

SENATE SECRETARIAT

“QUESTIONS FOR ORAL ANSWERS AND THEIR REPLIES”

to be asked at a sitting of the Senate to be held on

Friday, the 24th May, 2024

***Question No. 9 Senator Samina Mumtaz Zehri:**
(Notice Received on 2/05/2024 at 3:38 PM) QID: 41979

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) the details of recommendations made by the Council of Common Interests (CCI) regarding family planning and population control in the country during its meeting held on 19th November 2018; and*
- (b) whether the Government has prepared any plan or taken any action for implementation of the said recommendations, if so, the details thereof indicating also the present status of the same?*

Minister for National Health Services, Regulations and Coordination: (a) CCI approved in its 40th Meeting held on 19th November, 2018, a set of recommendations regarding alarming high population growth rate in the country. The recommendations are focused on the following eight thematic areas:

1. Establish National & Provincial Task Forces for steering, providing oversight to reduce population growth rate;
2. Ensure Universal Access to Family Planning & Reproductive Health (FP/RH) Services;

3. Increase Financial Allocations by the Provincial and Federal Governments;
4. Legislation regarding FP&RH Rights Bill, Child Marriage Restraint Act, Premarital Counseling, etc.;
5. Develop National Narrative;
6. Include Population Studies & Population Dynamics in educational curricula;
7. Ensure Contraceptives Commodity Security;
8. Involve Ulemas and Khateeb.

Detail is at **Annex-I**.

(b) M/o National Health Services, Regulations & Coordination (MoNHSR&C) prepared a National Action Plan on Population (2019-24) in detailed consultation with the Provinces and Regions to operationalize the CCI Recommendation, with the following targets, which were approved by the Federal Task Force on Population under the chair of the President of Pakistan:

1. Increase Contraceptive Prevalence Rate (CPR) from 34% in 2017 to 50% in 2025 and 60% in 2030;
2. Reduce Total Fertility Rate (TFR) from 3.6/per women in 2017 to 2.8 in 2025 and 2.2 in 2030;
3. Reduce Population Growth Rate (PGR) from 2.4% in 2017 to 1.5% in 2025 and 1.1% in 2030.

The current National Action Plan on Population (2019-24) has been revised based on Recommendations of the Supreme Court Conference on Population (July 2023), International Commitments including ICPD and FP2030, and detailed consultation with Provinces and Regions.

**RECOMMENDATIONS OF THE TASK FORCE: HUMAN RIGHTS CASE
NO.17599 OF 2018 – IN THE MATTER REGARDING ALARMING HIGH
POPULATION GROWTH RATE IN THE COUNTRY**

Pakistan is the sixth most populous country in the world with a population of 207.8 Million growing at an intercensal growth rate of 2.4% per annum between 1998-2017 (Population and Housing Census 2017). At this rate Pakistan's population will double in the next 30 years, compared with an average doubling time of 60 years for other South Asian countries. The population of the country is projected to increase to 285 million by 2030.

Such a high level of population growth is unsustainable and has already eaten into the modest gains made in terms of socio-economic development. The rapidly growing population has direct negative implications for adverse climate change, environment degradation, deforestation and above all the decline in water availability per capita putting Pakistan in water stress situation. It will exacerbate food security and threaten the country's sustainable development prospects.

2. The latest Pakistan Demographic and Health Survey (2017-18) confirms that there has been little change in fertility levels since 2005 with women bearing an average of 3.6 children over their reproductive life span. Rather than showing progress, the critical driver of fertility, the modern Contraceptive Prevalence Rate (mCPR) has gone down to 25% from 26% reported in the previous PDHS in 2012-13. The unmet need for Family Planning Services remains high at 17% indicating that millions of married couples are unable to receive adequate access to information and services to have the number of children and the spacing they desire. This is a denial of fundamental human right. This gap between their intent and actual usage of family planning services is associated with long physical distances, costs and social barriers, and in particular with misperceptions about modern contraceptives which are more pronounced in the rural areas. All these access factors affect the poor and uneducated more seriously.

3. International comparisons indicate that Pakistan fares in the lowest group for human development, ranking 150 among 189 countries in the latest Human development index rankings. It also faces gender inequality with female adult (above 15 years of age) literacy remaining low at 45% (2015) and female participation in the labor force is still low at 25.0%. Both low achievement in human development particularly education and lack of female empowerment impose serious challenges to lowering population growth rates.

4. Nearly, one-fourth of the country's population continues to live below the national poverty line (2015-16) with the absolute numbers of poor increasing due to population growth rates. Regional and urban-rural variations in poverty are pronounced. Poverty has a close relation with low literacy, high fertility, high childhood and maternal mortality especially among the poorest households.

5. High maternal mortality and child mortality rates continue to pose challenges for the population and health sector. The low level of public

expenditure on health, population and education is one of the root causes of poor indicators on socio-economic development. There are insufficient tangible programmatic interventions that address the challenges of reducing high Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and reducing women from resorting to induced abortions.

6. Approximately 60% of the country's population faces food insecurity and nearly 50% of the women and children are malnourished. Many Pakistani children are faced with long term nutritional deprivation, balanced food insecurity, poor health services, illnesses linked to hygiene, and improper feeding practices. 38 % of Pakistani children suffer from stunting according to the PDHS 2017-18.

7. Being cognizant of the situation reflected above, the Honorable Chief Justice of Pakistan took Suo Moto notice in Human Rights Case No.17599 of 2018 – in the matter regarding alarming High Population Growth Rate in the Country. Vide its order dated 4th September 2018, the honorable Court constituted a Task Force to formulate mechanism to curb population growth in the country.

8. The Task Force, while keeping in view the challenges faced by Pakistan have prepared a set of following recommendations aiming at accelerating the efforts of the Government to reduce Population Growth Rate (PGR), lower Total Fertility Rate (TFR) and increase Contraceptive Prevalence Rate (CPR). These recommendations are in line with provincial population policies and recognize the redefined overall role of the federal government, for coordination, facilitation & support and international / bilateral commitments, etc. The Federal Government retains the fostering role of sharing vision / guidelines for advancing national development perspective.

Recommendation	Responsibility
1. Establish National & Provincial Task Forces for steering, providing oversight and taking critical decisions to reduce population growth, lower fertility rate and increase contraceptive prevalence rate (CPR):	
a. National TF chaired by Prime Minister to include Chief Ministers of all the Provinces, Federal & Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.	M/o NHS
b. Provincial TFs chaired by respective Chief Ministers to include Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.	PWDs

<p>c. Progress towards reducing population growth rate, lowering fertility and increasing contraceptive prevalence rate to be monitored through a robust data collection system and assessments of results and presented before National & Provincial Task Forces.</p>	<p>M/o NHS (FTF) <i>(bi-annually)</i></p> <p>PWDs (PTF) <i>(quarterly)</i></p>
<p>2. Ensure Universal Access to FP/RH Services:</p>	
<p>i. Mandate all public health facilities (BHUs, RHCs, THQs, DHQs, Teaching Hospitals) to deliver family planning services as part of the essential service package.</p>	<p>Federal / Provincial Governments</p>
<p>ii. All general registered private sector practitioners and hospitals to provide FP counseling, information and services to male & female clients.</p>	<p>Federal / Provincial Governments</p>
<p>iii. Lady Health Workers to provide FP, ante-natal and post-natal counseling, and contraception services on priority basis.</p>	<p>Federal / Provincial Governments</p>
<p>iv. Current cadre of Male Mobilizers to be made active and accountable for counseling men on family planning.</p>	<p>Federal / Provincial Governments</p>
<p>v. NGOs and Civil Society Organizations to work in close coordination with provincial DOHs & PWDs to extend FP/RH services to underserved and unserved areas.</p>	<p>Federal / Provincial Governments</p>
<p>vi. Federal and Provincial Governments to link population programs with Social Safety Net programs like Benazir Income Support Program and introduce conditional cash transfer schemes or incentivized schemes for adoption of FP service and institutionalized birth delivery.</p>	<p>M/o NHS, PWDs and BISP</p>
<p>3. Finances:</p>	
<p>i. Federal Government to create a five-year non-lapsable Special Fund for reducing Population Growth Rate with annual allocation of Rs.10 bn. The Fund shall be set up exclusively from</p>	<p>M/o Finance and M/o NHS</p>

federal resources without any cut from provincial funds. The Fund will:		
a. Meet, for 5 years, 50% amount of additional allocations made by the provinces for procurement of contraceptive commodities over and above the budget provision of F.Y 2018-19 in the respective head .		M/o NHS in coordination with PWDs and Finance Div. & PD&R Div.
b. Meet, for 5 years, 50% cost of increase in LHWs for 100% coverage for doorstep services in rural and peri-urban areas.		M/o NHS in coordination with DOH and Finance Div. & PD&R Div.
c. Support innovative approaches of Federal & Provincial Governments for reaching poor and marginalized population to reduce population growth and increase contraceptive prevalence rate (CPR).		M/o NHS in coordination with PWDs & DOH
ii. Federal & Provincial Population & Health budgets for FP/RH to be doubled over the next two years and protected from reallocation to other programs & departments while ensuring timely releases.		M/o Finance, M/o NHS, DOH and PWDs
iii. Donor financing to NGOs and private sector organizations involved in FP/RH to be streamlined through an effective coordination mechanism.		EAD and M/o NHS in coordination with PWDs and DOH
iv. Corporate Sector to allocate CSR funds for FP services and advocacy.		SECP / FBR
4. Legislation:		
i. Family Planning & Reproductive Health (FP&RH) Rights Bill ensuring mandatory FP/RH services by all general health care facilities in public and private sector.		M/o NHS, M/o Law & Justice and Provincial Governments / PWDs
ii. Early Child Marriage Restraint Act be introduced by Federal & Provincial Governments (Sindh passed this Act in 2013).		M/o NHS, M/o Law & Justice and Provincial Governments / PWDs
iii. Pre-marital counseling on family planning should be mandatory for Nikah registration; LHWs or appropriate service providers to provide the requisite counseling.		M/o NHS, M/o Law & Justice and Provincial Governments / PWDs

iv. "Right to promotive and primary health care for mother and child be made mandatory" as the right to education given in Article 25-A of the Constitution.	M/o NHS / M/o Law & Justice
5. Advocacy & Communication:	
i. A national narrative to be developed in consultation with provinces and other stakeholders to create a sense of urgency and necessity of reducing population growth rate and achieving socio-economic wellbeing for all.	M/o NHS, M/o Information, M/o Religious Affairs , and PWDs
ii. Mass movement leading to a call of action to be launched involving political leaders, corporate sector, academia, judiciary, executive, ulema, media, intelligentsia, civil society and youth.	Federal & Provincial Governments and all stakeholders
iii. PEMRA to provide free airtime for FP messages on radio and TV channels at prime time.	M/o Information and PEMRA
iv. Behavioral Change Communication campaign to highlight the roles and responsibilities of men in family planning.	Federal / Provincial Governments / Media & Civil Society
6. Curriculum and Training:	
i. Health & hygiene to be included at primary school level.	PWDs and Federal & Provincial Education Departments
ii. Life Skills Based Education and Population Studies to be included in Secondary and Higher Secondary schools.	PWDs and Federal & Provincial Education Departments
iii. Population Dynamics in Pakistan to be included in College and University level education.	HEC, Federal & Provincial Education Departments
iv. Population modules to be included in training at all Civil Services and Judicial Training Institutions.	National School of Public Policy
v. PMDC and PNC to include modules on FP/RH in MBBS and Nursing Degree Programs, respectively.	M/o NHS, PMDC and PNC

vi. Training to be provided to all public & private health care providers on all modern contraceptive methods.	M/o NHS, DOH and PWDs
7. Contraceptive Commodity Security:	
i. Incentivizing Local Production of Contraceptives: Federal and Provincial Governments should encourage / incentivize the pharmaceutical companies / investors to establish contraceptive production units in Pakistan on WHO/FDA standards.	M/o NHS in coordination with relevant Federal & Provincial authorities
ii. Pooled Procurement model to be adopted by the Federal & Provincial Governments (subject to their consent) to garner the benefits of economy of scale.	M/o NHS, PWDs and DOH
iii. Supply Chain Management System to be strengthened to ensure availability of all contraceptives at Service Delivery Points.	M/o NHS, PWDs and DOH
iv. FP Commodities should be included in the essential drug list of primary, secondary and tertiary drug list.	PWDs and DOH
8. Support of Ulema:	
i. Joint Declaration of Ulema made at Population Summit-2015, Islamabad to be widely advocated.	M/o NHS, M/o Religious Affairs, M/o Information, , PWDs and DOH
ii. Training courses on family planning to be arranged at Provincial Judicial Academies and relevant training institutes for Ulemas and Khateeb.	DOH/PWDs and Provincial Judicial Academies

*Question No. 11 **Senator Dr. Zarqa Suharwardy Taimur:**
(Notice Received on 3/05/2024 at 12:17 PM) QID: 41983

Will the Minister for National Food Security and Research be pleased to state:

- (a) *the names of water-intensive crops being cultivated in the country at present indicating the percentage of water supply to each of these crops out of the total water supply; and*
- (b) *whether there is any proposal under consideration of the Government to replace these water-intensive crops with those which consume less water, if so, the details thereof?*

Rana Tanveer Hussain: (a) The detail of water-intensive crops which are being cultivated in the country at present along-with their percentage of water supply each of these crops is as under:

Major crops	Million Hectares	(%age) of total irrigated area	Billion Cubic Meter (BCM)	(%age) of total irrigation withdrawal
Wheat	7.78	41.54	31.36	27.49
Rice	2.72	14.52	29.71	26.04
Sugarcane	1.22	6.51	25.39	22.25
Cotton	2.49	13.29	27.63	24.22
	14.21	75.87	114.09	100

- **Total irrigated area = 18.73**
Total surface & groundwater Withdrawal = 114.09

(b) The agriculture sector in Pakistan is actively engaged in various projects aimed at enhancing water conservation and efficiency in water usage. The “National Water Policy 2018” and “National Climate Change Policy 2021” advocate for the promotion of less water-intensive varieties of major crops as part of efforts to conserve water. However, these initiatives and policy documents do not address the potential strategy of transitioning from water-intensive crops to those requiring less water.

***Question No. 12 Senator Shahadat Awan:**
(Notice Received on 6/05/2024 at 2:21 PM) QID: 41784

Will the Minister for National Food Security and Research be pleased to state whether it is a fact that despite an agriculture based country, Pakistan is importing wheat, sugar, cotton and other agricultural products for the last four years, if so, the reasons thereof indicating also the steps being taken by the Government to cope with the same?

Rana Tanveer Hussain: **Wheat:** Wheat is the staple and strategic crop; it ensures food security of the country. Historically, the country is always self-sufficient to cater for the local needs. However, due to global warming and weather pattern has decreased the productivity level of the crop, which is stagnant at the level of 29-30 Maunds per acre. Increasing population has triggered the consequences and the country is importing wheat since last 4 years. This year the shortfall of 2.45 MMT was identified and the Government has encouraged the private sector to import wheat in the country. In order to decrease the reliance on the imported wheat, Government has taken appropriate measures to increase the productivity level to the level of 32 Maunds/acre. 2nd estimates reporting wheat production to the level of 29.63 MMT. With the addition of 4.11 MMT of carry-forward stock, total availability of wheat is estimated at 33.74 MMT against the national requirement of 32.94 MMT. This year the country would be self- sufficient in terms of wheat availability.

Sugar: Sugar is an essential food commodity, being produced sufficiently to meet the domestic demand. However, during the last four years, sugar has also been imported particularly during the years 2020-21 and 2021-22, mainly to stabilize local sugar prices for bringing relief to domestic consumers. Major reasons for import of sugar were the increasing trend in international price, hoarding and the cross-border smuggling of the commodity, which created artificial shortage in the domestic market. The Government has taken appropriate steps for increasing sugarcane production through the intervention of minimum indicative price and strict monitoring over hoarding and smuggling.

This policy has been instrumental in the increasing of sugar production from 5.694 MMT in 2020-21 to 7.921 MMT in 2021-22. By virtue of 0.99 MMT surplus stocks of sugar during 2022-23, Government allowed export of 0.25 MMT, mainly to earn foreign exchange, as the price of sugar in international market was much higher than the domestic price.

Cotton: Undoubtedly, Pakistan engages in the importation of cotton; nevertheless, it is noteworthy to highlight that a significant portion of the imported cotton consists of high- quality fibers that are not domestically produced in Pakistan. Furthermore, the absence of allocated funds in the budget for research and development has adversely impacted local production. Consequently, the industry finds itself compelled to depend on imports. However, Government has taken appropriate measures to increase the local production in the country.

*Question No. 13 **Senator Shahadat Awan:**
(Notice Received on 6/05/2024 at 2:22 PM) QID: 41748

Will the Minister for National Food Security and Research be pleased to state the details of cultivated land destroyed by floods in 2022 in the country with province wise break up indicating also the details of the said land recovered for cultivation so far?

Rana Tanveer Hussain: According to Provincial Governments estimates on acreage damaged due flood 2022 is about 1757585.43 hectares.

Summary of the Acreage Damaged During Floods- 2022		
Province	Damage (Ha)	Current Status
Sindh	1,226,610.99	Fully recovered
KP	37,279.18	Fully recovered
Balochistan	264,432.04	Fully recovered
Punjab	189,359.21	Fully recovered
GB	39,904.00	Fully recovered
Total	1,757,585.43	Fully recovered

Source : Provincial Governmen
,PDNA Report (M/o Planning Commission)

*Question No. 14 **Senator Zeeshan Khanzada:**
(Notice Received on 07/05/2024 at 4:17 PM) QID: 42001

Will the Minister for Communications be pleased to state:

- (a) *the number of highways / roads constructed by the Government in the province of Khyber Pakhtunkhwa during the last three years indicating also the amount incurred on the same in each case; and*
- (b) *whether there is any proposal under consideration of the Government to construct more highways in that province, if so, the details thereof?*

Mr. Abdul Aleem Khan: (a)

- **The number of projects of NHA in KP nearing completion/completed.**

Sr.#	Name/Title of the Project
1	Dualization of Indus Highway (N-55): Sarai Gambila to Kohat Section (128 Km) PC-1 = Rs. 30.130 Billion
2	Upgradation / Dualization of Motorway Link from Kohat Via Jand (N-80) PC-1 = Rs. 18.700 Billion
3	Dualization & Improvement of Old Bannu Road (3 Packages) PC-1 = Rs. 17.230 Billion
4	Construction of Peshawar Northern Bypass (Package 3-A) PC-1 = Rs. 1,545 Million
5	Saudi funded Chakdara - Fatehpur on N-95 (82km) PC-1= Rs. 7 Billion
6	D.I Khan Road development Package Rehabilitation & upgradation of Pezu to Tank Road (38 Km) (inprogress)

- **Amount Incurred / Utilization of funds**

1. Dualization of Indus Highway (N-55): Sarai Gambila to Kohat Section (128 Km)
Allocation Fiscal year 2023-24 = Rs. 2000 Million
Expenditure = Rs. 4000 Million
Release = Rs. 4000 Million

2. Upgradation / Dualization of Motorway Link from Pindi Gheb to Kohat *Via* Jand (N-80)
Allocation Fiscal year 2023-24 = Rs. 1500 Million
Expenditure = Rs. 778 Million
Release = Rs. 778 Million
3. Dualization & Improvement of Old Bannu Road (3 Packages)
Allocation Fiscal year 2023-24 = Rs. 5317 Million
Expenditure = Rs. 1684 Million
Release = Rs. 1833 Million
4. Construction of Peshawar Northern Bypass (4 packages)
Allocation Fiscal year 2023-24 = Rs. 2000 Million
Expenditure = Rs. 984 Million
Release = Rs. 1233 Million
5. Pezu to Tank Road (38 Km) (inprogress)
Allocation Fiscal year 2023-24 = Rs. 2483 Million
Expenditure = Rs. 101.476 Million
Release = Rs. 101,476 Million

(b) Khyber Pass Economic Corridor (KPEC) Project PC -1 = US \$ 460.6 Million (World Bank Funded)

1. Peshawar – Torkham Expressway and Southern Link road (SLR) PC – 1 = US \$ 385.6 Million
 2. Economic Development of adjacent Khyber area PC -1 = US \$ 75 Million
- **Yarik Interchange to Tank Road (35 km) PC 1 = Rs. 4.4 Billion**
 - **Improvement & Widening of N-45 130.22 KM, PC-1 Cost = Rs. 17.423 Billion**
1. Chakdara - Timergara Section-I (38.85 km)
 2. Akhagram - Dir Section-II (43.39 km)
 3. Kalkatak- Chitral Section-III (48 km)

Reply Submitted By Member (Planning)

Yes, NHA is planning to execute various new schemes in Khyber Pakhtunkhwa Province. Detail of the projects is as under;

- i. Improvement and Widening of N-45 (130.22 KM).
- ii. Construction of Malakand Tunnel on N-45 (Phase-I).
- iii. Construction of Muzaffarabad - Mansehra Road (26.6 Km approx.)
- iv. Construction of Yarik Interchange to Tank road (35 Km).
- v. Construction of Interchange on Hazara Motorway to connect Abbottabad and Sherwan Road right after first. Tunnel (Shimla Hill Tunnel) besides Sherwan road.
- vi. Construction of Khawazakhela - Besham Expressway Project (48 km).
- vii. Construction of Motorway from Ghulam Khan to Esa Khel Interchange on M-14.
- viii. Construction of Tanawal Interchange on Hazara Motorway at Village Potha, District Mansehra.
- ix. Construction of Tunnel Joining Khaki with Oghi, District Mansehra.

*Question No. 15 **Senator Zeeshan Khanzada:**
(Notice Received on 8/05/2024 at 10:05 AM) QID: 42000

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the number of doctors appointed in the Federal Government hospitals during the last three years with province wise breakup?

Minister for National Health Services, Regulations and Coordination: During the last three years (2021 to 2023) 107 number of

doctors were recruited in five different Federal Hospitals. The details are given below.

Name of Hospital	No of Doctors Appointed	Province-Wise Breakup						
		ICT	Punjab	Sindh	Khyber Pakhtunkhwa	Baluchistan	GB/FATA	AJ K
PIMS	38 (under FMTI Act)	04	18	03	07	--	05	--
FGPC	59	--	37	12	05	02	01	02
NIRM	3	--	3		--	--	--	--
FGH	7	01	03	01	02	--	--	--
Sheikh Zayed Hospital	Nil	--	--	--	--	--	--	--

*Question No. 17 **Senator Falak Naz:**
(Notice Received on 9/05/2024 at 12:30 PM) QID: 42010

Will the Minister for National Food Security and Research be pleased to state the quantity of wheat imported in the country during last two years with year wise break up indicating also the price of imported wheat and the stock available in the country at the time of Import?

Rana Tanveer Hussain: During last two years the country has imported 2.60 and 3.587 MMT, respectively. In 2022-23, the Trading Corporation of Pakistan imported 2.60 MMT of wheat for PASSCO to maintain strategic reserve at the average cost of US\$ 356/MT (CNF). The carry forward stock was reported at 1.84 MMT. In 2023-24 public as well as private sector were allowed to import wheat. The private sector imported 3.587 MMT at the average cost of US\$ 280/MT (CNF). Carry forward stocks as reported by the Provincial Food Departments was reported at 1.63 MMT in the country.

ISLAMABAD,
the 23rd May, 2024

SYED HASNAIN HAIDER,
Secretary.