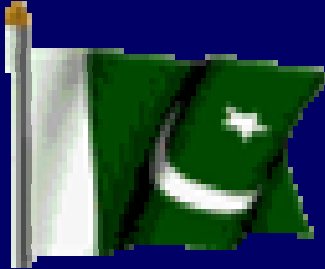


Annex-III

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PAKISTAN'S PROGRESS TOWARDS ACHIEVEMENT OF ICPD GOALS

**By: Malik Amanat Rasul
Director General (PPSO)
MoPW, Islamabad**

Background: International Conference on Population & Development (ICPD)

- **ICPD was held at Cairo in 1994.**
- **ICPD was a milestone in the history of Population & Development as well as in the history of women's rights.**
- **ICPD-POA was adopted by 179 countries of the world with consensus, is a forward-looking 20-years plan up to 2015.**
- **Pakistan is a signatory to ICPD-POA.**
- **ICPD Stresses upon individual choices through expanded information and services.**
- **ICPD set a number population, RH and gender goals to be reached by 2015.**



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Shift in Focus during ICPD

- **Previously the focus was on supply-driven but it was shifted to adopt demand-driven approach in ICPD- POA.**
- **The focus in ICPD was shifted from "population control" to "free choice"**
- **The focus was given to the broader concept of RH from the limited concept of FP.**

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ICPD Goals

- I. **Universal Education.**
- II. **Reduction of Infant and Child Mortality.**
- III. **Reduction of Maternal Mortality.**
- IV. **Access to Reproductive and Sexual Health Services Including Family Planning.**

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MAJOR ICPD RH Goals.

- **All countries should strive to make RH services accessible to all individuals of appropriate ages through the primary health care system as soon as possible and no later than the year 2015.**
- **Reduction in unmet RH needs and unwanted births.**

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ICPD+5 Goals

- **Education and literacy.**
- **RH care & unmet need for contraception**
- **Maternal mortality reduction**
- **HIV/AIDS.**

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Millennium Development Goals

- **Eradicate extreme poverty and hunger**
- **Achieve universal primary education**
- **Promote gender equality and empower women**
- **Reduce child mortality**
- **Improve maternal health**
- **Combat HIV/AIDS, tuberculosis, malaria and other diseases.**
- **Ensure environmental sustainability**
- **Develop a global partnership for development**

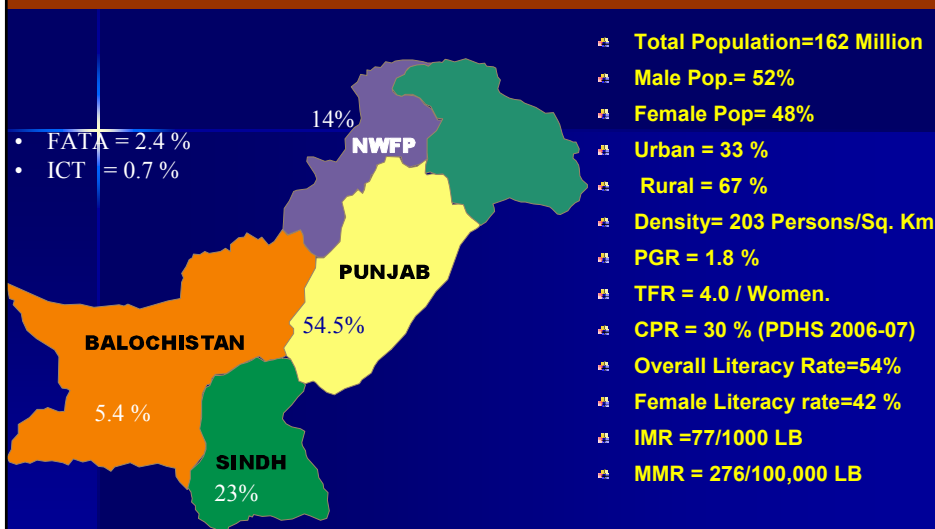
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ICPD-POA is Key to achieving MDGs

The former Secretary General of UN, Mr. Kofi Annan, has rightly stated that "attaining ICPD goals is a necessary pre-condition for attaining MDG goals".

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Demographic Profile of Pakistan



Population of Pakistan will double in 39 years at current PGR if measures are not taken.

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POLICY RESPONSE TO ICPD

- NATIONAL POPULATION POLICY-2002
- POPULATION SECTOR PERSPECTIVE PLAN: 2002-12
- EDUCATION POLICY (1998-2010)
- NATIONAL PLAN OF ACTION ON EFA-2003
- NATIONAL HEALTH POLICY
- NATIONAL POLICY FOR WOMEN EMPOWERMENT-2002
- THE ENVIRONMENT POLICY
- POVERTY REDUCTION STRATEGY PAPER.

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POPULATION POLICY

VISION:

**TO ACHIEVE POPULATION REPLACEMENT
LEVEL BY 2020 THROUGH EXPEDITIOUS
COMPLETION OF THE DEMOGRAPHIC
TRANSITION THAT ENTAILS DECLINE BOTH IN
FERTILITY AND MORTALITY RATES.**

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GOALS OF POPULATION POLICY

- Attain a balance between resources and population growth within the broad parameters of the ICPD.
- Address various dimensions of the population issues within national laws, development priorities while remaining within the national, social and cultural norms.
- Increase awareness of the adverse consequences of rapid population growth.

Cont'd

GOALS OF POPULATION POLICY

- Promote family planning as an entitlement based on informed and voluntary choice.
- Attain a reduction in fertility through improvement in access and quality of reproductive health services.
- Reduce population momentum through delay in the first birth, changing spacing patterns and reduction in family size.

Adoption of ICPD-POA by MOPW

- **RH Package was adopted in 1999 with mutual consensus by the Ministries of Population & Health in line with ICPD-POA.**
- **Population Policy-2002 was formulated in line ICPD-POA and it stresses to follow a broad concept of RH instead of FP.**
- **The ICPD-POA was adopted in accordance with socio-cultural and religious norms of the Country.**
- **After ICPD, all 5-year plans are prepared in line with the ICPD which underlines the importance of ICPD for achieving sustainable development and poverty reduction.**
- **MOPW adopted Multi-Sectoral approach.**
- **Population Welfare is a programme of free choice and not of control.**

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MEASURES TO IMPROVE RH.

- **LAUNCHING OF VBFPW's SCHEME WHICH HAS BEEN MERGED WITH NATIONAL PROGRAMME FOR FP & PHC.**
- **ADOPTION OF RH PACKAGE IN 1999 BY MOPW & MOH.**
- **CURRICULUM DEVELOPMENT FOR PARAMEDICS ON RH.**
- **CAPACITY BUILDING OF SERVICE PROVIDERS.**
- **EXPANSION OF SERVICE DELIVERY NETWORK INCLUDING MSUs.**
- **STRENGTHENING PUBLIC-PRIVATE PARTNERSHIP.**
- **ESTABLISHMENT OF NATPOW FOR GREATER INVOLVEMENT OF NGOs.**
- **STRONG IEC & ADVOCACY CAMPAIGN INCLUDING POLITICAL COMMITMENT.**
- **RH COMMODITY SECURITY.**

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ADOLESCENT REPRODUCTIVE HEALTH

- **RECOGNITION OF ADOLSCENT RH IN POPULATION & HEALTH POLICIES.**
- **INCORPORATION OF HEALTH RELATED ISSUES IN TEXT BOOKS OF CLASS I-X.**
- **ADDRESSING RH ISSUES OF YOUNG WORKERS IN INDUSTRIAL UNITS.**
- **HELP-LINES FOR FAQS.**
- **PREPARATION OF YOUTH POLICY ADDRESSING ADOLESCENTS RH ISSUES.**



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PRE & POST ICPD POPULATION PARAMETERS

Parameters	1991	1997	2008
CONTRACEPTIVE KNOWLEDGE (%)	78	94	96
CPR (%)	12	24	30
TFR	5.4	4.9	4
POPULATION GROWTH RATE (%)	2.63	2.38	1.8
IMR/1000 LB	108	85	78
CHILD MORTALITY UNDER 5	117	-	94
MMR/100,000 LB	443	-	276
SINGULATE MEAN AGE AT MARRIAGE (FEMALE)	21.6	22	23.4

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Service Delivery Network of MoPW: 2008

■ Family Welfare Centres	2846
■ Mobile Service Units	292
■ RHS A-Centres	176
■ RHS B-Centres	132
■ Male Mobilizers	4233
■ Public Private Sector Organizations	206
■ Non-Governmental Organizations	600
■ Social Marketing Company	1

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HEALTH POLICY-2001

VISION.

HEALTH FOR ALL BY 2010 WITH AIMS OF:

- PROTECTING PEOPLE AGAINST FATAL DISEASES;
- PROMOTING PUBLIC HEALTH AND
- UPGRADING CURATIVE CARE FACILITIES.

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VERTICAL PROGRAMES of MOH

- **TB CONTROL PROGRAMME**
- **MALARIA CONTROL PROGRAMME**
- **WOMEN HEALTH PROGRAMME**
- **EXPANDED PROGRAMME OF IMMUNIZATION**
- **FOOD & NUTRITION PROGRAMME**
- **NATIONAL PROGRAMME FOR LHW FOR FP & PHC.**
- **NATIONAL AIDS CONTROL PROGRAMME**

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GENDER & WOMEN EMPOWERMENT

- **CONSTITUTIONAL SAFEGUARDS FOR ALL.**
- **ESTABLISHED M/O WOMEN DEVELOPMENT AT FEDERAL & DEPARTMENTS OF W.D AT PROVINCIAL LEVELS.**
- **IN 1996 PAKISTAN RATIFIED TO THE CONVENTION ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN.**
- **POLICY ON WOMEN EMPOWERMENT-2002**



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WOMEN INVOLVEMENT IN POLITICAL SET-UP

- 33 % SEATS ARE RESERVED FOR WOMEN IN EACH TIER OF LOCAL GOVT.
- OUT OF 342 SEATS IN NATIONAL ASSEMBLY, 60 WOMEN HAVE BEEN ELECTED AGAINST RESERVED SEATS AND 12 THROUGH DIRECT ELECTION.
- OVER 129 SEATS ARE HELD BY WOMEN OUT OF 727 SEATS IN THE PROVINCIAL ASSEMBLIES.
- 17 % SEATS ARE RESERVED FOR WOMEN IN THE SENATE.



National Assembly of Pakistan

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HUMAN RIGHTS

- PROTECTION OF HUMAN RIGHTS UNDER THE CONSTITUTION.
- SENSITIZATION OF COURTS.
- POWERS OF COURTS TO TAKE SUO-MOTO NOTICE.



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EDUCATION SECTOR REFORMS

- **EDUCATION POLICY 1998-2010 HAS THE GOAL TO ATTAIN 70 % LITERACY RATE BY 2010.**
- **ADOPTED NATIONAL PLAN OF ACTION ON EDUCATION FOR ALL (2001-2015) WITH AIM THAT:-**
 - I. **ALL CHILDREN WOULD COMPLETE PRIMARY EDUCATION OF GOOD QUALITY BY 2015 &**
 - II. **TO REMOVE GENDER DISPARITY.**



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Data and Research

- **RESPONSIBLE ORGANIZATIONS:**
 - **FEDERAL BUREAU OF STATISTICS**
 - **POPULATION CENSUS ORGANIZATION.**
 - **PAKISTAN INSTITUTE OF DEVELOPMENT ECONOMICS.**
 - **NATIONAL INSTITUTE OF POPULATION STUDIES.**

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Internal Resources

SINCE ICPD 1994, GOP HAS ENHANCED ITS YEARLY ALLOCATION FOR POPULATION WELFARE PROG. FROM RS. 1.00 BILLION IN 1994 TO RS. 4.3 BILLION FOR CURRENT F.Y. 2008-09 INDICATING AROUND 4 TIMES INCREASE IN FINANCIAL RESOURCES.

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External Resources

- **THE DONOR FUNDING FOR POPULATION SECTOR ALSO SHOWS GRADUAL INCREASE SINCE ICPD.**
- **DEVELOPED COUNTRIES MAY CONSIDER TO RAISE THEIR ASSISTANCE TO THE INTERNATIONAL RECOMMENDED LEVEL OF 0.7% OF GNP FOR DEVELOPING COUNTRIES FOR THEIR POPULATION & DEVELOPMENT PROGRAMMES.**

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CONSTRAINTS/CHALLENGES OF POPULATION WELFARE PROGRAMME

- **UNFAVOURABLE SOCIO, CULTURAL AND ECONOMIC PROFILE.**
- **LACK OF ADEQUATE FINANCIAL RESOURCES.**
- **LACK OF INSTITIONAL CAPACITY BUILDING.**
- **LACK OF COVERAGE IN RURAL AREAS BY NGO & PRIVATE SECTORS.**
- **LIMITED HEALTH SECTOR INVOLVEMENT FOR PROVISION OF FP SERVICES.**
- **LARGE ADOLESCENT POPULATION IN REPRODUCTIVE AGE.**

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CONSTRAINTS/CHALLENGES OF POPULATION WELFARE PROGRAMME

- **LOW LITERACY LEVEL PARTICULARLY OF FEMALES**
- **GENDER INEQUITY / INEQUALITY**
- **MAINSTREAMING POPULATION FACTOR IN NATIONAL DEVELOPMENT PLANNING**
- **LACK OF COMMUNITY PARTIICIPATION.**
- **UNMET DEMAND FOR FAMILY PLANNING WHICH IS 25 %.**

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THE WAY FORWARD

- MAINTAIN THE MOMENTUM ALREADY ACHIEVED IN RH/FP
- EXPANDING & IMPROVING REPRODUCTIVE HEALTH SERVICES TO REMOTE AREAS TO ACHIEVE THE GOAL OF UNIVERSAL ACCESS.
- SUSTAINING FERTILITY DECLINE TRANSITION
- REDUCING MATERNAL AND INFANT MORTALITY
- ADDRESSING MISCONCEPTIONS ABOUT FAMILY PLANNING
- DEVELOPING PROFESSIONAL HUMAN RESOURCE FOR PROGRAMME
- SUSTAINED POLITICAL COMMITMENT.
- BRIDGING RESOURCE GAP.
- MEETING THE UNMET DEMAND OF FP.
- INVOLVEMENT OF RELIGIOUS LEADERS TO SUPPORT POPULATION³¹ PROGRAMME

A citation from the statement of Benazir Bhutto, former PM of Pakistan at ICPD, Cairo: 1994.

She said that
I dream of a Pakistan, of an Asia,
of a world where every
Pregnancy is planned and
every child conceived is nurtured,
loved, educated and supported.



THANK YOU

