Population Policy 2015 - Khyber Pakhtunkhwa

20th October, 2015

Population Welfare Department

Government of Khyber Pakhtunkhwa

Peshawar

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1. Introduction

Pakistan is the 6th most populous country of the world with a Population of over 190 million. Its population is growing at an annual rate of 1.95 per cent and at the current rate of growth the population will double in the next 37 years..The country had visualized implications of rapid population in the early 1960s and adopted the philosophy of family planning through a comprehensive Family Planning Scheme launched in 1965 as an integral component of the Five-Year Plan (1965-70) to lower fertility with voluntary contraception. The programme has been sustained since then, but unable to achieve the desired objectives due to conservative environment and low level of acceptance of family planning.

Despite the constraints. Pakistan entered an era of fertility transition in the 1990's, to claim 'demographic dividend' that is demonstrated in the changing age structure (youthful population), reduced dependency ratio (with lesser dependent children and increased population joining the labor force). However, the desired outcome is not automatic, rather dependent on: effective family planning programs (to continue fertility transition process); gender sensitive accelerated policies of human development aimed at transforming the youthful population into a productive workforce; made possible by a careful and sustained investment in education, health and skill development, alongside the policies that consciously lead to the growth of productive and rewarding jobs for men and women.

High population growth rate was led by a continuously high birth rate and rapidly declining mortality rate. This situation has been confronted almost alike by all the provinces. The Province of Khyber Pakhtunkhwa with 8.5 % area of Pakistan is occupied by 12.9% country's population. The population of the province was 17.73 million in 1998,it is estimated to be 25 million in 2013 and projected to touch a 34 million mark by 2030. It is growing at 2.3% of annual growth and expected to double in 32years', with current density of 238 person per square kilometer. The population projection exercise carried-out on a longer timeframe under different scenarios further illustrates as to what difference fertility change can make on the population size, age distribution and various related outcomes, besides the effect of rapid urbanization.The details of the projection with the assumptions and effect on growth, population size, its distribution and salient related outcomes are presented in Annexure -I.

The evidence from PDHS 2012-13 and Pakistan Economic Survey 2008-09 clearly shows that Khyber Pakhtunkhwa with its fertility rate of 3.9 and low contraceptive prevalence rate of 28%lags behind in achieving various targets. The factors that contributed to slow pace of progress have been continuing low literacy, particularly among women in the province, fluctuating political support, rising poverty, limited accessibility, persistent sense of insecurity, mounting inflation and natural calamities, that has been compounded further by rural to urban migration, internally displaced persons (IDPs), prolonged conflict(militancy),and the influx of millions Afghan refugees since the 1980's. These are being considered and approached by the province as part of its Integrated Development Strategy. The province specific population policy will make the efforts further encompassing and more composite to achieve fertility levels that ensure the health and well-being of the population and facilitate the process of sustained development.

2. Prospect and Basis for Population Policy for Khyber Pakhtunkhwa

Rapid population growth over the years has had several implications which needs recognition. It includes the socio-economic effect, demographic effect (age and population distribution), fertility outcomes and health status. An aspect that stands out clearly is reflected in the changing age structure of population. The population of the province grew at high pace, resulting in youthful population in the age range of 15-29 population to around 31% in 2014. The young population not only contributes to the youth bulge but also emerges as a challenge. Furthermore, continuous flow of young women in the reproductive age contributes to high population momentum.

Planned birth spacing with the use of effective modern contraceptives methods is now recognized as a major cost effective solution to manage fertility. International research and that in Pakistan as well constantly reveal the benefit of family planning to maternal health and child survival. This will be addressed by effective communication efforts of advocacy, motivation, counseling and care through easily available and affordable services. Evidence also shows that increased use of modern contraception methods is associated with reduce rate of abortions. This provides the solid and sound basis to draw attention and bring back the focus to family planning by emphasizing on specific related areas.

2.1 Bringing Back Focus on Family Planning

The contraceptive prevalence rate of 28 % as per PDHS 2012-13 for Khyber Pakhtunkhwa showed slow increase during the period 2001-2013, which amounts to almost stagnant situation with a high discontinuation of contraceptive use due to lack of persuasive counselling and assured follow up care. High unmet need for contraception (26%) implies that actual fertility to be higher than wanted level, especially among those who do not have access to such services. This will be addressed with quality family planning services and adequate contraceptive supplies. The high unmet need for contraception will be addressed with targeted counselling, adequate services and extensive follow-up. The task will be undertaken with focused attention and by tackling the factors that inhibit women, who either wants to space or limit the family size to avail contraception facilities.

2.2 Improving Coverage to Address Missed Opportunities

The coverage of the Programme and access to services has remained limited although the programme is spread over 25 districts of the province. The performance will be improved by paying careful attention to staff presence and intensive training, availability of supplies, intense supportive supervision and frequent monitoring.. The Health Sector will be brought on board to provide FP services as part of its mandate and that family planning re-positioned as health intervention. It is relevant in its own right and will make significant contribution to improve maternal health, child survival and reduction in new neonatal, particularly where there is a birth spacing of 36 months. The support by Lady Health Workers (LHWs) and CMWs will be pursued effectively for covering all rural areas of the province and to strengthen linkages with the communities. People's Primary Healthcare Initiative (PPHI) is committed to provide a package of primary health care and it will be ensured that family planning services are provided on a regular basis through this institutional setup.

2.3 Aiming at Conducive Social Setting and Women Empowerment

The formation of family is central to social life in Khyber Pakhtunkhwa and the social settings need careful support to build and sustain favourable enabling environment to give a boost to family planning efforts as the social and culture influences on reproductive norms and behaviours are deep rooted into the social fabric of the society. This transformation will take time and will be pursued with advocacy, promotional campaign and motivation, while taking into consideration the local cultural sensitivities.

The opening up of opportunities along with growing stress related to poverty and inflation have changed parents' perceptions about the benefits of female education as reflected in increased female enrolment at 38% percent in Khyber Pakhtunkhwa during 2011-12 (i.e., for females aged 10 years and older). The modern communication technology especially spread of television channels, use of mobile phones, and social media are contributing to gradual modernization and empowering women with information to build their decision-making potential and ultimately affecting their fertility. Furthermore, women earning their own livelihood have better life chances as they get well-off and better informed to decide to advance towards their aspiration. Recent studies reveal that employment and economic autonomy at times is more important and encompassing than educational attainment for its effects on woman's autonomy. An important aspect that has steered economic affluence in families relates to greater labour mobility to Middle East and the remittances to families to acquire material gains including electronic goods. Moreover, the trends across the South Asian countries suggest that international migration brings affluence, increased mobility and decision-making power for women about their own health especially related to fertility. A similar trend is expected to continue and gain strength in the province in the years to come. In sum, the environment in the province is gradually providing alternatives for self-fulfilment to motherhood.

The cumulative effect of the social environment, however, is that Pakistani couples express very dissimilar preferences about family size until they have four children. Pilot initiatives in selected areas that encouraged husband-wife communication have revealed a breakthrough for effective family planning. Hopefully, such creative efforts if supported, expanded and sustained, will contribute to voluntary adoption of birth spacing at accelerated pace in the province.

2.4 Improving System Barriers of the Programme

The commitment of financial resources being the main driver for attention and action relating to population issue and a manifestation of seriousness of the Government is a vital determinant. The Government's budget has been progressively increasing over the last decade, but not enough to meet growing needs. . The Programme received substantial funding from the Federal Government under 10th Five Year Plan (2003-08), but available funds remained unutilized and returned in the presence of low utilization capacity and poor planning process. The devolution process undertaken with an unprecedented speed in 2010-11, landed the Department into serious difficulties especially in taking-over and managing several new functions. At the same time the provinces were given an opportunity to manage and execute the population welfare programme as they would visualize and prioritize in the context of their development endeavour.

This will take in to consideration the outstripping feature of rapid population growth against socio-economic statewhich converges on a single important area for intervention. It is the pursuit of voluntary fertility moderation to facilitate and contribute to equitable and sustainable development. This in turn brings into focus the need for specific population policy.

3. Khyber Pakhtunkhwa Population Policy 2015

Government of Khyber Pakhtunkhwa recognizes the wide spread cross-cutting effect and influence of population factor on the overall development and the imperative to adopt a focused population policy with the aim and object of striking a balance between population and resources to be consistent with the development goals. It affirms the centrality of fertility decline to achieve the policy objective through timely completion of replacement level fertility (2.1 births) by 2032 and that the health and well-being of families and improve their quality of life. The Policy aims to harness the benefits of demographic dividend by making family planning a vital component of the essential service package to maximize its availability as elucidated in the previous section. The policy promotes family planning and repositions it within a holistic framework of socio-economic development of the province, in order to bring down population growth rate to a level that facilitates the development process and its pace. Moreover, Pakistan, by virtue of its international commitments (ICPD, MDG/SDG and FP2020), has endorsed family planning as a human right. It values the rights of women by treating them as individuals and full human beings in their own right, as active agents, not as passive beneficiaries (UNFPA, 2012). As such, it must be ensured that all women and men, who require services, receive it with ease, according to their choice and needs. Equity has been a major issue to access services which calls for the public sector proactively reaching out to the vulnerable and poorest of the poor through its infrastructure. The gravity of the issue strongly calls for political will and effective ownership of family planning by all stakeholders including Health Department to support coverage and accessibility, strengthen accountability and governance structure for efficacious results and to meet various international and national commitments made by Pakistan especially FP2020,SDG 2015-30.

The post devolution scenario of 18th Constitutional Amendment has offered an opportunity to introduce a population policy specific to the province. This will set vision, broad goals and strategies to approach the matter as an essential element of development framework. The benefits of family planning as birth spacing theme for maternal health and child survival will be fully adopted and incorporated. Healthy timing and spacing of pregnancy (HTSP) is in line with normal teachings for care of mothers and their offspring and have been fully endorsed by Islamic scholars and leaders from all sects and at various levels of the social set-up. Family planning is thus a crucial component of sustainable development and linked to poverty reduction strategies. The main features of this policy makes bold move on the population issue by setting vision, goals and broad approach to advance the cause.

VISION

The Policy 2015 envisages to promote a prosperous, healthy, educated, and knowledge-based society where every pregnancy is planned, every child nurtured and cared for, and all citizens are provided with an opportunity and choice for improved quality of life as per their aspirations.

GOALS

The Population Policy seeks to:-

- Attain replacement level fertility through enhanced voluntary family planning.
- Promote family planning as a Reproductive Health Right, based on informed and voluntary choice.
- Reduce unmet need of contraception and unwanted pregnancies through universal access and improved quality of family planning services.
- Adhere to the requisites for ‘demographic dividend’ for economic growth by making investment in child survival, reproductive health and prioritizing education especially female education.

OBJECTIVES

Medium Term

- Achieve universal access to safe and quality reproductive health/family planning services by 2020.
- Increase Contraceptive Prevalence Rate (CPR) from the existing level of 28% to 42% by 2020.
- Raise modern CPR from existing level of 20% (PDHS 2012-13) to 28% by 2020.
- Reduce unmet need for family planning from existing level of 26% (PDHS 2012-13) to 15 % by 2020.

Long Term:

- Raise contraceptive prevalence rate from 28% in 2012-13 to 55 % by 2032.
- Decrease total fertility rate from 3.9 in 2012-13 to 3.3 births per woman by 2020 and attain replacement level fertility (2.1 births per woman) by 2032.
- Reduce Annual Population Growth Rate from 2.2 % in 2013 to 1.3 % by 2032.
- Encourage increased investment for acceleration of female education and empowerment to facilitate attainment of population sector related objectives.

Assumptions:

The population policy is based on the following assumptions:

- Firm and sustained political commitment and administrative support at all levels.
- Full ownership of family planning programme by provincial land district governments.
- Staff Security addressed to enable them to carry out their responsibilities undeterred.
- Mandatory provision for and delivery of family planning services by Health Department.
- Commitment for resource availability by the provincial Government as per Integrated Development Strategy to meet programme requirement.
- Broad based support to family planning by all public and private entities.

3.1 Framework for Implementation of Policy

The Policy provides a framework for advancing the goals and prioritizing strategies to meet the reproductive and child health needs of the people as part of the overall wellbeing. This framework is based upon the need to simultaneously address issues of contraception, child survival, and maternal health, while increasing outreach and coverage of a package of reproductive healthcare services by all stakeholders. The Policy promotes family planning as a state of art service on the basis of informed and voluntary choice through all channels and service delivery outlets of the public and private sectors. Preventing early age and unwanted pregnancies - - that leads to unsafe abortions and maternal deaths- - necessitates focusing efforts on unmet need as the principal area for intervention and action for maximum return.

The primary requirement for the implementation set-up is of a strong leadership support and open commitment at the highest level for continued and enhanced social acceptability of birth spacing, with a mechanism to foster inter-sectoral linkages and support to turn the population programme into a collective cause for social progress of the society as a whole. This is to be supported with adequate resource envelope and an institutional set-up managed by a competent head, appointed for 3-5 years tenure and assisted by professional staff of high calibre. The core activity to be managed is service provision and service delivery, with all time availability of contraceptives, and demand generation through advocacy, motivation and counseling, with dedication to service delivery and follow-up care. The support

activities include capacity building and regular refresher, monitoring, impact assessment and research back-up. All these activities are to be drawn and acted upon within a specified timeframe, based on required outlay and subjected to regular review to note progress, emphasize continued significance of the pursuit and to give direction for improvement and acceleration of efforts. The short and long term objectives stipulated above are to be managed with a vision, strategy and framework broadly summarized in this paragraph, with further details reflected in the subsequent sections of this policy document.

3.2 Principles and Priorities

The Policy adheres to five basic principles to achieve its goals: equity, efficiency, right-based voluntary services, sustainability and safety of workforce (in the specific context of insecurity situation of Khyber Pakhtunkhwa due to war on terror). The Policy focus would broaden the sphere of services to target population with unmet need of contraception, new users especially first time mothers, low parity women, and to promote continuous users by reaching out to women and men with accurate motivational information, with massive competency training of service providers in counseling and management of contraceptive services with care and understanding. These services will be made available to the population living in KP, (IDPs in emergency situation and the Afghan Refugees under specific arrangements). Furthermore, the policy maintains focus on male involvement at all levels to inculcate realization and to encourage their role as responsible household head for the health and wellbeing of the family– on which rests cohesion and satisfaction within the family. For effective impact of contraception on birth spacing and fertility, the Policy promotes choice of contraceptives with special focus on long acting reversible contraception (LARC) including IUCDs, and implants, while maintaining popularity of tubal ligation services.

The socially and economically deprived segments of population and poorest of the poor will be focused to improve their social and economic status through better opportunities of education and skill fullearning for gainful living. Provision of necessary information for family planning and reproductive health services to these deserving people will receive greater attention. Benefits of birth spacing and small family in terms of lower risks of infant mortality and improved maternal health along-with availability of more quality time for childrearing, and enhanced savings for family well-being will form an integral part of massive communication campaign. Special attention and efforts in communication, services and out-reach will be given to the districts with evidence of high unmet need for contraception to maximize coverage and lower fertility rates to pave way for change in the overall development indicators.

3.3 Favourable Environment for Population Policy

The implementing of high aimed policy seeks an environment that contain five basic elements: (i) KP government to recognize 'Population' as priority area by reflecting the same in the provincial integrated development framework, (ii) Firm Political Commitment to support Population Policy and its Agenda, (iii) Sustain comprehensive long term 'Plan' to achieve 'Demographic Dividend' as already explained, (iv) Ensured adequacy inresource availability, with timely releases; and (v) Effective monitoring of progress against outcomes and overall objectives.

The attainment of replacement level fertility to claim the 'demographic dividend' in the coming years is a vital aim of the policy. It acknowledges that rapid population growth inhibits the efforts to reduce extreme poverty, ensure security, meet energy requirements, adequacy in per capita availability of water, preserve the natural environment, climate change and improve overall standards of living. The achievement of demographic transition is made possible by four significant determining factors, which include effective family planning, female education (till at least matriculation), employment opportunities for the young, and conducive social environment. These are all well recognized areas for combined action by multiple

stakeholders. Lack of adequate and sustained investment for improved access to family planning will neutralize the important gains made in economic progress, and will reduce the returns on improvements made in education and women empowerment. Investment in family planning is, therefore, a major step towards this direction, which will lead the way to better health and improved human capital. The investment directed towards building and revamping the systems will benefit the province and its people, especially the young first time mothers who are entering the reproductive cycle of life, in millions every year. The large cohort of women wanting to regulate their fertility and use family planning and contraception, have difficulty to access and avail the services due to inadequate supplies, fewer facilities and limited services. All these highlight the constrained environment that contributes to high risk pregnancies and warrants persuasive efforts to encourage voluntary birth spacing practices.

3.4 Broad Based Support

To continually elicit broad based support and synergy in operations, it is reiterated that inter-sectoral linkages is significant to actively engage and secure assistance from different sectors including education, health, nutrition, agriculture, technical training, and water and sanitation to provide inroads to family planning. Equally important is to transform the image of limiting births that, over the years had antagonized conservative and religious segments of population and presented a face of the programme that was not readily internalized by local populace for attitudinal and behavioural change. Working closely with Provincial Assembly members, local champions, and civil society activists will enable building of environment to support the cause. This is crucial and essential ingredient to support family planning with understanding. All segments of the society will have to shoulder responsibility and contribute toward sustainable development for the progress and welfare of the society as a whole, as simply ensuing family planning will only achieve partial results and not full success.

3.5 Mobilizing Men for Support and Care of Elderly Population

Men remain the key decision maker and actively involved in the family setting and decisions. Population programmes in the past have partially attended to engage men folk for their family planning needs. Active cooperation and participation of men is vital for ensuring acceptance of family planning in supporting contraceptive use, birth spacing and family size, arranging skilled care during delivery and avoiding delay in seeking emergency obstetric care. Sensitizing men to their role as responsible parent and in recognizing the critical role of women in the health of the family is necessary and highly relevant.KP is taking a lead role to mobilize male in planning families by including Ulema in holding regular dialogue with the male community and sensitize the elders and parents. Provision for male contraceptive surgical procedures will be strengthened, and the method promoted through Men Advisory Centres with focus efforts by male workforce.

Elder population in Khyber Pakhtunkhwa (age 65 and above) is expected to increase rapidly in the coming years. The proportion of elderly population (65 years and above) is 3.7% of total population (an estimated one million) of the province and expected to increase to 4.9 percent by 2030, 2.6 million (6.7 percent) by 2040 and touch 4 million size (10 percent) by 2050. It is reality approaching in the future time and need support in the advance ages of life cycle. They will be given due attention for their care as living asset possessing of wisdom of experience which serves a useful purpose for guidance of the youth. The family support system will be highlighted and encouraged for their care and treat them with respect and grace as emphasized in the code of Islamic living. Special measures will be pursued for their health, economic security and facilitation accessing to public service facilities and for their mobility.

3.6Addressing issues of Adolescents and Youth

Millions of young females and males will enter reproductive ages in the coming years as 31 percent of total population is estimated to fall between age 15 and 29 years. Various surveys reveal that high proportion of young women are facing high risk pregnancies due to adolescent marriage in districts with low female literacy. The need of adolescents including protection from unwanted pregnancies has not been specifically addressed in the past. Will evolve programmes to encourage delayed marriage and child bearing, and educate adolescents about planned parenthood. Reproductive health issues of adolescent girls and boys are significant in urban and rural areas. Preparing adolescents and youth for marital life and responsible parenthood through formal and non-formal system is beneficial. Population Welfare Department will provide information, counseling, population education, and make affordable contraceptive services accessible for birth spacing especially to young married couples to reduce all high risk fertility behaviours. Pre-marriage counseling modules will be developed and innovative measures taken to introduce and promote this practice. Advisory Call Centres will be established to respond to questions and queries from adolescents and youth regarding planned and healthy family life and sources for access to services.

3.7Main Areas Requiring Priority Attention

The population policy embraces an important social cause, which rests on the initiative and action by individual couples to be adopted over a stretch of time for tangible results in reducing the fertility and ultimately contributing to bringing down the population growth rate. It is to be addressed with collective resolve that transcends institutionally and into the society for voluntary mass adoption of family planning and pursued with understanding and conviction to support, sustain and steer the efforts at macro and micro levels in Khyber Pakhtunkhwa.

3.8 Spread and Convergence of Service Facilities

The policy places the 'client at the centre' of all efforts and focuses on support to the immediate supervisors to accord priority in enhancing coverage and access to family planning information and services at community and household levels.The infrastructure of Population Welfare Departmentwill be mainly responsible to dispense family planning services and that expansion will be based on objective assessment of need with focus on underserved[1] far flung areas. At the same time, improving theclientele intake of the existing outlets with improved mobilization work in the catchment areas will be emphasized and closely supervised. Efforts will be directed to evolve consensus among all stakeholders for commitment and contribution to achieve the objectives.

3.9 Door Step Delivery to Address Unmet Need for Contraception

The efforts to achieve replacement level fertility will be effective only when family planning services reach out the couples with unmet need for contraception. As such, particular attention will be given to reduce unmet need by identifying barriers to availing the services by the women who desire to space or limit the family size, but still not using the services. This will be done through inter-personal communication by the community based workforce to address their concern, need and specific choice, in order to convert these potential clients who have come half-way through to turn them into full acceptors. These workers will be imparted persuasive training to: register and identify eligible couples, undertake social mobilization, motivate and counsel along with making available oral pills and condoms to them, and referring other clients to nearest service centres for clinical methods. Provision of long acting methods will be specifically

[1]Eight districts for Khyber Pakhtunkhwa are categorized as high deprived[1] districts which need to address intra-provincial inequality by allocation of appropriate resources to such backward/deprived districts (Social Policy and Development Centre: 2012. Districts' Indices of Multiple Deprivations for Pakistan, 2011. *June.* Research Report No.82)

ensured at the facilities to promote birth spacing. Furthermore, small family norm can only be successful if efforts are focused on low-parity and first-time mothers. The workers will identify and target this group to motivate and educate them regarding healthy timing and spacing of pregnancies and benefits of spacing by using innovative job-aids and counseling skills. Follow-up visits will be specially undertaken to ensure method continuity and for responding to client's queries. Community based workers will participate in promotional activities related to safe delivery and infant health. The Lady Health Workers and the Community Midwives of Department of Health will be encouraged for linkage with FWCs for mutual support and referral of clients for long acting methods.

3.10 Supportive Role of Partners

The policy encourages all partners to enhance access to family planning services through consolidation, up-gradation and placement of service outlets closer to the target population. The Health Department in particular (with vast infrastructure of hospitals at district and tehsil levels, RHCs, 1,489 BHUs and community based workers consisting of 12,729 lady health workers, 530 LHS and1,800 Community Midwives) will be persuaded to include family planning as an essential part of service package of primary health care and declare family planning services mandatory through all its outlets, with contraceptives provisioned in the essential drug list. This is important in its own right due to commonality in objective for advancing the health of women and their offspring, besides contribution to fertility decline. The Department of Health to support the health outlets managed by Rural Support Programme and PPHI in training, supplies and to make birth spacing/family planning services available where antenatal, natal and postnatal care and routine child immunization are administered ; ensure that family planning services fully adhere to essential requirements and adopt quality service protocols; and share their performance reports for inclusion in the consolidated regular reports for reflection of holistic picture of progress about family planning. Nonetheless, the limitations of Health Department will be appreciated, as they have multiple roles and wide range of health services to be covered while facing understaffing situation and overburdened with patients requiring curative treatments. This leaves little or no time for attention and concentration on family planning clients. Family planning efforts require devotion of time for counseling and motivation through initial and repeated interactions with potential clients/acceptors for motivation, deeper understanding of their concern, need, choice and specific support for acceptance, with assured follow-up care for continuation rate-on which rests the effect to achieve fertility decline. Therefore, besides training of health service providers about family planning, consideration will also be given to deploy a trained family welfare worker at the outlet for family planning specific work to attend to the vast group of potential clients visiting the health outlets for curative care. The health staff would refer all family planning cases to this worker for counseling, motivation and services, particularly those visiting the health outlets for post-abortion care to counsel them for birth spacing in the future. This worker would also be entrusted to work on post-partum family planning initiative under the guidance and support of Gyneacologist to visit Gynae ward for interaction with patients for counseling, motivation and services. The leadership of Health and Population Welfare Departments to work closely with understanding of the mutual benefit of family planning and for mutual support to maximize coverage and minimize duplication of services and work-out crash arrangements for training of all enlisted health outlets in the public and private sectors. Similar spirit is to be demonstrated by working together for acquisition of contraceptives, its uninterrupted availability at all outlets and sharing of performance reports to enable present holistic picture of contraceptive performance in the periodic provincial and district returns.

All Public Sector Corporations and entities operating in the province will be advised and pursued forin corporation and dispensation of family planning services through their health set-up. Their service providers will be imparted training about management and motivation for family planning with essential supplies made available to provide services to the specific target population. Review sessions will be held at periodic interval for experience sharing, reflection on their contribution and mechanism for reporting

the performance, referral arrangements and for further improvement of the collaborative efforts under agreed terms and conditions. Similar workplace programme will be initiated for every industrial concern established and operative in the province.

All major private hospitals will be accredited and enlisted for family planning service delivery. Their health providers will be given training about management and counseling for adoption of family planning and provided with basic essential supplies to serve their clientele. Periodic sessions will be held with the management to share experience, reflect on their contribution and mechanism for performance reporting, referral services and to encourage their efforts for further improvements. In the same spirit, medical practitioners will be enlisted for their motivational support to reach the target population under their influence. In fact, social marketing endeavor will be persuaded to strengthen their operations for enlistment of private health providers as an independent stream for service delivery focusing on urban slums and squatter settlements. They will be persuaded to engage social mobilizers (instead of sale promotion officers) to serve the social cause through regular contact and follow-up with the enlisted providers. This will contribute to sustain their spirit for substantive and continued participation in service delivery. The progress will be reviewed periodically as part of experience sharing and for further acceleration and expansion as against programme need for coverage and easy access to services. Identical and flexible arrangements will be worked-out with civil society organizations to include family planning as part of their community uplift interventions.

The magnitude of effort is high to reach out to all segments of population and women in reproductive ages in need of accurate information and services, its demands complementary work to be sustained by the Government. The support required by the Population Welfare Department is more in the high fertility regions, where awareness and use of contraception is low and focused efforts are needed to reach out to the poor and illiterate women and couples. The Department looks forward to targeted professional interventions and innovative undertakings by NGOs to support in demand generation, community mobilization and where feasible to participate in selective service delivery to effectively complement Government efforts. The private sector, though covers urban areas, will be encouraged to work in priority districts to enhance availability and access to quality services in line with Government priorities and programme needs.

The Population Welfare Department will create space and encourage private sector and philanthropic bodies in the spirit of Public-Private Partnership Act of KP for: (i) investment in family health and family planning targeting urban slums and hard to reach communities; (ii) expansion of networks for family planning services by increasing the number of family planning clinics and reaching out to unreached communities with community based distribution and social marketing systems; (iii) undertaking operations research activities in search of proven innovative methodologies for service delivery; and (iv) introduction of gender specific career counseling within the framework of existing counseling services.

3.11Quality of Services

Adherence to quality of service standards [2]will be given high emphasis to address major problems faced by women to facilitate in availing the services to increase the use rate. The Population Welfare Department will be responsible for the development and promotion of quality standards protocols fully taking in to

[2]Standards of quality FP service delivery entail following essential elements:

(i) choice among contraceptive methods; (ii) accurate information on method effectiveness, risks and benefits; (iii) technical competence of providers; (iv) provider–user relationships based on respect for informed choice, privacy and confidentiality; (v) ample supply of contraceptives; (vi) follow-up instructions; (vii) appropriate constellation of services (viii).and intensive supervision

consideration the WHO Medical Eligibility Criteria and strict compliance ensured. Creating conditions and provision for widest possible choice of contraceptives will be pursued by diversifying the method mix availability, alongside specific promotion of clinic based long acting methods.
The primary requirement for improving quality of services is to keep the clients and their need in the forefront. Counseling and support will be extended through regular and repeated contact with due care and respect to build confidence so that the clients share their concern and express their requirement in an

atmosphere of trust. The services to be provided by providers who are familiar with the local conditions and living pattern of the clients. Supervision of service delivery is essential to observe that the prescribed standards and protocols are followed and applied; this will be of supportive nature, intensive and frequent to aid the providers in real work condition. It will be sporadically followed-up through client flow studies and other related instruments to assess quality and satisfaction with the given services. All these requirements will be backed-up with trainings and regular refreshers, alongside sustained availability of all essential inputs.

3.12 Contraceptive Commodity Security

Commodity Security remains a high priority area for all family planning stakeholders. Continuous and regular availability of complete range of contraceptives at affordable prices at all facilities is the lifeline of family planning and reproductive health services. In view of the significant improvement in service packages and choices to be promoted, changes in method mix are anticipated. Furthermore, increase in the use of contraception is also foreseeable in the coming years in view of the increase in the target population. The contraceptives requirements will, therefore, increase substantially. The supply chain management system faced several challenges in the past, has been reviewed, improved and revitalized. It will be enforced and followed in letter and spirit. Qualified professional staff will manage the technical aspects of commodity acquisition and distribution system to public, private and NGOs sector. Assured budgetary provision already earmarked in the Integrated Development Strategy will meet contraceptive commodity security requirement. With focus on long acting contraception, method mix will shift towards IUCD and implants and add injectables to it.

Reproductive health and family planning contraceptive services (birth spacing methods) are offered on charge basis since early 1990s by both the public and private sectors in Pakistan. Public sector charges are nominal and have already established an environment of payment for services. Different demographic and health surveys over the years have brought out the acceptability of such charges. The users' desire for quality product has long been identified as an important step towards branding and raising the price tag. Experiences from other countries do support the idea to pricing a package of contraceptive services, but this policy would make available highly subsidized contraceptives at a nominal price/ free for the next 5 years and until the time the prevalence rate touches a range of 40-45 %.Till that time a standard price package for services/ contraceptive methods will be charged for branded products. The service package will be well advertised and displayed for transparency and accountability. The district authorities will oversee its full implementation across all public sector facilities. The right for access to quality contraceptive services by the poorest segment of population will be protected by adopting socio-economic status scale measurement to identify such households/clients.

3.13 Advocacy and Demand Generation for Social Mobilization

To synchronize behavior change activities and demand creation for service uptake, the policy will emphasize concerted efforts to prioritize community needs in programs and view the community as partner. After identifying community concerns, the policy will provide guidelines to bring together community members, leaders, local health administrators and providers to suggest solutions to bridge the gap for smooth way forward.

A whole lot of efforts have gone into raising population related issues and promoting benefits of small family. Significant success is evident in raising awareness regarding family planning, but wide gap with respect to practices still reflect an 'unfocused and inadequate' nature of the campaigns. High illiteracy, strong belief in traditions, supporting large families and persistent misconceptions were the main barriers which the campaigns have not been able to address sufficiently to reduce social distance and address the unmet need for family planning.

The campaigns will be devised to build and sustain adoption of the small family as an enduring normat the community level especially through the community based workers. The prevalent fears and misconceptions regarding contraceptive technology will be addressed urgently and continually. A change in beliefs and the value system is required to reduce fertility to replacement levels for which all stakeholders will be advocated and mobilized to support policy initiatives. Promoting family planning information in line with unpacking unmet need for contraception, especially for advancing the objective of healthy timing and spacing of pregnancy will be central to demand generation.

Advocacy programmes will be developed using all channels of communication and interpersonal communication approach to convey the macro and micro effects of rapid population growth, its serious implications on development process and the benefit of birth spacing for family health. The Programme will address the public and various influential groups including parliamentarians, civil society members, champions, decision-makers, bureaucracy, and professionals. Advocacy will help to elicit firm political support through public statements to promote small family and voluntary practice of contraception. Community level initiatives emphasizing family health through birth spacing will be central to awareness efforts followed by skillful and persuasive interpersonal communication through community based health workers, frontline workers of Population Welfare Department and other organizations working with communities for social mobilization of the society as a whole. The promotional campaign will be monitored and evaluatedfor its effectiveness as well as to further improve the content and to focus on targeted audience.

3.14 Human Resource Development

Human Resource Development is imperative for planned and organized execution of family planning programme to carry out varying functions with determination and understanding. High quality staff with the required competency is core essential requirement for effective family planning service delivery. In view of high priority to programme expansion, there is a compelling need to have efficient and effective human resource development programme with multiple training background and skill to scale up efforts. The human resource engaged in the cause of program, therefore, needs to be trained to equip them with the knowledge and skill required for their specific role and responsibility. The dominant and vast area for training is service delivery, with equal emphasis on advocacy, motivation and counseling, apart from management, monitoring and supervision.

- The policy places emphasis on pre-service and basic training of workers alongside regular refresher covering all operational aspects for efficient and effective management of services. Particular attention will be given to counseling for explaining the benefits of family planning and choice of

appropriate method, care in extending services, with post acceptance assurance and support to enhance retention rate and reduce drop-outs.

- The RTIs and RHSC training centres will prepare special training packages for the health training institutions and train the faculty as master trainers to undertake and continue with the training of the health service providers in dispensing and managing the services through the health facilities. Use of technological innovations for quality supervision will be specially undertaken. Similar focused packages (including e-Learning modules) will be supported and prepared.
- Training of community based workers will be given due attention to establish quality work force closely engaged with communities and for interpersonal sessions on norms and practices with care and in an environment of trust and confidence.
- Contraceptive choice will be broadened and service providers imparted with competency training in latest technologies to deliver services with commitment.
- Administrative and supervisory skills will be strengthen through trainings, with focus on building rapport and relationship with specialized training institutions. Programme's own institutional set-up will be reinforced with appropriate faculty and improved curricula that best meet programme needs. Periodic reviews and evaluation of training activities and application in the real job situation will be undertaken to improve this input.

3.15 Monitoring and Evaluation

Effective monitoring and evaluation mechanism is critical to ensure achievement of desired objectives. The framework for monitoring and evaluation of the programme will take these elements into consideration and adopt result based management (RBM) framework. Population Welfare Dept. will work to develop this approach to shift the focus of monitoring from outputs (number of contraceptives distributed, number of clients contacted and recruited), to outcomes (proportion of clients contacted, served, counseled, and contraceptive prevalence rate, etc.). It will focus on the processes and outcomes to observe contribution towards the achievement of clearly stated programmatic objectives and that lessons learned fed into the decision-making. Population Welfare activities are built on two basic pillars, one aimed at change in outlook and behaviour through advocacy, motivation and counseling and the other is adoption of the means, which embraces a wide range of activities, including coverage, easy access to services, all time availability of contraceptives as per need and choice, care in extending the services and post-acceptance assurance to encourage continuation. This will be emphasized on continued basis.

The important outcome indicators to be regularly followed up include: proportion of women falling in the category of 'Unmet Need for Contraception'; Contraceptive Prevalence Rate; Contraceptive Method Mix; Source of Accessing to Services; Quality of Service and Satisfaction with Services; Fertility related indicators includeknowledge and proper understanding of HTSP Messages; Proportion of Women intended to adopt birth spacing in the future; interval between last two births; infant and neonatal health; and place of delivery for care and quality services.

The process indicators include: facilities with necessary stocks of contraceptives; number of FP clients served – old and new clients; facilities fully adhering to quality standards; service provider's competencies analyzed especially in long acting methods; service providers frequency in refresher trainings; service provider's counseling skills analyzed; community sessions organized in the catchment area; Number of visits conducted by Technical Supervisor to each service outlet; number of new clients verified, facilities with stock outs, etc. Necessary mechanism will be evolved to track and record data on these critical indicators, and presented to forums reviewing performance and progress at provincial and district levels.

The MIS and LMIS are critical for efficient decision-making and to evolve a mechanism that keeps a close watch on the clientele and stock position of contraceptives at the service outlets of all sectors and stakeholders. This will be revisited and enriched to turn it into a dynamic tool for management. Quality assurance will remain a priority area for implementation of well-tested competency checklists and serve as an instrument for field supervisors to support on the job working.

The Population Welfare Dept. will improve its capacity through professional staffing of the organization to conduct operations research and analyze MIS data to feed the planning process and serve as milestone about progress over time. In this regard, the organization will partner with universities and research institutes in the province to train its staff on conducting exploratory and diagnostic research. The policy will also include implementation of a program monitoring system by using random follow-up visits to strengthen delivery of its own programs. The mechanism will use simple representative sampling methodology and a checklist to collect generalizable and unbiased data annually to validate reported performance and enable sound decision on year to year basis covering all critical programmatic areas.

Mapping of facilities and services is an important measure to enhance spread and coverage for services to focus on under-served and un-served areas. It will also guide the establishment of an effective referral mechanism especially when long acting methods are being added to clients' choice. Furthermore, programme evaluation of various components will be undertaken regularly to provide evidence for required improvement. Innovative techniques of data gathering and analysis will be pilot tested and feasibility for scale-up undertaken. Furthermore, Citizen Report Card, and Community Scorecards, performance monitoring through innovative technologies and e-governance models will be tested to assess the benefits towards social accountability for improving efficiency and overall contribution to programme objectives.

3.16 Research and Metrics

Research provides an opportunity to understand the cause and effect relationship between population and development; how it is impacting on environment and social development; contributes to enhance and sustain social acceptability of voluntary programmatic actions; and provides the prospect for continually looking for improved approaches to advocacy, motivation and better service delivery mode. The Department will support research through in-house actions and by awarding contract to research organizations as per need for independent information. Research covering all aspects of population and development such as education, health, women health and empowerment, environment, labor force, ageing, adolescents and urbanization, family planning, fertility, and mortality will be ensued.

The Department will accord priority attention to programme development and implementation process in improving and strengthening domestic capacity for generating, analyzing and disseminating demographic and population related information by making domestic and external funds available to institutions engaged in demographic and population related research and training. Special attention will be devoted to programme development and implementation process by improving and reinforcing domestic capacity to generate, analyze and disseminate population related information widely and through special events. Domestic and external funds will be made available to institutions engage in demographic and population related research and trainings. The research will focus attention on the study of the complex interrelationship between population factors and development variables. Thus, the information generated will represent critical inputs in development planning processes and provide relatively more accurate basis for forecasting probabilities, trends and likely effect on the both side of the spectrum of subject.

4. Resource Commitment for Population Welfare Programme

The province has already demonstrated its ownership of the population welfare programme by earmarking PKR4,032 million for the period 2014-15 to 2017-18 in the Integrated Development Strategy. The programmes, projects and schemes premised on the goals and objectives of the Policy 2015, covering all out efforts at reaching population replacement level by 2032 and advancing towards stabilization by 2045, will be adequately resourced and sustained in view of their critical importance and linkage with provincial development endeavour. Priority in commitment of funds will be given to improving coverage through infrastructure and out-reach services at the community and various health centres in rural areas. Critical gaps in manpower will be remedied by acquiring the services of competent professionals and redeployment, particularly for service delivery to extend services to under-covered and inaccessible areas, and improve referral linkages to implement immediately the action plan. The year to year allocation will be increased as per need to overcome shortfalls in infrastructure, services and supplies. Nevertheless, major emphasis for resource adequacy will be stressed for contraceptive availability and promotional campaign for behaviour change.

5. Governance and Accountability

The Population Welfare Department will be the focal and frontal organization advancing family planning efforts in Khyber Pakhtunkhwa, impressing upon the need for multi-sectoral support to effectively implement the population welfare programme and highlight the well-considered investment in youth to enable the province toreap the benefit of demographic dividend. The Department will specifically promote voluntary acceptance of family planning by persuasion and by providing the means for contraception through its own service delivery network of family welfare centers, reproductive health service centres and mobile service units, with the district set-up as the core operating tier managing the work in the field. Co-ordination and collaboration with all stakeholders will be enhanced and pursued effectively to harness their potential through mutually supportive space and operational framework. The efforts will be backed-up by an effective and sustained promotional campaign through all media channels and followed-up with intensive inter-personal communication for social mobilization and behavior change.

Strategic direction and functional enhancement will be ensured by turning the implementation setup into a vibrant and purpose-oriented professional organization. A review and re-organization exercise will be commissioned to make adjustment for acquiring and positioning professionally competent hands. This will specially meet the requirement for specialized roles such as behavior change communication, monitoring and evaluation, managing research with understanding, management of commodity security process including forecast and establishment of a special unit of appropriate level to guide, manage and liaison with non-programme service infrastructure. This will also look into the need for professionals who have background of demography, development economics and understanding of population dynamics with ability to undertake population projections. All positions for management and service delivery will be filled-up on the basis of merit and placement made as per need to improve execution, coverage and easy access to services by adhering to the laid down standard operating procedures, with all inputs made available. The staff will be provided regular training and refreshers in key areas to improve output, with ultimate focus on the clients, service providers and their immediate supervisors.

The organization will maintain an effective management information system (MIS) for evidence -based decision making and for vigorous oversight functions, with quick feedback mechanism to the field formation. Real time assessment of performance will be reinforced by applying latest information technology such as mobile applications. Accountability checks will be built into the programme matrix through independent assessment and social accountability system with feedback from the beneficiaries.

Operations research would be supported to test new approaches for improvement of service delivery and to provide situation assessment of ground realities. The department will conduct regular quarterly review sessions to gauge the progress and implementation wherein partner organizations will be invited to brief about their efforts and contributions. An annual formal review at the highest level of the province will be a regular feature to assess achievement against the goal and objective for further guidance, sustained dynamic inter-sectoral linkages to mainstream population factor into the development, with the central role of Planning and Development Department, to bolster, review and resource the programme as per need for its improvement.

The population welfare programme being a long term endeavor, will be pushed and sustained with determination to ensure continuity and consistency. It is dominated by socio-cultural sensitivities and at the same time significant to be taken on hand as a strategic pursuit for sustainable development to achieve the object of healthy, educated and well-nourished populace bestowed with the best of skill to harness demographic dividend. The population policy sets the broad parameters and guidelines to approach the matter within the socio-economic development framework of the province. It is, therefore, appropriate and necessary to undertake formal review at the end of each year as a step-by-step advancement towards the goal and objectives.

An Inter-Sectoral Provincial Population Council is an appropriate and powerful forum where the Planning and Development Department would exercise its leverage and specific role to strengthen and sustained inter-sectoral linkages effectively. The apex body already exists and will be made active and effective to pursue the agenda and operative features enunciated in the form of general framework in this policy. The review will serve as a mirror to reflect upon as to where we stand, what progress has been made through implementation of the policy, identify deficiencies and the attention required to renew emphasis for improvement based on a shared perception for better quality of life of the people and contribute to the cause through collective wisdom. All this is dependent on sustained efforts, equity and fairness, and to be inclusive for all through all cycles of the life.

The review will be based on service statistics, monitoring inputs, district and facilities surveys, community feedback gathered throughout the year through various instruments and special compilation for the purpose. The third year review will also bring to attention the findings of provincial level DHS. It would also be appropriate to invite high level research professionals to give a presentation on different population scenarios with a comparison of varying implications and consequences on one area of development variables each year. It can initially be made on education and emphasis on female education, health, housing, water and energy as well as any area desired and indicated by the Chief Executive. Hopefully, this will be a regular feature and pursued with commitment, persistence and patience on the horizon of time to reap the ultimate benefit enunciated in the goal and objectives for better and improved quality of life and well-being of the people of Khyber Pakhtunkhwa.

6. Institutional set-up for implementation

District set-up has been the main operational tier for implementation of family planning activities since the very inception of the programme. This will remain the focus and will be further empowered through the instrument of district government for executive authority, operational autonomy and assured resources with power to expend, in order to better manage and co-ordinate the activities for improved coverage, access and draw on the support of other organizations for synergy and contribution in the cause as a collective societal responsibility because of cross cutting influence and effect of rapidly growing population. The district will be directed to further devolve their approach and activities by establishing linkages with tehsil and village councils of the local bodies for their participation

and support to continually raise/improve awareness and appreciation of the benefit of birth spacing for voluntary adoption on continued basis as per need."

The Population Welfare Department will support strengthening of District Set-up proactively and commits through sustained action to undertake review of district government instruments what it contains, what is missing for district-up of family planning (in comparison with health and education in particular) and what needs to be done to equate and equip them, in order to draw on the support of district government. The Department will revisit the working of the district set-up and seek suggestions to improve purposeful local linkage and working; and designate a group to work on this with full concentration.

Annexure

Annexure – I: Population Projections for Khyber Pakhtunkhwa

In the absence of good statistics on migration to Khyber Pakhtunkhwa, the population growth of KPK is projected subject to the future course of fertility decline. KPK's population growth can take three different scenarios and are based on three assumptions: the high variant assumes slow pace of fertility decline that results in rapid growth of population; the medium variant assumes moderate decline in fertility, and results in moderate increase in population; and lastly, slow variant which predicts relatively faster decline in fertility and a much slower increase in population. This exercise is undertaken to keep-up with the conventions and provide a choice to policymakers and planners to make a decision for an appropriate course of action that is sustained on the horizon of time to bear results. The medium and low variant reliance is developed on expected developments in the field of education and health together that would encourage signs of a higher proportion of women wanting no more children and substantially resorting to voluntary birth spacing. These desires are expected to be further strengthened with increase in education and improvement in health indicators.

Based on recent past fertility declining trends (PDHS 2006-07 and 2012-13) three distinct sets of projections are prepared (see Table 1 below). Moderate decline course envisions firm focus and decline in unwanted pregnancies as against allowing fertility decline on a natural slow course. The objective of these scenario is to present the momentum and speed, and the year when fertility replacement level (TFR=2.1) could be reached. Some small and consistent changes in the courses of fertility decline during the coming years will show major results in the size, structure, and distribution of population.

Table: 1 Change in TFR and Projected Population of KPK for Three Scenarios[2]

	2011	2015	2020	2025	2030
Scenario I: High Variant (Slow decline) Total Fertility Rate	3.8	3.6	3.4	3.1	2.9
Projected Population(in millions)	23.8	26.2	29.3	32.6	35.6
Scenario II: Medium Variant (Moderate decline) TFR	3.8	3.5	3.1	2.7	2.3
Projected Population(in millions)	23.8	26.1	29.0	31.8	34.2
Scenario III: Slow Variant (Rapid decline) Tot Fertility Rate	3.8	3.3	2.7	2.1	2.06
Projected Population(in millions)	23.8	26.0	28.6	30.8	32.8

The population of KPK is projected to touch 36.6 million by 2030 and 46 million by 2050, if the current slow course of decline is continued and replacement level fertility reaching in 2050. Adopting a moderate course, KPK's population will touch 34 million by 2030, which means around 2.6 million fewer population by 2030 (relative to slow decline), and 4 million fewer people by 2050, when the population is expected to reach 42 million. However, with concerted efforts and appropriate measures to lower the growth rate (slow variant or a rapid decline in fertility) population would reach 33 million in 2030 and 40 million by 2050. However, the level of effort will determine the extent to which KPK's population is contained (see Figure-1 below). The moderate course for population change emphasizes the need to focus on it as a dominant factor affecting and influencing socio-economic development goal and progress of the province. The measures taken to reach replacement level fertility (2.1 by 2032) will address unwanted pregnancies and lower desired family size with focus on behavior change communications (moderate scenario).The possibility of realizing 'Slow Variant' is remote, thus not discussed.

The slowing of population growth and improving life expectancy in KPK (moderate scenario) is expected to bring along fresh changes in age structure and giving way to new demographic trends over the next

[2] See Table below for detailed assumptions

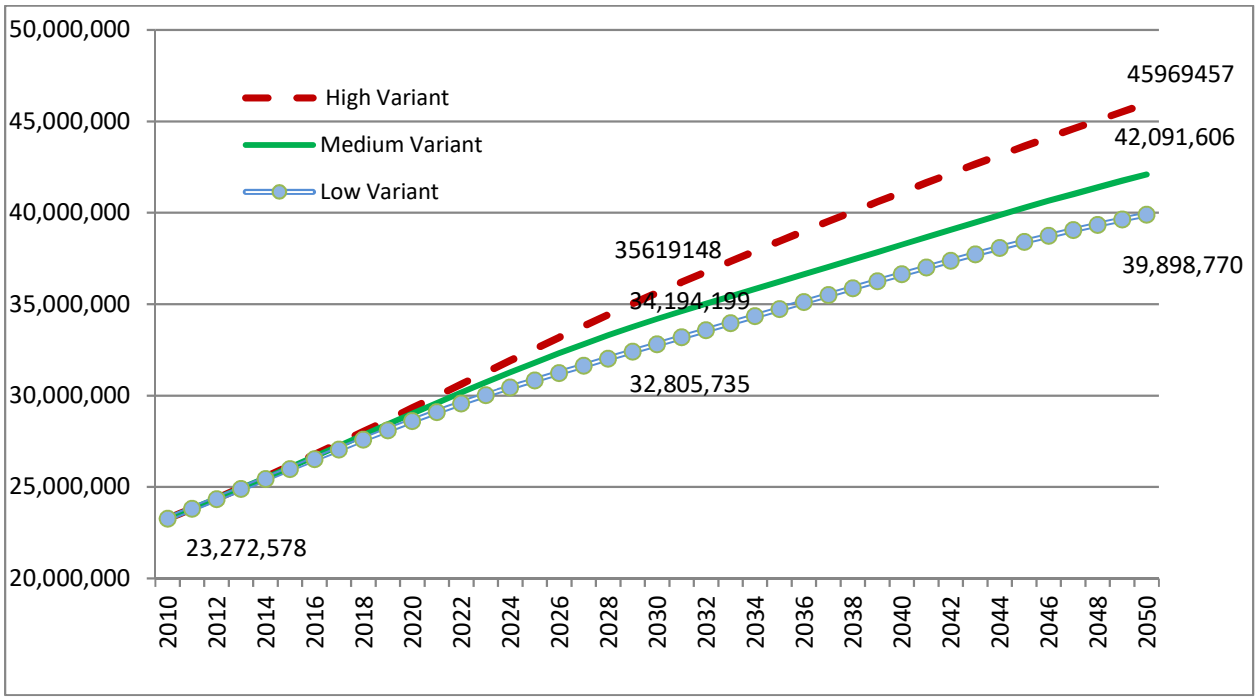
several years, including: proportion of school age children, youth, labour force, married women of reproductive age, and elder population. School age children (aged 5-14) represent less than fourth (23.0 per cent) of KPK's population (Table A1). The current number of these children (5.7 million) will rise to 6.3 million (by 2020) and continue to increase the size by 2032 before leveling off and gradually falling in the subsequent years. These children need to be educated and properly nourished to become good productive citizens. Youth population (age 15-29) currently at 7.9 million (27.0 percent of total population) will rise to 8.5 million in 2020 and 9 million by 2030 (26.5 percent of total population). The youth population will continue to increase to 10.1 million (by 2040) before leveling off and gradually falling in the subsequent years. The proportion and number of population in labour force (ages 18-60 years) will continue to grow over the years from current 13.3 million (52.5 percent of total population) to 15.9 million (in 2020) and onwards to 19.8 million in 2030 (58 percent of total population). Youth of today and tomorrow is better educated than yesteryears, more conscious about political and personal matters, and have greater expectations from the state and society. KPK needs to recognize these potential trends and take necessary measures (invest in education and skill training) to produce skilled manpower for enhanced productivity. In order to reap the *'demographic dividend'* during the period of transition to a low population growth regime of 2030, educated and skilled labour force is essential, otherwise the population in productive age groups may not fully meet growing demands.

Elder population in Khyber Pakhtunkhwa (age 65 and above) is expected to increase rapidly in the coming years. By turn of the current decade, KPK should prepare itself for chronic diseases and epidemiological changes starting with care for the elder population. The demographic change (small family units) along-with emerging disease pattern is expected to place enormous burden of care of this segment. These changes need to be acknowledged and foreseen to evolve policy with necessary social support, and health set-up required to address emerging issues of this segment of population.

Assumptions for Population Projections, Khyber Pakhtunkhwa

	2011	2020	2025	2030	2035	2050
High Variant (Low Effort and Progress)						
Total Fertility Rate	3.8	3.4	3.1	2.9	2.6	2.0
Population Growth Rate	2.3	2.2	2.0	1.7	1.4	.98
Life Expectation (M)	66.5	68.4	69.5	70.6	71.7	75.0
Life Expectation (F)	64.4	67.8	69.9	71.4	72.8	76.9
Sex Ratio	104.0	104.8	104.9	105.0	105.0	104.7
Medium Variant (Moderate Effort and Progress)						
Total Fertility Rate	3.8	3.1	2.6	2.3	2.06	1.9
Population Growth Rate	2.3	2.0	1.7	1.3	1.1	0.81
Life Expectation (M)	66.5	68.4	69.5	70.6	71.0	75.0
Life Expectation (F)	64.4	67.8	70.0	71.4	72.0	76.9
Sex Ratio	104.0	104.7	104.9	104.9	104.9	104.5
Low Variant (Very Strong Effort and Fast Progress)						
Total Fertility Rate	3.8	2.7	2.1	2.06	2.02	1.9
Population Growth Rate	2.3	1.8	1.3	1.2	1.1	0.67
Life Expectation (M)	66.5	68.4	69.5	70.6	71.6	75.0
Life Expectation (F)	64.4	67.8	69.9	71.4	72.8	76.9
Sex Ratio	104.0	104.7	104.8	104.8	104.8	104.5

Figure 1: Total Population Projections for three variants - KPK



Low level of effort = Attaining TFR 2.1 by 2045 Consistent Effort = Attaining TFR 2.1 by 2032

Very Strong Effort = Attaining TFR 2.1 by 2025

Table A-1: **Population Projection Summary for KPK's: 2010-50**

Based on Medium Variant (TFR 2.1 by 2032)

Year	Total Population	School Going Children (age 5-14 years)	Youth Population (age 15-29 years)	Number of WRA (age 15-49 years)	No in Labor Force (age 18-60 years)
2010	23,272,578	5,677,833	7,226,911	5,920,689	11,605,968
2011	23,815,312	5,694,321	7,435,602	6,112,258	12,053,445
2012	24,368,388	5,713,599	7,626,188	6,300,043	12,502,774
2013	24,931,266	5,737,495	7,797,406	6,483,034	12,947,176
2014	25,502,738	5,767,663	7,948,698	6,660,365	13,384,948
2015	26,081,272	5,806,339	8,080,035	6,831,621	13,816,697
2016	26,665,118	5,881,781	8,193,160	6,996,917	14,240,851
2017	27,252,499	5,972,994	8,289,171	7,156,802	14,656,089
2018	27,841,433	6,077,179	8,367,399	7,312,078	15,061,899
2019	28,429,619	6,190,561	8,426,765	7,463,834	15,458,855
2020	29,014,488	6,308,429	8,468,438	7,613,407	15,848,418
2021	29,593,531	6,397,930	8,522,736	7,775,117	16,232,668
2022	30,164,414	6,492,837	8,557,078	7,932,179	16,614,175
2023	30,724,428	6,590,984	8,578,150	8,084,586	16,995,745
2024	31,271,165	6,689,614	8,595,151	8,232,433	17,407,846
2025	31,802,623	6,784,352	8,616,569	8,376,004	17,814,234
2026	32,317,889	6,844,038	8,672,615	8,530,783	18,214,391
2027	32,816,294	6,885,761	8,743,285	8,686,234	18,608,391
2028	33,295,696	6,907,424	8,829,431	8,841,603	18,997,575
2029	33,755,172	6,907,594	8,931,168	8,996,025	19,410,087
2030	34,194,199	6,885,631	9,047,386	9,148,478	19,826,121
2031	34,613,603	6,842,466	9,175,866	9,297,909	20,244,629
→ **2032**	**35,014,418**	**6,779,146**	**9,313,489**	**9,443,395**	**20,664,136**
2033	35,415,645	6,696,210	9,456,221	9,584,057	21,082,772
2034	35,817,522	6,595,043	9,599,097	9,718,944	21,498,587
2035	36,220,370	6,477,711	9,736,395	9,846,886	21,909,623
2036	36,624,192	6,347,622	9,834,683	9,967,179	22,313,679
2037	37,029,023	6,208,216	9,926,854	10,078,577	22,708,278
2038	37,435,137	6,080,896	10,009,961	10,178,484	23,090,421
2039	37,842,617	5,968,682	10,081,048	10,263,964	23,456,772
2040	38,251,311	5,874,190	10,136,167	10,333,022	23,804,042
2041	38,659,902	5,798,346	10,146,163	10,384,883	24,128,792
2042	39,066,651	5,742,029	10,129,622	10,420,558	24,428,034
2043	39,470,558	5,707,016	10,085,802	10,442,323	24,699,527
2044	39,870,344	5,694,367	10,014,830	10,453,767	24,942,688
2045	40,264,742	5,704,507	9,917,710	10,457,778	25,157,353
2046	40,651,821	5,735,387	9,796,989	10,455,552	25,342,442
2047	41,029,545	5,784,280	9,655,505	10,447,332	25,498,181
2048	41,396,385	5,831,710	9,513,800	10,442,827	25,623,856
2049	41,750,875	5,876,124	9,374,687	10,442,760	25,717,822
2050	42,091,606	5,915,905	9,241,190	10,447,481	25,777,757