

Strengthening PRS Monitoring Project

The Finance Division, Government of Pakistan with technical and financial support of UNDP Pakistan and Swiss Agency for Development and Cooperation (SDC) has initiated the Strengthening PRS Monitoring Project (2008-2012). The aim of the project is to strengthen institutional capacities for results-based monitoring and evaluation of poverty reduction strategies at Federal and Provincial levels.

Project Outputs

The project has the following three outputs:

- Improvement in quality, collection, analysis and Management of PRSP data at national and province levels for effective tracking of PRSP targets.
- Review public spending and allocations in pro - poor sectors and analyze through a gender lens to better understand the contribution and needs of men and women.
- National engagement in PRSP monitoring mobilized through participatory processes.

Implementation Arrangements

The project is implemented by the Ministry of Finance, Government of Pakistan and, Provincial Planning & Development Departments. For this purpose a federal Project Management Unit (PMU) has been established in the Ministry of Finance while one provincial PMU is located in the Planning & Development Department, Government of Punjab. Similar provincial PMUs will be created in all the other provinces.

Strengthening PRS Monitoring Project

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Gender Aware Policy Appraisal

POLICY BRIEF

POPULATION WELFARE



Government of Pakistan
Finance Division
Strengthening PRS Monitoring Project



1. Population Welfare in Pakistan. A Sectoral Analysis

The population of Pakistan has grown from 33 million in 1951 to 155 million in 2005 making it the 6th most populous country in the world today. Although in decline, the population growth rate is still one of the highest (1.9% per annum) of all South Asian countries. Almost three million people are being added each year, which means that if no dent is made in the population growth rate, the population will increase to around 193 million by the year 2015.

In Pakistan, the initial decline in fertility reduction may be attributed to increase in age at marriage, gradual social and economic changes coupled with urbanization and cultural changes. Nevertheless, population growth and fertility rates have remained high and stable in most parts of the population, although among some groups such as educated women, working women and those who marry late, fertility has shown a decline. The following table illustrates the comparison between key reproductive indicators in Pakistan and Punjab province.

Indicators	Pakistan	Punjab
Infant Mortality Rate/1000 live births	82	92
Total fertility rate per women	4.3	4.8
Current contraceptive use (any method)	28	30

Source: Punjab, Multiple Indicators Cluster Survey (MICS), 2003-04.

Pakistan has one of the highest unmet needs for family planning services in the world. Total demand for family planning is reported as around 65%, which comprises 32% met need (contraceptive prevalence) and 33% unmet need. According to the Pakistan Reproductive Health and Family Planning (PRHFP) Survey (2000-01), the most commonly used form of contraception is contraceptive surgery, accounting for 34% of users.

This is followed by condoms (27%), intra-uterine devices (IUDs) (17%) and injectables (13%). Different forms of contraception offer different advantages and disadvantages to women and men. Intra-uterine devices, for example, generally afford women more control over contraception than condoms.

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Women in Pakistan face severe constraints in a milieu where they are circumscribed in their ability to become educated, to work and to leave their houses unaccompanied. They lack autonomy and have restricted mobility and minimum discretionary access to economic resources. More generally, the low status of women is surely a factor in the limited use of family planning methods in the country. The demographic impact of their using contraception is thus limited.

Another recent study shows a high induced abortion rate (29 per 1000 women) in the country. Around 0.9 million induced abortions occur annually in Pakistan, generally among relatively older married women who already have several living children and want to avoid unwanted pregnancies. It is further estimated that around 200,000 women are treated every year for complications of induced abortions in the public and private health facilities. Serious post-abortive health complications are one aspect of the problem of very high maternal mortality. The box below reflects some of the main issues surrounding gender issues in population, most of which are related to socio-economic and health indicators of women.

Key Gender Issues

- Repeated pregnancies and high fertility rates coupled with early female marriages, early child bearing and close birth intervals leads to high infant and child mortality, high fetal losses and induced abortions.
- Malnutrition and under-nutrition among women
- High levels of anemia among females, particularly among pregnant and lactating mothers.
- Preference for boy children and preferential care and treatment of boys compared to girls.
- Low female economic activity, religiosity, ignorance, conservatism and socio-cultural norms and practices.
- Indifferent attitude of males to Reproductive Health/Family Planning (RH/FP).
- Poor and/or non-availability, accessibility and affordability of services and limited use of health outlets
- High maternal mortality rate.

More than half of all young women are married by the age of 20 and 80% of marriages are arranged. Early marriage usually results in early pregnancy, which results in high-risk births with long-term consequences for women's health. Those who start early also have longer reproductive lives ahead of them and might thus be more likely to reach high parity.

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demographic characteristics of the household are important factors which affect infant, child and maternal mortality, contraceptive prevalence and fertility. Households with low income suffer from weaker health, particularly maternal health. Poverty is also a crucial factor in determining the chances of infant and child survival. Son preference and an agricultural economy combined with a relatively high risk of child death encourage large families.

2. Policy Analysis

Pakistan's Population Welfare Program was introduced in 1960 under the Ministry of Health and became an independent vertical program in 1965. A review in 2001 led to the formulation of the most recent population policy in Pakistan announced in 2002. This was the outcome of a participatory process involving a wide range of stakeholders and concerned partners. The overall vision of the Population Policy is to achieve a total fertility rate of 2.1 children per woman by 2020 through a decline in both fertility and mortality rates. Along with the population policy, the government also launched the Population Sector Perspective Plan 2012. On the one hand the plan restructured the national population welfare programme which has been integrated into the government's Poverty Reduction Strategy Paper (PRSP). On the other hand, its strategies have been translated into operational programmes which have been decentralized from fiscal year 2002-2003 to the provinces. These programs have expanded considerably through the involvement and partnership of private and public sector organizations, NGOs and civil society stakeholders, along with the active involvement of Federal and Provincial Health services outlets. The following table presents an overview of the three key policies impacting population in terms of target setting and monitoring progress indicators.

Key Policy Targets - Population

Selected Indicators	MTDF	MDGs	Population
	2009-10	2015	Policy 2020
Infant mortality per 1000 live births	65	40	-
Maternal mortality ratio per 100,000 LB	300	140	-
Total fertility rate per woman	2.7	2.1	2.1
Contraceptive prevalence rate (%)	51	55	60.0
Population growth rate (%)	1.6	-	1.3

The objectives and targets of the population welfare sector under the Medium Term Development Framework (MTDF) (2005-10) are in line with the Population Policy, and envisage decreasing the population growth rate from 1.9% in 2005 to 1.6% in 2010, increasing the coverage from 75% in 2005 to 95% in 2010, ensuring that all service outlets of health departments offer reproductive health (RH) services, and enhancing involvement of non-governmental organizations (NGOs) and social marketing projects in family planning. These combined initiatives are envisaged to help increase contraceptive prevalence rate (CPR) from the existing 36% in 2005 to 51% in 2010.

Program	Objective
Family Welfare Centres (FWCs)	The FWC is the backbone of the service delivery of Population Welfare Program. It provides mother and child health (MCH) and family planning services. It covers a population of around 20,000-25,000 through its satellite clinics and outreach facilities. It is managed by a Family Welfare Worker (FWW)/Family Welfare Counselor who, among other duties, inserts IUDs and dispenses other contraceptives such as oral pills, injectables and condoms.

Program	Objective
Reproductive Health Services Centres	These are hospital-based family planning service delivery units located in the district and other government hospitals. Each center is headed by a Lady Medical Officer and provides contraceptive surgery and treatment to females along with mother and child health (MCH) and other health-related family planning services, treatment for infertility and side effects, prevention and management of RTIs/STDs.
Mobile Service Units (MSUs)	MSUs provide FP/RH services at the doorstep of un-served communities in rural and far-flung areas through a pre-determined camping schedule. Each MSU covers 15-20 villages in a tehsil and undertakes 10-12 camps every month. The MSU in-charge is a Women Medical Officer trained in dispensing family planning services and IUD insertions.
Village-based Family Planning Workers (male)	This cadre was introduced as a pilot project during the Ninth Five Year Plan (1998-2003) to enlighten and motivate males towards responsible parenthood and family health and advance gender equality for improving family planning. This cadre is being extended to all Union Councils.

Men's involvement in responsible parenthood is essential in achieving lower fertility, as they exercise a predominant role within the household which ranges from decisions related to size of the family to the use of contraceptives. Therefore, motivating and educating men in reproductive health and family planning is crucial to give more decision-making power to women and thus promote gender equality and equity.

However, by 2005/06 there are already shortfalls in reaching the targets. At federal level, the highest relative shortfall is for vasectomy clinics as only four clinics are in operation against a target of 14. In addition to this, only 2,622 male mobilezers are working against the target of 5280. These two statistics are important because although in practice the population welfare program of Pakistan focuses primarily on married women of reproductive age, the policy papers also lay stress on male involvement in responsible parenthood. Men's involvement in responsible parenthood is essential in achieving lower fertility, as they exercise a predominant decision-making role within the household which ranges from decisions related to size of the family to the use of contraceptives. Therefore, motivating and educating men in reproductive health and family planning is crucial to give more decision-making power to women and thus promote gender equality and equity.

3. Budgetary Analysis

Since 1965 the activities of the population welfare sector at federal, provincial and district levels have been almost totally financed by the federal government. In addition, the population sector activities get almost 97 percent of their allocation from the development budget. The three percent budget obtained from current budget is mostly utilized in the Federal Secretariat for the administrative activities of the core staff of the Ministry of Population Welfare (MOPW).

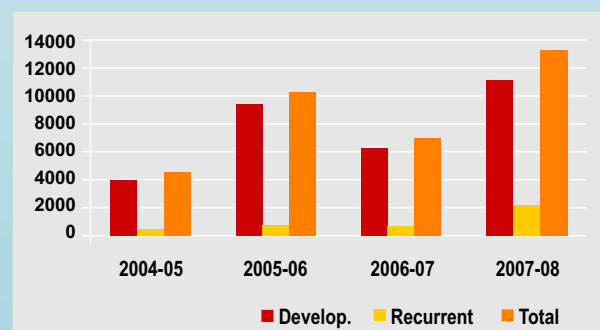
Like other social sector activities, the population sector activities get an insignificant (0.07 percent) allocation of the total GDP in the country. For the population welfare sector, all the activities to be carried out have to be transcribed onto Planning Commission's PC-1 forms. At present, there are 24 approved

PC-1s for the period 2003-2008 sponsored or executed by the MOPW. The major PC-1 is for the Federal and four provincial governments' population sector activities.

Timely release of funds is especially important for Population Welfare because money is allocated at the federal level but spent at the provincial or district levels. In 2004-05 there was an average delay of 73 days in release of funds by the federal government. There were further delays in release by the Provincial Finance Departments. Time lag in release of funds from Federal Government to Punjab province during the four quarters of 2004-2005 took from a minimum of 53 days to 92 days with average delay in releases of 73 days in the last year. For other provinces the situation has been slightly better.

The graph below, illustrates the level of releases versus expenditures of PSDP allocations. Over the stipulated three year period, both releases and expenditures have been relatively similar, except in the current financial year, for which complete data has still to be received.

PSDP Allocation, Releases and Expenditures (Population) 2002-03 to 2005-06 (Rs. M)



Source: Government of Pakistan, Ministry of Population Welfare, Directorate of Financial Management

4. Engendering Population Policy and Service Delivery in Pakistan

The following options can be considered to improve the population welfare situation in Pakistan:

- All the service outlets of PWP and primary health care units of health departments should be brought under one roof and under one authority for effective implementation of PWP.
- The NGOs and the private sector, including private medical practitioners, should be accorded more resources and encouraged more in PWP activities, as they could contribute substantially to the family planning activities.
- The involvement of men in responsible parenthood particularly in RH/FP should be effectively incorporated in resolving various problems associated with unwanted pregnancies and induced abortions.
- A key focus should be to strengthen the management and supply side of family planning so that the unmet need of the population is effectively met.
- The demand generation and awareness campaigns need to be rationalized and improved to meet the missing links between supply and demand. Interpersonal communication and communication strategy needs to be given priority to address the unmet need for contraception.
- Success outcomes of other countries, NGOs and the private sector need to be replicated as appropriate within our social-cultural beliefs and framework.
- Involvement of religious scholars, opinion leaders, elected representatives, pointing out to adverse consequences of population growth at micro and macro level and their group discussions on electronic media should be encouraged.