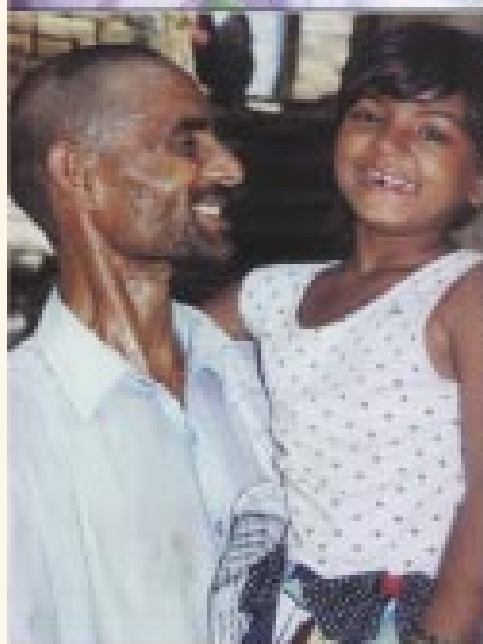
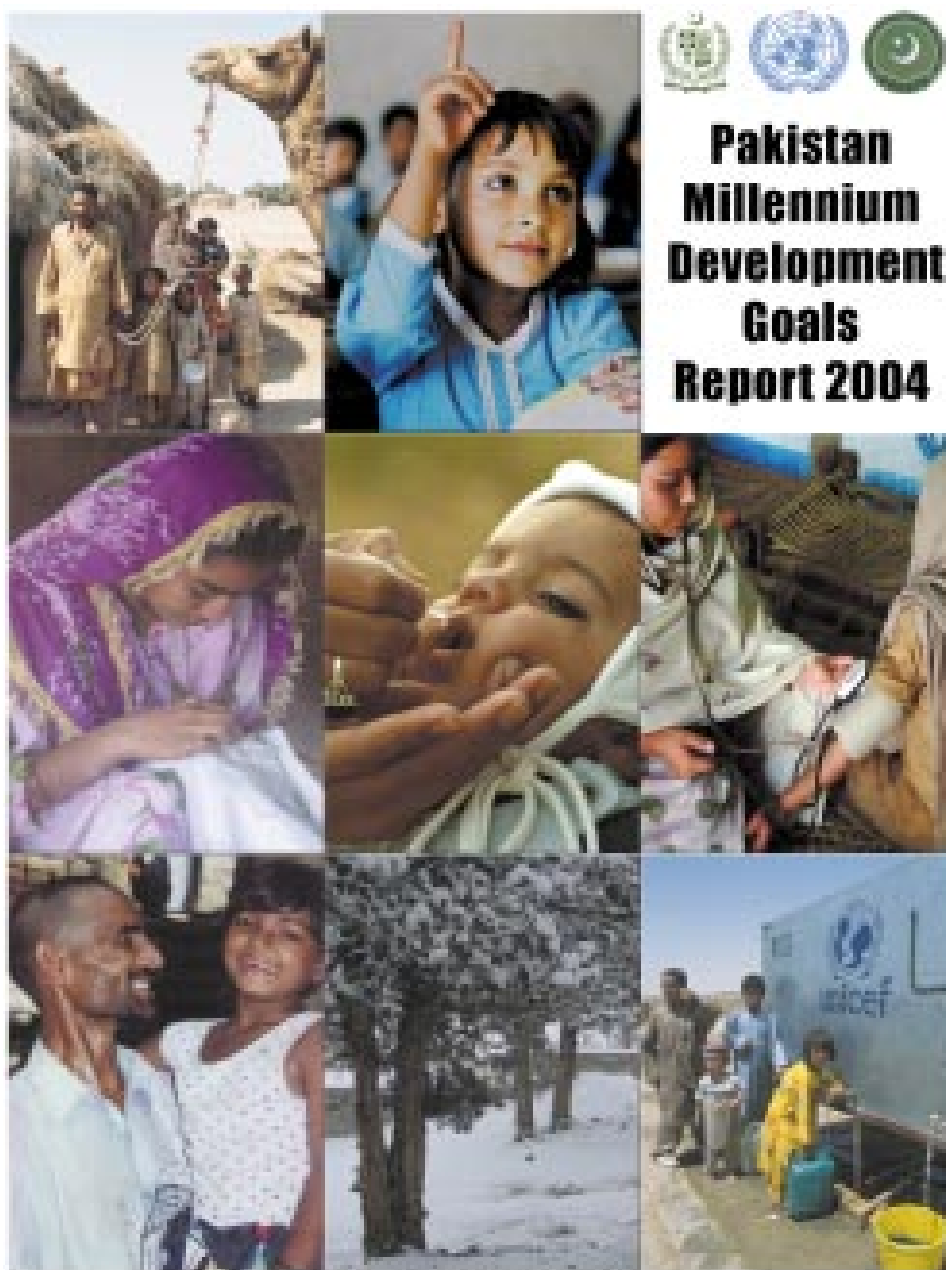




Pakistan Millennium Development Goals Report 2004





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This publication is available from:

Government of Pakistan
Planning Commission
Pakistan Secretariat
Block P
Islamabad, Pakistan.

UN Resident Coordinator
Inter Agency Support Unit
9th Floor
Saudi Pak Tower
61-A Jinnah Avenue,
Islamabad, Pakistan.



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Foreword

At the UN Millennium Summit in September 2000, 147 Heads of States affirmed their commitment to work toward a world in which sustaining development and eliminating poverty would be the highest priorities. The Millennium Development Goals (MDGs) have been agreed by UN member states, including Pakistan, as the commonly accepted framework for measuring progress. The eight goals focus the world community's attention on achieving significant and measurable improvements in people's lives. The first seven goals are mutually reinforcing and are directed at reducing poverty in all its forms. The last goal – global partnerships for development – is about the means to achieve the first seven.

The Pakistan Millennium Development Goals Report 2004 – the first of the annual series to follow – makes an assessment of Pakistan's performance in relation to each of the MDGs. The report presents the current status, outlines the challenges and lays out the road map towards attaining the MDGs. It seeks to raise public awareness about the MDGs, renew political commitment to poverty reduction, and focus attention on specific development issues and concrete actions.

Pakistan's Poverty Reduction Strategy Paper (PRSP) has been fully operationalized and as a first step its targets and indicators have been aligned towards attaining the MDGs. Within the PRSP framework, Pakistan's economy has gained significant strength, quality of life indicators are showing visible improvement and the rising trends in poverty appears to have been arrested and that a reversal has begun to take place. In the period 1999-2004, the Government has spent over Rs. 860 billion on the development of the social sectors and poverty related programs. The continuing reform process aims at limiting the government's direct economic role, expanding the space for the civil society, including the private sector, devolving power and placing human development at the centre of our total development effort. I have no hesitation in declaring that Pakistan will meet most of Millennium Development Goals and targets. The PRSP process has set the stage for taking the economy on a high growth path of around 8% in a medium-term framework. We are now working on a Five Year Plan for 2005-10, which will subsume the PRSP process and move further to give a dynamic push to the realization of the MDGs.

As a country which has recently emerged from a serious debt trap, Pakistan's commitment to Goals 1-7 critically depends on the availability of resources. While my government clearly sees our responsibility in tax reform and effective governance to prevent leakages and wastages in spending as well as to ensure outcomes, I would stand ready to work with the developed country partners for progress under Goal 8, especially on the enhancement of grant resources and market access.

I must conclude by placing on record my deepest appreciation for the participatory process adopted for the preparation of the Report. The involvement of the stakeholders from the outset has broadened the ownership of the MDGs and hence enhanced the prospects of accelerated progress.

SHAUKAT AZIZ
Prime Minister of Pakistan

Islamabad: 1 October 2004



Acknowledgements

The Pakistan Millennium Development Goals Report (PMDGR) 2004 has been produced through a process of national consultation. The process has been enriched by several rounds of debate on issues such as data, methodologies, indicators, trend analyses, policy priorities and public perceptions. The interactive consultative process leading up to the finalization of the report was overseen by an Advisory Committee convened by the Planning Commission and supported by thematic working groups on poverty, education and health. The process has involved many partners drawn from all levels of government, the Centre for Poverty Reduction and Income Distribution (CRPRID), the PRSP Secretariat, all UN agencies, civil society organizations and the private sector. The draft report was subjected to technical and stakeholder scrutiny and validation. Various government agencies and development partners have provided information as well as the data used in the Report.

The finalization of the Report would not have been possible without the tireless efforts of the staff of the Planning Commission and CRPRID. The United Nations Country Team's support and facilitation is duly acknowledged.

Acronyms

ADB	Asian Development Bank	MCH	Mother and Child Health
API	Annual Parasite Incidence	MDGs	Millennium Development Goals
ARI	Acute Respiratory Illnesses	MoH	Ministry of Health
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
DOTS	Directly Observed Treatment Short Course	NRSP	Natural Resettlement Safeguard Policy
EAD	Economic Affairs Division	ODA	Official Development Assistance
EFA	Education for All	ORS	Oral Rehydrated Salt
EmOC	Emergency Obstetric Care	ORT	Oral Rehydration Therapy
EPA	Environmental Protection Agency	PCRET	Pakistan Council for Removable Energy Technology
EPI	Extended Programme for Immunisation	PHC	Primary Health Care
ESR	Education Sector Reform	PIHS	Pakistan Integrated Household Survey
FAO	Food and Agricultural Organization	PMDGR	Pakistan Millennium Development Goals Report
FP	Family Planning	PRSP	Poverty Reduction Strategy Paper
FHW	Family Health Worker	RH	Reproductive Health
GAVI	Global Alliance for Vaccine Immunisation	RHC	Rural Health Centre
GDP	Gross Domestic Product	SAP	Social Action Programme
GHE	Government Health Expenditure	SDPI	Sustainable Development Policy Institute
GNP	Gross National Product	SRH	Sexual and Reproductive Health
GoP	Government of Pakistan	STDs	Sexually Transmitted Diseases
GPI	Gender Parity Index	TB	Tuberculosis
HIES	Household Integrated Economic Survey	TFR	Total Fertility Rate
HMIS	Healthy Management Information System	UNCT	United Nations Country Team
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome	UNDP	United Nations Development Programme
IASU	Inter-Agency Support Unit	UNESCO	United Nations Educational & Scientific Cooperation
ILO	International Labour Organization	UNICEF	United Nations Children's Fund
IMR	Infant Mortality Rate	UNIDO	United Nations Industrial Development Organization
I-PRSP	Interim Poverty Reduction Strategy Paper	UNODC	United Nations Office on Drugs and Crime
kg	kilogramme	UNHCR	United Nations High Commission for Refugees
LHV	Lady Health Visitor	UPE	Universal Primary Education
LHW	Lady Health Worker	WFP	World Food Programme
		WHO	World Health Organisation

Introduction

1. The Millennium Development Goals (MDGs)

The Pakistan Millennium Development Goals Report (PMDGR) flows out of the Millennium Declaration adopted by all 189 member states in September 2004. The Declaration sets forth key inter-connected and mutually reinforcing development goals as the global agenda for development in the 21st Century.

Pakistan has adopted the following goals and indicators for tracking progress towards them.

MDGs and Targets	Indicators for Pakistan
Goal 1: Eradicate Extreme Poverty and Hunger	
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than a dollar a day	<ul style="list-style-type: none"> ■ Proportion of population below the calorie based food plus non-food national poverty line
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ul style="list-style-type: none"> ■ Prevalence of underweight children under-five years of age ■ Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve Universal Primary Education	
Target 3. 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"> ■ Net primary enrolment ratio ■ Completion/survival rate to grade 5 ■ Adult literacy rate
Goal 3: Promote Gender Equality and Empower Women	
Target 4. 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"> ■ Gender Parity Index (GPI) for primary, secondary and tertiary education ■ Youth literacy GPI ■ Share of women in wage employment in the non-agricultural sector ■ Proportion of seats held by women in National Assembly and Senate, provincial assemblies and local councils

Goal 4: Reduce Child Mortality	
Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	<ul style="list-style-type: none"> ■ Under-five mortality rate ■ Infant mortality rate ■ Proportion of fully immunised children aged 12-23 months ■ Proportion of children under 1 year immunised against measles ■ Prevalence of under-weight children (under 5 years of age) ■ Proportion of children under five who suffered from diarrhoea in the last 30 days and received ORT ■ Lady Health Workers' coverage of target population
Goal 5: Improve Maternal Health	
Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<ul style="list-style-type: none"> ■ Maternal mortality ratio ■ Proportion of births attended by skilled birth attendants ■ Contraceptive prevalence rate ■ Total fertility rate ■ Proportion of women 15-49 years who had given birth during last 3 years, and made at least one antenatal care consultation
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases	
Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<ul style="list-style-type: none"> ■ HIV prevalence among 15-24 year old pregnant women ■ HIV prevalence among vulnerable groups (e.g., active sex workers)
Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<ul style="list-style-type: none"> ■ Proportion of population in malaria risk areas using effective malaria prevention and treatment measures ■ Incidence of tuberculosis per 100,000 population ■ Proportion of TB cases detected and cured under Directly Observed Treatment Short Course (DOTS)
Goal 7: Ensure Environmental Sustainability	
Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<ul style="list-style-type: none"> ■ Forest cover including state-owned and private forest and farmlands ■ Land area protected for the conservation of wildlife ■ GDP per unit of energy use (as a proxy for energy efficiency) ■ No. of vehicles using CNG fuel ■ Sulphur content in high speed diesel (as a proxy for ambient air quality)

Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	<ul style="list-style-type: none"> ■ Proportion of population with sustainable access to an improved water source, urban and rural ■ Proportion of urban and rural population with access to improved sanitation
Target 11. Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	<ul style="list-style-type: none"> ■ Proportion of katchi abadis (slums) regularised
Goal 8: Develop a Global Partnership for Development	
<p>Target 12. Develop further an open, rule based, predictable, non-discriminatory trading and financial system</p> <p>More generous ODA for countries committed to poverty reduction</p> <p>Target 15: 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>	

2. Pakistan Millennium Development Goals Report (PMDGR)

The endorsement by the Government of Pakistan (GoP) of the MDGs places an obligation on the state for leading the process in the formulation and finalisation of the PMDGR. The MDGR for Pakistan aims to focus national debate on specific priorities of concern to the state and society. It serves as a tool to raise awareness, encourage advocacy, build alliances and renew commitment at the country level, as well as to strengthen national capacity for monitoring and reporting on the goals and targets.

The United Nations Country Team (UNCT) has facilitated and supported GoP in the development of this Report. But the Report is firmly based on:

- **National ownership** of the process and product for monitoring progress towards MDGs. This helped clarify how the MDGs apply to Pakistan, and how their achievement is addressed through national development strategies, policies and programmes. It also helped align the long-term (2015) MDG targets with the 2005-06 targets of Pakistan's

Poverty Reduction Strategy Paper (PRSP) and the indicative 2011 targets of the Ten Year Perspective Plan. The Five Year Plan 2005-10, which is under preparation, will also be aligned with the MDGs.

- **Capacity development** to enable the full exercise of national ownership. For this purpose, the UNCT has been focusing on collaboratively investing in the country capacity for monitoring and for use of data for informed policy making and programming.

The PMDGR addresses seven of the eight MDGs in a standard format in the seven chapters that follow. Each chapter is organised under the following heads: (1) Achieving the Goals: Status and Trends (2) Major Challenges (3) Supportive Environment: Policies and Programmes (4) Priorities for Development Assistance and (5) Tracking the Goal: Monitoring and Evaluation.

3. Preparing the PMDGR – Process and Methodology

This PMDGR has been prepared in two main phases, the first of which revolved around three thematic working groups on poverty, education and health. One of these groups addressed Goals 1 and 7, another took up Goals 2 and 3, and the third concentrated on Goals 4, 5 and 6. The three groups worked in parallel and each was facilitated by a UN agency and included GoP and development partners. The thematic groups adapted the indicators to the country context, assembled available data for the baseline year (1990/91), the present situation (2002-03) and targets for 2015, and initiated a discussion on the main challenges facing Pakistan in relation to each goal.

The second phase of the PMDGR revolved around the Planning Commission of Pakistan, which took over the drafts prepared by the thematic working groups and co-ordinated their review by GoP. The Planning Commission chaired inter-ministerial meetings on each of the seven goals, and organised specialised inputs from the ministries and the provinces concerned. Each meeting included representatives of the ministries concerned, the head of PRSP Secretariat, the Chief of the Poverty Alleviation Section and other relevant Chiefs of Sections of the Planning Commission, provincial representatives and development partners. All meetings had certain common objectives, summarised as follows:

- To outline the major challenges associated with each Goal
- To agree on Government plans and documents that needed to be reflected in the PMDGR, particularly in the sections on Policies and Programmes
- To arrive at an agreement among the Planning Commission, the PRSP Secretariat, the ministry and the province concerned on the statistical indicators and targets and reliable sources
- To identify and rectify errors

- To assign responsibilities to the officers concerned for providing missing information.

An Advisory Committee was established with the Chief Economist, Planning Commission, as its chair to review the PMDGR drafts at the main stages of preparation. This Committee included senior officers of the Federal and Provincial Governments, CRPRID, NGO representatives and the UN Resident Coordinator. The composition of the PMDGR Advisory Committee and thematic working groups is shown at Annex I & II.

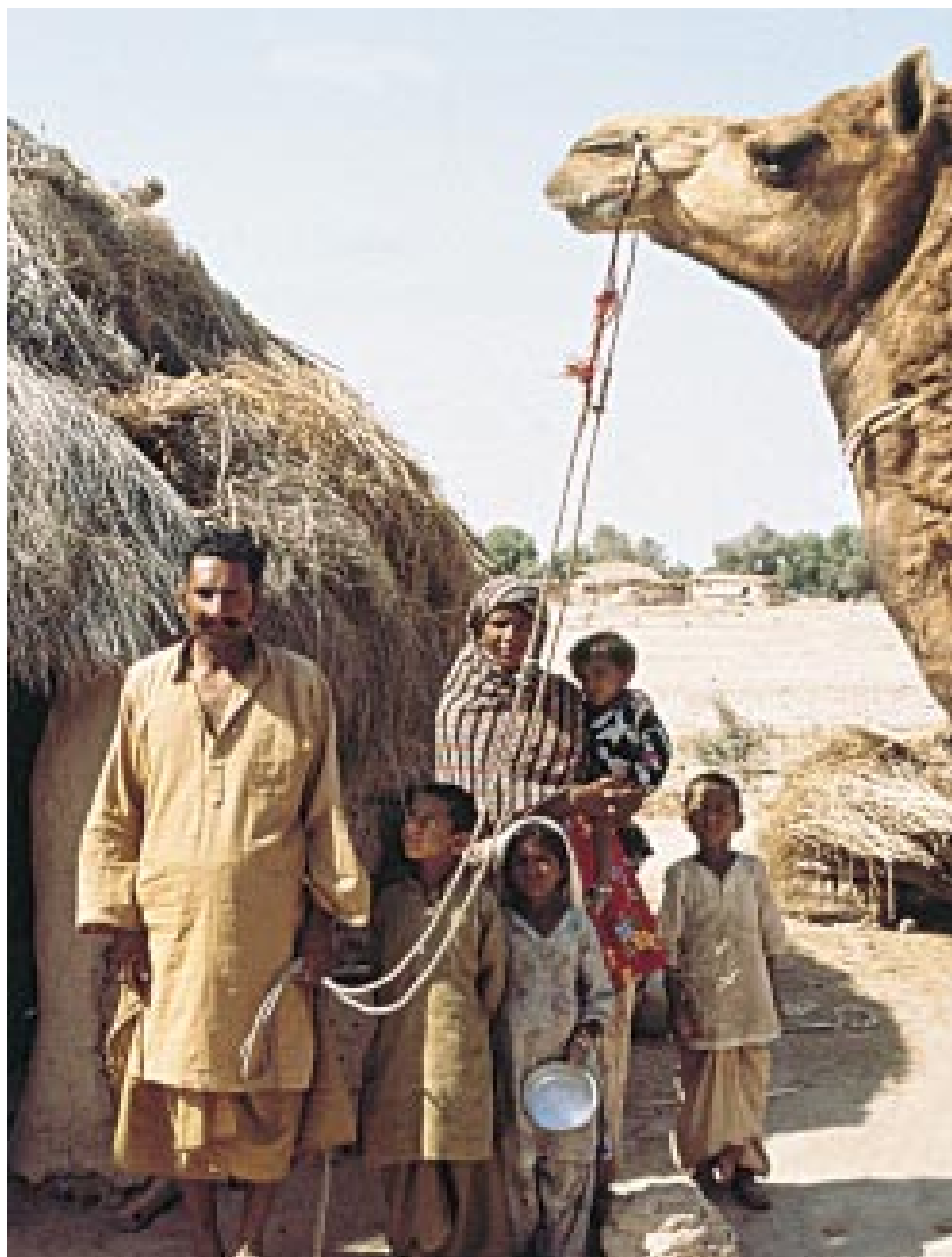
In December 2004, the Government is launching the Report and an MDG awareness campaign with Federal Ministries, Provinces, Special Areas, civil society, development partners and private sector will follow. It will highlight and publicise the MDG goals and adapted MDG targets and build country-wide ownership by emphasising their rooting in the national priorities.

The PMDGR 2004 contains data available till Fiscal Year 2002-03. It will be published every year by September. The next PMDGR for 2005 will report on progress based on data available for Fiscal Year 2003-04, and so forth for the following years until 2015. In the PMDGR 2005, a five year review will be presented.

The Planning Commission and the CRPRID will maintain a database on the agreed MDGs, identify gaps to fill them in time and carryout periodic reviews under the supervision of the Advisory Committee.

4. Monitoring and Evaluation

The government has aligned the PRSP indicators with the MDGs. It will also align the Five Year Plan 2005-10 targets with MDGs. Thus the monitoring of MDG indicators will be automatically done through the monitoring of the PRSP and the Five Year Plan indicators. As before, poverty indicators will be measured by the Household Integrated Economic Survey (HIES). Departmental data and the sector-wide management information system will report on input data. A Core Welfare Indicators Questionnaire (CWIQ) Survey is being started to fill the gap of measuring progress on intermediate indicators, especially at the district level to which the responsibility for primary service delivery has been devolved. Carried out simultaneously with the HIES, the Pakistan Integrated Household Survey (PIHS) will continue to monitor outcomes. The first CWIQ along with the HIES have already been started simultaneously. The primary responsibility for Monitoring and Evaluation of the MDGs will rest with CRPRID. In future the same pattern will continue regularly.



eradicating extreme poverty

GOAL 1:

Eradicating Extreme Poverty and Hunger

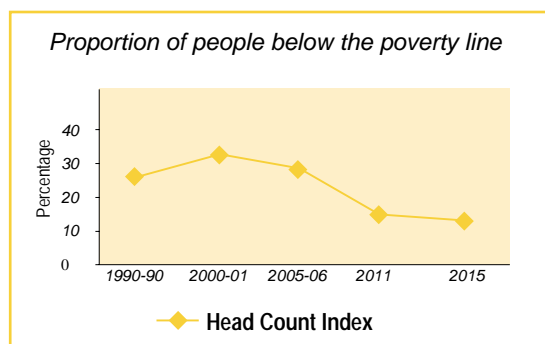
Target 1:	Halve, between 1990 and 2015, the proportion of people below the poverty line						
Indicators	Definitions	1990/91	2000/01	2002/03 ³	2005/06 PRSP Targets ⁴	2011 Perspective Plan Targets ⁵	2015 MDG Targets
Proportion of population below the calorie based food plus non-food poverty line.	Head-count index based on the official poverty line of Rs 748.56 per capita per month, based on 2000-01 prices and 2350 minimum caloric requirement. ¹	26.1% ²	32.1%	-	28%	15%	13%
Target 2	Halve, between 1990 and 2015, the proportion of people who suffer from hunger						
Indicators	Definitions	1990/91	2000/01	2002/03	2005/06 PRSP Targets	2011 Perspective Plan Targets	2015 MDG Targets
Prevalence of underweight children under 5 years of age	Proportion of children under 5 years who are underweight for their age	40% ⁶	41.5% ⁶	-	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% ⁷	-	-	15%	13%

Notes and Sources:

- 1 This is the definition of Pakistan's official poverty line.
- 2 Data related to poverty and consumption indicators reported here are collected periodically through the Household Integrated Economic Survey (HIES) by the Federal Bureau of Statistics and analysed by the Planning Commission and CRPRID in order to compute the head count ratio and related indicators.
- 3 Not a HIES year.
- 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.
- 5 Ten Year Perspective Development Plan 2001 – 2011, Government of Pakistan, Planning Commission, September 2001.
- 6 Data on nutrition related indicators are collected periodically through the National Nutrition Survey and analysed by the Planning Commission. In the table given above, the data reported under the column for 2000/01 are from the 2001-02 survey and those under 1990/91 are from the 1988-89 survey.
- 7 Planning Commission

1. Achieving the Goals: Status and Trends

Pakistan intends to vigorously pursue the two targets associated with Goal 1 of the Millennium Declaration and track progress by means of the three indicators highlighted above. The indicator related to poverty has been studied carefully in Pakistan since the 1960s, and those related to Target 2 have been analysed since the 1970s. While evidence available from the 1960s is mixed, that for the 1970s and 1980s indicates that the incidence of poverty in Pakistan declined during this period.



After 1990-91, however, the incidence of poverty increased at an unexpected rate: the head count ratio, which was 26.1% in 1990-91, rose to 32.1% in 2000-01. In relation to Target 2, the incidence of food poverty was 30% in 2000/01 indicating that

about one-third of the households were living below the food poverty line and they were not meeting their nutritional requirements. The incidence of food poverty was higher in rural areas than in the urban areas. Furthermore, over 35% of children less than five years of age were short for their age, over 10% were underweight for their height, and over one-half were anaemic. Localised studies indicate that in poor families 25-30% of the babies are born with a birth weight below 2.5 kilogram (kg), while in better off families the rate is only 10% ¹.

2. Major Challenges

Pakistan knows from its history that economic growth is not an inexorable process, and that growth does not translate automatically into poverty reduction. Periods of low growth rate (the 1950s, 1970s and the 1990s) have alternated with periods of high growth (the 1960s and the 1980s). Though the incidence of poverty has tended to decline most when the economic growth rate was high, and increase when the growth rate was low, it has also declined when (e.g., in the 1970s) the growth rate was low and remained a debatable issue when (in the 1960s) the growth rate was high.

Even after years of rapid economic growth, a high degree of inequality remained a major challenge, and many of the country's social development indicators, particularly those for health, education, housing, water supply, sanitation and gender equality, did not show commensurate increases. Though the need for pro-poor, decent employment augmented economic growth has been recognised as a key challenge for development, the need for concentrating specifically on social development targets has also been felt acutely in recent years. The challenge of balanced development—development that aims at both

¹ The reason most often cited for infant mortality is low birth weight or weakness of the child.

economic growth and social development—has been recognised since the early 1990s but pursued more vigorously since 2000.

The threats to economic growth, however, were located earlier (as well as subsequently) in a number of factors, including macroeconomic imbalances and high inflation, unquestioned public sector expansion and a diminishing space for market-based initiatives, over-regulation of economic activity and stagnating investment, and inability to revive agriculture and address the changing structure of international trade. Most of Pakistan's recent economic history, particularly since the late 1980s, has been a history of wavering attempts to revive economic growth by addressing these threats. The challenge is to promote sustained growth through a consistent set of policies.

Ensuring that growth translates into sustainable employment, less inequality and the reduction of poverty is another challenge, and one that draws attention to sectors in which growth generates the greatest impact on poverty and employment. These sectors are construction, agriculture (particularly, its livestock sub-sector), and the spectrum of economic activity that is represented by micro-enterprises and small and medium enterprises. The contribution of overseas Pakistani workers to national income and development suggests the need for continuing attention to migration, and to ways in which it could have a greater impact on investment and sustainable employment within the country. Internal migration needs to be understood in its proper poverty-alleviating perspective.

3. Supportive Environment: Policies and Programmes

In response to the challenges outlined above, the Government aims at employing a combination of growth promoting policies and direct interventions to attack the problem of poverty as part of its overall poverty reduction strategy. The GoP formulated a Ten Year Perspective Development Plan for 2001 – 2011. Its main objectives included the reduction of poverty, increased growth rate, and the provision of basic social services and social safety nets. Within this broader framework of human development, the PRSP process was started in 2000 to spell out the specific policies, the programmatic details and the implementation and monitoring mechanisms for poverty reduction. The PRSP linked poverty with all key social and human development elements in a holistic manner. It is aimed mainly at reviving growth and improving efficiency and productivity across all sectors of the economy. The core principles of the Interim PRSP announced in November 2001 included engendering growth, implementing broad based governance reforms, improving

Strategies to attain MDGs

- ♦ *Achieving high and broad-based economic growth focusing particularly on the rural economy, while maintaining macroeconomic stability.*
- ♦ *Improving governance and consolidating devolution, both as a means of delivering better development results and ensuring social and economic justice.*
- ♦ *Investing in human capital with a renewed emphasis on effective delivery of basic social services.*
- ♦ *Bringing the poor and vulnerable and backward regions into the mainstream of development, and to make marked progress in reducing existing inequalities.*

social sector outcomes, and reducing vulnerability to shocks. The full PRSP launched at the end of 2003 also envisaged actions to enable the poor to expand their assets, and promote equitable income growth and social development. Strategies articulated in PRSP to attain MDGs are listed in the box. The PRSP has been aligned with the MDGs. Indeed, the MDGs have provided the long-term perspective within which the Five Year Plan 2005-10 is being prepared.

4. Priorities for Development Assistance

The priorities for development assistance for Goal 1 are expected to closely match the PRSP projections of the Government, summarised in the following table.

PRSP Budgetary Expenditures*	Percent of GDP	
	Baseline (Actual 2001/02)	Projection (2005/06)
Overall		
Development expenditure	1.00	2.00
Current expenditure	3.49	4.00
Total	4.49	6.00
Market Access and Community Services		
Roads, highways and buildings	0.17	0.35
Water supply and sanitation	0.12	0.11
Human Development Inputs		
Education	1.78	2.15
Health	0.52	0.82
Population planning	0.04	0.10
Social security and welfare	0.10	0.08
Natural calamities and other disasters	0.01	0.01
Rural Development Expenditures		
Irrigation	0.27	0.80
Land reclamation	0.05	0.05
Rural development	0.33	0.16
Rural electrification	-	0.02
Safety Nets		
Food subsidies	0.14	0.30
Food support programme	0.05	0.07
Tawana Pakistan	0.02	0.01
Governance		
Administration of Justice	0.05	0.08
Law and Order	0.80	0.89
* In denominator appears the old GDP Series		

In addition to these budgetary PRSP expenditures, there are the non-budgetary poverty-related expenditures such as micro finance, Zakat, social security and the private philanthropy of considerable significance.

5. Tracking the Goal: Monitoring and Evaluation

Achieving the poverty reduction objectives requires an effective monitoring and evaluation system that regularly measures its implementation and impact. The data collected by the Federal Bureau of Statistics (FBS) on household annual income and expenditure pattern has provided primary information for assessing poverty levels at the national and provincial levels since the 1960s. With the notification of an official poverty line and methodology for estimation, it has become possible to monitor poverty trends in a meaningful manner and to evaluate outcomes systematically. The next survey (HIES) has already started and its results will be available in 2005-06. In order to supplement the national surveys and official analysis by the Planning Commission, an autonomous Centre for Research on Poverty Reduction and Income Distribution (CRPRID) has been established to organize independent work on factors impacting on poverty, employment and income distribution.

Goal 1: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Eradicate extreme poverty and hunger								
Halve, between 1990 and 2015, the proportion of people below the poverty line		<input type="checkbox"/>			<input type="checkbox"/>			
Halve, between 1990 and 2015, the proportion of people who suffer from hunger		<input type="checkbox"/>			<input type="checkbox"/>			

Goal 1: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 1	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>	



universal primary education

GOAL 2:

Achieving Universal Primary Education

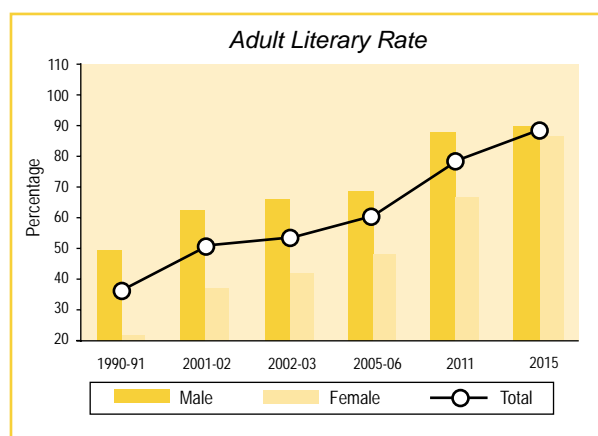
Target 3	Ensure that by, 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling						
Indicators	Definitions	1990/91	2000/01	2002/03 ³	2005/06 PRSP Targets ⁴	2011 Perspective Plan Targets ⁵	2015 MDG Targets
Net primary enrolment ratio (%)	Number of 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% ³	51% ⁴	-	58%	91%	100%
Completion/survival rate to grade 5 (%)	Proportion of students who complete their studies from grade 1 to grade 5	Approx. 50% ⁵	68% (M:72, F:65) ⁵	72 ⁵	79% (M:82, F:76)	-	100%
Adult literacy rate (%)	Proportion of people aged 10+ years who can read and write with understanding ⁵	36.3% (M:50, F:21)	50.5% (M:63, F:38)	54% (M:66, F:42)	59.5% (M:70, F:49)	78% (M:88, F:67)	88% (M:89, F:87)

Notes and Sources:

- 1 All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003.
- 2 Ten Year Perspective Development Plan 2001 – 2011, Government of Pakistan, Planning Commission, September 2001.
- 3 Pakistan Integrated Household Survey (PIHS) 1991 and 2001-2002.
- 4 Sub-Committee headed by the Director, Pakistan Institute of Development Economics. However, the National Educational Management Information System (NEMIS) reports 66%.
- 5 Ministry of Education.

1. Achieving the Goals: Status and Trends

Pakistan has witnessed certain positive developments in the education sector in recent years. These have been brought about through large public sector initiatives as well as the rapid growth of private expenditures and private schools. But the country still lags behind other developing countries in terms of literacy and participation rate, and the target of minimum essential requirement for quality education.



A fair assessment of the status and trends relating to Goal 2 is difficult owing to a number of reasons. 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 publication. The discrepancies are sometimes significant, for example, between the National Education Management Information System (NEMIS) and the Pakistan Integrated Household Survey (PIHS). There is greater consistency, however, in the rates of change implied by these sources.

The overall literacy rate for the country is 54% (male 66%, female 42%). Net primary enrolment ratio was 46% in 1990-91 and is expected to reach 58% by 2005-06. The literacy rate and net primary enrolment are low not only as absolutes but also in comparison with other countries in the same development bracket.

Past data relating to the proportion of pupils starting grade 1 and reaching grade 5 is fraught with difficulties. Current statistics, nevertheless, point to encouraging results: 72% of pupils starting grade 1 reach grade 5. Completion rates for girls are improving but continue to be lower than boys. Further improvements are expected with the ongoing implementation of the Education Sector Reforms (ESR) Action Plan 2001-2005 and the National Plan of Action (NPA) on Education for All (EFA) 2001-2015.

2. Major Challenges

Education service delivery in Pakistan is faced with a multitude of challenges, including better physical infrastructure and facilities, adequate supply of trained and sufficiently motivated teachers, and ensuring 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. To achieve desired outcomes, regular supervision and monitoring arrangements, achieving synergies in resources and capacities, governance related problems, tracking mechanisms,

partnerships between planners and service providers, clarity in roles and responsibilities, fiscal devolution at the district, tehsil and union council level are also challenges to be addressed in a focused way.

Some of the major constraints and issues within the education sector are described below:

Standardised data collection and dissemination: An overriding issue in the education sector is to ensure high-quality, reliable and standardised data.

Affordability and willingness: The major reasons for children either not attending school or dropping out of primary school include: high cost of education (including fee and related expenses), inadequacies in the quality and relevance of education particularly at the primary level, and parental attitudes, especially in the case of girls. Distance from school also matters.

Low public investment in education and utilisation of development allocations: Budgetary allocations for education have remained under 2% of GDP. About 90-95% of the current allocations are spent on meeting staff salaries and the remainder is insufficient for providing quality education. A large number of students, therefore, have been shifting 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 GoP recognises that community participation in the provision of quality education is necessary for enhancing ownership and operation and maintenance (O&M).

3. Supportive Environment: Policies and Programmes

The National Education Policy 1998-2010: The policy emphasises increased enrolments in public sector schools and enhanced funding for them, removing urban-rural and gender imbalances, improving quality of education at all levels particularly through curriculum reform, strengthening higher education facilities, providing for demand-driven education and encouraging private sector participation.

The National Plan of Action for Education for All (EFA): This is an international commitment made by the GoP for Education for All at Dakar. An EFA Plan of Action has been developed through broad-based consultations with the principal actors of EFA and other stakeholders. The Ten Year Perspective Development Plan 2001-2011 links education with other social sectors and views EFA as the centrepiece of human capital formation. The basis for planning the goals of the National Plan of Action for EFA (2001-2015) is the six Dakar Goals. Emphasis is placed, however, on three main priority areas, namely:

- Universal primary education and quality EFA.
- Adult literacy rate.
- Raising the net participation rate of early childhood education.

The Education Sector Reforms (ESR): The ESR is essentially an “Action Plan for Reform” and is built upon the 1998 Education Policy. It is based on a long-term framework for 2001-11, with three-yearly action plans. The main features of the reform agenda are macro level reforms in planning, procedures, resource mobilisation and utilisation, sector-wide approaches for reinforcement of linkages between sub-sectors i.e. primary/elementary/non-formal literacy, secondary/technical, higher education and quality assurance structures and a holistic basis for planning of human resource development in the country.

The ESR aims at the development of the education sector on the whole, with a special focus on EFA. The ESR Action Plan addresses the development of the education sector comprehensively through investment in school rehabilitation, examination and assessment system reform, teacher training, an adult literacy campaign, mainstreaming the madrassahs, a pilot school nutrition programme and technical stream in secondary schools. This plan aims at introducing a skill development stream in the ninth and tenth grades, parallel to the existing science and arts group, in 1,200 existing secondary schools and 60 new model technical high schools. Training will be imparted in selected trades for creating employment linkages. This component of ESR specifically targets the youth and will be supplemented by the provision of micro-credit.

Based on public-partner partnerships, GoP has set a target of increasing access to quality education at all levels through the private sector, up-gradation and improvement of government schools and restructuring of national and provincial education foundations. In order to increase the participation and contribution of the private sector in achieving the education objectives, GoP has introduced an incentive package for the private sector and civil society organisations (CSOs).

4. National Commission for Human Development (NCHD)

The NCHD, established in 2002, is playing a significant role in increasing enrolment at the primary level by focusing on the drop-out rate. The Commission has mobilized the strong Pakistani diaspora as well as the corporate sector worldwide for their intellectual and financial resources. A core component of the Commission is to mobilize volunteers as a source for social development in Pakistan and assist in the achievement of MDGs.

5. Priorities for Development Assistance

Budgetary allocations to education have remained around 2% of GDP. While the

portion set aside for recurrent expenditures is extensively utilised, allocations for the development budget are generally under-utilised. To achieve the ESR objective, national expenditure on education has been projected to increase to 2.15% of GDP by 2005-06. This target is likely to be achieved much earlier.

The areas that would be prioritised for financing are: umbrella programmes such as ESR and NPA; 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 to process of decentralisation of the education system; and development of public-private partnerships.

6. Tracking the Goal: Monitoring and Evaluation

Monitoring and Evaluation reports data on public sector facilities through the National Education Management Information System (NEMIS), while the private sector data is captured by a specially conducted census by FBS. The institutional system to monitor both the implementation and outcomes have been strengthened by monitoring public expenditure on quarterly basis and linking them with outcome-based targets and putting in place intermediate and final outcome indicators (net primary enrolment rate, literacy rate, student dropout rates etc.). Further, to assess the impact of the policies and programmes on delivery of social services, Core Welfare Indicator Questionnaire (CWIQ) Survey has been initiated.

Goal 2: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Universal primary education								
Achieve universal primary education by 2015		<input type="checkbox"/>					<input type="checkbox"/>	

Goal 2: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 2			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>



women empowerment

GOAL 3:

Promoting Gender Equality and Women Empowerment

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	2002/03	2005/06 PRSP Targets ¹	2011 Perspective Plan Targets ²	2015 MDG Targets
Gender parity index (GPI) for primary, secondary and tertiary education	Proportion of girls' enrolment at primary, secondary and tertiary levels in comparison with boys ³	Primary: 0.51 Secondary : 0.50 Tertiary: 0.46	Primary: 0.57 Secondary : 0.64 Tertiary: 0.78	Primary: 0.57 Secondary : 0.64 Tertiary: 0.78	- 0.73 -	- - -	Primary: 1.00 Secondary : 0.94
Youth literacy GPI	Proportion of females as compared with boys aged 15-24 who can read and write ³	0.51	0.65	0.65	0.70	-	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% ⁴	8.9% ⁵	-	-	-	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% ⁶	National Assembly 72/342 =21% Senate: 17/100 =17% ⁶	National Assembly 72/342 =21% Senate: 17/100 =17% ⁶	- -	- -	- -

Notes and Sources:

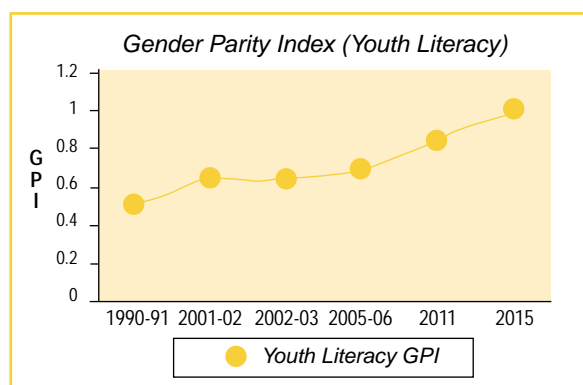
- 1 All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003.
- 2 Perspective Plan targets are taken from the Ten Year Perspective Development Plan 2001 – 2011, Government of Pakistan, Planning Commission, September 2001.
- 3 Ministry of Education.
- 4 Labour Force Survey 1991-92
- 5 Labour Force Survey 2001-02
- 6 Women and Men in Pakistan, Federal Bureau of Statistics

1. Achieving the Goals: Status and Trends

Pakistan's overall track record in promoting and delivering gender equality is a weak one. There are, however, areas in which significant progress has been made and indicators point to a steady though slow improvement:

- the ratio of girls to boys at all levels of education has improved
- the ratio of literate females to males has risen
- the share of women in urban employment (as a proxy indicator for share of women in wage employment in non-agricultural sector) has improved marginally
- the role of women in national decision-making has improved significantly

According to the 1998 census, female literacy rates remain low at 32.6%. Although enrolment of girls has increased at a higher rate at all levels, their participation rate is much lower, so that gender gaps continue to persist. Whereas participation rates of girls in urban areas have increased due to a policy of co-education at the primary level, high drop-out rates beyond primary level persist as a result of lack of opportunities, mobility issues as well as traditions and cultural norms constraining the access of girls (especially in the rural areas) to middle, secondary and higher education. The ratio of girls to boys in primary education is 0.57 which has improved from a 0.51 in 1990-91. Secondary school enrolment has also followed the same pattern, rising from a ratio of 0.50 to 0.64 in 2002-03. Tertiary level education shows the largest degree of improvement, rising from a base level of 0.46 to 0.78.



The ratio of literate women to literate men is 0.65 in the 15-24 year group, which means that for every 100 literate males there are 65 literate females. This is an improvement over the base ratio of 0.51. However, this indicator shows the same biases across categories—male literacy rate being

higher than female in both urban and rural settings, and the difference being more marked in rural areas as compared to urban areas. The literacy rate has shown a slower growth for rural than for urban areas.

Female labour force participation has been under-reported in Pakistan. To address this the FBS, since 1990-91, has generated a series of adjusted participation rates, based on answers to probing questions about the use of time. This adjustment has picked up many self-employed and unpaid family workers previously excluded, thereby improving the overall participation rate. The share of women in wage employment in the non-agricultural sector has remained unchanged at around 9% over a period of 10 years.

The share of women in national decision-making has improved impressively—from a negligible proportion of 1% in 1990-91 to 21% currently. In 1990-91, women's representation consisted of 2 out of 217 seats in the National Assembly and 1 out of 87 seats in the Senate. Now women have 72 out of 342 seats in the National Assembly and 17 out of 100 seats in the Senate. In the Devolution Plan a 33% quota for women at the union and tehsil councils was adopted. The unprecedented number of women¹ elected to local councils in the recent elections following the adoption of the quota has been a very encouraging development. This affirmative action policy has also been extended to the Provincial and National Assemblies by allocating 17% of the seats to women².

2. Major Challenges

The objective of mainstreaming gender concerns into the overall planning, implementation and sectoral programming framework for improving women's status continues to be a major national challenge. Women are more adversely affected by the incidence of poverty on account of their weak position, weak 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.

The literacy rate of rural women is 20.8%. The main factors responsible for low literacy rate are poverty, domestic and farming responsibilities, low access to schools, early marriages and socio-cultural practices. It is estimated that 8.2³ million children are out of school, 5.9 million of them are girls and 75% of rural girls drop out at the primary school level. The gender gap in overall literacy rate has not narrowed.

Women's real economic contribution and productivity in both the formal and informal sectors of the economy is not captured by national economic indicators. They have low access to quality education and micro finance. Lack of market links and mechanisms and control over productive assets are in addition.

3. Supportive Environment: Policies and Programmes

The GoP is committed to achieving the objectives of gender mainstreaming and gender equality in all spheres of society. This commitment is formalised through a number of policy, strategic and institutional measures adopted by the Government to promote gender equality. The National Plan of Action (NPA) and the National Policy for Development and Empowerment of Women provide the

¹ A total of 36,000 women were elected to the Councils.

² Political Participation of Women, Project Document. Ministry of Women Development, 2002.

³ Ministry of Women Development Social Welfare & Special Education, 2003 - Government of Pakistan.

framework for the implementation of 188 actions addressing women's social, economic and political empowerment.

GoP announced the first ever National Policy for the Development and Empowerment of Women in March 2002. The policy encompasses all critical areas pertaining to women and contains key guidelines and policy directions for ensuring women's participation in socio-economic and political empowerment and forms the basis of all women development programmes. The key objective is to remove inequities and imbalances in all sectors, protection of women's Rights and ensure equitable benefits to and participation of women in national development and decision-making processes. Key policy measures focus on ensuring that the government adopts a gender sensitive approach to development at all stages of project cycle.

GoP prepared the National Plan of Action (NPA) for Women as a key follow up of the Platform for Action adopted by Pakistan at the Fourth UN World Conference for Women in Beijing in 1995. The NPA is a strategic plan of action that lays down a set of priority actions in 12 critical areas of concern that are vital for achieving the agenda of women empowerment. These are: (i) poverty (ii) education and training (iii) health (iv) violence (v) armed conflict (vi) economy (vii) women in power and decision making (viii) institutional mechanisms for the advancement of women (ix) human rights of women (x) media (xi) environment, and (xii) the girl child.

As a significant measure taken to implement a recommended action of the NPA, the government established the National Commission on the Status of Women in 2000. It was mandated (among other functions) to examine all policies, programmes and other measures taken by the government for women's development and gender equality, to assess implementation and make suitable recommendations. The Commission has presented its report.

The Government launched a mega project, called Tawana Pakistan, in October 2002 at a total cost of Rs 3,600 million with the goal of improving the nutrition and education status of the girl child. The objectives of the project are to make interventions in terms of nutrition to improve the present state of health of the girl child and to improve their school enrolment, retention and cognitive learning. It has been designed for a complete feeding cycle of two years for 520,000 girls in 29 high-poverty districts of the country.

A five-year Gender Support Programme has been initiated, and its goal is to eradicate poverty in Pakistan through gender-responsive governance and a rights-based approach to sustainable human development. Its objective is to provide co-ordinated policy, technical and managerial support to GoP in the design, implementation and monitoring of national programmes in the areas of women's

political participation, economic empowerment, enabling social environment and institutional strengthening.

The PRSP seeks to address gender disparities through policy measures to enhance women's capacities and opportunities in the economic, social and political spheres. These include provision of soft loans to women, improving educational and health facilities, skill development and enforcing the 5% quota for women's employment in government.

In education, the Government has undertaken the following projects to enhance gender parity:

- "Girls Primary Education Project" under Primary Education Development Projects
- "Women Empowerment and Literacy" under Primary Education Development Projects
- Universalising Primary Education for removing gender disparities in primary and secondary education by 2015

In order to improve women's political participation an important programme is the National Programme for Women's Political Participation, May 2002 to April 2006, launched in December 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. Based on the partnership between government and civil society, the programme expects to develop a unified strategy, promote public awareness and support for women's increased participation, and capacity building of women to participate effectively in local and national politics.

4. Priorities for Development Assistance

The resource requirements for the achievement of these goals cannot be separated from the umbrella programmes under which they are being managed. The following are some areas identified for internal and external financing:

- Legal and social action to encourage female participation in all areas—increasing the platforms for women's rights.
- Provision of scholarships and subsidies for girl's education to low income households; equality of access and quality education for girls to narrow the existing gender gap; revision of curricula and text books at all educational levels for gender sensitisation and provision of vocational and skills training, particularly in information technology.
- Adult literacy programmes should be financed as literate masses translate into high enrolments and less gender bias.

- Provision of incentive based programmes to help break mental barriers towards female education and participation in value-added economic activity and services.
- Providing relief and safety measures for ensuring access of poor rural women to land, agricultural and livestock extension services and support mechanisms and facilities.
- Increasing women's capacity to earn by improving access to sources of livelihood, particularly in agriculture and livestock production providing equal opportunities in remunerated employment.
- Addressing issues and socio-cultural norms that form barriers and serve as disincentives to female education and gender parity through awareness campaigns.

5. Tracking the Goal: Monitoring and Evaluation

The present capacity for monitoring and reporting progress toward Goal 3 is by and large inadequate. The quality and regularity of survey information is weak. The capacity to analyse statistical information is marginally better. Policy makers and planners make the best use of available statistics, which by and large, are inadequate. Reporting and dissemination of information on gender fall far short of expectations. To rectify the situation, the PRSP framework envisages to conduct surveys for the establishment of benchmarks and then setting the targets for achieving the goal of gender equality. Gender Equality Matrix has been devised with key instruments and indicators to monitor the progress. However, despite concerted efforts being planned, the target on present assessment is unlikely to be achieved due to the large ground to be covered to make up for the past neglect.

Goal 3: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improv-ing	Weak
Eliminate gender disparity in primary and secondary education by 2005 and to all levels of education no later than 2015			□				□	

Goal 3: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 3			□			□		□			□				□



reducing child mortality

GOAL 4:

Reducing Child Mortality

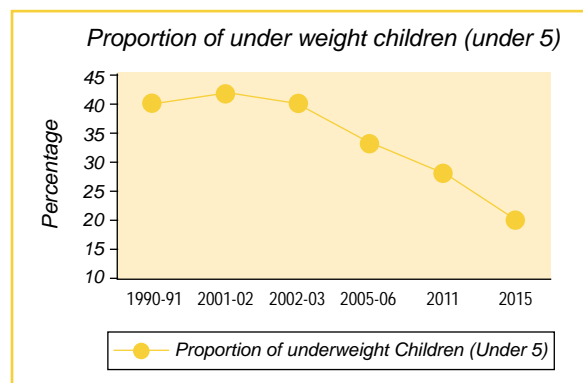
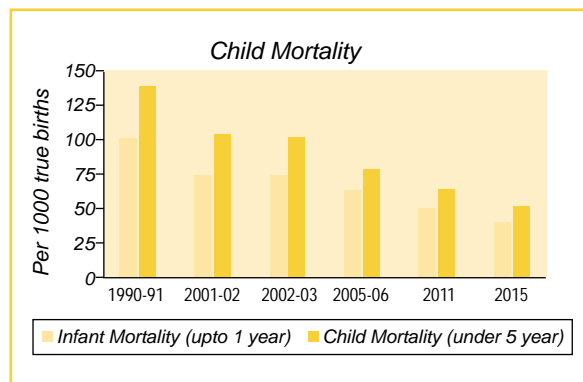
Target 5	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate						
Indicators	Definitions	1990/ 91	2000/ 01	2002/ 03 ¹	2005/ 06 PRSP Targets ²	2011 Perspective Plan Targets ³	2015 MDG Targets
Under-five mortality rate	No. of deaths of children under five years of age per thousand live births	140 ⁴	105 ⁵	103	80	65	52
Infant mortality rate	No. of deaths of children under 1 year of age per thousand live births	102 ¹	77 ⁶	75	63	50	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% ¹	53% ⁷	55%	82%	90%	> 90%
Proportion of under 1 year children immunised against measles	Proportion of children 12 months of age and received measles vaccine	80% ¹	57% ⁷	57%	80% ¹	90%	> 90%
Prevalence of under weight children (under 5 years of age)	Proportion of children under 5 years who are underweight for their age	40% ⁸	41.5% ⁸	40%	33%	28%	< 20%
Proportion of children under five who suffered from diarrhoea in the last 30 days and received ORT	Proportion of children under 5 years who passed more than 3 watery stools per day and received ORS (treated with oral rehydration salt)	n/a	45%	40%	40%	20%	< 10%
Lady Health Workers' coverage of target population	Households covered by Lady Health Workers for their health care services	n/a ⁹	33.6%	55%	83%	92.2%	100%

Notes and Sources:

- 1 Planning Commission
- 2 Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003, and targets agreed in Advisory Committee meetings organised by the Planning Commission during August 2003 – February 2004.
- 3 All Perspective Plan targets are taken from the Ten Years Perspective Plan 2001-2011, Government of Pakistan, Planning Commission, September 2001.
- 4 Progress in Agenda for Health Sector Reforms, Ministry of Health, May 2003
- 5 Pakistan Reproductive Health and Family Planning Survey 2000-2001
- 6 Pakistan Demographic Survey 2001
- 7 Pakistan Integrated Household Survey 2000-01
- 8 National Nutrition Survey 2001-02, Planning Commission
- 9 The LHW Programme started in 1994 with 30,000 LHWs

1. Achieving the Goals: Status and Trends

The current status of under-five child mortality is 103 per 1,000 live births. It has shown a steady, though not a rapid improvement over the years. Problems in prevention and control of malnutrition, diarrhoea, Acute Respiratory Illnesses (ARI) and other communicable and vaccine preventable diseases account for two-thirds of the Child Mortality Rate (CMR) and Infant Mortality Rate (IMR). Moreover, prevalence of bad practices due to ignorance and illiteracy and the overwhelming burden of poverty have hampered achieving a significant reduction in CMR. The largest contributor to CMR is the IMR—the latest figure being 75 per 1,000 live births.



Over 31 % of children less than five years of age are short for their age, over 11% are under weight for their height, and over half are anaemic. Localised studies indicate that in poor families 25-30% of babies are born with a weight less than 2.5 kg, while in better off families only 10% of babies are underweight, indicating the association between nutritional status of mother and health of child.

Many causes of infant deaths, specially the ones relating to neonatal deaths, including neonatal tetanus can be prevented. The ongoing acceleration of TT vaccination for 10 million women of childbearing age in 61 high-risk districts is likely to have positive effects. In relation to immunisation in general, GoP is committed to the Extended Programme

for Immunisation (EPI), and has projected EPI coverage of more than 80% in the near future.

The incidence of diarrhoea has seen a steep decline and then a tapering-off of the rate of decline. Children under five average between 5 to 12 episodes of diarrhoea annually—emphasis on the treatment of diarrhoeal dehydration through Oral Rehydration Therapy (ORT) has helped to keep mortality due to diarrhoea in check, despite the stagnation in the rate of fall of the incidence of diarrhoea. There are marked intra-category variations, but no consistent trends can be seen between urban-rural data or over time.

Lady Health Workers (LHWs) provide important services and substantial coverage of population for creating awareness of mother-child welfare practices as well as to complement immunisation coverage and outreach programmes. The LHWs' coverage of the target population is improving and expected to reach 100% eventually.

2. Major Challenges

One of the most pressing challenges facing child health is lack of integrated management of childhood illnesses as well as access (availability, affordability) and unawareness, the population growth rate, and inadequate allocation of budget (0.7% of the GNP is being spent on the health sector). An estimated 85% of the Public Sector Development Programme (PSDP) allocation for health goes to preventive programmes and of this approximately 80% of the overall budget goes toward meeting salary expenses. The focus in the provision of health care facilities is heavily skewed on the diagnostic and treatment side. The preventive programmes are mostly vertical and are not integrated at lower levels of service delivery such as the district and tehsil. Other major challenges include inadequate social sector services delivery (including safe water and sanitation), professional and managerial deficiencies, drug pricing, and high prevalence of communicable diseases.

Serious institutional weaknesses and governance deficiencies also adversely affect this situation. Although coverage has improved over recent years, progress has been slow in terms of providing quality health care to the vast majority of the population. Lack of capacity in district health offices in terms of human and financial resources impinges on their ability to effectively cater to the needs of the local population. Similarly, a shortage of equipment and staff at Basic Health Units (BHUs) and Rural Health Centres (RHCs), especially lady doctors, nurses, lady health workers, laboratory equipment and drugs continue to pose serious constraints.

Nutrition greatly influences the infant, child and maternal mortality and morbidity indicators. Malnutrition can in fact be considered a major determinant of the death and disease rate in the country. The design and implementation of past nutrition initiatives have been fraught with weaknesses including lack of ownership and responsibility, weak managerial and technical support to provinces and the absence of a national nutrition policy and strategic framework. Fragmented and un-co-ordinated implementation of nutrition related activities has resulted in limited impact.

Some challenges that need to be addressed vis-à-vis child health are elaborated in the following paragraphs.

Ensuring improved governance in the devolved environment: A big challenge in the health sector is to ensure effective implementation of public health programmes in the devolved work environment. Devolution can be conducive to programme implementation in health care through increased local accountability and improved management. There are, however, major risks as

the districts lack capacity in management and planning, financial management and human resource management.

Access to high quality essential health services especially reproductive and emergency obstetric care: This is a major problem and is compounded by low utilisation of services, poor nutritional status of pregnant and lactating women and delivery complications due to lack of skilled birth attendants particularly in the rural areas.

Targeted nutrition support programmes: These are a must for pregnant mothers and children due to the increasing incidence of poverty. Improper 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 weaning their infants.

Monitoring and reporting: At present the monitoring and reporting on health related indicators and policy/programme indicators are not as desired.

Limited public expenditure on health: Public sector expenditures on health have been lower compared to other countries of the region. According to a recent WHO report of the 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. GHE as a percentage of the GNP has been around 0.7%.

Social security nets / health insurance: There do not exist adequate safety nets or medical insurance schemes for the poorest of the poor who are unable to access health care services.

Women's empowerment: Child health is directly related with women's decision making power. Raising the status of women remains a major challenge.

3. Supportive Environment: Policies and Programmes

The National Health Policy outlines implementation modalities and sets targets and timeframes for each of the key areas identified for implementation over a 10-year period. The Health Policy aims to implement the strategy of protecting people against hazardous diseases; of promoting public health; and of upgrading curative care facilities. A series of measures, programmes and projects have been identified as the means for enhancing equity, efficiency and effectiveness in the health sector through focused interventions.

The Ten Year Perspective Development Plan 2001-2011 places emphasis on the pursuit of "Health for All" (HFA) as the underlying theme and on improving the service delivery mechanisms for reducing preventable diseases. The policy focus will be on continuous shift from curative to promotive and preventive services through primary health care. Other priorities relate to diseases of nutritional origin (anaemia, Vitamin A, iodine), and awareness of a healthy lifestyle. The overall national vision for the health sector is based on the HFA approach.

The National EPI Programme: This programme aims at protecting children and mothers by immunising them against preventable diseases. The routine immunisation coverage is to be expanded through fixed centres, outreach teams and LHWs as well as through special immunisation days and campaigns. The Programme is providing vaccination against six vaccine preventable diseases to 4.5 million children annually with 53% overall coverage and 50% expected mothers in childbearing age. The control of diarrhoeal disease would reach 50% of the children under five with provision of 26 million packets of oral rehydrated salt (ORS) annually.

The Nutrition Wing set up in the Ministry of Health (MoH) is formulating a "National Nutrition Strategic Framework" through a wide-ranging consultative process to address issues related to malnutrition. It is also collaborating with other national programmes on TB and malaria treatment, supportive nutritional activities, and studying and devising ways for implementation of the existing legislation on various types of food fortification. A five-year project entailing wheat flour fortification has been proposed.

A significant achievement in the context of providing a supportive environment for child and maternal health activities is the promulgation of the Protection of Breast Feeding and Child Nutrition Ordinance 2002 in the month of October. The establishment of a National Infant Board is also underway. The National Nutrition Programme, Improvement of Nutrition through Primary Health Care and Nutrition /Public Awareness has been initiated as a five-year project in February 2002.

Immunisation: The average rate of fully immunised children and child bearing age women throughout Pakistan remains below the 50% mark. The recurring shortfall of resources available for EPI is being reversed and efforts are being made that have enabled the country to access funds from the Global Alliance for Vaccine Immunisation (GAVI). Vaccine against Hepatitis B was not included in routine EPI before October 1999, but has now been included with GAVI support.

Child nutrition support: GoP has recently enacted legislation to produce a child friendly code of marketing breast milk substitutes. Programmes targeted at child mortality, low birth weight babies, better health care, promotion of breast-

feeding, prevention of night blindness, iron deficiency anaemia and iodine deficiency disease have been undertaken.

Micronutrient supplementation: Vitamin A deficiency is a major cause of child mortality and morbidity in Pakistan with 10% children showing clinical features. The government has linked Vitamin A supplementation with vaccination, resulting in coverage of almost 98%.

4. Priorities for Development Assistance

The following are some broad areas that have been identified as priorities for future development assistance:

- Increasing access to and improving the quality of child care services including immunisation
- Supporting Integrated management of child illnesses including ARI and diarrhoea management programmes
- Improving institutional and management capacities at the national and local levels
- Enhancing awareness and education in communities
- Increasing awareness and access neonatal health care
- Increasing awareness and access pre-natal health care

5. Tracking the Goal: Monitoring and Evaluation

As a part of the health sector's monitoring mechanism, intermediate and final outcome targets have been identified and will be monitored. A Health Management Information System has been in place for the past ten years to monitor primary health care. Its coverage is to be expanded and measures taken to improve its effectiveness, especially in relation to outcomes. A project has been approved to prepare a Plan of Action for Improvement of Health Management Information System, in public as well as private sector. Priority is also being given to a diseases surveillance system. Intermediate indicators will be monitored through CWIQ while PIHS will be the vehicle for information on some outcomes.

Goal 4: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improv-ing	Weak
Reduce child mortality								
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate		□				□		

Goal 4: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 4		□			□			□			□				□



improving maternal health

GOAL 5:

Improving Maternal Health

Target 6	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio						
Indicators	Definitions	1990/ 91	2000/ 01	2002/ 03 ¹	2005/ 06 PRSP Targets ²	2011 Perspective Plan Targets ³	2015 MDG Targets
Maternal mortality ratio	No. of mothers dying due to complications of pregnancy and delivery per 100,000 live births	550 ⁴	350 ⁵	350-400	300-350	180	140
Proportion of births attended by skilled birth attendants	Proportion of deliveries attended by skilled health personnel (MOs, midwives, LHVs)	18% ⁶	40% ⁷	40%	75%	90%	>90%
Contraceptive prevalence rate	Proportion of eligible couples for family planning programmes using one of the contraceptive methods	12% ⁴	30% ⁴	33%	41.7%	53%	55%
Total fertility rate	Average number of children a woman delivered during her reproductive age (15-49)	5.4 ⁸	4.1 ⁸	3.9	3.76	2.5	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% ⁶	31% ⁶	35%	50%	75%	100%

Notes and Sources:

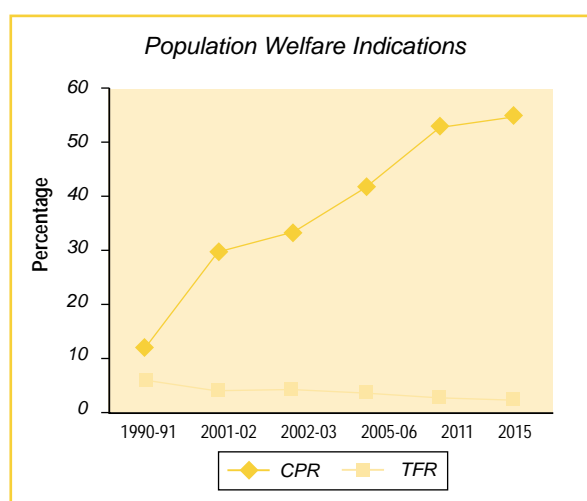
- 1 Planning Commission
- 2 Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003, and targets agreed in Advisory Committee meetings organised by the Planning Commission during July-October 2003.
- 3 All Perspective Plan targets are taken from the Ten Year Perspective Development Plan 2001 – 2011, Government of Pakistan, Planning Commission, September 2001.
- 4 Progress in Agenda for Health Sector Reforms, Ministry of Health, May 2003
- 5 National Institute of Population Studies 2003
- 6 Agreed in Advisory Committee meetings organised by the Planning Commission during July 2003-February 2004.
- 7 Pakistan Integrated Household Survey 2000-2001
- 8 Pakistan Demographic Survey 2001

1. Achieving the Goals: Status and Trends

Women's issues and concerns regarding reproductive and family health have received inadequate attention by the public and private sectors. There has been a lack of effective policies and strategic thinking on how to address the problems related to reproductive health. The situation, however, has improved over time and policy makers are giving urgent attention to improve maternal health indicators. The rising incidence of poverty and rapid population growth has provided impetus for directing resources toward this predicament.

One of the most significant indicators for women's health and availability of essential health care services is maternal mortality—as high as 350-400 per 100,000 live births in Pakistan. This is mostly attributed to a high fertility rate, low skilled birth attendance rate, illiteracy, insufficient access to emergency obstetric care services, malnutrition and socio-cultural practices which limit women's mobility. It is also expected that with a high total fertility rate (TFR) and an improvement in child survival rates the percentage of women in the reproductive age group is likely to double and the situation will become more difficult in terms of availability of emergency obstetric care services (EmOC).

Only 31% of the female population seek antenatal care. Antenatal care has shown some improvement over time but there are wide urban-rural disparities. Iron deficiency and anaemia are a major public health problem for women of childbearing age—over 58% of child bearing age women are anaemic, a condition that can be easily detected and treated during the pre-natal care period. The availability and access to female health care providers (including LHWs) has also increased in recent years but they still lack the necessary skills and medical expertise to provide emergency first aid services in complicated medical conditions, including deliveries.



Two-thirds of pregnant women deliver at home and 80% deliver without assistance from skilled birth attendants. The availability, access and quality of basic and comprehensive obstetrical services and their utilisation are low in Pakistan. Only 5% of the government's health facilities are estimated to offer EmOC services round the clock. Immunisation coverage of pregnant women has improved slightly over time, but this too varies drastically across rural-urban areas.

Availability and access to family planning services has been enhanced through expansion of the family planning services, outreach programmes through over 70,000 LHWs and social marketing of contraceptives (mostly in urban areas). The population growth rate has fallen from 3% per annum

to under 2%. The Contraceptive Prevalence Rate (CPR) stands at 33%, despite the fact that 95% of currently married women are aware of at least one method of contraception. There is still a large unmet need and more than half of women desire no more births. The TFR is at 3.9% and 17% of women still get married before reaching the age of twenty.

2. Major Challenges

An overarching challenge within the context of maternal health is the integration of family planning services with health services. Lack of safe delivery practices poses one of the biggest difficulties. The lack of integration and co-ordination at the lower levels of service delivery, e.g. at the level of a BHU or RHC, translates into a multitude of governance and delivery challenges.

The three important gaps in reducing maternal and infant mortality and improving women and child health are: (i) improvement of midwifery skills of LHWs (elementary first aid in obstetric care); (ii) development of a new cadre of community midwives to ensure advanced first aid in obstetric care; and, (iii) investments in prenatal related mortality rates.

The LHWs and LHVs fail to provide 100% coverage as well as expert health care. There is an overall shortage of qualified medical staff, particularly female doctors, and lack of family planning services. Although GoP has undertaken some important policy and strategic measures vis-à-vis maternal and child health, there still exist gaps and deficiencies that need be addressed, as accessibility to and utilisation of quality preventive and curative health services remains limited. Some of the areas that need further strengthening include expansion of coverage, quality of services, strengthening of skilled service providers at the grassroots level, effective supervision and management of public health programmes and enhanced allocations for integrated family planning and reproductive health programmes. Improved nutrition programmes for girls and women, promotion of ante and post natal care and enhanced provision of emergency obstetric care remain a great challenge.

Some of the commonly raised issues in the policy debate on mother and child health (MCH) and Family Planning (FP) that suggest strategic directions for policymakers are described below:

Clear policy on private sector and NGO roles and enhancing public private partnership: Recent PIHS data indicates that three-fourths of women use private sector facilities for pre-natal care, post-natal care, delivery and family planning. The coverage of the NGO programmes remains limited with 1% of women seeking service for family planning going to NGO FP clinics. Ways have

to be found out to work closely with the private sector and NGOs to harness their potential in the field of FP and RH.

Human resources for MCH: The existing human resources in terms of quantity, quality and distribution are inadequate. It is essential to train birth attendants, making available female paramedical staff, increase availability of nurses, and placement of staff for essential and emergency obstetrical care and childcare services in RHCs, district head quarter hospitals and tehsil head quarter hospitals. The wider network of public health facilities in rural areas needs up-gradation of FP skill providers and much lower incidence of contraceptives stock outs.

Addressing gaps in MCH programmes: In order to address some of the gaps highlighted in the MCH programmes, future policy directions would include: (i) effective nutrition programmes to address deficiencies in women and children; (ii) ensuring access to good quality EmOC and referral services in the rural and hard to reach areas; (iii) unified policy on maternal and child health through an integrated programme; (iv) greater emphasis on reducing neonatal and peri-natal mortality of mothers and new-borns through training and promotion of community based skilled birth attendants; (v) social safety nets and health insurance schemes; and (vi) behaviour change interventions targeting men and women.

3. Supportive Environment: Policies and Programmes

The theme of Health Care for All (HFA), which is accessible, acceptable and affordable, is being pursued as a long-term vision within the context of improving mother and childcare services. The emphasis is on improving service delivery mechanisms that are efficient, equitable and effective in reducing the prevailing burden of disease especially preventable diseases. Preventive and promotive aspects are the top priority.

The MoH has taken a number of steps to address inadequacies in primary and secondary health care services. The categorisation and standardisation of the RHCs and BHUs is underway in all provinces. Executive District Officers (Health) have been made the in-charge of district health matters, including primary health care and district hospitals, to provide co-ordinated supervision and planning. Tertiary care/teaching hospitals have been provided autonomy across the country. Female officers have been allotted senior level management positions such as the Director General Health Services, Nursing Advisor, and Executive Director Pakistan Medical Research Council.

The 12,000 Village Based Family Planning Workers of the Ministry of Population Welfare (MoPW) and 58,000 LHWs of the MoH have been unified as one cadre

of 70,000 Family Health Workers (FHWs) and will be brought together technically at par with each other for the provision of PHC/RH services at the grassroots level. The number of FHWs will be further increased and these workers will be trained further in a phased manner to provide midwifery services at the community level. The entire programme will be backed by independent media and advocacy campaigns for social marketing and NGO involvement.

The National Programme for Family Planning (FP) and Primary Health Care (PHC) was launched in 1994 to introduce primary health care services including reproductive health care services to the community at its doorsteps. LHWs and LHVs were recruited in 122 districts across the country for providing family planning services, maternal and child immunisation services as well as ORS, Vitamin A, and iron supplementation and treatment for minor ailments. They provide primary health services like prenatal care, postnatal care, education regarding sexually transmitted diseases (STDs), child health care and family planning services as part of reproductive health care, treatment of minor ailments and referral of high-risk cases to health facilities.

The Women Health Programme was launched in July 2000 with assistance from the Asian Development Bank (ADB). The project envisages strengthening of human resource development, nursing component, maternal and neonatal tetanus special immunisation activities, health education, extension of comprehensive emergency obstetric care services to rural health facilities and advocacy, community awareness and participation. The programme aims to promote the concept of women friendly districts (20 districts) by the year 2006 and to significantly reduce the high MMR.

The main objective of the Nutrition Improvement Programme is to prevent malnutrition in the most vulnerable groups, reduce micronutrient deficiencies, create awareness and improve household food security and accessibility to a safe and balanced diet. The programme includes improving the nutrition status of pregnant women (by providing them food) in collaboration with international agencies, promoting good nutrition practices through provision of health education by LHWs and promotion of iodised salt.

Tawana Pakistan is a social safety net intervention for malnourished girls and mothers in poor districts. It envisages school nutrition services, nutritional education and other needs of reproductive age of women.

The Improved Family Planning and Primary Health Care Services by Lady Health Workers Programme has created a close-to-client opportunity for providing iron supplementation to pregnant and lactating mothers along with the provision of Information, education and communication materials on the subject. A project

for training of community midwives has been arranged to provide training. In collaboration with National Commission on Human Development.

4. Priorities for Development Assistance

The following measures are needed to address the issues related to women's health:

- ♦ Strengthening of basic health facilities for emergency obstetric care services at Tehsil/District levels to reduce women's morbidity and mortality rates and addressing the spread of HIV/AIDS.
- ♦ Ensuring provision of quality health services including the maternal health and well being of women in line with the recommendations outlined in the International Conference on Population and Development Programme of Action
- ♦ Ensuring reproductive health rights by involving men, women and adolescents, through non-coercive measures for family planning and promoting the small family norm in recognition of the principle of population stabilisation through the adoption of a rights based approach
- ♦ Increasing access to and improving the quality of reproductive health care services particularly antenatal, natal and postnatal care with focus on availability of emergency obstetric care and blood transfusion facilities
- ♦ Strengthening capacity building, particularly for health service providers in rural and remote areas
- ♦ Improving institutional and management capacities at national and local levels
- ♦ Increasing access to skilled birth attendants during deliveries
- ♦ Enhancing decentralised, multi-sectoral and integrated approaches

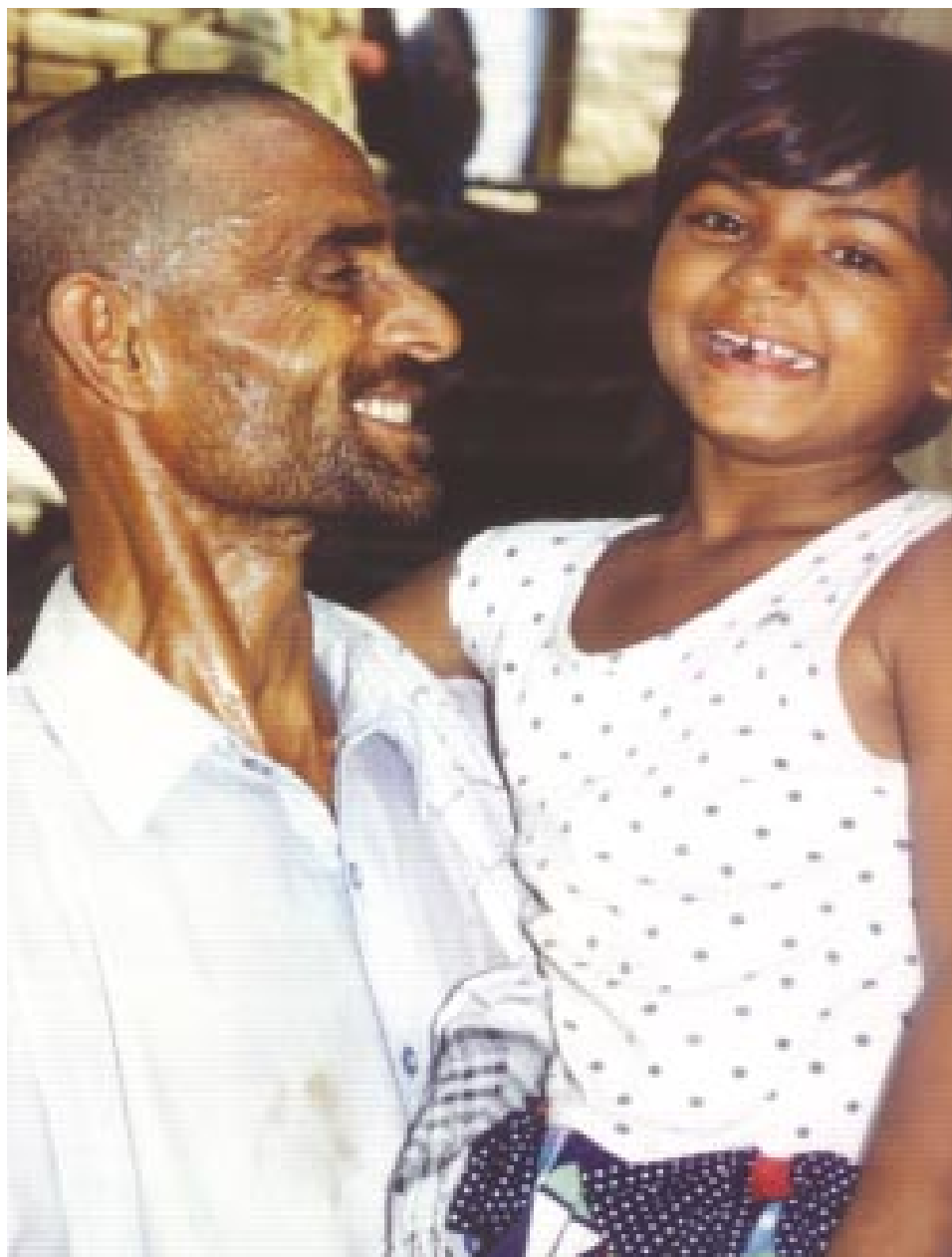
5. Tracking the Goal: Monitoring and Evaluation

The GoP is making efforts to realign its Health Management Information System (HMIS) to make it more effective and responsive to current information needs. Certain modifications have been worked out by the national HMIS Cell in co-ordination with the Provincial HMIS Cells. The MoH has prepared a project costed at Rs 198 million to develop a National Health Information Resource Centre, which will facilitate the institutionalisation of HMIS and would play a useful role in the assessment of policy indicators. The MoH has also planned the establishment of a National Health Policy Unit to enable it to respond to evolving health policy challenges. The unit would provide advice on strategy and resource allocation, monitoring and evaluation of health strategies and health outcomes assessment across the health sector and ensuring that the national policies and

strategies are responsive to the emerging data and evidence. CWIQ will report on intermediate indicators and the PIHS will continue to monitor health outcomes.

Goal 5: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improv-ing	Weak
Improve maternal mortality								
Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		□				□		

Goal 5: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 5		□			□			□			□			□	



combating HIV/AIDS

GOAL 6:

Combating HIV/AIDS, Malaria and Other Diseases

Target 7	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS						
Indicators	Definitions	1990/ 91	2001/ 02 ¹	2002/0 3	2005/ 06 PRSP Targets ²	2011 Perspective Plan Targets ³	2015 MDG Targets
HIV prevalence among 15-24 year old pregnant women		n/a	n/a	n/a	n/a	n/a	Baseline to be reduced by 50%
HIV prevalence among vulnerable group (e.g., active sexual workers)		n/a	0.03%	n/a	n/a	n/a	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 ⁴	2002/0 3 ⁵	2005/ 06 PRSP Targets	2011 Perspective Plan Targets	2015 MDG Targets
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%	25%	25%	n/a	75%
Incidence of tuberculosis per 100,000 population	Total number of new cases of TB reported	n/a	177	177	133	n/a	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%	27%	70%	n/a	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 All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003.
- 3 Unless stated otherwise, all Perspective Plan targets are taken from Ten Year Perspective Development Plan 2001 – 2011, Government of Pakistan, Planning Commission, September 2001.
- 4 Ministry of Health information, 2003
- 5 Planning Commission

1. Achieving the Goals: Status and Trends

According to WHO and United Nations AIDS (UNAIDS), Pakistan is a low prevalence but high-risk country for the spread of the HIV infection. Due to the documented vulnerabilities that exist in Pakistan, this stage can rapidly change into concentrated prevalence or generalised prevalence as has happened in other countries in the region. According to official sources, there are 2,141 cases of HIV/AIDS in Pakistan. UNAIDS/WHO estimate that the real number of HIV/AIDS cases is 70,000-80,000. Most reported cases are in the age group of 20-44 years, with males outnumbering females by a ratio of 7 to 1. Heterosexual transmission accounts for the majority of reported cases (67%). Other modes of transmission include: infection through contaminated blood and blood products (18%), homo or bisexual sex (6%), injecting drug users (4%), and mother to child transmission (1.3%).

Small surveys suggest that both male and female sex workers, males separated from their spouses, including long distance truck drivers and migrant labourers, blood product recipients, and intravenous drug users are groups at elevated risk. Though culturally denied, risky sexual behaviours including hetero and homosexual activity with non-regular partners, low condom use rates, and commercial sex are common, especially in urban areas of the country. Poverty, gender inequities, and a backdrop of demographic risk factors (young population, high fertility rates, low contraceptive use) reflect an environment with potential to fuel the epidemic.

Although authentic data is not available, the prevalence of STDs is also on the high side. According to an unpublished national study conducted in 2001 the prevalence of STDs among antenatal attendees and gynaecological patients showed infections such as *Chlamydia trachomatis* (7.7%), *Gardnerella vaginalis* (2.02%), syphilis (0.38%) and *Trichomonas vaginalis* (0.38%).

Tuberculosis (TB) is one disease, among communicable diseases, that has consistently plagued the country and despite many efforts to eradicate it, Pakistan has yet to achieve this objective. The incidence of tuberculosis is sixth highest in the world at an estimated 177 cases per 100,000 per year. In fact the incidence of TB has been on the increase due to population growth, lack of adequate immunisation and health care facilities and incomplete treatment of TB patients. Furthermore, the low levels of treatment compliance and cure rates are contributing to the emergence of multi-drug resistance (MDR). The GoP has declared TB as a national emergency.

Malaria has also been a major public health problem in Pakistan and continues to pose a serious threat to millions of people due to poor environmental and socio-economic conditions conducive to the spread of the disease. The incidence of malaria cases ranges between 2 to 5 cases per 1000, 37% of which are of the

Falciparum type. The transmission of malaria is seasonal and large-scale epidemics have been reported in the past. During 1973-77 the Annual Parasite Incidence (API) reached up to 13 per thousand of the population. The current API level is 0.682 per thousand of the population and as high as 18 per thousand in certain districts. These statistics are unreliable because only about 21% of the population uses government health facilities. According to the 1988 Malaria Review Mission Report the disease incidence is at least five times higher than what is being currently reported. Conservative estimates indicate that approximately half a million malaria cases occur every year in the country. GoP has recently approved a strategic plan based on the rollback strategy and its implementation is in the initial stages.

2. Major Challenges

The masses lack information on the factors that contribute to the spread of STDs, AIDS and SRHs such as sex education, behavioural patterns, problems due to migrant labour, commercial sex workers and unsafe blood transfusion (including use of needles and syringes by intravenous substance users). The most effective way of controlling the spread of HIV/AIDS is by having screening facilities at all ports of entry and maintaining vigilant district level screening. Linkages and co-ordination, as well as the capacity for generating reliable data and informative research need to be strengthened. There is an urgent need to address HIV/AIDS as a multi-sectoral problem rather than an essentially a health issue.

3. Supportive Environment: Policies and Programmes

The Government of Pakistan is channelling its response to HIV/AIDs through the National AIDS Control Programme (NACP), which is an umbrella project coordinated through a federal cell which lays down the policy guidelines for implementation through provincial AIDS Control Programmes. At least 75 NGOs are currently involved. This multi-sectoral national strategic framework as espoused by the NACP focuses mainly on prevention taking adolescents and youth as target group and change agents. Other measures taken to date include the recent ordinance on safe blood transfusion services whereby any health worker transfusing blood or blood products will ensure that the blood is healthy and free from HIV and opportunistic infection. The programme is earmarked as a priority programme with enhanced budgets for the next decade.

A project on **Enhanced National AIDS Control Programme** costing Rs 2.9 billion has been under implementation since 2003-04. The AIDS Control Programme is carrying out an extensive mass awareness campaign through the print and electronic media and 47 surveillance centres have been established where 3.648 million tests for HIV/AIDS have been performed since 1986. A number of serological and behavioural studies have also been undertaken to establish a baseline for HIV/AIDS and to design appropriate interventions for the

future. The Expanded Response to HIV/AIDS Programme has a budget of US\$ 10 million for blood safety measures.

The **Malaria Control Programme** aims at reducing the prevalence of Malaria in the country by making efforts to strengthen detection mechanisms, diagnosis and treatment, biological and environmental management and introduction of highly selective indoor and mosquito larval control insecticide sprays. The **Rollback Malaria Strategy** is being implemented in all high risk districts and additional expansion is envisaged. The GoP is providing technical assistance in the form of equipment, financing, training and diagnostic facilities through a project costing Rs 253 million based on Roll Back Malaria Strategy. Implementation of Rollback Malaria strategy started in 19 districts in the year 2002-03 and expansion of RBM intervention in all districts is expected to be achieved by 2006. The National Institute of Malaria Research and Training has been reactivated and a mass media campaign designed under the Malaria Control Programme.

The National TB Control Programme was revived in June 2002 with an allocation of Rs 66 million for 2000-2004 in view of the re-emergence of a large number of reported cases and a 22% MDR. The programme aims at reducing the TB cases by providing technical assistance, training, monitoring/surveillance, development of health education material and applied research in TB and MDR prevalence. A multi-year national strategic plan prepared for countrywide implementation of DOTs has been prepared. The coverage of DOTs is rapidly increasing and training of doctors and paramedics has been enhanced.

GoP expects to reduce the morbidity and mortality from TB by 50% by the year 2010. The MoH has received anti TB drugs worth US\$ 1.5 million as grant from Global Drug Facility. District laboratories have been strengthened with the provision of equipment and diagnostic facilities and training extended to doctors, paramedics, LHWs and lab technicians. In recognition of the efforts of the MoH, Pakistan has been nominated as a member of the Stop TB Co-ordinating Board to represent the Eastern Mediterranean Region of WHO in the global partnership. Pakistan has established links and partnerships with many international organisations in its fight against TB.

The National Hepatitis B Programme is a comprehensive programme for the control of Hepatitis B under support from GAVI. EPI is launching mass vaccination campaigns and campaigns against Hepatitis B and the vaccination will be integrated within the routine immunisation programme. The programme will be implemented in a phased manner in which priority and full coverage will be awarded to high-risk groups.

4. Priorities for Development Assistance

The priority areas identified for support and emphasis are:

- ♦ Supporting AIDS programme management
- ♦ Intensifying prevention activities and measures particularly at local levels through awareness raising among the reproductive age group
- ♦ Strengthening effective monitoring and surveillance systems for detection and treatment services
- ♦ Capacity building at national and local levels
- ♦ Improving blood transfusion facilities
- ♦ Ensuring injection safety measures at public and private health providers
- ♦ Strengthening counselling and care facilities for AIDS patients
- ♦ Increasing access to contraceptives and promoting information and education of the masses
- ♦ Strengthening a multi-sectoral approach to the HIV/AIDS problem
- ♦ Expansion of TB DOTS and Roll Back Malaria all over the country

5. Tracking the Goal: Monitoring and Evaluation

Pakistan's current capacity to track, monitor and report on HIV/AIDS and other STDs is weak. This capacity is slightly better in the case of TB and malaria.

Goal 6: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improv-ing	Weak
Combat HIV/AIDS, malaria and other diseases								
Have halted by 2015, and begun to reverse, the spread of HIV/AIDS				□			□	
Have halted by 2015, and begun to reverse, the incidence of Malaria and other major diseases	□					□		

Goal 6: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 6			☐			☐			☐			☐			☐



ensuring environmental sustainability

GOAL 7:

Ensuring Environmental Sustainability

Target 9	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources						
Indicators	Definitions	1990/91	2001/02	2002/03 ¹	2005/06 PRSP Targets ²	2011 Perspective Plan Targets ³	2015 MDG Targets
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%	4.8	5.0%	5.7%	6.0%
Land area protected for the conservation of wildlife	Land area protected as percentage of total land area	9.1%	11.25%	11.26	11.3% ⁴	11.5%	12.0%
GDP (at constant factor cost) per unit of energy use as a proxy for energy efficiency	Value added (in Rs) per ton of oil equivalent	26,471	27,047	27,141	27,300 ⁴	27,650	28,000
No. of vehicles using CNG fuel	No. of petrol and diesel vehicles using CNG fuel	500	280,000	370,000	n/a	812,000	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	n/a	0.5 to 0.25
Target 10	Halve, by 2015, the proportion of people without sustainable access to safe drinking water						
Indicators	Definitions	1990/91	2001/02	2002/03 ¹	2005/06 PRSP Targets ²	2011 Perspective Plan Targets ³	2015 MDG Targets
Proportion of population (urban and rural) with sustainable access to a safe (improved) water source	Percentage of population with access to piped water	53% ¹	63%	64%	70% ¹	84%	93%

Target 11	Have achieved, by 2020, a significant improvement in the lives of slum dwellers						
Indicators	Definitions	1990/ 91	2001/02	2002/03 ¹	2005/06 PRSP Targets ²	2011 Perspective Plan Targets ³	2015 MDG Targets
Proportion of population (urban and rural) with access to sanitation	Percentage of population with access to sewerage and drainage	30% ¹	40%	41%	55%	63%	90%
Proportion of katchi abadis regularised	Katchi abadis regularised as percentage of those identified by the cut-off date of 1985	n/a	50%	51%	60% ¹	75% ¹	95%

Notes and Sources:

- 1 Planning Commission.
- 2 All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003.
- 3 Ten Year Perspective Development Plan 2001-11, Planning Commission; Ministry of Environment, 2003; Hydrocarbon Development Institute of Pakistan, 2003; and Ministry of Petroleum and Natural Resources, 2003
- 4 Ministry of Environment, 2003

1. Achieving the Goal: Status and Trends

Pakistan made an early start at developing policies and programmes for sustainable development: wide-ranging national consultations spanning Government and civil society began in the mid-1980s, the Federal Cabinet approved the National Conservation Strategy (NCS) in 1992, and Pakistan attended the Rio Earth Summit as Chair of the G77. The Country Assessment Report prepared for the World Summit on Sustainable Development, 2002 (Rio+10) identifies several milestones that have been achieved since then, including the following:

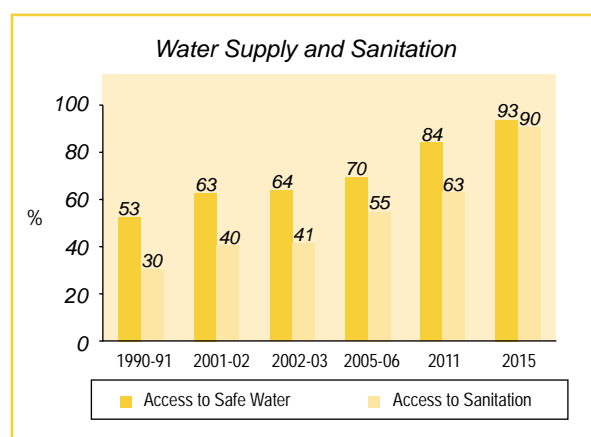
- Capacity building of Federal and Provincial institutions, particularly the Environmental Protection Agencies;
- Passage of the Pakistan Environmental Protection Act, reorganisation and enhancement of the powers of the Pakistan Environmental Protection Council, establishment of environmental tribunals and formal recognition of the right of citizens to seek recourse through the judicial system;
- Regulatory advances such as revision of the National Environment Quality Standards and imposition of a pollution charge on industry;
- Introduction of financial incentives for promoting innovation in industry, and in environmental and wildlife conservation;
- Engaging the media, NGOs and grassroots institutions in environmental

- causes and investing in formal training in environmental disciplines; and,
- Pursuing international co-operation with a more vocal advocacy of Pakistan's needs for sustainable development and its common causes with developing countries.

Various analyses agree that the NCS and the various environmental programmes that were initiated in the 1990s generated awareness, introduced legal and regulatory frameworks, and helped strengthen environmental institutions throughout the country. The NCS also triggered off two-way linkages between conservation and other national strategies and plans. At the same time, however, Pakistan has been experiencing years of decline in its biophysical environment. More specifically:

- The productivity of fresh water is being reduced due to losses in the movement of the water from the canal heads to the croplands and due to pollution from industrial and agricultural chemicals and human and chemical wastes. Equally alarmingly, water availability has declined from 5,300 cubic meters per capita in 1951 to a borderline 1,200 today (barely above 1000 m³ per capita, the indicator of water scarcity).
- The productivity of soils is being lost due to waterlogging, salinisation and sodicity. It is estimated that about 38% of Pakistan's irrigated land is waterlogged, 14% is saline, and the application of agricultural chemicals has increased by a factor of almost 10 since 1980.
- Forests are being lost every year, and Balochistan's juniper forests, unique in the world, continue to be cut beyond their capacity to regenerate.
- Air pollution is increasing with industrialisation and seriously affects several cities.
- Overfishing and polluted waters are reducing the productivity of the marine and inshore fisheries. The situation is precarious, in particular, for mangroves in the coastal zone and certain aquatic wildlife, such as the Indus freshwater dolphin.
- All of these activities are contributing to the destruction of habitats and, more generally, to a loss of biodiversity.
- Energy transmission losses are extremely high, energy use continues to be very inefficient and commercial fuels are not accessible to rural households and the poor.
- Arsenic/bacteriological contamination of water

Plans are underway to extend the coverage of clean drinking water from 63% in 2001-02 to 70% in 2005-06 and sanitation from 40% to 55% in the same



period. It is targeted to provide 93% of population with access to clean drinking water by 2015 and 90% of the population with access to sanitation.

2. Major Challenges

The negative impacts generated in the environment show up in three broad domains, namely, livelihoods, health and vulnerability, and all of these have a bearing on poverty. A loss of livelihoods and economic growth opportunities accompanies the shrinking forest base, the desertification of rangelands, the silting up of dams (that reduces the supply of water for irrigation) and the degradation of agricultural soils, among other phenomena. Ill-health, as measured in disability-adjusted life-years (DALYs)—that is, years of healthy life either foregone due to a disability or lost due to premature death—is at 47.45 DALYs or 36,500 per 100,000 population in Pakistan. It is estimated that 45 percent of the losses were due to environmental factors. Environmental shocks such as floods and drought leave the poor most vulnerable.

The challenge is to identify areas of national and global concern and articulate and implement appropriate policies pro actively. The exacerbation of poverty suggests that the pressure on Pakistan's environment will be significant. The challenge is to minimise such pressures on the biophysical environment. The challenge also is to minimise the pressures arising from the future population on the environment. Another challenge is to enhance the management of urban growth in ways that minimise its adverse effects on the biophysical and other environments.

The deployment of old generation technologies associated with ozone depletion, "nitrogen loading," pesticide and herbicide overuse, toxic and hazardous wastes, and so on explain a large number of environmental problems. The challenge is (a) to effect a transition from the old to the new generation technologies as swiftly as can be borne by society; and (b) to minimise the impact of any future developments of old generation technologies on the biophysical and social environments in the country.

There are many international agreements that already make demands on the country to live up to certain specific commitments. The challenge is (a) to regulate the extraction of non-renewables in a manner that minimises environmental and social costs and maximises their value as natural capital for future generations; and (b) to optimise global production and consumption patterns of the renewable resources that loom large in Pakistan's exports.

3. Policies and Programmes

The NCS represents the broad national environment policy of Pakistan, within which a National Environment Action Plan (NEAP) has also been approved. The main objectives of NEAP are to safeguard public health, promote sustainable livelihood and enhance quality of life for the people of Pakistan. It focuses on clean air, clean water, solid waste management and eco-system management. The government has also formulated a comprehensive strategy to develop provincial capacity for implementing environmental protection laws and monitoring their effectiveness. The following strategies and plans are envisaged:

- *National Resettlement Safeguard Policy (NRSP):* The NRSP will be promulgated to minimise negative environmental and social impacts of land acquisition and rehabilitation for national projects, and displacement of native people.
- *National Response Strategy on Climate Change:* This policy-guiding document is also nearing completion, which envisages policies and action plans to combat adverse impacts of climate change on different sectors of economy, with existing sources of technical and financial cooperation.
- *National Land Use Programme:* This plan will categorise the country into capability classes for suggesting best use of each land unit. It is under preparation with the Ministry of Environment.
- *Other Plans:* (to be implemented) These include Forest Sector Master Plan, National Forest Policy, Biodiversity Action Plan and Desertification Combat Action Plan. Maritime Policy is currently under preparation, which will be finalised and implemented. Integrated Coastal Zone Management Plan will be formulated.

Conservation will focus on the following areas:

- *Energy efficiency and renewable energy:* Energy efficiency will be significantly improved by implementing an efficiency plan. Conventional sources of energy will be conserved. The proportion of renewable sources will be increased incrementally in the coming decades. Pakistan Council for Renewable Energy Technology (PCRET) would undertake a comprehensive implementable action plan for development of non-conventional technology.
- *Land and Water:* Irrigation and water management systems need both short-term and long-term rectification to minimise water distribution losses. The overriding principle of the ongoing national drainage programme (NDP) is not to pollute Indus Basin System and fresh water reservoirs by discharging saline effluents. The on-farm water management (OFWM) programme will line and renovate existing 90,000 watercourses to enhance irrigation efficiency up to 70%. Efficient

irrigation methods along with lining of existing canal networks will be adopted to economise water use and to control water logging and salinity.

- *Forests:* State-owned forests will be regenerated and protected with intimate involvement of local communities in forest management. Local governments and union councils would bring in more private marginal lands under forest cover within a defined legal framework to avoid alienation of land use. State-owned wastelands may be leased out to tenants for expansion of forest cover to maintain as carbon sink.

Production systems and consumption patterns will be rationalised through the following measures:

- *Rational pricing system:* The input and output prices will be rationalised to achieve minimal unit cost of production ensuring sustainability of agriculture sector. Agricultural and industrial pricing systems will be reformed to consider the costs of natural resources (land, water and air), for estimating the real cost of production per unit.
- *Environmental accounting and auditing:* In industrial sector, environmental economics, accounting and auditing would be introduced, which on the one hand would ensure cleaner production and standards certification e.g. ISO 14000 series, and on the other, determine actual cost of production including hidden environmental costs.
- *Agro-eco-zoning:* The under-preparation land use plan will facilitate agro-eco-zoning of Pakistan in relation to comparative advantages of crops. Production of high water demanding and susceptible crops will be discouraged; environmentally valued crops will be promoted.

Air and water pollution will be managed in the following ways:

- *Fuel switching and clean fuels:* Emissions of air pollutants will be gradually brought within the safe limits, through promoting unleaded gasoline, low sulphur fuel oil/diesel, and gradual switching to natural gas/CNG. Consequently, health hazards and cost of air pollution will be gradually reduced. Promoting energy-efficient and clean technologies will bring emission levels well within admissible limits of 114,000 Gigagrams (Base Year 1994 level for developing countries), and greenhouse gases (GHGs).
- *Water quality monitoring:* EPAs with the collaboration of district and local governments will effectively monitor urban wastewater and industrial effluent discharge into rivers/water bodies to check water pollution.

Governance will be improved and institutions strengthened through the following set of actions:

- Legislation enforcement: Strengthening of Pakistan Environmental Protection Agency (PEPA) and provincial Environment Protection Departments in order to enable them to perform the mandated functions. Local governments under the new setups will be strengthened and administratively empowered to enforce legislation and monitor natural resources. Enabling institutional and legal frameworks for NEQS enforcement, implementing EIA and strategic environment assessment (SEA) will be established.
- Environmental tribunals: Currently, two tribunals are functioning in Lahore and Karachi. During the coming three years full financial and manpower support will be extended to make them fully functional to prosecute environmental violations.
- Institutional strengthening: Strengthening of institutions in public, private and NGO sectors, concerned with planning, project formulation and implementation of projects through training and capacity building programmes. The district and local governments under the new setup will be specifically focussed for capacity building programmes on environment.
- Awareness and education: Electronic and print media will be used for enhancing environmental awareness, dissemination of Government policies, plans and programmes for invoking participation of district and local institutions in implementing them. Formal environmental education will also be promoted through building human resources capacities, and technological support of national academia.
- Participation of NGOs and communities: Programmes for community mobilisation for sustainable management of natural resources, through active involvement of custodian communities in planning, implementation, and monitoring and evaluation processes.

4. Priorities for Development Assistance

Environmental concerns are many and varied, and the resources are limited. The following areas need to be considered as priorities for development assistance:

- Policy incentives to share raised costs of treating industrial waste
- Technical assistance to promote income generation through environmental conservation
- Promote sustainable development through incentives for recycling based industry
- Provision of technical assistance for organic farming
- Protecting water bodies and sustaining fisheries

- Management of fresh water resources
- Enhancing data collection and disseminating facilities for provision of accurate and timely information for policy formulation
- Technical assistance for best practices for energy conservation and management
- Assistance and funding for conservation of bio-diversity and incentives for institutions working to provide platforms for environment activists and conservation of bio-diversity.

5. Tracking the Goal: Monitoring and Evaluation

Goal 7: Status at a Glance – Summary of Progress								
GOAL/ TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Ensure environmental sustainability								
Integrate the principles of sustainable development into country policies and programme and reverse the loss of environmental resources		<input type="checkbox"/>					<input type="checkbox"/>	
Halve, by 2015, the proportion of people without sustainable access to safe drinking water		<input type="checkbox"/>				<input type="checkbox"/>		
Have achieved, by 2020, a significant improvement in the lives of slum dwellers		<input type="checkbox"/>					<input type="checkbox"/>	

Goal 7: Capacity for Monitoring and Reporting Progress															
	Quality and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Goal 7			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	

ANNEX I

Advisory Committee on PMDGR 2004

Composition of committee		
1	Dr Pervez Tahir, Chief Economist, Planning Commission	Chairperson
2	Dr Donya Aziz, Parliamentary Secretary, Ministry of Population Welfare	Member
3	Mr Nayyar Agha, Additional Secretary, Economic Affairs Division,	Member
4	Mr Onder Yucer, UN Resident Coordinator/ UNDP Resident Representative	Member
5	Chairman, Planning & Development Board, Government of the Punjab	Member
6	Additional Chief Secretary (Dev.), Planning & Development Department, Government of Sindh	Member
7	Additional Chief Secretary (Dev.), Planning & Development Department, Government of NWFP	Member
8	Additional Chief Secretary (Dev.), Planning & Development Department, Government of Balochistan	Member
9	Mr Abdul Wajid Rana, Joint Secretary, PRSP Secretariat, Finance Division	Member
10	Director, CRPRID	Member
11	Mr Ashfaq Ahmad, Deputy Director General (PHC), Ministry of Health	Member
12	Joint Secretary, Ministry of Education	Member
13	Ms Shandana Khan, Chief Executive Officer, RSP Network Pakistan	Member
14	Dr Saba Gul Khattak, Executive Director, SDPI	Member
15	Ms Faiza Effendi, Programme Officer, Inter-Agency Support Unit, United Nations	Member
16	Additional Secretary, Ministry of Environment	Member
17	Sheikh Murtaza Ahmed, Chief, Poverty Alleviation Section, Planning Commission	Member/Secretary

ANNEX II

Thematic Working Groups

Poverty	
1	Dr Pervez Tahir, Chief Economist, Planning Commission
2	Mr Adel Aboul Naga, Representative, FAO
3	Mr Nayyar Agha, Additional Secretary, EAD
4	Mr Abdul Wajid Rana, Joint Secretary, PRSP Secretariat
5	Mr Javid Zafar, Secretary, Ministry of Environment
6	Mr Farhat Hussain, Secretary, Ministry of Labour
7	Dr Mushtaq A. Khan, Director, CRPRID
8	Mr Shoaib Sultan Khan, Chairman, RSP Network
9	Ms Lena Lindberg, DRR, UNDP / Deputy Resident Representative
10	Mr Hans Lokollo, Representative, ILO
11	Mr Carlos Chanduvi Suarez, UNIDO
12	Mr John Wall, Country Director, World Bank
13	Mr Marshuk Ali Shah, Resident Representative, ADB
14	Mr Thomas Z. Cronin, UNODC
15	Mr Hasim Utkan, Representative, UNHCR
16	Mr German Valdivia, Representative, WFP
17	Sheikh Murtaza Ahmed, Chief, Poverty Alleviation Section, Planning Commission
Education	
1	Mr Hassan Keynan, UNESCO
2	Dr Eshya Mujahid Mukhtar, UNESCO
3	Mr Maurice Robson, UNICEF
4	Ms Khalida Ahmed, UNICEF
5	Ms Shahida Parveen, WFP
6	Dr Mohammad Saleem, MOE
7	Mr T.M. Qureshi, MOE
8	Ms Faiza Effendi, UN-IASU
9	Mr Haroon Shah, UN-IASU
10	Mr Nasir Amin, Academy of Educational Planning and Management, Ministry of Education
11	Ms Amina Allahyar, Consultant, CRPRID, Islamabad
12	Dr Mushtaq A. Khan, Director, CRPRID, Islamabad
13	Sheikh Murtaza Ahmed, Chief, Poverty Alleviation Section, Planning Commission

Health

- 1 Dr Pervez Tahir, Chief Economist, Planning Commission
- 2 Mr Matiullah Khan, Sr. Joint Secretary, Ministry of Health
- 3 Dr Mushtaq A. Khan, Director, CRPRID
- 4 Mr Sajjad Sheikh, PRSP Secretariat
- 5 Mr Thomas Z. Cronin, UNODC
- 6 Dr Ashfaq Ahmed, DDG (IH), Ministry of Health
- 7 Dr Zahid Larik, DDG (PHC), Ministry of Health
- 8 Dr Fahim Arshad, DDG (P&D), Ministry of Health
- 9 Ms Farah Tarin, Economic Affairs Division
- 10 Dr Assai, WHO
- 11 Ms Faiza Effendi, UN-IASU
- 12 Ms Mona Sheikh, WFP
- 13 Ms Nabila Zaka, UNICEF
- 14 Dr Abdul Alim, UNICEF
- 15 Ms Sarah M. Ahmed, UNICEF
- 16 Dr Mobashar Malik, UNFPA
- 17 Dr Farukh Mahmood, UNAIDS
- 18 Ms Samia Abbas, ADB
- 19 Dr Inam-ul-Haq, World Bank
- 20 Sheikh Murtaza Ahmed, Chief, Poverty Alleviation Section, Planning Commission

