



KEY RECOMMENDATIONS OF ANNUAL POPULATION RESEARCH CONFERENCES (2000 – 2019)

Keywords:

This document will be a resourceful hand book for inviting prompt attention of the federal and provincial governments, developing partners, and all concerned stakeholders to focus on the highlighted population issues. It is imperative to re-address the unresolved population issues for the wellbeing of people of Pakistan.

Editing:
Aimen Shahid
Minhai ul Haque

Data Compilation:
Tahir Ahmed Qureshi

November 2020



ALLAH ﷻ in the name of The Most Affectionate, the Merciful

1. By the time of the beloved (Prophet ﷺ).
2. Undoubtedly, man is necessarily in loss.
3. But those who believed and did good deeds and stressed one another to accept truth and counseled one another to be steadfast.

Surah Number 103: Al-'Asr (The Time) Revealed at: Makkah Total Verses: 3



Preamble:

Greetings from the Population Association of Pakistan (PAP)

The Population Association of Pakistan (PAP) is PCP certified (PCP-2018/628) under NPOs and registered under Societies Act XXI of 1860. The PAP, a non-profit professional, academic and demographic organization.

Since establishment of PAP in the year 2000, the Association holds an annual research conference in collaboration with a leading University of the country to promote and disseminate knowledge of research within the scientific community in Pakistan. The conference also provides an opportunity to policy makers, researchers and development partners to deliberate upon population and development related issues that have a bearing on the overall development process of the country. Thus far, PAP has organized 20 Annual Conferences at Aga Khan University Karachi, University of the Punjab Lahore, Agriculture University Faisalabad, University of Peshawar, the Quaid-i-Azam University, Islamabad, the Centre of Public Policy and Governance at Forman Christian College, Lahore, COMSATS, Islamabad in collaboration with Fatima Jinnah Women University, Rawalpindi, Bahauddin Zakariya University Multan, IBA Karachi, NUST Islamabad, Bahria University Islamabad, BUTEMS Quetta and Government College University Lahore.

The past conferences have been instrumental in bringing to the attention of key policy makers a variety of social sector issues that have a direct bearing on the developmental prospects of Pakistan. The population paradigm has been discussed taking into consideration a wide variety of parameters in these conferences. The evidence presented at the conferences has been widely used in the development of policy documents and has also been influential in changing perceptions and priorities at all levels of government and development partners. The proceedings of the PAP Conference are published and widely disseminated among all the concerned.

This PAP document titled “*Key Recommendations of Annual Population Research Conferences (2000 – 2019)*” will be a resourceful hand book for inviting prompt attention of the federal and provincial governments, developing partners, and all concerned stakeholders to focus on the highlighted population issues. It is imperative to re-address the unresolved population issues for the wellbeing of people of Pakistan.

The undersigned is grateful to President PAP, Prof. Dr. Mohammad Nizamuddin (S.I.)/ Pro-Rector, Superior University, Lahore/ former Chairperson, Punjab Higher Education Commission for assigning me to undertake this important activity. Also thanks to Dr. Rashida Panezai, Vice President; Ms Iram Kamran, Joint Secretary; Mr. Imran Ahmed, Treasurer; and the Members of the Executive Council i.e. Dr. Tauseef Ahmed, Dr. Shabnum Sarfraz, Dr. Agha Xaher Gul, Mr. Zafar Zahir, Ms Tayyaba Gul and Dr. Tazeen Saeed Ali for their valuable feedback. Last but not least, a special thanks to Mr. Minhaj ul Haque, Secretary General, PAP for editing and his continued guidance in achieving this landmark.

Tahir Ahmed Qureshi
Executive Officer
Population Association of Pakistan



POPULATION ASSOCIATION OF PAKISTAN

Are We Ready for the 2nd Pakistan at its First Centenary?

20th Annual Research Conference

27–28th November, 2019, Quaid-I-Azam University, Islamabad – Pakistan

Recommendations:

1. Academic degrees are no longer sufficient to fulfill the needs and demands of the changing job market. In order to capitalize on the youth bulge Pakistan is currently experiencing, the state should shift its primary focus from general education to widespread provision of technical skills training that correspond to the demands of the local industry and global market.
2. There have been notable developments in the area of population legislation within all four provinces, with some advancing more than others. Since CCI's approved recommendations and formation of the task forces, efforts towards expanding FPRH services have accelerated in the provinces. Nevertheless, in order to fuel change at the grassroots and advance policymaking and advocacy, provincial governments require additional funding along with technical assistance to bolster their implementation capabilities.
3. Political and secretarial willingness to improve FP service delivery is present, but so far, efforts have been disintegrated and sporadic. To expand access to FP services, and enhance the quality of services, the state should promote a holistic and cohesive large-scale national FPRH program that employs bottom-up localized solutions. Moreover, all service providers, whether public or private, should incorporate monitoring systems and data utilization to improve planning and implementation.
4. The new national narrative on population promotes striving for balance in every facet of life. Creating "tawazun" or balance, specifically in reproductive behavior, is tremendously necessary and critical for Pakistan. The new perspective supports the right of the couples to make informed decisions about optimal family size, with the assumption that parents will prioritize and ensure health, education, nutrition, and a stable environment for each child.
 - a. Additionally, while every individual has a part in changing societal norms regarding FPRH, the media can utilize its large platform to catalyze social change through widespread dissemination of the new message on population. Lastly, to further strengthen population management, the individual right to FPRH services should be legislated as state law right away.
5. Given Pakistan's dwindling progress in expanding CPR and curbing IMR and MMR, both FP programming and the right social conditions (women's education and empowerment) are essential to achieve a decisive decline in fertility. Seeing as so many Muslim majority and regional countries that share social and demographic characteristics with Pakistan, have



achieved replacement level fertility rate, religion should not be misused to justify or promote high fertility in Pakistan henceforth.

6. It is apparent that Pakistan is experiencing various impacts of climate change, and a high population growth rate is exacerbating those effects. Not only are these climate-related changes and developments detrimental to Pakistan's economic growth and sustainability, but also its long-term survival and autonomy—water shortage and food security. Having recognized high population growth as an issue, the Government of Pakistan must design and adopt adaptive strategies to reduce the severity of impacts and lessen the vulnerability of those exposed to the effects, all the while curtailing population growth.
7. Pakistan is undergoing rapid urbanization. Not only is the state failing in regulating and controlling the surge in the influx of people in urban centers, but the governance of prominent city centers is also subpar. While major cities of Pakistan rank low on the city competitiveness scale, local governments frequently change city infrastructure and facilities without factoring in the needs of the people who live there.
 - b. Moreover, the state's definition of urban falls short in accurately classifying areas as urban or rural. Numerous places that are in proximity to large urban centers exhibit distinct urban characteristics and would be categorized as such if the criteria were updated. Until the conceptualization of urban is reconsidered and revised to reflect ground realities, development planning and policies will be ineffective.
8. The state should develop standards of quality and monitoring mechanisms to ensure high-quality public service delivery that also does not discriminate on the basis of region (rural or urban) or socio-economic class. Quality standards should equally emphasize clients' rights and service providers' needs. To curb the high incidence of discontinuation, service providers must ensure clients receive exhaustive information on FP commodities and side effects and have well-trained staff for client counseling.
9. There is extensive demographic data collected by the PDHS and other surveys, but primary data is not sufficiently utilized to generate research or inform policies and decisions. It is imperative to promote demographic research within universities and research centers, and even more critical to use new knowledge and understanding for future planning. Furthermore, women's empowerment and mobility are essential for improving women's health outcomes and correspondingly reducing childhood mortality rates at the national level.
10. Attempts to integrate FP in the public healthcare system and the social development agenda in Pakistan are ongoing, but so far, efforts have not shown far-reaching transformation or success. The current provision of FP services suffers from resource mismanagement, issues of outreach, and provider bias. The state should recognize the significance of FP's association with other social development goals, as FP interventions can concurrently have positive effects on entrenched social issues, especially for women's social status and youth-related problems.



Population and Development: Policy and Programme Implementation Challenges in Pakistan

19th Annual Research Conference

29–30th November, 2018, University of Peshawar, Peshawar – Pakistan

Recommendations:

1. Provincial and district level governments must take ownership in designing, planning, budgeting, and implementing public health programmes and adopt a community-driven approach in this regard. The stark regional disparities in CPR and health indicators along with the persistent high unmet need for FP services demand tailored-made interventions to address the specific needs and gaps of the area. The interventions should be devised with the resolve to eliminate barriers to access basic health services, which are rooted in socioeconomic status, gender, and ethnicity.
2. In order to close in on the FP2020 and SDG 3 targets, there is an urgent need to expand the provision of safe and high-quality FP services in rural and marginalized areas. The government should invest in replicating or scaling up private sector interventions that make use of community health workers to expand geographical coverage of FP services, like MARVI model, Sukh Initiative, and MSS's training service providers on FP counseling. Moreover, there was general consensus among the delegates that FP and RH are essential for overall health outcomes (especially child and maternal health). Therefore, provincial health departments should facilitate the provision and availability of basic FP services and commodities in Basic Health Units.
3. There is an urgent need to strengthen the quality and quantity of population and health related research in Pakistan. It was repeatedly noted that policymakers and planners are not doing enough to prepare and manage resources in a way that ensure future health, education, food, energy, housing, and defense for the country's booming population. In order to improve the efficacy of interventions, decision makers should make use of the gathered data in revising policy and programming; otherwise expending national resources on data collection exercises is of little value.
4. To stimulate academic research and student interest in the subject of population and development, University of Peshawar should establish a Population Research Center, and other national universities should follow suit. Moreover, the Ministry of Education should collaborate with PWDs to work on integrating population studies as part of student curriculum, appropriate to age and gender. The topics covered can range from population size, growth, distribution, impact on the environment, and supply chain management in public health (university level).
5. Seeing as education and health ministries are supported by autonomous national commissions that advise and guide policy, the government should establish a National Population Development Commission. This will include representation from the civil society,



bureaucracy, and government, and work to advise Population Welfare Departments (PWDs) on planning and implementation, based on grassroots needs.

6. Future census methodology must collect information on internal and external migration, shorten the duration of enumeration period, and guarantee a Post-Enumeration Survey (PES). Moreover, all national surveys – PDHS, PSLM, LFS – should integrate a standardized section on internal and international migration in the questionnaires.
7. The public and private sector should invest in Early Childhood Development initiatives, which has the potential to serve as an equalizer tool to shorten the gap between the children of the affluent and extremely disadvantaged. There is also a grave knowledge deficit with respect to how vital the child's first 1,000 days are to his/her brain development and long-term health trajectory. The government should communicate and disseminate information on ways to promote early childhood development, so every child is on par in terms of health.
8. Although national and provincial expenditure on healthcare has been increasing over time, spending is neither effective nor efficient. The federal government should institute a standardized public health expenditure tracking system, which is comprehensive and contextualized. A detailed look into the nation-wide health spending will provide an assessment of the weaknesses in both funds' allocations (are allocations made according to demand) and actual spending.
9. It is pertinent time to generously invest in technology-centric products to improve the efficiency, quality, economy, and timeliness of service delivery in the overall healthcare system. Collecting data on each stage of supply chain streamlines the process and allows evidence-based quick decisions that management of bottlenecks in the provision of services. Additionally, any Management Information System adopted must be bolstered with a monitoring component to ensure quality of data.
10. It was agreed that a two-child policy or target-based policy will not be effective or practical in case of Pakistan, and the state should not take away the individual freedom to dictate ideal family size. Rather, the government should advocate for birth spacing as a fundamental health measure and facilitate informed decision making. Improving factors of access to higher education and employment for women, reduction in IMR, and awareness of RH can influence women's decision on desired and actual family size.
11. Remittances are an important source of foreign exchange, and their productive investment could support economic growth and development in the country. The government should prioritize encouraging overseas Pakistanis to use formal channels to remit from abroad by lowering transaction costs and bringing lower income segments into the financial network.
12. Recent research on people's adaptation strategies to cope with natural disasters exhibits noticeable changes in demographic indicators like lowered fertility and increased CPR, migration to urban settlements, and enhanced role and agency of women. In this vein, there



should be more research to understand how climate change is impacting the demography in Pakistan and in what ways can the effects be prevented, mitigated, and managed.

13. Pakistan is extremely exposed to and at risk of climate-related events. Additionally, climate change intersecting with rapid population growth is a real threat to Pakistan's long-term food, energy, and water security. The government should prioritize implementing climate change prevention and mitigation strategies, with a focus on building climate-resilient infrastructure, exploring renewable energy sources, improving grid station efficiency, better water management (rainwater harvesting), and incentivizing climate-smart agriculture. Similarly, provincial authorities should actively regulate status of green and brownfields to ensure prime crop land is not lost to housing developments.
14. With the merger of FATA with KP province, the provincial government should prioritize social spending to close the gap between the region and rest of the country in basic social outcomes – literacy, IMR, MMR. Social spending should be consistent with SDG targets as well. Finally, the new judicial and policy system must integrate prior administration systems of Levies (appointed by political administration) and Khasadars (tribal police), and merge with the rest of the criminal administration and justice system of Pakistan.



Population Growth and Investing in Human Resource Development

18th Annual Research Conference

December 20 - 22, 2017, GC University, Lahore - Pakistan

Recommendations:

1. Establishment of Population and Development research center. This center will be located in Government College University Lahore and undertake disciplinary research to guide policy and action on population and human development.
2. Ensuring strong political and bureaucratic commitment with consistent policies of federal and provincial governments, there must be functional coordination and oversight committees or working groups to revise the population policies considering the high growth rate of 2.4 % depicted in Population Census of Pakistan 2017
3. Pakistan has just three years' time to achieve its FP 2020 targets, CIP development and implementation in all provinces, must be ensured by all provincial governments. Only Sindh has so far developed and implemented CIP.
4. The preliminary results of 6th housing and population census Pakistan 2017 identified few key points such as the high growth rate, high urban migration in Sindh and decline in sex ratio. There are few census methodology errors and few discrepancies, such as the urban and rural demarcation was not well defined, the data on disability is not captured properly, information on migration are deficient, the census was conducted in phases with too much gap, the census blocks were not uniformly formulated, and most of the UNFPA recommendations were not followed. The conference gave suggestion to Government of Pakistan to conduct the Post-enumeration survey, specific surveys on migration and disability to improve the census results and to include the uncounted female population in the census count.
5. To ensure the fertility decline, there is a need to improve the access and quality of family planning services. This may be achieved if we explore public-private partnerships, private health care providers, and alternative funding sources at a provincial and district level. The district level stakeholders and population welfare departments must be strengthened to develop their own plan. To enhance the capacity and skills of the district level management of population welfare and health program, the provincial governments may make it a part of Population policy, strategy and action plan.
6. Increase advocacy and education programming, with a particular focus on youth outreach and inclusion. The youth must be aware of the population issues that are emerging as development challenges due to high growth rate and youth bulge in population. This young population have the potential to covert the youth bulge from burden to dividend.
7. More resources allocations for human development especially youth development should be a priority of federal and provincial governments. This includes the increased budgetary allocations and technology based innovative initiatives for enhancing the capacity of the young population, to grow them as a productive human capital for the whole society.
8. Pakistan have considerable population nearly 7 million as expatriate and there is a trend of rural-urban shift mostly in Sindh and Khyber Pakhtunkhwa provinces. There is need to



regularize the migration through provincial coordination and creating opportunities of development and employment near to the rural areas.

9. Media including the print and electronic, should come up as an active partner in dissemination of population issues in our cultural context.
10. The current youth bulge would be converted over next 4 decades in to the old age bulge. There is need to device policies, and launch social security schemes and action plans to cater the growing number in old age population.



Investing in Family Planning for Sustainable Development Goals 1-6
17th Annual Research Conference
November 25-26, 2016 – IBA, City Campus Karachi-Pakistan

Way Forward: Conference Take Away Points

1. The 17th Annual PAP Conference was an attempt to facilitate serious deliberations on a wide range of concerns about Family Planning. The conference theme was guided by the centrality of FP in the development discourse in the view of established links with other larger concerns such as poverty, education, access, resource depletion and employability.
2. The delegates at the conference presented their respective understanding and shared knowledge. Spokespersons of public offices and policy makers informed about the initiatives, strategies and future plans of their respective. Representatives from NGOs, private sector and academia shared their findings and proposals. With specific recommendations for concentrated efforts in respective fields, there was consensus on some major imperatives.
3. The delegates agreed that FP is central to SGDs and developmental agenda. Therefore, it was recommended to invest in improved public private partnership for synergy and sustainability. The need for a dedicated unit under the auspices of Planning & Development to address population growth dynamics was also highlighted.
4. Another major point of agreement was the need for reaching the bottom of the pyramid and adopting an inclusive approach, educating men, for better outcomes of FP related services. A shared recommendation was to adopt a cross-sectoral approach targeting not only health but education and poverty as well; the evidence suggests that all the factors are interlinked.
5. There have been a shared understanding of the significance of online reporting and access to centralized data that can not only facilitate improved decision making but also enable researchers to produce better researches. The delegates largely agreed on the usefulness of integrating learning of models and innovations that have been used both in public and private sectors.



Political and Social Demography of Balochistan 16th Annual Research Conference

November 25-26, 2015 - Balochistan University of Information Technology, Engineering and Management Sciences (BUIITEMS), Quetta-Pakistan

Recommendations:

1. Scientific educations should come in line with the manifestation of Qur'anic verses, as the holy Qur'an discusses everything like, agriculture, right of women, economy, governance etc.
2. There is a need to enhance campaigns and awareness programs at grassroots levels. In Balochistan, tribal hierarchal system is a major factor of arresting growth of female literacy.
3. Direct engagement of local governments could help in implementation of education policy sustainably fighting the tribal barrier.
4. There is dire need to take population growth and family planning seriously for the best interest of the nation and the interest of the future generations.
5. We need to build consensus with main influencers, religious leaders, parliamentarians, media and civil society to reduce maternal mortality through birth spacing and to accelerate girls schooling. We also need to make a real assessment of real numbers and utilize it for negotiation for matching grant for human development in the NFC.
6. Provision of quality education particularly in rural areas should remain the primary focus of education policy. Giving some kind of monetary incentives to poor school going girls can ensure gender parity in poor families to a larger extent.
7. Proper planning by the Provincial as well as the Federal government is required to improve the quality of education in Balochistan.
8. Educational facilities and physical (material) resources should be provided by the government.
9. Tribal leaders or any individual involved in hindering the process of education development in the province should be seriously dealt by the law enforcing agencies.
10. The negative attitude towards female education should be abolished.
11. Effective utilization of existing technical education capacity needs to be improved.
12. More institutions for the pre-service trainings should be established.
13. Priority should be given to the teaching profession by the respective teachers in order to enhance the quality of education in Balochistan.
14. Balochistan has widespread linguistic diversity, so Urdu should be the medium of instruction.
15. To achieve a lower fertility rate comparable to those in Bangladesh Pakistan's family planning program has to make considerable efforts in reaching out to couples who are of lower socioeconomic strata and/or poorer.



16. All the stakeholders of the society should huddle and devise appropriate solutions to all the problems that people of Balochistan are confronted with.
17. The religious scholars, academics, government official, and politicians should come up with appropriate solutions to these problems.
18. Universities must launch Demography Department and must offer population studies as a subject of study.
19. The alleviation of poverty, provision of rights and women empowerment can ensure peace and prosperity not only for existing generation but also for the generations to come.
20. The public policy researchers and practitioners need to team up with IT specialists to come up with customized solutions to our demographic challenges and in the same time, reap maximum benefits from the potential that our unique demography entails.

Appreciation:

"I congratulate the Population Association of Pakistan for holding this conference every year for the last 16 years in the face of all the odds.

Given the multiple challenges faced by the country, these Conferences have been instrumental in bringing together the experts on the problem of Population Planning."

H.E Governor of Balochistan Mohammad Khan Achakzai



**50 Years of Pakistan's Population Program:
Setting Strategic Priorities and Program Direction for Vision 2025**
15th Annual Conference
November 18-19, 2014, Bahria University, Islamabad-Pakistan

Recommendations:

Several issues were highlighted in the discussions which took place in the different conference sessions, based on which several recommendations were formulated. To urgently address the population and development concerns of Pakistan. These are listed below

1. The Government should constitute a National Commission on Population and Development which has provincial representation. This may serve as a coordinating mechanism to provide strategic direction, track and assess progress while identifying successful family planning initiatives to scale up through increased funding and state ownership. In addition, this body will make recommendations to the Federal and Provincial Governments for achieving the FP2020 Goals.
2. The Government should set up a Tripartite Fund, financed annually by the Federal and Provincial governments as well as development partners to fund district governments and thus enable the launch of district level initiatives for family planning.
3. FP2020 goals and targets ought to be included in the post 2015 Sustainable Development Goals that are being formulated by the Government of Pakistan.
4. Federal and Provincial Governments should ensure the availability of safe and accessible client centered family planning services at all health facilities (from BHUs to tertiary hospitals).
5. National and provincial governments should focus on the following:
 - Birth spacing
 - Provision of long-term contraceptive methods
 - Increased client access to Skilled Birth Attendants
 - Increased deployment of Community Midwives
6. FP2020 goals should be aligned with Pakistan's development agenda such as Vision 2025 and poverty alleviation programs.
7. Male participation in the family planning and maternal health agenda should be sought through Behavior Change Communication including male focused service delivery.
8. Full coverage (by district and province) should be ensured through a coordination mechanism of all donor supported and government programs concerned with family planning.
9. A situation analysis should be conducted at the Federal level to assess growing inequities, runaway population growth and impact of climate change on population dynamics.
10. To avail the potential demographic dividend of the youth, it is important to ensure their employability and productive engagement through skill development. In addition, women's participation in income generation and development activities should also be encouraged.
11. Family planning programs should address the needs of marginalized groups, minorities, remote communities and internally displaced populations.



Pakistan's Population: New Realities and Challenges for Human Development

14th Annual Research Conference

November 20-21, 2013, at National University of Science & Technology, NUST,

Islamabad, Pakistan

Key Recommendations:

1. We need to reprioritize education rather than land. Women should be given the chance to play their role in the development of Pakistan. *(Ms Saira Afzal Tarar, Minister of State for National Health Services, Regulation and Coordination, Government of Pakistan)*
2. There is urgent need for action to address Pakistan's unsatisfactory development indicators. Slow progress on development had to be reversed, and all political parties should speak with one voice on the country's future. "There would be checks and balances put in place and public sector performance will be improved. *(Mr. Ahsan Iqbal, Federal Minister for Planning, Development and Reforms)*
3. Ideology is in the way of progress and that there is a need for evidence based approach for policy making. Demand side management is necessary for economic integration of youth/labor force. *(Dr Musadik Malik, Special Assistant to Prime Minister on Energy, Government of Pakistan)*
4. We have to take various campaigns on high level to resolve the problem of population explosion and the terrorism. We must focus on urbanization and effective resource utilization. *(Mr. Babar Yaqoob, Chief Secretary, Balochistan)*
5. Population and health are central challenges we need to address. Public Policy needs to be driven by data and further fertility decline is necessary. Re-energized family planning programs are required. Federal government and provinces should encourage less unwanted marriages. Reallocation of public funding is vital. *(Mr. Rabbi Royan (Country Representative UNFPA)*
6. If fertility rates are not significantly reduced, the nation's existing problems will multiply with serious implications for the economy, stability, peace, and internal cohesion. Policies should be focused on people rather than on statistics so that choice, social values, human rights and gender equality could be valued. *(Ms. Shahnaz Wazir Ali, President PAP)*
7. Strongly recommended to create a right environment for discussion of such problems and need to design an appropriate policy to curb the population growth. *(Engineer Muhammad Asghar, Rector NUST)*
8. It is necessary to introduce vocational training, mobilized savings, investment opportunities, job creation, recognizing youth abilities and education of women, pro-active state can help Pakistan to solve the issues it's facing. He felt there is a need for more policy dialogues based on evidence based research conducted through surveys. *(Mr. Marc-Andre Franche Country Director, UNDP-Pakistan)*



9. There is a need to seriously examine population numbers, projections, distribution and implications for Pakistan's development and ultimate stability. Population trends are key to changes in other sectors and that improvement in women education as well as maternal and child health is required. (Dr. Zeba Sathar, Country Director Population Council)
10. It was stressed that women education is vital and we need to take such conferences to the rural areas. (Ms. Miriam de Figeoroa, Deputy Representative, UNICEF)
11. There is a need to on job creation and improving labour productivity and technical skills. (Mr. Shaukat Tarin (Former Minister of Finance)
12. Birth spacing can reduce neonatal, infant and maternal mortality. Innovation in the health department is necessary to develop family planning services and to increase the use of contraceptive. (Ms. Shahida Azfar, Former President, PAP).
13. Policies need to focus on skill development and training as well as the creation of employment opportunities for the growing labour force. There must also be an emphasis on **all** levels of education rather than primary education alone.
14. Sustainable financing is required, for which priorities need redefinition. All planning must be action-oriented and results-based. The plans must be backed by the results driven strategies and dynamic operational plan must accordingly be developed.
15. Collaboration between different development sectors was also recommended through conferences such as this to connect research with practice. This implied that such dialogue will lead to effective implementation.
16. The leadership must be seen through their acts as committed towards human capital development.
17. There was strong recommendation for exclusive breastfeeding, vaccines, improved clean culture, and lower indoor air pollution and developing strong linkages with major stakeholders working towards similar goals.
18. It was recommended that adequate allocation of resources, procurement of neonatal resuscitation equipment to be prioritized and health care providers should be trained.
19. Department of health should play a major role in essential health care services and family planning programs. Public private partnership needs to be devised for such programs like KPK.
20. Family planning is legal according to Islam and it should be practiced. (Prof. Izhar ul Haq, Religious Scholar)
21. Media and religious leaders should come together and play a role for this country. (Mufti Muneeb ur Rehman, Religious Scholar)
22. We should socially mobilize our population as well as seek the assistance from international resources



23. Active engagement between population and health is required to develop effective strategies
24. Investment in education is more important to reduce terrorism and extremism
25. State should create jobs giving opportunity to business to their population in their own area to protect the migration and which lead to internal security
26. We need to give the population issue the same importance that we attach to other core issues such as the energy crisis, law and order situation and defense". (Women's rights activist Khawar Mumtaz said)
27. Family planning should be more accessible. Family planning issues should be present in every rural and urban area and easily accessible by a common man.
28. Disparities must be acknowledged and addressed in policies, particularly health- and education-related policies.
29. Research and decision-making must be based on evidence. Even though data exists, in certain cases there is insufficient knowledge about it, or access is limited. In addition to making current data readily available, it is imperative that policies are informed by the evidence therein. Sustainable financing is required, for which priorities need redefinition. All planning must be action-oriented and results-based.



Population Wellbeing: A Development Imperative
13th Annual Research Conference
November 7-8, 2012 at IBA Karachi, Pakistan

Recommendations

1. The two day conference brought in experts and world-renowned demographers from as far as USA, Malaysia and Bangladesh, and from all corners of the country.
2. Population and economic development, reproductive health, family planning, urbanization, migration, climate and environment, and food security, among others.
3. 180 million people, growing steadily at the rate of 2 percent per annum. And constant 3.5 per cent of GDP per annum,
4. Indonesia, Malaysia and Thailand, have become middle income countries with per capita income being ten-fold than ours.
5. Bangladesh having similar cultural background, became independent in 1971, and focused on female education and literacy “reaping both direct and indirect benefits of female education.
6. The political commitment is absolutely necessary
7. Pakistan CPR is stagnating at 30% for years now. Yet there is huge unmet need.
8. 60 percent women give birth at home without skilled birth attendants.
9. With high MMR and IMR we cannot fulfil our obligations to the MDGs 4 & 5.
10. Migration to urban areas is causing uncontrolled urbanization and slumnization.
11. London Summit of July 2012. Offer of extra funds?
12. National Population Commission needs to be revived.
13. Pakistan is constantly losing battle on climate, environment and forestry fronts.
14. In 60 years of constant conflict of India and Pakistan, total number of Indian killed by Pakistan side in wars is less than children only who died in one year only in New Delhi because of dirty water. Exactly the same number on Pakistan side, from Karachi.
15. Urban planning in large cities always fails. Integrate family planning into health services, and improve quality.
16. A new Child wellbeing index showed that of the 132 districts, 57% fell below normal score.
17. One percent of our GDP for health for the last 30 years of which utilization is only 0.7 percent or even 0.6. It takes to train a birth attendant 7 to 15 days. Yet there are three million mothers who are giving birth without a trained birth attendant every year.
18. In Pakistan, every thirty to forty minutes, a mother loses her life while giving birth. It is estimated that at least 15,000 maternal deaths, and 250,000 newborn deaths occur every year.
19. Inter pregnancy intervals shorter than six months and longer than fifty nine months are associated with an increased risk of adverse maternal and neonatal outcomes.
20. There is a direct and positive correlation between birth interval and a child’s educational performance.



Pakistani Youth: The Ultimate Resource

12th Annual Research Conference

November 22 - 24, 2011, University of Punjab, Lahore, Pakistan

Recommendations

1. The government should provide cheap agricultural inputs to farmers to make the farming sector most profitable. They should also offer a micro-credit facility to the farmers on a low mark up.
2. The government should establish agricultural inputs and outputs markets in the rural areas.
3. Investing in the rural youth—for education, for jobs, and for health care—is imperative if national governments seek to reduce poverty and diminish urban drift.
4. The Government should provide opportunities of skills development to youth (15-24) so that they may adopt legal means if they want to go abroad or are given an opportunity to do so.
5. The possible adverse consequences of illegal migration should be shared with youth (15-40) through E-media, dramas, films or mobile communication.
6. Importance should be given to education policies for equipping the youth to accept diversity along with upholding their own values.
7. Prudent socio-economic policies are needed to impart confidence among youth for their proactive and positive role towards developing their own country and society.
8. Youth migration provides opportunities to enhance economic and social status of their households. Migration may be used as a strategy for poverty reduction so that the poor are assisted financially to find jobs.
9. Youth should be informed on their reproductive health issues. It should be age-specific and should be included in their respective syllabus.
10. The initiative should include other opinion leaders in the society such as prayer leaders, school teachers, local political and social workers. They could help change the societal mindset regarding many aspects such as baseless myths. These groups can also help to rectify religious and cultural misperceptions.
11. A participatory approach and open discussions with friends, families, mothers in law and other groups are needed to motivate them to promote contraceptive use by married youth.
12. Adolescents should have to access reliable information on reproductive biology and sex knowledge about issues like menstruation, through various programmatic interventions.
13. Mothers and teachers should provide proper knowledge and guidance regarding reproductive health to adolescence girls.
14. Education institutes need to be involved for educating girls about reproductive health issues.
15. Media of mass communication, T.V, newspaper and radio should be encouraged to disseminate information regarding adolescence reproductive health.
16. At government level, existing education, population health and information infrastructure should be used to address the reproductive health needs of adolescence girl.



17. Public and private partnership co-operation and coordination should be strengthened to implement programs for capacity building of adolescent age group.
18. Industry and academia should be linked and education should be linked to employability
19. Education system needs to be overhauled. Syllabus and teaching methodology should be improved and standardized
20. Population Welfare Program policy makers need to focus on youth to make the program effective and make the motivation component effective with in the provinces, especially Balochistan.
21. Quality of teaching should be improved from primary to university level through teachers training programmes and exposing them to modern teaching methodology.
22. There is a dire need to take appropriate steps to minimize the undesirable effects of the family structure change and urban transition.
23. Youth should be part of the development in the process of policy planning
24. Provincial governments have chalked out their youth development programmes but would require financial resources and the spirit to implement them accordingly.
25. Myths and misconceptions about modern fertility regulation methods need to be explored and addressed.
26. Instead of blaming madrassas for fabricating militancy, they must be helped into revise their curriculum, provide a better learning environment and be streamlined into national education spectrum.
27. Appropriate awareness and education campaigns must seek to contextualize the threats posed by inside and outside issues and dynamics. It will reduce the possibility of young people turning to negative behavior.
28. Well-placed policy is required to chip away at the present risks posed by inadequate leadership, poor education system, politically influenced judiciary, disparate economic opportunities, conflicts and terrorism, poor rule of law situation, and interference of other countries in the country's affairs.



Population Growth, Urbanization, Poverty and Social Exclusion

11th Annual Research Conference

November 25 - 27, 2010, Bahauddin Zakariya University, Multan, Pakistan

Recommendations

1. To resolve the discrepancy between demographic imbalance and social exclusion which is rampant in a society like Pakistan, we need to focus on:
 - **Education:** A knowledge based system should be introduced to inculcate changes in the existing educational structure and in the mind set of every member of the society, first of all affecting professionals and later the average men and women of the community. They will eventually have an impact on the restructuring of the society to check the population growth.
 - **Health:** The government should take steps to improve the quality of life while providing adequate public health facilities. Trained medical personnel should be posted at the union council level. Health awareness education should be a part of formal and informal education.
 - **Balanced Development:** Irrespective of who they are, equal opportunities should be provided for every member of society, to participate in socio-economic uplifting of society and be included in the main stream net for developing a socio-economic balance.
 - **Emerging trends:** Emerging global trends are fundamentally transforming every walk of life. As a result of the information revolution and the integration of global policies for sustainable socio-economic development, the government should bridge the gap with emerging trends for it to perform better.
2. There is a dire need to attend to this serious problem with concrete efforts. For the prevention and control of this social and public health problem, it is necessary to promote gender equality & empower women (MDG-3). A coordinated response is required through the involvement of governments, law enforcing authorities and civil society to control violence against women.
3. A judicial reform package needs to be introduced to restore the confidence of the women victims of honour related violence, in the formal judicial system and the justice it dispenses.
4. A gender mainstreaming approach is needed to effectively implement the policies and programs at all levels to improve the socio-economic status of women and girls especially the implementation of education sector reforms and programs of girls' education in the rural villages and towns.
5. A mass based gender sensitive advocacy strategy should be designed and implemented to articulate the voice of women. Both at policy and implementation levels, special attention should be paid to address the gender discriminatory practices against women stemming from the cultural and customary practices.
6. This mass based gender sensitive advocacy and awareness campaign should involve all the stakeholders of the society i.e. students, teachers, health professionals, law enforcement



officials, community leaders, lawyers and media and civil society to play their role to protect and safeguard the fundamental rights of women for the democratic governance of society.

7. Immediate attention is required for the better future of the people of Pakistan. To raise the education level in the country, emphasis needs to be placed on both the improvement in quality and the expansion of the education system at the primary and secondary level.
8. The government should launch educational awareness programs for parents to enhance educational behavior towards their children to minimize social exclusion. These children can become an asset for the state and can contribute to future development.
9. Use of emergency contraception should be promoted for overcoming contraception failure among those who have unprotected sex or experience contraception failure while practicing contraception and do not intend to become pregnant.
10. The government should take steps to monitor and evaluate both family planning personnel, and the proper utilization of funds and establish a performance oriented culture.
11. Population Welfare Programme should establish at least one model male Family Welfare Centre for the time being to facilitate people of the locality to have access to contraceptive facilities.
12. To control population growth, it is imperative to change the attitude of people towards having a large family through an extensive media campaign.
13. Awareness campaigns for women are needed to highlight the importance of seeking antenatal care with special emphasis on recommended time frame by number of visits.



Population, Peace and Development
10th Annual Research Conference
March 9 - 11, 2010, COMSTECH, Islamabad-Pakistan

Recommendations

1. Emigrants do contribute positively towards the GDP of Pakistan, but the contribution of local labour force is more than that of the emigrants. Job creation within Pakistan should be the goal so that skilled emigrants can be made a part of local labour force and thus contributing more to GDP growth.
2. There is no denying the fact the remittances is an important financial inflow. For a developing country like Pakistan where large number of unskilled labor have move abroad for employment purposes, it can be big source of foreign exchange earnings.
3. In order to improve the productive contribution of remittances leading to GDP growth, generation of absorption mechanisms in the form of investment opportunities is required.
4. It was suggested that remittances should not be taken as sole variable in understanding the international labour migration process and its impact on GDP.
5. The collective impact assessment must be based at a broader perspective by generating comparison of this financial inflow with the outflow of emigrants and further classifying emigrants in terms of skilled and unskilled labor force.
6. Formal channels of remittances by emigrants must be strengthened to reduce remittance inflow through informal channels (Hundi etc.).
7. The government should only formulate policies to regulate international labour migration but also their contributions in form of remittances in the domestic interments channels.
8. Improved access to health care services to women especially the pregnant women is needed to protect mother child health
9. Research should be conducted to investigate affects of psychological stress in rural and urban squatter communities on a bigger scale
10. Revise policy guidelines on farming practices and devise strategies for conserving agricultural water lost in canal system
11. Allocate national budget resources to climate change initiatives and mainstream adaptation into national planning
12. Establish mass public transit systems in both cities and towns; and promote the use of CNG in public transport
13. Establish an indigenous body of knowledge to promote research on climate change with a focus on women and population
14. Develop water harvesting and conservation technologies, rrationalize the use of water in agriculture, and provide better climate information to farmers
15. Integrate gender concerns into environmental planning, monitoring and evaluation; and enhance women’s meaningful participation in climate change policymaking



16. Draw on and value women's experiential knowledge of natural resources and the environment, and create mechanisms that guarantee their equal access to climate change financing
17. Revise policy guidelines on farming practices and devise strategies for conserving agricultural water lost in canal system
18. Allocate national budget resources to climate change initiatives and mainstream adaptation into national planning
19. Establish mass public transit systems in both cities and towns; and promote the use of CNG in public transport
20. Establish an indigenous body of knowledge to promote research on climate change with a focus on women and population
21. Develop water harvesting and conservation technologies, rationalize the use of water in agriculture, and provide better climate information to farmers
22. Conduct research to understand the specific causes and consequences of climate change-induced migration
23. Study the impacts of overpopulation in cities due to rural to urban migration
24. Study and analyze links between climate change and patterns of morbidity, energy security, population growth, etc.
25. Develop climate sensitive policies that build local resilience and adaptive capacity
26. Promote public-private partnerships (PPPs) to support application of best practices in energy efficiency
27. Reduce reliance on fossil fuels and increase reliance on renewable sources of energy
28. Conserve the fast dwindling forest resources
29. Encourage the SME sector to invest in cleaner technologies
30. Promote judicious use of water by increasing awareness among consumers
31. Help civil society in contributing to the development of National Adaptation Plan of Action (NAPA), and facilitate the government in the development of climate change policy and related legal instruments
32. A study should be designed to find out the reasons of unsatisfactory performance of LHWs about the method of LAM.
33. The comprehensive training strategy is needed to improve the knowledge, attitude and practice of LHWs about LAM and other family planning methods.
34. The LHWs needs proper IEC material to support LAM as a method of contraception.
35. Conduct research to understand the specific causes and consequences of climate change-induced migration



36. Study the impacts of overpopulation in cities due to rural to urban migration and analyse links between climate change and patterns of morbidity, energy security, population growth, etc.
37. Develop climate sensitive policies that build local resilience and adaptive capacity
38. Promote public-private partnerships (PPPs) to support application of best practices in energy efficiency
39. Reduce reliance on fossil fuels and increase reliance on renewable sources of energy
40. Necessary measures must be taken to conserve the fast dwindling forest resources
41. Encourage the SME sector to invest in cleaner technologies
42. Promote judicious use of water by increasing awareness among consumers
43. Help civil society in contributing to the development of National Adaptation Plan of Action (NAPA), and facilitate the government in the development of climate change policy and related legal instruments
44. Encourage women's employment by increasing their education level and creating jobs in every department and women's participation in decision making process.
45. Community must be made aware of the importance of participation of family members particularly the women in decision making process through; Media and Special lectures in educational institutions at all levels.



Population Dynamics and Security: Public Policy Challenges

9th Annual Research Conference

December 2 - 4, 2008, F.C. College, Lahore-Pakistan

Recommendations

1. The policy must recognize that young people in Pakistan are distinct, and their needs are far different from rest of the age groups.
2. In order to expand the horizons of planning and programming for youth, data and information on adolescents have to cover multiplicity, of aspects of their lives.
3. Need to establish priorities in term of actions and programs for adolescents and youth the variations of gender, class and regions are critical in distinguishing the heterogeneous situation of young Pakistani people.
4. The immediate need is to build consensus among various stakeholders to prioritize areas of importance.
5. Youth policy must be an enabling document that can provide a clear picture of various issues surrounding young people's lives. It must be able to highlight the major areas where interventions are required. It must be able to address the needs of diverse groups of young people and must recognize that girls' education is the most influential investment.
6. To fully realize the potential of its youth, Pakistan needs to grapple with the challenging issues of economic development and resources as well. The economy has to grow in order to create new opportunities for young people.
7. To meet the urgent need for enhanced productivity income on sustainable basis civil society can create livelihoods and economic opportunities as well as promote human rights.
8. Young people need academic and vocational training that equips them with livelihood skills that are marketable within country's economy. There is a growing need to review the existing trainings and skills to create more avenues for vocational training to enhance the capacity of young people that equips them with skills that are marketable within their country's current economy.
9. There is an urgent need to institutionalize youth employment within the tiers of government to enhance chances of poor to achieve better access over input and output markets, increase their productivity and income on a sustainable basis.
10. There is need to enhance the knowledge of youth about reproductive health to bring positive behavioral and attitudinal changes. There is need to establish information, education, training and communication programs for comprehensive adolescents and youth health.
11. Climate change adaptation and mitigation strategies must take into account the lifestyle of urban dwellers. "City demand" must not be allowed to exacerbate the already unequal lifestyles of urban and rural populations.
12. Need to concentrate on improving total factor productivity in general and productivity of food crops in food deficit areas as special case by technology transfer and appropriate backup of line departments.



13. The issue of mixed cropping zone remaining a net importer of food should be tackled by providing necessary infrastructural support for promoting agricultural diversification and production of high value agricultural commodities.
14. The farmers of different farm sizes should be developed from different perspectives. For instance, the medium and large farmers should be the producer of higher quantities of marketed surpluses of cash and exportable crops whereas small sized farmers should become an efficient producer of high value commodities along with producing staple foods on semi-commercial scales.
15. There should be some institutions like Food and Nutritional Policy Research Institute and National Commission on Farmers at national level under the direct control of Planning Commission to suggest appropriate policy interventions for safeguarding the interests of agricultural producers and rural-urban consumers in a balanced manner.
16. There is a need to develop a policy framework that would allow observing human-natural system interaction, identifying problems and suggesting solutions. A network should be developed where government and non-government institutions should work by engaging full community participation.



Population and the Regional Development Nexus
8th Annual Research Conference
December 17-18, 2007, Quaid-e-Azam University, Islamabad-Pakistan

Recommendations

1. In view of the role of human capital factors that suggests targeted programs for the promotion of female education are necessary to help them move into higher paying occupations and enhance their prospects of getting jobs in the formal sector.
2. There is a need for social programs which dispel the belief of employers about suitability of males and women for different jobs.
3. Economic development policies need to be implemented which will assist in promoting higher educated women labor force participation in Pakistan and allow them to achieve their full economic potential. There are no guaranteed employment schemes for postgraduates, and no structural adjustment policies by the government that ensure the higher educated women labor force participation.
4. In developing countries like Pakistan, working women have double burden in the form of work and household responsibilities. Government should take measure to relieve the double burden of working women. This should aim to reduce the burden through reducing female household chores and childcare obligation. Government should recognize and act upon the obligation to provide childcare facilities to working women and should facilitate transportation between the home and work place.
5. Government should encourage investment in labor intensive to promote absorption of the surplus educated female labor supply by providing incentives for public and private investment.
6. Policymakers should routinely use gender analysis when examining the potential impacts of economic development programs on the state's economy.
7. In order to enhance women' informal work in urban sector, the government needs to modernize and regulate this sector. Credit facilities and business guidance need to be extended to working female for the efficient performance and extension of their trade.
8. **vii.** Higher Education Commission should introduce a department, which is connected with all universities of Pakistan. The main purpose of this department should be to set a record of all postgraduates of all universities of Pakistan.
9. Comprehensive policy is needed to address the migrants' problems and check the migration to urban centre. The labor-class migrants living in slums, at or near the industrial sites, or in crowded conditions in the peripheral areas, are more vulnerable than the original village population. Government and NGOs should provide the basic facilities in these areas in order to reduce the difficulties of its dwellers.
10. The state should make it mandatory for industries and corporate entities to adopt one or more villages for social development in the areas. This may include schools, hospitals, vocational centers, community centres etc. that can considerably improve their social and economic condition.



11. Counseling centers should be setup in the metropolis for the migrant workers, by state and civil society organizations. It was observed that men often face numerous socio-psychological problems and that no mechanism is in place to provide support
12. Education facilities should be made available for the inhabitants of rural areas to raise the level of awareness among successive generations of potential migrants
13. Support mechanisms, e.g. employment centers, should be put in place to provide help for migrant workers in the urban areas.
14. Community level integrating activities should be provided for migrants in the alien environment
15. Medical facilities should be made more accessible in the event the migrant worker has yet not found employment in the city
16. The social responsibility of employers should extend to personal development of the migrant worker, e.g. education, skill building. This will increase their monthly wages and subsequently their social status.
17. There is a need to develop a broad consensus on SRH topics and issues as well as the appropriate information to be provided to adolescents at school level. This may be done through several consultative meetings or workshop, as a lot of variation and difference of opinion can arise pertaining to the socio-cultural situation.
18. A website can also provide information about all SRH related issues in Urdu and local languages.
19. There is need to develop parent/teacher focused training material, and their training and how they can use it for providing information to adolescents and youth, especially for teachers to use it in their course or curriculum.
20. The SRH information can be the part of curriculum for the senior level students (9th and 10th Grade) this will not only ensure the teachers commitment for providing information by also be helpful in breaking the communication barrier.
21. There is a need to sensitize teachers and parents to recognize the SRH needs of adolescents and youth on the various aspect and levels of this transition period.
22. What needs to be recalled and worth believing is that our youth including the rural one is full of potentials. Let's develop the courage to invest in the formative years of tomorrow's parents, policy makers and parliamentarians.
23. The progress of maternal health care indicators are yet to be seen across Pakistan, and substantial efforts are still required to meet the goals by 2015 as outlined in the Millennium Development Goals documents.
24. It is necessary to build environmental healthy attitudes by reducing unhealthy consumptions by increasing awareness among communities. Moreover, environmental resources, which are a source of income generation, need to be enhanced in order to fulfill the requirements of the population. The strategies of population policy should be adapted to eradicate poverty.



25. Since Pakistan is a labor abundant country, it needs to combat jobless growth by giving priority to the production and export of labor-intensive products, such as textiles.
26. For poverty alleviation, the productivity-oriented approaches, which have the potential to increase the income of the poor by increasing their productivity, should be encouraged.
27. NACP should build on the success of creating awareness and interest about HIV/AIDS among target population and should capitalize on the opportunity of inquisitiveness of the people to learn more about HIV/AIDS. This demand should be address with a three prong strategies:
28. NACP should develop spots based on the guideline for best understood spot as identified by the study, and thoroughly pretest them with the target groups to avoid triggering new misconceptions or strengthening existing one.
29. NACP should also launch programs on TV and radio in which the subject could be discussed in more detail. A long-term drama serial covering different aspect of HIV/AIDS appears to be a very suitable approach. Besides drama, discussion/dialogue programs, call-in programs should be presented regularly in collaboration with the producers to discuss more in-depth information.
30. NACP should orientate the censor boards about the necessity for promoting condoms for disease prevention.
31. NACP and advertising agencies should work in close collaboration with the managers/producers in TV and radio for producing programs for condom promotion.
32. NACP should work to demystify that having AIDS means having immoral or un-Islamic character.
33. There is an urgent need for promoting knowledge and scientific explanations about what HIV and AIDS are and how HIV is transmitted.
34. In order to better understand the knowledge of HIV/AIDS, the NACP should increase the campaign and some stories should be included in the curriculum.
35. There must be an opportunity to front-line service providers to improve processes and increase efficiency. The most important is the provision of quality of care in family planning services on human bases, for the wellbeing of women.
36. There is a significant need for creating awareness among the mothers to recognize the importance of timely postpartum care obtained at appropriate facilities, so as to reduce the morbidities and mortalities related to the period after delivery.



Population at Crossroads of Development

7th Annual Research Conference

November 28-30, 2006 University of Peshawar, Peshawar-Pakistan

Recommendations

1. Poverty alleviation efforts should be made through the grass root planning to raise both farm and non-farm rural real incomes. This can be done through job creation, micro and small scale entrepreneurship, the increased provision of education and health facilities, safe drinking water, improved sanitation conditions and nutrition, better housing and a variety of related social and welfare services.
2. The steps should be taken to improve the economic and social infrastructure in the remote areas of Pakistan. Efforts should also be made to bring improvement into the social and especially demographic characteristics in the remote areas of Pakistan as this offers more insight into the reasons for a household to be poor.
3. Population growth has become a critical issue that discourages economic development and must be addressed seriously and squarely in order for the country to have respectable economic growth. Provision of scientific and liberal education in educational institutions and media can make people think independently and rationally. When people start thinking for themselves, they will think about reducing family size.
4. It is imperative that this segment of society be given the attention that is due. These widows are the single parents of fairly large number of growing adults that need to become contributive members in a developing society.
5. The government to prevent people from falling into the trap of the quacks, who not only drain these poor people out of their health, but wealth as well.
6. South Asia needs to establish people friendly population programmes to establish the confidence of the people in order to effectively bring about a balance in the demographic picture of the region.
7. There should be a sustained decrease in the growth rate so as to reduce the pressure on the present resources of the economy. Appropriate funds should be allocated for population welfare programs.
8. Awareness about the information and services of the population policies should be ensured. There should be a strong collaborative work of the local people and religious leaders for implementation of population policies.
9. The misperceptions regarding family planning and small family norms must be eradicated through dialogue and debate. The religious leaders must be brought into the mainstream to spreading true Islamic norms regarding family size. All mediums of communications must be used for delivering the true Islamic messages regarding family planning and limiting the family size on a massive scale.
10. The successful partnership among the stakeholders and organizations having expertise in reproductive health can improve the situation of reproductive health related indicators in Pakistan, especially in the underserved areas.
11. Refresher trainings for the trained service providers should be organized.



12. The public sector should focus on capacity building of their service providers in terms of quality of care, which will increase the accessibility of services.
13. A need assessment and research in this area is needed as extensive study of RH service providers will give a true picture of the situation in terms of quality of care and it will induce the initiation of more capacity building programs.
14. Quality of care in reproductive health, being a neglected area, needs to be focused by stakeholders in the public and private sector.
15. The Government needs to channel additional resources into the rural areas in order to increase the availability of schools, teachers and other necessary infrastructure.
16. Mass awareness campaigns need to be launched to promote family planning and smaller family size, while the outreach of existing family planning programs need to be increased.
17. Steps should be taken to expand and improve the quality of maternal health services in rural areas where the proportion of women utilizing such services is lesser than urban women.
18. Community education and mobilization is essential so that rural women and their families learn about the need for special care during pregnancy and childbirth.
19. Dialogue amongst communities, policy-makers, and health system staff is essential to identify ways of overcoming problems to women seeking maternal care.
20. More research is required to understand the connection of antenatal care and hospital delivery for safe pregnancy outcomes, and to assess the importance of the use of safe and modern health care sources as compared with traditional health care practices, especially among rural, poor and illiterate women.



Linkages between Population and Millennium Development Goals - The Asian Perspective

6th Annual Research Conference

November 29 - December 1, 2005 National Library, Islamabad-Pakistan

Recommendations

The conference aimed to share national, regional and international experiences, opportunities and challenges, best practices and lessons learnt on critical population issues for realization of the MDGs and to highlight the measures and strategies which can influence and accelerate the development process. The conference also aspired to provide an opportunity to scholars, researchers, policy makers and practitioners to contribute their rich and substantive experiences, to learn from each other's experience and to identify avenues for future collaborations at the regional level. The specific focus was to put forth the recommendations, identify plan of actions and to find the means of practical implementation, which will result in the sound national policies and programmes for successfully meeting the gross population, demographic and development objectives with special focus on youth and women. The key recommendations of the conference were:

1. Emphasize on the need of developing social nets and to focus on social welfare of our elderly, as it would result in the significant impact upon adopting the small family norms in the country and would contribute towards decline in the rates of fertility and mortality resulting in the population stabilization. (Mr. Mohammad Mian Soomro, Chairman Senate, Government of Pakistan)
2. Stressed that the linkages between population growth and over all development indicators cannot be over emphasized. (Mr. Mohammad Mian Soomro, Chairman Senate, Government of Pakistan);
3. The demographic research community should play a critical role to accelerate the development process; through advancing the knowledge, highlighting the nature of development obstacles and by outlining the alternative policy approaches. (Dr. France Donnay, Country Representative-UNFPA);
4. Emphasize on considering the population issues from the broader perspective of reproductive health. (Ms. Jane Edmondson, Senior Advisor on Population and Health-DFID);
5. The support of USAID to PAP Annual Conference was logical, for being the producers and consumers of research. The research should inform policies and programs. (Ms. Mary Skarie, Deputy Director Health-USAID);
6. The dire need is to seriously consider the human development indicators, initiate and accelerate the global partnerships for development, resolve inequities within and among nations, and most significantly the need for research so the rich scientific findings and recommendations are available to strengthen the process of policy making and plan of actions for achieving the desired targets in the prescribed time frame.
7. It is necessary to focus our attention on capitalizing and developing the potential of our youth or the provision of services for the elderly; with the conclusion that both the youth and elderly



have their respective significance and the issues of both should be addressed in the public policy on priority basis.

8. There is a need for fostering linkages and partnerships and the development work done so far in the field of population and relevant.
9. The national, regional and international efforts, experiences and resources required to mainstream and implement the population and relevant development indicators to achieve the targeted MDGs, focus on full range of the related research, awareness creation and data collection, collaborations among governments, non-governmental organizations and the private sector, the recommendations and mechanisms for ensuring the implementation of development policies and action plans.
10. The Asian countries consist of about three-fifths of the world population, and are at the different stages of demographic transition. These countries can also be distinguished by being at different levels in terms of achieving the Millennium Development Goals.
11. Asian countries present a paradox in the pessimism of macro trends and the rich tapestry of best practices that cut across sectors and regions. Although there are certain factors and implications of high population growth rate and subsequently poverty in the Asian region, the most critical element is the demographic dimension of poverty, which leads to all kinds of underdevelopment.
12. It was further deliberated that if the Asian countries have to achieve MDGs by the year 2015, each of the country should check their population growth rate to around 1 percent within the next 5 years by following the example of those amongst us who have already done so.
13. In this age of globalization, the world economic policies are undergoing rapid changes resulting in flow of financial and non-financial resources, such as trained manpower to more developed countries and therefore, we must pursue policies to reverse this situation. If we can meet the challenges of globalization through adopting pragmatic policies which are geared towards producing well trained manpower and meeting the international standards of production we can benefit more.
14. The challenges of globalization can be met through adopting pragmatic policies, which are geared towards producing well-trained manpower and meeting the international standards of production.
15. There is a formidable challenge for Professionals, policy makers and practitioners who were assembled in the 6th PAP Conference from across Asia, to help our respective countries to achieve the MDGs within 10 years.
16. To reduce poverty, the strategies should be dynamic, to cope with increasing population. One such strategy may be to strengthen earning opportunities for households. More earning means ability to spend more for necessary goods and services and thereby declining poverty.
17. Poverty alleviation strategies should encourage smaller households and declining birth rate. It is important to encourage females to work more in developing countries for poverty alleviation.



18. Without sufficient employment opportunities, policies to make available more opportunities for education for females, may not contribute to the poverty alleviation process in developing countries.
19. Appropriate working opportunities may accelerate the poverty alleviation process. Achievement of goals of MDG in developing countries is largely dependent on ability to create more employments for the poor population. Sincere implementation of the “Goal 8 of MDG: Develop a Global Partnership for Development”, may help in generating more employment opportunities in developing countries and thereby may reduce poverty.
20. Immediate attention should be given to increasing the incomes of the poor in the Agriculture sector. This could be done by intensifying and fast-tracking programs and projects for the rural agricultural workers. Many families, poor and non-poor, rely on wages and salaries to provide for their needs. The process and criteria for setting minimum wages, particularly among agricultural workers, should be given reconsideration.
21. There may be effective and efficient programs that could be implemented immediately to solve the poverty problem, these may not be sustainable in the long-run until the pressure of higher family size among the poor is taken care of, as well.
22. Theoretically, decentralization ensures effective service delivery at the local level as well as to the underserved section of the country. Nevertheless, actual experiences of decentralization in the health sector have suggested mixed results in developing countries. It may be that there is no single uniform model of decentralization applicable for all the developing countries. Before fully implementing decentralization, the necessary functions and job responsibilities at various levels should be identified. The personnel also need prior knowledge and training about their duties and responsibilities to make the process successful.
23. It is evident that NGOs play an effective role in initiating innovative techniques to serve poor and marginalized populations. NGOs can develop sustainable models for the provision of comprehensive and primary health services through decentralized, multipurpose and permanent facilities. Government institutions can collaborate with NGOs to deliver quality services to the underserved population.
24. The involvement of community in health care service delivery also has a significant role in improving the access to health care for the poor and/or underserved population in a resource-constrained setting. Improvement of people’s health will only be possible when community members are aware of their health needs, share their knowledge in decision-making and identify health problems. To ensure community participation for the promotion of health, there is a need to establish health boards/community groups at various levels with community members’ active participation in health care activities.
25. The health care systems of developing countries suffer from inadequate financing for health care. In an attempt to use private funds, either to supplement or to substitute the government budgetary resources for the health sector, developing countries need to continue service charges for public health care while ensuring subsidized health care services for the poor. Since the application of user fees is easier and faster than the reallocation of resources, the revenues locally collected can contribute a significant portion to the current expenditure at local level. Governments should expand its social insurance system or introduce safety net



measures to cover the disadvantaged sections of the country who are currently denied the access to advanced health care. Alternative financial mechanisms that have been adopted to ensure equity and pro-poor service delivery should be adjusted in accordance with local needs.

26. In most developing countries, absence of proper taxation and insurance systems compels the poor to meet health care expenses either through utilizing household income or through distress sale of assets, which results in further impoverishment. The poor should be protected from catastrophic illness expenditure by pricing structure, which needs to be subsidized at all levels. Poorer people are much more likely to not seek medical care compared to the richer population, indicating that they face certain barriers to accessing health care. Geographic, social, cultural and organizational barriers to access the health care services should be eliminated.
27. Health sector reforms in developing countries are yet to establish a clear record of measurable achievements to reach the poor people. Evidence suggests that to ensure equity, financial burden of the poor seeking health care from facilities needs to be curtailed and decentralization of health care services management to the local level implemented. In this connection, each country needs to improve the health service delivery as well as expand the access by implementing different reforms appropriate for its unique socio-economic and politico-cultural conditions. In this case, the experiences of other countries will be useful models that will facilitate the design of the national reform. In addition, poverty dimensions of health are to be explored in most of the policies, plans and projects.
28. To realize the goal of universal primary education, the schools should have effective community involvement along with an appropriate number of highly motivated teachers working in an environment that facilitates the learning process of children by providing school facilities and teaching-learning materials.
29. The state should entrust the authority to certify the establishment of educational systems to private organizations. These organizations should assume the responsibility for ensuring quality at all levels - universities, colleges, vocational institutions, schools providing western-style education, and religious schools;
30. Establishing pilot programs to help finance expansion and quality improvement in existing private and NGO schools that provide education to low-income urban and semi-urban areas, targeted geographically and distributed directly to communities.
31. An effective strategy in Safe Motherhood health promotion should be directed to (1) increase level of family income especially impoverished families through micro-financing schemes, tailor-made to fulfill the needs of the local community, (2) empowering health volunteers to focus their advocacy on routine ante-natal visits and adequate, well-balanced diet, and (3) for anaemic mothers to consume iron tablets for three months and to properly store iron tablets.
32. It is suggested that a politically empowered "National Commission on MDGs" may be established as an overall responsible agency to expedite the process of achievement of MDGs.
33. There should be a National policy and strategy for fighting harmful practices, so that those concerned will not be teaching or doing different things, which could lead to confusion. In



fighting the traditional norms, which are harmful for reproductive health of adolescents, all possible media should be used for spreading information. The target population should be identified for special attention. Information in all the media should carry the same messages and should not be conflicting;

34. The findings of the study revealed that education of mothers was associated with adolescent marriage. Education of mothers on reproductive health components through outreach health care providers may contribute in improving reproductive health knowledge and practice of adolescents;
35. Updated training on adolescent reproductive health needs to be given to the health care providers, so that they can transfer their knowledge to their clients and to the community people on reproductive health, particularly on the mechanisms of managing menstrual problems and transmission and prevention of STDs and HIV/AIDS;
36. There should be a clear instruction and policy about adolescent reproductive health for health care providers, particularly for providing services to unmarried adolescents. Manuals/guidelines on adolescent reproductive health would help them in providing services;
37. There should be a separate space in health care facilities for maintaining privacy/confidentiality for providing reproductive health care services to adolescents;
38. The existing health care centres can be reconfigured to attract adolescents seeking information, counseling and services. There should be a signboard or any kind of indication in every clinic where adolescent reproductive health care services are available so that community people and adolescents of the community can know about this.
39. The new paradigm shift from family planning programme to promotion of women health and their rights, should be more balanced in the sense that reproductive health care activities should be geared up to relieve the women from the current pregnancy risk and a new impetus to fertility decline through contraceptive use, particularly spacing methods, is not to be completely shifted away from policy measures.
40. The Population policy should provide programs to encourage women's participation in the social life of the society, to become more independent and increase their empowerment in the sense of decision-making in matters related to actual desired number of children and timing of their birth.
41. Appropriate Information, Education, and Communication campaign should be launched through all media for raising awareness of women against violence and the importance of reporting it in time;
42. The government should work actively towards implementation of international and regional human rights treaties, especially those related to women and children;
43. There is urgent need to create and strengthen independent National institutions for the protection and promotion of human rights of women and establish a foundation to take care and protect the violated women and find residence for them;
44. Government laws and legislations regarding violence against women should be re-framed and re-defined in order to give more protection to women;



45. The MDGs, yet deeply insufficient, can still substantially make progress for Asian women by appropriately designing the targets and infusing gender indicators into the MDGs.
46. Need to increase women's awareness about possible risk factors during pregnancy and child-birth and encouraging them to use ante-natal services available at the nearest health facilities;
47. There is a need for appropriate counseling regarding adoption for infertile couples and their families particularly where infertility is probably not curable;
48. The government sector could facilitate the process of adoption by working closely with NGOs like Edhi so that a public private partnership develops for the betterment of infertile couples as well as for adopted children too;
49. The Ministry of Population should seriously consider establishing a Centre of Excellence in Communication (replacing PWTIs) for continued exposure, knowledge updating and skill acquisition of functionaries working at different levels on advocacy / IEC in the member countries. Qualified professionals should manage the Centre.
50. The service delivery goals should not be sacrificed at the cost of establishment and administrative build up. Necessary attention and financial allocations to outreach, access and availability of services be reflected through regular increase in non-salary components.
51. The administrative setup needs overhaul, keeping in view emerging needs of the field. Systems are needed to support grassroots planning process. The capacity to undertake such tasks does not exist at any level, especially at the lower tiers (Tehsil office level).
52. Institutional autonomy: Ministry of Population Welfare must provide necessary support to institutions (like NIPS, NATPOW) to become autonomous. Delay in this measure simply adds to non-performing entities within the Ministry.
53. The provincial population departments have autonomy to evolve their own strategies to implement the policies. Keeping in view their weak capacity, the Ministry of Population Welfare must interact frequently with provincial departments to assist in arriving at the best organizational set for the provinces.
54. Human resource development remained a weak area within the programme. A comprehensive human resource development plan for the Ministry of Population, is needed for the capacity building process of various agencies related to delivery family planning services. This plan should cover numbers required at various levels, to be trained in which type of skills, schedule of training, training institutions and should seek donor assistance. It should include a critical mass at federal, provincial and operation levels, in the next 10 years (till 2015).
55. Substantive initiative is required to reflect focus on quality and client satisfaction. The programme is expected to monitor goals, indicators, and targets within the PRSP framework. This is a serious gap needing attention to strengthen Programme management. The Population Programme must move and focus on 'quality assurance' aspects to promote performance and reduce unmet need for contraception. Supportive supervision should be emphasized to facilitate action in the field and to identify problems, its causes and options to



address them through on the spot problem-solving approach. Managerial training should cover this component, to change the mindset from policing and fault-finding approach.

56. Monitoring: Field monitoring of service delivery must be taken seriously with necessary support and system. Linkage between feedback on monitoring and fund releases at all levels, need to be introduced for accountability. Moreover, number of supervisory visits received by field workers and facilities, need to be evolved besides community feedback to improve quality services.
57. Research and evaluation studies are an integral part of planned activities, to enable the Ministry of Population in using field based findings to evolve future reform agenda. The research undertaken by NIPS consisted of several studies but was not adequately utilized to evolve necessary strategies to improve institutional capacity of the Ministry. The studies did assist the Programme managers make necessary design change in various programme components but were institutionalized to improve management of the components.
58. Programmatic and administrative changes are essential, to effectively use available funding and achieve MDGs and PRSP goals. Delay or lag in implementation, would simply mean addition of population burden that could add poverty and misery to millions.
59. NACP and MoPW should not rely only on spots, but should first launch a planned *phased campaign* through talk shows, 'call in' programmes, documentaries and dramas in collaboration with TV and radio, to sensitize the public about the consequences of large family size and the impending threat of AIDS epidemic and, it's devastating consequences on the people, their lives and families. This sensitization is crucial for people to understand the need for promoting safer sex practices and to enable them to more widely accept messages on condom promotion. Similarly, consequences of population explosion on the life of the common man, needs to be dealt with in a more explicit and detailed manner through a regular and sustained campaign, in addition to using brief spots, in order to create a receptive environment for a more explicit and aggressive campaign for family planning.
60. In view of the greater openness and increasing viewership of private cable and satellite TV channels, especially in urban target areas, the MoH/NACP and MoPW should give them a due share in their media campaign.
61. More focused messages are required to enhance understanding about the modes of HIV/AIDS transmission, especially sexual route, but these should be sensitively designed, so that they remain within the acceptable comfort level of the majority.
62. Messages on AIDS need to be more thoroughly pre-tested for phrasing, as words such as "*ghair izdawaji*" (out-of-wedlock) and "*ghair fitri*" (unnatural) are either not being understood or, their context misinterpreted. More attention needs to be given to the language, to decrease embarrassment in watching with the family. Also, messages must be presented in regional languages, as it is evident that Urdu is not being understood in several areas and visuals are misread. Credible and non-controversial persons (such as doctors and scientists of repute) should be involved in the campaigns for discussing the two issues on the media.
63. More information with clarity should be given to women about side effects etc., associated with different family planning methods, and about modes of transmission of AIDS to the



general public. Specific targeting of males for both family planning and AIDS prevention should be done.

64. Well-designed systems need to be developed to gauge opinions of the public, press, politicians, etc. and to mitigate negative reactions from influentials, organized groups, press and public.
65. Being aware of migration issues and solving it effectively, bilateral and regional cooperation should be strengthened. Common migration policies may meet the benefits of all countries in general and bring benefits to the labour migrants themselves.



Sharing Population and Development Research across South and West Asia

5th Annual Research Conference

December 14-16, 2004, University of Karachi, Karachi-Pakistan

Recommendations

1. Sustainable population growth contention needs to remain central to development and policies in all the developing countries. Most of the developing countries are currently passing through a demographic transition, which of course calls for rethinking of their respective population policies. This is also important in the current context of poverty reduction strategy paper (PRSP) and for achieving MDGs. (*H.E. Chaudhry Shahbaz Hussain, Federal Minister for Population Welfare Government of Pakistan*)
2. To improve morbidity status of the population in Pakistan, concerted efforts are needed to promote appropriate preventive and primary health care for all sub-groups of population in general and for poor and low income groups in particular, so that the burden on curative medicines is minimized. In this context, the provision of health care services through community health workers at the grass-root level merits special attention required to deal with access and equity issues.
3. Public sector policy interventions on children and females should be focused.
4. Public investments in nutrition, education, health and water supply needs to be targeted from pre-school nutrition programs to educational investments for adult and teenage females.
5. Design viable and effective programs and ensure institutional support for such programs i.e. public private partnership among NGOs and federal and provincial ministries;
6. Introduce maternal nutrition intervention programs such as promotion of breastfeeding.
7. There is a need to do studies and surveys on school aged children. Malnutrition in early childhood years have serious consequences in school aged child and adulthood. It affects overall health and educational ability, intelligence, productivity and growth development.
8. Educate the masses on environmental hygiene within the household.
9. Controlling nutritional disorders through supplementation and fortification of food items.
10. Providing food stamps/ coupons for the poor population based on their nutritional status.
11. A need to monitor the overall nutritional situation and ensure sustained implementation of policies to reduce malnutrition and reduce household food insecurity.
12. Encourage mass awareness of malnutrition through the effects of electronic and other mass media.
13. Support organizations should also establish linkages with agricultural institutes and research institutions for innovations in agriculture, which are helpful in raising income of the poor people.
14. Community Organization should be formed according to the social environment of the village. No one rule should be applied everywhere and there should be some flexibility or choice. Basic principles can be uniformed. It is recommended that there should be more COs and groups in villages. Beneficiaries Groups should also be promoted which they can form



around one or two activities for getting specific objective and after that achieving the goal they may be dissolved or made permanent.

15. There should be committees or working groups within the CO and CO members should select the persons for these committees and they should report to CO and ultimate responsibility and power should lie with CO.
16. Those persons should be the members of community organization who have say in decision making in the family, not those who just have free time for attending meetings and are not active and have no role in decision making.
17. There was also a need for enhancement in education percentage and literacy level through different techniques like formal and non-formal and technical education.
18. It is in this sense that food-subsidy policies may have a role in improving calorie intakes. In the context of access to food, it would be important to identify the food insecure people, which are financially poor and are unable to acquire sufficient food, even if the overall supply of food in the country is sufficient.
19. The facilities need to be promoted for its service delivery to all concerned to enhance its utilization and meeting those obstetric complication needs that could easily be met there with their available infrastructure and services.
20. Advanced maternal age and prolonged duration of labour are associated with perceived Post-Partum Hemorrhage. It is suggested that:
 - Deliveries, should be conducted by skilled birth attendants, so that prolonged duration of labor can be timely managed
 - As older women are more at risk of PPH, there is a need to further strengthen the family planning program especially focusing on older women
 - Health Personnel should be trained to counsel mothers for seeking postpartum care and to take extra fluids during post-partum period
21. For Improving Access to Emergency Care Services it necessary to:
 - Developing a community based program, e.g., revolving funds, private ambulance service for arranging transport at the time of need.
 - A comprehensive referral plan for each geographical entity needs to be developed with the inputs from district level implementers including community leaders and service providers and first level care facilities. This would help lessen the extra burden on secondary facilities and enhance utilization of facilities within the district.
 - Provision to inform facility by telephone. Develop a plan with local transport agencies to establish a flying Squad for utilizing its transport / ambulance services, and
 - Making at least one health facility fully functional to provide emergency obstetric care within access of the mothers (with a travel time of not more than 45 minutes). This needs to be done after an exercise by DHOs with the relevant staff to identify facilities that can be made functional for the purpose. A district hospital, and at least 1-2 RHCs if that have adequate number of patients by the respective community can be developed into a referral site.



22. For Strengthening Family Planning Service Provision, the obvious recommendation for the Department of Health is to ensure provision of family planning services through all its service delivery outlets (community and facilities). The Department must develop good coordination with Population Welfare Programme to ensure smooth supplies of all needed contraceptives and training of staff in dispensing the contraceptives.
23. To Improve the Management Information System the Department of Health therefore needs to arrange orientation workshops for all concerned with recording or reporting preparation, and for those who use these reports.
24. Department of Health is also recommended to initiate a system of "case review", "audit or verbal autopsy" for every maternal death in all basic and comprehensive EmOC facilities.
25. Build Awareness of Communities Regarding Birth Planning and Danger Signs: a variety of socio-cultural problems need to be addressed to create awareness regarding timely seeking of medical help. Birth planning needs to be taken seriously by the Department and some pilot initiated urgently.
26. Traditional birth attendants continue to play a role in handling the deliveries. Therefore, the TBAs and family members need to be well informed and motivated about recognition of and early action to seek professional help for obstetrical complications. A health education campaign in all districts of AJK needs to be launched for this purpose. This campaign needs to be strengthened by providing information about the accessible facilities providing basic and comprehensive services so that women know where to go in the time of need. There is a need for donor assistance to help launch awareness programs in AJK.
27. People in general and infertile couples in particular should be provided with appropriate information regarding causes of infertility and either of the partner could be responsible for that and it is important to investigate both the partners. Also the husbands and their family should be counseled for the fact that it is the man's chromosome, and not woman's that determines the sex of child so woman should not be responsible for inability to give birth to son.
28. The service providers should be trained to follow the management protocol for treating infertility so as to identify the cause of infertility.
29. Various options could be provided to the couples to address their problem. It is important for the service providers to understand the stress of infertile couples. The couples must be offered counseling and support because of the stress and anxiety due to persistent infertility.
30. STI treatment and prevention can be an important tool in limiting the spread of HIV infection, following steps should be taken to prevent the transmission of STIs, including HIV.
 - Adolescents of both married and unmarried should be informed about the risks of STIs and other RTIs; common symptoms of infection; and prevention techniques.
 - Counseling should be more than providing information. It should empower people to make informed decisions about sexual activity.



- Make programs accessible to young people, keeping in mind those different groups of adolescents will require differently tailored services (e.g. married versus unmarried adolescents).
 - Timely and improved screening procedure and effective treatment of STIs have always been important in limiting the morbidity and mortality associated with these infections.
 - It is important to develop ways to integrate RTI programme with ongoing health and welfare programme instead of generating a new one.
 - Transmission and acquisition of HIV, the virus that causes AIDS, is facilitated by the presence of other STIs, and it is therefore even more important to provide services to treat these infections.
 - Women who use hormonal methods (oral contraceptives) are less likely to use condoms, so it is important to target these women with counseling messages promoting dual protection.
31. Behavior change of the high-risk behaviors/attitudes of vulnerable groups, like FSWs can help in preventing further spread of HIV/AIDS
 32. Appropriate targeted messages need to be developed for the general population using the popularly known BCC strategy, aiming to correct myths and misconceptions surrounding the disease and also reduce stigma and discrimination towards affected people
 33. Specially designed policies should be introduced and implemented for sex workers to avoid their vulnerability keeping key cultural variables in consideration.
 34. As poverty is identified a major cause for adopting that profession in women, Government and other concerned authorities should take a step to empower commercial sex workers involving them in alternative income generation activities and focus on different skills development trainings in their development projects.
 35. There is a dire need for improving the negotiation skills of FSWs with their clients for adopting preventive measures during sexual contact.
 36. There should be a more structured survey of female sex workers to assess the usefulness of current information education material for changes and up-gradation if needed.
 37. AIDS awareness campaigns should be linked with something tangible such as sexual health checks, treatment, and condom supply etc.
 38. The elderly should be facilitated through various services like transport and the provision of toilets in public places.
 39. Curative health programs should be effective and the care-providing outlets (hospitals and clinics) should be friendly for the aged men and women. The work environment for the elderly must be safe and should prevent accidents and injuries. Hearing and vision impairment must be reduced as much as possible, and hearing and vision aids may be provided as and when needed.
 40. There should be barrier-free living for the elderly and public buildings/offices should support the activities of the elderly; for example toilets must be easily accessible to both men and women. The elderly should feel supported and welcomed in the social environment and must not feel isolation.



41. Special attention may be given to people with dementia and other problems. The elderly themselves should run community groups and social support programs, and they must feel part of their activities for themselves.
42. Inter- generational interaction must be part of their routine activities, so that they feel part of the active life, not just the elderly life.
43. The support to informal care-providers (mostly elderly women) may be supported institutionally by young people and through integrated nursing programs. The formal care-providers should be adequately trained and paid. The government may provide economic support to those families who look after their elderly in their homes. Home nursing may also be promoted and public-private partnership may be considered as an option.
44. Participation of the elderly may focus on recognizing and enabling the active participation in economic development. The participation should be in accordance with individual interests, needs, and capacities. The older people should be able to access resources for development activities and income generation, including credits/ grants.
45. Public transport system should be geared to address the travel needs of the elderly. Health education should remain an important program for the elderly males and females. Flexible pension and retirement and partial or gradual retirement programs may be in place to cater to the individual needs of the elderly.
46. Voluntary activities may be encouraged and meaningful participation of the elderly should be assured. It is required that we involve elderly in political activities and develop a society for all ages and for both the genders. It can be done through positive image of aging through media and discourage negative stereotypes of aged behavior. Government, at all levels, should support the organizations working for the welfare of the elderly.
47. Safety net programs (for example Food Support Program-FSP and Individual Financial Assistance-IFC of Pakistan Bait-ul-mal) should be in place for meeting needs of the old.
48. People should be prepared for life, as they grow old. Public policies and programmes need to be developed and community efforts should be made to create and sustain a 'Society of All Ages', through education and awareness.
49. Social justice should be assured through various moral and legal measures. Elder abuse should be discouraged as and when it happens or reported.
50. Safe medicines and other products are to be provided to the elderly for giving them confidence in the infrastructure around them. Appropriate housing must be assured, either through family or through state institutions. All the programs must contain the component of gender-equity as older men and women have different needs for comfortable living.
51. Attempts will have to be made to generate information regarding ageing and its attendant issues, particularly the problems of old age poverty and the basic minimum needs of the ageing population. We argue that the current use of calorie-based norms to decide about the basic needs (or necessities) of different age groups may not be realistically true,
52. Expenditure compression on health services negates the significance of the health security issues. The process has to be reversed as suggested in the recently concluded report of the National Commission on Macroeconomics and Health, especially by improving the service quality and higher utilization of already created public health care facilities,
53. A complete reliance on families to provide care for the elderly may not work on account of serious poverty issues in the region. Government will have to chip in for which some appropriate financing mechanism has to be created,



54. Attempts may nevertheless be made to strengthen the family system by following some tangible means - e.g., providing fiscal incentives to those supporting their parents/grandparents or other old age relatives. This issue draws greater significance in the light of the growing break down of joint family system in the country as revealed by the recent census data. To illustrate, over 53 per cent of the total families were shown to be nuclear in 1991 - up by 9 percentage points since 1981. The latest rounds of the National Sample Surveys also suggest a change in support pattern. This drift in traditional support base needs to be looked into,
55. Create assured and stable savings instruments for the old age income security - especially for self-employed or people engaged in unorganized informal economic activities. Tax sheltered retirement accounts may also be devised,
56. Poor fund management by the public financial institutions does not provide any hope for the future cohorts of the ageing persons - willing to postpone their current consumption and save for the future, and
57. Evolve a social health insurance policy with the help of finances generated through several sources including taxes or cess on all health hazardous operations, pay-role-tax, employers' contributions, public transfers and certain amount of user charges. Lessons must be drawn from countries like Malaysia, Singapore and other East and South-east Asian countries.
58. There is an urgent need for planners and policy makers to prepare for the socio-economic implications of ageing population and to develop strategies, and programmes to meet the health, income security; and other needs of elderly population.
59. It appears that these measures are inadequate and there is an emergent need to address the following pertinent issues of ageing population on top priority basis.
 - Health: Health is the most important issue to be tackled immediately. Studies relating to epidemiology of ageing are conducted to estimate the size and incidence of diseases at different stages and different areas.
 - Social security measures: Pension is permissible only to a small sector of population. There is a need to allow certain allowance to all those who cross 60 years of age irrespective of their status.
 - Education of Youngsters: Youngsters be educated to remain polite and take care of their elders particularly parents in the light of Quran teaching.
 - Economic Involvement: Skilled elders are involved in different offices and organization.
 - Housing Scheme: Free housing schemes or schemes on vary nominal cost is introduced for elderly people to have them their own shatter.
 - Soft Loan: Soft loans are allowed to elderly people to run their own small business to become self-sufficient and self-supporting.
 - Research: Research studies are conducted by reputed institutions, universities and NGOs to identify the needs and problems of elderly people and to suggest measures to the government to timely and promptly address their needs.



60. Systems should also be introduced that institutionalize participatory decision making so that the voice of all segments of society, including women and technical experts, are heard. In addition all officials including elected representatives should be given management training. Simple manuals describing the procedures for budgeting, planning and evaluation need to be developed and widely distributed.
61. If devolution can help in removing the structurally inherent weaknesses in the health system as well as providing opportunities for greater empowerment of the poor and the marginalized it will go a long way in improving the health status of the people.
62. In order to strengthen and ensure the sustainability of the process a thorough review of the system needs to be carried out to assess its strengths and weaknesses. It has tremendous potential to improve the health status of the poor and needy segments of society but it also has significant risks that can be overcome only through careful planning and constant monitoring.
63. Leadership in Reproductive Health field is the need of the hour, public as well as private sector must play their roles to conduct maximum Leadership trainings so that a critical mass of effective leaders is produced to bring change in RH field.
64. The leadership trainings should be continued and replicated by other organizations.
65. Different trends of leadership training may also be initiated, depending upon the need of the different cadres and organizations.
66. Leadership trainings for Master Trainers should be exclusively organized by selecting trainers from public and private training institutes who should impart such trainings for secondary and tertiary level cadres of professionals.
67. Leadership Training programs should be organized for various levels of professionals.
68. A conscious effort may be made to create a gender balance in leadership development in all trainings and females may be especially encouraged to participate to make this balance judicious due to skewed distribution of the past.
69. Leadership development should be compulsory component of all management trainings in the field of population and reproductive health, e.g., leadership skills be imparted even to grass root level workers including, family welfare workers, lady health workers etc.
70. Mentoring is very efficient and cost effective strategy of enhancing leadership skills of young professionals by attaching them with experienced professionals. This needs to be streamlined and strengthened in future trainings by soliciting commitment of the mentors as well as close coordination.
71. High level of savings and investment are essential to economic growth and must be increased.
72. To make the best use of the demographic transition it is necessary to focus on education, Health and women empowerment.
73. Necessary to establish a commission on Macroeconomics and Population presumably be related to the Poverty Reduction Strategic Plan process.
74. It is recommended that the government should use market-based incentives and disincentives to motivate couples to reduce family size. Meanwhile, the government's family planning resources should be diverted towards encouraging a greater use of contraceptives and supplying reproductive health services, especially in the rural areas.
75. To reduce the adverse effects of flood hazard and societal vulnerability flooded areas, it is necessary to establish an efficient and effective flood forecasting and warning system,



which should be well equipped with the improved techniques including installation and upgrading of various facilities such as improved warning system through telephone, teleprinter and mobile. Timely warning should also be disseminated through local mosques loudspeakers and police stations etc.

76. Efforts should be made to reduce the factors, which intensify floods. For this purpose conservation of Bio-diversity and appropriate watershed management programmes need to be carried out in the catchments area.
77. The community should also be trained to adopt certain self-help hazard reduction measures. For this purpose community should be equipped with flood hazard situation. They should form Community Based Organizations (CBOs), Non-Governmental Organizations (NGOs) and Village Based Organizations (VBOs) for efficiently undertaking the measures. Moreover, the community should exchange information among them and communicate it to the higher-level authorities.
78. The line agencies pertaining to flood hazard mitigation are suffering from an acute shortage of trained managerial and technical staff, therefore these agencies should be provided with trained personnel, to prepare and implement proper flood hazard reduction strategies.
79. Land use planning and regulation: Land use planning can play very important role, to reduce the adverse effects of flooding. It is recommended to adopt an appropriate land use planning in flood prone areas and ban should be imposed on further encroachment in the flood plains.
80. It is time to end the cultural and policy silence surrounding young people's health and prevent the demographic before they start.
81. The most effective way to help women in developing countries like Pakistan, who are at risk of becoming mothers at an early age, is to focus on girl's education. Increased investment are needed to help more girls to go and stay in school, and to encourage families and communities to value the education of girls.
82. Special efforts are needed where schooling is available but other factors prevent women from attending school or completing their education. These situations demonstrate that link between education and age at marriage is not in isolation, rather it is conditioned by broader cultural and socioeconomic context.
83. It is not enough to make the family planning and reproductive health services available in communities where girls marry and become pregnant at an early age. To be effective health programs must reach out to young women.
84. Newly wed girls and first-time mothers need health services which need to be designed to meet their special needs, taking into consideration the unique risks they face: their limited knowledge and experience and their social isolation.
85. For those adolescents who give birth every effort is required to make motherhood safe for these young mothers and their baby, through improved availability and accessibility of services.
86. Investment in young women for better income-earning options may help them to have social identities apart from motherhood. Employment opportunities play a critical role as



alternatives to early motherhood, this calls for rethinking of scarce resources to be spent in an improved way. When young women have the ability to earn money, they have greater control over their future.

87. Providing support to change the social attitude towards the role of young women is essential while striving to delay motherhood. Government and NGOs may increase awareness regarding the harms of early motherhood.
88. Government can do more to strengthen and better enforcement of law concerning the minimum age of marriage. Government and NGOs working together can raise awareness of existing laws at the community level and generate social support for their enforcement.
89. Ensuring young people's reproductive health is not solely the responsibility of the health sector, but also that of the education, poverty, and population sectors. While planning future health, population, education, and poverty projects, policy makers must recognize that: ways of shaping investments in young people's health should be discussed within and among sectors; on a country level, health programs for youth should be integrated and mainstreamed with other national plans.
90. The behavior change communication (BCC) activities should be enhanced with extensive education on adolescent reproductive health through culturally appropriate messages.
91. Use of mass media could also be a successful strategy in reaching adolescents with information on reproductive health, especially those who are living in rural and remote areas.
92. Improved access to education resources in conjunction with community based peer education could also help raise awareness about reproductive health of adolescents.
93. Standardized reproductive health education curricula for adolescents need to be developed and implemented.
94. There should be provision of maintaining privacy in existing healthcare facilities to provide services to the adolescents.
95. The healthcare providers should be oriented on reproductive health, particularly on the mechanisms of transmission and prevention of STDs and HIV/AIDS, so that they can transfer their knowledge to their clients and to the community people.
96. The adults need to be made aware of what is happening in the society and, strategies could be devised to take into consideration the reproductive health needs of the young people and our existing social environment.



Population Research and Policy Development in Pakistan
4th Annual Research Conference
December 9-11, 2003 University of Agriculture, Faisalabad-Pakistan

Recommendations

1. The new dimensions of research could play a vital role in policymaking and programme arrangements in all departments of life. The role of NGOs is very essential and vital in addressing the social problems i.e. HIV/AIDS, malaria, poverty reduction and public health. The NGOs must have to work beyond their traditional methodology. (Mr. Ejaz Rahim, Federal Secretary Health, Government of Pakistan);
2. Population and sexual relations are the sensitive issues and these should be addressed with open research, which could focus on real and on ground realities. Along with females the male community of the nation must also come ahead and pay their contributions for the betterment of the public health and it is why that they have influence to change the overall behavior of the society. (Mr. Ejaz Rahim, Federal Secretary Health, Government of Pakistan);
3. Private sector must employ its all energies in a way to combat these problems. Poverty is the monster of diseases and 37% of the population is living below the poverty line. This overwhelming poverty creates hurdles in the progress of the nation. A composite indicator always give the direction to researchers and policymakers. (Mr. Ejaz Rahim, Federal Secretary Health, Government of Pakistan);
4. There is a dire need to highlight population issue at each forum and meetings and to include population in all other sectors of the economy. Every individual and citizen of Pakistan is responsible to bring the change in population situation. (Dr. Donya Aziz, Parliamentary Secretary for Population Welfare, Government of Pakistan)
5. Emphasis on the social marketing of contraceptives and remarked that the dream of a stable and prosperous Pakistan cannot be materialized until population problem is handled with serious efforts to strike both rural and urban segments of the society without shattering socio-religious norms and ethics of the general public. (Mr. Mark Sedwill, Deputy High Commission, British High Commission, Islamabad)
6. There is a dire need of qualitative research that is to be pursued in the area of population and demographic related disciplines. Without endeavoring scientific research in the area of population with particular reference to food security, rural poverty and income inequalities, any policy direction and development would not be as fruitful as there is an international demand and pressure under the regime of the World Trade Organization (WTO). (Professor Dr. Bashir Ahmad, Dean, Faculty of Agriculture Economics and Rural Sociology);
7. Stressed on the integrated links between research groups and policy groups in an effort to launch the practicable programme of population control. Dr. Jain maintained in his keynote address that it is the portable, feasible and rational policy revision, backed by comprehensive research, is the pre-requisite for any changes in the population programme. (Dr. Anrudh Jain, Senior Director, Policy and Regional Programs, Population Council, New York)
8. Time lag in undertaking research needs to be taken in to account while selecting a research issue of policy significance. We should also anticipate some of the changing conditions that



may influence the outcome of the policy process. Some of these conditions at present include ongoing information revolution, globalization, shifts from centrally planned economies to market economics, decentralization, and health sector reform. (Dr. Anrudh Jain, Senior Director, Policy and Regional Programs, Population Council, New York)

9. Use of accurate and reliable data on population indicators is highly important for framing meaningful and useful policies. It will help policymakers in making financial allocations to various sectors of the economy. (Dr. A. R. Kemal, Director, Pakistan Institute of Development Economics, Islamabad)
10. Policymakers should take into account the changing demographic trends and make use of new research findings. The PAP is a useful forum to benefit from this objective. (Dr. Mohammad Nizamuddin, Columbia University, USA)
11. Emphasis on to promote leaders to make their decisions based on the evidence and use leadership in the population welfare. (Mr. Robert L. Minis, Director, International Health Programs, Public Health Institute, USA)
12. It is necessary to integrate research findings in population policy development. (Miss Naseem Lodhi, Minister for Population Welfare, Government of the Punjab)
13. There is need for a well-integrated approach to address the issues of family planning, contraceptive use and high quality of data was stressed upon.
14. Policymaking is a process which is influenced by a number of internal and external factors. The formulation and implementation of population policies emerge from domestic and international conditions that affect the outcome of other public policies as well. Policymaking requires a balancing of national, group, and individual interests.
15. The government certainly could provide information and services of good quality to individuals that would help them to achieve their own reproductive intentions; it would reduce unwanted fertility and would bring the actual fertility in line with wanted fertility.
16. Much more needs to be done to reduce the need and desire for large families, i.e., the wanted fertility. The government could contribute to the reduction in reproductive goals through I.E.&C. efforts but, more importantly, by changing the institutional and social conditions that are conducive to large families.
17. This kind of meeting organized by PAP is an example of the process that can establish and foster dialogue among researchers, program managers, and policy makers and can continue to inform the policy process in Pakistan.
18. Researchers can help to identify appropriate roles and responsibilities of authorities at different levels;
19. Government should continue its effort to meet its commitment to provide primary health care to its people and focus on Population Welfare at the center – perhaps a Minister dedicated to coordinate donor activities within the Government’s own programme and to ensure that the research and knowledge from pilot projects are translated into policy and national practice. Indeed, there is a need for translating the conclusions of this Conference into Policy outcomes.
20. These types of conferences have an important role in raising the profile of Population issues and in advocating innovative solutions for overcoming this challenge.



21. Population is an issue, which deserves national attention and national priority. It impinges on our development options, our ability to compete in today's competitive market and the rapid process of globalization. We need our working age population and particularly youth and adolescents to be educated and skilled to compete in today's world.
22. We need to tackle our population problem to address these issues. But we also need to tackle these issues to ensure that fertility continues to decline at the pace it has in the last few years because education, health and social development are closely correlated with fertility decline.
23. The other positive trend is the growing desire on the parts of parents, families and girls themselves to go to school and attain higher levels of education. The onus is primarily on the Government to fulfill this obligation.
24. Government to improve the quality of services in health and in education for betterment of service delivery.
25. We have to take advantage of some of the positive trends in our society and capitalize on them. The foremost is the decline in fertility levels which offer some relief in the daunting population projections prepared by our government and United Nations agencies earlier.



Population and Sustainable Development in Pakistan
3rd Annual Research Conference
December 19-21, 2002, University of Punjab, Lahore- Pakistan

Recommendations

1. Widespread poverty and under-development combined with rapid population growth diminishes human life in multiple ways, including inefficient use of resources and damage to the environment on which we ultimately depend. Population is the key variable in sustainable development, and it interacts with all the others- political events, economic realities, and social structures. These are very serious times for Pakistan. Turbulent events outside our borders find their reflection within our society. We are all concerned for the future of our country: but we must beware or reacting with haste to the pressures of the moment. Pakistan's development problems have deep roots, and we must respond to them in a considered and structural way. We must be willing to question our assumptions and make deep changes in the way we approach the challenges before us. *(Dr. Nafis Sadik Special Envoy of the UN Secretary General for HIV/AIDS in Asia)*
2. If we are to achieve sustainable development in the 21st century, Pakistan must put slower population growth at the head of its list of priorities. Better reproductive health programmes are needed, including family planning. But they will not be enough - there must be a strong and consistent effort to improve primary health care and education across the board but especially for girls. Gender equity is also important. Recent reforms have made some impact, but Pakistan has seen such reforms come and go. Our leaders have indicated that they understand the primacy and urgency of social investment, and the need for, consistent, long-term commitment to improving education and health care, including reproductive health. But we must go further. The need for social investment to attack poverty transcends party or ideological differences: we must not allow the politics of the moment to push it aside. *(Dr. Nafis Sadik Special Envoy of the UN Secretary General for HIV/AIDS in Asia)*
3. We must be honest. We must be willing to discuss the risks of HIV / AIDS. We must not blame others for the infection: wherever it came from, the pandemic is our problem. We must equip everyone, especially women and young people, with the information and the services which can protect them. *(Dr. Nafis Sadik Special Envoy of the UN Secretary General for HIV/AIDS in Asia)*
4. We must encourage responsible behaviour abstinence outside marriage, fidelity within it, and the use of condoms as a barrier to infection. We must ask men especially, to take responsibility for their sexual behaviour, and we must empower women to protect themselves. We must give young women the information and services and allow them to make their own decisions, remembering that many of them are already married. And finally, we must ask our leaders to lead, by speaking out about the need for frank discussion and firm action: and by their own example. *(Dr. Nafis Sadik Special Envoy of the UN Secretary General for HIV/AIDS in Asia)*
5. We must address urgent priorities like the supply of condoms, blood screening, and services for women, especially young women. We must set our faces against stigmatizing those who live with HIV / AIDS. We must be prepared for open frank discussion. And we must address the underlying conditions: poverty, poor reproductive health, illiteracy and gender discrimination. *(Dr. Nafis Sadik Special Envoy of the UN Secretary General for HIV/AIDS in Asia)*
6. Health and human development need to be integrated in development policies and planning. Health concerns related to education, sanitation, safe water, the workplace and community life must be part of decisions taken to guide the growth of cities and prevent the unhealthy expansion of slums. *(Dr. Nafis Sadik Special Envoy of the UN Secretary General for HIV/AIDS in Asia)*
7. The Programme of Action adopted at the International Conference on Population and Development of 1994 brought the issue in sharp focus by emphasizing the need for fully integrating population concerns into development strategies, planning, decision making and resource allocation at all levels and in all regions, with the goal of meeting the needs and improving the quality of life of present and future generations. According to the Programme of Action, population concerns should find place in all aspects of



development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development. *(Mr. Rashid Khan Secretary Ministry of Population Welfare, Government of Pakistan)*

8. Given the importance of educating younger generations to achieve economic growth and sustainable development, the need for reckoning and monitoring educational trends is self-evident. Such an analysis requires accurate data and correct interpretation of the results to understand basic issues that have impeded educational attainment and progressive implementation of educational plans and policies in Pakistan.
9. It is suggested that efforts made to improve educational attainment among Pakistani youth need to focus on institutional reforms, including increase in access and availability as well as improvement in quality of education facilities, especially in public schools and in rural areas.
10. At the government level, existing education, population health and information infrastructures should be used to address the reproductive health needs of adolescents.
11. At the non-governmental level where organizations have out reached to the young but do not address these needs, they should be encouraged to introduce relevant programs into their work or to strengthen their existing small-scale efforts.
12. Media should be encouraged to disseminate information regarding ARH issue.
13. Public and private partnership cooperation and coordination should be strengthened to implement programs for capacity building of adolescent age group.
14. It is observed that the results are not uniform across the provinces with respect to some social, demographic and cultural variables. Any policy initiated or undertaken must, therefore, incorporate age, gender, cultural and regional differences in designing interventions. There is an immediate need to develop interventions which increase girls' enrolment at school. There is hardly any program for married adolescents to continue education after marriage. Incentives should be provided to them to continue education via distant learning programs.
15. The scientific assessment of TBA practices serves as a tool to develop realistic training designs and focus. This should better be used with a preceding qualitative study through focus group discussions to identify prevalent belief systems and local terminology for different conditions.
16. TBA training should be undertaken as part of a broader strategy that includes a built-in mechanism for referral, supervision, and evaluation.
17. TBA training programs need to involve traditional birth attendants for harm reduction and effective inter-personal communication to disseminate safe motherhood messages. We need to accelerate our efforts for improving skilled birth attendance.
18. In order to achieve better maternal health outcome, education of women and spouse and better socio-economic conditions should become part of the development plan. Therefore, the recent developmental polices are important with their implementation focusing on to decrease maternal morbidity and mortality. It is important that efforts continue for the provision of quality antenatal services. There is a need of re-enforcement to the community for health maintenance during natal care.



19. Women of developing countries tend to deliver at home despite receiving antenatal care from a skilled provider. The following recommendations that:
 - Community perspective about basic obstetric care must be incorporated in policymaking by involving the local management in decision-making processes.
 - Private health sector should be regularized and the fee structure standardized to improve the financial accessibility of the users.
 - Linkages should be developed between traditional and modern obstetric care providers, as well as the private and public ones.
 - Strengthening of the first referral level by deploying trained female staff and ensuring their availability round the clock.
 - Improved community participation in health sector as a whole can enhance the utilization of all available services including BOC.
 - Target population should be identified and specifically designed health education programs administered at all levels to improve the knowledge of available services and the conditions under which they should be used.
 - Further research should be done in order to identify factors playing a critical role in access to BOC services.
20. It is imperative that easy access to education for each person, especially for women, should be made available. Reducing cost of education will also be an important step.
21. Media, especially electronic media, can be proved very helpful for creating awareness among masses about women's opportunities to participate in economic activities.
22. Instead of restricting women only to the household chores, they should be encouraged to participate in income generating activities outside the home.
23. More research is needed to properly understand the nature of those obstacles and problems so as to ameliorate them through making changes in labour policies, developing culture and gender sensitive programs and bringing awareness to the society.
24. Education especially, the women education is the most important factor to reduce the unmet need for family planning, therefore, promoting female education is the most effective way to reduce the fertility at the acceptable level;
25. The highest priority should be given to expand access to family planning information and services to those who are already motivated to space or limit their children but are not currently using contraceptives. Make contraceptives easily available to all eligible couples;
26. Increase the demand for contraceptives by changing attitudes toward reproductive behavior by promoting small family norms;
27. Family planning campaign on mass media should be revised and emphasis must be placed on issues such as negative effects of shorter birth spacing on maternal and children health. Health benefits to mother and children and economic benefits to the family through the use of family planning methods should be widely advertised. Contents of the campaign must be simple and understandable to illiterate population in their regional languages;



28. Campaign for the benefits of longer breastfeeding on child's health and for spacing between the births need to be publicized;
29. Both men and women have to be targeted for family planning messages. Women do not make decisions alone. In fact, men may wholly control women's reproductive desires and unless they are informed and educated, family planning programs in Pakistan may not achieve the desired goals of fertility reduction;
30. Interpersonal communication program should be strengthened. Lack of spousal communication appears to be an important contributing factor to unmet need.
31. Nevertheless, men should be targeted and public education strategies and programs should be designed to reach them for information, motivation and counseling on small family norms.
32. Adolescent and women face multiple problems that restrict them to practice their reproductive and sexual rights. The problems have roots both on policy, structural (health system, counseling and quality care) and social (behavior, social values) issues and these will affect their unmet reproductive health needs. Some solutions to overcome the unmet reproductive health needs are to ensure the availability of service which is accessible and affordable and include a women and gender perspective approach and to provide the financial resources required to organize a quality care program.
33. Counseling for appropriate use and efficacy of all contraceptive methods should be a major component of standard family planning programs including instituting couple counseling.
34. The predominantly positive associations observed between reproductive and fertility behavior of currently married eligible women and their extent of television viewing suggest that television is promoting family planning in Pakistan. This medium should therefore be used to a greater extent for motivation of couples, especially married women at home (who are hard to reach with other media or promotions) for spacing and limiting their family and disseminating information about family planning, especially in the rural areas in local languages.
35. Communication strategies regarding family planning messages and advertisements in particular should be properly researched and designed to ensure a positive impact. These can range from general awareness campaigns to method specific advertising.
36. Availability outlets can be advertised to ensure easy access to F.P. products and services. As Pakistani soaps are extremely popular among people these can be used to portray role models of males and females in addition to themes that suggest the problems associated with increased costs of living that are invariably associated with large families.
37. The intervention of the government is essential for generating employment. For this purpose a comprehensive manpower policy should be made to generate employment opportunities throughout the country.
38. The improvement in knowledge regarding safe motherhood among both men and women is substantial and extremely encouraging and suggests that:
 - Lady Health Workers (LHWs) can be trained to counsel women regarding safe motherhood;



- Husbands can be counseled with the help of the male community based workers;
 - Further research to assess the change in behavior among men and women.
39. It is necessary to prepare sustainable policies for controlling the rapid growth in the overall population of the country and proper implementation of such policies and plans
 40. Sustainable and strict legal regime is necessary to control the floods of illegal immigration in Pakistan and preparation of plan for the deportation of the illegal immigrants already living in Pakistan
 41. Need for development of sustainable community based water management systems and awareness to the agricultural communities about the efficient use of water resources. Introduction of modern drip and sprinkle irrigation systems
 42. It is necessary to conduct a fresh survey of the fish stocks in the coastal region to bring forth the actual status of the fish stocks. There is dire need for proper implementation by the Pakistan government and other stakeholders on FAO's Code of conduct for Reasonable Fisheries.



Pakistan's Population Stabilization Prospects
2nd Annual Research Conference
October 31 – November 2, 2001
Pakistan Institute of Medical Sciences, Islamabad-Pakistan

Recommendations

1. On the population side we have to cultivate the small family norm, while on the side of economic forces we have to promote savings, adopt austerity and maximize production. But the real requirement is that of social change. (*Dr. M.S. Jillani, President PAP*);
2. Pakistan has suffered these effects after the refugee influx of 1947. Such a large number of immigrants – even if considered temporary – will cause major changes in population distribution, labour force, infrastructure, social services – in fact the entire society. This is a major development which will have to be monitored and studied urgently and continuously. (*Dr. M.S. Jillani, President PAP*);
3. A second development could be the gradual return of many expatriates living abroad. The situation, as it has been developing, could prompt families to leave host countries to escape maltreatment, aggression and discrimination. These families will require employment, services and a host of facilities. Apart from prompting social and economic changes, they can cause tensions emanating from unfulfilled demands and maladjustment. This phenomenon needs to be studied so that the nation is prepared to assimilate them. (*Dr. M.S. Jillani, President PAP*);
4. The third package of problem areas is related to the changes in age composition and the pattern of vital events. The ideological and religious structure of migrants can bring about significant changes in social and cultural behaviour, altering the demographic picture of the country, especially in areas contiguous to Afghanistan. In this respect, three areas can come under stress: fertility, mortality and spatial mobility. One must not live with the delusion that five million persons will spend their life in isolation. They are bound to mingle with the local population and have a give-and-take of mores and folkways with them. This will require basic changes in policies and plans to deal with this huge and culturally different population. Better start studying it now. (*Dr. M.S. Jillani, President PAP*);
5. We should sell our research by involving the users in the public and private sectors. (*Dr. M.S. Jillani, President PAP*);
6. Population Stabilization requires the development of a certain culture that is compatible with its concepts and the technical and social inputs that go with it. This can be done by supporting positive trends and developing policies to minimize the negative trends. However, positive and negative are relative terms and have to be seen in the larger political objectives of political parties and governments. (*Mr. Arif Hasan, Chairman Orangi Pilot Project R&TC*);
7. Population census figures alone cannot identify trends accurately. For this the population census results have to be co-related to the findings of the housing and agricultural census and studies based on their results. If we do this three major changes are identifiable in Pakistan since independence. One is migration from India which is responsible for speeding up the break-up of traditional community institutions and introducing a culture



of fierce upward mobility. Two, is the demise of the effectiveness of feudal institutions and the emergence of a cash economy and entrepreneurs who control the financing and marketing of agricultural produce. And three is urbanization. (Mr. Arif Hasan, Chairman Orangi Pilot Project R&TC);

8. Cultural issues need to be addressed to support population stabilization. (Mr. Arif Hasan, Chairman Orangi Pilot Project R&TC);
9. The Ministry of Population Welfare modified its communication strategy and involved private sector partners for strengthening demand generation efforts. But the information needs of the poor still remained unattended, which has over the years seen arise in discontinuation among the poor and illiterate. Strategies addressing this are critical to fill the long overdue information gap and accelerate the process of effective contraceptive demand among high fertility couples. (Dr. Tauseef Ahmed);
10. Promotion of female education needs to be emphasized within the context of its tremendous impact on fertility transition. The universal education campaign and higher female educational attainment needs to be pursued, while health education through interpersonal and media campaign to promote literacy skills and health care seeking behaviour require concerted efforts. (Dr. Tauseef Ahmed);
11. Delayed marriage needs to be encouraged through higher schooling for girls using quality of life argument. (Dr. Tauseef Ahmed);
12. What is needed is that sectoral performance should be tied with resource allocation at the district level. By doing so, the maternal and child health factors associated with fertility transition will receive their due attention at the district level. District level planners and managers need to fully recognize the strong linkage between population rise and local poverty levels. Poverty alleviation efforts must, therefore, recognize that high fertility and youthful population make it difficult to reduce poverty and sustainable development and critical measures should be integrated to support both own goals and fertility transition especially in reducing the population momentum. (Dr. Tauseef Ahmed);
13. a critique of the Population Programme relates to weak institutional arrangements to address the family planning needs of the rising segments of poverty in Pakistan and directing various programmes to meet the urgent birth spacing and maternal care needs of the most vulnerable and the down trodden. This is important to enable them to achieve their desired level (may be a small family) and thereby minimize their economic miseries and problems. (Dr. Tauseef Ahmed);
14. The newly established district governments must incorporate local goals in their development programme and evolve strategies to achieve the national goal of population growth reduction by promoting family planning and duly integrating it in their short and long term planning processes. (Dr. Tauseef Ahmed);
15. For attaining the replacement level fertility (TFR= 2.1) in the year 2023 and a population size of 204 million, there is a need to implement a strong family planning and socio-economic development programmes. (Zafar Zahir);
16. However, population will continue to grow after attaining TFR of 2.1 in 2023 because of population momentum, and it may only be stabilized after another 46 years. So there is



need to put our efforts into a strong family planning and socio- economic development programme in the country for the welfare of future generations. (Zafar Zahir);

17. An effort be made to collect information on the level and causes of maternal mortality in all areas of Pakistan. A simple method would be to upgrade and strengthen the health management information system designed for the lady health workers (LHWs). Each LHW should be asked to report a death of an adult woman after completing a simple screening questionnaire for that death. (Dr. Farid Midhet);
18. *Advocacy vis-à-vis sensitization of policy makers:* Advocacy for improved environmental conservation practices must incorporate the longer-term impact envisaged due to uncontrolled population growth resulting in inequitable resource distribution. Sensitization of the policy makers to the inter-relationships between these forces must make an integral part of all policy advocacy programmes.
19. Need for a multi-disciplinary platform: A multi-disciplinary approach to understand the environmental security concept is needed, which builds on a holistic approach to dealing with threats to environmental security in Pakistan.
20. Systematic approach to conducting and using empirical research: Further exploration of the interrelationships between population growth, environmental scarcity, inequitable resource distribution and resultant environmental security is required through empirical research and should be encouraged at multi-layered levels, such as education institutions. The National Defense College can play an exemplary role in his regard.
21. Policy advocacy and research institutions within the private sector and civil society organizations can promote empirical research as a tool for advocacy.
22. Improve access to health education messages through health care providers and schools. Health care providers, and schoolteachers can play an important role in changing traditional beliefs and concepts.
23. Enhance awareness through mass media campaigns keeping in consideration cultural beliefs;
24. There is a need to improve Family Health Workers Community Linkages programs and enhance the credibility and capability of the family health workers;
25. Provide basic minimal refresher training to traditional birth attendants (TBAs)
26. Mobilize communities for timely transportation of women to health facilities at times of need.
27. Initiate steps to enhance women's empowerment through greater education opportunities and home based non formal income generation
28. In order to improve maternal health status and mitigate the suffering of our pregnant women there is need for understanding the decision making process at the household level including the factors that have a bearing on this, so as to develop culturally sensitive health education campaigns that create awareness, alter beliefs, behaviours and practices. (Dr. Ali M. Mir);
29. Capacity building and training for TBAs should focus on the areas of their proven potential and the role of TBAs should be expanded beyond deliveries only.



30. Community ownership and accountability should be in-built in all the programs involving TBAs.
31. Deliveries by TBAs should be documented to track down any maternal or neo-natal death followed by verbal autopsies to sensitise community action.
32. All trained TBAs should be linked with formal health system for regular support and supervision.
33. TBAs should be viewed as indigenous resource of resident female outreach workers if properly tapped and utilized.
34. TBA training should be an allied strategy of any safe motherhood program to build resource for community awareness and referrals. It should never be adopted as a substitute for skilled birth attendants or developing adequate and quality EOC services. Any landmark achievement in reduction of maternal mortality in Pakistan is possible only by expanding supply of skilled birth attendants and round the clock comprehensive EOC services.
35. Resources should not be wasted on novices being trained as TBAs. Rather already practicing ones should be targeted for harm reduction and promotion of clean and safe delivery.
36. Traditional and lifelong practices of TBAs can only be changed with long time sustained support and follow-up.
37. Trainings should be focused and expected roles envisaged realistically.
38. We need to introduce community midwives in a symbiotic relationship with TBAs for a smooth transition to a culture of skilled birth attendance.
39. Policy makers should recognize the importance of social protection measures, which help people cope with the social impact of macro crises.
40. In order to address the conflict between adolescents and parents regarding restrictions, training on parenting skills may help to improve communication between the parents and their adolescents, and result in an increased trust of adolescents. (Dr. Qadeer Ahsan, WPF);
41. In order to address the genuine concern of parents and adolescents regarding drugs, employment, and involvement in social ills, this should be discussed further. NGO's commencing adolescent programs should consider establishing youth centres that deliver skills trainings or vocational training to adolescents. (Dr. Qadeer Ahsan, WPF);
42. The school curriculum should include ARH, with the learning beginning from 6th grade onwards in a vertical fashion. Different aspects of RH should be dealt with according to the age of the students. (Dr. Qadeer Ahsan, WPF);
43. Training on parenting skills needs to be explored, with the aim to improving communication between adolescents and their parents. (Dr. Qadeer Ahsan, WPF);
44. It is highly recommended that more in-depth and detailed research should be done regarding various aspects of ARH in the context of Pakistan and regional specifications. This will provide an opportunity for RH programs to allocate resources for projects for



youth and provide support to this group in a more scientific manner. (Dr. Yasmeen Sabeeh Qazi, ED, PAVHNA);

45. Efforts should be made to improve the skill level of workers seeking overseas employment since the demand for skilled workers may persist longer and the returns from such work are higher.
46. Family planning services should concentrate not only on improving the quality but also making it acceptable for the people to appreciate spacing and not limiting the family size, as meaning of family planning.
47. There is a need for provision of emergency contraception to married couples. Appropriate and complete family planning counselling for the users of family planning methods is needed for effective use of methods. Furthermore front line health care providers like national health workers can be a good source for provision of emergency contraception to the women in local community.
48. All family planning workers should be trained in IPC (inter personal communication) to create awareness and alleviate fears of women about contraceptive methods
49. Counselling and support services should be strengthened for the first year of contraceptive use to prevent dropouts of contraceptives. Operational research can be conducted on the potential effect of improved counselling on contraceptive continuation.
50. Family welfare centres should be relocated near thickly populated areas to improve accessibility.
51. The service delivery aspects need more attention as they can be easily addressed for improving the dropout phenomenon.
52. For improving midwifery training it is recommended that the Pakistan Nurses, Midwives and Health Visitors Council:
 - In consultation with the Ministry of Health, clearly define the parameters of midwifery practice in Pakistan as well as the regulatory mechanisms governing that practice, and that it be done as soon as possible.
 - Take a policy decision to train only 2 categories of midwives, the professional midwife as the specialist in normal obstetrics and the auxiliary midwife to provide basic midwifery services for safe delivery with the goal of replacing the TBA by a skilled birth attendant, and that the auxiliary midwifery course be considered a pre-requisite for becoming a health visitor.
 - Revise and redesign the curricula of midwives according to their backgrounds and their authorized boundary lines of midwifery practice.
 - Clearly define the criteria and the minimum requirements for physical facilities, the obstetrical workload of the units/hospitals to be used for practical experience and the human and financial resources required of a school of midwifery in proportion to the number of students.
 - Through regular inspections ensure that all the schools of midwifery meet the defined criteria for their existence as well as maintain the quality of teaching for their continuity.



- Instruct the Provincial Examination Boards and the examiners to scrutinize the credentials of the candidates appearing for the final examination, and debar those who have false documents from taking the examination.
- Issue directions to the tutors regarding their legal liability in cases of false certification of the students' credentials.
- Develop a group of examiners through short courses in tests and measurement for educational evaluation.
- Issue directions to the Provincial Examination Boards that no examiner be allowed to examine her own students. Those teaching nurse-midwives should examine LHV students and pupil-midwife students and vice versa.
- Conduct a study to evaluate the technical knowledge of midwifery tutors and their skills in teaching midwifery to assess the needs for refresher courses, and that courses be planned and made a requirement to teach midwifery.
- Abolish one year of midwifery training after general nursing as a requirement for promotion and that midwifery be considered a specialization equivalent to any other specialization.
- Assist the existing 5 Colleges of Nursing in the country to prepare registered / licensed nurse-midwives as midwifery teachers in two years with advanced preparation in midwifery and educational technology and award them a B.Sc. degree. Should this not be possible at present then a national College of Midwifery be established for this purpose.
- De-recognize all those schools of midwifery which do not meet the training requirements particularly that of providing opportunities for supervised practical experience to the students in conducting deliveries.
- Disallow hospitals attached to medical colleges to have schools of midwifery because of a large number of learners of the medical category.
- Develop a mechanism whereby some selected and willing maternity hospitals / homes in the private sector can be utilized to provide practical experience to the students, and that these institutions be given an incentive and accorded recognition through a logo indicative of quality services.

53. For Mobilizing Midwifery Personnel in Pakistan, it was recommended that:

- The interested and concerned midwives get organized as a professional group and assist the government in policy making, planning and implementing plans involving training and utilization of midwives and for the development of midwifery as a profession.
- A clear well thought out strategy be planned, widely disseminated and implemented by the relevant authorities for replacing TBAs and Dais with trained auxiliary midwives.
- The already trained and licensed nurse midwives be encouraged to practice midwifery independently after meeting certain special requirements in addition



- to their basic midwifery training, and that PNC define these requirement, and the mechanism for meeting them.
- A common platform comprising obstetricians and midwives be established by the National Committee for Maternal Health in collaboration with the Society of Obstetricians and Gynecologists of Pakistan for proper understanding of the role of midwives in providing care to women throughout the maternity cycle and promoting safe motherhood.
 - The National Committee for Maternal Health in collaboration with the Maternity and Child Welfare Association, Sindh Chapter, select two or three willing schools of midwifery in the private sector and assist them to develop into Centers of Excellence for midwifery training, their task being demonstration of workable/replicable approaches for training competent midwives.
54. For Changing the Attitudes Towards Midwifery and the Midwife, it was recommended that:
- To distinguish between the professional midwife and the auxiliary midwife, the professional midwife be called “Qaabila”, (the Arabic word for midwife, or any other similar name).
 - To distinguish between the levels of midwifery training the advanced preparation in normal obstetrics be called “Qabaaleh”, (the Arabic word for midwifery, or any other similar name).
 - The schools preparing professional midwives be called either “Madrassa-tal-Qabaaleh”, or preferably “Kuliaa-tal-Qabaaleh”, (college of midwifery, or any other similar name).
55. Programme and policies should be especially designed to meet the needs of CSWs community and make them empowered to change the risky behavior regarding sexual health. It will protect the women at risk and their clients as well as further spread of the deadly virus to the vulnerable population.
56. At the governmental level, existing health education and information infrastructure should be used to address the reproductive / sexual health needs of male youth who especially need to be informed of the risks associated with unsafe sexual behavior.
57. At non -governmental level wherever organizations outreach young people and the sex working communities, should be encouraged to introduce the relevant programmes in their work
58. Local general practitioners should be oriented and motivated for their active participation to combat this deadly disease while examining the CSWs and the probable clients.
59. There is a need for formulation and implementation of cost effective standard screening tools at all levels to detect high-risk pregnancies.
60. Liaison between primary, secondary and tertiary care systems needs to be strengthened, with clear-cut guidelines for referral of high-risk cases. All secondary and tertiary care hospitals should have standard protocol for management of high-risk cases.



61. Family health education (instead of maternal health education only) through various means and timely referred of other serious conditions may help to prevent some of the most prevalent risk factors e.g. anaemia and grand multiparty.



Pakistan's Population Issues in the 21st Century

Launching Ceremony of PAP at 1st Research Conference

1st Annual Research Conference

October 24-26, 2000 Agha Khan University, Karachi- Pakistan

Recommendations

1. There is nothing in the prevailing theories of fertility decline to indicate that Pakistan could not undergo a rapid and sustained fertility decline once certain preconditions are met. Indonesia, Bangladesh and Iran all show that fertility decline can move fast once things are appropriately in place. Pakistan *may* be in for a very rapid decline in fertility. The issue for Pakistan is – what are the ‘things’ that have to be in place, and how to get them in place? (*Gavin W. Jones*);
2. Status of women is a key factor: education, job opportunities. Achievement of mass education is another key. In studies in so many countries, it is the notion of high costs of children imposed by mass education that starts to drive fertility down. (*Gavin W. Jones*);
3. There is the danger, however, that family planning activities will be given even less emphasis by workers who are expected to take on yet more duties, and that family planning will be assigned a low priority by the other ministries that are being required to offer family planning services. (*Dr. A. Razzaque Rukanuddin*);
4. Utilization of PWP service outlets has increased gradually; however, specific outreach to improve maternal and child health, engage in community development efforts and create demand for family planning services has yet to start more effectively. Although implementation has devolved to the provincial level, the program still suffers from too much central control. The private sector, including private medical practitioners, should be accorded more resources, as they could contribute substantially to the family planning program. (*Dr. A. Razzaque Rukanuddin*);
5. The prospects for future fertility decline will primarily depend on more effective population policy, particularly more effective IEC dissemination, increased coverage and accessibility, particularly widening of out-reach coverage’ and above all, improvement in the quality of care services. The demand for services has to be highlighted, programme management has to be strengthened and political and administrative support need to be ensured and sustained. (*Dr. A. Razzaque Rukanuddin*);
6. These efforts need to be particularly augmented by effective implementation of Social Action Programmes particularly increasing mother and child survival, promoting literacy and primary education (specifically female education), breast feeding, and alleviating poverty and improving the status of women. (*Dr. A. Razzaque Rukanuddin*);
7. In the light of the several surveys and qualitative research and case studies conducted in the 1990's, the notion prevails that there is no demand for family planning and that Pakistan's family planning programme has not succeeded. These impressions must be removed. The primary need and focus should be to strengthen the supply side of family planning so that the unmet need of the population is effectively met. Until coverage reaches 80 per cent and until reproductive health facilities, including family planning services, are regularly provided in a quality consistent with the wishes of the clients, and unmet need and latent demand is met; it is premature to conclude that family planning will achieve the desired objective of



fertility reduction and lessening of the growth rate of population in the country. (*Dr. A. Razzaque Rukanuddin*);

8. Women autonomy, particularly through their education, communication with the spouse and knowledge of family planning methods is essential for spousal agreement on various household decisions and will help to justify her efforts for use of contraceptive use. (*M. Framurz K. Kiani*);
9. Among other things, attitudinal and behaviour changes among people, particular men, about gender sensitive issues need special attention. The analysis suggests that gender dimensions of demographic and social change need to be emphasized in all policies and development plans. (*Dr. Naushin Mahmood*);
10. With regard to the wider implications of the effect of marriage preferences on women's health and to delineate the impact of female education and kinship structures on female autonomy, there is a need for more detailed qualitative research across different socio-economic strata in both rural and urban areas of Pakistan. (*Dr. Rafat Hussain*);
11. There will be benefits in many directions in obtaining sound, detailed information about sexual behavior in Pakistan. Most generally, public discourse in the media and elsewhere will be much better if it is based on fact rather than on angry rhetoric, and advocacy for change might become a less frustrating enterprise. Such research will not be easy. It will need to be done carefully, not only in the sense of ensuring right answers but in the ethical sense: in invading the private lives of individuals and families, we should take care to do as little damage to their sensibilities and relationships as possible. But we should get on with it, and if we do it well, Pakistan will be better for it. (*Petr C. Miller*);
12. The media reiterates the societal images of gender roles and in the present age of information the media is a major contributing factor in the formation of ideology. However this needs to be investigated not only in the light of patriarchy but ethnicity, age, class and other factors that constitute a person's lived reality and helps in defining gender role.
13. Employment generation in the urban areas is needed so as to absorb the increasing number of population in the working ages. It will bring down the high unemployment rates in the urban areas. Similar efforts should be made in the rural areas so as to check the out-flow of people from villages to cities.
14. Increased food production and effective market linkages are imperative to manage the growing food needs of urban areas. Land lost due to expansion of urban areas should be compensated by improving the productivity of the available cultivable land.
15. There is, thus, a serious need to provide quality and cost effective shelter options to the vulnerable groups and the poor.
16. To improve the deteriorating conditions, innovative interventions could be made, like that of low-cost, self-help, sanitation alternative, like the Orangi Pilot Project in Karachi. Even SAP's sanitation program showed that self-help projects are a success, given that people are involved properly.
17. Pro-active participation of the citizens of Pakistan is needed to test the suitability of this plan, and this participation is also a pre-requisite to the success of this plan.
18. Removing legal, financial and administrative barriers for facilitating access to land, finance



and technology can help improve the situation in both the rural and urban areas of the country. Instead of making government responsible for everything, there is need to forge a strong partnership among private, public and cooperative sectors to tackle the urban problems and make the cities viable and liveable.

19. A mechanism be developed to encourage participatory planning for health and environment as per guidelines outlined for the Healthy City approach. For this a multi-sectoral Task Force may be set up that includes major development/social sectors, and that agrees to accept members (or substantial inputs and participation) from community organizations, NGO's, private firms, university specialists and all stakeholders in the city.;
20. Privatization and foreign investment must also help in introducing new technologies in the rural sector. Private firms should be given more concessions and incentives to facilitate growth and economic wellbeing in the rural sector.
21. It is necessary that an 'Urbanization Commission' is formed in the country. The Commission should be an embodiment of both the public and private sector institutions and headed by those researchers and development economists who are actively involved in the field of planning and socio-economic reforms.
22. Some type of orientation program should be organized for the quacks so that they get a better idea and scientific knowledge of Sexual and Reproductive Health.
23. Students making up about 25% of the clientele can be saved from their exploitation if education on human sexuality is introduced at college level.
24. For the benefit of the general public newspapers should be induced to write reports and articles on these clinics and on Sexual & Reproductive Health.
25. Scientifically documented hazards of the medicines used by these hakeems, should be made known to the public through the mass media.
26. Government should be urged to impose a ban on the advertisement of such service providers on walls as well as newspapers.
27. A more comprehensively designed quantitative study should be undertaken to find the extent of their services and the amount of money being extracted by these hakeems.
28. A communication and education strategy will need to be devised that emphasizes the role of condoms in preventing HIV. Reducing the stigma associated with sexual disease will only be possible by encouraging greater openness in discussion of sexual matters. This should be an important part of AIDS prevention activities in Pakistan.
29. The performance of government health services is far from satisfactory, particularly with regards to reproductive health. There is a need to critically look into the quality and scope of the services provided and to expand their coverage. This is true for both primary health facilities and secondary care hospitals. (Farid Midhet).
30. The present vicious circle of inadequate reproductive health services, lack of education and low status of women need to be broken for effecting fast decline in fertility. This in turn will ensure less social services, higher employment and better quality of life and overall development in the future. This anticipated demographic bonus must be kept in view by all population and development planners in the country. (Dr. Abdul Hakim);



31. Delivery of basic services cannot be done from such a distance of provincial headquarters; local control of schools and health units is needed; and each facility needs community involvement.
32. The government needs to be more selective in which services it provides itself. Health services should be limited to education, public health (e.g. control of infectious diseases like TB) and a very few, very low cost, very high benefit interventions such as child vaccination, malaria, TB and HIV/AIDS control, maternal and child health preventative measures, contraception and, as long as health insurance is lacking, care for catastrophic illness. Other clinical care should be on a referred elsewhere.
33. Service delivery staff must be selected, assigned and promoted on merit criteria. They should attend to their duties as contained in their job description. Funds, facilities, and supplies must be used for the purposes intended. Constructive supervision of service delivery must be provided and funded.
34. Outcomes must be assessed regularly at a community level through a systematic monitoring system.
35. Government of Pakistan must completely transform the contemporary military welfare state of Pakistan into a truly Islamic welfare state.
36. Government of Pakistan must endeavor to restore the national esteem as well as the politico-economic sovereignty and strategic integrity of Pakistan by instituting policy regimes keeping in view only Pakistan's best interests, in the context of national self-reliance, by completely rejecting the pressures of the foreign governments.
37. Government of Pakistan must ensure the security, respect, empowerment, and human development of all citizens in their capacity as humans. They must not be treated as disposable economic animals.
38. Government of Pakistan must ensure justice and equality of socio-economic opportunities to all citizens. In this context, the imperative of forcefully establishing a regime of the merit-based rules and regulations in the spheres of governance, administration, judiciary and defense deserves immediate action on the part of the government of Pakistan.
39. All provinces and all regions must be uniformly developed in terms of socioeconomic and physical infrastructural facilities from the point of view of avoiding the negative implications of unnecessary rural-urban migration. The implementation of this policy recommendation can be ensured through an equitable allocation of public expenditures among the different regions and sectors of the economy in proportion to their respective populations.
40. Government of Pakistan should invest maximum possible amount of its economic resources for the human resource development from the point of view developing indigenous technology instead of wasting massive financial resources in the pursuit of the practically impossible task of controlling population through artificial means like contraceptives whose efficacy is quite doubtful in the light of the contemporary empirical evidence in the western countries.
41. Government of Pakistan must promote scientific and technological research from the point of view of economic development and not merely from the point of view of developing her military technology. This will enable the technology to act as a social and economic equalizer on interpersonal, intersectoral, and interregional levels in Pakistan.



42. Government of Pakistan should try its best to bring back the overseas Pakistani scientists, engineers and technicians through adequate monetary incentives as well as invite foreign scientists, engineers, and technicians to work in Pakistani universities, research centers and other institutions for educating and training the Pakistani manpower.
43. Government of Pakistan must launch scientific mass literacy campaigns to achieve almost 100 percent literacy rate as well as impart scientific knowledge and technological skills.
44. Pakistan, being a labor-abundant country should adapt the importable capital-intensive technology for more efficient employment of her domestic labor.
45. Government of Pakistan should induce a decline in the contemporary alarmingly high unemployment rate by implementing a policy of not only encouraging the production of highly labor-intensive goods but also officially purchasing only the highly labor-intensive goods as well as imposing a lower tax rate on the output or sales of highly labor-intensive goods on the basis of progressive taxation because the poor generally consume highly labor-intensive goods.
46. Government of Pakistan must ensure that the contemporary 32.6 percent of the total population living below the poverty line, which has been so far unable to elect their true representatives belonging to poor class from the point of view of directly addressing its own painful concerns in Pakistan's national assembly and senate due to the glamorous role of money in elections, can also directly elect a certain number of the actually poor people in Pakistan's national elections in proportion to the number of the poor population. As a result, the concerns and solutions of the problems of the millions of poor people will be truly reflected in the government's policies of economic development.
47. Government of the feudalistic Pakistan must implement radical land reforms that must be effectively supported by adequate constitutional and administrative provisions, tax reforms, and the socioeconomic as well as political reforms from the point of view of eliminating corruption.
48. Government of Pakistan must enhance the fast domestic transportation and communication facilities and ensure the provision of other socioeconomic infrastructure so that these radically enhanced facilities could culminate into the leading sectors of Pakistan's developing economy.
49. Government of Pakistan must continue to protect the import-competing industries until they acquire the ability of competing with the foreign industries. Initially, Pakistan must use exports of traditional sector goods for importing raw materials and machinery for industrialization. Then Pakistan should move toward the export of highly value-added products.
50. Government of Pakistan should increase significantly the savings as a percent of disposable income for realizing significant increases in the productive investments in plant and equipment.
51. Government of Pakistan must endeavor to expand Pakistan's share of world exports as well as attract foreign investment for accelerating the pace of economic growth, development, and modernization.
52. In the background of existing alarmingly high inflation rate in Pakistan, government must pursue the objective of non-inflationary economic growth by conducting a much more



effective monetary policy based on the direct control of the State Bank of Pakistan. Moreover, the government of Pakistan's policy makers must abandon their policy of fanning the fire of inflation that is based on their false perception that inflation is more acceptable to people than the direct taxation. Therefore, government should significantly raise the level of equitable and transparent fiscal effort from the point of view of eliminating the regressive character of the prevalent tax system associated with its over-dependence on indirect taxation.

53. Government of Pakistan must endeavor not only to significantly raise the levels of overall income as well as consumption but also to radically improve the degree of equitable distribution of income as well as consumption from the point of view of ensuring high levels of human development in all segments of the society.
54. Government must augment its institutional capacity for economic planning, management and control keeping in view the gigantic task of human development in the context of the projected population of 276 million in the year 2025.
55. Policies aimed at improving immunization of children have been successful at reducing post neonatal and child mortality, there has been less effort to attack the glaring problem of high neonatal and perinatal mortality. To some extent the tetanus toxoid coverage is intended to do this but it only extends to barely 30 percent of pregnant women. Public education campaigns have to target the issue of the necessity of providing good nutrition and antenatal care to pregnant women at the community and household level.
56. Infant mortality among Muslims is found half (88 per 1,000 live births) compared to Non-Muslims (176). Further research investigations are needed to establish the role of religion in this matter.
57. An efficient maternal and child health care program needs to be implemented with provision of antenatal care to pregnant women with emphasis on deliveries conducted by trained health personnel.
58. An investment in family planning services for birth spacing should produce long lasting benefits. Especially birth at older ages and at high parity should be avoided.
59. The key reproductive health areas of concentration for the next decade should be on maternal and perinatal health, family planning, adolescent health, reproductive tract infections coupled with raising health and social awareness and competency based training for our health professionals.
60. There a clear need to create awareness regarding obstetric complications through a targeted community based health educational intervention aiming to promote early recognition of the obstetric emergency at the household level and the demand of safe obstetric practices.
61. There is a clear message for program personnel to promote inter-spousal communication among married couples for contraceptive use, which could lead to a substantial increase in CPR and consequently a major decline in fertility.
62. There is need to accelerate education, for female in particular, and refocus the strategies of reproductive health and family planning programmes, ensuring maximum coverage and provision of services to high fertility level groups who are mostly uneducated, poor and living in rural and smaller urban towns.



63. Improvement in the quality of service delivery in family planning, restructuring of decision making according to the marketing needs and training and motivation of the personnel appear to be the factors that need to be strengthened to arrest the effects of economy led benefits in fertility transition.
