

Civil Society Perspective

on

Bad Governance

Bad Governance

Flood Disaster 2010

Flood Disaster 2010

Pakistan

Energy Crisis

War on Terror

War on Terror

Millennium

Bad Governance

Development Goals Report 2010

Energy Crisis

Energy Crisis

Energy Crisis

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War on Terror

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Flood Disaster 2010

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War on Terror



By GCAP Pakistan



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on
Pakistan
Millennium
Development Goals Report 2010**

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GCAP Pakistan



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ACRONYMS

ADB: Asian Development Bank
BHUs: Basic Health Units
CBOs: Community Based Organisations
CNG: Compressed Natural Gas
CNIC: Computerised National Identity Cards
CPRSPD: Centre for Poverty Reduction and Social Policy Development
CPR: Contraceptive Prevalence Rate
CSOs: Civil Society Organisations
DOTS: Direct Observed Treatment Short Course
ECD: Early Child Development
EDL: External Debt Liabilities
EPI: Expanded Programme on Immunization
FSW: Female Sex Workers
GCAP: Global Call to Action against Poverty
GDP: Gross Domestic Product
GoP: Government of Pakistan
GPI Gender Parity Index
GRAP: Gender Reform Action Plan
HDIP: Health Development Information and Policy Institute
HDI: Human Development Index
HASP: Homeowners Affordability and Stability Plan
HRCP: Human Rights Commission of Pakistan
HSW: Hijra Sex Workers
IDU: Intravenous Drug Users
IMR: Infant Mortality Rate
IMF: International Monetary Fund
KPK: Khyber Pukhtunkhwa
LHVs: Lady Health Visitors
LHWs: Lady Health Workers
MDGs: Millennium Development Goals
MMR: Mother Mortality Rate
MNCH: Maternal Neonate and Child Health
MSW: Male Sex Workers
MICS: Multiple Indicator Cluster Survey
MTDF: Medium Term Development Framework
NEMIS: National Education Information Systems
NADRA: National Database and Registration Authority
NGOs: Non Government Organisations
NIPS: National Institute of Population Studies
OECD: Organisation for Economic Co-operation and Development
OPL: Official Poverty Line
ORT: Oral Rehydration Therapy
PDHS: Pakistan Demographic and Health Survey
PMA: Pakistan Medical Association
PCP: Planning Commission of Pakistan
PMDGR: Pakistan Millennium Development Goals Report
PIHS: Pakistan Integrated Household Survey

ACRONYMS

PPHI: Pakistan Primary Health Institute

PSLM: Pakistan Social and Living Standard Measurement Survey

RHU: Registered Health Underwriter)

SPDC: Social Policy and Development Centre

TBA: Traditional Birth Attendants

TFR: Total Fertility Rate

UCs: Union Council

VAW: Violence against Women

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PREFACE

I am very much pleased to present this important report to you and other civil society organizations and networks and Coalition members across the world on behalf of GCAP Coalition in Pakistan. The Report will be presented in the forthcoming sideline events during the United Nation's MDG Summit in September 2010. The report is first of its kind on behalf of civil society in Pakistan since the adoption of MDGs by government of Pakistan. This report will give new dimensions and way forward for the achievement of MDGs in Pakistan.

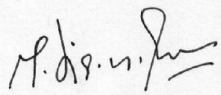
The Civil Society Perspective on Pakistan Millennium Development Goals Report (PMDGR- 2010) has been prepared through a process of consultation. The process has been enriched through a series of consultative meetings in all the provincial headquarters by involving Government officials/ decision makers, eminent community leaders, heads of Civil Society Organizations and representatives of networks. The interactive consultative process resulted in verifying data produced in the Government report and receiving input/feedback from Governments' officials, Civil Society Organization and Development Partners. The members of National Steering Committee of GCAP-Pakistan have also provided invaluable input during these consultative processes and meetings.

The report has been compiled by Rana Riaz Saeed, member of GCAP-Pakistan from Islamabad. We, on behalf of GCAP-Coalition members, are also thankful to Dr. Yasmeen Qazi, Mr. Qadeer Baig, Ms. Khawar Mumtaz, Mr. Fazal Noor and Mr. Irfan Mufti for their guidance and support in this consultative process. In addition we also appreciate the support and facilitation provided by the United Nations Millennium Campaign (UNMC) in this regard.

Lastly the finalization of the report would not have been possible without the enormous efforts of the GCAP-Pakistan's National Secretariat team at Awaz Foundation Pakistan: Centre for Development Services. Members of the Awaz team including Fatima Zafar, Maqbool Joya, Imran Asim, deserve special appreciation on behalf of GCAP-Pakistan for their active role.

We look forward to your feedback and support for our efforts in Pakistan

Warm Regards



Mohammad Zia-ur-Rehman
National Coordinator
GCAP-Pakistan

INTRODUCTION

The Millennium Development Goals (MDGs) and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 and from further agreement by member states at the 2005 World Summit. The MDGs are the most broadly supported, comprehensive and specific development goals, the world has ever agreed upon. These eight time-bound goals provide concrete, numerical benchmarks for tackling extreme poverty in its many dimensions. This is a framework of 8 goals; break down into **21 quantifiable targets** that are measured by **60 indicators** to measure progress towards the MDGs was adopted by a consensus of experts from the United Nations Secretariat and IMF, OECD and the World Bank. They include goals and targets on income poverty, hunger, maternal and child mortality, disease, inadequate shelter, gender inequality, environmental degradation and the Global Partnership for Development. The goals and targets are interrelated and are seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment - at the national and global levels alike - which is conducive to development and the elimination of poverty". The MDGs are both global and local, tailored by each country to suit specific development needs.

Pakistan is among the signatory of the Millennium Declaration and agreed for taking steps to achieve MDGs. While international bodies are monitoring progress of Pakistan towards the MDGs targets, independent civil society organizations (CSOs), networks and coalitions are also active. GCAP-Pakistan (established in 2005), is a coalition of over 450 networks, including CSOs, NGOs, CBOs, groups of women, media, human rights, research and advocacy organization and peasant / workers / labourers movements, etc. GCAP Pakistan is the critical link between global and local campaigns against poverty and related issues. It ensures that global campaigns consider the national and local concerns. It also ensures that the national and local campaigns are carried out in the context of larger global issues.

On July 7, 2010 the Planning Commission of Pakistan (Government of Pakistan) issued the *Pakistan Millennium Development Goals Report 2010* (PMDGR 2010) which is the fourth in the series. The *Draft* of the PMDGR 2010 was presented in a meeting with selected NGOs by Mr. Akbar Zaidi (a renowned economist) on behalf of the PCP. Having read the report and attend the meeting, GCAP-Pakistan decided to hold a consultative process on the report with the CSOs of the country. This report is prepared in this backdrop.

1.1 Objective

The overall objective of the GCAP-Pakistan's consultative process was ***to obtain the CSOs' perspective on PMDGR 2010 in order to ascertain that how far the claims of Planning Commission (GoP) about the achievements towards MDGs targets are factual.***

1.2 Schedules, Activities and Participation

In order to achieve the objectives, GCAP-Pakistan initially scheduled five consultative meetings across the country but due to the devastating flood in the country during August, organized meetings in three provincial capitals i.e. Peshawar, Karachi and Lahore only. However, the meetings in Quetta and Islamabad have been postponed due to the reason cited above. First consultative meeting was held in Peshawar (23-07-2010), 2nd in Karachi (24-07-2010) and 3rd in Lahore (09-08-2010). All these meetings were highly successful and attended by learned representatives of the CSOs of Pakistan who actively participated. The process adopted for the consultative meetings was participatory and the participants were divided in groups to discuss the lacunas in the MDGR 2010.

In addition to the Consultative Meetings, GCAP-Pakistan also developed a Questionnaire and circulated widely through e-mail asking over 400 CSOs and social activists to send their views/comments on the report. The responses were overwhelmed because about 300 or so CSO and activists responded to the questionnaire. All these responses have been put in a database and results of their responses were analyzed accordingly. These responses are also included in this report.

1. MDGs for Pakistan

The MDGs set and agreed by Pakistan are as followed:

Goal 1: Eradicating Extreme Poverty and Hunger

Target 1: Halve, between 1990 and 2015, the proportion of people below the poverty line (%)

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger (%)

1. <http://www.un.org/millennium/declaration/ares552e.htm>
2. Resolution adopted by the General Assembly,
<http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1>
3. <http://www.undp.org/mdg/basics.shtml>
4. Road Map towards the Implementation of the United Nations Millennium Declaration, A/56/326
5. www.gcappakistan.net
6. The Schedule of the Meetings is attached as Annex-1.
7. The Schedule of the Meetings is attached as Annex-1.
8. The Questionnaire is attached as Annex-2.

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
Proportion of population below the calorie based food plus non-food poverty line.	Head-count index based on the official poverty line of R. 673.54 per capita per month in 1998-99 prices consistent with attainment of 2350 calories per adult equivalent per day*	26.1 ¹	34.5	n/a	n/a	n/a	21	13
Prevalence of underweight children under 5 years of age	Proportion of children under 5 years who are underweight for their age	40 ²	41.5 ²	38 ³	38 ³	38 ³	28	<20
Proportion of population below minimum level of dietary energy consumption	Proportion of population below 2350 calories per day of food intake (Food poverty line)	25	30	n/a	n/a	n/a	15	13

Notes and Sources:

1. Based on consumption data of households collected through household surveys by the Federal Bureau of Statistics and poverty trends analyzed by the Planning Commission, CPRSPD (whole series).

2. National Nutrition Survey, 1998-99 and 2001-2002.

3. Nutrition Section, Planning Commission.

4. Planning Commission.

*National Poverty Line notified vide notification No. 1(41) Poverty/PC/2002 dated 16 August 2002.

Goal 2: Achieving Universal Primary Education

Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
Net primary Enrolment ratio (%)	Number of children aged 5-9 years attending primary level classes i.e., 1-5, divided by the total number of children aged 5-9 years, multiplied by 100.	46	42	56	56	57	77	100

Completion/ survival rate 1 grade to 5(%)	Proportion of students who complete their studies from grade 1 5	50	57.3	54.7	52.3	54.6	80	100
	Male		53.3	56.2	53.2	54.8		
	Female		64.3	52.9	51.1	54.8		
Literacy Rate %	Proportion of people aged 10+ years who can read and write with understanding	35	45	55	56	57	77	88
		48	55	66	69	69	85	89
		21	35	43	44	45	66	87

Sources:

1. Pakistan Integrated Household Survey (PIHS)1990-91, 2001-02; Pakistan Social and Living Standard Measurement Survey (PSLM) 2004-05, 2005-06 2006-07 ,2007-08,2008-09 (whole series).
2. National Education Information Systems (NEMIS), Ministry of Education (whole series).

GOAL 3: Promoting Gender Equality and Women's Empowerment

Target 4: Eliminate gender disparity in primary and secondary education by 2005 and to all levels of education no later than 2015.

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
Gender Parity Index (GPI) Primary Education Secondary Education Enrolment ratio (%)	Proportion of girls' enrolment at primary, secondary and tertiary levels in comparison with boys	0.73 ¹	0.82	0.81	0.85	0.84	0.94	1.00
		n/a	0.75 ¹	0.8	0.8	0.8	0.90	0.94
Youth literacy GPI	Proportion of females as compared with boys aged 15-24 who can read and write	0.51 ¹	0.64	0.75	0.78	0.78	0.80	1.00
Share of women in wage employment in the non-agricultural sector	The share/proportion of women employed in the non-agricultural wage sector (%)	8.07 ²	9.65	10.53	9.89	10.64	12	14

Proportion of seats held by women in national parliament <i>National Assembly</i>	Proportion of seats held by women in the national parliament (%)	2/217 0.9% 1/87 1% ³	---	73/342 21% 17/100 17% ³	76/34222. 2% 17/10017% ³	76/34222. 2% 17/10017% ³		
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Notes and Sources:

1. PIHS 1990-91 & 2001-02, PSLM 2004-05, 2005-06, 2006-07, 2007-08 & 2008-09 (whole series).
2. Ministry of Labour and Manpower based on the data of Labour Force Survey 1990-91, 2001-02, 2003-04, 2005-06, 2007-08 & 2008-09 (whole series)
3. National Assembly Secretariat.
4. There was no Parliament in 2001-02

Goal 4: Reduce Child Mortality

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
Under-five mortality rate	No. of deaths of children under five years of age per thousand live births	117 ¹	n/a	94 ¹	n/a	n/a	77	52
Infant Mortality Rate	No. of deaths of children under 1 year of age per thousand live births	102 ²	77 ³	75 ³	n/a ³	n/a ³	65	40
Proportion of fully immunised children 12-23 months	Proportion of children of 12 to 23 months of age who are fully vaccinated against EPI target diseases %	75 ²	53 ⁴	76 ⁴	73 ⁴	78 ⁴	90	>90
Proportion of under 1 year children immunised against measles	Proportion of children 12 months of age and received measles vaccine (%)	80 ²	57 ⁴	77 ⁴	76 ⁴	79 ⁴	90	>90
Proportion of children under five who suffered from diarrhoea in the last 30 days and received ORT	Proportion of children under 5 years suffering from diarrhoea in past 30 days (%)	26 ⁴	12 ⁴	11 ⁴	10 ⁴	10 ⁴	16	<10
LHWs' coverage of target population	Households covered by Lady Health Workers for their health care services (%)	n/a ⁵	38 ⁵	76 ⁵	76 ⁵	83 ⁵	90	100

Sources:

1. National Institute of Population Studies, NIPS (data on 2006-07 is from Pakistan Demographic and Health Survey).

2. Baseline set by Health Section, Planning Commission.
3. Pakistan Demographic Surveys 2001-02 to 2006-07 Federal Bureau of Statistics. Survey after 2006-07 has not been released.
4. Pakistan Integrated Health Survey 2000-01, PSLM 2004-05, 2005-06 and 2006-07, 2007-08 and 2008-09
5. The LHW Programme, Ministry of Health (Programme started in 1994)
n/a: Not available

Goal 5: Improve Maternal Health

- Target 6:** a) Reduce by three-quarters between 1990 and 2015, the Maternal Mortality ratio;
B) Achieve universal access to reproductive health by 2015.

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
Maternal Mortality Ratio	No. of mothers dying due to complications of pregnancy and delivery per 100,000 live births	533 ¹	350 ¹	276 ⁴	na ⁶	na ⁶	300	140
Proportion of births attended by skilled birth attendants	Proportion of deliveries attended by skilled health personnel (MOs, midwives, LHV's)	18 ²	40 ²	37 ²	40 ²	41 ²	60	>90
Contraceptive prevalence rate	Proportion of eligible couples for family planning programmes using one of the contraceptive	12 ¹	28 ⁵	29.6 ⁴	30.2 ³	30.8 ³	51	55
Total Fertility Rate	Average number of children a woman delivered during her reproductive age	5.4 ¹	na ⁶	4.1 ⁴	3.85 ³	3.75 ³	2.7	2.1
Proportion of women 15-49 years who had given birth during last 3 years	Proportion of women (15-49) who delivered during the last 3 years and received at least one antenatal care during their pregnancy period from either public/private care providers	15 ²	35 ²	53 ²	56 ²	58 ²	70	100

Sources:

1. Estimates of Ministry of Health
2. Pakistan Integrated Household Survey (PIHS) 2001-2002, PSLM 2004-05, 2005-06, 2006-07, 2007-08 and 2008-09.

3. Based on Survey findings of PDHS 2006-07, estimates of National Institute of Population Studies (NIPS)
4. Pakistan Demographic and Health Survey 2006-07.
5. Estimates of National Institute of Population Studies (NIPS)
6. Pakistan Reproductive Health and Family Planning Survey 2000-01 has quoted MMR as 533 based on Sisterhood Method.

Goal 6: Combating HIV/AIDS, Malaria and Other Diseases

Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS

Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
HIV prevalence among 15-24 year old pregnant Women (%)	Proportion of the 15-24 year old pregnant women who are HIV positive	n/a	n/a	n/a	n/a	<0.1 ¹	--	Baseline to be reduced by 50%
HIV prevalence among vulnerable group * (e.g., active sexual workers) (%)	Proportion of the sub population of vulnerable group who are HIV positive	n/a	n/a	n/a	IDU= 15.8 ¹ FSW=<0.02 MSW=1.5 HSW= 2.1	IDU= 20.8 ¹ FSW= - MSW=0.9 HSW=6.4	--	Baseline to be reduced by 50%
Contraceptive prevalence rate	Proportion of eligible couples for family planning programmes using one of the contraceptive	n/a	20 ²	25	30	30	50	75
Incidence of tuberculosis per 100,000 population	Total number of TB cases per 100,000 population	171 ³	181	181	181	181	130	45
Proportion of TB cases detected and cured under DOTS (Direct Observed Treatment Short Course)	Proportion of TB cases detected and managed through DOTS strategy	n/a	79 ³	85	85	85	80	85

1. National Aids control program, Ministry of Health (whole series; data before 2008-09 for HIV Prevalence among 15-24 year old pregnant women unavailable)
2. Malaria Control Program, Ministry of Health (whole series).
3. National TB Control Program , Ministry of Health (whole series)

*IDU= Intravenous Drug Users
FSW= Female Sex Workers
MSW= Male Sex Workers
HSW= Hijra Sex Workers*

Goal 7: Ensuring Environment Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Target 11: Have achieved, by 2020, a significant improvement in the lives of slum dwellers

Indicators	Definitions	1990-91	2001-02	2006-07	2007-08	2008-09	MTDF Target 2009-10	MDG Target 2015
Forest cover including state owned and private forest and farmlands	Forest cover including state owned and private forest and farmlands, as percentage of the total land area	4.8 ¹	4.8	5.02	5.02	5.02	5.2	6.0
Land area protected for the conservation of wildlife	Land area protected as percentage of total land area	9.1 ¹	11.25	11.3	11.3	11.5	11.6	12.0
GDP (at constant factor cost) per unit of energy use as a proxy for energy efficiency	Value added (in 1980/81 Rs) per ton of oil equivalent	26,471 ²	27,047	26,233	24,852	26,543	27,600	28,000
No. of vehicles using CNG (000)	No of petrol and diesel vehicles using CNG fuel	--	330 ²	1,400	1,700	2,200	800	920
Sulphur content in high speed diesel (as a proxy for ambient air quality)	Percentage of sulphur (by weight) in high speed diesel	1.0 ²	1.0	1.0	1.0	1.0	0.5	0.5 - 0.25
Proportion of population (urban and rural) with sustainable access to a safe improved water source	Percentage of population with access to improved water source	53 ³	64	66	66	65	76	93
Proportion of population (urban and rural) with access to sanitation	Percentage of population with access to sanitation	30 ³	45	58	66	63	70	90
Proportion of Katchi Abadis regularized	Katchi Abadis regularized as percentage of those identified by the cut-off date of 1985	n/a ⁴	n/a	n/a	n/a	n/a	75	95

Sources:

- 1: Ministry of Environment, Government of Pakistan (whole series)
- 2: HDIP, Ministry of Petroleum and Natural Resources, Government of Pakistan (whole series)

- 3: PIHS 2001-02, PSLM 2004-05, 2005-06, 2006-07, 2007-08 and 2008-09 (whole series)
- 4: Survey on **Katchi Abadis** is under process
N/a= not available

2.2 Planning Commission's PMDGR 2010 Perspective

The UN has asked the Planning Commission to submit a 10-year report of the achievement. This is the third report published by the Commission. The PMDGR 2010 that covers the four years (since 2006) suggests the following progress towards the MDGs.

Goal	Indicator	2006-07	2010
1. Eradicate Extreme Poverty and Hunger			
a.	Proportion of population below the calorie based food plus non-food poverty line.	On Track*	Lag (worsened since 2006)
b.	Prevalence of underweight children under 5 years of age	Lag	Lag (worsened since 2006)
c.	Proportion of population below minimum level of dietary energy consumption	On Track	Lag (worsened since 2006)
2. Achieve Universal Primary Education			
a.	Net primary enrolment ratio (%)	Lag	Lag
b.	Completion/survival rate: 1 grade to 5(%)	On Track	Lag
c.	Literacy rate (%)	Lag	Lag
3. Promote Gender Equality & Women Empowerment			
a.	Gender Parity Index (GPI) for primary, secondary and tertiary education	On Track	On Track
b.	Youth Literacy GPI	On Track	On Track
c.	Share of women in wage employment in the non-agricultural sector	On Track	Slow
d.	Proportion of seats held by women in national parliament	Ahead	Ahead
4. Reduce Child Mortality			
a.	Under-five mortality rate	Lag	Slow
b.	Infant Mortality Rate	Lag	Off Track
c.	Proportion of fully immunized children 12-23 months	On Track	Slow (but steady)

Goal	Indicator	2006-07	2010
5. Improve Maternal health			
a.	Maternal Mortality Ratio	On Track	On Track
b.	Proportion of births attended by skilled birth attendants	Lag	Lag
c.	Contraceptive prevalence rate	Lag	Lag
d.	Total Fertility Rate	Lag	Lag
e.	Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation	Lag	Lag
6. Combat HIV/AIDS, Malaria and other diseases			
a.	HIV prevalence among 15-24 year old pregnant women (%)	Ahead	Ahead
b.	HIV prevalence among vulnerable group e.g., active sexual workers) (%)	Ahead	Ahead
c.	Proportion of population in malaria risk area using effective malaria prevention and treatment measures	Lag	Lag
d.	Incidence of tuberculosis per 100,000 population	Lag	Lag
e.	Proportion of TB cases detected and cured under DOTS (Direct Observed Treatment Short Course)	Ahead	Ahead
7. Ensure Environmental Sustainability			
a.	Forest cover including state owned and private forest and farmlands	Lag	Lag
b.	.Land area protected for the conservation of wildlife	On Track	On Track
c.	GDP (at constant factor cost) per unit of energy use as a proxy for energy efficiency	On Track	Slow
d.	No. of vehicles using CNG	Ahead	Ahead
e.	Sulphur content in high speed diesel (as a proxy for ambient air quality)	Lag	Lag
f.	Proportion of population (urban and rural) with sustainable access to a safe improved water source	Lag	Lag
g.	Proportion of population (urban and rural) with access to sanitation	On Track	Lag
h.	Proportion of <i>Katchi Abadis</i> regularized	Lag	Lag
8. Develop a Global Partnership for Development			

* Based on data available till 2005-06

The Report concludes that:

There is likely to have been a slowing down of progress and probably even a reversal of the successes achieved earlier. However, if the economy and political situation improve in 2010, and if they are sustainable, then one could probably see a return, albeit slow return, for most targets to be on track.

The improvement in the economy and stability in the country between 2002 and 2007 would have resulted in some improvement in some of the targets of the MDGs. However, with the numerous disruptions in 2008 and 2009 as well as 2010, there is likely to have been a slowing down of progress and probably even a reversal of the successes achieved earlier. Yet, if 2010 suggests that the economy and political situation are improving, and if they are sustainable, then one could probably see a return, albeit slow return, for most targets to be on track.

3. GCAP and Civil Society Perspective

The participants of the consultative meetings organised by GCAP-Pakistan with the active support of its allied CSOs termed the PMDGR 2010 contradictory to the situation on ground. The participants have pointed out embarrassing loop-holes in the Report drafted by the Government to defend its position before high level UN-led MDGs review meeting in September. In an analysis drafted to highlight loopholes in MDGR 2010, GCAP member CSOs, who have been actively engaged in initiatives to achieve one or more of the MDGs, say that the report tries very hard to down play the dismal state of affairs - in the process often sounding technically flawed and providing an overall sense of contradiction. The analysis points out that the report's sheer emphasis on MDG 8 (develop a global partnership for development), claiming it to be the single most important factor in achieving the remaining 7 goals, unfortunately serves only the purpose of fueling disappointment.

The participants appreciated that with regard to MDG 1 Government has accepted that the poverty situation has aggravated since 2006. However, the report does not give any plan that how the Government intend improve the poverty situation during the next five years to achieve the MDG-1.

The assessment states that a closer study of the report contradicts the claim of being "on track", especially with regard to the MDG 2's indicator for female literacy rate. While it is stated on the one hand, *"Despite the fact that Pakistan has missed the MDG target of gender parity in primary and secondary education in 2005, with the current pace, the MDG target of gender parity in primary and secondary education is likely to be achieved by 2015."* However, little has been mentioned of what precisely will be done to achieve parity in primary and secondary education when the female literacy rate at 45 percent is considerably lagging behind as compared to male literacy rate of 69 per cent. The most glaring paradox arrives when the same report states, "However, despite some improvement, it is highly unlikely that the MDG target of female literacy will be reached in 2015."

With specific reference to MDGs 3 (promote gender equality and empower women) and MDG 5 (improve maternal health), the picture painted in the report is misleading to say the best. Chapter 4 of the report discusses the progress made with regard to MDG 3. The report states that as of 2010, Pakistan is on track with regard to all the indicators except *"share of women in wage employment in the non-agricultural sector"* for which progress has been defined as "slow".

About MDG 5, the analysis mentions that Pakistan suffers from an alarmingly high Maternal Mortality Rate (MMR) - 276 maternal deaths per 100,000 live births. The ratio is

considerably high when the individual average of provinces is taken into account with Baluchistan taking the lead with 856 maternal deaths per 100,000 live births. However, despite this grim situation, the report claims that Pakistan is on track vis-e-vis reducing maternal mortality ratio. Once again the report contradicts itself when it states that Pakistan is lagging in all other corresponding indicators (i.e. proportion of births attended by skilled birth attendants, contraceptive prevalence rate, total fertility rate and proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation) and yet it will be able to achieve the target for reduced MMR by 2015. The fact that Pakistan is lagging behind in 3 out of the 4 indicators for MDG 5, it does not register how then the MDG target of bringing MMR to 140 can be achievable? Moreover, chapter 6, which defines Pakistan's progress with regard to MDG 5 lacks on a number of other aspects.

Firstly, it sports no reference to abortion, when the incidence of unsafe abortions serves as an important cause of maternal deaths in Pakistan. *Secondly*, not very unexpectedly maternal mortality has been dealt with as a public health agenda and emphasis has been placed on improving infrastructure and access to Lady Health Visitors/Workers (LHVs/LHWs) to reduce maternal deaths. *Thirdly*, the weight of the whole strategy to reduce maternal deaths has been founded on the assumption that increased access to LHVs will solve the problem and that strategies need to be put in place to counter the decline in the numbers of skilled birth attendants. However, no evaluation of the actual impact that LHVs have with regard to MMR has been referred to. Moreover, there are a number of other underlying causes such as nutrition, early marriages and abortion that have not been addressed. The participants say that ensuring achievement of MDG 5, and target in particular, is critical to achieving all the MDGs. But within MDG 5, universal access to reproductive health is equally important to achieve the overall goal of improving maternal health. However, MDG 5b is not left neglected.

On page 9, where Pakistan's progress on the indicators is recorded, 2 of the indicators are tweaked, i.e. they are not as per the MDG framework. In fact everywhere TFR has been used in place of adolescent birth-rate. This is interesting, and can be explored further to see why this was done. The report acknowledges the links between making FP services available to women and its linkages with maternal health, including decreasing the MMR. However, it fails to detail out what the government's plans are as far as strengthening the progress of the 4 indicators are concerned. There is no analysis on the reasons for lack of progress on the 4 indicators. Even where the LHV program is mentioned, the focus is on 'MNCH' services, and there is limited or no discussions around availability of RH services in the present context.

On the one hand the report mentions that expenditure on health has remained less than 1% of the GDP (0.56), and on the other hand, the report openly acknowledges the

limitations of the Government in reaching out health services. This is self-contradictory, and needs to be highlighted in future communications with the Government!

Likewise, the role of two important actors - civil society and media - with regard to Safe Motherhood initiatives in the country has received no mention in the report. Perhaps the most important of all factors that has not received due attention in the report deals with resource allocation. The total funds allocated for the health sector amount to about 2 percent of the annual GDP and within the health sector resources allocated for maternal health stand at a meagre 0.6 percent. Likewise, the fact that almost 80% of healthcare is in the hands of unregulated private sector has not been taken into account in the report.

The consultative meeting participants' analysis entails that the PMDGR 2010 fails to capture all the dimensions that influence the country's progress towards MDGs particularly about MDG 3 and 5.

3.1 General Perspective

3.1.1 Process of PMDGR 2010 Preparation

The PMDGR 2010 does not share the process adopted for the preparation of report.

The report does not reveal any information that any working group(s) was formed for preparation of the report.

Apparently not a single report has been prepared by any province of the country.

According to the report only 1% of the GDP are being spent which is really less realizing the tantamount task to achieve MDGs.

The report does not give future direction or goals line of action.

World agencies like UN ask that what a country has done to achieve the targets.

The govt should also ask the CS to prepare such reports.

The report has not realized the work of organizations which are working on various MDGs components. The achievements need to seen in segregation like what is a change in Baluchistan, Punjab, Sind or KPK.

Would the Planning Commission revise the report?

The report is an Intellectual jugglery, masterpiece of "Shooting Research" and it shows that the objective was pre-determined to fulfill some vested interests. It was also said that such kind of reports should be based upon "Fishing Research" and only then we can get actual situation about the status of the MDGs in the country.

3.1.2 Data Source and Credibility

The Planning Commission has used data source only from Government departments and studies done by them.

The data referred in the report to support MDGs achievements is obsolete, ambiguous, and seem manipulated whereas no data was referred from the independent sources like ADB, WB, Social Watch, SPDC, HRCP, UNICEF, UN, Pakistani/foreign CSOs, research organisations, etc. The report however does not entail that any primary data was collected for the purpose so that a comparison of the available (secondary) data and sample (primary) data could be done.

While data segregation on the basis of population, gender, rural-urban, provinces, etc. was not provided in the report but it is stated that these issues will be addressed in respective Provincial Reports. However, a process for the preparation of such provincial reports has yet not been started.

Other reports of GoP issued earlier for the similar period give different perspective about the state of affairs of the progress towards all major MDGs including poverty, education, health, gender, environment, and partnership, etc. whereas the MDGR 2010 contradicts the reports. For instance, the UN MDGR 2010 presented to UN Secretary General entails that poverty in South Asia has increased whereas Planning Commission's MDGR 2010 emphasis that it has decreased in Pakistan significantly. However, no facts and figures are provided in the report to substantiate this statement.

The data is not compatible with the ground reality while there is unnatural fluctuation of data giving the impression that it is faked, thus challenges the credibility of not only the statistical institutes but the report also. There is neither any parity and coherence between qualitative and quantitative data nor was a sampling technique used. It would have been better if a comparison of the achievements with the SAARC countries was done and trends have been gauged. The record of the union council would have been better if used for the purpose. The qualitative indicators don't match even with the government's own statistics. There are many contradictions in the report which are actually



undermining the value and credibility of report.

Executive summary and main report gives contradictory figures and statements For an independent and authentic report, it would have been better if the data used in the report should have also been collected from grassroots level by engaging local networks. It seems that Government's deliberate intention to adopt such process.

Most of the Civil Society leaders and activists were of the view that this report is not prepared by Mr. Akbar Zaidi. During the consultative meetings GCAP contacted him who stated that "I have given input in preparation of this report but PCP has not included my comments in the report. Therefore I do not own this report at all".

How reports are prepared and requested to amend: perhaps according to whims and wishes of the clients. Moreover, perhaps the data used for securing funding is different than at the time of reporting.

It seems that the report has been prepared with a set framework which is debateable. It was more corporate language the focus has been shifted from rights-based to numeric.

The reports issued by CSOs and INGOs are depicting different pictures for the similar period. For instance as compared to MDGR 2010, the HDI of UNDP shares different figures related to Pakistan. This clearly shows that Government has not consulted with any stakeholder. Moreover, no consultation with CSO was done for collection of data or preparing the report. However, everything presented in the report is seemed enlarged.



3.1.3 Layout of the Report

The report requires editing because it gives impression that many cuts and pastes are used and no proof reading was done. Moreover, there seems lack of devotion in preparing the report thus it gives an imitative feeling towards the MDG progress. In addition, gender-wise segregation is missing in the report therefore the document can be termed as gender biased.

MDG 1: Eradicate Extreme Poverty and Hunger

- a. Proportion of population below the calorie based food plus non-food poverty line.
- b. Prevalence of underweight children under 5 years of age
- c. Proportion of population below minimum level of dietary energy consumption

First of all poverty is not defined. Secondly, social factors to gauge poverty have not been well defined or taken into consideration. Moreover, inflation is not considered as an indicator for measuring and an effect of poverty. Keeping in view these factors, one wonders that how the Planning Commission report says that poverty is decreasing.

The fact of the matter is the poverty has increased by 200% during the last one year. For instance, this could be substantiated with the fact that in year 2009-10 people have consumed 10% less staple food. However, there is a visible increase in sachet economy - an indicator of poor economy. There could be two reasons one either people have reduced their meals from three times a day to two times or the purchasing power of an average poor Pakistani has reduced significantly. Secondly, HRCP's recent report shares that suicidal incidences are increasing in the country at an alarming rate because of poverty and poor are selling their loved ones. Another factor is that Pakistan is in a conflict situation as war on terrorism is being fought thus increasing the poverty significantly. However more funds/budget is allocated for the war purpose.

The terrorists have affected the tourism industry in KPK and other tourists' spots of the country which has also affected the income/livelihood of the areas' people significantly.

During the period, marginalisation of common people has increased middle class has diluted either to lower or upper level as a result middle class has shrunk. For instance, UNICEF reports entail that street children and scavengers have increased this shows that urban slums issues particularly related to poverty have been ignored in addressing MDGs. Moreover, agriculture production in Balochistan has decreased due to the consistent drought, flood, etc which has raised the food security issue significantly. Sustainable agriculture growth is needed to address the food security issue but it is a big challenge for the Government.

Other factors of the poverty increasing during the period are; rapid urbanization and tax to the GDP ratio is far less than other countries in the region. Intensive growth has not seen during the last five years and this need to be addressed.

1961 land accord/water crises as another big factor of low production and food security issue being faced by Pakistan. However, the Government is not clear about river, water treaty effect on the economy.

Factors ignored in the report included:

- Absence of Census (Credibility of Data)
- Economic crises recession (global and local)
- Energy crises
- World food crises (Staple Crop)
- Water shortage
- Population growth (malnutrition has increased)
- Family suicide becoming a culture now

Through the MDGR 2010, the Government claims that poverty has decreased. Certainly, the government claim would have been valid but it is again a fact that the global financial meltdown has affected the goal. However, the report contradicts this vital global issue within the paragraphs.

MDG 2. Achieve Universal Primary Education

- a. Net primary enrolment ratio (%)
- b. Completion/survival rate: 1 grade to 5(%)
- c. Literacy rate (%)

The participants said that Pakistan lags behind other South Asian countries in achieving the MDGs by 2015. "A recent report by the independent evaluation group of the World Bank states that Pakistan is far from reaching the Education For All MDG by the target year 2015; thus the problem of child labour would affect the children and country badly."

Enrolment and retention rate in primary schools are high (as mentioned in the report). However, there were independent reports saying the data was fabricated as the ground reality is different.

Survival rate shown in the report is in contradiction with the Government's own reports and reality.

Statistical data of girls education is misleading and in contradiction with the ground reality.

It would have been better if the report should have also made a comparison of schools established and destroyed by the Taliban due to war on terror particularly in the province of KPK where all types of school enrolments has affected.

The data must have been segregated with respect to age groups i.e., ECD & Primary.

Cosmetics measures have been taken in the report to show a better picture of the education/literacy rate.

Information should have also been provided about the facilities in schools.

The report must have shown that there exists multiple class education system: Madarsa, English, Urdu medium etc. In the country. However, increased Madarsa Education is a positive indicator and helped Government in showing a better position in education.

MDG 3: Promote Gender Equality & Women Empowerment

- a. Gender Parity Index (GPI) for primary, secondary and tertiary education
- b. Youth Literacy GPI
- c. Share of women in wage employment in the non-agricultural sector
- d. Proportion of seats held by women in national parliament

The UN reports entails that Government has shrunk the support to gender component which has affected the agenda on Gender. The only progress towards gender is - Pakistan has addressed only one concern i.e. women registration through NADRA and Computerised National Identity Cards (CNIC). The UN Report also spells out that gender issues are not clearly addressed in Pakistan whereas MDGR 2010 contradicts it. It may be noted that Human Development Report of UNDP says that out of 184 (127 Pakistan we/GE), 106 INDIA, 56 USA, 1~5 Scandinavian Countries.

In the 18th amendment done by the Parliament, women reserve seats have been abolished and no protection has been given to women reserve seats in the provincial parliaments either. Also with regard to women participant, Government has cut the funds in GRAP.

No step has neither been taken by the Government nor reported in PMDGR 2010 about measures on gender equality. Similarly nothing has been said about GRAP. Women are the most sufferers in Swat or KPK. For instance, schools particularly girls (in tehsil Matta KPK even boys school) have been destroyed by the militant and that has affected the enrolment and progress towards gender equality significantly. Women were bared to shop even around Peshawar. Their mobility is being restricted and there is no reconstruction plan.

Statistical data on girls' education must also be segregate in terms of gender.

The report clearly contradicts HRCP report and silent on Violence against Women (VAW) being reported by women organisations like Aurat Foundation, etc.

The only positive trend is there is an improvement in gender equality irrespective of how small they are. But for greater progress and impact political will towards gender mainstreaming at U/Cs level through MPs is needed.

When you reduce inequalities that will become tool to reduce the poverty. But there are instance in the country where poverty reduction has not brought any change in gender and climatic issues. There is a big gap between poverty and gender issues particularly in agriculture sector.

The litmus test can be done by having a comparison of number of women universities in Pakistan and women enrolment in co-education universities.

Mostly female position holders are from ruling class whereas rural women are being deprived from basic education.

Women education level is better but not to the desired level. Macro indicators

have been given but what about micro level progress which need to be given due consideration.

There is a great conflict between federal and provincial government on various policies related to women issues. Though, education is necessary for women empowerment but government is not serious even to write the causes affecting women education. However, socioeconomic and political role of women need to be enhanced.

MDG 4: Reduce Child Mortality

- a. Under-five mortality rate
- b. Infant Mortality Rate
- c. Proportion of fully immunized children 12-23 months
- d. Proportion of under 1 year children immunized against measles
- e. Proportion of children under five who suffered from diarrhoea in the last 30 days and received ORT
- f. Lady Health Workers' coverage of target population

This is true that child mortality is on track and that capacity in IM has increased but this is also true that now IMR has increased in rural areas.

What about the quality of health care provided by the government health care departments - is it really taken care of poor people?

Efforts of govt have decreased and specific is not mentioned in the report.

According to the Pakistan Medical Association (PMA), there are 5310 BHUs, 561 RHU, 4794 Dispensary and 948 Hospital in the country. However, Pakistan Primary Health Institute (PPHI) reports that only 2004 BHU are functional and equipped..

The fact of the matter is the poor spend 77% of their budget on medicines.

The participants' observation is that the data on LHW 1/83 persons is incorrect it is perhaps 1/50-55, the PDHS says.

MDG 5: Improve Maternal Health

- a. Maternal Mortality Ratio
- b. Proportion of births attended by skilled birth attendants
- c. Contraceptive prevalence rate
- d. Total Fertility Rate
- e. Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation

First of all sub-goals 5a and 5b are missing and the commission must include the sub goals in the report.

Pakistan is clearly lagging behind on all the MDG (5b) related indicators. However, the progress has been very limited since 2006 when the indicators were first introduced.

The fact is rural/urban statistics with regard to MDG 5 have been manipulated.

There is one doctor for 133,956 persons and there is a need to make comparison with WHO standards.

IMR in govt reports is 78 but the report mentions 76 - contradicting own reports.

Other researchers say that routine immunization has decreased and for the purpose Safe Motherhood Survey needs to be consulted.

The MMA has been quoted low.

Independent studies say that CPR has decreased.

Maternal health affect due to the natural calamities such as flood, war on terror, earthquake

LHW have increased but why the maternal health has not increased. This shows that there might have some defects in the programme.

The UN Resolution Pakistan has signed says that maternal health is right but this impression is missing in the report.

The MICS surveys and HASP study neither consulted nor quoted.

TBA has increased this is one thing which is positive and true.

The Progress is at snail pace on the MDG.

MDG 6: Combat HIV/AIDS, Malaria and other diseases

- a. HIV prevalence among 15-24 year old pregnant women (%)
- b. HIV prevalence among vulnerable group (e.g., active sexual workers) (%)
- c. Proportion of population in malaria risk area using effective malaria prevention and treatment measures
- d. Incidence of tuberculosis per 100,000 population
- e. Proportion of TB cases detected and cured under DOTS (Direct Observed Treatment Short Course)

For the last ten years, no baseline on HIV & AIDs is conducted or available in the country whereas the report says that we are ahead of target and Pakistan is on track / legislation on HIV & AIDS and that the situation is improving. However, the data provided and analysis done does not substantiate government's claims because authentic data is not available to form the conclusion that HIV/AIDS is being controlled. Moreover, the medicines are expensive particularly of Hep-C

and HIV/AIDS. The only good thing about is that the detection level on HIV/AIDS has increased but prevalence rate is high so why these are not interlinked.

The fact is there is still lack of awareness on HIV/AIDS across Pakistan.

The prostitution has increased including the transgender prostitution but Sex Education is not given. The Government National AIDS Control Report says that IDUs are high for instance in Sargodha 52% but it is not reflected in PMDGR 2010.

The report admits that contraceptive prevalence rate has decreased during the period. The Government departments must have covered it.

The report is absolutely silent on the situation of contagious diseases like Malaria, Hepatitis-C. The fact of the matter is diseases such as Hepatitis C, Tuberculosis and Malaria are growing at a faster pace. However, DOT is stagnant at 85% one wonder why we are not heading towards 100%.

It is interesting to note that while patients of diarrhoea and malaria are increasing in the country, the government claims that safe drinking water is available to 65% of the population. This is clear contradictive statement and challenge government's own claims.

Baseline of prevalence in all contagious diseases like, HIV/AIDS, hepatitis C, tuberculoses etc is immediately required.

MDG 7: Ensure Environmental Sustainability

- a. Forest cover including state owned and private forest and farmlands
- b. Land area protected for the conservation of wildlife
- c. GDP (at constant factor cost) per unit of energy use as a proxy for energy efficiency
- d. No. of vehicles using CNG
- e. Sulphur content in high speed diesel (as a proxy for ambient air quality)
- f. Proportion of population (urban and rural) with sustainable access to a safe improved water source
- g. Proportion of population (urban and rural) with access to sanitation
- h. Proportion of Katchi Abadis regularized

Forest being converted to residential areas and land for cultivation.

No measures seem to be taken to protect our ocean, coastal area and marine life. There is no mentioned ocean and aqua/ocean life.

Contradiction: energy efficiency is not increasing because Govt has not explored alternative energy (dependent on oil and water) and no diversification we are generating power from fossil fuels rather than hydro, solar or wind energy. The fact is Pakistan's fuel import bill has increased many fold during the last five years

and the cities have become more polluted.

Shortage of energy shows a decline in energy efficiency

70% sanitation cannot be achieved because 70% of population lives in rural areas where there are no sanitation system

The figure and statements about access to safe improved water sources are incorrect.

MDG 8: Develop a Global Partnership for Development

Aid promotes dependence instead of growth. The donor assistance has shrink/reduced due to unskilled HR. The biggest chunk of funds is being siphoned through USAID. The assistance is greater for military aid not social. Moreover, the major chunk of the assistance is used for war against terrorism. The social aid has come for calamity therefore no trickledown effect.

It has been claimed that we would replace aid by trade as a means to development, though the current budget and trends show that majority of resources for development is coming from aid.

Exports need to be diversified and trade should be strengthened by diversifying exports as were done for fiscal year 09-10 which resulted in highest export as yet.

Finally, keeping in view the progress shown in MDGR 2010, GCAP participants raised following questions.

Proportion of population below the calorie based food plus non-food poverty line: while Pakistan “reduced” poverty only 2% over a period of 10 years, how it will reduce the poverty from existing “21%” to 13% within a span of 5 years.

Prevalence of underweight children under 5 years of age: “reduced” only 2% over a period of 18 years, how it will achieve it from existing “38%” to 20% within a span of 5 years.

Net Primary Enrolment Ratio (%): “improved” only 11% over a period of 18 years, how it will achieve it from existing “57%” to 77% within a span of 5 years.

Completion/ survival rate 1 grade to 5(%): “improved” only 4.6% over a period of 18 years, how it will achieve it from existing “54.6%” to 100% within a span of 5 years.

Literacy Rate %: “improved” only 22% over a period of 18 years, how it will achieve it from existing “57%” to 88% within a span of 5 years.

Gender Parity Index (GPI) Primary and Secondary Education: “improved” only 0.11 over a period of 18 years, how it will achieve it from existing “0.84” to 1 within a span of 5 years.

Youth Literacy GPI: “improved” only 0.27 over a period of 18 years, how it will

achieve it from existing "0.78" to 1 within a span of 5 years.

Share of women in wage employment in the non-agricultural sector: "improved" only 2.57% over a period of 18 years, how it will achieve it from existing "10.64%" to 14% within a span of 5 years.

Proportion of seats held by women in national parliament, National Assembly, Senate: Already abolished

Under-five Mortality Rate: "improved" only 40 over a period of 18 years, how it will achieve it from existing "77" to 52% within a span of 5 years.

Infant Mortality Rate: "improved" only 27 over a period of 16 years, how it will achieve it from existing "70" to 40 within a span of 5 years.

Proportion of fully immunized children 12-23 months: "improved" only 3% over a period of 18 years, how it will achieve it from existing "78%" to >90% within a span of 5 years.

Proportion of under 1 year children immunized against measles: "improved" only 3% over a period of 18 years, how it will achieve it from existing "78%" to >90% within a span of 5 years.

Maternal Mortality Ratio: "improved" only 50% over a period of 18 years, how it will achieve it from existing "276/100000" to 140/100000 within a span of 5 years.

HIV prevalence among 15-24 year old pregnant Women (%): no baseline survey so far.

HIV prevalence among vulnerable group * (e.g., active sexual workers) (%): No baseline survey so far

3.2 Future of MDGS in Pakistan

The 2010 Pakistan floods began on 29 July following heavy monsoon rains in the Khyber Pakhtunkhwa, Sindh, Punjab and Balochistan regions of Pakistan. Present estimates indicate that over two thousand people have died and over a million homes have been destroyed since the flooding began. The United Nations estimates that more than 21 million people are injured or homeless as a result of the flooding, exceeding the combined total of individuals affected by the 2004 Indian Ocean tsunami, the 2005 Kashmir earthquake and the 2010 Haiti earthquake. However, the death count in each of those three disasters was significantly higher than the number of people killed so far in the floods. At one point, approximately one-fifth of Pakistan's total land area was underwater due to the flooding.

Due to the flood, the Pakistani economy has been harmed by extensive damage to infrastructure and crops. Structural damages are estimated to exceed 4 billion USD, and wheat crop damages are estimated to be over 500 million USD. Officials estimate the total economic impact to be as much as 43 billion USD. In addition to all the other damages the

floods have caused, floodwaters have destroyed much of the health care infrastructure in the worst-affected areas, leaving inhabitants especially vulnerable to water-borne disease. The flood severely-affected northern regions toward western Punjab, where at least 1,400,000 acres (570,000 ha) of cropland was destroyed, and the southern province of Sindh.

The floods have damaged an estimated 2,433 miles of highway and 3,508 miles of railway. Cost estimates for highway damages are approximately 158 million USD, and railway damages are 131 million USD. Any unique or particularly large infrastructure damages will increase these estimates. Public building damages are estimated at 1 billion USD.

Potential long term effects of the flood are massive. Floods have submerged 17 million acres of Pakistan's most fertile crop land, have killed 200,000 herds of livestock and have washed away massive amounts of grain. The crops affected were cotton, sugarcane, rice, pulses, tobacco and animal fodder. A major concern is that farmers will be unable to meet the fall deadline for planting new seeds in 2010, which implies a massive loss of food production in 2011, and potential long term food shortages. The agricultural damages are more than 2.9 billion dollars, according to recent estimates, and include over 700,000 acres of lost cotton crops, 200,000 acres of sugar cane and 200,000 acres of rice, in addition to the loss of over 500,000 tonnes of stocked wheat, 300,000 acres of animal fodder and the stored grain losses. The power infrastructure also took a severe blow from the floods, which damaged 10,000 transmission lines and transformers, feeders and power houses in different flood-hit areas.

Aid agencies have warned that outbreaks of diseases, such as: gastroenteritis, diarrhea, and skin diseases due to lack of clean drinking water and sanitation can pose a serious new risk to flood victims.

CONCLUSION

Realising the above situation discussed in the consultative meetings, the participants concludes that:

The Report is totally misleading about MNH, Gender, Energy, Education, Water & Sanitation related indicators and issues with fake data.

Realising the enormity of the damages caused by the floods, GCAP fear that it would be difficult for Pakistan to maintain even the present pace of progress towards MDGs. Rather it would further decrease the progress whatsoever the country has been doing since last ten years. Thus, it seems that MDGs will not be achievable if present budget allocation for all components persists in future.

High food prices and the international financial and economic crisis effect MGDs progress,

Reduction in foreign direct investment and Remittances,

Fall in exports and tourist numbers and Job losses.

Sustained poverty and hunger reduction is at risk because of vulnerability to climate change.

Agricultural production will be low thus food security issue is very much likely.

There is a weak institutional capacity in conflict and post conflict environments

Rapid urbanization and growth in slum dwellings are putting pressure on social services.

Employment-intensive growth is central to poverty reduction.

Reducing inequalities leads to faster poverty reduction.

GCAP therefore, demands that the government must reduce the budget allocation for military and other non-development components and allocate at least 4% of the GDP each for education and health component. However, it is recommended that:

Government must use independent source for preparing reports on MDGs.

Accelerate domestic resource mobilization to finance the MDGs;

Ensure the global partnership creates an enabling environment for the MDGs, particularly delivering on ODA commitments.

A pro-poor macroeconomic framework and enabling environment is critical for poverty reduction.

Supporting sustainable agriculture and rural development helps increase food production and reduces poverty and hunger.

Countries that achieved rapid reduction in poverty are not necessarily making the same progress in gender equality and environmental sustainability.

Set an independent commission on MDGs to make serious efforts to achieve the targets.

It should form a parliamentary committee on MDGs, and

Should launch a cost benefit study for the last ten years.

ANNEXURE

Annex-1

GCAP-Pakistan Schedule for Civil Society Consultative Meetings on MDG Review Report 2010

Place	Contact person /Organizers	Date and time	Status
Continental Guest House Peshawar Khyber Pakhtunkhwa (KPK)	Ms. Rubina Massey \ICDI Peshawar and GCAP-KPK Chapter Contact No: 03008590944 Email:	23-07-2010 9 -30 AM to 1-30 PM	Confirmed
Mehran Hotel Karachi- Sindh	Mr. Sohail/ CCSD Karachi and GCAP-Sindh Chapter Contact Nor: 03343893061 Email: sohailable@gmail.com	24-07-2010 10 am to 2 pm	Confirmed
SAP-Pakistan- at Lahore- Punjab	Mr. Irfan Mufti / SAP-Pakistan and GCAP-Punjab Chapter Contact No: 03008480822 Email: irfanmufti@gmail.com	09-08-2010 10 am to 2 pm	Confirmed
Press Club Quetta- Baluchistan	Mr. Abdulwadood / SEHER Quetta and GCAP-Baluchistan Chapter Contact No: 03009385531 Email: awadood@seher.org.pk	12-08-2010	Date of meeting is Tentative to be confirmed by SEHER-Quetta
To be confirmed by SDPI Islamabad	Mr. Faisal Gorchani / Sadia/ SDPI-Islamabad /GCAP-Pakistan national steering committee members Contact No: 03335592210 Email: sadia@sdpi.org faisalgorchani@hotmail.com gorchani@sdpi.org	15 to 20 August, 2010	Date and Place of meeting is Tentative to be confirmed by SDPI-Islamabad

ANNEXURE

MDGs and Targets	Indicators for Pakistan
Goal 1: Eradicate Extreme Poverty and Hunger	
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than a dollar a day	Proportion of population below the calorie based food plus non-food national poverty line.
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children under-five years of age Proportion of population below minimum level of dietary energy consumption Goal MDGs and Targets
Goal 2: Achieve Universal Primary Education	
Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net primary enrolment ratio Completion/survival rate to grade 5 Literacy rate
Goal 3: Promote Gender Equality and Empower Women	
Target 4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	Gender Parity Index (GPI) for primary, secondary and tertiary education Youth literacy GPI Share of women in wage employment in the non-agricultural sector Proportion of seats held by women in National Assembly and Senate, provincial assemblies and local councils
Goal 4: Reduce Child Mortality	
Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate Infant mortality rate Proportion of fully immunised children aged 12-23 months Proportion of children under 1 year immunised against measles Proportion of children under five who suffered from diarrhoea in the last 30 days Lady Health Workers' coverage of target
Goal 5: Improve Maternal Health	
Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio Maternal mortality ratio	Proportion of births attended by skilled birth attendants Contraceptive prevalence rate Total fertility rate Proportion of women 15-49 years who had given birth during last 3 years, and made at least one antenatal care consultation
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases	
Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	HIV prevalence among 15-24 year old pregnant women HIV prevalence among vulnerable groups (e.g., active sex workers)
Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Proportion of population in malaria risk areas using effective malaria prevention and treatment measures Incidence of tuberculosis per 100,000 population Proportion of TB cases detected and cured under Directly Observed Treatment Short Course (DOTS)

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MDGs and Targets	Indicators for Pakistan
Goal 7: Ensure Environmental Sustainability	
Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Forest cover including state-owned and private forest and farmlands Land area protected for the conservation of wildlife GDP per unit of energy use (as a proxy for energy efficiency) No. of vehicles using CNG fuel Sulphur content in high speed diesel (as a proxy for ambient air quality)
Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of population with sustainable access to an improved water source, urban and rural Proportion of urban and rural population with access to improved sanitation
Target 11. Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	Proportion of katchi abadis (slums) regularized
Goal 8: Develop a Global Partnership for Development	
Target 12. Develop further an open, rule based, predictable, non-discriminatory trading and financial system Target 15* Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long run	Market Access Debt Sustainability ODA Assistance
Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.	Unemployment rate of young people aged 15-24 years each sex and total
Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18. In cooperation with private sector, make available the benefits of new technologies, especially information and Communications	Telephone lines and cellular subscribers per 100 populations. Personal computers in use per 100 population and internet users per 100 population
* Target 13 and 14 relate to land-locked countries and island economies. UN indicators 33-44 for targets 12-15 assess the three dimensions i.e., market access, debt sustainability and ODA assistance.	

ANNEXURE

Goals, targets and indicators

Goal 1. Eradicate extreme poverty and hunger

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Indicators

1. Proportion of population below \$1 (PPP) per day
2. Poverty gap ratio
3. Share of poorest quintile in national consumption

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

Indicators

- 1.4 Growth rate of GDP per person employed
- 1.5 Employment-to-population ratio
- 1.6 Proportion of employed people living below \$1 (PPP) per day
- 1.7 Proportion of own-account and contributing family workers in total employment

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators

- 1.8 Prevalence of underweight children under-five years of age
- 1.9 Proportion of population below minimum level of dietary energy consumption

Goal 2. Achieve universal primary education

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators

- 2.1 Net enrolment ratio in primary education
- 2.2 Proportion of pupils starting grade 1 who reach last grade of primary
- 2.3 Literacy rate of 15-24 year-olds, women and men

Goal 3. Promote gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicators

- 3.1 Ratios of girls to boys in primary, secondary and tertiary education
- 3.2 Share of women in wage employment in the non-agricultural sector
- 3.3 Proportion of seats held by women in national parliament

ANNEXURE

Goal 4. Reduce child mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators

4.1 Under-five mortality rate

4.2 Infant mortality rate

4.3 Proportion of 1 year-old children immunized against measles

Goal 5. Improve maternal health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

Target 5.B: Achieve, by 2015, universal access to reproductive health

Indicators

5.3 Contraceptive prevalence rate

5.4 Adolescent birth rate

5.5 Antenatal care coverage (at least one visit and at least four visits)

5.6 Unmet need for family planning

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators

6.1 HIV prevalence among population aged 15-24 years

6.2 Condom use at last high-risk sex

6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicators

6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators

6.6 Incidence and death rates associated with malaria

6.7 Proportion of children under 5 sleeping under insecticide-treated bednets

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6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

6.9 Incidence, prevalence and death rates associated with tuberculosis

6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Goal 7: Ensure environmental sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators

7.1 Proportion of land area covered by forest

7.2 CO₂ emissions, total, per capita and per \$1 GDP (PPP)

7.3 Consumption of ozone-depleting substances

7.4 Proportion of fish stocks within safe biological limits

7.5 Proportion of total water resources used

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicators

7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicators

7.8 Proportion of population using an improved drinking water source

7.9 Proportion of population using an improved sanitation facility

Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators

7.10 Proportion of urban population living in slums

Goal 8: Develop a global partnership for development

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Includes a commitment to good governance, development and poverty reduction - both nationally and internationally

Target 8.B: Address the special needs of the least developed countries

Includes: tariff and quota free access for the least developed countries'

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Target 8.B: Address the special needs of the least developed countries
Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.

Official Development Assistance (ODA)

8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income

8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied

8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

8.5 ODA received in small island developing States as a proportion of their gross national incomes

Market access

8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty

8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

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8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product

8.9 Proportion of ODA provided to help build trade capacity

Debt sustainability

8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)

8.11 Debt relief committed under HIPC and MDRI Initiatives

8.12 Debt service as a percentage of exports of goods and services

Indicators

Official development assistance (ODA)

33. Net ODA, total and to LDCs, as percentage of OECD/Development Assistance Committee (DAC) donors' gross national income (GNI) (OECD)

34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (OECD)

35. Proportion of bilateral ODA of OECD/DAC donors that is untied (OECD)

36. ODA received in landlocked developing countries as a proportion of their GNIs (OECD)

37. ODA received in small island developing States as proportion of their GNIs (OECD)

Market access

38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty (UNCTAD, WTO, WB)

39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries (UNCTAD, WTO, WB)

40. Agricultural support estimate for OECD countries as percentage of their GDP (OECD)

41. Proportion of ODA provided to help build trade capacity (OECD, WTO)

Debt sustainability
42. Total number of countries that have reached their Heavily Indebted Poor Countries Initiative (HIPC) decision points and number that have reached their HIPC completion points (cumulative) (IMF - World Bank)

43. Debt relief committed under HIPC initiative (IMF-World Bank)

44. Debt service as a percentage of exports of goods and services (IMF-World Bank)

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Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicators

8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators

8.14 Fixed telephone lines per 100 population

8.15 Mobile cellular subscriptions per 100 population

8.16 Internet users per 100 population

NOTE & SOURCES

Following data source and reports has been used and mentioned in the report:

1. A lower number for 2005-06 by the PRSP secretariat was estimated in 2002-03, while the 2004-05 number is based on PSLM 2004-05 survey.
2. All PRSP targets are taken from Accelerating Economic Growth and Reducing Poverty: The Road Ahead. Poverty Reduction Strategy Paper, Government of Pakistan, December 2003.
3. Based on the definition, "Proportion of children under 5 years who passed more than 3 watery stools per day and received ORS (treated with oral dehydration salt)", used in MDGR 2004, the PRSP target for 2005-06 was 40%
4. Based on the estimates of MTDf of 0.1 % for 2004-05 the target for 2009-10 was set at 0.07%.
5. CWIQ 2005
6. Data on nutrition related indicators are collected periodically through the National Nutrition Survey and analyzed by the Planning Commission. Information reported for 1998-99 and 2000-01 is from the 1998-99 and 2000-01 survey respectively
7. Data relating to consumption of households are collected regularly through the household surveys by the Federal Bureau of Statistics and poverty trends are analyzed by the Planning Commission/CRPRID
8. Estimates of Education section, Planning Commission.
9. Labour Force Survey 1991-92, 2001-02
10. Medium Term Development Framework, 2005-10
11. Medium Term Expenditure Framework, 2005-10, Planning Commission, of Pakistan, May 2005.
12. Ministry of Education
13. Ministry of Environment, 2003
14. Ministry of Health information, 2003
15. MTDf 2005-10
16. MTDf target 0.02% is based on available information on Punjab only.
17. National AIDS Control Programme; information on all Pakistan basis is not available. As per National Aids Control Program Survey, HIV prevalence among vulnerable groups was 0.03% in Punjab province only.
18. National Poverty Line notified vide notification. No. 1(41) Poverty/PC/2002 dated 16 August 2002.
19. Pakistan Demographic Survey 2001
20. Pakistan Economic Survey 2004-05
21. Pakistan Integrated Household Survey 2000-01
22. Pakistan Reproductive Health and Family Planning Survey 2000-2001
23. PIHS 1990-91, PIHS 2000-01 and PSLM survey 2004-05
24. PIHS 2000-01, PSLM (CWIQ) 2004-05 (Coverage of Tap, Hand-pump water)
25. PIHS 2001-01, PSLM (CWIQ) 2004-05 (Flush Toilets use)
26. Planning Commission
27. PRSP secretariat estimated it in 2002-03, while the MTDf target for 2009-10 is based updated estimate of 2004-05
28. Target of MTDf has been changed from 50 to 70 percent in view of higher coverage in the

NOTE & SOURCES

previous years.

29. The figure for 2000-01 are revised and based on poverty line of Rs. 723.40 per capita per month. The figure for 2004-05 are estimated from Pakistan Social and Living Standards Measurement (PSLM) survey conducted in 2004-05. The revision for 2000-01 and estimates of 2004-05 is undertaken by the Planning Commission/CRPRID.
30. The LHW Programme started in 1994 with 30,000 LHWs
31. The lower number is an estimate by the PRSP secretariat. MTRF estimate of 65 in 2009-10 is based on the 2004-05 estimate of Planning Commission/Ministry of Health
32. Thematic Group on Education
33. Women and Men in Pakistan, Federal Bureau of Statistics
34. MDGR 2004 reporting 36.3 percent Literacy rate for 1990-91, 51 percent net primary enrolment ratio and 50.3 percent Adult Literacy for 2000-01 was based on Ministry of Education estimates.

GCAP-Pakistan Established in 2005

Global Call to Action against Poverty (GCAP-Pakistan) is a coalition of over 450 civil society organizations, networks, peace movements, human rights activists, peasants, labourers, workers, teachers and students alliances etc. GCAP coalition in Pakistan focuses upon issues related with Health & Education sectors to address poverty & inequality



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