

Millennium + 5 Summit



Pakistan  
Millennium  
Development  
Goals Report  
2005



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Millennium  
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Goals Report  
2005

Planning Commission  
Centre for Research on Poverty Reduction and Income Distribution  
Islamabad  
September 2005

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Government of Pakistan

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# Contents

Foreword .....	v
Acknowledgements .....	vii
Acronyms .....	viii
Introduction .....	1
Goal 1: Eradicate Extreme Poverty and Hunger .....	6
Goal 2: Achieve Universal Primary Education .....	18
Goal 3: Promote Gender Equality and Women Empowerment .....	26
Goal 4: Reduce Child Mortality .....	34
Goal 5: Improve Maternal Health .....	44
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases .....	52
Goal 7: Ensure Environmental Sustainability .....	60
Goal 8: Develop a Global Partnership for Development .....	70
Annex-I .....	83
Annex-II .....	86

# Foreword

Five years before at the dawn of twenty-first century, Pakistan along with 190 nations, adopted the Millennium Declaration envisaging actions necessary to achieve fundamental goals with respect to global peace, security, and sustainable human development and committed to endeavour “to free fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected.”

The Millennium + 5 Report is a self-evaluation of the progress made by Pakistan towards achieving the Millennium Development Goals, to assess the extent to which pledges have been fulfilled, and further the efforts that are needed to achieve them.

Pakistan has made significant progress in all critical areas since the United Nations Summit in September 2000. Our commitment to the MDGs was reflected earlier in our policy document in the Interim Poverty Reduction Strategy paper in 2001. It was reinforced and reaffirmed in the final Poverty Reduction Strategy paper in December 2003. More recently, our Medium Term Development Framework (2005-2010) has been aligned with the Millennium Development Goals which is indicative of our unflinching resolve to scale up efforts towards realizing these goals by 2015.

The philosophy of liberalization, deregulation, and privatization has turned around the country's economy and has enhanced the prospects of attaining these goals. The economy is now on a broad-based high growth trajectory, the debt burden as a percentage of the GDP is well within comfortable limits, foreign exchange reserves are healthy, and exports as well as revenues are in double digit growth consecutively for three years. Governance and transparency in decision making has shown significant improvement. Devolution has led to participatory development at the grass roots level. To ensure women's empowerment, guaranteed electoral representation for them has been instituted at the local, provincial, and national levels apart from representation in the governance and decision making progress. We are now moving forward to second generation reforms which aim at institutional strengthening, capacity building and further improving service delivery.

Our government is committed to providing universal health care, quality education, affordable housing and better employment opportunities. Pakistan has spent close to trillion rupees on the development of the social sectors and poverty related programmes during the last five years. This investment has started yielding dividends. Net primary enrolment, literacy and primary completion rates are on the rise. The government is now focusing on Hepatitis, HIV / AIDS, infant and maternal mortality, reproductive health and blindness. Recently, major initiatives have been launched including the provision of clean drinking water to all by 2007 and the program on the prevention and control of hepatitis. Expanding the health coverage, provision of gas, electricity and clean drinking water and high growth has speeded up the momentum towards raising the standard of living of the people of Pakistan.

Pakistan is playing a vital role in the promotion of peace, stability, and prosperity at the regional and global levels because of its strategic location. We have initiated a composite dialogue to ensure durable peace in the region that will allow us to dedicate more resources to the social sectors and infrastructure besides facilitating the flow of investment that will help in reducing unemployment and improve the standard of living of our people.

To ensure attaining the Millennium Development Goals by 2015, it is critical for the developed world to provide access to markets, new technologies, and favourable terms of trade to help the developing world to help themselves. The Doha Round offers a valuable opportunity to realize the goal of a fair and more equitable international trade regime. Equally, the developed world has to fulfil its pledge on the transfer of resources. We welcome recent initiatives on debt and development financing; it is important that these are implemented urgently to have a meaningful impact.

Pakistan is committed to change its economic and social landscape to fulfil its pledge to the Millennium Declaration and to attain the Millennium Development Goals. Our people have the ingenuity and the determination to transform our challenges into opportunities. We have moved a long way towards achieving a vibrant economy, a smooth functioning democracy, improved governance, and becoming a major player in the regional and global peace and stability initiative. Under the leadership of President General Pervez Musharraf, we are striving to make Pakistan a developed, progressive, modern, enlightened, and democratic Islamic state that provide peace, prosperity and security to its people. Let me reiterate our firm commitment to achieve the Millennium Goals to make Pakistan a land of hope and opportunity for our people.

SHAUKAT AZIZ  
Prime Minister of Pakistan

Islamabad: September 1, 2005

# Acknowledgements

The Pakistan Millennium Development Goals Report 2005 has been prepared in a participatory manner with the involvement of Federal and Provincial Governments, the Centre for Research on Poverty Reduction and Income Distribution (CRPRID), Civil Society Organizations, Private Sector and development partners. The debate initiated with the launching of the last year's Report by the Prime Minister of Pakistan on policy issues, data collection and methodology, monitoring and institutional arrangements and the achievability of the MDGs guided the Advisory Committee in its deliberations. The seven thematic working groups on poverty, education, gender equality and empowerment of women, health, population, environment and global partnership for development provided useful information and data. Federal Bureau of Statistics provided results of the CWIQ which were used in the Report. Under the leadership of Dr. M. Akram Sheikh, Deputy Chairman, Planning Commission and the supervision of Mr. Muhammad Humayun Farshori, Secretary, Planning and Development Division, the Report has been finalized by a team led by Dr. Pervez Tahir, Chief Economist Planning Commission and Dr. Sajjad Akhtar, Director CRPRID. Members of the team included Shaikh Murtaza Ahmad, Dr. Talat Anwar, Iftikhar Cheema, Nisar Ahmad Khan. The support and facilitation by the United Nations Country Team is acknowledged.

# Acronyms

ADB	Asian Development Bank	MoF	Ministry of Finance
API	Annual Parasite Incidence	MTDF	Medium Term Development Framework
ARI	Acute Respiratory Illnesses	MOWD	Ministry of Women Development
BHU	Basic Health Unit	NCS	National Conservation Strategy
CMR	Child Mortality Rate	NEAP	Nature Environmental Action Plan
CPR	Contraceptive Prevalence Rate	NEMIS	National Education Management Information System
CRPRID	Centre for Research on Poverty Reduction and Income Distribution	NER	Net Enrolment Rate
CWIQ	Core Welfare Indicators Questionnaire	NGO	Non-Governmental Organisation
DALY	Disability Adjusted Life Years	NPA	National Plan of Action
DHQ	District Head Quarter	NRSP	Natural Resettlement Safeguard Policy
DOTS	Directly Observed Treatment Short Course	ODA	Official Development Assistance
EAD	Economic Affairs Division	ORS	Oral Rehydrated Salt
EFA	Education for All	ORT	Oral Rehydration Therapy
EmOC	Emergency Obstetric Care	PCRET	Pakistan Council for Removable Energy Technology
EPA	Environmental Protection Agency	PHC	Primary Health Care
EPI	Extended Programme for Immunisation	PIHS	Pakistan Milled Household Survey
ESR	Education Sector Reform	PMDGR	Pakistan Millennium Development Goals Report
FAO	Food and Agriculture Organization	PRSP	Poverty Reduction Strategy Paper
FP	Family Planning	PSLM	Pakistan Social And Living Standard Measurement
FHW	Family Health Worker	RH	Reproductive Health
FWBL	First Women Bank Limited	RHC	Rural Health Centre
GAVI	Global Alliance for Vaccine Immunisation	SAP	Social Action Programme
GDP	Gross Domestic Product	SDPI	Sustainable Development Policy Institute
GHE	Government Health Expenditure	SME	Small and Medium Enterprises
GNP	Gross National Product	SRH	Sexual and Reproductive Health
GNI	Gross National Income	STDs	Sexually Transmitted Diseases
GOP	Government of Pakistan	TB	Tuberculosis
GPI	Gender Parity Index	TFR	Total Fertility Rate
HIES	Household Income and Expenditure Survey	UNCT	United Nations Country Team
HMIS	Health Management Information System	UNDP	United Nations Development Programme
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome	UNESCO	United Nations Educational & Scientific Cooperation
IASU	Inter-Agency Support Unit	UNICEF	United Nations Children's Fund
ILO	International Labour Organization	UNIDO	United Nations Industrial Development Organization
IMR	Infant Mortality Rate	UNODC	United Nations Office on Drugs and Crime
I-PRSP	Interim Poverty Reduction Strategy Paper	UNHCR	United Nations High Commission for Refugees
LHV	Lady Health Visitor	UPE	Universal Primary Education
LHW	Lady Health Worker	WFP	World Food Programme
MCH	Mother and Child Health	WHO	World Health Organization
MDGs	Millennium Development Goals		
MoE	Ministry of Education		
MoH	Ministry of Health		



# Introduction

## 1. The Millennium Development Goals

The eight Millennium Development Goals (MDGs) adopted in 2000 by UN Member States provided a framework of global partnership for sustainable human development. The specific objectives are to reduce extreme poverty and hunger, achieve universal primary education, promote gender equity and empower women, improve health conditions and ensure environmental sustainability. The MDGs are people centred, time bound and measurable. Based on the extensive deliberations, the UN System designed 18 targets and 48 indicators to monitor the progress for each of the eight goals.

Keeping in view the country specific conditions, priorities, data availability and capacity, Pakistan adopted 16 targets and 37 indicators of the eight goals to monitor the progress on annual basis. These are given as Annex I.

## 2. Pakistan Millennium Development Goals Report 2005 (PMDGR)

The Millennium Development Goals Report 2005 documents Pakistan's progress in the last five years in moving towards the millennium targets set for 2015. The government also took initiatives to enhance human capabilities of the deprived sections of population to come out of poverty. The pro-poor expenditure rose robustly at an average of 16 percent per annum. Over 50 percent of this expenditure is spent on education and health sectors. The enhanced spending on education and health improved the MDGs indicators in these areas over the last five years: Net primary enrollment, completion rate to grade 5 and adult literacy rate has increased; gender disparity at primary and secondary education is lower along with improvements in youth literacy and share of women in wage employment in the non-agriculture sector; child mortality rates improved only marginally. Maternal mortality rates remained high in spite of the increase in proportion of births attended by skilled birth attendants as well as antenatal care consultation; contraceptive prevalence rate increased and total fertility rate declined; monitoring progress in indicators relating to environmental sustainability, prevalence of HIV in vulnerable groups, effective malaria prevention and treatment remain a challenge due to weak and fragmented data base.

The reporting process on MDGs was initiated in 2004 with the publication of the first Pakistan Millennium Development Goals Report 2004 launched by the Prime Minister of Pakistan. The report was widely circulated and debated as an advocacy tool and as a result the MDGs are now centre piece of development agenda. The Pakistan Millennium Development Goals Report (PMDGR) 2005, second in annual series, reports progress made during the last five years (2000-05) and lays out the road map to attain MDGs by 2015. The advocacy plan to disseminate, create ownership, build alliances and enhance capacity to monitor would continue to be implemented.

The involvement of the three broad groups namely federal and provincial governments, civil society and the development partners in the preparation of the report has strengthened national ownership. It has promoted policy dialogue, thinking and action on MDGs and helped better targeting of the programmes. The report has been integrated and aligned with the overall development strategy of the country.

### 3. Preparing the PMDGR – Process and Methodology

The participatory process of preparing the PMDGR 2005 was initiated with the constitution of seven thematic working groups of key stakeholders on poverty, education, gender, health, population, environment, and global partnership. The thematic groups reviewed the contents, the databases, policy framework of PMDGR 2004 and the progress made in the last five years. The seven groups worked in parallel and were facilitated by the Centre for Research on Poverty Reduction and Income Distribution (CRPRID) and Poverty Alleviation Section of the Planning Commission.

The second phase revolved around the CRPRID, which prepared the report under the supervision of the Chief Economist of the Planning Commission. Specialized inputs from the federal ministries, provinces and development partners were used. The overall consultative process focused broadly on the following issues:

- ♦ Review of the progress of the last five years in relation to each of the goals.
- ♦ Incorporate policies and programmes envisaged in Medium Term Development Framework (MTDF) 2005-10
- ♦ Identify key challenges and constraints to attain MDGs by 2015
- ♦ Remove statistical gaps and incorporate results of the CWIQ survey.
- ♦ Add provincial dimensions of the MDGs

The overall supervision and guidance was provided by an Advisory Committee with the Chief Economist, Planning Commission as its chair. The Committee included senior officers of the Federal and Provincial Governments, UN Resident Coordinator, CRPRID and members of the civil society. The Composition of the Advisory Committee is given as Annex II.

The CRPRID in Planning Commission has been mandated by the Prime Minister of Pakistan to monitor the progress on the MDGs and produce progress report on annual basis. In accordance with this mandate, a database is maintained. Gaps are identified and rectified. A periodic review is carried out under the supervision of the Advisory Committee on the MDGs.

### 4. Monitoring arrangements

Monitoring of social welfare indicators is essential to evaluate and adjust strategies and activities. It is a tool to report on progress to stakeholders, to identify and share with others best practices and lessons learned and to improve the programming of new interventions and strategies. The adoption of measurable set of MDG indicators facilitates their monitoring. To avoid duplications, to reinforce convergence and linkages, and to streamline monitoring and reporting, Poverty Reduction Strategy Paper, Medium Term Development Framework and MDGs targets have been aligned. This alignment greatly helps in monitoring of indicators in a holistic and integrated way.

At present MDG targets and indicators are monitored in Pakistan through a combination of various data sources. The most important are the country level statistical surveys, including Pakistan Integrated Household Survey (PIHS), Household Income and Expenditure Survey (HIES) Pakistan Living

Standards Measurement Survey (PSLM), Core Welfare Indicators Questionnaire (CWIQ), Labour Force Survey (LFS), conducted by the Federal Bureau of Statistics (FBS) and National Nutrition Survey (NNS), conducted by the Ministry of Health (MoH). In addition administrative data on Education and Health indicators is compiled by the National Education Management Information System (NEMIS), Health Management Information System (HMIS) and reports of concerned Ministries/Departments and the Planning Commission. It is important to mention that in terms of inputs monitoring, especially pro-poor expenditure tracking, PRSP Secretariat maintains a rich data base on quarterly and annual basis. The five year progress in selected MDG indicators reported in the present report draws heavily from the recently completed first CWIQ survey of 77,000 households and Planning Commission/Ministries estimates. It is planned to conduct CWIQ survey every alternate year to monitor the MDG targets on a regular basis.

To further elaborate on monitoring arrangements of MDGs, a goal wise brief is provided as follows:

*Poverty and Hunger:* Household Income and Expenditure Surveys (HIES) since 1963, are the main source for monitoring poverty trends. Poverty estimates documented in this report are based on official poverty line derived from the latest household survey (PIHS) carried out in 2001-02. The results of on-going PSLM (2004-05) will be released in December 2005. However to monitor the poverty targets of MDGs, there is a need to monitor poverty outcomes at a regular interval of two to three years at national and sub-national levels.

*Universal Education:* There are two major data sources for monitoring of education related indicators a) Administrative database (NEMIS) of MoE, comprising information on gross enrolments. NEMIS also conducts yearly school census that contains data on the public and private schools. The second source of data is; b) Households Surveys i.e. PIHS and PSLM of FBS, comprising household data on the educational status and age. School enrolment data are derived from the combination of above mentioned sources. For completion rate to grade five information is derived from MoE database and for Literacy rates, PIHS and PSLM estimates are incorporated. In addition to monitoring of outcome indicators, inputs like expenditures on primary education are monitored through quarterly PRSP expenditure tracking.

*Gender Equality:* Various sources are in use to monitor gender equality indicators. Gender parity is measured from household surveys i.e. PIHS and PSLM (CWIQ) of FBS, comprising gender data on the educational status. Youth literacy index is derived from administrative database of MoE (NEMIS). Regarding the trends in share of women in wage employment, information is obtained from the Labor Force Surveys of FBS.

*Health Indicators:* Health indicators cover Goal 4 to 7 of MDGs, and a variety of sources are used for monitoring and reporting purposes. Indicators for child and maternal mortality are mainly derived from Reproductive Health and Family Planning Surveys and administrative database (HIMS) of the MoH. Pakistan Demographic Survey is used for estimations of infant mortality and fertility rates. Indicators for Immunization, incidence of diarrhoea, births attended by skilled birth attendants and antenatal care consultation are derived from PIHS and PSLM. Regarding indicators for malaria and tuberculosis information is obtained from MoH (HIMS). It is important to mention that monitoring of indicators on HIV is weak and the only source of estimates is the small selected area sample surveys conducted by the National AIDS Control Programme.

*Environmental Sustainability:* In the absence of any country level specialized survey for the assessment of

forestry resources, the sector heavily depends on administrative data of the provincial forest departments. The data is mostly generated at sub-national levels and compiled by the Ministry of Environment (MoEn). Regarding indicators on energy efficiency and vehicular air pollution data is derived from estimates of MoEn attached agencies like ENERCON and Environmental Protection Agencies. In respect of indicators on drinking water supply and sanitation coverage, information is derived from PIHS and PSLM (CWIQ).

Development partnerships: Information on indicators like Official Development Assistance to Pakistan and Debt Services and Market Access is obtained from the Pakistan Economic Survey of Ministry of Finance (MoF) and other concerned ministries and organizations. Data on youth unemployment is estimated from the Labour Force Survey of FBS. Data on access to Essential Drugs is not available from a local source, thus a regional comparison from Asian Development Bank has been incorporated. Secondary data on Information and Communication Technologies is base on the latest Economic Survey of Pakistan.

To conclude, the Monitoring and Evaluation of MDGs in Pakistan is in its early stages of evolution and the process is being refined. MDG's monitoring is a complex and painstaking endure and is marred with issues of availability, compatibility, and regularity of required data. The issues of inconsistencies are common in administrative data versus survey data, posing a challenge for effective monitoring. The most glaring gap in statistical reporting is the absence of disaggregated data at sub-national and local level. In addition absence of qualitative data hampers the assessment of real impacts. Furthermore lack of institutional capacities, coordination and information sharing substantially limits the effectiveness and timeliness of monitoring process.

For monitoring to be effective, the key challenge is to develop and improve the MDGs monitoring frameworks, databases and enhance data gathering, analysis and sharing capacities at national and most importantly at sub -national levels.



*Eradicate Extreme Poverty and Hunger*

# Goal 1

## Eradicate Extreme Poverty and Hunger

### Introduction

Various forms of poverty prevail in Pakistan. Deprivation with respect to income or consumption is one of the key aspects of poverty. Extreme poverty and hunger exist when income or consumption of an individual falls short of attaining minimum food and non-food need required to perform daily activities of life. The level of income or consumption of an individual reflects its social and economic status in a society. However, income of an individual is largely dependent upon its capabilities. Different individuals have different capabilities. Capabilities of individuals for earning a decent living are influenced by unequal opportunities inherent in socio-economic structure of a society. Inherited disadvantage and inequalities in opportunities such as education and health and in participation in the society are unjust and a major constraint in human development and attaining a decent livelihood. Extreme inequality can also restrict economic growth and generate conflict which, in turn, lowers prospects for human development for both—the poor and the affluent. To eradicate extreme poverty and hunger, it is thus important to build up human capabilities that empower individuals to face equal opportunities to earn a decent living.

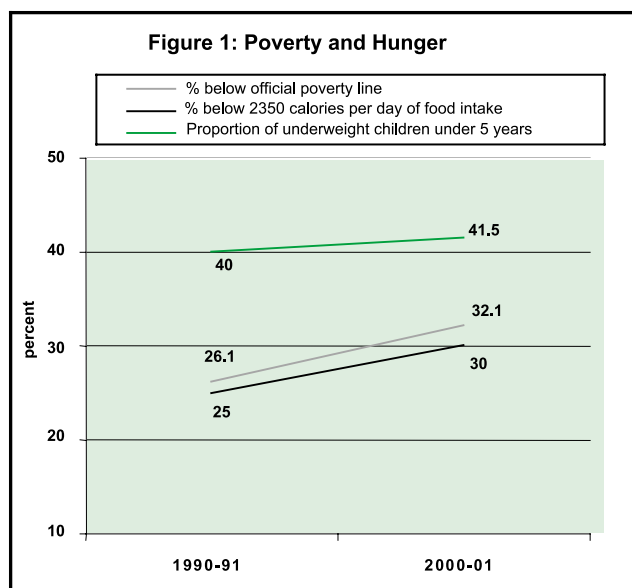
### Progress during 2000-05

#### Status and Trends

Based on the last Pakistan Integrated Economic Survey (PIHS) 2000-01, the official poverty line is estimated at Rs 748 consumption expenditure per month per capita. This threshold is derived by valuing the minimum required calorific intake of 2350 calories per capita with a minimum expenditure required for non-food needs. Poverty estimates based on the official poverty line suggest that the poor accounted for 32.1 percent of Pakistan's population in 2000-01 (Figure 1).

Poverty estimates show a higher incidence of poverty in Pakistan in rural areas. In 2000-01, rural and urban poverty is estimated at 38.99 percent and 22.67 percent, respectively.

Extreme poverty, hunger and malnutrition appear to have increased with the economic stagnation during the 1990s. Indicators on hunger also show a similar increase. While the prevalence of underweight children under 5 years of age increased from 40 percent in 1990 to 41.5 percent in 2000-01, the prevalence



## Goal 1

Target 1: Halve, between 1990 and 2015, the proportion of people below the poverty line (%)						
Indicators	Definitions	1990-91	2000-01	PRSP Target 2005-06 <sup>5</sup>	MTDF Target 2009-10	MDG Target 2015
Proportion of population below the calorie based food plus non-food poverty line.	Head-count index based on the official poverty line of Rs 748.6 per capita per month in 2000-01 prices consistent with attainment of minimum caloric requirement 2350 per capita per day <sup>1</sup>	26.1 <sup>2</sup>	32.1 <sup>2</sup>	28	21	13
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger (%)						
Indicators	Definitions	1990-91	2000-01	PRSP Target 2005-06 <sup>5</sup>	2009-10	MDG Target 2015
Prevalence of underweight children under 5 years of age	Proportion of children under 5 years who are underweight for their age	40 <sup>3</sup>	41.5 <sup>3</sup>	33	28	< 20
Proportion of population below minimum level of dietary energy consumption	Proportion of population below 2350 calories per day of food intake (Food poverty line)	25	30 <sup>4</sup>	n/a	15	13

### Notes and Sources:

1. This is the official definition of the national poverty line in Pakistan
2. Data relating to consumption of households are collected regularly through the Household Integrated Economic Survey (HIES) by the Federal Bureau of Statistics and poverty trends have been analysed by the Planning Commission/CRPRID
3. Data on nutrition related indicators are collected periodically through the National Nutrition Survey and analysed by the Planning Commission. Information reported for 1990-91 and 2000-01 is from the 1998-99 and 2000-01 survey respectively
4. Planning Commission
5. All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003



of food poverty in term of proportion of population below minimum level of dietary energy consumption increased from 25 percent in 1990-91 to 30 percent in 2000-01 ( Figure 1). It is noteworthy that the country witnessed a declining trend in poverty in the 1970s and 1980s, and rising trend in 1990s, from 26.1 percent in early 1990s to 32.10 percent in 2000-01. Poverty reduction during the 1980s has been possible largely due to high economic growth rate. Economic growth rates, however, declined in the 1990s, resulting in increased proportion of population below the poverty line. The economy is once again witnessing a revival of growth since 2003. Its performance at 8.4 percent in 2004-05 is commendable but its continuation in the medium term around 7.4 percent may impose inflationary costs on the poor. It is anticipated that due to strong growth performance of the economy in the last two years, poverty is on a decline.

#### *Income Distribution:*

Poverty is closely linked with the distribution of income. For a given mean income, the more unequal the income distribution, the larger would be the percentage of the population living in income poverty. Thus, income of the poor at the bottom is just as important in perceiving poverty as

those at the top and in the middle of the distribution. Distributional changes during the 1990s suggest that the declining economic growth appears to have adversely affected the income of the poorest segments of the population. The Gini coefficient for household income rose significantly from 0.3608 in 1987-88 to 0.4187 in 1998-99 and declined slightly to 0.4129 in 2000-01, suggesting a worsening of income distribution during the 1990s (Table 1). Income shares also confirm these trends. While the income share of the poorest 20 percent population declined from 7.66 percent in 1987-88 to 6.66 percent in 2000-01, the income share of the richest 20 percent population increased from 44.16 percent 1998-99 to 48.08 percent in 2000-01. The rising income inequality may be explained by the increasing differential of wages/salaries and non wage income accruing with self employment and entrepreneurial activities. These trends are consistent with the trends in absolute poverty as more unequal income distribution resulted in large groups of people being excluded from the economic opportunities.

#### **Policies and Programmes:**

To reduce poverty, the Government of Pakistan adopted a strategy for poverty reduction in 2001 as outlined in the Interim Poverty Reduction Strategy Paper (I-PRSP). Later on the Government adopted the full PRSP in 2003. The poverty reduction strategy of the government rests on four pillars that include a) accelerating economic growth and maintaining macroeconomic stability; b) improving governance and devolution; c) investing in human capital; and d) expanding social safety nets and targeted interventions. The strategy has fully endorsed the achievement of MDGs and the four pillars specify appropriate measures to that effect. Furthermore, the government committed itself to raise awareness, encourage advocacy, build alliances, renew commitments, strengthen monitoring and reporting capacity, and focus national debate on priority areas.

	1987-88	1998-99	2000-01
Gini Coefficient	0.3608	0.4187	0.4129
Income share of poorest 20%	7.66	6.57	6.66
Income share of richest 20%	44.16	48.67	48.08
Source: Estimated by CRPRID			



*Macroeconomic Stability and Growth:* While economic growth is essential for poverty reduction, macroeconomic stability is vital to improving the investment climate to raise the economy to a higher growth path on a sustained basis. Thus higher economic growth together with macroeconomic stability has been the main policy focus during the last five years. During this period, Pakistan pursued policy and structural reforms on almost all fronts—macro stability through fiscal, monetary and exchange reforms, tax policy and administration reforms, trade liberalization, financial sector reforms, capital market development, investment policy reforms, privatization of SOEs, supportive environment for SMEs, housing finance and IT, infrastructure development, and streamlining regulatory frameworks.

Sound policies and implementation of structural reforms rendered the economy stable and vibrant. Respectable increases in revenue, reduced the fiscal deficit to 3 percent of GDP in 2004-05 from 5.4 percent in 1999-00. The larger revenues, rescheduling of foreign loans, post 9/11 aid inflows, less borrowing at home and the fall in interest rates substantially reduced the debt service liability. The privatization of number of SOEs reduced fiscal hemorrhage. Interest and inflation rates remained low and investment activity picked up. Trade and exchange liberalization boosted exports. Both exports and imports, on average, grew by 10.7 percent and 16.8 percent per annum, respectively during the last five years. Workers remittances averaged around US\$ 3.5 billion in the past four years. Foreign investment has risen to \$1.5 billion but remains short of its potential. With these developments, debt burden is within manageable limits. Recently approved Fiscal Responsibility and Debt Limitation Law stipulates elimination of primary fiscal deficit by 2007 and minimum allocation of 4.5 percent for poverty related expenditures. Pakistan rupee has remained stable and foreign exchange reserves accumulated to nearly US\$ 13 billion by 2005.

There are some initial signals which suggest that the recent growth is pro-poor. Overall agriculture sector grew by 7.5 percent, with major crops growing by 7.3 percent during the FY05. The agriculture growth can contribute most to the rural poverty reduction and employment generation since over 80 percent of the poor live in rural areas. On the other hand, a rapid growth in large-scale industry and services, at 15.4 percent and 7.9 percent respectively, will improve the living standards of urban population.

*Employment and Poverty:*

The decline in the growth momentum during the 1990s resulted in an increasingly high level of unemployment and underemployment. Consequently, open unemployment rate rose from 6.22 percent in 1990-91 to 8.3 percent in 2000-01. The generation of employment opportunities

through higher public interventions particularly for the poor is a crucial ingredient of policies to alleviate poverty. Along with making its efforts for acceleration of economic growth, the government has undertaken various public programmes to increase the demand for labour. A variety of programmes are underway for provision of job opportunities for the poor. The ‘Khushhal Pakistan’ and land for the landless are some of the main programmes included as policy instruments for generation of employment, particularly for the poor.

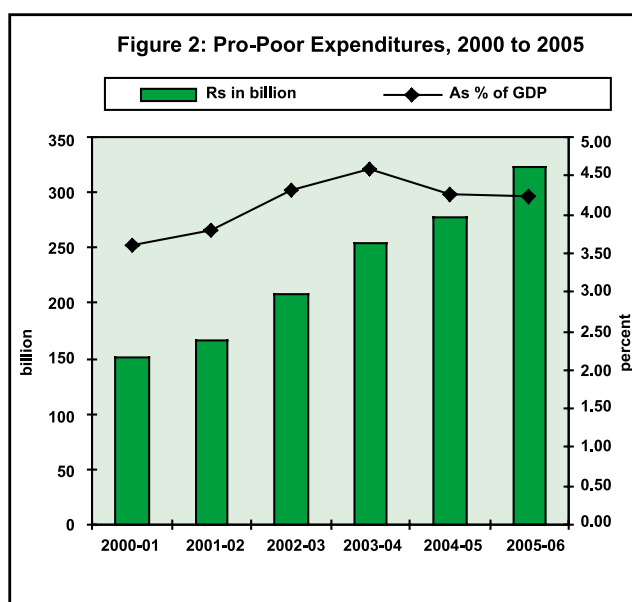
Table 2: Unemployment Rate by Gender and Rural-Urban Areas						
Region	2001-02			2003-04		
	Total	Male	Female	Total	Male	Female
Rural	7.6	6.1	14.2	6.7	5.7	10.9
Urban	9.8	7.9	24.2	9.7	8.4	19.8
All areas	8.3	6.7	16.5	7.7	6.6	12.8

**Source: Labour Force Survey, 2003-04**

The outcome of these reforms is reflected in the latest Labour Force Survey (LFS) 2003-04. Accordingly, unemployment rate has declined to 7.7 percent in 2003-04 from 8.3 percent in 2001-02. The reduction in unemployment is largely among rural labour and women although male unemployment rate in urban areas increased (Table 2). Thus economic growth during the last three years generated employment opportunities for the vulnerable group i.e. females and raised per capita income along with a positive impact on living standards of the population particularly in the rural areas.

*Pro-Poor Budgetary Expenditure:* While economic growth is considered essential for poverty reduction, it may not alone be sufficient to reduce poverty because of existing high inequalities inherent in the socio-economic structure of the country. The unequal socio-economic structure result in unequal opportunities for the neglected segments of the population. People are deprived of the right to an education, or consigned to poor health because they are born poor or female or in the remote region of the country. Inequality in capabilities shapes the chances of individuals for achieving prosperity in life. Therefore, the overarching goal of development is to enhance people's capabilities. Enhancing human capabilities, nonetheless, requires the basic right to participate in society and its political process.

Besides achieving faster economic growth rate, the government also took initiatives to enhance basic human capabilities enabling them to face equal opportunities so as to participate in the process and shape their future. The government, made a commitment to raise pro-poor budgetary expenditure significantly. Notably, despite containing the budget deficit, the pro-poor budgetary expenditures rose from Rs 151 billion in 2000-01 to Rs 278 billion in 2004-05 (Figure 2 and Table 3). The pro-poor expenditures as a percent of GDP increased from 3.63 in 2000-01 to 4.59 in 2003-04 and then declined to 4.25 in 2004-05. These ratios have remained short of the pro-poor expenditure targets because of the larger GDP base in 2004-05.



Over the last five years pro-poor expenditure increased by an average of 16.6 percent per annum. A large part of the pro-poor expenditures (50-54 percent) is allocated to human development mainly in Education and Health sectors. The human development expenditure as percent of GDP rose steadily from 1.88 in 2000-01 to 2.42 in 2003-04 and then declined to 2.26 in 2004-05. Likewise, the pro-poor spending on education as percentage of GDP rose from 1.36 in 2000-01 to 1.77 in 2003-04 and then declined to 1.56 in 2004-05. On the other hand, the health expenditure as percentage of GDP albeit remained low but maintained an upward trend as percentage of GDP during this period. As Pakistan's spending on education and health as percentage of GDP is already low by South Asian standards, there is a need to increase spending further in these areas to empower the poor. Other main areas of pro-poor expenditure are governance (law and order and Access to Justice Programme) which took 18 percent of total pro-poor expenditures during the past five years, rural development and irrigation taking 16 percent, community services including water supply and sanitation 8 percent and safety nets 6 percent

## Goal 1

(Table 3). Investment in rural infrastructure create economic capital while investments in law and order and administration of justice improve governance. The latter address political inequities. However, the

<b>Table 3: Pro-Poor Budgetary Expenditures , 2000-01 to 2005-06 (Rs Billion)</b>						
Item	2000-01 Actual	2001-02 Actual	2002-03 Actual	2003-04 Actual	2004-05	2005-06 Target
<b>Community Services</b>	<b>12.829</b>	<b>10.98</b>	<b>16.57</b>	<b>20.63</b>	<b>21.46</b>	<b>23.85</b>
i. Roads, Highways & Buildings	8.332	6.34	13.15	16.45	16.58	18.4
ii. Water Supply and Sanitation	4.497	4.64	3.42	4.18	4.88	5.45
<b>Human Development</b>	<b>78.12</b>	<b>90.67</b>	<b>105.81</b>	<b>134.13</b>	<b>147.73</b>	<b>179.38</b>
i. Education	56.536	66.29	78.61	97.96	102.38	126.15
ii. Health	17.508	19.21	22.37	26.58	36.08	43.01
iii. Population Planning	1.588	1.33	3.12	4.91	4.88	5.45
iv. Social Security & welfare	1.576	3.66	1.3	4.14	3.9	4.9
v. Natural Calamities	0.912	0.19	0.41	0.54	0.49	0.68
<b>Rural Development</b>	<b>20.949</b>	<b>24.3</b>	<b>34.18</b>	<b>45.3</b>	<b>43.04</b>	<b>95.42</b>
i. Irrigation	8.154	10.13	15.54	22.94	32.37	36.12
ii. Land Reclamation	1.38	1.84	1.76	2	2.44	2.73
iii. Rural Development	11.415	12.33	16.88	18.38	7.23	8.18
iv. Rural Electrification				1.98	1	48.39
<b>Safety Nets</b>	<b>10.451</b>	<b>8.33</b>	<b>13.75</b>	<b>11.46</b>	<b>19.03</b>	<b>6.37</b>
i. Food Subsidies	9.39	5.51	10.86	7.84	14.63	1.36
ii. Food Support Program	1.061	2.02	2.24	2.8	3.9	0.42
iii. Tawwana Pakistan		0.8	0.59	0.4	0.5	4.09
iv. Low Cost Housing			0.06	0.42	0	0.5
<b>Governance</b>	<b>28.22</b>	<b>32.98</b>	<b>38.54</b>	<b>42.44</b>	<b>46.8</b>	<b>19.53</b>
i. Administration of Justice		1.98	2.25	2.44	3.41	3.9
ii. Law and order		31	36.29	40	43.39	15.63
<b>Total Pro-poor Expenditure</b>	<b>151</b>	<b>167</b>	<b>209</b>	<b>254</b>	<b>278</b>	<b>324.55</b>
<b>As % of GDP</b>						
Community Services	0.31	0.25	0.34	0.37	0.33	0.34
Human Development	1.88	2.06	2.19	2.42	2.26	2.57
Education	1.36	1.51	1.63	1.77	1.56	1.81
Health	0.42	0.44	0.46	0.48	0.55	0.62
Rural Development	0.50	0.55	0.71	0.82	0.66	1.37
Safety Nets	0.25	0.19	0.29	0.21	0.29	0.09
Governance	0.68	0.75	0.80	0.77	0.71	0.28
<b>Pro Poor Exp as % of GDP</b>	<b>3.63</b>	<b>3.79</b>	<b>4.33</b>	<b>4.59</b>	<b>4.25</b>	<b>4.65</b>

Source: Government of Pakistan, Ministry of Finance

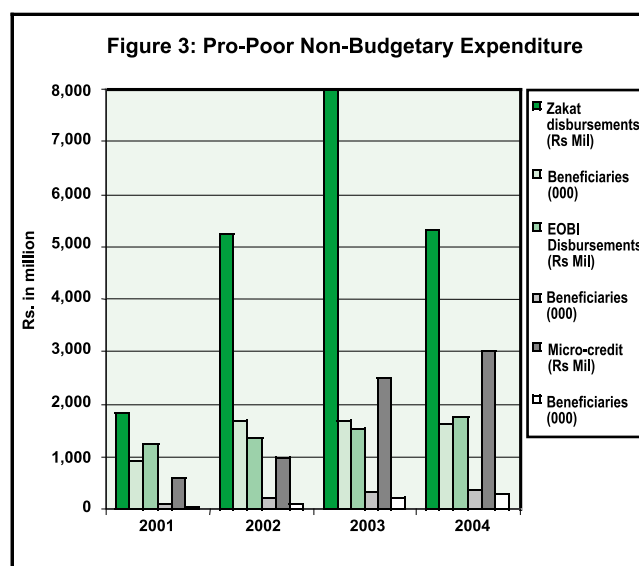
expenditure on safety nets showed some irregular trends in the past five years. These expenditures are very important given the high prevalence of extreme poverty and malnutrition. In order to cushion the impact of high inflation in recent years, the Government needs to ensure a positive real growth of spending on food subsidies, food support programs and Tawana Pakistan program.

*Devolution and Governance:* The gradual worsening in governance profile during the 1990s impaired the government's ability to deliver basic services to its citizens particularly to the poor. Political inequality leads to economic and social inequality resulting in unequal access of opportunities for the vulnerable segments of population. To redress weak political empowerment, the Government of Pakistan replaced the old system of provincial administrations at division, district and tehsil levels with local government system. The new system, regulated under the Local Government Ordinance 2001, provides for much more autonomous governments at district levels, tehsil municipal administrations in tehsils/towns and union administration in villages. The intention is to devolve political powers and decentralize administrative authority eventually to the local governments that are accountable to representative local councils. The new system brings decision making closer to the beneficiaries of public services and would ensure citizen's involvement and oversight in planning and implementation, and give a greater voice to peasants, labourers, women, and the marginalized groups. On the whole, this is a welcome change that has brought about an improvement in governance and public service delivery in health, education, water supply and sanitation sectors. The Government has taken several other initiatives for good governance. Civil service reforms (CSR) including police reforms aim at improving efficiency and service delivery, and the main features are civil service restructuring, merit based recruitment, training and skill development, performance based remuneration, transparency and accountability. Laws have been reframed to give citizens full access to public information, fiscal and financial transparency for improving public

accounting and auditing functions, and for procurements in orderly way and eliminating corruption. For providing speedy justice to public and the poor in particular, the Government is implementing an Access to Justice Programme. The Programme activities include streamlining civil and criminal laws, capacity building of the judiciary and the bar in administration of speedy justice.

#### *Non-Budgetary Pro-Poor Expenditure*

*Zakat :* Zakat is an Islamic levy and a source of income support for the poorest. It is disbursed as rehabilitation grant, guzara allowance and educational stipends. Since zakat withholding became voluntary according to a ruling of the Supreme Court, its disbursement declined to Rs. 5.3 billion among 1.6 million beneficiaries in 2004 as compared to Rs 8 billion in the previous year 2003 (Table 4 and Figure 3). Two serious issues are important in the zakat system: i) the coverage of public zakat is far less than the required level given the fact that about one-third of population is poor and 12 percent is ultra poor and; ii) zakat targeting is poor and suffers from considerable leakages.



*Micro-Finance (MF):* Empowering the poor by providing small amounts of credit is an important component of the poverty reduction strategy since it helps the poor to raise their income on a sustainable basis. Credit to the poor rose sharply during the last three years in terms of total disbursements as well as number of beneficiaries (Table 4 and Figure 4). In 2004, micro-finance (MF) disbursements from the three major sources, Khushali Bank, PPAF, and ZTB, amounted to little over Rs. 3 billion among 0.286 million households. However, the government intends to further

Programmes	2001	2002	2003	2004
Zakat disbursements (Rs Mil)	1,829	5,254	8,009	5330
Beneficiaries (million)	0.9	1.7	1.7	1.6
EOBI disbursements (Rs Mil)	1,261	1,366	1,523	1744
No of Beneficiaries	100,384	227,298	332,398	349000
Micro-credit (Rs billion)	0.577	1.0	2.5	3.0
No of Beneficiaries	48,252	99,465	216,206	286000
Total amount (Rs billion)	3.66	7.66	12.05	10.10
Total Beneficiaries (million)	1.07	2.03	2.32	2.27

Source: PRSP Secretariat

expand its coverage. According to an estimate about 6 million households are in need of MF. Hence, these organizations will continue to expand their operations, coverage and improve targeting.

*EOBI Pensions:* Labour welfare schemes have a significant role to enhance the welfare of low paid private sector employees and are very important in the context of poverty reduction. Employees Old Age Benefit Institution (EOBI) gives pensions to private sector employees, Workers Welfare Fund (WWF) finances schemes of housing, scholarships, grants, etc. for labour and their wards, and Employees Social Security Institutions (ESSI) provides medical facilities through ESSI hospitals. The coverage of these welfare schemes is very limited but expanding gradually. About 4 percent of the non-agricultural workforce employed in the formal sector benefits from these schemes. In 2004, EOBI disbursed Rs. 1.74 billion to 349 thousand labourers (Table 4). Furthermore, these schemes suffer from several institutional weaknesses of corruption, operational inefficiency, and poor investment management particularly EOBI. Actuarial studies indicate exhaustion of the EOBI pension fund in 22-30 years and there are concerns that the scheme may involve net resource transfer from the poor labourers.

### Challenges and Constraints

Although prospects for achieving a rapid economic growth rate augur well in the medium term, there are some risks to achieving the poverty targets. First, the Achilles heel is the worsening of income distribution during the last decade that may retard the poverty-reducing impact of higher growth. The deterioration in income distribution is mainly due to worsening of inequalities inherent in the socio-economic structure of the country resulting in unequal opportunities in building up human capital assets such as education, health and lack of participation in the society. Second, recent experience has shown that high growth brings along inflationary tendencies specifically in food prices, thus impacting negatively on the incomes of the poor. The recent rise in inflation is mainly due to easy monetary policy pursued in the last two years and increase in international oil prices. Therefore, both demand-pull and cost-push forces at work need to be correctly identified and regulated so as to maintain the growth

momentum in a low inflation environment and thereby benefit the poor. Third, concomitant widening of the current account imbalances with higher growth can jeopardize exchange rate stability and external debt sustainability. Higher exports under a fair trade regime and/or financing through non-debt creating inflows, e.g., foreign direct investment in Greenfield projects can keep external debts within limits. Falling behind the projected growth of current account imbalances can undermine exchange rate stability and generate a vicious circle of inflationary expectations and worsen poverty levels.

A more direct challenge to poverty reduction is slower growth of revenues than projected in Medium Term Development Framework (MTDF), due to a tepid political commitment to taxation reforms including raising the elasticity and buoyancy of various taxes. In spite of rapid growth and higher capacity utilization of manufacturing sectors, the tax to GDP ratio has fallen in the last two years. A strategy that commits to the achievement of MDGs by scaling-up the resource transfer to social sectors is inextricably linked to revenue generation and any slippages in the latter can make the difference between its success and failure. Devising indirect and direct taxation instruments that are redistributive in nature as well growth neutral will demonstrate government's commitment in maintaining a high level of resource transfer to the social sectors under fiscal rigidities and fluctuations. It will also partly insulate the domestic economy from the international environment of rising interest rates and thus keep the domestic debt and inflation under control.

Finally, the most difficult challenge to rapid poverty reduction is the higher allocation of social and poverty related expenditures in the face of maintaining the fiscal deficit to a sustainable level. Experience has shown that while social sector has not received adequate allocation in past, economic growth has not translated into an improvement in social indicators, particularly those for health, education, housing, water supply, sanitation and gender equality, which has remained poorer than other low-income countries particularly in South Asian region. Given that nearly 70 percent population below the poverty line are transiently poor, scaling up of income generation opportunities by the government specifically through public works and micro-credit programs remain important instruments in achieving the target of reducing extreme poverty and hunger.

### **New Initiatives 2005-10**

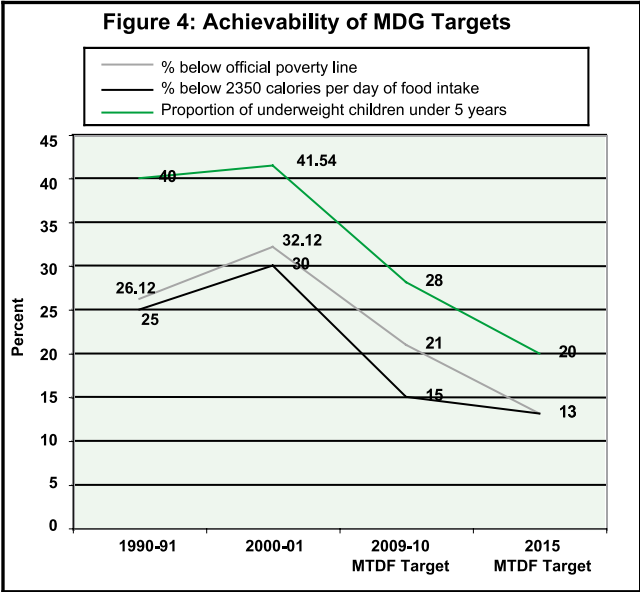
The MTDF strategy aims to consolidate the macroeconomic stability and achieve a sustained high economic growth. It plans to further strengthen the reform process in the financial sector, investment policy, privatization, capital market development and trade liberalization, that is likely to have a positive impact on poverty. The policy emphasis of MTDF is on accelerating growth and expanding employment opportunities through agri-development, SMEs and housing construction; distribution of 2.7 million acres of state land among the landless households; augmenting human resource capacities through programs of nutrition, health and education; and improving social protection facilities. It is anticipated that economic reforms and continuity of existing policies would help maintain the high economic growth rate of 7.6 percent per annum and provide seven million jobs in the next five years.

One of the reasons for vulnerability of the poor is the non-availability of clean drinking water. Consequently, the poor are prone to infectious diseases and often sell their assets for the healthcare of their loved ones which makes their life more miserable. Urban poor spend some portion of their meager income on water from private sources, while the rural poor mostly women fetch water for cooking and drinking incurring time and physical costs. A major initiative in MTDF is the provision of clean drinking water to all through a cost effective indigenously developed technology in all rural and urban areas of the country.

**Achievability**

The contemporaneous developments, economic stability, higher economic growth and better employment prospects, improved resource position enabling more allocations for social and infrastructure development and poverty reduction, and decentralized development and people’s participation, all have brought about good prospects for poverty reduction. Poverty related expenditures have risen sharply particularly in the social sectors. The government policy has emphasized governance, gender development, devolution and participation. Under the MTFD 2005-10, the economic stability will provide more opportunities to people to uplift their living standards. The goal of poverty reduction can be achieved by addressing the root causes of poverty such as lack of education and skills or ill health which will remove existing inequalities of opportunities. The rapid

economic stability, higher economic growth and better



economic growth will enable the government to raise poverty related budgetary expenditure. The MTFD target of reducing extreme poverty to 21 percent by 2009-10 and MDG target at 13 percent by 2015 is possible provided the policies and programs remain on track (Figure 4). Similar prospects hold for reducing food poverty to 15 percent and prevalence of under weight children to 28 percent by 2009-10.





*Achieve Universal Primary Education*



# GOAL 2

## Achieve Universal Primary Education

### Introduction

Education, specifically primary education is the birthright of every child and its provision is not only the responsibility of state but parents and households. Primary education creates awareness, opens avenues for opportunities as well self-advancement and improvement and reduces chronic and inter-generational poverty. As a first step in the creation of welfare and just society, universal primary education is an absolute pre-requisite for sustainable development.

#### Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators	Definitions	1990-91	2000-01	2004-05	PRSP Target 2005-06 <sup>1</sup>	MTDF Target 2009-10	MDG Target 2015
Net primary enrolment ratio (%)	Number of children aged 5-9 years attending primary level classes i.e., 1-5, divided by the total number of children aged 5-9 years, multiplied by 100.	46 <sup>1</sup>	*42 <sup>1</sup>	52 <sup>1</sup>	58	77	100
Completion/survival rate to grade 5 (%)	Proportion of students who complete their studies from grade 1 to grade 5	50 <sup>2</sup>	68 <sup>2</sup> (M:72, F:65)	72 <sup>3</sup>	79 (M:82, F:76)	80	100
Literacy rate (%)	Proportion of people aged 10+ years who can read and write with understanding	*35 <sup>1</sup> (M:48, F:21)	*45 <sup>1</sup>	53 <sup>1</sup> (M:65, F:40)	59.5 (M:70, F:49)	77 (M:85, F:66)	88 (M:89, F:87)

#### Notes and Sources:

1. PIHS 1990-91, PIHS 2000-01 and PSLM survey 2004-05
  2. Ministry of Education
  3. Planning Commission
  4. All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003
- \* MDGR 2004 reporting 36.3 percent Literacy rate for 1990-91, 51 percent net primary enrolment ratio and 50.3 percent Adult Literacy for 2000-01 was based on Ministry of Education estimates

**Progress during 2000-05**

**Status and Trends**

In year 1990-91 the net primary enrolment rate was 46 percent and in 2001-02 it was 42 percent indicating a decline of 4 percentage points in ten years. Rising poverty, growing population and low public investment in education sector may have contributed to the marginal decline (Fig.1). The data collected in most recent Pakistan Social and Living Standard Measurement Survey (PSLM 2004-05) indicates net primary enrolment rate of 52 percent, showing a significant improvement in the past four years. A host of demand and supply factors contributed to this improvement, including targeted programs, increased allocation by the government and enhanced participation by the private sector. The PSLM results indicate major improvement in all the four provinces as well.

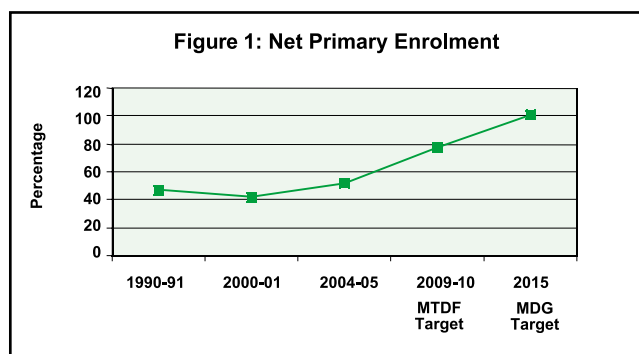
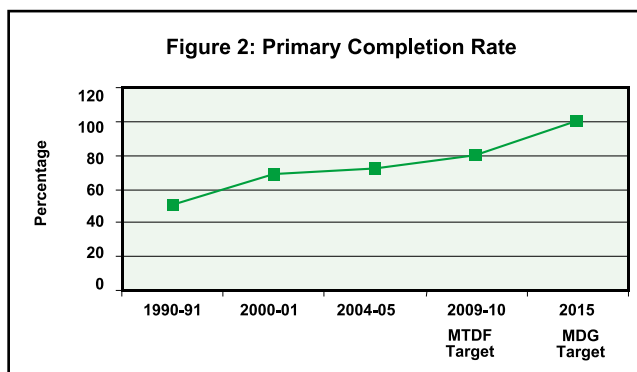


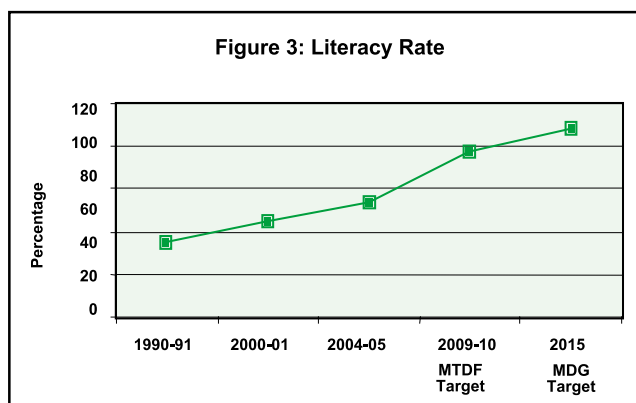
Table1: Net primary enrolment rate in Provinces				
	2001-02 PIHS		2004-05 PSLM	
	Male	Female	Male	Female
Punjab	47	43	60	55
Sindh	46	34	53	42
NWFP	48	33	53	40
Balochistan	39	24	44	29

In the last four years net primary enrolment rate of males increased by 13 percentage points in Punjab, highest as compared to other provinces (Table 1). It has increased by 7 percentage points in Sindh. In NWFP and Balochistan it has increased by 5 percentage points each. In case of females there is 12 percentage points increase in net enrolment in Punjab, 8 percentage points and 7 percentage points in Sindh and NWFP respectively and lowest in Balochistan at 5 percentage points. Provision of free text books, free uniforms combined with a stipend of Rs. 200 per month paid to each girl are some of incentives offered under the Punjab Education Sector Reforms launched in 2004. Such conditional cash transfers though translates into higher enrolment



in the short run, but raise issues regarding their long term sustainability.

The proportion of pupils starting grade 1 and reaching grade 5 is rising. Current trends portray encouraging results:- about 72 percent of pupils starting grade 1 reach grade 5 compared with 68 percent in 2000-01. It has increased at the rate of 1 percentage point a year (Fig 2). The completion rates for girls are also improving but continue to be lower than boys. Further improvements are expected with the on going implementation of the Education Sector Reforms (ESR) and Education for All (EFA) 2001-2015 initiative. National Commission for Human Development focuses on increasing enrolment at the primary level by curtailing drop out rate and strengthening the existing public schools by providing physical and human resource support.

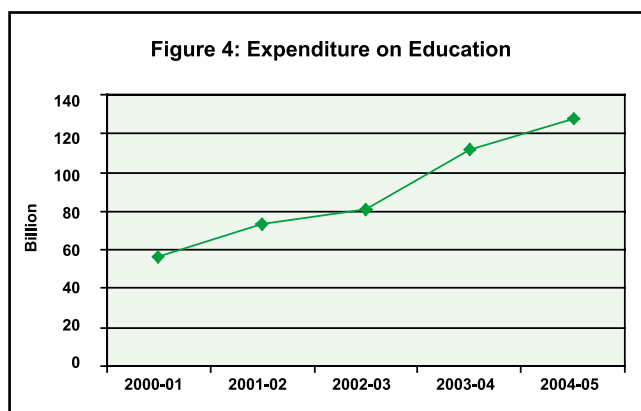


Literacy rate of population of over 10 years of age remains low but is gradually rising. In 1991, it was reported as 35 percent and after a period of ten years in 2000-01 it was approximately 45 percent and according to the recent PSLM survey 2004-05 it stands at 53 percent, showing an increase of 2 percentage points annually in the last four years (Fig 3). However there are large gender gaps even at the national level. The female literacy rate is 40 percent compared with the male literacy rate of 65 per cent. Similarly,

	2001-02 PIHS		2004-05 PSLM	
	Male	Female	Male	Female
Punjab	57	36	65	44
Sindh	60	31	68	41
NWFP	57	20	64	26
Balochistan	53	15	52	19

according to PSLM 2004-05 literacy rates are lower in rural compared to urban areas.

There is considerable variation in literacy rate across provinces and gender. They vary from as low as 15 percent for females in rural Balochistan to 68 percent for males in urban Sindh. Except for Balochistan, where literacy rates have stagnated for males and shown only a marginal improvement for females, all other provinces record a



7 to 8 percentage point improvement. This improvement reflects a number of factors. National Commission for Human Development established Adult Literacy Centers in fifty eight districts of Pakistan, (during 2002-04) where 160,533 illiterates graduated as literates. Government spending on education rose by an average of 16 percent per annum between 2001 to 2005 (Fig 4). In the last 4 years allocation to education sector increased from Rs. 73.7 billion in 2001-02 to Rs.132.9 billion in 2004-05. The expenditure on primary education is also rising (Table 3).

Table 3: Expenditure on Primary Education (Rs. Millions)			
Year	Current	Development	Total
2000-01	26374	644	27018
2001-02	29333	1977	31310
2002-03	32651	612	33263
2003-04	38758	4935	43693
Source: PRSP Quarterly Progress Reports			

**Policies and Programs:**

To create a supportive environment for Education Sector and achieve the MDGs, Government has taken major steps such as restructuring of the Ministry of Education. A monitoring and evaluation cell has been created to monitor the progress of these targets.

Major programs begun under the umbrella of National Education Policy 1998-2010, aimed at holistic development in education sector, improvement in early childhood and primary education, adult literacy, and reducing gender disparities in education are under implementation. Number of primary school teachers increased by 66,000 during the last four years. Education Sector Reform program emphasizes rehabilitation of existing public primary and middle level schools to make them functional. This would create the necessary impetus for school enrolment. Additional funds continue to be allocated for facilities such as drinking water, latrine, electricity and boundary walls.

**Challenges and Constraints**

Education service delivery in Pakistan faces a multitude of challenges, including inadequate supply of trained and sufficiently motivated teachers, poor physical infrastructure and other facilities, and poor quality and relevance of curricula. Under-investment in quality education needs to be corrected to improve supply of services and positively influence enrolment, retention, teacher quality and attendance, and learning achievements. Some of the major constraints and issues needing immediate resolution within the education sector are:-

- Data collection and dissemination: Major discrepancies arise due to differences in the methods used for data collection, the use of different definitions of variables, and the time lag between data collection and its publication. These discrepancies are sometimes significant, for example, between the National Education Management Information System (NEMIS) and the Pakistan Integrated Household Survey (PIHS).
- Affordability and willingness: The major reasons for children either not attending school or dropping out of primary school are high cost of education (including fee and related expenses), inadequacies in the quality and relevance of education particularly at the primary level, and the parental attitudes, especially in the case of girls. Distance from school adds to monetary and time costs.

- ♦ A most crucial issue is the shortage of competent and qualified teaching staff. In the elementary sub-sector about 1,55,000 additional teachers are required. The Government is taking many initiatives to overcome this discrepancy
- ♦ Low public investment in education and cost effective utilization of allocations: Budgetary allocations for education have been rising but remain low. More than 90 percent of the current allocations are spent on meeting staff salaries and the remainder is insufficient for providing other quality educational inputs. A large number of students shifted from public to private schools, in particular, due to problems related to teachers' quality and absenteeism.
- ♦ Need for low cost options to enhance access and service delivery: The government recognizes that community participation in the provision of quality education is necessary for enhancing ownership and operation and maintenance (O&M).
- ♦ Coordination between federal, provincial and district levels is crucial in areas of policy formulation, quality of statistics and awareness of good practices at the sub national level.
- ♦ The Government and development partners need to show more commitment towards achieving MDGs. At present the budgetary allocations are not sufficient to successfully implement these projects and accomplish the goal of achieving universal primary education by 2015.

### New Initiatives 2005-10

The Medium Term Development Framework (MTDF) 2005-10 provides the following new incentives:-

*Restructuring Schools and Formal Education Centres:* Government has decided to upgrade the existing education system. Katchi classes are to be made part of the primary education system. Medium Term Development Frame Work (MTDF) has already proposed 30,000 new primary schools in the country. Priority will be given to enhance education quality. Free education up to matriculation and inclusion of vocational and technical Centres in secondary schools are part of the strategies designed for the period 2005-10.

*Reducing Gender Disparity:* As Pakistan's gender gap is more striking in rural areas, the government is implementing programmes that target incentives for girls through monthly stipend and free text books. Also it has been decided that all primary schools will be converted to co-educational schools to reduce the gender gap.

*Madrassa Reforms:* To enhance the capacity of such institutions government has taken many initiatives including introduction of subjects such as English, Maths, Pakistan Studies and General Science at all levels.

*Public Private Partnership:* Government's effort to strengthen public-private partnership resulted in the establishment of 30,000 private schools with an enrolment of 3 million students across the country. The network of private schools is expanding fast; It is estimated that the number of private schools would rise to 55,000 in 2009-10 from 42,000 in 2004-05. However to ensure minimum standards of curricula, physical and teaching environment, private schools are to be regulated and monitored.

*Literacy:* In order to meet these targets 11000 Literacy Centres have been established. Over a quarter of a million people aged 10+ are imparted basic reading and writing skills through these centres. Teaching /learning /Supplementary material and teaching kits are provided to all Centres. National Literacy Curriculum is being developed.

## Goal 2

*Capacity Building of Teachers:* To improve the quality of education, it is essential that schools have competent teaching staff. MTFDF proposes that the minimum level of qualification for school teachers be raised to Bachelor's degree. Professional teacher's training at regular intervals will be introduced and consolidated into the system. Also number of teachers will be increased to meet the demand of the schools. Teachers training institutions at district level will be established to cater to the needs of even the smallest communities, so that quality of education can be enhanced evenly across the country.

*Strengthening of Educational Management Information System:* Government in collaboration with UNESCO has approved a plan to strengthen the EMIS. This capacity building, begun in 2005, will enhance the quality and efficiency at all levels and removes some of the difficulties mentioned above. However NEMIS provides only information on the public sector facilities, and hence periodic surveys would be required to monitor the educational developments in the private sector.

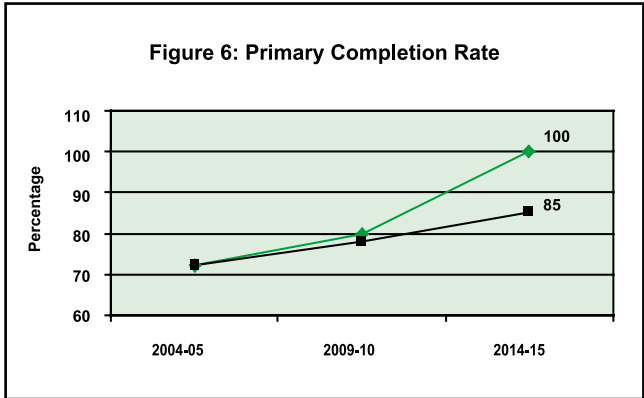
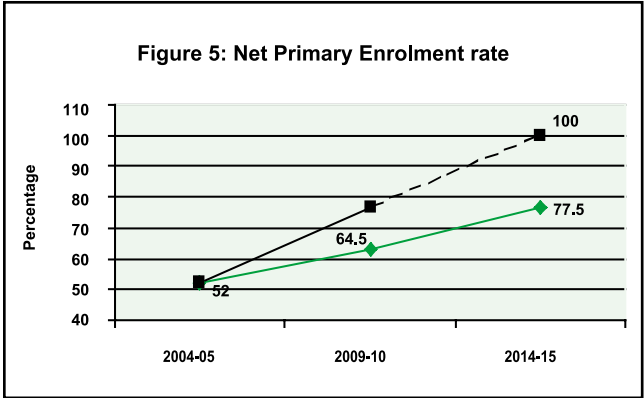
### Achievability

Under the Medium Term Development Framework (MTDF) net primary enrolment and literacy is targeted to reach 77 percent and primary completion rate to 80 percent by 2009-10. The corresponding MDG targets are 100 percent and 88 percent respectively.

These targets present a major challenge. If the net primary enrolment increases at the rate of 2.5 percentage points per annum observed in the last four years, it will be 64.5 percent and 77.5 percent by the year 2009-10 and 2015 respectively (Fig. 5). Only if the per annum increase more than doubles to 5 percentage points, net primary enrolment would achieve the MDG target of 100 percent by 2015. Unflinching commitment and monitoring is required and rigorous efforts backed by adequate financial resources are needed at all levels of government to attain these targets

Primary completion rate is yet another crucial target. Assuming an average drop-out ratio of 25 percent, half of the currently observed rate, it would be approximately 85 percent (Fig.6) by the year 2015.

Government has progressively increased its budgetary allocations to public sector education. During the MTFDF period an amount of over Rs. 50 billion has been allocated in the development budget for elementary education, literacy and teacher training. Recurrent budget will be much larger. Even this level of resource effort will not meet the target



fully. The help of Pakistan's development partners will be necessary. They have committed financial assistance for different programs and in various forms. Funds from Debt Swap will provide assistance for upgrading institutions and enhancing teaching skills of teachers.

The areas within the sector that need prioritized alternate for financing are: incentives for enhancing learning achievement; advancing functional literacy; campaigns highlighting evident and intrinsic benefits of education and enhanced earning power; campaigns targeted at lowering perceived costs of education; technical assistance for effective decentralization of the education system; and development of public-private partnerships.

Policy interventions are being planned on several fronts to achieve the desired outcomes, including bringing clarity in roles and responsibilities, achieving synergies in resources and capacities, establishing partnerships between planners, service providers and communities, addressing governance related problems, instituting regular supervision and monitoring and tracking arrangements. Strengthening institutional capacity at the local government level is the key for achieving MDGs and issues of administrative and fiscal devolution are crucial. These will form the key ingredients of reforms by the Government.





*Promote Gender Equality and Women Empowerment*



# GOAL 3

## Promote Gender Equality and Women Empowerment

### Introduction

Development remains an incomplete process unless it includes both men and women at all levels of social, economic and political functioning. Gender equality is both an essential element of any

#### Target 4: Eliminate gender disparity in primary and secondary education by 2005 and to all levels of education no later than 2015

Indicators	Definitions	1990-91	2000-01	2004-05	PRSP Target 2005-06 <sup>7</sup>	MTDF Target 2009-10	MDGs Target 2015
Gender parity index (GPI) for primary, secondary and tertiary education	Proportion of girls' enrolment at primary, secondary and tertiary levels in comparison with boys	Primary: 0.73 <sup>1</sup> Secondary: N.A	Primary: 0.82, Secondary: 0.75 <sup>1</sup>	Primary: 0.85, Secondary: 0.83 <sup>1</sup>	Secondary: 0.73 <sup>8</sup>	Primary: 0.94, Secondary: 0.90 <sup>2</sup>	Primary: 1.00, Secondary: 0.94
Youth literacy GPI	Proportion of females as compared with boys aged 15-24 who can read and write	0.51 <sup>3</sup>	0.65 <sup>3</sup>	0.67 <sup>4</sup>	0.70	0.85 <sup>4</sup>	1.00
Share of women in wage employment in the non-agricultural sector	The share/proportion of women employed in the non-agricultural wage sector (%)	8.7 <sup>5</sup>	8.9 <sup>5</sup>	10 <sup>2</sup>	n/a	12 <sup>2</sup>	14
Proportion of seats held by women in national parliament	Proportion of seats held by women in the national parliament (%)	National Assembly: 2/217 = 0.9, Senate: 1/87 = 1 <sup>6</sup>	National Assembly: 72/342 = 21, Senate: 17/100 = 17 <sup>6</sup>	National Assembly: 72/342 = 21, Senate: 17/100 = 17 <sup>6</sup>			

#### Notes and Sources:

- 1 PIHS 1990-91, PIHS 2000-01, PSLM 2004-05
- 2 MTDF 2005-10
- 3 Ministry of Education
- 4 Thematic Group on Education
- 5 Labour Force Survey 1991-92, 2001-02
- 6 Women and Men in Pakistan, Federal Bureau of Statistics
- 7 All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003
- 8 A lower number for 2005-06 by the PRSP secretariat was estimated in 2002-03, while the 2004-05 number is based on PSLM 2004-05 survey

development process and a result of sustainable development. It therefore demands women's empowerment, a process that leads to greater participation in social and political processes, greater decision-making power and to conscious action for social transformation. It has been realized that there is a critical need for a gender specific development for the reduction of poverty.

### Progress during 2000-05

#### Status and Trends

Social and economic disparities continue to exist between men and women in Pakistan; however, there are some areas in which significant progress has been made. In some areas, available indicators point to a steady though slow improvement. The following trends are discernible from the foregoing data.

- The ratio of girls to boys has improved at all levels of education (primary and secondary).
- The ratio of literate female youth to literate male youth has risen, albeit marginally.
- The share of women in wage employment in non-agricultural sector has improved gradually to about 10 percent.
- The role of women in national politics and decision-making has improved significantly.

Gender parity index for primary education has increased from 0.73 in 1990-91 to 0.85 in 2004-05, while gender parity index for secondary education increased from 0.75 in 2000-01 to 0.83 in 2004-05.

For 2000-01, in the age bracket 15-24 years, the Ministry of Education estimated the ratio of literate women to literate men as 0.65. It shows a significant improvement over the base ratio of 0.51 in 1990-91. The GPI inched to 0.67 in 2004-05. However, this indicator shows asymmetries across rural-urban categories. Female literacy rate is lower than male in both settings, but the difference is more marked in rural areas. Literacy rates in rural areas have generally lagged behind the rates in urban areas.

Although recently conducted PSLM survey indicates improvement in female literacy rate to 40 percent, still it remains way below the male's literacy rate of 65 percent. Similarly the female labour participation rate is much lower. Thus gender gap continues to persist and is more accentuated in the rural areas of provinces.

In Pakistan, the reason for high level of gender disparities in primary and secondary education is initial low enrolment rates of girls and then high drop out rates. Data on education (from PIHS 2001-02) suggests that 60 percent of boys of age 5 never go to school and this ratio declines to 20 percent at the age of 11 whereas data for girls shows that this ratio is stagnant at 50 percent at age nine, meaning most girls do not enroll in older age. Drop out rates for girls are higher than boys especially in rural areas. Another important factor for low attainment of girl's education is the distance to schools. According to PIHS (2001-02) about 67 percent of rural communities have girl's public primary school whereas for boys this figure is 85 percent. Twenty two percent communities have girl's middle public schools and 26 percent have boy's schools. About 7 percent of the communities have public school at a distance of 1-2 kilometers from the community, for 12 percent the school is 3-5 kilometers away and for 14 percent the distance is greater than 5 kilometers. According to World Bank analysis, the probability of enrolment for girls is 18 percent higher in communities maintaining girl's public school. Travel cost due to greater distance is another restraining factor. Families report much higher travel cost for middle and secondary school going girls. Another important factor that can increase girl's enrolment is the availability of female teachers in schools.

The share of women in wage employment in the non-agricultural sector has increased gradually from 8.7 percent in 1990-91 to 8.95 in 2000-01 and to 10 percent in 2004-05. The MTFD and MDG targets are 12 percent for 2009-10 and 14 percent for 2015 respectively. According to the Labour Force Surveys, female unemployment rate has decreased from 16.5 percent in 2001-02 to 12.7 percent in 2003-04 and this decline is in all age groups. The decline across the two years is significant for all age groups, except for the prime age working group 25-54 years.

There are also considerable gender disparities in average monthly income. Average monthly income of females at Rs. 2594 is 60 percent of males monthly income of Rs. 4329. In urban areas female income is 71.7 percent of male income and in rural areas it is 53.5 percent of male income. There is also a gap between female urban income and female rural income; females in rural areas are earning about 52 percent of what females in urban areas are earning. These differentials reflect underlying differences in educational attainment, job experience, occupational variations and non-economic factors.

Ages	2001-02	2003-04
10-24	19.6	13.4
25-54	10.8	8.9
55-64	33.4	25.0
65 & above	54.6	44.2
Total	16.5	12.7

Source: Labour Force Survey 2001-02, 2003-04

The share of women in national decision-making has risen sharply due to the changes in the Constitution and implementation of the Devolution Plan 2001. It guarantees a much larger representation of women in the National and Provincial Assemblies, the Senate and the Local Government Councils. In 1990-91, women had 2 reserved seats out of 217 seats in the National Assembly and 1 reserved seat out of 87 seats in the Senate. Now women have 72 reserved seats out of 342 seats in the National Assembly and 17 reserved seats out of 100 seats in the Senate. Thus the women representations rose from 0.9 and 1 percent in 1990-91 to 21 and 17 percent in 2002-03 in the National Assembly and Senate respectively. The Devolution Plan has fixed a 33 percent quota for women in local councils at the union, tehsil (municipality) and district level and unprecedented number of women, i.e., 36,000, got elected to the local councils in 2001.

Recently the number of union council's seats were reduced from 21 to 13. The total number of union councilors will decrease from 114,418 to 66,220; correspondingly women seats would decline from 36,132 to 18,066, but their share in representation would remain at 33 percent. Women participation in politics as voters, candidates and political activists is increasing. Voices have been raised to increase the share of women in the parliament also to 33 percent. However this has not led to the emergence of women as leaders in the arena of politics.

### **Policies and Programmes**

Government of Pakistan is committed to achieve the objectives of gender mainstreaming and gender equality in all spheres of society. This commitment is formalized through a number of policy, strategic and institutional measures adopted by the Government to promote gender equality. Pakistan has ratified many international laws and conventions i.e., Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), the Child Rights Convention (CRC), various ILO

Conventions (such as C100, which mandates equal pay for equal work) and is committed to implement them. Parliament has passed a bill on Honor Killing "Criminal Law Act 2004".

The National Policy for the Development and Empowerment of Women 2002, encompasses all critical areas pertaining to women and contains key guidelines and policy directions. The National Plan of Action (NPA) for Women is a key follow up of the Platform for Action adopted by Pakistan at the Fourth UN World Conference for Women in Beijing in 1995. To implement the recommended actions of the NPA, the government established the National Commission on the Status of Women in 2000.

Education Sector Reforms particularly seek to increase opportunities for girls and reduce gender gaps in education. The Government is implementing a mega project, Tawana Pakistan 2002-06, with the goal of improving the nutrition and education status of the girl child. A five-year Gender Support Programme initiated with UNDP support, integrates all UNDP gender related projects and upcoming initiatives into a program approach. In order to improve women's political participation, a National Programme for Women's Political Participation, 2002-2006 was launched in 2002. This Programme provides a holistic and integrated approach to promote women's full and equal participation in decision making in all political structures and processes at all levels of governance.

Gender Reform Action Plan (GRAP) is being implemented since 2003 at the federal and provincial levels (3 out of 4 have been approved). GRAP focuses on engendering planning and budgetary process to narrow the gender gap in public expenditures, restructuring of national machinery dealing with gender issues, securing women employment in decision making positions and facilitating policy shifts from social welfare to social development, and women's development to gender equality.

Pakistan BaitulMal has started a program of vocational training and rehabilitation of girls. About 3000 girls enrolled in 46 vocational training schools are receiving trainings in different skills. Ministry of Women Development has provided the credit line to First Women Bank Ltd. of Rs. 48 million through which FWBL has provided small loans of Rs. 5000 to Rs. 25000 to approximately 23000 poor and deserving women up to October 2003. In public sector organizations 5 percent of job positions are reserved for women. The Government has decided to increase the number of Lady Health Workers (LHWs) from 86,000 to 100,000. This program would benefit women both as service providers as well as beneficiaries, and would help improve maternal and infant mortality. Information Technology Policy 2000 emphasizes the strategy to facilitate and encourage training and hiring of women in IT sector to help reduce their unemployment and utilize this largely untapped human resource. Environment Policy 2004-05 suggests all environment related policies, projects and programs are to be gender sensitive and promote empowerment of women compile gender disaggregated data and ensure the effective participation of women in all policies.

Development of Gender Management Information System (GMIS) is underway which on completion will facilitate MoWD. Women development departments have been set up to plan strategic interventions based on the gaps identified in the gender-disaggregated data generated through the GMIS. Efforts are underway to include women in steering committee of water partnership by the Ministry of Environment and Local Govt. The Ministry of Women Development, Social Welfare and Special Education continued its efforts for provision of micro-credit to the needy and poor women for micro-enterprise development. The modest efforts in this direction are being made through the First Women Bank Ltd, Crisis Centres for Women in Distress and NGOs. Punjab govt. has established 7 centers under the title of PANAHA for providing relief to women victims of violence, while 12 rescue homes are already working in different districts.

Islamabad Plan of Action was adopted at the International Conference: “Gender Mainstreaming and the MDGs” held in March 2005. The plan of action’s recommendations include; Promoting gender equality and achieving MDGs, strengthening gender mainstreaming techniques, empowering women, promoting human rights and peace, poverty alleviation, and provisioning health and education.

### Challenges and Constraints

Gender gaps continue to persist and the challenge is to mainstream gender concerns into the overall planning, implementation and sectoral programming for improving the women status. Women are more adversely affected by the incidence of poverty on account of their weak position and educational background, low participation in economic activity, and inequitable access to productive resources. The situation of rural women in Pakistan is worse than that of their urban counterparts.

One of the major challenges in way of gender equality and women empowerment is the access. Whether it is access to education, health facilities, employment opportunities, information or to credit facilities, all of these obstruct in the way of women empowerment and the efforts to reduce the gender gap. Due to low access to education, literacy rate is low. Mortality and morbidity rates are high for females due to a variety of reasons. Many health facility units located at a distance from communities are inaccessible by women of rural areas. Inaccessibility is compounded by restricted mobility. The latter constraint may not prove binding if health facility units were within accessible limits. Exclusive reliance and acquiescence of rural women in decision making of males leads to delayed actions. In addition due to illiteracy, women have a little access to information about health care. There is an urgent need to increase awareness among female population about health and hygiene issues.

Women have limited access to opportunities. Lack of market links and mechanisms and control over productive assets further restrict job opportunities. Restriction in mobility further prevent women entry into the broader workforce and public areas. Thus not only women participation rates remain low; they work in a much narrower range of occupations, e.g. agriculture, health and education. Also they choose to work closer to their homes and hence may command lower wages. Seventy percent of rural women work in agriculture and livestock sectors, and three quarter of the urban female labour force work in non-formal sector, where women are deprived of adequate remuneration and other job benefits. Female participation rate may increase through skill training, investments in time-saving infrastructure, micro credit, some regulation of the home-based work, and affirmative actions to discourage discriminatory practices. In addition to the above there is no sustainable employment policy for women. Involvement of women entrepreneurs in diversified export base remains very thin.

There is also a lack of monitoring mechanism for women development programs/ policies/ projects etc. Lack of availability of gender disaggregated data weakens the quality of monitoring. There is also lack of gender impact analysis regarding other issues. Government is encouraging a gradual use of gender budgeting in project feasibilities.

One of the biggest challenges is to create enabling environment by expanding, updating and rewriting the archaic civil, criminal and family laws along with their effective enforcement. The laws are needed to protect rights of women to inherit family wealth, give them a fair deal in marital contracts and provide adequate protection against violence. Violence is very common and weak protection against it is the root cause of women immobility. In addition, in areas where policies and due legal procedures exists, they need to be effectively enforced.

**New Initiatives 2005-10**

MTDF 2005-10 specially focuses on economic empowerment of women along with social and political empowerment. Government supports the gender responsive budgeting and is committed to implement it.

A three-pronged approach is to be taken. In the first stage, the MTDF will ensure the incorporation of women’s concerns in existing national development programmes, e.g. recruiting, training and placing in rural areas women agricultural and livestock extension workers to work along with their male counterparts to impart information and training on the technological advances in agriculture and livestock; and to promote rural, agro-based industrial development. These initiatives are taken to increase the opportunities for women in agricultural sector along with creating employment opportunities in the non agriculture sector.

Secondly, short-term social protection measures are to be instituted to deal with endemic poverty. The Zakat, Bait-ul-Mal, Social Welfare, Food Support and other such programmes, are under review. The Government will ensure that women’s concerns and needs are incorporated at the conceptual and design stages of these exercises.

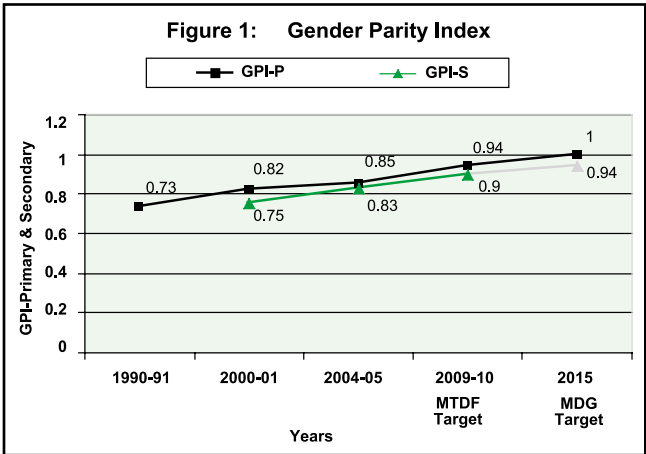
Thirdly, for longer term measures, particular emphasis is to be laid on the macro-economic policy framework to “engender” it; a gender-sensitive budgeting framework for the PSDP and the ADPs under the MTDF; along with an enabling legislative environment, e.g. enforcement of minimum wages and social security benefits under labour laws for women workers in agriculture and non-formal sectors, and equal wages in the organized formal sectors of the economy.

An amount of Rs 4.17 billion has been earmarked for under taking programmes/ activities for women’s social, economic and political empowerment.

**Achievability**

The MDG indicator on women seats in national parliament has already been achieved at the level higher than many developed countries. Considering the past trend, GPI in secondary education is within reach of MDG target. The immediate challenge is to achieve the medium term MTDF target for GPI in primary education. Similarly the attainment of MTDF target on youth literacy GPI is difficult in the light of resistance to change as extrapolated from the past trends. If however the MTDF target is achieved, then achieving the MDG target becomes more likely.

Given the recent dynamics in women employment, the achievement of MTDF and MDG target on women’s share in wage employment in the non-agriculture sector is a distinct possibility.







*Reduce Child Mortality*

# GOAL 4

## Reduce Child Mortality

Target-5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate							
Indicators	Definitions	1990-91	2000-01	2004-05	PRSP Target 2005-06 <sup>8</sup>	MTDF Target 2009-10	MDG Target 2015
Under-five mortality rate	No. of deaths of children under five years of age per thousand live births	140 <sup>2</sup>	105 <sup>3</sup>	100	80	77	52
Infant mortality rate	No. of deaths of children under 1 year of age per thousand live births	102 <sup>1</sup>	77 <sup>4</sup>	73	63 <sup>10</sup>	65	40
Proportion of fully immunised children 12-23 months	Proportion of children of 12 to 23 months of age who are fully vaccinated against EPI target diseases (%)	75 <sup>1</sup>	53 <sup>5</sup>	77 (M:78 F:77) <sup>7</sup>	82	90	> 90
Proportion of under 1 year children immunised against measles	Proportion of children 12 months of age and received measles vaccine (%)	80 <sup>1</sup>	57 <sup>5</sup>	78 <sup>7</sup>	80 <sup>1</sup>	90	> 90
Proportion of children under five who suffered from diarrhoea in the last 30 days and received ORT	Proportion of children under 5 years suffering from diarrhoea in past 30 days (%)	26 <sup>5</sup>	12 <sup>5</sup>	16 <sup>7</sup>	n/a <sup>9</sup>	16	< 10
Lady Health Workers' coverage of target population	Households covered by Lady Health Workers for their health care services (%)	n/a <sup>6</sup>	33.6	80	83	90	100

### Notes and Sources:

- 1 Planning Commission
- 2 Ministry of Health
- 3 Pakistan Reproductive Health and Family Planning Survey 2000-2001
- 4 Pakistan Demographic Survey 2001
- 5 Pakistan Integrated Household Survey 2000-01
- 6 The LHW Programme started in 1994 with 30,000 LHWs
- 7 CWIQ 2005
- 8 All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003
- 9 Based on the definition, "Proportion of children under 5 years who passed more than 3 watery stools per day and received ORS (treated with oral dehydration salt)", used in MDGR 2004, the PRSP target for 2005-06 was 40%
- 10 The lower number is an estimate by the PRSP secretariat. MTDF estimate of 65 in 2009-10 is based on the 2004-05 estimate of Planning Commission/Ministry of Health



## Introduction

Although a significant decline in the overall mortality rate is observed during the last few decades, yet infant and child mortality remain quite high. Since latter is considered to be not just a cause but also an effect of poverty, substantial decline in its magnitude becomes one of the key policy aims for improving the general well-being of a developing economy.

## Progress during 2000-05

### Status and Trends

*Under five Mortality Rate:* As per the latest available information, out of each one thousand live births, 100 children die before the age of 5. Despite the fact that this is a marked improvement since the start of the decade, pace of change during the last five years has slowed down as compared to the previous decade. It is attributed to increasing burden of poverty leading to inappropriate care seeking behaviour, inaccessibility of health care services due to high costs, bad practices due to ignorance, illiteracy etc. For instance, regional studies of representative communities in Sindh indicate that in poor families, 25-30% of babies are born under-weight as compared to only 10% of those belonging to non-poor families.

Since all the major causes of deaths in children under five years of age are preventable as well as curative including acute respiratory infections, diarrhoea, measles and other prenatal causes, the government is aggressively pursuing a multi-program strategy targeting each one of these causes.

*Infant Mortality Rate:* The current status of infant mortality rate is 73 deaths per one thousand live births. Among these, neo-natal deaths account for almost fifty percent and have remained relatively resistant to change in the last few decades. Major causes of infant deaths are almost the same as those of children less than five years of age but there are some indirect factors discretely related to the former affecting them through pregnant/ lactating mothers. These include neo-natal tetanus, nutritional as well as general health condition of mother etc. Here too, the pace of change during the last five years has slowed down as compared to the previous decade. The ongoing acceleration of tetanus vaccination for ten million women of child bearing age in sixty one high-risk districts along with the expansion of vaccination program against major diseases is further improving the situation.

	Full Immunization Coverage		Measles Immunization Coverage		Diarrhoea cases where ORS was given		Diarrhoea incidence	
	2000-01	2004-05	2000-01	2004-05	2000-01	2004-05	2000-01	2004-05
Punjab	57	84	63	85	45	63	14	15
Sindh	45	73	46	73	70	92	11	18
NWFP	57	76	59	77	57	84	19	15
Balochistan	24	62	38	62	71	85	17	13
Total	53	77	57	78	54	78	12	16

Source: Pakistan Social and Living Standard Measurement Survey 2005

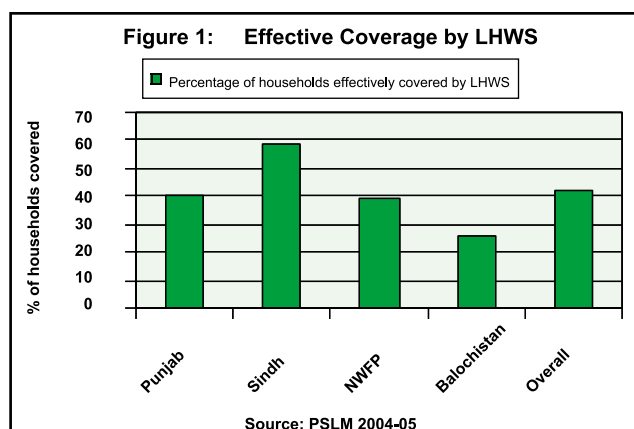
**Fully Immunized Population Proportion:** Proportion of population less than two years that is fully immunized against six preventable diseases has drastically increased during the last five years with variable coverage of each disease. Assessments by WHO for the year 2003 show that immunization coverage for Tuberculosis increased from 66 percent in 2000 to 82 percent, DPT from 59 to 67 percent, Polio from 59 to 69 percent and Measles from 55 percent to 61 percent. Though numbers after 2003 are not available there is a strong indication that immunization coverage against each one of these six diseases is increasing. This is evident from decline in the number of confirmed polio cases from 103 in 2000, by almost 50 percent in 2004 with a total of 53 cases registered. In the year 2005, so far a total of only ten polio cases have been reported. Provincial breakup shows that the highest increase in immunization coverage has been in Balochistan province\_\_ by thirty eight percentage points while the lowest change has been in NWFP\_\_ by 19 percentage points as shown in Table-1. The government is well cognizant of the fact that full immunization coverage is an important aspect of decreasing infant and child mortality rates in the country and is therefore pursuing an extensive program expansion strategy.

**Population Proportion Immunized against Measles:** Almost seven percent of all deaths among children less than five years of age are due to measles. The proportion of population twelve years of age covered against measles has drastically increased by twenty one percentage points during the last five years which may be attributed to government's extended program for immunization. Looking at the provincial break-up, it is observed that the highest level of improvement is observed in Sindh province\_\_ by 27 percentage points while lowest is in NWFP\_\_ by eighteen percentage points.

**Diarrhoea Incidence:** It is worth noting that the definition of this indicator has changed in this report as compared to the previous one in order to align the monitoring process with the Pakistan Social & Living Standards Measurement Survey (2004-05). In case the previous definition of this indicator is used, which states that it is the 'proportion of population less than five years of age suffering from diarrhoea but received oral re-hydration therapy (ORT)', then an improvement by 23 percentage points is observed during the last five years.

Using the current definition of 'proportion of population less than five years of age suffering from diarrhoea' a 4 percentage point's worsening is recorded during the last five years. This increase in diarrhoea incidence in Sindh province was due to outbreak of gastroenteritis disease at the time of field survey. Emphasis of the government's health policy on treatment of diarrhoeal dehydration through ORS has helped to keep the incidence in check in other provinces.

**Lady Health Workers Coverage:** The lady health workers are responsible for creating awareness of mother-child welfare practices and supplementing the immunization coverage and outreach programs. During the last five years their coverage has increased significantly by 47 percentage points. It is worth noting that MDG-4 monitors the administrative coverage of lady health workers and not their effective coverage. Effective coverage monitored through PSLM 2004-05 gives the province-wise and overall status of coverage of households (Figure 1).



## Goal 4

However, as effective coverage was not monitored in 2000-01, it cannot be compared. The difference between administrative and effective rates show gaps in implementation processes that need to be closed.

The government is following an aggressive health strategy for the last five years. In this regard, from the 'input side' following improvements during 2000-05 need mention: An addition of 50 MCH centres, approximately 20,000 doctors, 2000 dentists, 11,000 nurses, 1000 mid-wives and 1300 lady health workers (Table 2).

Even though the per annum increase is satisfactory, the population / service ratio is high partly as a consequence of high population growth rate. As for the development expenditure, in absolute terms it increased by approximately Rs.14 billion during this period, but as percentage of GDP, it remained static. Higher economic growth and rebasing of GDP led to increase in nominal disbursements but did not translate into a higher share for the health sector allocations.

Table 2						
	MCH Centers	Doctors (000)	Dentists (000)	Nurses (000)	Mid-wives (000)	Lady Health Workers (000)
2000	856	92.7	4.2	37.6	22.5	5.4
2001	879	97.2	4.6	40.0	22.7	5.6
2002	862	102.5	5.1	44.5	23.1	6.3
2003	907	108.1	5.5	46.3	23.3	6.5
2004	906	113.2	6.1	48.4	23.5	6.7

Source: Ministry of Health & Planning Commission.

Table 3					
	Development Expenditure (Billion Rs.)	Non-Development Expenditure (Billion Rs.)	Total Expenditure (Billion Rs.)	% Change	As % of GDP
2000	5.9	18.3	24.3	9.9	0.7
2001	6.7	18.7	25.4	4.6	0.7
2002	6.6	22.2	28.8	13.4	0.6
2003	8.5	24.3	32.8	13.8	0.6
2004	11.0	27.0	38.0	15.8	0.6

Source: Ministry of Health & Planning Commission.

## Policies and Programs

Improvements in some of the outcome indicators of health sector can partly be attributed to the progress and policy interventions by the government during 2000-05. The government of Pakistan took a number of steps over the last five years. The National Health Policy 2001 was formulated with the main objective

of implementing a strategy that promotes public health, upgrades curative health care facilities, and protects people against hazardous diseases in order to enhance equity, efficiency and effectiveness in the health sector. Some of the salient measures/programs undertaken by the government in order to further substantiate the betterment in child health are as follows:-

1. The National EPI Programme of the government aims at protecting children and mothers by immunizing them against six preventable diseases with coverage of about 75% children falling in the age bracket of 12-23 months against both EPI and measles. The immunization coverage expanded over the last few years through fixed centres, outreach teams and lady health workers as well as through special immunization campaigns. The Programme improved through a project supported by Global Alliance for Vaccine Initiative (GAVI), which helped to introduce immunization for Hepatitis B for infants and immunize 5 million ladies of child bearing age in 65 districts.
2. Oral re-hydration therapy is being successfully implemented by the government to control diarrhoeal disease with expected coverage of 50 percent of children less than five years of age through provision of 26 million packets of oral re-hydration salt (ORS) annually.
3. Nutrition programmes with the aim of controlling micro nutrient deficiencies, infant mortality, low birth weight, iron deficiency, anaemia as well as iodine deficiency is implemented by the government under three heads: iodine deficiency control program, iron supplements through the National Program of FP/PHC, and a vitamin A supplementation program for children under five. Besides the initiation of National Nutrition Programme, improvement of Nutrition through Primary Health Care and Nutrition /Public Awareness as a five-year project in February 2002, Ministry of Health has recently proposed to set up a five-year project entailing wheat flour fortification as well.
4. Government's Lady Health Workers (LHW) program with one of the aims of ensuring immediate newborn care through professional interventions is expected to further reduce neonatal mortality, especially the one that occurs in the first 7 days of birth. As an effective implementation step, it is mandatory for a lady health worker to attend a new born within the first 72 hours of birth. Moreover, to build the technical capacity of the LHWs, training is imparted to identify complications in newborns and refer as appropriate. The target for 2004 to train 17,000 lady health workers was met.
5. The government has launched mass communication campaigns as well, based upon the principles of social marketing aligned on contemporary behaviour change communication methodologies.
6. A number of studies were commissioned to assess gaps in the delivery of immunization services in the field. A 'barriers study' conducted in each province compare low and high performing districts. Furthermore, a cold-chain assessment in 34 EPI focal districts was planned and to date has been completed in 32 districts. In addition a 'Coverage Evaluation Survey' is planned for all districts from July-September 2005 with support from Global Alliance for Vaccine Initiative (GAVI).
7. In order to improve the monitoring and reporting mechanism of health sector, Health Management Information System is being upgraded along with the establishment of a National Health Information Resource Centre and a National Health Policy Unit, for responding to emerging health challenges. Moreover, improvements in Pakistan Integrated Household Survey (PIHS) as well as conduction of Core Welfare Indicator Questionnaire (CWIQ) as data collection tools are underway.

### Challenges and Constraints

The main challenges facing child health in Pakistan are low access (both in terms of availability and affordability) to good quality nutrition and poor management of health care and childhood illnesses. One explanation is inadequate public health expenditure in face of ever increasing demand. According to a report by WHO Commission on Macroeconomics and Health, US\$ 34 per capita is required for a package of essential health services in Pakistan. The total expenditure on health (THE) in Pakistan is US\$ 18 per capita out of which the total government health expenditure (GHE) is US\$ 4 per capita, which falls drastically short of the recommended level.

Moreover, a large amount of the same is spent on curative health programs with 80 percent used up on payroll expenditures. The situation is further aggravated by verticality and non-integration of preventive programs at the grass root levels of service delivery. For instance, it is observed that concentrated efforts of personnel and resources toward polio eradication tend to overshadow routine immunization activities in Pakistan. Furthermore, within the new framework of devolution, the influence of the Provincial EPI Cell to push routine immunization at a District level has become limited. Moreover, District-level vaccine stock management results in interrupted supply of vaccines from the Province to District and sub-district levels. Lack of resources for mobility has implications for outreach activities of vaccinators and supervisory staff. Persistent shortage of qualified staff, appropriate equipment and medicines in BHUs and RHCs and their use further reduces the capacity of local governments to effectively cater to the needs of expanding local population. Other challenges include inadequate social sector services delivery including safe water and sanitation, professional and managerial deficiencies, drug pricing, and high prevalence of communicable diseases.

Low availability of food at national level, with asymmetric distribution at household level is one of the major factors leading to high incidence of disease and ultimately death. Though, the national nutrition policy is designed to specifically cater to this challenge, it has several weaknesses, including lack of ownership and responsibility, weak managerial and technical support to provinces, and the absence of a strategic framework leading to fragmented and un-coordinated efforts producing limited impact.

In absence of safety nets or medical insurance scheme, children in poor families become most vulnerable. Moreover, improper feeding and late weaning practices are among the factors contributing to child malnutrition. There is also the need for facilitation of development and marketing of low cost indigenous fortified blended foods for consumption by pregnant mothers as well as for weaning their infants.

Currently, the monitoring and reporting mechanism of health related indicators is not as desired. This hampers the effectiveness and target efficiency of policies designed on the basis of this information.

### New Initiatives 2005-10

In order to overcome most of the challenges listed above, the MTFDF specifically emphasizes preventive, promotive and maternal and child health as well as primary health care for the next five years. The strategy is to strengthen family planning/ primary health care including maternal and neonatal health, establish health centres in the under served areas, enhance health education, and improve hospital management through boards and devolution. The Framework emphasizes holistic development including private-public partnerships and solution to the related issues of women education, environmental protection, access to safe drinking water, sanitation, air pollution, etc. Apart from continuing with the previous policies, few other programs/ policies devised under the MTFDF are

discussed below:

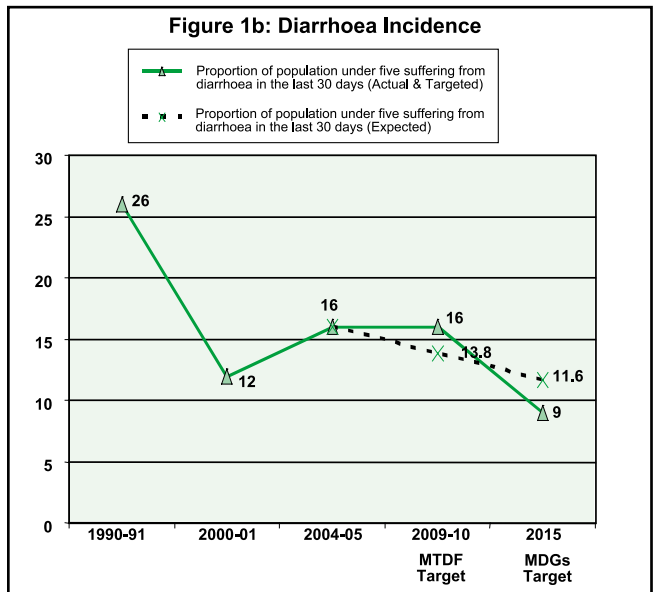
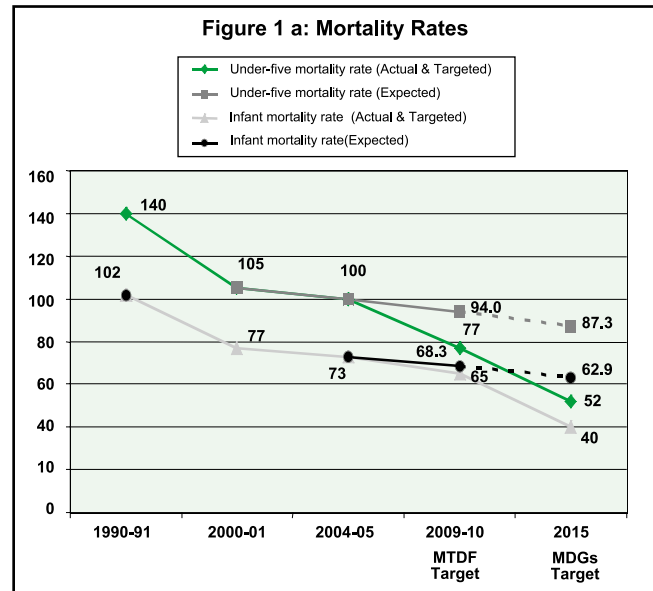
1. The Government has recently adopted a Child Survival Strategy (CSS) through consultations which aims at reducing mortality and morbidity through addressing the major childhood diseases including neonatal issues. The strategy will adopt preventive and promotive measures especially for child nutrition and vaccine preventable diseases with an integrated and holistic approach by increasing coverage of the target population with low cost interventions. The CSS stands on the following three pillars:
  - i. Child survival and care packages comprising newborn care, integrated package for management of childhood diseases, immunization and nutrition.
  - ii. Strengthening health systems comprises improving access, resource allocation and equitable distribution, management structure, regulating the private sector, and strengthen linkages with the community.
  - iii. Supportive strategies for strengthening public and private partnership, community partnership and oversight, community education and mobilization, and community based initiatives, and adopting appropriate family practices and care seeking behaviour.
2. Maternal and Neonatal Health Strategy and Child Health Strategy and a National MCH Program has been launched to improve antenatal care through building capacity of health care providers and promoting antenatal care. In this regard, interventions include TT vaccination, improving nutrition counselling of pregnant women, promoting the use of clean delivery kits, improving immediate newborn care (basic resuscitation), drying (delayed bathing), cord care, colostrums administration, counselling for exclusive breast feeding and improving recognition of the sick newborn infant and its stabilization and referral. The program is also expected to ensure availability of transport for early referral. The program will also focus on capacity building of the district health system, train medical staff in essential newborn care and will strive to ensure the provision of 24/7 newborn care in health facilities. It will also ensure availability of trained paediatricians, promote standardized training modules in newborn survival and provide incentives for performance related to Maternal, Child Health and Survival indicators in institutions and districts. It will seek the active participation of the private sector in basic newborn care and immunization and envisages training family physicians and obstetricians in basic newborn care and immunization. In addition, post natal care of the mother and the newborn will be improved and there will be efforts to enhance post delivery administration of Vitamin A and counselling for immunization, optimal birth spacing and family planning.
3. The National Health Facility Review emerged with consensus on a contemporary need for a strategic direction and clear definition to address the nutrition related challenges in Pakistan. This review proposed improvement of nutrition status through primary health care and nutrition education and awareness amongst general public. The program shall be implemented by 2006 and shall also include the Universal Salt Iodization Plan.
4. Micronutrient deficiencies add to the high rates of morbidity and mortality particularly in women and children. A long and short term plan has been devised by the Nutrition Wing for micronutrient supplementation and fortification using various delivery vehicles such as wheat flour for Iron and folic acid, edible salt for iodine and oil and ghee for Vitamin A. Currently Vitamin A supplementation is being done through Polio Immunization days.

### Achievability

Unrelenting focus of public health policies on child well-being over the last several decades has led to steady, albeit slow improvement in child survival within the country (Figure-1). A downward trend is

observed in less than five year old and infant mortality rates\_\_ they have been falling at an average rate of 1.6 and 1.7 percent per annum during 1990-2005 (Figure-1a). On the other hand, the downward trend of diarrhoeal incidence till 2000-01 by 5.4 percent per annum shows a slight reversal in 2004-05. As mentioned earlier the reversal of diarrhoeal incidence was due to outbreak of gastroenteritis disease in Sindh province at the time of CWIQ survey in 2004-05 rather than any structural/permanent deterioration in the incidence. (Figure 1b). Similarly full immunization coverage has increased at the rate of 4.1 percent per annum while immunization coverage against measles shows an average per annum increase of 3.2 percent. Same is the case with lady health workers coverage which shows a positive trend over the same period with an average annual growth rate of 27.3 percent.

Extrapolating the improvements of last five years till 2015, it is observed that immunization and lady health workers coverage indicators shall achieve the MDG target much before 2015. On the other hand, achievements related to mortality rates and diarrhoea incidence will fall short of MDG targets. The government is cognizant of likelihood of underachievement and has added new programs/ policies in its Medium Term Development Framework 2005-10 for further strengthening of its health strategy.







*Improve Maternal Health*

# GOAL 5

## Improve Maternal Health

### Introduction

Maternal mortality ratio has remained high in Pakistan since its inception. Health policies within the context of maternal health have not been able to achieve encouraging results. High maternal mortality rate is a matter of serious concern. Preventing maternal deaths requires the right combination of investment and public health policies to keep women healthy during pregnancy. During MTFD 2005-10 policies and programmes would be undertaken to bring the rising trend of mortality ratio in line with the MDG targets.

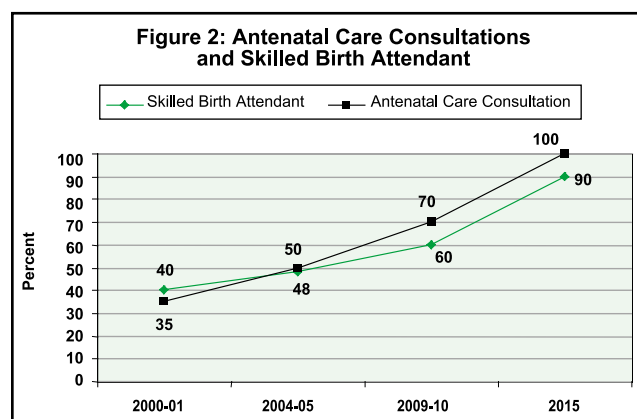
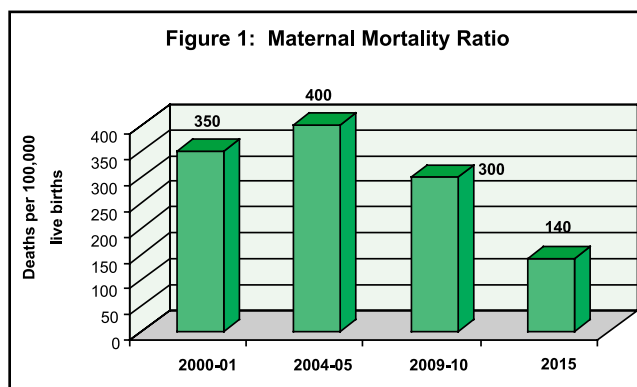
### Progress during 2000-05

Goal 5 aims to reduce maternal mortality by three-quarters between 1990-2015. The success of this goal is measured through indicators which, include maternal mortality rate, proportion of births attended by skilled attendant, contraceptive prevalence rate, total fertility rate and antenatal care consultation. Positive results are reported during this period except maternal mortality.

### Status and Trends:

Like many developing countries, maternal mortality rate is also high in Pakistan. According to the Planning Commission estimates, MMR has increased from 350 in 2000-01 to 400 per 100,000 live births in 2004-05. The marginal rise in the maternal mortality rate is a matter of concern. The situation demands concrete efforts in order to reverse the trend. The chief causes of maternal mortality rate are hemorrhage, infection, eclampsia and obstructed labour. Moreover, the proverbial three delays are also a major contributing factor in this regard. The first delay is in seeking professional care; the second delay is logistical as most of the health centres and private clinics are located in urban areas; the third delay arises from the lack of adequate human resources and trained personnel at the service centres.

The proportion of deliveries attended by



## Goal 5

Target 6 : Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate							
Indicators	Definitions	1990-91	2000-01	2004-05	PRSP Target 2005-06 <sup>8</sup>	MTDF Target 2009-10	MDG Target 2015
Maternal mortality ratio	No. of mothers dying due to complications of pregnancy and delivery per 100,000 live births	550 <sup>1</sup>	350 <sup>2</sup>	400 <sup>3</sup>	300-350	300	140
Proportion of births attended by skilled birth attendants	Proportion of deliveries attended by skilled health personnel (MOs, midwives, LHVs)	18 <sup>4</sup>	*40 <sup>5</sup>	*48 <sup>7</sup>	75 <sup>9</sup>	60	> 90
Contraceptive prevalence rate	Proportion of eligible couples for family planning programmes using one of the contraceptive methods	12 <sup>1</sup>	30 <sup>1</sup>	36 <sup>3</sup>	41.7	51	55
Total fertility rate	Average number of children a woman delivered during her reproductive age	5.4 <sup>6</sup>	4.1 <sup>6</sup>	3.5 <sup>3</sup>	3.7	2.7	2.1
Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation	Proportion of women (15-49) who delivered during the last 3 years and received at least one antenatal care during their pregnancy period from either public/private care providers	15 <sup>4</sup>	35 <sup>5</sup>	50 <sup>7</sup>	50	70	100

### Notes and Sources:

1. Ministry of Health
  2. Pakistan Reproductive Health and Family Planning Survey 2000-01
  3. Medium Term Development Framework, 2005-10, Planning Commission, Government of Pakistan, May 2005
  4. Agreed in Advisory Committee meetings organized by the Planning Commission during July 2003-February 2004
  5. Pakistan Integrated Household Survey 2000-2001
  6. Pakistan Demographic Survey 2001
  7. Pakistan Social and Living Standards Measurement Survey (CWIQ) 2004-05
  8. All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003
  9. PRSP projected a higher proportion, based on hiring and availability of LHVs, MOs and midwives. MTDF target for 2009-10 is based on projecting the Pakistan Living Standards Measurement Survey (CWIQ) results of 2004-05
- \* A higher number as compared to MDG 2004 is reported here due to modification in the definition of skilled birth attendants

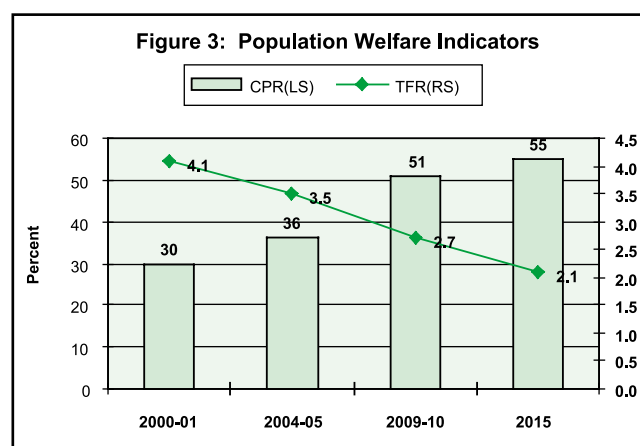
skilled personnel has improved from 40 percent in 2000-01 to 48 percent in 2004-05, indicating a rise of 8 percentage points over the period. The quality, access and availability of basic and comprehensive obstetrical services and their utilization is low. The effective way to prevent maternal deaths is to have deliveries whether they take place at home or health facility, attended by skilled personnel who can recognize and treat or refer any complications that may arise.

Furthermore, antenatal care is also necessary for the improvement of maternal health. There is an appreciable rise in antenatal care during 2000-05. Antenatal care improved from 35 percent in 2000-01 to 50 percent in 2004-05, showing a rise of 15 percentage points. During 2004-05 this ratio was 66 percent in urban areas compared to 40 percent in rural areas, indicating a wide gap of 26 percentage points. If we compare the provinces, the proportion was highest in Punjab (56 percent) whereas it was lowest in Balochistan (35 percent).

Higher contraceptive use and lower fertility rate also contribute to the improvement in maternal health. Between 2000-01 and 2004-05 contraceptive use increased among married women. It was 30 percent in 2000-01 compared to 36 percent in 2004-05, depicting a moderate improvement of 6 percentage points over the period. Total fertility rate also declined steadily over the period 2000-01 to 2004-05. It is estimated at 3.5 births per woman in 2004-05 compared to 4.1 in 2000-01. Though contraceptive use and total fertility rate have improved over time but their rate of progression remains slow. The reasons can be counted as social situation, low literacy, women's lack of household influence and sexual violence and coercion, limited rural coverage, lack of motivation and involvement of men, contraceptive insecurity (fund and regular supplies) and the sub-optimal use of health facilities for family planning.

Province	Urban	Rural	Overall
Pakistan	66	40	50
Punjab	67	47	56
Sindh	74	40	55
NWFP	51	35	39
Balochistan	57	27	35

Source: PSLM(CWIQ) 2004-05



### Policies and Programmes

Over the last five years the government of Pakistan took a number of steps to improve maternal health. Priority recommendations were issued in 2004 for reducing maternal mortality. These included: regular antenatal checkups, improving emergency obstetric care, management and referral of obstetric/neo-natal complications by skilled birth attendants, expanding access to comprehensive family planning services, increasing community awareness about danger signs and enhancing birth preparedness.

*Women Health Project:* This programme was initiated in 1999 with funding support from the Asian Development Bank. It improved the health of women, girls and infants in 20 predominantly rural districts in all the four provinces. The project comprises three main components. The first involved expansion of basic women's health interventions to under-served populations through the recruitment and training of an additional 8,000 village women as lady health workers, developing a 'safe delivery' campaign and promoting women's health and nutritional needs, family planning, and women's rights through the mass media. The second component involved the development of 20 woman-friendly district health systems in order to provide quality women's health care at community, primary and first-referral levels. The third component of the project was to support institutional and human resource development within the Ministry of Health and provincial health departments in order to sustain improvements in women's health.

*Nutrition Wing:* The nutrition wing was established in the Ministry of Health in the year 2001 as a five-year project aimed at improving nutrition through primary health care and increasing public awareness through nutrition education. The nutrition wing has also developed a universal salt iodization plan and the first phase of this plan was launched in April 2005.

*Technical Assistance Management Agency (TAMA):* TAMA was established in January 2004 to deliver high quality technical assistance to the DFID/USAID funded national health and population welfare facility (NHF), a £60M programme of budget support to federal, provincial and district governments. It currently provides technical assistance to the seven priority national programmes of the Ministry of Health and Ministry of Population Welfare.

### Challenges and Constraints

The main challenge is the availability of and access to skilled manpower. It is well established that public health facilities – particularly in the rural areas – are inadequately staffed by female staff in general, and women doctors, in particular. In recent years, the health sector has witnessed a major drive to increase the number of lady health workers but the remote and under-developed districts have not uniformly benefited from this due to non-availability of qualified women. This concern also applies to LHVs.

There is also the need to rethink the approach to skilled birth attendants (SBA) within the country, given that there has been a consistent trend of ineffective deployment of SBA; this also includes midwives. Notwithstanding that there are more schools for midwives compared with schools of nursing, there are hardly any practicing midwives in the field. The discipline of midwifery has been dominated by nursing, which in comparison has a better-defined path to career progression. There is a clear need to scale up the practice of midwifery, in areas where the availability of doctors is an issue.

Lack of emergency obstetric care (EmOC) and 24/7 services – particularly in the rural areas – is also an impediment to achieving maternal health outcomes. There is also both a dearth of, and inefficient and

inequitable deployment of health care providers who are often inadequately trained in EmOC. Though the availability of EmOC is important to reducing maternal mortality but it requires an enabling environment and round the clock services of a gynecologist, anesthetist, neonatologist, operation theatre staff and functional blood bank.

There is also the need to work on the demand side. A comprehensive strategic communication plan needs to be developed and implemented for increased awareness on maternal health issues.

Another important barrier to achieving maternal health outcomes is fragmentation of maternal health services. Successive health policies since the 1950s have emphasized the need for an integrated maternal and child health (MCH) programme. Notwithstanding, MCH programmes and interventions have been fragmented and disjointed.

A certain degree of verticality is essential to public health programming as this enables sharper delineation of roles and responsibilities; however at a systems-level it is critical to integrate programmes so as to make the best use of available resources.

There is also the need to institutionalize management and governance reforms, and build better incentives through civil service reforms so as to ensure efficiency at a management level. A system of reward and accountability within the system may be encouraged so that civil servants are motivated to perform better.

Federal and district disconnect affects health service delivery. At times, federal level planning and budgetary allocations do not adequately address the recurrent cost implications of federal programmes in provinces nor do they adequately factor-in provincial capacity building. These problems are compounded by lack of coordination and turf issues.

Under the district devolved system, many health sector activities are now meant to be locally implemented. However, these are being marred by provincial-district souring of relationships. The provinces control a major part of the funding, have control over personnel and are reluctant to let go of funds. There is, therefore, the need to devolve fiscal and administrative responsibilities fully to the district.

### New Initiatives 2005-10

During 2005-10 an amount of Rs. 85 billion will be allocated for the development programmes in the health sector. In the health policy under MTRF due importance will be given to improving maternal health as reflected in the targets (Table 2) for various intermediate outcomes.

Healthy population is a vision for 2005-10

Sub-sector	Addition
LHWs (refresher courses/training)	27,000
LHWs (new)	50,000
New BHUs	300
New RHCs	100
Strengthening/improvement of BHUs	4,000
Strengthening/improvement of RHCs	400
Mohallah (urban) health centres	1,000
Dispensaries (new)	500
Hospital beds	50,000
Doctors	30,000
Nurses	50,000
Paramedics	30,000



## Goal 5

with a health care system that is efficient, effective and responsive to the health needs. Maternal health will be improved by a strategy that focuses on strengthening primary health care specially in rural areas, establishing centres to cover the under-served areas in the urban slums, improving medical staff training and having improved hospital management through establishing health boards

National maternal and child health programme will be launched from 2005-10 to reduce maternal and child deaths and illness by improving their health status. Within the context of maternal health, this programme will focus on: effectively deploying community skilled birth attendants; providing and strengthening EmOC at the level of district headquarter hospital, tehsil headquarter hospital, rural health centres and basic health unit.

The national programme of family planning and primary health care (LHWs) will be devolved to the provinces and districts in two stages. Stage-I includes consolidation and expansion of the programme to 100,000 LHWs during 2005-06. Stage-II relates to development of a strategy for sustainability during 2005-08 through capacity building and logistic support of the districts and provinces. This programme will be transformed in 20 districts on pilot basis.

A national commission on health manpower has been set up to review the human resource situation in health sector. A plan of action will be prepared to improve the training institutions for nurses throughout the country. A separate male cadre for nursing would be considered for areas where female may not be available in the immediate future.

Under MTDF, a package of reproductive health services will target population through health and population departments. Community based workers (VBFPWs and LHWs) of both population and health sector are to be brought under one umbrella. Moreover, the ministry and departments of health are recruiting about 25,000 midwives to improve coverage of rural and urban slums.

Basic Development Needs Programme (BDN) will continue under MTDF. By developing partnership between grassroots communities, civil society organizations, district authorities and public sector line departments, the programme involves communities in remote and backward areas to pinpoint their development needs and work together for their achievements. In short, the main objective of this programme is to address all the determinants of health collectively through community.

A health research unit is being established in the Ministry of Health to identify strategic policy issues and undertake policy analysis and research, disseminate the results for the purpose of policy formulation and implementation.

### Achievability

During 2000-05 the measures adopted by the government to improve primary and secondary health care services, and reproductive health care services have produced encouraging results. All maternal health related indicators except maternal mortality ratio have improved over this period. A significant improvement is witnessed in antenatal care consultation followed by skilled birth attendants. An increase of 15 percentage points in antenatal care and an improvement of 8 percentage points in skilled birth attendant over the period 2000-05 indicate that MTDF/MDG targets are most likely to be achieved. MTDF target 2009-10 regarding skilled birth attendant is revised in the light of the results of Pakistan Social and Living Standards Measurement Survey (CWIQ) 2004-05.



Similarly, contraceptive prevalence rate has increased from 30 percent in 2000-01 to 36 percent in 2004-05, depicting a progress of 6 percentage points. MTDf and MDG targets are achievable if appreciable and consistent efforts are poured in. Moreover, a steady decline in total fertility rate from 4.1 in 2000-01 to 3.5 per woman in 2004-05 is a reason for optimism in achieving the MTDf and MDG targets.

The first prerequisite in assessing the achievability of MMR is the monitoring of trends based on credible and regular data from large scale surveys. In absence of such data extrapolating MMR trends is risky and any assessment of achievability will be tentative and crude.



*Combat HIV/AIDS, Malaria and Other Diseases*

# GOAL 6

## Combat HIV/AIDS, Malaria and Other Diseases

### Introduction

In Pakistan, although the visible burden of HIV/ AIDS is still not very significant with prevalence being below 1 percent, existing behaviour patterns signify it to be a high-risk situation. Another communicable disease – malaria, has been a major public health problem threatening millions of people due to prevailing peculiar socio-economic conditions and epidemiological situation. The disease is now emerging as a prominent health problem in Baluchistan and FATA. Despite many efforts to eradicate it, Tuberculosis is one disease that continues to plague the country, with incidence in Pakistan ranking as sixth highest in the world. This high incidence level can be attributed to the high population growth and crowded living conditions, poor health care facilities and incomplete treatment of TB patients. Furthermore, low levels of treatment compliance lead to low cure rates, contributing to the emergence of multi drug resistance.

### Progress during 2000-05

#### Status and Trends

*HIV/AIDS:* The indicators stipulated to measure progress towards target 7, include HIV prevalence among 15-24 year old pregnant women and HIV prevalence among the vulnerable groups. During 2001-04, the HIV prevalence in pregnant women was 0.03 percent. For 2004-05, National AIDS Control Programme reports the rate to be stable at 0.03 percent. HIV prevalence in vulnerable groups in 2001-02 was estimated at 0.03 percent for Punjab only while figures for 2004-05, provided by the National AIDS Control Program (NACP), for overall Pakistan show that the infection among identified high-risk groups has reached 2 percent. Here again, the MTDF target for 2009-2010 needs to be revised to bring it into conformity with the latest available figures.

Up until the end of March 2005, 2515 cases of HIV and 317 AIDS cases were reported to the National AIDS Control Program. Based on the reports from sentinel centers and a number of cross sectional studies and surveys conducted recently there are an estimated 74,000 HIV/ AIDS cases in Pakistan.

Recently two studies commissioned by the National AIDS Control Programme made alarming revelations. These studies include the National Study of Reproductive Tract and Sexually Transmitted Infections conducted by the Family Health International in 2004-2005 and a very recent Pilot Study conducted by the HIV/AIDS Surveillance Project. The studies were conducted to identify the level of HIV and Sexually Transmitted Infections (STI) among high risk groups, including intravenous drug users (IDUs); these studies have reported the current prevalence of HIV infection among IDUs in Karachi at 23 percent; 4.1 percent amongst Male Sex Workers (MSMs) and 2 percent amongst hijras (Table 1). The reported level of infection within one high risk group shifts the entire epidemic scenario of the country to a higher stage – at a “concentrated level”. However, another study piloted in October 2004 in Karachi and Rawalpindi for Second Generation Surveillance (SGS) found that the prevalence in the IDUs have gone up to 26 percent.

## Goal 6

Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS							
Indicators	Definitions	1990-91	2001-02	2004-05	PRSP Target 2005-06 <sup>6</sup>	MTDF Target 2009-10	MDG Target 2015
HIV prevalence among 15-24 year old pregnant women (%)		n/a	0.03	0.03	n/a	n/a <sup>5</sup>	Baseline to be reduced by 50%
HIV prevalence among vulnerable group (e.g., active sexual workers) (%)		n/a	0.03 <sup>1</sup>	2	n/a	n/a <sup>3</sup>	Baseline to be reduced by 50%

Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases							
Indicators	Definitions	1990-91	2001-02 <sup>2</sup>	2004-05 <sup>4</sup>	PRSP Target 2005-06 <sup>6</sup>	MTDF Target 2009-10 <sup>4</sup>	MDG Target 2015
Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	Proportion of population living in 19 high risk districts of Pakistan having access and using effective malaria prevention and treatment as guided in roll back malaria strategy	n/a	20	30	25 <sup>7</sup>	50	75
Incidence of tuberculosis per 100,000 population	Total number of TB cases per 100,000 population	n/a	177	160	133	130	45
Proportion of TB cases detected and cured under DOTS (Direct Observed Treatment Short Course)	Proportion of TB cases detected and managed through DOTS strategy	n/a	25	40	70	80	85

### Notes and Sources:

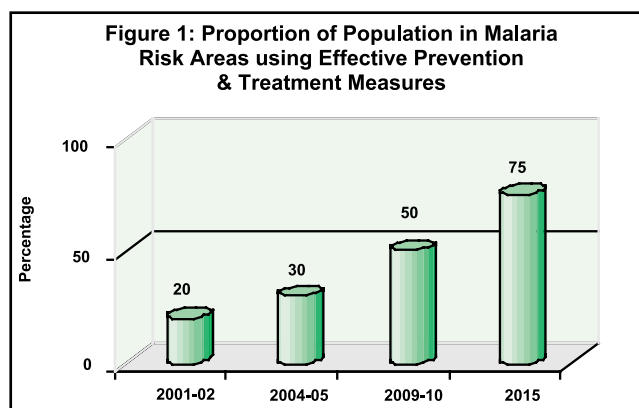
1. National AIDS Control Programme; information on all Pakistan basis is not available. As per National Aids Control Program Survey, HIV prevalence among vulnerable groups was 0.03% in Punjab province only
2. Ministry of Health information, 2003
3. MTDF target 0.02% is based on available information on Punjab only
4. Medium Term Development Framework, 2005-10, Planning Commission, Pakistan, May 2005
5. Based on the estimates of MTDF of 0.1 % for 2004-05 the target for 2009-10 was set at 0.07%
6. All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003
7. PRSP secretariat estimated it in 2002-03, while the MTDF target for 2009-10 is based on updated estimate of 2004-05

Recent data with regard to knowledge levels about HIV/AIDS show that 77 percent of the population (which includes both the rural and urban areas) had heard the word AIDS; 74 percent knew that it was a disease, whereas 72 percent were aware that it was a dangerous disease and had no cure. Recent surveys show that 45 percent of adolescents know about HIV/AIDS and that 42 percent of married women between the ages of 15 and 24 years report hearing about HIV/AIDS.

Table 1: HIV prevalence (%) in high-risk groups in Karachi and Lahore		
	Karachi	Lahore
Female sex workers	0.0	0.5
Male sex workers	4.1	0.0
Hijra	2	0.5
Truckers	0.0	1
IDUs	23	0.5
Source: National AIDS Control Programme		

**Malaria Prevention:** The Proportion of population in malaria risk areas using effective malaria prevention and treatment measures is used as one of the indicators for measuring progress towards the achievement of target 8. The percentage of population living in these districts using effective malaria prevention measures and having access to malarial treatment increased from 20 percent in 2001-02 to 30 percent in 2004-05. The MTDF targets to raise this percentage to 50 percent by 2009-10, while the MDG target is 75 percent in 2015 (Figure 1).

The current annual parasite incidence (API) is 0.74 per 1000 population slightly higher than the figure of 0.73 in 2001. These statistics are based on records of government health facilities, which are used by a small percentage of population (21 percent), hence not very reliable.



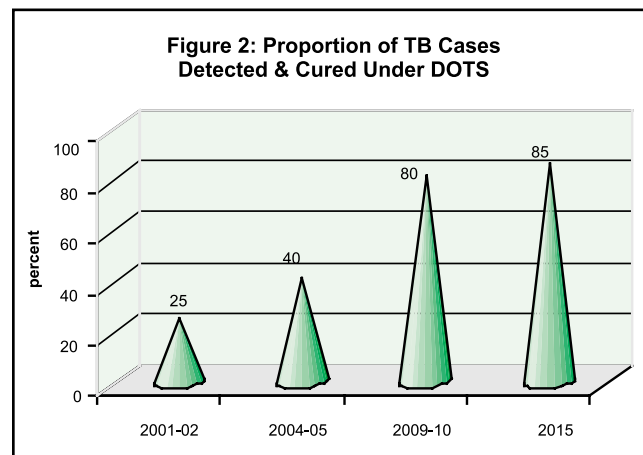
**Tuberculosis:** The percentage of TB cases detected and cured increased from 25 percent in 2001-02 to 40 percent in 2004-05. The MTDF target is to have 80 percent of TB cases detected and cured under DOTS by 2009-10, while the MDG target is 85 percent (Figure 2).

## Policies and Programs

**HIV/AIDS:** The Government is dealing with the problem of HIV/AIDS under a National HIV/AIDS Strategic Framework, prepared with inputs from all stakeholders in 1999-2000. This Strategic Framework focuses on prevention, taking adolescents and youth as target group and change agents, and serves as the blueprint for efforts in combating HIV/AIDS for the five years, 2001-06. The Strategic Framework is being implemented through a project, Enhanced HIV/AIDS Control Programme, managed and run by the NACP. The Programme spans five years 2003-08 and has a resource pool of Rs. 2.9 billion funded by the World Bank, CIDA and DFID. The Programme aims at preventing HIV/AIDS

in vulnerable groups of population and its spread to the wider population while avoiding stigmatization of the vulnerable population. Four main components of the Programme are: improved HIV prevention by general population including adolescents; expansion of interventions among vulnerable groups; prevention of HIV/STI transmission through blood transfusion; and capacity building and programme management.

In addition to the strategic plan, the Government has recently enacted a legislation regarding safe blood transfusion services whereby any health worker transfusing blood or blood products is mandated to ensure that the blood is healthy and free from HIV and opportunistic infection.



**Malaria:** The Malaria Control Programme started implementation of Rollback Malaria (RBM) strategy in 19 districts in the year 2002-03 with expansion of RBM intervention in all districts expected to be achieved by 2006. More recently, the Government has begun implementation of a Strategic Plan 2005-10 costing Rs 870 million based on the RBM strategy.

The Malaria Control Programme has been successful in winning the GFATM Grant (Round II) for two years. This will contribute to the achievement of RBM by accelerating the implementation of preventive and curative intervention in 23 districts identified as having the highest prevalence of malaria.

**Tuberculosis:** The Government has declared TB a national emergency, and begun a TB Control Programme. A TB DOTS strategy is being implemented under a multi-year national strategic plan having links with local and international NGOs and public-private partnerships. Reportedly a substantial progress has been made under the Programme. Currently the TB DOTS Programme covers 111 out of 124 districts of the country and 100 percent coverage would be available by June 2005. The number of TB centres in 2004 was 289. Under the TB Control Programme, which is integrated with the district health system, medicines are administered to patients at their doorsteps. District laboratories have been strengthened with the provision of equipment and diagnostic facilities and training extended to doctors, paramedics, LHWs and lab technicians. The Programme is integrated with the PHC to make services available for the needy and poor patients.

The TB Control Programme has developed a multi-year National Strategic Plan for country wide implementation of WHO recommended TB DOTS strategy by the year 2005. The scope of the Programme has been expanded to enhance case detection and treatment success rates by greater emphasis on strengthening quality assurance of smear microscopy, drug management, community mobilization, removing stigma attached with TB, and involving tertiary care hospitals, NGOs and inter-sectoral organizations (e.g., social security institutions, prisons, and police). The Plan would involve hospitals and medical institutes in its implementation link with various local and international NGOs.

Pakistan has also established links and partnerships with many international organizations in its fight

against TB, and is a member of the Stop TB Coordinating Board to represent the Eastern Mediterranean Region of WHO in the global partnership.

### Challenges and Constraints

The *National AIDS Control Programme* lacks effective leadership in political, societal and religious spheres to confront the epidemic and to reduce stigma and discrimination associated with HIV/AIDS. The social and cultural environment in the country does not permit open public dialogue on the epidemic as any discussion regarding sexuality, extra marital sex, sex between men and drug addiction is considered a taboo. The masses have little information on the factors that contribute to the spread of STDs, AIDS and Sexual and Reproductive Health (SRH) such as sex education, behavioral patterns, problems due to migrant labour, commercial sex workers and unsafe blood transfusion (including use of needles and syringes by intravenous substance users). Except for a few major cities, knowledge about prevention measures remains very low within the country. Existing studies indicate that condom use is very low among vulnerable groups. Understanding of the disease is not common among the general populace. In addition, very little is known about HIV prevalence among the general population or specific vulnerable groups, all of which may lead to false comfort about the magnitude of the problem.

The *RBM Programme* faces many challenges. The provincial and district laboratory network needs to be strengthened to ensure quality assurance in malaria diagnosis and treatment delivery system. There is no recent update or report on malaria situation in Pakistan, and the present system of data collection based on analysis of limited number of slides reported on selected districts is inadequate and unreliable. The existing surveillance system needs to be strengthened and interfaced with the Health Management Information System (HMIS). A mass campaign aimed at raising awareness about malaria, its diagnosis, its treatment and preventive measures is required.

Similarly several challenges confront the *TB Control Programme*. The fight against TB in the coming years poses a greater challenge in the wake of the emerging threat of multi drug resistance. The involvement and ownership of district health authorities in the national TB Control Programme is also weak but essential to ensure sustainability of the Programme. The present logistic arrangements for monitoring and supervision of TB at the provincial and district levels are inadequate, which need to be beefed up. Lack of involvement of tertiary care hospitals and medical colleges in implementation of TB Control Programme and limited support and involvement of the private sector further constrain the efforts to fight TB effectively.

### New Initiatives 2005-10

Under the Medium Term Development Framework (2005-10), the Government proposes to implement a Plan of Action for the Health sector. Controlling communicable diseases like HIV/AIDS, Malaria, TB and Hepatitis C is the second among the 10 targets identified under this Plan of Action. In order to control the spread of HIV/AIDS, the strategy under this plan revolves around promotion of safe blood transfusion at all DHQ hospitals and establishment of screening centers, interruption of sexually transmitted diseases and establishment of a comprehensive surveillance system involving training of health staff. To achieve these objectives, a programme, which is currently under implementation at a cost of Rs. 2.8 billion at the national level, will be continued upto 2010.

To bring down the incidence of malaria, the strategy under the Plan of Action calls for strengthening the case detection mechanism, quick diagnosis and prompt treatment for Malaria in public health care



## Goal 6

facilities. The strategy further envisages selective insecticide sprays, provision of bed nets. The vehicle of delivery for this would be the Malaria Control Programme, which is under implementation at a cost of Rs. 287 million. The project will be expanded further with an investment of Rs. 500 million upto 2010.

The strategy for TB control mainly focuses on strengthening the TB Control Programme through implementation of the DOTS strategy. A programme with new strategy of DOTS for TB control and treatment is proposed at a cost of Rs. 1 billion during the plan period.

### Achievability

*HIV/AIDS:* In absence of reliable, nationwide and historical trends data, it is fairly presumptive to assess the achievability of these targets by the year 2010 and 2015. Reliable baseline and trend data are an essential prerequisite for any preliminary remarks on achievability. As the years progress, monitoring and surveillance by NACP will become a source to judge the progress on these two indicators.

*Malaria:* During 2000-05 the measures adopted by the government to improve the situation of malaria in the country resulted in a increase in the proportion of population in malaria risk areas using effective prevention and treatment measures from 20 percent in 2001-02 to an estimated 30 percent by 2004-05. The MTDf and MDG targets for malaria prevention, set at 50 and 75 percent respectively, imply an average increase in malaria prevention of 4-5 percentage points for the next ten years, i.e., doubling of the rate achieved in the last five years. These targets seem ambitious but appear likely with the expansion of the RBM strategy coverage.

*Tuberculosis:* The incidence of TB, that had remained high until recent years, is projected to decline sharply. Estimated at 160 cases per 100,000 population in 2004-05, the MTDf target envisages reducing the incidence to 130 cases per 100,000 population by 2009-10, while the MDG target is set at 45 cases for 2015. The MTDf target is achievable while the MDG targets seems very ambitious and challenging given the past trends.



*Ensure Environmental Sustainability*

# GOAL 7

## Ensure Environmental Sustainability

### Introduction

Concerns of environmental sustainability are integrated in the national agenda. To halt and reverse the ongoing environmental degradation process, significant mile-stones have been achieved in terms of policy formulation and establishment of regulatory frameworks and institutions. The most recent of these is the formulation of “National Environmental Policy 2005”. It is important to mention that enhanced budgetary allocations for environment sector in MTRF (2005-10) will significantly contribute to ensuring environmental sustainability in the medium term.

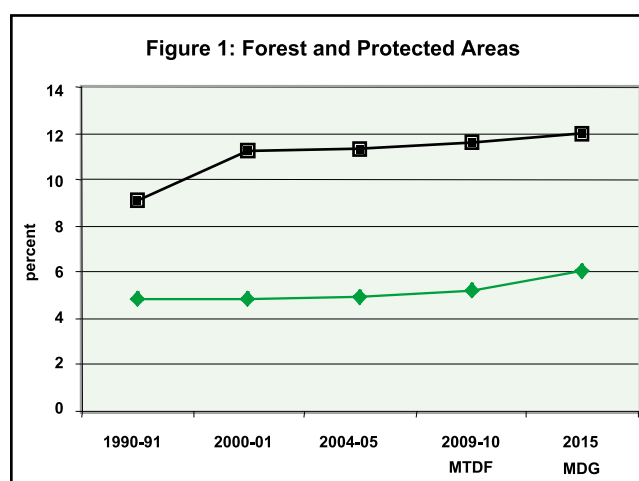
### Progress during 2000-05

#### Status and Trends

A number of indicators are outlined in the MDGs to track progress towards achieving the targets. Some of these indicators are further refined and adapted in the Pakistan context.

**Forest cover:** The forest cover including trees on farmlands in Pakistan remains stagnant at 4.1 million hectares, i.e., 4.8 percent of the total land area (including AJK) since 1990 (Figure 1). In 2001, the contiguous forest comprised 3.32 million hectares or 3.8 percent of the total land area while the remaining 0.8 million hectares or 0.9 percent was the tree equivalent on farmlands. The contiguous forest cover on state, and communal and private lands is declining at the rate 27,000 hectares per annum. However the trees density on farmlands is increasing with a steady pace. The principal cause of deforestation is the increased demand for fuel wood and timber and clearing of forests for agriculture, etc., all due to high population growth and absence of alternate energy sources. However this decline has been offset by the rising density of trees on farmlands.

**Protected Areas:** The number of protected areas under various categories in Pakistan is around 225, covering a total area of 90,524 sq kms (Table 1). Areas under protection have steadily increased from 9.10 percent in 1990 to 11.25 percent in 2000-01 and then almost stagnated



**Table 1: Protected Areas**

Designation	Number
National Park	16
Game Reserve	99
Private Reserve	7
Wildlife Sanctuary	94
Designation Not Known	1
Other Area	8
Total	225

Sources (WR1, 2003) IUCN 2003

## Goal 7

<b>Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</b>							
Indicators	Definitions	1990-91 <sup>1</sup>	2001-02	2004-05	PRSP Target 2005-06 <sup>7</sup>	MTDF Target 2009-10	MDG Target 2015
Forest cover including state owned and private forest and farmlands	Forest cover including state owned and private forest and farmlands, as percentage of the total land area	4.8	4.8	4.9 <sup>2</sup>	5.0	5.2	6.0
Land area protected for the conservation of wildlife	Land area protected as percentage of total land area	9.1	11.25	11.3	11.3 <sup>8</sup>	11.6	12.0
GDP (at constant factor cost) per unit of energy use as a proxy for energy efficiency	Value added (in 1980/81 Rs) per ton of oil equivalent	26,471	27,047	27,000	27,300 <sup>8</sup>	27,600	28,000
No. of vehicles using CNG	No of petrol and diesel vehicles using CNG fuel	500	280,000	700,000 <sup>3</sup>	n/a	800,000	920,000
Sulphur content in high speed diesel (as a proxy for ambient air quality)	Percentage of sulphur (by weight) in high speed diesel	1.0	1.0	1.0	n/a	0.5	0.5 - 0.25

<b>Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</b>							
Indicators	Definitions	1990-91 <sup>1</sup>	2001-02	2004-05	PRSP Target 2005-06 <sup>7</sup>	MTDF Target 2009-10	MDG Target 2015
Proportion of population (urban and rural) with sustainable access to a safe (improved) water source	Percentage of population with access to improved water source	53	69 <sup>4</sup>	66 <sup>5</sup>	70 <sup>1</sup>	76	93
Proportion of population (urban and rural) with access to sanitation	Percentage of population with access to sanitation	30	45 <sup>4</sup>	54 <sup>5</sup>	55	70 <sup>6</sup>	90

Target 11: Have achieved, by 2020, a significant improvement in the lives of slum dwellers							
Indicators	Definitions	1990-91 <sup>1</sup>	2001-02	2004-05	PRSP Target 2005-06 <sup>7</sup>	MTDF Target 2009-10	MDG Target 2015
Proportion of katchi abadis regularized	Katchi Abadis regularized as percentage of those identified by the cut-off date of 1985	NA	50	60	60 <sup>1</sup>	75	95

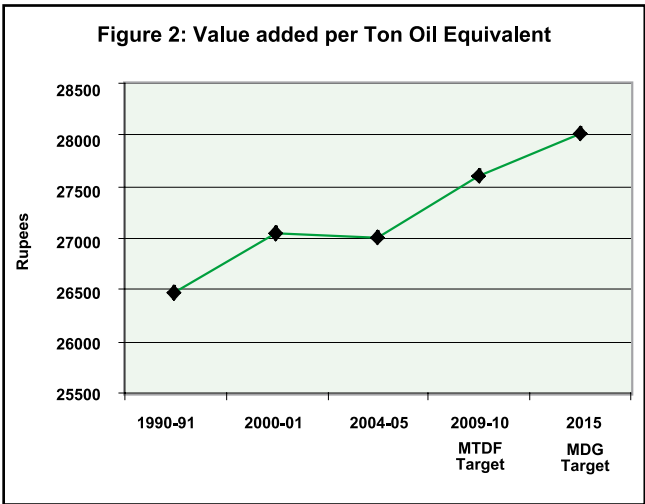
**Notes and Sources:**

1. Planning Commission
2. Medium Term Development Framework, 2005-10
3. Pakistan Economic Survey 2004-05
4. PIHS 2000-01, (Coverage of Tap, Hand-pump water and Flush Toilets use)
5. PSLM(CWIQ) 04-05 (Coverage of Tap, Hand-pump water and Flush Toilets use).
6. Target of MTDF has been changed from 50 to 70 percent in view of higher coverage in the previous years
7. All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003.
8. Ministry of Environment, 2003

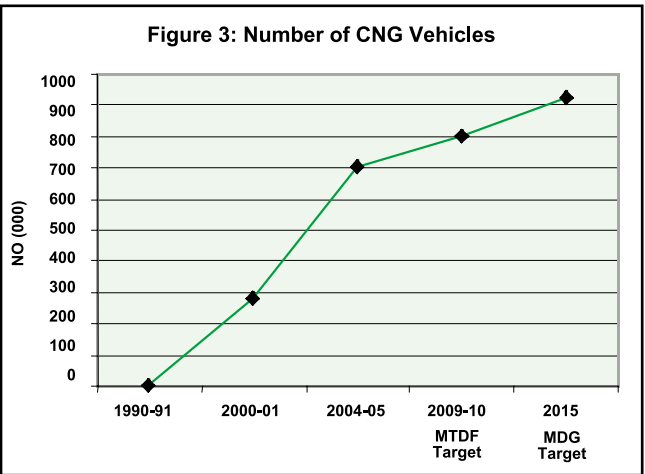
until recent times (Figure 1). Achieving MTDF targets for 2009-10 will require bringing additional 0.25 million hectares under protective management, for which a number of biodiversity and wildlife protection projects are planned.

*Energy Use:* In 2004-05 Pakistan imported US\$2.8 billion worth of petroleum products and plans for gas imports to meet its rising energy needs. Energy use in the country is marred by high degree of waste and inefficiency, with one of the highest energy intensity ratios in the world. Maximum value addition per unit of energy is the key to limit energy wastage, to improve efficiency and to reduce fuel intensity.

GDP per unit of energy use (per ton of oil equivalent), a proxy for energy efficiency, slightly improved in the nineties, from Rs 26,471 in 1990 to Rs 27,047 in 2000-01 and then has stagnated in recent years (Figure 2). The MTDF and MDG targets for 2010 and 2015 are Rs 27,600 and Rs 28,000 respectively. It is important to mention that ENERCON( Agency for Energy Conservation) has identified opportunities that would yield over Rs. 3500 million in energy savings.



*Vehicular air pollution:* Air pollution levels in most cities of Pakistan have reached critical thresholds. The most serious issue is the presence of excessive suspended particulate matters (SPMs). Among others, the major sources of excessive SPM are vehicular emissions. Pakistan recorded a sharp increase of 100 percent in motor vehicles since 1990. The number of heavy transport vehicles using diesel have also increased that are a major source of air pollution. The diesel used in Pakistan contains very high sulphur content (1 percent). Pakistan however plans to reduce the Sulphur content by half in 2010 and by three quarter in 2015. Lead content of petrol is also high, 0.35 gram/liter, which is posing a major health hazard.

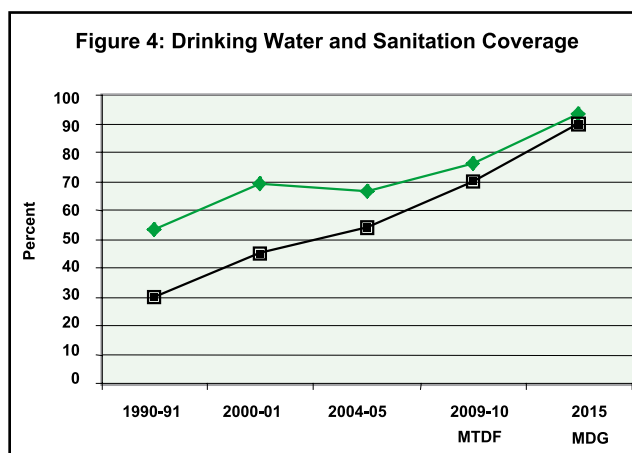


The efforts to control SPM emissions and promote the use of a cleaner fuel in Pakistan are centered on the use of CNG instead of petrol or diesel. Considerable progress has been made in recent years and the numbers of vehicles running on CNG have increased sharply, from 500 in 1990-91 to 280,000 in 2000-01 and then to 700,000 by March 2005 (Figure 3). With ever rising petroleum prices and discovery of

safer/cleaner technologies, the substitution to CNG is moving at a much faster pace than in the past.

*Coverage in Drinking Water Supply:* Per capita water availability in Pakistan is decreasing at an alarming rate and stands at 1105 cubic meter, just above the scarcity level. In addition to water scarcity and surface water pollution, the coverage of safe drinking water supply in Pakistan is low; hence water borne diseases are common. With government efforts, proportion of population with access to improved drinking water supply sources,

i.e., tap and hand-pump increased from 53 percent in 1990 to 69 percent in 2001, however the later years witnessed a slight decrease to 66 percent in 2005. (Figure 4). The access is better in urban population as compared to rural population. Furthermore, the completed rural facilities are deteriorating because of low cost recovery and inadequate O&M funding. The MTFD target for access to improved water source is 76 percent of the total population in 2009-10 while the MDG target is 93 percent by 2015.



*Coverage in Sanitation Services:* The sanitation services coverage is low in the county, however steadily improving. The percentage of population with access to flush toilets increased from 30 in 1990 to 45 in 2001. In the last 5 years situation further improved and the coverage increased to 54 percent in 2004-05 (Figure 4). The indicator is better in urban than in rural areas. Furthermore, nearly 51 percent of households have access to any form of drainage including 35 percent with open drains, and only 5 percent of households have municipal garbage collection arrangement. Targets of 70 and 90 percent are fixed for the years 2010 and 2015 respectively.

*Slum dwellers and Katchi Abadies:* Target 11 calls for improvement in lives of slum dwellers and with access to secure tenure. The proportion of katchi abadies regularization is adopted as an indicator in country specific situation. In Pakistan, considerable population (3.5 million in Sindh only) live in slum type katchi abadies in and around big cities mostly in the provinces of Sindh and Punjab.

According to estimates there are around 1100 and 1293 katchi abadies in Punjab and Sindh respectively. These are unplanned and poor settlements lacking amenities like basic infrastructure, facilities and services. Government had opted to regularize these identified settlements by the cut-off date of 1985. A considerable proportion (60 percent) of the mentioned katchi abadies are already regularized and the targets of 75 percent and 95 percent are fixed for 2010 and 2015 respectively. Regularization of these settlements will entitle the slum dwellers for provision of basic infrastructure and services, which will significantly contribute to improvement in the quality of life.

## Policies and Programs

After introducing legislation for environmental protection in 1977, a number of significant initiatives were taken in terms of policy formulation and establishment of regulatory frameworks and institutions, including National Conservation Strategy. In 2001, Pakistan formulated The National Environmental Action Plan, approved by the Pakistan Environment Protection Council. The main objectives of NEAP



are to safeguard public health, promote sustainable livelihood and enhance quality of life for the people of Pakistan.

The most recent and important of all these is the formulation and approval of “National Environmental Policy 2005”. The NEP provides an overarching framework for achieving the goals of sustainable development. The Policy aims to improve the quality of life of people of Pakistan through conservation, protection and improvement of the country’s environment and effective cooperation among government agencies, civil society, private sector and other stakeholders. This Policy addresses sectoral issues like (a) Water management and conservations, (b) Energy efficiency and renewable, (c) Agriculture and livestock, (d) Forestry and plantation, (e) Biodiversity and protected areas, (f) Climate change, air quality and noise and (g) Pollution and waste management. In addition, the proposed Policy aims to address other cross-sectoral issues such as (a) Population and environment, (b) Gender and environment, (c) Health and environment, (d) Trade and environment, (e) Poverty and environment and (f) Environment and local government.

Alongside the formulation of environment policy one of the recent development is the adoption of “Pakistan Bio-safety Rules 2005” which will take care of genetically modified living organisms. Furthermore, Initial Environmental Examination (IEE) and the Environment Impact Assessment (EIA) are mandatory for the public sector development projects.

Some of the other closely-related strategies and plans includes National Resettlement Safeguard Policy, National Response Strategy on Climate Change, National Land Use Programme, Forest Sector Master Plan, National Forest Policy, Biodiversity Action Plan, Desertification Combat Action Plan, Maritime Policy, Energy efficiency and renewable energy, Rational pricing system, Environmental accounting and auditing: Agro-eco-zoning, Fuel switching, Water quality monitoring, and Participation of NGOs and communities.

### Challenges and Constraints

The environmental degradation in Pakistan is the result of high population growth, rapid urbanization and inefficient/tardy practices. The increased demand resulted in overexploitation of natural resources like land, water and soil. Achieving MDG targets of environmental sustainability is an uphill task and is faced with a number of challenges as outlined below:-

- ♦ Forest resources are scarce and degrade at a higher rate due to ever increasing pressure on trees, shrubs and range-lands for fuel wood and timber etc, resulting in loss of bio-diversity, loss of habitats, extinction of species and growing desertification.
- ♦ Natural resource degradation is further contributing to erosion in the capacities of important water reservoirs due to heavy deposition of silt.
- ♦ Problems of safe/clean drinking water and sanitation are gigantic. Presently a majority of population is exposed to unsafe polluted drinking water.
- ♦ Cities do not have proper collection and disposal system for municipal/hazardous wastes, resulting in water, soil and air contamination. Furthermore uncontrolled disposal of industrial wastes are also a major source of pollution.
- ♦ The productivity of soils is being lost due to water logging, salinization and sodicity. Excessive and uncontrolled use of fertilizer, herbicides and pesticides is further contributing to the contamination of soil and water.
- ♦ Air pollution levels in most cities of Pakistan have reached critical thresholds. The most serious

issue is the presence of excessive suspended particulate matters, resulting from ever increasing vehicular emission.

- ♦ Under exploitation of enormous potential of renewable energy including hydro power, solar and wind energy is putting pressure on the existing sources resulting in environmental degradation.
- ♦ Environmental awareness is very low in Pakistan and lack of involvement of all stakeholders like civil society organizations, local community groups and private sector is further hampering the progress
- ♦ Lack of proper planning, integration, coordination, monitoring, evaluation and information sharing systems at all government levels and across sectors.
- ♦ The deployment of old generation technologies and scarcity of adequate resources, both financial and human, for the implementation of programs for environmental up-gradation and water supply and sanitation.

### **New Initiatives 2005-10**

The challenges are enormous and require suitable policies, programs and actions. It is important to highlight that the environment agenda cannot be realized in isolation. Thus the major focus of environmental policies and programs is on exploring and addressing the environmental-poverty nexus, which is at the core of MDGs.

Enhanced budgetary allocations for environment sector in MTDF will significantly contribute to ensuring environmental sustainability in the future. In the environment sector, MTDF emphasizes poverty-environment nexus and considers the environmental agenda as an integral part of the national mainstream development agenda. The plan bases the future environment conservation, management and use on three pronged approach, viz. equitable sharing of benefits, community management and integrating environmental issues in development planning.

In the environment sector, MTDF allocates Rs 28.3 billion in the public sector development for 147 projects to be implemented in 2005-10 compared with a cumulative total of Rs.5.5 billion in the previous five years. The flagship is the “Clean Drinking Water for All (2005-08)” a 3-year Federal Programme costing Rs.10 billion. The Programme will install standardized water purification plants at convenient places in urban and rural areas. In the water supply and sanitation sector, the MTDF proposes a National Drinking Water and Sanitation Policy focusing on clean drinking water for the entire population, improving/expanding water service delivery, water conservation and efficiency, and maximizing the coverage of sanitation services. The Policy measures are improved governance by using the devolved setup, support for community participation, higher budgetary allocations, adequate and equitable distribution of WSS services, and monitoring and evaluation of outcomes. In addition to clean drinking water program, MTDF allocates Rs.120 billion for schemes in WSS including Rs.60 billion in the private sector.

Furthermore, MTDF allocates Rs.8 billion for the green environment projects to be implemented in 2005-10. These projects, if implemented effectively and within timelines, will substantially contribute to the increase in forest cover and protected areas and help achieve the MTDF target. Other major MTDF

heads include Rs 8.2 billion for brown environment projects, which will ensure a cleaner environment. It is important to mention that initiatives for promotion of cleaner fuel (CNG) use in vehicles, especially in heavy transport will considerably address the issue of air pollution in big cities. The project for introduction of CNG busses in Karachi metropolitan is one of the major steps in this direction.

### **Achievability**

Achievability of MDGs environmental targets is dependent upon a number of factors. Its interdependence on other sectoral issues makes it difficult to assess the prospects of attainment of environmental targets in unqualified terms.

Increase in Forest cover in the medium term is a challenge due to the arid climatic conditions and pressure of ever increasing population. The country plans to pursue an afforestation strategy to achieve MDG (6 percent) target. In this regard, Pakistan has to a) conserve/maintain its present cover and b) raise additional plantations on about 1.04 million hectares in the coming decade. The estimated cost to achieve the MDG target is around Rs 21 billion and suitable climatic conditions. These green sector projects, if implemented in a cost-effective manner, will substantially contribute to the increase in forest cover and protected areas and help achieve the MTDF and MDG targets.

The target for increased value addition per unit of energy consumption appears quite challenging given the past trends and would require concerted policy efforts on increasing energy efficiency in the years to come. In respect of number of cleaner fuel (CNG) vehicles, it is expected that the MTDF and MDG targets would be achieved much earlier.

Achieving MDG targets for drinking water supply and sanitation crucially hinges on the successful implementation of the recently approved "Clean Drinking Water for All" policy within the stipulated time. The achievement of the target requires 27 percent increase in the population coverage in the coming 10 years compared to 13 percent increase recorded in the past 15 years.

Achieving MDG Targets of 90 percent on sanitation coverage is more critical, keeping in view the past trends when 24 percent was added to the coverage in the last 15 years and 36 percent more has to be added to achieve the MDG target. Thus more rigorous and timely efforts will be required to come up to the expectations of achieving MDGs. Furthermore the target on Katchi abadies regularization is likely to be achieved keeping in view the past trends.



*Develop a Global Partnership For Development*

# Goal 8

## Develop a Global Partnership For Development

### Introduction

The preceding goal-wise review of the last five years progress and likelihood of their achievability by 2015 in case of Pakistan highlights the following essentials for fostering cooperation at the bilateral and multilateral level:- a) expected growth momentum and its impact on poverty and employment is intimately linked with enhancing growth rates of productive sectors and capacity to produce and export. Provision of market access and fair trade regime is a necessary pre-requisite for the success of MDG-based poverty reduction strategy of the country. b) sustaining and even scaling up the efforts to achieve the goals require increased diversion of resources towards the social sectors. Therefore efforts at additional domestic resource mobilization and creation of fiscal space through debt reduction and maintaining sustainable levels will ensure the fulfillment of such an investment strategy. Greater flow of ODA can partly mitigate the fiscal burden of stringent domestic resource mobilization effort otherwise needed for investing in social capital to attain the goals. c) in many cases where resources are not the binding constraints cooperation in capacity building at the institutional and administrative level through the use of modern technologies will speed up the momentum towards the attainment of the MDGs. An assessment under this goal reviews Pakistan's expectations and contribution to the above basis for international cooperation.

### Market Access

Pakistan's exports have risen more than two-fold during the past 15 years from US \$ 6 billion in 1990-91 to US \$ 14.4 billion in 2004-05. Unfortunately they remain concentrated in commodities as well spatially. About one half of Pakistan's exports go to seven countries namely, the USA, Germany, Japan, the UK, Hong Kong, Dubai and Saudi Arabia. Among these countries the maximum export proceeds have come from USA making up approximately one-fourth of the total. Textile sector with 65.6 percent (\$ 8.07 billion) is the highest contributor. Pakistan is the world's fourth-largest supplier in textiles exports with 6.7 percent of total market share.

Pakistan's effort at trade liberalization started in mid-eighties. Tariff policy reforms have duly supported trade policy reforms. The top tariff rate was reduced from 120 percent in 1985 to 25 percent in 2001. The number of tariff bands was also reduced from 42 in 1985 to only 4 in 2001. Ad-valorem method of taxation has been adopted instead of a mix of specific, composite and alternate tariff methods. There are no para-tariffs. The applied tariff of almost half of the import regime is zero percent to 5 percent. The simple average tariff is now only 8.5 percent on dutiable imports and the Special Regulatory Order (SRO) regime has been reduced to a bare minimum. The agriculture sector in Pakistan also remains subsidy free at the output stage. The trade and tariff regime during the 1990s was rapidly and comprehensively liberalized.

In the area of regional trade agreements major initiatives are underway although the progress is slow. SAARC's Islamabad declaration in 2004 promises South Asian Free Trade Area (SAFTA) which would come into force in January 2006. It would be fully implemented by 2015. SAFTA's tariff reduction



program calls upon India, Pakistan and Sri Lanka to reduce tariffs to 20 percent by 2006, while Nepal, Bhutan, Bangladesh and Maldives are required to reduce tariffs to 30 percent by 2006. The agreement calls for elimination of all quantitative restrictions. Complete elimination of tariffs under SAFTA may increase the intra-regional trade by 1.6 times the existing level. Under the dynamic framework the gains from liberalization are at least 25 percent higher than static gains.

The Framework Agreement on ECO Trade Cooperation (FAT) signed in March 2000 by Afghanistan, Azerbaijan, Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan and Turkey calls for progressive elimination of non-tariff barriers as well as gradual reduction of tariffs in the region with a view to promoting trade.

In order to facilitate market access a Sub Regional Connectivity and Trade Facilitation Project with the cooperation of ADB was recently approved by the Government of Pakistan. The Project objectives are, (i) to support regional cooperation by removing or relaxing physical, institutional and other barriers to improved transportation and increased trade; (ii) to support preparation and adoption of cross border agreements for road transport including movement of containers; (iii) Improve road sector efficiency on the main transport corridors in Pakistan. In this project eight national highway sections will be improved and rehabilitated covering a total length of 835.7 kms. The total outlay will be Rs. 27.34 billion and the project will be implemented during 2006-10.

Though over the last one and a half decade, developed countries imports into Pakistan have been liberalized in terms of lower tariffs and other non-tariff barriers, Pakistan exports continue to face various forms of trade restrictions from developed partners. Textile exports are broadly divided into Quota exports to US, EU, Turkey and Canada and into Non-Quota exports. In recent years quota exports have increased especially to EU, because of enhanced quota allocations and quota utilizations. Fifty percent of total exports of Pakistan are currently quota and duty-free. Pakistan's exports of textile manufacturers were US\$ 5.9 billion in 2004-05 comprising nearly half of total exports. These exports are no more facilitated by the MFA quota, while non-quota items in textiles face an average tariff of 12 percent.

According to European Commission studies, significant tariff and non-tariff trade barriers still exist and that the market opening by the EU's trade partners is very slow and insignificant. The average tariff for textile and clothing products under the WTO is 9 percent, while average applied tariffs for textile products by countries such as Argentina, Brazil or Thailand range between 20 percent and 25 percent and are at 38 and 39 percent for India and Pakistan respectively. This shows that textile exports from Pakistan are subject to one of the highest tariff rates. Furthermore average applied tariffs on clothing products are even larger at 45 percent for Pakistan and India. Indeed these over and above tariffs application are greatly hampering Pakistan's exports to developed countries.

### **Developed Partners' Commitment**

If Pakistan is to realize the potential of international trade to enhance economic growth to achieve MDGs, the main barriers to its exports need to be removed. These include tariffs (taxes) imposed by developed countries on imports and the subsidies that developed countries provide to domestic agricultural producers. The optimism generated in the Doha round of multilateral trade talks, under the aegis of the World Trade Organization (WTO), on trade liberalization dissipated with the collapse of negotiations in Cancun in September 2003.

Subsidies to the agricultural sector in OECD countries act as another barrier to exports from developing countries. Among the most distorted sectors in international trade, agricultural support in the OECD countries was estimated at US\$ 330 billion in 1999- 2001. Of the US\$ 250 billion subsidy that goes towards supporting producers, US\$ 160 billion comes from broader measures, such as tariffs and quantitative restrictions and account for 70 percent of total protection in the OECD countries. This stimulates overproduction in the rich countries and shuts out the potentially more competitive exports from poor countries.

Trade barriers in nonagricultural products continue to be significant and particularly detrimental to the developing countries. For example, developing countries' exports to developed countries face tariffs that are, on average, four times higher than those faced by the exports of other developed countries. Developing countries' exports suffer from mega tariffs, tariff peaks, tariff escalation, and quotas imposed by rich countries on goods with export potential. Developed countries should bind all tariffs on nonagricultural merchandise at zero by 2015, the target date for achieving the Millennium Development Goals. A midterm goal could be for no tariff higher than 5 percent by 2010.

The Uruguay Round Agreement on Textiles and Clothing was supposed to phase out quotas progressively by January 1, 2005. But phase-outs are heavily back-loaded, with more than 50 percent of quotas—covering the most commercially valuable products—still to be removed (as of the end of 2004). Back loading has robbed developing countries of one of the major gains expected from the Uruguay Round and given rise to legitimate doubts about the willingness of the major importers to honor the agreement. It has also undermined any chance of gradual and orderly adjustment in the sector. The abrupt removal of the remaining quotas on January 1, 2005, have created adjustment problems for importers and exporters alike and is unleashing powerful protectionist forces in high-income countries. These must be effectively contained—for example, by restraining the proliferation of contingency protection measures. The correct answer lies not in pursuing protectionism by other means, but in providing adjustment support to small suppliers highly dependent on this sector through trade and development measures.

Free trade agreements (FTAs) have a mixed record in achieving real liberalization, especially on sensitive products. Benefits may be limited (or achieved at the expense of others) and costs can be high. Unlike at the WTO where developing countries can form effective coalitions, in FTAs they are at a disadvantage in resisting the inclusion of non-trade issues or erosion of their WTO rights (TRIPS and on patents, especially pharmaceutical patents, and other WTO provisions). Multiple FTAs with differing rules of origin impose high transaction costs, particularly on small traders, and divert the limited negotiating resources of poor countries from the pursuit of multilateral liberalization.

### **The Way Forward**

Rich countries should lead farm liberalization is beyond question. They should deliver substantial liberalization under all three pillars of the agricultural negotiations and shift their farm policies to income support—helping the poor and small farmers in rich countries to adjust to more open farm markets. Export subsidies should be totally and definitively eliminated, as agreed in the Doha Development Agenda framework of August 2004. These should be removed by 2010. This will send a powerful signal to developing countries, which will follow suit with their own deeper market opening without the danger of export subsidies greatly distorting trade and competition. All countries should decouple all support payments to farmers by 2010 and cap all domestic support measures at 10 percent of the value of agricultural production (on a byproduct basis) by 2010 and at 5 percent by 2015.



Negotiations on farm trade liberalization need to broaden their focus beyond elimination of export subsidies and to stress reductions in tariffs and in domestic support. By 2015 no bound farm tariff should exceed 5 percent for OECD countries. Market access negotiations must address both the unacceptably high tariff peaks that remain in agriculture and tariff escalation, which continues to frustrate developing country efforts to move up the value chain. All non-tariff barriers, including tariff rate quotas, should be removed by 2010. Economic growth of the poorest countries depends crucially on a more dynamic agricultural sector. The fragility of these countries, however, suggests that, as a result of the Doha Round, they should reduce only their bound tariffs—since most of their applied tariffs are moderate—and their applied tariff peaks, which cost their poor consumers dearly without bringing public revenue. Poor food-importing countries hurt by this liberalization should be compensated by a substantial increase in international aid. The increased aid would serve partly to cover increased food import costs and partly to stimulate a new Twenty First Century Green Revolution in food-insecure regions. By 2015 no bound farm tariff should exceed 15 percent for the poorest countries and 10 percent for other developing countries.

Three of the four Singapore issues (competition, investment, transparency in government procurement) have rightly been left off the Doha Round. None meet the three essential tests of whether rules on regulatory issues should be included in the WTO. These issues are not priorities for poor countries and could divert scarce resources from other issues with higher development payoffs.

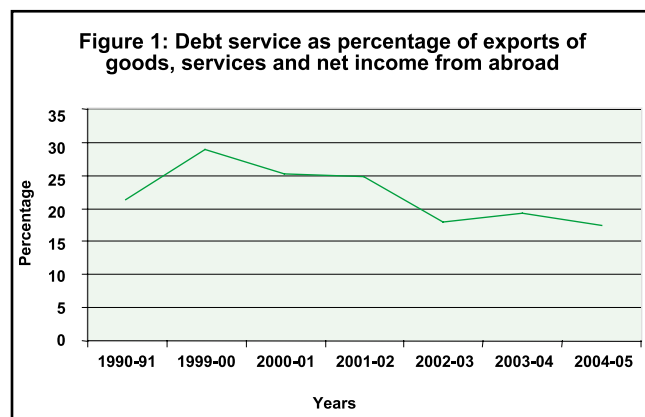
### Debt Sustainability

After reaching unsustainable levels in 1990s, Pakistan’s external debt has stabilized and is quickly approaching sustainable levels due to favorable external environment, rescheduling and re-profiling of debts and higher GDP growth including exports and inflow of remittances.

Pakistan recorded a small deficit during the current fiscal year after witnessing current account surpluses during 2001-04. Due to higher exports, a large increase in the inflow of remittances, the receipt of grant assistance and inflow of foreign direct investment, foreign exchange reserves have risen to approximately US\$ 13 billion and the government has been able to pre-pay \$1.17 billion of the expensive external debt. These developments helped Pakistan enter into the capital market by issuing Eurobond as well as Islamic Bond (Sukuk) worth US\$ 500 million and US\$ 600 million, respectively. External debt and liabilities declined by US\$ 2.072 billion –from US\$ 37.92 billion in 1999 to US\$ 36.92 billion mid 2004.

In respect of debt servicing Pakistan paid US\$ 3.75 billion in year 2000. In 2002 the actual amount paid in respect of debt servicing increased to US\$ 6.33 billion. However in 2004 the payments again decreased to US\$ 4.06 billion. It is also important to mention that rolled over amounts were considerably reduced from US\$4.08 billion in year 2000 to US\$1.1 billion in 2004, showing country’s remarkable performance in debt servicing.

Figure 1 profiles the trend of debt servicing as percentage of exports of



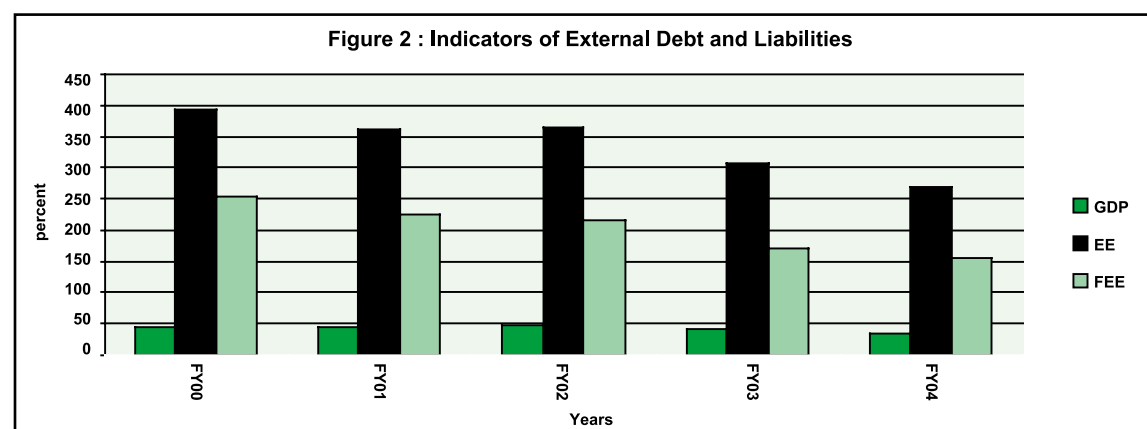
goods, services and net income from abroad over the last 15 years. The debt servicing ratio has fluctuated between low of 17.5 percent in 2004-05 to high of 28.9 percent in 1999-00.

As is evident from Table 1, all indicators of debt sustainability show significant improvement during the last 5 years. The sharp improvement is more visible in indicators relating to external liabilities. External debt and liabilities as percentage of GDP declined from 51.8 percent in 2000 to 37 percent by 2004 and has thus fallen below the critical threshold level of 50 percent determined for the HIPC countries.

**Table 1: Selected External Debt/Liabilities Indicators (%)**

	Total external debt to:			RES/TED	Total external debt & liabilities to:			RES/TDL	DS/XGS	RES/ST	Non-interest current account balance (million US Dollar)
	GDP	EE	FEE		GDP	EE	FEE				
FY00	43.9	393.1	252.4	3.1	51.8	462.9	297.3	2.6	31.6	1.4	1,381
FY01	45.1	359.8	224.2	5.2	52.1	415.8	259.0	4.5	32.7	2.5	1,874
FY02	46.6	365.4	216.1	13.0	51.0	399.7	236.4	11.9	36.7	14.0	4,303
FY03	40.5	306.3	169.7	28.6	43.1	325.8	180.5	26.9	22.8	44.8	5,310
FY04	35.1	268.7	155.1	31.7	37.2	284.5	164.1	29.9	32.5	479.7	2,757

Note: Foreign Exchange Earnings is the sum of earning from Goods, services, and income and private transfer. TED: Total external debt, RES: Foreign exchange reserves; EE: export earnings FEE: Foreign Exchange Earnings; DS: Debt servicing; XGS: Export of good and Services.



### Medium Term Challenge

The success of MDG-led poverty reduction strategy is mainly dependent on a) a growth rate of economy conducive to reduction in poverty and b) scaled-up diversion and cost-effective investments in the social sectors to achieve the Goals by 2015. What are the medium term implications for debt sustainability of such a strategy for Pakistan?

Last two years respectable growth performance of the economy suggests that it has been accompanied by a steady increase in demand for imports and in FY 2004-05 the GDP growth of 8.4 percent was accompanied by approximately 30 percent increase in imports while exports grew by approximately 15 percent, with higher oil prices partly contributing to the surge in imports. Thus sustained higher growth to reduce poverty in the medium term transmitted via higher current account deficits can dampen the momentum to reach debt sustainability. Higher oil prices in the medium term underlie this scenario. Secondly if domestic fiscal effort remains muted due to its likely impact on inflation and thereby the well-being of the poor, Pakistan and many other developing countries (who are not categorized as HIPC countries) would have to rely on foreign resources, either commercial or concessionary to finance increased social sector spending to achieve the MDGs. In an environment of higher interest rates, once again the goal of debt sustainability is partly compromised. Thus either a) the pace of foreign exchange earnings must continue to rise via unhindered exports and/or be financed by depletion of foreign reserves to maintain debt sustainability. The latter policy option again impact the volatility of exchange rate and thereby expectations of inflation rate. Central to all these trade-offs is the pursuance of prudent monetary, fiscal and exchange rate policies while targeting debt sustainability and increased social spending.

#### **Developed countries role**

The targets for debt relief are based on arbitrary indicators (debt-to-export ratios) rather than MDG-based needs. Many heavily indebted poor countries (HIPCs) retain excessive debt owed to official creditors (such as the Bretton Woods institutions) even after relief. Many middle-income countries are in a similar situation and receive little or no debt relief. Even when targets are set today, they typically are very narrow in scope, with incremental progress targeted in one dimension, and with stagnation or retrogression in others that might be equally if not more, important. For instance, many low-income countries are applauded by the international community for balancing budgets and lowering inflation, while health and education outcomes stagnate or worsen.

#### **Official Development Assistance**

Aid is one way for rich countries to transfer resources to developing countries and is most effective in reducing poverty when it goes to poor countries with good policies and sound governance. In 2002, net official development assistance began to rise and by 2003 had reached US\$ 69 billion. Through much of the 1990s, ODA levels fell while ODA as a proportion of donors' GNI fell even faster. Many donors pledged to provide at least 0.7 percent of GNI, but the average remains below 0.25 percent. In 2004, only five countries, i.e., Norway, Luxembourg, Denmark, Sweden and Netherlands reached the overall level of 0.7 per cent of their gross national income for official development assistance.

In the recently held G8 meeting, the development partners have pledged to double aid to US\$50 per annum by 2010. The United Kingdom has promised a redoubled effort. The EU has announced plans to increase its assistance to an average of 0.56 percent of national income by 2010 and the US also plans to increase its annual contribution by US\$ 5 billion through the US Millennium Challenge Account that carries with it some tough conditional ties. However, ODA needs to double from its present level if the poorest countries are to achieve the MDGs.

As regards Pakistan, the official development assistance shows a fluctuating trend. As a percent of Pakistan's GNI it rose from 1.24 percent in 1999-00 to 3.88 percent in 2000-01, and fell to 1.30 percent in 2003-04. In terms of per capita disbursement, foreign aid has fluctuated between a low of US \$ 5.4 and a high of US \$ 16 during the last 15 year period.

**Table 2: Official Development Assistance (ODA)**

Year	Aid (% of Pakistan's GNI)	Aid per capita (current US\$)	ODA (Million US \$)
1990-91	2.70	10.5	1129
1999-00	1.24	5.4	732
2000-01	2.91	11.4	1599
2001-02	3.88	16.1	2316
2002-03	1.80	10.4	1550
2003-04	1.30	8.1	1242

Source: Economic Affairs Division

The composition of aid over the years has considerably changed from grants and grant type assistance to hard term loans.. The major sources of foreign economic assistance to Pakistan are the OECD countries. The share of project aid in the 1990s averaged 73 percent per annum or US\$ 1736 million with annual fluctuations in the range of 55-84 percent. The share of non-project aid during the same period fluctuated even more widely (16-45 percent) and averaged at 27 percent per annum.

Regarding sectoral distribution of ODA to Pakistan, Table 3 indicates that its share to social development and health, after declining from 23.2 percent in 1996 to 15.8 percent in 1998, has once again picked up to 23.6 percent in 2000. Note that social and health sectors hold the biggest share in ODA disbursements.

**Table 3: Sector-wise details of ODA to Pakistan (1996-2000)** (%)

SECTOR	1996	1997	1998	1999	2000
Economic Management	17.7	17.7	10.3	5.1	17.2
Natural Resources	12.4	11.7	8.4	11.0	7.5
Human Resources Development	7.6	8.0	10.7	14.0	10.7
Energy	11.0	11.3	9.3	12.3	12.4
Transport	8.0	9.4	12.8	14.1	12.2
Social Development	19.1	16.5	11.6	19.0	17.1
Health	4.1	4.7	4.2	7.9	6.5
Others	20.1	20.7	32.7	16.6	16.4

Source: UN Development Cooperation Report (1996-2000)

### Strengthening global partnership through ODA

In capital-starved countries like Pakistan, foreign aid has variously been considered as an important source of financing, implementing and completing different socio-economic development programs. An MDG-based poverty reduction strategy can only succeed with an MDG-based global partnership. For

Pakistan, expanding market access and ensuring debt sustainability is an important indicator of global cooperation. However, enhanced levels of ODA at concessionary terms along with its effective utilization will no doubt speed-up the momentum towards achieving the goals.

Not only the terms of bilateral foreign aid to Pakistan are stringent, the grant element has also declined significantly over the years, thus impacting on country's capacity to service external debt. Most of the recent increase in foreign aid did not necessarily provide a new source of financing for social services or poverty reduction, as it was a reverse flow for payment of principal and debt servicing of past loans. Similarly, emergency and disaster relief, although much needed, did not address long-term development needs.

The World Summit on Social Development at Copenhagen in 1995 proposed a mutual commitment between interested developed and developing country partners to allocate, on average, 20 per cent of ODA and 20 per cent of the national budget, respectively, to social programmes such as basic education, health, population, and poverty-focused water and sanitation projects. MTFD 2005-10 proposes to raise the pro-poor investment spending from 4.25 percent of GDP to 6.50 percent of GDP by 2009-10. Moreover the recently passed Fiscal Responsibility Law requires that the social sector spending should not fall below 4.5 percent of GDP in any given year. Despite the efforts of Pakistan government to mobilize meaningful domestic resources and attract foreign investment, ODA will remain a critical source of external financing for poverty reduction and sustainable development in the years to come.

Many national strategies will require significant international support. But the international system is ill equipped to provide it because of a lack of supportive rules, effective institutional arrangements, and above all a resolve to translate commitments in to action. The development partnership and its embodied processes are not yet up to the task of the Millennium Development Goals (MDGs), and how it needs to scale up its financial and technical support. The system has the potential to help countries achieve the Goals, but it needs a significantly more focused approach to do so. There are at least 8 central problems with the aid system today vis a vis:

- ♦ Disconnect between aid processes and MDGs
- ♦ Development partners do not approach country-level needs systematically
- ♦ Most aid is directed towards the short run goals of macro stabilization.
- ♦ Technical support is inadequate for MDG scale-up
- ♦ Multilateral agencies are not coordinating their support
- ♦ Debt relief is not aligned with the Goals
- ♦ Development finance is of very poor quality
- ♦ Policy incoherence is pervasive

Fully delivering on these commitments will be a challenge for many development partners, particularly given recent increases in budget deficits. More recent announcements, such as pledges to boost AIDS funding, also reflect renewed international commitment to meet the Millennium Development Goals. Nevertheless, total ODA will still be well short of the amount estimated and required to ensure that the Millennium Development Goals are achieved.

Bilateral agencies provide roughly two-thirds of all ODA. Most of this is grant based, although significantly less currently goes to direct MDG-related investments than does multilateral ODA. Further, individual bilateral agencies work at a smaller scale and impose higher transaction costs than multilateral funds (because the recipient country must deal with up to two dozen bilateral donor agencies). Nonetheless, bilateral agencies are frequently important for broadening industrialized countries' public

support for development. Operationally, they can make major contributions to the MDGs by providing budget support to developing countries. They can also importantly provide:

- ♦ Technical assistance and technology transfer, drawing on the scientific and technical expertise within their own countries.
- ♦ Support for NGOs from the agency's country and in the host country.
- ♦ Support for student exchanges, scholarships, and fellowships and other people-to-people exchanges in sports, culture, and the like to increase international public understanding.
- ♦ Support for innovative projects, to test new concepts of delivering aid or to introduce new technologies on a trial basis.

In recent years, bilateral agencies have increasingly harmonized their work through sector wide approaches, in which donors agree to give joint support to the scaling up of a particular sector. These represent a major improvement on past approaches that would see a dozen or more disparate bilateral projects operating in parallel.

## Opportunities for Youth

### Target 16

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

### Indicator 45

Unemployment rate of young people aged 15-24 years, each sex and total

Table 4 indicates an increase in youth unemployment rate in Pakistan during the nineties, from 10.5 percent in 1990 to 13.6 percent in 2000-01. Recently it has fallen marginally to 11.7 percent, partly as a result of female unemployment declining significantly from 20.5 percent in 2000-01 to 14.8 percent in 2003-04.

<b>Table 4: Youth unemployment rate aged 15-24</b>			
	1990-91	2000-01	2003-04
Both	10.5	13.6	11.7
Women	22.5	20.5	14.8
Men	8.3	12.2	11.0
Source : Labour Force Surveys			

Achieving employment goal for young people is critical for maintaining national cohesion and international security, poverty eradication, and sustainable development. Medium Term development Framework (MTDF 2005-10) envisages 'to maintain current momentum of GDP growth rate by investing a huge amount of Rs. 2042 billion in infrastructure and social sector projects. It is expected that targeted growth rate of GDP would generate 6.97 million job opportunities and help in decreasing the youth unemployment rate to 6.1 percent at the end of MTDF period. The government is cognizant of the youth unemployment situation and is determined to reduce unemployment in the country. Some of the steps being taken by the Government are as under:

- ♦ Implementation of public works schemes under Khushal-Pakistan Programme
- ♦ Overseas employment facilities for technical, skilled and unskilled manpower

## Goal 8

- ♦ Provision of technical/vocational training to the unemployed in employable skills
- ♦ Investing in increasing water resources which would open new avenues for employment in rural areas
- ♦ Credit facilities for self-employment through SME Bank, Zari Taraqati Bank, Khushali Bank and assistance through Pakistan Poverty Alleviation Fund
- ♦ Permanent Rehabilitation Grant for self employed.
- ♦ Promoting Volunteerism among educated youth to run schools and literacy centers.

As a result of implementation of these programme and projects, a large number of job opportunities would be created for youth in the country.

Decent work for young people is affected by a number of factors, including demographic trends, the level of aggregate demand, the employment intensity of growth, employment elasticity of different sectors and the policy space of pro-employment policies at the national level, education and vocational training outcomes and quality, work experience and entrepreneurship options. Meeting the youth unemployment challenges calls for an integrated and coherent approach that combines interventions at the macro and micro level, focuses on labor demand and supply, and addresses both the quality and quantity of work.

Pakistan as a signatory to SAARC Social Charter is committed at a domestic level to a) provide enhanced job opportunities for young people through increased investment and b) provide leisure time activities for youth to make them economically and socially productive. At the regional level the Charter calls on member states to: revitalize organized volunteers program to provide youth of one country to work in other countries and harness idealism of youth for regional cooperative programmes.

## Affordable Drugs

### Target 17

In cooperation with the pharmaceutical companies provide access to affordable essential drugs in developing countries

### Indicator 46

Proportion of population with access to affordable essential drugs on a sustainable basis

In absence of time series data for Pakistan, the following table presents a comparative standing of Pakistan with selected developing countries in 1997. Nearly 50 to 80 percent of the population of Pakistan has access to affordable essential drugs on a sustainable basis. Sri Lanka is the country with highest access, the rest are either at par with Pakistan or have lower access. (Table 5)

### Challenges

An issue that has polarized international trade negotiations and highlighted the growing rift between poor and rich countries is access to medicines. Target 17 stresses the need to make essential drugs

**Table 5: Access to Essential Drugs**

Countries	1997 Value *
Afghanistan	50
Bangladesh	80
Bhutan	80
India	80
Maldives	80
Nepal	50
Pakistan	80
Sri Lanka	95

Source: Asian Development Bank 2003

\* Entries refer to the following code :50 means less than 50%; 80 means between 50-80%; 95 means between 80-95%.



available and affordable to those who need them. Millions of people die prematurely or suffer unnecessarily each year from diseases or conditions for which effective medicines or vaccines exist. Essential drugs save lives and improve health, but their potential can only be realized if they are accessible, rationally used and of good quality. Providing access to essential drugs is an integral part of a national health system.

Progress continues to be made in increasing the availability of essential drugs to developing regions, as a result of efforts by national governments, development partners, the private sector and others. In 2001, the World Trade Organization ruled that the TRIPS (Trade-related Aspects of Intellectual Property Rights) Agreement, which, among other things, protects patents on drugs, should be interpreted so as to support countries' rights to safeguard public health and promote access to medicines for all. This was followed by a decision of the General Council of the World Trade Organization taken in 2003 to ease restrictions on the importation of generic drugs by the poorest countries for the treatment of rapidly spreading "high-cost" diseases, such as AIDS, malaria and tuberculosis.

### Information and Communication Technologies

#### Target 18.

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

#### Indicator 47.

Telephone lines and cellular subscribers per 100 population

#### Indicator 48.

Personal computers in use per 100 population and Internet users per 100 population.

Table 6 provides the trends in the access of new technologies in Pakistan during the last 15 years. Fixed telephone lines have increased approximately five-fold during the last 15 years. The use of mobile phones has risen exponentially in the last 4 years. In terms of per 100 population, the telephone and internet use has increased by 67 percent and more than doubled since 2000-01. The use of personal computers per 100 population has expanded rapidly from a low of 0.03 in 1990 to 0.58 in 2001.

**Table 6: Pakistan: Estimates of Telephone Lines, Computers and Internet Users**

Year	Total Population in 000's	No of Tel lines in 000's	Mobile Phones	Tel users/100 population	Internet connections in 000's	Internet users per 100 population
1990-91	112610	1188.0		1.05	-	-
2000-01	142860	3340.0	743	2.34	800	0.56
2001-02	145960	3655.0	1699	2.50	1000	0.69
2002-03	148280	4940.0	2404	3.33	1600	1.08
2003-04	151600	5042.0	5023	3.33	2000	1.31
2004-05	152530	5052.0	10543	3.91		

Source: Pakistan Economic Survey 2004-05

The Government of Pakistan has accorded highest priority to the development of the telecom sector in Pakistan and declared it as priority area for the provision of employment and reduction in poverty. Realizing its importance, the Government has given number of incentives to telecom sector. This has resulted in tremendous growth of the telecom services in Pakistan.

Telecom sector has also emerged as a major employment generation sector. After the deregulation of the sector in 2004, it generated 341,622 direct and indirect employment opportunities. Addition of 72,000 payphones and franchises vendors and distributors of the telecom companies have also generated direct and indirect employment opportunities in the country. It is expected that this sector would generate 460,000 direct and indirect employment opportunities in 2005.

### **Challenges**

Technology enhances people's lives and can spur national economic growth. Yet access to such technology is unevenly distributed. Only 11 per cent of the world's population had access to the Internet in 2003, and over 70 per cent of these people lived in developed countries. The use of information and communications technology (ICT), for example, can make governments more transparent and therefore reduce corruption and lead to better governance. It can help people in rural areas find out about market prices and sell their products at a better value. It can also overcome traditional barriers to better education by making books available online and opening the door to "e-learning".

Mobile phone and Internet services have grown tremendously over the past decade. Yet, the gap between rich and poor in access to communications services must be reduced if the benefits of the global information society are to be shared. Bridging this "digital divide" must top the development agenda. Existing data suggest that proportionally fewer women than men use the Internet in the developed world. In the developing world this gap is further aggravated by lower female school enrolment rates and wages.

# Annex-I

MDGs and Targets	Indicators for Pakistan
<b>Goal 1: Eradicate Extreme Poverty and Hunger</b>	
<b>Target 1.</b> Halve, between 1990 and 2015, the proportion of people whose income is less than a dollar a day	<ul style="list-style-type: none"> <li>• Proportion of population below the calorie based food plus non-food national poverty line</li> </ul>
<b>Target 2.</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ul style="list-style-type: none"> <li>• Prevalence of underweight children under-five years of age</li> <li>• Proportion of population below minimum level of dietary energy consumption</li> </ul>
<b>Goal 2: Achieve Universal Primary Education</b>	
<b>Target 3.</b> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<ul style="list-style-type: none"> <li>• Net primary enrolment ratio</li> <li>• Completion/survival rate to grade 5</li> <li>• Literacy rate</li> </ul>
<b>Goal 3: Promote Gender Equality and Empower Women</b>	
<b>Target 4.</b> Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	<ul style="list-style-type: none"> <li>• Gender Parity Index (GPI) for primary, secondary and tertiary education</li> <li>• Youth literacy GPI</li> <li>• Share of women in wage employment in the non-agricultural sector</li> <li>• Proportion of seats held by women in National Assembly and Senate, provincial assemblies and local councils</li> </ul>
<b>Goal 4: Reduce Child Mortality</b>	
<b>Target 5.</b> Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	<ul style="list-style-type: none"> <li>• Under-five mortality rate</li> <li>• Infant mortality rate</li> <li>• Proportion of fully immunised children aged 12-23 months</li> <li>• Proportion of children under 1 year immunised against measles</li> <li>• Proportion of children under five who suffered from diarrhoea in the last 30 days</li> <li>• Lady Health Workers' coverage of target population</li> </ul>

MDGs and Targets	Indicators for Pakistan
<b>Goal 5: Improve Maternal Health</b>	
<p><b>Target 6.</b> Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</p>	<ul style="list-style-type: none"> <li>• Maternal mortality ratio</li> <li>• Proportion of births attended by skilled birth attendants</li> <li>• Contraceptive prevalence rate</li> <li>• Total fertility rate</li> <li>• Proportion of women 15-49 years who had given birth during last 3 years, and made at least one antenatal care consultation</li> </ul>
<b>Goal 6: Combat HIV/AIDS, Malaria and Other Diseases</b>	
<p><b>Target 7.</b> Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p>	<ul style="list-style-type: none"> <li>• HIV prevalence among 15-24 year old pregnant women</li> <li>• HIV prevalence among vulnerable groups (e.g., active sex workers)</li> </ul>
<p><b>Target 8.</b> Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<ul style="list-style-type: none"> <li>• Proportion of population in malaria risk areas using effective malaria prevention and treatment measures</li> <li>• Incidence of tuberculosis per 100,000 population</li> <li>• Proportion of TB cases detected and cured under Directly Observed Treatment Short Course (DOTS)</li> </ul>
<b>Goal 7: Ensure Environmental Sustainability</b>	
<p><b>Target 9.</b> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<ul style="list-style-type: none"> <li>• Forest cover including state-owned and private forest and farmlands</li> <li>• Land area protected for the conservation of wildlife</li> <li>• GDP per unit of energy use (as a proxy for energy efficiency)</li> <li>• No. of vehicles using CNG fuel</li> <li>• Sulphur content in high speed diesel (as a proxy for ambient air quality)</li> </ul>
<p><b>Target 10.</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</p>	<ul style="list-style-type: none"> <li>• Proportion of population with sustainable access to an improved water source, urban and rural</li> <li>• Proportion of urban and rural population with access to improved sanitation</li> </ul>
<p><b>Target 11.</b> Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers</p>	<ul style="list-style-type: none"> <li>• Proportion of katchi abadis (slums) regularized.</li> </ul>

MDGs and Targets	Indicators for Pakistan
<b>Goal 8: Develop a Global Partnership for Development</b>	
<p><b>Target 12.</b> Develop further an open, rule based, predictable, non-discriminatory trading and financial system</p> <p><b>Target 15*</b> Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long run</p>	<ul style="list-style-type: none"> <li>• Market Access</li> <li>• Debt Sustainability</li> <li>• ODA Assistance</li> </ul>
<p><b>Target 16:</b> In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.</p>	<ul style="list-style-type: none"> <li>• Unemployment rate of young people aged 15-24 years each sex and total</li> </ul>
<p><b>Target 17:</b> In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<ul style="list-style-type: none"> <li>• Proportion of population with access to affordable essential drugs on a sustainable basis</li> </ul>
<p><b>Target 18:</b> In cooperation with private sector , make available the benefits of new technologies, especially information and communications</p>	<ul style="list-style-type: none"> <li>• Telephone lines and cellular subscribers per 100 populations.</li> <li>• Personal computers in use per 100 population and internet users per 100 population</li> </ul>
<p>* Target 13 and 14 relate to land-locked countries and island economies. UN indicators 33-44 for targets 12-15 assess the three dimensions i.e., market access, debt sustainability and ODA assistance.</p>	

# Annex-II

ADVISORY COMMITTEE ON PMDGR – 2005		
1.	Dr. Pervez Tahir, Chief Economist, Planning Commission	Chairperson
2.	Dr. Donya Aziz, Parliamentary Secretary, M/o. Population Welfare, Islamabad	Member
3.	Mr. Onder Yucer, Resident Coordinator, United Nations, Pakistan	Member
4.	Mr. Zia-ul-Haq, Additional Secretary, Economic Affairs Division, Islamabad	Member
5.	Mr. Jalil Minhas, Member (Social Sectors), Planning & Development Division, Islamabad	Member
6.	Ms. Rukhsana Jabbar, Additional Secretary, Environment Division, Islamabad	Member
7.	Mr. Abdul Majeed Rajput, Director General, Ministry of Health, Islamabad	Member
8.	Mr. Iftikhar Malik, Joint Secretary, PRSP Sectt., Finance Division, Islamabad	Member
9.	Dr. Fayyaz Ahmad, Joint Educational Advisor, Ministry of Education, Islamabad	Member
10.	Mr. Shoukat Usman, Joint Secretary, Ministry of Women Development, Islamabad	Member
11.	Mr. Jalal Uddin Sohail, Joint Secretary, Youth Affairs Division, Islamabad	Member
12.	A representative of National Commission for Human Development, Islamabad	Member
13.	Mr. Shoaib Sultan Khan, Chairman, Rural Support Program Network (RSPN), Islamabad	Member
14.	Ms. Saba Gul Khattak, Executive Director, SDPI, Islamabad	Member
15.	Dr. Nuzhat Ahmad, Director, Applied Economic Research Centre, University of Karachi, Karachi	Member
16.	Ms. Lisa Chiles, Director, USAID, Islamabad	Member
17.	Chairman, Planning & Development Board, Government of the Punjab, Lahore	Member
18.	Additional Chief Secretary (Dev.), Planning & Development Department, Government of Sindh, Karachi	Member
19.	Additional Chief Secretary (Dev.), Planning & Development Department, Government of NWFP, Peshawar	Member
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