

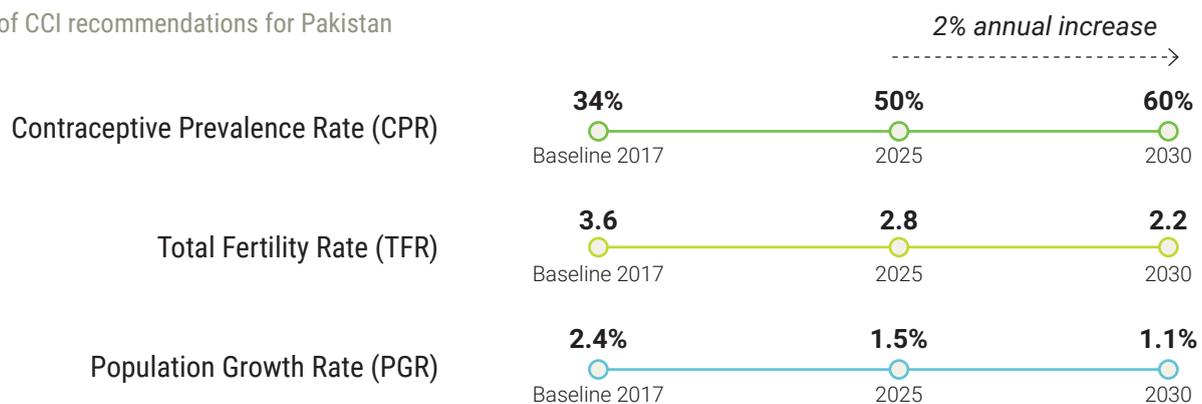
Briefing Note: Provincial Targets for CCIs Recommendations

The preliminary 2017 census results have shown that Pakistan counted 208 million inhabitants, which would translate into an annual population growth rate of 2.4 percent since the previous census of 1998. This pace of growth together with other indicators pointing at a stalling of progress related to population issues alerted the government of Pakistan on the

necessity to address in particular the availability of and access to family planning (FP) for women of reproductive age all over Pakistan. The administrative and territorial characteristics of the country require a sub-national approach that we try to address in this report in pursuance of the Council of Common Interests (CCI) recommendations.

Figure 1

Targets of CCI recommendations for Pakistan



To address the ‘alarming population growth rate’, the government of Pakistan has established several federal and provincial task forces in 2018 and has released a set of eight recommendations to address population issues. They range from enacting laws restraining early child marriage to decentralizing reproductive and family-planning services to local governments that would in turn benefit from increased funding.

In this report, we present an analysis aimed at defining targets for contraceptive use for provinces and regions and their implications in terms of fertility. We further introduce the results in a population projection modeling exercise to show potential demographic futures for the

provinces of Pakistan to the horizon of 2060 (not shown here). In more details, the objectives are the following:

- To develop policy targets for each province, ICT and two regions adjusting the recommendations of the CCI and its action plan to reflect the views of stakeholders regarding the possible increase in contraceptive prevalence rate (CPR). The CPR is disaggregated by modern and traditional methods, from 2017 to 2030 on an annual basis.
- To deduce the corresponding total fertility rate (TFR) that would result from achieving the above mentioned CPR.

Experience in other countries

We convey here the experience of two Muslim countries that have made substantial progress in increasing CPR and combing fertility: Bangladesh and Iran (Figure 2). In 2014, the CPR in Bangladesh was 62 percent of currently married women age 15-49, with 54 percent using modern contraceptive methods. The CPR had already surpassed that of Pakistan in 1991. Indeed, the overall contraceptive prevalence in Bangladesh increased from 8 percent to 19 percent from 1975 to 1981 i.e. 1.8 percentage points per annum, and then almost doubled between 1981 and 1991, with on average a 2 percentage point increase per year. It is important to note that rapid growth occurred primarily in the use of modern methods, whereas the use of traditional methods virtually remained at the same level. Since 1991, the utilization of modern contraceptive methods has kept increasing while that of traditional methods have remained marginal.

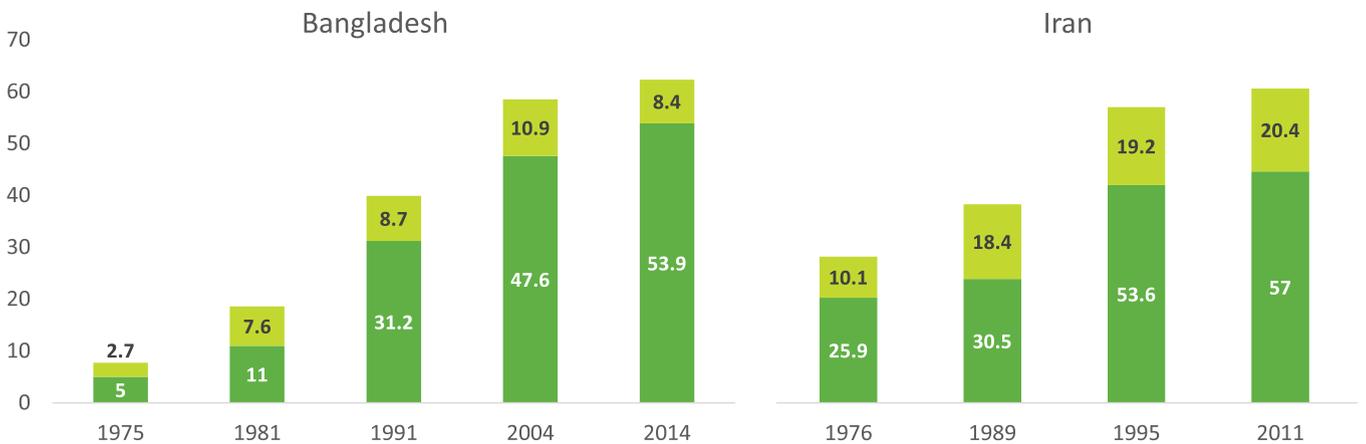
In Iran, the CPR level in 2011 was very elevated, at 77 percent, with the large majority using modern methods (57 percent), and a non-negligible, slightly increasing segment using traditional ones (20 percent). The success of both countries can be explained by innovative government initiatives.

Iran developed an ambitious FP and population program in the 1990s while Bangladesh's program which started in the 1970s used a community-based approach, by integrated family planning into overall maternal, newborn health care programs. In both countries, raising women's educational attainment and other socio-economic improvements have also been pointed out as key ingredients of their success in diminishing population growth rates.

Figure 2

CPR in Bangladesh and Iran, traditional and modern methods

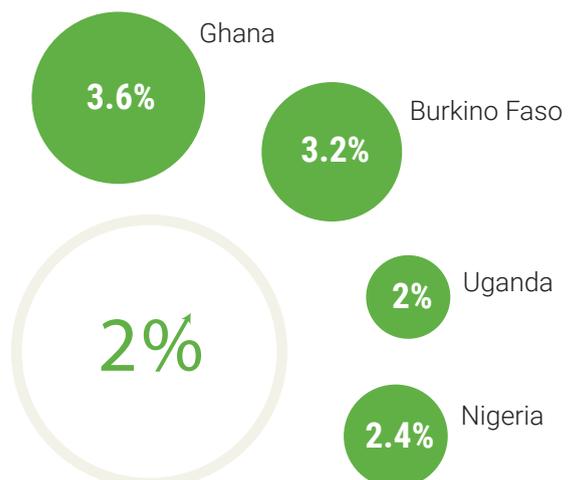
■ Modern CPR ■ Traditional CPR



Progress has been also achieved in other low-income settings, following the FP2020 initiative to allow an additional 120 million women and adolescent girls, access to modern contraceptives in 69 of the world's poorest countries including Pakistan by the year 2020. First monitoring and evaluation results of the initiative based on a sub-sample of African countries suggests that the average annual rate of change in modern CPRs between 2013 and 2017 among married or cohabitating women was on average of 2.25 percentage points. It was as high as 3.6 percentage points in Ghana (Figure 3).

Figure 3

Average increase in modern CPR / year in some African countries (2013 to 2017) participating in FP2020 initiative



Successful family planning programs achieve on average a 2 percentage point/year increase in modern CPR.

Inclusive process to engage provincial and regional governments and other stakeholders

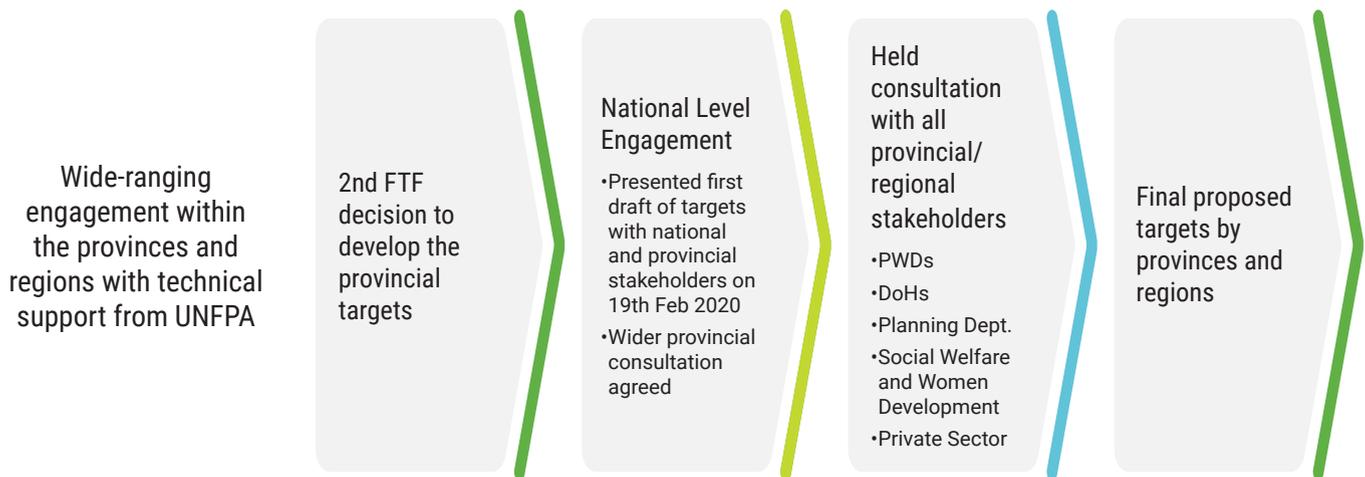
At the 2nd Federal Task Force (FTF), a meeting which took place on 31st January 2020 and was chaired by H.E. President of Pakistan, it was decided that the Population Program Wing with support of UNFPA would develop provincial/regional level policy targets and present them during the stakeholder consultation in Islamabad on 19 February 2020 as well as during the Country Engagement Working Group meeting held on 26 February 2020 in Quetta.

After the provincial and regional stakeholders across the board expressed concerns about the targets for provinces and regions based on an annual increment

of 2 percentage points from 2017 to 2030, as set at the national level, the chair decided in consensus with the participants to hold consultations with the stakeholders at the provincial and regional level. The consultations took place in close collaboration with the Population Program Wing and the Ministry of National Health Services, Regulation and Coordination with support from the UNFPA, and with the stakeholders at the provincial level, including the departments of population and health, as well as the planning, social welfare, and women development departments. The provincial and regional engagement process is summarized in Figure 4.

Figure 4

Illustration of the wide-ranging engaging process with provinces and regions



Methodology & Data Sources

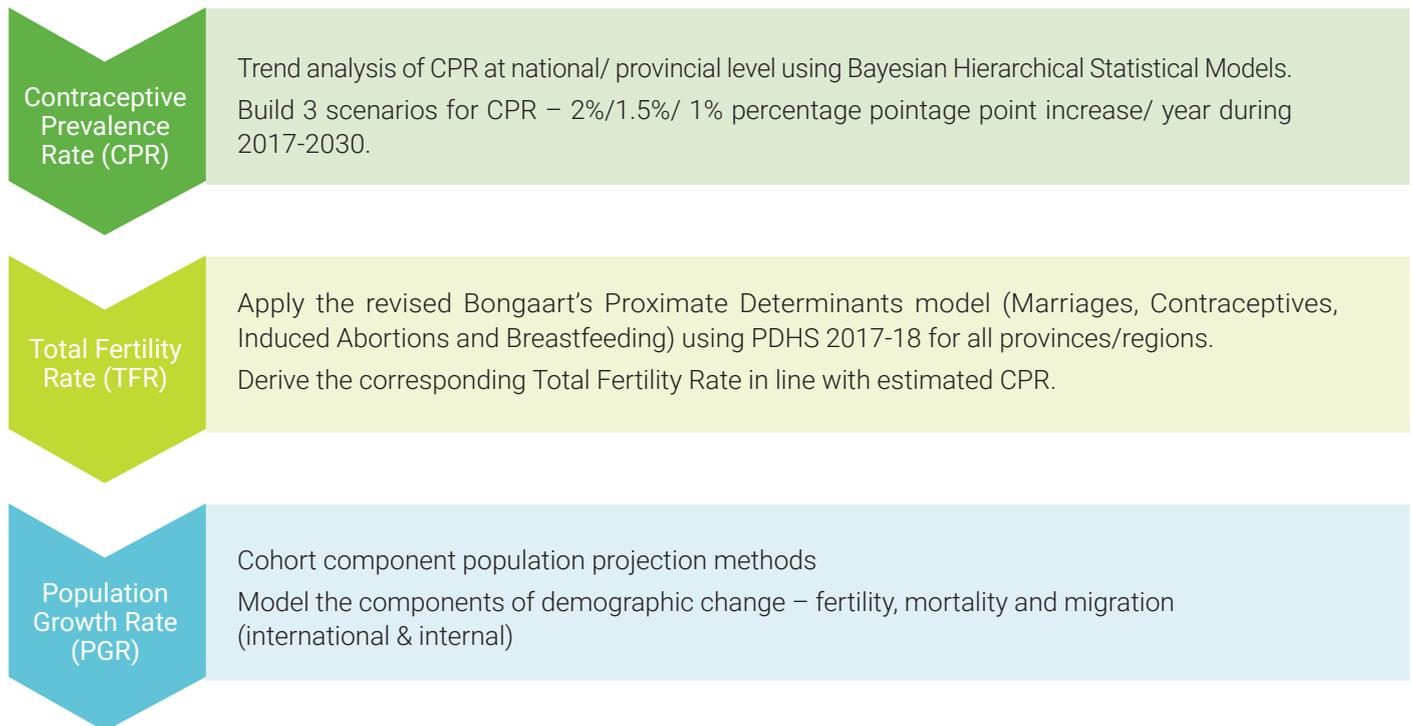
This study uses a wide range of sample surveys conducted since the 1990s to understand the trends in CPR. In addition to the 2017 census as a baseline, around 26 national and provincial/regional representative sample surveys (including PDHS, MICS, PSLMs, and other surveys) were retained for the analysis. We covered seven first-level sub-national (provinces and regions) entities in our analysis including AJK and GB. Generally, there is no discrepancy between the estimates computed and those published in national survey reports. Where available, microdata for the DHS, MICS, and PSLM surveys and some national surveys were used to calculate FP indicators. Where no microdata were available, FP indicators were obtained from survey reports.

The methodology is primarily divided into three steps. In a first step, we estimate the trend in contraceptive prevalence (modern and traditional). Our statistical model for sub-national estimates and projections builds upon the Bayesian hierarchical model that is used by the United Nations Population Division to assess progress in providing access to family planning. we construct different scenarios of future CPR up to 2030 based upon observed trends. In the next step, we enter these CPR into a proximate determinants of fertility model to derive the assumption about future fertility to 2030 and then conduct population projections according to the fertility assumptions together with other parameters up to 2062.

Figure 5

Overview of the methodology

- Base year: Census 2017 & PDHS 2017-18
- Provinces/ regions: Punjab, Sindh, KP (FATA is merged with KP) and Balochistan, Islamabad Capital Territory (ICT), Gilgit & Baltistan & Azad Jammu & Kashmir (AJK)



Targets for all provinces/regions by 2025 and 2030 based on the CCI recommendations

Figure 6 shows the recommended CPR at the national level and regional level as approved by the CCI. For the whole of Pakistan, the CPR should reach 50 percent in 2025 and 60 percent in 2030. The target level achieved by 2030 at the regional level depends on the starting CPR. It would be high in ICT (72 percent compared to 46 percent in 2017-18) and low in Balochistan (46 percent compared to 20 percent in 2017-18).

According to the model developed, the implementation of the target CPR could lead to important declines in the fertility of women (Figure 7). The TFR of women in Pakistan would decrease from 3.6 children in 2017-18 to 2.8 in 2025 and 2.2 children in 2030. As for CPR, the level of fertility reached in 2030 at the sub-national level depends on the starting level in the provinces/regions. The

TFR would be below the national level in 2030 in Punjab and ICT, with 2.0 and 1.5 children on average per woman respectively. The fertility in the capital city would be halved from the 2017-18 level. In Sindh, the TFR would reach 2.3 children in 2030 (same in AJK). It would be higher in the remaining provinces/regions, around 2.8-2.9 children in KP, Balochistan, and even GB where the starting value is high at 4.7 children per woman.

Figure 8 illustrates the population growth rates for all provinces and regions by 2025 and 2030 based on the CCI recommendations. According to the population projection, the population growth in Punjab could be as low as 0.8 percent by 2030 and 1.2 percent by 2025 under accelerated FP efforts recommended by CCIs.

Sindh would experience substantial population decline when the CPR progresses yearly by 2 percentage points for the next decade. The province population growth would be 1.4 percent and 1.1 percent by 2025 and 2030, respectively, from a starting population growth of 2.4 percent in 2017. Similarly, For KP, the population growth would decline from 2.8 percent in 2017 to 1.6 percent by 2025 and 1.4 percent by 2030.

Population growth would be important in Balochistan. The population growth would decline to 1.8 percent and 1.6 percent by 2025 and 2030, respectively. ICT would witness less population growth than all other regions, mostly related to the drop in fertility foreseen in all scenarios but also from the tapering off of internal migration by 2030 which is the main engine of growth for the capital city. Results for GB and AJK are further shown in Figure 8.

Targets proposed by provinces and regions for CPR – 2025-2030

In contrast with the targets based on the CCI recommendations (Figure 6), Figure 9 illustrates the proposed CPR at the regional level as defined with the stakeholders. If the proposed provincial targets were achieved, this would translate into a CPR of 44 percent in 2025 and 50 percent in 2030 for the whole of Pakistan. Punjab and Balochistan have agreed on a 1 percentage point annual increase of the CPR to 2030. If so, the CPR in Punjab would be 46 percent in 2025 and 51 percent in 2030. Whereas, in Balochistan, the CPR would be 28 percent and 33 percent in 2025 and 2030, respectively.

Sindh, KP, and AJK have agreed on adopting a 1.5 percentage point annual increase of the CPR targets from 2017 to 2030: In Sindh, CPR reaches 43 percent in 2025 and 50 percent in 2030. While in KP, CPR would be 42 percent in 2025 and 49 percent in 2030. In AJK, the CPR would be 40 and 47 percent in 2025 and 2030 respectively.

Islamabad and GB are the only two entities that have adopted the targets as recommended by the CCI with a 2 percentage point increase per year of the CPR from 2017 to 2030.

Figure 10 depicts the modeled estimates of the TFR based on the proposed CPR in 2025 and 2030. At the national level, this would mean that the TFR would decrease from 3.6 children per woman in 2017-18 to 3.1 in 2025 and 2.8 children in 2030. The TFR would be below the national level in 2030 in Punjab and ICT, with 2.7 and 1.5 children on average per woman respectively. In Sindh, the TFR

would reach 2.6 children in 2030. It would be higher in the remaining provinces/regions of KP, Balochistan, and even GB but would eventually decline to 2.8-2.9 children per woman by 2030.

The population growth rate for all provinces and regions by 2025 and 2030 based on targets proposed by the provinces and regions are shown in figure 11. According to the population projection based on the proposed targets, the population growth in Punjab could be as low as 1.4 percent by 2025 and 1.3 percent by 2030.

Sindh would experience substantial population decline when the CPR progresses by 1.5 percentage point for the next decade as agreed by the Govt. of Sindh. The provincial population growth would be 1.5 percent and 1.3 percent by 2025 and 2030, respectively, from a starting population growth of 2.4 percent in 2017. Similarly, For KP, the population growth would decline from 2.8 percent in 2017 to 1.8 percent by 2025 and 1.7 percent by 2030, according to the provincial agreed targets of CPR.

The population growth in Balochistan would decline to 2.1 percent and 2 percent by 2025 and 2030, respectively, as the Govt. of Balochistan has agreed to increase yearly the CPR by 1 percentage point from 2017 to 2030. ICT would witness less population growth than all other regions, mostly related to the drop in fertility foreseen in all scenarios but also from the tapering off of internal migration by 2030 which is the main engine of growth for the capital city. Results for GB and AJK are further shown in Figure 11.

Targets for all provinces/regions by 2025 and 2030 based on the CCI recommendations

Figure 6

Contraceptive prevalence targets for all provinces / regions by 2025 and 2030 based on the CCI recommendations

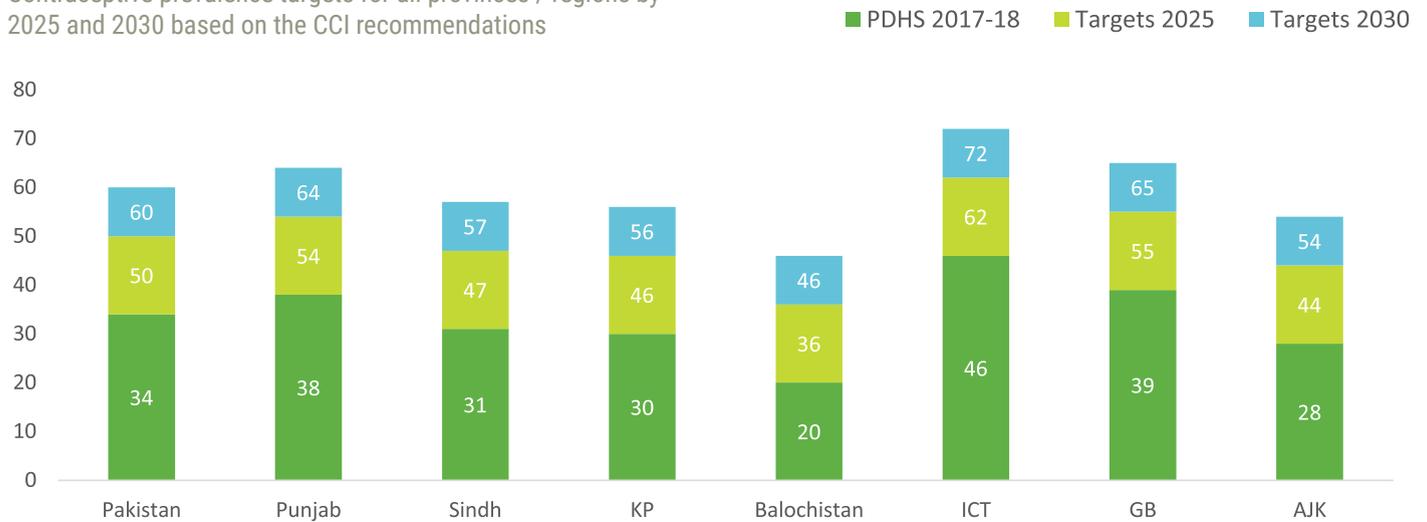


Figure 7

TFR targets for all provinces / regions by 2025 and 2030 based on the CCIs recommendations

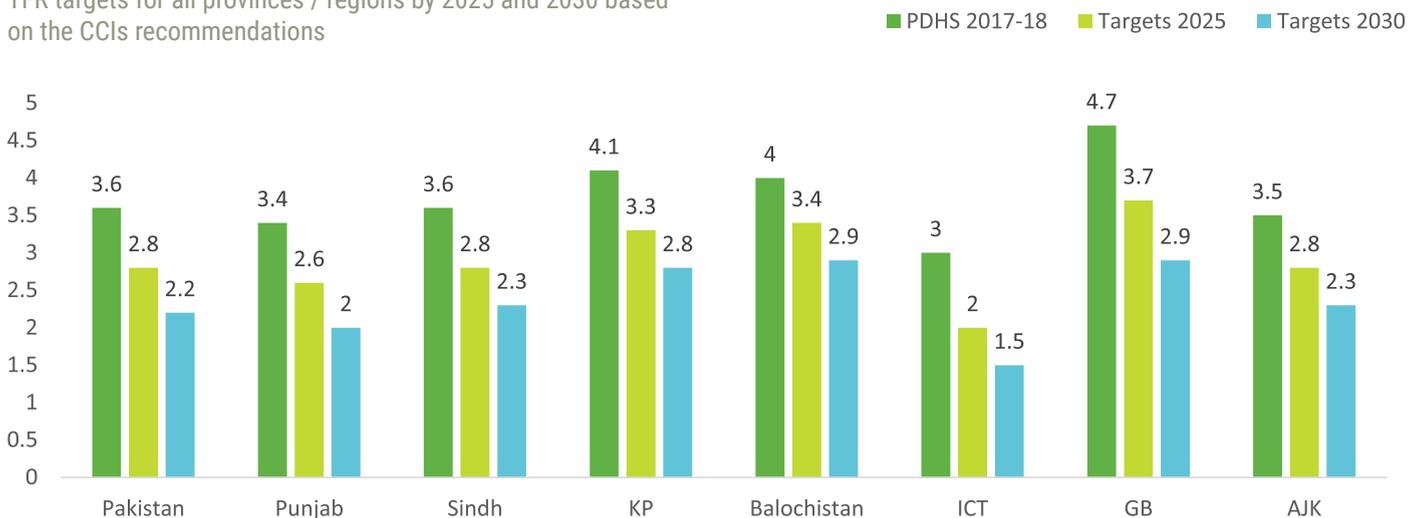
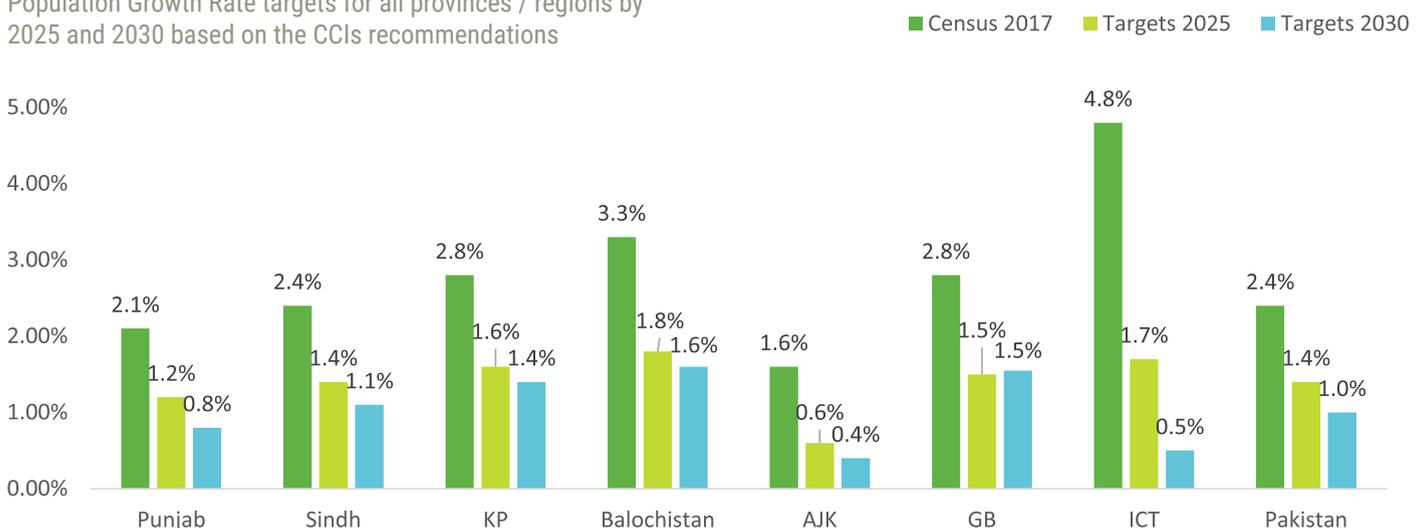


Figure 8

Population Growth Rate targets for all provinces / regions by 2025 and 2030 based on the CCIs recommendations



Targets proposed by provinces and regions for CPR – 2025-2030

Figure 9

Proposed contraceptive prevalence targets for all provinces / regions by 2025 and 2030 targets for CPR

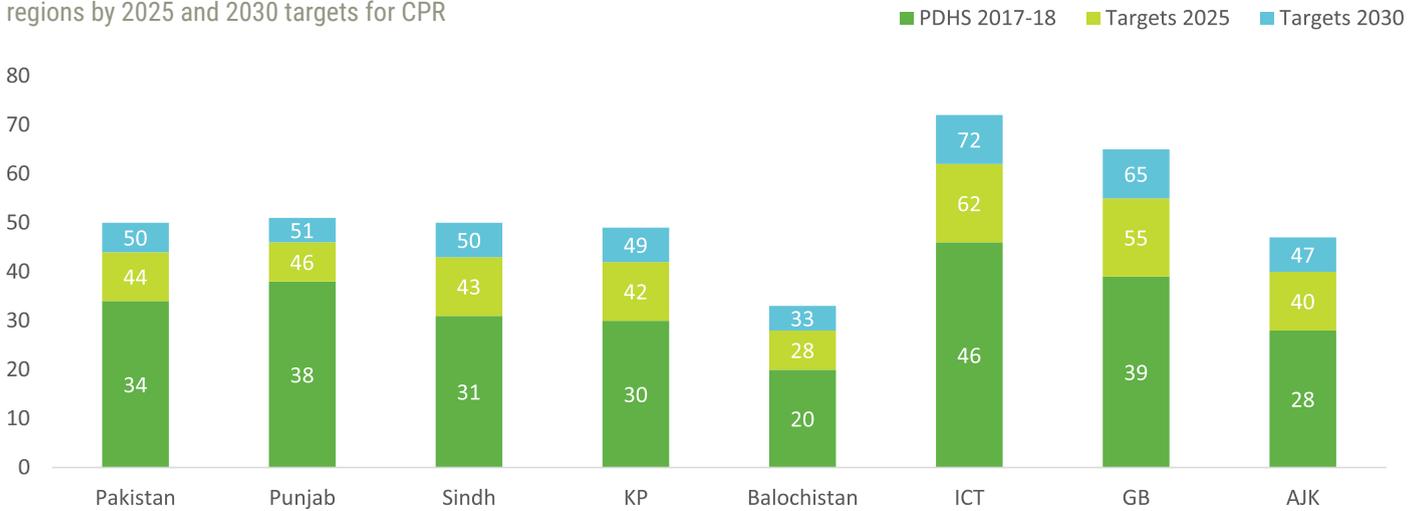


Figure 10

TFR for 2025 & 2030 corresponding to the proposed provincial targets for CPR

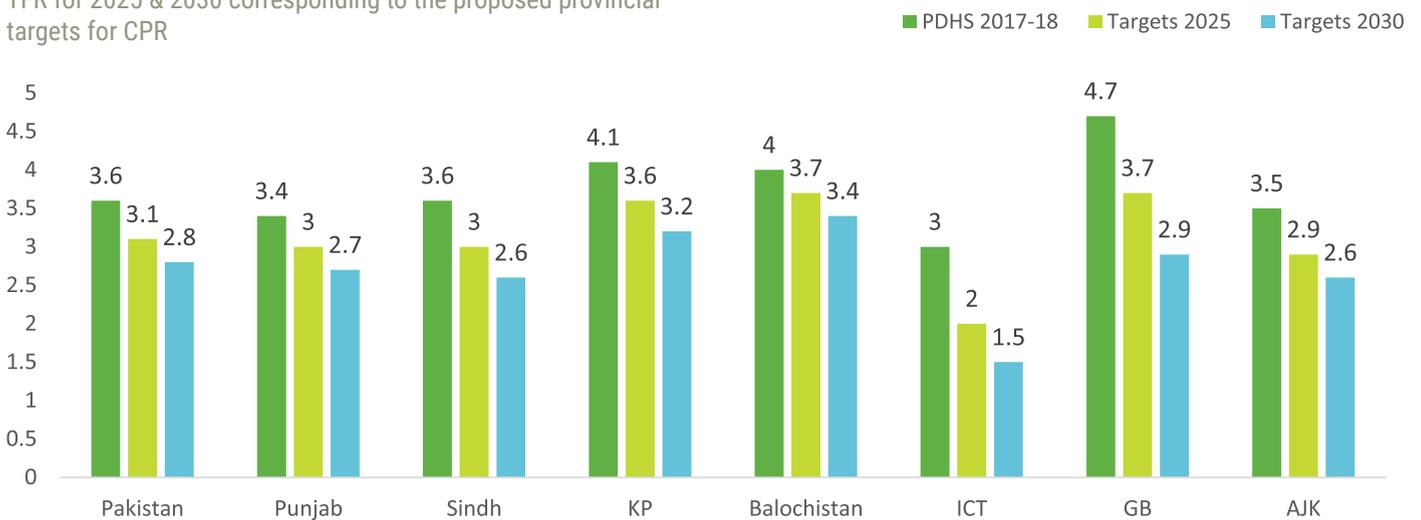
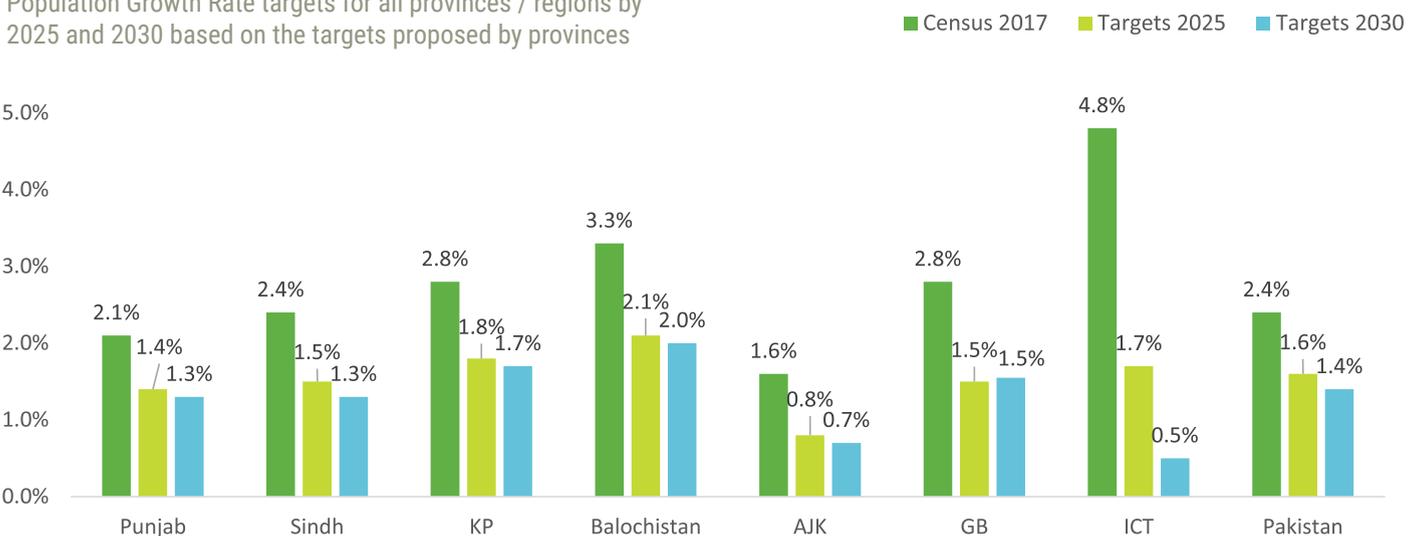


Figure 11

Population Growth Rate targets for all provinces / regions by 2025 and 2030 based on the targets proposed by provinces



Implications

The approved national action plan of the CCI recommendations only contains the national level policy targets for three key indicators of the population: contraceptive prevalence rate, total fertility rate, and population growth. The provincial governments expressed the need for provincial targets. This report demonstrates the purpose of developing quantitative targets for all provinces and regions, the methodology behind their formulation, and the lessons learned in the process. More important, however, is the extent to which the goals set today serve as a national rallying cry to mobilize resources and leadership around current family planning programs, with a focus on voluntary family planning, quality of care, and on meeting girls' and women's unmet needs and their right to practice contraception. We hope this report provides transparent and thoughtful policy targets, against which progress toward national goals will be monitored annually.

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The scenarios show how a CPR increase could influence population change in the future through its impact on the fertility of women. What are the implications for Pakistan? The report clearly demonstrates the importance of family planning and the availability of modern contraceptives. Actions will be needed at all levels: national and regional, health care services and the community level, women and men, etc. Some low-resources regions that are behind in CPR will require more attention from service providers.

