UNDP (2010) and World Development Report (2010).

IV. Disparities in Access to Health

Health is an integral part to the efforts of reducing poverty and inequality. Health indicators are on priority for the achievement of Millennium Development Goals (MDGs). However, health facilities are not equally available to the people of different regions. Table 2 shows the %age of children aged 12-23 months that have been immunized for the year 2007-08. The analysis of the data indicates that disparity is found across regions (rural/urban) and sex (male/female) for different quintiles. The overall %age for male immunized children is 74% with 82% for urban and 70% for rural areas. While for female this ratio is 68% with 79% in urban and 64% in rural areas. For both sexes the %age for immunized children is 71% with 80% and 67% for urban and rural areas, respectively.

Table 2: %age of Children Aged 12-23 Months that have been Immunized, Based on Recall and Record – Fully Immunized

Quintile	Male			Female			Both Sexes		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Quintile-1	71	63	65	71	63	65	71	63	65
Quintile-2	74	70	71	65	58	60	69	63	65
Quintile-3	87	65	70	73	65	67	80	65	68
Quintile-3	91	78	82	83	64	70	86	71	76
Quintile-5	88	84	86	94	83	88	91	84	87
Overall	82	70	74	79	64	68	80	67	71

Source: Pakistan Social and Living standard Measurement (PSLM), 2007-08

Table 3: Children Under 5 Years of Age Suffering from Diarrhea in Past 30 Days

Quintile	Male			Female			Both Sexes		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Quintile-1	10	8	8	8	10	10	9	9	9
Quintile-2	8	12	11	13	12	12	10	12	12
Quintile-3	10	12	11	11	9	9	10	10	10
Quintile-3	11	9	10	10	13	12	11	11	11
Quintile-5	10	11	10	9	14	11	9	12	11
Overall	10	10	10	10	11	11	10	11	10

Source: Pakistan Social and Living standard Measurement (PSLM), 2007-08

Table 4: Ever married women aged 15 – 49 years who had given birth in the last three years and who had attended at least one pre-natal consultation during the last pregnancy

Quintile	Female		
	Urban	Rural	Total
Quintile-1	74	50	56
Quintile-2	54	37	40
Quintile-3	65	44	49
Quintile-3	70	53	58
Quintile-5	83	60	67
Overall	87	69	77

Source: Pakistan Social and Living standard Measurement (PSLM), 2007-08

Table 5: %age of Children Aged 12-23 Months that have been Immunized, Based on Recall and Record – Fully Immunized

Quintile	Punjab			Sindh			KPK			Baluchistan		
	M	F	Both Sex	M	F	Both Sex	M	F	Both Sex	M	F	Both Sex
Quintile-1	68	70	69	63	54	59	76	82	80	33	36	35
Quintile-2	72	59	65	67	50	58	77	80	79	44	34	37
Quintile-3	76	66	71	76	63	69	44	74	59	63	64	63
Quintile-3	87	72	78	77	69	73	69	64	66	83	76	80
Quintile-5	91	91	91	79	89	84	48	70	61	95	90	93
Overall	79	71	75	71	62	66	65	76	71	48	41	44

Source: Pakistan Social and Living standard Measurement (PSLM), 2007-08

Table 6: Children Under 5 Years of Age Suffering from Diarrhea in Past 30 Days

Quintile	Punjab			Sindh			KPK			Baluchistan		
	M	F	M&F	M	F	M&F	M	F	M&F	M	F	M&F
Quintile-1	8	11	10	9	7	8	9	10	10	7	9	8
Quintile-2	15	16	15	7	7	7	8	8	8	7	9	8
Quintile-3	11	10	11	9	6	7	14	13	14	11	4	7
Quintile-3	10	13	11	6	9	8	12	11	11	13	16	14
Quintile-5	9	13	11	8	4	6	23	17	20	9	5	7
Overall	10	12	11	8	7	7	12	11	12	8	9	8

Source: Pakistan Social and Living standard Measurement (PSLM), 2007-08

Table 3 shows children under 5 years of age suffering from Diarrhea for the year 2007-08. The analysis of the data indicates that not much disparity is found across regions (rural/urban) and sex (male/female) for different quintiles.

Table 4 indicates the %age of married women between age 15-49 years who had given birth in the last three years and had attended at least one pre-natal consultation during the pregnancy for five quintiles across rural and urban areas. The ratio varies between 74% to 83% for the lowest to the highest quintile, respectively for urban areas; between 50% to 60% for the lowest to the highest quintile, respectively for rural areas and between 56% to 67% for the lowest to the highest quintile, respectively for Pakistan as a whole. Rural

areas are more deprived off as compared to urban areas in almost all the above given health indicators (table 2-4).

Inter-Provincial and Intra-Provincial Health Inequality

Like income and educational inequality, health inequality is found at both inter-provincial as well as intra-provincial levels. Table 5 shows inter-province %age of children aged 12-23 months that have been immunized for the year 2007-08. The overall data for both sexes show that the %age for the Punjab Province is 75%, for Sindh 66%, for KPK 71% and for Baluchistan the immunization ratio is 44%. Disparities are also found among the quintile distribution for both inter and intra provincial levels.

Table 7: Ever married women aged 15 – 49 years who had given birth in the last three years and who had attended at least one pre-natal consultation during the last pregnancy

Quintile	Punjab	Sindh	KPK	Baluchistan
Quintile-1	59	59	34	39
Quintile-2	42	45	43	32
Quintile-3	52	50	50	35
Quintile-3	60	59	57	50
Quintile-5	67	72	72	55
Overall	56	57	51	42

Source: Pakistan Social and Living standard Measurement (PSLM), 2007-08

Table 8: Punjab: Intra-Province ranking Immunization 12-23 months

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Jehlum	86.4	1	Jehlum	99.2	1	Gujrat	98.0	1	Nankana S	100.0
2	Rawalpindi	86.2	2	Sialkot	97.7	2	Chakwal	97.6	2	Gujrat	98.0
3	Sahiwal	83.0	3	Khushab	96.5	3	Jehlum	97.2	3	Chakwal	97.6
4	Attock	82.1	4	Attock	95.4	4	Khushab	96.7	4	Jehlum	97.2
5	Okara	80.0	5	Chakwal	94.3	5	Sialkot	95.4	5	Khushab	96.7
30	Rajanpur	62.9	30	DG Khan	78.6	30	Sargodha	75.1	31	Sargodha	75.1
31	Kasur	62.5	31	Hafizabad	77.8	31	Muzaffar	74.8	32	Muzaffar	74.8
32	Chakwal	61.1	32	Rajanpur	72.2	32	R. Y. Khan	72.9	33	R. Y. Khan	72.9
33	RY Khan	56.4	33	MuzaffarGarh	69.0	33	Rajanpur	62.9	34	Rajanpur	62.9
34	Layyah	43.6	34	Bahawalpur	64.0	34	DG Khan	55.2	35	DG Khan	55.2

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 6 presents inter-provincial data for the children under 5 years of age suffering from Diarrhea in the past 30 days. The minimum number of children suffering from diarrheas found in Sindh followed by Baluchistan, KPK and Punjab.

Table 7 shows inter-provincial and intra-provincial data of ever married women aged 15 – 49 years who had given birth in the last three years and who had attended at least one pre-natal consultation during the last pregnancy for the year 2007-08. The maximum health consultation was reported in Sindh followed by Punjab, KPK and Baluchistan. The %age of availability of health facilities also vary among five quintiles for all the four provinces

Table 8 shows intra-province, district ranking in immunization for the Punjab. The top five and bottom five

districts have been selected. The analysis of data for the year 2008-09 shows that top five districts in immunization of children aged 12-23 months in the Punjab are Nankana S, Gujrat, Chakwal, Jehlum and Khushab with 100%, 98%, 97.6%, 97.2% and 96.7% immunization rates, respectively. While the five bottom districts are Sargodha, MuzafarGarh, R. Y. Khan, Rajanpur and DG Khan, with immunization rates of 75.1%, 74.8%, 72.9%, 62.9% and 55.2%, respectively. District Nankana S is the highest in immunization ranking with 100% immunization rate while district DG Khan is the lowest in the ranking with 55.2% rate.

Table 9: Sindh: Intra-Province ranking Immunization 12-23 months

1998			2005			2008-09-A			2008-09-B		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Larkana	69.8	1	Hyderabad	87.9	1	Karachi	87.4	1	Kashmore	92.7
2	N Feroz	65.0	2	N Feroz	87.6	2	Nowshero	83.1	2	Matiari	90.5
3	Karachi	64.3	3	Karachi	83.4	3	Hyderabad	79.2	3	Karachi	87.4
4	Sanghar	63.7	4	Shikarpur	82.9	4	Larkana	75.9	4	Hyderabad	86.9
5	Hyderabad	63.1	5	Larkana	82.1	5	Dadu	74.6	5	Nowshero	83.1
12	Nawabshah	54.5	12	Khairpur	61.7	12	Thatta	49.1	18	Sanghar	49.0
13	Tharparkar	53.6	13	Tharparkar	53.6	13	Sanghar	49.0	19	Shikarpur	46.9
14	Thatta	51.9	14	Nawabshah	51.5	14	Shikarpur	46.9	20	Nawabshah	45.6
15	Ghotki	51.8	15	Sanghar	45.8	15	Nawabshah	45.6	21	Jacobabad	41.7
16	Badin	43.6	16	Jacobabad	35.2	16	Tharparkar	33.1	22	Tharparkar	33.1

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 10: KPK: Intra-Province ranking Immunization 12-23 months

1998			2005			2008-09		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Chitral	87.5	1	Chitral	100.0	1	Malakand	93.4
2	Peshawar	82.6	2	Abbottabad	92.6	2	Swat	89.4
3	Mardan	79.4	3	Swat	90.8	3	Nowshera	89.0
4	Abbottabad	79.2	4	Charsada	90.1	4	Charsada	88.6
5	Lower Dir	76.3	5	Swabi	88.3	5	Chitral	88.5
20	Malakand	49.9	20	Kohat	59.2	20	Shangla	51.7
21	Tank	49.8	21	Bonair	56.3	21	Karak	50.8
22	Battagram	49.6	22	LakkiMarwat	55.9	22	Battagram	47.9
23	Kohistan	48.0	23	Shangla	54.8	23	Kohistan	33.5
24	Shangla	25.3	24	Kohistan	48.2	24	Lakki Mar	33.2

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 9 shows intra-province, district ranking in immunization for Sindh. The analysis of data for the top five and bottom five districts for the year 2008-09 shows that top five districts in immunization of children aged 12-23 months in Sindh are Kashmore, Matiari, Karachi, Hyderabad and Nowshero with 92.7%, 90.5%, 87.4%, 86.9% and 83.1% immunization rates, respectively. While the five bottom districts are Sanghar, Shikarpur, Nawabshah, Jacobabad and

Tharparkar, with immunization rates of 49%, 46.9%, 45.6%, 41.7% and 33.1%, respectively. District Kashmore is the highest in immunization ranking with 92.7% immunization rate while district Tharparkar is the lowest in the ranking with 33.1% rate in Sindh province.

Table 11: Balochistan: Intra-Province ranking Immunization 12-23 months

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Ziarat	84.0	1	Gwadar	96.5	1	Ziarat	76.4	1	Ziarat	76.4
2	Quetta	71.7	2	Zhob	88.5	2	Quetta	72.9	2	Quetta	72.9
3	Kech	68.9	3	Ziarat	83.7	3	Barkhan	68.4	3	DeraBugti	70.7
4	Gwadar	66.0	4	Quetta	76.0	4	Loralai	67.7	4	Barkhan	68.4
5	Panjgur	65.6	5	Kalat	75.9	5	QillaSaifullah	62.6	5	Loralai	67.7
20	QillaSaifullah	39.3	20	Musa Khel	48.3	20	Qilla Abdullah	26.4	24	Chagai	20.0
21	Musa Khel	37.9	21	Barkhan	44.8	21	Nasirabad	26.0	25	Washuk	17.9
22	Awaran	36.2	22	Qilla Abdullah	41.3	22	Mastung	17.3	26	Mastung	17.3
23	Sibbi	31.5	23	Jaffarabad	32.5	23	Khuzdar	10.7	27	Khuzdar	10.7
24	JhalMagsi	29.6	24	QillaSaifullah	27.9	24	Awaran	0.0	28	Awaran	0.0

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 10 shows intra-province, district ranking in immunization for KPK province. The analysis of data for the top five and bottom five districts for the year 2008-09 shows that top five districts in immunization of children aged 12-23 months in KPK are Malakand, Swat, Nowshera, Charsada and Chitral with 93.4%, 89.4%, 89%, 88.6% and 88.5% immunization rates, respectively. While the five bottom districts are Shangla, Karak, Battagram, Kohistan and LakkiMarwat, with immunization rates of 51.7%, 50.8%, 47.9%, 33.5% and 33.2%, respectively. District Malakand is the highest in immunization ranking with 93.4% immunization rate while district LakkiMarwat is the lowest in the ranking with 33.2% rate in KPK province.

Table 11 shows intra-province, district ranking in immunization for Balochistan province. The top five districts in immunization of children aged 12-23 months in Balochistan are Ziarat, Quetta, DeraBugti, Barkhan and Loralai with 76.4%, 72.9%, 70.7%, 68.4% and 67.7% immunization rates, respectively. While the five bottom districts are Chagai, Washuk, Mastung, Khuzdar and Awaran, with immunization rates of 20%, 17.9%, 17.3%, 10.7% and 0%, respectively. District Ziarat is the highest in immunization ranking with 76.4% immunization rate while district Awaran is the lowest in the ranking with 0% immunization in Baluchistan.

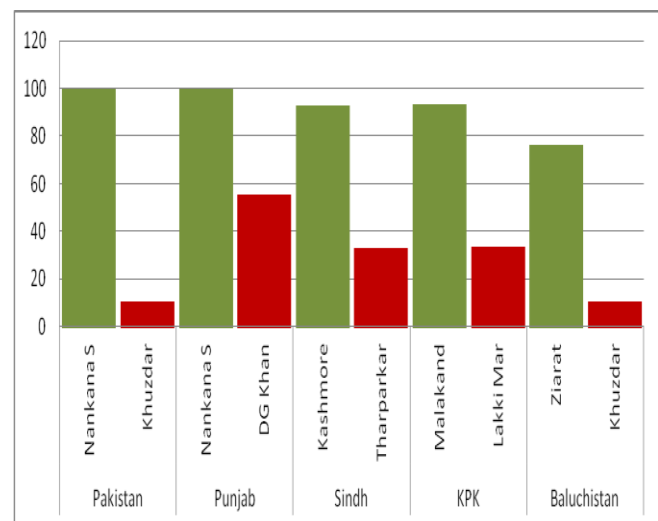
Table 12 shows data for national district ranking in immunization for top ten and bottom ten districts of Pakistan. Data for the year 2008-09 reveals that Nankana S, Gujrat, Chakwal, Jehlum, Khushab, Sialkot, Bahakhar, Narowal, M. Bahuddin and Malakand are the top ten districts in immunization ranking in Pakistan with rates 100%, 98%, 97.6%, 97.2%, 96.7%, 95.4%, 94.4%, 94.4%, 93.5% and 93.4%, respectively. While the bottom ten districts are Lakhi Mar, Tharparkar, Kalat, Qilla Abdullah, Nasirabad, Chagai, Washuk, Mastung, Khuzdar and Awaran with the immunization rates of 33.2%, 33.1%, 28.1%, 26.4%, 26.0%, 20%, 17.9%, 17.3%, 10.7% and 0.0%, respectively. Nankana S is the highest in immunization ranking with 100.0% immunization while district Awaran is the lowest in the national ranking with 0% immunization.

The figure 1 provides a comparative picture of highest and lowest ranked districts in Pakistan and Provinces regarding immunization of the children. It can clearly be seen that

there exists huge disparities not only at National level but also at provincial level regarding immunization

Access to basic civic facilities-Safe Drinking Water and Sanitation

Access to safe drinking water and sanitation facilities are among the most important civic facilities for the population as, it provides good health and ensures economic benefits. Safe drinking water and basic sanitation is of crucial importance to the

Figure 1 Immunization 12-23 months

preservation of human health, especially among children. Water-related diseases are the most common cause of illness and death among the poor of developing countries. Households with improved services suffer less morbidity and mortality from water-related diseases (WHO). Table 13 shows intra-province, district ranking in water supply for the Punjab. The top five and bottom five districts have been selected. The analysis of data for the year 2008-09 shows that top five districts in water supply in Punjab are Layyah, Gujranwala, Gujrat, Lahore and M. Bahaudin with 100%, 99.9%, 99.9%, 99.8%, and 99.8% population with water supply respectively. While the five bottom districts are Rawalpindi, Faisalabad, Rajanpur, D. G. Khan and Attock with water supply availability rates of 84.2%, 83.4%, 77.8%, 74.4% and 71.8% respectively. District Layyah is the highest

in water supply for 100% population while district Attock is the lowest in the ranking with 71.8% rate.

Table 14 shows intra-province, district ranking in water supply for Sindh. The analysis of data for the year 2008-09 shows that top five districts in water supply are N. Feroz, Larkana, Kashmore, Shikarpur and Tando Mohammad Khan with 100%, 100%, 100%, 99.6%, and 99.5% population with

water supply respectively. While the five bottom districts are with water supply availability rates of 87.1%, 81%, 61.8%, 56.7% and 8.7% are Jacobabad, Jamshoro, Thatta, Mir PurKhas and tharparkar, respectively. District N Feroz is the highest in water supply for 100% population while district Tharparkar is the lowest in the ranking with 8.7% rate.

Table 12: Pakistan: National ranking Immunization 12-23 months

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Chitral	87.5	1	Chitral	100.0	1	Gujrat	98.0	1	Nankana S	100.0
2	Jhelum	86.4	2	Jhelum	99.2	2	Chakwal	97.6	2	Gujrat	98.0
3	Rawalpindi	86.2	3	Sialkot	97.7	3	Jhelum	97.2	3	Chakwal	97.6
4	Ziarat	84.0	4	Gwadar	96.5	4	Khushab	96.7	4	Jhelum	97.2
5	Sahiwal	83.0	5	Khushab	96.5	5	Sialkot	95.4	5	Khushab	96.7
6	Peshawar	82.6	6	Attock	95.4	6	Bhakhar	94.4	6	Sialkot	95.4
7	Attock	82.1	7	Chakwal	94.3	7	Narowal	94.4	7	Bhakhar	94.4
8	Okara	80.0	8	Gujrat	93.7	8	M. Bahauddin	93.5	8	Narowal	94.4
9	Gujrat	79.4	9	Mianwali	93.4	9	Malakand	93.4	9	M. Bahauddin	93.5
10	Mardan	79.4	10	Bahawalnagar	93.1	10	Attock	92.8	10	Malakand	93.4
89	Bolan	46.9	89	Sibbi	50.2	89	Lakki Mar	33.2	100	Lakki Mar	33.2
90	Badin	43.6	90	Chagai	48.8	90	Tharparkar	33.1	101	Tharparkar	33.1
91	Layyah	43.6	91	Musa Khel	48.3	91	Kharan	28.9	102	Kalat	28.1
92	Khuzdar	42.7	92	Kohistan	48.2	92	Chagai	28.3	103	Qilla Abdullah	26.4
93	QillaSaifullah	39.3	93	Sanghar	45.8	93	Kalat	28.1	104	Nasirabad	26.0
94	Musa Khel	37.9	94	Barkhan	44.8	94	Qilla Abdullah	26.4	105	Chagai	20.0
95	Awaran	36.2	95	Qilla Abdullah	41.3	95	Nasirabad	26.0	106	Washuk	17.9
96	Sibbi	31.5	96	Jacobabad	35.2	96	Mastung	17.3	107	Mastung	17.3
97	JhalMagsi	29.6	97	Jaffarabad	32.5	97	Khuzdar	10.7	108	Khuzdar	10.7
98	Shangla	25.3	98	QillaSaifullah	27.9	98	Awaran	0.0	109	Awaran	0.0

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 13: Punjab: Intra-Province ranking Water Supply

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Gujranwala	99.5	1	Sheikhupura	99.9	1	Layyah	100.0	1	Layyah	100.0
2	MandiBahuddin	99.4	2	Narowal	99.9	2	Gujranwala	99.9	2	Gujranwala	99.9
3	Layyah	99.3	3	Layyah	99.8	3	Gujrat	99.9	3	Gujrat	99.9
4	Hafizabad	99.2	4	Gujranwala	99.8	4	Lahore	99.8	4	Lahore	99.8
5	Narowal	99.0	5	Bhakhar	99.7	5	M. Bahaudin	99.8	5	M. Bahaudin	99.8
30	Rajanpur	80.4	30	Mianwali	89.0	30	Rawalpindi	84.2	31	Rawalpindi	84.2
31	Chakwal	70.2	31	DG.Khan	86.2	31	Faisalabad	83.4	32	Faisalabad	83.4
32	Jhelum	68.7	32	Jhelum	85.9	32	Rajanpur	77.8	33	Rajanpur	77.8
33	Rawalpindi	57.3	33	Attock	77.8	33	D. G. Khan	74.4	34	D. G. Khan	74.4
34	Attock	54.0	34	Rawalpindi	75.0	34	Attock	71.8	35	Attock	71.8

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 14: Sindh: Intra-Province ranking Water Supply

1998			2005			2008-09-A			2008-09-B		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Shikarpur	98.2	1	Shikarpur	99.7	1	N Feroz	100.0	1	N Feroz	100.0
2	Jacobabad	97.1	2	Ghotki	99.6	2	Shikarpur	99.6	2	Larkana	100.0
3	Ghotki	96.8	3	Hyderabad	99.0	3	Khairpur	99.5	3	Kashmore	100.0
4	N Feroz	94.9	4	N Feroz	99.0	4	Nawabshah	99.4	4	Shikarpur	99.6
5	Nawabshah	94.5	5	Nawabshah	98.9	5	Hyderabad	99.0	5	Tando Mohammad Khan	99.5
12	Dadu	68.9	12	Badin	88.0	12	Karachi	93.0	18	Jacobabad	87.1
13	Mirpurkhas	49.5	13	Dadu	73.7	13	Dadu	85.9	19	Jamshoro	81.0
14	Badin	41.4	14	Thatta	64.0	14	Thatta	61.8	20	Thatta	61.8
15	Thatta	40.3	15	Mirpurkhas	58.2	15	Mir PurKhas	56.7	21	Mir PurKhas	56.7
16	Tharparkar	4.2	16	Tharparkar	28.3	16	Tharparkar	8.7	22	Tharparkar	8.7

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 15 shows intra-province, district ranking in water supply for KPK. The top five districts in water supply in KPK are Bannu, Peshawar, Mardan, Swat and D. I. Khan with 95.6%, 88.4%, 85.5%, 84.2%, and 84% population with water supply respectively. While the five bottom districts are Lower Dir, Mansehra, Chitral, Shangla and Kohistan with

water supply availability rates of 60.8%, 57.5%, 52.6%, 36.1% and 8.5% respectively. District Bannu is the highest in water supply for 95.6% population while district Kohistan is the lowest in the ranking with 8.5% rate.

Table 15: KPK: Intra-Province ranking Water Supply

1998			2005			2008-09		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Bannu	72.8	1	Bannu	93.6	1	Bannu	95.9
2	D.I.Khan	70.4	2	D.I.Khan	87.8	2	Peshawar	88.4
3	Peshawar	66.3	3	Peshawar	84.5	3	Mardan	85.5
4	Haripur	66.1	4	Nowshera	82.8	4	Swat	84.2
5	Abbottabad	64.0	5	LakkiMarwat	82.6	5	D. I. Khan	84.0
20	Swabi	33.8	20	Chitral	49.1	20	Lower Dir	60.8
21	Charsada	33.4	21	Battagram	48.9	21	Mansehra	57.5
22	Hangu	31.8	22	Upper Dir	38.6	22	Chitral	52.6
23	Shangla	27.2	23	Kohistan	28.9	23	Shangla	36.1
24	Kohistan	14.0	24	Shangla	19.5	24	Kohistan	8.5

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 16: Balochistan: Intra-Province ranking Water Supply

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Quetta	85.8	1	Quetta	84.7	1	Gwadar	77.0	1	Gwadar	77.0
2	Qilla Abdullah	57.7	2	Pishin	62.7	2	Quetta	75.2	2	Quetta	75.2
3	Pishin	54.3	3	Awaran	60.2	3	Pishin	63.0	3	Naushki	64.9
4	Gwadar	52.6	4	Jaffarabad	60.2	4	Sibbi	56.2	4	Pishin	63.0
5	Chagai	41.3	5	Mastung	58.7	5	Khuzdar	54.3	5	Kharan	59.8
20	Khuzdar	16.3	20	Kech	32.4	20	JhalMagsi	16.1	24	Ziarat	13.1
21	Barkhan	15.9	21	Panjgur	22.4	21	Barkhan	14.3	25	Awaran	11.1
22	JhalMagsi	13.0	22	JhalMagsi	22.0	22	Ziarat	13.1	26	Kohlu	6.8
23	Musakhel	11.6	23	Musakhel	17.3	23	Awaran	11.1	27	Washuk	3.5
24	Panjgur	3.4	24	Ziarat	11.2	24	Musa Khel	0.7	28	Musa Khel	0.7

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 17: Pakistan: National ranking Water Supply

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Gujranwala	99.5	1	Sheikhupura	99.9	1	N Feroz	100.0	1	Kashmore	100.0
2	MandiBahuddin	99.4	2	Narowal	99.9	2	Layyah	100.0	2	Layyah	100.0
3	Leyyah	99.3	3	Leyyah	99.8	3	Gujranwala	99.9	3	N Feroz	100.0
4	Hafizabad	99.2	4	Gujranwala	99.8	4	Gujrat	99.9	4	Larkana	100.0
5	Narowal	99	5	Bakhar	99.7	5	Lahore	99.8	5	Gujranwala	99.9
6	MuzaffarGarh	98.9	6	Lahore	99.7	6	M. Bahaudin	99.8	6	Gujrat	99.9
7	Lahore	98.8	7	Kasur	99.7	7	MuzaffarGarh	99.7	7	Lahore	99.8
8	Sheikhupura	98.8	8	Shikarpur	99.7	8	Shikarpur	99.6	8	M. Bahaudin	99.8
9	Sialkot	98.7	9	Ghotki	99.6	9	Khairpur	99.5	9	MuzaffarGarh	99.7
10	Bakhar	98.5	10	Sialkot	99.6	10	Hafizabad	99.5	10	Nankana Sahib	99.6
89	Bolan	20.8	89	Upper Dir	38.6	89	Bolan/Kachhi	27.0	98	Mastung	25.9
90	Ziarat	19.8	90	Bolan	33.3	90	Mastung	25.9	99	Chagai	19.5
91	Nasirabad	19.8	91	Kech	32.4	91	QillaSaifullah	18.7	100	QillaSaifullah	18.7
92	Khuzdar	16.3	92	Kohistan	28.9	92	JhalMagsi	16.1	101	JhalMagsi	16.1
93	Barkhan	15.9	93	Tharparkar	28.3	93	Barkhan	14.3	102	Barkhan	14.3
94	Kohistan	14	94	Panjgur	22.4	94	Ziarat	13.1	103	Ziarat	13.1
95	JhalMagsi	13	95	JhalMagsi	22	95	Awaran	11.1	104	Awaran	11.1
96	Musakhel	11.6	96	Shangla	19.5	96	Tharparkar	8.7	105	Tharparkar	8.7
97	Tharparkar	4.2	97	Musakhel	17.3	97	Kohistan	8.5	106	Kohistan	8.5
98	Panjgur	3.4	98	Ziarat	11.2	98	Musa Khel	0.7	107	Kohlu	6.8

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 18: Punjab: Intra-Province ranking Sanitation

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Lahore	87.0	1	Lahore	95.4	1	Lahore	96.6	1	Lahore	96.6
2	Gujranwala	64.7	2	Gujranwala	89.6	2	Gujranwala	93.2	2	Gujranwala	93.2
3	Rawalpindi	64.7	3	Rawalpindi	86.0	3	Rawalpindi	88.9	3	Rawalpindi	88.9
4	Faisalabad	57.9	4	Sialkot	83.2	4	Kasur	85.9	4	Sheikhupura	87.7
5	Sialkot	50.6	5	Sheikhupura	80.4	5	Gujrat	84.6	5	Kasur	85.9
30	Layyah	22.5	30	Khushab	52.6	30	Bahawalnager	47.2	31	Bahawalnager	47.2
31	Bakhar	22.0	31	Lodhran	51.6	31	Jhang	46.0	32	Jhang	46.0
32	Narawal	21.9	32	Jhang	50.5	32	Layyah	44.5	33	Layyah	44.5
33	Rajanpur	20.9	33	Okara	49.7	33	D. G. Khan	40.3	34	D. G. Khan	40.3
34	MuzaffarGarh	18.9	34	MuzaffarGarh	39.5	34	Rajanpur	19.3	35	Rajanpur	19.3

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 19: Sindh: Intra-Province ranking Sanitation

1998			2005			2008-09-A			2008-09-B		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Karachi	95.8	1	NowsheroFeroze	98.3	1	Karachi	98.6	1	Karachi	98.6
2	Larkana	73.3	2	Larkana	97.6	2	NowsheroFeroz	96.8	2	NowsheroFeroz	96.8
3	Hyderabad	71.4	3	Nawabshah	96.0	3	Hyderabad	83.8	3	Hyderabad	96.3
4	NowsheroFeroze	71.0	4	Karachi	95.1	4	Dadu	77.3	4	Larkana	83.2
5	Dadu	67.2	5	Sanghar	94.9	5	Nawabshah	75.9	5	Dadu	80.4
12	Sanghar	43.7	12	Khairpur	72.1	12	Badin	51.4	18	Khairpur	44.7
13	Badin	43.4	13	Badin	70.0	13	Khairpur	44.7	19	Kashmore	39.4
14	Jacobabad	35.6	14	Thatta	63.9	14	Jacobabad	39.1	20	Jacobabad	38.8
15	Ghotki	26.7	15	Mirpurkhas	50.0	15	Tharparkar	37.5	21	Tharparkar	37.5
16	Tharparkar	22.1	16	Tharparkar	33.2	16	Thatta	32.2	22	Thatta	32.2

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 16 shows intra-province, district ranking in water supply for Balochistan. The top five districts in water supply in Balochistan are Gawadar, Quetta, Naushki, Pishin and Kharan with 77.0%, 75.2%, 64.9%, 63%, and 59.8% population with availability of water supply respectively. While the five bottom districts are Ziarat, Awaran, Kohlu, Washuk and Musa Khel with water supply availability rates of 13.1%, 11.1%, 6.8%, 3.5% and 0.7% respectively. District Gawadar is the highest in water supply for 77.0% population while district Musa Khel is the lowest in the ranking with 0.7% rate.

Table 17 shows overall district ranking in water supply for Pakistan. The top ten districts in water supply are Kashmore, Layyah, N Feroz, Larkana, Gujranwala, Gujrat, Lahore, M. Bahauddin, MuzaffarGarh and Nankana Sahib with 100% water supply for the first five districts and with 99.9%, 99.9%, 99.8%, 99.7%, 99.6% for the remaining five districts, respectively with availability of water supply. While the Ten bottom districts are QillaSaifullah, JhalMagsi, Barkhan, Ziarat, Awaran, Tharparkar, Kohistan, Kohlu, Washuk and Musa Khel with water supply availability rates of 18.7%, 16.1%, 14.3%, 13.1%, 11.1%, 8.7%, 8.5%, 6.8%, 3.5% and 0.7% respectively. District Kashmore is the highest in water supply for 100% population while district Musa Khel is the lowest in the ranking with 0.7% rate in Pakistan

Figure 2 reveals that there exist huge disparities not only at National level but also at provincial level regarding access to

safe drink water. These disparities are at extreme in Baluchistan where 77 % of the population of Gawadar have access to safe drinking water while mere 0.7 % of the MauseaKhel population have access to safe drinking water. Table 18 shows intra-province, district ranking in Sanitation for the Punjab. The top five and bottom five districts have been selected. The analysis of data for the year 2008-09 shows that top five districts in the sanitation facility in Punjab are Lahore, Gujranwala, Rawalpindi, Sheikhupura and Kasur with 96.6%, 93.2%, 88.9%, 87.7%, and 85.9% population with sanitation facility, respectively. While the five bottom districts are Bahawalnagar, Jhang, Layyah, D. G. Khan and Rajanpur with sanitation availability rates of 47.2%, 46.0%, 44.5%, 40.3% and 19.3% respectively. District Lahore is the highest in sanitation for 96.6% population while district Rajanpur is the lowest in the ranking with 19.3% rate.

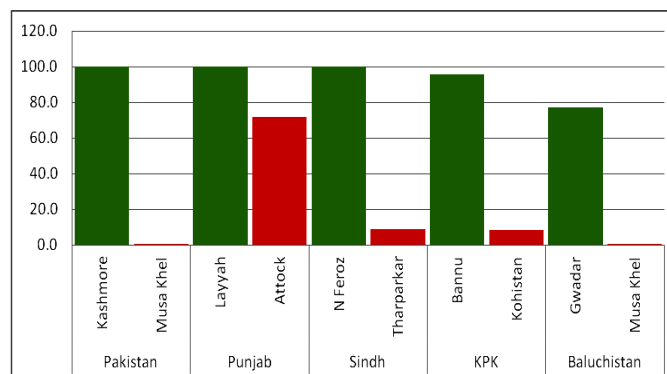


Figure 2: Ranking access to safe drinking Water

Table 19 shows intra-province, district ranking in Sanitation for Sindh. The top five districts in the sanitation facility in Sindh are Karachi, N Feroz, Hyderabad, Larkana and Dadu with 98.6%, 96.8%, 96.3%, 83.2%, and 80.4% population with sanitation facility, respectively. While the five bottom districts are Khaipur, Kashmore, Jaccobabad, Tharparkar and Thatta with sanitation availability rates of 44.7%, 39.4%, 38.8%, 37.5% and 32.2% respectively. District Karachi is the highest in sanitation for 98.6% population while district Thatta is the lowest in the ranking with 32.2% rate.

Table 20 shows intra-province, district ranking in Sanitation for KPK. The top five districts in the sanitation facility in KPK are Peshawar, Chitral, Nowshera, D.I. Khan and Haripur with 92.2%, 86.5%, 85.4%, 83.1%, and 81.7% population with sanitation facility, respectively. While the five bottom districts are Swat, Bonair, LakhiMarwat, Karak and Kohistan with sanitation availability rates of 55.6%, 49%, 46.2%, 41.7% and 40.6% respectively. District Peshawar is the highest in sanitation for 92.2% population while district Kohistan is the lowest in the ranking with 40.6% sanitation rate.

Table 21 shows intra-province, district ranking in Sanitation for Balochistan. The top five districts in the sanitation facility in Balochistan are Quetta, Khuzdar, Pishin, Naushki and Awaran with 94.5%, 93.8%, 89.6%, 86.4%, and 79% population with sanitation facility, respectively. While the five bottom districts are Ziarat, Jafarabad, Musa Khel,

Nasirabad and Kohlu with sanitation facility 23.7%, 16.1%, 15.5%, 13.6% and 13.1%, respectively. District Quetta is the highest in sanitation facility for 94.5% population while district Kohlu is the lowest in the ranking with 13.1% sanitation rate.

Table 22 shows overall ranking of districts in Sanitation for Pakistan. The top ten districts in the sanitation facility in Pakistan are Karachi, N Feroz, Lahore, Hyderabad, Quetta, Khuzdar, Gujranwala, Peshawar, Pishin and Rawalpindi 98.6%, 96.8%, 96.6%, 96.3%, 94.5%, 93.8%, 93.2%, 92.2%, 89.6%, 88.9% population with sanitation facility, respectively. While the ten bottom districts are Tharpakar, Tahtta, Loralai, Washuk, Ziarat, Rajanpur, Jafarabad, Musa Khel, Nasirabad and Kohlu with sanitation facility 37.5%, 32.2%, 31.2%, 24.1%, 23.7%, 19.3%, 16.1%, 15.5%, 13.6% and 13.1%, respectively. District Karachi is the highest in sanitation facility for 98.6% population while district Kohlu is the lowest in the ranking with 13.1% sanitation rate.

V. SUMMARY

The present study has reviewed the situation of regional disparities in access to health and other civic facilities in Pakistan. By using the data of PSLM and Labour force Surveys a comprehensive analysis has been made for the existences of inequalities in attainment of health facilities

Table 20: KPK: Intra-Province ranking Sanitation

1998			2005			2008-09		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Peshawar	73.2	1	Charsada	99.3	1	Peshawar	92.2
2	Mardan	62.1	2	Kohat	99.1	2	Chitral	86.5
3	Charsada	59.2	3	Mardan	98.1	3	Nowshera	85.4
4	Nowshera	57.9	4	Nowshera	94.2	4	D. I. Khan	83.1
5	Bannu	54.0	5	Peshawar	93.0	5	Haripur	81.7
20	Mansehra	20.8	20	Mansehra	50.6	20	Swat	55.6
21	Kohistan	17.6	21	Karak	48.2	21	Bonair	49.0
22	Batagram	15.3	22	Upper Dir	48.0	22	LakhiMarwat	46.2
23	Upper Dir	15.0	23	Batagram	42.1	23	Karak	41.7
24	Shangla	13.6	24	Kohistan	11.7	24	Kohistan	40.6

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 21: Balochistan: Intra-Province ranking Sanitation

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Quetta	94.2	1	Quetta	99.7	1	Quetta	94.5	1	Quetta	94.5
2	Qilla Abdullah	74.3	2	Pishin	98.0	2	Khuzdar	93.8	2	Khuzdar	93.8
3	Pishin	72.9	3	Chagai	95.4	3	Pishin	89.6	3	Pishin	89.6
4	Panigur	71.4	4	Kech	88.7	4	Awaran	79.0	4	Naushki	86.4
5	Mastung	61.1	5	Kharan	85.7	5	Qillah Abdullah	76.0	5	Awaran	79.0
20	Nasirabad	25.8	20	Musa Khel	43.2	20	Loralai	31.2	24	Ziarat	23.7
21	Kharan	23.1	21	Zhob	37.1	21	Ziarat	23.7	25	Jafarabad	16.1
22	Barkhan	21.6	22	JhalMagsi	28.6	22	Jafarabad	16.1	26	Musa Khel	15.5
23	QillaSaifullah	20.8	23	QillaSaifullah	15.9	23	Musa Khel	15.5	27	Nasirabad	13.6
24	Musa Khel	12.9	24	Barkhan	12.2	24	Nasirabad	13.6	28	Kohlu	13.1

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

Table 22: Pakistan: National ranking Sanitation

1998			2005			2008-09-A*			2008-09-B*		
Rank	District	Rate	Rank	District	Rate	Rank	District	Rate	Rank	District	Rate
1	Karachi	95.8	1	Quetta	99.7	1	Karachi	98.6	1	Karachi	98.6
2	Quetta	94.2	2	Charsada	99.3	2	NowsheroFeroz	96.8	2	NowsheroFeroz	96.8
3	Lahore	87.0	3	Kohat	99.1	3	Lahore	96.6	3	Lahore	96.6
4	Qilla Abdullah	74.3	4	NowsheroFeroze	98.3	4	Quetta	94.5	4	Hyderabad	96.3
5	Larkana	73.3	5	Mardan	98.1	5	Khuzdar	93.8	5	Quetta	94.5
6	Peshawar	73.2	6	Pishin	98.0	6	Gujranwala	93.2	6	Khuzdar	93.8
7	Pishin	72.9	7	Larkana	97.6	7	Peshawar	92.2	7	Gujranwala	93.2
8	Hyderabad	71.4	8	Nawabshah	96.0	8	Pishin	89.6	8	Peshawar	92.2
9	Panjur	71.4	9	Chagai	95.4	9	Rawalpindi	88.9	9	Pishin	89.6
10	NowsheroFeroze	71.0	10	Lahore	95.4	10	Chitral	86.5	10	Rawalpindi	88.9
89	Karak	21.0	89	Awaran	44.7	89	D. G. Khan	40.3	100	Tharparkar	37.5
90	Rajanpur	20.9	90	Musa Khel	43.2	90	Jacobabad	39.1	101	Thatta	32.2
91	Mansehra	20.8	91	Battagram	42.1	91	Tharparkar	37.5	102	Loralai	31.2
92	QillaSaifullah	20.8	92	MuzaffarGarh	39.5	92	Thatta	32.2	103	Washuk	24.1
93	MuzaffarGarh	18.9	93	Zhob	37.1	93	Loralai	31.2	104	Ziarat	23.7
94	Kohistan	17.6	94	Tharparkar	33.2	94	Ziarat	23.7	105	Rajanpur	19.3
95	Battagram	15.3	95	JhalMagsi	28.6	95	Rajanpur	19.3	106	Jafarabad	16.1
96	Upper Dir	15.0	96	QillaSaifullah	15.9	96	Jafarabad	16.1	107	Musa Khel	15.5
97	Shangla	13.6	97	Barkhan	12.2	97	Musa Khel	15.5	108	Nasirabad	13.6
98	Musa Khel	12.9	98	Kohistan	11.7	98	Nasirabad	13.6	109	Kohlu	13.1

Source: Calculations based on Pakistan Social and Living standard Measurement (PSLM) surveys (various editions)

, availability of safe drinking water and sanitation in the context of regional development.

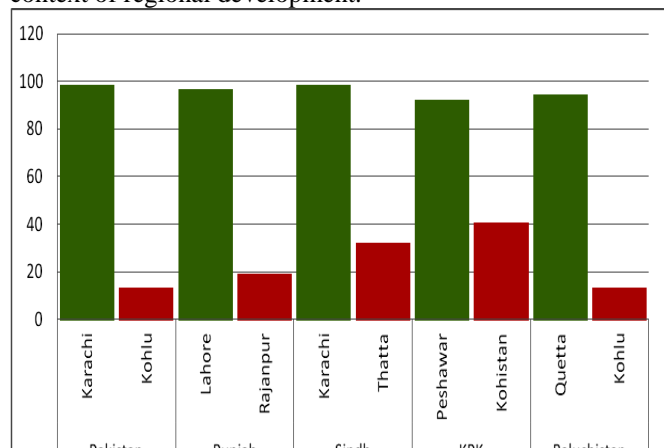


Figure 3 Ranking access to Sanitation facilities

Figure 3 reveals that there exist huge disparities not only at National level but also at provincial level regarding access to sanitation. The availability of health, potable water and sanitation is uneven not only among the provinces but also among various districts within a province. The maximum health consultation was reported in Sindh followed by Punjab, KPK and Baluchistan. The percentage of availability of health facilities also vary among five quintiles for all the four provinces. Nankana Sab is the highest in immunization ranking with 100.0% immunization while district Awaran is the lowest in the national ranking with 0% immunization. In case of water availability, district Kashmir is the highest in water supply for 100% population while district Musa Khel is the lowest in the ranking with only 0.7% population having the availability of potable water in Pakistan. So far as sanitation is concerned, district Karachi is the highest in sanitation facility for 98.6% population while district Kohlu is the lowest in the ranking with 13.1% sanitation rate.

The study concludes that not only overall economic development varies between provinces but there is also considerable inter-provincial variation in the level of economic development and poverty. The government should try to ensure the provision of very basic needs and facilities like health, education, potable water and sanitation to all of the people of the country. Hence there is need that regional disparities may be kept in mind while releasing the fund for the development and districts that are lagged behind may be given priority in the allocation of funds so that they can be able to match the development of other districts.

REFERENCES

- [1] Adams, Richard H. and Jr. Jane He “Sources of Income Inequality and Poverty in Rural Pakistan”, *Research Paper* 102: International Food Policy Research Institute (IFPRI), Washington, D.C. (1995).
- [2] Anwar, Talat “Trends in Inequality in Pakistan between 1998-99 and 2001-02”. *The Pakistan Development Review*, vol. 42, issue 4, pages 809-821(2003).
- [3] Federal Bureau of Statistics, Government of Pakistan, Household Income and Expenditure Survey (HIES) and Pakistan Social and Living Standard Measurement (PSLM), various issues.
- [4] Gazdar, H., “Policy Responses to Economic Inequality in Pakistan” *Policy Brief 3, UNDP*, Pakistan(2009).
- [5] Government of Pakistan, Pakistan Economic Survey (Various issues), Ministry of Finance, Islamabad.
- [6] Hamid, A. and Aisha M Ahmed (2011) “An Analysis of Multi-dimensional Gender Inequality in Pakistan” *Working Paper 07, 2011, Centre for Poverty Reduction and Social Policy Development (CPRSPD)*, Islamabad
- [7] Haq,Rashida, “Trends in Inequality and Welfare in Consumption Expenditure: The Case of Pakistan”.*The*

- Pakistan Development Review*, vol. **37**, issue 4, pages 765-779(1998).
- [8] Haq, Rashida and Uzma Zia, "Dimensions of Well-being and the Millennium Development Goals". *The Pakistan Development Review*, 2008, vol. **47**, issue 4, pages 851-876(2008).
- [9] Jamal, Haroon, "Poverty and Inequality during the Adjustment Decade: Empirical Findings from Household Surveys". *The Pakistan Development Review*, vol. **42**, issue 2, pages 125-135(2003).
- [10] Jamal, Haroon and Amir Jahan khan, "The Changing Profile of Regional Inequality". *The Pakistan Development Review*, vol. **42**, issue 2, pages 113-123(2003).
- [11] MahbubulHaq Human Development Centre, Human Development in South Asia 2007 (A Ten Year Review), Islamabad(2007),
- [12] Nasir, Zafar Mueen and Riaz Mahmood, "Personal Earnings Inequality in Pakistan: Findings from the HIES 1993-94". *The Pakistan Development Review*, vol. **37**, issue 4, pages 781-792(1998).
- [13] Pakistan Millennium Development Goals Report (PMDGR) 2010, CPRSPD, Planning Commission, Government of Pakistan.
- [14] Ministry of Finance, PRSP Secretariat: *Poverty Reduction Strategy Paper, Progress Report for the year. Government of Pakistan*, 2010. www.finance.gov.pk
- [15] The World Bank, World Development Report 2000-01 "Attacking Poverty" Washington, DC.
- [16] The World Bank, "Poverty in Pakistan: Vulnerabilities, Social Gaps and Rural Dynamics," Washington, DC. (2003).
- [17] United Nations Development Programme, Human Development Report (HDR) 2010

Authors Note: These are the author's personal views and do not reflect the views of their affiliated institutions in any respect.

ⁱⁱ Pakistan Economic Survey 2009-10, Government of Pakistan.

ⁱⁱⁱ Pakistan Millennium Development Goals Report (PMDGR) 2010.