GALLUP PAKISTAN
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Gallup Pakistan Analysis of Household Integrated Economic Survey (HIES) 2024-25

Child & Maternal Health

PRESS RELEASE

Gallup Pakistan Analysis of Household Integrated Economic Survey (HIES) 2024-25

Pakistan's Child and Maternal Health Improves (2018–25): Immunization 68→73%, Skilled Births 70→84%, Infant Mortality 57→47%

Islamabad, March 30th, 2026

Findings from the Household Integrated Economic Survey (HIES) 2024–25 (Social Report) show a mixed but directionally positive picture for child and maternal health in Pakistan. On one hand, immunization, ORS use for childhood diarrhea, and skilled birth attendance have improved in several areas since 2018–19. On the other, progress remains uneven: Balochistan continues to lag sharply on immunization, childhood diarrhea incidence has increased, and mortality outcomes remain strongly tied to maternal education, underlining persistent inequality in survival chances for children.

What is the Big Data Analysis Series by Gallup?

Gallup Pakistan's Big Data series was initiated by Bilal I. Gilani, Executive Director of Gallup Pakistan. As he explains: *"Pakistan does not suffer from a lack of data, but from limited accessibility and weak translation of numbers into understanding. Gallup Pakistan bridges this gap by analyzing large, often under-used datasets — from PSLM and Labour Force Surveys to Economic Surveys and National Census data — so these statistics can meaningfully inform policy and public discourse."*

What data points this current edition covers:

This edition draws on HIES 2024–25 (Social Report) indicators covering (i) child immunization for ages 12–23 months using record-based and recall-based approaches; (ii) diarrhoea prevalence among children under 5, consultation behavior, and ORS use; (iii) infant and neonatal mortality rates; (iv) the education gradient in child survival (mortality by mother's education); and (v) maternal delivery care including place of delivery and skilled birth attendance (SBA)—with comparisons against HIES 2018–19 where provided.

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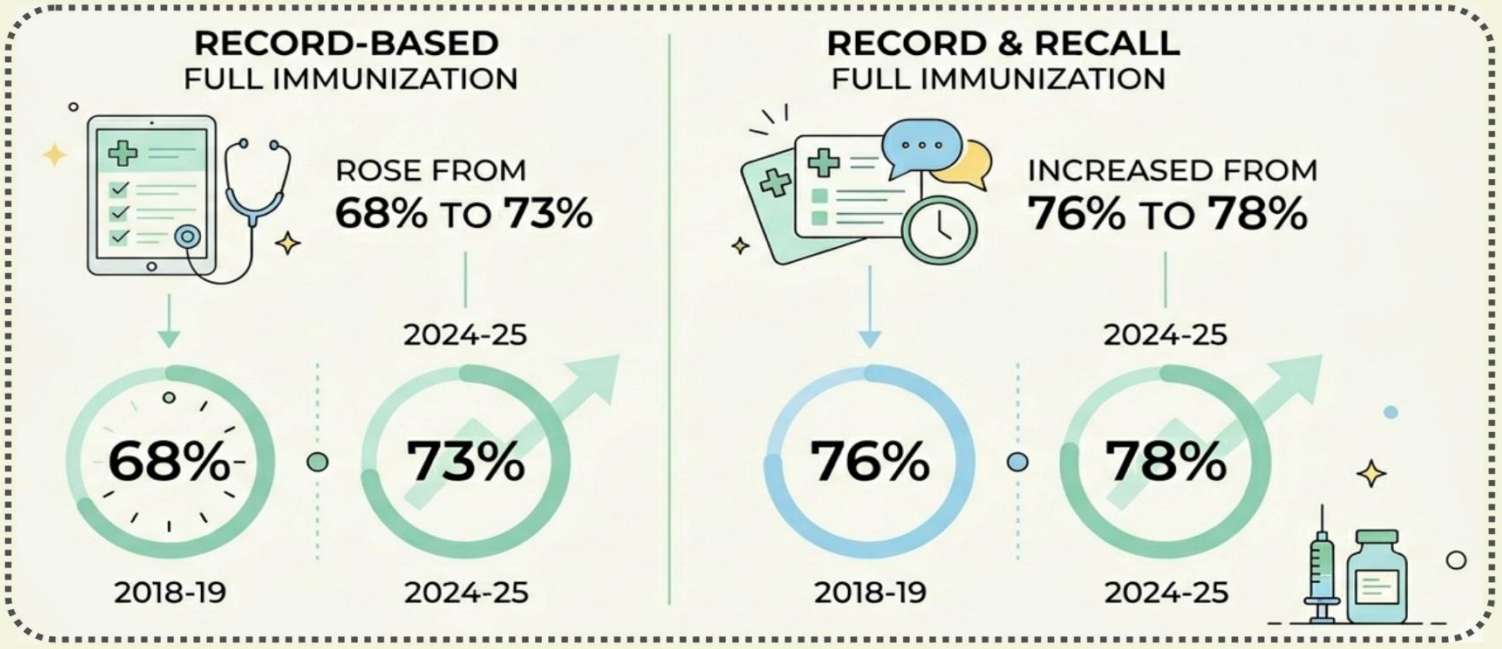
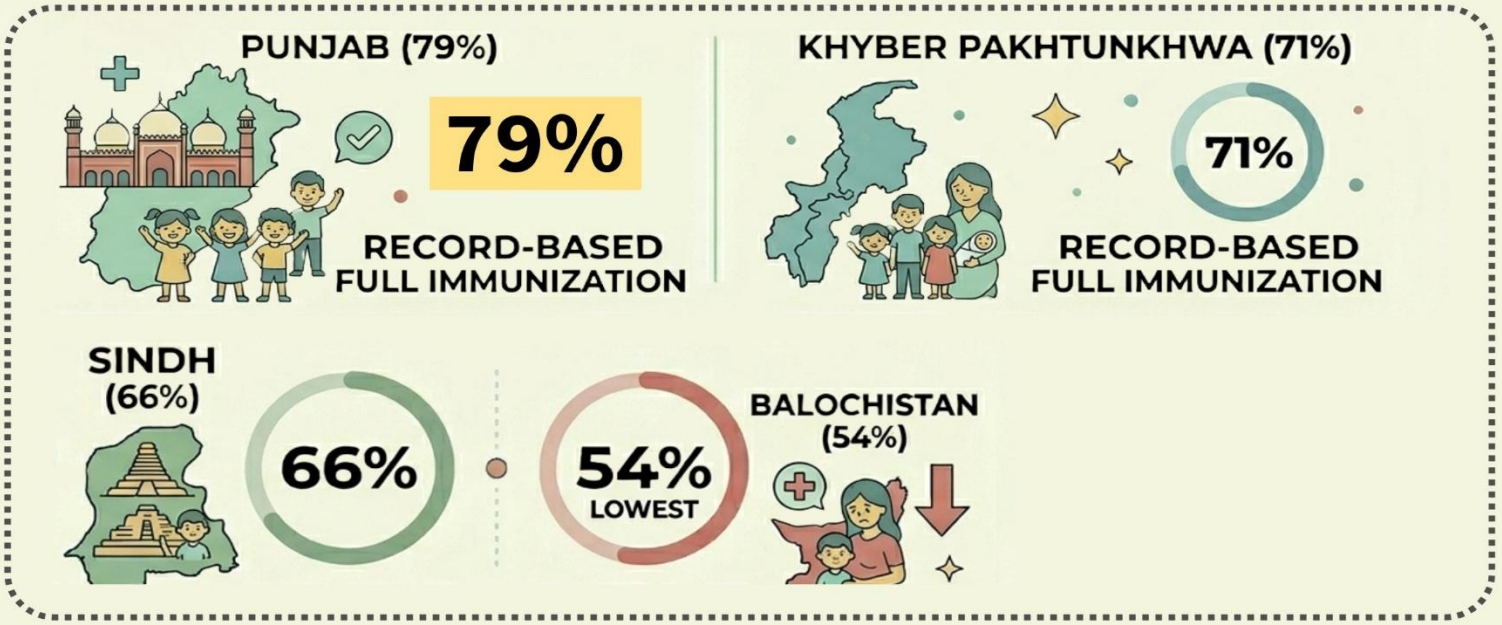


Record-based full immunization (12–23 months) rose to 73% in 2024–25 (from 68% in 2018–19), while record recall full immunization increased to 78% (from 76%).



Provincial gaps remain wide: Punjab (79%) vs Balochistan (54%) in record-based full immunization.

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Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

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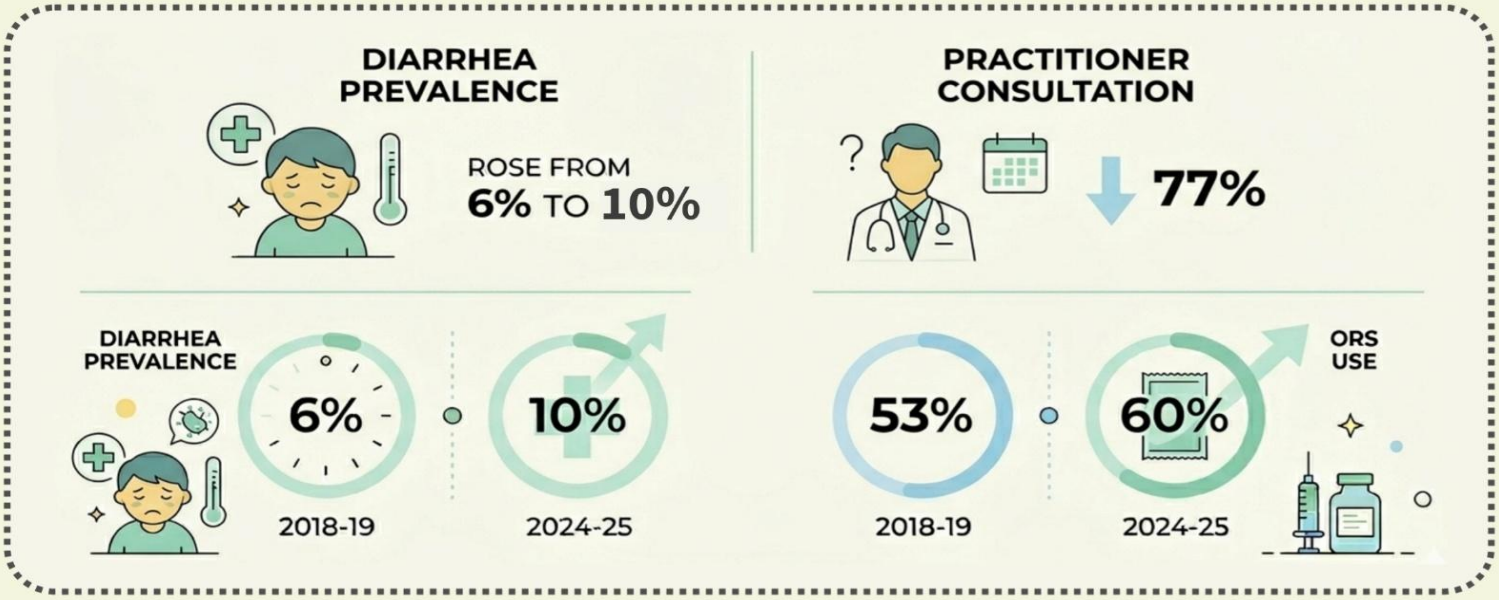

Childhood diarrhea prevalence increased to 10% (from 6%), while practitioner consultation fell to 77% (from 84%)—even as ORS use improved to 60% (from 53%).

Infant mortality declined to 47 per 1,000 live births (from 57), and neonatal mortality declined to 35 per 1,000 (from 41).

Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

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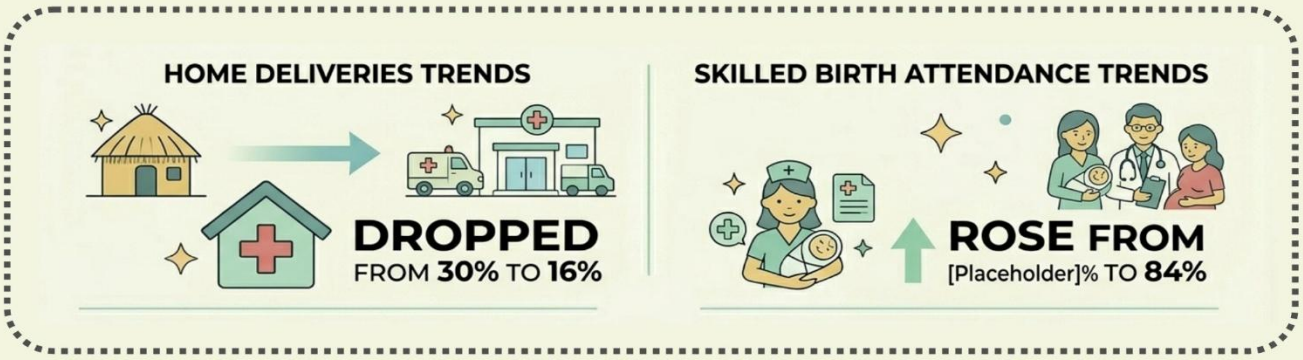
Maternal education is one of the strongest predictors of child survival: IMR is 72 among mothers with no education vs 11 among mothers with higher education.



Home deliveries dropped to 16% (from 30%), and skilled birth attendance rose to 84%, with doctors making up 71% of delivery assistance.

Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

Key Findings:

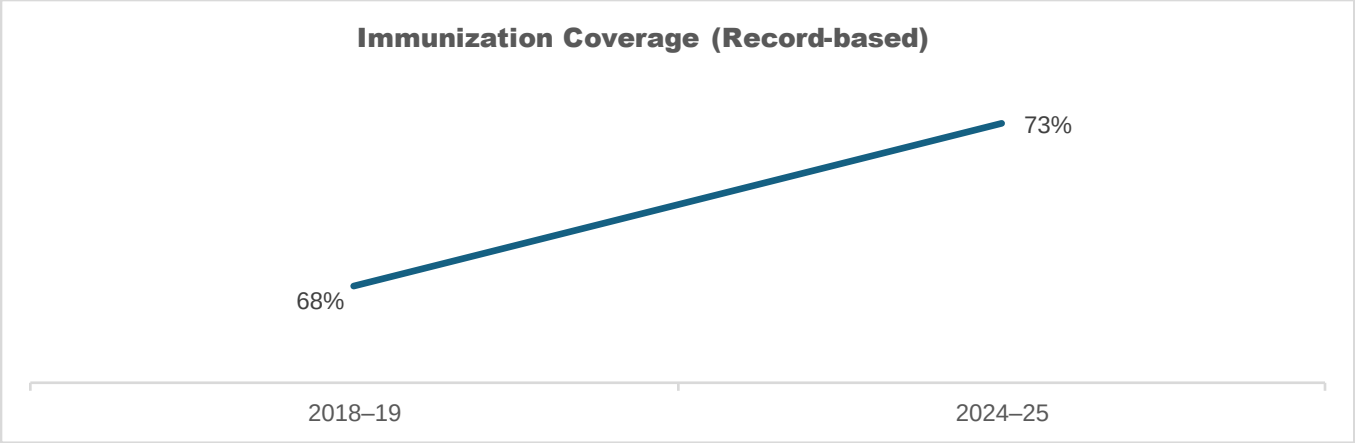
1. Record-based full immunization (12–23 months) rose to 73% in 2024–25 (from 68% in 2018–19), while record recall full immunization increased to 78% (from 76%).
2. Provincial gaps remain wide: Punjab (79%) vs Balochistan (54%) in record-based full immunization.
3. Childhood diarrhea prevalence increased to 10% (from 6%), while practitioner consultation fell to 77% (from 84%)—even as ORS use improved to 60% (from 53%).
4. Infant mortality declined to 47 per 1,000 live births (from 57), and neonatal mortality declined to 35 per 1,000 (from 41).
5. Maternal education is one of the strongest predictors of child survival: IMR is 72 among mothers with no education vs 11 among mothers with higher education.
6. Home deliveries dropped to 16% (from 30%), and skilled birth attendance rose to 84%, with doctors making up 71% of delivery assistance

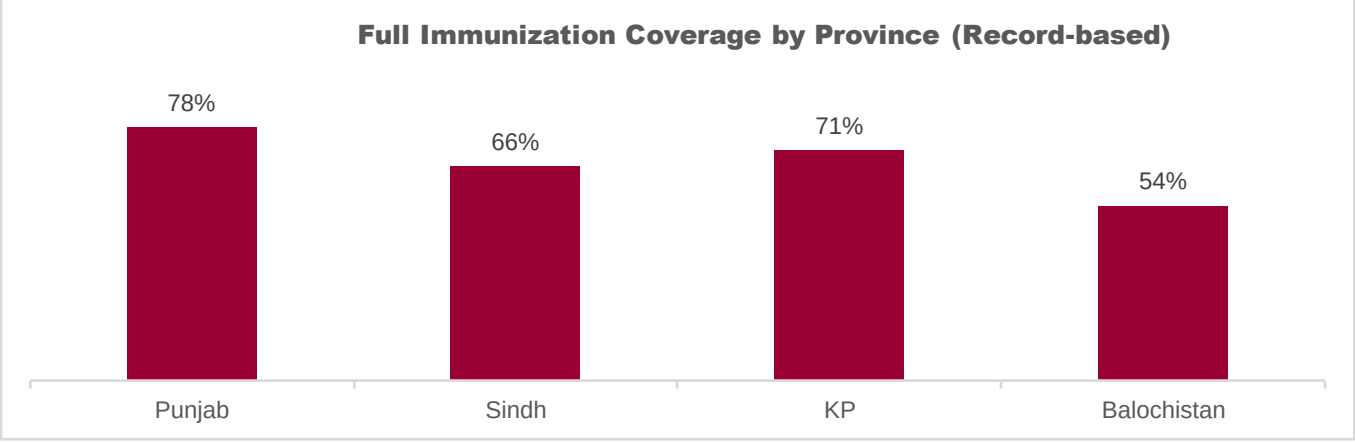
1. Immunization Coverage Gaps (12–23 Months): Progress, But Record–Recall and Provincial Inequality Remain

Immunization estimates in HIES 2024–25 are reported using two approaches: record-based coverage (from immunization cards) and recall-based coverage (from caregiver reporting). This matters because card availability can underestimate coverage if records are missing, while recall can over/under-report due to memory gaps—so the report uses both to provide a fuller picture.

At the national level, record-based full immunization increased to 73% (from 68% in 2018–19). The rise is driven mainly by rural improvement (72% from 63%), while urban record-based coverage shows a small decline (75% from 76%). When recall is included alongside records, full immunization rises to 78% (from 76%), showing that some coverage is "invisible" when cards are missing. However, the biggest story is inequality. Punjab's record-based full immunization is 79%, while Balochistan is only 54%, a gap large enough to imply very different disease-risk environments for children depending on where they are born. Sindh (66%) and KP (69%) sit in between, but also remain below Punjab. Even "at least one immunization" is lower in Balochistan (85%) compared to Pakistan overall (96%), highlighting that the challenge is not only completion—but also reaching children at all.

The province-by-region breakdown also suggests that within-province inequality matters: for example, Sindh urban record-based full immunization is 73% vs 60% rural, pointing to access and outreach gaps that persist even when overall averages appear moderate. In Balochistan, rural record-based full immunization is 51% (vs 58% urban), reinforcing the compounding disadvantage of remoteness.





***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

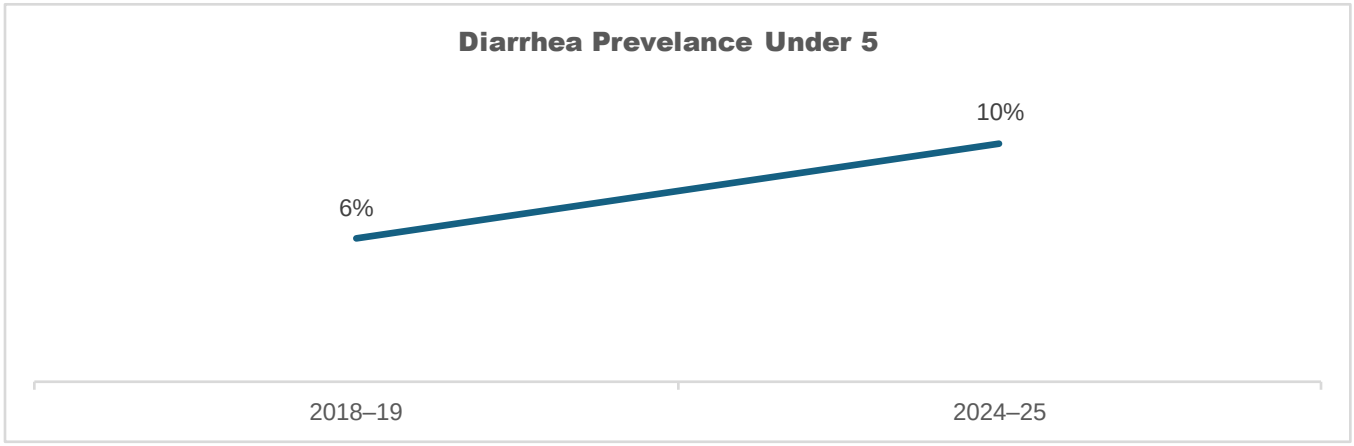
2. Diarrhea Management (Under 5): Rising Incidence, Lower Consultation, Higher ORS Use

HIES 2024–25 reports a clear warning sign: the share of under-5 children with diarrhea in the last 15 days increased to 10%, up from 6% in 2018–19. This rise points to persistent weaknesses in water, sanitation, hygiene, and prevention, and increases the burden on households—especially poorer families—through lost time, care costs, and heightened malnutrition risk during illness episodes.

At the same time, care-seeking behavior has shifted. The percentage of diarrhea cases where a practitioner was consulted fell to 77% (from 84%). The report interprets this decline partly as households treating diarrhea at home—especially as ORS becomes more commonly used. But it can also reflect barriers to access, especially in remote areas, where delaying care can become dangerous if dehydration becomes severe.

A positive counter-trend is improved ORS use, which increased to 60% nationally (from 53%). The increase appears across both urban (64% from 57%) and rural (58% from 51%), suggesting wider diffusion of basic treatment knowledge and/or improved availability. Still, this also implies that 40% of diarrhea cases are not receiving ORS, leaving a large preventable risk window.

Finally, treatment sources show the system mix: private consultations (46%) slightly exceed government facilities (41%), implying that many households still rely on the private sector even for common childhood illness—while distance and availability remain key barriers to using government facilities.



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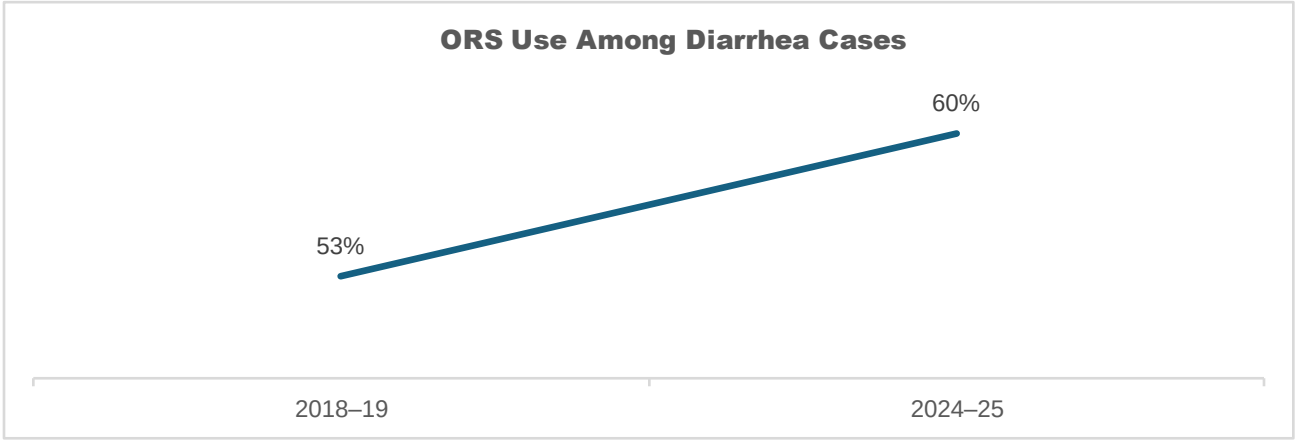
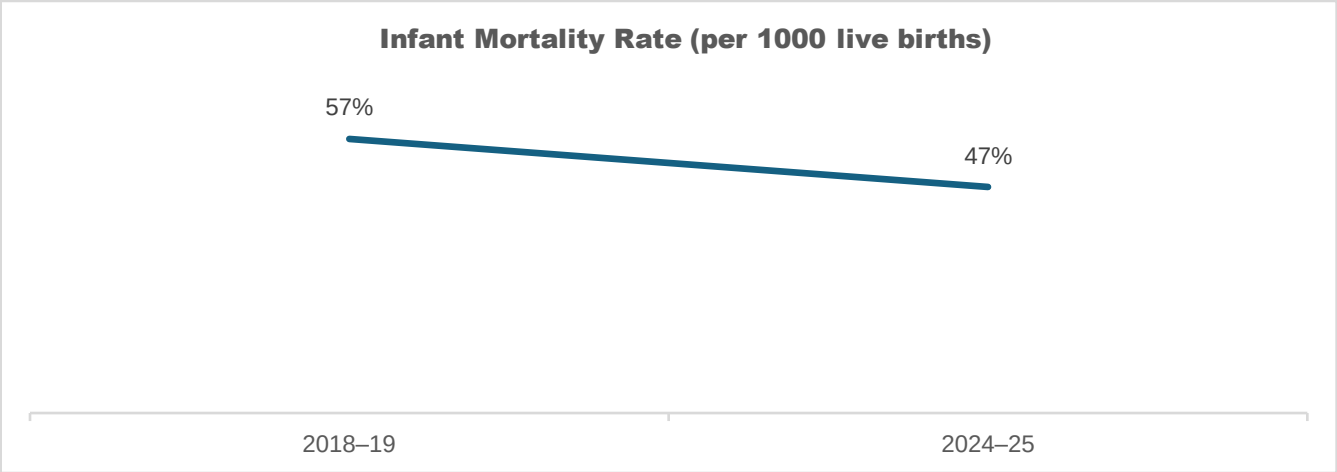


3. Infant & Neonatal Mortality: Declines Continue, But the Level Remains High

Mortality indicators show improvement between 2018–19 and 2024–25: infant mortality declined to 47 per 1,000 live births (from 57), and neonatal mortality declined to 35 per 1,000 (from 41). This is meaningful progress, especially because neonatal mortality makes up a large share of infant deaths and is closely tied to pregnancy health, delivery safety, and early newborn care.

Even with this decline, the levels remain high enough to signal that preventable causes are still substantial—particularly those linked to low birth weight, infections, delivery complications, and delayed care-seeking. In practical terms, these numbers mean that survival improvements are happening, but not yet at a pace that closes the gap with lower-mortality settings, and they reinforce the importance of integrated interventions spanning antenatal care, skilled delivery, immunization, nutrition, and early treatment of childhood illness.

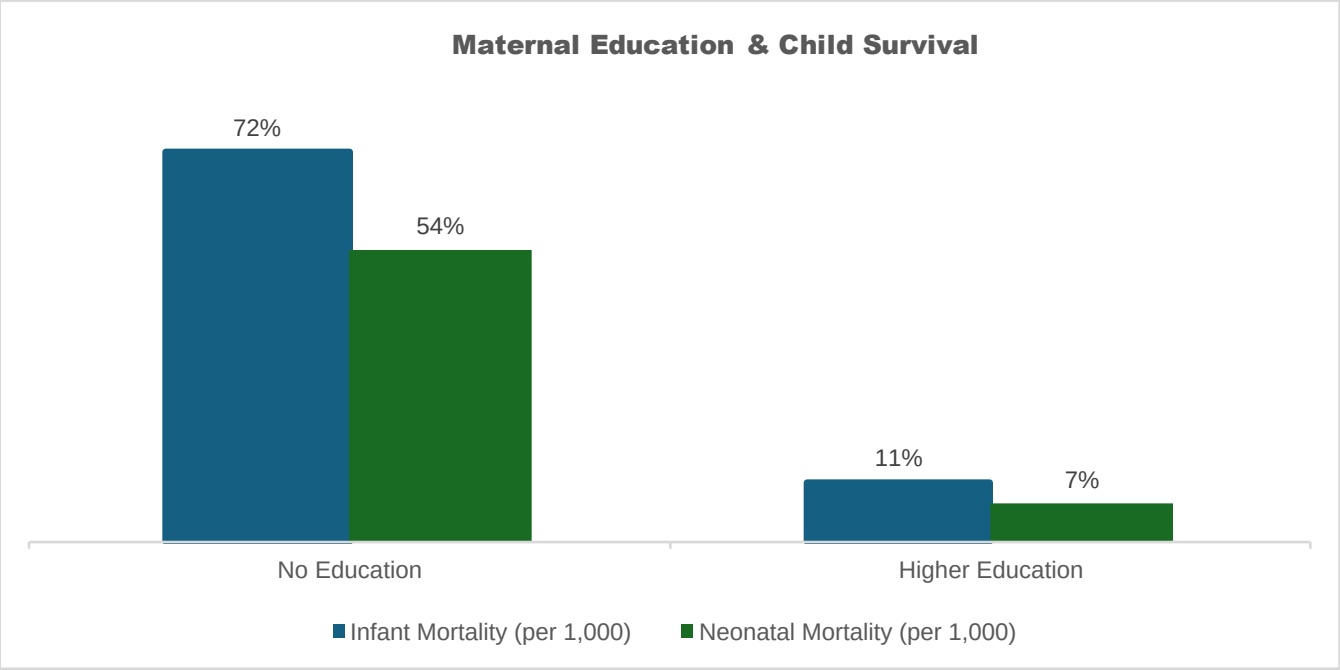


***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

4. Maternal Education and Child Survival: A Steep Gradient That Signals Deep Inequality

One of the strongest patterns in the report is the education gradient in survival outcomes. Among mothers with no education, infant mortality is 72 and neonatal mortality is 54 per 1,000 live births. By contrast, among mothers with higher education, infant mortality drops to 11 and neonatal mortality to 7.

This gap is not a small difference—it is a structural inequality signal. Education is likely capturing multiple overlapping advantages: better health knowledge, greater autonomy in decision-making, improved economic position, stronger ability to navigate health systems, and higher likelihood of timely care-seeking. Importantly, the steep drop in neonatal mortality suggests that education is closely associated with improvements in the highest-risk period of life (birth to 28 days), where skilled delivery care, clean practices, and rapid response to complications are most critical. The implication for policy is that child survival gains require both health-system strengthening and broader human development investments, because maternal education functions as a powerful protective factor.



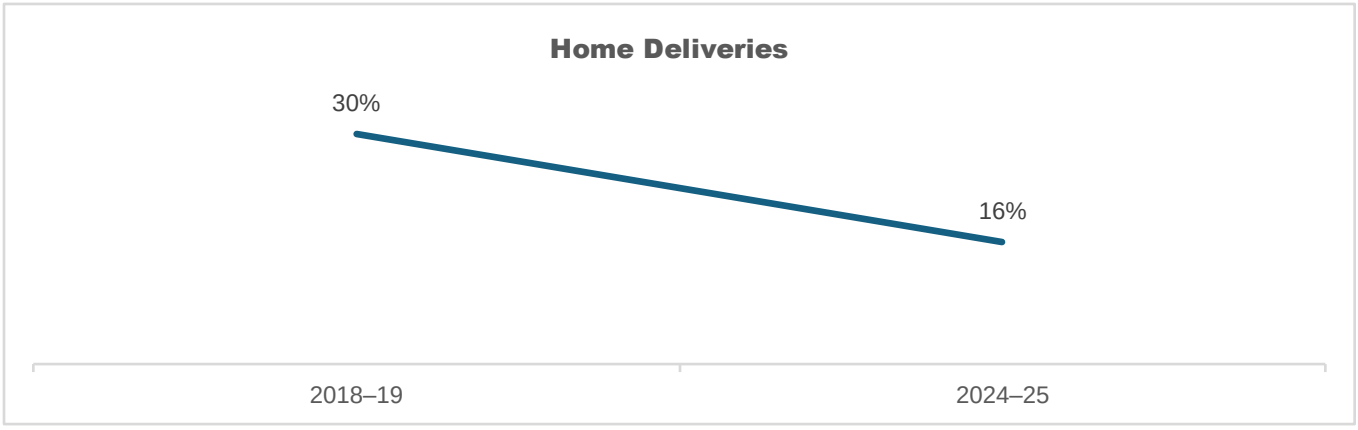
***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

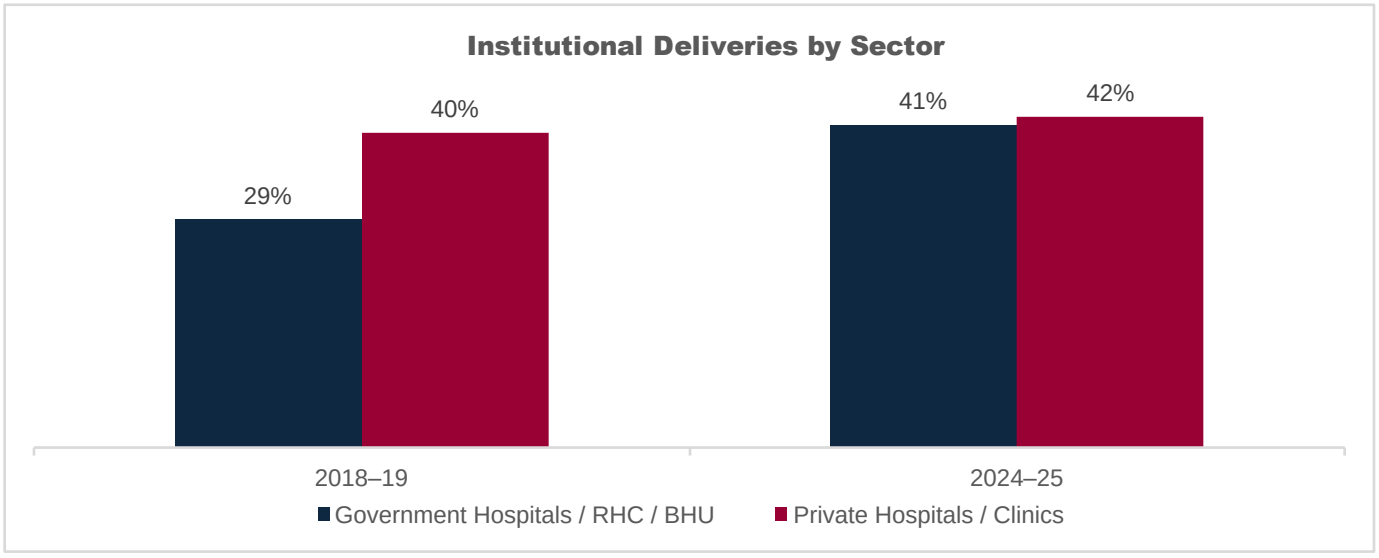
5. Skilled Birth Attendance Vs Place of Delivery: Rapid Shift Away from Home Births, But the "Last Mile" Remains

Maternal delivery indicators show one of the clearest improvements in the report: home deliveries fell to 16% in 2024–25, down from 30% in 2018–19. The rural–urban gap remains: home births are 20% in rural areas vs 8% in urban areas, meaning rural mothers still face higher exposure to delivery-related risks.

Institutional deliveries are rising across both public and private sectors. Deliveries in government hospitals/RHC/BHU increased to 41% (from 29%), while private hospital/clinic deliveries increased to 42% (from 40%). This suggests improving access and preference for facility delivery, but also underscores that the private sector is a major pillar of delivery care—raising important questions about affordability, quality standards, and continuity of care after birth.

Skilled birth attendance also improved: 84% of births are assisted by skilled birth attendants in 2024–25. Within this, doctors now account for 71% of delivery assistance (up from 58%), while deliveries assisted by trained dai/TBA declined to 11% (from 22%)—a shift consistent with safer delivery pathways. Yet the remaining 16% outside SBA coverage is not trivial: it represents a substantial "last mile" population likely concentrated in poorer, rural, and underserved regions, where targeted outreach, transport readiness, and community-midwifery coverage can make the biggest difference.





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Wish to Contribute to Gallup Big Data Analysis?

Gallup Pakistan is looking for collaboration with researchers to expand the Big Data Analysis project. If you have any ideas, please write to Bilal I Gilani, Project Director, Big Data Analysis at Gallup Pakistan.

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