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# A Social Sector Strategy for Pakistan

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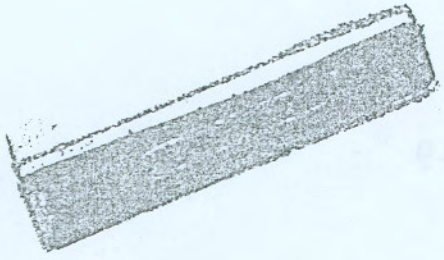

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# EXECUTIVE SUMMARY

Pakistan had an excellent growth record in economic sectors over the past 30 years, with an average annual growth rate of the GDP of over 6 percent. However, social development indicators could not grow in commensurate with the growth rate of the economy. Because of the past neglect of the social sector, growth in the economy could not sustain during the 1990s. Not only resource commitment for the social sector remained absolutely inadequate but also inefficiency in the use of resources was much too high. On the other hand, as a result of poor performance of the social sector, poverty and gender issues have assumed alarming proportions. These were the impelling reasons for the government to change its development planning strategy when it launched the Social Action Programme Project in 1993-94. As a result some positive trends for all the social sector indicators have started emerging, however, their impact in terms of better quality of life is yet to be seen.

This study is aimed to examine issues of the social sector in Pakistan and suggest areas for further reforms. As such, the objectives of this study are to provide both a sector-specific analyses of Pakistan's four main social sectors (education, health, reproductive health, and water and sanitation), and an analysis of the two most important crosscutting issues; namely, poverty and gender. In particular, the links between the social sector, and poverty and gender will be further explored and included in the analysis contained in this report.

The literacy rate in Pakistan (39 percent) is still far behind most of the regional countries, especially when female education is separated. Educational facilities have been slowly expanding, mainly due to inefficiency and low levels of spending in education. The performance of existing educational institutions is less satisfactory due to bad governance, low rates of enrolment, high dropout rates, non-availability of female teachers especially in rural areas, poor or non-existence of teacher training, bad curriculum development, inferior instructional materials, and poor educational standards.

Despite the realisation that education is the main contributing factor for economic growth and developments in other components of the social sector, budgetary expenditures on education do not support this synergy. While spending on education is growing, Pakistan has yet to attain the 4 percent of GNP expenditure on education as recommended by UNESCO for developing countries. Current public sector outlay on education, as a percentage of the GNP is 2.6 percent.

Girls' education is a greater problem than that for boys. There are several reasons for this outcome. In rural areas, girls make important contributions towards household and farm related activities. The opportunity cost of sending a girl to school does not compare well with that for a boy; hence, when resources are scarce it is the boy who is sent to school first. The enrolment and dropout data bear this out. In addition, the labour market opportunities for women are very limited and parents do not necessarily view schooling as bringing a good return on their investment.

Quality of learning by students is directly linked to the training of teacher. Anecdotal evidence suggests that 25 percent of Pakistan's teachers are untrained, while remaining 75 percent are poorly trained. The SAP project has made a provision to enhance female teachers by relaxing the minimum qualifications in areas where it is difficult to get female teachers. However, this policy has reportedly further decreased the quality of education.

High teacher absenteeism is one of the main problems. Measures are urgently needed to address absenteeism through the provision of appropriate incentives as well as to reform the administrative and managerial structure so that lengthy absence is not allowed.

The proper recruitment of teachers is not performed. District-wise vacancies are allocated to MNAs and MPAs who give names of their favourites irrespective of their qualifications. These teachers recruited on favouritism do not attend schools regularly, become absentee teachers and look after the chores of beneficent MPA or MNA.

Teacher's salaries are very low. They get fewer allowances if they teach in rural areas. There are almost no prospects for promotion without a social status.

The government allocates a large proportion of education funds to construction and employment leaving very little money for other activities. There is a tendency for expenditures to the supply-driven and for educational outcomes, and perceptions of the beneficiaries or end-users are little considered. Some progress is made towards increasing the non-salary budget. However, at present the institutional capacity is lacking in ensuring that non-salary budget is properly utilised. There is a need to develop institutional capacity in this regard.

Although funding has remained a binding constraint for the education sector, yet it has often not considered as an un-surmountable problem. With proper planning and management of resources not only much can be achieved from the given public resources but resources can also be mobilised from the private sector.

While considerable progress has been made in providing medical facilities and services aimed at reducing mortality and morbidity, much more remains to be done, as these rates remains very high compared to other similar countries. In Pakistan only 55 percent of the population has access to health facilities.

Women's health is a grim situation in Pakistan. Their lower social and economic status, coupled with cultural constraints, mean that they generally fare worse than men in terms of their health. There are various reasons for this, including the high fertility rate and frequent and closely spaced pregnancies. These factors are compounded by inadequate nutritional intake by women, lack of satisfactory health, strong preference to consult only the female medical staff, poor health and sanitation facilities, heavy domestic and economic workload on women.

The per capita food intake in Pakistan is slightly above the recommended dietary allowance. However, certain segments of the population, particularly children under-five and women of childbearing age, have high incidences of malnutrition. Low incomes and food availability in poor households, ignorance about nutritional practices, and illiteracy are factors responsible for this poor state of nutrition.

Majority of diseases are preventable at relatively low cost. Measures such as access to safe water, oral dehydration programmes and availability of vaccines can be very effective. Governmental health care programmes, in the past, have neglected primary and preventive services, especially in rural areas.

Due to insufficient funding repairs and maintenance of equipments is very poor in hospitals and availability of medicines is very low. These in turn are major reasons for inaccessibility of people to health care services, especially for rural dwellers and urban poor. Although, the number of Rural Health Centres and Basic Health Units has increased modestly, it is still woefully meagre in proportion to the population that resides in the rural areas.

While as in some rural area health facilities are not available while in others they are largely under-utilised, thus affecting cost effectiveness. Main reasons for under-utilisation are absenteeism, poor quality of service, non-availability of complete primary services and medicines, and poor referral system.

People often perceive the quality of primary health facilities as low. Which indicates an inefficient use of resources due to inadequate administration and management.

While public and private expenditure on health in Pakistan have increased over time, they are low by international standards. What is of more concern is that despite large increases in the amount allocated to health, it has yet to receive 1 percent of Pakistan's GNP.

Health concerns are closely linked to literacy, knowledge of hygiene, access to clean water, good sanitation, and to family planning information. Improving women's education will help reduce the country's high under-five and infant mortality rates. Health education is an important component of primary health care system. Ironically, Pakistani medical schools, in general, do not impart training to their graduates to address the key public health issues.

Despite a decline, Pakistan has the highest growth rate of population among the seven most populous countries of the world. Fertility is now the major contributor to the growth, as mortality rates have become fairly stable. Concern mainly surrounds the crude birth rate of about 37 per thousand persons, which still represents a level much higher than other similar countries.

The age structure that has evolved as a result of sustained high fertility and sharply declining mortality will result in the continuance of high rates of population growth, even if family size norms are substantially altered, in coming years. About 47 percent of the female population are in the reproductive age groups, and this is likely to rise to around 53 percent by 2020, contributing to rapid population growth. This situation calls for introducing some direct measures like, female education, community participation, etc.

Quality of family planning services is sub-standard; complete facilities are rarely provided in Reproductive Health Centres, supplies are often short, at times doctors are not available, para-medics are ill-trained who provide misinformation about contraceptive options, and motivators are often found absent from their duties. On the other hand, a large portion of women do not have knowledge about family planning methods. Creating knowledge about family planning services would certainly raise more demand for it.

One of the main reasons for the low status of women in Pakistan is the strong preference for sons, which greatly influence the reproductive intentions and behaviour of couples. Public awareness on the issue of son preference needs to be raised and attempts made to change prevailing attitudes on the worth of girls. However, the values are deeply ingrained and tied closely to the fact that women are not economically empowered and therefore seen as an economic burden on families. Thus addressing the more fundamental issues of equality in education and employment are expected to work towards changing negative attitudes towards girl children, which influence their education, nutrition and mortality. Changes in cultural norms are needed but will only occur as a result of strong and sustained efforts involving both Government and civil society.

Majority of the rural population lacks access to an adequate supply of safe drinking water and sanitation systems. Although, access to drinking water and sanitation is increasing yet poor maintenance of these facilities are not making the desired impact.

Due to rapid expansion of urban areas, it has become very difficult to expand urban services and facilities adequately to cope with the growing pressure on them. Considerable investment is needed to maintain and expand the existing urban infrastructure. The problems are particularly acute in large cities, where the infrastructure, in terms of such facilities as water supply and waste disposal, can not keep with the growth of slums and squatters settlement. In urban areas where access to piped water is much better, water pipes are quite old and are subject to bacteriological contamination. Wastewater is usually

transported from houses by open surface drainage and may be discharged directly into local streams, creeks, rivers or the ocean (in the case of Karachi).

Very few households pay a nominal water charge on quarterly basis, which is totally insufficient to maintain O&M. Only 18 percent of households in Pakistan reportedly paid for water in 1995-96.

A correlation estimate between poverty and the GDP growth rate suggests that, in general, during the period when Pakistan witnessed relatively high growth poverty was low, while poverty started rising as soon as the economy became slow. Thus, a strategy of 'employment-led poverty alleviation' deserves to be considered as the central element in future planning.

Due to a neglect of poor in Structural Adjustment Programme, it has reportedly created new poor in the urban area amongst the low income working classes, and in the rural area amongst small farmers and non-agricultural workers. Likewise, self-employed especially in the informal sector are facing the brunt of adjustment as their business activities have shrunk due to recession in the economy.

Since, the early 1990s, despite a fall in the monetary expansion, inflation rate remained high mainly due to supply-side constraints. Consequently, real wage fell sharply. At the same time job opportunities declined due to slackness in the economy, privatisation of public enterprises, downsizing in the banking sector, a fall in public sector investment especially in labour-intensive mega projects, and a fall in emigration.

Up to 1987, partly due to large inflow of foreign remittances and foreign aid, Pakistan experienced high rate of economic growth as a result real wages in all sectors rose sharply and poverty declined. However, as soon as reverse migration started and foreign capital inflow went down poverty started surfacing. Suitable alternatives can only compensate lost opportunities.

Economic hardship and reduction in government spending on social sectors is reportedly leading to increasing pace of drug abuse/trafficking, rising crime rate, environmental degradation, social inequities, breakdown in positive social values and new afflictions such as AIDS.

It is generally felt that female in Pakistan, both as children and growing adults have greater incidence of malnutrition, infant mortality and enjoy lesser opportunities in terms of education. In fact some studies about the son preference of the parents clearly imply that the girl children face discrimination in intra-household resource allocation.

Overall situation of women in Pakistan, as evidenced by gender disparities, remains dismal. In terms of health, literacy, and social and economic status, women persistently lag behind men. Females in rural areas are most seriously deprived in terms of school enrolment opportunities and they do even worse when compared with their counterparts in urban areas.

The female life expectancy at birth falls short of that of males. This is due to the fact that Pakistani women, on average, bear five to six children and many suffer from chronic malnutrition and anaemia due to frequent childbearing and poor dietary intake. Maternal mortality is at 340 deaths per one hundred thousand live births.

Gender-related differences in infant and child mortality rate show that they disfavour the girl child. In fact, the post-neonatal mortality of two girls born in succession is higher than when a girl follows a boy or a boy follows a girl. A widely believed son preference may be a strong factor responsible for the outcome.

As adults, women find it harder to enter the labour market and are paid less than their male counterparts. Female labour participation in economic activity, though has grown significantly, is still very low. Against 100 males, only 16 females are economically active in Pakistan. They are often found in agriculture, and urban informal sector which is characterised by low wages, dead end jobs, with little on-the-job training, and thus lesser opportunities to wage raise over the life cycle.

The position of disadvantaged groups in Pakistan remains much weaker than rest of the population in terms of education, employment opportunities, and health. There is a dire need to bring these groups at par with rest of the society so that they can also avail social and economic opportunities available to others.

Rapid population growth, large family size, and concomitant pressures on the distribution of available resources and facilities exacerbate powerlessness. Moreover, powerlessness is due to illiteracy; lack of information on available opportunities; lack of mobility to avail opportunities; domination of male to decide about female's engagement in market activities, on family size, health care, etc.

## I. SECTOR-SPECIFIC ANALYSIS

An better-educated and healthier work force is a pre-requisite for raising the level of productivity in any economy. If basic living conditions of the population, at large do not improve, through the trickle down effect, then an adjustment programme may be perceived as benefiting only the more privileged members of society, hence undermining the sustainability of the programme. Thus, improving the delivery of basic social services is critical for ensuring the long-run sustainability of the government's development efforts.[1]

Pakistan has, in the past, given a low priority to the development of the social sector which is reflected from the low human development indicators of the country. Likewise, Pakistan's science and technology system is totally unprepared for the pivotal role it must play in the coming transition to a competitive economy in the new global system. Paradoxically, Pakistan has been able to achieve high economic growth rate by using factor inputs and by investing into hardware side of the infrastructure. Evidently, now the low level of literacy, poor health standards, and weak science and technology apparatus has started adversely affecting total factor productivity—the best overall measure of competitiveness. Concomitantly, slow progress in improvement in education (particularly of women), high infant and child mortality rates reflected in high rate of population growth, has hindered the achievement of a higher sustained rate of growth of per capita income and of a much faster reduction in nutritional poverty levels.

Income generation efforts to eradicate poverty and remove gender bias alone cannot be considered as the solution to the problem, an integrated approach in which a simultaneous development of human resources and creation of gainful employment opportunities should serve the purpose to minimise crosscutting concerns including poverty, gender bias and powerlessness of disadvantaged groups.

Accordingly, now there is a growing realisation by the government and the civil society at large that Pakistan could have done much better had it stressed human resource investments relatively more. In fact, this growing concern about human development in Pakistan is due to general appreciation of the role of human resource development both as the ultimate goal of the society and the means to achieve high economic growth.

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[1] See also ADB (1997).

The purpose of the following sections is to present an overview of the social sector of Pakistan by highlighting the current status and the issues involved. This review should help in developing a strategy for an efficient and equitable social sector.

**(a) Education**

Education is a critical input into economic development. The externalities arising out of high literacy rate far exceed the benefits to individuals from attaining education. Thus, developing human capabilities by imparting education and training is important not only in its own right but is also important for overall economic growth of the economy, which in turn can lessen poverty and increase empowerment of disadvantaged groups. Not only this, education induce people to have better health, and helps in reducing mortality rate and fertility rate. [See also Behrman (1995)].

Educational facilities in Pakistan have been slowly expanding overtime. A continuing inefficiency and low levels of spending in education amplify the slow rate of improvement in education indicators. The literacy rate which is estimated at 39 percent (50 percent for males and 27 percent for females, in 1996-97), is still behind most of the regional countries, especially when female education is separated. (See Table 1). Both supply-side and demand side factors are responsible for this dismal situation.

Table 1

*Literacy Rate and Student-Teacher Ratio*

| | 1991-92 | 1996-97 |
|---|---|---|
| Literacy Rate (%) | 34 | 39 |
| Male | 46 | 50 |
| Female | 21 | 27 |
| Student-Teacher Ratio | Total (1995-96) | Female (1995-96) |
| Primary Stage | 44 | 52 |
| Middle Stage | 38 | 34 |
| High Stage | 9 | 10 |
| College Stage | 35 | 33 |
| Education Expenditure as % of GNP | 2.4 | – |

*Source*: Economic Survey (1997).

Demand for education in Pakistan has remained low. For example, average household in urban and rural areas allocate about 1.67 percent and 0.59 percent of their total expenditures to education. Low human capital investment by households is mainly due to lack of economic opportunities, parents' education, high dependency ratio, lack of accurate information to facilitate

efficient schooling decision by parents especially in remote rural areas, high gender gap in earning, lack of protective environment especially for girls, lack of transport facilities, and social and political structure. [See also DRI/McGraw-Hill (1998) and Sawada (1997)].

Some of the factors responsible for poor performance of the education sector include inefficient governance at all levels, low rate of enrolment and high dropout rates (especially at primary stage without any serious effort to bring back the child to school), non-availability of female teachers especially in rural areas, poor or non-existent teacher training, bad curriculum development, inferior instructional materials, skewed investment towards tertiary level than basic education and towards males relative to females, and towards urban relative to rural areas, low standards, and decline in educational quality especially at higher levels.

Despite the realisation that education is the main contributing factor for economic growth and developments in other components of the social sector, budgetary expenditures on education in Pakistan do not support this synergy. While spending on education is growing, Pakistan has yet to attain 4 percent of the GNP expenditure on education as recommended by UNESCO for developing countries. Current public sector outlay on education as a percentage of GNP is 2.6 percent.

Recent trends in school participation rates are positive and indicate increases at all levels, both for male and female.[2] In 1996/97, overall school participation rates were 74.8 percent (85.5 percent for boys and 63.1 percent for girls) at the primary level. Compared to a decade ago when only 33 percent girls attended primary school compared to 66 percent of boys, the current situation on school participation rate is a tremendous improvement. At the secondary level there is a large drop with overall participation at 31.6 percent, 36.5 percent for boys, and 25.8 percent for girls. The gap between the sexes is still very pronounced at all levels of education. (See Table 2.)

As noted above, despite considerable improvement in girls' participation at the primary level their participation drops, as they grow older. A recent Bank study for Punjab and NWFP estimated dropout rates from grade 1 are 21 percent for girls and 18 percent for boys, while at the grade 4 level the rate is 12 percent for both boys and girls. [See Kemal and Ahmed (1996)]. Similarly, a UNESCO study finds only 39 percent of children who were enrolled in Class I successfully completed primary schooling. A number of factors account for dropout, including lack of motivation on part of schools to bring back dropouts, quality of schooling, distance to the school, time needed to go to school, teacher absenteeism, attitude of teachers, health, parents' education and income, and the father's occupation.

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[2] Interestingly, based on Pakistan Integrated Household Survey DRI/McGraw-Hill (1997) finds a decline in the net enrolment rate for the period 1991-96, a decline from 46 percent to 44, a decline for boys and a rise for girls.

Table 2

*Recent Trends in School Participation Rates (%)*

| Level | 1995-96 | 1996-97 |
|---|---|---|
| **Primary Stage Class (I-V)** | | |
| Overall Participation: | 72.1 | 74.8 |
| Boys' | 85.4 | 85.5 |
| Girls' | 58.7 | 63.1 |
| Ratio of Boys' and Girls' Participation | 68.7 | 73.5 |
| **Middle Stage Class (VI-VIII)** | | |
| Overall Participation: | 31.2 | 31.6 |
| Boys' | 37.1 | 36.5 |
| Girls' | 24.2 | 25.8 |
| Ratio of Boys' and Girls' Participation | 65.2 | 70.7 |
| **Secondary/High School Stage Class (IX-X)** | | |
| Overall Participation: | 28.7 | 29.7 |
| Boys' | 35.9 | 36.2 |
| Girls' | 20.4 | 22.3 |
| Ratio of Boys' and Girls' Participation | 56.8 | 61.6 |

*Source*: Economic Survey (1996-97).

All the above facts point out that girls' education is an even greater problem than that for boys. There are several reasons for this outcome. In rural areas, girls make important contributions towards household and farm related activities. The opportunity cost of sending a girl to school does not compare well with that for a boy; hence, when resources are scarce it is the boy who is sent to school first. Certainly enrolment and dropout data bear this out. In addition, the labour market opportunities for women are very limited and parents as bringing a good return on their investment do not necessarily view schooling.

Because of inequitable distribution of resources strong rural-urban disparities exist in literacy. This can be noted from the literacy rates of 58.3 percent for urban areas and 28.3 percent for rural areas. When these ratios are further examined by gender, the differences are even more striking. While comparing with urban schools, rural schools are more crowded, have fewer facilities, lower quality learning materials, higher teacher absenteeism, and many of them exist on paper (ghost schools).[3]

The costs of private schools for primary education in both rural and urban areas are almost three times that of public schools, of course this partially reflects quality differential in education and exploitation of teachers in terms of

[3] In a recent survey, conducted with the help of Pakistan Army, the Punjab government has unearthed about 4,000 ghost primary schools and 20,453 fake teachers, costing Rs. 1.4 billion each year to the province. If the doubtful cases are also included then the cost of ghost school is expected to increase to Rs. 3.0 billion.

low salaries. Ironically, even the private costs of public schooling is high enough for families below the poverty line to send their children to a public school.

Quality of learning by students is directly linked to the training of teacher. Although no official estimates exit, anecdotal evidence suggest that 25 percent of Pakistan's teachers are untrained, while remaining 75 percent are poorly trained. In Social Action Plan (SAP) provision to enhance female teachers was made. However, by relaxing the minimum qualifications in areas where it is difficult to get female teachers, this policy is expected to further decrease the quality of education. Ironically, they are not subsequently sent for training.

High teacher absenteeism is yet another problem. A government schoolteacher may take nearly 20 percent of the year off as legal absences. Women teachers often take an unpaid leave of absence when they marry men who do not live in the area where they are assigned. However, such teachers are not usually replaced because the position remains technically filled. Measures are urgently needed to address absenteeism through the provision of appropriate incentives as well as to reform the administrative and managerial structure so that such lengthy absence is not allowed. An associated problem is teacher transfers during the academic year. This can be controlled if transfer is not allowed during the academic year.

The proper recruitment of teachers is indispensable component of any educational system. In Pakistan it is poorly performed. District-wise vacancies are allocated to MNAs and MPAs who give names of their favourites irrespective of their qualifications. These teachers recruited on favouritism do not attend schools regularly, become absentee teachers and look after the chores of beneficent MPA or MNA. Proper teacher supervision is lacking. If any teacher does not keep his MPA or MNA happy, he is immediately transferred to some far off place. [See Khan (1997)].

Non-formal education has an important role in the promotion of education, as it is more flexible and responsive to urgent social or economic demands. [See CIDA (1996)]. In an effort to raise the rate of literacy in Pakistan the Government has started a programme of non-formal education (15-45 years). A review by UNICEF found this programme to be better than even the primary schooling. However, there is a need for a detailed performance review of the programme so that a clear-cut strategy is devised.

ADB (1997) noted that relatively greater amount per student is spent at tertiary level than on basic education, implying larger subsidies for higher education in Pakistan. At present university fees constitute only about 1 percent of recurrent expenditure. Efforts are now being made to gradually increase the fees to improve the financial position of education institutions. Given the resource constraints priority should be given to complete the essential facilities of existing university campuses rather than constructing new universities. In the new education policy however the Government has announced to establish 21

more universities in the country. Given the resource constrain new universities should be established in the private sector.

Teacher's salaries are very low. They get less allowances if they teach in rural areas. There are almost no prospects for promotion without a social status.

Education policy formulation is the responsibility of the Federal government while its implementation is the job of the provinces. Due to problems in inter-governmental relationships and co-ordination, its implementation is largely influenced by the priorities of the Provincial Governments. It is often felt that there is no need for having an education ministry at the federal level, because it has repeatedly failed to ensure co-ordination, and that resources are wasted due to duplication of work and sometime to maintain equitability among provinces, they are involved in each project even though a province has different priorities.

The government allocates a large proportion of education funds to construction (under the development budget--federal funds) and employment (under the recurrent budget—provincial funds), leaving very little money for other activities. There is a tendency for expenditures to the supply-driven and for educational outcomes, and perceptions of the beneficiaries or end-users are little considered. Some progress is made towards increasing the nonsalary budget. However, at present the institutional capacity is lacking in ensuring that nonsalary budget is properly utilised. This needs to be developed.

Although funding has remained a binding constraint for the development of social sector in general and education sector in particular. However, it has frequently been argued that this is not an un-surmountable problem. With proper planning and management of resources not only much can be achieved from the given public resources but resources can also be mobilised from the private sector by properly motivating them and by showing them that their contributions are utilised to their best use and by demonstrating the results.

Pakistan's participation in the SAP is one of the measures to rectify the situation portrayed above. During the SAP I period 1992-96, 25,000 new schools were built, 14,000 new classrooms added, and 13,000 buildings for shelterless schools were constructed. The Plan has envisaged to increase primary school participation rates from 69 percent in 1992-93 to 88 percent in 1997-98 by increasing enrolment over this period from about 12.8 to 18.0 million pupils. So far the Government is able to raise primary level enrolment to 74.8 percent, much shorter of the target.

Increased enrolment should have been accompanied by improvements in the quality of teaching, administration, school buildings, through the recruitment of better qualified teachers, greater involvement of parents and communities in the management of school activities, decentralisation of management procedures and availability of teaching materials, among others, to ensure that increased enrolment is sustainable. In general, the Government's policy response to these

issues has not been adequate, as the fiscal restraint has dampened the efforts to enhance quality of education. However, administrative powers were transferred to district and local levels for non-salary items like textbooks, repairs and maintenance, teacher training, and community involvement.

Impressed by the performance of SAP I, though achievements were limited, the Government of Pakistan has started the SAP II. The Bank will, over the period of SAP II (1997-2000), finance the construction of 50,000 classrooms in new and existing schools and 40,000 classrooms operated by community-based organisations. SAP I focused mostly on the expansion of physical assets and on increasing financial expenditures. Future plans including SAP II should focus on consolidation and improvement in capacity, decentralisation, adequate allocation of funds and their efficient use, and on training of teachers at all levels.

The private sector plays an increasingly important role in education in Pakistan, especially in urban areas. The Government now encourages the private sector to participate in education, especially in the provision of basic education among disadvantaged groups and the rural poor. A study by the World Bank reveals that the performance of student from private schools is better than those run by the Government, largely due to lower teacher absenteeism. In the future, the role of private schools promoting educational expansion in Pakistan will need to be enlarged. Similarly, NGOs have a massive potential to assist with spreading education to rural and poor urban areas. This was half-heartedly attempted in SAP I. For achieving both quality and quantity targets in SAP-II effective and expanded participation by NGOs and communities needs to be ensured.

The new national education policy, recently announced by the Government, aims to bring in a major shift to the use of modern technologies and methods in the education system to promote creativity, productivity and competence. The educational reforms suggested in the new policy aim at bringing a social change, universalising primary education, improving the quality of education, increasing the literacy rate to 70 percent, and unleashing the energies of the nation for participation in nation-building pursuits, inculcating high moral, ethical and civic value amongst students. The policy also aims at streamlining the management, monitoring and evaluation of educational programmes, shifting education focus from supply to demand-oriented study programmes and creating an overall operational framework, as well as environment to achieve policy objectives.

The new education policy statement seems to be rhetoric of the previous education policy, as it lacks innovative and practical mechanisms for its implementation and ways to improve governance in the education system. According to some estimates of the University Grants Commission (UGC), by 2010 Pakistan will have 75 million persons in the age group of 17-23. If this is

the case then the planned increase in educational institutions at higher educational levels will not be sufficient to accommodate even 20 percent of them. The new policy has not revised the admission criteria. No incentives are provided to teachers to attend refresher courses.

**(b) Health Care**

Ready and affordable access to health care services is vital for human development. The links between better general health and nutrition, and better reproductive health are several and run both ways. For example, improved survival of infants contributes to an environment where less children may be desired. As such, in the Pakistani situation there is scope for enhancing the importance assigned to reproductive health within the corpus of health-related policies. Similarly, proper treatment and better identification of diseases such as malaria, tuberculosis, measles, and diarrhoea could also help lower infant/child mortality rates in Pakistan. Expanded programme of immunisation (EPI) seeks to improve national coverage of immunization against the most common preventable diseases (diphtheria, tetanus, polio, and measles). Women's participation in such a programme, through their children, is critical.

While considerable progress has been made in providing medical facilities and services aimed at reducing mortality and morbidity, much more remains to be done, as these rates remains very high compared to other similar countries. In Pakistan 55 percent of the population has access to health facilities. Currently, infant mortality rate is at 86 per thousand births and maternal mortality is around 340 per hundred thousand live births. Expectation of life at birth is low, around 63 years for men and 62 years for women. (See Table 3).

Table 3

*Health Profiles*

| **A. Life Expectancy** | **Male** | **Female** | |
|---|---|---|---|
| 1991 | 59 | 61 | |
| 1996 | 63 | 62 | |
| **B. Nutritional Status Calories per Day** | **1991** | **1996** | |
| | 2384 | 2552 | |
| **C. Demographic Indicators (per 000 Persons in 1994)** | **Total** | **Urban** | **Rural** |
| Crude Birth Rate | 37.6; 36.7 (1997) | 31.7 | 40.3 |
| Crude Death Rate | 9.9; 9.0 (1997) | 7.0 | 11.2 |
| Infant Mortality Rate | 100.4; 86 (1997) | 58.1 | 115.7 |
| Maternal Mortality Rate (per 100,000 Live Births) | 340 | – | – |
| **D. Health Expenditure as % of GNP (1995)** | 0.64 %; 0.76 (1996) | – | – |

*Source*: Economic Survey (1997).

Women's health is a grim situation in Pakistan. Their lower social and economic status, coupled with cultural constraints, mean that they generally fare worse than men in terms of their health. There are various reasons for this, including the high fertility rate and frequent and closely spaced pregnancies. These factors are compounded by inadequate nutritional intake by women, lack of satisfactory health, strong preference to consult only the female medical staff, poor health and sanitation facilities, heavy domestic and economic workload on women.

Neonatal, infant, and child mortality rate in Pakistan is the highest among children of mothers aged less than 20 years. Similarly, infant and child mortality rate is higher among first and higher-order births than among births of second- or third-order. The most significant factor found affecting the reduction in neonatal, infant and child mortality is the education of mother. Other important factors include, antenatal care, place of delivery, assistance at delivery and immunisation. [See Zahid (1996)]. All this suggest for improvement in education of mother and better access to health services, especially for females.

The 1996 per capita food intake for Pakistan was 2552 calories per day, slightly above the recommended dietary allowance. (See Table 3). However, certain segments of the population, particularly children under-five and women of childbearing age, have high incidences of malnutrition. It has been estimated that 60 percent of mothers of reproductive age suffer from anaemia. Because of this in 1995, 25 percent of all babies born were underweight. Besides, low incomes and food availability in poor households, ignorance about nutritional practices, and illiteracy are factors responsible for this poor state of nutrition. [See also Planning Commission (1997c)].

Although progress has been made to control infectious diseases, tuberculosis, enteric fever and diarrhoea continue to be major causes of death in Pakistan. Interestingly, majority of the diseases are preventable at relatively low cost. Measures such as access to safe water, oral dehydration programmes and availability of vaccines can be very effective. Governmental health care programmes have neglected primary and preventive services, especially in rural areas. A policy of controlling disease by encouraging timely preventive measures as well as making treatment facilities readily available would go a long way towards betterment of human condition in Pakistan.

To date 76 AIDS cases have been reported in Pakistan. In this respect, an area of concern is the growing number of drug users. Presently, not many drug abusers inject drugs intravenously. Considering that intravenous drug users are at high risk of AIDS, immediate preventive measures need to be taken.

There is one doctor for every 1,773 persons (1996) which of course has improved from 6,368 in 1961. Over the same period population per hospital bed declined from 2,063 to 1,514. Besides, in the private sector there are 14,447 registered medical practitioners. The predominance of private practitioners provide curative care. The Government also recognises the Unani, Ayurvedic

systems in addition to Homeopathy, which is widely practised. At present there are 40,566 registered Hakims, 536 registered Vaids and 40,081 Homeopaths in Pakistan. Despite, improvements in the medical staff there is a general lack of doctors (especially, gynaecologists and obstetricians) and nurses in every hospital. Similarly, number of paramedics are low and in general are untrained. Shortage of staff is constraining the provision of comprehensive health service.

Due to insufficient funding repairs and maintenance of equipments is very poor in hospitals and availability of medicines is very low. These in turn are major reasons for inaccessibility of people to health care services, especially for rural dwellers and urban poor. Although, the number of Rural Health Centres (RHCs) and Basic Health Units (BHUs) has increased modestly, it is still woefully meagre in proportion to the population that resides in the rural areas.

While as in some rural area health facilities are not available while in others they are largely under-utilised, thus affecting cost effectiveness. Main reasons for under-utilisation are absenteeism, poor quality of service, non-availability of complete primary services, non-availability of medicines, and poor referral system. [See also World Bank (1996)].

People often perceive the quality of primary health facilities as low. Which indicates an inefficient use of resources due to inadequate administration and management. Although the rural health investment programme absorbed about 60 percent of total health development expenditures, only about 25 percent of current expenditures were directed to rural areas. Since the provinces continue to favour hospitals and curative care, funds provided for preventive and basic health care often prove to be insufficient.

While public and private expenditure on health have increased over time, they are low by international standards. What is of more concern is that despite large increases in the amount allocated to health, it has yet to receive 1 percent of the GNP.

Health concerns are closely linked to literacy, knowledge of hygiene, access to clean water, good sanitation, and to family planning information. Improving women's education will help reduce the country's high under-five and infant mortality rates, since improved care by mothers could assist in earlier detection and treatment of health problems. Health education is an important component of primary health care system. Ironically, Pakistani medical schools, in general, do not impart training to their graduates to address the key public health issues. There is a dire need to introduce such training in all medical schools.

NGOs are very active in the health sector. In particular, numerous NGOs work in the area of mother and child care and are especially experienced in assisting with basic health care, breastfeeding, preparation of weaning foods, and identification of childhood diseases.

Until the 1980s, the Government's policy focus on health care was on the provision of health care facilities, especially at curative centres, primarily

located in urban areas. From 1984 to 1988 the Government focused its attention on the much-needed expansion of the rural health infrastructure of RHCs and BHUs. Since the late 1980s the main priority in health care has been to ensure better delivery of preventative services rather than expanding infrastructure for curative treatment. This is indeed the main feature of the health sector activities carried out under the SAP. The strategy under the SAP for primary health care is to improve the quality and access to service delivery rather than expansion in physical infrastructure. The SAP focus on promotional, preventive and rural services by giving priority to communicable diseases, including immunisation and by including family planning in basic health care.

Overall, the achievements and results of the SAP related increased expenditure have been positive. Achievement of physical targets in health sector spending have varied between 62 percent and 100 percent while on average, the success rate reportedly is 80 percent. One of the salient feature of the SAP impact on health indicators is that infant mortality decreased from 101 in 1993 to 86 in 1996. Female life expectancy has increased from 61 to 62 years and nearly 40,200 lady health workers were deployed.

Encouraged with the success of SAP I and the impact of policy initiatives SAP II was launched in 1996. This was desirable as the human development indicators in Pakistan remains low as compared to international standards of similar countries.

### (c) Reproductive Health

Lowering population growth from its current high level can alleviate the strains on over-stretched social programmes; improve the health and status of women; and lower the level of poverty. Fewer and better-spaced children contribute to better survival. Improved reproductive health of women reduces maternal mortality and morbidity and contribute to their better health. Thus public policy implemented through all stakeholders should operationalise key interactions between population and development variables so as to maximise their synergistic impact.

Pakistan has the highest rate of population growth (2.8 percent per annum in 1997) among the seven most populous countries of the world. (See Table 4).

Table 4

*Population Welfare Profile*

| Indicator | 1984-85 | 1994-95 |
|---|---|---|
| Population Growth Rate ( %) | 3.1 (1981) | 2.8 (1997) |
| Knowledge of Contraceptive Methods | 61.5 | 90.7 |
| Ever Use of Contraception (%) | 11.8 | 28.0 |
| Current Use of Contraception (%) | 9.1 | 17.8 |

*Source*: ADB (1997) and Government of Pakistan (1997).

Pakistan's growth rate has begun to decline gently since the early 1990's. Fertility is the major contributor to the growth, as mortality rates have become fairly stable since the early 1980s. Concern mainly surround the crude birth rate of about 37 per thousand persons (in 1997) which, while lower than previous estimates, still represents a level much higher than other similar countries.

The age structure that has evolved as a result of sustained high fertility and sharply declining mortality will result in the continuance of high rates of growth, even if family size norms are substantially altered, in coming years. Currently, about 45 percent of the population is under the age of 15, but this population could significantly decline if fertility is sharply reduced over the next quarter century. About 47 percent of the female population are in the reproductive age groups, and this is likely to rise to around 53 percent by the year 2020, contributing to population momentum and the continuation of rapid population growth. This situation calls for introducing some direct measures like, female education, community participation, etc.

One of the main reasons for the low status of women in Pakistan is the strong preference for sons, which greatly influence the reproductive intentions and behaviour of couples. Public awareness on the issue of son preference needs to be raised and attempts made to change prevailing attitudes on the worth of girls. However, the values are deeply ingrained and tied closely to the fact that women are not economically empowered and therefore seen as an economic burden on families. Thus addressing the more fundamental issues of equality in education and employment are expected to work towards changing negative attitudes towards girl children, which influence their education, nutrition and mortality. Changes in cultural norms are needed but will only occur as a result of strong and sustained efforts involving both Government and civil society.

A large portion of women do not have knowledge about family planning methods. In 1993/94, rural coverage of family planning services was estimated at being only 5 percent of the population. At the same time Pakistan Contraceptive Prevalence Survey (1994-95) estimated the unmet demand for contraceptive at 34 percent. Creating knowledge about family planning services would certainly raise more demand for it.

Quality of family planning services is sub-standard; complete facilities are rarely provided in Reproductive Health Centres, supplies are often short, at times doctors are not available, para-medics are ill-trained who provide misinformation about contraceptive options, and motivators are often found absent from their duties. [See also Sathar (1993)].

Currently, family planning and health care services are provided at two different clinics located separately. A more logical organisation would be to integrate the two clinics. This would be particularly beneficial for rural women both in terms of cost effectiveness and efficiency. The Government is now

strengthening this linkage through SAP II. Some of the measures being implemented in order to bring about improvements in the delivery and utilisation of family planning techniques include the improvement of monitoring and supervision by the Government, the upgrading and intensification of clinical training and the improvement of motivational campaign. During 1995-96, 1,344 new service delivery outlets were opened and 6,500 village-based family planning workers were recruited.

Currently, the Government's Population Welfare Programme aims to reduce the annual population growth rate from 3.0 percent to 2.7 percent. The total fertility rate is expected to decline from 5.9 to 5.4 births per woman and the contraceptive prevalence rate is expected to increase from 18 percent to 24 percent. These results will be accomplished through the expansion of family planning services, motivational campaigns, increasing male involvement in family planning programmes, and social marketing. [See also Planning Commission (1997b)].

### (d) Water Supply and Sanitation

Access to safe drinking water and to sanitation facilities are considered to have direct favourable effect on the overall health of a person. An estimated 80 percent of all sickness and diseases in Pakistan are due to inadequate supply of safe drinking water and sanitation facilities. [See Burney *et al.* (1992)]. Access to safe drinking water and sanitation facilities are considered to have positive impact on child mortality and life expectancy. In this respect, it is imperative that efforts are made not only to expand the coverage of the population with respect to these facilities but also reduce the existing regional disparities in their provision.

Although, short of the Plan targets, a significant improvement in access to both safe drinking water and sanitation in both rural and urban areas is made during the 8th Plan period. (See Table 5). According to Pakistan Integrated

Table 5

*Access to Safe Drinking Water and Sanitation in Pakistan (%)*

| | 1992-93 | 1997-98 |
|---|---|---|
| **Access to Drinking Water** | | |
| • Urban | 70.5 | 88 (target = 95) |
| • Rural | 47 | 55 (target = 80) |
| **Access to Sanitation** | | |
| • Urban | 60 | 65 (target = 70.5) |
| • Rural | 13.5 | 20 (target = 31.5) |

*Source*: Office of the Chief Economist, Planning Commission.

Household Survey [PIHS (1995-96)] majority of the rural population lacks access to an adequate supply of safe drinking water and sanitation systems. Nearly 46 percent of all households obtained their drinking water from hand pumps, while another 25 percent, mainly urban households, had access to water through domestic taps. Despite progress, 45 percent of rural population did not have access to safe water. Although, access to drinking water and sanitation is increasing but due to poor maintenance these facilities are not making the desired impact. In 1995-96, 34 percent of all households had a flush toilet compared to only 28 percent in 1991. Overall, 45 percent of households have open drains and 14 percent closed drains, but only 2 percent of rural households have closed drains.

Due to rapid expansion of urban areas (currently estimated to cover 32 percent of population), it has become very difficult to expand urban services and facilities adequately to cope with the growing pressure on them. Considerable investment is needed to maintain and expand the existing urban infrastructure, even to meet the needs of the existing population. The problems are particularly acute in large cities. The infrastructure, in terms of such facilities as water supply and waste disposal can not keep with the growth of settlement, often in the form of slums and squatters settlement.

In growing urban areas a lack of proper sanitation is a major contributor to environmental pollution, poor health, and to infant mortality through diarrhoeal diseases. Education on hygiene and environmental pollution is urgently needed in Pakistan as part of any efforts to improve water supply and sanitation.

Water plays a critical role in rural women's lives, particularly in rainfed areas. Water is essential to performing both household and farm-related chores and its transport is a major burden for rural women and girls. Where *purdah* (veil) is strictly observed women's access to water from a public place may be limited. Such realities must be considered in water supply programmes.

In urban areas where access to piped water is much better, water pipes are quite old and are subject to bacteriological contamination. Wastewater is usually transported from houses by open surface drainage and may be discharged directly into local streams, creeks, rivers or the ocean (in the case of Karachi).

Very few households pay a nominal water charge on quarterly basis, which is totally insufficient to maintain O&M. Only 18 percent of households in Pakistan reportedly paid for water in 1995-96. There is a need to increase this ratio.

Rural Water and Sanitation System (RWSS) is one of four core areas under the SAP. The RWSS objectives are to provide potable water and sanitation facilities in rural areas. Under the plan the target is to provide 70.5 percent and 31.5 percent of the rural population with water and sanitation

facilities, respectively by 1998. As noted earlier achievements are short of targets.

A major outcome of SAP-I so far has been the adoption of a unified policy with respect to RWSS. This include several key areas, namely: (i) no new water supply scheme or rehabilitation of a non-operational unit will be carried out unless communities are identified and mobilized in planning and implementation of the schemes and they agree to bear O&M costs; (ii) the provision of adequate O&M budget in the interim period; and (iii) an action plan will be drawn for the transfer of existing schemes to communities. However, several issues are affecting successful implementation of this policy. For example, involvement of politicians in the selection and location of RWSS schemes, the time needed to develop a workable procedure and the legal conditions under which valuable equipment can be handed over to a community, the absence of a local government system, and the misguided perception by the Government that signing an agreement with a local community is what is meant by participation. Clearly, the increased emphasis on the involvement of local communities in water supply is extremely significant for future development of this sector.

## II. ANALYSIS OF CROSSCUTTING CONCERNS

### (a) Poverty

In Pakistan each successive government has claimed to have taken concrete steps for the eradication of poverty from the country. Despite the rhetoric and impressive growth in output realised in the past, poverty remains widespread in the country. About 22.4 percent of the population live below the poverty line which account for a total of over 30 million people.[4] (See Table 6).

Table 6

*Percentage of Population below Poverty Line*

| Year | Total Pakistan | Rural | Urban |
|---|---|---|---|
| 1979 | 30.68 | 32.51 | 25.94 |
| 1984-85 | 24.47 | 25.87 | 21.17 |
| 1987-88 | 17.32 | 18.32 | 14.99 |
| 1990-91 | 22.11 | 23.59 | 18.64 |
| 1992-93 | 22.40 | 23.35 | 15.50 |

*Source*: Amjad and Kemal (1997).

[4] Poverty is defined here in terms of deprivation of a minimum bundle for the maintenance of basic necessities of human life such as food, clothing and non-food human requirements. Poverty line reported above allows consumption of 2550 calories per day. [ See, Amjad and Kemal (1997)]. In the estimation of the non-food consumption of the poor, they used the average ration of food to non-food consumption of the poor.

Absolute poverty not only causes environmental damage, it is one of the major factor responsible for high child mortality rates and a source of under-nourishment, which in turn affects the productivity of the farm and industrial workers. Thus poverty alleviation is important not only as an indicator of human development and general well being of the populace, but is also a critical input to the growth process.

A correlation estimate between poverty and the GDP growth rate suggests that, in general, during the period when Pakistan witnessed relatively high growth poverty was low, while poverty started rising as soon as the economy became slow. These trend calls for measures for a general increase in economic activity in order to reduce poverty.

Costs of Structural Adjustment Programme, in the short to medium term, are inevitable. Incidentally, the Programme in Pakistan has coincided with low economic growth. Consequently, the Programme has created new poor in the urban area amongst the low income working classes, and in the rural area amongst small farmers and non-agricultural workers. Besides, self-employed especially in the informal sector are facing the brunt of adjustment as their business activities have shrunk due to recession in the economy. [See also Tilat Anwar (1996)].

Since, the early 1990s, despite a fall in the monetary expansion, inflation rate remained high mainly due to supply-side constraints. As a result of rising inflation real wage fell sharply. At the same time job opportunities declined due to slackness in the economy, privatisation of public enterprises, on going downsizing in the banking sector, a fall in public sector investment especially in labour-intensive mega projects, and a fall in emigration.

Up to 1987, partly due to large inflow of foreign remittances and foreign aid, Pakistan experienced high rate of economic growth, as a result real wages in all sectors rose sharply and poverty declined. However, as soon as reverse migration started and foreign capital inflow went down poverty started surfacing. There is thus a need to find suitable alternatives to compensate these lost opportunities.

Subsidies, transfer payments, provision of education and basic health facilities by the state, all are expected to reduce poverty. The Structural Adjustment Programme calls for the elimination of all kind of subsidies. For instance, in the agriculture sector all the farmers enjoy subsidy while an increase in prices due to agricultural reforms does not benefit much to the subsistence farmers. The reform programme has badly affected small and landless farmers, while urban poor are hit by the rising food prices. [See also Planning Commission (1997d) and Government of Pakistan (1997a)].

It is widely argued that economic hardship and reduction in government spending on social sectors is leading to increasing pace of drug abuse/trafficking, rising crime rate, environmental degradation, social inequities.

breakdown in positive social values and new afflictions such as AIDS. Unfortunately, Pakistan is suffering from all these problems. According to the latest estimates the number of drug abusers in Pakistan is around 3 million, rising at the rate of nearly 7 percent annually. The National Survey on Drug Abuse in 1993 reports that 72 percent of the drug abusers are under the 35 years of age. A drive against drug pushers is in operation. However, much more is needed to combat with this menace, on both demand and supply sides. [See also Planning Commission (1997a)].

At the state level, the system of Zakat and Ushr, Bait-ul-Mal, and food stamps have been instituted to transfer the income to the poorer section of the society. The impact of these measures has been relatively smaller because the number of beneficiaries compared to the number of the poor is small and because of the complaints regarding the distribution of Zakat. The size of Zakat collection is small, i.e., 0.2 percent of the GDP.

Keeping in view the specific conditions prevalent in Pakistan, the UNDP in coopertaion with the Government, NGOs and the communities has prepared comprehensive poverty eradication programmes to substantially reduce overall poverty and inequalities in the shortest possible time, to assist the Government in formulating national policies that are oriented to meet basic needs and reduce inequalities, and to develop partnership among the Government, private sector and communities with the active support of donors to address the structural causes of poverty and inequality in Pakistan.[5] These initiatives are in the right direction. An impact analysis of these initiatives after some time should enable the Government to restructure the strategy and to extend its coverage to all poverty stricken communities.

In addition to above-mentioned programmes, the federal and provincial social welfare departments also operate other schemes, increasingly in collaboration with NGOs, targeted at the poor. NGOs intervene in regions of the country where the Government has not had the means or could not take the risks necessary to provide services--they are a great source in social welfare and poverty reduction programmes to the government. Clearly, with such a large number of poor, there is enormous scope to increase efforts in this area and to explore more fully the potential for social safety net programmes. There is also a need to enhance the effectiveness of poverty reduction strategies by following and implementing policies that promote an efficient and equitable pattern of growth as well as implementation and specific interventions to reach the remaining poor people.

In a nutshell, persistence of poverty at a high level continues to be central to the problem of development in Pakistan. Any effort of development in general or employment expansion must, therefore, focus on poverty alleviation.

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[5] For more details see Appendix.

Given the factor endowments of Pakistan, expansion of productive employment constitutes an important element in any strategy of poverty alleviation. The level and productivity/wage of employment can play an important role in ensuring access of the poor to a minimum bundle of goods and services. Experience of many developing countries indicates that an expansion of productive employment and a rise in real wages through a labour-intensive process of growth can play a crucial role in alleviating poverty. Whether policy actions are to provide access to income-generating assets or expansion of remunerative employment through a process of labour-intensive production and/or special programmes for employment creation, a strategy of 'employment-led poverty alleviation' deserves to be considered as the central element in any development strategy of Pakistan.

**(b) Gender**

The discrimination against women is relatively evasive in developing countries and starts earlier in the woman's life cycle. It is generally felt that females, both as children and growing adults have greater incidence of malnutrition, infant mortality and enjoy lesser opportunities in terms of education. In fact some studies about the son preference of the parents clearly imply that the girl children face discrimination in intra-household resource allocation. [See Sathar (1987)].

Overall situation of women in Pakistan, as evidenced by gender disparities, remains dismal. In terms of health, literacy, and social and economic status, women persistently lag behind men. Women's literacy is 27 percent compared to 50 percent for men, while 63 percent of girls attend primary school compared to 86 percent of boys. Females in rural areas are most seriously deprived in terms of school enrolment opportunities. They do even worse when compared with their counterparts in urban areas. Female literacy in rural areas is around 12 percent. Furthermore, average years of schooling and the proportion completing primary school are lower for girls as compared to boys.

The sex ratio, i.e., the number of women compared to the number of men, is at 104 men for 100 women, compared to 97 for developing countries. The sex ratio is higher in urban area (106) than in rural area (103). This can be explained by male-dominated rural-urban migration.

The female life expectancy at birth (LEB) 62 years falls short of that of male's 63 years. This tendency is particularly significant in view of the fact that, typically, in most countries females LEB exceeds its male counterpart. This is due to the fact that a Pakistani women, on average, bear five to six children and many suffer from chronic malnutrition and anaemia due to frequent childbearing and poor dietary intake. Maternal mortality is at 340 deaths per one hundred thousand live births (1993).

Gender-related differences in infant and child mortality rate show that they disfavour the girl child. In fact, Sathar (1987) reports that post-neonatal mortality of two girls born in succession is higher than when a girl follows a boy or a boy follows a girl. Thus it is evident that the female child is being neglected. A widely believed son preference may be a strong factor responsible for the outcome.

It is often felt that, as adults, women find it harder to enter the labour market and are paid less than their male counterparts. Female labour participation in economic activity, though has grown significantly, is still very low. Against 100 males, only 16 females are economically active in Pakistan. [See Haq (1997)]. They are often found in agriculture, and urban informal sector which is characterised by low wages, dead end jobs, with little on-the-job training, and thus lesser opportunities to wage raise over the life cycle. [See Kemal and Mahmood (1993)].

In order to rectify some of gender inequities the SAP has chosen to focus specifically on women. For this emphasis is placed on primary and basic education of females, particularly in rural areas. Special incentive-oriented programmes have been created to enrol and retain girls in schools. Such programmes include Girls Primary Education (ADB assisted project) and Primary Education and Development Project (World Bank assisted project).

In order to improve gender balance in the health sector capacity of public health schools to train more female paramedics has been increased. Incentive allowance is offered to women working in difficult conditions, such as in remote rural areas. Integration of services of family planning and health outlets and community participation is expected to contribute to the efficient delivery of services.

Women judges have been appointed in three of the country's four High Courts and in a number of lower courts besides the appointment of women judges in several family courts. Women's police stations in five cities have been set up. The Government has reserved 5 percent quota for employment of women in all establishments of private/public sector. To look after the interests of women focal points at the senior level have been established in 13 ministries.

## III. SOCIAL DEVELOPMENT STRATEGY

There is a complete unanimity among all sections of the society about the critical role of social sector development in economic development and its role in the process of society's development. Given the versatility of the social sector and complex interaction among its components and their crosscutting implications the question of an appropriate public policy towards investments in social sector become more important and perhaps more complex than ever.

In the development planning due to the long term nature of investments in social sector has often resulted in setting aside issues associated with the sector

for more pressing short-term problems. It is precisely for their positive impact in the longer run and the past neglect that social sector issues need to be addressed in a vigorous manner. In this respect, it is important that a comprehensive package for the development of the social sector for each sub-sector be evolved. This is indeed the subject matter of this section.

The analysis of Pakistan's past development experience and the major developmental challenges it is still facing suggests that the pursuit of a strategy that puts a main emphasis on the social sector is very much warranted.

A review of Pakistan's education sector suggests that (i) enrolment rates are quite low with high dropout rates; (ii) while as funding remains a binding constraint, schools do not have developed capacity to utilise them; (iii) public schooling expenditures are skewed towards tertiary level which benefit mostly the upper income strata; (iv) low cost recovery; (v) gender, and rural-urban gaps in the attainment of education remains large; (vi) costs of public schooling is beyond the reach of families living below the poverty line; (vii) due to poor planning educated unemployment has assumed alarming proportions; and (viii) quality of schooling, in general, is poor. In order to improve basic education, particularly for girls and to remove regional bias, SAP has made significant contribution. The Government should keep on supporting such activities. Other issues require changes in existing policies to make the education system efficient and sustainable.

Access to health care facilities remains a major issue in Pakistan. Primary health facilities especially in rural areas are largely under-utilised. This has had an adverse impact on the infant mortality and consequently on the life expectancy. Health institutions are under funded and whatever low funding they get is under utilised. Moreover, the budgetary expenditures are biased towards expensive curative health care. Quality of service at primary health facilities is low where staff absenteeism, lack of staff and medicines is observed. Community involvement in provision of health services remains very low. Recent efforts to posting paramedics (particularly females) in rural areas, immunisation programmes, making health services more responsive to community demands need to be accelerated. More efforts are required in this regard.

A review of population situation in Pakistan suggests that (i) high population growth is mainly due to high crude birth rate and crude death rate, (ii) fertility rates in Pakistan are strongly inversely correlated with women's schooling, (iii) contraceptive use is very low, (iv) quality of family planning services is substandard, (v) paramedics are often ill-trained who provide misinformation about contraceptive options, (vi) a large proportion of unmet needs for family planning. These problems are most felt for uneducated classes and in remote areas. Donors should be involved in Pakistan's population welfare programme to reduce some of these problems.

Access to safe drinking water and sanitation is a major problem especially in rural Pakistan. Access to these facilities have direct and favourable effect on the overall health of a person. A major problem in the area is poor maintenance of facilities due to which they are not making the desired impact. These facilities are not increasing at the pace of urban population. In growing urban areas a lack of proper sanitation is a major contributor to environmental pollution, poor health, and to infant mortality through diarrhoeal diseases. Education on hygiene and environmental pollution is urgently needed in Pakistan as part of any efforts to improve water supply and sanitation. Very few households pay a nominal water charge on quarterly basis, which is totally insufficient to maintain and operate the system. Many of these problems are being addressed through SAP. SAP II should emphasise more on these problems.

Despite impressive economic growth poverty remains widespread in Pakistan. Main causes of poverty in Pakistan are low productivity growth, macro-economic instability, structural adjustment without much care about poor, and external shocks. Although some programmes are in operation to reduce poverty, yet these programmes are insufficient to reach all the poor. There is enormous scope to increase efforts in this area and to explore more fully the potential for social safety net programmes. There is not only a need to raise gainful employment for poverty-stricken classes especially in rural areas and urban slums but also to follow and implement policies that promote an efficient and equitable pattern of growth.

Status of women, as evidenced from persistent gender disparities, remains dismal. Females, especially in rural areas, are most seriously deprived of social services. Similarly, women find it harder to enter the labour market and are paid less than their male counterparts. SAP has taken some initiatives to focus on women to remove gender inequities. There is a need to further enhance the coverage of the programme to reach the rest of women for the provision of social services. Efforts are needed for easy entry of women into market activities and to remove bias against choices of job and wage payments. There is also a need to create working environment suitable to socio-cultural conditions. The two most important areas where women can be beneficiaries are agricultural extension and credit and as such there is a need to make special provision for extension, credit and livestock improvement.

Promotion of micro-enterprises run by women has been shown to be a major avenue for women's empowerment and for increasing their role in reproductive decision-making. Hence programmes within the industrial sector, as suggested earlier, need to support the growth of such enterprises through provision of credit and other means. Such programmes are justified not only on grounds of poverty reduction and employment creation, but also for women's empowerment and fertility reduction. Other disadvantaged groups are powerless because of lack of knowledge about opportunities, lack of political connections,

geographical immobility, and deprivation from social services. All the disadvantaged groups needs awareness and access to gainful employment and social services. For this there is a need for commitment to empower these groups from the government, NGOs, and donors, so as to bring them into the mainstream of development. There is a need for capacity building of these organisations to deal with such pressing issues.

In the matrices overleaf a summary of problems in the social sector along with their contributory factors are reported. The matrices also provide the corresponding action steps/response needed to tackle the issues and proposed strategy in each area.

*Social Sector Strategy*

**(Education)**

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| Low enrolment rates, especially of girls | ■ High dropout rate<br>■ Non-availability of female teachers, especially in rural areas<br>■ Lack of economic opportunities<br>■ High opportunity cost of education<br>■ Low motivation among parents to educate children<br>■ Parent's education<br>■ High dependency ratio<br>■ Lack of information to take efficient schooling decisions<br>■ Lack of protective environment for girls<br>■ Lack of transport facilities | ■ Maintain focus on primary schooling<br>■ Increase female teacher's supply<br>■ Control dropout<br>■ Promote economic growth<br>■ Aggressively diffuse reliable information on schooling<br>■ Ensure protective environment for girls<br>■ Improve transport facilities<br>■ Empower households' expression of their preferences through community participation<br>■ Encourage NGOs to sensitise people for education |
| Poor quality of schooling | ■ Untrained or poorly trained teachers<br>■ Teachers absenteeism<br>■ Poor quality of the educational administration<br>■ Outdated curriculum<br>■ Lack of institutional capacity to use nonsalary budget<br>■ Ghost schools<br>■ Poor work ethics while incentives are missing<br>■ Teaching aids are non-existent | ■ Make teacher training a must for job and introduce on the job training for untrained teachers<br>■ Modernise teacher training institutions<br>■ Higher salaries, especially for those working in remote areas<br>■ Introduce educational testing service through private sector<br>■ Stop teacher transfers during the academic year<br>■ Eliminate role of politicians in teacher recruitment<br>■ Introduce quality competitions among schools<br>■ Develop institutional capacity<br>■ Introduce modern curriculum and provide teaching aids |

*Continued—*

Education—(*Continued*)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| Low funding and low utilisation of available funds | ■ Low political commitment for education<br>■ Low cost recovery<br>■ Inefficient system of funds utilisation<br>■ Low absorptive capacity<br>■ For new projects recurrent costs implications are often ignored | ■ Upgrade planning and management of resources<br>■ Mobilise resources from the private sector<br>■ Increase allocation for education sector<br>■ Improve absorptive capacity<br>■ Ensure future recurring costs for new projects |
| Skewed distribution of public school expenditures and low cost recovery | ■ Bias in policies towards tertiary education<br>■ High subsidy in education | ■ Maintain focus on primary education<br>■ Rationalise fee structure at higher education level<br>■ Introduce scholarships for poor<br>■ Emphasise demand-driven education |
| Poor governance | ■ Inability of line departments to understand objectives of a programme<br>■ Need assessment of projects is rarely made<br>■ Ineffective implementation mechanisms due to lack of expertise<br>■ Lack of monitoring<br>■ Lack of funds to operate and maintain<br>■ Lack of co-ordination among implementing agencies<br>■ Unnecessary political interference<br>■ Centralisation of authority<br>■ Lack of accountability<br>■ Inappropriate financing mechanisms<br>■ Delays in disbursement of funds | ■ Improve capabilities of line departments to execute programmes<br>■ Ensure access to information<br>■ Ensure practice of authority and power is without status and creep<br>■ Develop private/NGOs-public partnership, with community participation<br>■ Ensure transparent system of delivery and accountability<br>■ Ensure decentralisation and devolution of power<br>■ Ensure good governance before launching a project<br>■ Need assessment of a project be made with the help of community<br>■ Develop expertise to implement policies<br>■ Introduce effective monitoring and evaluation<br>■ Ensure adequate funding for O&M<br>■ Improve co-ordination among implementing agencies<br>■ Release sufficient resources for projects in time<br>■ Strike a balance between new and on-going projects |

(Health Care)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| Access to health facilities is limited | ■ Lack of health facilities<br>■ Lack of health education<br>■ Lack of staff or absenteeism of staff<br>■ Lack of medicines<br>■ High poverty | ■ Emphasise on primary health care<br>■ Upgrade health services at Tehsil and District Headquarter hospitals<br>■ Impart health education<br>■ Induct staff<br>■ Control staff absenteeism<br>■ Involve NGOs in provision of basic health<br>■ Improve supply of medicines |
| Poor service quality | ■ Lack of properly trained staff<br>■ Absenteeism of staff<br>■ Lack of funds<br>■ Poor labs<br>■ Poor pay structure<br>■ Lack of funds for O&M | ■ Ensure that hospitals allocate a part of their budget for O&M<br>■ Induct trained staff<br>■ Control staff absenteeism<br>■ Improve standardisation and upgradation of labs<br>■ Provide work incentives<br>■ Improve referral system<br>■ Provide a legal and regulatory framework for private clinics and hospitals |
| Budgetary expenditures are skewed towards curative health | ■ Policy focus on curative diseases<br>■ Lack of curative disease services in the private sector | ■ Allocate more funds for preventive diseases<br>■ Encourage private sector to go into curative health care<br>■ Give maximum autonomy to District Hospitals |

*Continued—*

Health Care—(*Continued*)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| Limited health education for population | ■ High illiteracy<br>■ Lack of health education programmes for general public<br>■ Lack of community-oriented health education in medical schools<br>■ Lack of strong environmental and hygiene laws | ■ Introduce health education in schools<br>■ Introduce community-oriented education in medical schools<br>■ Introduce strong laws for environmental and hygiene control |
| Rapid growth of diseases of development | ■ Stress, worries<br>■ Faster life<br>■ Lack of environmental laws | ■ Introduce new courses in medical college<br>■ Train the existing staff to handle modern diseases |
| AIDS is emerging as a new disease | ■ Growing abuse of drugs<br>■ Use of used needles | ■ Improve treatment and rehabilitation facilities<br>■ Expand drug abuse awareness programmes<br>■ Ensure effective law enforcement |
| Poor governance | ■ Inability of line departments to understand objectives of a programme<br>■ Need assessment of projects is rarely made<br>■ Ineffective implementation mechanisms due to lack of expertise<br>■ Lack of monitoring<br>■ Lack of funds to operate and maintain<br>■ Lack of co-ordination among implementing agencies<br>■ Unnecessary political interference<br>■ Centralisation of authority<br>■ Lack of accountability<br>■ Inappropriate financing mechanisms | ■ Improve capabilities of line departments to execute programmes<br>■ Need assessment of a project be made with the help of community<br>■ Develop expertise to implement policies<br>■ Introduce effective monitoring and evaluation<br>■ Ensure adequate funding for O&M<br>■ Improve co-ordination among implementing agencies<br>■ Eliminate unnecessary political involvement |

## (Reproductive Health)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| High fertility rate | ■ Low literacy of females<br>■ Powerlessness of females in reproductive decisions<br>■ non-integrated initiatives<br>■ Contraceptive use is low<br>■ Quality of family planning service is substandard<br>■ Ill-trained staff provides misinformation about contraceptive options<br>■ Unmet needs for family planning<br>■ Lack of knowledge of family planning options<br>■ Limited supply of contraceptive<br>■ Intermittent closure of family planning centres | ■ Create literate and educated female population<br>■ Ensure population programmes are responsive to women needs<br>■ Improve quality use of contraceptive<br>■ Introduce trained staff<br>■ Ensure smooth supply of contraceptives in all areas<br>■ Improve and expand the delivery of reproductive health services<br>■ Sensitise communities on the benefits of small families<br>■ Create effective monitoring and evaluation of family planning delivery system and use of resources<br>■ Develop integration of health and population services |

## (Safe Drinking Water and Sanitation)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| Poor cost recovery in water and sanitation programmes | ■ Absence of local government<br>■ Lack of consultation with community<br>■ High system losses during distribution<br>■ Poor management | ■ Introduce user's charges to recover O&M<br>■ Consult communities before introducing a scheme<br>■ Improve distribution system<br>■ Introduce cross subsidy on the basis of ability to pay<br>■ Introduce private-public partnership |

## (Poverty)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| High poverty, especially in rural Pakistan | ■ Low productivity growth<br>■ Macro-economic instability<br>■ Structural adjustment without regard for poor<br>■ External shocks including falling capital inflows, remittances, and emigration<br>■ Lack of labour-intensive developmental projects in the public sector | ■ Improve the system of distribution of Zakat, Usher and Bait-ul-Mal<br>■ Introduce food coupons and free social service cards for vulnerable<br>■ Involve NGOs to identify and reach the vulnerable groups<br>■ Introduce measures to improve productivity<br>■ Improve macro-economic stability<br>■ Introduce labour-intensive public works programmes<br>■ Avail opportunities to send workers overseas<br>■ Introduce micro credit for poor<br>■ Accelerate growth of micro-enterprises<br>■ Building community organisations to deliver services, mobilising resources<br>■ Impart cross-cutting skills<br>■ Improve labour market information system |

## (Gender)

| Problem | Contributing Factor | Action Steps/Response |
|---|---|---|
| Gender bias persist in social services and economic opportunities | ■ Male dominance<br>■ Son preference<br>■ Lack of opportunities for females in economic and social sectors<br>■ High illiteracy<br>■ Health care and family planning facilities at different locations | ■ Sensitise communities on gender issues<br>■ Improve social and economic opportunities for females<br>■ Improve female literacy<br>■ Improve social security<br>■ Integrate health care programme with family planning programme<br>■ Introduce micro credit programme for females<br>■ Provide marketable skills to females |

## APPENDIX

*Pakistan Poverty Alleviation Fund*

Highlights of Pakistan Poverty Alleviation Fund: Objective of this fund is to alleviate poverty, institution building, capacity building of the society, through skill development, etc., so as to become self-dependent, instead of relying on doles.

Launched in 1995 objectives of the UNDP Poverty Alleviation Programmes in Pakistan are three fold:

1. to substantially reduce overall poverty in the shortest possible time and reduce inequalities.
2. to assist government in formulating national policies that are oriented to meet basic needs and reduce inequalities.
3. to develop partnerships among government, private sector and communities with the active support of international development agencies to address the structural causes of poverty and inequality in Pakistan.

In Pakistan UNDP's poverty related activities are grouped in three main categories:

(a) Policy advice in a broad sense
(b) Enhancement of information on poverty
(c) Support for basic social services and other concrete initiatives that directly benefit the poor.

In this regard the initiative taken so far by the UNDP includes: Federal Support Unit for Clean Drinking Water and Sanitation; Bunyads (NGO Resource Centres) for the Punjab; Private sector Education; Neelum Jhelum Valley's Community Development Project; commencement of the Pakistan component of South Asia Poverty alleviation Programme (SAPAP); NGO Capacity Building Project and Economic Empowerment of Rural Women through National Rural Support Programme (NRSP); seminar on poverty involving high level policy makers, NGOs, academicians and donors; establishment of a working group on poverty alleviation, studies on various NGO issues and concerns; and dissemination of information.

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## ABSTRACT

Pakistan had an excellent growth record in economic sectors over the past 30 years, with an average annual growth rate of the GDP of over 6 percent. However, social development indicators could not grow in commensurate with the growth rate of the economy. Because of the past neglect of the social sector, growth in the economy could not sustain during the 1990s. Not only resource commitment for the social sector remained absolutely inadequate but also inefficiency in the use of resources was much too high. On the other hand, as a result of poor performance of the social sector, poverty and gender issues have assumed alarming proportions. These were the impelling reasons for the government to change its development planning strategy when it launched the Social Action Programme Project in 1993-94. As a result some positive trends for all the social sector indicators have started emerging, however, their impact in terms of better quality of life is yet to be seen.

This report aims to examine issues of the social sector in Pakistan and suggest areas for further reforms. As such, the objectives of this study are to provide both a sector-specific analysis of Pakistan's four main social sectors (education, health, reproductive health, and water and sanitation), and an analysis of the two most important crosscutting issues; namely, poverty and gender. Based on the analysis this report develops a strategy to tackle the social sector issues in Pakistan.

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